

Offenders' Perceptions of Stigma: Importance and Measurement

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Abstract

Offenders' Perceptions of Stigma: Importance and Measurement Sarah Katherine Phillips

Stigma may act as a major barrier upon offenders' return to the community following incarceration. However, few valid measurement tools currently exist to examine this construct among offenders. As such, the primary purpose of the current study was to develop an offender-specific stigma measurement tool and assess the degree to which male and female offenders perceive and internalize stigma. This study also provided initial data on the relationship between perceptions of stigma and risk of reoffending. Eighteen male and female residents of a private reentry facility participated in focus groups and provided feedback on the Stigma Perceptions Scale (SPS), a measure of perceived public stigma, perceived personal stigma, and self-stigma among individuals who have been incarcerated. Following focus group completion, a finalized version of the SPS was administered to 119 male and female residents of the same reentry facility. Information regarding reoffense risk level was also gathered from each participant's institutional file. Results suggest that there is a discrepancy between the amount of stigma that offenders perceive from the public, the amount that they perceive others apply to them personally, and the amount that they apply directly to themselves, such that offenders endorse the greatest amount of perceived public stigma and the least amount of self-stigma. However, no significant differences between men and women in perceptions of stigma were noted. In addition, higher risk offenders reported significantly less perceived public stigma than their lower risk counterparts, while the amount of perceived

personal and self-stigma endorsed by participants was similar across all risk levels. Such results suggest multiple avenues for future inquiry.

Introduction

The stigma associated with criminal offending is important for a number of reasons. For instance, it has been demonstrated that there is a positive relationship between joblessness and criminal activity in areas of economic disadvantage, and that the quality of the job (e.g., safe working conditions) is an important factor in reducing one's propensity for criminal activity (Harrison & Schehr, 2004). Yet, many employers indicate that they would "probably not" or "definitely not" be willing to hire an applicant with a criminal record, thereby excluding offenders from jobs that would allow for the provision of basic needs (Holzer, 2002). Thus, overcoming stigma may be a major hurdle as offenders return to the community following incarceration.

In discussions of stigma in general, one issue that often arises concerns the best way in which to define the concept. Although most scholars (e.g., Crocker, Major, & Steele, 1998; Link & Phelan, 2001) view stigma as a social construction, there is no single agreed-upon definition.

Conceptualizing Stigma

Traditional conceptualizations of stigma often refer to Erving Goffman's (1963) influential definition: "an attribute that is deeply discrediting" (p. 3). As a result, the bearer of the stigma is "reduced in our minds from a whole and usual person to a tainted, discounted one" (p. 3). Subsequently, the term "stigma" has been used to describe the experiences of groups ranging from women who have had an abortion (Cockrill & Nack, 2013), to Iraq War veterans (MacLean & Kleykamp, 2014) and those with mental illness (Guadiano & Miller, 2013). Not surprisingly, definitions of the concept are numerous.

Corrigan, Larson, and Kuwabara (2010) describe stigma as a “multilevel term,” one that can mean both a “mark” that cues stereotypes and prejudice, as well as a representation of a process that involves labeling, stereotyping, prejudice, and discrimination. The authors define stereotyping as a knowledge structure, generally negative beliefs about a group of people, which is learned by most members of a social group, and further differentiate between prejudice and discrimination. Prejudice is defined as agreement with a stereotype, yielding an emotional response such as anger or fear, and discrimination is characterized as the behavioral byproduct of prejudice (e.g., choosing not to provide housing to an individual due to their membership in a negatively stereotyped group).

Stigma has also been conceptualized as “an attribute, or characteristic, that conveys a social identity that is devalued in a particular social context” (Crocker et al., 1998, p. 505), whereas others view stigma as a “mark” that becomes associated with stereotypes (Jones, Farina, Hastorf, Markus, & Miller, 1984). Building upon Jones et al.’s definition, Link and Phelan (2001) define stigma as the co-occurrence of labeling, stereotyping, and status loss and discrimination in the context of a power differential between the stigmatized and those doing the stigmatizing. For such a process to occur, human differences must first be socially identified for their relevance, a relevance that can vary based on time and place, and then subsequently labeled. These labeled differences become linked to negative characteristics that form stereotypes, and separation between labeled and non-labeled groups occurs. In a departure from most definitions of stigma, Link and Phelan (2001) contend that simply labeling a difference that leads to social separation cannot be equated with stigmatization. They note that if

this were the case, then groups such as politicians and Wall Street investment bankers could be seen as stigmatized. What must also occur is an experience of status loss and discrimination in the context of a social, economic, or political power differential between labeled and non-labeled groups.

Defining Stigma

Much of our understanding of the experience of stigma comes from the literature on mental illness. Examination of this literature revealed that stigma has been further subdivided into other domains, enabling the study of stigma produced at the group level and that experienced at the level of an individual.

Public stigma refers to the stereotyping (holding a negative belief about a group), prejudice (agreement with the belief in conjunction with a negative emotional reaction), and discrimination (behavioral response to prejudice) of stigmatized groups by the general populace (Corrigan et al., 2010). For example, offenders are often stereotyped as lower class, physically unattractive, and violent males (Roberts, 1992; Saladin, Saper, & Breen, 1988). General agreement with these beliefs might lead to the emotional reaction of fear, setting the stage for various forms of discrimination such as the denial of housing or job opportunities. Anticipated stigma has been defined as one's expectation of experiencing stigmatization from others (Moore, Stuewig, & Tangney, 2013), while enacted stigma is seen as the "real life" experience of social discrimination in areas such as employment and housing (Lillis, Luoma, Levin, & Hayes, 2010).

Finally, perceived stigma refers to one's level of awareness of the stigma against one's group (Van Brakel, 2006), whereas self-stigma, or internalized stigma, is seen as a process involving the internalization of public stigma and the subsequent development of

negative outcomes (Corrigan et al., 2010). The self-stigma process involves development of an awareness of the stereotypes associated with one's group, followed by agreement with and application of these stereotypes to the self, resulting in reduced self-efficacy and self-esteem (i.e., self-prejudice). Self-prejudice is then followed by self-discrimination, such as failure to seek out housing opportunities (Corrigan et al., 2010). Not only have these various forms of stigma been shown to be conceptually distinct (Luoma et al., 2007), but they are important because knowing that one's group is stigmatized does not necessarily mean that one believes that stigma applies to them personally (Luoma et al., 2013).

