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An Exploration of Factors Related to Recidivism Rates Among Mentally Ill Parolees

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ABSTRACT

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Although criminality among mentally ill individuals is a well-documented phenomenon, limited research has focused on specific factors that need to be addressed to combat this issue. Utilizing the theoretical framework of Shaw and McKay's (1942) Social Disorganization Theory, in conjunction with collective efficacy (Sampson et al., 1997) and social capital (Coleman, 1988), different factors were explored in an attempt to discover their relationship with recidivism. Using secondary data from Criminal Justice Drug Abuse Treatment Studies, variables such as homelessness, unemployment, and religious importance were analyzed in relation to rearrest rates from 889 parolees nine months post-release. Marriage, sex, and age were controlled for. A relationship was found between unemployment and rearrest; however, no relationship was found between rearrest and homelessness or religious importance among this sample. Results from this study could contribute to the future implementation of programs aimed at assisting mentally ill offenders who are being released from confinement.

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Chapter 1. Introduction

Prisons and jails house a substantial number of mentally ill inmates. Prins (2014) indicated that the number of inmates housed in prison or jail experience a psychological disorder at a rate of three to 12 times more than individuals within the community. It has been suggested that arresting and incarcerating this type of offender is used as a way to control their aberrant behaviors (Solomon & Draine, 1995). Cognitive impairments, coupled with the inability to seek out and obtain treatment and other services, often result in mentally ill individuals landing in the criminal justice system. According to Prins (2014), the criminal justice system is the only access to treatment for many mentally ill offenders. Unfortunately, the criminal justice system is not always adequately equipped to address the needs of these offenders (Slate et al., 2013).

Not only are mentally ill offenders present in confinement facilities at a higher rate than the community, but mentally ill offenders also have higher recidivism rates (Slate et al., 2013). Although the mental health services that inmates receive while incarcerated may not be entirely adequate, the sudden disruption of treatment is disadvantageous to their transition back to society (Veysey et al., 1997). The lack of coordination between in house care during incarceration and the transition to society results in this population of inmates having higher recidivism rates. The propensity to re-offend is related to a multitude of factors, including homelessness, unemployment, and the inability to seek proper mental health care (Harris & Koepsell, 1996).

The inability to successfully meet needs, such as housing, employment, and health care is challenging for any inmate upon release, but when the offender is also mentally ill, it poses an even more significant challenge (Barrenger & Draine, 2013). Offenders often need identification before they can even begin the process of securing these needs, which is an added barrier to

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services. As was previously addressed by Prins (2014), this challenge combined with a cognitive impairment is nearly impossible for some inmates to complete alone. While offenders do not wish to return to prison or jail upon release, the inability to obtain basic needs such as clothes and food may compel an offender to recidivate. Re-offending is done to return to a confinement facility in efforts to feel secure and receive treatment (Barrenger & Draine, 2013).

Barrenger and Draine (2013) described interventions that have been put into place in order to assist mentally ill inmates reentering society. However, these transition plans often focus solely on providing the inmate with information on how to seek mental health services. Morrissey et al. (2007) further stated that most interventions that are in place are aimed to reduce psychiatric hospitalizations. These interventions have been adapted from previous action plans that were designed to target the mental illness without admitting the individual into a psychiatric facility (Morrissey et al., 2007). Barrenger and Draine (2013) argued that the interventions should encompass an array of factors and acknowledge the offender's criminogenic needs. Mentally ill inmates returning to society are faced with numerous issues to solve and can quickly become overburdened. Unfortunately, once mentally ill offenders are processed into the system, the outcomes are significantly more unfavorable than the general inmate population. Mentally ill inmates are incarcerated longer, have higher recidivism rates, and will also return to prison quicker (O'keefe & Schnell, 2007; Slate et al., 2013). For this reason, mentally ill offenders require a more specialized plan for rehabilitation and reentry (O'keefe & Schnell, 2007).

Statement of the Problem

The overrepresentation of mentally ill offenders within the criminal justice system is cumbersome for the system as a whole. Incarcerating offenders with a mental illness adds to the already existing large prison population and negatively affects the offender's overall well-being

(Metzner & Fellner, 2013; Torrey et al., 2010). Utilizing the criminal justice system to control offenders with psychological disorders creates an adverse relationship between the two entities. Addressing the possible reasoning behind the offender's initial contact with law enforcement could help combat the increased recidivism rate within this population of offenders.

Current Study

Given the knowledge that prisons and jails house an overwhelming number of mentally ill inmates, it is important to explore which factors can assist in reducing recidivism among this population of offenders. Mental illness refers to the presence of symptoms or clinical diagnosis of any behavioral, emotional, or mental disorder. Serious mental illness refers to the presence of a behavior, emotional, or mental disorder that creates an interference in the offender's everyday activities (Transforming the Understanding, 2020). While the existing literature has discussed situations that may make an offender prone to reincarceration (Harris & Koepsell, 1996), there is a substantial gap in addressing which needs are vital for success. The current study aims to fill that gap by exploring the specific factors that need to be addressed to reduce recidivism rates among mentally ill parolees.

Secondary data that was initially obtained by the University of California- Los Angeles was used to search for a correlation between certain factors and recidivism among mentally ill parolees. The data utilized in this study are not data from individuals in confinement on a mental health hold. Given that the individuals within this sample are parolees, these offenders have been convicted of a crime and were sentenced to prison. Variables such as homelessness, employment opportunities, and religious ties will be examined to understand the most critical factors for accomplishing reentry and whether these factors serve as risk or protective factors.

Understanding which factors are most critical could have significant policy implications on implementing effective transitional care for mentally ill parolees.

Conclusion

This chapter contained background information that briefly detailed the issues that mentally ill offenders face with incarceration and recidivism. Not only are mentally ill offenders incarcerated at a higher rate, but they also serve longer sentences and re-offend sooner upon release compared to nonmentally ill offenders (O'keefe & Schnell, 2007). Exploring specific variables that could be attributed to this phenomenon could provide insight for preparing adequate transition plans for mentally ill parolees.

Chapter two will present existing literature that details some possible reasonings for the overrepresentation of mentally ill offenders in the criminal justice system. It will also discuss the historical context of mentally ill individuals' treatment and the current knowledge regarding re-offending among mentally ill inmates. Chapter two will also explore applicable theories to explain the inflated recidivism rates.

Chapter three will outline the methodology of the study. Chapter three will detail the research structure and discuss the data used to address the specific research questions. Information on the data collection process and the statistical analysis used to explore the variables will also be provided. The limitations that existed will also be explained in order to provide insight into possible future research.

Chapter four will present the findings obtained from the analyses that were conducted in chapter three. The statistics surrounding the variables will be described to provide insight into any meaningful results that may be to come. The analyses will be presented in relation to the

hypotheses set for the research questions. This chapter will outline what the study was intended to achieve and present the findings of the analyses.

Finally, chapter five will present the results that sought to answer the research questions surrounding recidivism among mentally ill parolees. The findings from the statistical analyses obtained in chapter four will be discussed and interpreted. Chapter five will describe the measures that were taken to fill the gaps in the existing literature. As with most research, limitations occur. The limitations that existed within the study will also be addressed in this chapter. The importance of studying recidivism rates among mentally ill parolees will also be discussed. Given the knowledge obtained from this research, possible new implications will also be outlined, as well as the direction that future research may want to take.

Chapter 2. Literature Review

The current study sought to explore which factors are influential to recidivism rates among mentally ill parolees. This chapter focused on previous research conducted on the relationship between mentally ill offenders and recidivism rates. It discussed the causes that could be attributed to re-offending among this population of offenders. This chapter presented existing research that details the association between mental health and criminality and the impact that deinstitutionalization had on the criminal justice system. It then discussed the current data that portrays the prevalence of mentally ill offenders in the criminal justice system and their propensity for recidivism. Research surrounding specific variables that could be correlated with recidivism among mentally ill offenders was also discussed. Finally, theories that could be used in an attempt to describe recidivism rates in mentally ill parolees were outlined. This chapter aimed to provide information on previous empirical research to highlight the importance of this issue.

Mental Health and Criminality

Criminality among mentally ill individuals is a well-documented phenomenon (Morgan et al., 2009). Morgan et al. (2009) indicated that someone with a mental illness is one and a half times more likely to be incarcerated than to receive treatment for their illness. For this reason, mentally ill offenders are overly represented in jails and prisons. It is important to note that a vast majority of individuals with a mental illness are not criminals. According to MacPhail and Verdun-Jones (2014), mentally ill individuals are more likely to be victims of a crime than committing a crime. Houser et al. (2019) stated that 37 percent of inmates report a history of mental illness, and an additional 14 percent meet the criteria for a severe psychological disorder.

To expand on the issue of overrepresentation, Lurigio et al. (2004) discussed that the number of mentally ill individuals who enter the criminal justice system exceeds the number of mentally ill individuals represented in the community. It has also been stated that individuals with certain serious mental illnesses, such as schizophrenia and bipolar disorders, have higher convictions for violent crimes than the general population (Sariaslan et al., 2016).

Morgan et al. (2009) suggested that many individuals may directly attribute criminality in mentally ill offenders to their diagnosis. However, it can be argued that treating the disorder alone is not enough to avert involvement in criminal behaviors. Houser et al. (2019) stated that offending among mentally ill offenders results from a criminogenic need rather than a mental illness symptom. These criminogenic needs include factors such as criminal history, antisocial personality traits, and antisocial peers (Skeem et al., 2014). The most prominent criminogenic need present among mentally ill offenders is antisocial cognition, which includes attitudes, beliefs, inability to process social cues, and criminal thinking (Skeem et al., 2014). It is widely accepted that specific criminogenic needs need to be addressed to reduce the likelihood of an offender recidivating- and criminal thinking is one of those vital risk factors (Morgan et al., 2009). Morgan et al. (2009) discussed the importance of comparing mentally ill offenders' risk factors to non-mentally ill offenders to develop appropriate services.

