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Exoneree Self-Esteem and Self-Compassion During Reintegration

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This is to certify that the doctoral dissertation by

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Walden University
2024

Abstract

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Jessica E. Arneson

MA, University of San Diego, 2015

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Exonerees (i.e., wrongfully convicted individuals) experience difficulties during the reintegration process when gaining employment, housing, healthcare, and financial compensation. External factors are known to negatively impact reintegration. One internal negative consequence of wrongful convictions and the reintegration process for exonerees is identity changes. Less known is the impact of internal factors on reintegration. Self-esteem and self-compassion are two known constructs that comprise personal identity. The relationships between these two constructs with reintegration difficulties of DNA-exonerees were researched. The social identity approach is useful in this quantitative, nonexperimental exploration of the relationship between self-esteem and reintegration difficulties. The social identity approach secondarily is useful in this investigation of the relationship between self-compassion and reintegration. Participants (n = 40) were recruited via social media and completed the Self-Compassion Scale, Self-Esteem Scale, and reintegration difficulties survey. Data were analyzed using linear regression models. Participants reported moderate to high levels of difficulty, low levels of self-compassion, and moderate levels of self-esteem. Lower self-esteem and self-compassion levels were negatively correlated with difficulties during reintegration. Positive social change may be addressed through these internal factor barriers and facilitate the DNA-exoneree reintegration process. Public policies, social programs, and additional exoneree resources stemming from the results may also inform social change.

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Dedication

This work is dedicated to the men and women impacted by the injustice of wrongful convictions. Acceptance of injustice is achieved by inaction. As Howard Zinn said, “You can’t be neutral on a moving train.” May we always choose to act and keep moving towards justice.

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Chapter 1: Introduction to the Study

Introduction

Exonerees face many challenges during reintegration (Kukucka et al., 2022). Difficulties experienced when securing housing and employment are partially caused by stigma (De La Haye et al., 2023; Itskovich et al., 2023). Exonerees endorse mental health symptoms related to the trauma endured during imprisonment and exoneration processes (DeShay, 2023; Thomas & Hoyt, 2023). Exonerees are significantly more likely to have mental health disorders, including posttraumatic stress disorder (PTSD) and major depressive disorder (MDD), than the general population (Heilbrun et al., 2023; Thomas & Hoyt, 2023). Negative cognitions and loss of dignity are additional psychological consequences experienced by exonerees (Itskovich et al., 2023; Kukucka et al., 2022). Exonerees experience changes in identity after the process of being incarcerated and then exonerated. Relationships between deoxyribonucleic acid (DNA) exoneree self-compassion, self-esteem, and reintegration difficulties are being tested.

Mental health services are recommended for exonerees to help address symptoms of PTSD, MDD, and anxiety disorders (Heilbrun et al., 2023; Kukucka et al., 2022; Thomas & Hoyt, 2023). Trauma symptoms experienced by exonerees may differ from the general population (Heilbrun et al., 2023). Exonerees have endorsed trauma symptoms after participating in current evidence-based practice for PTSD (Kukucka et al., 2022; Thomas & Hoyt, 2023). Specialized mental health services are suggested for exonerees based on individual needs (Heilbrun et al., 2023). Changes in identity may need to be addressed during treatment as the processes of wrongful conviction, incarceration, and

stigma may impact an exoneree's self-esteem. Self-compassion may also be affected by a wrongful conviction and stigma. Mental health treatment may be informed with more knowledge about exoneree self-compassion and self-esteem (Thomas & Hoyt, 2023).

Difficulties experienced by exonerees are numerous. Mental health issues and identity changes have been reported by exonerees (Growns et al., 2023; Thomas & Hoyt, 2023). Effective mental health treatment for exonerees does not exist (Kukucka et al., 2022). Reintegration outcomes may improve after addressing identity issues in mental health treatment. Self-compassion and self-esteem form an exoneree's personal identity (Neff, 2023). Barriers experienced by exonerees negatively impact functioning and quality of life during reintegration (Estes, 2023; Kukucka et al., 2022; Umamaheswar, 2023a). Knowledge about the relationship between self-compassion and self-esteem, as it relates to reintegration, may inform what resources exonerees need after incarceration.

The relationship between self-compassion, self-esteem, and reintegration should be examined further (Kukuck et al., 2022). Challenges experienced by exonerees during the reintegration process are not fully understood. Difficulties during reintegration are caused in part by external factors such as stigma and a lack of employment history (Estes, 2023). Internal factors impacting the reintegration process are not understood (Kukucka et al., 2022). Behavioral functioning changes with differing levels of self-compassion and self-esteem (Birni & Eryilmaz, 2024). Self-esteem and self-compassion levels of exonerees may impact behavioral functioning during reintegration. Knowledge about self-esteem and self-compassion levels may provide additional insight into continued difficulties experienced by exonerees during reintegration.

Self-compassion, self-esteem, and challenges experienced by exonerees during the reintegration process are introduced in Chapter 1. Exonerees have reported stigma as an external factor negatively impacting reintegration (Growns et al., 2023; Itskovich et al., 2023; Umamaheswar, 2023a). Internal factors such as identity changes are consequences of experiencing wrongful convictions (Hearty, 2023; Umamaheswar, 2023a, 2023b). Internal factors impacting reintegration are a gap in the research (Kukucka et al., 2022). Self-compassion and self-esteem levels impact on behavioral functioning has not been studied. The social identity approach helps to understand better how self-esteem and self-compassion levels impact reintegration. Knowledge of self-compassion and self-esteem impact on the reintegration process may lead to practical advances and social change.

Background

Challenges during the reintegration process have been reported by exonerees (De La Haye et al., 2023; Olson et al., 2023). Exonerees experience stigma when seeking housing and employment (Kukucka et al., 2022; Umamaheswar, 2023a). Exonerees do not always have the necessary resources to effectively reintegrate into the community (Estes, 2023; Kukucka et al., 2022). Exonerees have few social supports when released from incarceration (DeShay, 2023; Kukucka et al., 2022). Sleep issues negatively impacting behavioral functioning have been reported by exonerees (Kukucka et al., 2022; Temares et al., 2023). Exonerees have a high probability of having mental health issues after release, including PTSD, depression, and anxiety (Growns et al., 2023; Thomas & Hoyt, 2023). Exonerees experience identity changes during the wrongful conviction,

incarceration, and exoneration processes (Umamaheswar, 2023a, 2023b).

Stigma is experienced by exonerees in many areas of life during the reintegration process (Estes, 2023; Growns et al., 2023; Itskovich et al., 2023). Exonerees have a high probability of experiencing stigma when looking for housing (Estes, 2023; Itskovich et al., 2023). Exonerees report experiencing stigma when searching for employment after release from incarceration (Estes, 2023; Heilbrun et al., 2023; Kukucka et al., 2022). Large gaps in work history and a criminal record create difficulties when exonerees seek employment (Estes, 2023; Temares et al., 2023). Stigma and the method by which a wrongful conviction occurs have been studied (Scherr et al., 2022). Exonerees who falsely confessed are believed to be responsible for the wrongful conviction. Exonerees who falsely confessed are viewed as not entirely innocent.

Resources needed by exonerees during reintegration have been studied (Estes, 2023; Heilbrun et al., 2023; Kukucka et al., 2022). Exonerees often need financial compensation to obtain housing and employment (Estes, 2023; Kukucka et al., 2022). Legal representation and advice are helpful to exonerees during reintegration (Kukucka et al., 2022). Exonerees need stable housing after release from incarceration (Estes, 2023; Kukucka et al., 2022). Employment assistance is needed by some exonerees. Social supports relating to an exoneree's incarceration experiences have improved reintegration (DeShay, 2023). Mental health treatment addressing symptoms of PTSD, depression, and anxiety is needed (Jackson et al., 2023; Kukucka et al., 2022).

Exonerees report mental health issues develop during and after incarceration (Growns et al., 2023; Heilbrun et al., 2023; Thomas & Hoyt, 2023). Exonerees often

endorse symptoms of PTSD, depression, and anxiety (Heilbrun et al., 2023; Kukucka et al., 2022). Exonerees report sleep problems resulting from incarceration and the trauma endured from being wrongfully convicted (Kukucka et al., 2022). Psychological consequences of wrongful convictions include institutionalization, disorientation, and grief (Temares et al., 2023). Mental health services are recommended for exonerees after incarceration (Kukucka et al., 2022; Thomas & Hoyt, 2023). Evidence-based treatments for PTSD, depression, and anxiety are leaving identity issues unaddressed (Heilbrun et al., 2023; Kukucka et al., 2022). Exonerees continue to endorse trauma symptoms after receiving mental health treatment.

Exonerees and their social supports have reported identity changes as consequences of wrongful convictions and incarceration (Kukucka et al., 2022; Umamaheswar, 2023b). Exonerees report altered beliefs about themselves during incarceration (Umamaheswar, 2023b). Exonerees continue to endorse identity issues after release from incarceration. Exonerees report identity issues after release from incarceration and mental health treatment (Kukucka et al., 2022; Temares et al., 2023). Exoneree identity issues have not been studied further (Kukucka et al., 2022). Identify changes and subsequent difficulties during reintegration are not understood. Additional research on exoneree identity changes is needed.

Personal identity can be understood using self-compassion and self-esteem levels (Neff, 2023). Resources needed by exonerees may be clarified with more knowledge regarding self-compassion and self-esteem levels. Exoneree mental health issues may be clarified as self-esteem and self-compassion levels are better understood. Effective

mental health treatment for exonerees may be improved with knowledge of self-compassion and self-esteem levels (Neff, 2023). Improved mental health treatment may positively impact the exoneree's reintegration process (Kukucka et al., 2022). Exonerees' quality of life may improve with mental health treatment. Policy changes may be improved with more knowledge of the relationship between exoneration and identity.

