



Published in final edited form as:

J Correct Health Care. 2012 January ; 18(1): 8–19. doi:10.1177/1078345811420979.

Nonviolent Communication Training and Empathy in Male Parolees

Elizabeth Marlow, PhD, C-FNP¹, Adeline Nyamathi, PhD, C-ANP², William T. Grajeda, RAS³, Newt Bailey⁴, Amanda Weber², Jerry Younger²

¹Department of Family Health Care Nursing, UCSF School of Nursing, San Francisco, California

²UCLA School of Nursing, Los Angeles, California

³The Gamble Institute, Oakland, California

⁴Exceptional Workplace Communication, Oakland, California

Abstract

The purpose of this study was to determine the impact of a behavioral intervention, nonviolent communication (NVC), on the development of empathic coping and communication skills in a sample of male parolees enrolled in substance abuse treatment (SAT; $N = 30$). At the end of the 8-week intervention, results revealed a significant increase ($p = .01$) in participants' empathy levels. Findings also revealed the acceptability and utility of NVC training to men on parole. Results suggest that NVC training may (a) be a useful addition to substance abuse treatment programs for parolees, (b) be effective in addressing problematic coping and communication styles resulting from incarceration and criminal behavior, and (c) assist paroled individuals in building and sustaining positive social support networks.

Keywords

parolees; empathy; nonviolent communication; reintegration

Eighty-five percent of all parolees have spent more than a decade entering and exiting correctional facilities and 60% to 70% of all individuals released from prison nationwide return within 3 years of release (Davis et al., 2009; Solomon, 2006). As a result of multiple exposures to the correctional system, many formerly incarcerated individuals reenter their communities having adapted to the psychological demands of prison and criminal life (Haney, 2003b; Rotter, McQuiston, Broner, & Steinbacher, 2005). Psychosocial adaptations and coping strategies such as interpersonal distrust, social isolation, and aggressive or exploitative behaviors are common responses to the harsh conditions of the prison environment (Haney, 2003b). These coping strategies become internalized, however

Reprints and permission: sagepub.com/journalsPermissions.nav

Corresponding Author: Elizabeth Marlow, PhD, C-FNP, Department of Family Health Care Nursing, UCSF School of Nursing, 2272 San Pablo Avenue, Oakland, CA 04612 USA, elizabeth@gambleinstitute.org.

Declaration of Conflicting Interests

The authors disclosed no conflicts of interest with respect to the authorship and/or publication of this article. For information about *JCHC*'s disclosure policy, please see the Self-Study Exam.

unintentionally, in many parolees and continue upon release from prison (Haney, 2003b; Marlow & Chesla, 2009).

While useful for life in the correctional system, such coping mechanisms and behaviors are ill-suited for life in free society (Gendreau, Little, & Goggin, 1996). Interpersonal distrust of others can hinder an individual's ability to form positive relationships with family, friends, and service providers and thereby exacerbate an individual's sense of social isolation (Haney, 2003b; Harman, Smith, & Egan, 2007). However, the formation of positive and supportive relationships is considered essential to reintegration success (Bazemore & Stinchcomb, 2004; Harman et al., 2007; Nelson, Deess, & Allen, 1999). Individuals who respond to the stresses of free-world life with aggressive or exploitative behaviors find themselves, at best, alienated from positive social networks or, at worst, rearrested and reincarcerated (Harman et al., 2007; Marlow & Chesla, 2009; Mills & Kroner, 2003; Travis, 2005).

Many studies have demonstrated the value of structural and supportive services as a means to decrease recidivism and increase successful reintegration (Farley et al., 2000; Rich, Holmes, Salas, & Macalino, 2001; Sheu et al., 2002). However, there is limited research on the process of undoing these disadvantageous coping skills and psychosocial adaptations resulting from multiple periods of incarceration (DeMatteo, Marlowe, & Festinger, 2006; Rotter et al., 2005). Such research is important as it is often these forms of coping that most greatly influence an individual's ability to successfully reintegrate into his home community (Gendreau et al., 1996; Goffman, 1961; Goren, 2001; Haney, 2003a, 2003b; Irwin, 1970).

