Social Stigma and Deprivation: A Qualitative Study of Reentry Experiences of Formally Incarcerated Elderly Individuals

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Abstract: *In many countries worldwide, including Australia, Japan, the United Kingdom, and the United States, older adults comprise the fastest-growing population in the prison system. This study aims to understand the reentry experiences of formally incarcerated elderly individuals in the United States through the lens of social stigma and deprivation theory. The authors use the term "returning citizens" instead of commonly used crime-centered terms like ex-offender to honor the dignity and worth of these individuals. Twenty-six elderly returning citizens, formerly incarcerated and currently residing in a major city in the northeast United States, participated in this qualitative research study. Using a semi-structured interview format allowed participants to be experts in their lives and attribute their meaning to their reentry experiences. Thematic analysis was used to analyze interview data. The findings of this study revealed that social stigmas and economic, social, physical, and psychological deprivations are interconnected and compound the difficulties in reintegration, highlighting the need for targeted health interventions and support systems. Participant responses suggest the need to develop macro-level infrastructure in the communities that will serve returning citizens, including vocational training in congruence with civil society to increase their employability, mental health services, and access to public health programs.*

Keywords: *Social stigma, deprivation theory, elderly, formerly incarcerated, reentry*

In many countries worldwide, including Australia, Japan, the United Kingdom, and the United States, older adults comprise the fastest-growing population in the prison system (Psick et al., 2017). There are nearly 450,000 people released from prisons in the United States every year (Carson & Kluckow, 2023). Approximately 18% of individuals incarcerated in federal prisons are age 50 and older, the age at which the National Institute of Corrections (NIC), an agency of the U.S. Department of Justice, classifies an inmate as elderly (American Civil Liberties Union [ACLU], 2012; Kim & Peterson, 2014). In the last two decades, the U.S. correctional system has seen an explosive growth in the number of elderly offenders. Between 1999 and 2016, the number of incarcerated individuals aged 50 and older increased by 280% to more than 186, 000 (Carson & Kluckow, 2023; Pew Charitable Trust, 2018). Experts have projected that elderly inmates will reach 400,000 by 2030 (ACLU, 2012). These alarming statistics underscore the urgent need for action, prompting calls from advocates for the compassionate release of elderly, immunocompromised, or medically needy incarcerated individuals (Berryessa, 2020).

The Sentencing Reform Act of 1984 established compassionate release, a process that allows for the early release of prisoners who are sick or elderly (Williams et al., 2011). Lawmakers created the policy with the idea that older and less healthy incarcerated

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individuals may be less likely to re-offend after release (Berryessa, 2020). This approach addresses the issue's humanitarian aspect and offers a potential solution to reducing recidivism rates. Advocates of the prison reform movement have increasingly called for the release of low-risk inmates to decrease the carceral population. In April 2020, the United States instituted the Early Release Pilot Program, which authorized the U.S. Attorney General to designate prisons to identify elderly, nonviolent individuals who meet specific criteria for early release to Residential Reentry Centers (i.e., halfway houses) and home confinement (James & Foster, 2020) to reduce the population and slow the spread of COVID-19. Similar initiatives have been implemented worldwide (Louden et al., 2021).

In this paper, we describe the findings of a qualitative research study that explored the firsthand experiences of recently released elderly men and women in an urban metropolitan city in the northeast United States. The experience of being in prison exacerbates existing disadvantages and stigma by removing individual personhood, replacing names with inmate identification, and labeling individuals as criminals (Lageson & Maruna, 2018; Sugie et al., 2020). We choose to use the term “returning citizens” instead of commonly used crime-centered terms like ex-offender or ex-convict to honor the dignity and worth of these individuals. Moreover, research has shown that person-centered language may have the capacity to shape society's view of returning citizens and reduce stigma (Jackl, 2023). This study aims to understand the meaning of reentry from participants' perspectives and contribute to the knowledge of program planners, service providers, agency leaders, and policymakers. In a correctional context, the term “reentry” refers to the process of returning to society after incarceration (Jonson & Cullen, 2015). The findings are significant in understanding factors that influence or impede the successful transition from prison to communities for elderly returning citizens who have served their full sentence, those released on parole, and those released to reduce overcrowded conditions.

