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I AM OUT, NOW WHAT?: THE DOUBLE-EDGED SWORD OF BEING JUSTICE-INVOLVED

Eric J. Cazares

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I AM OUT, NOW WHAT?: THE DOUBLE-EDGED SWORD OF BEING

JUSTICE-INVOLVED

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A Thesis

Presented to the

Faculty of

California State University,

San Bernardino

————————————

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

in

Industrial-Organizational Psychology

————————————

by

Eric J. Cazares

August 2021

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ABSTRACT

The United States (U.S.) is at the forefront when it comes to sending its citizens to correctional facilities. The U.S. prison population is estimated to be around 2,100,000, with China trailing at 1,700,000. With staggering incarceration rates, both nationally and locally, officials have begun to act by enacting legislation that would reduce California's prison population. According to the National Institute of Justice (2015), however, two-thirds (67.8%) of released individuals will recidivate within three years. One critical avenue in reducing recidivism is employment; justice-involved individuals who find employment are less likely to reoffend. Little is known about justice-involved organizational experiences, specifically, how these experiences impact their health and career related outcomes. With the ordered release of thousands of prisoners, many of which will be seeking employment to sustain themselves and often families, research pertaining to their work experiences and the associated outcomes is warranted. Our study variables brought some light to a dark place. Specifically, the role that stigma consciousness plays in mediating the effect of perceived workplace discrimination on the study's outcome variables. Awareness of their stigmatized status, although it negatively impacts job satisfaction, can ultimately serve as a path to help them lessen its negative effect on depressive symptoms. Although we did not find support for many of our study moderators, for the justice-involved, making external attributions during experiences of stigma in the

workplace seems to be an avenue that can be beneficial in reducing depressive

symptoms as well.

ACKNOWLEDGEMENTS

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CHAPTER ONE:

INTRODUCTION

The United States (U.S.) is at the forefront when it comes to sending its citizens to correctional facilities. The U.S. prison population is estimated to be around 2,100,000, with China trailing at 1,700,00 (International Centre for Prison Studies, 2021). Although roughly four hundred thousand incarcerated individuals separate the two prison populations, China's general population is nearly four times larger than that of the U.S. (Central Intelligence Agency, 2021), but still manages to incarcerate fewer people. Moreover, amongst all 50 states, California (136,088; Texas [166,043]) ranks second in the number of incarcerated individuals (Carson, 2015). In fact, some of California's prisons report operating at full capacity, or 50% above the population they were designed to hold (California Department of Corrections and Rehabilitation, 2015). With staggering incarceration rates, both nationally and locally, officials have begun to take action through enacting legislation that would reduce California's prison population (Petersilia, 2014). According to the National Institute of Justice (2015), however, two-thirds (67.8%) of released individuals will recidivate within three years.

One critical avenue in reducing recidivism is employment; justice-involved individuals who find employment are less likely to reoffend (Berg & Huebner, 2011; Nally, Lockwood, Ho, & Knutson, 2014; Uggen, 1999). Oftentimes,

however, employers are reluctant to hire ex-offenders, even after displaying positive attitudes towards hiring them (Pager & Quillian, 2005). These negative hiring behaviors can be explained by research around labeling theory, a perspective generally used by criminologist in explaining deviant behaviors (Lemert, 1981). Labeling theory is the extent to which societal structures label groups of individuals' as different because they display behavior(s) that deviate from the normative standards of society (Plummer, 1996). It even suggests that such labeling in society may increase deviant behaviors, leading individuals to live a life of crime (Plummer, 1996). Labeling theory and the associated social stigma are problematic for justice-involved individuals. During post incarceration, perceptual processes of one's stigmatized status begin to emerge, creating difficulties with reintegration into the community and gaining meaningful employment (Lebel, 2011; Lebel, 2012; Moore, Tangney & Stuewig, 2016). Additionally, the justice-involved are typically stigmatized and experience a disadvantage in the labor market due to them being subject to discrimination via the selection process (Pager, 2003). Consequently, chronic exposure to discrimination can lead targets to experience a decline in health, both physiologically and psychologically (Pascoe & Richman, 2009). Discrimination in the context of the workplace also has costs associated to health (Pavalko, Mossakowski, & Hamilton, 2003). These costs further proliferate into work-based outcomes including job satisfaction, commitment, and organizational citizenship behaviors (Ensher, Grant-Vallone, & Donaldson, 2001). Little is known about the

organizational experiences of the justice-involved, specifically, how these experiences impact their health and career related outcomes. With the ordered release of thousands of inmates, many of which will be seeking employment to sustain themselves and often families, research examining their work experiences and the associated outcomes is warranted.

Theoretical Framework

To understand how stress provoking situations at work contribute to the well-being of those have been justice-involved, we must examine how such phenomena is conceptualized. Harrell (2000) provides an excellent foundation for understanding the components involved for targets of discrimination. The model of racism-related stress and well-being, although developed for race related discrimination, can be tailored to fit other populations (Harrell, 2000). Therefore, we will be examining discrimination towards the justice-involved through the lens of Harrell's model. The basic structure of the model has identified five dimensions that illuminate the experiences and interpretation of discrimination. These dimensions include antecedent variables, familial and socialization influences, sources of stress, internal and external mediators, and outcomes (Harrell, 2000).

Model of Racism-Related Stress and Well-Being Dimensions

The first dimension of Harrell's model is identifying antecedents to stressful situations. These antecedents can include personal (e.g. race, gender, incarceration status) and/or environmental aspects (e.g. SES, geographical

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location, and work context). Both aspects can have substantial influence in the dynamics that occur when individuals interact with one another.

Additionally, Harrell (2000) explains that families and social circles influence the way individuals perceive and manage discrimination. The combination of the two provide both direct and indirect meaning of what is means to be part of a minority group. This can surface through storytelling, instilling a strong sense of identity, institutional influences, and social structures. The third dimension is the source of stress, or the actual event that is perceived to be problematic. Often this can range from daily hassles that a certain group tends to experience more than others, or actual blatant/subtle forms of many isms. The second to last dimension of the model explains the coping mechanisms used to decrease the negativity that can stem from stressors. These mechanisms are broken down into internal and external mechanisms. People vary in their levels of self-esteem, affective reactions, attributions (internal), or their access to social support (external); all of which can be used to assist in alleviating negative outcomes. When all of the above is taken into consideration, the negative outcomes associated with them can be physiological, psychological, or even related to an individual's functionality throughout their day, the last dimension within Harrell's model.

The complexity present in the racism-related stress and well-being model lends itself to a multidimensional approach in understanding discrimination faced by the justice-involved and can be insightful when applied to the work context. Each of the five dimensions sets the foundation for exploration and will be

explained throughout this paper in the context of experiences of the justice-involved employee.

Experiences of Discrimination

The social inequalities experienced in the U. S. has been well-documented among several groups, including women (Eek & Axmon, 2014; Garcia, Schmitt, Branscombe, & Ellemers, 2010), those with disabilities (Hughes, 2013), ethnic minorities (Vallejo, 2012), and the justice-involved (Pager, Western, & Bonikowski, 2009), to name a few. Collectively, findings have elucidated gaps in social inequalities are maintained due to discrimination, despite measures taken to prohibit discriminatory acts (Hoff & Pandey, 2006). As it pertains to the justice-involved, the reoccurrence of discriminatory behaviors can facilitate an increase in inequalities in the labor market, housing opportunities, educational attainment, and health outcomes (Wakefield & Uggen, 2010). Research regarding the justice-involved typically explores the challenges they face trying to enter the workforce (Brown, 2011; Decker, Ortiz, Spohn, & Hedberg, 2015; Graffam, Shinkfield, & Hardcastle, 2008; Pager, 2003; Shivy, Wu, Moon, Mann, Holland, & Eacho, 2007; Visher, Winterfield, & Coggeshall, 2005), or the reluctance of organizations in hiring those who have been incarcerated (Giguere & Dundes, 2002; Pager & Quillian, 2005). Consistent findings in the literature have led to the understanding that possessing a criminal record does put an individual at a disadvantage due to their stigmatized status (Waltz, Santuzzi, &

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Finkelstein, 2013). Arguably the greatest challenge is to obtain meaningful employment (Uggen, 1999).

A longitudinal study evaluating the employment rate amongst 6,561 ex-offenders from Indiana found that during tough economic times, at best, the employment rate among their sample was roughly around 38.3% (Nally et al., 2012). Throughout their five-year evaluation, the unemployment rates fluctuated quarterly, ranging from 96.4% to 61.7% (Nally et al., 2012). These fluctuations in unemployment may be indicative of the recession that plagued the U.S. economy at the time of the study, however, less is even known about those individuals who eventually found jobs but would lose them after being employed for some time. Although this study reveals the need to reduce the unemployment rate so that it mirrors the current national average of five percent (Bureau of Labor Statistics, 2015), it further exposes the need for insight regarding work experiences for the justice-involved that find employment.

Since the passing of the Civil Rights Act it is illegal to discriminate against any individual in the selection process based on race, color, religion, national origin, and sex (Gutman, Koppes, & Vodanovich, 2011). Though the passing of the Civil Rights Act has been a large leap in the right direction, it has not served as a complete deterrence to discrimination in all its forms. As previously mentioned, typical research regarding workplace discrimination tends to focus on discrimination as function of race/ethnicity (Offermann et al., 2014), gender (Agars, 2004), and sexual orientation (Badgett, 1995), two of which are protected

classes under the Civil Rights Acts. The Civil Rights Acts has served a great purpose for the protected groups, but voids remain. The lack of legislation to protect ex-offenders has pushed major U.S. cities like Boston, Minneapolis, Los Angeles, and San Francisco to act. The "ban the box" initiative was proposed by a San Francisco based group, All of Us or None, that prohibits employers from asking about criminal convictions on applications (Henry & Jacobs, 2007). Asking if an applicant has ever been convicted of a crime fosters an environment for discrimination to openly occur. The push to "ban the box" has proved successful and has led the city of San Francisco to pass the San Francisco Fair Chance Ordinance. As of August 13th, 2014, it was put into law that employers can no longer ask about previous criminal convictions until an actual interview has been conducted (Office of Labor Standards Enforcement, 2016). A first-year evaluation of the program found that 69.3% of 4,104 San Francisco employers surveyed had either changed or already had implemented a hiring process that is compliant with the new ordinance (Office of Labor Standards Enforcement, 2016). These numbers are promising for justice-involved and can lead to an increase presence in the workforce, but an increase presence in the workforce also means increased chances of workplace discrimination.

<u>Career Outcomes</u>

Combating discrimination in the workplace is arduous due to its subtle application in modern society (Shih, Young, & Bucher, 2013). This form of discrimination happens frequently and is typically unnoticed unless one is the

target. Further, the cost associated to individuals exposed to more implicit forms

of discrimination is just as harmful as if exposed to more blatant forms (Noh,

Kaspar, &Wickrama, 2007). Scholars have found that perceived workplace

discrimination has resulted in negative effects to career and health related

outcomes. On the career side, these negative effects have been associated with

organizational citizenship behaviors (e.g. staying later than scheduled to finish a

task) and organizational commitment (Ensher et al., 2001). Ensher and

colleagues found that different sources of discrimination (e.g. supervisor vs.

coworker vs. organization) negatively impacted employees' attitudes and

behaviors. For instance, discrimination from a supervisor or organization was a

significant negative predictor of organizational commitment and job satisfaction.