A behavioral intervention, nonviolent communication (NVC), may improve communication skills and assist parolees in developing supportive social networks. The primary purpose of NVC is to resolve interpersonal conflict using empathic communication skills (Rosenberg, 2005). Empathy has been defined as the capacity to understand and share in another's emotional experience or situation (Blake, 2002; Cohen & Strayer, 1996; Jolliffe & Farrington, 2004). The lack of empathy has been associated with antisocial behavior and reoffending (Bazemore & Stinchcomb, 2004; Jolliffe & Farrington, 2004). NVC seeks to dismantle embedded forms of negative communication and provides a framework for developing an empathic way of communicating with the self and with others. Through NVC training, individuals are able to identify and diminish reactive and alienating responses to challenging social situations while increasing their skill in empathic conflict resolution and positive relationship building (Rosenberg, 2005).

The use of NVC training in the parole population as a way to manage socially complex negotiations required for successful community reintegration is limited (Shoemaker, 2004). Moreover, there has been little experimental testing of NVC's impact on subsequent criminal behavior and recidivism (Shoemaker, 2004). However, research suggests that similar kinds of nonviolent training programs can reduce violent and nonviolent conflict in the institution and the community and may affect rates of recidivism (Gilligan & Lee, 2005a, 2005b; Walrath, 2001).

An evaluation of an inmate-run, prison-based intervention, Alternatives to Violence Project, found that 6 months postintervention the incidence of nonviolent confrontations in the intervention group was 43% less than in the comparison group. There was no difference in the incidence of confrontations that turned violent between the groups (Walrath, 2001). Gilligan and Lee (2005a, 2005b) compared violent incidents in the San Francisco County Jail before and after the introduction of a violence prevention program with an empathic communication component. At follow-up, institutional violence significantly decreased in the intervention group compared with inmates in regular custody (Gilligan & Lee, 2005b). Additionally, inmates who received the intervention had lower violent rearrest rates and spent less time in custody than those who did not (Gilligan & Lee, 2005a). Although a majority of the intervention group did return to jail for nonviolent offenses within 12 months, the results indicate that behavioral interventions focused on teaching empathic communication and coping skills can improve an individual's ability to resolve conflict peacefully and potentially build positive relationships with others.

The purpose of this study was to determine the impact of NVC on the development of empathic communication skills in men on parole. The primary research questions were (a) would participants' levels of empathy increase as a result of NVC? and (b) would participants' ability to resolve conflict peacefully and develop supportive relationships increase as a result of NVC training?

Method

Research Design and Intervention

This was mixed-methods study using a single-group, pre-/posttest design with postintervention focus groups and individual interviews. To ensure that the NVC training program was culturally relevant, a community-based participatory research (CBPR) approach was used in the design of the intervention (Farquhar, Michael, & Wiggins, 2005; Michael, Farquhar, Wiggins, & Green, 2008). CBPR projects involve community members and stakeholders in the design and implementation of research studies. CBPR-based interventions have been shown to improve a community's and its members' overall sense of well-being and social support (Michael et al., 2008).

For this study, a community advisory board (CAB) of 10 current and former parolees met weekly with the research team and NVC expert facilitator for 3 months to design the intervention. The CAB reviewed the components of the NVC training to ensure that they were salient to parolees' learning styles and life experiences. The intervention included eight consecutive 1-hour sessions: (a) introduction to NVC, (b) introduction to feelings and needs, (c) feelings versus thoughts/interpretation, (d) observation versus evaluation/interpretation, (e) putting it together—The Thinking Circle, (f) practicing two choices for connection—empathy or self-expression, (g) giving from the heart—action requests, and (h) a special focus on anger and gratitude. The NVC expert facilitator, who had extensive experience teaching NVC in correctional facilities, also conducted the intervention.

Participants and Setting

Participants for both the CAB and the intervention were recruited from a 34-bed residential substance abuse treatment (SAT) facility for men on parole in northern California. While this facility did receive funds from the California Department of Corrections and Rehabilitation, it was not under the agency's jurisdiction. To be on the CAB, participants had to be at least 18 years old, English speaking, currently or formerly on parole, and current or former residents of the SAT facility. CAB members were not study participants and were not assessed or measured in any way. To be included in the intervention, participants had to be at least 18 years old, English speaking, currently on parole, and current residents of the SAT facility. Due to financial and logistical constraints, only one recruitment site was feasible for this study. The University of California–Los Angeles Institutional Review Board reviewed and approved both the CAB and the intervention.

Study information was announced at house meetings and on fliers posted throughout the facility. To ensure against coercion, researchers and program staff did not directly approach or recruit program residents. When a potential participant expressed interest, a member of the research team provided information about the study. Additionally, a culturally competent research assistant, and a parolee himself, was employed to increase the acceptability of the study to potential participants and assist with enrollment.