Problem Statement

The specific research problem is how self-esteem and self-compassion impact DNA-exonerees' reintegration process. Stigma experienced after release from incarceration has been reported by exonerees (Estes, 2023; Itskovich et al., 2023; Kukucka et al., 2022). Negative evaluations from others can impact self-esteem levels (Murris & Otgarr, 2023; Neff, 2023). Mental health challenges of exonerees include depression, anxiety, and trauma symptoms (Growns et al., 2023; Kukucka et al., 2022; Thomas & Hoyt, 2023). Identity changes occur during the process of being wrongfully convicted, imprisoned, and exonerated (Kukucka et al., 2022; Temares et al., 2023). Current evidence-based treatment is not completely effective for exonerees (Kukucka et al., 2022). Specialized mental health treatment based on the exoneree's needs is recommended and does not exist.

The impact personal identity has on reintegration is not understood. Personal identity can be understood by examining a person's self-compassion and self-esteem levels (Neff, 2023). Self-esteem levels impact cognition and mental health (Birni & Eryilmaz, 2024; Murris & Otgarr, 2023). Self-compassion impacts cognition and mental health (Andreeva & Green, 2024; Bianchini & Bodell, 2024; Shamsababdi & Dehshiri,

2024). Difficulties experienced during reintegration can be better understood with additional knowledge of exoneree self-esteem and self-compassion. Knowledge about self-compassion and self-esteem levels can be used to improve mental health treatment. Resources needed by exonerees can be better understood with additional information about the relationship between self-esteem, self-compassion, and reintegration.

Purpose of the Study

Self-compassion and self-esteem levels of exonerees relationship to difficulties faced during reintegration is the topic of this quantitative study. Independent variables (IV) are self-esteem and self-compassion levels in DNA-exonerees. The dependent variable (DV) is reintegration difficulties. DNA-exonerees completed the Self-Compassion Scale and Rosenberg Self-Esteem Scale. Exonerees self-administered a survey with questions related to reintegration difficulties. Results from the self-compassion and self-esteem measures were compared. Results from the reintegration questionnaire were compared to self-compassion and self-esteem scores.

Research Questions

Research Question 1 (RQ1): Is there a relationship between DNA-exoneree's level of self-esteem (IV) and difficulties experienced during reintegration (DV)?

Null Hypothesis 1 ($H_0$1): There is no relationship between self-esteem and the reintegration process.

Alternative Hypothesis 1 (H_a1): There is a relationship between self-esteem and the reintegration process.

Self-esteem levels of exonerees may impact their ability to reintegrate effectively.

Self-esteem is part of an individual's identity. Low levels of self-esteem may negatively impact beliefs and thoughts. Negative thoughts may impact the successful completion of life functioning. Self-esteem was measured using the Self-Esteem Scale (SES). Reintegration difficulty was measured using a researcher-designed survey with scaling questions. Results of the SES and reintegration difficulty survey were compared.

Research Question 2 (RQ2): Is there a relationship between DNA-exoneree's level of self-compassion (IV) and difficulties experienced during reintegration (DV)?

Null Hypothesis 2 ($H_0$2): There is no relationship between self-compassion and the reintegration process.

Alternative Hypothesis 2 (H_a2): There is a relationship between self-compassion and the reintegration process.

Self-compassion levels of DNA-exonerees could affect abilities during the reintegration process. Self-compassion is a contributor to personal identity. Self-compassion levels may negatively impact self-esteem. Low levels of self-compassion in exonerees may negatively impact beliefs and thoughts. Difficulties during the reintegration process may relate to self-compassion levels. Self-compassion was measured using the Self-Compassion Scale (SCS). Results from the SCS and reintegration difficulty survey were compared.

Research Question 3 (RQ3): Do self-esteem and self-compassion (IVs) combined significantly impact difficulties experienced during reintegration (DV)?

Null Hypothesis 3 ($H_0$3): Self-esteem and self-compassion combined do not significantly impact reintegration difficulties.

Alternative Hypothesis 3 (H_a3): Self-esteem and self-compassion combined do significantly impact reintegration difficulties.

The combined levels of self-esteem and self-compassion could affect difficulties experienced during the reintegration process. Self-compassion and self-esteem comprise personal identity. Diminished levels of both self-compassion and self-esteem in exonerees may negatively impact reintegration. Difficulties during the reintegration process may relate to the combination of self-compassion and self-esteem levels. Self-compassion was measured using the Self-Compassion Scale (SCS). Self-esteem was measured using the SES. Results from the SCS and SES were compared to the reintegration difficulty survey.

Theoretical Framework

The social identity approach (SIA) was used as the theoretical framework. The social identity approach comprises social identity theory (SIT) and social categorization theory (Jay et al., 2022). Society and culture influence a person's identity. Identity is further split into two distinct levels. Social identity is how a person believes others perceive them. Personal identity is how a person perceives themselves. Personal identity is comprised of self-esteem and self-compassion.

Social and personal identities can be impacted by stigma (Estes, 2023; Umamaheswar, 2023b). Stigma and other external factors negatively impact an exoneree's ability to reintegrate effectively (Estes, 2023; Growns et al., 2023; Itskovich et al., 2023). The impact internal factors have on reintegration is not understood (Kukucka et al., 2022). Internal factors include the exoneree's self-esteem and self-

compassion levels. The use of SIA is valid when exploring variables relating to DNA-exoneree's personal identity. The relationship between self-esteem and self-compassion levels to reintegration are better understood using SIA. Additional information regarding SIA will be addressed in Chapter 2.

Self-esteem is a person's beliefs and feelings about themself (Murris & Otgarr, 2023; Neff, 2023). Self-compassion is a person's ability to be nice to themselves. Self-esteem and self-compassion levels may correlate with mental health issues (Birni & Eryilmaz, 2024; Neff, 2023). Self-compassion and self-esteem affect behavioral functioning (Birni & Eryilmaz, 2024; Murris & Otgarr, 2023). Levels of self-esteem and self-compassion impact emotional experiences (Munroe et al., 2022). Self-esteem and self-compassion levels impact cognition. Self-esteem and self-compassion levels correlate with difficulties during reintegration.

Personal identity may impact difficulties experienced during reintegration. Personal identity is influenced by self-perception and beliefs of how others think of the person (Neff, 2023; Turner & Onorato, 1999). Self-esteem and self-compassion contribute to personal identity. Exoneree's self-compassion and self-esteem can impact functioning (Birni & Eryilmaz, 2024; Murris & Otgarr, 2023). Exonerees experience difficulties establishing housing and employment (Estes, 2023; Kukucka et al., 2022). Stigma is an external factor negatively impacting searches for housing and employment (Estes, 2023; Heilbrun et al., 2023). Internal factors impacting difficulties faced during reintegration include self-esteem and self-compassion levels. Resources needed during reintegration are clarified with additional knowledge of internal barriers.

DNA-exonerees reported their self-esteem and self-compassion levels. Exoneree self-perception was analyzed using quantitative methods. Exoneree's assessment of self-esteem was measured using the SES. Self-compassion was measured with the SCS. Exonerees have reported changes in identity and loss of dignity as consequences of a wrongful conviction (DeShay, 2023; Itskovich et al., 2023). Self-esteem and self-compassion levels may fluctuate from changes in identity. Relationships between exoneree self-esteem, self-compassion, and reintegration difficulties was the topic.

Nature of the Study

Self-esteem and self-compassion's impact on reintegration are better understood using quantitative methods. Wrongful convictions change an exoneree's identity (Hearty, 2023; Umamaheswar, 2023a). Personal identity is influenced by how others perceive an individual and self-perception (Birni & Eryilmaz, 2024; Neff, 2023). Stigma may negatively impact self-compassion and self-esteem levels. Low self-compassion and self-esteem may affect an exoneree's mental health (Neff, 2023). Self-esteem and self-compassion levels might affect exoneree functional abilities (Murris & Otgarr, 2023). Results from objective measures improve the knowledge of how self-esteem and self-compassion impact difficulties faced by exonerees during reintegration.

Self-esteem and self-compassion are the independent variables. Reintegration difficulties are the dependent variable. Deoxyribonucleic acid exonerated individuals who were incarcerated for a minimum of one year and were released at least 12 months ago were the subjects. Levels of self-esteem were measured using the SES (Moloud et al., 2022). Levels of self-compassion were measured using the SCS (Neff, 2023). Exonerees

were surveyed to determine the level of difficulties experienced during reintegration. The reintegration difficulty survey included questions about the ease of finding employment, establishing housing, gaining financial stability, obtaining legal assistance, getting medical treatment, and receiving mental health services.

Quantitative analysis identified relationships between the independent and dependent variables. The SES, SCS, and reintegration difficulty survey results were compared. The relationship between self-esteem and reintegration difficulty was analyzed. The relationship between self-compassion and reintegration difficulty was calculated. The combined scores on the SCS and SES were compared to reintegration difficulty level. Areas of difficulty during reintegration were compared with each other. Knowledge about the relationships DNA-exoneree self-esteem and self-compassion levels have with reintegration difficulties was gained.

Individuals exonerated by DNA test results were the participants. Inclusion criteria included incarceration time of at least one year and being released for an entire year. Deoxyribonucleic acid evidence was the main contributor to the participant's exoneration. Participants were recruited through networking strategies with professionals who work with the wrongfully convicted and Facebook groups focused on exonerations. Professionals included innocence organizations in the United States. Programs assisting exonerees during reintegration were contacted through email during the recruitment process. Participants provided information about their self-esteem, self-compassion, and the difficulties they experienced during reintegration.

Definitions

Exoneree or Exonerated individual: A person whose conviction has been overturned by the courts and is subsequently released from incarceration.

Reintegration: Process exoneree experiences after release from incarceration. Reintegration entails entering back into civilian life and becoming a productive member of the community (DeShay, 2023).

Self-compassion: Self-compassion is a person has ability to be kind and gentle with themselves (Munroe et al., 2022).

Self-esteem: Self-esteem is the evaluation a person gives themself in comparison to others (Neff, 2023).

Self-concept: Thoughts and beliefs about oneself. Description of a person's self-perception (Moloud et al., 2022). Synonym for identity and personal identity.

Behavioral functioning: A person's ability to complete daily activities of living and the individual's level of autonomy (Kukucka et al., 2022).

