Surveillance and the experience of the COVID-19 pandemic for formerly incarcerated individuals

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Abstract
To date, most criminal justice research on COVID-19 has examined the rapid spread within prisons. We shift the focus to reentry via in-depth interviews with formerly incarcerated individuals in central Ohio, specifically focusing on how criminal justice contact affected the pandemic experience. In doing so, we use the experience of the pandemic to build upon criminological theories regarding surveillance, including both classic theories on surveillance during incarceration as well as more recent scholarship on community surveillance, carceral citizenship, and institutional avoidance. Three findings emerged. First, participants felt that the total institution of prison “prepared” them for similar experiences such as pandemic-related isolation. Second, shifts in community supervision formatting, such as those forced by the pandemic, lessened the coercive nature of community supervision, expressed by participants as an increase in autonomy. Third, establishment of institutional connections while incarcerated alleviated institutional avoidance resulting from hyper-surveillance, specifically in the domain of healthcare, which is critical when a public health crisis strikes. While the COVID-19

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pandemic affected all, this article highlights how theories of surveillance inform unique aspects of the pandemic for formerly incarcerated individuals, while providing pathways forward for reducing the impact of surveillance.

Keywords
COVID-19, surveillance, reentry, community supervision, incarceration

Introduction
COVID-19 has arguably been the most socially disruptive public health event in a century, placing considerable strain on healthcare and disrupting daily life. Criminal justice research has justifiably focused on prisons and jails thus far, as they are ideal environments to facilitate transmission (Byrne et al., 2020; Couloute, 2020). However, the pandemic may also have unique impacts for formerly incarcerated individuals attempting to reintegrate into conventional society, and most of whom are still under community supervision. Here, we examine how incarceration affected the COVID-19 experience for those reintegrating by capitalizing on an ongoing study with established participants. Through in-depth interviews with formerly incarcerated adults in central Ohio, we centre the lived experiences of our participants during the pandemic, and the relevance of prior incarceration to those experiences. Simultaneously, we use the pandemic experience to inform criminological theories regarding surveillance, including classic theories on incarceration and recent scholarship on community supervision, carceral citizenship, and institutional avoidance. Three findings emerged, with participants describing how: (1) the total institution of prison made them feel “better prepared” for similar experiences such as pandemic-related isolation; (2) shifts in community supervision formatting reduced the coerciveness of community surveillance through increased autonomy; and, (3) establishing quality connections to social institutions while incarcerated minimized institutional avoidance, specifically within healthcare. We begin by highlighting relevant literature in each of these areas.

Effects of surveillance during incarceration and reentry
Classic theorizing characterized prison as a total institution wherein individual autonomy is lost and the self is transformed within a system of surveillance (Goffman, 1961; Foucault, 1995; Sykes, 1958). In Foucault’s (1995) terms, the state seeks to turn individuals into docile bodies, such that people typically behave as if they may be under surveillance. Prison is the ultimate manifestation of this effort, disciplining the body to follow rules even in physical isolation. Through the “pains of imprisonment” (Crewe, 2011; Fleury-Steiner and Longazel, 2013; Haney, 2006; Johnson and Toch, 1982), the self is reformulated to conform to systems of power (Crewe, 2011) and produces a new class known as the carceral citizen (Miller and Stuart, 2017). Loss of autonomy and isolation within prison represent the main mechanisms (Sykes, 1958) whereby the
self is dramatically transformed and reinvented to align with institutional goals (Goffman, 1961). While physical isolation is itself a pain, we draw on the social psychological concept of social isolation, defined by the degree to which individuals occupy social roles (Thoits, 1983). Social roles (e.g. parent, employee) are difficult for the currently and formerly incarcerated to occupy as affirmation through social interaction facilitates identifying with a role, resulting in social isolation when such interaction is lacking.

Prison has more recently been theorized as a “porous” institution, whereby institutions and social life on the outside permeate prison walls (Ellis, 2021). This imbues prison culture with the culture of neighbourhoods most affected by mass incarceration (Mitchell et al., 2021; Stuart and Miller, 2017; Wacquant, 2001) and could detract from prison’s totality (Ellis, 2021). Even with this symbiosis, however, the process of “prisonization” ingrains prison habits and dispositions that confront new patterns of daily life upon reentry and make functioning in social institutions difficult (Martin, 2018). A cycle ensues, whereby those adjusting to post-incarceration social life struggle with building and maintaining relationships, compounding social isolation (Western et al., 2015). Consequently, the formerly incarcerated avoid public space, community engagement, and criminogenic personal networks; this behaviour “reproduces the effects of incarceration by turning their homes into a virtual prison and supports…isolationism” (Fader, 2021:293). Even with prison’s porousness, the lasting effects of prisonization on the self are still carried to the outside. As such, incarceration may beget higher tolerance for similar experiences of isolation and decreased autonomy, potentially priming individuals for similar occurrences such as the COVID-19 pandemic.

Alternatively, the traumatic and transformative experience of surveillance and isolation during incarceration and reentry may result in pandemic-related difficulties. Social isolation, in the form of occupying fewer social roles, leads to decreased wellbeing (Thoits, 1983). During incarceration, social isolation from lack of integration with prison peer networks (Hanyie et al., 2018) and separation from friends and family (Cochran and Mears, 2013) results in poorer mental health by obstructing basic psychological needs for social connection. These psychological costs of incarceration subsequently impact social and economic difficulties during reentry (Schnittker, 2014). Thus, additional periods of isolation for formerly incarcerated people may bring adjustment difficulties. As the COVID-19 pandemic also created social isolation with mental health consequences (Marroquín et al., 2020), we consider whether this could have compounded the sense of isolation and autonomy loss stemming from incarceration and reentry.

