



## **Comparison of Ex-Convicts Transitional Care in Nigeria and the United States**

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### **ABSTRACT**

The study was a comparison of ex-convicts transitional care in Nigeria and the United State. Two research questions and two hypotheses were postulated to serve as guide for the study. Descriptive survey design was adopted for the study. Population of the study was all the ex-convicts in Nigeria and the United States out of which 40 ex-convicts (25 from United States and 15 from Nigeria) were sampled for the study using convenience sampling technique. Instrument used for data collection was a 15-items questionnaire titled “Ex-Convict Transition Care Questionnaire” (ECTCQ) and the instrument was validated by two experts comprising one Correctional Centre Officer and one Test and Measurement Expert both in Port Harcourt, Nigeria. Reliability of the instrument was determined using Cronbach alpha with an index of 0.85. Research questions raised were answered using mean and standard deviation while the hypotheses were tested using t-test at 0.05 level of significance. The findings of the study showed that transitional care was similar and to a high extent in the areas of lack of freedom, lack of income, homelessness and obedience to rules and regulations in Nigeria and the United States while a difference existed in the transition care of ex-convicts in the study areas in the aspect of feeding, medical care, leisure etc. It was also revealed that the barriers that affected transition care in Nigeria and united States included legal barriers, inadequate planning data among others. It was concluded that a difference existed in transition care given to ex-convicts in Nigeria and the United State. It was recommended among others that a global standard on the handling of ex-convicts and the transition care provided to them should be developed for uniformity and easy transition of ex-convicts into the society.

**Keywords:** Comparative, Transitional Care, Ex-Convicts, Nigeria, United State

## INTRODUCTION

There are different categories of people that make up the society irrespective of their physical or social orientation. These individuals have different past, present and future contributions to make to their immediate environment but the extent to which they can contribute to their immediate environment depends on the level of care and attention they enjoy from the society. This means that the relationship between members of the public and the society is mutual and each person must be ready to make meaningful contribution to the wellbeing of the other.

Ex-convicts are members of the society and they remain so no matter how they are viewed by the society. This is because some of these individuals may have been lawfully or unlawfully punished depending on the nature of their trial. Ex-convicts are also referred to as ex-prisoners, ex-offenders among other terminologies. Pansag, et al., (2016:21) mentioned that an ex-convict is “a person liberated from his/her incarceration”. This means that this individual must have serviced some terms of punishment as stipulated by the law for an offence committed and is now free to mingle with the society again. However, in most cases, these individuals find it difficult to integrate with the society after this period as a result of personal or societal orientation and this becomes a challenge for the ex-convict, family members and the society in general if adequate transition care is not provided when and where necessary.

The care given to ex-convicts to be able to transit successfully back into the society is very important for the every member of the society. Transitional care focuses on providing an enabling environment for ex-convicts to move back into the society and still be able to start a meaningful life. However, several studies have revealed that there are so many issues that ex-convicts contend with in their transition process such as lack of employment, lack of entrepreneurial skills, loneliness and homelessness, lack of support, inability to earn wages legally, education, access to food among other life essentials (Brown, 2016; Besin-Mengla, 2020; Ajala, 2011) and the attitude of social institutions and members of the community has been identified to aggravate this problem. Ex-convicts must therefore be able to access the right transitional care to be able to return back to the society and contribute to environmental advancement. Besin-Mengla (2020) noted that such transitional care will enable ex-convicts to avoid going back to prison (recidivism) and this is essential for their growth and development if any meaningful progress must be made. Individuals and institutions as well as members of the community irrespective of the nation and locality must be able to provide this assistance for the good of the society at large.

Researchers in the area of social works other disciplines have continued to investigate on why ex-convicts find it difficult to get transitional care even when they are *bona fide* members of the society. Several studies have shown that the differences in demographic factors such as location, affiliation, personal orientation among others account for inability to access transitional care among ex-convicts around the world. Supporting this perception, Manuel, et al., (2017) established that the lack of service support has always been responsible for cases of relapse among people with unacceptable societal behaviours. This implied that the inability to synergize among private and public institutions in the provision of transitional care is a bane to the comfort of ex-convicts. In a related dimension, Petersilia as cited in McKernan (2021) noted that the inconsistency in the estimate of needs of people leaving prisons and jails has been a problem in different states. This means that the absence of planning data makes it difficult for adequate plan and preparations to be made to take care of the needs of ex-convicts. In the same way, Simmons University (2016) noted that as a result of legal barriers, re-integrating offenders has always been a huge challenge in most countries of the world. This implies that the responsibility of transitional care for ex-convicts is a responsibility for all in other to avoid a relapse which can pose further threat to the society.