Reentry Challenges

Most returning citizens return to marginalized urban communities characterized by under- resourced schools, inadequate healthcare resources, and weak labor markets, all of which present significant barriers to their successful reentry (Zhang et al., 2019). In the case of elderly returning citizens, these disparities add further challenges to the reentry process, as they often experience age-related health problems, including impaired vision and hearing, poor mobility, and depression (Greene et al., 2018; Hooper et al., 2020). Despite the growing number of elderly incarcerated individuals in the criminal justice system, there is a paucity of qualitative research on their reentry experiences. The available literature neglects the lived experiences of elderly returning citizens reintegrating into their communities, focusing primarily on their younger counterparts. Considering the projected rise in elderly individuals leaving prison, more research on their perspective regarding reentry is needed to assist in future policy developments for this population. Reentry experiences impact not only the returning citizens but also their families and the communities they return to. There may also be an increase in the demand for caretakers for those elderly returning citizens with chronic diseases that negatively impact their ability to live independently (Pękala-Wojciechowska et al., 2021). Successful reintegration depends on communities providing accessible resources and inclusive spaces that honor returning

individuals' independence while supporting their health, social connections, education, and chosen activities (Baidawi et al., 2011). These unmet needs foreshadow increased costs for affected communities; hence, by gaining knowledge of elderly returning citizens' reentry experiences and needs, communities can anticipate and develop cost-saving programs targeted to this group (Maschi et al., 2013). A successful transition from prison to the community is a formidable undertaking for elderly returning citizens. Therefore, it is imperative to identify elements that ensure an effective return to society. Ample research exists on policies and the challenges that returning citizens face, yet few studies focus on the lived experiences of this group.

Theoretical Framework

Deprivation and social stigma theories formed the framework for the current study. We garner theoretical insights from Sykes' (1958) now classic development of deprivation theory in "The Society of Captive" to understand the experiences of elderly individuals who serve long-term prison sentences. Sykes (1958) contends that the goal of imprisonment is not only to deprive individuals of their freedom but also to impose the "pains of imprisonment" that include the deprivation of liberty, intimate relationships, safety, access to goods and services, and autonomy (p. 63). Similarly, Pekala-Wojciechowska et al. (2021) maintain that the prison environment often worsens existing social, psychological, physiological, and sensory disorders and usually creates new conditions as a result of multidimensional deprivations in carceral institutions.

Deprivation theory posits that the systematic denial of basic human needs and normal social interactions during incarceration produces profound psychological and physiological consequences. As Haney (2001) emphasizes, "At the very least, prison is painful, and incarcerated persons often suffer long-term consequences from having been subjected to pain, deprivation, and extremely atypical patterns and norms of living and interacting with others" (pp. 4-5). When deprived of fundamental needs, individuals experience heightened stress and may resort to risky behaviors to cope with their losses, ultimately compromising their health and well-being (Haney, 2012). This framework particularly illuminates the challenges faced by elderly incarcerated individuals, who often struggle to access adequate healthcare both during imprisonment and after release (Maschi & Leibowitz, 2018). The theory extends to relative deprivation, where individuals experience distress when perceiving disparities between their current circumstances and societal standards (Yang et al., 2019). For elderly returning citizens, this manifests in diminished quality of life due to limited social connections and meaningful activities, often leading to emotional, psychological, and physiological distress (Haney, 2012).

Social Stigma

Social stigma is a powerful social construct that profoundly affects individuals' lives, shaping their identities and experiences. We employ Goffman's (1963) theory of social stigma to analyze how elderly returning citizens navigate societal barriers. Many face discriminations in housing and employment due to criminal records while also confronting stereotypes about being dangerous or untrustworthy. Age-related challenges further

compound these stigmas, as elderly returning citizens may encounter prejudice about their productivity or healthcare needs. Understanding the intersection of age, criminal history, and social stigma reveals the complex challenges faced by this group as they navigate reintegration into society while contending with the lingering effects of their past. According to Goffman (1963), society has negative attitudes and beliefs about individuals and groups who deviate from social norms. The process of stigmatization takes one of three forms: persons or groups may be stigmatized for external deformation, deviations in personal traits (mental illness, imprisonment, addiction), or for the group to which they belong (race, ethnicity, nationality, or religion; Goffman, 1963). Elderly returning citizens often grapple with character stigma, as their criminal records mark them as deviant, overshadowing their identity and past experiences. This stigma can manifest in various forms, including discrimination, social exclusion, and internalized shame, complicating their reintegration efforts (Anazodo et al., 2019; LeBel, 2011; Moran, 2012).

Furthermore, the intersection of aging and criminal history creates a unique and challenging dynamic for elderly returning citizens. When an individual with a criminal background reaches old age, they confront an amplified stigma, as society may perceive them through a dual lens of deviance and vulnerability. This intersection can lead to profound feelings of isolation and hopelessness that can perpetuate a cycle of despair, making it difficult for them to access support networks crucial for successful reintegration (Hirschfield & Piquero, 2010).