Thirty parolees volunteered and were eligible to participate in the intervention. All participants gave informed consent prior to completing baseline questionnaires. Nineteen men completed the 8-week intervention and 11 were lost to follow-up: 3 graduated from the program, 5 had a positive drug test and were asked to leave the program, and 3 had a drug-related rearrest.

Data Collection Procedures and Measures

To detect changes in empathy, participants completed the Balanced Emotional Empathy Scale (BEES) at baseline and on completion of the intervention. The BEES is a 30-item questionnaire that uses a 9-point agreement-disagreement scale. BEES raw scores are converted to *z* scores (range -2.5 to 2.5), which are interpreted via a descriptive range of very extremely below average to very extremely above average. A *z* score of 0 is considered average. Alpha internal consistency for this scale was .87 with male and female university students (Mehrabian & Epstein, 1972; Mehrabian, Young, & Sato, 1988). The BEES has been used with individuals who have a history of incarceration (Mehrabian, 1997). In addition, participants completed a structured sociodemographic questionnaire that included questions on age, gender, birth date, ethnicity, education, religiosity/spirituality, relationship status, country of birth, housing status, military service, current and past employment, past drug and alcohol treatment, and incarceration and parole history.

On completion of the intervention, 19 participants took part in one of four focus groups. Participants were asked about the impact of the intervention on their understanding of empathy, their ability to use NVC skills with others, and their evaluation of the intervention. Four participants, acting as key informants, also completed individual interviews. Key informants provided a more in-depth understanding of the intervention's impact and

elaborated on ideas expressed during the focus groups. Eligibility criteria for key informants included (a) completing all eight intervention sessions, (b) participating in one focus group, (c) willingness to take part in an individual interview, and (d) an ability to elaborate on ideas expressed during the focus groups. Key informants were not required to have higher BEES scores postintervention or a positive experience with the intervention.

Data Analysis

Quantitative data analysis.—All analyses used Statistical Package for the Social Sciences, version 18, with an alpha of .05 for determination of statistical significance. The paired samples *t* test was done to compare differences in BEES scores pre- and postintervention. Only participants with both pre- and posttest scores were included in this analysis. Results demonstrated that both pre- and posttest data were normally distributed. The quantitative data presented here is descriptive to suggest future work rather than present conclusive findings about the NVC intervention.

Qualitative data analysis.—Narrative data from focus groups and individual interviews were analyzed via an interpretive process using narrative and thematic analysis (Benner, 1994; van Manen, 1990). Both the approaches involved an in-depth and iterative process of reading and writing about the data until three primary themes emerged: (a) understanding empathy, (b) NVC increased interpersonal connection, and (c) NVC, empathy, and street life.

Results

Quantitative Findings

Participant characteristics.—Of the 30 participants at baseline, 60% were African American, White 17% and Hispanic/Latino 23%. The average age was 42. More than half (57%) of the participants had never married and 66% were parents. About 53% of participants had at least a high school education. The majority (93%) were unemployed and 53% received no financial assistance. However, 37% of participants did receive some financial support from their families. The average age at first incarceration was 19 and participants had spent an average of 14.7 years in prison. Participants had been on parole at least once before, and two thirds of the sample had been in substance abuse treatment at least twice. The average BEES pretest score was .50 (slightly above average). There were no significant differences in any of these characteristics between participants who completed the program and those who did not (see Table 1).

Empathy levels.—The 19 participants who completed the intervention demonstrated a significant increase ($p = .010$) in BEES scores from pre- to posttest. The group mean pretest score increased from .49 (slightly above average) to .93 (moderately above average) on completion of the intervention (see Table 2).

Qualitative Findings

Participants found the material covered and skills learned during the NVC intervention relevant to their lives in the community. They discussed the impact of the intervention in

three primary ways: (a) they developed an understanding of empathy, (b) they effectively used NVC to increase connection within their personal lives, and (c) they expressed mixed feelings about using NVC skills and empathy in the context of their street lives. Data presented are from focus groups and individual interviews.

Understanding Empathy

The majority of participants had not heard of empathy prior to the intervention, and those who had did not routinely employ empathy in their interpersonal interactions. Participants discussed their understanding of empathy as (a) a new capacity for listening empathically and (b) an empathic awareness of others' feelings and their own.

