Abstract
Returning to society after incarceration is a challenging and stressful process, and the COVID-19 pandemic exacerbated this difficult transition. Although previous research has identified social connectedness as reducing stress and improving well-being during stressful life events, much of this research has not addressed prison reentry, despite the relevance to the challenges faced by this unique group of individuals. Additionally, examining how such support can be provided during the COVID-19 pandemic with required social distancing, stay-at-home orders, and business shutdowns has not been studied. This study examines the Offender Alumni Association (OAA), a program operated entirely by formerly incarcerated persons, and its ability to provide social support through obstacles created by reentry and the COVID-19 pandemic. Based on focus groups and surveys of OAA members (N=77) and non-OAA members (N=41), we find that, when compared to the comparison group of non-OAA members, those in OAA reported significantly stronger social support and less social isolation. Such results strengthen the argument that within-group support matters in providing protection against the impacts of stressful life events. Further, OAA participants overwhelmingly supported the use of technology during times of crisis as a means to feel connected and supported. Findings indicate that technology can support vulnerable groups and protect public health simultaneously. Further, findings reveal important policy implications, as well as arguments to use technology to expand programming during reentry. (230 Words)

Keywords Reentry · Technology · Peer support · Social isolation · Wellbeing · COVID-19
Introduction

Each year, more than 600,000 people are released from state and local prisons and an additional 9 million are discharged from jail (ASPE, 2022). Many of these are members of minorities, especially African American men, returning disproportionally to poor urban communities already struggling with access to education, healthcare, and the labor market (Harding et al., 2019). For formerly incarcerated persons, the stakes are even higher: they face several structural and process-related challenges such as a lack of institutional support and formal education, legal barriers, substance use and mental health issues, compliance with parole requirements, stigma, and additional difficulties finding employment and housing (Anderson et al., 2018; Gunnison et al., 2015; Leigh-Hunt & Perry, 2015). Unemployment rates for formerly incarcerated people are five times higher than for the general U.S. population (27.3% as compared to 5.2% in 2018; Couloute & Kopf, 2018) and recidivism is high—within three years of their release, two thirds of former prisoners are rearrested and more than half are reincarcerated (Benechi, 2021). Many formerly incarcerated individuals find it difficult to adjust to life outside prison, manage expectations of jobs, housing, or parole requirements, cope with mental health issues and negative emotions, and engage with family, friends, and the community (Pope et al., 2013; Skeem et al., 2009; Mallik-Kane & Visher, 2008). People returning from incarceration to communities have high rates of chronic diseases, mental health disorders, and infectious diseases (Fazel & Danesh, 2002; Bostwick & Pankratz, 2000). Depression, anxiety, mood disorders, and suicide risk, often in combination with alcohol and substance abuse, are common among former offenders (Daigle et al., 2006; Leigh-Hunt & Perry, 2015), and few treatment options are available to stabilize disorders among former offenders prior to discharge from institutional corrections (APHA, 2013). Research has shown that the collaboration of various government agencies, non-profit organizations, and the private sector can collectively improve reentry outcomes and ease the transition of formerly incarcerated individuals into society (Western, 2018; Goger et al., 2021; Harding et al., 2019). In addition, peer support is crucial: it provides a network to help former offenders overcome barriers, combat the effects of institutionalization, and adapt to life outside prison (Denney et al., 2014).

Reentry is undoubtedly a stressful process for formerly incarcerated people under any conditions, but the COVID-19 pandemic has exacerbated these issues. Lockdown policies and stay-at-home orders disrupted attempts to ease the transition from institutions to communities as well as impacted opportunities for support. Agencies and community organizations scrambled to find new ways to engage, and formerly incarcerated individuals faced significant risk of relapse into negative behavioral patterns. Anxieties over health, financial issues, depression, and social isolation were high in the general population (Tull et al., 2020) and affected formerly incarcerated individuals disproportionately (Desai et al., 2021; Franco-Paredes et al., 2021). Strategies to slow the spread of COVID-19 such as stay-at-home orders, social distancing, and self-isolation had unintentional negative consequences by cutting people off from support networks and limiting social connection, thereby increasing the potential for mental health problems and decreasing resilience (Chew et al., 2020). Consequences may be particularly pronounced for former offenders, who as a group tend to be more...
socially isolated and stigmatized and suffer from greater levels of anxiety and depression when compared to the general population (Singleton et al., 2003).

The purpose of this paper is to assess how the COVID-19 pandemic has affected the reentry process and social connection of formerly incarcerated people. Specifically, we focus on two questions: First, do participants in established support groups have greater levels of social support during the pandemic than former offenders who are not connected with such support groups? Secondly, can technology provide an alternative for face-to-face interaction that reduces social isolation and improves wellbeing? Using the case study of the Offender Alumni Association (OAA), an organization of former offenders who provide reentry support services in Birmingham, Alabama, we assess the impact of virtual peer mentoring and support groups during the COVID-19 pandemic on social connection and transition outcomes for former offenders. In doing so, the current study fills an important gap in understanding whether adequate services can be provided to formerly incarcerated persons during reentry through alternative delivery methods to promote positive community health and safety outcomes.

Literature Review

Relationships with prosocial peers, mentorship, connections to family, and community support are critical for successful reentry (Denney et al., 2014). Individuals who lack social interaction or support often withdraw further and become more sensitive to perceived threats to safety or personal integrity (Cacioppo et al., 2006). Loneliness and perceived separation exacerbate feelings of isolation and stigma which may result in increased stress and anxiety (Szkody & McKinney, 2019). Research suggests, however, that significant and meaningful relationships offer health benefits including relief from stress of life events, improved mental health, and even longer life expectancy (Feeney & Collins, 2015). Among the benefits of social support are emotional comfort, reassurance, and acceptance of individuals experiencing stressful situations, which allows them to have a more positive self-image and improve their coping skills and perceptions of their own abilities to overcome their struggles (Zhou et al., 2019). Social networks that provide their members with consistent communication of what is expected of them, assistance with tasks, evaluation of their performance, and appropriate rewards can mitigate the response to stressors and positively impact members’ life circumstances (Szkody & McKinney, 2019). If communications from others are interpreted as messages of genuine care and belonging to a network of mutual obligation, individuals experience lower levels of stress and anxiety from negative life events. Further, perceptions of belonging and support provide coping skills and the ability to adapt to changing situations, thereby further strengthening individual resilience (Feeney & Collins, 2015; Dworkin et al., 2018).