Community supervision as surveillance

Surveillance extends beyond incarceration, with community supervision via parole and probation typical during reentry. With its dramatic rise alongside incarceration (Petersilia, 2003; Phelps, 2020), a growing literature demonstrates that community supervision also results in autonomy loss by constraining the everyday lives of surveilled individuals. Beyond mandated supervision visits that can disrupt employment and family obligations, community supervision affects how clients can go about their lives...
(Werth, 2012), with those supervised often viewing it as coercive (McNeill, 2019; Phelps and Ruhland, 2021). Even with infrequent officer contact, those on community supervision live with the constant possibility of rearrest and reincarceration, resulting in avoidance of police and other institutions (Brayne, 2014; Goffman, 2014; Remster and Kramer, 2018; Rios, 2011; Werth, 2012). Supervision regimes can create systems of control that make breaking the cycle of incarceration difficult for individuals and their communities (Grattet et al., 2011; Rios, 2011; Wilson, 2005).

Given these effects on those surveilled and overwhelming officer caseloads, there have been efforts to eliminate or augment face-to-face contact. A recent study found considerable violation reductions via simple internet surveys as form of contact (Saunders et al., 2020). However, there are challenges, such as officers viewing non-face-to-face approaches as increasing risk and liability (Viglione and Taxman, 2018), resistance to face-to-face alternatives (Matz et al., 2018), and potential increased racial biases (Saunders et al., 2020). Of course, the COVID-19 pandemic forced changes, with decreased face-to-face supervision and new technology adoption such as video, email, and texting (Viglione et al., 2020). However, little is known about how changes affected client experiences, which remains important because the officer-client relationship affects reentry success (Blasko et al., 2015; Taxman, 2008).

Although reducing in-person contact might lessen disruptions, eliminating face-to-face contact could decrease the already inadequate availability of services that might enhance success. Community supervision is criticized as providing too few meaningful resources to help individuals remain crime-free and could increase punishment’s coerciveness (Miller, 2014; Petersilia, 2008; Phelps and Ruhland, 2021). Like incarceration, the underlying goal of community supervision has encapsulated both the rehabilitative and supervisory control models over time, with the latter more prevalent since the late 20th century (Lynch, 2000; Simon, 1993; Shah, 2017). While some officers strived to continue providing rehabilitative services (Lynch, 1998), lack of available resources to uphold this ideal often prevents realization of this goal (Lynch, 2000). Further, reentry service providers are subject to similar performance pressures and resource constraints that limit the ability to achieve goals for all those needing services (Halushka, 2017). Next, we consider the service most closely related to the COVID-19 pandemic: healthcare.

**Institutional avoidance of healthcare**

Incarceration and the criminal record marks individuals as “carceral citizens,” making them eligible for governance through institutions of coercion and care (Miller and Stuart, 2017). Regarding the latter, care is a “perverse benefit” of carceral citizenship. As a ward of the state, such citizens are eligible for particular “benefits” that others are not, such as food, work programmes, and healthcare (Miller and Stuart, 2017), especially during incarceration. At the extreme, the outside may represent such a detrimental space that individuals purposefully return to incarceration for these minimal benefits (Schneider, 2021). However, some institutions of care, including healthcare, are not limited to prison, and attempts to link formerly incarcerated individuals to healthcare
have shown benefits (Bedell et al., 2015; O’Connell et al., 2020). The site of our interviews, Ohio, is one of just nine states that coordinates healthcare during incarceration in preparation for release (Scotti, 2017). The Department of Rehabilitation and Correction works with the state’s Department of Medicaid to provide healthcare at least 90 days before release. Upon release, individuals are assigned a care coordinator to assist in finding primary care, making appointments, and learning about other services. While making our setting somewhat unique for considering healthcare access during COVID-19, it provides an opportunity to consider how the perverse benefits of carceral institutions of care extend to a time of health crisis.

By contrast, carceral citizens are also subject to institutions of coercion (Miller and Stuart, 2017). Like care, coercion begins in prison and extends to reentry. In the community, institutions of coercion can conflict with those of care. Fear of apprehension can result in avoidance of social services, including healthcare, in a phenomenon termed institutional avoidance (Brayne, 2014; Goffman, 2014; Remster and Kramer, 2018; Rios, 2011; Werth, 2012). The effect on highly policed neighbourhoods has been categorized as hyper-surveillance, expanding the surveillance apparatus to the community (Goffman, 2014). Such coercive institutional avoidance of healthcare also stems from issues of discrimination, distrust, and access. Justice-involved individuals are disproportionately drawn from racial/ethnic populations expressing greater distrust of healthcare (Zheng, 2015), potentially contributing to disparate outcomes further compounded by their record. Additionally, justice-involved individuals perceive record-based discrimination by healthcare workers, affecting utilization (Frank et al., 2014). Resources also play a role: those on community supervision cite lack of health insurance and resultant financial burdens as the primary reason not to seek healthcare, despite needing it (Owens et al., 2011). Avoiding healthcare potentially exacerbates existing health inequalities. Justice-involved populations have poorer health pre-incarceration (Petersilia, 2003), higher risk of contracting diseases such as Hepatitis C while incarcerated (Varan et al., 2014), and increased physical and mental health issues post-incarceration (Massoglia, 2008; Schnittker, 2014).