Identity: Thoughts and beliefs about oneself. How a person perceives themself (Turner & Onorato, 1999). Synonym for self-concept and personal identity.

Personal identity: Personal identity is a combination of self-perception and how others perceive a person (Turner & Onorato, 1999). Personal identity is comprised of self-esteem and self-compassion.

Social identity theory: Social identity theory was proposed to understand how people group together and intergroup behaviors (Brance et al., 2023; de Hoog & Pat-El, 2024). Self-concepts are affected by intergroup behaviors.

Self-categorization theory: Self-categorization theory was proposed to describe self-perception and the perception of others based on social groupings (Turner & Onorato, 1999). Social identity is based on how a person believes others perceive them and their group. Personal identity is based on individuals' self-perception and in-groups.

Social identity approach: Social identity approach is a theoretical perspective in the social sciences comprised of SIT and SCT (Jay et al., 2022).

Assumptions

Deoxyribonucleic acid exoneree self-esteem and self-compassion levels impact on reintegration was the topic. Exonerees completed the SES, SCS, and reintegration difficulty survey. Participants are assumed to have answered all items honestly. Results are assumed to reflect the participant's self-esteem and self-compassion levels accurately. Results are also assumed to represent the difficulty levels of reintegration accurately. Items on the surveys are assumed to measure the intended variables of self-esteem, self-compassion, and difficulty of reintegration. The results are assumed to be generalizable across the DNA-exoneree population.

Assumptions regarding reliability and validity are necessary for the study. Self-esteem, self-compassion, and reintegration difficulties were surveyed. The SCS is valid and accurately measures adult self-compassion levels (Murris & Otgarr, 2023). The SCS has good reliability and consistently measures adult self-compassion levels (Neff, 2023). The SES is a valid tool to measure adult self-esteem levels (Moloud et al., 2022). The SES is a reliable tool consistently measuring adult self-esteem levels. The reliability and validity of survey items were assumed.

Generalizability was assumed when using the self-compassion and self-esteem surveys. The SES and SCS psychometrics properties allow for results to be generalized (Moloud et al., 2022; Neff, 2023). Accurate responses by exonerees were encouraged during the informed consent process. Fatigue during the completion of measurements can lead to inaccurate answers. The surveys completed by participants had no more than 26 items each to prevent fatigue. Accurate responses improved generalizability. Inclusion criteria improved generalizability among individuals who share the same characteristics.

Scope and Delimitations

Exonerees experience changes in identity correlate to difficulties experienced during reintegration (DeShay, 2023; Temares et al., 2023). Self-esteem and self-compassion are aspects of identity (Birni & Eryilmaz, 2024; Turner & Onorato, 1999). Low self-esteem and self-compassion correlate to mental health issues, including anxiety, depression, and PTSD. Mental health symptoms include minimal motivation and negative self-concepts (Munroe et al., 2022). Self-esteem and self-compassion levels inform self-concepts and identity. High levels of self-compassion are correlated with an ability to manage anxiety, depression, and trauma symptoms effectively (Bianchini & Bodell, 2024; Daneshvar et al., 2022; Shamsababdi & Dehshiri, 2024). Difficulties during reintegration increase with diminished levels of self-esteem and self-compassion.

Exoneree self-esteem and self-compassion levels impact on reintegration was the focus. Participants were DNA-exonerated individuals incarcerated for at least one year in the United States after a wrongful conviction. Participants acknowledged they had been released from incarceration at least one year before their participation. Exonerees with

one year in the community had enough time to find housing, gain employment, receive mental health treatment, obtain legal help, and build on social supports. Participants may or may not have been receiving services from an innocence organization. Inclusion criteria were limited to participants convicted in the United States. The results were generalizable across exonerees who meet the inclusion criteria.

Limitations

The relationship between self-esteem, self-compassion, and difficulties during the reintegration in DNA-exonerees was examined. Exonerees completed surveys measuring self-compassion and self-esteem levels. The SCS is an established tool with high reliability and validity in measuring adult self-compassion (Neff, 2023). The SES is an established tool with high reliability and validity in measuring adult self-esteem (Kerriche, 2023). A self-administered survey measuring difficulties during reintegration was created. The reliability and validity of the reintegration difficulty survey were unknown. Areas of difficulty on the survey were based on previous reports by exonerees.

Results from the SCS, SES, and reintegration difficulties survey relied on truthful answers. Exonerees were encouraged to be honest during the informed consent process. The benefits of truthful responses were discussed in the informed consent. The risks of participation were disclosed. The purpose was explained to increase participant comfortability. Each survey included no more than 26 questions. Brief surveys were used to potentially help prevent fatigue and inaccurate responses in participants.

Challenges experienced related to the identified population and data tools. Measurements used surveyed self-esteem, self-compassion, and difficulties experienced

during reintegration. Surveys were checked for alignment with the theoretical foundation and conceptual framework. Access to the identified population was challenging as exonerees are a protected population. Exonerees were notified of the benefits to encourage engagement. Innocence organizations were contacted via email during the recruitment process. Social media groups focused on wrongful convictions and exonerations were identified and joined to recruit participants.

Significance

Interpretations of the results may be used to inform how self-compassion and self-esteem levels relate to reintegration. Difficulties experienced by exonerees during reintegrating are not fully understood (Kukucka et al., 2022). External factors correlated with reintegration difficulties have been studied (Estes, 2023; Growns et al., 2023; Kukucka et al., 2022). Stigma is one external factor exonerees have reported as a barrier to reintegrating (Itskovich et al., 2023; Kukucka et al., 2022). Internal factors may contribute to difficulties in the reintegration process (Hearty, 2023; Kukucka et al., 2022). Exoneree self-esteem and self-compassion may be addressed in the professional practice of psychology. Professionals working with exonerees will benefit from knowledge of how self-esteem and self-compassion levels influence reintegration.

Reintegration difficulties are better understood with increased knowledge about self-esteem and self-compassion levels in DNA-exonerees. The results promote social change. The relationship between internal factors and reintegration is better understood (Kukucka et al., 2022). Resources needed by exonerees are clarified. Difficulties during reintegration may be fewer when the necessary resources are provided. Results may be

used by professionals who work to decrease the public stigma of DNA-exonerees. Difficulties faced during reintegration may be fewer with less public stigma.

Knowledge pertaining to self-esteem and self-compassion of DNA-exonerees during reintegration will help the field of psychology. External factors negatively correlated with a smooth reintegration process have been studied (Estes, 2023; Kukucka et al., 2022). Identity changes in exonerees have been reported as consequences of a wrongful conviction (Kukucka et al., 2022; Temares et al., 2023). Identity changes during a wrongful conviction are not understood. Internal factors correlating with reintegration are not fully understood (Kukucka et al., 2022). Knowledge from comparing self-esteem and self-compassion levels to difficulties experienced during reintegration will provide insight into additional factors affecting behavioral functioning. Mental health treatments to improve self-esteem and self-compassion are informed by the results.

The discipline of forensic psychology will benefit from knowledge of the relationship between exoneree identity and difficulties during reintegration. External factors correlating with reintegration are well-known and understood (Estes, 2023; Kukucka et al., 2022). The relationships between self-esteem, self-compassion, and reintegration difficulties are better understood. Forensic populations can be helped with increased knowledge of self-esteem and self-compassion using SIA. Personal identity includes the beliefs and feelings one has of themselves (Jay et al., 2022). Self-esteem and self-compassion impact a person's ability to function and attain goals (Murris & Otgarr, 2023; Neff, 2023). Resources required by exonerees are improved with knowledge about the relationships between self-esteem, self-compassion, and reintegration.

Summary

Exonerees experience difficulties in several areas of life during reintegration (Kukucka et al., 2022). External factors such as stigma contribute to the challenges faced by exonerees (Estes, 2023; Itskovich et al., 2023). Stigma impedes an exoneree's ability to obtain housing and employment. Exonerees experience mental health issues and changes in identity (Heilbrun et al., 2023; Thomas & Hoyt, 2023). Symptoms of trauma are reported even after mental health treatment. Identity comprises self-perception and how a person believes others perceive them (Jay et al., 2022; Tajfel, 1974). Personal identity comprises self-compassion and self-esteem (Shamsababdi & Dehshiri, 2024). Self-compassion and self-esteem have not been studied in relation to reintegration.

The relationship between an exoneree's identity and reintegration difficulties has not been identified (Kukucka et al., 2022; Temares et al., 2023). Self-compassion is a person's ability to be nice and gentle with themselves (Neff, 2023). Self-esteem is a person's beliefs about themselves and is contingent on other's perceptions of them (Moloud et al., 2022; Neff, 2023). Self-compassion and self-esteem correlate with behavioral functioning and mental health (Creaser et al., 2022; Murris & Otgarr, 2023; Neff, 2023). Levels of self-compassion and self-esteem are correlated with experiences during reintegration. The independent variables are self-compassion and self-esteem levels. The dependent variable is reintegration difficulties.

Self-compassion and self-esteem's relationship to reintegration difficulties are better understood using quantitative methods. Exonerees completed the SCS to measure self-compassion. Self-esteem was measured using the SES. The Self-Compassion Scale

has established reliability and validity. The Self-Esteem Scale has established reliability and validity. Exonerees completed a survey reporting difficulties during reintegration. Levels of self-compassion and self-esteem were compared to self-reported difficulties during the reintegration process.

Exonerees experience many difficulties hindering their ability to effectively reintegrate (Kukucka et al., 2022). Exonerees report experiencing stigma while attempting to obtain stable housing and employment (De La Haye et al., 2023; Estes, 2023). Mental health challenges, including depression, anxiety, and PTSD, are reported more by exonerees than the general population (Kukucka et al., 2022; Thomas & Hoyt, 2023). Exonerees continue to endorse mental health symptoms after release and treatment (Kukucka et al., 2022; Temares et al., 2023). A lack of financial support and compensation at the time of release often impairs an exoneree's ability to find housing and employment (Estes, 2023). Necessary resources that should be provided to exonerees and policy changes are informed by the results. Improved resources and policies for exonerees may improve the reintegration process.