Studies have also found that perceived available support (as opposed to actual support) plays a role at several points in the causal chain between stress and mental and physical health (Cohen et al., 2000). For example, perceptions of support reduce stress by allowing individuals to reframe a stressful event such that the reaction to it is attenuated. This boosts one’s ability to cope, thereby reducing the professed level
of stress to the event and lessening the physiological and behavioral reaction (Thoits, 1986). Further, having someone with whom to talk about a stressful event reduces the psychological response and decreases the likelihood of chronic mental health issues (Lepore et al., 1996). For formerly incarcerated individuals, social support can offer alternative perspectives and solutions to a problem, diminish the perceived importance of an issue, or provide a distraction (Lin et al., 1986). For younger offenders, peer support through family members provides important benefits of material resources, emotional support, employment, and gifts (Martinez & Abrams, 2013). Social bonds to family, employers, and peers can create a set of obligations, expectations, and interdependent social connections that are able to impose “obligation and restraint that impose significant costs for translating criminal propensities into action” (Sampson & Laub, 1993, p. 141). Not all support has a positive impact (e.g., enabling substance abuse), so choosing support structures and networks carefully is key to reap the benefits of social support for physical and mental health and reentry outcomes (Heidemann et al., 2014).

Strong perceptions of support and lower support-induced stress responses are shaped by the presence of social connectedness and social identity (Praharso et al., 2017). Social identity is an individual’s sense of who they are based on their group affiliation(s) (Tajfel & Turner, 1979), and is essential in forming the types of social relationships that provide the most protective benefit against mental health problems. Operating as a psychological resource, social identities inform one’s self-definition and provide a foundation for meaningful interactions with others (Jetten et al., 2014). Social identity theory suggests that not all social relationships are created equal; instead, support emerges from group membership and is more likely to be given and to be received by those who are within the same group (Praharso et al., 2017). Thus, the effectiveness of social support is dependent on social identity, with social support that comes from members of the in-group providing a heightened buffering effect against perceived stress. Indeed, a particularly strong form of support is peer support. Peer support has been shown to have a calming effect, lead to lower levels of emotional exhaustion, and even encourage health-promoting behavior such as exercise, proper nutrition, and rest (Cohen & Wills, 1985; Jenkins & Elliott 2004). Peer support groups have the potential to provide emotional, instrumental (i.e., material), appraisal, and informational support and are a source of friendship and strong social connections (Cohen & Willis, 1985; Verhaeghe et al., 2008). These groups provide new understandings, personal rewards, recognition, and emotional consolation, and can be “a much needed source of humor, optimism and encouragement when the going gets tough” (Maslach & Goldberg, 1998, p. 67).

For former offenders, peer support is particularly important. Criminal convictions lead to exclusion from social networks due to stigma, feelings of shame, and procedural barriers (Berg & Huebner, 2011; Dodge & Pogrebin, 2001). Social ties that existed before incarceration have likely been disrupted because of the length of the prison sentence. Bridges were burned, and formerly incarcerated persons might need to cease relations with those that enabled criminal behavior (Falkin & Strauss, 2003). The criminal justice literature demonstrates the positive impact of peer support on former offenders’ identity transformation, desistance from criminal behavior, and opportunities for prosocial modeling (Nixon, 2020). Mentors generally find the
peer experience to be empowering and view the opportunity to contribute positively
to the community as a strong benefit and motivation. For mentees, peer mentors who
experienced the criminal justice system for themselves offer an example of a future
life that is achievable and serve as a source for practical advice, emotional and moral
support, and new insights. They need a “mentor to guide them to make everyday
decisions, peers with whom to share struggles, and a support system to hold them
accountable for their lifestyle and behavior” (Denney et al., 2014, p. 47). Because of
their shared experiences, mentors perceive mentees as human beings with emotions,
aspirations, and imperfections, rather than subjects to be governed (Buck, 2017).
Former offenders can serve as civic experts for one another and draw on their expe-
riential knowledge. They possess a level of credibility that those without criminal
backgrounds lack (Kavanaugh & Borril, 2013). Further, former offenders can con-
struct new networks and offer social ties that offer insight on how to enhance one’s
own identity as a respectable person and serve as a substitute to reliance on former
criminal associates (Giordano et al., 2007).

Peer support and mentoring for formerly incarcerated individuals usually takes
the form of in-person, self-help support groups (LeBel et al., 2008; Solomon et al.,
2004). To the best of our knowledge, virtual support groups and peer mentoring
meetings were uncommon before the COVID-19 pandemic and no existing studies
have specifically assessed the impact of virtual support groups for former offenders.
While we know from psychological research that the internet, apps, and technologi-
cal services such as social media and virtual meeting software can foster connec-
tions among people, extend peer support and provider-client relationships, and lower
symptoms of depression and loneliness (Chopik, 2016; Davis & Calitz, 2016; Huang
et al., 2019), it is unclear how these technological options specifically impact former
offenders. Formerly incarcerated individuals face several additional barriers such a
 technological illiteracy, lack of access to the internet or devices for financial reasons,
 and questions of effectiveness. The use of technology also raises concerns regarding
confidentiality and privacy, as supervision violations might be revealed during an
intervention, mentoring session, or peer support groups meetings (e.g., an IP address
documenting the person was out of state; Desai et al., 2021). Special ethical, legal,
and educational considerations need to be considered when using these platforms
for former offenders, especially when changes and the move to remote provision of
services happen as abruptly as the implementation of lockdowns and stay-at-home
orders. Further, it is unclear whether the interactive features of social media and vir-
tual meeting platforms can serve as substitutes for the connection and support usually
provided in-person and whether these services meet the needs of the target popula-
tion in times of crisis. The current research therefore fills an important gap in under-
standing whether adequate services can be provided to formerly incarcerated persons
during reentry through alternative delivery methods to promote positive community
health and safety outcomes.
The current study assesses pilot data gathered for a support group of formerly incarcerated individuals organized by the Offender Alumni Association (OAA). OAA is a non-profit organization constituted by former offenders who provide reentry services in Birmingham, Alabama. OAA begins working with people while they are incarcerated and continues to provide peer support to them once they are released to create a “cycle of one former offender helping another former offender” (Offender Alumni Association, 2022). Founded in 2014, the organization’s goals are to reduce recidivism among those who were formerly incarcerated, and to ensure community safety. OAA accomplishes these goals by offering peer support group meetings, counseling, service projects, family support, and one-on-one mentorships to former offenders and engage in youth outreach to disrupt the school-to-prison pipeline and provide support for at risk teenagers.