Thus, the competing institutions of coercion and care for the carceral citizen lead to divergent possibilities. Coercion may cause institutional avoidance and exacerbate negative consequences for the formerly incarcerated during a public health crisis. Conversely, a strong system of institutional care, while “perverse” in the rights granted to the carceral citizen, could foster connections that decrease institutional avoidance and increase trust, reducing harms of surveillance.

**Current study**

The literature on surveillance related to criminal justice demonstrates a host of potential detrimental effects. Surveillance during prison has the potential to alter individual orientations and behaviours due to its totality. Surveillance after prison often affects how individuals can conduct their lives in their community. This level of surveillance then can result in institutional avoidance whereby individuals disengage with important social institutions. By using an ongoing qualitative data collection effort with formerly
incarcerated individuals as the COVID-19 pandemic struck, our paper contributes to the literature by examining how a societal-level exogenous shock can affect the nature of surveillance and its resultant effects on the surveilled. We next turn to a description of our methodology and findings, before returning to their implications for the literature.

**Methods**

Our sample was comprised of formerly incarcerated adults in central Ohio. We conducted in-depth interviews in three waves, two pre-COVID-19 and one after the pandemic declaration. This article draws exclusively on Wave 3 COVID-19 data. For Wave 1, 140 participants were drawn from local reentry organizations, transitional living programmes, and the parole board office from October 2018 to September 2019. A survey collecting demographic, socioeconomic, and criminal justice data accompanied interviews. Upon

|                      | Wave 1: 10/18–9/19 (N = 140) | Wave 2: 8/19–2/20 (N = 52) | COVID-19 Wave 3: 5/20–6/20 (N = 43) |
|----------------------|-------------------------------|----------------------------|-------------------------------------|
| **Race**             |                               |                            |                                     |
| White                | 40.7%                         | 34.6%                      | 30.2%                               |
| Black                | 47.1%                         | 53.8%                      | 58.1%                               |
| Other*               | 12.1%                         | 11.5%                      | 11.6%                               |
| **Gender**           |                               |                            |                                     |
| Male                 | 62.9%                         | 57.7%                      | 58.1%                               |
| Female               | 37.1%                         | 42.3%                      | 41.9%                               |
| **Age**              |                               |                            |                                     |
|                      | 40.021 (11.102)               | 41.115 (10.828)            | 43.047 (9.774)                      |
| In a relationship or married | 23.6%                      | 32.7%                      | 32.6%                               |
| Parent               | 78.6%                         | 80.8%                      | 81.4%                               |
| **Education level**  |                               |                            |                                     |
| Less than high school| 28.6%                         | 19.2%                      | 11.6%                               |
| GED                  | 9.3%                          | 7.7%                       | 7.0%                                |
| High school          | 13.6%                         | 13.5%                      | 14.0%                               |
| Some college         | 11.4%                         | 9.6%                       | 14.0%                               |
| Associates/Vo-tech   | 30.7%                         | 38.5%                      | 41.9%                               |
| Bachelors or higher  | 6.4%                          | 11.5%                      | 11.6%                               |
| Employed (at Wave 1) | 20.0%                         | 17.3%                      | 16.3%                               |
| On probation or parole (at Wave 1) | 60.7%                      | 63.5%                      | 62.8%                               |
| Number of months incarcerated in past 3 years (at Wave 1) | 13.929 (13.296) | 12.769 (13.365) | 13.302 (13.602) |

*Among the “Other” race category in Wave 1, the breakdown was: 1.4% Latinx, 0.7% Native American, 1.4% Asian, and 8.6% multiracial. In Wave 3, the breakdown was: 4.7% Latinx, 4.7% Asian, and 2.3% multiracial.
conclusion, we asked participants for contact information for themselves and someone with whom they were close to facilitate follow-up interviews in six months; 91% provided information. Wave 2 interviews occurred by phone from August 2019 to February 2020; 52 individuals participated for a 37% retention rate. The COVID-19 Wave 3 interviews occurred by phone from May 2020 to June 2020; 43 individuals participated for a 31% retention rate relative to Wave 1.2 Table 1 shows descriptive statistics across waves. Wave 3 participants largely cohered with the original sample’s characteristics, including on gender, parenthood, Wave 1 employment, and criminal justice variables. Wave 3 participants were somewhat more educated, and more identified as Black and fewer as White.

Across Waves, our primary interest was understanding the reentry process among those recently incarcerated. Our interview guides conformed to Esterberg’s (2002) model for semi-structured interviewing, relying upon a set of core questions but allowing for additional probing questions. This method allowed flexibility in answers, encouraged more detailed responses, and permitted deeper assessments of meaning. Wave 3 carried over many of the same questions from prior waves regarding employment, financial wellbeing, relationships, addiction, and programming. Additionally, Wave 3 focused on receiving updates to participants’ lives, but specifically focused on effects of COVID-19. While we queried many aspects of how the pandemic affected their lives (e.g. employment, safety precautions, family), this manuscript focuses on topics related to the justice system.