Exonerees have been the focus of several studies. Previous articles explored difficulties experienced by exonerees during reintegration. Stigma, criminal history, and lack of job history are external factors negatively impacting reintegration. Exonerees have reported identity issues. Internal factors, including identity issues, may impede reintegration. The relationship between exoneree self-esteem, self-compassion, and reintegration difficulties has not been studied. The relationship between self-esteem and self-compassion levels to reintegration difficulties was tested.

Chapter 2: Literature Review

Introduction

Exonerees continue to experience difficulties after release from incarceration (Itskovich et al., 2023; Kukucka et al., 2022; Olson et al., 2023). Difficulties experienced by exonerees are in the areas of housing, employment, social support, and mental health (Estes, 2023; Heilbrun et al., 2023; Kukucka et al., 2022). Stigma experienced after release has contributed to reintegration difficulties related to housing and employment (Estes, 2023; Scherr & Normile, 2022). Stigma leads to discrimination and prevents exonerees from securing housing and finding employment (Estes, 2023; Growns et al., 2023; Itskovich et al., 2023). Discrimination tactics can be overt or subtle, with little to no consequences (Itskovich et al., 2023). Public perception of exonerees minimizes the amount of social support found in the community (Estes, 2023; Heilbrun et al., 2023). A lack of financial compensation is another factor that leads to difficulties for exonerees (Estes, 2023; Heilbrun et al., 2023; Olson et al., 2023).

Exonerees report mental health issues during and after incarceration (Kukucka et al., 2022; Temares et al., 2023; Thomas & Hoyt, 2023). Mental health challenges common among exonerees are related to depression, anxiety, and PTSD. Mental health treatment has not been effective for exonerees (Heilbrun et al., 2023; Kukucka et al., 2022). Symptoms of PTSD, depression, and anxiety are endorsed by exonerees even after participating in treatment. Mental health treatment for exonerees needs to be specialized and address specific concerns (Kukucka et al., 2022). Mental health symptoms negatively impact the behavioral functioning of exonerees (Daneshvar et al., 2022; Kukucka et al.,

2022; Neff, 2023). Personality functioning is disrupted by the experience of mental health symptoms in exonerees (Temares et al., 2023).

Identity issues during the wrongful conviction process have been reported by exonerees (Hearty, 2023; Kukucka et al., 2022; Umamaheswar, 2023a). Identity issues and the impact on reintegration difficulties in exonerees have not been studied further. Identity comprises several constructs influenced by factors within and outside of an individual (Jay et al., 2022; Tajfel & Turner, 1979). External and internal factors are correlated to identity changes. Identity includes what a person thinks of themselves (Murris & Otgarr, 2023; Neff, 2023). Thoughts of how others perceive oneself also help to create a person's identity (Neff, 2023; Orth & Robins, 2022). Stigma is an external factor correlated with identity (Brance et al., 2023). Self-compassion and self-esteem are internal factors influencing identity (Morris & Otgarr, 2023).

Mental health issues impair functioning during reintegration and have been reported by exonerees (Growns et al., 2023; Kukucka et al., 2022; Thomas & Hoyt, 2023). Exonerees report ongoing mental health symptoms after release and treatment (Kukucka et al., 2022; Temares et al., 2023). Self-compassion and self-esteem are correlated with mental health and well-being (Murris & Otgarr, 2023; Neff, 2023). Personal identity is affected by a person's self-compassion and self-esteem levels. Exonerees have reported problematic identity changes after release from incarceration (Kukucka et al., 2022; Temares et al., 2023). Self-compassion and self-esteem levels of exonerees are unknown. Self-compassion and self-esteem levels may relate to difficulties during the reintegration process.

The relationships between self-esteem, self-compassion, and reintegration difficulties were not known. Exoneree self-compassion and self-esteem levels are better understood through interpretation of the results. The SCS was used to measure exoneree self-compassion levels (Neff, 2023). The SES measured self-esteem levels (Moloud et al., 2022). Exonerees completed a survey with questions relating to common areas of difficulties during reintegration. Survey results were compared to identify any relationships between self-compassion, self-esteem, and difficulties experienced during reintegration. Internal processes systems should address before and during reintegration are informed by the findings.

The concepts and variables are defined in Chapter 2. The Social Identity Approach was used as the theoretical foundation. Difficulties exonerees face during the reintegration process have been identified. Exonerees struggle to find housing, employment, financial security, legal assistance, and adequate mental health treatment. The relationship self-compassion and self-esteem levels have with mental health has been researched (Murris & Otgarr, 2023; Neff, 2023). Self-compassion and self-esteem's impact on behavioral functioning is known (Neff, 2023). The relationships between self-esteem, self-compassion, and reintegration difficulties are not known.

Literature Search Strategy

Existing empirical evidence was searched to identify previous articles related to reintegration, self-compassion, and self-esteem. Keywords searched included wrongful conviction, wrongfully convicted, exonerated, DNA-exonerated, and exonerees. Additional searches included reintegration, reintegration challenges, reintegration

difficulties, and stigma. Keywords relating to self-esteem and self-compassion included self-image, self-concept, self-perception, self-esteem, and self-compassion. Searches related to measurements included Self-Compassion Scale and Self-Esteem Scale. Searches also included trauma, identity, identity changes, and identity issues. Keywords related to the theoretical foundation, including SIT, SCT, and SIA, were searched.

Keywords were searched in different combinations to identify additional relevant articles. Wrongful conviction was combined with reintegration, reintegration challenges, reintegration difficulties, and stigma in separate searches. Wrongful conviction was combined with self-image, self-concept, self-perception, self-esteem, and self-compassion in separate searches. Keywords identity, identity changes, and identity issues were separately searched in combination with wrongful conviction. All keywords were searched separately with exonerations and reintegration. Self-compassion was searched separately with mental health, identity, SIT, SCT, and SIA. Self-esteem was searched in combination with mental health, identity, SIT, SCT, and SIA in separate searches.

Databases used were PsycInfo, PsycArticles, EBSCO, Sage Journals, and ProQuest via the Walden University Library. Filters during the searches included peer-reviewed journals and publication dates from 2022 to 2024, except for seminal research. Reference lists from found articles were reviewed, identifying researchers who have conducted more than one study related to the research problem. Additional articles by Heilbrun, Kukucka, and Umamaheswar were searched. Relevant journals covering topics in psychology, forensic psychology, social psychology, and the law were searched using PsycInfo. Journals related to wrongful convictions were searched in PsychInfo, including

Journal of Forensic Psychology; Psychology, Crime, and Law; and Psychology, Public Policy, and Law. Journals related to self-compassion, self-esteem, and mental health were searched utilizing PsychInfo, including Self and Identity; Psychology and Psychotherapy: Theory, Research, and Practice; and Personality and Social Psychology Bulletin.

The causes of wrongful convictions and preventative measures have been studied (Betten & Redlich, 2024; Jackson et al., 2023; Kukucka et al., 2022). Exonerees are often released with minimal resources (Estes, 2023; Kukucka et al., 2022; Olson et al., 2023). Housing and employment barriers have been reported by exonerees (De La Haye et al., 2023; Estes, 2023). Stigma against exonerees has been studied (Estes, 2023; Kukucka et al., 2022). Mental health issues in exonerees and the need for treatment have been studied (Kukucka et al., 2022; Thomas & Hoyt, 2023). Changes in identity have been reported by exonerees during and after incarceration (Kukucka et al., 2022). Identity changes impacting reintegration have not been studied.

Theoretical Foundation

Social identity theory was first proposed by Tajfel (1974). Research by Tajfel and Turner later expanded on the theoretical foundation of SIT (1979). Self-categorization theory expanded on SIT by incorporating concepts of personal and social identity (Turner & Onorato, 1999). Social identity approach comprises SIT and SCT (Jay et al., 2022). Social identity approach is often used in social psychology and sociology to explain group membership and behaviors. Motivators of behaviors, stigma, and discrimination are understood using SIA (Brance et al., 2023; Jay et al., 2022; Perry et al., 2022). The

relationship between group membership and self-esteem can be better understood using SIA (Murris & Otgarr, 2023; Turner & Onorato, 1999).

Social identity theory was created to help explain intergroup behavior, specifically conflict between groups (Tajfel, 1974). Group membership is described using the concepts of in-group, out-group, and intergroup (Turner & Onorato, 1999). People identify with groups of individuals with common characteristics. Characteristics can be related to race, ethnicity, gender, socioeconomic standing, political status, and other commonalities (Jay et al., 2022; Perry et al., 2022; Umamaheswar, 2023b). Individuals can identify with more than one group depending on different characteristics. Individuals internalize the group norms (Tajfel, 1974). Group norms impact individuals' thoughts, beliefs, and behaviors (Brance et al., 2023; Turner & Onorato, 1999).

Group membership is based on shared characteristics (Tajfel, 1974). Group membership evaluation includes three mental health processes: (a) social categorization, (b) social identity, and (c) social comparison. Social categorization is the separation of individuals based on common characteristics. Social identity is how individuals see themselves as group members (de Hoog & Pat-El, 2024). Social comparison mental process is how individuals differentiate their in-group from other out-groups (de Hoog & Pat-El, 2024; Perry et al., 2022). Individuals feel a sense of pride and esteem with relation to their in-group because of social comparisons. Social comparison can lead to stigma, discrimination, and out-group generalizations (Tajfel, 1974).

Social comparisons of out-groups lead to stigma and discrimination based on assumptions (Tajfel, 1974). Assumptions made about out-group members are subjective

generalizations and not based on facts. Generalizations contain judgments and are typically negative. Generalizations can be related to out-group members' abilities, behaviors, and values (de Hoog & Pat-El, 2024; Jay et al., 2022). Discrimination and stigmatization of out-group members can lead to generalizations (Brance et al., 2023; Jay et al., 2022; Perry et al., 2022). Stigma and discrimination influence the thoughts, beliefs, and behaviors of both out-group and in-group members (Brance et al., 2023; de Hoog & Pat-El, 2024; Perry et al., 2022). Changes in thoughts, beliefs, and behaviors can impact identity (Turner & Onorato, 1999).