### Empirical Reviews

Part of the studies conducted to investigate the existence of transitional care for ex-convicts was carried out by Rocha (2014) on the successful reintegration from prison to community experienced by men of color and the study reported that factors that aided their successful re-integration included family, employment, community based organizations, support groups, and spirituality. A related study was also conducted by Patel, et al., (2014) on integrating correctional and community health care for formerly

incarcerated people who are eligible for Medicaid and it was observed in the result of the study that if assistance is coordinated between the correctional facility and the community, and across diverse treatment and support organizations in the community it will improve cost effectiveness of providing care. On the other hand, Hopkin, et al., (2018) investigated a systematic review on interventions at the transition from prison to the community for prisoners with mental illness and found out that insurance coverage, and contact with mental health and other services are intervention strategies but the impact on reoffending and re-incarceration is complex and interventions may lead to increased return to prison.

Furthermore, Carswell, et al., (2017) investigated the barriers between offenders and primary health care after release from prison and the outcome of the study showed that the main issues that affected continuity of care included a short supply of medication on release from prison, long waiting times for appointments, and poor relationships between criminal justice agencies and local primary care practices. Supporting this study, Wyant and Harner (2018) also investigated financial barriers and utilization of medical services in prison and it was discovered that over 70% of the men surveyed reported avoiding medical services at least once in the past three months due to the five dollar copayment. This shows the need for adequate financial provision for providing an effective transitional care for ex-convicts. This is essential for restoring law and order in the society at large.

#### **Aim and Objectives of the Study**

The aim of the study was a comparison of ex-convicts transitional care in Nigeria and the United State. In specific terms, the objectives of the study were to:

1. find out the existing transitional care given to ex-convicts in Nigeria and the United State
2. examine the barriers to effective transitional care to ex-convicts in Nigeria and the United State

#### **Research Questions**

The following research questions guided the study:

1. What are the existing transitional care given to ex-convicts in Nigeria and the United State?
2. What are the barriers to effective transitional care to ex-convicts in Nigeria and the United State?

#### **Hypotheses**

The following hypotheses were tested at 0.05 level of significance:

1. There is no significant difference in the existing transitional care given to ex-convicts in Nigeria and the United State
2. There is no significant difference in the barriers to effective transitional care to ex-convicts in Nigeria and the United State

#### **METHODOLOGY**

The study adopted descriptive survey design since the study intends to investigate a phenomenon that is ongoing in both countries. Population of the study comprised all the ex-convicts in Nigeria and the United States. The population of the study comprised all the ex-convicts in Nigeria and the United States. Sample of the study consisted of 40 ex-convicts (25 from United States and 15 from Nigeria) who were drawn for the study using convenience sampling technique. The instrument used for data collection was a 15-items self developed questionnaire titled "Ex-Convict Transition Care Questionnaire" (ECTCQ) which was responded to on a four point modified Likert Scale of Very High Extent (VHE), High Extent (HE), Low Extent (LE) and Very Low Extent (LE) with weighted scores of 4, 3, 2 and 1 respectively. The instrument was validated by two experts comprising one Correctional Centre Officer and one Test and Measurement Expert both in Port Harcourt, Nigeria. The reliability of the instrument was determined using Cronbach alpha with an index of 0.85. The research questions raised were answered using mean and standard deviation while the hypotheses were tested using t-test at 0.05 level of significance.

**RESULTS**

**Research Question One:** *What are the existing transitional care given to ex-convicts in Nigeria and the United State?*

**Table 1: Mean and Standard Deviation Scores on the Existing Transitional Care given to Ex-Convicts in Nigeria and the United State**

S/No	Items	Nigeria n=15		United State n=25		Mean Set	
		Mean $\bar{X}_1$	SD	Mean $\bar{X}_2$	SD	$\bar{X}$	Decision
1	Access to medical care	2.07	1.15	3.20	1.08	2.64	High Extent
2	Provision of counselling services	3.00	1.12	2.24	1.28	2.62	High Extent
3	Provision of quality meal	1.93	1.07	3.28	1.01	2.61	High Extent
4	Oppourtunity to participate freely in leisure	2.33	1.00	3.20	0.86	2.77	High Extent
5	Access to shelter	1.67	0.54	2.76	1.12	2.22	Low Extent
6	Access to educational support	2.67	1.17	3.52	0.74	3.10	High Extent
7	Freedom to interact with members of the public	2.00	0.94	3.04	1.06	2.52	High Extent
8	Income generation oppourtunities	1.93	1.07	3.44	0.66	2.69	High Extent
9	Insurance cover for ex-convicts	2.20	1.35	3.28	0.90	2.74	High Extent
10	Dignity and respect for ex-convicts	2.07	1.07	1.99	1.01	2.03	Low Extent
<b>Grand Mean and Standard Deviation</b>		<b>2.19</b>	<b>1.05</b>	<b>3.00</b>	<b>0.97</b>	<b>2.59</b>	<b>High Extent</b>

In table 1, it was revealed that the responses of ex-convicts in Nigeria to items 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10 produced mean scores of 2.07, 3.00, 1.93, 2.33, 1.67, 2.67, 2.00, 1.93, 2.20 and 2.07. The items above the criterion mean scores of 2.50 indicated a high extent of care in those regards while items below the criterion mean score of 2.50 indicated a low extent of care in those regard. On the part of the ex-convicts in United States, they responded to the same set of items with mean scores of 3.20, 2.24, 3.28, 3.28, 2.76, 3.52, 3.04, 3.44, 3.28 and 1.99. Items above the criterion mean score of 2.50 implied a high extent of care while items below the criterion mean score indicated a low extent of care. The grand mean score of 2.19 from Nigeria indicated that the ex-convicts received a low extent of transitional care while the grand mean score of 3.00 from the ex-convicts in United States showed that they received a high extent of transitional care. The mean summary of 2.59 indicated that summarily, there was a high extent of transitional care given to ex-convicts in Nigeria and the United State.

**Research Question Two:** *What are the barriers to Effective transitional care to ex-convicts in Nigeria and the United State?*

**Table 2: Mean and Standard Deviation Scores on the Barriers to Effective Transitional Care to Ex-Convicts in Nigeria and the United State**

S/No	Items	Nigeria n=15		United State n=25		Mean Set	
		Mean $\bar{X}_1$	SD	Mean $\bar{X}_2$	SD	X $\bar{X}$	Decision
11	Legal barriers	2.80	1.21	3.12	0.99	2.96	High Extent
12	Support from private and public agencies	3.00	0.94	1.96	1.15	2.48	Low Extent
13	Data for intervention planning	2.93	1.15	3.04	1.15	2.99	High Extent
14	Monitoring of transitional activities	2.20	1.05	2.28	1.16	2.24	Low Extent
15	Adequacy of funding for integration	3.20	0.86	3.16	1.12	3.18	High Extent
<b>Grand Mean and Standard Deviation</b>		<b>2.83</b>	<b>1.04</b>	<b>2.71</b>	<b>1.11</b>	<b>2.77</b>	<b>High Extent</b>

Table 3 showed that the respondents used in Nigeria responded to items 11, 12, 13, 14 and 15 with mean values of 2.80, 3.00, 2.93, 2.20 and 3.20. This implied that items 11, 12, 13 and 15 were major barriers while item 14 was not a major barrier. On the part of the respondents in the United States, they responded to the same set of items with mean scores of 3.12, 1.96, 3.04, 2.28 and 3.16 and this implied that items 11, 13 and 15 were barriers to a high extent while items 12 and 14 were barriers to a low extent. The grand mean score of 2.83 from Nigeria and 2.71 from the United States implied that although both countries experienced a high extent of barriers but ex-convicts in Nigeria experienced higher extent of barriers. The mean summary of 2.77 also supported the assertion that there was high extent of barriers to successful transitional care to ex-convicts in Nigeria and the United State.

**HO<sub>1</sub>:** There is no significant difference in the existing transitional care given to ex-convicts in Nigeria and the United State

**Table 3: Summary of t-test Analysis of on the significant difference in the Existing Transitional Care given to Ex-Convicts in Nigeria and the United State**

Variable	n	Mean	SD	df	t-cal.	t-crit.	Level of Significance	Decision
Nigeria	15	2.19	1.05	38	2.45	2.02	0.05	Rejected
United State	25	3.00	0.97					

In table 3, it was revealed that at 38 degrees of freedom and 0.05 level of significance, the value of t-cal. of 2.45 was above the value of t-crit. of 2.02 and as such, the null hypothesis was rejected and this implied that there was a significant difference in the existing transitional care given to ex-convicts in Nigeria and the United States.

**HO<sub>2</sub>:** There is no significant difference in the barriers to effective transitional care to ex-convicts in Nigeria and the United State

**Table 4: Summary of t-test Analysis of on the significant difference in the Barriers to Effective Transitional Care to Ex-Convicts in Nigeria and the United State**

Variable	n	Mean	SD	df	t-cal.	t-crit.	Level of Significance	Decision
Nigeria	15	2.83	1.04	38	0.34	2.02	0.05	Not Rejected
United State	25	2.71	1.11					

Table 4 showed that at 0.05 level of significance and 38 degrees of freedom, the value of t-cal. of 0.34 was below the value of t-crit. of 2.02 and as such, the null hypothesis was not rejected and this suggested that the difference in the barriers to successful transitional care to ex-convicts in Nigeria and the United State was not significant.

## DISCUSSION OF FINDINGS

### Existing Transitional Care Given to Ex-Convicts in Nigeria and the United State

The study showed that transitional care was been provided for ex-convicts in Nigeria and United State. However, transitional care was provided to a high extent to ex-convicts in United State but to a low extent in Nigeria. This is at variance with the study conducted by Rocha (2014) which showed that there are several care factors that must be provided for ex-convicts to enable them transit smoothly into the society. There are several transitional care needed for ex-convicts to re-integrate successfully into the society. These cares are essential not only for the ex-convicts but for the society at large. The respondents agreed that in terms of access to educational support, it was available to ex-convicts both in Nigeria and United States to a high extent. Similarly, both category of respondents revealed in their responses that there was a low extent of dignity and respect for ex-convicts. The respondents experienced the same level of transitional care in these areas and the issue of dignity and respect calls for concern in order to improve on the dignity of ex-convicts when they are reintegrated into the society. On their part, Patel, et al., (2014) suggested that cost effectiveness can only be achieved if all necessary care are provided by all stakeholders and as such the need for support from all relevant stakeholders for ex-convicts.

On the other hand, in terms of access to counseling of ex-convicts, it was higher in Nigeria than in the United States. This may not be unconnected with the counseling assistance provided by several religious organizations in Nigeria to inmate and ex-convicts to help them reintegrate smoothly into the society. Furthermore, a huge difference existed in the transitional care gotten by ex-convicts in other areas. There was a high extent of care and low extent of care to ex-convicts in United State and Nigeria in the areas of access to medical care, quality meal, and opportunity to participate in leisure, access to shelter, freedom of association, income generation oppourtunities and insurance cover. This means that a lot still needs to be done for the smooth transition of ex-convicts in Nigeria into the society. Hopkin, et al., (2018) reported that insurance coverage, and contact with mental health and other services are intervention strategies but the impact on reoffending and re-incarceration is complex and interventions may lead to increased return to prison. This means that any form of inconsistency in the provision of transitional care can result to relapse among ex-convicts and this is detrimental to societal growth and development.

### Barriers to Effective Transitional Care to Ex-Convicts in Nigeria and the United State

Findings of the study showed that there was a high extent of barriers to the provision of effective transitional care to ex-convicts in Nigeria and the United States. In their responses, the ex-convicts in Nigeria and United State agreed that legal barriers, inadequate data for intervention planning and funding issues pose a bane to the effective transition of ex-convict in Nigeria and the United States. Supporting this perception, Wyant and Harner (2018) reported in their study that over 70% of the men surveyed reported avoiding medical services at least once in the past three months due to the five dollar copayment.

This implies that there is need for serious legal, financial and planning support to ease the process of transition for ex-convicts in both countries.

Furthermore, the respondents from Nigeria pointed out that support from formal agencies was inadequate and pose a challenge while those in United State receive some form of support which are not available in Nigeria. This is not surprising as Carswell, et al., (2017) also revealed in the findings of their study that poor relationships between criminal justice agencies and local primary care practices was still a bane in the reintegration process of people with antisocial behaviours. This places the need for agencies support to ex-convicts in Nigeria in any way possible. However, both categories of respondents agreed that the issue of monitoring of the transitional process was not a major barrier and as such existed to a low extent.

## CONCLUSION

The following conclusion was made based on the findings of the study:

1. There existed a difference in the transition care given to ex-convicts in Nigeria and the United States in terms of provision of counseling services, access to health care and quality meals among others.
2. There was no significant difference in the barriers faced in the provision of transitional care for ex-convicts in Nigeria and the United States as indicated by the respondents of the study.

## RECOMMENDATION

The following recommendations followed from the findings of the study:

1. There is need for institutions to provide adequate support to ex-convicts by defending their rights and privileges both in their individual and circular life. This is to ensure that discrimination against ex-convicts is drastically reduced if not totally eliminated.
2. Ex-convicts should be given immediate re-orientation and counseling so as to put them back in the right state of mind where they can interact meaningfully with other members of the society and live a meaningful life afterwards.
3. The government should also enact laws that will protect the interest of ex-convicts such that they will be able to gain access to every necessary transition care once they have been released from custody as this will help them have a good start after their freedom.

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