We applied both deductive and inductive perspectives (Strauss and Corbin, 2015). For this article, the deductive process began by engaging three related theoretical bodies of work within our interview guide. First, given that formerly incarcerated people have encountered prior periods of physical and social isolation both while incarcerated (Crewe, 2011; Fleury-Steiner and Longazel, 2013; Foucault, 1995; Goffman, 1961; Haney, 2006; Johnson and Toch, 1982; Sykes, 1958) and since reentering (Fader, 2021; Martin, 2018; Western et al., 2015), we inquired about whether they were social distancing and self-isolating during the pandemic and whether they think their experience differed because of their criminal record. Second, understanding the weight of community surveillance on the lives of those reentering (McNeill, 2019; Phelps and Ruhland, 2021; Werth, 2012), we asked how the pandemic altered their supervision, whether they feel more or less surveilled, and their preferences. Third, building off both the possibility of institutional avoidance as well as potential “perverse” benefits of care resulting from carceral citizenship (Brayne, 2014; Goffman, 2014; Miller and Stuart, 2017; Remster and Kramer, 2018; Rios, 2011; Werth, 2012), we queried participants’ experience accessing healthcare during the pandemic. Data were analyzed in NVivo through an iterative process by two researchers, approaching the data through multiple readings, coding, and assessing emerging concepts and themes relevant to our research questions (Rubin and Rubin, 2012). Deductively, we made theoretically sensitive coding an important component for our major codes (Strauss and Corbin, 2015). After completing the first round of coding, we reviewed each transcript, looking for common themes within these theoretically-derived major codes and coding similar categories of data together. Coders placed conceptual labels on reported events, experiences, and feelings, resulting in a set of axial codes. Coder-specific axial codes were combined thematically into a master list.
of major codes and subthemes. Inductively, the semi-structured interview guide and multiple readings of the data allowed for discovery of emerging themes, permitting contrasting experiences. In particular, following the first deductively-driven theme regarding isolation, a subtheme emerged wherein participants described feeling that prison was “preparation” for the pandemic. We now turn to those results.

**Results**

**Prison as preparation**

Social isolation and autonomy loss represent common scenarios during incarceration (Crewe, 2011; Fleury-Steiner and Longazel, 2013; Foucault, 1995; Goffman, 1961; Haney, 2006; Johnson and Toch, 1982; Sykes, 1958) and reentry (Fader, 2021; Martin, 2018; Western et al., 2015), as well as during the pandemic (Marroquín et al., 2020). Only three participants expressed that prior incarceration was unrelated to their pandemic experience; the remaining participants described such contact as consequential. Among the latter, an inductively-emergent theme arose whereby several participants described feeling “prepared” for aspects of the pandemic, such as lockdowns, physical distancing, and need for self-reliance, due to past prison experiences. Patricia (WW30)3 remarked that her criminal record has, “caused more social distancing than anybody deserves in their life,” and identified how restrictions on autonomy operated during prison: “They tell you you’re going to jail, they handcuff you, they walk you out. You go back to your cell. You’re locked in this cell and that’s it.” Patricia also highlights the difficulties in accepting social and physical restrictions, saying, “You cry and you get over [it]. There’s nothing you can do about it.” Patricia’s living situation during the pandemic was one of social isolation that lacked identification with important social roles, as she lived alone and lacked custody of her children. Such social isolation was common. Despite 81% of participants being parents, only six (14%) described living with their children (although many had adult-aged children). An additional seven (16%) described living with another family member or partner. Among parents with non-residential children, two described avoiding seeing them due to fears of transmitting the virus.

Others noted similarities between social and physical restrictions in prison and during COVID-19. Bettie (BW44) recounts how pandemic restrictions mimicked lack of autonomy over one’s time in prison:

“This COVID-19 doesn’t recognize whether somebody has a record or not. The only familiarity would be that I’ve been confined before and there’s a lot of people that haven’t been confined. So that could maybe have helped me for the first couple of months…At first, [the pandemic] wasn’t so great because you have flashbacks. Just not being able to do what you want to do. When you’re used to going and coming whenever you please. And then just having that taken away from you, that changes your life. I think it probably was easier for somebody who has been incarcerated, than for somebody who’s never experienced just having all types of rights taken away…You’ve experienced it before.”
Though Bettie expressed that the beginning of the pandemic was particularly stressful, she felt able to adapt to constraints better than others never imprisoned, describing differences in rights between the carceral citizen and others (Miller and Stuart, 2017). Likewise, Freddie (BM52), who spent 27 years incarcerated, describes how prison internalized discipline required to overcome challenges. He said, “I’ve been in the trenches, I’m handling this the same way. I think it was really preparation for this…My experience in prison kind of prepared me for all of that, in the form of discipline just being ready to have a self-imposed discipline to get through hard times.” Both participants noted similar restrictions on their behaviour while confined and during the pandemic, and articulated how the total institution of prison (Goffman, 1961; Martin, 2018) permitted adaptation to pandemic restrictions, invoking Foucauldian (1995) concepts such as “discipline.”

Some participants specifically indicated isolation during reentry as making them better prepared. Andrew (WM31) describes what Fader (2021) called recreating prison in one’s home by isolating from social networks. Andrew said, “Honestly, for me it [the pandemic] feels like it’s easier. Because my experience from the time that I’d done, like I was isolating myself from the majority of people, at least mentally and as much physically as I possibly could…I wasn’t trying to get involved with too many individuals…because most of them were doing stuff that I didn’t want to be involved with. So I kinda got used to that type of mentality.” Others noted that being in transitional living already created a sense of social isolation, such that no adjustment was necessary. Michelle (WW35) stated, “I was already kind of social distancing from everybody because I wasn’t allowed to see anybody, as far as going and hanging out with friends, things like that. So in that aspect, no it hasn’t really changed anything, as far as me being away from people.”