This is critical given employees less satisfied with their job are likely to have

greater intentions to leave an organization (Kanwar, Singh, & Kodwani, 2012).

Similarly, a study focusing on Hispanic employees found that perceived

discrimination had a negative effect on organizational commitment/job

satisfaction and a positive effect on work tension (Sanchez & Brock, 1996). A

recent meta-analysis revealed similar findings (Triana, Jayasinghe, & Pieper,

2015). As expected, perceived racial discrimination was negatively related to job

attitudes defined as commitment, job satisfaction, turnover intentions, and

organizational citizenship behaviors (Triana, Jayasinghe, & Pieper, 2015).

Consistent with previous literature, the meta-analytic results clarify those

employees who report perceiving discrimination seem to be experiencing lower commitment and job satisfaction, and higher levels of turnover intentions.

Literature on employee retention identifies employee commitment, job satisfaction, and turnover intentions as critical predictors of whether an employee decides to stay or seek alternative employment, especially when employees experience stressors that are considered to hinder their work experiences (Podsakoff, LePine, & LePine, 2007). Of the three career outcomes discussed, commitment and job satisfaction are going to be the focus of this research. Although perceived discrimination is influential in gauging turnover intentions, among the formerly incarcerated, this may not be a great variable of interest given well documented challenges they face in securing employment. In sum, when examining the effects that perceived discrimination has had on minority groups, there is definitely a negative association with career outcomes. However, the negative impact of perceived discrimination can also be observed in health-related outcomes.

Health Outcomes

Ample literature links perceived discrimination to physiological and psychological health outcomes, allotting for a meta-analytic review of the strengths between these links (Pascoe & Richman, 2009; Schmitt, Branscombe, Postmes, & Garcia, 2014). Results indicate that social situations have the potential as being perceived as discriminatory, provoking stress in the perceiver that elicits responses impacting both physical and mental health (Pascoe &

Richman, 2009). Physically, chronic exposure to discrimination impacts the function of the hypothalamic-pituitary-adrenal axis (HPA), the portion of the brain that regulates stress responses and other bodily functions like our immune system (Mays, Cochran, & Barnes, 2007). Constant exposure to discrimination indirectly damages our immune system through the HPA axis, leaving individuals susceptible to health issues such as: atherosclerosis (plaque building up in the arteries) and other cardiovascular diseases (Mays et al., 2007). Similarly, the relationship between perceived discrimination and psychological well-being has been researched extensively. This body of research has focused extensively on self-esteem, anxiety, life satisfaction, and depression (Schmitt et al., 2014).

Depression is a highly prevalent mental disorder and is the leading cause for disability around the world (World Health Organization, 2015). Every year depression is said to account for an estimated 200 million lost workdays, which translates to organizational monetary loss of roughly 17 to 44 billion dollars a year (Center for Disease Control and Prevention, 2014). Several studies have associated perceived discrimination with depression among several minority groups (Huynh, Devos, & Goldberg, 2014; Ikram, Snijder, Fassaert, Schene, Kunst, & Stronks, 2015; Schmitt et al., 2014; Stein, Supple, Huq, Dunbar, & Prinstein, 2016). Ikram and colleagues (2015) found that ethnic minorities that perceived a form of ethnically based discrimination were 15-25 percent more likely to experience depressive symptoms, ultimately leading to a major depressive disorder. Often when an individual experiences a depressive

symptom it is not short-lived, especially when the depressive symptom is brought to surface by increased perceptions of discrimination (Stein et al., 2016). That is, one who perceives discrimination frequently as a result of being part of a particular group (e.g., ethnicity, sexual orientation, or religious affiliation) will report symptoms of depression long after the events of discrimination occurred. The health effects of perceived discrimination extend beyond those experienced in daily life and spillover into work setting as well. Pavalko and colleagues (2003) found that after controlling for prior health issues, women who experienced discrimination in the workplace reported roughly 30 percent more psychological distress than women who did not experience workplace discrimination. Although additional psychological outcomes like psychological distress, anxiety, life satisfaction, and self-esteem have been linked to perceptions of discrimination (Schmitt et al., 2014), none are as debilitating as depression.

Depression, although psychological in nature, has been associated to the manifestation of somatic responses (Penninx, Milaneschi, Lamers, & Vogelzang, 2013). As described above, there are physiological responses associated to experiencing discrimination and are exacerbated when an individual experiences frequent discrimination (Penninx et al., 2013). With the justice-involved already experiencing discrimination in the selection process (Pager, 2003) and experiencing health disparities because of their previous incarceration status (Kulkarni, Baldwin, Lightstone, Gelberg, & Diamant, 2010), further exposure to discrimination within the work domain (a component that is supposed to reduce

their chances of recidivating) can exacerbate the negative effects of their physical and mental health. Moreover, in a time where it is critical for the justice-involved to build and maintain social relationships because of their supportive properties that can deter them from committing future crimes (Cochran, 2014), the effects of depression can prevent these relationships from establishing. Depression can have negative behavioral components that make the person unpleasant to be around (Hames, Hagan, & Joiner, 2013), preventing the establishment and maintenance of important social bonds needed to help the justice-involved refrain from criminal activities.

In sum, the impact of perceived discrimination on career (i.e. employee commitment and job satisfaction) and health (i.e. depression) outcomes among minority groups is profound. A commonality between minority groups and the justice-involved is they are often targets of discrimination. Consequently, many individuals who are at the brunt of discrimination (actual and perceived) typically belong to groups that are stigmatized, making them more attuned to sensitive situations that present them with unfavorable results (Major & O'Brien, 2005). Using pervious literature to examine the experiences of minority groups to inform our exploration of the justice-involved is an important and necessary step.

The Effects of Stigma Consciousness

Research has demonstrated that being stigmatized is damaging to one's character (Crocker, Major, & Steele, 1998). That is, the stigmatization of certain groups within our society can influence others to view group members as inferior

(Goffman, 1963). According to Goffman (1963) there are three forms of stigmatization including: damaged character, disfigurement of the body, and trait related stigmas (e.g. traits of certain groups that tend to deviate from the normative standard). The perceptions that others have towards these 'tainted" groups can result in negative treatment towards them, and eventually lead to the affirmation of negative stereotypes aimed towards that group due to its social acceptability (Fiske, 1993). Stereotypes are cognitive mechanisms, that are often untrue, which can be activated implicitly or explicitly (Greenwald & Banaji, 1995; Steele & Aronson, 1995). Although individuals may not consciously be applying negative stereotypes in certain contextual situations, their presence is sufficient to influence behaviors towards targets of stereotypes, as well as influence how the target themselves react (Najdowski, Bottoms, & Goff, 2015). The process of stereotyping is not unidirectional in nature, both the perpetrator and target of stereotypes can influence the direction of the interaction.

Many justice-involved individuals have their own perspectives on how society views their stigmatized status (Winnick & Bodkin, 2008). They can range from individually based perspectives to group-based perspectives (Lebel, 2012). For instance, one may believe that others view the entire group negatively without having any consideration of individual differences. Whereas a different group member may believe that they personally are viewed negative because of their previous incarceration status. The effect of these expected perspectives is that many justice-involved individual are inclined to anticipate rejection,

especially when seeking employment (Winnick & Bodkin, 2008). In addition, as a

consequence of anticipating rejection, many have developed mechanisms, such

as avoidance or secrecy of their incarceration status, which assists with

suppressing their justice-involved identity (Winnick & Bodkin, 2008). For

example, an individual seeking employment may opt to not disclose their

previous incarceration status to secure employment. Although the existence of

perceived stigmas held by society and their associated consequences exist for

the justice-involved (Winnick & Bodkin, 2008), there are individual differences

amongst the group regarding what types of stigmas are more salient (Lebel,

2012). In fact, many believe more stigmas exist at the group level than at the

individual level (Lebel, 2012). The Winnick and Bodkin (2008) and Lebel (2012)

studies are evidence that justice-involved individuals are aware of their

stigmatization, in other words, they are conscious of their stigmatized status. This

is meaningful because awareness of ones stigmatized status can have a

negative impact on psychological well-being (Lewis, Derlega, Clarke, & Kuang,

2006).

Individuals differ with respect to their awareness of personal

characteristics and how these characteristics influence social interactions,

particularly when these characteristics are looked down upon by some in society.

Pinel (1999) coined the term Stigma Consciousness, the extent to which targets

of discrimination differ in their expectations of being stereotyped. For example,

with two members of the same group, one may be more conscious that certain

situations may provoke the application of stereotypes, while the other may be completely unaware of stereotypes associated to their group. Similar concepts exist that resemble stigma consciousness (e.g. stereotype threat), but what distinguishes Pinel's concept is the expectation component. Individuals said to be high in stigma consciousness expect to be stereotyped, while individuals low in stigma consciousness have minimal expectations of being stereotyped (Pinel, 1999). One critical outcome associated to those high in stigma consciousness is behavioral in nature. Particularly, those who experience high levels of stigma consciousness refrain from disconfirming stereotypes that exist about their group (Pinel, 1999). Therefore, applications of these stereotypes continue with no attempts being made to hinder them.

Along with behavioral consequences associated with being high in stigma consciousness, interpersonal consequences have been documented. Pinel (2002) found that women high in stigma consciousness, participating in a decision-making task, who were advised beforehand about their male partners sexist beliefs, evaluated their male partners more critically. This evaluation then set the foundation for males to evaluate their female partners harshly, ultimately leading the dyad to believe they were incompatible. With the combination of being high in stigma consciousness and being aware that one may have certain stereotypical beliefs pertaining to your group, a negative interpersonal experience is to follow.

Previous outcomes associated with stigma consciousness have been documented to negatively impact interpersonal, behaving harshly towards someone who may or may not have negatively beliefs about members of one's group (Pinel, 2002), and behavioral outcomes, not disconfirming stereotypes about one's group (Pinel, 1999). In the context of work, stigma consciousness has been noted to affect work and health related outcomes. Pinel and Paulin (2005) found that service workers who indicated being high in stigma consciousness (stigma associated to being a service worker) felt more disrespect at work, which led them to have higher levels of turnover intentions. Further, when participants were contacted two years later, those with higher levels of stigma consciousness were reported to have changed positions. Furthermore, the negative outcomes associated with being high in stigma consciousness have been documented among foreign born university professors (Bazemore, Janda, Derlega, & Paulsen, 2010). For instance, professor's well-being and feelings towards the university were directly related to stigma consciousness. Specifically, those with higher levels of stigma consciousness reported lower levels of well-being and feelings towards the university. Moreover, stigma consciousness had an indirect effect (feelings of rejection) on perceptions of teaching effectiveness (Bazemore et al., 2010), potentially deteriorating actual work performance. Similarly, there have been physical (e.g. diarrhea and cough) and mood (e.g. depression and tension) outcomes related to the experiences of social constraints (i.e. perceived barriers that prohibit individuals from discussing their

experiences) and high levels of stigma consciousness, particularly among those who identify as lesbian (Lewis et al., 2006). As expected, participants who experienced more social constraints and higher levels of stigma consciousness reported higher levels of stress, negative moods, and more self-reported physical symptoms. Likewise, stressors and stigma consciousness related to homosexuality has also been associated with elevated levels of depressive symptoms (Lewis, Derlega, Griffin, & Krowinski, 2003). Therefore, simply expecting to be stereotyped not only is detrimental to how one interacts with others, but also outcomes associated with actual health.

There is a consistent trend in the literature regarding the effect of stigma consciousness on career and health outcome; those high in this phenomenon tend to report lower levels of behavioral, social, health, and work-related outcomes. What is important to consider is that these negative outcomes continue to occur regardless of the minority group of interest. Also, many of the addressed relationships examining stigma consciousness are directly related to negative mood, turnover, and depressive symptoms. We propose that stigma consciousness serves as a pathway between perceived discrimination and its impact on career/health outcomes. So, perceiving discrimination does not only directly influence whether one experiences these outcomes but rather it can also be determined by targets expecting to be discriminating against, in other words, their levels of stigma consciousness. Socially, formerly incarcerated individuals are at a disadvantage especially when in relates to seeking employment (Pager,

2003). Their stigmatized image and frequent exposure to discrimination in the hiring process has influenced their awareness of how they are perceived in society (Lebel, 2012; Lebel 2011), but do these perspectives and expectations of being exposed to discrimination continue to bring further challenges once employed?

Avenues to Alleviate the Impact of Expected Discrimination

The hurdles that are present for the justice-involved are myriad. As previously mentioned, many are facing inequalities as it relates to receiving governmental assistance, the housing market, education, and gaining meaningful employment (Wakefield & Uggen, 2010). But of all the inequalities they face, employment has been found to be the most critical to reducing recidivism (Uggen, 1999). Specifically, employment that allows those who have been justice-involved to become self-sustaining. Unfortunately, their stigmatized status may cause them to be more susceptible to experiencing the outcomes related to perceived discrimination and stigma consciousness, especially those related to health and work. For this reason, it is critical that we explore avenues to help alleviate the magnitude of these outcomes for employed individual who were justice-involved.

Social Identity

The impact that both perceived discrimination and stigma consciousness has on an individual is dependent on whether they identify with a particular group (Ensher, 2001). Meaning targets must first identify with their group to experience

the negative effects of perceived discrimination. Research around social identity theory (SIT) illustrates that people tend to identify with groups, and distinguish other groups based on certain characteristics (Tajfel & Turner, 1979) that can be salient or completely psychological in nature (Ashforth & Mael, 1989). The process of categorizing individuals into groups is highly cognitive and places certain groups above others, as well as devalues one over others (Ashforth & Mael, 1989). In other words, SIT provides individuals with perceptual hierarchies that are reliant on group membership. Furthermore, SIT allows an individual to place themselves in groups based on visible or non-visible attributes, which can allow them to conceptualize where they stand in their perceptual hierarchy (Ashforth & Mael, 1989). Broader societal intergroup and intragroup interactions such as stereotyping, conflict, conformity, and discrimination have been explained using SIT as a foundation (Abrams & Hogg, 2006). We each belong to multiple groups throughout our lifetime, whether group membership is ascribed (female or male, ethnicity) or achieved (alumni of a university or being formerly incarcerated), it will determine how we maneuver through our social world. Often, these groups have their own sets of beliefs, values, and norms that are very influential when interacting with each other and outgroup members (Abrams & Hogg, 2006). Similarly, SIT has been extended and applied to understand group relations within organizational contexts (Ashforth & Mael, 1989).

Diverse work environments are becoming a common place in many areas within the U.S. These changes in work environments have prompted scholars to

promote more diverse and inclusive work environments (Ferdman & Deane, 2014). Contrary, others have investigated the consequences of suppressing or manifesting aspects of one's identity within the work context (Madera, King, & Hebl 2012). Results of these studies suggest that individuals who suppress identities while at work can be more likely to perceive workplace interactions as discriminatory, report lower levels of job satisfaction, and have increased turnover intentions. Whereas those who manifest their identity at work tend to perceive less discrimination, reported higher levels of job satisfaction, and fewer intentions to seek further employment than those who suppress their identity. One thing is certain, whether it be from a broader societal or organizational perspective, the incorporation of identity concepts is imperative when trying to understand the magnitude that perceived discrimination has on an individual, whether they are justice-involved or not.

The literature on group identification has provided competing views on the influence that group identification has on psychological well-being when perceiving discrimination. Illustrated by the rejection-identification model, some scholars state that having a sense of group identification can be used as a buffer in minimizing the negative impact that perceived discrimination has on psychological well-being (Branscombe, Schmitt, & Harvey, 1999; Hasen & Sassenberg, 2006). For instance, African Americans experiencing moderate levels of discrimination (racial/nonracial) and who also had a high sense of group identification reported lower levels of severe psychological distress (Chae,

Lincoln, & Jackson, 2011). Conversely, other scholars have found that identifying with a group can have a negative effect on psychological well-being when perceiving discrimination (Noh, Beiser, Kaspar, Hou, & Rummens, 1999), and meta-analytical results have stated that identity has minimal moderating effect on the relationship between perceived discrimination and psychological well-being (Schmitt et al., 2014). These studies evaluate group identity as a function of race or ethnicity, which can be the reason why mixed results have been found. The possibility, with regards to race/ethnicity, that one may highly identify with a group can serve as a buffer because an individual may be proud of being a certain race/ethnicity or vice versa. But with social stigma surrounding being justice-involved, such group identification will likely have the same impact that was seen for the ethnic group in the Noh et al. (1999) study. That is, the relationship between perceived discrimination and depressive symptoms was elevated for those who held strong ethnic identities. Therefore, the justice-involved that identify with the group will experience stronger negative outcomes related to perceived discrimination and depressive symptoms.

<u>Attributions</u>

Another source to safeguard from the negative outcomes of discrimination are attributions. Research examining attribution theory has been valuable in explicating how one may explain others' behaviors (Crocker, Voelkl, Testa, & Major, 1991; Major, Quinton, & Schmader, 2003; Russell 1982). Typically, we maneuver through our daily lives and observe/experience behavior(s) around us,

both negative and positive. We attempt to understand the source of these behaviors and typically arrive at one of two conclusions-either the behavior(s) are inherent within the individual (internal attribution), or certain environmental factors (external attributions) have fostered such behavior(s) (Russell, 1982). Such psychological processes can be used as a defense mechanism when unfavorable situations arise, especially when these unfavorable situations result from being part of a stigmatized group (Crocker al., 1991).

To understand this process, Crocker et al. (1991) evaluated how associating negative feedback to an external cause, a prejudiced evaluator, can protect women by reducing the negative affect the feedback can have on them. As expected, those women who made external attributions of the negative feedback reported less negative affect than women who received negative feedback from a nonprejudicial evaluator. Women presented with negative feedback from a nonprejudicial evaluator were more likely to have made an internal attribution about their aptitude on the given task. Subsequently, having a greater negative effect because the outcome of the task is perceived as being an inherent problem and not something external. Comparatively, additional scholars have found similar results that exhibit the buffering properties of external attributions (Major, Kaiser, & McCoy, 2003; Major et al., 2003). As it relates to stigma consciousness, those high in this construct, and are in unfavorable situations, have a greater propensity to make external attributions rather than internal (Pinel, 2004). Arguably, justice-involved individuals who make more

external attributions when faced with discrimination may reap the benefits of doing so.

<u>Social Support</u>

Two models typically explain the influence that social support has on well-being, the main effect and the buffering model (Cohen & Wills, 1985). The main effect model posits that there need not be the presence of a stressor to experience the positive relationship between social support and well-being, the relationship stands alone. Conversely, the buffering model examines the protective properties of social support on well-being when there are stressors present. Each of the two models have been impactful in explaining well-being, which is highly dependent on the type of social support present and the model being used (Cohen & Wills, 1985). There are four ways social support may arise: 1. Emotional support, 2. Informational support (guides people through the process in getting issues resolved through defining and providing proper responses to problematic events), 3. Companionship (belongingness), 4. Instrumental Support (material support, financial, general services). When no stressors are present, the main effect model, well-being is maintained through having a sense of belongingness as a source of social support (Cohen & Wills, 1985). Likewise, social support is impactful in the buffering model when it is interpersonal in nature (Cohen & Wills, 1985). Both models serve an important purpose, but the nature of this research and the pervasiveness of discrimination aimed towards ex-offenders lends to the applicability of the buffering model.

Substantial research regarding the utility of the social support buffering

model exists (Cochran, 2014; Cohen, Janicki-Deverts, Turner, & Doyle, 2015;

Grav, Hallzen, Romild, & Stordal, 2012; Rollock & Lui, 2016; Schwarzer & Knoll,

2007). The results of these studies are unanimous; having social support during

situations evoking stress is beneficial to individual well-being. For instance, in a

recent study evaluating the importance of perceived social support on illness

prevalence found that participants, who were actually exposed to an infectious

virus, who perceived social support were less likely to suffer from the infectious

elements of the virus (Cohen et al., 2015). Moreover, an additional finding

elucidated the importance of having physical contact (hugs) with those in your

social network. Specifically, participants that received hugs also experienced the

benefits specified above, which reduced the impact that solely perceiving social

support had on the emergence of symptomology related to the virus (Cohen et

al., 2015). In contrast, Schmitt and colleagues (2014) meta-analytic review of the

association between perceived discrimination and psychological well-being was

not able to find support for the moderating role of social support. Though Schmitt

and colleagues found no evidence for social support, the moderating effects have

been noticed in work organizations among those who experience work-family

conflict (WFC). Shockley and Allen (2013) examined WFC, and the moderating

effects of Family Supportive Supervisor Behaviors (FSSB) and work-supportive

family behavior on health, which was measured through cardiovascular indicators

(e.g. systolic and diastolic blood pressure). They found that during an episode of

family roles and responsibilities interfering with work (FIW), FSSB moderated the relationship between FIW and cardiovascular health, but work-supportive family did not moderate the opposite relationship (work interfering with family and cardiovascular health).

Exploring the role of social support for the justice-involved has important implications. Those who maintain strong social networks once released, specifically with those that visited them while incarcerated, are less likely to recidivate and more likely to obtain employment (Berg & Huebner, 2011; Cochran, 2014). Thus, social relationships have proven paramount in successful reentry into society. Further, Shivy et al (2007) found that justice-involved individuals reported having a social network is important to them when reentering society and the workforce. These social networks are critical and can arguably determine whether those that were justice-involved find and maintain employment (Shivy et al., 2007). We have reviewed the literature on social support and argue that these important social networks are imperative for reducing recidivism and maintaining employment for the justice-involved. Although the literature presents mixed results, social support may be an important element for this unique population.

Present Study

Based on the reviewed literature and utilizing the model of racism-related stress and well-being as a foundation (Harrell, 2000), we propose the following study:

The current research model includes measuring the level of perceived discrimination experienced by justice-involved individuals within the work context. Perceived discrimination can take form as the assignment of less pertinent duties, receiving fewer opportunities for promotion, a lower pay rate, and/or negative interpersonal interactions to name a few. The proposed model looks at indirect effects and moderators of the relationship between perceived discrimination, career outcomes, and health outcomes (i.e. depressive symptoms) among the justice-involved. We also examined the indirect role of stigma consciousness. That is, stigma consciousness will have an indirect effect on the relationship between perceived discrimination and depressive symptoms/career outcomes. In addition, we expect these relationships to be moderated by social support and attributions to perceived discrimination; with social identity serving as an inclusion criterion. Please refer to Figure 1 for an overview of the proposed research model. We expect to support the following hypotheses:

H1: Perceived discrimination will increase depressive symptoms.

H2: Perceived discrimination will negatively impact job satisfaction.

H3: Perceived discrimination will negatively impact affective commitment.

H4: Perceived discrimination will have a positive relationship with stigma consciousness.

H5: The relationship between perceived discrimination and stigma consciousness will be moderated by social support.

H6: Stigma consciousness will increase depressive symptoms.

H7: Stigma consciousness will negatively impact job satisfaction.

H8: Stigma consciousness will negatively impact affective commitment.

H9: The relationship between stigma consciousness and depressive symptoms will be moderated by attribution types.

H10: The relationship between stigma consciousness and job satisfaction will be moderated by attribution types.

H11: The relationship between stigma consciousness and affective commitment will be moderated by attribution types.

H12: The relationship between perceived discrimination and depressive symptoms will be mediated by stigma consciousness.

H13: The relationship between perceived discrimination and job satisfaction will be mediated by stigma consciousness.

H14: The relationship between perceived discrimination and affective commitment will be mediated by stigma consciousness.

H15: The relationship between stigma consciousness and depressive symptoms will be moderated by social support.

H16: The relationship between stigma consciousness and job satisfaction will be moderated by social support.

H17: The relationship between stigma consciousness and affective commitment will be moderated by social support.
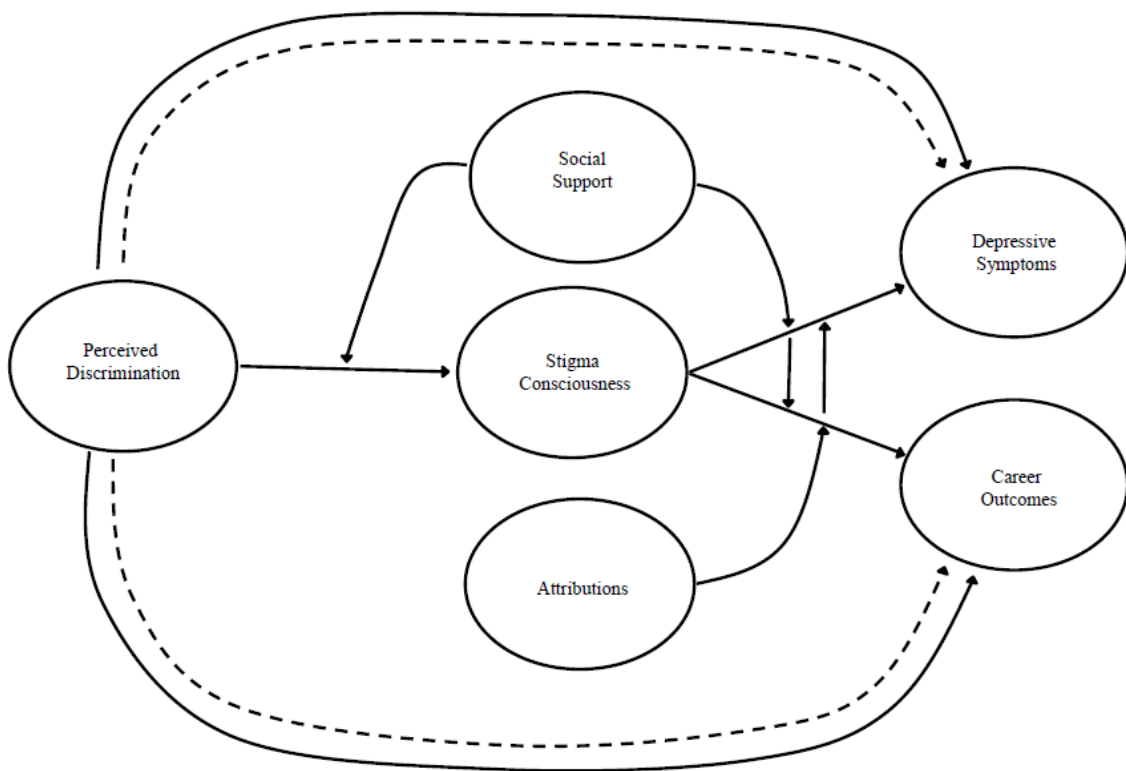

Figure 1. Model of Hypothesized Paths with Direct and Indirect effects.

CHAPTER TWO:

METHOD

Participant Sample

The present study collected data from justice-involved individuals who are currently employed, over the age of 18, and have been convicted of a felony and/or misdemeanor. Moreover, identity was used as an inclusion criterion with those scoring at or above a four being included in the analysis. An estimated sample size was determined using G*Power version 3.1.9.2. Results indicated that for adequate power data should be collected from an estimated 191 participants (Faul, Erdfelder, Lang, & Buchner, 2007). A total of 354 surveys were returned, however, 7 failed the attention checks and 91 completed only small portions of survey and were excluded from the final sample ($N = 256$).

The sample consisted of 31% Female (N=80) and 69% Male (N=176) with an average age of 37 (Age range: 19 – 73). Ethnic breakdown of participants was as follows: 1.2% American Indian (N=3), 2.7% Asian (N=7), 11.3% Black or African American (N=29), 64.5% Caucasian/White (N=165), 12.5% Hispanic or Latino/Latina (N=32), 0.4% Native Hawaiian or Pacific Islander (N=1), 6.6% Multiracial/ethnic (N=17), and 0.8% Other (N=2). Lastly, education level included 0.4% having not passed 8th grade (N=1), 2% completing some high school (N=5), 5.1% completing a GED (N=13), 12.5% having obtained a high school diploma (N=32), 28.5% completing some college (N=73), 14.5% earning an Associate's

Degree (*N*=37), 18.7% earning a Bachelor's Degree (*N*=48), and 18.3% earning

a Graduate Degree (*N*=47). For a complete overview of the study demographics,

please refer to Table 1.

Procedure

Participants were recruited using the snowballing technique, the Subreddit

r/ExCons (see Appendix A for sample post), and utilization of Qualtrics's

sampling feature. Participants were given the option to either complete the

survey online, via the Qualtrics survey platform, or a paper pencil version. All

participants decided to take the online version of the survey and were provided a

link. Upon accessing the survey participants were immediately directed to a

description of the study and an informed consent. There were 102 items

measuring all aspects of the research model and demographics. All responses

provided were anonymous and the survey took about 15-25 minutes to complete.

Participants recruited through Qualtrics received a compensation of ~$5, all other

participants received no compensation nor were there any risk associated to

participating beyond those experienced in daily activities. Upon completion of the

survey, participants were debriefed and thanked for their time.

Measures

The survey consisted of seven self-reported measures that were adjusted

to fit the target population when necessary. In addition, demographic information

was also collected. For a complete list of measures and demographic items, review Appendix B.

Identity

The single-item social identification (SISI) presented by Postmes, Haslam, and Jans (2013) was used to measure the level of social identity among justice-involved individuals. SISI uses the statement "I identify with my group (or category)" that allows participants to respond to a 7-point Likert scale, 1= "fully disagree" to 7= "fully agree."

Perceived Discrimination

Perceived discrimination was measured using an adapted version from Sanchez and Brock (1996). An example of an adapted item is, "At work, I sometimes feel that my ethnicity is a limitation" to "At work, I sometimes feel that my criminal record is a limitation." Each item went through this editing process to ensure they were relevant for those who were justice-involved. Perceived discrimination within a work context occurs when an employee believes they are the target of negative treatment. Ten items measured the level of perceived discrimination experienced by the justice-involved using a 5-point Likert scale ranging from 1= "strongly disagree" to 5= "strongly agree." For the current study, the Cronbach's alpha of this measure was α = .92.

Stigma Consciousness

Stigma consciousness was measured using an adapted version of Pinel's (1999) scale. An example of an adapted item is, "Stereotypes about women have

not affected me personally" to "Stereotypes about ex-offenders have not affected me personally." Each item went through this editing process to ensure they were relevant for those who were justice-involved. This scale measured the level of expected discrimination based on group membership (i.e., justice-involved). The 10-item scale measures stigma consciousness by separating items involving participant's experiences with co-workers and their beliefs around how they think their co-workers view those who have been justice-involved. This will be done by using a 7-point Likert scale ranging from 1= "strongly disagree" to 7= "strongly agree." For the current study, the Cronbach's alpha of this measure was α = .78.

Attributions

Russell's (1982) Causal Dimension Scale was used to measure the types of attributions justice-involved individuals use when experiencing discrimination. In particular, the sub-dimensions that measure locus of causality. Items were measured using a 9-point scale that measures participant's locus of causality of outcomes related to perceived discrimination. Item 2 was not included in subsequent analyses due to its negative impact on the Cronbach's alpha. After removal of item 2, the Cronbach's alpha of the causal dimension scale was α = .60.

Social Support

To measure social support, the 12-item scale developed by Zimet, Dahlem, Zimet, and Farley (1988) was used. There are three subscales within the overall measure of social support that identifies the source of support (i.e.,

family, friends, and significant other), each comprising of four items. These items were measured using a 7-point Likert scale that ranged from 1= "very strongly disagree" to 7= "very strongly agree." For this study, the overall Cronbach's alpha of the social support scale was α = .95. In addition, issues with multicollinearity were noticed. This led to the decision to remove it as a moderator between the relationship of stigma consciousness and depressive symptoms, as well as stigma consciousness and career outcomes (i.e., job satisfaction and affective commitment). Subsequently, social support was removed as a moderator for the dependent variables. Please see Figure 2 for an overview of the adjusted model depicting new hypothesized paths.

Depressive Symptoms

Depressive symptoms were measured using the Center for Epidemiologic Studies depression scale (CES-D) that measures depressive symptoms among the general population within a seven-day span (Radloff, 1977). It consists of 20 items that measures depression by using a 4-point Likert scale ranging from 1= "rarely or none of the time (less than 1 day)" to 4= "most or all of the time." For the current study, the Cronbach's alpha of this measure was α = .92.

Affective Commitment

There are three psychological states that are involved with organizational commitment: affective commitment, continuance commitment, and normative commitment (Allen & Meyer, 1990). Affective commitment is the amount of attachment, level of involvement, and identification an individual has with their

organization. Continuance commitment is defined as the associated cost that individuals place on leaving their organization. Normative commitment is the amount of obligation an individual may feel to continue working for their organization. Allen and Meyer (1990) provide a twenty-four-item scale to measure the organizational commitment as a whole, which breaks down into 3 subscales, each with 8 items (i.e. affective commitment, continuance commitment, and normative commitment). For the purposes of this study we utilized affective commitment, which had a Cronbach's alpha of $\alpha = .80$. These items were measured using a 7-point Likert scale ranging from 1= "strongly disagree" to 7= "strongly agree."

Job Satisfaction

Job satisfaction was measured using Cammann, Fichman, Jenkins, and Klesh's (1983) three item scale. These items were measured using a 7-point Likert scale ranging from 1= "strongly disagree" to 2= "strongly agree." For the current study, the Cronbach's alpha of this measure was $\alpha = .80$.

Demographics

Demographic information was collected to test if any differences exist between participants. Example demographic information that was collected includes type of conviction, age, gender, income, number of incarceration occurrences, length of incarceration, and marital status.
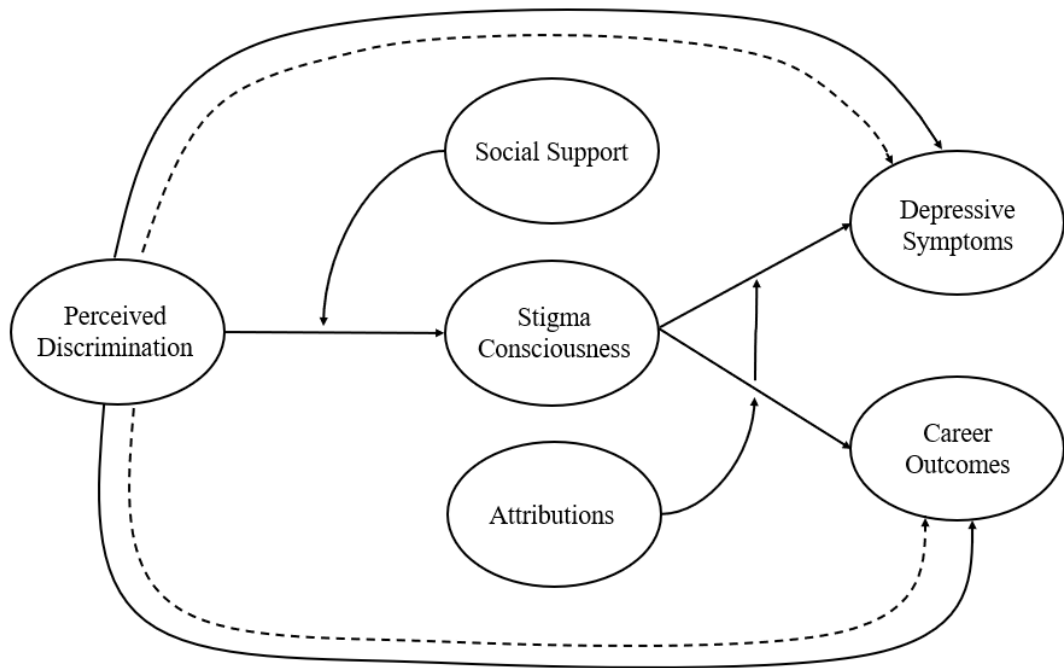
Figure 2. Adjusted Model of New Hypothesized Paths with Direct and Indirect
Effects.

CHAPTER THREE:

RESULTS

Data Screening

Data were retrieved from the Qualtrics platform and then imported to

SPSS version 26. Before any data cleaning were performed, 354 participations

started the survey. To be included in the current study participants must have

completed the entire survey, been previously incarcerated, identified with the

justice-involved, and answered all attention check items correctly. After data

cleaning, 91 participants were removed for not completing the entire survey and

7 were removed for not answering all attention checks correctly. In addition, to

prevent the removal of further participants, two separate path analyses were

performed to evaluate whether the inclusion criteria of identity were to be used.

After analyses were complete, examination of key study variable means was

done, and no major differences were noticeable (see Table 2). Therefore, no

additional participants were removed from final analysis and all participants who

were justice-involved, completed all survey items, and answered all attention

check correctly were included in the subsequent analyses (N=254).

Data were then screened to identify univariate outliers, multivariate

outliers, and exam violations of normality. A cutoff of $z = \pm3.3$, $p =.001$ was used

as the criteria to identify univariate. Analysis indicated there were no univariate

outliers among all variables. When examining data to identifying multivariate

outliers, Mahalonobis distance was used (df=4, X^2=16.58, p <.001). No multivariate outliers were found among all variables. Perceived discrimination, affective commitment, job satisfaction, social support, and depressive symptoms were negatively skewed, while locus of causality and stigma consciousness were positively skewed. Finally, violations of normality were not identified with all variables being normally distributed.

Analysis

Means, standard deviations, and bivariate correlations for all study variables are presented in Table 3. Study hypotheses were examined through path analysis utilizing Mplus version 7.31. Model and path results are described in the following sections.

Model Estimation

Given the current low number of degrees of freedom in this research model, the standardized root mean square residual was used to determine model estimation fit. The chi square, X^2 (5, N = 256) = 16.45, p = 0.005, standardized root mean square residual (SRMR) = 0.04, and comparative fit index (CFI) = .97 are indicative of the model estimation demonstrating a good fit.

Direct Effects

For a complete overview of model estimate parameters of direct and indirect effects, refer to Figure 3. Hypothesis 1 was supported (β =.50, p <.05). and predicted that perceived discrimination would increase depressive

symptoms. No support ($\beta = $ -.10, $p > .05$) was found for hypothesis 2 where we

argued that perceived discrimination would negatively affect job satisfaction. For

hypothesis 3, support was found ($\beta = $ -.23, $p < .05$) where we predicted that

perceived discrimination would negatively impact affective commitment.

Hypothesis 4 was supported ($\beta = .45$, $p < .05$), which we predicted that perceived

discrimination would positively impact stigma consciousness. No support was

found for ($\beta = $ -.05, $p > .05$) hypothesis 5 where we predicted the relationship

between perceived discrimination and stigma consciousness would be

moderated by social support.

Hypothesis 6 was statistically significant ($\beta = -.15$, $p < .05$). However, our

hypothesis stated that stigma consciousness would increase depressive

symptoms, but it was observed that stigma consciousness in fact decreased

depressive symptoms. For hypothesis 7, support was found ($\beta = -.19$, $p < .05$) for

our prediction that stigma consciousness would negatively impact job

satisfaction. No support was found ($\beta = -.11$, $p > .05$) for hypothesis 8 where we

stated that stigma consciousness would negatively impact affective commitment.

Support was found for hypothesis 9 ($\beta = .11$, $p < .05$) where we argued that the

relationship between stigma consciousness and depressive symptoms would be

moderated by attribution type. No support was found ($\beta = $ -.06, $p > .05$) for

hypothesis 10 where we predicted that the relationship between stigma

consciousness and job satisfaction would be moderated by attribution type. No

support was found ($\beta = $ -.08, $p > .05$) for hypothesis 11 where we argued that the

relationship between stigma consciousness and affective commitment would be moderated by attribution type.

<u>Indirect Effects</u>

For hypothesis 12 we predicted that the relationship between perceived discrimination and depressive symptoms will be mediated by stigma consciousness, which was supported (β = -.07, p <.05). For hypothesis 13 we predicted that the relationship between perceived discrimination and job satisfaction will be mediated by stigma consciousness, which was supported (β = -.08, p <.05). No support was found (β = -.05, p >.05) for hypothesis 14 where we argued the relationship between perceived discrimination and affective commitment would be mediated by stigma consciousness. Hypotheses 15-17 were removed from the current study because of issues with multicollinearity.

Overall, the model was adequate in supporting our study hypotheses with 57 percent being supported. Moreover, variance explained by the model was observed through stigma consciousness explaining 26%, affective commitment explaining 23 percent, job satisfaction explaining 18%, and depressive symptoms explaining 31%.
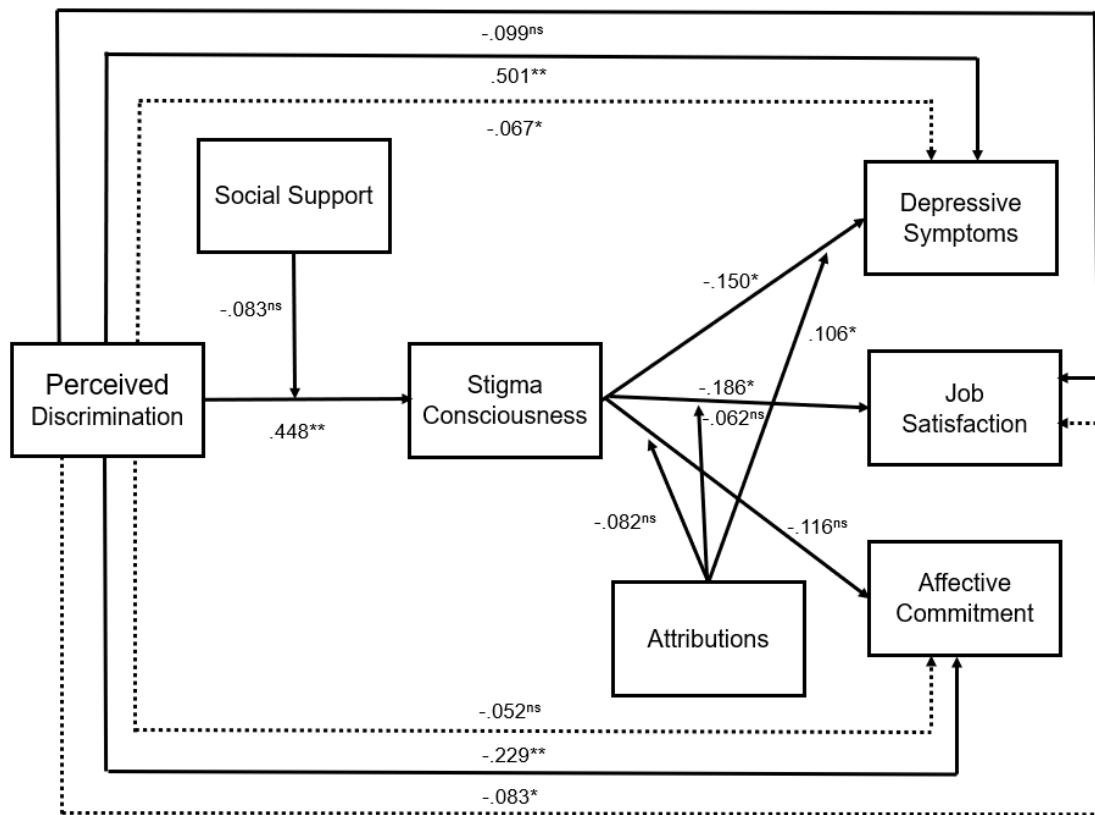
Figure 3. Estimated Model with Standardized Path Coefficients

Table 1. Demographic Variables

Gender	N (%)
Female	80 (31%)
Male	176 (69%)

Race/Ethnicity	N (%)
American Indian	3 (1.2%)
Asian	7 (2.7%)
Black or African American	29 (11.3%)
Caucasian/White	165 (64.5%)
Hispanic or Latino/Latina	32 (12.5%)
Native Hawaiian or Pacific Islander	1 (0.4%)
Multiracial/ethnic	17 (6.6%)
Other	2 (0.8%)

Education Level	N (%)
Not passed the 8th grade	1 (0.4%)
Some high school	5 (2%)
GED	13 (5.1%)
High school diploma	32 (12.5%)
Some college	73 (28.5%)
Associate's degree	37 (14.5%)
Bachelor's degree	48 (18.7%)
Graduate degree	47 (18.3%)

Marital Status	N (%)
Divorced	17 (6.6%)
Separated	2 (0.8%)
Single	68 (26.6%)
Committed Relationship	41 (16%)
Domestic Partnership	9 (3.5%)
Married	119 (46.5%)

Employment Industry	N (%)
Education	18 (7.0%)
Construction	28 (10.9%)
Healthcare	17 (6.6%)
Homemaker	1 (0.4%)

Manufacturing	30 (11.7%)
Retail	29 (11.3%)
Sales	21 (8.2%)
Service	31 (12.1%)
Technology	40 (15.6%)
Telecommunications	5 (2.0%)
Other	36 (14.1%)

Table 2. Means of Key Study Variables

Analyses	Means
Analysis 1 Variables (N=220)	
Stigma Consciousness	3.99
Depressive Symptoms	3.75
Job Satisfaction	4.97
Affective Commitment	4.20
Analysis 2 Variables (N=256)	
Stigma Consciousness	3.95
Depressive Symptoms	3.67
Job Satisfaction	5.04
Affective Commitment	4.27

Table 3. Correlation Matrix of Predictors and Criterion

Variable	M	SD	1	2	3	4	5	6	7
1. Perceived Discrimination	4.39	1.41							
2. Social Support	4.98	1.38	-.03						
3. Stigma Consciousness	3.95	.98	.43*	-.28*					
4. Attributions	5.69	1.92	.09	-.01	-02				
5. Depressive Symptoms	3.67	1.12	.46*	-.27*	.18*	.01			
6. Job Satisfaction	5.04	1.36	-.21*	.29*	-.31*	-.15*	-.36*		
7. Affective Commitment	4.27	1.10	-.31*	.34*	-.32*	-.12*	-.34*	.70*	

Note: *$p < 0.01$. N = 256.

CHAPTER FOUR:

DISCUSSION

The verdict is in! It is no secret that those who have been justice-involved face a myriad of challenges upon their release (Waltz, Santuzzi, & Finkelstein, 2013). These challenges can range from finding housing (Orians, 2016), obtaining medical care (Redmond et al., 2020), and maintaining stable employment (Pager, 2003). Although significant research has documented the ever-present obstacles justice-involved individuals face around finding stable employment (Brown, 2011; Decker et al., 2015; Graffam, et al., 2008; Pager, 2003; Shivy et al., 2007; Visher et al., 2005), the literature has yet to explore what challenges they face once employed. To address this void, the present study utilized the model of racism-related stress and well-being as a foundation (Harrell, 2000) to examine the role that perceived discrimination has on depressive symptoms, organizational commitment, and job satisfaction among justice-involved workers. We also examined the roles of social support, stigma consciousness, and attributions in the relationship between perceived discrimination and study outcomes. With stable employment being a key factor in determining whether one recidivates (Berg & Huebner, 2011), the need to examine the organizational experiences of justice-involved individuals is paramount, and this study makes an important contribution to our understanding around the challenges they face once employed.

Support was found for the direct effect of perceived discrimination on depressive symptoms. Specifically, experiences of discrimination increase the presence of depressive symptoms. This is a well-studied phenomenon and the link between these two variables has been observed in numerous studies of stigmatized groups (Tineo et al., 2021; Killoren et al., 2020, Schmitt, et al., 2014; Pascoe & Richman, 2009). Our results confirm this relationship among the justice-involved and adds to the literature around workplace discrimination and depressive symptoms (Di Napoli, 2021; Stratton, et al., 2020; Triana, et al., 2015). As it relates to the justice-involved, previous research suggests that the link between perceived discrimination and mental health is present even outside of the work context (Assari et al., 2018). Therefore, once employed this relationship spills over to this domain given the continued struggle to manage a socially stigmatized identity in the workplace (Anazodo, Ricciardelli, & Chan, 2019) and employer perspectives of those who have been justice-involved (Mikkelson & Schweitzer, 2019; Pager & Quillan, 2005). Understanding the effects of perceived discrimination in the workplace and gaining insights around how it impacts the mental health of the justice-involved can be useful for scholars and practitioners as they explore avenues that prohibit successful reentry and job attainment/retention.

The negative impact of discrimination in the workplace amongst justice-involved employees is not limited to the effects it has on mental health but can also result in a change in attitudes and behaviors, specifically related to affective

commitment. We found that justice-involved individuals who perceived

discrimination in the workplace reported lower levels of affective organizational

commitment. This relationship is particularly important given that employees who

are not committed to their organization tend to not perform at high levels (Fu &

Deshpande, 2013). Potentially making it more likely for the justice-involved to be

let go from work due to poor performance or inappropriate workplace behavior.

Subsequently, placing them back on the same employment market that

frequently discriminates towards their group. Few scholars have delved into

research examining employment outcomes amongst justice-involved individuals

who are employed. This area of research has either examined techniques used

by them to maintain employment (Anazodo et al., 2019) or how to implement and

maintain organizational practices and policies that are justice-involved friendly

(Goodstein, 2019). As mentioned by Goldstein (2019), an area "virtually

unexplored" are the implications of hiring and retaining individuals who are

justice-involved. Therefore, to the best of our knowledge, the current study is the

first of its kind to bring insights regarding perceived discrimination and

employment outcomes (i.e. affective commitment) for this population. Although

no specific study was found that replicated our finding, the meta-analytic review

performed by Triana and colleagues (2015) has found support for the relationship

between perceived discrimination and affective commitment amongst other

stigmatized groups. Consequently, when employees are not affectively

committed to their work/organization, it can increase their likelihood to voluntarily

leave the organization (Poon, 2012). For the justice-involved, this particularly

concerning because of their limited job opportunities.

In contrast to the impact on organizational commitment, no support was

found for the direct effect of perceived discrimination on job satisfaction. This was

inconsistent with our expectation and previous research (Madera et al., 2012).

When we explore the potential reasons why our current study found no support

for the negative impact of perceived discrimination on job satisfaction, it is

important to remember the consistent struggles experienced by the justice-

involved. As it relates to obtaining employment. The struggles they face in the

selection process is well-documented in the literature, and put simply, when an

individual is labeled "ex-offender" significant obstacles arise that make it difficult

for them to obtain meaningful employment (Brown, 2011; Decker et al., 2015;

Graffam et al., 2008; Pager, 2003; Shivy et al., 2007; Visher et al., 2005).

Moreover, when employment is secured, it is often for positions that are

considered unskilled (Sugie, 2018). Therefore, when justice-involved individuals

are offered employment after constant rejection, they may lower their job

expectations and settle for low-wage unskilled work. Previous research has

found that unskilled workers report higher dissatisfaction than their white-collar

counterparts (Kawada & Otsuka, 2011). Thus, resulting in the justice-involved not

being satisfied with their current work situation even prior to perceiving any

discrimination in the workplace. Moreover, justice-involved workers may be

committed to working for reasons other than affect and job satisfaction. That is,

they are committed because of their need for financial gain and stability, neither of which require one to be happy with their job while striving towards.

To, more completely, understand the relationships between perceived discrimination and the study outcomes, we also examined the potential mediating effects of stigma consciousness. There was support found for the direct effect between perceived discrimination and stigma consciousness. That is, the more workplace discrimination that was perceived, the more they became aware of their stigmatized status. In addition, stigma consciousness was also found to be a robust mediator in our model, as it pertains to mediating the relationships between perceived discrimination on job satisfaction and depressive symptoms. The meaingful indirect effects through stigma consciousness suggest that when a justice-involved individual perceives discrimination in the workplace, these perceptions are associated with perceptions of their stigmatized status and increased expectations of being treated negatively and decreased job satisfaction. We found this to also be the case when looking at the direct effect of stigma consciousness on job satisfaction (i.e. lower job satisfaction related to stigma consciousness). The negative effect of stigma consciousness on job satisfaction has been found in the literature (Pickern & Costakis, 2017). However, the mediating role that stigma consciousness serves between perceived discrimination and depressive symptoms indicates that the indirect effect of stigma consciousness may be serving as a safeguard. As with job satisfaction, the indirect effects through stigma consciousness suggest that experiences of

perceived workplace discrimination are related with perceptions of their

stigmatized status and increased expectations of being treated negatively due to

it, however, this resulted in a drop in depressive symptoms. The indirect effect

safeguard of stigma consciousness may seem counterintuitive, but we also

observed this decrease in symptoms when solely looking at the direct effect of

stigma consciousness on depressive symptoms. One explanation for this may be

related to resilience. When reviewing the literature, resiliency has been noted to

mitigate depressive symptoms amongst stigmatized groups. In fact, the power of

resiliency on psychological well-being has been supported across numerous

studies (Bruce et al., 2015; Li et al., 2021; Livingston et al., 2016; Lyons &

Heywood, 2016). Li and Colleagues (2021) found that members of the LGBT

community reported depressive symptoms due to negative interactions fueled by

their stigmatized status. Despite these negative interactions, members of the

LGBT community engaged in mechanisms that combat depressive symptoms by

exhibiting behaviors that promote resiliency (Li et al., 2021). Although research

around the resiliency effect has primarily focused on non-justice-involved

populations, this same mechanism can be utilized by the justice-involved.

Especially when one becomes aware of their stigmatized status. For example,

despite a justice-involved individual perceiving workplace discrimination, being

reminded of their stigmatized status in the workplace may also remind them of

their display of resiliency when they were seeking employment and facing

multiple hurdles in that endeavor. Therefore, utilizing this same resiliency to

navigate workplace challenges and not allowing it to negatively impact their mental health.

Although there was support for stigma consciousness partially mediating the relationships between perceived discrimination on job satisfaction and depressive symptoms, we did not find support for a mediating relationship with affective commitment. In addition, we also found no support for the direct effect of stigma consciousness on affective commitment. To understand these findings, we rely on the work of Pinel and Paulin (2005). In their study of service workers, they found high levels of stigma consciousness (stigma around service workers) associated with heightened feelings of disrespect at work, which led to higher turnover intentions. Pinel and Pauline (2005) utilized stigma consciousness as the antecedent to worker outcomes, while disrespect at work (e.g. perceived discrimination) mediated this relationship. The relationship between perceived discrimination and stigma consciousness is complicated and likely bidirectional. Given the cross-sectional nature of this data, we could not really examine how these unfold over time, but this merits further investigation in the future. Doing so may yield similar results as the Pinel and Pauline (2005) study.

We also examined social support and attributions as potential moderators of the relationship between perceived discrimination and stigma consciousness (social support moderating this relationship), along with the relationships between stigma consciousness on depressive symptoms, job satisfaction, and affect commitment (attributions moderating these relationships). The prediction

that social support would moderate the relationship between perceived discrimination and sigma consciousness was not supported. As stated previously, we did find a direct effect of perceived discrimination of stigma consciousness and previous studies have found that social support does moderate the impact of perceived discrimination on various outcomes (Cochran, 2014; Cohen, et al., 2015; Grav, et al., 2012; Rollock & Lui, 2016; Schwarzer & Knoll, 2007). Therefore, why did social support not moderate this relationship? When we examine stigma consciousness, a critical aspect of it is an individual's identification with the stigmatized group (Wilton et al., 2013). Lebel (2011) found that justice-involved individuals who identified strongly with the group had higher perceptions around them being future targets of enacted stigmatized when compared to those who did not. In other words, their stigma consciousness was greater given their higher sense of group identification. Furthermore, it has been found that the social networks of those who have been incarcerated are not as established and often many of the justice-involved indicate not having family networks to rely on for support (Munoz-Laboy et al., 2017). As a result, given their high-level of group identification and high expectation of falling victim to enacted stigma, coupled with their lack of social support networks, the justice-involved may not be properly equipped (i.e. no support) to combat this negative phenomenon that occurs between perceived discrimination and stigma consciousness. Not having a robust social network may also be exacerbated by their time spent in a correctional facility. Traditionally, these facilities have been

unaccepting of folks who look for support and express emotions during troubling times (Karp, 2010), which after significant exposure to these norms can cause this mindset to spillover once released.

When examining attribution and its moderating effects between stigma consciousness and the three outcome variables (i.e. depressive symptoms, job satisfaction and affective commitment), only one relationship was supported. The relationship between stigma consciousness and depressive symptoms was moderated by attribution. We found that justice-involved individuals who internalized their expectations of being stigmatized reported higher levels of depressive and those that externalized their expectations of being stigmatized reported lower levels of depression. The link between stigma consciousness negatively impacting health outcomes has been documented in the literature, along with its link to premature death amongst stigmatized groups (Orom et al., 2017). Further, research suggests that mitigating negative situations related to stigmatization has found that stigmatized groups develop coping mechanisms to reduce the negative impact of these experiences (Van Laar et al., 2019). One coping mechanism is cognitive restructuring. This is the ability for people to engage in positive psychological techniques that change the way they perceive negative events or beliefs (Van Laar et al., 2019). Therefore, justice-involved individuals externalizing their expectations of being stigmatized may be utilizing cognitive restructuring as a technique and those internalizing this expectation may not have the proper resources in place to help perceive these situations in a

positive light. However, the same moderating effect of attributions was not noted for the relationship of stigma consciousness on job satisfaction and affective commitment. As mentioned earlier, those who are justice-involved constantly struggle to find employment (Brown, 2011; Decker et al., 2015; Graffam, et al., 2008; Pager, 2003; Shivy et al., 2007; Visher et al., 2005) which often forces them to settle for work that is not enjoyable (Sugie, 2018). Thus, the relationship between stigma consciousness on job satisfaction and affective commitment may not have been moderated by attribution type (i.e. internal vs. external) because of this populations' already existing struggle to enter the workforce. Regardless of one's awareness of their stigmatized status and its impact on workplace outcomes, the ability to make an honest living may be of higher importance for the justice-involved even in they are not happy or committed to their current work situation.

Overall, our study variables brought some light to a dark place. Specifically, the role that stigma consciousness plays in mediating the effect of perceived workplace discrimination on the study's outcome variables. The justice-involved struggle to find employment, but when they do it is important to consider how they perceive workplace discrimination and identify mechanisms to help alleviate the negative impact it has on their mental health and workplace outcomes. Awareness of their stigmatized status, although it negatively impacts job satisfaction, can ultimately serve as a path to help them lessen its negative effect on depressive symptoms. Although we did not find support for many of our

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study moderators, for the justice-involved, making external attributions during experiences of stigma in the workplace seems to be an avenue that can be beneficial in reducing depressive symptoms as well. The purpose of our study was to understand the experiences of justice-involved workers and to fill the current void in the literature around this subject. Ultimately, we found the usual suspect (i.e. perceived discrimination) does impact justice-involved workers mental health and workplace outcomes, but this relationship can be further understood and mitigated by stigma consciousness and attribution types.

Implications and Directions for Future Research

Building on this body of research is particularly important given that the United States has the highest rate of incarcerated individuals in world (International Centre for Prison Studies, 2021), and employment issues among the formerly incarcerated are a critical factor in reducing recidivism (Berg & Huebner, 2011; Nally et al., 2014; Uggen, 1999). Therefore, research around their workplace experiences is critical given the millions of justice-involved individuals it may impact.

Because of the negative impact of perceived discrimination, and indirectly stigma consciousness, can have on health and career outcomes, our findings provide support for the continued need for initiatives like "ban the box". These types of initiatives aim to help the justice-involved by prohibiting potential employers from asking about previous arrest during the selection process (Henry

& Jacobs, 2007). According to the U.S. Equal Employment Opportunity

Commission, individuals seeking employment are protected from employment

discrimination as a function of their race, color, religion, sex, national origin, age,

disability, and genetic information. To date, the justice-involved have not been

included in this list of protective classes, but arguably, as literature has previously

elucidated (Brown, 2011; Decker et al., 2015; Graffam et al., 2008; Pager, 2003),

face many of the same challenges the aforementioned protective classes face

when seeking employment. Moreover, our findings provide additional insights in

illustrating that the challenges experienced by the justice-involved do not stop

once employed. Given the potential health and career implications of perceiving

workplace discrimination for the justice-involved, workplace protections should be

established to further protect this population once employed. That is,

organizational leaders can incorporate justice-involved individuals into their

current discrimination policies. Though creating and implementing new policies

around antidiscrimination towards justice-involved workers is a step in the right

direction, organizational leaders must also make effort to socialize these policies

through various trainings, company events, and electronic newsletters.

Furthermore, understanding the mechanisms at play and how to mitigate

the effect that workplace discrimination has on mental health and career

outcomes may be of importance, especially when working in a clinical setting.

Specifically, clinicians can further their understanding of how to properly prepare

justice-involved individuals around conceptualizing their stigmatized status and

how to manage these negative perceptions that others will have of them, especially in a workplace setting. Initial evidence from this study suggests that a form of cognitive restructuring (i.e., making external attributions to negative situations) may be used to help mitigate some of the negative effects that perceived discrimination has on depressive symptoms. The use of cognitive restructuring as a form of therapy is not a novel concept but can be potentially effective for the justice-involved. In fact, it has been explored by clinicians and is referred to as "narrative enhancement and cognitive therapy", with initial support for its benefit has been noted amongst other stigmatized groups (Yanos, Roe, & Lysaker, 2011; Roe et al., 2014). Utilizing this therapeutic approach amongst the justice-involved can provide them with useful psychological techniques to use when navigating society and the workspace.

In addition, our results gave further insights to the role that stigma consciousness has on the relationship between perceived discrimination and depressive symptoms. In particular, how the presence of stigma consciousness seemed to mitigate the negative impact of this relationship. We discussed that justice-involved individuals, when reminded of their stigmatized status due to workplace discrimination, may reflect on similar challenges they faced when trying to enter the workforce, along with some of the psychological techniques they engaged in to overcome the adversity experienced in the selection process, and potentially while incarcerated as well. Therefore, it may be that the inherent resilient nature of someone who has been incarcerated and found employment

may rely on their resiliency in the presence of workplace discrimination, minimize its impact on their mental health. This is especially important to understand and should be further explored. However, reentry professionals who work with the justice-involved, pre- and post-release, can reinforce the importance of resiliency and the influence it can have on the qualms of work and life.

From a theoretical perspective, the impact that stigma consciousness had on our study variables may have changed our findings if it were placed elsewhere in our model. That is, instead of having stigma consciousness as a mediator between our independent and dependent variables, it may have had more of an impact if it where the actual independent variable with perceived discrimination as the mediator. This is in alignment with what was done in the Pinel and Paulin (2005) study. Furthermore, most of our moderators did not have the hypothesized effect we expected them to have. Grav and colleagues (2012) found that having support was significantly associated with reported levels of anxiety and depression. Therefore, placing social support as the moderator between the direct effects of our mediator (stigma consciousness) and our studies outcomes variables (depressive symptoms, job satisfaction, and affective commitment) may have provided evidence for the potential buffering effects of social support. This may be imperative to justice-involved researchers and practitioners as this insight would help researchers continue building this literature, but also allow practitioners to disseminate this finding to those who have been justice-involved and their social networks.

More research is needed to explore additional challenges faced by the justice-involved in the work arena. First, little is known about the work-family conflict experienced by the justice-involved (Agars & French, 2016). Investigating this phenomenon and its potential association to turnover, health, and recidivism, to our knowledge, is an area unexplored. Previous literature has found that work-family conflict can lead to psychological strain and poor life satisfaction (Moreno-Jiménez et al., 2009). Therefore, examining whether similar findings can be replicated for the justice-involved can further help them as they transition into the workforce and provide them with the necessary support to be successful at work, but in addition refrain from reentering the justice system. Second, as mentioned by Sugie (2018), justice-involved individuals typical fill positions that are low-wage and unskilled. However, what happens when they seek organizational mobility and want to get promoted? It has been noted that other stigmatized groups, including those who have been justice-involved, may be discriminated against during the performance management process, which often dictates whether one progresses with an organization (Agars & Cazares, 2017). With the constant discrimination faced by the justice-involved, unpacking the nuances of the performance management process will allow scholars to gain insights to potential biases and subtle discrimination introduced in their employee evaluations. This work, in turn, may provide leaders best practices for combating these issues during employee evaluations of the justice-involved. Lastly, according to Gramlich (2019), African Americans/Blacks and Latinos/Hispanics

make up a large portion of prison population across the U.S. Though these numbers are steadily dropping (Gramlick, 2019), many of these inmates may be members of several stigmatized groups. This is referred to as intersectionality. Which put simply is an individual's membership of two or more stigmatized groups (Walby, Armstrong, & Strid, 2012). For example, a person can be justice-involved and Latino which would make them members of two stigmatized groups. Given that much of the prison population is either African American/Black or Latino/Hispanic, this automatically places them in two stigmatized groups, which can potentially be more when we consider other stigmatized groups one can be a member of, like: the LGBT community, female, obese, disabled, etc. Therefore, examining the impact that intersectionality has on the justice-involved in workplace may bring about novel insights that have yet to be uncovered.

Limitations

There are a couple of limitations to consider when evaluating the results of our study. The first being that a significant portion of our sample were recruited using the Qualtrics panel service. This helps researchers gather survey responses for hard-to-reach populations. Therefore, the generalizability of our study results come into question given our use of convenience sampling, although previous studies have indicated that valid inferences can still be made when utilizing this sample type (Boas, Christenson, & Glick, 2018). The second limitation is that our study demographics, specifically referring to race/ethnicity

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and educational attainment, are not representative of the justice-involved

population. According to Gramlich (2019), a vast majority of the U.S. prison

population consist of African American/Blacks and Latinos/Hispanics, many of

which will eventually return to their communities at some point (James, 2015).

However, in our study over 64% of the participants identified as being White.

Furthermore, 37% of our study participants indicated they had earned a

bachelor's and/or a Graduate degree. This is significantly higher than what has

been found previously, which is less than 4% of justice-involved individuals have

obtained a college degree (Wallace, Eden, & Flores, 2020). These demographic

outliers may have contributed to some of the nonsignificant effects within our

research model.

Conclusion

As more justice-involved individuals enter the workforce, documenting and

understanding their organizational experience is critical to their reentry process.

Our initial exploration has found that perceived workplace discrimination can

negatively impact depressive symptoms and affective commitment. Specifically,

those who perceived discrimination reported more depressive symptoms and

less affective commitment. Our study also found some support for the mediating

role that stigma consciousness has on the relationship between perceived

discrimination on depressive symptoms and job satisfaction. Which suggests that

the impact of workplace discrimination, through stigma consciousness, reduces

experiences of depressive symptoms and job satisfaction amongst the justice-

involved. Although our study moderators did not find much support (i.e. social

support & attributions), we have provided initial insights to drive subsequent

research to investigate workplace experiences amongst the justice-involved.

APPENDIX A:

INFORMED CONSENT

Sample post to Subreddit r/ExCons

APPENDIX B:

SCALES

Perceived Discrimination Scale

(Sanchez & Brock, 1996)

Original version (5-point Likert scale ranging from 1=strongly disagree to

5=strongly agree)

1. At work, I feel uncomfortable when others make jokes or negative commentaries about people of my ethnic background.

2. At work, I sometimes feel that my ethnicity is a limitation.

3. At work, many people have stereotypes about my culture or ethnic group and treat me as if they were true.

4. At work, people think I am unsociable when in fact I have trouble communicating in English.

5. At work, I sometimes feel that people actively try to stop me from advancing because of my ethnic origin.

6. At work, it bothers me when people pressure me to assimilate.

7. At work, I do not get enough recognition because I am different.

8. My accent is a limitation at work.

9. At work, I feel that others exclude me from their activities because of my ethnic background.

10. At work, people look down upon me if I practice customs of my culture.

Adapted version (5-point Likert scale ranging from 1=strongly disagree to 5=strongly agree)

1. At work, I feel uncomfortable when others make jokes or negative commentaries about people with criminal records.

2. At work, I sometimes feel that my criminal record is a limitation.

3. At work, many people have stereotypes about formerly incarcerated individuals and treat me as if they were true.

4. At work, people think I am unsociable when in fact I have trouble communicating.

5. At work, I sometimes feel that people actively try to stop me from advancing because of my criminal record.

6. At work, it bothers me when people pressure me to fit in.

7. At work, I do not get enough recognition because of my criminal background.

8. My criminal record is a limitation at work.

9. At work, I feel that others exclude me from their activities because of my criminal record.

10. At work, people look down upon me if I mention being formerly incarcerated.

Organizational Commitment

(Allen & Meyer, 1990)

Original version (7-point Likert scale that range from 1=strongly disagree to 7=strongly agree)

Affective

1. I would be very happy to spend the rest of my career with this organization.

2. I enjoy discussing my organization with people outside it.

3. I really feel as if this organization's problems are my own.

4. I think that I could easily become as attached to another organization as I am to this one (R).

5. I do not feel like 'part of the family' at my organization (R).

6. I do not feel 'emotionally attached' to this organization (R).

7. This organization has a great deal of personal meaning for me.

8. I do not feel a strong sense of belonging to my organization (R).

Job Satisfaction

(Cammann et al., 1983)

Original version (7-point Likert scale that range from 1=strongly disagree to

7=strongly agree)

1. All in all, I am satisfied with my job.

2. In general, I do not like my job (R).

3. In general, I like working here.

Depression CES-D

(Radloff, 1977)

Original version (scale ranging from 1=rarely or none of the time to 4=most or all of the time)

1. I was bothered by things that usually don't bother me.

2. I did not feel like eating; my appetite was poor.

3. I felt that I could not shake off the blues even with help from family and friends.

4. I felt that I was just as good as other people. (R)

5. I had trouble keeping my mind on what I was doing

6. I felt depressed.

7. I felt that everything I did was an effort.

8. I felt hopeful about the future. (R)

9. I thought my life had been a failure.

10. I felt fearful.

11. My sleep was restless.

12. I was happy. (R)

13. I talked less than usual.

14. I felt lonely.

15. People were unfriendly.

16. I enjoyed life. (R)

17. I had crying spells.

18. I felt sad.

19. I felt that people dislike me.

20. I could not get "going."

Stigma Consciousness

(Pinel, 1999)

Original version (7-point Likert scale ranging from 1=strongly disagree to
7=strongly agree)

1. Stereotypes about women have not affected me personally. (R)

2. I never worry that my behaviors will be viewed as stereotypically female.
   (R)

3. When interacting with men, I feel like they interpret all my behaviors in
   terms of the fact that I am a woman.

4. Most men do not judge women on the basis of their gender. (R)

5. My being female does not influence how men act with me. (R)

6. I almost never think about the fact that I am female when I interact with
   men. (R)

7. My being female does not influence how people act with me. (R)

8. Most men have a lot more sexist thoughts than they actually express.

9. I often think that men are unfairly accused of being sexist. (R)

10. Most men have a problem viewing women as equals.

Adapted version (7-point Likert scale ranging from 1=strongly disagree to
7=strongly agree)

1. Stereotypes about ex-offenders have not affected me personally. (R)

2. I never worry that my behaviors will be viewed as stereotypical of an ex-
   offender. (R)

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3. When interacting with people, I feel like they interpret all my behaviors in terms of the fact that I am an ex-offender.

4. Most people do not judge ex-offenders on the basis of them being formerly incarcerated. (R)

5. My being an ex-offender does not influence how people act with me. (R)

6. I almost never think about the fact that I am an ex-offender when I interact with people. (R)

7. My being an ex-offender does not influence how people act with me. (R)

8. Most people have a lot more negative thoughts about ex-offenders than they actually express.

9. I often think that people are unfairly accused of being discriminatory towards ex-offenders. (R)

10. Most people have a problem viewing ex-offenders as equals.

Identity Measure

(Postmes et al., 2013)

Original version (7-point Likert scale ranging from 1=fully disagree to 7=fully

agree)

    1. I identify with my group (or category).

Adapted version (7-point Likert scale ranging from 1=fully disagree to 7=fully

agree)

    2. I identify with ex-offenders.

Attribution Measure

(Russell, 1982)

Locus of Causality

1. Is the cause(s) something that:

Reflects an aspect of yourself	9	8	7	6	5	4	3	2	1	Reflects an aspect of the situation

2. Is the cause(s) something that is: (R)

Outside of you	9	8	7	6	5	4	3	2	1	Inside of you

3. Is the cause(s):

Something about you	9	8	7	6	5	4	3	2	1	Something about others

Social Support Measure

(Zimet et al., 1988)

Original version (7-point Likert scale that range from 1=very strongly disagree to 7=very strongly agree)

1. There is a special person who is around when I am in need.

2. There is a special person with whom I can share my joys and sorrows.

3. My family really tries to help me.

4. I get the emotional help and support I need from my family.

5. I have a special person who is a real source of comfort to me.

6. My friends really try to help me.

7. I can count on my friends when things go wrong.

8. I can talk about my problems with my family.

9. I have friends with whom I can share my joys and sorrows.

10. There is a special person in my life who cares about my feelings.

11. My family is willing to help me make decisions.

12. I can talk about my problems with my friends.

Demographics

1. What is your gender (Please Circle)?

   Female   Male

2. What is your age in years?_____

3. What is your race/ethnicity? (Please check all that apply)

   ☐American Indian

   ☐Asian

   ☐Black or African American

   ☐Caucasian/White

   ☐Hispanic or Latina/Latino

   ☐Native Hawaiian or Pacific Islander

   ☐Other

4. What is your current relationship status? (Please check one)

   ☐Single   ☐Committed Relationship ☐Domestic Partnership
   ☐Married   ☐Separated ☐Divorced   ☐Widow/Widower

5. What is your current education level? (Please check the highest level

   completed)

   ☐Below Grade 8   ☐Some College
   ☐Up to Grade 8   ☐Associate's Degree (AA, AS, AAB)
   ☐Completed Grade 8   ☐Bachelor's Degree (BA, BS)
   ☐Some High School   ☐Graduate Degree (MA, MS,
   Ph.D)
   ☐High School Diploma
   ☐GED (General Education Diploma)

6. What is your most recent conviction? (Please only check your most recent court conviction)

   ☐Misdemeanor   ☐Felony

6b. Given what you checked above, please state the type of conviction (For example: property offense, drug offence, violent offense, sex offense, etc…). _

_____

7. Please indicate how long it's been since your release from your most recent conviction.

   _____

7b. How long did you spend in jail/prison for your most recent conviction?____

_____

8. In your lifetime, how many times have you been in jail/prison?_____

_____

8b. If you have been in jail/prison more than one time, what is the longest time spent in jail/prison?_____

9. What is your current hourly wage?_____

10. If you do not get paid hourly, what is your yearly salary?_____

APPENDIX C:

INSTITUTIONAL REVIEW BOARD APPROVAL

March 3, 2020

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2020-19

and
Department of CSBS - Psychology
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear :

Your application to use human subjects, titled "The influence of stigma consciousness, perceived discrimination, and social support on health and career outcomes among the formerly incarcerated." has been reviewed and approved by the Chair of the Institutional Review Board (IRB) of California State University, San Bernardino has determined that your application meets the requirements for exemption from IRB review Federal requirements under 45 CFR 46. As the researcher under the exempt category you do not have to follow the requirements under 45 CFR 46 which requires annual renewal and documentation of written informed consent which are not required for the exempt category. However, exempt status still requires you to attain consent from participants before conducting your research as needed. Please ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.

Your IRB proposal (**Fy2020-19**) is approved. You are permitted to collect information from **[150]** participants for **[No Compensation]**from **[the community]**. This approval is valid from **[3/3/2020]** .

The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval notice does not replace any departmental or additional approvals which may be required.

Your responsibilities as the researcher/investigator include reporting to the IRB Committee the following three requirements highlighted below. Please note failure of the investigator to notify the IRB of the below requirements may result in disciplinary action.

- Submit a protocol modification (change) form if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before implemented in your study to ensure the risk level to participants has not increased,
- If any unanticipated/adverse events are experienced by subjects during your research, and
- Submit a study closure through the Cayuse IRB submission system when your study has ended.

The protocol modification, adverse/unanticipated event, and closure forms are located in the Cayuse IRB System. If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval identification number (listed at the top) in all correspondence.

If you have any questions regarding the IRB decision, please contact Dr. Jacob Jones, Assistant Professor of Psychology. Dr. Jones can be reached by email at Jacob.Jones@csusb.edu. Please include your application approval identification number (listed at the top) in all correspondence.

Best of luck with your research.

Sincerely,

Donna Garcia

Donna Garcia, Ph.D., IRB Chair
CSUSB Institutional Review Board

DG/MG

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