As Link and Phelan (2001) point out, stigma is a multidisciplinary term that has been applied to numerous groups of people, circumstances, and contexts. Thus, variation in the definition is understandable and should be acceptable--as long as investigators are clear about the operational definition used in the study or review. The subsequent literature review will highlight the importance of the stigma associated with incarceration, the ways in which it may differ from other types of stigma, and offenders' experience with perceived public, perceived personal, and self-stigma. Similar to the definition employed by Corrigan et al. (2010), the term "stigma" will be conceptualized as a representation of a process that involves elements of labeling, stereotyping, prejudice, and discrimination. Perceived public stigma will be defined as the extent to which one believes that other, non-offenders, agree with the negative stereotypes associated with one's group and perceived personal stigma will be defined as the extent to which one believes that others agree with the negative stereotypes associated with one's group and apply it to the individual personally, due to their membership in that group. Self-stigma

will be defined as awareness of, agreement with, and application of negative stereotypes to the self. Although the definition of perceived personal stigma used in this study aligns more closely with some previously employed definitions of self-stigma (see LeBel, 2012), it is the opinion of this author that there is a difference between having the belief that one's group is stigmatized, having the belief that one is personally stigmatized due to one's membership in a particular group, and actually internalizing that stigma, as the second definition represents one's perceptions of others' beliefs and thus may fall more accurately under the umbrella of perceived stigma. Therefore, the constructs of "perceived public stigma" and "perceived personal stigma" were created to better capture these differences in degrees of perceived stigma. Finally, a review of stigma measurement tools will be conducted, and the rationale for the development of an updated offender-specific stigma measurement tool will also be provided.

Criminal Justice-Involved Stigma: A Review

Perceived and self-stigma are associated with a host of negative psychological and social outcomes. Among individuals with mental illness, perceived stigma is associated with a decreased sense of community belonging, while self-stigma is negatively associated with self-esteem and treatment adherence and positively associated with psychiatric symptom severity (Livingston & Boyd, 2010; Prince & Prince, 2002). As will be explained, there is evidence to suggest that, among offenders, perceived and self-stigma are positively associated with recidivism.

The impact of stigma on offenders has been described in terms of modified labeling theory, a theory of social deviance. Originally conceptualized by Link et al. (1989) to explain the negative outcomes associated with mental illness, proponents of

modified labeling theory believe that “labeled” individuals adopt a stigma management strategy (secrecy, withdrawal, or preventative telling) to manage their discredited status (Winnick & Bodkin, 2008). Although these strategies can lessen the impact of stigma, the use of each strategy can negatively affect integration back into society, increasing the likelihood of further deviance. In a recent evaluation of the factors that may influence offenders to choose one strategy over the other, Winnick and Bodkin (2008) provided some of the first empirical evidence to support the application of modified labeling theory to this population. Although some findings were contrary to what the investigators had hypothesized, offenders overwhelmingly endorsed perceiving a great deal of stigma--and significant predictors of both withdrawal and secrecy, predictors such as the belief that one will be devalued and discriminated against and the perception that there will be few employment opportunities following release, were uncovered, which is consistent with modified labeling theory.

Other studies have also supported the link between stigma and recidivism. In an examination of the impact of subjective (e.g., stigma, regret) and social factors (e.g., reentry problems in areas such as housing and relationships) on desistance from crime, self-stigma predicted reconviction at a 10-year follow-up, a relationship that remained significant even after controlling for reentry problems, and more than doubled the odds of being re-imprisoned (LeBel, 2008). Additionally, perceived stigma is associated with increased parole violations and is positively related to violent offending at one year post-release (LeBel, 2012; Moore et al., 2013). Although the majority of the data on stigma and recidivism is correlational in nature, this relationship is clearly an area worthy of further investigation.

Additionally, the stigma associated with incarceration may be different in some ways from that experienced by other stigmatized groups. First, even among other offenders, greater penetration into the criminal justice system has been shown to result in greater subjective status loss. Individuals who have been incarcerated perceive themselves as having lower status, within their communities and the United States, than individuals who were arrested, but not incarcerated, and individuals who committed a crime, but were not arrested (Schnittker & Bacak, 2013). Furthermore, incarceration is an aspect of a person's history over which they have had a degree of control. In other words, offenders' stigma is "onset-controllable." In comparison to onset-uncontrollable stigmas, onset-controllable stigmas evoke little pity, greater anger, and few offers of help or charity (Weiner, Perry, & Magnusson, 1988). Thus, offenders, like other stigmatized groups, must manage a stigmatized identity, but unlike many groups, offenders must manage additional judgments regarding the level of control that they may or may not have had over this identity, making them second-class citizens not only within the general population, but also among stigmatized others.

Additionally, the stigma associated with incarceration may be experienced somewhat differently across gender. In regard to this relationship, just two studies could be located that compared incarcerated men and women on perceptions of stigma or discrimination (LeBel, 2012a, 2012b). While gender was not found to be a significant predictor of perceived, personal, or enacted stigma, incarcerated women perceived more reasons for discrimination (e.g., gender, sexual orientation) than males. Thus, women who have been released back into the community must deal with slightly different issues than men.

Finally, embedded in the definition of self-stigma is the notion that internalization of stigma influences self-appraisal. One might expect that awareness of stigma against one's group would lead to the application of this stigma to the self and subsequently to reductions in self-esteem and self-efficacy. As plausible as this might seem, a puzzling phenomenon exists whereby members of stigmatized groups frequently endorse high levels of perceived stigma, but fail to endorse comparably high levels of self-stigma. For instance, immigrant women agree that they are discriminated against as a group, but not as individuals (Taylor, Wright, Moghaddam, & Lalonde, 1990).

Offenders exhibit a similar lack of appreciation in other domains of self-perception. Brooks-Holliday, King, and Heilbrun (2013) examined the agreement between ratings of self-perceived risk factors and scores on the subscales of the Level of Service/Case Management Inventory (LS/CMI), a risk/need tool that assesses risk of criminal recidivism in male and female offenders aged 16 years or older, to determine the extent to which offenders' perceptions of their own risk factors for recidivism aligned with those provided by a formal risk/need tool. Results suggested that offenders could identify most factors that increase the risk of reoffending, but that they did not see them as being personally applicable.

Just as offenders have a distorted perception of their own risk, there is evidence to suggest that offenders also have a distorted perception of the stigma associated with their group. In a comparison of the amount of perceived stigma and internalized shame endorsed between individuals in recovery from substance use problems who were currently involved in the legal system and those who were not, levels of perceived stigma did not differ between groups, while individuals who were currently involved in the

criminal justice system reported less internalized shame than those who were not (Luoma et al., 2007). Discrepancy has also been noted between levels of group stigma and self-stigma among individuals receiving reintegration services, with participants reporting greater stigma for offenders as a whole than for respondents personally (LeBel, 2012). Similarly, incarcerated persons have been shown to perceive significantly more stigma toward offenders broadly than they expected to personally experience upon release (Moore et al., 2013). This was a noteworthy finding, as the authors also found that offenders perceive significantly more stigma than was reported by non-offenders. In contrast to these findings, Winnick and Bodkin (2008) found strong consensus that formerly incarcerated persons *did* anticipate experiencing rejection. This is consistent with the mental illness literature, which frequently shows that individuals with mental illness anticipate stigmatization (Angermeyer, Beck, Dietrich, & Holzinger, 2004). However, research on offenders' perceptions of the stigma associated with incarceration is lacking (LeBel, 2012). Perhaps the absence of valid measurement tools contributes to this paucity of relevant research.