Identity is partially defined by group membership, according to SIT (Turner & Onorato, 1999). Self-esteem can be affected by a person's group membership (Perry et al., 2022). Group values impact people's perception of what is important and how to behave (Tajfel, 1974). Conflict can arise due to social comparison. Conflict can occur between unrelated groups and intergroups. Intergroups can form based on additional commonalities found between individuals. Group conflict contributes to discrimination and stigmatization (Jay et al., 2022; Perry et al., 2022).

Identity is further separated into two levels in SCT (Turner & Onorato, 1999). Social identity is how an individual believes to be perceived by others. Perceptions of others can include ingroup members and outgroup members. Personal identity is how individuals think about themselves, also known as self-concepts (Turner & Onorato, 1999). Self-concepts can include beliefs about an individual's effectiveness and abilities. Self-concepts include judgments made about oneself. Judgments about oneself are influenced by group membership and norms.

Intrinsic motivation helps individuals behave in alignment with in-group norms (de Hoog & Pat-El, 2024; Jay et al., 2022; Perry et al., 2022). Self-esteem is fulfilled through identification with an in-group (Brance et al., 2023; Perry et al., 2022). Discrimination and stigmatization against out-groups are common (Brance et al., 2023). Out-group beliefs can influence an individual's thoughts, beliefs, and behaviors. Stigma and discrimination undermine in-group perceptions and beliefs (de Hoog & Pat-El, 2024). Identity can change from internalizing the thoughts and beliefs of out-groups. Self-esteem can be negatively affected by stigma and discrimination from the out-group.

The social identity approach is used in psychology and sociology to help understand group dynamics, interpersonal conflicts, and intrapersonal issues (Brance et al., 2023; de Hoog & Pat-El, 2024). Individuals categorize themselves into groups based on relevant, common characteristics (Brance et al., 2023; Tajfel & Turner, 1979). Common characteristics highlight differences between in-group and out-group (de Hoog & Pat-El, 2024; Jay et al., 2022). Identification with multiple groups is common in many areas of life, including work, school, and social interactions. Social hierarchy can influence group identification (de Hoog & Pat-El, 2024). Group identification can lead to assumptions out-group members will not understand in-group members.

Group membership helps satisfy the human need to belong (Brance et al., 2023; Jay et al., 2022; Perry et al., 2022). Differences in group norms or beliefs can lead to conflict between in-groups and out-groups. Assumptions about group members can result from in-group and out-group conflict (Brance et al., 2023). Assumptions contribute to the challenging of out-group norms and beliefs. Individuals have subjective perspectives

about out-group assumptions made of in-group members. Changes in behavior and beliefs about the in-group can occur based on the subjective nature of assumptions (Brance et al., 2023; Tuner & Onorato, 1999). Self-esteem levels are correlated with changes in beliefs and behaviors (Moloud et al., 2022; Neff, 2023).

Behaviors are motivated by in-group norms and beliefs (de Hoog & Pat-El, 2024; Jay et al., 2022; Perry et al., 2022). An individual's social identity comprises emotional connections to a specific group (Brance et al., 2023; de Hoog & Pat-El, 2024). Self-concepts are shaped by internalizing in-group norms, beliefs, and values (Turner & Onorato, 1999). Self-efficacy and self-esteem are affected by the ability of an individual to act on group norms (de Hoog & Pat-El, 2024). Intrinsic motivation impacts an individual's motivation to behave in alignment with group norms. Motivation to align with norms changes depending on the degree an individual identifies with a group. Out-group assumptions impact an individual's intrinsic motivation to behave according to norms, depending on the degree of in-group identification (de Hoog & Pat-El, 2024).

Social identity is based on how an individual believes others perceive them (Turner & Onorato, 1999). Self-concept is based on group norms, beliefs, and values. Self-efficacy changes are dependent on an individual's ability to uphold in-group norms (de Hoog & Pat-El, 2024). An individual's self-esteem level is based on the perspective of others and can change from in-group norms and beliefs. Self-esteem levels can change based on assumptions from out-group members and stigma (de Hoog & Pat-El, 2024; Perry et al., 2022). In-group members experiencing stigma may not act in alignment with

norms (Perry et al., 2022). Assumptions the out-group will stigmatize in-group members can lead to changes in behavior, beliefs, and values.

Behavior and identity changes can be adaptive (Perry et al., 2022). Adaptive behaviors of group members can be a response to stigma. Stigmatized members can regain positive group identification by changing behaviors, thoughts, and beliefs to fit out-group norms (de Hoog & Pat-El, 2024; Perry et al., 2022). Out-group social status can impact changes (Perry et al., 2022). In-group members take on an out-group's norms, avoiding further stigmatization and elevating to a higher social status. Higher social status leads to positive group identification. Self-esteem and well-being are achieved when individuals take on the out-group norms (Muris & Otgarr, 2023; Perry et al., 2022).

Experiences of trauma and stigma can create new group categorizations (Jay et al., 2022). Individuals self-categorize based on similar traumatic experiences. New group categorization can be an adaptive behavior. Self-categorization with new groups changes a person's identity (Jay et al., 2022; Turner & Onorato, 1999). Trauma can be reframed as a normal response to stress. Trauma responses are influenced by the individual's social context and status. Self-esteem is negatively impacted when an individual cannot change group membership (Jay et al., 2022; Neff, 2023).

Research questions are related to the impact exoneree self-esteem and self-compassion levels have on difficulties experienced during reintegration. Group identification impacts an individual's values, beliefs, and behaviors (de Hoog & Pat-El, 2024; Perry et al., 2022). The SIA helps explain reasons for changes in identity, behaviors, and motivation (Tajfel & Turner, 1979). The social identity approach can be

used to understand reasons for stigmatizing others and how individuals experience stigma (Jay et al., 2022; Perry et al., 2022). Exonerees experience stigma and identify with new group membership. New group membership and stigma can influence self-esteem and self-compassion levels (Jay et al., 2022). Knowledge about exoneree self-esteem and self-compassion levels relating to reintegration difficulties adds to existing theories.

Literature Review Key Concepts

Exonerated individuals face difficulties during reintegration in several areas of life (Heilbrun et al., 2023; Kukucka et al., 2022). Areas of difficulty are related to employment, housing, finances, social relationships, legal support, and mental health. Stigma experienced in the community creates barriers diminishing exoneree quality of life (Estes, 2023; Itskovich et al., 2023; Kukucka et al., 2022). Exonerees endorse anxiety, depression, trauma symptoms, and identity changes which leads to lowered behavioral functioning (Growns et al., 2023; Itskovich et al., 2023; Kukucka et al., 2022). Mental health care is ineffective for exonerees as they continue to endorse symptoms after treatment (Kukucka et al., 2022). Exonerees experience significant trauma symptoms long after release from incarceration (Kukucka et al., 2022; Temares et al., 2023). Changes in identity and behaviors negatively impact social relationships (Kukucka et al., 2022; Thomas & Hoyt, 2023; Umamaheswar, 2023b).

Qualitative methods have been used to understand the lived experiences of exonerees (DeShay, 2023; Estes, 2023; Kukucka et al., 2022). Sample sizes for the qualitative studies have been small (Kukucka et al., 2022). Qualitative methods provide subjective information related to an exoneree's experience during reintegration.

Metanalysis research has synthesized previous research (De La Haye et al., 2023; Kukucka et al., 2022). Recommendations for future research include exploring the consequences of wrongful convictions (DeShay, 2023; Kukucka et al., 2022; Temares et al., 2023). Research regarding the consequences of wrongful convictions and using quantitative methods is lacking. Quantitative methods will objectively measure the relationship between wrongful conviction consequences and reintegration difficulties.

Wrongful Convictions

Wrongful convictions are the inaccurate guilty conviction of an individual who either did not commit the crime or whose rights were violated through procedural mistakes (Jackson et al., 2023; Temares et al., 2023). The wrongful conviction process begins when an individual is wrongly accused of committing a crime (Jackson et al., 2023). The process continues as individuals are interrogated, arrested, tried, convicted, and incarcerated. Wrongfully convicted individuals experience many consequences throughout the process. Consequences of wrongful convictions are related to psychological, emotional, social, and personality functioning (Kukucka et al., 2022; Temares, et al., 2023). Consequences are ongoing and often continue throughout the individual's life (Estes, 2023; Kukucka et al., 2022). Resources promoting effective reintegration are not provided to the wrongfully convicted (Heilbrun et al., 2023; Jackson et al., 2023; Kukucka et al., 2022).

Different causes of wrongful convictions have been researched (Kukucka et al., 2022; Temares et al., 2023). Wrongful convictions occur due to false confessions, inaccurate eyewitness testimony, and forensic science errors (Bettens & Redlich, 2024;

Scherr & Normile, 2022). Wrongful convictions can also be caused by false accusations, inadequate legal counsel, and official misconduct. Wrongful convictions can happen for different types of crime (Bettens & Redlich, 2024; Scherr & Normile, 2022; Temares et al., 2023). Individuals are wrongfully convicted of murder, sexual assault, robbery, and drug crimes. Sentence length can range from years in prison to the death penalty (Temares et al., 2023). Advances in forensic science and law enforcement have been made to help prevent wrongful convictions (Kukucka et al., 2022).

Wrongful convictions and exonerees are reported by the National Registry of Exonerations (Jackson et al., 2023). Demographic information, crime conviction type, and sentence length are recorded. Demographic information includes gender and racial background. Wrongful convictions can occur with homicide, drug-related offenses, sexual assault, robbery, and arson. Wrongful convictions can occur for several different reasons (Jackson et al., 2023; Kukucka et al., 2022; Temares et al., 2023). Relationships between demographics, type of crime, and contributing factors to a wrongful conviction exist (Jackson et al., 2023; Temares et al., 2023).