Building on Goffman's foundational research, contemporary studies have documented how stigma systematically damages individuals' social, economic, and psychological well-being (Pescosolido & Martin, 2015). Link and Phelan (2001) contend that the stigmatization process unfolds through five distinct yet interconnected stages: First, certain human differences are identified and labeled within society. These labels then become associated with negative stereotypes, leading to social division that separates stigmatized individuals from the broader community. As this separation deepens, the labeled group experiences status loss and discrimination, resulting in diminished opportunities and outcomes. Finally, institutional power structures legitimize and reinforce these inequities, perpetuating the cycle of stigmatization through formal and informal mechanisms. Several studies exist that explore the experience of stigma among those who are reentering society after incarceration (LeBel, 2011; Rade et al., 2016; Sinko et al., 2020).

There is an emerging interest in the intersection of age, stigma, and reentry (Maschi & Leibowitz, 2018; Prost et al., 2019). Scholars have also applied deprivation theory to examine prisoner experiences and behavior (Aranda-Hughes et al., 2021; Marcum et al., 2014). However, to our knowledge, the theory has not been used to examine the range of potential effects for elderly returning citizens. This current study aims to give voice to the experiences of reentry from the elderly participants' perspective.

Methods

The current qualitative study used a constructivist phenomenological approach. The study included 26 formerly incarcerated individuals who had served time in state and federal prisons and lived in a major U.S. city at the time of participation. These men and

women were released after the age of 50 and were at least one year post-incarceration at the time of the interview. Using a semi-structured interview format allowed participants to be experts in their lives and attribute meaning to their reentry rather than meaning being ascribed by outsiders. This study addresses the research question: "How do elderly returning citizens experience the reentry process?" More specifically,

- What are the housing experiences of elderly returning citizens?
- What are the employment experiences of elderly returning citizens?
- What are the physical health maintenance experiences of elderly returning citizens?
- What are the mental health maintenance experiences of elderly returning citizens?
- What are the substance use and treatment experiences of elderly returning citizens?

Data for this study were collected prior to the onset of COVID-19. This pre-pandemic timeframe provides important context for understanding participants' reentry experiences, as they occurred before the unprecedented global disruptions to employment, social support networks, and community services that characterized the pandemic period. While our discussion considers potential implications of post pandemic reentry processes, it's important to note that our findings reflect conditions and experiences that preceded these pandemic-related challenges.

Participants

We utilized a purposive sampling method to recruit initial participants from agencies that provide programs targeted to returning citizens. These agencies were generally very responsive to our inquiries for research participants, allowing researchers to place recruitment posters at their locations and discuss the project. Our purposive sampling strategy, which focused on recruiting through agencies providing reentry services, was deliberately chosen to access participants who could speak to reintegration challenges and their experiences with support services. Since this approach might have limited our access to individuals who were not connected to services, a snowball method was also employed, where recruited participants recommended their acquaintances as potential interviewees. The addition of snowball sampling helped expand our participant pool, capturing individuals who were less engaged with formal support services.

In sum, 26 elderly returning citizens consented to participate. Of all participants, 23 were male, and three were female. Eighty percent (n=21) of the sample identified as African American, 8% (n=2) identified as White, and 12% (n=3) identified as Hispanic. The mean age was 60.4 years, and the mean age at the time of release was 56.6 years (range = 51-71 years SD = 6.66). The variation in participants' time served, ranging from 10 to 38 years, reflects the diverse experiences within the elderly returning citizen population and strengthened our findings by capturing how reentry challenges manifest across different lengths of incarceration. Though participants served varying sentences for various types of offenses, they shared common experiences of age-related challenges and stigma during reentry, suggesting that these issues transcend the length of incarceration.

Procedure

Several sites provided the setting for semi-structured interviews, including agencies where participants received services related to their reentry, returning citizen advocacy institutions, and public libraries. We clarified to participants that they did not need to answer any questions they were uncomfortable answering and that they were free to terminate the interview at any time. Participants were informed that there were no known risks beyond the discomforts of recalling potentially unpleasant events. We also informed participants of mental health resources they could contact if they felt emotionally or psychologically uncomfortable afterward. Data collection included demographic information regarding ethnicity, age, education, health status, incarceration history, and the nature of the crime. The interview also included questions regarding their reintegration experiences and post-release services utilization; the open-ended format explored their reentry through their lens. The researcher used a non-directive style of interviewing that allowed participants to control the pace and substance of the interview. Each interview lasted between 90 minutes and two hours. Interviews were transcribed verbatim with corresponding notes and securely stored to ensure confidentiality. The Institutional Review Board (IRB) provided ethical approval for the study.