Measuring Stigma

Winnick and Bodkin (2008) adapted Link's (1987) devaluation/discrimination beliefs scale, originally developed to measure the extent to which "most people" will devalue or discriminate against a person with a history of psychiatric treatment, for use with offender populations. For example, the original measure contained items such as, "Most people believe that a former mental patient is just as trustworthy as the average citizen" (Link, 1987). To adapt the scale for use with incarcerated individuals, Winnick and Bodkin replaced "former mental patient" with the words "ex-con." The measure

exhibited high internal consistency (Cronbach's alpha = 0.82). Similarly, Luoma et al. (2007) adapted the same scale to assess the magnitude of perceived stigma among individuals with reported substance abuse problems. The term "mental health patient" was again changed to wording that better described individuals in the study. Internal consistency of the scale (Cronbach's alpha) was 0.89. Additionally, Luoma et al. (2007) adapted two other scales to measure enacted and self-stigma. Originally developed by Wahl (1999), the Stigma-Related Rejection Scale (SRS) is a survey of mental health consumer's experiences of enacted interpersonal stigma. The term "mental health consumer" was changed to fit individuals with substance abuse problems. For instance, the item "I have been treated as less competent by others when they learned I was a mental health consumer" was changed to "I have been treated as less competent by others when they learned I was in treatment for my substance use." An alpha coefficient of 0.79 was obtained. Finally, as no measurement tool for self-stigma had been developed for use with offenders, the authors used the Internalized Shame Scale (ISS) as a proxy. The scale demonstrated very high internal consistency (Cronbach's alpha = 0.96).

In addition, LeBel (2012b) developed three scales for use specifically with offenders, each of which measured one of the three previously mentioned forms of stigma. The personal stigma scale included items such as, "People look down on me because I'm a former prisoner;" the group stigma scale included items such as, "People look down on a person who has been in prison;" and the scale that measured actual experiences of rejection included items such as, "Have you been turned down for a job for which you were qualified or been fired from a job because you are a former prisoner?" Cumulatively, the three scales assess concepts such as an offenders' trustworthiness, dangerousness,

honesty, and employability, and whether or not they have experienced rejection in the workplace, in social activities, in regards to finding housing, etc. Obtained internal consistency estimates were 0.87, 0.87, and 0.81 for the three scales, respectively.

Most recently, Moore et al. (2013) administered the Inmate Perceptions and Expectations of Stigma measure (IPES; Mashek, Meyer, McGrath, Stuewig, & Tangney, 2002) to a sample of incarcerated adults. The scale consists of 12 items that assess both perceived and anticipated stigma. Internal consistency estimates (Cronbach's alpha) for the two scales were 0.83 and 0.81, respectively. Directions for the "Perceived Stigma Scale" required participants to think about how individuals in society feel about "criminals" (e.g., "People on the outside think criminals are bad people"), while directions for the "Anticipated Stigma Scale" instructed participants to consider how they would be treated after release (e.g., "People in the community will accept me"). Moore et al. (2013) noted that although participants were asked to think about their perceptions of stigma and their expectations for reentry, in the context of having been incarcerated, the items themselves were not written to reflect the stigma specific to being an offender.

The Need for an Offender-Specific Stigma Measure

One major limitation of the previously described research (with the exception of LeBel, 2012) is that none of these studies used measures developed specifically to address the stigma associated with incarceration. Rather, most measures were created by substituting one term for another (e.g. "ex-con" for "former mental patient;" Winnick & Bodkin, 2008). As none of the previously mentioned studies reported psychometric data other than internal consistency, the degree to which these scales are valid in terms of content is unknown. The development of a measure that is specific to offenders would

allow researchers to examine aspects of the experience of being stigmatized that may be unique to this population.

Furthermore, much of the language used to describe offenders in previously developed scales needs to be updated. The effect of word choice on perceptions of commonly stigmatized persons has been demonstrated in studies assessing the use of “people-first language,” language in which the emphasis is on the person, as opposed to their disability (e.g., a person “has schizophrenia” rather than “is schizophrenic”). Individuals who frequently use people-first language express greater comfort interacting professionally and socially with persons who have disabilities than individuals who infrequently use people-first language (Feldman, Gordon, White, & Weber, 2002). Winnick and Bodkin (2008) refer to individuals who have previously offended criminally as “ex-cons,” a loaded term that has the potential to be stigmatizing in and of itself. Thus, the incorporation of neutral language prevents participants from assuming a negative bias toward offenders.

Additionally, the language used in new measures (i.e., wording of the directions and items) needs to be at a reading level appropriate for the target population. An assessment of the English literacy of adults in prisons found that compared to adults living in U.S. households, inmates had lower average prose literacy (i.e., the skills needed to comprehend information from texts such as editorials and news stories), document literacy (i.e., the skills needed to comprehend information from texts such as job applications and payroll forms), and quantitative literacy (i.e., the skills needed to perform computations with numbers embedded in a text, such as completing an order

form) (Greenberg, Dunleavy, & Kutner, 2007). Use of an appropriate reading level would ensure that the data are an accurate representation of offenders' perceptions of stigma.

Finally, although the scales that have been developed specifically for use with offenders are fairly comprehensive in their scope, the effect of stigma on beliefs about offenders may in fact be more multi-faceted. For example, Winnick and Bodkin's (2008) adapted devaluation/discrimination beliefs scale includes an item that assesses perceptions of an offenders' intelligence, an item that was not included in LeBel's (2012) scales. Thus, the inclusion of additional items to new scales that measure stigma may be warranted.

The primary purpose of the current study was to measure the degree to which offenders perceive and internalize stigma. However, as just two studies could be located that compared incarcerated men and women on perceptions of stigma or discrimination (LeBel, 2012a; LeBel, 2012b) a secondary aim of this study was to explore perceptions of stigma between in male and female offender populations. Finally, this study provided initial data on the relationship between perceptions of stigma, gender, and risk of reoffending. There were five hypotheses:

1. It was hypothesized that participants would endorse significantly greater perceived public stigma than perceived personal stigma and significantly greater perceived public and perceived personal stigma than self-stigma. Paired-samples t-tests were used to test these hypotheses.

2. It was hypothesized that there would be a significant difference between the amounts of perceived public, perceived personal, and self-stigma endorsed by male and

female participants. Independent samples t-tests were used to compare the groups on these two constructs.

3. It was hypothesized that there would be a relationship between total LS/CMI score and perceived public stigma when controlling for gender, and a relationship between gender and perceived public stigma when controlling for total LS/CMI score. Multiple regression analysis were used to test this hypothesis.

4. It was hypothesized that there would be a relationship between total LS/CMI score and perceived personal stigma when controlling for gender, and a relationship between gender and perceived personal stigma when controlling for total LS/CMI score. Multiple regression analysis were used to test this hypothesis.