Race and gender have been the topic of previous research on wrongful convictions (Saber et al., 2022). Men account for the majority of individuals wrongfully convicted. Black individuals are the most common people to be wrongfully convicted (Kukucka et al., 2022; Saber et al., 2022). Wrongful convictions related to sexual assault and murder were more likely to involve black males (Saber et al., 2022). Black males were exonerated at a slower pace than other races (Kukucka et al., 2022). White women are wrongfully convicted more often in cases of no-crime homicide (Jackson et al., 2023).

Women have higher wrongful conviction rates when the crime is not sexual abuse or a child dies (Temares et al., 2023).

Wrongful convictions lead to psychological, emotional, social, and personality consequences (Heilbrun et al., 2023; Kukucka, et al., 2022; Temares, et al., 2023). Psychological, emotional, and personality consequences are reported by individuals within 24 hours of the arrest (Heilbrun et al., 2023). Increases in depression, anxiety, shame, grief, and guilt of leaving social supports occur throughout the wrongful conviction process (Temares et al., 2023). Wrongfully convicted individuals quickly experience symptoms of PTSD and adjustment issues (Kukucka et al., 2022; Thomas & Hoyt, 2023). Loss of identity during incarceration changes an individual's personality. Institutional personality traits are reported, including isolation, learned helplessness, and feeling unsafe (Temares et al., 2023). Social relationships individuals had before wrongful convictions are strained and often.

Exoneration

Wrongfully convicted individuals are exonerated when new evidence is presented to prove the individual did not commit the crime (Kukucka et al., 2022). Investigations of previous forensic findings, misconduct, and false accusations can lead to new evidence. Evidence found is presented to the courts, and a new trial can begin based on the judge's ruling. Rulings and trials for considering the new evidence can lead to an exoneration. Exonerees are told the conviction is reversed, and the release process will begin. Exonerees either leave immediately or can wait years for the exoneration to be processed

through the court system. The exoneration process often continues as the exoneree may request financial compensation and damages (Estes, 2023; Olson et al., 2023).

Exoneration begins when the convicted person's involvement in the crime is questioned (Kukucka et al., 2022; Saber et al., 2022). Causes of exoneration include procedure errors, eyewitness misidentification, perjury, and DNA test findings (Saber et al., 2022; Scherr & Normile, 2022). Forensic science has evolved and become more efficient (Saber et al., 2022). Individuals can be identified using DNA from bodily fluids. Exonerations have resulted from the advances in DNA testing. Complete certainty an individual did not commit the crime they were convicted of never exists, no matter the cause of exoneration (Nowotny et al., 2023). Negative DNA test results are the closest to being completely certain an individual did not commit the crime (Saber et al., 2022).

Several factors impact the length of time an exoneration takes (Estes, 2023; Kukucka et al., 2022). The political environment of the country, state, and county can lead to expedited or slowing of the exoneration process (Kukucka et al., 2022). Race can impact the speed of the exoneration process. Black males take longer to go through the exoneration process. Contributing factors to the wrongful conviction can impact how quickly an exoneration status is reached (Scherr & Normile, 2022). Official exoneration for falsely confessed individuals takes longer. Individuals associated with an innocence organization are likely to be exonerated faster.

Exonerees have many needs after release from incarceration and few resources (Estes, 2023; Kukucka et al., 2022; Temares et al., 2023). An individual can be released immediately after exoneration, or it can take years (Estes, 2023; Kukucka et al., 2022).

Exonerees may have little time to arrange important factors upon release from incarceration. Social support systems often shrink throughout the wrongful conviction and exoneration processes (Temares et al., 2023). Exonerees do not reenter society with a clean background and have missed time that would have been spent working and building job skills (Heilbrun et al., 2023; Temares et al., 2023). Exonerees do not receive the same support and resources that actual offenders are provided (Estes, 2023; Kukucka et al., 2022). Public perception and stigma do not make it easier for exonerees to reintegrate into the community effectively (Estes, 2023).

The National Registry of Exonerations (NRE) is a database of exonerations dating back to 1989 (Saber et al., 2022). The database is public online and is updated as more exonerations occur (Jackson et al., 2023). Exoneree demographic information, including name, age, and race, is reported. The type of crime wrongfully convicted of is described in the NRE database (Saber et al., 2022). Causes of wrongful convictions such as false confessions, mistaken eyewitness testimony, and DNA test results are reported. The length of the original sentence given to the exoneree is listed. The year an exoneree was convicted is reported, as is the exoneration date.

Reintegration Barriers

Exoneree reintegration is the process of reentering a community after being released from incarceration (Kukucka et al., 2022). Reintegration begins once an individual's sentence is vacated. Exonerees need different resources to reintegrate into the community fully and effectively. Resources provided to exonerees are minimal unless connected with an innocence organization (Olson et al., 2023). Exonerees may lack social

support and need housing after release (DeShay, 2023; Estes, 2023; Heilbrun et al., 2023). Exonerees must find employment and financial assistance after release (Estes, 2023; Heilbrun et al., 2023). Exonerees may need other resources to address physical health conditions, mental health issues, and legal concerns (Heilbrun et al., 2023; Jackson et al., 2023; Kukucka et al., 2022).

Exonerees experience difficulties in several areas of life during reintegration (DeShay, 2023; Heilbrun et al., 2023; Kukucka et al., 2022). Difficulties related to immediate needs depend on state laws and prison procedures (Kukucka et al., 2022). Exoneration happens quickly with little notice in some prisons (Estes, 2023). Exonerees cannot always prepare for what happens after release from incarceration (De La Haye et al., 2023; DeShay, 2023; Olson et al., 2023). Exonerees may not be given enough time to fulfill housing and employment needs (De La Haye et al., 2023; DeShay, 2023; Kukucka et al., 2022). Individual situations can impact planning for release (DeShay, 2023). Exonerees may not have social support to rely on for housing after release.

Exonerees experience stigma after release from incarceration (Estes, 2023; Itskovich et al., 2023; Kukucka et al., 2022). Exonerees report experiencing stigma related to housing, employment, and social circumstances (Estes, 2023; Kukucka et al., 2022). Exonerees continue to have a criminal background after release (Estes, 2023; Kukucka et al., 2022). Arrest and conviction history will appear on background checks (Temares et al., 2023). Wrongful convictions involved felony arrest and conviction for some exonerees. Felony arrest and conviction will appear on background checks for housing and employment (Estes, 2023; Kukucka et al., 2022; Temares et al., 2023).

Exonerees experience uncomfortable situations when explaining the difference between exoneree and ex-offender status or reasons for gaps in job history (Temares et al., 2023).

Contributing factors to a wrongful conviction impact public perception (Faison et al., 2023; Growns et al., 2023; Nowotny et al., 2023). Public perception was more negative for exonerees who falsely confessed (Bettens & Redlich, 2024; Faison et al., 2023). Exonerees who falsely confess are considered less intelligent (Bettens & Redlich, 2024). The public assumed a higher possibility of mental illness in wrongful confession incidents. The public perceived individuals who falsely confess as more responsible for the wrongful conviction (Bettens & Redlich, 2024; Faison et al., 2023). Exonerees who falsely confessed are deemed less deserving of reintegration support (Scherr et al., 2022). Financial compensation for exonerees who falsely confess should be lower than wrongful convictions due to erroneous forensic science, mistaken identity, or official misconduct.

An exoneree's ability to find and secure housing relies on several factors (Estes, 2023). Exonerees with social supports may find immediate housing. Exonerees without social support will likely experience difficulties finding a permanent residence (DeShay, 2023; Estes, 2023; Kukucka et al., 2022). Stigma experienced around housing has been studied (Estes, 2023; Istkovich et al., 2023). Exonerees face overt and subtle stigma when looking for housing. Overt stigma has been reported as landlords decline housing applications because of the exoneree's criminal background. Experiences of subtle housing stigma include not receiving feedback from potential landlords.

Employment difficulties during the reintegration process are reported by exonerees (Kukucka et al., 2022; Temares et al., 2023). Exonerees often do not have the

necessary job skills (Heilbrun et al., 2023). Employers find a lack of job history unattractive during the hiring process. Technological advances set exonerees apart from the average civilian (Temares et al., 2023). Exonerees typically are not knowledgeable about new software programs and technologies due to incarceration. Criminal history on background checks can deter many employers (Temares et al., 2023). Exonerees have higher unemployment rates due to the barriers experienced (Kukucka et al., 2022).

Employment stigma is reported by exonerees during reintegration (Estes, 2023; Kukucka et al., 2022). Employers negatively perceive individuals with past justice system involvement, including wrongfully convicted people (Kukucka et al., 2022; Nowotny et al., 2023). Assumptions are made regarding the possibility of committing future crimes and job success (Kukucka et al., 2022). The public perceives exonerees are not entirely innocent, leading to assumptions about potential future arrests (Umamaheswar, 2023b). Employers are not likely to provide much-needed job training for individuals who might be arrested and incarcerated again (Nowotny et al., 2023). Exonerees who do find employment experience discrimination in pay (Kukucka et al., 2022). Exonerees are paid less than civilians with no criminal history, similar to actual criminal offenders.

Financial compensation is a challenge many exonerees face (Estes, 2023; Heilbrun et al., 2023; Kukucka et al., 2022). An exoneree's incarceration location directly impacts financial compensation. Thirteen states do not guarantee financial compensation to exonerees, and the amount an exoneree gets varies (Kukucka et al., 2022; Nowotny et al., 2023). Navigating the legal system to obtain financial compensation is the first barrier experienced by exonerees (Heilbrun et al., 2023). Exonerees not linked with an innocence

organization must hire a lawyer. Large portions of the winnings are used to pay for the legal services. Exonerees may use any money won for past due bills accumulated partly because of an inability to find work.

Mental Health Consequences

Trauma is commonly reported by exonerees during and after incarceration (Jackson et al., 2023; Kukucka et al., 2022; Thomas & Hoyt, 2023). Trauma symptoms are reported by individuals who are wrongly arrested and incarcerated for less than 24 hours (Heilbrun et al., 2023). Dissociation symptoms have been reported by individuals incarcerated for less than 24 hours after being wrongfully arrested. Exoneree trauma experiences and symptoms are equated to survivors of torture, concentration camps, and war (Temares et al., 2023). Trauma experiences can have a lasting impact on exonerees. Exonerees reported trauma symptoms long after release from incarceration (Kukucka et al., 2022; Thomas & Hoyt, 2023). Exonerees report trauma negatively impacts behavioral functioning, social relationships, and mental health (Kukucka et al., 2022).