Data Analysis

We used Clarke and Braun's (2017) thematic analysis framework to analyze the interview data. The analysis process began by reading the verbatim interview transcripts several times to search for and compile emergent patterns and meanings. NVivo 11, a computer-assisted qualitative data analysis software (CAQDAS) program, organized and managed text from uploaded interview transcripts. Thematic coding involved pursuing related words or phrases mentioned by the interviewees and provided the basis for selecting patterns and codes that captured meaningful experiences. In the findings section, pseudonyms are used for all participants to maintain confidentiality while preserving the authenticity of their individual voices and experiences.

Findings

Housing

The stigma of a criminal history is another hindrance to a returning citizen securing housing. In the United States, neighborhood residents often resist transitional and supportive housing in their communities, leading to a shortage of stable, safe, and affordable housing (Fontaine & Biess, 2012). Additionally, potential landlords frequently reject applicants with criminal histories (Evans & Porter, 2015). Participants in the current study reflected similar struggles with finding suitable housing. Sixteen of the 26 participants indicated that they spent their first night after release at a homeless shelter. There was a general view that the shelters were worse than being in prison when accounting for personal safety, cleanliness, and controlling potential health concerns.

A study participant who was 19 months post-release at the time of his interview commented regarding his experience in the shelter system,

> *That was crazy. You think being in jail is crazy? That was weird. It was worse than being in prison…I had to sleep with an individual, and the room it stunk; it was filthy. It was a young kid so I had to keep my eye on him, I don't know who he is...I didn't know what was going on, so I didn't sleep that night.* (James, male, age 52, served 29 years in prison)

Similarly, Charles, a 62-year-old male who served 38 years for a violent crime, reported that he had to sleep in shelter facilities with up to six people in a small room.

Insufficient housing assistance services before release limits returning citizens' ability to access permanent housing and maintain health and safety. Nevertheless, many U.S. states are not lawfully required to provide housing assistance since sentences are mandated by legislation and not by parole boards (McKernan, 2017). Another participant reported experiencing eight chronic illnesses and described being ejected from his family's home:

> *I was sleeping in a van the whole last winter. The whole winter. My sister would tell me to come over…I would be there two days, and she would say, "Oh, it is getting too crowded in here. Y'all have got to go back out in the car."* (Paul, male, age 62, 36 years incarcerated)

The current housing shortage in major U.S. cities creates significant barriers to successful reentry for elderly participants (Hamlin, 2020). After enduring eighteen months sleeping on a cot in the kitchen of an overcrowded halfway house, Chris, a 68-year-old participant who had spent a total of 37 years in prison, wrote a letter to the governor pleading with him to send him back to prison.

Employment

Economic deprivation is a significant challenge for elderly returning citizens. They often face additional barriers to economic reintegration since many have limited access to employment opportunities due to their criminal records, age-related health issues, and lack of contemporary job skills (Nguyen et al., 2023). Slightly more than a quarter of adults incarcerated in state prisons participate in academic, career, and technical education programs (Turner, 2018). Yet, these programs have shown no effect on reducing recidivism or leading to post-release employment (Bozick et al., 2018; Visher et al., 2005).

Furthermore, elderly returning citizens are at an even greater disadvantage than their younger counterparts for further stigma, including age discrimination, having one or more chronic illnesses, and outdated technical skills. Alex, a 57-year-old male with a history of chronic incarceration since the age of 18, commented, "I was taking up air conditioning refrigeration, and it was obsolete because when I came out, everything was computerized."

One of the three female participants discussed her lack of marketable skills,

> *As far as women go we don't have the same opportunities in vocational training as men do. They have very outdated vocational training, things that we really*

> *cannot do on the outside…They started on computer repair, but all their equipment is 10 years behind and they won't let you work on laptops because they think you will steal parts to make weapons.* (Sandra, female, age 62, served 10 years)

Many study participants were released believing that the training they received would enable them to find jobs. Instead, they learned that their acquired skills were obsolete, leaving them without the means to support themselves and their families. In recent times, the unemployment rate for formerly incarcerated individuals has been nearly five times higher than that of the general US population during this time (Couloute & Kopf, 2018). The unemployment rate in the United States at the height of the pandemic was 18.5% for those with a high school diploma compared to 7.2% for those with a college degree (Kochhar, 2020). Studies show that individuals who experience prolonged unemployment are more susceptible to chronic stress, mental health issues, and health-related problems (Blustein, 2019).

Mental Health

Society often stigmatizes returning citizens, leading to social exclusion and discrimination in various aspects of life (Bos et al., 2013). Social deprivation encompasses the isolation and lack of social support experienced by elderly returning citizens. Upon release, many face estrangements from family and friends due to the stigma of their criminal past and the extended period of separation. This lack of social connections can lead to feelings of loneliness, rejection, and low self-worth, but building new social networks is challenging for elderly returning citizens, who may struggle to find communities that accept them (Brown & Greco, 2024). These can significantly hinder their ability to reintegrate into society, perpetuating a cycle of deprivation and marginalization. It is rare for newly released returning citizens to seek community-based mental health services following their release. Those who seek help find that the care they receive is inadequate to fully address their complex and comorbid conditions (Hamilton et al., 2015). Participants self-reported stable mental health status but displayed and described evidence of PTSD, depression, and anxiety.

When asked if he had any mental health issues, Will, a 52-year-old male, quickly replied, "No, I am not crazy." He excused himself from the interview but later returned. He admitted to suicidal ideations and cried during most of the interview. Will was unwilling to seek professional help, even though he acknowledged he needed someone to speak with about his emotions and thoughts. He commented:

> *I mean, being in jail, you are going to have some mental problems, but not to the point that I have to take meds for it. But if I had to, I don't think I would because ain't nothing wrong with me. I have some trauma. I don't sleep under the covers because, in jail, that is dangerous. I still take showers with underwear on by myself. Like those types of things.* (Will, male, age 52, chronic recidivist since age 17)

Another study participant acknowledged his mental health diagnosis and history, but a lack of trust based on prior experience made them reluctant to seek services.

> *I forgot the name of the diagnosis, something like PTSD. Sometimes, I think people are talking about me or looking at me. I get a little paranoid sometimes. Certain situations, I don't like being around a lot of people. I witness some serious stuff while in prison, stabbings and so forth… Like I was saying, there are times when I isolate myself and stay away from people.* (Gregory, male, age 55, served 2 ½ years)

Notably, the few women in the study reported positive experiences with mental health services. Mary, a 51-year-old female participant who was diagnosed with clinical depression and incarcerated 17 times, commented, "I think I have struggled with depression since I was a little girl, but I was not old enough to know what it was…Once I found out, they put me on medication, and I felt better." Another female participant reported:

> *In prison, I was so fortunate to have this wonderful specialist that came there who is a trauma specialist...I took advantage of that…I do have the tools that I learned how to deal with it* [mental health issues]. *I struggled and still struggle with mental* [health] *issues. I am just well-equipped now to work with* [it]. (Sandra, female, age 62, diagnosed with PTSD, Agoraphobia, and Borderline Personality Disorder)

The relationship between incarceration and mental health is complex and multifaceted. While prison conditions often exacerbate mental health challenges through deprivation and social isolation, it is important to recognize that many individuals enter the correctional system with pre-existing mental health conditions, as illustrated by the participant's reflection on experiencing depression since childhood. Moreover, for some individuals, prison may represent their first opportunity to access consistent mental health services and treatment, which could explain why Sandra reported benefits from prison-based mental health care. This is not necessarily contradictory to the negative impacts of incarceration on mental health but rather highlights the complicated reality that prison can simultaneously be a source of psychological harm through deprivation while also serving as a point of intervention for addressing pre-existing mental health needs. This finding underscores the critical importance of ensuring continued access to mental health services during the reentry process.

Substance Use

Kim and Peterson (2014) estimated that the average prisoner in the United States over the age of 50 has a physiological age of up to 15 years more than the chronological age due to stressors of incarceration and prior lifestyle choices, including substance use and factors associated with criminal activities. Study participants reported past substance use, including alcohol, marijuana, cocaine, heroin, and crack cocaine, which often led to probation and parole violations. Most indicated that they received services relating to substance use disorder rather than overall mental health upon release. Only one participant reported an issue with substance use post-release. Caesar, a 55-year-old male, had been incarcerated seven times since the age of 16 and was homeless on the day of the interview. When asked about sobriety, he unabashedly replied, "[Being sober is] *not important. I love to be drunk...I feel more comfortable drunk...*[then] *I don't worry about nothing."* Caesar's

posture can be understood in the context of deprivation theory, which suggests that individuals who experience various economic hardships, social isolation, or emotional neglect are more likely to engage in substance abuse as a coping mechanism (Yang et al, 2019).

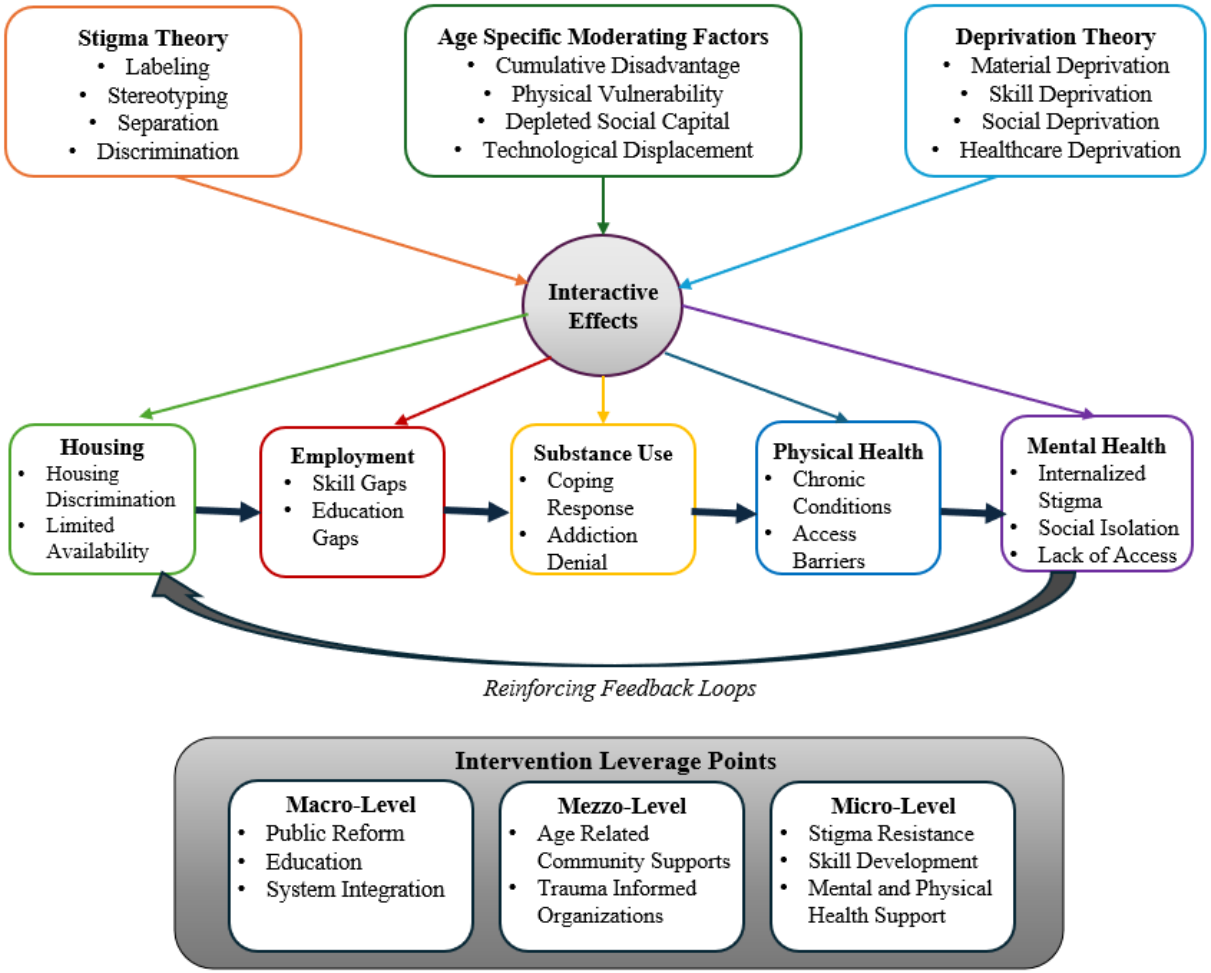
Physical Health

Elderly returning citizens often experience severe physical health challenges exacerbated by the deprivation of adequate resources and support (Maschi & Leibowitz, 2018). Physical health outcomes highlight the direct impact of deprivation on the well-being of elderly returning citizens, emphasizing the need for comprehensive health interventions and support systems (Kaiksow et al., 2023; Maschi & Leibowitz, 2018). Participants reported significant health challenges, with nearly half (48%) reporting two or more chronic diseases and 22% having three or more chronic conditions. The most prevalent health issues were hypertension, affecting 38.5% of participants, and diabetes, impacting 34.6% of the sample. Other conditions included musculoskeletal problems (19.2%) and asthma (11.5%). Several participants reported conditions such as heart disease, kidney disease, sleep apnea, hepatitis C, glaucoma, prostate issues, gout, emphysema, and cirrhosis of the liver, each affecting 3.7-3.8% of participants. Researchers suggest that these illnesses are often due in part to environmental influences, lifestyles before incarceration, personal habits, their response to the stress of imprisonment, and previous healthcare utilization (Greene et al., 2018).

The personal accounts of participants illustrated various approaches to health management after release. Gregory, though not under physician care, proudly reported that weed gained access to healthcare through the Affordable Care Act post-release, stating, “Yes [I have healthcare], Obama did that, and it was easy getting it online.” Similarly, Mary showed strong initiative in managing her health conditions, explaining, “I went and got me a primary care physician; I got an orthopedic surgeon, a GYN.” She also highlighted the health challenges faced during and after incarceration, as she described her weight management journey, "“I was almost 400 lbs. and now I am down to 260…You don't realize how much weight you are gaining wearing them loose clothing [in jail].”

All participants reported having some form of healthcare coverage. Since socialized health care is not an option in the United States, many states have adopted public health insurance (Medicaid) enrollment initiatives for returning citizens. Nevertheless, sixteen state prison systems still have no provision for Medicaid enrollment at release (Hopkin et al., 2018).

Figure 1. *Stigma and Deprivation Effects on Elderly Reentry Outcomes*



Summary

Findings from this study integrate stigma theory and deprivation theory to explain the outcomes facing elderly returning citizens. Figure 1 shows how these interconnected theoretical perspectives help explain the challenges in housing, employment, substance use, and health outcomes.

The model (Figure 1.) merges stigma theory (labeling, stereotyping, discrimination) with deprivation theory (material, skill, social losses during incarceration) to explain the challenges faced by the elderly returning citizens in this study. These theoretical frameworks operate through age-specific moderators like cumulative disadvantage, physical vulnerability, and depleted social capital, creating distinct barriers for participants. These interactions produced consequences throughout several interrelated areas in their lives, including housing instability resulting from discrimination and financial constraints, employment challenges because of skill gaps, substance use as coping amid limited support, physical health deterioration from accelerated aging, and mental health challenges from internalized stigma. These outcomes form reinforcing feedback loops. For example, housing instability undermines employment, which further restricts housing options. The model identifies interventions at the macro, mezzo, and micro levels and provides a framework to address the complex reentry challenges affecting elderly formerly incarcerated individuals.

Discussion

The narratives analyzed for this study are replete with the institutional and societal stressors elderly returning citizens face in their reentry process. Our analysis of this unique population has contributed new insights into much-needed services and the barriers present during reintegration into their communities. The intersection of deprivation theory and stigma theory provides a compelling framework for understanding how elderly returning citizens experience multiple, overlapping challenges during reintegration. The findings show how these various forms of deprivation (economic, social, physical, and psychological) work in concert with different categories of stigma (public, self, and cultural) to create a complex web of challenges for elderly returning citizens. Their subjective experiences of these challenges are reflected in their expressed feelings of despair over lost opportunities and their perception of having wasted their lives, demonstrating how the theoretical concepts of deprivation and stigma manifest in deeply personal ways that impact their reintegration process.

This study reveals how economic instability and housing insecurity serve as concrete manifestations of deprivation while simultaneously functioning as visible markers that trigger social stigma. These material hardships appear to interact with and amplify psychological deprivation, as evidenced by participants' experiences with depression, PTSD, and other mental and physical health challenges. The findings highlight how self-stigma operates within this population, especially among African American males, who demonstrate a reluctance to acknowledge mental health struggles due to cultural stigmas. Participant responses support research that suggests that suffering from mild depression or

anxiety is often viewed as being "crazy" in the African American culture (Jacoby et al., 2018, p. 784). This internalization of negative stereotypes, as referenced by Bos et al. (2013), illustrates how public stigma transforms into self-stigma, creating additional psychological barriers to seeking help for some participants. Addressing stigmas is essential for improving the well-being and successful reintegration of elderly returning citizens into society. By acknowledging and mitigating the impacts of deprivation, policymakers, and social service providers can better support this vulnerable population, fostering a more inclusive and just society.