Listening empathically.—Participants articulated how their capacity to listen to others increased. The majority described their previous interactions with others as cursory or superficial. Participants were certain they had the answers to the other person's problem and were quick to give advice or were not interested. One participant articulated how his ability to take part in a conversation changed as a result of developing the capacity to listen empathically.

Something that really stuck with me was a lot of people are already thinking of the answers or advice to give people before they're even done talking. And I was one of those people. So, now, I really give a person a chance to express himself and I just listen, and then I can understand better or have empathy of what their needs and their feelings are. I can actually carry on a conversation rather than just, "I got time for no conversations" or anything like that. That was the most impactful thing from NVC.

This participant recognized that he did not listen to others in a conscientious way. As a result of learning about empathy, he discovered that people wanted to be heard more than they wanted advice. Through taking the time to listen, he realized he could sustain a meaningful conversation with someone, a thing he had previously not been able to do.

The process of empathic listening opened new ways of interacting with others. In developing a capacity to listen, participants found that they could connect more meaningfully with the other person. The ability to listen empathically improved their interactions in the moment and could have possibly led to longer-term, more supportive relationships.

Empathic awareness.: Perhaps the most striking realization for many participants was that other people had feelings and experiences distinct from their own. The majority of participants had had little consciousness of what others may be experiencing. Empathic awareness changed how they related to those around them. One participant articulated how empathic awareness increased his sensitivity toward others.

It was always more about me than it was about them before the NVC class ... it (NVC) made me look more to what other people were going through, and how to deal with their situation. And the empathy that I now have for other people makes me see that my problems might not be all that bad compared to what other people are going through.

Through learning about empathy, this participant realized that he was not the center of every interaction. He was able to reflect on his own situation in relation to others and have some awareness that others' needs may be greater than his own.

The ability to both relate and be sensitive to others' experiences provided an opportunity for participants to connect more effectively with others. Through empathic awareness, they were able to understand the challenges someone else might be facing and extend support to that person. Such ability is a critical aspect of positive social engagement.

NVC Increased Interpersonal Connection

Participants described how they used the NVC skills in their daily lives. The skills most frequently employed were listening and asking about the other person's feelings and needs. Participants found the use of NVC skills decreased conflict, increased understanding, and increased connection and trust between themselves and family, friends, and other community members, including parole agents.

One participant discussed how he employed the NVC skills of listening and asking about feelings with his younger sister, who was in an abusive relationship.

Her boyfriend ... beat her up again and she called me crying ... I'm so quick to lash out and tell her, "... See, I told you not to mess with him. I told you not to do this." ... that's never really gotten through to her ... so, this time I said to her, "How does that make you feel?" Kind of stunned her. I never really asked about that ... She was like, "I'm hella hurting, mad, and sad." ... We talked for a while and ... I had it (NVC) in my mind because I had no other way to get through to her ... I think it helped her out. Because ... it felt like she was actually listening.

This participant's use of NVC was motivated by his desire to support his sister in a more effective way. Rather than being judgmental or offering advice, he asked about her emotional experience of the situation; this surprised her. The sister was able to express herself honestly and acknowledge that she did not want to be in the relationship. While the sister's problems did not disappear as a result of this participant's use of NVC, it did increase the connection between them.

Another participant described how NVC changed the way he interacted with his parole agent.

I am not real high on my parole agent She never really wants to listen to what I have to say. And if I ask her something, her first answer is always no When I knew this empathy thing was working is when I started to make an excuse for her. Maybe her caseload's a bit much. Maybe she's going through something, you know? When I started to do that, I found out that I was having empathy for someone who had control over my immediate future. But I had to find empathy for myself, too. She was very, very good at making me feel bad about me ... because of NVC, I was able to pick myself up from that.

This participant felt unsupported by and distrustful of his agent. The agent's attitude toward the participant also diminished his self-esteem. As a result of learning NVC, he was able to

humanize the agent as well as acknowledge the power dynamic between them. He also discovered that she could no longer negatively impact his sense of self. While the outward relationship between this participant and his agent did not change, his ability to cope more effectively with their relationship improved. For him, NVC skills made an inherently contentious relationship less stressful and less demeaning.

Participants drew on their NVC skills to cope with challenging, tense, or emotional interpersonal interactions. They found that skills such as listening often enabled them to mitigate confrontational encounters. Participants' use of NVC with family, friends, and other community members was frequently the first time an empathic communication style had been used to address challenging interactions. Participants were both surprised and pleased with the positive results and the increased sense of connection between themselves and those around them.

NVC, Empathy, and Street Life

Participants were mixed in their reactions to the use of NVC and empathy in their street lives. Some participants questioned NVC's utility within the context of the streets. These participants felt that although they were aware of empathy, many others were not and would not respond positively to NVC skills such as asking about feelings and needs. One participant discussed the relevance of empathy in street life.

Being in the streets, you just can't use it ... you can't use empathy, even if you want to, because it's a sign of weakness. If I be empathetic to somebody who wrongs me or takes something from me and I don't do nothing to him, then I look weak and eventually people gonna try to make a move on me.

For this participant, expressions of empathy would make him vulnerable to the exploitative behaviors of others. In his mind, empathic communication precluded retaliation, an action he believed critical for maintaining one's respect and safety within the community. Unlike in situations with family and friends, empathy was not perceived to be an effective means of coping with street life.

Other participants believed that NVC could be helpful on the streets, particularly in diffusing conflict. One participant described how he used empathic awareness and listening to respond to an angry individual who accused the participant of something he did not do.

I ran into this dude ... I was accused of doing something to his people that I didn't do ... I really put myself in his shoes, and honestly, I didn't have to stay. I could have just said, "Oh, man, just go on about your business. I don't have to talk to you." ... I was compelled to just stay there and listen ... I explained my part what I played in it and I told him what I felt I did wrong in the situation and then we sat there and talked.

Prior to the NVC intervention, this participant might have dismissed or confronted the individual. Instead, he employed empathic listening immediately and created an opportunity for increased connection and understanding rather than exacerbating conflict. It did not matter that the other man was unfamiliar with NVC.

It is interesting to note that participants with higher BEES scores postintervention articulated the use of NVC and empathy in all areas of their lives more frequently than those with lower scores. However, participants who felt NVC would be ineffective for managing street conflict were also commenting on the cultural world they inhabited. These participants discussed how others they encountered in their street community were most likely unfamiliar with both NVC and empathy, and this lack of familiarity and reciprocity presented a barrier to their use of NVC skills rather than the skills themselves.

Discussion

Results from this study demonstrated a significant increase in empathy levels in a group of male parolees enrolled in substance abuse treatment. Findings revealed the acceptability and utility of NVC training to men on parole. Most participants immediately employed the skills they learned during the intervention in their personal lives with positive effect. While some commented that NVC would not be effective for managing street life, the majority felt that empathic communication skills were applicable to their interpersonal relationships in all arenas of their lives. Most expressed an interest in continued NVC training and believed that it was relevant to their recovery and reintegration efforts. Study results suggest that NVC training may (a) be a useful addition to treatment programs for parolees, (b) be effective in addressing problematic coping and communication styles resulting from long histories of incarceration and criminal behavior, and (c) assist paroled individuals in building and sustaining positive social support networks. Finally, these findings support the idea that empathy can be learned and is not an innate characteristic lacking within the criminal population (Jolliffe & Farrington, 2004).

Further exploration is needed on the role that empathy plays in a paroled individual's ability to cope effectively with others, particularly in the context of street life. Relevant literature has been equivocal in its conclusions about empathy and its influence on criminal attitudes and behaviors (Fernandez & Marshall, 2003; Goldstein & Higgins-D'alessandro, 2000). Research should examine the ways in which paroled individuals take up empathic communication skills in situations and settings that most directly affect their recovery and reintegration efforts, such as coping with substance use triggers, engaging in criminal activity, or encountering threats of violence. Longer or more intensive NVC training or training that begins at the onset of structured SAT may improve an individual's skill level as well as enhance his confidence and belief that empathic communication will work in a variety of social settings, including the streets.

Recent research suggests that the coping styles of incarcerated and formerly incarcerated individuals influence their substance use outcomes (Pelissier & Jones, 2006; Phillips & Lindsay, 2009). In this study, participants commented that NVC training would be a useful adjunct to their drug and alcohol treatment. However, five participants (16%) left as a result of a drug relapse and three (10%) because of drug-related arrests. Addiction research describes interpersonal conflict and poor social support as high-risk situations that potentiate relapse (Dimeff & Marlatt, 1998; Witkiewitz & Marlatt, 2004). Yet, the impact of social skills training, such as NVC, on paroled adults' reintegration needs, including substance abuse, has been given little attention (Bourke & van Hasselt, 2001). Therefore, future

research should consider how NVC training mediates interpersonal conflict and social support, and thereby affects an individual's substance use and reintegration outcomes.