5. It was hypothesized that there would be a relationship between total LS/CMI score and self- stigma when controlling for gender, and a relationship between gender and self-stigma when controlling for total LS/CMI score. Multiple regression analysis were used to test this hypothesis

Method

Participants

Sampling procedures. Prior to data collection, approval for the study was obtained from the Drexel University Institutional Review Board (IRB) as well as from the New Jersey Department of Corrections. Participants were recruited from a privately operated assessment and treatment center in Trenton, NJ. This facility provides services to males and females from three populations: individuals awaiting sentencing or serving a sentence from Gloucester or Mercer Counties and individuals who have violated the conditions of their parole or were paroled directly from prison to the facility. Residents

are eligible for transfer or release to the facility on the condition that they have no history of adult arson or adult sexual offenses, are 24 months or fewer from their parole eligibility date, and are on minimum-security status. The facility serves approximately 850 offenders at any given time, the majority of whom are male. These individuals have a variety of current charges, including drug-related offenses, violent crimes, and property crimes.

Participant characteristics. Participants were eligible for inclusion if they were a resident of the aforementioned facility and were excluded from participation if they were not fluent in the English language. Data from 119 residents (62 men, 57 women), who ranged in age from 20-61 years ($M = 32$, $SD = 9.4$) were included in final analysis (see Appendix B for Participant Flow Diagram). Participants self-identified as 12.6 % Latino; 42.9% Black, non-Latino; 31.9% White, non-Latino; .8% Asian/Pacific Islander; and 14% Other/mixed. Nearly one-third of the sample completed at least some college (31.9%), whereas 37.8% earned their high school diploma or GED and 30.3% did not earn their high school diploma or GED. Approximately two-thirds of the sample was currently incarcerated for drug offenses (35.3%) and “other” offenses (32.8%), while the remaining third were incarcerated for a range of offenses, including murder (2.5%), assault (8.4%), robbery (13.4%), and burglary (7.6%). Participants reported an average of 3.9 misdemeanor convictions ($SD = 5.3$), 2.8 felony convictions ($SD = 2.3$), and 4.7 incarcerations ($SD = 7.4$).¹ When asked if they had been involved in a meaningful romantic relationship before prison, 81.5% of the sample indicated that they had been

¹ Mean number of misdemeanor and felony convictions are based on data collected from 118 participants.

involved in such a relationship, whereas 18.5% of the sample indicated that they had not. Notably, over half of respondents who indicated that they had been in a meaningful romantic relationship (52.9%) reported that the relationship has continued through their current incarceration. The mean total LS/CMI score for the sample was 22.9 ($SD = 6.2$; Table 1).

Sample size. Tabachnick and Fidell (2013) suggest collecting $50 + 8(m)$, where m is the number of predictor variables, to detect a medium-size relationship between the predictor variables and the dependent variable, with $\alpha = 0.05$ and $\beta = .20$. Therefore, data were collected from 119 participants.

Measures

A preliminary offender-specific survey of perceived public, perceived personal, and self-stigma was created and administered to participants (Appendix A). The survey consisted of 11 items, three of which were reverse scored, that contained a negative stereotype commonly associated with individuals who have been incarcerated (e.g., “I am unintelligent”). Each item was divided into three parts that asked respondents to rate their level of agreement with the stereotype on a scale of 1 (*Strongly Disagree*) to 5 (*Strongly Agree*). Part (a) assessed perceived public stigma and asked respondents to rate their level of agreement with the statement, “Most people believe this about individuals who have been incarcerated.” The perceived public stigma scale was found to be highly reliable (11 items; $\alpha = .91$). Part (b), which assessed perceived personal stigma, required respondents to rate their level of agreement with the statement, “Most people who know I’ve been incarcerated believe this about me.” The perceived personal stigma scale was also found to be highly reliable (11 items; $\alpha = .83$). Finally, part (c), required respondents to rate

their level of agreement with the statement, "I believe this." The self-stigma scale demonstrated adequate reliability (11 items; $\alpha = .71$). The lowest possible score on each scale is 11 and the highest possible score is 55. Higher scores on the three scales are indicative of greater stigmatization.

Although some questions may have reflected statements that were in fact accurate for a given individual, the measure was designed to assess *perceptions* of stigma. Thus, what is important is the degree to which one perceives that non-offenders agree with offender stereotypes and the degree to which one perceives them to be applicable to oneself, rather than the degree to which statements are or are not factual in nature.

Procedure

Item generation was based upon review of the extant literature (see LeBel, 2012; Winnick & Bodkin, 2008) as well as feedback from two focus groups comprised of 18 currently incarcerated males and females. Each focus group allowed residents the opportunity to comment on the clarity of individual items and suggest items to be added or discarded, thereby maximizing the ecological validity of the measure. Survey administration was followed by a 20-minute feedback session. Changes made to the original measure were relatively minor. Changes included the addition of a question that asked respondents to consider whether they could be a good role model, and the division of a question that asked respondents to consider whether they could be a good friend, spouse, or parent into three separate questions. Additionally, the instructions were modified to include a description of the definition of stigma used in the current study.

Data collection occurred between September 2015 and April 2016. Residents were approached during group meetings and informed about an opportunity to participate

in a research study. Participants were introduced to the purpose of the study and further informed that participation was voluntary and that all information collected was anonymous and would be kept confidential. Two written consent forms were provided to each participant; one form for the individual to sign and return and the other for their own records. The measures were self-administered, on an iPad, in groups of five individuals. Survey administration took approximately 10-15 minutes. Additionally, relevant LS/CMI data was gathered from each participant's institutional file.

Prior research has suggested that offenders most often indicate that their main reasons for participating in research include avoiding boredom, meeting someone new, appearing cooperative in hopes of being treated better, and helping society (Moser et al., 2004). Accordingly, residents were informed that the risks and benefits associated with participation in the study would be minimal. In terms of potential risks, answering questions regarding perceptions of and experiences with stigma could have been a sensitive topic for some residents. Had this been the case, the participant in question would have been reminded that participation is voluntary and that they were free to withdraw from the study at any time.

Finally, technology in correctional settings tends to be used for control and punishment, rather than rehabilitation (Jewkes & Johnston, 2009). Potential benefits to participation included learning to operate an iPad and being exposed to a form of technology that has become commonplace outside of prison. iPad administration of surveys has been shown to be more enjoyable for participants than traditional paper and pencil administration (King, Kim, McWilliams, Phillips, Fretz, & Heilbrun, 2015).

Method of Analysis. Analyses were conducted using IBM SPSS 24. Reliability of each scale was assessed by calculating Cronbach's alpha and Pearson correlations to determine the relationships between items. Paired-samples t-tests were used to compare mean levels of perceived group, perceived personal, and self-stigma within groups. Independent samples t-tests were used to compare mean levels of each form of stigma between male and female participants. Multiple regression analysis was used to determine if total LS/CMI scores and gender significantly predicted perceived public stigma, perceived personal stigma, and self-stigma.