COVID-19 disrupted OAA’s opportunities to engage with their target population. All visitation inside correctional facilities was restricted, and services outside correctional facilities were halted by social distancing and stay-at-home orders. Policies to curb the spread of COVID-19 created barriers to critical reentry services such as face to face support meetings, employment opportunities, stable housing, and counseling services. Interruption of these services jeopardized already fragile social connections and complicated the transition process. In light of this, OAA decided to switch their support services to virtual platforms, moving their peer-support groups and peer mentoring meetings to electronic meetings, first through Facebook and then through Zoom. Our goal was to study the impact of the switch to virtual service delivery on formerly incarcerated people, their social connectedness, and their health.

Methods

To assess social connection and wellbeing and the role of peer-mentoring among formerly incarcerated people during the COVID-19 pandemic and the ability of technology to provide such connection, we relied on a Community-Based Participatory Research (CBPR) approach in partnership with OAA. Data collection spanned from May 2020 until January 2021. Survey and interview data for this study was prepared, collected, and interpreted in partnership with OAA staff.

Data collection began with focus groups with OAA members during May and June of 2020. Researchers attended three OAA meetings through Zoom (two in Birmingham and one in Atlanta). OAA directors were also in attendance and helped to encouraged participants to share their stories and experiences, likely contributing to researchers’ ability to gain credibility. During focus groups, researchers asked questions concerning OAA changes, experiences with the changes, and general thoughts about the impact COVID-19 has had on health behaviors, social isolation, and anxiety. Questions were developed in collaboration with OAA to formulate broad and open-ended responses designed to allow participants to describe their experiences, concerns, connections, and barriers to success. To maintain confidentiality,
Based on data from focus groups, a survey instrument was designed to reach a larger sample of formerly incarcerated individuals. In line with CBPR, the survey was developed with feedback from the OAA directors and then pilot tested with five OAA members who provided feedback on user friendliness, understandability, and survey length. Recommendations from directors and OAA members were integrated into the final survey instrument which was entered into Qualtrics survey software. The survey broadly asked respondents to report on their social connection and well-being during the COVID-19 pandemic, their attitudes toward virtual peer groups, and on resources gained and lost during the pandemic. In all questions referencing the pandemic, wording specified the temporal period of “March 17th through the present.”

All of the recruitment for participation in this study was done by OAA members. Following standards for respondent-driven sampling, OAA directors distributed the survey link via email to OAA members. They also encouraged members to participate in the survey through Facebook and through Instagram posts, and individuals who completed the survey were asked to pass it along to others. In addition, a QR code to access the survey was made available to participants at the weekly OAA support meetings. During our survey data collection period (October 2020 until January 2021), a total of 77 OAA members completed the survey. In addition, 41 non-OAA members were recruited to complete the survey to provide a comparison group. These participants received limited services at the Day Reporting Center in Birmingham, Alabama, and Firehouse Shelter, also in Birmingham, Alabama, and did not have access to virtual support groups. OAA staff regularly visits these locations to recruit formerly incarcerated persons to participate in their services and was thus able to distribute physical copies of the survey. These surveys were then transferred from paper into Qualtrics by the research team.

**Measures**

**Attitudes toward virtual support groups.** Respondents were asked to rate their level of agreement with four statements on OAA’s modified services during COVID-19: (1) “OAA Zoom meetings provided me with connection and support during the pandemic,” (2) “OAA Zoom meetings provided me with the same level of connection and support as in-person meetings,” (3) “OAA should continue to offer Zoom meetings (in addition to in-person services) after the pandemic,” and (4) “I regularly communicated (Zoom, phone, text, etc.) with OAA members during the pandemic.” Responses ranged from 1 (“Strongly Disagree”) to 6 (“Strongly Agree”).

**Close friends.** Respondents wrote in the number of close friends they had in OAA and outside of OAA.
Social support. Social support was measured via an adaptation of the MOS social support survey\(^1\) (Sherbourne & Stewart, 1991). Respondents indicated how often they experienced six items reflecting social support applied during the COVID-19 pandemic: (1) “There is someone to help if I was confined to bed” (2) “There is someone I can count on to listen to me when I need to talk,” (3) “There is someone to give me good advice,” (4) “There is someone to take me to the doctor if I needed it,” (5) “There is someone who shows me love and affection,” and (6) “There is someone to prepare my meals if I was unable to do it myself.” Responses included 1 (“never”), 2 (“sometimes”), and 3 (“often”). Responses to all six items were averaged, with scores ranging from 1.57 to 3.00, \((SD=0.39)\), and higher scores indicated greater social support. Cronbach’s alpha for the items indicated that the measure had good internal validity \((\alpha=0.80)\).

Emotional loneliness. Emotional loneliness during the COVID-19 pandemic was measured via the emotional loneliness subscale from the De Jong Gierveld Loneliness Scale (De Jong Gierveld & Kamphuis, 1985). In six questions, respondents reported how often they experienced emotional loneliness during the COVID-19 pandemic: (1) “I miss having a really close friend,” (2) “I experience a general sense of emptiness,” (3) “I miss the pleasure of the company of others,” (4) “I find my circle of friends and acquaintances too limited,” (5) “I miss having people around,” and (6) “I often feel rejected.” Responses included 1 (“never”), 2 (“sometimes”), and 3 (“often”). Items were averaged, with scores ranging from 1.00 to 3.00 \((SD=0.51)\), and higher scores indicated stronger emotional loneliness. The Cronbach’s alpha level for the measure reflected good internal reliability \((\alpha=0.82)\).

Social networks. The Lubben Social Network Scale (Lubben et al., 2006) was used to measure social network strength and indicate social isolation during the COVID-19 pandemic. Respondents were asked six questions on their social networks: (1) “How many of your friends do you see or hear from at least once a month?” (2) “How many friends do you feel close to such that you could call on them for help?” (3) “How many friends do you feel at ease with that you can talk about private matters?” (4) “How many relatives do you see or hear from at least once a month?” (5) “How many relatives do you feel close to such that you could call on them for help?” and (6) “How many relatives do you feel at ease with that you can talk about private matters?” Response categories included 0, 1 (“one”), 2 (“two”), 3 (“three or four”), 4 (“five to nine”), or 5 (“nine or more”). Responses to all items were summed, with scores ranging from 6 to 36 \((SD=5.44)\). Lower values indicated more social isolation. The measure had good internal validity, as determined by Cronbach’s alpha \((\alpha=0.80)\).

Quality of life. The Flanagan Quality of Life Scale (QOLS; Burckhardt & Anderson 2003) was used to measure quality of life. Respondents were asked to report their satisfaction on 12 questions reflecting quality of life in 6 areas during the COVID-19 pandemic: material and physical well-being, relationships with other people, social,

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\(^1\) The MOS Social Support Survey was part of the Medical Outcomes Study (MOS) conducted at RAND, and is available free of charge. This information can also be obtained on the RAND website: [https://www.rand.org/health-care/surveys_tools/mos/social-support/survey-instrument.html](https://www.rand.org/health-care/surveys_tools/mos/social-support/survey-instrument.html). All of the other Medical Outcomes Study measures are also available on the RAND website: [https://www.rand.org/search.html?query=Medical+Outcomes+Study](https://www.rand.org/search.html?query=Medical+Outcomes+Study).
community and civic activities, personal development and fulfillment, recreation, and independence (See Appendix for a full list of items). Responses included 0 ("terrible"), 1 ("unhappy"), 2 ("mostly dissatisfied"), 3 ("mixed"), 4 ("mostly satisfied") 5 ("pleased"), and 6 ("delighted"). Responses were averaged with scores ranging from 22.00 to 112.00 ($SD=18.99$), and higher scores indicated greater quality of life. Cronbach’s alpha confirmed that the measure had strong internal reliability ($\alpha=0.95$).

Anxiety. The Trauma Symptom Inventory (Briere et al., 1995) was used to assess anxiety. Respondents indicated how often they had experienced eight anxiety symptoms during the COVID-19 pandemic: (1) “Periods of trembling or shaking,” (2) “Feeling tense or “on edge,” (3) “Worrying about things,” (4) “Feeling jumpy,” (5) “High anxiety,” (6) “Nervousness,” (7) “Being startled or frightened by sudden noises,” and (8) “Feeling afraid you might die or be injured.” Responses included 1 (“never”), 2 (“sometimes”), and 3 (“often”). Anxiety items were averaged, with scores ranging from 8.00 to 24.00 ($SD=3.72$), and higher scores reflected more anxiety. Cronbach’s alpha value for the measure indicated good internal reliability ($\alpha=0.89$).

Depression. Depression was measured via the Trauma Symptom Inventory (Briere et al., 1995). Respondents indicated how often they had experienced eight depression symptoms during the COVID-19 pandemic: (1) “Sadness,” (2) “Wanting to cry,” (3) “Feeling depressed,” (4) “Wishing you were dead,” (5) “Feeling hopeless,” (6) “Feeling like life wasn’t worth living,” (7) “Feeling so depressed that you avoided people,” and (8) “Feeling worthless. Responses included 1 (“never”), 2 (“sometimes”), and 3 (“often”). Items were averaged, with scores ranging from 8.00 to 24.00 ($SD=3.64$), and higher scores indicated more depression. The measure’s Cronbach’s alpha level showed good internal reliability ($\alpha=0.89$).

Stigma. Perceived stigma was measured by the devaluation and discrimination beliefs scale, which has been used to measure the perceived stigma of being formerly incarcerated (Winnick & Bodkin, 2008). On a 6-point Likert scale ranging from strongly disagree to strongly agree, respondents rated their agreement with 12 questions on how they perceived others perceived formerly incarcerated people (See Appendix for a list of items). Items were averaged, with scores ranging 1.50 to 6.00 ($SD=0.95$), and higher scores indicated stronger perceived stigma of being formerly incarcerated. The Cronbach’s alpha level for all the items indicated acceptable internal reliability ($\alpha=0.71$).

Demographics. To provide detail on the nature of the sample, several demographic questions were included in the survey, including gender (male, female, or other), marital status (single, unmarried but in relationship, divorced, separated, widowed, or married), age, race (White, Black, or other), and employment status (employed full time, employed part time, unemployed looking for work, retired, student, or disabled). Participants also reported their current housing situation (apartment, house, group home/shelter, or homeless), their state of residence (Alabama or Georgia), and their OAA involvement (mentor or mentee).
Analysis

Focus group transcripts were initially coded based on broader questions discussed with participants (e.g., experiences with OAA changes, feelings toward virtual support groups, and impact of COVID-19 on social, psychological, and behavioral wellbeing). To ensure inter-rater reliability, the first and second authors coded the transcripts independently and then came together to discuss differences in coding and come to agreement on how to proceed. After reaching agreement on coding, we generated a list of emerging concepts from transcripts that were then used to inform the development of the survey.

Analysis of survey data proceeded in two stages. First, average scores on attitudes toward virtual support groups and social connection and wellbeing indicators were descriptively assessed for the OAA sample of 77 participants. We drew on insights from the focus group data to provide context for and add depth to descriptive findings from surveys. Second, the non-OAA group of 44 former-offenders who were receiving services through the day reporting center, was used as a comparison to provide insight into how OAA members fared compared to individuals experiencing reentry without peer-mentoring group support. Independent samples t-tests assessed mean differences in social support and wellbeing indicators between OAA and non-OAA participants. All analyses were conducted in STATA 17 software.

Results

Virtual support groups

The first question of interest for this study was to understand whether OAA participants believed that Zoom, their virtual platform for support groups, was working to keep them connected during the pandemic. Virtual support groups are hosted four times each week by OAA members. These groups are free and available for any formerly incarcerated individual or family member. The virtual nature of the groups makes them available to anyone throughout the United States. Responses to these questions (displayed in Fig.1) indicate overwhelming support for using Zoom during this pandemic. The majority of participants (N=66, 85.71%) expressed agreement that OAA meetings provided them with connection and support during the pandemic (strongly agree: N=38, 49.4%; agree: N=12, 15.56%; somewhat agree: N=16, 20.77%). Many OAA members (N=50, 79.62%) also agreed that OAA meetings provided them with the same level of connection and support as in-person meetings (strongly agree: N=23, 29.87%; agree: N=14, 18.18%; somewhat agree: N=22, 28.57%). In general, OAA members agreed (N=64, 83.11%) that OAA should continue using Zoom meetings after the pandemic (strongly agree: N=36, 46.75%; agree: N=13, 16.88%; somewhat agree: N=15, 19.48%). The use of technology to stay connected during COVID-19 was common among OAA members, with most of our sample (N=60, 77.92%) agreeing that they regularly communicated using Zoom, phone calls, or text with other OAA members during the pandemic (strongly agree: N=27, 35.06%; agree: N=18, 23.37%; somewhat agree: N=15, 19.48%).
Information from focus groups contextualized these feelings. Participants revealed that they did not think that Zoom can ever replace face-to-face interaction but felt that it had been a “lifeline” during this stressful time. One participant elaborated:

This group has been a place of comfort for me, being a part of OAA has been a comfort for me. Just having people I can reach out to. So sometimes I send out

| Variable                                  | N (%)          |
|-------------------------------------------|----------------|
| **Gender**                                |                |
| Male                                      | 65 (84.4%)     |
| Female                                    | 11 (14.3%)     |
| Other/Non-Binary                          | 1 (1.3%)       |
| **Marital Status**                        |                |
| Single                                    | 44 (57.1%)     |
| Unmarried but in Relationship             | 13 (16.8%)     |
| Divorced                                  | 3 (3.9%)       |
| Separated                                 | 1 (1.3%)       |
| Widowed                                   | 1 (1.3%)       |
| Married                                   | 14 (18.2%)     |
| **Age (mean = 45.56)**                    |                |
| 25–34                                     | 12 (15.6%)     |
| 35–44                                     | 28 (36.4%)     |
| 45–55                                     | 17 (22.1%)     |
| 55–64                                     | 13 (16.9%)     |
| 65–74                                     | 1 (1.3%)       |
| 75+                                       | 1 (1.3%)       |
| **Race**                                  |                |
| White                                     | 9 (11.7%)      |
| Black                                     | 62 (80.5%)     |
| Other                                     | 6 (7.8%)       |
| **Employment Status**                     |                |
| Employed Full Time                        | 25 (32.5%)     |
| Employed Part Time                        | 7 (9.1%)       |
| Unemployed Looking for Work               | 23 (29.9%)     |
| Unemployed Not Looking for Work           | 8 (10.4%)      |
| Retired                                   | 3 (3.9%)       |
| Student                                   | 3 (3.9%)       |
| Disabled                                  | 7 (9.1%)       |
| **Current Housing Situation**             |                |
| Apartment                                 | 15 (19.5%)     |
| House                                     | 37 (48.1%)     |
| Group Home/Shelter                        | 12 (15.6%)     |
| Homeless                                  | 10 (13.0%)     |
| **State of Residence**                   |                |
| Alabama                                   | 50 (64.9%)     |
| Georgia                                   | 26 (33.8%)     |
| **OAA Involvement**                       |                |
| Mentor                                    | 22 (28.6%)     |
| Mentee                                    | 55 (71.5%)     |
text messages just telling everybody to have a good day, to remind them of the meetings. It [OAA] played an important role for me.

Another participant described the relief of feeling connected through Zoom:

I miss the hugs, I miss just being face to face, but I believe that time will come again. But because I had fallen off from the meetings, when I heard about Zoom, I was just happy that we had it. So it’s been a blessing for me to be able to see the different ones. So, it has created a bond and I praise God for that.

One OAA member even went so far as to say that Zoom had allowed OAA members to form an even stronger bond while experiencing the pandemic than they shared prior to the pandemic: “I think with the Zoom, since we’ve started this with the pandemic, that we’ve gotten closer, even though we were already close from meeting on Monday nights. I think this brought us to where we’re a big family.”

On importance to the overall ability of Zoom to reach formerly incarcerated individuals, not all of those who participated in the Birmingham and Atlanta virtual groups were located in those cities. Members are as far away as Maryland, yet continue to state that OAA is significantly important in providing the type of social support necessary to continue to feel connected during these difficult times.
OAA members’ average scores on social connection and wellbeing indicators are displayed in Table 2. In general, OAA members had strong social connection. OAA members reported having more close friends in OAA than outside of OAA, with average scores of 7.04 close friends in OAA ($SD=10.31$) and 5.30 close friends outside of OAA ($SD=8.18$). Participants also reported strong social support and low emotional loneliness. The average social support score for OAA members was 2.70 ($SD=2.86$) out of a maximum possible score of 3.00, reflecting very high perceived social support. OAA members responded “often” on nearly every social support indicator. The average emotional loneliness score for OAA members was 1.76 ($SD=1.67$) out of a possible maximum score of 3.00. Most OAA members answered “never” or “sometimes” for items, indicating that they had moderately low emotional loneliness.

Participants also appeared to have strong social networks and low social isolation. The mean social networks score for OAA members was 21.62 ($SD=4.76$), out of a possible maximum of 30.00, indicating that the majority of OAA members had relatively large social networks and did not experience social isolation. A clinical cut point of less than 12 on the social networks index has been used to indicate social isolation (Lubben et al., 2006). Only 2 OAA members (2.6%) in our sample were considered socially isolated by this cut point. This is a noticeably low level of social isolation, especially considering that this index and cut point typically reveals 10–15% prevalence of social isolation in other study populations (Lubben et al., 2006; Martin-du-Pan et al., 1991).

Overall wellbeing among the OAA members was positive. Scores on two indicators – quality of life and perceived stigma – were less than the average scores found in previous studies. The mean score on the quality of life scale was 81.53 ($SD=17.25$) out of a possible maximum of 112.00. This scale has been widely used to assess quality of life, and the average score for healthy populations is considered to be 90 (Burckhardt & Anderson, 2003). Based on this, the OAA sample reported a moderately lower than average quality of life. Regarding perceived stigma of being formerly incarcerated, the mean score for our OAA sample was 3.67 ($SD=0.96$) out of 6.00. This score is somewhat lower than that of other previously incarcerated samples, who have found an average perceived stigma score of 4.15 (Winnick & Bodkin, 2008). Accordingly, the OAA members reported feeling less stigmatized than other formerly incarcerated groups, indicating benefits of social support to reduced stigma.

| Variable                        | Mean ($SD$) |
|---------------------------------|-------------|
| Close Friends in OAA            | 7.04 (10.31)|
| Close Friends Outside of OAA    | 5.30 (8.18)|
| Social Support (Scale Average)  | 2.70 (2.86)|
| Emotional Loneliness (Scale Average) | 1.76 (1.67)|
| Social Isolation (Scale Sum)    | 21.62 (4.76)|
| Quality of Life (Scale Sum)     | 81.53 (17.25)|
| Anxiety (Scale Average)         | 1.43 (0.44)|
| Depression (Scale Average)      | 1.36 (0.42)|
| Perceived Stigma (Scale Average)| 3.67 (0.96)|

Social connection and wellbeing for OAA Sample

| Table 2 OAA sample social connection and wellbeing (N=77)
Significantly, the OAA sample generally had positive mental health scores. The mean anxiety score for OAA members was 1.43 ($SD=0.44$) out of a maximum of 3.00, indicating most did not report notable anxiety issues. The most common response for OAA members was “never” experiencing each anxiety symptom. The mean depression score was 1.36 ($SD=0.42$) out of 3.00, indicating that depression did not appear to be prevalent. The most common response for OAA members was “never” experiencing each depression symptom.

The focus groups provided insight into how OAA members described the role of OAA in their positive social connection and wellbeing. Participants in focus groups expressed their beliefs that OAA was responsible for the positive emotional and social wellbeing among them, even though it was provided virtually instead of face-to-face. One woman elaborated on the social connection and support she received from OAA:

All of us know that all you gotta do is say “I need” or “something is going on in my life” and we’re gonna be there for each other. So, even though we got this distance between us, all we gotta do is know that something is going on with one of the sisters or the brothers, and we’re gonna drop and we’re gonna come, and we’re gonna do what we can, we’re going to build a fortress as you could say and come to whoever’s rescue. We’re gonna be there for each other

The social connectedness was frequently described in our focus group. One man even described the OAA network as essential to keeping him from returning to prison, explaining:

If I didn’t have this network of people to get involved with, there ain’t nothing around me but prison and death. Just having these people in my life, that keeps me going, that keeps me from making a bad decision.

As this man described, OAA helped keep him afloat in a difficult life event and preventing him from making a “bad decision.”

**Comparison between OAA and non-OAA members**

A series of independent samples $t$-tests compared the means of social connection and wellbeing indicators for the sample of 77 OAA members to the sample of 41 formerly incarcerated individuals not in OAA. Results are depicted in Table 3. Two indicators – Social support and social networks – significantly varied across OAA and non-OAA members. OAA members had significantly higher mean levels of social support ($t = -3.375; df=108; p=0.001$) and significantly stronger mean levels of social networks ($t = -2.287; df=112; p=0.024$) compared to non-OAA members. Although not statistically significant in $t$-test results, OAA members also had lower average scores on emotional loneliness, anxiety, depression, and perceived stigma than non-OAA members.
Discussion and conclusion

Reentering into society after incarceration is a notoriously challenging and stressful process. Formerly incarcerated individuals often face difficulty identifying housing, employment, and navigating parole and release conditions. A worldwide crisis, such as the COVID-19 pandemic with mandated stay-at-home orders, can potentially worsen an already difficult transition. Research has documented the importance of social support and connection, namely, relationships with prosocial peers, and mentorship, for successful reentry and social and emotional wellbeing of formerly incarcerated persons (Denney et al., 2014). Additionally, research suggests that supportive relationships from people within the same group offer more positive impacts on reducing stress because they are in a better position to understand the specific type of stress caused by current conditions and provide stress-reducing support. In other words, social connections are strengthened by social identification with the supportive group (Jetten et al., 2014; Praharso et al., 2017), making within-group social support particularly salient in overcoming stressful life events. Thus, we focused our study on virtual support programs provided by OAA during the pandemic and examined whether such virtual support provides the social support necessary for positive social connection and wellbeing during the pandemic. Technology provided the only mechanism available to this vulnerable group during the pandemic to continue group and individual level support.

Our aim was to understand whether virtual support group could fill the void left by the abrupt halt in in-person support caused by public health mandates during the pandemic. Results from our pilot study showed that the social and emotional wellbeing of formerly incarcerated individuals in OAA was quite positive, despite the circumstances. They reported strong social support, low emotional loneliness, as well as strong social networks and low social isolation. Mental health scores were also positive, with OAA members reporting low anxiety and depression scores. Participants regularly engaged with their OAA mentors through Zoom, usually more than once each week. When compared to a small comparison group of other formerly incarcerated, those who participated in the Zoom support groups with OAA reported significantly stronger social support and stronger social networks (i.e., less social isolation).

The focus groups provided insight into the role that OAA participation played in promoting positive social connection and wellbeing. Participants described feeling OAA was so helpful particularly because of within-group support; the program was

| Variable                | Group Means | t   | df  |
|------------------------|-------------|-----|-----|
| Social Support         | 2.700       | -3.375** | 108 |
| Emotional Loneliness   | 1.762       | 0.918 | 107 |
| Social Networks        | 21.622      | -2.287** | 112 |
| Anxiety                | 1.235       | 0.304 | 106 |
| Depression             | 1.436       | 1.177 | 109 |
| Perceived Stigma       | 43.324      | 0.670 | 107 |

Note. *** p<0.001; ** p<0.01; * p<0.05; † p<0.10.
run by formerly incarcerated people with whom they shared similar experiences and had understood firsthand the reentry process. One man emphasized:

Without this network of people right here, ain’t nobody else to turn to, ain’t nobody else to really understand. Even church people, they don’t understand, they don’t be in the situation, they don’t know what I’ve been through they don’t know. So, to have a network right here means a whole lot. I got people that’s gonna encourage me, help me stay positive and keep my mind focused on what’s right and what’s real, instead of getting caught up in my emotions and wanting to act out. This network is vital. It’s lifesaving.

As the man noted, even other support groups like those in his church did not understand his situation and were ill-equipped to effectively support him. This highlights the potential salience of within-group social support for formerly incarcerated individuals reentering society.

Although our study provides insight into the important role of peer-based support during reentry, several limitations should be considered along with the findings. First, our study was a pilot study of OAA which led to a relatively small sample size. This may explain why some differences on social and emotional wellbeing between OAA and non-OAA members were not significant in our t-tests. Given that OAA members did have lower scores on emotional loneliness, anxiety, depression, and perceived stigma than non-OAA members, these differences may have emerged as statistically significant with a larger sample of OAA and non-OAA members. Relatedly, we were unable to match our comparison group to our OAA sample on demographic characteristics, which would have provided for a more robust comparison. Future work should examine two matched samples (peer mentoring vs. those reentering as usual) to examine outcomes. Finally, our focus was on social and emotional wellbeing, but not successful reentry. Although social and emotional wellbeing have been identified as important for successful reentry (Denney et al., 2014), future studies may wish to explore specific pathways through which peer mentorship influences positive social and emotional wellbeing and how this may be linked to successful reentry into society.

Our study finds support for the effectiveness of a virtual peer-based reentry approach in providing services to increase social support, and reduce emotional loneliness, social isolation, anxiety, and depression during the COVID-19 pandemic. These findings have implications for the development of policies and practices that can assist in planning for any future social crisis, including natural disasters, military conflicts, or riots and protests. Given our evidence that virtual support groups provide needed support, these approaches could plausibly be beneficial during non-emergency times to reach persons who are not located in areas that offer such support. More importantly, however, findings provide support for improving and expanding the services that OAA already provides to a limited number of individuals. If the type of support offered from OAA reduces negative mental health indicators during such stressful times, the potential for positive results in other times is even greater. Furthermore, technology can provide a greater range of access to the services provided and expand the reach of OAA support.
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References

American Public Health Association (2013). Public health support for people reentering communities from prisons and jails. https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/08/08/47/public-health-support-for-people-reentering-communities-from-prisons-and-jails

Anderson, A., Nava, N. J., & Cortez, P. (2018). The conduits and barriers to reentry for formerly incarcerated individuals in San Bernardino. Journal of Prison Education and Reentry, 5(1), 2–17

ASPE (Office of the Assistant Secretary for Planning and Evaluation) (2022). Incarceration and reentry. Available at https://aspe.hhs.gov/topics/human-services/incarceration-reentry-0

Berg, M. T., & Huebner, B. M. (2011). Reentry and the ties that bind: An examination of social ties, employment, and recidivism. Justice Quarterly, 28(2), 382–410

Bostwick, J. M., & Pankratz, V. S. (2000). Affective disorders and suicide risk: a reexamination. American Journal of Psychiatry, 157(12), 1925–1932

Briere, J., Elliott, D. M., Harris, K., & Cotman, A. (1995). Trauma Symptom Inventory: Psychometrics and association with childhood and adult victimization in clinical samples. Journal of interpersonal violence, 10(4), 387–401

Buck, G. (2017). “I wanted to feel the way they did”: Mimesis as a situational dynamic of peer mentoring by ex-offenders. Deviant Behavior, 38(9), 1027–1041

Burckhardt, C. S., & Anderson, K. L. (2003). The Quality of Life Scale (QOLS): reliability, validity, and utilization. Health and Quality of Life Outcomes, 1(1), 60

Cacioppo, J. T., Hawkley, L. C., Ernst, J. M., Burleson, M., Bertmon, G. G., Nouriani, B., & Spiegel, D. (2006). Loneliness within a normological net: An evolutionary perspective. Journal of Research in Personality, 40(6), 1054–1085

Chew, Q. H., Chia, F. L. A., Ng, W. K., Lee, W. C. I., Tan, P. L. L., Wong, C. S., Puah, S. H., Shelat, V. G., Seah, E. D., Huey, C. W., T, Phua, E. J., & Sim, K. (2020). Perceived stress, stigma, traumatic stress levels and coping responses amongst residents in training across multiple specialties during COVID-19 pandemic—A longitudinal study. International Journal of Environmental Research and Public Health, 17(18), 2–12

Chopik, W. J. (2016). The benefits of social technology use among older adults are mediated by reduced loneliness. Cyberpsychology, Behavior, and Social Networking. Volume 19, Number 9, 2016. DOI: https://doi.org/10.1089/cyber.2016.0151

Cohen, S., Gottlieb, B. H., & Underwood, L. G. (2000). Social relationships and health. In S. Cohen, L. G. Underwood, & B. H. Gottlieb (Eds.), Social support measurement and intervention: A guide for health and social scientists (pp. 1–25). Oxford University Press

Cohen, S., & Willis, T. A. (1985). Stress, social support, and the buffering hypothesis. Psychological Bulletin, 98, 310–357

Couloute, L., & Kopf, D. (2018). Out of prison and out of work: Unemployment among formerly incarcerated people. Prison Policy Initiative. Available at: https://www.prisonpolicy.org/reports/outofwork.html

Daigle, M. S., Labelle, R., & Côté, G. (2006). Further evidence of the validity of the Suicide Risk Assessment Scale for prisoners. International Journal of Law and Psychiatry, 29(5), 343–354

Davis, D. Z., & Calitz, W. (2016). Finding healthcare support in online communities: An exploration of the evolution and efficacy of virtual support groups. Handbook on 3D3C Platforms, 475–486

De Jong-Gierveld, J., & Kamphuls, F. (1985). The development of a Rasch-type loneliness scale. Applied Psychological Measurement, 9(3), 289–299

Denney, A. S., Tewksbury, R., & Jones, R. S. (2014). Beyond basic needs: Social support and structure for successful offender reentry. Journal of Quantitative Criminal Justice & Criminology, 2(1), 39–67

Desai, A., Durham, K., Burke, S. C., NeMoyer, A., & Heilbrun, K. (2021). Releasing individuals from incarceration during COVID-19: Pandemic-related challenges and recommendations for promoting successful reentry. Psychology Public Policy and Law, 27(2), 242–255
American Journal of Criminal Justice (2023) 48:1204–1223

Dodge, M., & Pogrebin, M. (2001). Collateral costs of imprisonment for women: Complications of reintegration. The Prison Journal, 81(1), 42–54

Dworkin, E. R., Ojalehto, H., Bedard-Gilligan, M. A., Cadigan, J. M., & Kayser, D. (2018). Social support predicts reductions in PTSD symptoms when substances are not used to cope: A longitudinal study of sexual assault survivors. Journal of Affective Disorders, 229, 135–140

Falkin, G., & Strauss, S. (2003). Social supporters, and drug use enablers: A dilemma for women in recovery. Addictive Behaviors, Volume29, Issue 1 p.141–155

Fazel, S., & Danesh, J. (2002). Serious mental disorder in 230,000 prisoners: A systematic review of 62 surveys. The Lancet, 359, 545–550

Feeney, B. C., & Collins, N. L. (2015). Thriving through relationships. Current Opinion in Psychology, 1, 22–28

Franco-Paredes, C., Ghandnoosh, N., Latif, H., Krsak, M., Henao-Martinez, A. F., Robins, M., Vargas Barahona, L., & Poeschla, E. M. (2021). Decarceration and community re-entry in the COVID-19 era. The Lancet Infectious diseases, 21(1), e11–e16. https://doi.org/10.1016/S1473-3099(20)30730-1

Giordano, P. C., Schroeder, R. D., & Cernkovich, S. A. (2007). Emotions and crime over the life course: A neo-Meadian perspective on criminal continuity and change. American Journal of Sociology, 112(6), 1603–1661

Goger, A., Harding, D. J., & Henderson, H. (2021). Rethinking prisoner reentry. Contexts, 20(4), 46–51

Gunnison, E., Helflgott, J. B., & Wilhelm, C. (2015). Correctional practitioners on reentry: A missed perspective. Journal of Prison Education and Reentry, 2(1), 32–54

Harding, D. J., Wyse, J. J. B., & Morenoff, J. D. (2019). On the Outside: Prisoner reentry and reintegration. United Kingdom: University of Chicago Press

Heidemann, G., Cederbaum, J. A., & Martinez, S. (2014). “We walk through it together”: The importance of peer support in formerly incarcerated women’s success. Journal of Offender Rehabilitation, 53(7), 522–542

Huang, K. Y., Chengalur-Smith, I., & Pinsoneault, A. (2019). Sharing is caring: Social support provision and companionship activities in healthcare virtual support communities. MIS quarterly, 43(2), 395–424

Jenkins, R., & Elliott, P. (2004). Stressors, burnout and social support. Journal of Advanced Nursing, 48(6), 622–631

Jetten, J., Haslam, C., Haslam, S. A., Dingle, G., & Jones, J. M. (2014). How groups affect our health and well-being: The path from theory to policy. Social Issues and Policy Review, 8(1), 103–130

Kavanaugh, L., & Borrill, J. (2013). Exploring the experiences of ex-offender mentors. Probation Journal, 60(4), 400–414

LeBel, T. P., Burnett, R., Maruna, S., & Bushway, S. (2008). The “chicken and egg” of subjective and social factors in desistance from crime. European Journal of Criminology, 5(2)

Leigh-Hunt, N., & Perry, A. (2015). A systematic review of interventions for anxiety, depression, and PTSD in adult offenders. International Journal of Offender Therapy and Comparative Criminology, 59(7), 701–725

Lepore, S. J., Silver, R. C., Wortman, C. B., & Wayment, H. A. (1996). Social constrains, intrusive throughs, and depressive symptoms among bereaved mothers. Journal of Personality and Social Psychology, 70, 271–282

Lin, N., Dean, A., & Ensel, W. M. (1986). Social support, life events, and depression. Waltham, MA: Academic Press

Lubben, J., Blozik, E., Gillmann, G., Iliffe, S., von Renteln Kruse, W., Beck, J. C., & Stuck, A. E. (2006). Performance of an abbreviated version of the Lubben Social Network Scale among three European community-dwelling older adult populations. The Gerontologist, 46(4), 503–513

Mallik-Kane, K., & Visher, C. A. (2008). Health and prisoner reentry: How physical, mental, and substance abuse conditions shape the process of reintegration. Washington, DC: Urban Institute

Martin-du-Pan, R., Collart, E., & Simeone, I. (1991). The dimensions of isolation in the elderly. Schweizerische Rundschau fur Medizin Praxis, 80(46), 1287–1290

Martinez, D. J., & Abrams, L. S. (2013). Informal social support among returning young offenders: A metasynthesis of the literature. International journal of offender therapy and comparative criminology, 57(2), 169–190

Maslach, C., & Goldberg, J. (1998). Prevention of burnout: New perspectives. Applied and preventive psychology, 7(1), 63–74

Nixon, S. (2020). ‘Giving back and getting on with my life’: peer mentoring, desistance and recovery of ex-offenders. Probation Journal, 67(1), 47–64
Offender Alumni Association (2022, February 28). Home. Offender Alumni Association. https://www.offenderalumniassociation.org

Praharso, N. F., Tear, M. J., & Cruwys, T. (2017). Stressful life transitions and wellbeing: A comparison of the stress buffering hypothesis and the social identity model of identity change. Psychiatry Research, 247, 265–275

Pope, L. G., Smith, T. E., Wisdom, J. P., Easter, A., & Pollock, M. (2013). Transitioning between systems of care: Missed opportunities for engaging adults with serious mental illness and criminal justice involvement. Behavioral Sciences & the Law, 31, 444–456

Sampson, R., & Laub, J. (1993). Crime in the making: Pathways and turning points through life. Cambridge, MA: Harvard University Press

Sherbourne, C. D., & Stewart, A. L. (1991). The MOS social support survey. Social Science & Medicine, 32(6), 705–714

Singleton, N., Bumpstead, R., O’Brien, M., Lee, A., & Meltzer, H. (2003). Psychiatric morbidity among adults living in private households, 2000. International Review of Psychiatry, 15(1–2), 65–73

Skeem, J., Eno Louden, J., Manchak, S., Vidal, S., & Haddad, E. (2009). Social networks and social control of probationers with co-occurring mental and substance abuse problems. Law and Human Behavior, 33, 122–135. https://doi.org/10.1007/s10979-008-9140-1

Solomon, A. L., Waul, M., Van Ness, A., & Travis, J. (2004). Outside the walls: A national snapshot of community-based prisoner reentry programs. Washington, DC: The Urban Institute

Szkody, E., & McKinney, C. (2019). Stress-buffering effects of social support on depressive problems: Perceived vs. received support and moderation by parental depression. Journal of Child and Family Studies, 28(8), 2209–2219

Tajfel, H., & Turner, J. (1979). An integrative theory of intergroup conflict. In R. Austin & S. Worchel (Eds.), Social psychology of intergroup relations (pp. 33–47). Chicago, IL: Nelson-Hall

Thoits, P. S. (1986). Social support as coping assistance. Journal of Consulting and Clinical Psychology, 54, 416–423

Tull, M. T., Edmonds, K. A., Scamaldo, K. M., Richmond, J. R., Rose, J. P., & Gratz, K. L. (2020). Psychological outcomes associated with stay-at-home orders and the perceived impact of COVID-19 on daily life. Psychiatry Research, 289. https://doi.org/10.1016/j.psychres.2020.113098

Verhaeghe, M., Backe, P., & Bruynooghe, K. (2008). Stigmatization and self-esteem of persons in recovery from mental illness: The role of peer support. International Journal of Social Psychology, 54(3), 206–218. DOI: https://doi.org/10.1177/0020764080890422

Western, B. (2018). Homeward: Life in the year after prison. Russell Sage Foundation

Winnick, T. A., & Bodkin, M. (2008). Anticipated stigma and stigma management among those to be labeled “ex-con”. Deviant Behavior, 29(4), 295–333

Zhou, X., Wu, X., Wang, W., & Tian, Y. (2019). Self-efficacy and self-esteem mediate the relation between social support and posttraumatic growth amongst adolescents following Wenchuan earthquake. Psychological Development and Education, 35, 573–580

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