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Work hope and the socioemotional functioning of offenders

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A dissertation submitted in partial fulfillment of the requirements for the degree of
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Abstract

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For offenders returning to society at record levels, securing work looms as one of the most crucial factors in successful reentry. Work hope is a construct that seeks to measure the relative presence of goals of securing desired work, thoughts about how to achieve those goals, and agency to achieve those goals, even in the presence of obstacles. This study sought to examine relationships among work hope, the socioemotional variables of attachment, emotion regulation, physical, relational, and workplace victimization, and coping, and the career-related variables of perceptions of career-related barriers and complexity level of career goals. The sample comprised cohorts from eight different correctional centers ($N = 111$, 72.1% male, $M = 37.97$, $SD = 10.02$), who participated in three waves of a longitudinal study. Four path models were run to model the relationship among work hope and the socioemotional variables, but none of the

models satisfied all designated fit indices. The model with the combination of the most adequate fit and theoretical support found significant direct effects from Time 1 anxious attachment, but not avoidant attachment, to Time 1 difficulties with emotion regulation. Significant direct effects were found from Time 1 avoidant attachment and difficulties with emotion regulation, but not anxious attachment, to Time 3 avoidant coping. Significant direct effects were also found from Time 3 avoidant coping to Time 3 work hope. Relational, physical, and workplace victimization were not significantly related to work hope or other socioemotional variables. This study also found that work hope was significantly related to perceptions of career-related barriers ($r = -.30$). Overall, study findings add to the construct validity of work hope and highlight the importance of addressing socioemotional variables such as attachment, emotion regulation, and coping in preparing offenders for successful reentry and obtaining work.

Work Hope and the Socioemotional Functioning of Offenders

Research reveals that offenders' abilities to secure and maintain employment are critical factors in their return to society following incarceration (e.g., Kim, Joo, & McCarty, 2008; Lockwood, Nally, Ho, & Knutson, 2012; Makarios, Steiner, & Travis, 2010; O'Connell, 2003; Tripodi, Kim, & Bender, 2010). Offenders' hopes in those abilities loom both as an important consideration for research and as a possible area for intervention. Offender reentry itself merits consideration for many reasons. Over 2 million adults currently are incarcerated in America (Glaze & Parks, 2012), and over 725,000 leave incarceration behind every year to reenter their communities (West & Sabol, 2009). Incarceration negatively impacts the incarcerated individuals themselves, their families, and their communities (e.g., Mumola, 2000; Travis, Solomon, & Waul, 2001). Families often lose the presence of parents, siblings, and other members, while families and communities also lose potential workers. In addition, community members pay to support the construction and maintenance of prisons. Offenders, in turn, face the stigma and restrictions associated with having a criminal record when reentering society and seeking employment which, along with other barriers (e.g., racial minority status, limits on work history, limited or disrupted sense of connection to society), negatively impact reentering offenders' abilities to secure the work that will help them remain out of prison (e.g., Brown, 2011).

Work hope is a construct that can help assess the likelihood that offenders will find success in locating and maintaining employment. Snyder's (2002) hope theory suggests that hope reflects a positive motivational state including goals, agency to pursue those goals, and pathways or cognitive plans to achieve those goals. Work hope specifically addresses work-related goals. Research has differentiated hope from self-efficacy and optimism; however, overlap exists because both hope and efficacy emphasize a sense of agency and intent to reach

goals. Hope differs from self-efficacy, though, in its emphasis on the motivation to persist with goal pathways when faced with barriers as well as its emphasis on the role of emotions in the pursuit of goals (Snyder, 1995).

Juntunen and Wettersten (2006) developed the *Work Hope Scale* (WHS) to specifically assess hope for work and work-related goals, particularly in securing desired work and doing well at that work. Offenders who possess work hope will have goals of locating work, feelings of agency that they can achieve those goals, and cognitive plans to realize those goals. Juntunen and Wettersten found that work hope, as expected, covaries with higher levels of education and economic advantage. Several investigators have shown that work hope, however, is not associated with gender, age, race/ethnicity or employment status in diverse samples (Hung, Polanin, & Pigott, 2012; Juntunen & Wettersten; Kenny, Walsh-Blair, Blustein, Bempechat, & Seltzer, 2010). This finding is important because it offers a departure from a leading vocational theory, social cognitive career theory (SCCT; Lent, Brown, & Hackett, 1994), which posits that contextual variables such as ethnicity and gender significantly impact work aspirations. In addition, research also has found that work hope correlates positively with career-related variables including vocational identity, dispositional optimism, career planning, achievement-related beliefs, calling, and life meaning (Duffy, Allan, & Dik, 2011; Hung et al.; Juntunen & Wettersten; Kenny et al.; Yakushko & Sokolova, 2010). Offender career reentry research, then, would be well served to examine the construct of work hope given the importance of employment in reentry and the relevance of work hope to such efforts. Work hope holds promise as an indicator of securing work apart from other variables such as career-related self-efficacy, while also showing strong relationships with other important career-related variables.

In addition to studying levels of work hope in offenders, it is important to examine other variables that may impact work hope as well as the paths of those relationships. Juntunen and

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Wettersten (2006) found preliminary evidence that work hope does appear lower for the disenfranchised and less educated, but does not appear to differ significantly based on employment status. In other words, it seems that being poor impacts work hope more than not having a good work history. Given this, it is important to also consider how work hope differs within the disenfranchised beyond employment history.

Past experiences with victimization, especially relational and workplace victimization, may serve as an important factor behind differences in work hope. Relational victimization involves both direct and indirect efforts to exclude another person or damage their social standing or acceptance with others (Crick & Grotpeter, 1995; Dempsey & Storch, 2008). Hope theory posits that relational victimization likely leads to a decreased sense of agency --as the victim lacked the agency to stop the perpetrator-- and can therefore lead to a decreased sense of hope (Snyder, 2002). Research has found that offenders experience high rates of relational victimization and likely experience high rates of workplace victimization in line with past studies of victims of workplace aggression (Beck, Harrison, Berzofsky, Caspar, & Crebs, 2010). For example, workplace victimization seems to occur more often in manual labor environments (Aquino & Thau, 2009). Some relatively recent research shows that the type of victimization one experiences (e.g., work-related or from the public) impacts expectancies about future victimization. For example, LeBlanc and Kelloway (2002) found that experiences of public victimization were associated with expectations of future public, but not workplace violence. Work-related victimization, then, may negatively impact work hope beyond other forms of relational victimization.

The literature on offender reentry largely lacks research on workplace victimization suffered by offenders, although existing research on workplace victimization suggests offenders may be prone to such victimization. The existing research on relational and workplace

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victimization also shows that the tendency to experience negative affect is the most consistent predictor of victimization (e.g., Aquino & Thau, 2009). Additional research shows that childhood maltreatment (i.e., physical, emotional, or sexual abuse and physical or emotional neglect) predicts problematic longstanding relational patterns, difficulties regulating emotion, and problems with depression (Briere & Rickards, 2007; Riggs & Kaminski, 2010). Problematic relational patterns can help predict negative affect, which in turn predicts victimization. Offenders have been found to suffer from high rates of interpersonal abuse and neglect which may lead to these problematic relational patterns (Bradley & Davino, 2007; Dutton & Hart, 1994).

Offenders, then, may suffer from experiences such as childhood maltreatment and relational and workplace victimization that negatively impact their work hope. Research does reveal some helpful responses to experiences of workplace and relational victimization. In particular, coping efforts that proactively address the problem (in this case, relational and workplace victimization) tend to be the most helpful responses (e.g., Aquino & Thau, 2009). Offenders' experiences with childhood maltreatment, however, may lead them to more often employ avoidant responses (e.g., Min, Farkas, Minnes, & Singer, 2007) that do not help address victimization.

Hope theory and past research on relational victimization and relational patterns (i.e., attachment) indicate that relational victimization, including victimization that specifically occurs in the workplace, and problematic relational patterns may negatively impact the important construct of work hope for offenders set to reenter society. This study, which will use archival data from a longitudinal study, seeks to examine such relationships.

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<center>**Review of Literature**</center>

Offender Reentry, Recidivism, and Employment

As previously noted, significant numbers of offenders are returning to society from the correctional system. Among those who reenter society, a large percentage subsequently return to the correctional system after convictions for breaking the law and/or violating terms of their release – called 'technical violations.' As the population of those incarcerated has increased, concern has grown over both reentry into society and return to the correctional system (Travis et al., 2001). Although the correctional population appears to have stabilized recently, with a slight decrease since 2010 (Glaze & Parks, 2012), the general trend has been upwards. The overall upward trend for incarceration rates is a top societal problem at present, and Attorney General Eric Holder recently announced plans to reduce sentences for drug offenses at a national level in an effort to lower incarceration levels (Savage, 2013). Reports reveal that U.S. incarceration rates have increased more than sevenfold since the 1970's (Public Safety Performance Project, 2007). At present, almost 7 million adults in America are under correctional supervision, and over 2.2 million of those are in prison or jail (Glaze & Parks). As an indicator of the magnitude of that population, the Pew Center on the States (2008, 2009) reported that over 1 in 100 Americans are incarcerated in prisons and jails, and over 1 in 31 Americans are under some form of correctional supervision. Of those incarcerated, over 725,000 people are released from prison annually back into society (West & Sabol, 2009) and many of those return to prison or the correctional system in some capacity (Langan & Levin, 2002). The most recently released Bureau of Justice Statistics study on recidivism, a construct that generally refers to a return to the correctional system by offenders, found over 67% of sampled state inmates were rearrested within three years (Langan & Levin).

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Reentry and recidivism bear high costs for society. Many of the offenses and/or violations that lead to recidivism involve crimes that threaten public safety and welfare (Travis et al., 2001). In addition, recidivism leads to increased costs for taxpayers who fund the correctional system. For instance, nationwide spending on corrections stood at over $68 billion in 2006, an increase of over 7 times the amount cited for 1982 (Bureau of Justice Statistics, 1988; Bureau of Justice Statistics, 2008). Reentry and recidivism also exact costs on the families and communities of offenders (Travis et al.). Families and friends must adjust to the loss of incarcerated individuals in their roles as parents, workers, and taxpayers. With regard to the impact of reentry and recidivism on families, the Bureau of Justice Statistics found that in 1999 63% of federal prisoners and 55% of state prisoners were parents of minor children (Mumola, 2000). The relative magnitude of offenders and recidivists means that offender reentry and recidivism and their impact on society are significant phenomena in America.

Offenders also face costs from their time in the correctional system as well as challenges as they attempt to reenter a society altered by their offenses. Researchers have found that offenders must confront problems with substance abuse, mental illness, and infectious disease, and that these problems can overlap for offenders (Travis et al., 2001). Employment barriers exist for offenders who have more limited employment histories, face social stigma, and have past criminal convictions that may preclude their eligibility for certain types of work (Travis et al.). Offenders also confront significant difficulties obtaining housing. They often have limited financial resources upon reentry and are also often prohibited from certain governmentally assisted housing problems. Offenders themselves also express concern over the following reentry demands: (a) receiving education, training, and programming (e.g., for substance abuse), (b) navigating requirements of the correctional system upon release, and (c) adjusting to changed social and family networks (Shivy et al., 2007). In addition, offenders face transportation

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challenges and female offenders, in particular, face difficulties with childcare (Travis et al.). Offenders are typically aware of the significant barriers they face upon reentry. Research has found, though, that successful employment helps offenders desist from reoffending as they confront these numerous challenges upon reentry.

Offenders who secure employment tend to realize greater success with reentry and lower recidivism rates. Makarios, Steiner, and Travis (2010) sampled 1,965 male and female Ohio prison inmates released from prison and found that after controlling for factors such as age and previous offenses, employment significantly predicted recidivism (i.e., rearrest for a criminal offense; not merely a technical violation) within one year of release and was a stronger predictor than education and housing stability. Makarios et al., who found no significant differences among predictors of recidivism by gender, noted that their findings on the importance of employment confirmed past research results. Lockwood, Nally, Ho, and Knutson (2012) found that education and employment were the most significant predictors of recidivism over a 5 year span for 6,561 male and female offenders released from Indiana prisons. O'Connell (2003) studied 576 male and female Delaware prison inmates with serious drug problems and found that employment was significantly negatively associated with arrest at six month and eighteen month follow-ups. Kim, Joo, and McCarty (2008) also found that employment significantly predicted arrest rates by one year after graduation from a community corrections program for 273 men and women in Nebraska. Education did not predict recidivism in that sample. Even when employment did not directly predict reincarceration, being employed predicted time to reincarceration, as with Tripodi, Kim, and Bender's (2010) research with 250 male Texas prison parolees. Employment, therefore, remains as a significant aspect of reentry from the correctional system.

Although employment serves as a critical factor in successful reentry, offenders face significant barriers in securing employment. Employers are often reluctant to hire people with a felony record, and such background checks are now much more commonplace with technological advances (Holzer, Raphael, & Stoll, 2002). Some positions are specifically prohibited for those with felony convictions (e.g., working in childcare or certain medical fields) (Albright & Denq, 1996; Holzer, Raphael, & Stoll, 2003; Petersilia, 2003, 2005). Research also has found that some employers are more willing to hire people on welfare with less related work experience than those with felony convictions (Holzer, 1996; Petersilia, 2003, 2005). Employers also tend to extend offers of employment significantly less often to Black men with similar qualifications as White men (Pager, Western, & Sugie, 2009), and Black men are disproportionately represented in corrections (e.g., Pew Center on the States, 2008). Finally, many employers now use credit score information in considering future hires. With the advent of inexpensive information technology, offenders with poor credits scores and a felony conviction may encounter almost insurmountable difficulties in securing employment. Petersilia (2001) found that roughly 60% of offenders fail to secure employment within the critically important first year (Langan & Leven, 2002) after release from prison. Given the importance of employment for reentry and recidivism and the difficulties offenders face in securing employment, constructs associated with securing employment merit consideration.

Importance of Work Hope for Offenders

Work hope is a construct that holds promise as an indicator for offenders' chances of finding employment. Juntunen and Wettersten (2006) defined this construct as an optimistic cognitive stance about work and work-related goals, particularly securing desired work and doing well at that work. Offenders who possess work hope will have goals of locating work, feelings of agency that they can achieve those goals, and cognitive plans to realize those goals.

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Before reviewing findings on work hope and relating work hope to a leading theory of vocational psychology, this paper will briefly explain hope theory in general.

Hope theory. Snyder's (1995, 2002) theory of hope rests on the presumption that most people have goals that direct their nonrandom behavior. The theory also posits that people with hope also have plans and motivation to realize those goals and notes that hope can exist to greater or lesser degrees. In order to lead to the possibility of hope, goals must be possible but not guaranteed. Hope, then, has three components: cognitive goals; pathway thoughts to reach those goals with at least one possible route and possible alternate routes, if faced with barriers; and motivation or agency to begin the route toward goals and persist if faced with barriers. The level or magnitude of hope present helps determine whether pathways or routes are initiated. In Snyder's model of hope, emotions (positive or negative) follow people's cognitive appraisals and thoughts about goal pursuits. Snyder also posits that outcomes engendering hope must be relatively important in order to lead to the sustained mental attention required for the process of hope. From a developmental perspective, pathway thoughts start at birth as babies learn the temporal order of some behaviors (e.g., receive milk, then hunger goes away). A sense of agency starts around the end of the first year as an infant learns a sense of separateness from others and realizes that he/she is someone who can initiate behavior to realize a goal, including influencing those around him/her. Snyder also states that hope can continue to grow as children develop, and he notes that parents can teach and model hopeful thinking for their children. Just as a child can develop hope at birth, so can children lose or discontinue development of hope at a young age.

Snyder (1995, 2002) lays out both specific and general conditions that can lead to a loss of hope or prevent the development of hope. For children, Snyder specifically refers to parental neglect and abuse, particularly sexual abuse, as leading to the loss of hope in children. Neglected children do not receive parental instruction and/or modeling in hope. Furthermore, as children

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still depend on their parents for many needs, requests for assistance that lead to neglect or abuse frustrate development of their sense of agency. Snyder also notes that trust in other people constitutes an important element in hope (e.g., people's beliefs that their agentic actions will matter to and influence those around them), and states that the loss of trust in others from abuse can severely damage hope. In addition, loss of a parent often leaves children with uncertainty and fear around pursuing goals. Moreover, lack of boundaries, support, and consistency in childhood environments lead to loss of hope. Children who experience disturbed boundaries and limited consistency seem to lack the rules and structure with which to pursue goals. In addition, lack of support for children leads to a lack of secure attachment from which children can securely seek goals. Adults can also lose hope. For example, the loss of a partner or a job can lead to the loss of hope. Snyder also posits that both trauma and victimization, including relational victimization, can also lead to a loss of hope as people may lose the desire to pursue goals and/or may lose a sense of their own agency. Snyder also distinguishes hope from other constructs.

Snyder (2002) compares and contrasts hope with other constructs such as optimism (Scheier & Carver, 1985; Seligman, 1991), self-efficacy (Bandura, 1997), self-esteem (e.g., Hewitt, 1998), and problem-solving (Heppner & Hillerbrand, 1991). For example, Snyder notes that both hope and self-efficacy emphasize the importance of outcome values, goal-related thinking, perceived agency, and pathways related thinking. Snyder notes, however, that hope places greater emphasis on the motivation and will to press through with pathways as well as provides greater explanation for the development of emotion and the role of emotion in the pursuit of goals. Magaletta and Oliver (1999) found that hope accounts for unique variance from self-efficacy in predicting well-being, and that the two constructs showed different factor structures. Snyder also notes that hope can be both situation-specific and cross-situational,

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whereas, Bandura posits that self-efficacy is predominantly situation-specific. Snyder does, however, note overlap between hope and self-efficacy and these other constructs.

Researchers have constructed measures of hope as both situation-specific and cross-situational constructs. Snyder measured cross-situational hope through the adult Trait Hope Scale (Snyder, Harris, et al., 1991), the State Hope Scale (Snyder et al., 1996), and the Children's Hope Scale (ages 8-16; Snyder, Hoza, et al., 1997). Using cross-situational measures of hope, Snyder (2002) and other researchers have found that those with higher hope outperform and fare better than those with lower levels of hope in academics, athletics, physical health, psychological adjustment, and psychotherapy, among other domains.