Results

Paired and independent samples t-tests were used to compare mean levels of stigma within the total sample and between men and women, respectively.² Prior to analysis the data were screened for violation of assumptions. Normality of the distribution of perceived public, perceived personal, and self-stigma scores was assessed for the total sample, as well as for males and females separately. Visual inspection of a histogram of the distribution of perceived public scores for the total sample revealed the data to be slightly negatively skewed, with standardized values of kurtosis within the range ($1.96 < Z < -1.96$) considered acceptable (Ghasemi & Zahediasl, 2012; Table 2). Based on the skewness and kurtosis values for the perceived personal stigma and self-stigma distributions, these data were found to be somewhat positively skewed and peaked. Results of the Shapiro-Wilk test, conducted for each distribution, likewise suggested that

² Two male participants were excluded, prior to analysis, due to the presence of duplicate data. In addition, one female participant was excluded due to a lack of understanding of the measure instructions during data collection.

the data were non-normal. Further, the distribution of perceived personal stigma scores contained two outliers, and the distribution of self-stigma scores contained three outliers. However, as is dictated by convention, only values with z-scores greater than 3 in absolute value were considered to be potential outliers. Thus, one value from the self-stigma distribution was flagged as an outlier. After this case was removed from the sample, the distributions for perceived personal stigma and self-stigma were examined again. The data appeared to better approximate a normal distribution, as the stigma distributions were no longer peaked and less positively skewed than they had been with the inclusion of the outlier. However, the Shapiro-Wilk test remained significant for each distribution, suggesting that the data were non-normal in their distribution. Paired samples t-tests were conducted twice, once with the outlier and once without, to determine if it exerted an undue influence on the analysis. Both analyses resulted in similar conclusions regarding the significance of the t-tests. Therefore, the outlier was retained.

A similar procedure was employed to assess the normality of the male and female score distributions. In regard to the male distribution of stigma perception scores, the Shapiro-Wilk test suggested that these data were non-normally distributed (Table 3). Standardized values for skewness and kurtosis fell into the range considered to be acceptable for the perceived public stigma distribution. However, visual inspection of histograms and examination of skewness and kurtosis values revealed the perceived personal stigma and self-stigma distributions to be somewhat positively skewed and peaked. Further, the distribution of perceived personal stigma scores contained two outliers, and the distribution of self-stigma scores contained five outliers. However, as

before, only values with z-scores greater than 3 in absolute value were considered to be potential outliers. Thus, one value was flagged as an outlier. In regard to the female distribution of stigma perception scores, the Shapiro-Wilk test suggested that these data violated the assumption of normality (Table 4). However, standardized values for skewness and kurtosis fell into the range considered acceptable, and no outliers with z-scores greater than 3 in absolute value were identified. After the outlier from the male distribution was removed from the sample, the male distributions for perceived personal stigma and self-stigma were examined again. The two distributions in question appeared less skewed and kurtotic than they had been with the inclusion of the outlier. However, the Shapiro-Wilk test remained significant for each distribution, suggesting that the data were non-normal. Additionally, independent samples t-tests were conducted twice, once with the outlier and once without. Both analyses resulted in similar conclusions regarding the significance of the t-tests. Therefore, the outlier was retained. Lastly, Levene's Test of Equality of Variances indicated that equal variance between groups could be assumed.

Tests of the five a priori hypotheses were conducted using a Bonferroni adjusted alpha level of 0.0167 (0.05/3) for all paired samples t-tests (Hypothesis 1). Given that there is little prior data comparing male and female offenders' perceptions of stigma (Hypothesis 2), these analyses (independent samples t-tests) were considered to be exploratory in nature. Therefore, a Bonferroni correction was not applied to these tests. As expected, paired samples t-tests indicated that participants endorsed significantly greater perceived public stigma ($M = 33.57, SD = 10.78$) than perceived personal stigma ($M = 20.96, SD = 7.59$), $t(118) = 11.78, p < .001, d = 2.17, 95\% CI [10.49, 14.72]$; significantly greater perceived personal stigma ($M = 20.96, SD = 7.59$) than self-stigma

($M = 16.31$, $SD = 5.44$), $t(118) = 8.46$, $p < .001$, $d = 1.56$, 95% CI [3.57, 5.75]; and

significantly greater perceived public stigma ($M = 33.57$, $SD = 10.78$) than self-stigma

($M = 16.31$, $SD = 5.44$), $t(118) = 14.64$, $p < .001$, $d = 2.70$, 95% CI [14.92, 19.60].

However, independent samples t-tests revealed no differences between men ($M = 33.55$,

$SD = 10.84$) and women ($M = 33.60$, $SD = 10.82$) in level of perceived public stigma,

$t(117) = -.02$, $p = .98$, $d = -.01$, 95% CI [-.46, .56]; perceived personal stigma (men [$M =$

21.82, $SD = 8.18$]; women [$M = 20.04$, $SD = 6.84$]), $t(117) = 1.3$, $p = .20$, $d = .24$, 95% CI

[1.42, 2.14]; or self-stigma (men [$M = 16.77$, $SD = 6.10$]; women [$M = 15.81$, $SD =$

4.67]), $t(117) = .97$, $p = .33$, $d = .17$, 95% CI [.70, 1.22].

Multiple regression analyses were conducted to determine if type of stigma could be predicted from total LS/CMI score and gender. Prior to analysis the data were again screened for violation of assumptions. The assumption of normality was tested via examination of the standardized residuals. Visual inspection of histograms and normal probability plots suggested that an assumption of normality was reasonable for the distribution of perceived public stigma scores. However, the distributions of perceived personal stigma and self-stigma were somewhat positively skewed and peaked, and the Shapiro-Wilk test suggested that all three distributions violated the assumption of normality (Table 5). Examination of boxplots of the standardized residuals indicated the presence of two outliers in the distribution of perceived personal stigma scores, and three outliers in the distribution of self-stigma scores. However, only those values with a z-score greater than 3 in absolute value were considered to be potential outliers. Thus, one outlier was identified. Regression analysis was conducted two times, once with and once without the relevant case, to assess its leverage on the data. No major changes in beta

values, p-values, or R-squared values were noted, indicating that the outlier was not having an undue influence on the analysis. Thus, the outlier was included in all further analyses. The Durbin-Watson statistic, computed to evaluate independence of errors, fell within the range considered to be acceptable, suggesting that the assumption of independent errors was met. Further examination of scatterplots of standardized residuals indicated that the data met the assumptions of homogeneity of variance and linearity. However, a slight decreasing pattern was noted for total LS/CMI score in the model used to test hypothesis five. R-squared values, across all analyses, were also quite small, suggesting that much of the variation in type of stigma remains unexplained by the models used in the current study. Lastly, tolerance was greater than .10 and the variance inflation factor was less than 10 for each predictor variable, indicating that multicollinearity was not a concern.

When perceived public stigma was simultaneously regressed on total LS/CMI score and gender, only total LS/CMI score was a significant predictor ($b = -.44$, $SE_b = .16$, $p < .01$), such that higher risk offenders reported significantly less perceived public stigma than their lower risk counterparts. Gender ($b = -.73$, $SE_b = 2.0$, $p = .71$) was not a significant predictor of perceived public stigma. This model explained 6.4% of the variance in perceived public stigma. When perceived personal stigma was simultaneously regressed on total LS/CMI score and gender, neither total LS/CMI score ($b = .09$, $SE_b = .11$, $p = .41$) nor gender ($b = -1.6$, $SE_b = 1.40$, $p = .25$) were significant predictors. This model explained 2% of the variance in perceived personal stigma. Similarly, when self-stigma was simultaneously regressed on total LS/CMI score and gender, neither total LS/CMI score ($b = .10$, $SE_b = .08$, $p = .20$) nor gender ($b = -.79$, $SE_b = 1.01$, $p = .44$) were

significant predictors. This model explained 2.2% of the variance in perceived personal stigma.

Lastly, Pearson correlations were calculated for each stigma perceptions scale to determine the relationship between items. As expected, all items on the perceived public stigma scale were positively correlated, indicating that they were measuring the same underlying construct (Table 6). The perceived personal stigma scale contained 43 items that were correlated in the expected direction and 12 items that were uncorrelated (Table 7). The self-stigma scale contained 27 items correlated in the expected direction, while the remaining 28 items were uncorrelated (Table 8).

Post-hoc Analyses. In an effort to better explain the variance in type of stigma endorsed by participants, race and total number of incarcerations were added to the above regression models. These variables were selected for inclusion given that they may serve as additional reasons why an offender might feel stigmatized. For instance, individuals who have penetrated furthest into the criminal justice system (i.e., incarceration) perceive themselves as having lower status than individuals who did not penetrate as deeply (i.e., individuals who were arrested, but not incarcerated; Schnittker & Bacak, 2013).

When perceived public stigma was simultaneously regressed on total LS/CMI score, gender, race, and total number of incarcerations, total LS/CMI score remained a significant predictor ($b = -.42$, $SE_b = .17$, $p < .05$), while gender ($b = -.70$, $SE_b = 2.0$, $p = .73$), race ($b = .23$, $SE_b = .89$, $p = .80$), and total number of incarcerations ($b = -.06$, $SE_b = .14$, $p = .67$) were not significant predictors of perceived public stigma. This model explained 6.6% of the variance in perceived public stigma. When perceived personal stigma was simultaneously regressed on total LS/CMI score, gender, race, and total

number of incarnations, neither total LS/CMI score ($b = .07, SE_b = .12, p = .54$) nor gender ($b = -1.4, SE_b = 1.40, p = .32$) were significant predictors. Similarly, total number of incarcerations did not significantly predict degree of perceived personal stigma ($b = .11, SE_b = .10, p = .25$). However, race was found to be a significant predictor of perceived personal stigma ($b = -1.6, SE_b = .62, p < .01$). This model explained 8.4% of the variance in perceived personal stigma. Finally, when self-stigma was simultaneously regressed on total LS/CMI score, gender, race, and total number of incarcerations, neither LS/CMI score ($b = .09, SE_b = .08, p = .30$), nor gender ($b = -.69, SE_b = 1.01, p = .50$) were significant predictors. Likewise, race ($b = -.82, SE_b = .45, p = .07$) and total incarcerations ($b = .07, SE_b = .07, p = .34$) did not significantly predict degree of self-stigma endorsed by participants. This model explained 5.5% of the variance in self-stigma.

In addition, independent samples t-tests were conducted to examine differences by race in amount of stigma endorsed by participants. However, given that there were not enough participants of each race to conduct an ANOVA, race was dichotomized into White vs. Non-white participants. Independent samples t-tests revealed a statistically significant difference between White ($M = 37.03, SD = 8.22$) and Non-white ($M = 31.95, SD = 11.49$) participants in level of perceived public stigma $t(97.9) = -2.75, p < .01, d = .48, 95\% \text{ CI } [4.57, 5.59]$. Of note, Levene's Test of Equality of Variances indicated that equal variance between groups could not be assumed for this comparison. When degree of perceived personal and self-stigma was compared between White and Non-white participants, no significant differences were found. White and Non-white participants endorsed comparable levels of perceived personal (White [$M = 22.16, SD = 7.55$]; Non-

white [$M = 20.41$, $SD = 7.58$]), $t(117) = -1.18$, $p = .24$, $d = .23$, 95% CI [1.36, 2.14]; and self-stigma (White [$M = 16.63$, $SD = 4.50$]; Non-white [$M = 16.16$, $SD = 5.84$]), $t(117) = -.44$, $p = .66$, $d = .09$, 95% CI [.20, .74].

Discussion

This study provides data relevant to offenders' perceptions of stigma, as well as the relationship between these perceptions and one's risk of criminal offending. Results suggest that there is a discrepancy between the amount of stigma that offenders perceive from the public, the amount that they perceive others apply to them personally, and the amount that they apply directly to themselves, such that offenders endorse the greatest amount of perceived public stigma and the least amount of self-stigma. This is somewhat of a replication of previous work with offenders and perceptions of stigma, but this also appears to be a phenomenon that occurs broadly, whereby individuals believe that attributes such as stigma, risk factors, or bias are more applicable to others rather than oneself (Brooks Holliday, King, & Heilbrun, 2013; Pronin, Lin, & Ross, 2002).

Why does this discrepancy exist? One possibility is that when an individual is asked about a group experience, that individual may use an "additive" information processing strategy, adding together the experiences of the people with whom they are familiar so the group total becomes greater than the total for the individual (Taylor, Wright, Moghaddam, & Lalonde, 1990). Others have proposed that people have a tendency to overvalue introspective information (i.e., thought, feelings, etc.), relative to behavioral information when assessing their own actions and preferences, but not when assessing the actions and preferences of someone else. In essence, it is an "introspection illusion" that underlies such self-other discrepancies (Pronin & Kugler, 2007). Perhaps

offenders in this study relied on introspective evidence, as opposed to behavioral evidence, when assessing whether or not they too embodied the negative stereotypes that they perceived the general public to hold in relation to offenders broadly.

When considering the distribution of perceived public stigma scores specifically, as LS/CMI total score increased, perceptions of stigma from the general public decreased. Given the high correlation between LS/CMI total score and Psychopathy Checklist-Revised (PCL-R) Factor 1 score, it is possible that individuals in this study who were at a high risk for recidivism were also high on traits, such as callousness, that might lead to inaccurate interpersonal perceptions (Wormith, Olver, Stevenson, & Girard, 2007). However, it should be noted that there is evidence to suggest that individuals who score highly on traits of psychopathy *are* capable of reporting accurately reporting on these traits (Miller, Jones, & Lynam, 2011). Alternatively, in-group connectedness has been thought to act as a protective factor for the mental health of individuals belonging to stigmatized groups, in that it raises self-esteem and eases uncertainty about one's status in society (Eccleston & Major, 2006). Thus, offenders who are particularly associated with procriminal companions, as well as high on procriminal attitude/orientation, may perceive stigma, but ultimately experience little concern about it (Moore, Stuewig, & Tangney, 2016).

Further, the amount of perceived personal and self-stigma endorsed by participants was similar across all risk levels. Although no research could be located in which perceived stigma was targeted specifically as part of a stigma-reduction program for offenders, these results may have implications for stigma reduction efforts, in that such efforts would not need to be limited only to high-risk offenders.

A secondary aim of the current study was to explore perceptions of stigma between male and female offenders. Although there is some evidence to suggest that women perceive stigma and discrimination differently than men, no differences were found in the amount of perceived public, perceived personal, or self-stigma endorsed by males and females. This finding is perhaps not overly surprising when considering the responses from female focus group members, who indicated that they perceived public opinion of female offenders to be based more on the fact that they had been incarcerated than on their gender. Although one interpretation of this finding might be that offenders perceive society to view all of them comparably negatively, another interpretation is that this perception of being equally stigmatized is a positive outcome, as it means that male and female offenders are not perceiving stigma to a greater extent than what would be expected for either group.

Limitations and Future Directions

This study has several limitations. First, data were collected at a facility in which residents could not have a history of adult arson or sexual offending, had to have achieved minimum security status, and must be less than 24 months from their parole eligibility date. As such, the study sample may not have been representative of the perceptions of all incarcerated individuals. Second, this study utilized a pilot version of the Stigma Perceptions Scale. Although the premise of the study, as well as the directions of the measure, were explained to all participants, some may not have fully understood the individual items, or the distinction between perceived public, perceived personal, and self-stigma. Finally, the design of this study precluded our ability to draw causal

conclusions regarding the relationship between LS/CMI risk level and perceptions of stigma. Thus, results must be interpreted cautiously.

Despite these limitations, the results of this investigation regarding offenders' perceptions of stigma provide multiple avenues for future inquiry. For one, the Stigma Perceptions Scale should be formally validated and factor analyzed to ensure that the constructs of perceived public, perceived personal, and self-stigma that have been conceived conceptually, truly underlie the data. In addition, it will be important to further examine differences in stigma by race, and the influence of additional or alternative predictor variables, such as scores on the LS/CMI Companions and Procriminal Attitude/Orientation subsections, in an effort to see if the various regression models assessed in this study can be improved. Criminal thinking scales such as The Psychological Inventory of Criminal Thinking Styles (PICTS) might also be used to parse out differences between high and low risk individuals in degree of endorsement of stigma. Future research in this area will improve our understanding not only of offender self-perceptions of stigma, but also of offender self-perceptions broadly, and how these factors can be targeted to ease transition into the community post-incarceration.

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Table 1
Sample Demographics

Variable	n	%	M	SD
Gender				
Male	62	52.1		
Female	57	47.9		
Age			32	9.4
Race				
Latino	15	12.6		
Black, non-Latino	51	42.9		
White, non-Latino	38	31.9		
Asian/Pacific Islander	1	8		
Other/mixed	14	14		
Education				
No GED or high school diploma	36	30.3		
GED or high school graduate	45	37.8		
Some college or more	38	31.9		
Current offense				
Murder	3	2.5		
Assault	10	8.4		
Robbery	16	13.4		
Burglary	9	7.6		
Drug offense	42	35.3		
Other	39	32.8		
Number of misdemeanor convictions			3.9	5.3
0-4	86	72.9		
5-10	23	19.5		
>10	9	7.6		
Number of felony convictions			2.8	2.3
0-4	97	82.2		
5-10	19	16.1		
>10	2	1.7		
Total incarcerations			4.7	7.4
0-4	87	73.1		
5-10	19	16.0		
>10	13	10.9		
Total LS/CMI			22.9	6.2
Very Low	0	0		
Low	5	4.2		
Moderate	26	21.8		
High	73	61.3		
Very High	15	12.6		

Involved in meaningful romantic relationship
before prison?

Yes	97	81.5
No	22	18.5
If yes, has that relationship continued?		
Yes	63	52.9
No	34	28.6

Table 2
Skewness, Kurtosis, and Normality Tests: Total Sample

	N	Skewness	SE _{Skewness}	Z _{Skewness}	Kurtosis	SE _{Kurtosis}	Z _{Kurtosis}	Shapiro-Wilk Test		
								Statistic	df	p-value
Perceived Public Stigma	119	-.470	.222	-2.12	-.814	.440	-1.85	.947	119	<0.0001
Perceived Personal Stigma	119	.809	.222	3.60	.228	.440	0.51	.935	119	<0.0001
Self-stigma	119	1.631	.222	7.35	4.376	.440	9.95	.847	119	<0.0001

Table 3
Skewness, Kurtosis, and Normality Tests: Male Distribution

	n	Skewness	SE _{Skewness}	Z _{Skewness}	Kurtosis	SE _{Kurtosis}	Z _{Kurtosis}	Shapiro-Wilk Test		
								Statistic	df	p-value
Perceived Public Stigma	62	-.595	.304	-1.96	-.720	.599	-1.20	.924	62	.001
Perceived Personal Stigma	62	.866	.304	2.85	.145	.599	0.24	.924	62	.001
Self-stigma	62	1.963	.304	6.46	5.284	.599	8.82	.814	62	<0.0001

Table 4
Skewness, Kurtosis, and Normality Tests: Female Distribution

	n	Skewness	SE _{Skewness}	Z _{Skewness}	Kurtosis	SE _{Kurtosis}	Z _{Kurtosis}	Shapiro-Wilk Test		
								Statistic	df	p-value
Perceived Public Stigma	57	-.345	.316	1.10	-.884	.623	-1.61	.953	57	.027
Perceived Personal Stigma	57	.572	.316	1.81	-.234	.623	-0.38	.942	57	.009
Self-stigma	57	.617	.316	1.95	-.773	.623	1.24	.877	57	<0.0001

Table 5
Skewness, Kurtosis, and Normality Tests: Standardized Residuals

	N	Skewness	SE _{Skewness}	Z _{Skewness}	Kurtosis	SE _{Kurtosis}	Z _{Kurtosis}	Shapiro-Wilk Test		
								Statistic	df	p-value
Perceived Public Stigma	119	-.395	.222	-1.78	-.666	.440	-1.51	.969	119	.008
Perceived Personal Stigma	119	.752	.222	3.39	-.006	.440	.01	.943	119	<0.0001
Self-stigma	119	1.650	.222	7.43	4.259	.440	9.70	.867	119	<0.0001

Table 6
Stigma Perceptions Scale: Correlations Among Perceived Public Stigma Items

Items	1	2	3	4	5	6	7	8	9	10	11
1. I am unintelligent	-										
2. I am capable of being a productive member of society	.35**	-									
3. I am dangerous	.40**	.37**	-								
4. I am "cold hearted"	.42**	.34**	.73**	-							
5. I am untrustworthy	.23**	.28**	.56**	.53**	-						
6. I am honest	.38**	.40**	.54**	.58**	.50**	-					
7. I cannot be a good friend	.35**	.28**	.47**	.44**	.53**	.29**	-				
8. I can be a good spouse	.35**	.41**	.45**	.52**	.47**	.61**	.44**	-			
9. I cannot be a good parent	.35**	.43**	.56**	.48**	.59**	.55**	.54**	.63**	-		
10. I cannot be a good role model	.46**	.44**	.55**	.56**	.56**	.61**	.45**	.52**	.65**	-	
11. "Once a criminal, always a criminal"	.38**	.45**	.65**	.63**	.56**	.60**	.45**	.56**	.71**	.74**	-

* $p < .05$, two-tailed. ** $p < .01$, two-tailed.