Exonerees report trauma symptoms immediately after being wrongfully accused of a crime (Heilbrun et al., 2023). Isolation, feelings of injustice, and loss of freedom impact the exoneree's trauma response (Temares et al., 2023). Exonerees can experience high levels of guilt and shame related to being labeled guilty of committing a crime (Temares et al., 2023; Umamaheswar, 2023b). Guilt and shame also arise from exonerees having left family and responsibilities when incarcerated (Temares et al., 2023). Exonerees lose all sense of hope and self-worth while wrongfully incarcerated (Temares et al., 2023; Umamaheswar, 2023b). Social connections are strained for exonerees during

incarceration (Temares et al., 2023). Trauma is experienced as important relationships become more distant and eventually end.

Exonerees report constant feelings of being unsafe (Temares et al., 2023). Lack of safety results from an unstable prison environment. Exonerees may experience physical and sexual assaults leading to trauma responses. Trauma experienced during incarceration leads to the development of institutionalized personality traits (Temares et al., 2023; Umamaheswar, 2023a). Exonerees learn how to survive in prison. Personality traits related to the new set of survival skills last after release from incarceration (Temares et al., 2023). Trauma symptoms and institutionalized personality traits impact how an exoneree functions in the world.

Mental health symptoms are reported by exonerees throughout the process of wrongful conviction (Jackson et al., 2023; Kukucka et al., 2022). Exonerees report mental health symptoms within 24 hours of a wrongful arrest (Heilbrun et al., 2023). Symptoms of depression, anxiety, and PTSD are commonly reported (Kukucka et al., 2022; Thomas & Hoyt, 2023). Sleep disturbances and personality changes are reported by exonerees (Kukucka et al., 2022). Mental health issues are reported long after release from incarceration (Jackson et al., 2023). Exonerees continue to endorse symptoms of MDD and PTSD even after receiving mental health treatment (Heilbrun et al., 2023; Kukucka et al., 2022). Mental health symptoms negatively impact an individual's behavioral functioning (American Psychiatric Association, 2022).

The Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition Text Revision (DSM-5-TR) is used by mental health professionals to diagnose mental illness

(American Psychiatric Association, 2022). Posttraumatic stress disorder is diagnosed when an individual has experienced a real or perceived life-threatening event. Symptoms experienced after the event may include altered mood, reactivity, avoidance of stimuli related to the trauma, and intrusion symptoms such as flashbacks. The symptoms must be experienced for over a month and cause significant distress or impairment. Individuals can be highly symptomatic even when not meeting the full criteria for PTSD (Creaser et al., 2022). Individuals who do not meet the full criteria for PTSD can experience behavioral impairments from the trauma symptoms. Evidenced-based practices to treat PTSD include cognitive behavior therapy (CBT), dialectical behavior therapy (DBT), and compassion-focused therapy (Neff, 2023).

Major depressive disorder is the most common mental health diagnosis in the United States (American Psychiatric Association, 2022). Symptoms of MDD include feelings of hopelessness, helplessness, worthlessness, anhedonia, lack of motivation, low energy, sleep disturbances, changes in appetite, and depressed mood. Symptoms of suicide ideations can also occur in individuals with MDD. Individuals with MDD are likely to isolate and withdraw from daily activities. Symptoms of depression must be experienced most of the day for at least two weeks. Significant distress or impairment from the symptoms of depression must be present to diagnose MDD. Major depressive disorder negatively impacts overall behavioral functioning.

Exonerees report mental health symptoms during incarceration and continuing after release. Emotional problems related to feelings of being targeted during the wrongful conviction process and trauma of being incarcerated are endorsed (Heilbrun et

al., 2023). Thought processes can be changed as exonerees may have a difficult time trusting others and feeling safe in their environment (Temares et al., 2023; Umamaheswar, 2023a; 2023b). Exonerees report changes in emotional patterns after release causing difficulties adjusting to normal life (Heilbrun et al., 2023). Emotional responses and thought processes may have been appropriate while incarcerated (Temares et al., 2023). Adaptive emotional patterns and thought processes are problematic in civilian settings. Maladaptive emotional patterns and thought processes can negatively impact relationships with others and behavioral functioning (Kukucka et al., 2022).

Identity changes have been reported by exonerees and their social supports (Temares et al., 2023). Loss of hope and dignity during the wrongful conviction process leads to changes in personality and identity. Wrongful convictions test the individual's beliefs about the judicial system, faith in their religion, and conceptualizations related to the meaning of life (DeShay, 2023; Heilbrun et al., 2023). Isolation due to a wrongful conviction leads to feelings of guilt, hopelessness, helplessness, and powerlessness (Jackson et al., 2023). Feeling targeted surfaces during the wrongful conviction process, leading to paranoid thoughts and distrust of others (Temares et al., 2023). Exonerees report fantasizing about getting out while incarcerated, which leads to a feeling of emptiness when it does not happen. Substance use may start during incarcerated to help manage mental symptoms and escape from the daily life of incarceration.

Exonerees leave incarceration, experiencing adjustment issues and a loss of purpose (Temares et al., 2023). Incarcerated individuals are told what to do and when. Exonerees are not used to making their own decisions. Decision-making skills may be

lost while incarcerated and relearned after release. Exonerees may feel frustrated, hopeless, and helpless when having to relearn basic life skills. Release from incarceration can cause the same feelings initially experienced when first incarcerated. Exonerees leaving incarceration with little support and a complete lifestyle change lead to depression, anxiety, and PTSD symptoms.

Necessary Resources

Resources needed after exoneration have been reported by exonerees (Estes, 2023; Kukucka et al., 2022). Exonerees receive different resources based on state policies like those related to financial compensation (Kukucka et al., 2022). Resources provided to exonerees upon release from incarceration seem to directly impact the reintegration process (Kukucka et al., 2022; Temares et al., 2023). Exonerees linked to innocence organizations have more resources. Housing and employment needs can be met with the help of innocence organizations. Mental health treatment in the form of therapy can be provided by innocence organizations (Kukucka et al., 2022). Innocence organizations run peer groups and provide an important setting for exonerees to build social support systems after release from incarceration.

Legal resources are needed to help exonerees gain financial compensation (Heilbrun et al., 2023). Financial compensation can assist exonerees in seeking permanent housing and employment (Kukucka et al., 2022). Stable housing is necessary for long-term success after release. Employment after exoneration is important in helping exonerees pay for housing and live a high quality of life. Jobs often provide physical and mental healthcare benefits (Kukucka et al., 2022). Physical health treatment is needed by

exonerees due to inadequate healthcare in prisons (Jackson et al., 2023). Mental health treatment is needed by exonerees who suffer from PTSD, MDD, anxiety, and other disorders (Kukucka et al., 2022).

Self-Esteem

Self-esteem is the perception, thoughts, and beliefs a person has of themselves (Gil & Kim, 2022; Mahadevan et al., 2022; Neff, 2023). Self-esteem includes a person's self-worth, self-image, and self-efficacy (Birni & Eryilmaz, 2024; Gil & Kim, 2022). Self-esteem is influenced by comparisons a person makes of themselves to others (Gil & Kim, 2022; Neff, 2023). Personal standards and values can be created by comparisons with others. Self-esteem levels change based on other people's perceptions of an individual (Gil & Kim., 2022; Murris & Otgarr, 2023). Life experiences can influence self-esteem levels (Cenat et al., 2022). Self-esteem levels predict mental health issues (Gil & Kim, 2022; Orth & Robins, 2022).

Self-esteem can be understood through different models. Self-esteem is divided into global and domain-specific categories (Neff, 2023). Global self-esteem is the overall sense of self-worth in an individual. Domain-specific self-esteem is related to self-worth in a particular area of life (Orth & Robins, 2022). The Self-Organizing Self-Esteem model is another way to view self-esteem, which separates self-esteem into three parts (Gil & Kim, 2022). Trait self-esteem changes over time and is at the core of an individual's values. Relationships and social interactions impact state self-esteem. Discrete self-esteem relies on real-time thoughts and emotions.

Self-esteem is influenced by external and internal factors (Gil & Kim, 2022;

Murris & Otgarr, 2023; Orth & Robins, 2022). Self-esteem exists on a spectrum and changes throughout a person's life (Orth & Robins, 2022). The spectrum ranges from a lack of self-esteem to narcissism. Psychological tools can be used to measure self-esteem levels. The SES is the most used measurement to identify levels of self-esteem. The SES was created by Morris Rosenberg in 1965 (Gil & Kim, 2022). The measurement has sound psychometrics, including reliability and variability (Moloud et al., 2022).

Self-esteem levels fluctuate over time and are correlated to factors outside of the individual (Cenat et al., 2022; Mahadevan et al., 2022; Orth & Robins, 2022). An external factor leading to changes in self-esteem is the treatment received from others. Perceptions of others can impact self-esteem. Discrimination and stigma can negatively impact self-esteem (Cenat et al., 2022). Individuals experiencing discrimination and stigma change their behaviors. Behavior changes are made to potentially manage emotional experiences. Self-esteem levels change due to negative perceptions of others and modifications of behaviors (Mahadevan et al., 2022).

Internal factors impact self-esteem levels (Mahadevan et al., 2022; Neff, 2023; Orth & Robins, 2022). Changes in self-perception can impact an individual's self-esteem (Mahadevan et al., 2022). Mood changes impact self-esteem levels. Depression, anxiety, and shame can negatively impact self-esteem. An individual's mental stability influences changes in self-esteem levels (Orth & Robins, 2022). Beliefs about self-efficacy in different areas of life can impact self-esteem. Self-esteem can change at any time based on the individual's evaluation and judgments of themselves (Neff, 2023).

Self-esteem impacts self-efficacy, self-worth, self-acceptance, and self-respect (Moloud et al., 2022; Neff, 2023; Orth & Robins, 2022). The relationship between self-esteem and other constructs can lead to changes in mental functioning (Allemand et al., 2024; Orth & Robins, 2022). Consequences of lower self-esteem levels can negatively impact behavioral functioning. Self-esteem levels correlate with an individual's ability to effectively deal with changes in their environment. Self-esteem levels directly impact mental health (Moloud et al., 2022; Neff, 2023). Mental health disorders can surface partially due to diminished levels of self-esteem. Self-esteem levels are negatively correlated with different mental health symptoms.

Mental health issues are correlated with self-esteem levels (Moloud et al., 2022; Neff, 2023). Individuals with low self-esteem are more likely to be anxious and depressed (Moloud et al., 2022). Self-esteem issues are correlated to difficulties managing emotions during adverse and high-stress events. Suicide and other maladaptive behaviors are correlated with self-esteem challenges. High self-esteem is linked to optimism. High levels of self-esteem help individuals solve problems and manage stress. Individuals with high self-esteem may be less vulnerable to mental health disorders.

A lack of self-esteem has many consequences on an individual's mental health (Gil & Kim, 2022; Moloud et al., 2022; Orth & Robins, 2022). Individuals with diminished self-esteem are five times more likely to experience depression (Gil & Kim, 2022). Lower self-esteem levels correlate with a lesser ability to manage stressful situations (Allemand et al., 2024; Birni & Eryilmaz, 2024). Individuals with self-esteem problems who experience stress are more likely to be pessimistic. Pessimism leads to

further decreased levels of self-esteem (Moloud et al., 2022). High levels of pessimism coupled with low self-esteem lead to chronic depression and anxiety. Individuals who experience self-esteem issues and a pessimistic outlook have more negative thoughts about themselves (Orth & Robins, 2022).

Self-esteem levels impact behavioral functioning (Orth & Robins, 2022). Individuals with self-esteem challenges are more likely to have a negative self-perception. Negative self-perception leads to reduced self-efficacy and self-worth. Self-efficacy problems lead an individual to think they cannot succeed. Self-worth is the belief that an individual is worthy of good things. Individuals with lower self-efficacy and self-worth are less likely to set goals and follow through. Self-esteem is an internal factor that can hinder action and motivation.

Low levels of self-esteem can lead to depression and anxiety (Moloud et al., 2022). Self-esteem impacts motivation levels. Reduced levels of self-esteem cause a decrease in motivation for the individual. Daily activities can be negatively affected by diminished self-esteem levels. Individuals with minimal self-esteem have difficulties finding motivation for everyday tasks. Daily tasks negatively impacted by lower self-esteem include going to work, attending school, and maintaining social relationships (Orth & Robins, 2022). Withdrawal from normal daily tasks causes alienation and isolation, further exacerbating mental health issues.

Self-esteem impacts mental health symptoms (Mahadevan et al., 2022; Moloud et al., 2022; Neff, 2023). Individuals struggling with mental health issues benefit from treatment (Kukucka et al., 2022). Individuals with self-esteem problems benefit from

mental health treatment (Moloud et al., 2022). Cognitive behavior therapy is an evidence-based treatment commonly used for depression and anxiety (Neff, 2023). Cognitive behavior group therapy (CBGT) is a CBT-based treatment using a group format to treat depression and anxiety (Moloud et al., 2022). Individuals partaking in CBT or CBGT can address self-esteem issues that cause an increase in depression and anxiety. Improved self-esteem leads to a decrease in symptoms of depression and anxiety.

Individuals benefit from addressing self-esteem issues in mental health treatment (Moloud et al., 2022). Improvements in self-esteem positively impact several areas of life (Orth & Robins, 2022). Areas of improvement can relate to an individual's job success, school performance, and quality of social relationships (Neff, 2023). High self-esteem is correlated to less negative self-perception. Increases in self-efficacy, self-worth, and self-respect can result from higher self-esteem levels (Mahadevan et al., 2022). Individuals with high self-esteem are more motivated to set goals (Orth & Robins, 2022). High levels of self-esteem lead to increased motivation to follow through with and accomplish goals.

Self-Compassion

Self-compassion is a person's ability to be kind, understanding, and gentle with themself (Neff, 2023; Shamsababdi & Dehshiri, 2024). Self-compassion is beneficial when a person experiences failures, suffering, and feelings of inadequacy (Neff, 2023). Individuals able to be kind and gentle with themselves move through adversity more easily. Individuals who practice self-compassion are more able to process personal suffering and adversity (Shamsababdi & Dehshiri, 2024). Self-compassion requires mindfulness to prevent avoiding the cause of suffering (Neff, 2023). Self-compassion

leads to the acknowledgment of suffering. Acknowledgment of suffering prevents isolation and leads to social connection.

Self-compassion is comprised of three factors, kindness, normalization, and mindfulness (Neff, 2023). Individuals who experience suffering choose to either be kind or judgmental of themselves (Neff, 2023; Shamsababdi & Dehshiri, 2024). Practicing self-kindness leads to feelings of validation, support, and encouragement (Neff, 2023). Individuals can normalize suffering or isolate themselves. Suffering often leads an individual to think the challenges they face are unique. Isolation is prevented when suffering is normalized, which leads to meaning-making. Mindfulness is balanced awareness acknowledging reality and an individual's internal experience (Neff, 2023; Shamsababdi & Dehshiri, 2024). Identification with suffering decreases with acknowledgment of reality and feelings (Neff, 2023).

Self-compassion is measured using the SCS, created by Kristen Neff in 2003 (Neff, 2023). The SCS is the most commonly used tool to measure self-compassion. The SCS can be used with adults and teenagers. The measurement is reliable and valid (Birni & Eryilmaz, 2024; Neff, 2023). The self-administered survey has good psychometrics for use with individuals of different racial and ethnic backgrounds (Neff, 2023). The SCS has been translated into several languages.

Internal and external factors can impact self-compassion levels (Creaser et al., 2022; Neff, 2023; Shamsababdi & Dehshiri, 2024). Mistreatment from others can negatively impact self-compassion (Creaser et al., 2022). Perception of others can impact self-compassion (Neff, 2023). Feelings of rejection from others can negatively affect self-

compassion levels. Thought patterns can impact self-compassion. Individuals who tend to have negative thought patterns see decreases in self-compassion (Birni & Eryilmaz, 2024; Neff, 2023; Shamsababdi & Dehshiri, 2024). Positive thought patterns extending from mindfulness lead to higher levels of self-compassion (Neff, 2023).

Self-compassion levels do not fluctuate as frequently as self-esteem levels (Murris & Otgarr, 2023; Neff, 2023). Self-compassion levels can be stable throughout life (Neff, 2023). Individuals can work to improve their self-compassion skills and levels. Self-compassion practices can be ongoing and improve over the course of a lifetime. Self-compassion improves with continued practice of specific exercises (Shamsababdi & Dehshiri, 2024). Self-compassion skills strengthen when a person acknowledges and normalizes suffering as part of the human condition (Neff, 2023). Self-esteem increases when an individual's self-compassion levels improve (Birni & Eryilmaz, 2024; Murris & Otgarr, 2023). Self-compassion improvements correlate with increases in overall psychological well-being (Murris & Otgarr, 2023).

Mental well-being and emotional regulation skills improve as self-compassion levels increase (Murris & Otgarr, 2023; Neff, 2023; Shamsababdi & Dehshiri, 2024). Individuals with high levels of self-compassion can tolerate negative emotions more easily (Creaser et al., 2022; Neff, 2023). Self-compassion impacts thoughts and feelings related to self-perception and the perception of others (Neff, 2023). Self-compassion can lead to insights into an individual's needs and emotional regulation. Interpersonal connectedness is positively correlated with self-compassion. Self-compassion can

normalize an individual's suffering (Bianchini & Bodell, 2024). Normalizing suffering improves self-acceptance (Munroe et al., 2022; Neff, 2023).

Self-compassion is positively linked to several areas of an individual including psychological and behavioral functioning (Andreeva & Green, 2024; Neff, 2023). Psychological functioning is healthier in the presence of self-compassion (Daneshvar et al., 2022). Individuals with high self-compassion levels report higher life satisfaction. Emotional intelligence is correlated with self-compassion. Self-compassion leads to a more positive outlook on life (Neff, 2023). Self-compassion decreases fixation on negative thoughts, feelings, and experiences (Andreeva & Green, 2024). Individuals with high levels of self-compassion cope better with adversity.

Low self-compassion levels correlate with unhealthy and maladaptive functioning (Murris & Otgarr, 2023; Shamsababdi & Dehshiri, 2024). Individuals with diminished levels of self-compassion are more likely to experience anxiety (Bianchini & Bodell, 2024; Daneshvar et al., 2022; Shamsababdi & Dehshiri, 2024). A lack of self-compassion is correlated with depression. Self-compassion is correlated with unrealistic expectations and maladaptive perfectionism. Individuals with reduced self-compassion experience shame more often (Neff, 2023). Lack of self-compassion is linked with diminished self-worth. Emotion regulation issues are associated with lower levels of self-compassion (Creaser et al., 2022; Neff, 2023; Shamsababdi & Dehshiri, 2024).

Self-compassion has an impact on mental functioning (Monroe et al., 2022; Neff, 2023). Self-compassion is an adaptive coping strategy allowing people to confront suffering and challenges (Creaser et al., 2022; Neff, 2023). Effective problem-solving is

influenced by self-compassion. Self-compassion reframes an individual's perception of failures to learning opportunities (Munroe et al., 2022). Unhealthy emotional reactions result from shame and a lack of self-compassion. Self-compassion positively impacts healthy and effective emotional responses (Murris & Otgarr, 2023; Neff, 2023). Self-compassion impacts an individual's thoughts and feelings.

Behavioral functioning changes with self-compassion levels (Andreeva & Green, 2024; Neff, 2023). Self-compassion levels are negatively correlated with avoidant behaviors (Neff, 2023). