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The impact of criminal record stigma on quality of life: A test of theoretical pathways

Across multiple stigmatized groups, research suggests that stigma may negatively impact individual wellbeing. This impact often occurs through a sequential pathway that includes perceiving societal stigma, a diminished and stereotyped self-concept (i.e. internalized stigma), experiences of discrimination and rejection, and attempts to cope with stigma (e.g., secrecy or withdrawal). While prior research supports individual links within this pathway, no study has evaluated a model representing the relationships between all of these factors in relation to criminal record stigma. This study utilized cross-sectional data from an online survey of 198 adults to test the pathways through which criminal record-related stigma impacts individual quality of life. The results indicated that perceived stigma was a significant predictor of discrimination and rejection experiences, secrecy coping strategies, and decreased quality of life. There was also a significant indirect association between perceived stigma and quality of life through secrecy coping. Consistent with recent criminal record stigma research, internalized stigma was low among respondents. These findings point to the importance of reducing criminal record stigma and discrimination, so that individuals with criminal records have more opportunities to enhance their quality of life without having to withdraw from society or keep their record a secret.

Keywords: stigma, coping, criminal record, discrimination, quality of life

The impact of criminal record stigma on quality of life: A test of theoretical pathways

Recent estimates indicate that more than 2.1 million individuals are confined in United States (U.S.) jails and prisons (Bronson & Carson, 2019; Zeng, 2019). As a result of incarceration and other contact with the legal system, more than 70 million individuals in the U.S. have a criminal record (Gubernick, 2017). Having a criminal record can dramatically impact an individual's quality of life through formal and informal collateral consequences. Formal collateral consequences are legally-imposed or sanctioned restrictions that are applied to an individual based on their criminal record (Logan, 2013; Uggen & Stewart, 2015). For example, in some states and localities, individuals with criminal records are not eligible for certain professional licenses, job opportunities, public benefits, voting, and/or housing (Uggen & Stewart, 2015). In contrast, informal collateral consequences are repercussions of legal system involvement that are not legally imposed but may, nevertheless, have a negative impact on individuals with criminal records, their families, and the larger community (Logan, 2013; Uggen & Stewart, 2015). These include a broad range of challenges, such as the economic impact of missed educational and occupational opportunities during incarceration, strained family relationships, and the loss of child custody.

Stigma may underlie many of the informal and formal collateral consequences experienced by individuals who have criminal records. As defined by other scholars, "stigma" is a socially defined attribute that others believe an individual possesses; is undesirable in a given social context; and results in an individual being negatively stereotyped, devalued, excluded, and/or discriminated against (Link & Phelan, 2001; Major & O'Brien, 2005; Picco et al., 2016). For individuals with criminal records, this process can occur informally through daily interpersonal interactions, resulting in informal collateral consequences, such as decreased social support. Individuals with criminal records may also experience discrimination when they are

denied a job or housing opportunity for which they are otherwise legally qualified. This discrimination can also be codified into law, which results in legal restrictions on the right to vote, job opportunities and housing in certain areas based on a criminal record.

The multi-level impacts of stigmatized beliefs reflect the social-ecological conceptualizations of individual wellbeing, specifically that wellbeing is markedly impacted by the group practices, social systems, and broader societal attitudes that surround each person (Bronfenbrenner, 2005; Cook et al., 2014; Hughto et al., 2015). Research across stigmatized groups has indeed demonstrated a connection between individual wellbeing and environmental influences. These studies indicate that individuals experience adverse psychological and behavioral outcomes when they detect negative societal attitudes or experience discrimination in relation to their social label. These adverse outcomes include decreased social engagement (Link et al., 1989; Perlick et al., 2001), increased depression and anxiety (Birtel et al., 2017; Markowitz, 1998; Perlick et al., 2007), lowered self-esteem and self-efficacy (Corrigan et al., 2016), unhelpful coping responses (Link et al., 1989; Perlick et al., 2007), and increased recidivism (Chiricos et al., 2007; Moore et al., 2013).

People with criminal records perceive and anticipate considerable stigma from others relating to their record (Moore et al., 2013). Research supports these perceptions with findings suggesting that the general public associates the word “criminal,” with dirtiness, insanity, cruelty, dangerousness, being undeserving, irrationality, laziness, and several undesirable personality traits (MacLin & Herrera, 2006; Madriz, 1997; Rade et al., 2016). Unfortunately, only a few studies have examined the impacts of perceiving criminal record-specific stigma in one’s environment (Moore et al., 2013, Moore et al., 2016a; Moore et al., 2016b; Moore & Tangney, 2017; Winnick & Bodkin, 2008). Cumulatively, these studies suggest that perceiving or anticipating criminal record-related stigma may lead to maladaptive behaviors, negative self-

perceptions, and mental health challenges; however, some of these associations were moderated by participant demographic characteristics.

Given the importance of individual-environmental interactions, and the pervasive negative attitudes toward individuals with criminal records, it is important to further understand the mechanisms underlying the impacts of criminal record stigma. Classic (Bradley-Engen, 2011; Tannenbaum, 1938) and modified labeling theory (Link et al., 1989) provide some insight into these mechanisms. These two theories place awareness of societal stigma (also referred to as “perceived stigma” or “stigma awareness”) at the beginning of their theoretical conceptualizations (Corrigan & Rao, 2012; Link et al., 1989; Link et al., 1997; Moore et al., 2016a,b; Winnick & Bodkin, 2008, 2009). Next, these theories include a distinct labeling experience, in which the stigmatized label is self- or socially-assigned (Bradley-Engen, 2011; Corrigan et al., 2016; Corrigan & Rao, 2012; Corrigan et al., 2006; Link, 1989; Tannenbaum, 1938). Finally, they highlight that maladaptive responses to stigma can lead to negative psychological and external life repercussions (Bradley-Engen, 2011; Corrigan and Rao, 2012; Hunter et al., 2017; Link et al., 1989, 1997; Link & Phelan, 2014; Moore et al., 2016a; Moore & Tangney 2017; Newheiser & Barreto, 2014; Perlick et al., 2001; Tannenbaum, 1938). These maladaptive responses include coping (i.e. *stigma management*) strategies in response to perceived stigma and discrimination or rejection. For example, research has described several coping strategies that individuals use in response to mental illness-related stigma (Link et al., Cullen, 1991; Link et al., 1997; Link et al., 2002). These include *secrecy* (i.e., hiding one’s stigmatized label), *withdrawal* from situations where one might face stigmatization, *educating* others to reduce their negative and false associations with one’s label, *challenging* others’ stigmatizing behaviors and words, and cognitive *distancing* (i.e., thinking about themselves as different than others with the same stigmatized label; Corrigan & Rao, 2012; Link et al., 1991,

1997, 2002; Newheiser & Barreto, 2014). This list of coping approaches has since been used in research with multiple stigmatized populations. The collective findings indicate that secrecy and withdrawal, in particular, may negatively impact quality of life (Hunter et al., 2017; Link et al., 1991; Luoma et al., 2007; Newheiser & Barreto, 2014).

Despite some common features, classic and modified labeling theory diverge in *how* being assigned a stigmatized label (e.g., a criminal record) results in maladaptive coping responses and leads to negative quality of life outcomes. Classic labeling theory suggests that individuals internalize negative societal messages surrounding their label and then experience negative psychological and behavioral consequences as a result of an altered self-perception (Bradley-Engen, 2011; Corrigan & Rao, 2012; Corrigan et al., 2006, 2009, 2016; Link et al., 1989; Mashiach-Eizenberg et al., 2013; Moore et al., 2013; Moore et al., 2016b; Tennenbaum, 1938; Yanos et al., 2008). Alternatively, modified labeling theory emphasizes the role of anticipated and/or experienced discrimination and rejection in predicting negative life outcomes through maladaptive attempts to cope with external stigma threats (Hunter et al., 2017; Link et al., 1989, 1997; Link & Phelan, 2001, 2014; Moore et al., 2016a; Moore & Tangney, 2017; Newheiser & Barreto, 2014; Perlick et al., 2001; Winnick and Bodkin, 2008). The two theoretical models above suggest that stigma may affect individuals through multiple paths; however, research has not yet explored these internalization and external rejection threat pathways in tandem.

A third path of stigma's impact may involve an interaction between internalization and rejection experiences as they influence coping responses and life outcomes. That is, the internalization of stigma may heighten the negative impact of rejection experiences on psychological and behavioral outcomes, and vice versa. This interaction has not been sufficiently substantiated within empirical research; however, several scholars have mentioned a relationship

between these two constructs (Bradley-Engen, 2011; Corrigan et al., 2010; Hunter et al., 2017; Link et al., 1997; Mashiach-Eizenberg et al., 2013; Moore et al., 2013; Moore et al., 2016b; Picco et al., 2016; Yanos et al., 2008). Thus, empirical tests of this interaction are needed to assure that stigma theory accurately reflects the relationship between experiences of rejection and internalized stigma as they impact coping responses and quality of life.

Although many empirical studies have applied classic and modified labeling theories to individuals experiencing mental illness, few studies have investigated whether these theories accurately describe the experience of individuals who experience criminal record stigma. The limited body of research on criminal record stigma suggests that there are connections between stigma awareness and internalization (Moore et al., 2016b); stigma awareness and anticipated rejection (Moore et al., 2016b); anticipated rejection and both secrecy and withdrawal coping (Moore & Tangney, 2017; Winnick and Bodkin, 2008); and, finally, withdrawal coping and poor community adjustment (Moore & Tangney, 2017). Within these findings, and among individuals with criminal records, the role of internalized stigma remains unclear because the overall endorsement of internalized stigma has been very low (Moore et al., 2016b).

More research is needed to confirm whether the theoretical connections that have been supported across stigmatized groups also occur among individuals who have criminal records. Specifically, there is a need for more empirical validation of the connection between criminal record stigma and individual wellbeing (Birtel et al., 2017; Corrigan et al., 2006, 2012; Hunter et al., 2017; Link et al., 1989; Perlick et al., 2001; Quinn & Chaudoir, 2015). It is also critical to examine the prevalence of internalized criminal record stigma and its connection to specific stigma management responses (Corrigan et al., 2016; Corrigan and Rao, 2012; Mashiach-Eizenberg et al. 2013; Yanos et al., 2008), as well as the relation between criminal record stigma management behaviors (e.g. secrecy and withdrawal) and quality of life outcomes (Hunter et al.,

2017; Link et al., 1991, Luoma et al., 2007; Newheiser & Barreto, 2014). Lastly, research on criminal record stigma rarely attends to the impact of environmentally *experienced* discrimination and rejection—as opposed to the impact of cognitively *anticipated* discrimination—on stigma management. Scholars have acknowledged this gap in the broader stigma literature and stressed the importance of including discriminatory events and their systemic origins in conceptualizations of stigma (Link & Phelan, 2001; Moore et al., 2016a,b). This shift would expand the focus of study and intervention to critical targets beyond the individual level, which aligns with community psychology’s orientation toward addressing systemic sources of individual distress and wellbeing (Maya Jariego, 2016; Tebes, 2016).

Several additional factors that may influence the pathways through which perceived stigma affects quality of life. The stress of criminal record stigma may be particularly intense among individuals who are members of minority groups due to reduced systematic access to opportunity. For example, Black male job seekers with criminal records are significantly less likely to receive a call back for employment than matched white male peers (Pager 2003; Pager et al., 2009). Among incarcerated men, Winnick and Bodkin (2008) found a positive association between age and secrecy about a criminal record. Although women are a small percentage of the incarcerated population, their rate of incarceration is increasing more sharply than men’s (The Sentencing Project, 2016). An individual’s education level may also influence their likelihood of obtaining further criminal convictions, achieving economic stability, and accessing a broad social network (Lockwood et al., 2016; Makarios et al., 2010). Lastly, having a felony conviction may enhance stigma-related challenges because multiple laws and policies limit the freedoms of individuals with felony convictions due to the perceived severity of their crimes.

To integrate individually focused stigma research with an ecologically-oriented lens, we explored the connections between societal stigma, discrimination, and individual wellbeing. We

tested two hypothetical models that depict the indirect impact of criminal record stigma on quality of life (Figure 1). To justify our use of parallel pathway models, we first explored whether there was an interaction between internalized stigma and criminal record discrimination as they impact withdrawal or secrecy coping responses. We hypothesized that this interaction would not be significant. Our next hypotheses are shown in Figure 1, in which we expected that perceived stigma would indirectly increase participants' inclination toward two separate coping strategies—withdrawal and secrecy—through internalized stigma and criminal record-related discrimination. Lastly, the two models in Figure 1 show that we expect both withdrawal and secrecy coping to link with internalized stigma and discrimination to quality of life.

FIGURE 1 HERE

Method

Procedures and Participants

Recruitment. We recruited a cross-sectional sample of adults who self-reported a felony and/or misdemeanor conviction. To participate in the study, individuals were required to read and write in English, to have access to a personal or shared internet-access device, to be 18 years old, and to have a misdemeanor and/or felony conviction. The survey was posted once in a private Facebook group for individuals who have criminal records. Group members were encouraged to share the study information with individuals and/or organizations who had or worked with those who had criminal records.

Procedures. Participants completed the self-report questionnaire through Qualtrics, a secure and confidential online survey program. The Qualtrics survey was accessible from a personal or shared computer, as well as by mobile device, via the publicized link. At the outset of the survey, participants consented to participating in the study. The survey took approximately

45-60 minutes to complete. Each respondent received a \$30 money order in the mail for their participation. All procedures and study materials were approved by the university IRB.

Measures

Perceived stigma. Perceived stigma was measured using an adaptation of Link et al.'s Devaluation and Discrimination scale (1989), which was originally developed for individuals with mental illness. This scale contains 12 items with six Likert response options ranging from 1 = "strongly disagree" to 6 = "strongly agree." Items were changed to replace the target with 'criminal record,' which is consistent with prior use of this measure (Winnick & Bodkin, 2008, 2009). Example items include, "Most people feel that having a criminal record is a sign of a personal failure," and "Most employers will pass over the application of a person with a criminal record for another applicant." This measure maintained good internal consistency in the present study ($\alpha = .83$).

Internalized stigma. Internalized stigma was assessed with a subscale from the Self-Stigma of Individuals with Criminal Records scale, or "SSICR" (Moore et al., 2016b), which was adapted for individuals with criminal records. It includes three subscales (awareness, agreement, and concurrence/internalization). This study used only the "internalized stigma" subscale from the SSICR. The prompt of this subscale begins with "Because I have a criminal record" and is followed by ten items that reflect self-deprecating, stigma-related beliefs, such as "I am a bad person." The 4-point Likert scale response options range from 1 = "false, not true at all" to 4 = "very true." Similar to Moore et al.'s (2016b) findings, an analysis of participant responses in this study indicated that the self-blame item decreased the subscale's internal consistency ($\alpha = .72$). Therefore, this item was removed for the purpose of this study, which elevated the subscale's internal consistency to $\alpha = .86$.

Criminal Record-Based Discrimination and Rejection. Participants' experiences of criminal record-based discrimination and rejection were evaluated with the Self-Reported Experiences of Rejection Scale (SRER; Link et al., 1997), which consists of 12 items inviting a yes or no response. The original scale asked whether participants "had ever" experienced differential treatment by others due to their mental illness or substance use. To adapt this measure for individuals with criminal records, the wording relating to mental illness or substance use was replaced with "a criminal record." Additionally, one item was removed, as it was duplicated in the original scale: once for mental illness and again for substance use. Responses in the present study also indicated that the measure maintained good internal consistency ($\alpha = .84$).

Secrecy and withdrawal coping. Secrecy and withdrawal coping strategies were measured using the Stigma Management Scale (Link et al., 1989, 1991). The original 17-item measure included three subscales measuring different responses to mental illness-related stigma: secrecy, withdrawal and education. The six Likert response options range from 1 = "strongly disagree" to 6 = "strongly agree." For the purpose of this study, references to mental illness were replaced with "having a criminal record."

This study used only the secrecy (5 items) and withdrawal (7 items) subscales due to the significance of these strategies in prior research (Hunter et al., 2017; Link et al., 1991, Luoma et al., 2007; Newheiser & Barreto, 2014). The adapted secrecy subscale assessed the degree to which individuals hide their criminal record to avoid rejection. The adapted withdrawal subscale assessed individuals' inclination to avoid social situations because of criminal record stigma and restrict their social contacts to those with criminal records. In the present study, the withdrawal subscale had acceptable internal consistency ($\alpha = .70$), while the secrecy subscale had good internal consistency ($\alpha = .83$).

Quality of life. Quality of life was recorded with the 16-item Quality of Life Scale (QOLS; Burckhardt & Anderson, 2003). The QOLS measures multiple categories of life satisfaction, including physical and material well-being, interpersonal relationships, social and community involvement, personal development and fulfillment, recreational pursuits, and independence (Burckhardt & Anderson, 2003). Respondents rate their satisfaction on a 7-point Likert scale, ranging from 1= “terrible,” to 7= “delighted.” The measure maintained excellent internal consistency in this study ($\alpha = .92$).

Control variables. Gender, age, conviction type (felony vs misdemeanor), and education level were included as control variables in the analyses to account for their potential to impact individuals’ legal system involvement and quality of life. Participant’s selected racial identities were also included as control variables to cumulatively account for the documented disparities in the criminal legal system and broader systemic privilege that are associated with different racial and ethnic identities. Finally, years since last conviction, years since last release from incarceration, and the total years an individual had been incarcerated in their lifetime were also included as controls. These last three time-related variables were included because of their potential impact on the cumulative number of criminal record discrimination incidents individuals have experienced, as well as the opportunities individuals have had to build coping skills and quality of life post-conviction and release.

Analytical Plan

All analyses were conducted using SPSS (IBM, 2019) and the PROCESS macro (Hayes, 2019). Bivariate correlation analyses were performed prior to model testing. We first explored the interaction between internalized stigma and criminal record discrimination on withdrawal and secrecy using two separate 3-step, hierarchical linear regression analyses in SPSS. Then, we ran two models to examine the direct path between perceived stigma and quality of life, as well

as the indirect pathways through internalized stigma, criminal record discrimination, and secrecy (Model 1) and withdrawal (Model 2). Research suggests the path coefficients for the proposed model may range from .23 to .72 (Moore et al., 2016a,b; Watson et al., 2007; Corrigan et al., 2016). Given this expected range, a preliminary power analysis using Kenny's (2017) online calculator suggested that the sample size of 198 resulted in adequate power ($> .80$) to detect the expected direct and indirect pathways.

Results

Participant Characteristics

Participant characteristics are summarized in Table 1. The majority of our participants (90.9%, $n = 180$) had a felony conviction record. On average, they had experienced 7.93 years of lifetime incarceration ($SD = 8.12$), with 11.11 years since their last conviction ($SD = 9.1$) and 5.8 years since their most recent release from incarceration ($SD = 6.02$). Our participants ranged in age from 21 to 69 years old and included a relatively balanced number of women (41.4%, $n = 82$) and men (58.6%, $n = 116$). A high percentage of our sample had obtained an Associates or higher college degree (59.6%, $n = 118$). With respect to geographic location, our participants hailed from 182 unique zip codes and 27 states. Lastly, participants were provided the option of selecting any number of non-exclusive racial and ethnic identities in one combined question (Mathews et al., 2015) and reported the following racial and/or ethnic identities: 57.1% Caucasian, Anglo or White ($n = 113$); 25.3% African American or Black ($n = 50$); 19.2% Latino/a, Mexican or Chicano ($n = 38$); 4.5% Asian or Pacific Islander ($n = 9$); and 4.0% American Indian, Native American, or Alaskan Native ($n = 8$). Three participants selected "Other" (1.5%) and wrote in an unlisted racial identity: "Ivorian" ($n = 1$), "Afghan" ($n = 1$), or "Semetic" ($n = 1$). The racial representation within our sample differed from the national population of incarcerated individuals, which includes fewer White individuals (~37%), and

more Black (~33%) and Latinx individuals (~20%) than participated in our study (Bronson & Carson, 2019; Zeng, 2019).

Participant Experiences

As shown in Table 1, participants largely endorsed perceiving stigma, experiencing stigma-related rejection and having a good quality of life despite these experiences. On average, participants responded “somewhat agree” to perceived criminal record stigma items ($M = 4.50$, $SD = 0.76$) and endorsed experiencing more than 6 out of the 11 discrimination events listed in our scale. When responding to items measuring withdrawal strategy use, participants, on average, vacillated between “somewhat agree” and “somewhat disagree” ($M = 3.41$, $SD = 0.87$). The same was true for secrecy strategies ($M = 3.42$, $SD = 1.21$). Despite perceiving and anticipating stigma surrounding their criminal records, and endorsing some use of secrecy and withdrawal, the average participant response to quality of life scale items was “mostly satisfied” ($M = 5.01$, $SD = 1.06$).

Notably, there was very little endorsement of internalized stigma among participants. The average participant responded “no, not at all true” to nearly all self-stigmatizing statements on the SSICR ($M = 1.06$, $SD = 0.21$). In response to the consistently low internalized stigma scores among participants, the researchers attempted to transform average internalized stigma scores using log transformation to reduce the strong distribution skew (Curran-Everett, 2018). Unfortunately, the distribution of average internalized stigma scores did not approximate a log-normal distribution and, therefore, the log transformation did not reduce the skewness of the score distribution (Feng et al., 2014). The following analyses used the untransformed, non-normally distributed averages. All internalized stigma-related results should be considered with caution, as the internalized stigma score distribution violated the normal conditions assumed within the subsequent analyses.

TABLE 1 HERE

Bivariate Correlations

Bivariate correlations among all study variables are displayed in Table 2. As anticipated, perceived stigma was positively associated with criminal record discrimination ($r = .40, p < .01$), secrecy ($r = .37, p < .01$) and withdrawal ($r = .22, p < .01$). Perceived stigma was negatively correlated with quality of life ($r = -.19, p < .01$). Also as expected, criminal record discrimination was correlated with secrecy ($r = .23, p < .01$) and withdrawal ($r = .17, p = .02$), and negatively associated with quality of life ($r = -.14, p = .05$). Secrecy was correlated with withdrawal ($r = .49, p < .01$), and both secrecy and withdrawal were negatively correlated with quality of life ($r = -.24, p < .01$; $r = -.22, p < .01$). Interestingly, internalized stigma was significantly correlated with criminal record discrimination and rejection ($r = .14, p = .05$), but not with perceived stigma, secrecy, withdrawal, or quality of life.

Several control variables were also correlated with the above constructs, as shown in Table 2. Because age and total years of lifetime incarceration were only correlated with other control variables, and not with any of the model variables, they were not included as controls in the subsequent analyses. In light of the significant correlation between time since release from incarceration and quality of life, the three individuals in the sample who had not been incarcerated were not included in the subsequent analyses, resulting in an N of 195.

TABLE 2 HERE

Interaction Analyses

We ran two hierarchical regression models to determine whether there was an interaction between internalized stigma and criminal record discrimination on withdrawal and secrecy. As noted above, this analysis sought justification for examining parallel (as opposed to interactive) pathways within Models 1 & 2 (Figure 1). For both analyses, the control variables were entered

in Step 1, internalized stigma and criminal record discrimination in Step 2, and the interaction between internalized stigma and criminal record discrimination in Step 3. As shown in Table 3, the interaction between internalized stigma and criminal record discrimination was not associated with a significant change in secrecy or withdrawal coping in the regression analyses. Other significant relationships in these regression analyses were not interpreted because the effects of perceived stigma were not accounted for as they were in the later analyses.

TABLE 3 HERE

Full Model Analyses

The lack of an interaction between internalized stigma and criminal record discrimination supported parallel (as opposed to interactive) pathways through internalized stigma and criminal record discrimination to coping responses. Models 1 (Withdrawal) and 2 (Secrecy) simultaneously investigated the direct and indirect pathways and control variables using PROCESS, template # 80 (Hayes, 2018, 2019). The PROCESS analysis evaluated the direct effects for each path in the model using 5,000 bootstrapped confidence intervals.

Model 1: Withdrawal. As shown in Figure 1, Model 1 tested the direct relationship between perceived stigma and quality of life. It also tested the indirect pathways from perceived stigma to criminal record discrimination or internalized stigma to withdrawal and, finally, to quality of life. See Table 3 and Figure 2 for the full results.

This analysis indicated that perceived stigma was directly associated with decreased quality of life ($B = -0.16, p = .05$). Perceived stigma was also directly related to higher criminal record discrimination ($B = 0.39, p < .01$); however, perceived stigma was not significantly associated with internalized stigma. Additionally, neither internalized stigma nor criminal record discrimination were related to withdrawal, but withdrawal was directly related to decreased quality of life ($B = -0.20, p = .01$).

Among the control variables, there was a significant association between years since last release and increased quality of life ($B = 0.24, p = .01$). Some individual racial categories were also related to the focal variables; however, we chose not to highlight or interpret significant associations between model variables and single racial categories. This choice is consistent with the original purpose of including race as control variables: to cumulatively account for race and ethnicity-related variance in legal system experiences. Furthermore, participants were able to choose any number of multiple racial identities, which limits the individual and social significance of selecting any single category for interpretation.

There was one significant indirect pathway in this model analysis: from perceived stigma, through withdrawal, to decreased quality of life ($B = -0.03, 95\% \text{ CI } [-0.08, >-0.01]$). This indirect pathway only significantly differed from one of the other four indirect pathways that proved insignificant (Contrast PS-Withdraw-QOL vs. PS-IS-Withdraw-QOL: $B = -0.03, 95\% \text{ CI } [-0.08, <-0.01]$). The miniscule distance between the upper confidence interval value and zero for the above significant pathway and the one significant pathway difference, as well as the insignificant difference between the PS-Withdraw-QOL path and three other insignificant paths, indicates that the PS-Withdraw-QOL pathway was not substantial enough to warrant interpretation.

Model 2: Secrecy. As shown in Figure 1, Model 2 tested the direct association between perceived stigma and quality of life. It also tested the indirect pathways from perceived stigma to criminal record discrimination or internalized stigma to secrecy and, finally, quality of life. See Table 3 and Figure 2 for full results.

This analysis indicated that perceived stigma was indirectly associated with decreased quality of life through secrecy. As in Model 1, perceived stigma was directly related to criminal record discrimination ($B = 0.39, p < .01$), but not related to internalized stigma. Perceived stigma

was also directly associated with increased secrecy coping ($B = 0.32, p = <.01$). Internalized stigma and criminal record discrimination were not related to secrecy, but secrecy was associated with a decreased quality of life ($B = -0.17, p = .03$). Lastly, there was a significant indirect pathway in this model analysis: from perceived stigma, through secrecy, to decreased quality of life ($B = -0.05, 95\% \text{ CI } [-0.12, -0.01]$). This indirect path significantly differed from all other insignificant indirect pathways, except the non-significant pathway from perceived stigma, through criminal record discrimination, to quality of life (Contract PS-Secrecy-QOL vs. PS-CRDR-QOL: $B = 0.05, 95\% \text{ CI } [-0.05, 0.14]$).

Several control variables also impacted the target variables in Model 2. For example, having a felony conviction and identifying as a woman were related to less internalized stigma (Felony: $B = -0.18, p = .02$; Woman: $B = -0.17, p = .02$). Having a felony conviction was also related to lower secrecy scores ($B = -0.17, p = .03$). Lastly, years since last release was related to increased quality of life ($B = 0.23, p = .02$). As in the withdrawal model, some race/ethnicity-related findings were related to the variables in this model, but they are not highlighted in our tables to avoid mis-representing their meaning.

FIGURE 2 HERE

Discussion

This study evaluated the pathways through which stigma negatively impacts quality of life among individuals who have criminal records. As suggested in prior literature, we found that perceived criminal record stigma was associated with decreased quality of life. This association was direct in our withdrawal model (Model 1) and indirect, through secrecy coping, in our secrecy model (Model 2). The findings of this study align with modified labeling theory and community psychology principles.

Alignment with Modified Labeling Theory

In accordance with modified labeling theory and prior research on criminal record stigma (Hunter et al., 2017; Luoma et al., 2007; Newheiser & Barreto, 2014), perceived stigma was indirectly related to decreased quality of life through attempts to cope with stigma. Specifically, perceived stigma was associated with an increase in secrecy and a decrease in quality of life. As modified labeling theorists have previously suggested, secrecy may be a strategy that individuals employ to protect themselves from stigma-related rejection and discrimination (Link et al., 1991, 1997, 2002). Unfortunately, research has also found that secrecy may lead to negative life outcomes, including decreased positivity and support from social interactions, which coincides with our observation that secrecy was associated with decreased quality of life (Hunter et al., 2017; Luoma et al., 2007; Newheiser & Barreto, 2014). Future research should explore whether these relationships are present over time. Qualitative research should also investigate whether there is a need to revise theory to capture the unique challenges associated with criminal record stigma, as compared to other stigmatized identities.

While withdrawal coping was directly associated with decreased quality of life in our analysis, perceived stigma was directly associated with withdrawal in our analysis, and there was no indirect relationship from perceived stigma to quality of life through withdrawal coping. These findings were unexpected in light of prior research suggesting withdrawal coping is associated with perceived stigma and life outcomes among individuals who have criminal records or other stigmatized labels (Link et al., 1991; Moore & Tangney, 2017; Winnick & Bodkin, 2008). Our study may not have found this connection because our measure of withdrawal was not originally designed to capture the unique coping strategies that individuals with criminal records may use. Additionally, our sample may have been particularly dis-inclined to withdraw, as evidenced by their participation in a Facebook group for individuals with criminal records and their above-average engagement with academic settings.

The absence of a relationship between experiences of discrimination and quality of life was also unexpected. Rather than indicating discrimination has no impact on quality of life, this finding may reflect the shared variance between perceived stigma and experiences of discrimination. That is, a small amount of the variance in quality of life may have been attributed to discrimination after accounting for perceived stigma. Additionally, rather than theoretically mediating the link between perceived stigma and coping, Moore et al. (2016b) hypothesized that discrimination may moderate paths in the stigma impact process (e.g., enhancing the impact of perceived stigma on other outcomes). Future research should explore the position of discrimination within criminal record stigma models to assure its impact is fully captured.

Our findings are also in contrast to classic labeling theory's emphasis on internalized stigma as a predictor of coping responses and negative life outcomes. Consistent with Moore et al.'s (2016b) study among incarcerated men, we found that individuals with criminal records denied nearly all forms of internalized stigma that were assessed with the SSICR. The low endorsement of internalized stigma among participants in this and Moore et al.'s (2016b) study is important because of the differences in the samples in these two studies. The participants in this study were highly educated (nearly 60% had an associate's, bachelor's, or higher degree); and, on average, they had been in the community for more than five years. In contrast, Moore et al.'s (2016b) sample was comprised of men who were currently incarcerated and had, on average, completed approximately 12 yrs. of education (Folk et al., 2016; Moore et al., 2016b). The low levels of internalized stigma across these samples may indicate that internalized criminal record stigma is not fully captured by the SSICR; or, it may suggest that internalized stigma is less common among individuals who have criminal records compared to other stigmatized groups. That is, individuals with criminal records may perceive stigma towards them from society but recognize that unjust external forces are influencing their legal system involvement and, thus,

may not feel that they are ‘bad’ people because of their legal involvement. Future research should explore these questions more deeply in a way that is specific to the experience of having a criminal record.

Lastly, we found that having a felony record and identifying as a woman were associated with reduced internalized stigma, and that having a felony record was associated with decreased use of secrecy coping. These findings align with prior suggestions that individuals who experience systemic disadvantages due to multiple stigmatized social identities may have more resilience to criminal record stigma (Moore et al., 2013; 2016a,b). Future research should explore whether these results are replicable and investigate their association with resilience.

Implications for Interventions and Community Psychology

This study’s results support a social-ecological conceptualization of criminal record stigma by demonstrating that participants were impacted by societal attitudes and interactions within their social circles (Bronfenbrenner, 2005; Hughto et al., 2015). Participants perceived negative societal attitudes relating to having a criminal record, and our analyses indicated that this sense of stigmatization impacted their overall quality of life. Additionally, the nature of individuals’ interaction with their environments influenced their wellbeing: when they used secrecy to cope with stigma, their quality of life appeared lower. In accordance with social-ecological lens and our specific findings, interventions targeting criminal record stigma should attend to multiple layers of dynamic individual and environmental factors (Cook et al., 2014).

Individual-level interventions may provide immediate support to those facing current criminal record stigma. These interventions might include programs that enhance access to social supports that counter the negative impacts of secrecy and withdrawal. Other individual-level interventions may include educational and occupational programs that assist individuals with economic advancement, to counter the stigma-based discrimination they may face.

Although individually-focused programs may help ameliorate the repercussions of criminal record stigma, community and policy-level interventions are essential for decreasing societal stigma and preventing its individual impacts (Cook et al., 2014). Anti-stigma campaigns are needed to counter the criminal record stigma that our participants reportedly perceive and directly experience when interacting with the people and systems around them. Furthermore, laws designed to protect individuals from criminal record discrimination may disrupt the detrimental connections that our analysis revealed, including the direct link between perceived stigma and quality of life, and the indirect pathway from perceived stigma, through secrecy, to quality of life. For example, laws that protect individuals from criminal record-based employment discrimination may weaken the link between perceiving criminal record stigma in their social environment and their quality of life. That is, despite the public stigma they may perceive, individuals' wellbeing may be protected by their access to gainful employment. Similarly, anti-discrimination laws may lead individuals to use less secrecy when seeking employment and other opportunities. According to our findings, this reduction in secrecy may lead to an increase in quality of life.

Community psychologists will be most effective in their efforts to reduce criminal record stigma, promote effective policies, and fulfill the values of their professional field if they work in partnership with individuals who have criminal records. The knowledge that directly impacted individuals have accumulated as a result of their experiences allows them to provide uniquely nuanced guidance surrounding the impacts of current legal system policies on individuals within the system and which sources of stigma are most important to target. Additionally, people who regularly interact with individuals who have criminal records may be less likely to believe and perpetuate inaccurate stigma-based narratives about individuals with criminal records (Rade et al., 2016). Despite this promising trend, psychologists will need to continuously reflect on their

biases and behaviors that perpetuate stigma. Ultimately, continuous researcher self-reflection and efforts to partner with directly impacted individuals will produce research products and social actions that promote equitable access to power and opportunity within the field of community psychology and broader society (Maya Jariego, 2016; Tebes, 2016).

Limitations and Future Research

This study is one of the first to integrate multiple stigma theories and apply them to the criminal record stigmatization process. As such, more research is needed to enhance the precision of its findings and capture the experiences of the full population of individuals with criminal records. Longitudinal research is needed to confirm whether there is a mediational pathway among perceived stigma, coping, and quality of life. Future studies should also attempt to capture the experiences of a broader and more representative range of individuals. For instance, the average education level among our participants was very high compared to both the general population and the national average among individuals with criminal records (Harlow, 2013). The financial and social capital afforded by this higher level of education may have led our participants, on average, to respond to stigma differently than individuals with fewer advantages. Lastly, the application of theories and measures developed in relation to other forms of stigma have precluded attention to criminal record-specific experiences. Further integration of qualitative research findings could lead to novel theories and instruments that better capture unique experiences associated with criminal record stigma.

Conclusion

A multi-faceted research agenda—one that looks beyond theoretical and individual factors—is necessary to decrease the impact and prevalence of criminal record stigma. This involves attention not only to the mechanisms by which criminal record stigma impacts individual quality of life, but to the systems and structures in society that perpetuate this stigma

and discrimination. With directly-impacted individuals involved throughout the research process, future investigations should document the impacts of stigmatizing public discourses and discriminatory policies, evaluate current efforts to combat interpersonal and systemic stigma, and provide empirical evidence that directly informs future efforts to destigmatize past legal involvement and expanding access to life opportunities and social power for individuals with criminal records.

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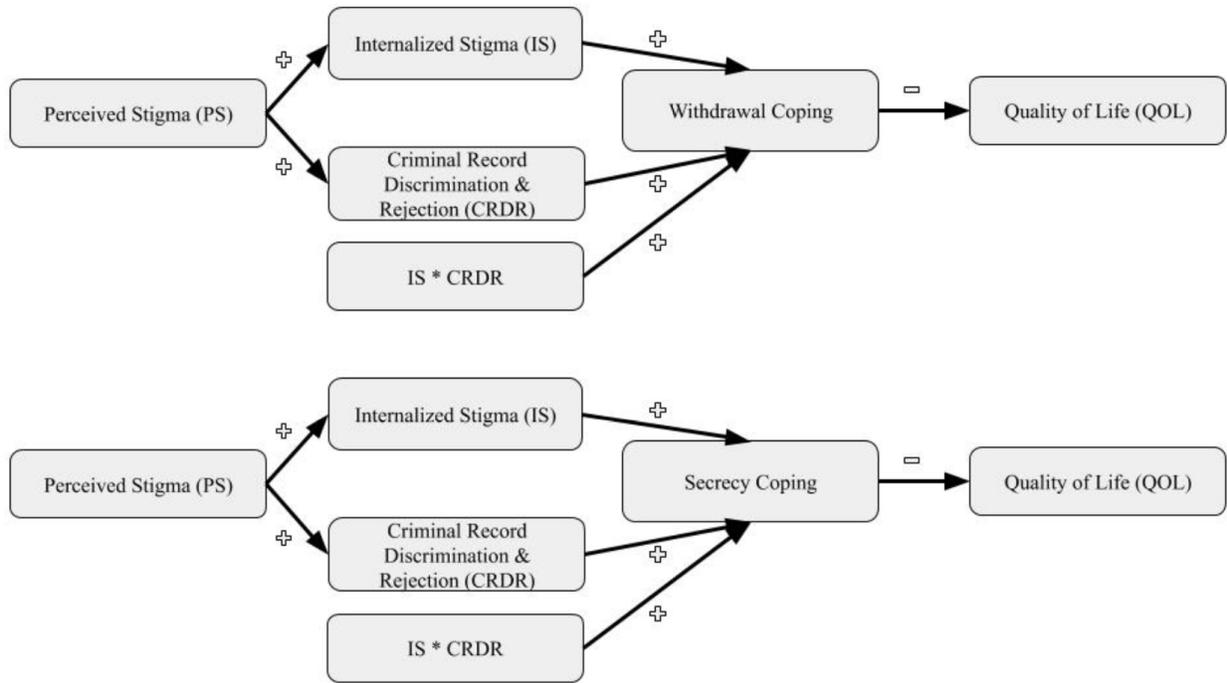


Figure 1. Proposed model of stigma effects on individuals with criminal records: withdrawal (Model 1) & secrecy (Model 2)

Table 1

<i>Univariate Statistics</i>					
	<i>M</i>	Median	<i>SD</i>	Skew	Kurtosis
Target Variables					
Perceived Stigma (PS)	4.50	4.50	0.76	-0.36	0.09
Internalized Stigma (IS)	1.06	1.00	0.21	4.76	26.27
Crim. Rec Disc. & Rej. (CRDR)	0.62	0.64	0.29	-0.61	-0.49
Withdrawal	3.41	3.43	0.87	0.25	-0.20
Secrecy	3.42	3.40	1.21	0.04	-0.67
Quality of life (QOL)	5.01	5.19	1.06	-0.93	0.89
Control Variables					
Age	41.98	41.50	10.81	0.29	-0.59
Total Yrs. Incarcerated	7.93	5.00	8.12	1.14	0.29
Yrs. Last Convict.	11.11	9.12	9.14	1.29	1.55
Yrs. Last Release	5.84	3.99	6.02	2.30	7.80
	<i>n</i>	<i>%</i>			
Women/Men	82/116	41.4/58.6			
< HS Diploma	5	2.5			
HS Diploma/GED	28	14.1			
SomeCollege/VocTrain	47	23.7			
Assoc./Bach Degree	78	39.4			
Graduate Education	40	20.2			
Felony Conviction	180	90.9			
Anglo/Caucasian/White	113	57.1			
African American/Black	50	25.3			
Latinx	38	19.2			
Asian/Pacific Islander	9	4.5			
Am. Indian/Alaskan Native	8	4			
Other Racial/Ethnic ID	3	1.5			

Note. Racial/ethnic statistics do not add up to N=198 and 100% as categories were not mutually exclusive

Table 2

Bivariate Pearson Correlations

	PS	IS	CRDR	Withdraw	Secrecy	QOL
Target Variables						
Perceived Stigma (PS)	1	-.10	.40***	.22**	.37***	-.19**
Internalized Stigma (IS)	-.10	1	.14*	.05	.05	-.10
CRDR	.40***	.14*	1	.17*	.23**	-.14*
Withdrawal	.22**	.05	.17*	1	.49***	-.22**
Secrecy	.37***	.05	.23**	.49***	1	-.24**
Quality of life (QOL)	-.19**	-.10	-.14*	-.22**	-.24**	1
Control Variables						
Age	.04	-.06	.05	-.03	.01	.01
Gender	.08	-.17*	.07	.11	.02	.01
< HS Diploma	-.01	<.01	-.02	-.02	-.04	-.05
HS Diploma/GED	-.13	.08	-.03	-.04	-.10	.03
SomeCollege/VocTrain	-.15*	.09	.02	-.13	-.07	-.07
Assoc./Bach Degree	.21**	-.16*	.04	.19**	.14*	-.05
Any Grad School	.02	.03	-.04	-.04	>-.01	.13
Felony Conviction	.17*	-.14	.17*	.05	-.09	.11
Yrs. Since Last Convict.	.03	.05	-.06	-.01	-.05	.15*
Total Yrs. Incarcerated	.06	.01	.06	-.07	-.03	>-.01
Yrs. Since Last Release	.03	.02	-.08	.06	.04	.22**

Note. N = 198; * $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$

Table 3

Regression and Path Analyses

Interaction Explorations	R ² Chg.	F(df)	p	B	95%LLCI	ULCI
Regressions to Withdrawal						
<i>Step 1: Controls</i>	.08	1.11(14,180)	.35			
<i>Step 2: Add IS, CRDR</i>	.02	1.49(2,178)	.23			
<i>Step 3: Add IS*CRDR</i>	.01	1.01(1,177)	.32			
Regressions to Secrecy						
<i>Step 1: Controls</i>	.07	0.97(14,180)	.49			
<i>Step 2: Add IS + CRDR</i>	.05	5.21(2,178)	<.01			
<i>Step 3: Add IS*CRDR</i>	<.01	0.85(1,177)	.36			
Full Model 1 (Withdrawal)	R ²	F(df)	p	B	95%LLCI	ULCI
Regression to IS	.15	2.11(15,179)	.01			
<i>Felony</i>			.02	-0.18	-0.25	-0.02
<i>Woman</i>			.02	-0.17	-0.14	-0.01
Regression to CRDR	.24	3.75(15,179)	<.01			
<i>Perceived Stigma</i>			<.01	0.39	0.09	0.20
Regression to Withdrawal	.12	1.36(17,177)	.16			
<i>*None Sig.</i>						
Regression to QOL	.17	1.98(18,176)	.01			
<i>Perceived Stigma</i>			.05	-0.16	-0.45	>-0.01
<i>Withdrawal</i>			.01	-0.20	-0.42	-0.07
<i>Yrs. Since Release</i>			.01	0.24	0.01	0.08
PS-Withdrawal-QOL*				-0.03	-0.08	>-0.01
PS-IS-Withdrawal-QOL				<.01	>-0.01	0.01
PS-CRDR-Withdrawal-QOL				>-0.01	-0.02	0.01
Full Model 2 (Secrecy)	R ²	F(df)	p	B	95%LLCI	ULCI
Regression to IS	.15	2.11(15,179)	.01			
<i>Felony</i>			.02	-0.18	-0.25	-0.02
<i>Woman</i>			.02	-0.17	-0.14	-0.01
Regression to CRDR	.24	3.75(15,179)	<.01			
<i>Perceived Stigma</i>			<.01	0.39	0.09	0.20
Regression to Secrecy	.20	2.56(17,177)	<.01			
<i>Perceived Stigma</i>			<.01	0.32	0.26	0.76
<i>Felony</i>			.03	-0.17	-1.39	-0.09
Regression to QOL	.16	1.79(18,176)	.03			
<i>Secrecy</i>			.03	-0.17	-0.28	-0.01
<i>Yrs. Since Release</i>			.02	0.23	0.01	0.07
PS-Secrecy-QOL*				-0.05	-0.12	-0.01
PS-IS-Secrecy-QOL				<.01	>-0.01	0.01
PS-CRDR-Secrecy-QOL				-0.01	-0.02	<.01

Note. Non-significant predictors within regressions were excluded for readability. All hypothesized paths and significant non-hypothesized paths are included. * = indicates a significant path result using 95% bootstrapped CI; IS = internalized stigma; CRDR = criminal record discrimination and rejection; QOL = quality of life.

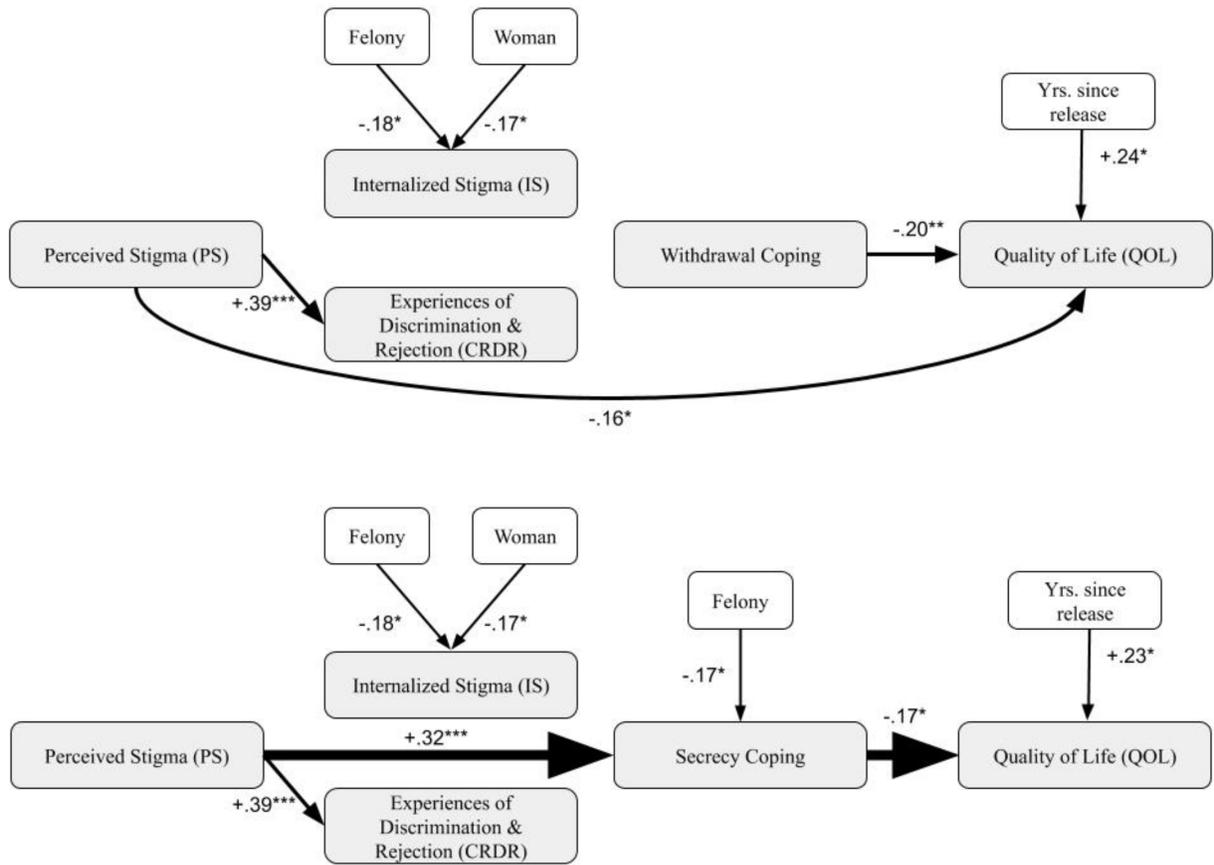


Figure 2. Full withdrawal (Model 1) and secrecy (Model 2) results.

Note. Non-significant relationships are not depicted for ease of viewing. Thick arrows signal significant path results that differed from more than one insignificant path. * $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$