Table 7
Stigma Perceptions Scale: Correlations Among Perceived Personal Stigma Items

Items	14	15	16	17	18	19	20	21	22	23	24
1. I am unintelligent	-										
2. I am capable of being a productive member of society	.12	-									
3. I am dangerous	.33**	.08	-								
4. I am "cold hearted"	.35**	.08	.65**	-							
5. I am untrustworthy	.26**	.12	.46**	.40**	-						
6. I am honest	.05	.20*	.14	.22*	.33**	-					
7. I cannot be a good friend	.38**	.10	.42**	.52**	.61**	.15	-				
8. I can be a good spouse	.05	.12	.19*	.24**	.18*	.33**	.10	-			
9. I cannot be a good parent	.31**	.16	.34**	.33**	.56**	.23*	.50**	.22*	-		
23. I cannot be a good role model	.37**	.23*	.35**	.39**	.54**	.22*	.49**	.35**	.59**	-	
24. "Once a criminal, always a criminal"	.30**	.22*	.52**	.46**	.60**	.25**	.50**	.34**	.56**	.61**	-

* $p < .05$, two-tailed. ** $p < .01$, two-tailed.

Table 8
Stigma Perceptions Scale: Correlations Among Self-stigma Items

Items	1	2	3	4	5	6	7	8	9	10	11
1. I am unintelligent	-										
2. I am capable of being a productive member of society	.01	-									
3. I am dangerous	.24**	-.005	-								
4. I am "cold hearted"	.31**	.02	.54**	-							
5. I am untrustworthy	.14	-.02	.38**	.41**	-						
6. I am honest	.07	.10	.08	-.02	.10	-					
7. I cannot be a good friend	.28**	.06	.34**	.37**	.56**	-.01	-				
8. I can be a good spouse	.02	.27**	-.003	.01	.03	.39**	.07	-			
9. I cannot be a good parent	.11	-.03	.12	.20**	.31**	.15	.43**	.04	-		
10. I cannot be a good role model	.20*	.07	.23	.38**	.38**	.12	.58**	.17	.48**	-	
11. "Once a criminal, always a criminal"	.29**	.17	.37**	.47**	.24**	-.05	.45**	.05	.23*	.43**	-

* $p < .05$, two-tailed. ** $p < .01$, two-tailed.

Appendix A: Stigma Perceptions Scale

The following questions will ask you about your perceptions of the stigma associated with incarceration. For the purposes of this survey, stigma occurs when negative beliefs that are held about a group of people result in negative emotional responses (e.g., anger or fear) and discrimination toward that group. The following questions will ask you what you think that “most people” in society believe about people who have been incarcerated, what you think that “most people” who know that you have been incarcerated believe about you personally, and what you believe about yourself. Please read the following statements carefully and then rate your level of agreement using the following response scale. Please do your best to disregard other possible sources of stigma (e.g., race, gender) and choose only one answer per item.

1 Strongly Disagree 2 Disagree 3 Neither agree nor disagree 4 Agree 5 Strongly Agree

1. I am unintelligent.

- | | | | | | |
|---|---|---|---|---|---|
| a. Most people believe this about individuals who have been incarcerated. | 1 | 2 | 3 | 4 | 5 |
| b. Most people who know I've been incarcerated believe this about me. | 1 | 2 | 3 | 4 | 5 |
| c. I believe this. | 1 | 2 | 3 | 4 | 5 |

2. I am capable of being a productive member of society. (R)

- | | | | | | |
|---|---|---|---|---|---|
| a. Most people believe this about individuals who have been incarcerated. | 1 | 2 | 3 | 4 | 5 |
| b. Most people who know I've been incarcerated believe this about me. | 1 | 2 | 3 | 4 | 5 |
| c. I believe this. | 1 | 2 | 3 | 4 | 5 |

3. I am dangerous.

- | | | | | | |
|---|---|---|---|---|---|
| a. Most people believe this about individuals who have been incarcerated. | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|

- | | | | | | | |
|----|--|---|---|---|---|---|
| b. | Most people who know I've been incarcerated believe this about me. | 1 | 2 | 3 | 4 | 5 |
| c. | I believe this. | 1 | 2 | 3 | 4 | 5 |
| 4. | I am "cold hearted." | | | | | |
| a. | Most people believe this about individuals who have been incarcerated. | 1 | 2 | 3 | 4 | 5 |
| b. | Most people who know I've been incarcerated believe this about me. | 1 | 2 | 3 | 4 | 5 |
| c. | I believe this. | 1 | 2 | 3 | 4 | 5 |
| 5. | I am untrustworthy. | | | | | |
| a. | Most people believe this about individuals who have been incarcerated. | 1 | 2 | 3 | 4 | 5 |
| b. | Most people who know I've been incarcerated believe this about me. | 1 | 2 | 3 | 4 | 5 |
| c. | I believe this. | 1 | 2 | 3 | 4 | 5 |
| 6. | I am honest. (R) | | | | | |
| a. | Most people believe this about individuals who have been incarcerated. | 1 | 2 | 3 | 4 | 5 |
| b. | Most people who know I've been incarcerated believe this about me. | 1 | 2 | 3 | 4 | 5 |
| c. | I believe this. | 1 | 2 | 3 | 4 | 5 |
| 7. | I cannot be a good friend. | | | | | |
| a. | Most people believe this about individuals who have been incarcerated. | 1 | 2 | 3 | 4 | 5 |
| b. | Most people who know I've been incarcerated believe this about me. | 1 | 2 | 3 | 4 | 5 |
| c. | I believe this. | 1 | 2 | 3 | 4 | 5 |
| 8. | I cannot be a good spouse. | | | | | |
| a. | Most people believe this about individuals who have been incarcerated. | 1 | 2 | 3 | 4 | 5 |
| b. | Most people who know I've been incarcerated believe this about me. | 1 | 2 | 3 | 4 | 5 |

- | | | | | | |
|---|---|---|---|---|---|
| c. I believe this. | 1 | 2 | 3 | 4 | 5 |
| 9. I cannot be a good parent. | | | | | |
| a. Most people believe this about individuals who have been incarcerated. | 1 | 2 | 3 | 4 | 5 |
| b. Most people who know I've been incarcerated believe this about me. | 1 | 2 | 3 | 4 | 5 |
| c. I believe this. | 1 | 2 | 3 | 4 | 5 |
| 10. I cannot be a good role model (e.g., church leader, coach, etc.). | | | | | |
| a. Most people believe this about individuals who have been incarcerated. | 1 | 2 | 3 | 4 | 5 |
| b. Most people who know I've been incarcerated believe this about me. | 1 | 2 | 3 | 4 | 5 |
| c. I believe this. | 1 | 2 | 3 | 4 | 5 |
| 11. "Once a criminal, always a criminal." | | | | | |
| a. Most people believe this about individuals who have been incarcerated. | 1 | 2 | 3 | 4 | 5 |
| b. Most people who know I've been incarcerated believe this about me. | 1 | 2 | 3 | 4 | 5 |
| c. I believe this. | 1 | 2 | 3 | 4 | 5 |

Appendix B: Participant Flow Diagram

