

PRISONERS ONCE REMOVED

The Impact of Incarceration and Reentry
on Children, Families, and Communities

edited by **Jeremy Travis**
and **Michelle Waul**



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The Psychological Impact of Incarceration

Implications for Postprison Adjustment

Craig Haney

The psychological impact of incarceration and its implications for postprison, freeworld adjustment are substantial. Nearly a half-century ago, Gresham Sykes wrote that “life in the maximum security prison is depriving or frustrating in the extreme,” and little has changed to alter that view (Sykes 1958, 63). Indeed, Sykes’s observation is perhaps more meaningful now than when he first made it. Moreover, prolonged adaptation to the deprivations and frustrations of life inside prison—the “pains of imprisonment”—carries certain psychological costs. This chapter briefly explores some of those costs and examines their implications for adjustment in the world beyond prison. It concludes with some programmatic and policy-oriented suggestions to minimize disruptions in the transition from prison to home.

My approach to the topic of postprison adjustment requires one important caveat, however. Although much of my discussion is organized around the themes of psychological changes and adaptations, I do *not* mean to suggest that criminal behavior can or should be equated with mental illness, that persons who suffer the acute pains of imprisonment necessarily manifest diagnosable psychological disorders or other forms of personal pathology, that psychotherapy should be the primary tool of prison rehabilitation, or that therapeutic interventions are the most effective ways to optimize the transition from prison to home. I am well aware of the excesses that have been committed in the

name of correctional psychology in the past, and it is not my intention to contribute in any way to repeating them.

The chapter is organized around several basic propositions. First, prisons have become in some ways much more difficult places in which to adjust and survive over the past several decades. In light of these changes, adaptation to modern prison life incurs severe psychological costs for many incarcerated persons, some of whom are more vulnerable than others to the pains of imprisonment. Finally, although the psychological costs and pains of imprisonment can and do serve to impede postprison adjustment, there are ways to minimize these impediments, both in and out of prison.

The State of the Prisons

Prisoners in the United States and elsewhere have always confronted a unique set of contingencies and pressures to which they were required to react and adapt in order to survive the prison experience. However, a combination of forces have transformed the nation's criminal justice system and modified the nature of imprisonment over the past three decades (Haney 1998; Haney and Zimbardo 1998). As a result, the challenges prisoners must now overcome in order to both endure incarceration and eventually reintegrate into the freeworld also have changed and intensified.

These changes in the nature of imprisonment have included, among other things, a series of interrelated, negative trends in American corrections. Perhaps the most dramatic changes have resulted from the unprecedented increases in the rate of incarceration, which in turn have added to the U.S. prison population and brought about widespread overcrowding. Over the past 25 years, penologists repeatedly have described U.S. prisons as "in crisis," characterizing each new level of overcrowding as "unprecedented" (Cullen 1995; Zalman 1987). The dramatic increases in the prisoner population have been primarily policy driven and not the result of increases in crime rates or the population in general. In fact, the *rate* of incarceration (which corrects for population increases) in the United States remained remarkably stable for the 50-year period between 1925 and 1975, at just around 125 persons incarcerated in prisons and jails per 100,000 persons in the population. However, between 1975 and 1995, that rate soared approximately five-

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fold to an unprecedented 600 per 100,000. By 2001, it hovered close to 700 per 100,000 (Haney and Zimbardo 1998; Harrison and Beck 2002).¹

These dramatic increases were not part of some international trend. By the early 1990s, the United States incarcerated more persons per capita than any other nation in the modern world, and it has retained that dubious distinction nearly every year since. The international disparities are most striking when the U.S. incarceration rate is contrasted to those of other nations with whom the United States is often compared, such as Japan, the Netherlands, Australia, and the United Kingdom. In the 1990s—as Marc Mauer and the Sentencing Project have effectively documented—incarceration rates in the United States were consistently between four and eight times greater than these other nations (Mauer 1992, 1995). For example, in 1995, when the U.S. rate first reached 600 prisoners per 100,000 in the population, Canada was incarcerating a little less than one sixth as many of its citizens per 100,000 (115) and Japan just short of one-twentieth (37) as many people.

The rapidly expanding prisoner population and the resulting high levels of overcrowding in prisons across the country have adversely affected conditions of confinement, jeopardized prisoner safety, compromised prison management, and greatly limited prisoner access to meaningful programming. The two largest prison systems in the nation—those in California and Texas—provide instructive examples. Over the past 30 years, California's total prisoner population has increased *eight-fold* (from roughly 20,000 in the early 1970s to its current population of approximately 160,000), and its incarceration rate has grown to match the rapidly increasing national average (Travis and Lawrence 2002). Although the state corrections budget has skyrocketed, no remotely comparable increase in funds for prisoner services or inmate programming has occurred. For example, between 1979 and 1986, the number of California prisoners increased 139 percent and the caseloads of its prison psychiatrists and psychologists doubled. However, the budgeted positions for clinical staff increased by only 29 percent (Specter 1994, 112). In addition, despite an unprecedented surge in new prison construction, the state has been unable to keep pace with the influx of prisoners—the system currently operates at approximately 190 percent of capacity (California Department of Corrections 2002).

Texas's prison system, the nation's second largest, has been plagued by many of the same problems. Although Texas had managed to avoid the kind of rapid expansion of its prison population that plagued California

throughout the 1980s, and in spite of research favorably comparing the crime rates in Texas with those in California during the same period (Ekland-Olson, Kelly, and Eisenberg 1992; Petersilia 1992), state politicians finally succumbed to nationwide trends toward overincarceration in the early 1990s. Between 1992 and 1997, the prisoner population more than doubled as the state achieved one of the highest incarceration rates in the nation (Texas Department of Criminal Justice 1997). Nearly 70,000 additional prisoners were added to the state's prison rolls in that brief five-year period alone. Resources that might have been devoted to prisoner programs, mental health and drug treatment services, and the like were spent on creating bed space as the state scrambled to create room for this enormous influx of prisoners. Not surprisingly, California and Texas were among the states that faced major prison lawsuits in the 1990s. Federal courts in both states found substandard, unconstitutional conditions of confinement and ruled that the prison systems had failed to provide adequate treatment services for those prisoners suffering the most extreme psychological effects of being housed in deteriorated and overcrowded facilities.²

Paralleling these dramatic increases in incarceration rates and the numbers of persons imprisoned throughout the United States has been an equally dramatic change in the rationale for prison itself. In the mid-1970s, American society moved abruptly from justifying imprisonment on the basis of the belief that incarceration would somehow facilitate productive reentry into the freeworld to using imprisonment merely to inflict pain on wrongdoers ("just desserts"), to disable criminal offenders ("incapacitation"), or to keep them far away from the rest of society ("containment"). Abandoning the once-avowed goal of rehabilitation certainly decreased the perceived need for and availability of meaningful programming for prisoners, as well as social and mental health services provided to them both inside and outside the prison. Indeed, once prisons were no longer conceptualized as places that existed—at least in part—for the benefit of prisoners, general support for overall prisoner well-being declined.

In a number of instances, abandoning the goal of rehabilitation also resulted in the erosion of modestly protective norms against cruelty toward prisoners. Many corrections officials became far less inclined to address prison disturbances, tensions between prisoner groups and factions, and disciplinary infractions in general by using ameliorative techniques aimed at addressing the root causes of conflict and designed to

de-escalate discord. Instead, the rapid influx of new prisoners, serious shortages in staffing and other resources, and the embrace of an openly punitive approach to corrections led to the “de-skilling” of many correctional staff members. Corrections personnel, in turn, often resorted to extreme forms of prison discipline (such as punitive isolation or “super-max” confinement) that were especially destructive and designed to repress conflict rather than resolve it (Haney and Lynch 1997). Increased tensions and higher levels of fear and danger resulted.

Stressing the punitive aspects of incarceration made prison more alienating and stigmatizing. This emphasis resulted in the further literal and psychological isolation of prisons from surrounding communities, and compromised prison visitation programs and the already scarce resources that had been used to maintain ties between prisoners and their families and others in the outside world. Support services to facilitate the transition from prison to the freeworld were undermined at precisely the moment they needed to be enhanced. Because of longer sentences and a greatly expanded scope of incarceration, more prisoners experienced the psychological pains of imprisonment for longer periods, more people were incarcerated than ordinarily would have been (e.g., drug offenders), and more minority communities (because of differential enforcement and sentencing policies) suffered the social costs of incarceration in increasing concentrations (Tonry 1995).

Thus, in the first decade of the 21st century, more people have been subjected to the pains of imprisonment for longer periods and under conditions that threaten greater psychological distress and potential long-term dysfunction. They will be returned to communities already disadvantaged by a badly frayed “safety net,” and they will sorely need social services and supportive resources that their neighborhoods unfortunately will be too often unable to provide.

The Psychological Effects of Incarceration: On the Nature of Institutionalization

Adjusting to imprisonment is difficult for virtually everyone. It can create habits of thinking and acting that are extremely dysfunctional outside the prison walls. Yet, the psychological effects of incarceration vary from individual to individual and they are often reversible. To be sure then, not everyone who is incarcerated is disabled or psychologically

harmful by the experience. However, few people leave prison completely unchanged or unscathed by it. At the very least, prison is painful. Many incarcerated persons suffer the long-term consequences of having been subjected to this pain. In the course of coping with the deprivations of prison life and adapting to its extremely atypical patterns and norms of living and interacting with others, many people are permanently changed.

At the same time, empirical studies of the most negative effects of incarceration are reasonably consistent: Most people who have done time in the best-run prisons return to the freeworld with little or no permanent, clinically diagnosable psychological disorders resulting from their imprisonment (Haney 1997). Prisons do not, in general, make people “crazy.” However, even researchers who are openly skeptical about whether the pains of imprisonment generally translate into psychological harm concede that, for at least some people, prison can produce negative, long-lasting change.³ And experts generally agree that more extreme, harsh, dangerous, or otherwise psychologically taxing confinement results in more people suffering and longer-lasting damage.⁴

Rather than concentrating on the most extreme or clinically diagnosable effects of imprisonment, my focus in this chapter is on the broader and subtler psychological changes that occur in the routine course of adapting to prison life. The term “institutionalization” is used to describe the process by which inmates are shaped and transformed by the institutional environments in which they live. Sometimes called “prisonization” when it occurs in correctional settings, it is the shorthand expression for the broad, negative psychological effects of imprisonment.⁵ The process has been studied extensively by sociologists, psychologists, psychiatrists, and others, and involves a unique set of psychological adaptations that typically occur—in varying degrees—in response to the extraordinary demands of prison life (Clemmer 1958; Goffman 1961; Goodstein 1979; McCorkle and Korn 1954; Peat and Winfree 1992; Thomas and Peterson 1981; Tittle 1972). In general terms, the process of prisonization involves the incorporation of the norms of prison life into one’s habits of thinking, feeling, and acting.

It is important to emphasize that these changes are the result of natural and normal adaptations made by prisoners in response to the unnatural and abnormal conditions of prison life. The dysfunctionality of these adaptations is not “pathological” in a traditional sense (even though, in practical terms, they may be destructive in effect). Instead, the adaptations themselves are normal reactions to a set of pathological conditions

that become problematic when they are taken to extreme lengths, or become chronic and deeply internalized so that, even though surrounding conditions may change, many of the once-functional but ultimately counterproductive patterns remain.

Like most processes of gradual change, of course, prisonization is progressive or cumulative. Thus, all other things being equal, the longer persons are incarcerated, the more significant is the nature of their institutional transformation. This is true despite variations in the ease of their apparent adjustment or adaptation to prison. When most people first enter prison, they naturally find that the experience of being forced to adapt to an often harsh and rigid institutional routine, deprived of privacy and liberty, assigned a diminished, stigmatized status, and living under extremely sparse material conditions is stressful, unpleasant, and difficult. However, in the course of becoming institutionalized, a transformation begins. Prisoners gradually become more accustomed to the wide range of restrictions, deprivations, and indignities that institutional life imposes.

The various psychological mechanisms that must be employed to adjust (and, in some harsh and dangerous correctional environments, to survive) become increasingly natural—second nature in fact—and, to a degree, internalized. To be sure, the process of institutionalization can be subtle and difficult to discern as it occurs. Thus, prisoners do not choose to succumb to it or not, and many people who become institutionalized are unaware that it has happened to them. Few of them consciously decide to allow such a transformation to take place (Irwin 1970).

Institutionalization may have more profound effects on persons who enter institutional settings at an early age—before they have formed the ability to control many of their own life choices. Thus, their institutionalization may proceed more quickly, with deeper and more long-lasting consequences. Some young inmates experience powerful psychological reactions and changes after just brief periods in institutional environments. Typically, however, the longer prisoners remain in an institution, the more likely it is that the process will significantly transform them. Inmates who are “state raised”—housed in one or another institutional setting for most of their young lives—will have passed through key developmental stages at the same time they were accommodating to institutional norms and contingencies. Therefore, the likelihood that much of the institutional structure and routine will be deeply incorporated into their identity during these formative periods is increased

(Bartollas, Miller, and Dinitz 1976; Wright 1991). Because many younger inmates lack mature identities and independent judgment when they are first institutionalized, they have little internal structure to revert to or rely upon when institutional controls are removed. Consequently, they often face more serious postprison adjustment problems.

The process of institutionalization (or prisonization) includes some or all of the following psychological adaptations.

Dependence on Institutional Structure and Contingencies

Among other things, penal institutions require inmates to relinquish the freedom and autonomy to make many of their own choices and decisions. Abandoning such self-sufficiency requires a painful adjustment that some people never fully achieve. Over time, however, many prisoners adapt to their loss of independence by moderating or relinquishing self-initiative and becoming increasingly dependent on the institutional contingencies that they once resisted. Eventually, some prisoners find it more or less natural to be denied significant control over the day-to-day decisions that affect their lives in myriad ways. In the final stages of the process, some inmates come to depend on institutional decisionmakers to make choices for them, relying on the prison's structure and schedule to organize their daily routine. In extreme cases, prisoners' decision-making capacity is significantly impaired and they lose the ability to routinely initiate their own behavior or exercise sound judgment in making their own decisions. Profoundly institutionalized persons may even become extremely uncomfortable and disoriented when and if previously cherished freedoms, autonomy, and choices are finally restored.

A slightly different aspect of this process involves prisoners developing a subtle dependency on the institution to control or limit their behavior. Correctional institutions force inmates to adapt to an elaborate network of typically very clear boundaries and rigid behavioral constraints. The consequences for violating these bright-line rules and prohibitions can be swift and severe. Continuous and increasingly sophisticated surveillance means that prisons are quick to detect and punish even minor infractions. Correctional settings surround inmates so thoroughly with *external* limits, immerse them so deeply in a network of rules and regulations, and accustom them so completely to such highly visible systems of monitoring and restraints that *internal* controls may atrophy or, in the case of especially young inmates, sometimes fail to develop altogether. Thus, institu-