Work hope. Juntunen and Wettersten (2006) developed a more situation-specific measure of hope with the *Work Hope Scale* (WHS). The WHS assesses hope for work and work-related goals, particularly securing desired work and doing well at that work. Offenders who possess work hope should have goals of locating work, feelings of agency that they can achieve those goals, and cognitive plans to realize those goals. Juntunen and Wettersten found support for the criterion validity of work hope as participants with greater education reported significantly higher work hope than those with less education and greater economic disadvantage. In other words, those with fewer resources and fewer positive work experiences were likely to have less hope of achieving work-related goals. Research has found that work hope, however, has not differed significantly by gender, age, race/ethnicity or employment status in samples diverse among those variables (Hung et al., 2012; Juntunen & Wettersten; Kenny et al., 2010). Social cognitive career theory (a leading vocational theory to be discussed in greater detail later) would predict differences in other career related variables, such as perception of career-related barriers and career-related self-efficacy, by factors such as gender and race/ethnicity (e.g., Luzzo & McWhirter, 2001). Research has also found work hope to correlate

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positively with measures of career decision making self-efficacy, work goals, vocational identity, dispositional optimism, career planning, achievement-related beliefs, calling, and life meaning (Duffy et al., 2011; Hung et al.; Juntunen & Wettersten; Kenny et al.; Yakushko & Sokolova, 2010). Significantly greater work hope scores were found for students in an economically and politically turbulent East European country who reported relying on their own selves for their careers instead of relying on parents or other sources such as relatives or teachers (Yakushko & Sokolova). Work hope, but not career planning, also uniquely contributed to the prediction of achievement-related beliefs for urban high school students in a work-based learning program (Kenny et al.). Again, research on offender reentry would be well served to examine the construct of work hope given the importance of employment in reentry and the relevance of work hope to such efforts.

In addition to studying levels of work hope in offenders, it is important to examine other variables that may impact work hope as well as the path of those relationships. As Juntunen and Wettersten (2006) found preliminary evidence that work hope does appear lower for the disenfranchised and less educated but does not appear to differ significantly based on employment status, it is important to also consider how work hope differs within the disenfranchised beyond employment history. Later in this paper, this study will look at variables such as relational and workplace victimization, attachment, and coping that may impact work hope.

Social Cognitive Career Theory

Hope theory as applied to work carries key similarities and differences with a leading theory of career development and aspirations, social cognitive career theory (SCCT; Lent, Brown, & Hackett, 1994). Although a full review of SCCT is beyond the scope of this paper, the theory does posit that vocational interests develop from self-efficacy beliefs and outcome

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expectations. For example, if someone believes that they can perform a certain task and it will lead to a favorable outcome, they are more likely to develop an interest in that task and related tasks. Contextual factors, such as perception of work-related barriers and environmental support, however, help explain (or mediate) the relationship between vocational interests and vocational aspirations and choice (e.g., a person who perceives significant barriers will likely have vocational goals that lag behind their vocational interests). SCCT researchers have found support for this model of the relationship between career goals and interests with samples such as female and male undergraduate computing and engineering students from historically Black and historically white universities (Lent, Brown, Schmidt, et al., 2003; Lent, Brown, Sheu, et al., 2005; Lent, Lopez, Lopez, & Sheu, 2008). Factors such as race, gender, physical health, and environmental variables such as economic conditions influence perception of barriers. Luzzo and McWhirter (2001) and McWhirter (1997) found that women and ethnic minorities perceived significantly more barriers than men and European American students in both college and high school samples, respectively, in line with SCCT's position on perception of barriers. As noted above, research has found that work hope has not differed significantly by gender, age, race/ethnicity or employment status in samples diverse among those variables (Hung et al., 2012; Juntunen & Wettersten, 2006; Kenny et al., 2010), even though SCCT has found such differences in perception of barriers and career-related efficacy (e.g., Luzzo & McWhirter, 2001). SCCT overlaps with work hope theory in its emphasis on goals and through the similarities, as previously noted, between hope and self-efficacy. Hope theory posits, however, that people with higher levels of hope are more likely to proactively address, navigate, and work through barriers that could limit the realization of their career interests. SCCT research, similarly, has found that self-efficacy beliefs indirectly link contextual factors (i.e., environmental supports and perception of barriers) to career goals and choice (Lent, Brown,

Schmidt, et al.). Research has not yet investigated the theoretical assertion that work hope could help explain the relationship between vocational interests, perception of vocational barriers, and vocational goals. Given the importance of work to offender reentry and the proposed importance of work hope to finding desired work, experiences that may impact offenders' work hope merit consideration.

Relational Victimization

As noted above, Snyder (2002) asserts that relational victimization can lead to a loss of hope, particularly through a negative impact on agency. Relational victimization can involve direct behaviors, such as excluding or embarrassing another person, and indirect behaviors, such as spreading rumors about another person, that result in damage to a relationship or social status and/or negatively impact the target's feelings of acceptance by others (Crick & Grotpeter, 1995; Dempsey & Storch, 2008). Threats or manipulations to withdraw a friendship also lead to relational victimization (Sullivan, Farrell, & Kliewer, 2006). Research has found that relational victimization leads to depression and negative affect in the targeted individual (Rudolph & Conley, 2005; Hawker & Boulton, 2000). Research also has linked depression and negative affect, in turn, to perception of more barriers (Heppner, Cook, Strozier, & Heppner, 1991).

Relational victimization appears to occur with significant regularity in prisons. The existing literature tends to refer to acts of bullying rather than relational victimization. For instance, a PsycINFO search for 'relational victimization' and 'prison' on August 18, 2012 yielded zero hits, but a similar search for 'bullying' and 'prison' yielded fifty-one. Allison and Ireland (2010) note that bullying lacks a consistent definition in the literature. However, they state that bullying generally refers to acts of aggression within groups. The aggressive acts, then, could be both relational and physical. Ireland and Ireland (2008), found that 60% of men and 80% of women in their sample of 605 prisoners reported bullying behavior toward others, and

80% overall reported being by victimized by bullying within a one month period. In addition, approximately 20% of prisoners reported high frequencies of both bullying perpetration and victimization. South and Wood (2006), in a sample of 132 adult male prisoners from the UK, found that over 60% reported bullying others and over 80% reported being bullied. Verbal and/or psychological bullying was the most prevalent form of bullying (46% of those who reported bullying), and subjects also reported theft and physical and sexual bullying. Ireland (1999) notes that although more severe forms of aggression still appear in prisons, relational aggression may occur more frequently in part because correctional staff may find it more difficult to address and regulate.

Research has also found that relational victimization often overlaps significantly with physical victimization (e.g., Sinclair et al., 2012; Smith, Rose, & Schwartz-Mette, 2010). Studies examining the potential impact of relational victimization, then, are well served to control for the presence of physical victimization. In addition, men tend to report higher rates of physical victimization than women, and women tend to report higher rates of relational victimization than men (e.g., Crick & Grotpeter, 1995). Studies investigating relational and physical victimization, then, are also well served to test for gender differences with both forms of victimization.

Workplace Victimization

Just as offenders suffer from significant relational victimization within prisons and their communities, offenders may also suffer from relational victimization in previous work experiences, and such workplace victimization may impact their perceptions of future work involvement. Workplace victimization appears to occur more frequently in environments where offenders may more frequently work. For instance, employees in manufacturing companies appear more likely to report workplace victimization than employees in hospitals (Mikkelsen & Einarsen, 2001). In general, workplace victimization occurs more frequently in environments

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that are less interesting, have less variability in work tasks, and/or lack meaning (Agerold &

Mikkelsen, 2004; Einarsen, Raknes, & Matthiesen, 1994; Vartia, 1996). Moreover, Aquino and

Thau's (2009) meta-analysis on workplace victimization found mixed results on the effect of

organizational position on experiences of victimization, but they did note that some studies have

found that employees with lower positions in an organizational hierarchy experience

victimization significantly more often than employees with higher status positions (e.g., Aquino

2000; Aquino, Douglas, & Martinko, 2004; Bjorkqvist, Osterman, & Hjelt-Back, 1994; Hoel,

Cooper, & Faragher, 2001; Keashly, Trott, & MacLean, 1994; Salin 2001). They noted no

studies where those higher in the organizational structure reported more victimization. Given the

lower education, job training, and work histories of offenders, it appears reasonable to assume

that they suffer from relatively high rates of workplace victimization (Travis et al., 2001).

Aquino and Thau also found that workplace victimization has been linked to many negative

psychological, affective, and physiological outcomes. Negative psychological outcomes include

higher levels of depression and anxiety, job stress, and posttraumatic stress. Negative emotional

outcomes include lower levels of both job and life satisfaction, shame, fear, and emotional

exhaustion. Negative physiological outcomes include fatigue, sickness, and a variety of negative

somatic symptoms. Workplace victimization, then, like more general relational victimization,

appears to lead to many significant negative outcomes, and offenders may suffer from relatively

significant rates of both general relational and workplace victimization.

Some research indicates that workplace victimization may have a more unique impact

than more general relational victimization on perceptions of and attitudes toward work, although

only scant research exists in this area. Bowling and Beehr's (2006) meta-analysis found that

workplace victimization had the strongest effect sizes for negative affect at the workplace,

frustration, job satisfaction, and emotional exhaustion, and they noticed these effect sizes were

more significant than weaker effect sizes with more general self-esteem and life satisfaction. LeBlanc and Kelloway (2002) found that aggression and violence initiated by the public, but not aggression and violence initiated by a coworker, significantly predicted perceptions of future aggression and violence in a sample of 254 adult employees from over 70 occupations. Coworker-initiated violence and aggression, however, did negatively impact physiological and emotional well being. In other words, employees distinguish between being victimized by a coworker versus by a member of the public. LeBlanc and Kelloway postulate that their inclusion of physical violence alongside relational aggression may have impacted these results, as employees may think violent behavior will be addressed in the workplace. These studies, again, provide a limited indication that workplace victimization may have unique effects on offenders' future conceptions of work, although more research is needed on the potential differentiated effects of workplace victimization beyond more general relational victimization.

If both workplace and more general relation victimization lead to such significant negative outcomes, then factors associated with such relational victimization merit consideration. Aquino and Thau's (2009) meta-analysis found that the propensity to experience negative affect (i.e., trait negative affect, including depression, anxiety, fear, anger, sadness, etc.) served as the most consistent predictor of relational victimization (e.g., Aquino et al. 1999; Aquino & Bradfield, 2000; Coyne, Seigne, & Randall, 2000; Duffy, Shaw, Scott, & Tepper, 2006; Glasø, Matthiesen, Nielsen, & Einarsen, 2007; Matthiesen & Einarsen 1991, Tepper, Duffy, Henle, & Lambert, 2006; Vartia, 1996; Zellars, Tepper, & Duffy, 2002). Researchers and theorists have proffered different explanations for this relationship: perhaps other employees target those high in negative affect for aggression because they perceive them as disagreeable or hostile; or, perhaps high negative affect develops as a response to ongoing aggression; or, perhaps those high in negative affect are more likely to recall aggression. Nonetheless, the association between

high negative affect and victimization appears consistently in the research literature. Factors that lead to consistent negative affect, then, warrant consideration.

Childhood Maltreatment, Adult Attachment, and Emotion Regulation

Just as high negative affect relates to more prevalent workplace and relational victimization that may negatively impact work hope, childhood maltreatment may lead to a greater propensity for negative affect as well as difficulties with emotion regulation and attachment and may ultimately negatively impact hope. This section will provide a more detailed discussion of the effects of childhood maltreatment as they relate to negative affect, emotion regulation, attachment, and hope, while also acknowledging that the effects of childhood trauma are far reaching and extend beyond the scope of this project.

The symptoms of childhood interpersonal trauma (i.e., experiences of childhood sexual, physical, and emotional abuse and emotional and physical neglect) are complex and varied. For example, Roth, Newman, Pelcovitz, van der Kolk, and Mandel (1997) found that victims of prolonged interpersonal trauma, especially trauma experienced at a younger age (before age 14), were more likely to experience problems with affect and impulse regulation, memory and attention, self-perception, interpersonal relations, somatization, and systems of meaning. The presence of such symptoms beyond those found in PTSD and disorder of extreme stress not otherwise specified (DESNOS) related diagnoses for victims of childhood trauma carries important treatment implications. Note that DESNOS was not included in the new *Diagnostic and Statistical Manual of Mental Disorders* (5th edition) (DSM-5; American Psychiatric Association, 2012). Nonetheless, Cloitre, Koenen, Cohen, and Han (2002) suggested that DESNOS related symptoms, such as problems of emotion regulation, dissociation, and interpersonal relations, should often take priority over PTSD symptoms because of their potential for greater functional impairment.

Research also suggests that trauma rarely occurs in isolation, especially among victims of childhood abuse (Kessler, 2000), which carries more implications for the effects of childhood interpersonal trauma. Trauma researchers have posited that repeated, sustained, and/or different forms of trauma leads to Complex Posttraumatic Stress Disorder (Herman, 1992), another controversial diagnostic entity that includes problems with affect regulation and interpersonal difficulties such as dissociation, high anxiety around others, and aggressive or avoidant social behavior (Cloitre et al., 2009). Cloitre and her colleagues examined this connection between cumulative trauma and symptom complexity in a sample of adult women presenting for treatment related to symptoms of trauma. They found that cumulative trauma (inclusive of sexual abuse, physical abuse, neglect, emotional abuse, and the absence of the participant's mother for childhood trauma) in childhood was predictive of PTSD-related symptoms (e.g., hyperarousal and flashbacks) and problems with emotion regulation and interpersonal functioning. Briere, Kaltman, and Green (2008) also found, in a sample of female college students, a linear relationship between cumulative trauma of various types (including rape, attempted rape, other sexual contact, and physical abuse, but no specifically identified forms of neglect or emotional abuse) experienced before age 18 and similar symptom complexity as Cloitre et al. These studies, therefore, have found a developmental component to the effects of trauma.

Trauma researchers view such childhood maltreatment as contributing to a diminished sense of agency (Cook et al., 2005) as a child's attempt to address stressors are met with abuse and/or neglect from caretakers. Consistent with Snyder's (2002) assertions that such experiences serve to diminish hope, Gall, Basque, Damasceno-Scott, and Vardy (2007) found that the severity of childhood maltreatment (both physical and sexual abuse) suffered was significantly negatively associated with general hope in a sample of 101 adult survivors of childhood sexual abuse. In addition, Toth, Manly, and Cicchetti (1992), in a sample of 153 children with low

socioeconomic status, found that abused and neglected children exhibited significantly more depressive symptoms, or negative affect, than nonmaltreated children, and there were no differences on measures of aggression among the children. It appears, then, that childhood maltreatment may both directly impact a general sense of hope and lead to negative affect which predicts future victimization. Childhood maltreatment may work, at least in part, through the relational construct of attachment to impact future relational experiences of those who suffer from such maltreatment.

Childhood maltreatment and attachment. Research has found that childhood relational patterns with important figures such as parents can influence the way people relate to other people in their life, even through adulthood. Parenting styles that incorporate childhood maltreatment can lead to negative patterns that can also lead to negative affect and difficulties with emotion regulation, as well as to difficulties with coping. Bowlby (1969/1982) helped develop attachment theory, which presumes the importance of relationships, especially intimate relationships, throughout life. In addition, Bowlby posited that early attachment experiences provide a key foundation for development. Children who receive warmth, security, and empathy from their caregivers are more likely to develop secure attachments that better allow them to explore the world on their own with security and resourcefulness. Such children miss their caregivers when they are gone, but they feel more secure that their caregivers will empathically respond to them when they return. Securely attached individuals are also better able to regulate their own emotions because they have caregivers who model such behavior (e.g., caregivers who respond to their emotions, but are not subsumed by them) (Wallin, 2005). They also learn that expressing their emotions can lead to positive outcomes, that such expressions can have an impact on others (i.e., agency), and that certain emotions tend to lead to certain reactions. Individuals who do not receive responses to their bids for warmth, security, and empathy from

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their caregivers, or who do not receive such responses on a consistent or "good enough" basis, tend to form insecure attachments. Attachment theory posits that such individuals do not learn well how to regulate their own emotions (Wallin). Those with avoidant attachment (consistently rejected bids) tend to act as though they do not miss caregivers who are absent, even though internally and physiologically they exhibit signs of distress and anxiety. Those with anxious attachment (inconsistent rejections) exhibit amplified affect when a caregiver leaves, seem preoccupied with the caregiver's absence, and are difficult to calm or soothe. Main et al. (2005) also found a fourth response style: disorganized/unresolved attachment. Infants with disorganized attachment exhibited bizarre, conflicted, and/or dissociated behavior in response to a caregiver's absence that may alternate between anxious and avoidant attachment behavior. Main theorized that such responses were born out of fear of a caregiver's behavior; the infant still had physical needs from the caregiver but the caregiver also threatened their safety.

Attachment patterns from childhood still matter when studying adults because of the impact childhood attachment has on development and because childhood attachment patterns tend to carry on to adult attachment styles. van IJzendoorn's (1995) meta-analysis of attachment studies found that 75% of sampled parents behaved in a way that perpetuated their own attachment experience (e.g., a parent who had an avoidant attachment style as a child avoided their own child's attempts to elicit security and warmth). Main, Kaplan, and Cassidy (1985), in a longitudinal study, found a significant correlation between attachment to mother at 1 year and at 6 years of age. Main et al. (1985) also found that parents' attachment styles (even before their child was born) predicted their child's attachment style 75% of the time in their longitudinal study, thus providing further support for the intergenerational transfer and perpetual nature of attachment styles. Main, Hesse, and Kaplan (2005) also found a rate of consistency of over 80% between attachment style at 1 year old and attachment at 19, provided participants with

intervening trauma (not trauma from interpersonal abuse, but other forms of trauma such as the death of a parent) were removed from the comparison. The presence of such excluded trauma typically led to more insecure attachment styles (e.g., from secure to avoidant or ambivalent attachment). Again, attachment styles appear to persist through development.

Adult attachment styles appear to mirror childhood attachment styles in their association with negative affect and difficulties with emotion regulation. For example, Wei, Vogel, Ku, and Zakalik (2005), in a study of 229 college students found, through structural equation modeling efforts, that anxious/ambivalent and avoidant attachment styles (i.e., insecure attachment styles) contributed to both negative affect and interpersonal difficulties through problematic affect regulation strategies (i.e., emotional reactivity or emotional cutoff). Again, as noted above, difficulties with affect regulation and related negative affect predict problems with victimization. Childhood maltreatment's impact on attachment may further such difficulties in both childhood and adulthood.

Caregiving behavior that includes childhood maltreatment (i.e., physical, emotional, and sexual abuse and physical and emotional neglect) appears likely to lead to insecure attachment styles (i.e., avoidant, ambivalent, and disorganized), and offenders appear to suffer from relatively high rates of childhood maltreatment. For example, childhood maltreatment leads to difficulties in affect regulation and negatively impacts agency, which also appear in insecure attachment styles. In addition, it seems as no stretch to posit that caregivers who abuse and neglect children are less likely to positively respond to children's bids for warmth, security, and empathy, thus likely leading to insecure attachment styles. In line with these comparisons and ideas about childhood maltreatment and attachment, Stronach et al. (2011) found that maltreated preschoolers had significantly lower rates of secure attachment and significantly higher rates of disorganized attachment than nonmaltreated preschoolers, in a sample of 123 ethnically diverse

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and economically disadvantaged children. Adult offenders suffer from relatively high rates of childhood maltreatment, which would appear to lead to insecure attachment.

After noting the effects of childhood interpersonal trauma on important factors such as emotion regulation, negative affect, coping, and attachment style, it also is important to consider the high rates at which offenders suffer from childhood maltreatment, as well as any significant gender differences in forms of maltreatment. Among studies of male offenders, Weeks and Widom (1998) found an overall prevalence rate of 68% for childhood physical abuse, sexual abuse, and neglect among New York state inmates; and, Dutton and Hart (1994) noted individual prevalence rates of 31% for physical abuse, 11% for sexual abuse, and 13% for neglect among Canadian inmates. Among female offenders, Bradley and Davino (2007) and Browne, Miller, and Maguin (1999) found reported prevalence rates of 79% and 59% for childhood sexual abuse and 62% and 70% for physical abuse for South Carolina and New York inmates, respectively. In addition, Bradley and Davino's study addressed the repeated nature of childhood trauma for many female offenders as 26% of those who reported sexual abuse also reported more than 100 incidents perpetrated by one person. Other studies have contemporaneously assessed rates of childhood maltreatment for male and female offenders. Higher rates of reported sexual abuse by females have emerged as a consistent finding (Driessen, Schroeder, Widman, von Schonfeld, & Schneider, 2006; Harlow, 1999; McClellan, Farabee, & Crouch, 1997).

The high rates of childhood maltreatment suffered by offenders also appear to hold up when compared both to similarly conducted self-report studies (Scher, Stein, Asmundson, McCreary, & Forde, 2001) and more stringently conducted studies of community samples (Sedlak et al., 2010). One of the more stringent studies, the Fourth National Incidence Study of Child Abuse and Neglect (NIS-4), found confirmed (i.e., not self-reported) overall prevalence rates in America for both childhood abuse and neglect ranging from 1.71% to 3.95% (Sedlak et

al.). Boys and girls again differed significantly in sexual abuse, with girls suffering from higher rates. Reported rates of childhood abuse and neglect beyond offender samples again highlight the seriousness of high rates of maltreatment reported by offenders and point to implications for attachment, negative affect, emotion regulation, relational and workplace victimization, and hope.

Coping

If relational and workplace victimization, in concert with negative affect and earlier childhood maltreatment, can diminish agency and work hope, then coping efforts that effectively address and limit such victimization warrant attention. This paper, then, will provide a brief overview of coping responses in general before addressing research on responses to victimization, particularly workplace victimization. In response to environmental challenges such as workplace victimization, people can employ different coping strategies. Lazarus and Folkman (1984) highlight two broad categories of coping responses: problem-focused and emotion-focused coping. In problem-focused coping, an individual strives to respond to and/or change specific aspects of a problem to counter the threat. In emotion-focused coping, the individual instead turns his or her attention to managing upsetting emotions that result from an appraisal of the problem. Lazarus and Folkman view coping as a volitional or voluntary response to stressors (i.e., they do not include involuntary responses that may address a problem). Other coping researchers have suggested additional coping categories. An intensive review of the coping literature by Skinner, Edge, Altman, and Sherwood (2003) examined 34 factor-analytic investigations of both adult and child-adolescent coping and found three strategies that appeared most often. Problem solving approaches, similar to problem-focused coping, appeared more frequently than any other coping strategy. Such approaches sought to eliminate sources of stress. Avoidance approaches, employed to withdraw from sources of stress either physically or

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psychologically, were the next most popular approaches. The third most popular strategy, seeking social support, strives to increase human support to diminish stress.

Research on coping with workplace victimization reveals that the most consistently effective response, in terms of reducing future victimization and minimizing conflict escalation, involves the problem-focused strategy of avoiding the perpetrator(s) or leaving the situation (Aquino & Thau, 2009), although some other approaches hold some promise. Research has found that such a problem-focused approach is often the most preferred method, in addition to the most successful (Keashly et al., 1994; Zapf & Gross, 2001). While such a response may seem avoidant, the victim is acknowledging the problem and seeking to proactively address it rather than denying its existence as in an avoidant response. If the person would likely not receive support from superiors or fellow employees in confronting the perpetrator, such a response may be most likely to help the person keep a job. Other problem-focused strategies, such as expressing dissatisfaction with the victimization and constructive problem solving show some promise for reducing victimization, but the current supporting data is limited (Aquino & Thau). Emotion-focused strategies such as focusing on positive experiences to direct oneself toward more positive emotions, using substances, or practicing forgiveness lack clear support in the literature. Avoidance approaches also lack support. Overall, then, the literature appears to support problem-focused approaches as possessing the greatest chance for positive outcomes with relational victimization. Offenders, however, often suffer from experiences that negatively impact their coping styles and leave them less well equipped to respond effectively to relational victimization.

As noted above, offenders suffer from significant rates of childhood maltreatment, and research shows that such maltreatment is associated with coping styles that may not be helpful with later victimization. Min et al. (2007) studied 285 mothers giving birth in a large, urban

teaching hospital that had been screened as at risk for drug use and found that higher levels of childhood trauma were directly related to the use of avoidant coping strategies, as well as greater psychological distress and substance abuse and less education. In addition, they found that childhood trauma was significantly related to lower levels of education and that avoidant coping styles were a partial mediator of the relationship between childhood trauma and greater psychological distress and substance abuse. Simons, Ducette, Kirby, Stahler, and Shipley (2003) also found that sexual abuse, physical abuse, and emotional abuse positively and significantly predicted the use of avoidance coping in 112 women in residential and outpatient drug and alcohol treatment programs. In another study done with drug users, Hyman, Paliwal, and Sinha (2007) looked at childhood maltreatment, coping strategies and perceived stress among 91 men and women at an inpatient research and treatment facility. They found that greater levels of childhood maltreatment were significantly related to greater use of avoidant coping strategies and greater perceived stress. Furthermore, they found no significant relationship between severity of childhood maltreatment and the use of emotion-focused or problem-focused coping strategies. Childhood maltreatment, which offenders suffer from at relatively high rates, appears consistently related to avoidant coping methods while problem-focused strategies appear most successful in addressing future victimization.

In line with attachment theory discussed above and the relationship between childhood and adult attachment, research on adult attachment, emotion regulation, and coping styles also holds relevance for offenders' efforts to cope with relational victimization. Research has found that insecure attachment styles, to which offenders may be prone through their experiences of childhood maltreatment, are associated with more avoidant coping styles with samples such as adult firefighters, college students, and adult community members (Jerome & Liss, 2005; Landen & Wang, 2010; Ognibene & Collins, 1998; Peiliang, 2007). Peiliang also found that coping

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styles mediated the relationship between insecure attachment styles and negative affect, thus linking coping styles with the most consistent predictor of adult relational and workplace victimization. In a recent study, McHugh, Reynolds, Leyro, and Otto (2013) found in both a clinical (N = 100) and community sample (N = 300) that less access to emotion regulation strategies led to more use of avoidance-based coping strategies, thus also linking emotion regulation to coping styles in addition to the relationship with attachment styles.

A review of the literature, then, reveals some important connections between offenders' work hope and relevant socioemotional variables. According to hope theory (Snyder, 2002) experiences that diminish agency can lead to a reduction in hope, as hope constitutes agency and plans to realize goals. Relational and workplace victimization are such experiences, as victims cede some level of agency to perpetrators of relational aggression. Workplace victimization may have a particular impact on work hope in line with the domain specific elements of work hope. Research shows that offenders suffer from significant rates of relational victimization and likely suffer from significant rates of workplace victimization. Hope theory also posits that childhood interpersonal trauma negatively impacts hope, and such experiences may also lead to attachment and behavioral patterns that diminish hope. Insecure attachment can lead to difficulties with emotion regulation, and negative affect, in turn, predicts future relational victimization. Insecure attachment is also related to coping styles that may be relatively ineffective in responding to victimization. Offenders suffer from relatively high rates of childhood maltreatment, which may lead to a high prevalence of insecure attachment and related complications. Experiences that impact work hope warrant consideration, because work hope appears to be an important construct for offender reentry. Research shows that work is an important factor in offender reentry to society and also shows that offenders face many significant barriers in their quest to secure work. Work hope, in particular, may help offenders press through the barriers they face

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upon reentry (e.g., tight labor markets, overcoming a felony record, limited work history and training, etc.). While offender reentry and employment are indeed important for individual offenders, they also are significant phenomena for society. Over 725,000 incarcerated offenders reenter society, communities, and families annually; groups that have existed without workers, family members, parents, etc., while the offenders were in the correctional system. Many of those offenders subsequently return to the correctional system at additional cost to society and themselves. The research literature, therefore, can benefit from efforts to explore constructs that relate to offenders' ability to obtain work and successfully reenter society. This study, therefore, seeks to address the following hypotheses based on the preceding literature review:

Hypotheses

Hypothesis 1: Work hope will be significantly negatively correlated with perceptions of career-related barriers. In line with hope theory, as perceptions of barriers increase, people are more likely to see fewer cognitive plans or pathways to achieve their work goals.

Hypothesis 2: A path starting with insecure attachment will predict work hope. Insecure attachment style will lead to difficulties in emotional regulation, greater avoidant coping and less active coping, and difficulties in emotion regulation will lead to relational victimization, after controlling for recent history of relational victimization and physical victimization (given the overlapping presence of physical and relational victimization). Relational and workplace victimization will work through coping style to predict work hope. The hypothesized relationships between attachment and both coping and emotion regulation would replicate past findings, and the hypothesized mediated relationship between emotion regulation and relational victimization stems from consistent findings that negative affect predicts relational and workplace victimization. Because pre-incarceration workplace victimization must be measured retrospectively, unlike emotion regulation and relational victimization while incarcerated,

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difficulties with emotion regulation will not be used to predict workplace victimization. The

relationship between relational victimization, coping, and work hope stems from hope theory's

assertion that victimization lessens personal agency which leads to less active coping and less

hope. The hypothesized model can be seen in Figure 1.
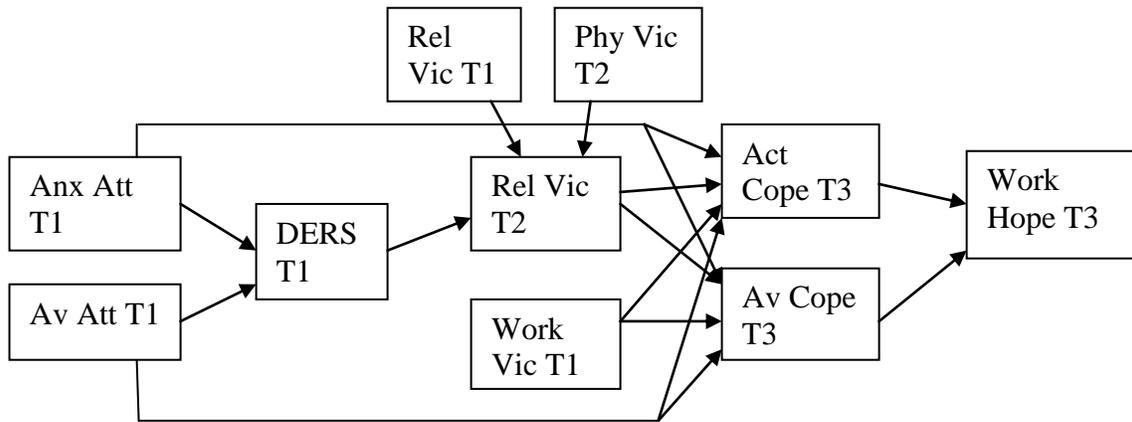
Figure 1. An hypothesized path analysis model of work hope. Note. In this Figure and
subsequent figures and tables: Anx Att = Anxious Attachment; Av Att = Avoidant Attachment;
DERS = Difficulties in Emotion Regulation Scale; Rel Vic = Relational Victimization; Work Vic
= Workplace Victimization; Phy Vic = Physical Victimization; Act Cope = Active Coping; Av
Cope = Avoidant Coping

Method

Participants

Questionnaires were administered to 186 participants on the first wave of the study. Of

those participants, 33 missed the second and third wave, 9 missed the second wave only, and 33

missed the third wave. The study, then, ultimately enrolled 111 male (72.1%) and female

(27.9%) participants who completed all three waves, residing in 8 correctional centers in the state

of Virginia. Correctional centers house offenders who typically have felony convictions as adults

and sentence terms of 1 year or longer. Centers vary in the amount and types of services they

provide to offenders (e.g., vocational training, mental health services, etc.). The participants

ranged in age from 21 to 67 ($M = 37.97$, $SD = 10.02$) and in term served from 3 months to 600 months ($M = 104.21$, $SD = 99.44$). As for race/ethnicity, 48.6% of the participants self-reported as Caucasian, 42.3% as African American, 2.7% as Native American, and 0.9% as Latino/a (5.4% did not list their race/ethnicity). As for security levels, 9.9% of the participants were in security level 1 (least secure facilities for those with less severe criminal records and/or better behavior while incarcerated), 70.3% in security level 2, 7.2% in security level 3, 6.3% in security level 4, and 6.3% in security level 5. For education levels, 9.0% listed graduating from middle school but not high school, 55.0% listed graduating from high school or obtaining a GED but not taking college classes, 24.3% listed taking some college classes but not obtaining a degree, 5.4% listed obtaining an associate's degree without a bachelor's degree, 2.7% listed obtaining a bachelor's degree without a master's degree, 2.7% listed obtaining a master's degree, and .9% did not list their education. For their current conviction, 25.2% reported a drug-related offense, 38.7% a property-related offense, 27.9% a violent offense, 1.8% a non-violent sexual offense, 6.3% a violent sexual offense, and 27.0% a technical violation. Note that these categories were not mutually exclusive. For lifetime convictions, 52.3% reported a drug-related offense, 60.4% a property offense, 44.1% a violent offense, 3.6% a non-violent sexual offense, 7.2% a violent sexual offense, and 44.9% a technical violation. The study did not employ any exclusion criteria because correctional centers have inclusion/exclusion criteria built into their admissions standards.

Measures

Demographics. Participants were asked to provide the following information: Department of Corrections identification number, date of birth, gender, ethnicity, marital status, number of children, age at first arrest, total number of arrests, age at first conviction, total number of convictions, nature of current and previous convictions, lifetime months under

correctional supervision, whether they held a job at time of arrest for current conviction, whether they were under the influence of substances at time of arrest for current conviction, age of first use of alcohol, street drugs, and/or abuse of prescription drugs; identity of their drug of choice, highest level of education completed, whether they earned a GED while incarcerated, past military service, last job held prior to current conviction, total months worked full- and part-time, the job with which they identify, and job or career goal upon release. These data allow for a thorough description of study participants.

Attachment. The Experiences in Close Relationships -- Revised (ECR-R; Fraley, Waller, & Brennan, 2000) was used to measure attachment style. The ECR-R (Appendix A) is a 36-item questionnaire containing two subscales, assessing the dimensions of avoidance and anxiety attachment in relationships. Each item is rated on a 7-point scale (1 = *Disagree Strongly* to 7 = *Agree Strongly)*. This instrument is widely used, and Brennan, Clark, and Shaver (2000) found internal reliability coefficients of .90 for the Anxiety subscale and .91 for the Avoidance subscale. Sibley, Fischer, and Liu (2005) found temporal stability of .85 for the measure over a 3-week period. Fairchild and Finney (2006) found support for the convergent and discriminant construct validity of the measure. In the present study, observed Cronbach's alpha coefficients were .94 (anxious attachment), .90 (avoidant attachment), and .94 (ECR-R) for wave 1 (Only data for waves employed in this study are reported. See explanation of waves at end of this section).

Career-related barriers. Ten items were selected from Luzzo and McWhirter's (2001) revision of McWhirter's (1997) Perception of Barriers (POB) scale (Appendix B) to assess offenders' concerns regarding the barriers that they perceive as being present to their career development. This scale addresses anticipated ethnic and gender discrimination, educational, resource, and career-related barriers. To date, these items have not been used in an offender or

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ex-offender population. For example, one item requests participants to consider whether they "will probably have a harder time getting hired than a person who wasn't incarcerated." Item responses are gathered on a 5-point rating scale (1 = *Strongly Disagree* to 5 = *Strongly Agree*). Luzzo and McWhirter (2001) found that women and ethnic minority students perceived more barriers than men and European American students with the POB-R, in line with social cognitive career theory through which the POB and POB-R were designed. In the present study, the observed Cronbach's alpha coefficient was .74 for wave 3.

Coping styles. The COPE (Carver et al., 1989) was used to measure how offenders respond to environmental stressors (Appendix C). Offender responses fell either within active coping strategies (via the active, planning, and positive reframing subscales) or avoidant coping strategies (via the denial, behavioral disengagement, and mental disengagement subscales). Offenders responded to items on the COPE with respect to how they handle situations that are stressful or difficult. Responses for 24 items are gathered on a 4-point scale (1 = *I don't do this at all* and 4 = *I do this a lot*). Carver et al. found extensive support for the estimated reliability and validity of the COPE. Higher scores reflect greater use of each of the coping strategies. In the present study, observed Cronbach's coefficient alphas were .90 (active coping) and .78 (avoidant coping) for wave 3.