Finally, a few participants noted virus transmission within prisons and expressed gratitude for not being currently imprisoned. They emphasized that their situation during the pandemic, while not good, was not as bad as those incarcerated. When asked how his record impacted his pandemic experience, Marvin (BM35) remarked, “I’m just glad I’m not incarcerated right now.” Calvin (BM35) believed that those incarcerated were disproportionately dying of COVID-19: “I’m not really angry [about the pandemic’s impact on him] because it could be worse. Other people in them jail cells, it’s taking away prisoners, COVID-19, faster than people can catch a cigarette out here.” Carlton (BM40) said that a prison worker who cared for him died of COVID-19, and that being released from prison may have reduced his chances of contracting COVID-19: “Where I was incarcerated at, one of the nurses that used to help take care of me, she died. And a matter of fact, the prison where I was at has a big outbreak of it right now…So I’m just thanking God that I’m out of that situation. I might have a different life and that’s something else that just keeps me on my toes every day.”

Although respondents felt that prison prepared them for social isolation, we do not mean to imply that the pandemic was easy, as Patricia and Bettie’s quotes demonstrated. Nearly all described stressful experiences of some kind, many linked to fulfilling the obligations associated with social roles. For example, Maria (MW34) described eating issues related to feeling nervous: “I actually had called off [work] for four days when this had happened. Because I was nervous, and I stayed at home, had a little bit of a shutdown. I
kind of went through the eating phase at first, where I was just eating my emotions.” Others such as Amy (WW62) illustrated strains on relationships:

“Me and [Husband] were arguing and we had just got married…I would…look at all of our pictures of what we was. And that wasn’t us anymore. It had drained our energy. It drained our happiness and he’d get up in a bad mood and I didn’t know who I was waking up to, and it affected me so bad that I was to the point where like, ‘Why are we even here?’”

Finally, Bobby (OM48) summarized economic issues: “Economically, it’s been a definite strain. More food is being ate. Of course, more toilet paper is being consumed…So my budget has changed considerably now…The light bill was almost double…Now that stresses me out.” While there were additional examples, we briefly describe these experiences as they are not unique to formerly incarcerated individuals, which is our intended focus. While participants felt that prior surveillance can result in feeling prepared for social isolation and changes in autonomy brought by COVID-19, there are also universally inherent pandemic-related difficulties that people undergoing reentry also experienced.

**Supervision changes and autonomy**

Almost every participant among the 63% on community supervision reported changes due to COVID-19, specifically elimination of face-to-face officer contact and variation in communication and content, which most described in positive terms. Participants identified increased autonomy as a benefit to pandemic-related supervision changes, reducing some of the coerciveness and effect on daily life that such supervision can impose (McNeill, 2019; Phelps and Ruhland, 2021; Werth, 2012). In fact, many described an increase in frequency of contact via virtual means compared to pre-pandemic, yet still an overwhelming preference due to the increased autonomy of remote formatting. For example, Alvin (BM45) said, “Compared to the normal once a month visit, now it’s more, a couple of conversations a month…now they just call, and it’s easy…For me, I prefer how it is during the pandemic. Because it’s just a little bit more freedom than it is, because you don’t have to go around, more for the visits and all that stuff.” Herman (BM37) similarly described more frequent contact, but with increased autonomy: “They do call and check up on you all the time…I ain’t been doing too much so it’s very easy for me…I think they’re kind of lenient…it saves you the drive, it saves me the headache going down there and doing all this other stuff.”

Herman highlights that the content of supervision may have changed as well, describing a “leniency” over remote means that may not have been the case before the pandemic. However, there was inconsistency regarding change of content. Winston (BM43) described considerable change in content: “We’ve just been doing over the phone kind of interviews and talks and little worksheets and things like that. Homework that he will assign, just some things for me to work on we’ve been doing via email as well. So that’s been different. I mean, but it’s cool at the same time.” By contrast, Mae (BW52) noted her experience was the same during the pandemic, saying, “We still
have the same conversation, but I don’t have to waste my gas, park, go in the building, let them search me.” Thus, autonomy led to preferring remote supervision regardless of if participants described a change in content.

As alluded to, not having to travel for appointments was a major benefit for participants. Reginald (BM53) described virtual visits favorably, saying, “We do it over the telephone or virtual. It’s made it a lot easier…travelling to the parole office is an ordeal in itself because there’s no public transit that goes out there. So that made it a lot easier for me because I don’t have any transportation.” Margaret (WW29) described happiness over not having to orient her life and childcare around visits, saying, “I mean, it is nicer not to have to worry about going, finding time to go up there and sit up there for hours at a time…”Because you never know how long you’ll be up there…They make you wait a really long time. So I normally have to plan around work and if somebody will be home with my daughter, because I don’t want to bring her up there.” Many participants without drivers licenses or vehicles echoed the benefits to autonomy, time, and energy permitted by physically-distant supervision. Maria (MW34) stated that this decreased her pandemic-related anxiety: “I’m really happy. To be honest, being out and about, it gives me anxiety, I don’t know why, but it does, especially on the bus.” Remote contact made supervision more accessible for these participants, even easing pandemic-related stress by preventing exposure from travelling.

Rapid changes to supervision were not without issue. The unanticipated changes to reporting to officers were hurdles to supervision completion for a few. For example, Calvin (BM35) illustrated an inability to finish supervision due to lack of communication:

“I was eligible to get off of PRC [Post Release Control] about two, three months ago before this happened…It’s like now this thing here has put the hold on me for being able to get off… I was on every 90 days report, but I haven’t reported since then because the thing is, everybody stay in the house, don’t go nowhere…Everything is shut down. So I don’t even know really what’s up with my PO, to be honest”

Inability to get in contact with his PO and complete supervision caused Calvin frustration and confusion, feeling that the pandemic shutdown potentially lengthened his time under surveillance.

Although no participant expressed this personally, some recognized that increased autonomy may come with a cost for some. Alvin said: “For some people, [community supervision] is a good thing. Because it keeps people in line. If you know you’re going to have to answer to somebody, you’re a lot less likely to do something, if you’re living that kind of life…There’s people that need that out there.” While Alvin felt he no longer required “answer[ing] to somebody” to prevent recidivism, he expressed concern for those requiring closer supervision to prevent criminal behaviour, highlighting how the pandemic disrupted beneficial contact and echoing some of the challenges of alternative supervision formats noted in the literature (Matz et al., 2018; Saunders et al., 2020; Viglione and Taxman, 2018).
Healthcare and institutional (non-)avoidance

About half of participants reported successfully accessing healthcare between the start of the pandemic and their interview, with the availability of state-sponsored healthcare for the formerly incarcerated emerging as a “perverse” benefit of their carceral citizenship when the pandemic struck (Miller and Stuart, 2017). As Amy (WW62) stated, “Even with my background, I still got hospital care and everything. They never asked any questions.” Herman explained that his insurance is a result of parole, saying, “I believe, since I’ve been home, because I’m on federal parole, I got good insurance so without them I’d be shit out of luck and in debt and all types of crazy stuff... Without them I’d probably be all the way in the dirt.” Echoing Herman, Malcolm (BM50) extrapolated on this connection specific to Ohio’s programming:

“I wouldn’t think [that my record hurts me], no, because, actually, I think they intend to help you more because you’re almost a blank slate. They actually want to help you with your benefits. I’m not going to say give you more, but help you get those benefits that you need whether it’s eye care, medical, things like that. So, that has never been a problem with me or anyone that I know that came from being incarcerated.”

Malcolm described officials as available to help, noting the benefits of institutions of care for the carceral citizen.

Moreover, many participants felt that healthcare providers were as available to them as before the pandemic. For example, Stephen (WM61) perceived treatment received during the pandemic as “pretty much normal,” saying, “I’ve made all of my scheduled doctor appointments...I’ve had a couple of MRIs, and I have one coming up.” Similarly, Stephanie (WW29) felt her established relationship with her primary care physician persisted throughout the pandemic: “My doctor, I can call her any point. Actually, I just got off the phone with her... and she’s great.” Stephanie’s “rapport” with her healthcare provider increased her confidence in her ability to receive healthcare during the pandemic, with subsequent interactions proving her confidence was warranted. Most participants received care during the pandemic and felt there were no major obstacles to access.

An additional six participants with addiction issues also described being grateful for continuity of addiction-related services. While mostly moved online, submitting (“dropping”) samples for drug tests still necessitated contact. As Andrew (WM41) summarizes:

“We were having groups every day... but now they’re doing them over Zoom. And then also if you come in to drop... we come in and they take our temperature at the door... If you need to take care of anything else while you’re here, you do that and then you’re on your way. They try to keep the social distancing thing as real as they possibly can. They try to enforce it as much as they can without turning people away.”

Other participants lived in sober living facilities, where Emmanuel (BM48) noted adjustments such as the facilitator “not trying to put too many more people in there so everybody got a room to themself now,” and that the continued ability to live in such a facility
“helped with my sobriety...just helped me focus on doing the right next thing.” Almost all participants who discussed addiction stated they remained sober up until their interview, but still described the stress of avoiding drugs. Melissa (WW39) said, “All the emotions that I went through while being a drug addict all came back.” Maria (MW34) described how the timing of recovery and the pandemic was lucky for her: “I have my good days and my bad days...if I was in my beginning phase of treatment, I don’t know if I would have been able to handle that...I probably would have been still getting high or I would have relapsed. I would have relapsed, I knew I would have, because I wasn’t mentally there.” While most participants described maintaining sobriety, a couple expressed otherwise. When asked if her addiction had gotten worse during the pandemic and what substances she was using, Deborah (WW48) stated bluntly, “Yes...Alcohol and crack cocaine.”

In contrast, a few participants noted that some procedures were delayed during the pandemic. Andrew (WM41) explained, “I was supposed to actually start the treatment for Hep C for the cure right before this started. And I actually had my appointment to go get started and that got put on hold. It’s not something that’s life or death or something.” While delayed non-essential procedures were not unique to the formerly incarcerated, Andrew’s experience is notable given much higher Hepatitis C infection rates among the formerly incarcerated. Finally, echoing research on institutional avoidance (Brayne, 2014; Goffman, 2014; Remster and Kramer, 2018; Rios, 2011; Werth, 2012), Lillie (BW49) illustrated how fear differentially impacts justice-involved people seeking healthcare: “I think it’s a little harder for criminals because some of them are scared to go because they might have a warrant...they can’t really get the help they need or whatever.” Although not hindering Lillie personally, she described fear of apprehension as obstacles to care for some justice-involved individuals.

Discussion

Through an ongoing qualitative data collection effort, we highlighted the unique pandemic experiences among formerly incarcerated individuals, contributing to emerging research on punishment and COVID-19 focusing thus far on prisons. We build upon theories of surveillance, both those focusing onincarceration and those regarding community surveillance and institutional avoidance, to understand how the pandemic experience was unique for formerly incarcerated people. We find that undergoing carceral surveillance had lasting impacts for how participants viewed isolation and autonomy, an extension of theories and empirical research that we were able to examine due to the exogenous event of the pandemic. Three main findings emerged, showing that surveillance within prison resulted in participants feeling “prepared” for pandemic-related isolation and autonomy loss, community supervision changes provided them autonomy from otherwise disruptive surveillance, and bridges to healthcare prevented them from practicing institutional avoidance. We discuss the theoretical and policy implications of each of these in turn.