Policy Implications

Insufficient reentry resources for formerly incarcerated individuals in the United States is a critical issue that undermines efforts at successful reintegration and rehabilitation. Despite the rhetoric surrounding prisoner reentry, the resources allocated to these programs are woefully inadequate. Wacquant (2010) argues that "the so-called reentry movement" is merely a minor bureaucratic adaptation that fails to address the fundamental contradictions of mass incarceration and urban poverty (p. 614). Reentry programs have expanded since the early 2000s, but support services continue to fall short of addressing the complex challenges of post-incarceration reintegration and poverty (Petrich et al., 2022). The Second Chance Act Reauthorization of 2018 increased funding authorizations to $340 million annually (Council of State Governments Justice Center, 2023), yet this represents less than 0.4% of the nearly $85 billion spent annually on corrections in the United States (Sawyer & Wagner, 2023). When distributed across the approximately 500,000 people released from state and federal prisons each year, this amounts to roughly $45 per person per month for reentry services. This amount remains inadequate for meeting basic needs like housing, employment assistance, and healthcare (Western, 2018). Effective reentry would require significantly more funding and the restoration of previously existing programs such as furloughs, educational release, work release, and halfway houses, which have been drastically reduced over the past three decades (Byrne, 2020).

The findings of this study suggest a holistic, interdisciplinary approach to reentry planning that is tailored to the needs of elderly returning citizens, utilizing specialists from the various contexts that they will negotiate in the process of reintegration. Consequently, pre-release programs should include technology training to adequately prepare reentrants for the day-to-day demands of an information technology-driven society to increase their employability. Since elderly returning citizens are likely to suffer from one or more chronic illnesses and lack the financial resources to acquire private insurance, submission of applications for public health care should be made before their release to prevent gaps in coverage. Education on mental health services and benefits should be offered in correctional facilities to address stigma. Lawmakers should consider reforming the U.S. parole system to increase sensitivity to elderly returning citizens with significant chronic health issues that impact their mobility by reducing the number of parole office visits or replacing face-to-face visits with remote video technology.

Implications for Social Work Practice

With the expected rise in the number of elderly returning citizens, social work practitioners must be aware of this group and their needs. Elderly returning citizens are a stigmatized group and, therefore, may come to the therapeutic relationship with a devalued sense of self. Social workers can advance the profession's commitment to the dignity and worth of a person and social justice for returning citizens through several concrete actions: (1) developing specialized assessment tools that account for age-related needs and incarceration history, (2) establishing partnerships with community organizations to create comprehensive discharge planning that addresses housing, healthcare, and social support needs, and (3) implementing trauma-informed care approaches that specifically address both the psychological impact of long-term incarceration and age-related challenges. Social workers should also advocate within their organizations for dedicated programs addressing elderly returning citizens' unique needs, such as peer support groups, specialized job training programs that account for physical limitations, and coordinated care services that help navigate complex healthcare and social service systems. Clinical interventions must consider the trauma caused by the "pains of incarceration" and the impact of age, incorporating both individual counseling and group work approaches that build resilience and combat internalized stigma.

Further Research

This study represents an exploratory look at the phenomenon of elderly returning citizens' reintegration into their communities. Research with elderly returning citizens in other urban and rural areas is needed to enhance knowledge of the commonalities and differences in experiences by population density. There is also a need for follow-up studies to track long-term outcomes for permanent housing acquisition, employment acquisition, and mental health treatment service utilization. Further research is required to examine elderly returning citizens' social identity, and the efficacy of holistic pre-and post-release programs targeted to this group is also needed. Further research should explore issues of race, ethnicity, gender, and systemic racism within the experiences of elderly returning citizens, given that a majority of participants identify as male and African American, which also reflects the overrepresentation within the U.S. carceral system.

Limitations

There are a few limitations to consider when interpreting this study's findings. While sufficient for qualitative inquiry, the sample size may not capture the full range of experiences among elderly returning citizens. Female voices are particularly underrepresented in our sample, limiting our understanding of gender-specific challenges in the reentry process. The findings also reflect a heteronormative perspective, with the voices of LGBTQ+ and nonbinary individuals notably absent from this analysis. Additionally, our reliance on self-reported data, while valuable for understanding lived experiences, may be subject to recall bias and social desirability effects, particularly when discussing sensitive topics such as mental health and institutional experiences.

Furthermore, the study's geographic focus on an urban area in the Northeastern United States may limit the generalizability of findings to elderly returning citizens in other regions with different service landscapes and community contexts. Future research should address these limitations through larger, more diverse samples and multiple data collection methods to triangulate findings.

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