Morgan et al. (2009) attempted to explore criminal thinking among mentally ill inmates incarcerated in state prison. As jails and prisons have surpassed mental health treatment facilities as the primary source of treatment, the relationship between criminal thinking and mentally ill offenders is essential to developing appropriate interventions (Morgan et al., 2009). To assess the occurrence of criminal thinking among mentally ill offenders, Morgan et al. (2009) collected information from 416 inmates incarcerated in the Texas Department of Criminal Justice. The

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participants included 265 adult males and 149 adult females incarcerated for an array of crimes varying from drug and alcohol offenses to murder.

The participants were asked to provide demographic information as well as if they had an existing mental illness (Morgan et al., 2009). They were then asked to complete the Psychological Inventory of Criminal Thinking Styles (PICTS). This inventory is a self-report that consists of 80 items to measure how criminals think (Morgan et al., 2009). The PICTS evaluates the cognitive thinking process related to criminal actions- both in the historical concept and the current thought process towards criminal behavior (Morgan et al., 2009).

Morgan et al. (2009) also administered the Criminal Sentiments Scale-Modified (CSS-M) to the inmates. This scale is a 41 item self-report that measures the offenders' attitudes and beliefs on criminal activity. The CSS-M explores the actual thoughts that the offender has in certain situations. Rather than capturing how the criminal thinks, it delves deeper into the context of the thoughts and helps to explain what the offender's thought process is surrounding criminal behavior (Morgan et al., 2009).

The results obtained by Morgan et al. (2009) suggested that 92 percent of the inmates studied met the criteria for the diagnosis of a severe mental illness. In terms of their criminal thinking, there was no significant difference in the thinking of mentally ill offenders who are incarcerated and mentally ill individuals in a treatment facility (Morgan et al., 2009). However, these individuals did score equal to or higher than non-mentally ill offenders. According to Morgan et al. (2009), mentally ill offenders appear to be criminals who, in fact, have a diagnosable mental illness rather than the contrary- a mentally ill offender is an individual who has no self-control and ultimately commits a crime.

Morgan et al.'s (2009) results suggest that mentally ill offenders appear to have a criminogenic thought process that needs to be addressed to help reduce recidivism rates within this population. Understanding that mentally ill offenders have the same criminal thinking as non-mentally ill offenders indicates that changes should be made to their transitional plans. The reentry plan for mentally ill offenders should be specified to target the criminogenic needs and their mental illness (Morgan et al., 2009). Addressing both of these issues can help to slow the revolving door of mentally ill offenders returning to jails and prisons.

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History of Deinstitutionalization

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Mental health treatment has evolved drastically over the last several decades. Beginning in the 1950s, how mentally ill individuals were housed and treated began shifting. Some of the factors contributing to the transformation include advances in medicine, changes in society, and altering political beliefs (Aderibigbe, 1997). Additionally, how to treat mentally ill individuals has long been debated. Slate et al. (2013) discussed the challenge of finding a balance between treatment and appropriate supervision of individuals who have a mental illness. Public perception of how to address mental illness varies. Some believe that individuals with mental illness should be treated with respect and dignity because mental illness is not in their control. However, others believe that mentally ill offenders should take full responsibility for their actions and be punished (Slate et al., 2013).

Mentally ill individuals have been stigmatized throughout history, even as far back as the stone age. They were perceived as evil and were tortured and treated inhumanely due to their conditions (Slate et al., 2013). In the mid to late 1800s, Americans were primarily spiritualists, and they looked to deceased family and friends for explanations for psychological anomalies

(Lilienfeld et al., 2014). During the late 1800s into the early 1900s, this belief of spiritualism had developed, and society held to the theory of biological determinism.

Biological determinism argued that people with mental illnesses were born with the condition, and therefore it could not be changed. This theory implied that despite the changes within society or culture, these individuals did not have free will, and therefore, were not influenced by those factors. This belief led to mentally ill individuals being sterilized and sometimes euthanized to prevent reproduction. The members of society who held to this theory argued that these individuals should be eliminated from society. The idea was that if mentally ill and deviant members of society were eliminated, they could not pass on their negative traits, and the issue would be eliminated (Slate et al., 2013).

During this era, progressions also occurred in the research of how the brain affects behavior. After surviving a traumatic brain injury, Phineas Gage experienced numerous changes to his behavior (Slate et al., 2013). It was then suggested that by removing the brain's frontal lobe, individuals experiencing symptoms of mental illnesses could be cured. Johnson (2009) described lobotomies as being performed by physicians first administering electric shocks to the patient's brain to provoke unconsciousness. An instrument was then inserted into the eye socket to access the brain to perform the procedure. This procedure was widely used to control mentally ill individuals, unruly children, and inmates- sometimes without familial consent. While lobotomies were, in fact, a development within the late 1800s to 1900s, it emphasizes the maltreatment that mentally ill individuals have endured (Slate et al., 2013). Approximately 50,000 lobotomies were performed in the United States (Newman, 2019). With the emergence of empirical research that called the results into question, resistance to the procedure became more

prevalent between 1950 and 1960. By the 1970s, laws restricting the performance of lobotomies were put into place.

By the beginning of the twentieth century, state hospitals and community treatment centers for mentally ill individuals became more prevalent. State hospitals were the main treatment source for the mentally ill (Slate et al., 2013). The creation of these types of facilities was exponential (Aderibigbe, 1997). The goal of these newly developed facilities was twofold. One of the main objectives was to protect the public from these nonconformists while also initiating parens patriae to protect the patient. The proof needed to involuntary commit someone drastically lowered. The only proof required was the presence of a mental illness. In conjunction with new medications intended to sedate those with mental illnesses, these newly lax involuntary commitment standards led to more individuals being treated than in the past (Brill & Patton, 1957). Brill and Patton (1957) suggested that these changes resulted in a census increase of approximately 250% in New York state hospitals. Unfortunately, the influx of individuals being admitted to these settings resulted in severe overcrowding, which led to inhumane conditions (Aderibigbe, 1997).

The inhumane conditions that were being discovered within state hospitals led to the movement of deinstitutionalization. Deinstitutionalization refers to the allocation of care from state institutions to community health centers for individuals diagnosed with a mental illness (Steadman et al., 1984). In addition to advocating for more humane conditions, there was also a shift in beliefs that supported individual rights. Many individuals who utilized mental health services began arguing that their freedoms should trump the parens patriae ideology (Krieg, 2001). It was contended that the focus of mental health care should be on healing the individual rather than the community's desires. It was believed that a convalescent individual would receive

maximum benefits for recovery if they were in the community instead of a confinement facility, as a facility often led to the individual becoming too dependent on others. This dependency disrupted the individuals' ability to control their care and left them unable to make their own decisions (Krieg, 2001).

In addition to the evolvement of individual rights, there were also developments in medicine that contributed to deinstitutionalization. Deinstitutionalization began on a small scale before the existence of antipsychotic medications (Pow et al., 2015). However, it was common for those individuals to be readmitted relatively soon after being discharged. As the discharge rate of state hospitals increased, so did the readmission rate. This steady admission flow indicated no effective treatment or rehabilitation was occurring, and individuals released could not live self-sufficiently in the community (Pow et al., 2015). However, in the early 1950s, the development of Thorazine, an antipsychotic drug, changed the way how mental health professionals treated individuals with a mental illness (Earley, 2007).

Psychiatrists began to realize that the presence of a mental illness resulted from an imbalance within the brain, and it was by no fault of the individual or their upbringing (Earley, 2007). Thorazine was initially intended to treat the symptoms of nausea and allergic reactions (Healy, 2004). As the medical professionals saw the side effects that the medication had on patients, they contemplated the medication's effectiveness to treat a mental illness. Due to the medication's sedative properties, patients who were administered Thorazine converted from distressed and psychotic to composed and approachable patients (Healy, 2004). The influence that Thorazine had on altering the behavior of individuals with mental illnesses caught the attention of John F. Kennedy, who was passionate about mental healthcare. President Kennedy believed that the availability of a drug such as Thorazine could lead to state mental hospitals

being eradicated, as individuals with a mental illness could live productive lives in the community, as long as they were medicated (Earley, 2007).

Gilligan (2001) explained the political shifts that backed deinstitutionalization. The Kennedy administration began developing the Community Mental Health Act, which supported releasing tens of thousands of patients from state hospitals to community-based treatments (Gilligan, 2001). Various groups of people argued that these patients would benefit from treatment within the community more than what they were offered in confinement (Aderibigbe, 1997). However, many of these severely mentally ill patients were released into the community under their families' care.

Suddenly becoming the primary caregiver for a mentally ill family member placed many burdens on family and friends (Benson, 1994). Gilligan (2001) explained that once the patients were released, the Community Mental Health Act's second phase was never implemented due to a lack of funds. The treatment centers, half-way houses, nor support groups were ever developed. The newly released patients who had relied on state-funded hospitals for treatment were no longer receiving care and had no professional medical supervision. The inability to effectively care for these individuals led to increased criminal and deviant behavior in the community. This added criminal behavior within the community resulted in increased exposure to the criminal justice system for these individuals (Steadman et al., 1984).

Prevalence of Mental Illness in the Criminal Justice System

As previously discussed, mentally ill individuals are overrepresented in the criminal justice system. Todd and Chauhan (2020) indicated that an individual with a mental illness is between two and six times more likely to be arrested than someone without a mental illness for the same offense- and the offenses are typically low-level nonviolent crimes. Additionally,

offenders with a mental illness serve more punitive sentences than offenders who are not

mentally ill (Johnston & Flynn, 2017). Johnston and Flynn (2017) stated that treatment staff tend

to advocate for the maximum amount of supervision allowed for misdemeanor convictions. This

inequality in sentencing could be directly related to the prevalence of mentally ill offenders in

the criminal justice system.