Difficulties in emotion regulation. The Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) was used to measure offenders' difficulties in regulating their emotions (Appendix D). The DERS assesses six dimensions of emotion dysregulation: (a) lack of awareness of emotional responses, (b) lack of clarity of emotional responses, (c) nonacceptance of emotional responses, (d) limited access to emotion regulation strategies perceived as effective, (e) difficulties controlling impulses when experiencing negative emotions, and (f) difficulties engaging in goal-directed behaviors when experiencing negative emotions.

Offenders indicated how often the items apply to themselves. Responses for 36 items are gathered on a 5-point scale (1 = *almost never (0–10%)*, 2 = *sometimes (11– 35%)*, 3 = *about half the time (36–65%)*, 4 = most *of the time (66–90%)*, and 5 = *almost always (91–100%)*. Gratz and Romer found a Cronbach's alpha of .93. Additionally, the DERS showed good test–retest reliability over a period ranging from 4 to 8 weeks (*r* = .88), and test–retest reliability of DERS subscales were .69 for nonacceptance, .69 for goals, .57 for impulse, .68 for awareness, .89 for strategies, and .80 for clarity. In the present study, the Cronbach's alpha of the DERS was .94 for wave 1.

Relational and physical victimization. The revised version of *Problem Behavior Frequency Scale* (PBFS-R; Farrell, Kung, White, & Valois, 2000) was used to assess relational and physical victimization of offenders (Appendix E). Five items from the PBFS-R were modeled after Crick and Grotpeter's (1996) measure on relational victimization, the Social Experience Questionnaire (SEQ; Self-Report). This measure was designed for adolescents but has been adapted for use in correctional populations by Shivy (2000). Respondents indicate how frequently specific events happened to them in the past 30 days. Sullivan, Farrell, and Kliewer (2006) added a sixth item for relational victimization and found a Cronbach's alpha of .84. Responses for 6 relational victimization and 3 physical victimization items are anchored along a 6-point scale (1 = *never* to 6 = *20 or more times*). Crick and Grotpeter (1996) presented support for criterion-related validity and additional support for reliability. In the present study, observed Cronbach's coefficient alphas were .91 (wave 1) and .93 (wave 2) for relational victimization and .97 (wave 2) for physical victimization.

Work hope. The Work Hope Scale (WHS; Juntunen & Wettersten, 2006) was used to assess hope pertaining to work and work-related issues for offenders (Appendix F). This 24 item scale uses Snyder's (2000) conceptualization of hope, which includes three primary components:

(a) a goals, (b) pathways, or thoughts about how to achieve those goals, and (c) agency, or the

motivation or willingness to achieve those goals. The WHS demonstrates good construct validity

through moderate to strong correlations with career decision-making self-efficacy, work goals,

vocational identity, and dispositional optimism (Juntunen & Wettersten). Cronbach's alpha

coefficients were .93 for the overall scale, .87 for Agency, .68 for Pathways, and .81 for Goals a

diverse sample (N = 224) including community college and university students, participants in an

Upward Bound program for adolescents, and individuals receiving assistance from a state job

service agency. The 2-week temporal stability for the scale was .90. In the present study, the

Cronbach's alpha of the WHS was .91 for wave 2 and .92 for wave 3.

Workplace victimization. A measure was developed for this project to assess the

frequency with which offenders experienced relational victimization in the workplace during the

last year or so that they worked prior to incarceration (Appendix G). The measure's items

parallel those from the PBFS-R. Responses for the 10 items are gathered on a 7-point scale (1 =

not at all true to 7 = *very true*). In the present study, the observed Cronbach's alpha for this

measure of workplace victimization was .90 for wave 1.

Procedure

Recruitment took place once approval had been received from both the Virginia

Commonwealth University Institutional Review Board (IRB) and the VADOC Human Subject

Research Review Committee (HSRRC). In order to recruit participants, advertising posters were

displayed in prominent locations in Virginia Department of Corrections correctional centers. The

posters had sign-up sheets available for interested potential participants. Due to ethical concerns,

center staff were told to use a previously approved script pointing offenders' attention to the

posters if the staff was questioned about the study (see Appendix H). Center staff received a

memo detailing these instructions. Interested participants who arrived on the first day of testing

were given a memo that explained that they would be asked to provide informed consent before receiving the study's measures (see Appendix I). Informed consent for the study was conducted in a small group format in available rooms at the selected correctional centers for the first visit of the study. Participants were informed that the study involved answering questions on past experiences, including questions about violence and victimization, and their self confidence in certain types of coping. Study personnel were on hand to provide a brief description of the research project and to answer any questions on the study and informed consent.

If the participants provided their informed consent, they were then given all study measures. For the second and third visits to the correctional centers, center staff, in addition to displaying posters beforehand, also announced on the day of the visit that study personnel were present to conduct the second or third wave. Only participants who had filled out informed consent documents at the first wave were allowed to participate. Study investigators were present to answer any questions participants had about the measures. Participants also had the option to listen to a recorded version of all the measures presented to them in a gender-congruent voice. Finally, study personnel also worked with correctional center staff to ensure adequate facilities for participants to fill out the measures while keeping their responses private from other study participants and center staff. The waves were separated by approximately 45-60 days because of the scheduling circumstances at the respective institutions.

On the first wave of the study, participants were given the following: Demographics, DERS, ECR-R, PBFS-R, and the workplace victimization measure. On the second and third waves of the study, participants were given the following: the career-related barriers measures, the COPE, ECR-R, PBFS-R, and the WHS. Again, the waves were spaced out by approximately 45-60 days.

Results

This chapter provides the results from a number of data analyses, including overall data quality (i.e., attrition, outliers, normality), preliminary descriptive data analyses, and then specific hypothesis testing.

Preliminary analyses

Before testing the hypotheses proposed in this study, preliminary analyses were run to examine potential attrition differences as well as relationships among important demographic variables and the variables of interest in this study: attachment anxiety and avoidance (wave 1), career-related barriers (wave 3), coping styles (active and avoidant; wave 3), emotion regulation (wave 1), physical victimization (wave 2), relational (waves 1 and 2) and workplace (wave 1) victimization, and work hope (waves 2 and 3). Data imputation procedures for items left blank by participants were specified as using the average response for all other participants, on all the questionnaires; but only if the participant had filled in at least 80% of the total items associated with that questionnaire.

Several variables were found to be skewed and/or kurtotic as evidenced both by visual inspection of scatterplots and skewness (the adjusted Fisher-Pearson standardized moment coefficient; Pearson & Hartley, 1970) and kurtosis (the standardized fourth population moment about the mean; as cited in DeCarlo, 1997) absolute values of greater than 1. In particular, anxious attachment wave 1, active coping wave 3, avoidant coping wave 3, career-related barriers wave 2, physical victimization wave 2, relational victimization waves 1 and 2, and workplace victimization wave 1 were found to have non-normal distributions. The following transformations were performed: square-root (anxious attachment wave 1, active coping wave 3, avoidant coping wave 3, and career-related barriers wave 3), log (relational victimization wave 1 and 2 and workplace victimization wave 1), and inverse (physical victimization wave 2)

transformations. Going forward, results for these variables will refer to the transformed scores, unless otherwise noted.

In order to reduce family-wise error, the error rate for each analysis was adjusted to alpha = .01. The 99% confidence interval, instead of 95%, therefore, is listed, unless otherwise noted.

Attrition analyses. Independent sample t-tests and chi-square tests of independence were run on all variables and demographic characteristics of interest to compare participants who completed all three waves and were thus used to test the study hypotheses versus those who did not complete all the waves. No significant differences were found among the variables of interest. Thus, the nature of participant responses to the variables and of interest did not appear to significantly differ according to whether or not participants completed all three waves of the study. Among the demographic characteristics of interest, however, the relation between both gender (X^2 (2, $N = 186$) = 16.57, p < .001) and institutional security level (X^2 (8, $N = 186$) = 35.88, p < .001) was significant. Men were more likely to complete all three waves than women. Unfortunately, at one of the institutional sites, in particular, over half the initial participants either had finished their sentences or were transferred out during the duration of the study. Security level 2 participants also were more likely to complete all three waves than security level 1 participants (only 39 of the initial participants were not in security level 1 or 2, thus that comparison was the one of interest). Again, the female site where over the half the initial participants did not complete all three waves was a level one site. These types of institutional factors are not under investigators' control when working in the correctional system; though they point to possibilities for future research. The decision was made, to proceed with data analyses as planned.

Effects of demographic variables. The effects of the demographic variables of gender, age, ethnicity, security level, time served in prison, and education level on the variables of interest were examined.

Gender. Independent sample t-tests were run to test the effects of gender. No gender effects were found for attachment avoidance, active coping, avoidant coping, carrier-related barriers, difficulties in emotion regulation, physical, relational, and workplace victimization, and work hope. On the subscale of anxious attachment (not transformed), women reported significantly higher levels of anxious attachment than men (x-bar$_{diff}$ = 17.00, CI = 6.67 − 27.33, p = .001).

Age. Bivariate correlational analyses were run to examine the effects of age on the variables of interest in this study. None of the Pearson correlation coefficients were significant. Thus age was not included in further analyses.

Ethnicity. An ANOVA was run to examine the effects of ethnicity on the variables of interest in this study. The resulting F values were not significant for attachment anxiety and avoidance, active coping, carrier-related barriers, physical, relational, workplace victimization, and work hope. The F values associated with difficulties in emotion regulation ($F(3, 101) = 5.41$, $p = .002$) and avoidant coping ($F(3, 95) = 4.52$, $p = .005$) were statistically significant, however. Only 6 participants with reported ethnicities other than African American and Caucasian (1 Latina/o, 5 Native American) noted their ethnicity, thus the comparison between African Americans and Caucasians was the comparison of interest. In that comparison, however, the differences for difficulties in emotion regulation and avoidant coping were not significant.

Institutional security level. An ANOVA was run to examine the effects of prison security level on the variables of interest in this study. None of the resulting F values were significant. Thus security level was not included in further analyses.

Time served in prison. Bivariate correlational analyses were run to examine the effects of time served in prison on the variables of interest in this study. None of the Pearson correlation coefficients were significant. Thus time served in prison was not included in further analyses.

Education level. An ANOVA was run to examine the effects of education level on the variables of interest in this study. None of the resulting *F* values were significant. Thus education level was not included in further analyses.

Intercorrelation matrix and descriptive statistics. Bivariate correlational analyses were run for all primary variables of interest. Pearson correlation coefficients are displayed in Table 1. All the observed significant correlations were in the expected direction in line with hope and attachment theory and previous findings, other than the following exceptions. Active coping had a positive correlation with difficulties with emotion regulation, avoidant coping, and perceptions of career-related barriers, inconsistent with previous findings (e.g., Hyman et al., 2007) and SCCT (e.g., Lent et al., 1994). The results of these analyses will be discussed further when reviewing results of hypothesis testing. Table 2 provides the means and standard deviations for the primary variables.

Table 1

Intercorrelation Matrix with the Primary Variables

Variables	1	2	3	4	5	6	7	8	9	10	11
1. Avoidant attachment (T1)	1.0										
2. Anxious attachment (T1)	.45**	1.0									
3. Difficulties in emotion regulation (T1)	.26*	.38**	1.0								
4. Relational victimization (T1)	-.09	.16	.22	1.0							
5. Relational victimization (T2)	.005	.24	.16	.54**	1.0						
6. Physical victimization (T2)	-.08	.06	.15	.21	.57**	1.0					
7. Workplace victimization (T1)	.13	.18	.09	.33**	.16	.01	1.0				
8. Avoidant coping (T3)	.35**	.17	.43**	.04	.10	-.11	.14	1.0			
9. Active coping (T3)	.19	.20	.36**	.02	.17	.27*	.02	.33*	1.0		
10. Work hope (T3)	-.29*	-.31*	-.43**	-.07	-.15	-.06	.007	-.40**	-.50**	1.0	
11. Career-related barriers (T3)	.13	.24	.30*	.16	.04	-.04	-.12	.41**	.38**	-.45**	1.0

Note. **$p < .001$ (2-tailed). *$p < .01$ (2-tailed).

Table 2

Descriptive Statistics

Variables	Mean	SD	Range
Avoidant attachment (T1)	56.73	18.88	25-100
Anxious attachment (T1)	61.43	25.40	18-117
Difficulties in emotion regulation (T1)	75.42	23.27	38-139
Relational victimization (T1)	10.14	5.93	6-32
Relational victimization (T2)	11.08	6.43	6-35
Physical victimization (T2)	7.02	5.72	4-24
Workplace victimization (T1)	17.43	10.27	10-54
Avoidant coping (T3)	21.11	5.58	13-41
Active coping (T3)	38.73	6.59	12-48
Work hope (T3)	137.83	22.79	54-168
Career-related barriers (T3)	41.82	7.47	15-57

Note. All the values above represent non-transformed variables.

Hypothesis testing

Work hope's correlation with perceptions of career-related barriers. Work hope was hypothesized to significantly negatively correlate with perceptions of career-related barriers. To test this hypothesis, a bivariate correlation analysis was run, and, as seen in Table 1, the Pearson correlation coefficient was significant and in the expected direction. The hypothesis, thus, was supported.

A path analysis model of work hope. An overview of path analysis is provided before specific models for this study are explored.

Path analysis. Path analysis is an extension of multiple regression analysis that examines the magnitude and significance of hypothesized causal associations among sets of variables (Kline, 2011). This statistical method also assists in comparing the relative significance of different paths and explanatory variables on the final outcome variable. Numerous regression equations can be analyzed at one time with multiple response (outcome) variables, unlike standard multiple regression which only allows one outcome variable to be analyzed at a time.

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The hypothesized connections in path analysis can be represented by path diagrams where arrows suggest directed relationships among the predictor (causal) variables and the criterion (effect) variables (Kline, 2011). The hypothesized causal relationships may not represent actual causal relationships, thus it is imperative to base the hypothesized causal relationships on sound theory and past research results.

Different guidelines have been offered for adequate sample sizes for path analysis. Kline (1998) defines a small sample size as $N < 100$, a medium sample size as N between 100 and 200, and a large sample size as $N > 200$, while noting that more complex models (i.e., those with more parameters) require larger sample sizes. Kline also notes, though, that in structural equation modeling, of which path analysis is a variant, the ratio of the number of participants to the number of model parameters, should ideally be 20:1. A ratio of 10:1, however, is considered acceptable. Hair, Anderson, Tatham, and Black (1999), alternatively, propose that a sample size of 200 should always be tested in path analysis. Kline (2011), in turn, proposes a formula for adequate path analysis sample sizes based on the number of parameters and the number of observations in a model. The number of observations is a function of the number of observed variables (v): $v(v + 1)/2$. In order for a model to possess degrees of freedom, the number of observations must exceed the number of parameters. The proceeding proposed path analyses met both the 10:1 criteria and the Kline (2011) criteria, with $N > 100$.

The Mplus Version 7 software package was used to test path analysis models in this study. This package employs several measures of the adequacy of the model's fit to the data. First, the chi-square statistic may be used as a measure of fit between the sample covariance and fitted covariance matrices (Byrne, 1998). The higher the probability associated with chi-square, the closer the fit between the hypothesized model and perfect fit. In addition, other indices also assess the adequacy of model fit. These indices include: the Comparative Fit Index (CFI) and the

Tucker and Lewis Index (TLI). Values less than .90 indicate an unacceptable fit for these two indices (e.g., Hu & Bentler, 1995; Schumaker & Lomax, 1996). In addition, the Root Mean Square of Approximation (RMSEA) serves as another index of model fit. RMSEA takes into account the error of approximation in the population (Byrne, 1998). RMSEA values less than .05 indicate good fit. Values of .08 to .05 indicate reasonable errors of approximation. Values of .08 to .10, however, indicate mediocre fit, and values above .10 indicate poor fit (MacCullum, Browne, & Sugawara, 1996).

Path analysis allows for reestimation of models if model fit indexes indicate an inadequate model fit (Byrne, 1998). Researchers can add or subtract model parameters in line with theory in an effort to obtain a model that best fits the sample data.

The hypothesized model. For the hypothesized model (see Figure 2 below), the fit indices overall showed that this model was not the best fitting model for the sample data ($X^2 = 66.58$, $df = 20$, $p < .001$). The values for the CFI and TLI were .73 and .53, respectively. The RMSEA was .15, indicative of poor fit (see Tables 3 and 4 for a summary of the fit indices and included variables for each model examined). Examination of direct effects indicated that anxious attachment at Time 1 was related to higher levels of difficulties with emotion regulation at Time 1 ($\beta = .33$, $Z = 3.39$, $p < .001$), whereas there were no significant effects from avoidant attachment at Time 1 to difficulties with emotion regulation at Time 1. Relational victimization at Time 1 ($\beta = .45$, $Z = 6.63$, $p < .001$) and physical victimization at Time 2 ($\beta = .46$, $Z = 6.94$, $p < .001$) were related to higher levels of relational victimization at Time 2, while there were no significant effects from difficulties with emotion regulation at Time 1 to relational victimization at Time 2. There were no significant effects from relational victimization at Time 2, workplace victimization at Time 1, and anxious or avoidant attachment at Time 1 to active coping at Time 3. Avoidant attachment at Time 1 was related to higher levels of avoidant coping at Time 3 ($\beta =$

.35, $Z = 3.53$, $p < .001$), but there were no significant effects from anxious attachment at Time 1, relational victimization at Time 2, and workplace victimization at Time 1 to avoidant coping at Time 3. Avoidant ($\beta = -.29$, $Z = -3.16$, $p = .001$) and active coping ($\beta = -.41$, $Z = -4.70$, $p < .001$) at Time 3 were related to lower levels of work hope at Time 3. Given the overall indications from the fit indices noted above, post hoc analyses were conducted in order to find the best fitting model for the sample data. Theory, past research results, examination of direct effects, and zero-order correlations were considered to arrive at alternative models that might better fit the data.

Figure 2. Model 1 of an hypothesized path analysis model of work hope. Note. **$p < .001$ (2-tailed). *$p < .01$ (2-tailed).

  Model 2. For the second model (see Figure 3 below), all victimization related variables were dropped from the hypothesized model. As seen in the first model, there were no significant direct effects between victimization related variables and non-victimization related variables. Although past research indicates that negative affect predicts relational and workplace victimization (Aquino & Thau, 2009), the correlations between victimization and difficulties in emotion regulation in the current sample were not significant. In addition, although hope theory indicates that victimization would negatively impact hope and past research and theory indicate that victimization may work through coping style to impact hope (Snyder, 1995, 2002), those

hypothesized relationships with victimization were exploratory and were not significant with this sample. The fit indices showed, however, that the removal of victimization variables still did not lead to a model with adequate indices of fit ($X^2 = 13.01$, $df = 4$, $p = .011$). The values for the CFI and TLI were .91 and .70, respectively. The RMSEA was .14, indicative of poor fit. The model, however, did show significant improvement from the first model ($\Delta X^2 = 53.57$, $df = 16$, $p < .001$). Examination of direct effects indicated that anxious attachment at Time 1 was still related to higher levels of difficulties with emotion regulation at Time 1 ($\beta = .33$, $Z = 3.51$, $p < .001$), while there were still no significant effects from avoidant attachment at Time 1 to difficulty with emotion regulation at Time 1. Avoidant attachment at Time 1 ($\beta = .30$, $Z = 3.23$, $p = .001$) and difficulties with emotion regulation at Time 1 ($\beta = .40$, $Z = 4.58$, $p < .001$) were related to higher levels of avoidant coping at Time 3, but there were no significant effects from anxious attachment at Time 1 to avoidant coping at Time 3. Difficulties with emotion regulation at Time 1 were also related to higher levels of active coping at Time 3 ($\beta = .33$, $Z = 3.43$, $p = .001$), but there were no significant effects from anxious or avoidant attachment at Time 1 to active coping at Time 3. Avoidant ($\beta = -.28$, $Z = -3.23$, $p = .001$) and active coping at Time 3 ($\beta = -.42$, $Z = -5.16$, $p < .001$) were related to lower levels of work hope at Time 3. Again, given the overall results from the fit indices, another model was fitted.
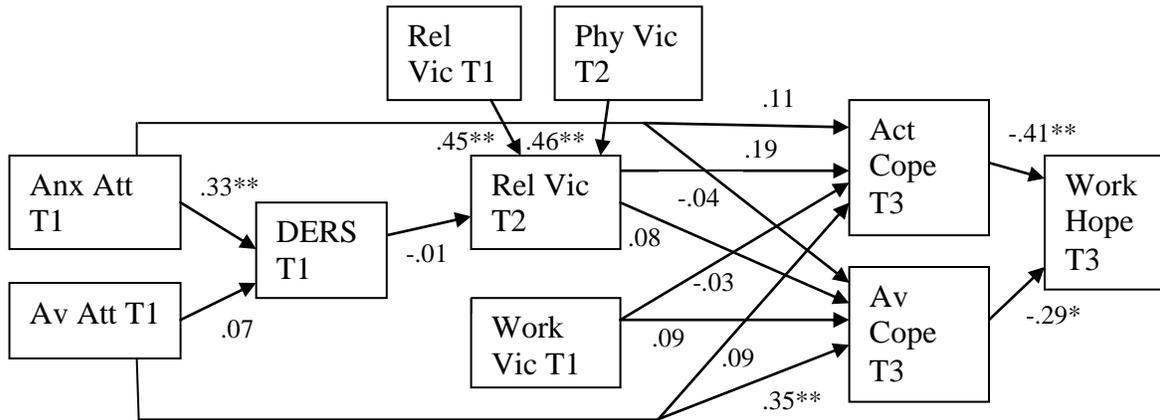

Figure 3. Model 2 of an hypothesized path analysis model of work hope. Note. **$p < .001$ (2-tailed). *$p < .01$ (2-tailed).

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Model 3. For the third model (see Figure 4 below), active coping was dropped from the second model. There were no significant direct paths to active coping in the first model, and the significant path between active coping and difficulties with emotion regulation in the second model was in an unexpected direction. Similarly, active coping was significantly related to work hope in the unexpected direction. Furthermore, past research results previously cited support far more consistent relationships among insecure attachment, trauma, victimization, and avoidant coping and not with active coping (e.g., Hyman et al., 2007; Min et al., 2007; Simons et al., 2003), leaving the relationships between active coping and both the socioemotional and work hope variables largely exploratory. The overall results of the fit indices revealed, however, no apparent significant differences between the second and the third models ($X^2 = 14.31$, $df = 3$, $p = .002$). The values for the CFI and TLI were .85 and .54, respectively. The RMSEA was .18, indicative of poor fit. Although the third model did not appear to improve upon the second model ($\Delta X^2 = -1.30$, df = 1, $p > .01$), the removal of active coping appeared warranted for the aforementioned reasons. Examination of direct effects indicated that anxious attachment at Time 1 was still related to higher levels of difficulties with emotion regulation at Time 1 ($\beta = .33$, $Z = 3.51$, $p < .001$), while there were still no significant effects from avoidant attachment at Time 1 to difficulties with emotion regulation at Time 1. Avoidant attachment at Time 1 ($\beta = .30$, $Z = 3.23$, $p = .001$) and difficulties with emotion regulation at Time 1 ($\beta = .40$, $Z = 4.59$, $p < .001$) were related to higher levels of avoidant coping at Time 3, but there were no significant effects from anxious attachment at Time 1 to avoidant coping at Time 3. Avoidant coping was related to lower levels of work hope ($\beta = -.40$, $Z = -4.92$, $p < .001$). Again, given the overall results for the indices of fit, another model was explored.
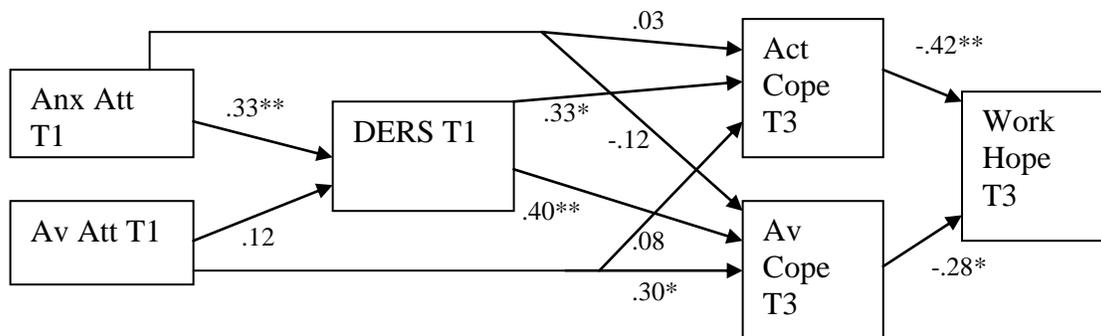
Figure 4. Model 3 of an hypothesized path analysis model of work hope. Note. **p < .001 (2-tailed). *p < .01 (2-tailed).

Model 4. For the fourth model (see Figure 5 below) the demographic variables of gender

and ethnicity were added to the model. As previously noted, anxious attachment differed

significantly by gender, and difficulties in emotion regulation and avoidant coping differed

significantly by ethnicity. Ethnicity was coded as Caucasian or not Caucasian. Caucasian was the

most prevalent racial/ethnic identification, and, as noted above, only 6 participants reported

ethnicities other than African American and Caucasian (1 Latina/o, 5 Native American). A

multiple groups approach, then, was not taken with ethnicity due to the relative infrequency of

racial/ethnic identifications other than African American and Caucasian. The resulting model

showed no improvement in the indices of fit compared to model 2 or model 3 ($X^2 = 53.19$, $df = 9$,

$p < .001$). The values for the CFI and TLI were .61 and .23, respectively. The RMSEA was .21.

Examination of direct effects indicated that male gender at Time 1 was related to lower levels of

anxious attachment at Time 1 ($\beta = -.26$, $Z = -2.95$, $p = .003$). Anxious attachment at Time 1 was

related to higher levels of difficulties with emotion regulation at Time 1 ($\beta = .32$, $Z = 3.22$, $p = $

.001), but there were no significant effects from ethnicity and avoidant attachment at Time 1 to

difficulties with emotion regulation at Time 1. Difficulties with emotion regulation at Time 1 (β

$= .40$, $Z = 4.79$, $p < .001$) and avoidant attachment at Time 1 ($\beta = .26$, $Z = 2.78$, $p = .005$) were

related to higher levels of avoidant coping at Time 3, but there were no significant effects from

anxious attachment at Time 1 and ethnicity to avoidant coping at Time 3. Avoidant coping at

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time 3 was related to less work hope at time 3 (β = -.40, Z = -4.91, $p < .001$). None of the models satisfied cutoff or significance criteria for all four indices of fit. Models 2 and 3 appeared to fit the data more adequately than the other models, but model 3 was more closely aligned with the study's expectations. Given that theory, past results, and data from the current sample were not suggestive of further alternatives no additional models were fit to the data.
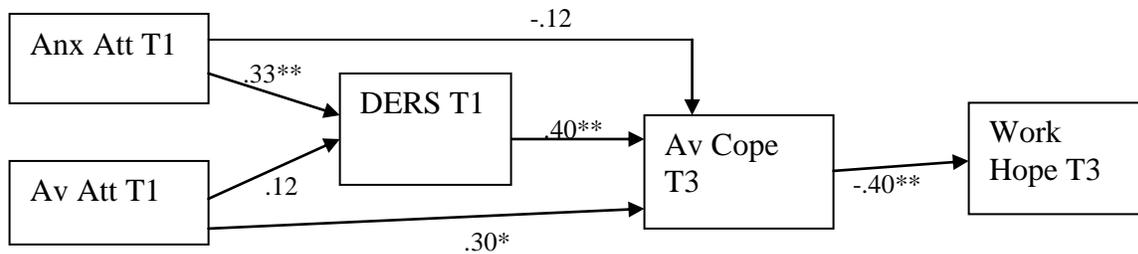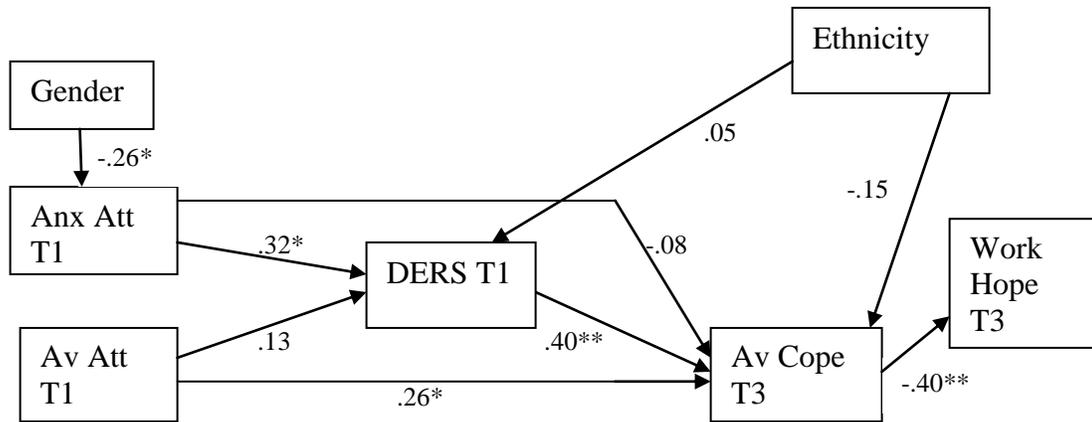

Figure 5. Model 4 of an hypothesized path analysis model of work hope. Note. **$p < .001$ (2-tailed). *$p < .01$ (2-tailed).

Table 3

Summary of Fit Indices for Models 1-4

Model	X^2	CFI	TLI	RMSEA
1	66.58	0.73	0.53	0.15
2	13.01*	0.91	0.70	0.14
3	14.31*	0.85	0.54	0.18
4	53.19	0.61	0.23	0.21

Note. The change in X^2 (ΔX^2) was significant from Model 1 at $p < .001$.

Table 4

Summary of Variables Included in Models 1-4

Variables	Model			
	1	2	3	4
Avoidant attachment (T1)	X	X	X	X
Anxious attachment (T1)	X	X	X	X
Difficulties in emotion regulation (T1)	X	X	X	X
Relational victimization (T1)	X			
Relational victimization (T2)	X			
Physical victimization (T2)	X			
Workplace victimization (T1)	X			
Avoidant coping (T3)	X	X	X	X
Active coping (T3)	X	X		
Work hope (T3)	X	X	X	X
Gender				X
Ethnicity				X

Note. An X means the variable was included in the respective model.

Discussion

Increasing numbers of people are returning to society following incarceration (Glaze & Parks, 2012; West & Sabol, 2009). Research has found that after release from prison, securing work is a crucial factor in successful reentry (e.g., Kim et al., 2008; Lockwood et al., 2012; Makarios et al., 2010; O'Connell, 2003; Tripodi et al., 2010). Variables such as work hope that point toward obtaining work upon release, then, merit attention. Work hope seeks to measure the degree to which people have goals of locating work, feelings of agency that they can achieve those goals, and cognitive plans to realize those goals (Juntunen & Wettersten, 2006). People with higher levels of hope are more likely to persist in the presence of obstacles to their goals. Work hope, then, can serve to indicate the degree to which offenders possess goals and plans for obtaining work upon release as well as their persistence in seeking those goals in spite of likely environmental obstacles such as a lack of positive social networks and prohibitions against hiring people with felony offenses (e.g., Brown, 2011).

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Research has supported the validity of work hope as measured by Juntunen and Wettersten (2006). This variable is positively correlated with work-related measures such as career decision making self-efficacy, work goals, vocational identity, career planning, calling, and life meaning, as well as with other constructs that might portend more work-related reentry success such as dispositional optimism and achievement-related beliefs (Duffy et al., 2011; Hung et al., 2012; Juntunen & Wettersten; Kenny et al., 2010; Yakushko & Sokolova, 2010). In addition, research has found that those with higher levels of work hope rely on themselves more than depending on the efforts of others for securing work (Yakushko & Sokolova). Hope theory speaks of many conditions that can build or weaken hope (e.g., child abuse and neglect, relational victimization), but little research has been conducted to study socioemotional factors that impact work hope in particular and the relationship of such factors to work hope (Snyder, 1995, 2002). In addition, work hope has not been studied in the context of Social Cognitive Career Theory (SCCT; Lent et al., 1994) literature that, among other things, studies how contextual factors such as perceptions of barriers lead to incongruent work interests and goals, where the presence of barriers leads to goals that lag behind interests (Lent et al., 2005). This study, then, sought to investigate the relationship between work hope and perception of vocational barriers, as well as to investigate theoretically informed socioemotional factors that could form a path model of work hope. The remainder of this discussion section will focus on specific findings from this study of work hope's relationship with other career-related variables and with socioemotional variables, limitations of this study, and implications for research and practice informed by the present study.

Work hope and its relation to other career-related variables

Results supported the hypothesis that work hope was significantly negatively associated with perceptions of work-related barriers. Such a finding adds further weight to the construct

validity of work hope, as no previous study had investigated that relationship. In line with hope theory, perceptions of barriers would limit the pathways available to realizing work-related goals (Snyder, 1995, 2002). Consistent with previous findings, work hope appeared to be relatively robust across demographic variables found to impact work expectations in the SCCT literature (Luzzo & McWhirter, 2001; McWhirter, 1997). Reported levels of work hope did not differ significantly by age, gender, education, security level, time served in prison, or ethnicity. These results confirm past studies that found that work hope did not differ significantly by gender, age, race/ethnicity or employment status in samples diverse among those variables (Hung et al., 2012; Juntunen & Wettersten, 2006; Kenny et al., 2010).

On the other hand, findings from this study were not consistent with previous findings that work hope differs significantly by education level (Juntunen & Wettersten, 2006). Perhaps the experiences of those in a prison setting dampen any such differences on work hope related to education level. For instance, applicants may have felt that a felony record negated any advanced education they could list on a job application. It is important to also note that perceptions of barriers did not differ significantly by age, gender, education, security level, time served in prison, or ethnicity, which contrasts with previous studies that found perceptions of barriers differ by gender and ethnicity (e.g., Luzzo & McWhirter, 2001; and McWhirter, 1997). The current study, then, adds to the literature with the finding of the significant negative relationship between work hope and perceptions of barriers, and also confirms, enhances, and contradicts the literature on the relationship of work hope and perceptions of barriers with important demographic variables such as race, gender, ethnicity, prison security level, time served in prison, and education level.

Work hope and its relation to socioemotional variables

A few of this study's hypotheses concerning the relation of work hope to socioemotional variables seem to have been supported. The path analysis model 3 found a path to work hope that traveled through more enduring, trait-like variables (i.e., attachment, emotion regulation, and coping) than through more recent, experiential variables such as relational and workplace victimization. However, given that support for the path model was not conclusive, it is important to note that the zero-order correlations also support such relationships among this study's sample. The path between insecure attachment and difficulties with emotion regulation aligns with attachment theory (Wallin, 2005). Those with insecure attachment tend to receive poor modeling of emotional expression (e.g., caregivers who tend to under- or overreact to their emotions) and find that their own emotional expressions often lead to negative consequences. The results in this study, then, lend some further support to such a causal relationship between insecure attachment and difficulties with emotion regulation. The results also are consistent with past research that suggests insecure attachment contributes to negative affect and problematic emotion regulation strategies (Wei et al., 2005). The negative correlation between insecure attachment and work hope also lends support to Hazan and Shaver's (1990) findings that attachment finds expression through love and work in adulthood similar to its expression in relations to caregivers in infancy and childhood.

To the extent attachment is pervasive and cross-situational (Bowlby, 1969, 1982), it may impact how people behave in the crucial domains of both social relationships and work, then, and attachment may operate through variables such as emotion regulation and coping as modeled in this study. Research also shows that people who have suffered from childhood interpersonal trauma and those with insecure attachment styles tend to more often employ avoidant coping approaches and possess more difficulties with emotion regulation, with scant conclusive results

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on active coping approaches (Hyman et al., 2007; Min et al., 2007; Simons et al., 2003).

Offenders suffer from high rates of childhood interpersonal trauma (e.g., Bradley & Davino, 2007; Browne et al., 1999) and the limited research on offenders and attachments reveals that offenders tend to have higher rates of insecure attachment than comparable community samples (Ross & Pfäfflin, 2007).

Hope theory, in turn, posits that those who more proactively cope with stressors, such as difficulties obtaining desired employment, rather than avoiding stressors, are more likely to press through barriers, a definitive behavioral aspect of hope (Snyder, 1995, 2002). This study found tentative support for such a path from insecure attachment to emotion regulation difficulties to coping style and then to work hope. Of particular note, avoidant attachment was significantly related to difficulties with emotion regulation and avoidant coping. Avoidant coping was significantly related to work hope in the expected direction, but active coping was significantly related in the unexpected direction. The model, then, purports that offenders' attachment style, typically formed in the context of early relational experiences, impacts their ability to effectively recognize and regulate their emotions. Those with more insecure attachment tend to have greater difficulty with emotion regulation. Emotional regulation impacts preferred styles of coping with problems. That is, people who do not recognize and work to regulate their emotions are more likely to employ avoidant coping methods with problems. Those who recognize and effectively regulate their emotions are less likely to withdraw from the source of stress (e.g., prospects of finding employment with a felony record) (McHugh et al., 2013). People who lean on avoidant coping responses for problems are also less likely to possess hope that helps them persist in the face of obstacles.

The significant relationships between work hope and both coping style and emotion regulation difficulties are consistent with previous research that points to the importance of

socioemotional variables like coping and emotion regulation for recidivism (Brown, Amand, & Zamble, 2009; Zamble & Quinsey, 1997) and the importance of obtaining work for avoiding recidivism (e.g., Kim et al., 2008). Released offenders with avoidant coping styles and poor emotion regulation tend to experience greater difficulty responding to environmental challenges upon release such as securing work with a felony record, limited financial resources, and possible transportation difficulties and/or changed family and social environments (Zamble & Quinsey). As noted previously, securing work upon release serves as one of the most important factors in avoiding recidivism, thus variables that relate to constructs such as work hope loom as significant (Kim et al., 2008; Lockwood et al., 2012; Makarios et al., 2010; O'Connell, 2003; Tripodi et al., 2010). This study's results, then, affirm the importance of variables such as coping styles and difficulties with emotion regulation in offender reentry.

In contrast with study hypotheses, relational and workplace victimization were not significantly related to work hope or other socioemotional variables outside of other measures of victimization. Past research has found negative affect as the most significant predictor of relational victimization (Aquino & Thau, 2009), but difficulties with emotion regulation was not significantly related to relational or workplace victimization in this study. In addition, hope theory posits that adult experiences of relational and workplace victimization diminish victims' sense of agency and should, therefore, negatively impact hope (Snyder, 1995, 2002). Particularly surprising was the lack of a significant relationship between the domain specific workplace victimization and the domain specific aspect of hope, work hope, in this study (Bowling & Beehr, 2006; LeBlanc & Kelloway, 2002). Furthermore, the removal of the measures of relational and workplace victimization actually led to a substantial improvement for the path model of work hope. Perhaps more trait-like measures of negative affect and measures of physiological arousal would have better captured the impact of relational and workplace

victimization. Particular victimization experiences over particular time periods, nonetheless, appeared to be related to other victimization experiences. Relational victimization levels at waves 1 and 2 were significantly positively related, and relational victimization at wave 1 was also significantly positively related to workplace victimization. Physical victimization levels at wave 2 were significantly positively related to relational victimization levels at wave 2. Nonetheless, victimization levels were not significantly related to other socioemotional variables of interest in this study.

Limitations

This study had a number of limitations. For instance, this study had gender and ethnicity proportions that were inconsistent with the prison population as a whole (Carson & Sabol, 2012) where women comprised only 7% of all prison inmates at year-end 2011 versus 28% in this study. Similarly, at year-end 2011, 34% of American prisoners were White, 38% were Black, and 25% were Hispanic (Carson & Sabol), whereas in this study 48% were White, 42% were Black, and 1% were Hispanic. Although, as noted above, a significant gender difference was only noted on one total subscale score, two significant differences in total scale or subscale scores were noted by ethnicity, a larger and a more representative gender and racial/ethnic distribution could have led to more generalized findings. Carson and Sabol did not present an average age of prisoners but noted that 61% of prisoners were age 39 or younger. In the current study, 67% were age 39 or younger, so the age proportion in this study seemed relatively representative of the overall population. The study participants were also not representative of the overall security level distribution among the Virginia Department of Corrections at the time of the study. For example, 80.2% of the participants were either in security level 1 or 2, whereas approximately 45% of Virginia inmates were housed in security level 1 or 2 facilities at December 2010 (Virginia Department of Corrections, n.d.). Overall, studies such as this should

use larger sample sizes and seek to be representative of the greater prison population – or, focus on prison subpopulations.

While the study could have benefited from other methods of assessing the constructs of interest such as reports of others, interviews with the participants, specific behavioral observations, etc., the greatest support for criterion validity of the constructs of interest will come through longitudinal studies that track offender employment and recidivism after reentry. These variables are considered as the most valuable outcomes in the corrections literature, aside from the safety of offenders and correctional staff. Permission and resources to perform such research, however, can be difficult to obtain (Glenn, 2008). The study also could have benefited from additional self-report measures for the constructs of interest to provide further support for the study's results.

Implications for practice

This study highlights the importance of addressing offenders' socioemotional needs, including attachment, emotion regulation, and coping, as a part of preparing them for reentry, including preparing them to secure work. As Hazan and Shaver (1990) already have detailed, adult attachment style reflects in behavior at work. For instance, those with secure attachment tend to have fewer work-related fears and worries and are more likely to engage in exploratory behavior at work than those with insecure attachment. This study also found support for adult attachment style influencing thoughts and motivation for work-related goals. These socioemotional variables of attachment, emotion regulation, and avoidant coping were found to relate to, and perhaps form a causal path to, the important reentry variable of work hope. Therefore, even as prisons push to incorporate evidence-based practices such as "Thinking for a Change" and "Cognitive Communities" (National Institute of Corrections, n.d.a, n.d.b), they

might also want to consider empirically supported interventions that target socioemotional variables such as those researched in this study.

For instance, some prisons are trying out acceptance and commitment therapy (ACT) which seeks to help participants better identify and understand their emotions so that they can more mindfully respond to them (R. Fisher, personal communication, January, 2013). To the extent that insecure attachment in offenders relates to experience with childhood interpersonal trauma, therapists in the correctional system, then, would seem to especially benefit from increased education and training from entities such as the National Center for PTSD and the National Child Traumatic Stress Network and resources on treating trauma from researchers and practitioners like Courtois and Ford (2009). Such training (e.g., Courtois & Ford) includes treatment approaches to improve emotion regulation skills. Some prisons also are using the Seeking Safety (Najavits, 2002) program, an empirically supported manualized cognitive behavioral treatment that seeks to address offenders' traumatic experiences and improve their interpersonal functioning and coping (e.g., Lynch, Heath, Matthews, & Cepeda, 2012). Insecure attachment can also result from circumstances other than childhood interpersonal trauma, and correctional therapists and treatment providers would benefit from educational resources on attachment such as Mikulincer and Shaver's (2007) *Attachment in Adulthood: Structure, Dynamics, and Change* which attempts to synthesize existing attachment research and literature, including Bowlby's (1988) model of therapy with attachment theory and other related research on attachment theory and behavior change. These resources point to the possibility of effecting positive change in adults' attachment styles through relationships which provide secure attachment experiences for those with insecure attachment histories. The relationships can occur with therapists as well as with others who regularly interact with offenders (e.g., reentry

counselors, security officers) and provide a secure, available, empathic presence while also promoting and adhering to clear behavioral expectations (Mikulincer & Shaver).

Treatment for offenders would also benefit from targeting coping skills and education on successful coping skills interventions, given the significant relationships between avoidant coping style and work hope. For example, Puffer et al. (2011) ran a coping skills group intervention that significantly reduced traumatic stress and risky sexual behavior and increased coping skills in HIV-infected women with histories of childhood sexual abuse. In addition, practitioners would be well served to track advances in research of attachment, emotion regulation, coping skills, and work hope, especially among offenders.

Implications for research

The results of this study suggest promising future directions for research and point to the importance of studying work hope in offenders. Work hope was found to have a significant negative correlation with perceptions of career-related barriers. The assertion of hope theory that work hope propels people to persist toward their goals in the face of such barriers was not addressed in this study. Future research could employ measures previously used to study the relationship between career interests, perceptions of barriers, and career goals such as those used by Lent, Brown, Sheu, et al. (2005) and Lent, Brown, Schmidt, et al. (2003) while inserting work hope (Juntunen & Wettersten, 2006) as a potential moderator. Both of those studies looked at college engineering students and linked technical interests (e.g., reading about engineering issues) to related career goals (e.g., graduating with a degree in engineering). Future studies of offenders could include similar measures for those who self-select into certain vocational training programs in the correctional system.

Perhaps outcome measures other than those employed in this study would also allow for a better understanding of the negative impact of relational and workplace victimization on

offenders, including the possibility of qualitative measures through means such as structured interviews. For instance, past research studying relational victimization has employed measures of depression, negative affect, and anxiety to measure the impact of such victimization (Aquino & Thau, 2009). Workplace victimization, in particular, is receiving increasing attention in the literature, but not among offenders (Aquino & Thau). This study highlights its presence among offenders but also points toward relating it to similar outcomes as depression, negative affect, and anxiety. Qualitative work might also help to better understand how, if at all, workplace victimization impacts forward looking work constructs such as work hope and career decision making self-efficacy before employing questionnaires again.

Future research could also seek to further investigate the unexpected results for active coping. Higher levels of active coping, that is, were significantly related to lower levels of work hope and higher levels of difficulties with emotion regulation. While past research did not find these significant relationships with active coping, hope and coping theory indicated that difficulties with emotion regulation might lead to lower levels of active coping which in turn might lead to lower levels of work hope (Lazarus & Folkman, 1984; Snyder, 1995, 2002). This study's findings, however, contradicted these expectations. Future research could explore whether such findings occurred again and could employ qualitative methods such as interviews to better understand such results if they occurred again.

Confirmation and additional study of the path model investigated in this study also merit attention. For example, perhaps future studies could examine whether interventions that positively impact attachment also impact work hope and other variables on the path found in this study. Furthermore, future research could aim to see if interventions targeted specifically at offenders' work prospects could improve work hope without improving other variables on the path (e.g., coping or difficulties with emotion regulation). At a more basic level, perhaps future

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studies would provide more conclusive support for or against the path (i.e., more or fewer significant indices of fit).

Addressing limitations in this study, such as the employment of other methods of data collection beyond self-report questionnaires, could also enhance and extend the results of this study. As previously noted, individual offender interviews could aid in better understanding relationships such as those between workplace victimization and work hope. In addition, interviews could explore to what degree, if at all, offenders believe that a felony record offsets the positive impact of advanced education for work hope. Physiological measures of stress and anxiety (e.g., cortisol readings) could also help measure the impact of victimization experiences. As also noted above, tracking recidivism and employment data could provide further support for the importance of work hope and for a related path model of work hope. If work hope could be found to significantly predict and/or relate to whether or not offenders find employment, as well as whether or not they recidivate, it would be worth tracking in prison reentry programming and exploring possible intervention efforts to improve work hope.

Finally, further research efforts could aim at obtaining more diverse, representative samples to better generalize study findings. Perhaps, if possible with a voluntary participant pool with no permissible tangible incentives, researchers could "oversample" offenders and then select a sample matched to population level proportions of gender, age, ethnicity, security level, etc, given the difficulties noted in this study obtaining a representative sample. In addition, future research could provide additional data that could support or differ from this study's unexpected finding of women endorsing more anxious attachment. Another study of work hope in a correctional setting could also further explore whether education level differences do not impact work hope in correctional settings.

List of References

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Agervold, M., & Mikkelsen, E. G. (2004). Relationships between bullying, psychosocial work environment and individual stress reactions. *Work & Stress, 18*(4), 336–51.

Albright, S. & Denq, F. (1996). Employer attitudes toward hiring ex-offenders. *The Prison Journal, 76*(2), 118-37.

Allison, M. D., & Ireland, J. L. (2010). Staff and prisoner perceptions of physical and social environmental factors thought to be supportive of bullying: The role of bullying and fear of bullying. *International Journal of Law and Psychiatry, 33*(1), 43-51.

American Psychiatric Association. (2012). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

Aquino, K. (2000). Structural and individual determinants of workplace victimization: the effects of hierarchical status and conflict management style. *Journal of Management, 26*(2), 171–93.

Aquino, K., & Bradfield, M. (2000). Perceived victimization in the workplace: the role of situational factors and victim characteristics. *Organization Science, 11*, 525–37.

Aquino, K., Douglas, S., & Martinko, M. J. (2004). Overt anger in response to victimization: attributional style and organizational norms as moderators. *Journal of Occupational Health Psychology, 9*, 152–64.

Aquino, K., Grover, S. L., Bradfield, M., & Allen, D. (1999). The effects of negative affectivity, hierarchical status, and self-determination on workplace victimization. *Academy of Management Journal, 42*, 260–72.

Aquino, K., & Thau, S. (2009). Workplace victimization: Aggression from the target's perspective. *Annual Review of Psychology, 60*, 717-41.

Bandura, A. (1997). *Self efficacy: The exercise of control.* New York: Freeman.

Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology, 51*, 1173-82.

Beck, A. J., Harrison, P. M., Berzofsky, M., Caspar, R., & Crebs, C. (2010). *Sexual victimization in prisons and jails reported by inmates, 2008-09* (Index No. NCJ 231169). Washington, DC: Bureau of Justice Statistics.

Bjorkqvist, K., Osterman, K., & Hjelt-Back, M. (1994). Aggression among university employees. *Aggressive Behavior, 20*(3), 173–83.

Bowlby J. (1969). *Attachment and loss: Vol. 1. Loss*. New York: Basic Books.

Bowlby, J. (1982). *Attachment and loss: Vol. 1. Attachment*. London: Hogarth Press and the Institute of Psycho-Analysis.

Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York: Basic Books.

Bowling, N. A., & Beehr, T. A. (2006). Workplace harassment from the victim's perspective: A theoretical model and meta-analysis. *Journal of Applied Psychology, 91*(5), 998-1012.

Bradley, R., & Davino, K. (2007). Interpersonal violence, recovery, and resilience in incarcerated women. *Journal of Aggression, Maltreatment & Trauma, 14*(1), 123-46.

Brennan, K. A., Clark, C. L., & Shaver, P. R. (1998). Self-report measurement of adult attachment: An integrative overview. In J. A. Simpson & W. S. Rholes (Eds.). *Attachment theory and close relationships* (pp. 46-76). New York: Guilford Press.

Briere, J., Kaltman, S., & Green, B. L. (2008). Accumulated childhood trauma and symptom complexity. *Journal of Traumatic Stress, 21*(2), 223–26.

Briere, J., & Rickards, S. (2007). Self-awareness, affect regulation, and relatedness: Differential sequels of childhood versus adult victimization experiences. *Journal of Nervous and Mental Disease, 195*(6), 497-503.

Brown, C. (2011). Vocational psychology and ex-offenders' reintegration: A call for action. *Journal of Career Assessment, 19*(3), 333-42.

Brown, S. L., Amand, M. D. S., & Zamble, E. (2009). The dynamic prediction of criminal recidivism: A three-wave prospective study. *Law and Human Behavior, 33*(1), 25-45.

Browne, A., Miller, B., & Maguin, E. (1999). Prevalence and severity of lifetime physical and sexual victimization among incarcerated women. *International Journal of Law and Psychiatry, 22*(3-4), 301-22.

Bureau of Justice Statistics. (1988). *Justice expenditure and employment extracts, 1982-1983* (Index No. NCJ 106629). Washington, DC: Bureau of Justice Statistics.

Bureau of Justice Statistics. (2008). *Justice expenditure and employment extracts, 2006* (Index No. NCJ 224394). Washington, DC: Bureau of Justice Statistics.

Byrne, B. M. (1998*). Structural equation modeling with Lisrel, Prelis, and Simplis: Basic concepts, applications, and programming*. Mahwah, NJ: Lawrence Erlbaum Associates, Inc.

Carson, E. A., & Sabol, (2012). *Prisoners in 2011* (Index No. NCJ 239808). Washington, DC: Bureau of Justice Statistics.

Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology, 56*(2), 267-83.

Cloitre, M., Koenen, K. C., Cohen, L. R., & Han, H. (2002). Skills training in affective and interpersonal regulation followed by exposure: A phase-based treatment for PTSD related to childhood abuse. *Journal of Consulting and Clinical Psychology, 70*, 1067– 74.

Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liautaud, J., Mallah, K., Olafson, E., & van der Kolk, B. (2005). Complex trauma in children and adolescents. *Psychiatric Annals, 35*(5), 390-98.

Courtois, C. A. & Ford, J. D. (Eds.) (2009). *Treating complex traumatic stress disorders: An evidence-based guide*. New York: Guilford Press.

Coyne, I., Seigne, E., & Randall, P. (2000). Predicting workplace victim status from personality. *European Journal of Work and Organizational Psychology* 9(3), 335–49.

Crick, N. R., & Grotpeter, J. K. (1995). Relational aggression, gender, and socio-psychological adjustment. *Child Development, 66*(3), 710-22.

Crick, N., & Grotpeter, J. (1996). Children's treatment by peers: Victims of relational and overt aggression. *Development and Psychopathology, 8*(2), 367-80.

DeCarlo, L. T. (1997). On the meaning and use of kurtosis. *Psychological Methods, 2*(3), 292-307.

Dempsey, A. G., & Storch, E. A. (2008). Relational victimization: The association between recalled adolescent social experiences and emotional adjustment in early adulthood. *Psychology in Schools, 45*(4)*,* 310-22.

Driessen, M., Schroeder, T., Widmann, B., von Schonfeld, C., & Schneider, F. (2006). Childhood trauma, psychiatric disorders, and criminal behavior in prisoners in Germany: A comparative study in incarcerated women and men. *Journal of Clinical Psychiatry, 67*(10), 1486-92.

Duffy, R. D., Allan, B. A, & Dik, B. J. (2011). The presence of a calling and academic satisfaction: Examining potential mediators. *Journal of Vocational Behavior, 79*(1), 74-80.

Duffy, M. K., Shaw, J. D., Scott, K. L., & Tepper, B. J. (2006). The moderating roles of self-esteem and neuroticism. *Journal of Applied Psychology*, 91(5), 1066–77.

Dutton, D. G., & Hart, S. D. (1994). Evidence for long-term, specific effects of childhood abuse and neglect on criminal behavior in men. *International Journal of Offender Therapy and Comparative Criminology, 36*(2), 129-37.

Einarsen, S., Raknes, B. I., & Matthiesen, S. B. (1994). Bullying and harassment at work and their relationship to work environment quality: an exploratory study. *European Journal of Work and Organizational Psychology*, 4, 381–401.

Fairchild, A. J., & Finney, S. J. (2006). Investigating validity evidence for the Experiences in Close Relationships-Revised Questionnaire. *Educational and Psychological Measurement, 66*(1), 116-35.

Farrell, A. D., Kung, E. M., White, K. S., & Valois, R. F. (2000). The structure of self-reported aggression, drug use, and delinquent behaviors during early adolescence. *Journal of Clinical Child Psychology, 29,* 282-92.

Fraley, R. C., Waller, N. G., & Brennan, K. A. (2000). An item response theory analysis of self-report measures of adult attachment. *Journal of Personality and Social Psychology, 78*(2), 350-65.

Gall, T., Basque, V., Damasceno-Scott, M., & Vardy, G. (2007). Spirituality and the current adjustment of adult survivors of childhood sexual abuse. *Journal for the Scientific Study of Religion, 46*(1), 101-17.

Glasø, L., Matthiesen, S. B., Nielsen, M. B., & Einarsen, S. (2007). Do targets of workplace bullying portray a general victim personality profile? *Scandinavian Journal of Psychology, 48*, 313–19.

Glaze, L. E., Parks, E. (2012). *Correctional population in the United States, 2011* (Index No. NCJ 239972). Washington, DC: Bureau of Justice Statistics.

Glenn, D. (2008). Security and paperwork keep prison researchers on the outside. *The Chronicle of Higher Education*, *54*(29), A13 - A14.

Gottfredson, G. D. & Holland, J. L. (1996). *Dictionary of Holland Occupational Codes*. Odessa, FL: Psychological Assessment Resources.

Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the difficulties in emotion regulation scale. *Journal of Psychopathology and Behavioral Assessment, 26*(1), 41-54.

Hair, J. F., Anderson, R. E., Tatham, R. L., & Black, W. C. (1999). *Multivariate data analysis* (5th ed.). Englewood Cliffs, NJ: Prentice Hall, Inc.

Harlow, C. W. (1999). *Prior abuse reported by inmates and probationers* (Index No. NCJ 172879). Washington, DC: Bureau of Justice Statistics.

Hazan, C., & Shaver, P. R. (1990). Love and work: An attachment-theoretical perspective. *Journal of Personality and Social Psychology, 59*(2), 270-80.

Heppner, P., Cook, S., Strozier, A., & Heppner, M. (1991). An investigation of coping styles and gender differences with farmers in career transition. *Journal of Counseling Psychology, 38*(2), 167-74.

Heppner, P. P., & Hillerbrand, E. T. (1991). Problem-solving training implications for remedial and preventive training. In C. R. Snyder & D. R. Forsyth (Eds.), *Handbook of social and clinical psychology: The health perspective* (pp. 681–698). Elmsford, NY: Pergamon.

Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress, 5*(3), 377–91.

Hewitt, J. P. (1998). *The myth of self-esteem: Finding happiness and solving problems in America.* New York: St. Martin's Press.

Hoel, H., Cooper, C. L., Faragher, B. (2001). The experience of bullying in Great Britain: The impact of organizational status. *European Journal of Work and Organizational Psychology, 10*, 443–65.

Holzer, H. J., Raphael, S., & Stoll, M. A. (2002). Will employers hire ex-offenders? Employer preferences, background checks, and their determinants (Discussion Paper No. 1243–02). Madison: University of Wisconsin, Institute for Research on Poverty.

Holzer, H. J., Raphael, S., & Stoll, M. A. (2003). Employment dimensions of re-entry: Understanding the nexus between prisoner reentry and work. *Urban Institute Re-entry Roundtable Discussion paper*.

Hu, L., & Bentler, P. M. (1995). Evaluating model fit. In R. H. Hoyle (Ed.), *Structural equation modeling Concepts, issues, and applications* (pp.76-99). Thousand Oaks, CA: Sage.

Hung, P. Y. P., Polanin, J. R., & Pigott, T. D. (2012). Validation of the employment hope scale: Measuring psychological self-sufficiency among low-income jobseekers. *Research on Social Work Practice, 22(3)*, 323-32.

Hyman, S. M., Paliwal, P., & Sinha, R. (2007). Childhood maltreatment, perceived stress, and stress-related coping in recently abstinent cocaine dependent adults. *Psychology of Addictive Behaviors, 21*(2), 233-38.

Ireland, J. L. (1999). Provictim attitudes and empathy in relation to bullying behaviour among prisoners. *Legal and Criminological Psychology, 4*(Part 1), 51-66.

Ireland, J. L., & Ireland, C. (2008). Intra-group aggression among prisoners: Bullying intensity and exploration of victim perpetrator mutuality. *Aggressive Behaviour, 34*, 76−87.

Jerome, E. M., & Liss, M. (2005). Relationships between sensory processing style, adult attachment, and coping. *Personality and Individual Differences, 38*(6), 1341-52.

Juntunen, C. L., & Wettersten, K. B. (2006). Work hope: Development and initial validation of a measure. *Journal of Counseling Psychology, 53*(1), 94-106.

Keashly, L., Trott, V., & MacLean, L. M. (1994). Abusive behavior in the workplace: a preliminary investigation. *Violence and Victims, 9*, 341–57.

Kenny, M. E., Walsh-Blair, L. Y., Blustein, D. L., Bempechat, J. & Seltzer, J. (2010). Achievement motivation among urban adolescents: Work hope, autonomy support, and achievement-related beliefs. *Journal of Vocational Behavior, 77*(2), 205-12.

Kessler, R. C. (2000). Posttraumatic stress disorder: The burden to the individual and to society. *Journal of Clinical Psychiatry, 61* (Suppl 5), 4–12.

Kim, D., Joo, H., & McCarty, W. P. (2008). Risk assessment and classification of day reporting center clients: An actuarial approach. *Criminal Justice and Behavior, 35*(6), 792-812.

Kline, R. B. (1998). *Principles and practices of structural equation modeling*. New York, NY: Guilford Press.

Kline, R. B. (2011). *Principles and practices of structural equation modeling* (3rd ed). New York, NY: Guilford Press.

Landen, S. M., & Wang, C. D. (2010). Adult attachment, work cohesion, coping, and psychological well-being of firefighters. *Counseling Psychology Quarterly, 23*(2), 143-62.

Langan, P. & Levin, D. (2002). *Recidivism of Prisoners Released in 1994*. NCJ 193427. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.

LeBlanc, M. M., & Kelloway, E. K. (2002). Predictors and outcomes of workplace violence and aggression. *Journal of Applied Psychology, 87*(3), 444-53.

Lent, R. W., Brown, S. D., & Hackett, G. (1994). Toward a unifying social cognitive theory of career and academic interest, choice, and performance. *Journal of Vocational Behavior, 45*(1), 79-122.

Lent, R. W., Brown, S. D., Schmidt, J., Brenner, B., Lyons, H., & Treistman, D. (2003). Relation of contextual supports and barriers to choice behavior in engineering majors: Test of alternative social cognitive models. *Journal of Counseling Psychology, 50*(4), 458-65.

Lent, R. W., Brown, S. D., Sheu, H., Schmidt, J., Brenner, B. R., Gloster, C. S., Wilkins, G., Schmidt, L. C., Lyons, H., & Treistman, D. (2005). Social cognitive predictors of

academic interests and goals in Engineering: Utility for women and students at Historically Black Universities. *Journal of Counseling Psychology, 52*(1), 84-92.

Lent, R. W., Lopez, A. M., Lopez, F. G., & Sheu, H. (2008). Social cognitive career theory and the prediction of interests and choice goals in the computing disciplines. *Journal of Vocational Behavior, 73*(1), 52-62.

Lockwood, S., Nally, J. M., Ho, T., & Knutson, K. (2012). The effect of correctional education on postrelease employment and recidivism: A 5-year follow-up study in the state of Indiana. *Crime & Delinquency, 58*(3), 380-96.

Luzzo, D. A., & McWhirter, E. H. (2001). Sex and ethnic differences in the perception of educational and career-related barriers and levels of coping efficacy. *Journal of Counseling & Development, 79*(1), 61-67.

Lynch, S. M., Heath, N. M., Mathews, K. C., & Cepeda, G. J. (2012). Seeking Safety: An intervention for trauma-exposed incarcerated women? *Journal of Trauma & Dissociation, 13*(1), 88-101.

MacCullum, R. C., Browne, M. W., & Sugawara, H. M. (1996). Power analysis and determination of sample size for covariance structure modeling. *Psychological Methods, 1* (2), 130-49.

Magaletta, P. R., & Oliver, J. M. (1999). The hope construct, will and ways: Their relative relations with self-efficacy, optimism, and general well-being. *Journal of Clinical Psychology, 55,* 539–51.

Main, M., Hesse, E., & Kaplan, N. (2005). Predictability of attachment behavior and representational processes. In K. E. Grossman, K. Grossman, & E. Waters (Eds.), *Attachment from infancy to adulthood: Lessons from longitudinal studies* (pp. 245-304). New York: Guilford Press.

Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood, and adulthood: A move to the level of representation. *Monographs of the Society for Research in Child Development, 50*(1-2), 66-104.

Makarios, M., Steiner, B., Travis, L. F. (2010). Examining the predictors of recidivism among men and women released from prison in Ohio. *Criminal Justice and Behavior, 37*(12), 1377-91.

Matthiesen, S.B., & Einarsen, S. (2001). MMPI-2 configurations among victims of bullying at work. *European Journal of Work and Organizational Psychology, 10*, 467–84.

McClellan, D. S., Farabee, D., & Crouch, B. M. (1997). Early victimization, drug use, and criminality: A comparison of male and female prisoners. *Criminal Justice and Behavior, 24*(4), 455-76.

McHugh, R. K., Reynolds, E. K., Leyro, T. M., & Otto, M. W. (2013). An examination of the association of distress intolerance and emotion regulation with avoidance. *Cognitive Therapy and Research*, 37(2), 363-67.

McWhirter, E. H. (1997). Perceived barriers to education and career: Ethnic and gender differences. *Journal of Vocational Behavior, 50*(1), 124-40.

Mikkelsen, E. G., & Einarsen, S. 2001. Bullying in Danish work-life: prevalence and health correlates. *European Journal of Work and Organizational Psychology, 10*, 393–413.

Min, M., Farkas, K., Minnes, S., & Singer, L. T. (2007). Impact of childhood abuse and neglect on substance abuse and psychological distress in adulthood. *Journal of Traumatic Stress, 20*(5), 833-44.

Mumola, C. (2000). *Incarcerated parents and their children* (Index No. NCJ 182335). Washington, DC: Bureau of Justice Statistics.

Najavits, L. M. (2002). *Seeking safety: A treatment manual for PTSD and substance abuse.* New York, NY: Guilford Press.

National Institute of Corrections. (n.d.a). *Cognitive community program*. Retrieved from http://nicic.gov/WODP/Program/357-cognitive-community-program

National Institute of Corrections. (n.d.b). *Thinking for a change*. Retrieved from http://nicic.gov/t4c

O'Connell, D. J. (2003). Investigating latent trait and life course theories as predictors of recidivism among an offender sample. *Journal of Criminal Justice, 31*(5), 455-67.

Ognibene, T. C., & Collins, N. L. (1998). Adult attachment styles, perceived social support and coping strategies. *Journal of Social and Personal Relationships, 15*(3), 323-45.

Pager, D., Western, B., & Sugie, N. (2009). Sequencing disadvantage: Barriers to employment facing young Black and White men with criminal records. *Annals of the American Academy of Political and Social Science, 623*(1), 195-213.

Pearson, E. S., & Hartley, H. O. (1970). *Biometrika tables for statisticians* (3rd ed.). London: Cambridge University Press.

Peiliang, Z. (2007). A study of the relationship of college students' adult attachment and coping styles with negative emotions. *Psychological Science (China), 30*(5), 1087-90.

Petersilia, J. (2001). Prisoner reentry: Public safety and reintegration challenges. *Prison Journal, 81*, 360-75.

Petersilia, J. (2003). *When prisoners come home: Parole and prisoner reentry*. New York, NY: Oxford University Press.

Petersilia, J. (2005). Hard time: Ex-offenders returning home after prison. *Corrections Today*, *67*, 66-72.

Pew Center on the States. (2008). *One in 100: Behind Bars in America 2008.* Washington, DC: The Pew Charitable Trusts.

Pew Center on the States. (2009). *One in 31: The long reach of American corrections.* Washington, DC: The Pew Charitable Trusts.

Public Safety Performance Project. (2007, February). *Public safety, public spending: Forecasting America's prison population, 2007–2011.* Washington, DC: Pew Charitable Trusts.

Puffer, E. S., Kochman, A., Hansen, N. B., & Sikkema, K. J. (2011). An evidence-based group coping intervention for women living with HIV and history of childhood sexual abuse. *International Journal of Group Psychotherapy, 61*(1), 99-126.

Riggs, S. A., & Kaminski, P. (2010). Childhood emotional abuse, adult attachment, and depression as predictors of relational adjustment and psychological aggression. *Journal of Aggression, Maltreatment & Trauma, 19*(1), 75-104.

Ross, T., & Pfäfflin, F. (2007). Attachment and interpersonal problems in a prison environment. *Journal of Forensic Psychiatry & Psychology, 8*(1), 90-98.

Roth, S., Newman, E., Pelcovitz, D., van der Kolk, B., & Mandel, F.S. (1997). Complex PTSD in victims exposed to sexual and physical abuse: Results from the DSM-IV Field Trial for Posttraumatic Stress Disorder. *Journal of Traumatic Stress 10*, 539-56.

Rudolph, K. D., & Conley, C. S., (2005). The socioemotional costs and benefits of social evaluation concerns: Do girls care too much? *Journal of Personality, 73,* 225-38.

Salin, D. (2001). Prevalence and forms of bullying among business professionals: a comparison of two different strategies for measuring bullying. *European Journal of Work and Organizational Psychology, 10*, 425–41.

Savage, C. (2013, August 12). Justice Dept. seeks to curtail stiff drug sentences. *The New York Times*, pp. A1.

Scheier, M. F., & Carver, C. S. (1985). Optimism, coping, and health: Assessment and implications of generalized outcome expectancies. *Health Psychology, 4,* 219–47.

Scher, C. D., Stein, M. B., Asmundson, G. J. G., McCreary, D. R., & Forde, D. R. (2001). The Childhood Trauma Questionnaire in a community sample: Psychometric properties and normative data. *Journal of Traumatic Stress, 14*(4), 843-57.

Schumacher, R. E., & Lomax, R. G. (1996). *A beginner's guide to structural equation modeling.* Mahawan, NJ: Lawrence Erlbaum Associates.

Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., and Li, S. (2010). *Fourth National Incidence Study of Child Abuse and Neglect (NIS–4): Report to Congress.* Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

Seligman, M. E. P. (1991). *Learned optimism.* New York: Knopf.

Shivy, V. A., Wu, J. J., Moon, A. E., Mann, S. C., Holland, J. G., & Eacho, C. (2007). Ex-offenders reentering the workforce. *Journal of Counseling Psychology, 54*(4)*,* 466-73.

Sibley, C. G., Fischer, R., & Liu, J. H. (2005). Reliability and validity of the Revised Experiences in Close Relationships (ECR-R) Self-Report Measure of adult romantic attachment. *Personality and Social Psychology Bulletin, 31*(11), 1524-36.

Simons, L., Ducette, J., Kirby, K. C., Stahler, G., & Shipley, T. E. (2003). Childhood trauma, avoidance coping, and alcohol and other drug use among women in residential and outpatient treatment programs. *Alcoholism Treatment Quarterly, 21*(4), 37-54.

Sinclair, K. R., Cole, D. A., Dukewich, T., Felton, J., Weitlauf, A. S., Maxwell, M. A., Tilghman-Osborne, C., & Jacky, A. (2012). Impact of physical and relational peer victimization on depressive cognitions in children and adolescents. *Journal of Clinical Child and Adolescent Psychology, 41*(5), 570-83.

Skinner, E. A., Edge, K., Altman, J., & Sherwood, H. (2003). Searching for the structure of coping: A review and critique of category systems for classifying ways of coping. *Psychological Bulletin, 129,* 216-69.

Smith, R. L., Rose, A. J., & Schwartz-Mette, R. A. (2010). Relational and overt aggression in childhood and adolescence: Clarifying mean-level gender differences and associations with peer acceptance. *Social Development, 19*(2), 243–68.

Snyder, C. R. (1995). Conceptualizing, measuring, and nurturing hope. *Journal of Counseling & Development, 73*(3), 355-60.

Snyder, C. R. (2002). Hope theory: Rainbows in the mind. *Psychological Inquiry, 13*(4), 249-75.

Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., et al. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology, 60,* 570–85.

Snyder, C. R., Hoza, B., Pelham, W. E., Rapoff, M., Ware, L., Danovsky, M., et al. (1997). The development and validation of the Children's Hope Scale. *Journal of Pediatric Psychology, 22,* 399–421.

Snyder, C. R., Sympson, S. C., Ybasco, F. C., Borders, T. F., Babyak, M. A., & Higgins, R. L. (1996). Development and validation of the State Hope Scale. *Journal of Personality and Social Psychology, 70,* 321–35.

South, C. R., & Wood, J. (2006). Bullying in prisons: The importance of perceived social status, prisonization, and moral disengagement. *Aggressive Behavior, 32*(5), 490-501.

Stronach, E. P., Toth, S. L., Rogosch, F., Oshri, A., Manly, J. T., & Cicchetti, D. (2011). Child maltreatment, attachment security, and internal representations of mother and mother-child relationships. *Child Maltreatment, 16*(2), 137-45.

Sullivan, T. N., Farrell, A. D., & Kliewer, W. (2006). Peer victimization in early adolescence: Association between relational and physical victimization and drug use, aggression, and delinquent behaviors among urban middle school students. *Development and Psychopathology, 18*, 119-37.

Tepper, B. J., Duffy, M. K., Henle, C. A., & Lambert, L. S. (2006). Procedural injustice, victim precipitation, and abusive supervision. *Personnel Psychology, 59*(1), 101–23.

Toth, S. L., Manly, J. T., & Cicchetti, D. (1992). Child maltreatment and vulnerability to depression. *Development and Psychopathology, 4*(1), 97-112.

Travis, J., Solomon, A. L., & Waul, M. (2001). *From prison to home: The dimensions and consequences of prisoner reentry*. Washington, DC: The Urban Institute.

Tripodi, S. J.; Kim, J. S., & Bender, K. (2010). Is employment associated with reduced recidivism?: The complex relationship between employment and crime. *International Journal of Offender Therapy and Comparative Criminology, 54*(5), 706-20.

van IJzendoorn, M. H. (1995). Adult attachment representations, parental responsiveness, and infant attachment: A meta-analysis on the predictive ability of the Adult Attachment Interview. *Psychological Bulletin, 117*, 387-403.

Vartia M. 1996. The sources of bullying—psychological work environment and organizational climate. *European Journal of Work and Organizational Psychology, 5*, 203–14.

Virginia Department of Corrections (n.d.). *Monthly population summary: December 2010*. Retrieved from http://vadoc.virginia.gov/about/facts/research/new-popsum/2010/dec10popsummary.pdf

Wallin, D. J. (2007). *Attachment in psychotherapy*. New York: The Guilford Press.

Weeks, R., & Widom, C. S. (1998). Self-reports of early childhood victimization among incarcerated adult male felons. *Journal of Interpersonal Violence, 13*(3), 346-61.

Wei, M., Vogel, D. L., Ku, T., & Zakalik, R. A. (2005). Adult attachment, affect regulation, negative mood, and interpersonal problems: The mediating roles of emotional reactivity and emotional cutoff. *Journal of Counseling Psychology, 52*(1), 14-24.

West, H. C., & Sabol, W. J. (2009). *Prisoners in 2007*. (Index No. NCJ 224280). Washington, DC: Bureau of Justice Statistics.

Yakushko, O., & Sokolova, O. (2010). Work hope and influences of the career development among Ukrainian college students. *Journal of Career Development, 36*(4), 310-23.

Zamble, E., & Quinsey, V. L. (1997). *The criminal recidivism process*. New York: Cambridge University Press.

Zapf, D., & Gross, C. (2001). Conflict escalation and coping with workplace bullying: A replication and extension. *European Journal of Work and Organizational Psychology, 10*(4), 497-522.

Zellars, K. L., Tepper, B.J., & Duffy, M.K. (2002). Abusive supervision and subordinate's organizational citizenship behavior. *Journal of Applied Psychology, 87*, 1068–76.

Experiences in Close Relationships Scale (Revised)

The statements below concern how you feel in emotionally intimate relationships. We are interested in how you *generally* experience relationships, not just in what is happening in a current relationship. <u>Think of the person to whom you feel the closest – your deepest relationship.</u> Respond to each statement by circling a number to indicate how much you agree or disagree with the statement.

	Strongly Disagree	**Disagree**	**Disagree Somewhat**	**Neutral**	**Agree Somew-hat**	**Agree**	**Strongl-y Agree**
I'm afraid that I will lose this person's love.	1	2	3	4	5	6	7
I often worry that this person will not want to stay with me.	1	2	3	4	5	6	7
I often worry that this person doesn't really love me.	1	2	3	4	5	6	7
I worry that this person won't care about me as much as I care about them.	1	2	3	4	5	6	7
I often wish this person's feelings for me were as strong as my feelings for him or her.	1	2	3	4	5	6	7

I worry a lot about my relationships.	1	2	3	4	5	6	7
When this person is out of sight, I worry that he or she might become interested in someone else.	1	2	3	4	5	6	7
When I show my feelings for this person, I'm afraid they will not feel the same about me.	1	2	3	4	5	6	7
I rarely worry about this person leaving me.	1	2	3	4	5	6	7
This person makes me doubt myself.	1	2	3	4	5	6	7
I do not often worry about being abandoned by this person.	1	2	3	4	5	6	7
I find that this person doesn't want to get as close as I would like.	1	2	3	4	5	6	7
Sometimes this person changes his or her feelings about me for no apparent reason.	1	2	3	4	5	6	7
My desire to be very close sometimes scares people away.	1	2	3	4	5	6	7
I'm afraid that once a person gets to know me, he or she won't like who I really am.	1	2	3	4	5	6	7
It makes me mad that I don't get the affection and support I need from this person.	1	2	3	4	5	6	7

I worry that I won't measure up to other people.	1	2	3	4	5	6	7
This person only seems to notice me when I'm angry.	1	2	3	4	5	6	7
I prefer not to show this person how I feel deep down.	1	2	3	4	5	6	7
I feel comfortable sharing my private thoughts and feelings with this person.	1	2	3	4	5	6	7
I find it difficult to allow myself to depend on others.	1	2	3	4	5	6	7
I am very comfortable being close to others.	1	2	3	4	5	6	7
I don't feel comfortable opening up to others.	1	2	3	4	5	6	7
I prefer not to be too close to others.	1	2	3	4	5	6	7
I get uncomfortable when this person wants to be very close.	1	2	3	4	5	6	7
I find it relatively easy to get close to this person.	1	2	3	4	5	6	7
It's not difficult for me to get close to this person	1	2	3	4	5	6	7
I usually discuss my problems and concerns with this person.	1	2	3	4	5	6	7

It helps to turn to this person in times of need.	1	2	3	4	5	6	7
I tell this person just about everything.	1	2	3	4	5	6	7
I talk things over with this person.	1	2	3	4	5	6	7
I am nervous when this person get too close to me.	1	2	3	4	5	6	7
I feel comfortable depending on others.	1	2	3	4	5	6	7
I find it easy to depend on this person	1	2	3	4	5	6	7
It's easy for me to be affectionate with this person.	1	2	3	4	5	6	7
This person really understands me and my needs.	1	2	3	4	5	6	7

Perceptions of Barriers

Please respond to each statement according
to what you think (or guess) will be true for
you. Use the following scale:

<div style="text-align: right">

Strongly   Strongly Does Not
Agree Agree Neutral Disagree Disagree Apply

</div>

1. I will probably have a harder time getting hired
than a person of the opposite sex.

2. I will probably have a harder time getting hired
than a person of another racial or ethnic
background.

3. I will probably have a harder time getting
hired than a person who wasn't incarcerated.

4. I worry about finding quality daycare for my
children.

5. I expect problems on the job because I will
need time off when my children are sick.

6. I will probably have difficulty finding work that
allows me to spend time with my family.

7. I worry that my use of drugs or alcohol could
cause me trouble at work.

8. My family problems could cause me trouble at
work.

9. There are many barriers facing me as I try to
achieve my career goals.

10. I know how to overcome any barriers that
stand in the way of achieving my career goals.

Appendix C

COPE

There are lots of ways to try to deal with stress. This questionnaire asks you to indicate what you generally do and feel, when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress.

What do you generally do and feel when you experience stressful events?	I Don't Do This At All	I Do This A Little Bit	I Do This A Medium Amount	I Do This A Lot
1. I try to grow as a person as a result of the experience.	1	2	3	4
2. I turn to work or other substitute activities to take my mind off	1	2	3	4
3. I concentrate my efforts on doing something about it.	1	2	3	4
4. I say to myself "this isn't real."	1	2	3	4
5. I admit to myself that I can't deal with it and quit trying.	1	2	3	4
6. I daydream about things other than the problem.	1	2	3	4
7. I make a plan of action.	1	2	3	4
8. I just give up trying to reach my goal.	1	2	3	4
9. I take additional action to try to get rid of the problem.	1	2	3	4
10. I refuse to believe that it has happened.	1	2	3	4
11. I try to see it in a different light, to make it seem more positive.	1	2	3	4
12. I sleep more than usual.	1	2	3	4
13. I try to come up with a strategy about what to do.	1	2	3	4
14. I give up the attempt to get what I wanted.	1	2	3	4
15. I look for something good in what is happening.	1	2	3	4
16. I think about how I might best handle the problem.	1	2	3	4
17. I pretend that it hasn't really happened.	1	2	3	4
18. I go to the movies or watch TV to think about it less.	1	2	3	4
19. I take direct action to get around the problem.	1	2	3	4

20. I reduce the amount of effort I was putting into solving the	1	2	3	4
21. I think hard about what steps to take.	1	2	3	4
22. I act as though it hasn't even happened.	1	2	3	4
23. I do what has to be done one step at a time.	1	2	3	4
24. I learn something from the experience.	1	2	3	4

Difficulties in Emotion Regulation Scale

Please indicate how often the following statements apply to you by writing the appropriate number from the scale below on the line beside each item:

_____

1------------------------2------------------------3------------------------4------------------------5
almost never   sometimes   about half the time   most of the time   almost always
(0-10%)   (11-35%)   (36-65%)   (66-90%)   (91-100%)

_____

_____   1) I am clear about my feelings.

_____   2) I pay attention to how I feel.

_____   3) I experience my emotions as overwhelming and out of control.

_____   4) I have no idea how I am feeling.

_____   5) I have difficulty making sense out of my feelings.

_____   6) I am attentive to my feelings.

_____   7) I know exactly how I am feeling.

_____   8) I care about what I am feeling.

_____   9) I am confused about how I feel.

_____   10) When I'm upset, I acknowledge my emotions.

_____   11) When I'm upset, I become angry with myself for feeling that way.

_____   12) When I'm upset, I become embarrassed for feeling that way.

_____   13) When I'm upset, I have difficulty getting work done.

_____   14) When I'm upset, I become out of control.

```
1------------------------2------------------------3------------------------4------------------------5
almost never         sometimes        about half the time    most of the time     almost always
(0-10%)              (11-35%)             (36-65%)              (66-90%)            (91-100%)
```

_____ 15) When I'm upset, I believe that I will remain that way for a long time.

_____ 16) When I'm upset, I believe that I'll end up feeling very depressed.

_____ 17) When I'm upset, I believe that my feelings are valid and important.

_____ 18) When I'm upset, I have difficulty focusing on other things.

_____ 19) When I'm upset, I feel out of control.

_____ 20) When I'm upset, I can still get things done.

_____ 21) When I'm upset, I feel ashamed with myself for feeling that way.

_____ 22) When I'm upset, I know that I can find a way to eventually feel better.

_____ 23) When I'm upset, I feel like I am weak.

_____ 24) When I'm upset, I feel like I can remain in control of my behaviors.

_____ 25) When I'm upset, I feel guilty for feeling that way.

_____ 26) When I'm upset, I have difficulty concentrating.

_____ 27) When I'm upset, I have difficulty controlling my behaviors.

_____ 28) When I'm upset, I believe that there is nothing I can do to make myself feel better.

_____ 29) When I'm upset, I become irritated with myself for feeling that way.

_____ 30) When I'm upset, I start to feel very bad about myself.

_____ 31) When I'm upset, I believe that wallowing in it is all I can do.

_____ 32) When I'm upset, I lose control over my behaviors.

_____ 33) When I'm upset, I have difficulty thinking about anything else.

_____ 34) When I'm upset, I take time to figure out what I'm really feeling.

_____ 35) When I'm upset, it takes me a long time to feel better.

_____ 36) When I'm upset, my emotions feel overwhelming.

Appendix E

PBFSR-R – Relational Victimization

"In the *last 30 days*, how many times has this happened to you?"

In the *last 30 days*, how many times has this happened to you...	Never	1-2 Times	3-5 Times	6-9 Times	10-19 Times	20 or More Times
Had someone say they won't like you unless you do what he/she wanted you to do						
Had someone spread a false rumor about you						
Been left out on purpose by others when it was time to do an activity						
Had a person try to keep others from liking you by saying mean things about you						
Had a person tell lies about you to make others not like you anymore						
Had a person who is mad at you try to get back at you by not letting you be in their group anymore						

Appendix F

Work Hope Scale

These questions pertain to how you are thinking about work and jobs. Please indicate how much you disagree or agree with each statement.

	Strongly Disagree			Neutral			Strongly Agree
1. I have a plan for getting or maintaining a good job or career.	1	2	3	4	5	6	7
2. I don't believe I will be able to find a job I enjoy.	1	2	3	4	5	6	7
3. There are many ways to succeed at work.	1	2	3	4	5	6	7
4. I expect to do what I really want to do at work.	1	2	3	4	5	6	7
5. I doubt my ability to succeed at the things that are most important to me.	1	2	3	4	5	6	7
6. I can identify many ways to find a job that I would enjoy.	1	2	3	4	5	6	7
7. When I look into the future, I have a clear picture of what my work life will be like.	1	2	3	4	5	6	7
8. I am confident that things will work out for me in the future.	1	2	3	4	5	6	7
9. It is difficult to figure out how to find a good job.	1	2	3	4	5	6	7

10. My desire to stay in the community in which I live (or ultimately hope to live) makes it difficult for me to find work that I would enjoy.

1 2 3 4 5 6 7

11. I have the skills and attitude needed to find and keep a meaningful job.

1 2 3 4 5 6 7

12. I do not have the ability to go about getting what I want out of working life.

1 2 3 4 5 6 7

13. I do not expect to find work that is personally satisfying.

1 2 3 4 5 6 7

14. I can do what it takes to get the specific work I choose.

1 2 3 4 5 6 7

15. My education did or will prepare me to get a good job.

1 2 3 4 5 6 7

16. I believe I am capable of meeting the work-related goals I have set for myself.

1 2 3 4 5 6 7

17. I am capable of getting the training I need to do the job I want.

1 2 3 4 5 6 7

18. I doubt I will be successful at finding (or keeping) a meaningful job.

1 2 3 4 5 6 7

19. I know how to prepare for the kind of work I want to do.

1 2 3 4 5 6 7

20. I have goals related to work that are meaningful to me.

1 2 3 4 5 6 7

21. I am uncertain about my ability to reach my life goals.

1 2 3 4 5 6 7

22. I have a clear understanding of what it takes to be successful at work.

1 2 3 4 5 6 7

23. I have a difficult time identifying my own goals for the next five years.

1 2 3 4 5 6 7

24. I think I will end up doing what I really want to do at work.

1 2 3 4 5 6 7

Workplace Victimization

Think about the last time you held a "real job." Indicate how true each statement was for you, <u>during the last year or so that you worked</u>.	Not at All True			Sometimes True			Very True
Had a co-worker spread a false rumor or gossip about you behind your back.	1	2	3	4	5	6	7
Had one co-worker try to keep another co-worker from liking you by saying mean things about you	1	2	3	4	5	6	7
A co-worker didn't tell you when you were doing something wrong so you would get in trouble on the job.	1	2	3	4	5	6	7
A co-worker gave you the wrong information about how to do a task so you would get in trouble on the job.	1	2	3	4	5	6	7
A co-worker didn't tell you about an important change at work so you would miss it and have trouble on the job.	1	2	3	4	5	6	7
A co-worker purposely excluded you from a work-related meeting.	1	2	3	4	5	6	7
A co-worker did not choose you to be part of a group because they were mad at you.	1	2	3	4	5	6	7
A co-worker said things about you to make others at your job laugh.	1	2	3	4	5	6	7

A co-worker yelled or made fun of you on the job.	1	2	3	4	5	6	7
A co-worker gave you "the silent treatment" because he or she was mad at you.	1	2	3	4	5	6	7

Appendix H

Memorandum to DOC Staff

To: DOC Institutional Staff

From: Drs. Shivy, Kliewer, & Sullivan (VCU Researchers)

Date: September 4, 2009

Subject: Directing Inmates' Attention to "Inmates Experiences Across Time"

Thank you, in advance, for helping to make this project "**Inmate experiences across time**" a reality.

This memo provides some guidelines for helping inmates to learn about our study. It is extremely important that you follow these guidelines to the letter. Our permission to do this study depends on everyone following these instructions.

The most important thing to keep in mind is that **your role is limited to drawing inmates' attention to the study.**

1.   Please post our informational flyers freely – in areas were this is permitted. Please check with supervisors from your institution before posting flyers.

2.   Please feel free to call inmate attention to the informational flyers.

3.   Here is what you can say about the study:

"Did you see the flyers that were posted about a new research study? Faculty from Virginia Commonwealth University are conducting a study, and they would like your help. They are interested in inmates' past experiences, their experiences while in prison, the way inmates cope, and how they think about their future. Look for the flyers that recently have been posted."

4.   The purpose of approaching inmates about the study should only be to draw their attention to the informational flyers.

Appendix I

Memorandum to Potential Research Participants

To: Potential Research Participant

From: Drs. Victoria A. Shivy, Wendy L. Kliewer, & Terri N. Sullivan, VCU
                    Researchers

Date: September 4, 2009

Subject: A New Research Project "Inmate Experiences Across Time"

Hello! You've received this packet of materials because you expressed interest in joining our
research project, called "Inmate Experiences Across Time."

Thank you for giving some thought as to whether you might be willing to participate in our
study.

This research project is designed to find out more about your past experiences and your
experiences now, while you are in prison.

Dr. Shivy, one of the VCU Researchers who designed this project, has been helping inmates
transition from prison back to society (sometimes called "prison re-entry") for over 10 years. She
is especially interested in how inmates' life experiences impact their thoughts and feelings about
jobs and working.

If you decide to join in the project, then you will be asked to complete an "Information and
Consent Form" which provides even more details about your participation.

If you don't think that this project is for you, please let prison staff know. You may have the
opportunity to return to your normal routine; or, you may be asked to sit quietly in this room
while other inmates complete project materials.

You received this packet because you reside in a Virginia Department of Corrections institution
(a prison), and are involved with re-entry programming. In particular, you are being offered

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participation because you currently reside in one of the following facilities*: Virginia Correctional Center for Women, Powhatan Correctional Center, Brunswick Pre-Release for Women, Sussex I Re-Entry Pod, Sussex II Re-Entry Pod, Dillwyn Correctional Center Transition Program, Lunenburg Correctional Center Transition Program.*

After you complete the first survey, included in this packet, the researchers will let about one month pass. Then researchers will return two more times –about three to four weeks apart-- with additional surveys for you to complete. The entire project will unfold over about six months' time.

We believe that it is important to understand how inmates are doing across different time points during incarceration, and we'd like your help with our survey!

Vita

David Benjamin Guion was born on November 8, 1978, in Jerusalem, Israel, and is an American citizen. He graduated from James River High School, Midlothian, Virginia in 1997. He received his Bachelor of Science in Commerce from the University of Virginia, Charlottesville, Virginia in 2001 and subsequently worked as a public accountant for 6 years. He received a Master of Arts in Counseling from Asbury Theological Seminary, Wilmore, Kentucky, in 2010 and a Master of Science in Counseling Psychology from Virginia Commonwealth University, Richmond, Virginia, in 2011.