Reentry is a longitudinal process wherein success is a product of prior factors, including the incarceration experience (Visher and Travis, 2003). Prison is a transformative
experience that combines omnipresent surveillance with isolation and loss of autonomy (Goffman, 1961; Foucault, 1995; Sykes, 1958). Short of reincarceration, there are few ways to observe how the lasting effect of this experience manifests in similar situations. The COVID-19 pandemic provided this unique opportunity by mimicking similar senses of isolation through lack of identification with social roles, especially family, as well as autonomy loss. While the pains of incarceration (Crewe, 2011; Fleury-Steiner and Longazel, 2013; Haney, 2006; Johnson and Toch, 1982) could easily have led to a more stressful pandemic experience, we found instead that participants felt better “prepared.” They explicitly recalled aspects of incarceration where they had no autonomy as preparation, even stating that prison provided the necessary “discipline.” Following Foucault (1995), the body is disciplined through a regime of unverified surveillance to behave a particular way even when isolated, potentially begetting tolerance for such experiences. Similarly for Goffman (1961), the total institution of prison where autonomy loss is normative may have transformed participants to feel better able to manage similar occurrences during the pandemic. Thus, our participants felt that the “discipline” imbued by confinement continues past incarceration, and that these changes influence ability to adapt to disruptive events.

We do not intend to imply that prison or the “discipline” from a painful system of surveillance was a positive, nor that reentry is not a difficult and tumultuous process during the pandemic. Feeling better prepared for the pandemic from incarceration is an incredibly high cost to pay for both individuals who suffer collateral consequences of incarceration (Kirk and Wakefield, 2018) and their communities that experience increased social disorganization by removing so many individuals (Clear, 2008). While the symbiotic relationship between prison and street culture (Mitchell et al., 2021; Stuart and Miller, 2017; Wacquant, 2001) could have lessened prison’s totality (Ellis, 2021) in the reentry period, we instead found that the effect of prisonization remains. Prisonization produces great difficulty adapting back to physical and social surroundings, such as loud and busy streets, or proactively following a daily routine (Fader, 2021; Martin, 2018; Western et al., 2015). Perversely, a pandemic scenario more akin to incarceration may have allowed participants to avoid environmental cues that make adaptation during reentry difficult. As reenters resultantly self-isolate and recreate the conditions of prison in their homes (Fader, 2021) through voluntarily or forced exclusion from social roles and networks, formerly incarcerated people may have found it easier to socially distance. Many were also grateful to not experience the pandemic from prison, and the desire to avoid incarceration may weigh on behavioural choices related to crime. Many participants still experienced stressors related to mental health, relationships, and finances. These pandemic experiences are not unique to justice-involved people, whose experience with surveillance was our intended focus here; however, tenuous social roles may have made these issues more pronounced for our respondents.

Community supervision is somewhat incongruous in its categorization in the literature as an institution that provides inadequate oversight and resources for clients (Petersilia, 2008), while simultaneously creating a larger surveillance apparatus drastically affecting how clients conduct daily life (McNeill, 2019; Phelps and Ruhland, 2021). COVID-19 created a forced experiment in supervision lacking face-to-face contact (Viglione et al.,
2020), which may have affected client experiences. Most participants described preferences for remote supervision meetings, even with some indicating increased frequency of contact through such means. Not disrupting personal lives for in-person meetings was a welcome change and limited virus exposure. Many participants couched their appreciation in terms related to increased autonomy, which may have lessened perceived coercion of supervision and ancillary feelings of surveillance.

Whether virtual formats for community supervision become standard remains an open question. As participants noted, some individuals may need community supervision for successful reentry, echoing similar officer concerns about remote supervision of high-risk clients (Viglione and Taxman, 2018). Additionally, one participant described an inability to contact their PO, highlighting that a rapid shift in supervision strategies could result in some falling through the cracks. Further, shifts in supervision formatting must be assessed for bias (Saunders et al., 2020). Despite these concerns, our findings clearly showed participant preference for the autonomy and lack of disruption from remote supervision that may alleviate some of the negative consequences for the daily life of the surveilled.

Healthcare is undoubtedly a prominent issue during a pandemic; however, competing institutions of coercion and care for the carceral citizen (Miller and Stuart, 2017) lead to differing possibilities regarding healthcare access. Although one participant explicitly highlighted that surveillance may cause institutional avoidance (Brayne, 2014; Goffman, 2014; Remster and Kramer, 2018; Rios, 2011; Werth, 2012) for some justice-involved individuals, our participants did not describe practicing such avoidance. Rather, as a “perverse” benefit of carceral citizenship (Miller and Stuart, 2017), most felt secure in their healthcare due to that provided by the state for formerly incarcerated individuals. Simply put, by having this system in place, participants did not practice institutional avoidance of healthcare that can result from concerns about surveillance, discrimination, and distrust.