Statistics obtained from the Bureau of Justice Statistics indicate that more than half of all

prison and jail inmates in the United States have a mental illness (James & Glaze, 2006). James

and Glaze (2006) interviewed inmates in state and federal prisons, as well as local jails regarding

their mental health. The questions were targeted to obtain information concerning any symptoms

of mental illness within the last year. Any clinical diagnoses or the reception of mental health

treatment within the last year were also examined. The responses were compared with criteria

outlined in the Diagnostic and Statistical Manual of Mental Disorders for correctly diagnosing

mental illnesses (James & Glaze, 2006).

James and Glaze (2006) discovered that 43 percent of state inmates and 54 percent of jail

inmates met the appropriate criteria to be clinically diagnosed with mania. Additionally, 23

percent of state inmates and 30 percent of jail inmates met the threshold for major depression.

Fifteen percent of state inmates met the criteria for a psychotic disorder, while 24 percent of jail

inmates also met the requirement. One in three state inmates and one in six jail inmates had

received treatment for their mental illness since being booked into their respective facilities

(James & Glaze, 2006). Together, these statistics emphasize the overall prevalence of mental

illnesses among the incarcerated population.

Slate et al. (2013) suggested that the results obtained by James and Glaze (2006) are the

consequences of a backlog effect. As has been previously mentioned, inmates with a mental

illness serve longer sentences for comparable crimes than inmates who are not mentally ill. Johnston and Flynn (2017) discussed the fact that offenders who are sentenced through a mental health court typically receive the maximum punishment allowed for a specific crime, whereas leniency based on discretion is often used in county courts. Mental health courts appear to incarcerate offenders who would have normally received probation or some other form of a suspended sentence for a misdemeanor offense in a traditional court (Johnston & Flynn, 2017). Additionally, mentally ill offenders tend to receive a sentence that is approximately 1.5 years longer than a sentence received in traditional court (Johnston & Flynn, 2017). This results in prisons and jails housing more mentally ill individuals than public treatment centers. Prisons and jails currently house three to five times more mentally ill individuals than state hospitals nationwide. Unfortunately, conditions within prisons can exacerbate the symptoms of mental illness, which does not assist in decreasing the statistics (Slate et al., 2013).

The prevalence of these statistics begins with the response to a call involving a mentally ill individual. Police are the gatekeepers to the criminal justice system (Brandl, 2019). Since the deinstitutionalization movement, police have been the primary entity to respond to and resolve issues involving mental health crises (Lamb et al., 2004). The police's main functions are to protect society and those who are unable to maintain themselves- such as mentally ill individuals (Lamb et al., 2004). Unfortunately, many police departments or sheriff's offices cannot provide the necessary assistance to these individuals.

Police officers are the decision-makers regarding whether an individual should be arrested for their involvement in the crime or if the individual's actions warrant mental health treatment. However, even though an officer may suggest psychiatric care in place of incarceration, care is not always received (Lamb et al., 2004). Departments may not have the

staffing to wait with an individual at a mental health treatment facility. Further, many treatment

centers are often at full capacity, which extends that waiting period a considerable amount of

time, resulting in an officer's inability to address other duties requiring police presence.

Additionally, if the individual is, in fact, accepted into the mental health facility, it is typically

for a short time. Once the individual is released back into the community, the criminal and

deviant acts are likely to continue, resulting in another call for the police (Lamb et al., 2004).

These reasons often contribute to the responding officer's decision to process a mentally

ill individual into the criminal justice system. Officers are aware that if an individual is booked

into jail, they will receive a more streamlined level of care. The individual would be booked,

seen by a mental health professional in the confinement facility, and a decision on how to

continue with their care would proceed from that point (Lamb et al., 2004). This foregone

conclusion results in many officers arresting mentally ill offenders rather than seeking out mental

health care, as the process is predictable, and the officer has more control over the process as a

whole. These aspects help to provide insight into why many mentally ill offenders are arrested

for minor crimes at a higher rate than non-mentally ill offenders (Lamb et al., 2004).

The Sentencing Project (2002) suggested that most crimes committed by mentally ill

individuals fall into three categories: crimes committed as a direct result of a mental illness,

crimes to obtain economic status, and more serious offenses such as burglary, assault, or robbery.

Arrests falling into the first two above-mentioned categories could be decreased if the offender's

mental health was better addressed (Sentencing Project, 2002). Those crimes include offenses

such as disorderly conduct, public intoxication, trespassing, prostitution, and theft (Sentencing

Project, 2020). However, crimes committed due to the third category relate back to the

criminogenic needs that have been previously addressed. These latter crimes ultimately lead to

the offender being processed into the criminal justice system despite if the offender's mental health has been attended to. Unfortunately, as was described by Slate et al. (2013) and Sugie and Turney (2017), once mentally ill offenders are incarcerated for an offense worthy of incarceration, the confinement can cause a deterioration in mental capacity; therefore, better mental health services should be provided to those individuals to ensure mental health is stable and does not decline during incarceration.

Recidivism Rates in Mentally Ill Offenders

According to Houser et al. (2019), approximately 525,000 out of 700,000 inmates released from prison will be reincarcerated within five years of their release. Over half of the inmates incarcerated in a state prison have a mental illness or severe psychological disorder (Houser et al., 2019). Unfortunately, many jails and prisons are not prepared to provide mental health treatment to mentally ill offenders. Kesten et al. (2012) argued that jails and prison staff are not trained to identify the presence of psychological disorders, which creates an additional barrier to offenders receiving treatment. These inmates are then released back into the community without receiving the needed care or proper transition plans, which ultimately leads to them being re-arrested and reincarcerated (Constantine et al., 2010).

The type of mental health services provided to inmates varies based on the type of facility and the security level (Beck & Maruschak, 2001). According to Beck and Maruschak (2001), at least three-fourths of facilities in the United States do screen offenders for mental health issues upon intake, and those facilities are typically maximum-security prisons. Ninety-nine percent of maximum-security facilities reported conducting mental health screens upon intake (Beck & Maruschak, 2001). Comparatively, state confinement facilities are more likely to screen an offender's mental health than community-based facilities. The common practice for community-

based facilities is to provide the offender with information on how to seek community mental services, if needed, upon release. The least common practice within community-based facilities is providing around-the-clock mental health services as needed to offenders (Beck & Maruschak, 2001).

On the other hand, approximately two-thirds of state confinement facilities do have 24-hour access to mental health care either on campus or off the prison grounds (Beck & Maruschak, 2001). The most utilized form of treatment for offenders is counseling or other therapeutic sessions. Prescribing and administering psychotropic medications is also not uncommon within confinement facilities, as 83 percent of facilities distribute psychotropic mediations (Beck & Maruschak, 2001).

In order to explore characteristics of mentally ill offenders in the criminal justice system, Constantine et al. (2010) examined 3,769 mentally ill offenders released from the Pinellas County, Florida jail over four years. Constantine et al. (2010) obtained data regarding any community mental health services sought by the inmate upon release. Those services included all mental health services such as emergency treatment, psychiatric admissions (voluntary and involuntary), and outpatient treatment. Arrest information was also gathered on the same group of individuals in order to compare mental health treatment with the bookings into the criminal justice system. The results indicated that the mentally ill inmates were re-arrested an average of 4.6 times over the four years after being released from jail (Constantine et al., 2010).

Constantine et al. (2010) discussed the study's implications, stating that not only do individuals with a severe mental illness spend more time in jail than offenders with no mental illness, but they are also arrested more frequently. It was also discovered that mentally ill offenders are typically re-arrested for misdemeanor offenses rather than felonies. These

misdemeanors included nuisance crimes such as trespassing, public intoxication, and disorderly conduct. (Constantine et al., 2010). Constantine et al. (2010) suggested that this finding is significant because the crimes committed by this population of offenders are generally not crimes that put the public at risk. However, frequent misdemeanor arrests are problematic for the criminal justice system in the aspect that they add strain to the system. Incarceration also creates adverse effects for mentally ill offenders (Constantine et al., 2010).

Kesten et al. (2012) studied two groups of mentally ill offenders being released from the Connecticut Department of Corrections. One group of offenders participated in a specialized program for reentry, and the other group received the standard reentry preparations from the state's mental health agency. In prison, primary mental health services include group therapy sessions and individual sessions as needed (Basic Mental Health Services, 2010). These therapy sessions can cover various topics addressing trauma, parenting, communication skills, and stress management. Additionally, offenders receive psychotropic medications if necessary (Basic Mental Health Services, 2010).

Kesten et al. (2012) sought to explore the characteristics of mentally ill offenders regarding re-offending and if specialized treatment reduces re-arrest rates. The results obtained by Kesten et al. (2012) indicated that mental illness is a predicting factor for recidivism, and this is magnified with the presence of a co-occurring disorder. The standard reentry program from the mental health department did not decrease the chance of being re-arrested. Kesten et al. (2012) stated that one-third of the standard treatment group offenders had come into contact with the criminal justice system within six months post-release. However, the group who received specialized reentry plans had a lower re-arrest rate at both three- and six-month evaluations (Kesten et al., 2012).

Barrenger and Draine (2012) also explored recidivism rates among mentally ill offenders, which produced interesting results. Barrenger and Draine (2012) discovered that extensive monitoring of mentally ill offenders could increase recidivism rates. A sample of mentally ill parolees was granted a case manager to assist with the transition from prison to society. Barranger and Draine (2012) learned that often, case managers allowed their role to cross into the criminal justice system. Rather than focusing on supporting the offenders and guiding them to success, the case managers themselves were meticulous in ensuring the offender followed each stipulation. The case managers' overstated role and the increased stipulations and excessive monitoring led to the mentally ill offenders being re-arrested more frequently (Barranger & Draine, 2012).

Domino et al. (2019) expanded on excessive monitoring, causing an increase in recidivism rates. Domino et al. (2019) suggested that mentally ill offenders are frequently re-arrested for technical violations due to their monitoring. Mentally ill offenders are more than twice as likely to be arrested for a technical violation than the general population of offenders (Domino et al., 2019). Domino et al. (2019) stated that mentally ill offenders are sometimes required to seek treatment as a condition of their probation or parole. The group of offenders who were required to seek treatment as a release condition were more likely to be reincarcerated than those who were not required to seek treatment. Domino et al. (2019) indicated that the treatment requirements, and the added conditions to their probation or parole, presented more opportunities for the offenders to be violated and re-arrested.

Factors Related to Recidivism

As has been previously mentioned, excessive monitoring of mentally ill offenders can result in higher recidivism rates. There are also other individual factors to the inmate that can be

related to the propensity to re-offend. It has been suggested that addressing social service barriers that offenders face upon release from prison could help to reduce recidivism rates, especially among the mentally ill population.

Homelessness

As has been previously discussed, mentally ill individuals have long been stigmatized and outcasted. The label of mentally ill is pernicious in and of itself, but mentally ill coupled with the label of offender is especially detrimental. Slate et al. (2013) described the perception of mentally ill offenders as rubbish, and law enforcement officers have been responsible for cleaning up society. Incarcerating mentally ill individuals has adopted an out of sight out of mind mentality (Slate et al., 2013).

Once inmates are released back into society, they are faced with finding housing promptly. Obtaining housing can be problematic, as many landlords and government assistant agencies are unwilling to rent to individuals with criminal records (Schneider, 2018). Unfortunately, homelessness is a risk factor for criminal activity in the general inmate population. Homelessness exists within the offender population, and offenders are found within the homeless population (Barrenger & Drain, 2012). The inability to secure housing leads individuals to crime in order to survive. Furthermore, homeless individuals are more likely to be arrested for minor crimes such as trespassing, urinating in public, or public intoxication (Schneider, 2018). Schneider (2018) indicated that an offender with no stable living arrangement is seven times more likely to be re-arrested than an offender who has secured housing.

Homelessness is a common occurrence in individuals who experience psychotic disorders and other mental illnesses (Lamberti, 2007). The added stress of not securing a stable living arrangement can act as a trigger for mental health disorders and initiate adverse symptoms

(Schneider, 2018). To compound the issue, being non-compliant with treatment plans is prevalent among mentally ill individuals, which can also lead to recidivism. If an offender has no permanent home, it reduces their ability to comply with treatment plans sufficiently. Noncompliance is related to increased re-arrest and reincarceration rates (Lamberti, 2007). These combined factors result in offenders experiencing a cyclical process. The offender is arrested and released, but due to possessing a criminal record, they cannot obtain housing. The lack of stability then leads to criminal activity. Further, if the offender has an existing mental illness, the symptoms may be intensified by the added stress, which can then lead to disruptive or criminal behavior (Lamberti, 2007; Schnedier, 2018).

Employment

In addition to homelessness, employment is also influential to offenders. LaBriola (2020) discussed the impact that employment has on recidivism rates. It has been suggested that obtaining successful employment reduces the likelihood of recidivism. Employment provides the offender with legitimate means, so the economic motivations to commit crime are reduced. Employment also allows the offender to feel as if they have successfully reintegrated and are productive members of society. The schedule that accompanies an official job also provides parolees with structure, which can be beneficial by helping them maintain a routine (LaBriola, 2020).

Bahr et al. (2010) stated that employment also lessens the number of opportunities to engage in criminal behavior. Unemployment can lead to boredom, which increases the chances of the offender becoming involved in criminal or deviant activities. Employment also decreases the amount of time that the offender has available to associate with anti-social peers (Bahr et al., 2020). Legitimate employment allows the offender to create new social circles with pro-social

peers who can assist in guiding the offender back into society (Bahr et al., 2020). Unfortunately, obtaining employment is problematic for many offenders. Any contact with the criminal justice system negatively affects employment opportunities, and being on parole further complicates the process (LaBriola, 2020).

Obtaining employment is also challenging for individuals who are mentally ill. Mental illness, coupled with a criminal history, makes securing and maintaining employment problematic. Spivak et al. (2019) explored the consequences that accompany mentally ill individuals. Two hundred seventy-one participants were interviewed about financial hardships, and 59 percent of the sample reported that they had experienced significant financial burdens within the year. This finding is concerning. As has been previously mentioned, the inability to secure housing results in homelessness, which is directly associated with criminality (Barrenger & Drain, 2012). If this population of offenders is unable to secure employment, they are likely unable to afford housing. The inability to meet basic needs then creates a cycle of homelessness, incarceration, and recidivism.

Participation in Religious Activities

Utilizing spiritual and religious programs for reentry has gained recent momentum within the field of criminal justice (Stansfield et al., 2017). Faith-based programs take a risk-need-responsivity approach to decrease the propensity to commit crime through religion. Stansfield et al. (2017) discussed the importance of religious-based services for offenders reentering society. Religious activities allow the offender to repair the ties with the community that may have been severed during incarceration. Further, participating in religious activities allows the offender to create relationships with individuals who may be able to provide positive influences. One

significant benefit to utilizing religious-based programming is the social services that often accompany the program.

As has been discussed throughout this section, numerous factors can be harmful to an offender's success. The inability to obtain certain vital services can be directly associated with re-offending. Fortunately, many faith-based programs provide offenders with much-needed assistance in order to access these services. Religious programs provide an immense amount of support for offenders who are trying to obtain employment, housing, healthcare, and networking with pro-social peers (Stansfield et al., 2017). Campbell et al. (2007) argued that church-based interventions positively affect offenders' behavior.

Attending church and participating in religious services can improve physical and mental health. This improvement can be attributed to the positive relationships that are established during this type of gathering (Campbell et al., 2007). The creation of pro-social networks allows offenders to understand how to cope with certain situations in a healthy manner instead of reacting in a deviant or criminal manner (Stansfield et al., 2017).

Lee (2010) discussed the impact of churches on neighborhood crime rates. Churches are areas where individuals gather, and those people typically share social, cultural, and political beliefs (Lee, 2010). These venues create a space where the congregation feels a consensus and can effectively monitor and protect each other from crime (Willits et al., 2011). Thus, churches' presence can serve as a protective factor against crime in the communities (Lee, 2010). Lee (2010) stated that violent crime is lower in areas affluent with noneconomic institutions, such as churches. It is conceivable that this overarching ideal of offering protection and assistance to others can influence offenders attending the services, consequently leading them to desist from crime. Additionally, Lee (2010) suggested that the civic virtues exhibited from engaging in

religious-based opportunities that are offered help create a sense of importance and allow offenders to experience increased quality of life. As previously addressed, involvement in church-based activities allows the offender to feel connected to their community, promoting a cease in criminal or deviant behavior (Stansfield et al., 2017).

Theoretical Explanations

This section will discuss the theories that could be applied to recidivism among mentally ill parolees. The theoretical framework found in social disorganization theories will be discussed to explain which factors are influential to re-offending.

Social Disorganization Theory

One of the most well-known theorists to contribute to social disorganization theories is Shaw and McKay (1942). Shaw's previous work as a probation and parole officer provided insight into occurrences that were taking place within the communities that he was supervising. Upon further evaluation and inquisition, Shaw was convinced that crime occurred due to the makeup of the community (Bernard et al., 2010). Shaw rejected the belief that crime was derived solely from biological or psychological factors, as had been previously argued. Shaw instead blamed crimes on the disconnect between the offender and ties to the community. Shaw believed that a meaningful attachment to the community, along with being associated with prosocial peers, could serve as a protective factor against offending (Bernard et al., 2010).

Shaw and McKay (1942) evaluated neighborhoods' composition to understand which factors are associated with crime. They discovered that neighborhoods with the lowest economic status had the highest crime rates. The areas that were high in crime had a large population of families on government assistance. Most families also predominately rented their homes rather than being homeowners. However, even given these results, Shaw and McKay (1942) were

careful to note that the neighborhood's economic status alone was not enough to explain high crime rates.

In addition to the neighborhood's socioeconomic status, Shaw and McKay (1942) proposed other factors that also contributed to delinquency, such as racial composition and areas with high transiency rates. Parents and other associates' lack of guidance allowed children to grow in an environment where deviance was not objected to (Shaw & McKay, 1942). Further, the geographic characteristics of the neighborhood also induced crime and deviance. Neighborhoods that included areas that made crime easily assessable unsurprisingly had higher crime rates.

Shaw and McKay's (1942) theory of social disorganization helps explain how the neighborhood in which mentally ill parolees are released can contribute to recidivism. The lack of available housing and the absence of social support negatively impacts an offender's reintegration. Additionally, the severed ties between the community and offender during the offender's incarceration also creates a barrier upon reentry (Barrenger & Draine, 2012; Ward & Merlo, 2016). Houser et al. (2019) also discussed the problem with clustering of parolees in a specific neighborhood, which has the potential to reduce the offender's likelihood of forming relationships with prosocial peers. The presence of specific stores and businesses in the community also contributed to recidivism. As Shaw and McKay (1942) theorized, these factors create a situation in which deviance and crime are likely to occur.