Some participants expressed skepticism about using NVC to manage street conflicts, primarily because their counterparts would be unfamiliar with NVC and empathy. However, the premise of NVC is that empathy and understanding are shared human needs and the foundation for resolving conflict peacefully (Rosenberg, 2005). During confrontation it is not necessary for both parties to be familiar with NVC; rather, one person willing to employ empathic communication can positively influence the outcome of a contentious situation (Rosenberg, 2005). NVC intervention research should focus on ways to decrease the skepticism with which parolees may approach empathic communication, especially during confrontations with their peers.

Additionally, research that incorporates a CBPR approach and includes community members in the project's planning and implementation may better address such skepticism as well as increase the number of individuals familiar with NVC and empathic communication skills. NVC interventions grounded in a CBPR framework should also include other community stakeholders such as parole agents and treatment providers. These professionals frequently interact with paroled adults and they could employ NVC techniques with their clients to develop greater levels of trust as well as support them during high-risk situations for rearrest or serious relapse, such as a positive drug test.

Limitations

Limitations of this study included a single pre/post design with a small, nonrandom sample. Participants were recruited from one residential SAT facility and may have differed from paroled individuals not in treatment. Most participants had prior substance abuse treatment exposure, which may have increased their amenability to the training. At baseline, all participants' BEES pretest scores revealed slightly above average empathy levels, which may have increased their responsiveness to the intervention. Finally, 26% of participants left the study due to relapse and rearrest. If they had completed the study, their postintervention BEES scores may not have improved and they may have described different experiences of the intervention during focus groups, thus limiting the significant and positive findings.

Conclusion

This study demonstrated the feasibility of and relevance to NVC training on male parolees' empathic communication and coping. As a result of the intervention, participants managed their interpersonal relationships more successfully and created foundations for the development of positive and supportive social relationships and networks. Social support has been identified as critical for successful reintegration. Future research and programmatic efforts should be directed at assisting paroled adults' capacity to build the coping and communication skills necessary to develop meaningful relationships and manage the complex interpersonal interactions inherent in all aspects of community life.

Acknowledgments

The authors would like to acknowledge Ron Doyle, executive director, Seventh Step Foundation.

Funding

The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The National Institute for Nursing Research Training Program in Health Disparities and Vulnerable Populations Research at the UCLA School of Nursing (T32 NR 7077-13).

References

- Bazemore G, & Stinchcomb J (2004). A civic engagement model of reentry: Involving community through service and restorative justice. *Federal Probation*, 68(2), 1–14.
- Benner P (1994). *Interpretive phenomenology: Embodiment, caring and ethics in health and illness*. Thousand Oaks, CA: SAGE.
- Blake SM (2002). *A step toward violence prevention: Non-violent communication as part of a college curriculum*. Boca Raton: Florida Atlantic University.
- Bourke ML, & van Hasselt VB (2001). Social problem-solving skills training for incarcerated offenders: A treatment manual. *Behavior Modification*, 25, 163–188. [PubMed: 11317633]
- Cohen D, & Strayer J (1996). Empathy in conduct-disordered and comparison youth. *Developmental Psychology*, 32, 988–998.
- Davis LM, Nicosia N, Overton A, Miyashiro L, Derosé KP, Fain T, ... Williams E (2009). *Understanding the public health implications of prisoner reentry in California: Phase 1 report*. Santa Monica, CA: RAND.
- DeMatteo DS, Marlowe DB, & Festinger DS (2006). Secondary prevention services for clients who are low risk in drug court: A conceptual model. *Crime and Delinquency*, 53, 114–134.
- Dimeff LA, & Marlatt GA (1998). Preventing relapse and maintaining change in addictive behaviors. *Clinical Psychology Science and Practice*, 5, 513–525.
- Farley JL, Mitty JF, Lally MA, Burzynski JN, Tashima K, Rich JD, ... Flanigan TP (2000). *Comprehensive medical care among HIV-positive incarcerated women: The Rhode Island experience*. *Journal of Women's Health and Gender-Based Medicine*, 9, 51–56.
- Farquhar SA, Michael YL, & Wiggins N (2005). Building on leadership and social capital to create change in 2 urban communities. *American Journal of Public Health*, 95, 596–600. [PubMed: 15798115]
- Fernandez YM, & Marshall WL (2003). Victim empathy, social self-esteem, and psychopathy in rapists. *Sexual Abuse: A Journal of Research and Treatment*, 15, 11–27. [PubMed: 12616926]
- Gendreau P, Little T, & Goggin C (1996). A meta-analysis of the predictors of adult offender recidivism: What works. *Criminology*, 34, 575–607.
- Gilligan J, & Lee B (2005a). The resolve to stop the violence project: Reducing violence in the community through a jail-based initiative. *Journal of Public Health*, 27, 143–148. [PubMed: 15820997]
- Gilligan J, & Lee B (2005b). The resolve to stop the violence project: Transforming an in-house culture of violence through a jail-based programme. *Journal of Public Health*, 27, 149–155. [PubMed: 15820996]
- Goffman E (1961). *Asylums essays on the social situation of mental patients and other inmates*. New York, NY: Anchor.
- Goldstein H, & Higgins-D'alejandro A (2000). Empathy and attachment in relation to violent vs. non-violent offense history among jail inmates. *Journal of Offender Rehabilitation*, 32, 31–53.
- Goren S (2001). Healing the victim, the young offender, and the community via restorative justice: An international perspective. *Issues in Mental Health Nursing*, 22, 137–149. [PubMed: 11885218]
- Haney C (2003a). Mental health issues in long-term solitary confinement and “supermax” confinement. *Crime and Delinquency*, 49, 125–156.

- Haney C (2003b). The psychological impact of incarceration: Implications for postprison adjustment. In Travis J & Waul M (Eds.), *Prisoners once removed* (pp. 33–66). Washington, DC: Urban Institute.
- Harman JJ, Smith VE, & Egan LC (2007). The impact of incarceration on intimate relationships. *Criminal Justice and Behavior*, 34, 794–815.
- Irwin J (1970). *The felon* (2nd ed.). Berkeley: University of California.
- Jolliffe D, & Farrington DP (2004). Empathy and offending: A systematic review and meta-analysis. *Aggression and Violent Behavior*, 9, 441–476.
- Marlow E, & Chesla C (2009). Prison experiences and the reintegration of male parolees. *Advances in Nursing Science*, 32(2), E17–E29.
- Mehrabian A (1997). Relations among personality scales of aggression, violence, and empathy: Validation evidence on the risk of eruptive violence scale. *Aggressive Behavior*, 23, 433–445.
- Mehrabian A, & Epstein N (1972). A measure of emotional empathy. *Journal of Personality*, 40, 525–676. [PubMed: 4642390]
- Mehrabian A, Young AL, & Sato S (1988). Emotional empathy and associated individual differences. *Current Psychology: Research and Reviews*, 7, 221–240.
- Michael YL, Farquhar SA, Wiggins N, & Green MK (2008). Findings from a community-based participatory prevention research intervention designed to increase social capital in Latino and African American communities. *Journal of Immigrant and Minority Health*, 10, 281–289. [PubMed: 17665307]
- Mills JF, & Kroner DG (2003). Anger as a predictor of institutional misconduct and recidivism in a sample of violent offenders. *Journal of Interpersonal Violence*, 18, 282–296.
- Nelson M, Deess P, & Allen C (1999). *The first month out: Post-incarceration experiences in New York City*. New York: Vera Institute of Justice.
- Pelissier B, & Jones N (2006). Differences in motivation, coping style, and self-efficacy among incarcerated male and female drug users. *Journal of Substance Abuse Treatment*, 30, 113–120. [PubMed: 16490674]
- Phillips LA, & Lindsay M (2009). Prison to society: A mixed methods analysis of coping with reentry. *International Journal of Offender Therapy and Comparative Criminology*, 55, 136–154. Epub date October 19, 2009. [PubMed: 19841048]
- Rich J, Holmes L, Salas C, & Macalino G (2001). Successful linkage of medical care and community services for HIV-positive offenders being released from prison. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 78, 279–289. [PubMed: 11419581]
- Rosenberg MB (2005). *Nonviolent communication: A language of life* (2nd ed.). Encinitas, CA: PuddleDancer.
- Rotter M, McQuiston HL, Broner N, & Steinbacher M (2005). The impact of the “incarceration culture” on reentry for adults with mental illness: A training and group treatment model. *Psychiatric Services*, 56, 265–267. [PubMed: 15746499]
- Sheu M, Hogan J, Allsworth J, Stein M, Vlahov D, Schoenbaum EE, ... Flanigan T (2002). Continuity of medical care and risk of incarceration in HIV-positive and high-risk HIV-negative women. *Journal of Women’s Health*, 11, 743–750.
- Shoemaker DJ (2004). *Non-violent communication as a treatment for inmates*. Virginia Polytechnic Institute & State University: DHHS Public Health Services.
- Solomon A (2006). *Does parole supervision work?* Washington, DC: Urban Institute.
- Travis J (2005). *But they all come back: Facing the challenges of prisoner reentry*. Washington, DC: Urban Institute.
- van Manen M (1990). *Researching the lived experience*. Albany: State University of New York Press.
- Walrath C (2001). Evaluation of an inmate-run alternative to violence project. *Journal of Interpersonal Violence*, 16, 697–711.
- Witkiewitz K, & Marlatt GA (2004). Relapse prevention for alcohol and drug problems. *American Psychologist*, 59, 224–235.

Table 1.

Participant Characteristics at Baseline by Program Completion

| | Completers <i>N</i> = 19 (63%) | Noncompleters <i>N</i> = 11 (37%) | Total <i>N</i> = 30 (100%) | <i>p</i> |
|---|--------------------------------|-----------------------------------|----------------------------|----------|
| Age <i>M</i> (<i>SD</i>) | 41 (9) | 41 (9) | 42 (9) | .77 |
| Race/ethnicity <i>N</i> (%) | | | | .88 |
| Black | 11 (37) | 7 (23) | 18 (60) | |
| Hispanic/Latino | 3 (10) | 2 (7) | 5 (17) | |
| White | 5 (17) | 2 (7) | 7 (23) | |
| Marital/partnered status <i>N</i> (%) | | | | .82 |
| Married/partnered | 4 (13) | 2 (7) | 6 (20) | |
| Never married | 10 (33) | 7 (23) | 17 (57) | |
| Widowed/divorced | 5 (17) | 2 (7) | 7 (23) | |
| Children <i>N</i> (%) | | | | .79 |
| Yes | 13 (43) | 7 (23) | 20 (66) | |
| No | 6 (20) | 4 (13) | 10 (33) | |
| Education <i>N</i> (%) | | | | .5 |
| < High school | 8 (27) | 6 (20) | 14 (47) | |
| High school | 11 (37) | 5 (17) | 16 (53) | |
| Financial support <i>N</i> (%) | | | | .11 |
| None | 7 (23) | 9 (30) | 16 (53) | |
| Family/friends | 9 (30) | 2 (7) | 11 (37) | |
| General assistance | 2 (7) | 0 (0) | 2 (7) | |
| Disability benefits | 1 (3) | 0 (0) | 1 (3) | |
| Full-/part-time employment <i>N</i> (%) | | | | .26 |
| Yes | 2 (7) | 0 (0) | 2 (7) | |
| No | 17 (57) | 11 (37) | 28 (93) | |
| Age first incarcerated <i>M</i> (<i>SD</i>) | 18 (3) | 20 (6) | 19 (4) | .17 |
| Years incarcerated <i>M</i> (<i>SD</i>) | 14 (9) | 16 (11) | 15 | .67 |
| Times on parole <i>M</i> (<i>SD</i>) | 2 (1) | 1.5 (.7) | 2 (1) | .41 |
| Prior SAT <i>N</i> (%) | | | | .18 |
| Yes | 11 (37) | 9 (3) | 20 (39) | |
| No | 8 (27) | 2 (7) | 10 (33) | |
| Times in SAT <i>M</i> (<i>SD</i>) | 4.5 (6) | 2.5 (2) | 2.6 (4.3) | .34 |
| BEES pretest score <i>M</i> (<i>SD</i>) | .49 (.87) | .51 (.84) | .50 (.85) | .96 |

Note. *M* = mean; *SD* = standard deviation; SAT = substance abuse treatment; BEES = Balanced Emotional Empathy Scale.

Table 2.

Paired Samples *t* Test

| | Pretest <i>N</i> = 19 | Posttest <i>N</i> = 19 | <i>p</i> |
|------------|-----------------------|------------------------|----------|
| BEES score | .49 | .93 | .010 |

Note. BEES = Balanced Emotional Empathy Scale.

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript