PEER-MENTORED COMMUNITY REENTRY REDUCES RECIDIVISM

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Most people released from incarceration in the criminal justice system return to prison within 3 years. To improve community reentry, national initiatives have promoted new and revitalized programming, including peer mentorship, though this approach remains largely unstudied. Fifty-five men participated within a pilot randomized controlled trial investigating the effect of peer mentorship upon recidivism. Hierarchical binary logistic regression including recidivism risk, as well as group assignment to either a standard services for community reentry condition or standard services plus peer mentorship condition, showed that those receiving mentorship had significantly lower recidivism. It appears that peer

mentorship with a model focus upon early intervention, relationship quality, criminal desistance, social navigation, and gainful citizenship may promote the complex task of early community reentry. Given this pilot's small sample, future research should confirm this association on a larger scale, enabling longitudinal and treatment component analyses examining the relative contributions of mentorship model factors.

Recidivism is a common problem among those recently released from criminal incarceration, where research shows an estimated 76% are rearrested within 5 years' time, and well over half of those are rearrested within the first year following their release (Durose et al., 2014). These estimates merit greater concern with the rising volume of prison releases (U.S. Bureau of Justice Assistance, 2017). For example, Carson and Anderson (2016) reported that in 2015, state and federal prisons released 4,700 more people than in the previous year, contributing to an estimated annual national reentry population of nearly 700,000 (Sabol et al., 2009). In response to the needs of a growing reentry population, the United States has invested in federal initiatives to improve transitions from incarceration to community. These initiatives are represented by the 1999 Office of Justice Programs' (OJP) Reentry Partnership Initiative (Taxman et al., 2003), the 2003 OJP Serious and Violent Offender Reentry Initiative (SVORI; Lattimore et al., 2004), the 2006 Prisoner Reentry Initiative (U.S. Department of Justice, 2017), and through the 2008 Second Chance Act (SCA; U.S. Bureau of Justice Assistance, 2017), reauthorized in 2018. While varied as to focal intervention, the initiatives have shared an emphasis on interagency collaboration toward improved reentry outcomes and evaluative rigor.

Nevertheless, research on reentry programming upon recidivism is limited, where gaps in service implementation imperil the study and outcome of community reentry. Research suggests that peer mentoring, as highlighted within the 2003 SVORI and ongoing SCA initiatives, is among the most challenging to implement and often underprovided within reentry programming (Visher et al., 2007). For example, Gill and Wilson (2017) showed that client self-reported need-fit was significantly associated with reduced recidivism within data collected for the SVORI. At the same time, these authorities also found that most clients did not receive services they expressed needing, noting that among other domains, only 15% of those who reported a high need for mentoring actually received it. In survey results reported by Visher and colleagues (2007), SVORI program directors identified mentor recruitment difficulties for reentry programming, limiting research on this promising service. In this article, we report on a small pilot randomized controlled trial to evaluate community reentry programming paired with peer mentoring, focusing upon recidivism outcomes within a sample of men recently released from criminal incarceration and assessed as moderate to high risk for criminal re-offense.

LITERATURE REVIEW

PEER MENTORSHIP

Application of peer mentorship is premised on the notion that someone who has navigated a complex task in the past is uniquely positioned to support and guide another who is facing a comparable task. Recognition of the value of experiential knowledge and disclosure has

inspired the successful deployment of one-on-one peer mentorship interventions across health care specialties. These specialties have included medical procedures as well as injury and disease management (Kornhaber et al., 2015; Lee et al., 2013), substance abuse treatment (Rowe et al., 2007; Tonigan & Rice, 2010), and behavioral health interventions to promote psychiatric improvement (Sells et al., 2006; Sledge et al., 2011).

Although formal application of peer mentoring for returning citizens has been limited, the idea was documented in the mid-1900s, suggesting that relationships with persons engaged in prosocial activities can mitigate criminal identification and behavior (Cressey, 1955; Sutherland, 1947). This and related work led to the New Careers movement of the 1960s, advancing peer mentorship for returning citizens as desirable (Grant, 1968), feasible (Luger, 1968), and economically expedient (Stubblefield & Dye, 1968). Although application of peer mentorship in the New Careers movement was limited in scope and systematic study, as noted by LeBel et al. (2015), it nonetheless served in "fundamentally changing the way we think about professionals and clients in social work, mental health, and even criminal justice" (p. 110).

Theoretically, peer mentorship may represent a process of informal socialization (Byrne, 1990), with the capacity to repair gaps in learned social behavior. Elaboration of the mechanisms by which such reparations are effected are beyond the scope of this small pilot study, though conjecturally, may progress according to proposals such as differential association or "reintegrative shaming." As introduced by sociologists such as Cressey (1955), differential association theory suggests the power of affiliation to alter and even eradicate criminogenic values through processes such as "'retroflexive reformation'" (p. 119), connoting change in personal identification linked to group membership. By contrast, reintegrative shaming theory (Braithwaite, 1989) emphasizes that criminal punishments should focus upon a person's behavior as opposed to their character. Correspondingly, within reintegrative shaming, stigma of person is replaced by stigma of action within a context of consistent personal acceptance.

Recent research on peer mentoring for adult returning citizens, while limited in study design, shows promise. We focus here upon studies in which peer mentors had personal experiences of incarceration and subsequent community reentry, and for which at least some outcome data were available. In one study, Marlow and colleagues (2015) investigated peer mentoring for 20 men recruited within 30 days of prison release while on parole. This research utilized a community-based participatory approach, within a single-group pre-/posttest mixed methods design. Study results showed significant client improvement on the two abstinence self-efficacy scales of habitual craving and negative affect, with client qualitative findings supporting the implementation and value of mentorship. Similarly, Andreas et al. (2010) reported significantly enhanced client self-efficacy, as well as improvements in perceived social support, quality of life, and stress levels at 12-month follow-up. This research also utilized a pre-/posttest assessment, with 509 male and female clients with criminal justice backgrounds and their family members, who were receiving peer-based support. The authors noted that this support included that from persons with criminal justice backgrounds serving in peer provider roles, but did not indicate outcomes for services specifically from such providers to persons with criminal justice histories for the purposes of community reentry. In another report, researchers studied a group of 44 women receiving peer mentorship in conjunction with broad-based services during the transition from prison to community. Results indicated largely favorable postincarceration outcomes including

high proportions of attainment of stable housing and employment, adherence to outpatient treatments, maintenance of drug and alcohol abstinence, and low criminal recidivism (Goldstein et al., 2009). Other research has explored peer mentorship for community reentry, and while not elaborating client outcomes, has effectively addressed feasibility and delineation of mentoring roles within such interventions (Portillo et al., 2017; Schinkel & Whyte, 2012).

CRIMINOGENIC RISK FACTORS

From a services standpoint, research on criminogenic risk and need shows that successful rehabilitative programs tend to include the four "indirect factors" of Employment, Education, Addiction Management, and Prosocial Activities including family involvement (Bonta & Andrews, 2016). These four factors contribute to the "central eight" criminogenic risk factors, including the "Big Four" of Criminal History, Antisocial Personality, Attitudes, and Cognitions. Extensive prison-based and community reentry studies show that programming that suitably addresses these eight factors effectively reduces criminal recidivism as demonstrated most notably through studies employing the Level of Service Inventory (LSI; Bonta & Andrews, 2016).

PRESENT STUDY

Based upon initial findings in criminal justice rehabilitation, and allied fields' supporting evidence, authorities have called for the inclusion and study of formalized peer services for returning citizens (Davidson & Rowe, 2008; Portillo et al., 2017; Wolff & Draine, 2004). Others have advised that such study be executed according to more rigorous, randomized experimental designs (e.g., Farabee et al., 2014). The present study is responsive to such mandates and, while conducted with a limited sample size, represents the first report of a randomized controlled trial that we know of testing the effects of peer mentorship upon recidivism for returning citizens. We also examined the influence of criminogenic risk factors, as reflected in demographic variables and program admissions scores on the Level of Service Inventory–Revised (LSI-R; Andrews & Bonta, 1995). Specifically, we hypothesized that recidivism outcomes would be predicted by (a) group assignment to the mentored versus non-mentored conditions and (b) criminogenic risk level as measured by the LSI-R. We anticipated, while controlling for the static demographic risk factors of age, race, and ethnicity, that those in the mentored condition, and those scoring lower on the LSI-R, would show significantly less recidivism.

METHOD

STUDY DESIGN

This was a pilot-scale unblinded randomized controlled trial study of recidivism, as predicted by intervention group and criminogenic risk. Intervention group reflected random assignment to either (a) a standard services control or (b) a standard services plus peer mentoring group. Control group participants did not receive mentor contact, and experimental group participants received consistent mentor–client contacts. All participants knew the study purpose, and to which condition (i.e., mentorship or no mentorship) they had been assigned. Criminogenic risk level was a continuous variable gauged by the LSI-R. The two

levels of potential outcome were parole compliance, or parole violation. All programming activities were implemented through The Connection, Inc. (TCI), a private nonprofit human services and community development agency comprising more than 40 programs located throughout Connecticut and offering family support, behavioral health, and community justice services.

PARTICIPANTS

Participants in this study were males with a mean age of 42.55 (SD = 9.94), of varied racial and ethnic background, generally with histories of significant mental health and drug use problems. Table 1 specifies demographic descriptive statistics for those in the control and experimental conditions, and overall. It should be noted that demographic categories such as primary psychiatric and substance use diagnoses were mutually exclusive.

As indicated in Table 1, the sample reflected male clients with roughly even proportions of African American and Caucasian racial ancestries, who were predominantly single, with one to three children. Most participants had a high school diploma or General Educational Development (GED), though little or no job training. Most participants reported challenges related primarily to depression or anxiety, and of those identifying a primary psychiatric problem, over half also noted having significant secondary psychiatric difficulties. In addition, approximately 11% indicated having post-traumatic stress disorder (PTSD), and about 7% reported past attempts to end their own lives. Most participants also noted having primary alcohol or drug use problems, and of those, more than 80% indicated having significant secondary drug use problems (i.e., additional use of drugs within categories distinct from their primary use category). Table 1 indicates that the majority of participants' recent criminal offenses were either theft or drug-related, though it should be noted that most participants had histories of multiple criminal offenses, typically across the categories noted within Table 1, with an average of 8.53 (SD = 6.19) offenses per participant. A series of t tests and chi-square analyses across Table 1 domains to assess between-group differences yielded null results.

Eighteen[1] clients were randomized to the control condition and received services through TCI's Reentry Assisted Community Housing (REACH), a scattered-site supported housing program for persons on parole release from incarceration. REACH addresses the needs of those eligible for parole though unable to locate housing. Clients are provided an apartment and support services for independent living. Correspondingly, apartments are located within standard residential buildings in communities throughout Connecticut. Support services include prerelease planning with an intake coordinator, and postrelease housing placement and support, assistance obtaining food as well as identification, case management, referrals for substance abuse and/or mental health treatment, family counseling, employment/vocational development, and transportation. Clients' typical length of service stay is from 4 to 6 months. Thirty-nine[2] clients were also randomized to the experimental condition and also received standard REACH services, though in addition received services by a trained peer mentor, as described below.

MENTORS AND MENTORSHIP MODEL

Two mentors[3] for this project were recruited from South Central Peer Services (SCPS), a division of Continuum of Care, Inc., a nonprofit community agency providing services

TABLE 1: Descriptive Statistics for Control Group, Experimental Group, and Overall

| | Control group | | Experimental group | | Overall | |
| | (n = 17) | | (n = 38) | | (n = 55) | |
Category	Frequency	%	Frequency	%	Frequency	%
Race						
Caucasian	8	47.0	20	52.6	28	50.9
African American	9	52.9	18	47.4	27	49.1
Hispanic ethnicity	2	11.8	10	26.3	12	21.8
Current marital status						
Single	13	76.5	26	68.4	39	70.9
Divorced	2	11.8	8	21.0	10	18.2
Married	2	11.8	1	2.6	3	5.5
Separated	0	0	3	7.9	3	5.5
Dependents (number)						
0	4	23.5	11	28.9	15	27.3
1–3	12	70.6	17	44.7	29	52.7
4–9	1	5.9	10	26.3	11	20.0
Education						
High school diploma	3	17.6	15	39.5	18	32.7
GED	9	52.9	9	23.7	18	32.7
Dropped out	5	29.4	11	28.9	16	29.1
College coursework	0	0	2	5.3	2	3.6
College diploma	0	0	1	2.6	1	1.8
Primary psych challenges						
Depression	8	47.0	12	31.6	20	36.4
Anxiety	1	5.9	6	15.8	7	12.7
Bipolar	0	0	4	10.5	4	7.3
Psychosis	3	17.6	1	2.6	4	7.3
Other	0	0	3	7.9	3	5.5
None	5	29.4	12	31.6	17	30.9
Primary drug/alcohol use						
Alcohol	5	29.4	15	39.5	20	36.4
Stimulant	4	23.5	7	18.4	11	20.0
Cannabinoid	2	11.8	6	15.8	8	14.5
Opioid	3	17.6	4	10.5	7	12.7
Hallucinogenic	1	5.9	2	5.3	3	5.5
None	2	11.8	4	10.5	6	10.9
Co-occurring disorders	10	58.8	21	55.3	31	56.4
Most recent offense						
Theft	7	41.2	16	42.1	23	41.8
Drug	4	23.5	8	21.0	12	21.8
Sex	2	11.8	4	10.5	6	10.9
Violence	2	11.8	4	10.5	6	10.9
Order violation	0	0	3	7.9	3	5.5
Threatening	1	5.9	1	2.6	2	3.6
Other	1	5.9	2	5.3	3	5.5

Note. GED = General Educational Development.

addressing mental illness as well as developmental and intellectual disabilities. SCPS specializes in placing persons in long-term recovery from substance abuse and/or mental illness, as well as involvement with the criminal justice system, into jobs as peer mentors at

behavioral health organizations. Mentors received through SCPS an intensive 3-day broad-based training. Training topics included the criminal justice system and reentry process, interpersonal skills, mentoring ethics and boundaries, service delivery, safety practices, local transitional services and providers, policies and procedures at the Connecticut Department of Corrections (DOC) agencies as facilitated by DOC personnel, and victims' rights as facilitated by victims' rights advocates.

Mentor support was addressed through SCPS's "dual supervision," where each mentor received two supervisors. The first worked for TCI and provided practical guidance such as client meeting locations and documentation, as well as weekly supervision including other project team members. The second supervisor worked for SCPS, with monthly mentor meetings for skills improvement, troubleshooting of job challenges, and for facilitating group peer supervision sessions in which the mentors could share their experiences, counsel, and support.

It should be noted that study mentors did not necessarily have personal experiences of specific relevance to each client. Instead, mentors' key experiences were reflected generally through a history of criminal offense, incarceration, and community reentry deemed "successful" by virtue of reconnection with family and friends, employment, and ongoing community tenure. Although the mentorship intervention was tailored to the needs of each individual client, there were at least five factors that were consistent across client services. First, the mentorship intervention emphasized early intervention for the purposes of (a) maximizing the time a mentor and client could work together; (b) orienting the mentor to a client's baseline functioning to better gauge progress; and (c) facilitating a client's early contacts with family members and other potential sources of support. Second, mentorship nurtured relationship quality, through mentors' abilities to communicate empathic understanding, affinity, and authenticity. Third, mentors promoted criminal desistance in explicitly noting with clients that mentorship was necessarily structured by the conditions of a client's parole within the guidelines of the criminal justice system. Forth, mentorship facilitated navigation of social nuances and ruptures in support from family and friends, often prompting complex deliberations of each relationship's value versus demands. And fifth, mentorship fostered citizenship, defined as the perceived value of one's participation stemming from self and others, and connections to societal resources, close relationships, and a community life punctuated by meaningful associations (Rowe, 2015). These factors reflected an ecological paradigm (e.g., Bronfenbrenner, 1979), comprising interacting domains of personal, interpersonal, and broader social considerations, forming the context for development of informal mechanisms of community engagement.

PROCEDURES

Prior to implementation, all study protocols were reviewed by a federally authorized Institutional Review Board at TCI. The protocols were approved in April 2015. The investigation was in active data collection from May 2015 through April 2017.

Prerelease Institutional Phase

DOC personnel at participating prisons identified clients to be released in contacts with a REACH Intake Coordinator (RIC), who then confirmed client eligibility re-offense risk as

moderate to high. The RIC met with the client, completed admission paperwork, and introduced to the client the mentorship intervention, describing the study conditions and randomization procedures, and inviting the client to participate. If the client accepted, the RIC had him complete an informed consent describing the study in detail. Afterward, the RIC randomly assigned the client either to the control (standard REACH services) condition or to the experimental (standard REACH services plus mentorship) condition using a digital random assignment application. For those randomized to the mentored condition, the RIC noted that they would be contacted by a mentor as soon as possible.

Mentor assignment depended upon the geographic location of the client's REACH apartment. One mentor covered the Connecticut cities of New Britain and New Haven, and the other covered the cities of Bridgeport and Waterbury. The second mentor cohort (see Note 3), which worked with clients over 16 months, carried at any time no fewer than one client, no more than eight, and an average of 5.5.

It was intended that all mentors would gain approval to access local prisons for prerelease client meetings, but the review process proved complex, and only two project mentors (one in each cohort) ultimately gained such approval. Furthermore, prison release schedules were often times quite varied and difficult to anticipate, where mentors were able to conduct only seven in-person meetings with clients in prisons. Correspondingly, a mentor's first client contact was typically made in person or by phone while a client was in a halfway house, REACH office, or shortly after having moved into an apartment. First contacts aimed to build mentorship rapport through discussion of postrelease hopes, possibilities, and plans. Correspondingly, discussions typically addressed clients' needs and concerns; explanation of mentorship and how it fit with REACH services; question solicitation; and collaboration on suitable plans for services, supervision, familial reengagement, and other structured community activities.

Postrelease Reentry Phase

At the postrelease reentry phase, mentor–clients dyads worked to connect clients immediately with needed services, at a frequency largely determined by clients' expressed interest and availability. Mentors employed their practical knowledge of respective local community resources to offer guidance for initiating treatments, as well as vocational and recreational activities. In addition, mentors would offer support, and where appropriate, a retelling of their own stories of challenges and successes to help motivate clients' engagement in salutary activities.

Postrelease Community Phase

Mentors continued in this phase to employ psychosocial support and practical guidance, in tandem with transitional services, and community resources. These resources included the full support of DOC correctional staff including parole officers, with the goal of enhancing clients' functional knowledge, practical skills, and social activities toward licit community living. Mentors and clients had contacts at an average frequency of 1.43 times weekly. These contacts were through meetings at client apartments, in mentors' state offices, and at times by phone. Although most mentoring was conducted one-on-one, occasionally mentors employed small group formats as deemed useful. Meeting topics addressed adjustment, community engagement, and/or recovery, as well as maintaining accountability for

supervision stipulations and treatment attendance. In addition, mentors actively encouraged clients to connect with supportive prosocial individuals within their lives and determine ways of "giving back" to their community. Mentor–client dyads had an average of 33.11 contacts (SD = 31.86) over the course of all mentoring relationships while enrolled in REACH programming, with a maximum number of 138 contacts and a minimum of three contacts. Lower mentor–client contact numbers typically reflected those for clients who were in programming for shorter durations due to either early recidivism or successful service discharge.

DATA SOURCES

CAGE–Adapted to Include Drugs (CAGE-AID)

Adapted from the original CAGE screening for alcohol use (Mayfield et al., 1974), the CAGE-AID is a four-question dichotomously scored (yes/no) screening measure of experiences typically associated with lifetime alcohol and/or drug use (Brown & Rounds, 1995). Leonardson and colleagues (2005) showed the CAGE-AID to have high internal consistency with Cronbach's alpha at .92, as well as high convergent validity estimations as significantly correlated with conceptually related measures. The CAGE-AID was employed in this study primarily for the purposes of assessing the equivalency of alcohol and substance use difficulties across experimental conditions.

LSI-R

The LSI-R was administered to participants at the time of their admission into the REACH program, prior to study condition randomization. The LSI-R (Andrews & Bonta, 1995) serves as a widely utilized measure of recidivism risk, including among the versions of Level of Service scales developed over the past four decades (Olver et al., 2014). It comprises 54 items organized according to key drivers of criminal behavior as reflected within subscale groupings, and an omnibus score, which was employed within the primary test of our recidivism hypothesis. LSI-R validity is supported by findings from Gendreau and colleagues (2002) revealing a mean r of .38 with respect to general recidivism prediction. More specifically, Lowenkamp and Bechtel (2007) offer evidence of LSI-R validity in predicting parole violations among a sample of 243 persons on parole in Iowa, showing a bivariate correlation of .25 with LSI-R score. Furthermore, results of receiver operating characteristic (ROC) analysis on this sample suggested a 65.2% chance "that a randomly selected recidivist earned a higher LSI-R score than a randomly selected non-recidivist" (p. 28). Schlager and Simourd (2007) showed that LSI-R properties are generally consistent across those of African American ancestry and Hispanic heritage, though with notably reduced magnitudes in predictive validity for these groups. The LSI-R generally shows excellent internal consistency reliability within samples of persons incarcerated, with Cronbach's alpha at .89, and of persons on probation, at .88 (Andrews & Bonta, 1995). Cronbach's alpha estimation was considerably lower within our study sample, at .48, which is likely a reflection of both a small sample size, and value range restricted to moderate to high (Rodriguez & Maeda, 2006). As detailed by Andrews and Bonta (2003), interpretation of LSI-R omnibus scoring for those within community supervision are low (1–18), medium (19–28), and high (29–54).

Mental Health Screening Form-III (MHSF-III)

The MHSF-III (Carroll & McGinley, 2001) is an 18-item semi-structured screening for mental health difficulties in persons with substance abuse problems, including those in carceral settings (Sacks et al., 2007). Dichotomous question (yes/no) items query lifetime symptom features across psychiatric domains. Interrater reliabilities were not estimated for this study as the MHSF-III is administered at TCI-REACH as part of routine admission procedures. Ruiz and colleagues (2009) evaluated the MHSF-III within a large urban jail and found it to have high internal consistency reliability (Cronbach's α = .89). These authorities also found strong convergent validities with similar constructs measured on the Personality Assessment Inventory (Morey, 2007) and as correlated with self-reported histories of psychiatric symptoms. The MHSF-III was employed in this study primarily for the purposes for assessing the equivalency of psychiatric difficulties across experimental conditions.

Recidivism

We defined recidivism as violation of parole stipulations. Although parole violation is not the only form of recidivism behavior, it is documented to significantly contribute reincarceration within the criminal justice system (Blumstein & Beck, 2005; Sabol et al., 2007). For analytic purposes, variable levels were coded as parole adherence (0) and parole violation (1). A total of 23 clients violated parole, with 11 violations in the control condition and 12 in the experimental. Types of parole violations appeared largely uniform across conditions, with two clients in each group rearrested for criminal offenses, nine clients in each group remanded for technical violations, and one client in the experimental group who absconded.

DATA ANALYSES

We used SPSS version 24 (IBM Corporation, 2016) for data analysis. We employed a four-tiered analytic approach: (a) confirming between-group equivalencies, (b) assessing associations among key predictors and outcome, (c) testing recidivism hypotheses, and (d) examining key "within group" patterns relevant to the mentored condition. We tested for significant between-group differences in experimental conditions across demographics (as represented in Table 1) and LSI-R subscale and omnibus values (shown in Table 2), using chi-square analysis for categorical variables and independent samples t tests for continuous variables.

RESULTS

We assessed baseline equivalencies through (a) a series of nine chi-square tests reflecting chiefly categorical demographic variables represented within Table 1; (b) a series of four independent samples t tests for age and continuous omnibus (CAGE-AID, MHSF-III, and LSI-R) scale values; and (c) a series of 10 t tests for LSI-R subscale values. We found no significant differences across any of these analyses, suggesting group equivalence across baseline values and strengthening confidence in group randomization procedures. It should be noted, however, that the series of chi-square tests referenced above included primarily multinomial tests in which due to a small sample size, most had more than 20% cell counts

TABLE 2:   LSI-R Domain Scores for Control Group, Experimental Group, and Overall

LSI scale	Control group			Experimental group			Overall		
	M	*SD*	Range	*M*	*SD*	Range	*M*	*SD*	Range
Criminal history	7.18	1.59	3–9	7.50	1.57	4–10	7.40	1.57	3–10
Education/Employment	6.35	2.09	2–9	6.53	2.10	1–10	6.47	2.08	1–10
Financial	1.24	0.44	1–2	1.21	.41	1–2	1.22	0.42	1–2
Family/Marital	2.18	0.95	0–3	1.87	0.99	0–4	1.96	0.98	0–4
Accommodation	2.06	0.24	2–3	1.95	0.46	0–3	1.98	0.41	0–3
Leisure/Recreation	1.82	0.53	0–2	1.87	0.41	0–2	1.85	0.45	0–2
Companions	4.00	0.00	4–4	3.97	1.62	3–4	3.98	0.14	3–4
Alcohol/Drug Problem	3.47	2.06	0–6	3.24	2.17	0–7	3.31	2.13	0–7
Emotional/Personal	2.65	2.09	0–5	2.32	2.03	0–5	2.42	2.03	0–5
Attitudes/Orientation	0.53	0.72	0–2	0.74	0.83	0–2	0.67	0.80	0–2
Overall	31.47	6.07	20–41	31.18	5.41	19–40	31.27	5.57	19–41

Note. LSI-R = Level of Service Inventory–Revised.

TABLE 3:   Bivariate Analyses Comparing Predictor Variable Values for Study Recidivism and Non-Recidivism

Categorical (counts)	Recidivism	Non-recidivism	Bivariate tests	
			Chi-square	*p*
Condition			5.30	.02
Mentored	12	26		
Non-mentored	11	6		
Race			0.50	.48
African American	10	17		
Caucasian	13	15		
Ethnicity			0.45	.50
Hispanic	4	8		
Non-Hispanic	19	24		
Continuous (averages)			Mann–Whitney *U*	*p*
LSI-R	32.74	30.22	256.00	.06
Age	45.30	40.56	274.50	.11

Note. LSI-R = Level of Service Inventory–Revised.

that were less than 5, representing a test assumption violation. Results of these tests should therefore be interpreted with caution, and with the understanding that higher sample sizes may have revealed statically significant differences across these and other baseline equivalency tests.

Table 3 indicates that among study predictors across recidivism/non-recidivism groups, only study condition proved statistically significant, reflecting a greater proportion of non-recidivism in the mentored versus non-mentored condition, and a greater proportion of recidivism in the non-mentored versus mentored condition. We analyzed our recidivism hypothesis using hierarchical binary logistic regression (HBLR), including within the first block the static demographic considerations of client age, race, and ethnicity, known to influence recidivism outcomes and not accounted for by other model predictors. For

TABLE 4: Hierarchical Binary Logistic Regression Models Predicting Recidivism Measures (N = 55)

Model Factors	Partial model		Full model	
	Exp(B)	p	Exp(B)	p
Demographic predictors				
Age	1.05	.09	1.07	.07
Race (African American)	2.11	.24	1.83	.39
Ethnicity (Hispanic)	1.86	.42	1.40	.68
Core predictors				
LSI-R overall	—	—	1.11	.09
Condition	—	—	4.53	.03
Constant	0.03	.03	0.03	.01
χ^2	4.76	.19	12.67	.03
Improvement in fit (χ^2)	—	—	7.91	.02

Note. Predicted change in odds ratio (Exp[B]) presented for demographic and core predictor variables only. LSI-R = Level of Service Inventory–Revised.

analytic procedural purposes, we utilized dummy-coding for the variables of race (African American, yes = 1, no = 0), ethnicity (Latino, yes = 1, no = 0), and recidivism (parole violation, yes = 1, no = 0). Inclusion in the first block of noted demographic variables was premised upon research strongly suggesting that returning citizens face significant obstacles to community acceptance and adaptation influencing recidivism based upon their age (Olver & Wong, 2015), race (Decker et al., 2015), and ethnicity (Decker et al., 2015).

In the second block, we included the predictors of overall LSI-R score and experimental group condition. The HBLR procedure produces regression weights estimating the predicted probability of falling into a categorical target group (e.g., recidivism). HBLR accomplishes this through modeling a linear equation within nonlinear categorical relationships using the logit function, or conversion of probabilities to odds logarithms. The exponentiated B values (Exp[B]) represented in Table 4 reflect the predicted change in odd ratios, derived from the predicted change in log-odds for every unit change in predictor values. Employing a hierarchical approach further enabled a comparison of model fit, examining the influence of key static demographic considerations against the addition of core recidivism predictors, reflected in the chi-square fit indices across the partial and full regression models.

Table 4 shows that static demographic variables in the partial model did not significantly predict parole outcome type, and that the partial model chi-square fit index was nonsignificant. By contrast, the full model incorporating demographic and core predictors was significant overall, revealing an improvement in fit over the partial model. Specifically, experimental condition predicted parole outcome, where non-mentored clients recidivated significantly more than mentored clients, and the respective Exp(B) value indicated that for every unit of change on this predictor, the odds of recidivism correspondingly changed by a factor of 4.53. Contrary to expectations, the omnibus LSI-R measure did not significantly predict parole outcome type.

Next, we conducted additional binary logistic regression analyses to determine whether variants in recruitment, contacts, and mentorship tenure systematically affected parole outcomes within the mentored condition. Specifically, we tested for parole outcomes on the

basis of (a) those first receiving mentor contact while in prison versus other first contact arrangements, (b) those receiving first mentor contact before moving into their REACH apartment versus after moving into their REACH apartment, (c) those losing/transitioning mentors due to mentor dismissal versus those not losing mentors (see Note 3), and (d) number of postrelease contacts. None of these tests yielded statistically significant results, suggesting that outcomes were not based upon respective variations in site of first contact, timing of first contact, loss of mentor due to dismissal, or number of mentor contacts while participating in the intervention.

Finally, given this pilot study's small sample, we used the statistical software G*Power (Faul et al., 2009) to estimate statistical power, as well as sample size for future, larger scale studies. We calculated power for the present study given the sample size of 55. We used an odds ratio of 4.53, also represented as the exponentiated B value ($Exp[B]$) in Table 4 for the significant effect of condition within the full model. For the probability that Y takes the value of 1 given that X is 1 (or $Pr[Y = 1|X = 1]H0$), we divided the value of the recidivism outcome in the control condition by the overall outcomes for the control condition, or 11/17, equaling .65 (rounded value). We set alpha error probability at .05 within a two-tailed test. The resulting power estimate (or 1-beta error probability) was .54, or a 54% probability of detecting a significant effect if it exists. For the calculation of future sample size, we used all the same values, but set desired power at .80, yielding an overall sample size of 96.

DISCUSSION

This study investigated the effects of peer mentorship upon recidivism accounting for static demographic and dynamic risk considerations with a randomized controlled trial design. Results partially supported hypotheses, where clients receiving standard reentry services plus peer mentorship showed significantly lower levels of recidivism than those receiving standard reentry services alone. By contrast, static demographic and dynamic risk factors did not significantly predict recidivism. For example, participant age, which is typically considered among the best predictors of recidivism, was nonsignificant. Although such null results likely reflect the study's limited sample size, Kazemian and Farrington (2006) also caution that questions remain as to the association of age and recidivism, and particularly so for those assessed as higher risk and/or past mid-life. These factors apply to this study in that it included only those of moderate to high risk for re-offense, and the average participant age was above 42. It should also be noted that statistical associations are weakened by reduced variability on predictive measures. The inclusion of an expanded range of LSI-R scoring would reduce likelihood of a Type II error, increasing predictive power.

The significant prediction of lowered recidivism in the mentored group is consistent with research literature suggesting programmed peer mentorship for returning citizens as a promising avenue for community reentry. Specifically, peer-based interventions are known to mitigate addiction cravings and negative affect (Marlow et al., 2015), increase self-efficacy, social support, and quality of life (Andreas et al., 2010), foster adherence to treatment and drug abstinence, and lower recidivism (Goldstein et al., 2009). Although the practices that produce such promising results may include at times formal surveillance and sanctioning approaches, they may best approximate "informal" socialization processes (Byrne, 1990). That is, mentorship may operate to repair gaps

in learned social behavior, intrapersonally in one's marshaling of felt gifts and strengths. Interpersonally, reparations are addressed in garnering prosocial support found in familial and work relationships, and in learning to distinguish and trust in worthy care-givers toward remediation of problems related to drug abuse, mental illness, criminal incarceration, and stigmas associated with these challenges. As posited by criminologists (e.g., Cullen, 1994), informal mechanisms in which such reparations can manifest include the acquisition of gainful social values through shared discussion and activity (Hagan, 1993), through sanctioning within reintegrative shaming (Braithwaite, 1989), and generally through felt support, leading to a sense of belonging (Vaux, 1988). The scope and results of this small pilot study cannot distinguish the mechanisms through which favorable results were observed—instead, proposed mechanisms for improvement are conjectural, based upon prior literature.

Findings from this investigation may appear outwardly inconsistent with literature framing contact with peers with criminal backgrounds as perilous to criminal desistance. Such literature has meaningfully contributed to delineation of patterns of criminal engagement in demonstrating how peers can influence early adult delinquency contingent on socialization structure (Osgood et al., 1996); criminal identification and subsequent attitudes including violence, entitlement, and antisocial intent (Boduszek et al., 2013); and criminogenic thinking through apportioned contact time (Whited et al., 2017). Nevertheless, our findings seem to show a contrary pattern. As generalized to the level of peer influence, the two sets of outcomes are in fact complementary in highlighting the power of peers to engage and affect community adaptation. Of course, this power may be exploited to accommodate criminogenic qualities of peers with malign intent, recruiting associates who they identify as vulnerable to criminal persistence. Within this pilot study, however, mentors affirmed prior commitments to desistance and community service, forging a foundation for a beneficent model of care to favorably augment others' licit community adaptation, and with promising results.

The work of authorities elucidating the promise and peril of contact with peers sharing criminal backgrounds shows that ideas concerning peer influence following carceral release are not nearly as innovative as purported across the popular press, or within a nascent research literature. In fact, programmed peer mentored services are most accurately derivative, as evidenced by reports of the 1968 Joint Commission on Correctional Manpower and Training, sponsored by the National Institute of Mental Health, highlighting investigators' ideas and findings for the "New Careers" movement (McNickle, 1968). These authorities introduce feasibility assessment, study approaches, and ethical standards for programmed peer-mentored community reentry, revealing such practices and their promise for improvement of individual and communal life. Of course, what these investigators also knew as a possibility—indeed what emerged just a few years later—was an ambuscade of disablement ideology that induced American jurisprudence for nearly half a century toward levels of incarceration unprecedented in the global history of criminal justice. In the wake of this era, and its profound repercussions, it helps to revisit the ideals of the New Careers movement with a spirit of organizational collaboration and empirical rigor toward a fuller integration of mentorship practice. From one of its originators we borrow words that are surely no less relevant today: "We have much to gain and little to lose except the stultifying shreds of self-protective inertia" (Luger, 1968, p. 59).

LIMITATIONS

This research was limited in several ways that merit attention. First, we emphasize that this study reflected a small sample pilot. Results of the logistic regression should be viewed as preliminary, and interpreted with caution, as proof of concept as opposed to strong evidence of the effectiveness of peer mentoring for returning citizens. Likewise, we caution that even as tests of baseline group differences indicated no statistically significant effects, some of these comparisons may well have proved significant with increased sample size and analytic power.

The observed positive effects for mentoring may have been less related to mentorship, and artifactual of demand characteristics, or of offering additional service. This seems unlikely however, given positive effects for peer mentored interventions in prior studies of community reentry, and in other research. Nevertheless, future research might do well to add one or more "placebo" conditions, in addition to standard service, and standard service plus mentorship.

The study sample split of 39 randomized to the experimental condition and 18 to the control is improbable with randomization as the sole determinant for group assignment. On the basis of this split, investigators inquired with study personnel, but could find no evidence of procedural error. Random assignment is typically effective in rendering equivalency in group magnitude and baseline scoring, but does not guarantee equivalencies. We acknowledge that although baseline equivalencies supported the success of our random assignment procedures, the group distribution seems less supportive of randomization effectiveness.

This study's sample was limited to male returning citizens and their responses to peer mentorship. An equally meritorious question concerns female returning citizens' responses to peer mentorship, as represented in pioneering work by Goldstein and colleagues (2009). Furthermore, the inclusion of other demographic considerations beyond age, race, and ethnicity should be included for modeling purposes in future, larger scale studies. As noted earlier, our focus upon clients with moderate to high risk for recidivism necessarily attenuated variability for LSI-R assessments and may have contributed to null findings for this measure, which typically functions as a robust predictor of recidivism behavior.

This study did not accomplish the goal of inreach to all clients while still in prison. We recognize the import of early intervention, within both prison inreach (Harty et al., 2012), and early postincarceration programming (Redcross et al., 2012; Western et al., 2015). This intervention nevertheless demonstrated feasibility of early intervention, and within a prison system undergoing significant changes, as is the case nationally (Williams, 2015, 2016). Moreover, analysis yielded no indication that variances within first contact timing and circumstances influenced recidivism outcomes.

As detailed earlier (see Note 3), the project lost its first mentor cohort at 3 and 5 months following intervention launch. This loss resulted in a lapse in mentorship for seven study participants. Nevertheless, supplemental analysis showed no evidence that later mentorship loss and transition to another mentor was systematically associated with recidivism outcome.

Instead of "recidivism," "program completion" may have been a useful term for outcome, reflecting the programmatic consequence of parole violation in an equally operational way. Moreover, the term "program completion" is more indicative of a desirable

strength-based approach. Although these benefits are compelling, we opted for the term "recidivism" as we felt it to reference the outcome most consistently with present usage across a variety of fields, and with what appears to be a growing public awareness. Factors contributing to the mentorship service model were not examined here. Furthermore, putative factors remain varied in emphasis. Specifying when/how model factors are emphasized with respect to potential client individual difference variables is a critical avenue for ongoing research in this area. This pilot study dealt with recidivism outcomes only within the narrow frame of active programming. It is consequently unclear whether observed gains in the mentored condition would have extended beyond program participation. Future research should adopt a longitudinal frame, with the goal of maximizing the benefits of peer mentorship for returning citizens.

CONCLUSION

This pilot study evaluated the influence of peer mentorship as well as static and dynamic risk factors upon recidivism behaviors for male returning citizens assessed as moderate to high risk for re-offense within the context of a randomized controlled trial investigation. Results supported expectations that those receiving standard reentry services plus peer mentorship would show lower recidivism than those receiving standard reentry services alone. The study therefore suggests feasibility in peer mentorship programming and study, and promise for reducing recidivism rates among persons assessed most likely to reengage in criminal behaviors. Nevertheless, the mechanisms through which peer mentoring may lead to reduced criminality remain unclear. Correspondingly, it is incumbent upon future research to replicate the findings reported here using larger participant samples and extended assessment periods. Moreover, future larger scale studies might include theoretic modeling through qualitative interviewing and fuller process assessments, for elucidation of the most efficacious implementation of peer-mentored services toward successful community reentry.

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NOTES

1. Review of client contact logs showed that one control group client made occasional contacts with a program mentor due to a misunderstanding of group assignment. This client's data were subsequently omitted from study analysis.

2. Review of client contact logs showed that one experimental group client had absconded before mentor contact could be made, and so this client's data were also omitted from study analysis. Additional full analyses including this client's data did not change the pattern of results, where study condition still significantly predicted recidivism outcome within the model, albeit with a p value elevated to .04, as contrasted with .03 when this client's data are omitted.

3. There were two mentor cohorts for this project: the first cohort of two men began seeing clients in May 2015. These two mentors were dismissed, however—the first in August 2015 due to repeated neglect of client contact logs and other documentation requirements and the second in October 2015 due to failure to report to employers a criminal charge that occurred prior to hiring. The second cohort of two men were hired in October 2015, trained for mentoring through SCPS, and began working with clients in December 2015, remaining through the completion of the project in March 2017. Since that time, they have been serving as collaborating colleagues, including as coauthors for the present article. Seven clients in total lost a mentor due to dismissal of the first mentor cohort, but were told that they would receive a new mentor. These seven clients had an average of 65 days without a mentor. We note that there appeared to be minimal differences in comparing participants who lost mentors due to dismissal with those who did not lose a mentor. That is, for example, there was consistency in both groups in terms of a roughly even split in racial ancestry, most were single with one to three children, and most had alcohol use disorders with a recent offense of theft. All possible variations across all demographic categories were assessed using chi-square

analysis, and nonsignificant. In addition, chi-square outcome analysis produced null results, where of the 31 participants not losing a mentor, nine recidivated, and of the seven participants losing a mentor, three recidivated. We acknowledge that the proportion of recidivism outcomes was higher for those losing a mentor, and that test results are influenced by very small comparison group sizes.

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Anderson Curtis serves as field organizer for the American Civil Liberties Union of Connecticut (ACLU-CT). He expands the ACLU Smart Justice Campaign by identifying and recruiting volunteers. He and the Smart Justice Team developed and implemented the four Smart Justice campaign values: our experience is our power; our impact is in our solidarity; leadership is a practice, not a position; and everyone has a role in ending mass incarceration. He helps volunteers to develop their leadership by utilizing those four campaign values. Those four values inform and guide their internal and external engagement style, urging Connecticut residents and legislators to eliminate racial disparities in the justice system and discrimination based on a person's criminal record.

Jehan Abdur-Raheem, after a lengthy incarceration, returned to the community armed with a passionate and energetic resolve to positively impact the lives and conditions of those struggling to transcend the disadvantages of postincarceration and to assist them in their efforts to successfully reenter mainstream society. Since his release he has been employed by Continuum of Care, Inc. (placement at The Connection, Inc.), Familyreentry, CT Renaissance, and the APT foundation; organizations designed to assist men and women recently released or those still fighting against the demons of poverty, under-education and/or substance abuse. The compassionate knowledge acquired from his own personal experiences has empowered him and reminds everyone of the many previously incarcerated persons who—after release—dedicate themselves to assisting others while simultaneously navigating their own lives back into society.

Michele Klimczak, MA, LMSW, is the director of training and the codirector of the Institute for Innovative Practice at The Connection. She has been a social worker for more than 25 years, working closely with individuals and families affected by trauma and violence. She has spearheaded practice and research programming initiatives to address developmental sequelae of complex trauma, implement innovative case management models, and teach narrative approaches to recovery and citizenship to persons within the criminal justice system.

Charles Barber is codirector of The Connection Institute of Innovative Practice and a lecturer in Psychiatry at Yale University School of Medicine. He has written widely about mental health and criminal justice issues in both scholarly and popular publications, most recently in Citizen Outlaw: One Man's Journey from Gang Leader to Peacekeeper (HarperCollins, 2019).

Cathleen Meaden has worked in Human Services for 25 years, with 14 years dedicated to reentry work. She has trained on a national level on housing, family reunification, mental health assessments, and risk assessments for males and females. She holds a master's degree in criminal justice and is a certified addiction counselor and a certified co-occurring disorders professional.

Jacob Hasson is a clinical analyst for Beacon Health Options in Connecticut. Previously, he was the program director of Reentry Assisted Community Housing (REACH) at The Connection, Inc. He received his MS and BA from Central Connecticut State University, Department of Criminology & Criminal Justice.

Patrick Fallon has been involved in helping people transition from incarceration back to society for nearly 20 years. He has worked at The Connection, Inc., for the last 13 years specializing in the reentry process. He holds a master's degree in science and is a licensed alcohol and drug counselor.

Meredith Emigh-Guy is an assistant professor of Criminal Justice at St. Joseph's College of Maine. In addition to reentry, she has published articles and given presentations on topics such as immigration, drug courts, and homicide.