Collective Efficacy and Social Capital

In addition to Shaw and McKay's (1942) evaluation of neighborhoods and crime, Sampson et al. (1997) examined community structures in relation to crime rates. Sampson et al. (1997) suggested that Shaw and McKay (1942) were on the correct path with social

disorganization theory, but they took it further by stating the communities' values are also an important aspect of the occurrence or desistance of crime (Bernard et al., 2010). Sampson et al. (1997) agreed that low socioeconomic status alone is not enough to create crime. However, when other negative neighborhood characteristics are added, there is an increase in violent crime.

Sampson et al. (1997) stated that neighborhoods' characteristics could not explain why individuals choose to engage in criminal behavior. However, the collective attitudes and social controls found within a neighborhood can, in fact, influence the crime rates. An individual's prosocial ties to the neighborhood, and the relationships they create, are vital to creating a thriving community. Coleman (1988) suggested the existence of social capital. Social capital refers to the relationships within communities, which creates a network of similar attitudes and beliefs. The shared belief system allows for the members of the community to not only achieve the same goals but also reject unwanted activities (Coleman, 1988). Sampson et al. (1997) argued that if there an abundance of social capital, crime rates within the community will decrease.

The factors that have been discussed- such as insufficient housing, poverty, and lack of role models, can disrupt social capital, thus prohibiting collective efficacy from being formed. Areas with high unemployment rates and increased transiency create a barrier for strong collective efficacy, resulting in socially disorganized communities. The lack of social capital also leads to anonymity within the neighborhood. Residents are not familiar with their neighbors and are not compelled to protect common areas. Without a high social capital, the strong community relationships that deter criminal activity from the neighborhood are not available, leaving the area vulnerable to criminal activity (Bernard et al., 2010). For mentally ill parolees returning to disorganized communities, these explanations are alarming.

Faris and Dunham (1939), researchers in the Chicago School of Criminology, explored socially disorganized communities' relation to mental illness. The results indicated that there was a relationship between mental health and the ecological structure of the community (Faris & Dunham). Faris and Dunham (1939) found that poor mental health was more prevalent in slum areas of the city with substandard housing. Faris and Dunham (1939) equated socially disorganized communities with mentally disorganized community members, which resulted in increased crime rates due to erratic behavior.

Silver (2000) explored the research previously conducted by Faris and Dunham (1939). Silver (2000) discovered that patients discharged from the Western Psychiatric Institute and Clinic were more likely to live in disadvantaged neighborhoods. Silver (2000) suggested that this disparity is due to social stress that is prevalent within these disorganized communities. Individuals residing in low socioeconomic areas experience higher levels of economic and environmental adversity, which can contribute to mental decline (Silver, 2000). Additionally, socially disorganized areas are less likely to be equipped with mental health resources. Socially disorganized communities cannot provide adequate social support to those in need of mental health care. Disorganization and the lack of social capital prevent positive social networking from occurring (Silver, 2000). This combination could be detrimental to those individuals who are attempting to seek proper psychiatric care.

The Present Study

Previous research has detailed the prevalence of mentally ill offenders incarcerated in prisons and jails across the United States. The deinstitutionalization movement contributed to the criminalization of the mentally ill, but there have been no significant improvements to the system to provide assistance to this population of offenders. Mentally ill offenders are still arrested,

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incarcerated, and re-offending at higher rates than the general inmate population (Slate et al., 2013). Having understood that this disparity exists, there are still questions that are left to be answered. The current research sought to answer: *What characteristics contribute to recidivism among mentally ill parolees?* To further understand the relationship, the question was reduced to three specific points: a) to determine if homelessness is a factor contributed to re-offending; b) to examine if unemployment is a significant factor for mentally ill parolees; c) to determine if the importance of religion assists in desistance of offending upon release.

The next chapter will describe the procedures that will be used to answer the questions outlined above. The dataset for this research will be described, along with the statistical analyses used to test the variables. The research questions and hypotheses will also be explained in further detail.

Chapter 3. Methodology

This chapter will describe the procedure and research methodology used in this study. It will outline the research questions and hypotheses, as well as describe the concepts, data set, and methods used to analyze the variables. While previous research has described the types of interventions that may be beneficial for reentry, it has failed to describe the most dominant factors for success. The purpose of this study is to examine which characteristics are influential to recidivism rates among mentally ill parolees. Utilizing secondary data from Criminal Justice Drug Abuse Treatment Studies: Transitional Care Management Increasing Aftercare Participation for Parolees from the years 2004-2008, specific variables were examined to determine if a relationship exists between re-arrests.

Research Questions and Hypotheses

The current study sought to answer the primary research question: *What characteristics contribute to recidivism among mentally ill parolees?* This research question was then divided into four objectives in order to fully understand which factors are most influential: a) to determine if homelessness is a factor contributed to re-offending; b) to examine if unemployment is a significant factor for mentally ill parolees; and c) to determine if the importance of religion assists in desistance of offending upon release. Building on the current knowledge from previous research, this study tested the following hypotheses: 1) *Homelessness would increase the odds that an offender would be re-arrested.*; 2) *Unemployment would lead to a greater chance of re-offending*; and 3) *Holding strong religious beliefs would result in an offender being less likely to re-offend.*

Hypothesis 1: Homelessness would increase the odds that an offender would be re-arrested.

Due to the existing research on the relationship between homelessness and offending, it appears as if homelessness will lead to the parolee being re-arrested. Previous research has suggested that homelessness is related to increased arrest rates (Schneider, 2018). Schneider (2018) described the fact that homeless individuals are more likely to be arrested for minor violations such as trespassing or public intoxication. Unfortunately, it is difficult for offenders to obtain a stable living situation, as many landlords refuse to rent to individuals with a criminal record (Schnedier, 2018). The inability to secure housing can consequently make it difficult for the offender to adhere to transition and treatment plans, which can ultimately result in the offender being revoked and reincarcerated (Lamberti, 2007).

Hypothesis 2: Unemployment would lead to a greater chance of re-offending.

The inability to gain successful employment could lead to further criminal activity. Previous research has described the challenges that many offenders face upon release in terms of employment. Possessing a criminal record is problematic when attempting to obtain a legitimate job (LaBriola, 2020). The presence of a mental illness compounds those challenges. The stigma that accompanies an individual with a mental illness can negatively impact job opportunities. Employers are more hesitant to hire someone who is labeled mentally ill, and therefore typically hire other candidates for the job (Corrigan et al., 2000). LaBriola (2020) suggested that employment lessens the offender's available time to engage in criminal behavior. Employment also creates an opportunity for the offenders to build relationships with prosocial peers, which is a key factor for success (Bahr et al., 2020).

Hypothesis 3: Holding strong religious beliefs would result in an offender being less likely to re-offend.

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As previously discussed in the literature review, participating in religious-based activities helps the offender repair community ties while promoting prosocial attitudes (Stansfield et al., 2017). Additionally, most religious programs provide numerous forms of assistance to offenders who are trying to reintegrate into society. This assistance includes employment opportunities, locating housing, and obtaining healthcare (Stansfield et al., 2017). In addition to social services, associating with prosocial peers through religious-based activities helps the offender alter their thought process to cope with situations appropriately, rather than turning to criminal or deviant behavior (Stansfield et al., 2017). An offender's attendance and participation in religious-based services promote an overall positive mental and physical wellbeing (Campbell et al., 2007).

Research Design, Constructs, and Variables

Data

This specific research sought to measure one dependent variable: the number of re-arrests of mentally ill parolees. The number of arrests was researched by evaluating the influence of three independent variables: homelessness, unemployment, and religious importance. The information was obtained utilizing secondary data from the Criminal Justice Treatment Studies (CJ-DATS): Transitional Care Management (TCM), Increasing Aftercare Participating for Parolees dataset. This dataset was developed from a program evaluation. The program was implemented to measure the effectiveness of the treatment program that offenders received while incarcerated, coupled with community treatment upon release. The goal of the study in which the dataset was built from was to indicate that the treatment received while incarcerated was strengthened by continued community care post-release.

The offenders included in the evaluation for the dataset were a minimum of 18 years of age and had participated in a treatment program while in a correctional institution. The offenders

also had to be referred to a community-based treatment program by either correctional or treatment staff. These offenders were also to be released within three months of when the implementation of the program began. Once released, all of these offenders were released to a metropolitan area so that a case manager could be assigned to monitor their activities. The dataset excluded sex offenders and offenders who were not able to provide consent. The final dataset included information from 889 offenders- 618 males, 194 females, and 77 responses were missing. Two hundred four of the offenders had received psychiatric treatment while incarcerated.

Dependent Variable

- Re-arrest

In a nine-month follow-up assessment post-release, the offenders were asked how many times they had been arrested. This information was asked to include only crimes that had been brought to law enforcement's attention and resulted in reincarceration. While the initial data included frequencies of re-arrests, this variable was recoded into a dichotomous variable. The new code indicated No = 0 and Yes = 1.

Independent Variables

Homelessness

The offenders were asked to provide information regarding their living situation. The original variable provided the respondents with eight options: 1) Shelter, 2) Street/outdoors, 3) Institution, 4) Own house/apartment, 5) Someone else's house/apartment, 6) Halfway house, 7) Residential treatment, or 8) Other. This variable was also recoded into a dichotomous variable in which Homeless = 0 and Not homeless = 1. Any respondent who answered that they lived in a shelter or lived outdoors was coded

as homeless. Any respondent who answered as residing in any other possible living situations was coded as not homeless. This variable was a nominal level of measurement.

Unemployment

The offenders were asked to select which category best described their employment situation. The options were as follows: 1) Full time, 2) Part-time, 3) Looking, 4) Disabled, 5) Volunteer, 6) Retired, 7) Not looking, 8) In school, 9) Armed forces, 10) Homemaker, or 11) Other. This variable was also recoded into a dichotomous variable in which Employed = 0 and Unemployed = 1. Anyone who answered that they fit into any of the categories other than full or part-time employed were coded as unemployed. This variable was measured nominally.

Religious Importance

The offenders were asked to score how important their religious beliefs were in their lives. Using a five-point Likert Scale, the respondents rated the statement "Your religious beliefs are very important in your life" (Disagree strongly = 1 to Agree strongly = 5). This variable was not recoded, as the information could be used as it was collected. This variable was an ordinal level of measurement.

Control Variables

In order to combat any variations, control variables were utilized. Previous research has indicated that males are more likely to be arrested than females (Becker et al., 2011). Additionally, males and females differ in regard to what motivates them to commit a crime. Benda (2005) suggested that females recidivate as a result of emotional distress. This emotional stress instigates the actions that ultimately result in the female being arrested. However, men are

more likely to be arrested for engaging in criminal activities, such as possessing a weapon or associating with antisocial peers (Benda, 2005).

Marriage was also controlled for. Marriage has been indicated as a protective factor against crime. Offenders who are married are less likely to engage in criminal behaviors or associate with antisocial peers (Andersen & Andersen, 2015). Andersen and Andersen (2015) evaluated the effects of marriage on offenders, and they found that offenders who were married were less likely to recidivate. However, this only held if the offender was married to a spouse with no prior convictions (Andersen & Andersen, 2015).

Given the influence that the previously mentioned variables have on crime, they were controlled for to eliminate the possibility of impacting the results. Gender was recoded to indicate Male = 0 and Female = 1. Marriage was also recoded. The initial options that were given to the offender completing the questionnaire were: 1) Never married, 2) Legally married, 3) Living as married (including common law marriage), 4) Separated, 5) Divorced, or 6) Widowed. These options were coded to indicate Not married = 0 and Married = 1. Any offender who was legally married, despite separation, was coded as married. Despite other possible options being applicable, any offender who was not legally married was coded as not married.

Another variable that was controlled for was age. Research indicates that as individuals age, they are less likely to be involved in crime (Cornelius et al., 2017; Farrington, 1986). Sampson and Laub (2003) explored if age has an impact on only specific types of offenders. The results obtained by Sampson and Laub (2003) suggested that background does not appear to influence if the offender will age out of crime; all offenders tend to desist from crime as they age. (Sampson & Laub, 2003).

Methods & Analysis

To answer the research questions outlined in this chapter, data collected from the Criminal Justice Treatment Studies (CJ-DATS): Transitional Care Management (TCM), Increasing Aftercare Participating for Parolees 2004-2008 dataset was utilized. The dataset contained an immense amount of information, and not all of the variables were relevant to the current research. For this reason, specific variables had to be extracted from several datasets to create one data file that was necessary for analyses. The various datasets were first merged by shared client identification numbers. To create this subset of data, all of the aforementioned variables that were needed were then selected and saved as a new dataset. The new data was then analyzed using SPSS software. This section will describe the methods and analysis administered, as well as the limitations.

Analysis

A bivariate logistic regression was performed in this research utilizing the SPSS software due to having a dichotomous dependent variable. The first computation was aimed to produce descriptive statistics for each variable. While descriptive statistics do not make implications regarding the research questions and hypotheses, these descriptions helped to present the data concisely; this helps to understand each variable's frequencies and visualize any trends that may be present.

The second stage of the analysis was to test for multicollinearity. Multicollinearity would indicate a relationship between the independent variables, which could be problematic to the final results (Alin, 2010). Considering all of the independent variables being tested in this research could be directly related to each other, calculating the bivariate correlation is essential to ensure reliable results.

The final process of the analysis was to compute the bivariate logistic regression. As previously addressed, this research has one single dichotomous dependent variable, which is yes or no to a re-arrest. A relationship between each independent variable was also explored to understand if there is a correlation between the variable and the likelihood to be re-arrested; therefore, a bivariate logistic regression was the appropriate statistical analysis. The presence of a re-arrest after being released from prison was evaluated in comparison to homelessness, unemployment, and religious importance.

Limitations

This study does have several limitations. One significant limitation is the age of the dataset that was utilized. The dataset collected information on offenders from the years 2004-2008, which results in the data being somewhat outdated. In addition to the age of the dataset, utilizing secondary data in and of itself is another limitation. While this dataset provided an immense amount of information, it did not allow the questions to be tailored to fit the exact research questions intended; therefore, generalizability should not be assumed. Utilizing secondary data also raises concerns about validity. Without personally collecting the data, it cannot be guaranteed that the information was collected thoroughly and appropriately throughout the evaluation.

Chapter Summary

This chapter aimed to describe the procedures and methodology applied to the research. Utilizing a non-experimental design, variables that could be related to recidivism rates among mentally ill parolees are examined. Data obtained from the Criminal Justice Treatment Studies (CJ-DATS): Transitional Care Management (TCM), Increasing Aftercare Participating for Parolees was used to measure which factors, if any, are related to recidivism rates. The datasets

were merged according to client identification numbers. The relevant variables were then extracted and saved into a subset of data. The descriptive statistics were then obtained to understand the frequencies and general information of the variables. Bivariate correlations were then obtained to ensure the independent variables were not associated with each other, thus influencing the results. Finally, the bivariate logistic regression was used to determine if any of the independent variables impacted re-arrest. The findings of this analysis will be discussed in chapter four, and chapter five will address the implications of the results and address limitations.

Chapter 4. Results

This chapter presented the statistical findings of the research of this thesis. This study's primary focus was to explore which factors may be directly contributing to an increased rate of recidivism among mentally ill parolees. To explore these factors, the research question, *What characteristics contribute to recidivism among mentally ill parolees?* It was hypothesized that the offenders with the presence of a mental illness would be arrested at a higher rate than the offenders who were not mentally ill within this sample. This research question was further broken down into three secondary research questions to explore specific variables that could be contributing factors. Three hypotheses were then presented and tested. The three projected hypotheses included: 1) *Homelessness will serve to increase the odds of an offender being rearrested*; 2) *Unemployment will contribute to recidivism among mentally ill offenders*; and 3) *Parolees who hold strong religious beliefs will have a lower likelihood of recidivism*. The following section first discussed the sample descriptives, and then each hypothesis was addressed by discussing the statistical analysis utilized and the results obtained for each. In order to reject the null hypothesis for each research question, the significance level was set at 0.05 for all tests.

Descriptive Statistics

To fully understand the characteristics of the data being utilized, descriptive statistics were calculated. These statistics presented frequencies within each variable being explored, as well as the overall data composition. The sample included information from a total of 889 offenders. Of the offenders, 69.4 percent were male (n= 617), and 21.9 percent were female (n= 195). Information on sex was missing for 8.7 percent (n= 77) of the offenders. Race or ethnic

background information was also collected on 800 of the offenders. Of the 800 respondents, 49.6 percent were White (n= 403), 31.8 percent were Black (n= 258), 3.4 percent were Native American (n= 28), and 13.7 percent answered that their race was other (n=111). Table 1 provides a concise breakdown of offender demographics.

Table 1

Descriptive Statistics of Research Sample

Sample Characteristics	Frequency (n=889)	Percentage
Sex		
Male	617	69.4%
Female	195	21.9%
Missing	77	8.7%
Race		
White	403	49.6%
Black	258	31.8%
Native American	28	3.4%
Other	111	13.7%
Missing	89	1.5%
Total	889	100%

A frequency distribution was subsequently conducted to obtain a better understanding of how many parolees within the sample reoffended. The results indicated that 51.9 percent (n= 461) of the offenders were rearrested nine months post-release, and 48.1 percent (n= 428) of the parolees were not rearrested. While the difference between the two groups is relatively small, it does show that a higher number of parolees did recidivate nine months post-release.

Descriptive statistics of each variable of interest were also evaluated. Frequencies were initially calculated to determine how many offenders responded as being homeless. The results indicated that only 1.6 percent of offenders in the sample admitted to being homeless (n= 14), 98.3 percent answered that they were not homeless (n=874), and one response was missing.

The frequency distribution for *unemployment* revealed that 64.6 percent of the offenders answered that they were not employed (n= 874), while 35.4 percent of the offenders were employed (n= 315). The final variable that was analyzed was *religious importance.* Religious importance was divided into five categories, with the offenders being asked to rank their religious importance on a scale from "disagree strongly" to "agree strongly." The results indicated that 22 offenders (2.5%) answered that they disagree strongly, 59 offenders (6.6%) responded that they disagree, and 116 offenders (13%) were uncertain. Three hundred offenders (33.7%) agreed that religion is, in fact, vital to them, while 314 offenders (35.3%) strongly agreed. Seventy-eight (8.8%) responses were missing from the data. The frequency distribution of all variables of interest can be found on the following page in Table 2.

Table 2

Variable Frequencies

Variable	Frequency (n=889)	Percentage
Rearrested		
Yes	461	51.9%
No	428	48.1%
Missing	0	0%
Homeless		
Yes	14	1.6%
No	874	98.3%
Missing	1	0.1%
Employed		
Yes	315	35.4%
No	574	64.6%
Missing	0	0%
Religious Importance		
Disagree Strongly	22	2.5%
Disagree	59	6.6%
Uncertain	116	13.0%
Agree	300	33.7%
Agree Strongly	314	35.3%
Missing	78	8.8%

Bivariate Results

Multicollinearity occurs when there is a relationship between the independent variables. If multicollinearity occurs, it has the potential to impact the results of the regression by presenting variables as not statistically significant, when in fact, they are significant. A bivariate correlation was conducted to examine the relationships between the variables and test for the presence of multicollinearity. A correlation coefficient greater than 0.80 would suggest that multicollinearity may be present, and appropriate steps should be taken to address it (Field, 2016). Correlations of the independent variables, as well as the control variables, were obtained to ensure there was no threat of multicollinearity.

The results of the analysis indicated that there was no threat of the presence of

multicollinearity in any of the independent variables, as all of the values fell below the threshold

of r=0.80. The dependent variable, *rearrest*, had a moderate negative relationship with

unemployment (r=-.55; p<0.01). This correlation coefficient provided an initial indication of the

impact of unemployment on recidivism among this sample of parolees. However, there were

weak correlations between *rearrest* and the other variables of interest, indicating that a

relationship may not be discovered.

Correlations were also calculated for the control variables. Several significant

correlations were associated between the control variables (*marital status*, *sex*, and *age*) and the

independent variables. Although significance was obtained between several of the variables, no

threat to multicollinearity was exhibited as none of the values neared r=0.80. An overview of all

correlation coefficients can be found in Table 3.

Table 3

Bivariate Correlations

Variable	1	2	3	4	5	6	7
1. Homelessness	-						
2. Unemployment	.06	-					
3. Religious Importance	.00	.00	-				
4. Rearrest	.06	-.55**	.04	-			
5. Marital Status	.02	.12**	.05	-.10**	-		
6. Sex	.04	.01	.07*	.03	.02	-	
7. Age	.03	.04	.19**	-.08*	.08*	.00	-

Note: **p<0.01; *p<0.05

Bivariate Logistical Regression

An evaluation of the chi-square goodness of fit test indicated that the predictor variables

improved estimation of the outcome measure (χ^2=142.698; p=.001). This study utilized a single

binary logistic regression model to explore the primary and secondary research questions, along

with their respective hypotheses. The three independent variables of interest measured were: 1) *homelessness*, 2) *unemployment*, and 3) *religious importance. Marital status* (p=.471), *age* (p=.007), and *sex* (p=.227) were all controlled to decrease the chance of a spurious correlation occurring.

Hypothesis One: Homelessness

The first research question sought to answer if homelessness was a factor of recidivism among mentally ill parolees. It was hypothesized that: *Homelessness will lead to an increased likelihood that the offender will be rearrested.* However, *Homelessness* was found to be insignificant (β= -.127; p= .847) to recidivism among the sample. There was no evidence that homelessness had an effect on contributing to recidivism rates among this sample of parolees.

Hypothesis Two: Unemployment

The second hypothesis was: *Unemployment will contribute to recidivism among mentally ill offenders*. The results of the analysis indicated that *unemployment* was statistically significant among this sample (β= -2.067; p=.000). The probability of being arrested increased with the presence of unemployment. Offenders who had legitimate employment were 87 percent less likely to be rearrested than offenders with an occupation (Exp(B)= .127). These results suggest that there is evidence of a relationship between unemployment and recidivism among this sample of offenders.

Hypothesis Three: Religious Importance

This thesis's final hypothesis was: *Parolees who hold strong religious beliefs will have a lower likelihood of recidivism*. The analysis' results revealed that *religious importance* is not a statistically significant predictor of an individual recidivating (β= -.043; p= .630). Given that the higher values on the Likert Scale indicated disagreement to religious importance, this would

indicate that as scores on the Likert Scale increased, the offender's religiosity decreased. The results suggested that as religious importance increased per unit, the likelihood of the offender being rearrested decreased by approximately four percent (Exp(B)=.958). These results signify that there is not enough evidence to suggest a relationship between religious importance and recidivism rates among this sample of parolees.

Table 4

Regression Results

Measure	b	SE	Exp(B)	Sig.
Homelessness	-0.127	0.661	0.881	0.848
Unemployment	-2.062**	0.195	0.127	0.000
Religious Importance	-0.043	0.090	0.958	0.630
Marital Status	0.198	0.271	1.219	0.466
Age	-0.027*	0.010	0.973	0.007
Sex	-0.304	0.216	0.738	0.160

Note: **p<0.01; *p<0.05

Conclusion

This chapter presented the statistical results obtained from the research of this thesis. Descriptive statistics of the data revealed that approximately half of the sample offenders were rearrested within nine months post-release; however, a small difference between the groups indicated that more offenders had been arrested prior to the check-in period. The results suggested that homelessness and religious importance were not significant factors that led the sample's parolees to recidivate. However, unemployment was determined to be statistically significant. The results from these analyses were applied to the research questions that have been proposed in this thesis. The following chapter will discuss the findings of these analyses more comprehensively. Implications and recommendations for future research, along with limitations to this study, will also be discussed.

Chapter 5. Discussion and Conclusion

The number of mentally ill offenders who are involved in the criminal justice system is an ordeal that is generally acknowledged by most (Morgan et al., 2009). Although widely accepted, there is limited research on specific factors that need to be addressed within this population of offenders to contravene this occurrence. This thesis aimed to expand on existing research of specific factors such as homelessness, unemployment, and religious importance. These factors have been shown to impact general recidivism rates, but previous research has failed to determine which factors need to be promptly addressed to reduce recidivism among offenders with mental health issues. This thesis attempted to discover how homelessness, unemployment, and religiosity contribute to the overrepresentation of mentally ill offenders in the criminal justice system.

Utilizing the theoretical framework from Shaw and McKay's (1942) social disorganization theory, along with Sampson et al.'s (1997) proposal of collective efficacy and Coleman's (1988) social capital, this thesis presented three hypotheses. First, homelessness was examined to determine if it would increase the odds that an offender will be re-arrested. Second, unemployment was tested to discover if the lack of occupation would contribute to re-offending. Finally, the importance of religious beliefs was explored to ascertain religion's association with recidivism rates. Understanding the impact these variables have on offenders can provide insight into the types of services needed to help ensure a smooth and successful transition back into society.

Data collected from Criminal Justice Drug Abuse Treatment Studies: Transitional Care Management Increasing Aftercare Participation for Parolees from the years 2004-2008 was used

to conduct a single binary logistic regression model to analyze the influence of *homelessness*, *unemployment*, and *religious importance* on recidivism. This chapter discussed the details of the binary logistic regression's findings for each variable of interest, and it addressed areas for future research and policy implications.

Discussion of Findings

The primary research question that this study sought to answer explored which characteristics contribute to recidivism rates among mentally ill parolees. Existing literature suggests that mentally ill offenders are arrested more frequently and serve longer sentences. Furthermore, mentally ill offenders are also more likely to recidivate at an accelerated rate compared to the general offender population (O'keefe & Schnell, 2007; Slate et al., 2013). While this information has been presented throughout previous literature, research has failed to examine specific factors that could be contributing to this set of events. Frequencies were initially conducted to understand how many parolees were not re-arrested versus how many parolees were arrested.

The current study found that approximately half of the parolees in the sample were re-arrested nine-months post-release. However, offenders who admitted to requiring psychological treatment had no relevance to the group of offenders who recidivated. The results indicated that the offenders with mental health concerns did not recidivate at a higher rate than the other offenders. This outcome does not fully concur with previous research suggesting that mentally ill offenders are arrested more often (Barrenger & Draine, 2013; O'keefe & Schnell, 2007; Slate et al., 2013).

O'keefe and Schnell (2007) found that mentally ill offenders require more extensive support upon release than the general offender population. Mentally ill offenders exhibit a need

for more concentrated assistance due to their mental illness, and consequently, they are often unable to meet parole eligibility (O'keefe & Schnell, 2007). This detail could have impacted the results of this study, as the sample consisted entirely of parolees. The sample may have excluded offenders with symptomatic mental health issues and offenders who were denied parole due to the inability to meet the requirements, some of which were explored in this research- housing and employment.

Secondary research questions were proposed in effort to examine three characteristics that may contribute to recidivism rates among mentally ill offenders. The first variable that was examined was *homelessness*. It was hypothesized that homelessness would increase the odds that an offender would be re-arrested. Previous research conducted by Schneider (2018) suggested that homeless individuals are more likely to be arrested than an individual with a safe place to reside. This disparity is especially true for offenders, as many landlords are hesitant to rent to individuals with a history of criminal activity (Schneider, 2018).

Not only are landlords often unwilling to allow offenders as tenants, but many offenders may also not qualify for government assistance to aid in securing a residence (Schneider, 2018). This lack of housing options and assistance also holds for individuals with a mental illness. Lamberti (2007) indicated that homelessness is prevalent among individuals with psychotic disorders. This situation could be due to a multitude of factors such as the inability to physically seek out housing due to mental disturbances or the stress from being homeless triggering a psychotic episode (Lamberti, 2007). These issues possibly lead to contact with law enforcement, which often means the offender will be arrested and booked into jail- this then creates a cyclical effect of arrest, incarceration, release, homelessness, and re-arrest. These occurrences contribute to the issue of homelessness that is found among offenders. It was further noted that the charges

that are typically brought forward for homeless individuals are for minor crimes directly contributed to their lack of residency. These crimes include nuisance crimes such as public intoxication, disorderly conduct, and trespassing (Schneider, 2018).

While previous research indicates that there may be a relationship between homelessness and recidivism, the results of this analysis suggested that homelessness was not significant. This finding implied that being homeless did not influence whether the parolees within this sample had been re-arrested nine-months post-release. This finding disagrees with the hypothesis that was proposed. A statistically significant relationship may not have been found within this dataset for several reasons. The way in which the variable *homelessness* was coded should be considered when acknowledging the results of this study. This specific variable was recoded to create a dichotomous variable, which could have affected the results by oversimplifying an offender's living situation. All of the possible response options were combined to create two categories, which potentially grouped offenders into a category that did not accurately represent their living situation (i.e., homeless or not homeless).

Additionally, how the responses were initially collected could have impacted the response received. As previously discussed, the offenders were given multiple options to select their living situation from. The abundance of options could have instigated the choice overload effect (Toffler, 1970), resulting in the offender selecting a response that was not the best fit to describe their living situation. This effect, coupled with the recoding, could have threatened the response's integrity, especially if the offender experienced a mix of more than one option, such as was homeless but periodically stayed with family, friends, or at a shelter, all of which were provided options.

It should also be noted that the data captured information from the offenders nine-months post-release. The results might have produced a different outcome if homelessness had been examined during a more extended timeframe post-release. Also, parole eligibility can require residency to be established before the offender is approved for release (Frequently Asked Questions, 2015). Given that the sample consisted exclusively of parolees, the variable of interest may have been impacted by housing being a condition of their release.

The next secondary research question focused on *unemployment*. It was hypothesized that unemployment would lead to a greater chance of re-offending. The outcome of this analysis supported the hypothesis and agreed with the existing literature. Previous research has suggested that unemployment can lead an offender to recidivism due to the amount of spare time available to the offender (Bahr et al., 2010). This spare time often leads an offender to begin to revert to engaging in criminal or deviant behaviors. However, if employment is obtained, the amount of time that could have potentially been spent on criminal activities is diverted to positive activities.

Additionally, employment creates opportunities for the offender to become engaged with prosocial peers (Bahr et al., 2010). Labriola (2020) discussed the importance of a strict schedule for offenders upon release. Many offenders are accustomed to the routine that is enforced during incarceration. Once released, the sudden feeling of absolute freedom can be detrimental to their adaptation to society. The schedule provided by employment helps the offender maintain a routine, which is beneficial to their success and minimizes spare time availability (Bahr et al., 2010; Labriola, 2020).

The final hypothesis proposed in this thesis examined *religious importance* in relation to recidivism. It was hypothesized that an offender who feels religion is important in their life would be less likely to re-offend. While religious programs have made advances within the

criminal justice system over the last several years (Stansfield et al., 2017), research regarding the effectiveness of religious-based programs has produced mixed results. The outcome of the analysis utilized in this study did not support religion as a protective factor against re-offending for mentally ill offenders. However, previous literature addressed the impact of social controls, such as religion, on recidivism rates. It has been shown that these controls can reduce recidivism (Dodson et al., 2011); however, it was not seen within this specific set of data.

Previous research has suggested involvement in religious-based activities can promote an offender's successful reintegration back into society (Campbell et al., 2007; Stansfield et al., 2017). The support that religious programs can offer to offenders can come in the form of building relationships and providing much-needed resources. Stansfield et al. (2017) discussed the benefits of being involved in church-based programs. During incarceration, many offenders lose connections to their communities. Being involved in religious-based programs upon release helps to reconnect the offender with their community by involving them in community activities and promoting positive relationships with prosocial peers. This reconnection helps the offender to feel included and accepted (Stansfield et al., 2017). The positive reinforcement offered by church-based programs helps teach many offenders how to cope with situations in a healthy way instead of reacting negatively, which is an issue that many offenders have struggled with (Stansfield et al., 2017). Campbell et al. (2007) argued that participation in religious services could improve an offender's overall well-being by stimulating mental and physical health, thus positively impacting behavior.

While some research encourages religious-based programs to assist in decreasing recidivism, there is literature that refutes its effectiveness. Many studies focused on the effectiveness of religion on recidivism have produced a weak relationship between the two.

Additionally, there have been flaws with these studies' methodology, which has tainted their results' validity (Volokh, 2011). Furthermore, the decision to desist from crime is ultimately the responsibility of the offender. Petersilla (2004) argued that despite which type of treatment program is being offered, the offenders' individual differences are what determine the program's effectiveness. If the offender is willing to put forth the effort to follow the treatment plans, the offender will succeed, thus indicating that religious-based programs are no more beneficial than other programs (Petersilla, 2004).

Although some research argues against the effectiveness of faith-based programs on recidivism, Mears et al. (2006) contend that most research on the topic relies too heavily on basic level measures of religion, such as frequency of church attendance as a measure, so any results should be carefully considered and should not be generalized to religious-based programs as a whole. These contradictions imply that religious-based programs need further empirical research to determine the effectiveness of reducing recidivism rates.

The abovementioned hypotheses were proposed for the secondary research questions in this thesis. There were also other variables that were controlled for. Existing literature discusses the impact of *marital status*, *sex*, and *age* on recidivism. It was determined that those variables should be acknowledged in order for the results of the analyses within this thesis to be more accurate.

Marital status has been shown to influence involvement in crime. Married individuals are less likely to engage in criminal or deviant behavior (Andersen & Anderson, 2015). Andersen and Anderson (2015) found that offenders who were married to a prosocial spouse were less likely to re-offend or engage with antisocial peers. However, this only held for offenders who were married to a partner with no criminal history.

In addition to marital status, *sex* was also controlled for. Previous research suggests that males are more likely to be arrested than females (Becker et al., 2011). Benda (2005) found that the motivations to engage in crime differ between males and females. Females are generally arrested for emotionally fueled crimes; however, males are typically arrested for crimes resulting from criminal thinking and are committed to meet their criminogenic needs (Benda, 2005).

The final control variable was *age*. Previous research suggests that as individuals grow older, they are less likely to engage in crime (Cornelius et al., 2017; Farrington, 1986). Sampson and Laub (2003) found that all offenders tend to age out of crime despite the type of crimes committed. The offender's background did not impact whether they continued to engage in crime or desist with age (Sampson & Laub, 2003). Due to the impact that all of these variables have on recidivism rates, they were controlled to protect the regression results' validity.

Policy Implications

The primary policy implication that can be deduced from this study is providing offenders with employment opportunities upon release. The current research's results agreed with previous research indicating that employment is vital in reducing an offender's propensity to re-offend. Visher et al. (2011) discussed the importance of preparing offenders with the necessary tools to obtain legitimate employment. Offenders who had held employment prior to incarceration are more likely to secure employment upon release. This indicates that prior knowledge and skills are vital to rejoining the workforce.

Additionally, offenders who had been in contact with potential employers prior to release were able to obtain employment more successfully than offenders who were released with no guidance. Furthermore, strong familial relationships were also beneficial to offenders attempting to obtain employment (Visher et al., 2011). These findings suggest that programs preparing

offenders for the workforce prior to release would be advantageous for their success. The confidence acquired from possessing existing skills, being familiar with potential supervisors, and having a personal support system upon release allows the offender to reintegrate back into the community and the workforce with a decreased sense of worry and anxiety.

While homelessness and religiosity were found to be insignificant within this specific research, there are still implications that could be presented from those variables. Although this study found that no relationship existed between recidivism and homelessness or religious importance, previous research has stressed the usefulness of social support upon release. As with employment, resources connecting the offender to housing, treatment, and other necessary support should be provided promptly upon release.

Directions for Future Research

Domino et al. (2019) discovered that providing mentally ill offenders with timely care upon release increased their likelihood of being re-arrested. This influx of arrests resulted from the offender being under intense supervision from both the criminal justice system and the mental health system. This scrutiny led many offenders to be re-arrested for technical violations of their supervision. Future research should focus on providing timely care and services to this population of offenders upon release- without each respective department taking on the other's role, which could create a difficult situation for the offender to thrive. The departments must work in cohesion to assist the offender with successful reintegration. Perhaps diversion programs should be implemented for mentally ill offenders who violate on a technicality to avoid being reincarcerated.

Some of the results of this research provided information that disagreed with previous research. Secondary data from Criminal Justice Drug Abuse Treatment Studies: Transitional

Care Management Increasing Aftercare Participation for Parolees from the years 2004-2008 was utilized to explore the variables of interest. Those specific variables were sought out of the dataset as they fit the intended research. While these results may provide insight into the offenders' needs within this specific sample, they cannot be generalized to all offenders. Thus, future research should focus on the variables of interest proposed within this thesis; however, primary data should be collected explicitly aimed at homelessness, unemployment, and religious importance. Having the ability to frame questions to measure the impact of those factors on recidivism unambiguously can provide more accurate and detailed information on their relationship with recidivism. Understanding how these factors impact offenders upon release can help develop necessary services to promote more successful reintegration and decrease the cyclical effect of arrest, release, and re-arrest.

Conclusion

The criminal justice system houses a substantial number of mentally ill offenders (Prins, 2014). Not only are mentally ill offenders overrepresented in the criminal justice system, but they also have higher recidivism rates than the general offender population (Slate et al., 2013). The lack of support and assistance provided to mentally ill offenders upon release results in many of the offenders being re-arrested shortly after release (Harris & Koepsell, 1996). Securing housing, treatment, employment, and social services is difficult for most offenders; however, when the presence of a mental illness is added, the challenge becomes more burdensome (Barrenger & Draine, 2013).

Previous research has addressed situations that could lead an offender to reincarceration, yet research has failed to explore which factors are critical to reducing the propensity to re-offending. This study utilized social disorganization theory (Shaw & McKay, 1942), collective

efficacy (Sampson et al., 1997), and social capital (Coleman, 1988) as a framework to explore

stressors that could be responsible for heightened recidivism rates. This thesis's findings

produced mixed results regarding factors that contribute to recidivism rates among mentally ill

offenders. While previous research has individually suggested that housing, employment, and

participation in religious activities may serve as a protective factor against re-offending

(Campbell et al., 2007; Harris & Koepsell, 1996; LaBriola, 2020; Schnedier, 2018), the results of

this study suggested otherwise. Unemployment was found to be statistically significant, while

homelessness and religious importance were found to have no relationship with recidivism.

Although this study's results did not express a relationship between the variables of interest and

recidivism, these factors should not be disregarded, as a relationship may still exist but was not

found among this specific data set.

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