As noted, Ohio is among only nine states coordinating healthcare while still incarcerated in preparation for release (Scotti, 2017). In addition to what is likely a beneficial programme absent a pandemic, our findings demonstrate its importance when an unexpected health crisis strikes, even if perverse. While COVID-19 exposed insufficiencies within U.S. healthcare generally, programmes for the formerly incarcerated such as Ohio’s show how safety nets can help individuals weather such crises. This coverage is particularly important given that formerly incarcerated persons are disproportionately likely to suffer from medical ailments, including those that could complicate a COVID-19 diagnosis. It may also help alleviate health inequalities related to race/ethnicity by providing healthcare to individuals who have poorer access and potentially improving trust. Publicly available coverage was not the only programme that helped our participants weather the pandemic. Although the pandemic was stressful for them, those with addiction issues were grateful for shifts to online meetings and adjustments to drug testing and group living. Finally, while positive perceptions were the norm, there were still some participants with issues, either with addiction or delayed non-essential treatment for ailments such as Hepatitis C that are more common among the formerly incarcerated.
Limitations

We note limitations of our study. First, while the Wave 3 sample size was sufficient to reach saturation of our qualitative themes (Guest et al., 2006) and our large Wave 1 sample facilitated a retained sample size typical of qualitative studies, our retention rate relative to Wave 1 was low. As described, our Wave 3 participants were very similar to our original sample on measurable characteristics. One exception was education, with fewer participants not completing high school, and more with an Associates/Vocational-Technical degree. Such skills could result in a Wave 3 sample with over-representation among those who can best remain connected to social institutions such as employment. Unmeasured characteristics, such as mental health, could also play a role in retention. In addition to attrition, those with the poorest connections to social institutions or ability to cope could disproportionately have been reincarcerated or died. While we can only speculate, we believe our findings in this manuscript would be relatively similar with full retention; those with less education, poorer mental health, or lack of institutional connections would likely also have viewed prison as preparation, positively valued virtual meetings, and benefited from Ohio’s Medicaid system for the formerly incarcerated. However, we recognize that such participants may have a degree of social isolation where no amount of prison could make them feel prepared for their current conditions and where they avoid or simply do not take advantage of provided medical care. As well, they may differ in other important ways that extend beyond the focus of this manuscript. Nonetheless, the strengths of being able to collect any data during COVID-19 still provides valuable information about how the formerly incarcerated experienced the pandemic.

Second, we are cautious about the generalizability of our results. We believe that the consistent experience within the institution of prison and its lasting effects during reentry likely implies that others in similar carceral environments to Ohio would also express sentiments regarding feeling prepared. Further, the ubiquity of preference for virtual meetings among our participants likely extends beyond our site. The relative uniqueness of Ohio’s Medicaid programme might mean those results apply to the few states with similar systems; in locations without this connection to healthcare, institutional avoidance might be more likely. In terms of demographic generalizability, central Ohio has a very small Latinx population; we encourage research that incorporates additional important demographic groups affected by mass incarceration and the pandemic.

Third, our sample contained proportionally more women than represented in criminal justice populations. This approach was deliberate given that women are often underrepresented among studies of the formerly incarcerated. We considered whether men or women were disproportionately represented among our themes, or whether experiences noted within themes differed along gender lines. However, among themes described in this article, we did not find differences. We believe it reasonable to conclude that men and women similarly experience the lasting effects of isolation and autonomy loss during and after incarceration, express a preference for alternative community
supervision formatting, and note appreciation for Ohio’s Medicaid system for the formerly incarcerated.

Finally, the COVID-19 pandemic is a rapidly evolving situation at the time of this writing. This study represents only a first snapshot into the unique experiences of formerly incarcerated individuals during the pandemic. Undoubtedly, research will be needed in the short-term and in the years ahead as scholars assess the long-term implications of this historic event.

**Conclusion**

The upheaval caused by the COVID-19 pandemic resulted in many individuals experiencing sickness, job loss, and mental health issues. Here, we examined the unique aspects of this experience among formerly incarcerated individuals given their exposure to apparatuses of surveillance both during incarceration and in the community. We found that participants felt that incarceration “prepared” them for autonomy loss and isolation brought on by lack of social roles during COVID-19. Further, supervision changes were largely welcome and provided a sense of autonomy and relief from surveillance. Finally, our findings show that strong social safety nets that provide continuity of healthcare services could lessen institutional avoidance, which is critical in a public health crisis. We stress that the effect of mass incarceration on individuals (Kirk and Wakefield, 2018) and their communities (Clear, 2008) is a high cost to pay for better pandemic preparation. Indeed, our findings regarding community supervision and institutional avoidance provide pathways forward to blunt the impact of surveillance. We also note that there were exceptions that highlighted the immense stress and difficulties of the pandemic, pointing to the need for further services. Providing continuing resources could alleviate instability in the lives of formerly incarcerated people, improving their life chances and those of their families and communities that have been disproportionately affected by the pandemic and surveillance due to mass incarceration.

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Notes
1. Sampling in order of prison release (known as “consecutive sampling”) is a common strategy in prison research (Fazel, Bains, and Doll, 2006). For the parole board and transitional living, participants had recently cycled from prison, fitting this sampling strategy. Many participants from community organizations had also recently exited prison, but we nonetheless randomly selected participants from class rosters to induce additional randomness. Living facilities for and classes that were predominantly women were included to increase representation. Among those approached or selected, all agreed to participate. Participants were compensated with gift cards.
2. Provided contacts stated two participants died and one was incarcerated. For those uncontacted, these outcomes remain possibilities, which we return to in the discussion.
3. The parentheses format of two characters and number denotes race (W=White; B=Black; M=Multiracial; O=Other), gender (M=Man; W=Woman), and age. All names are pseudonyms.

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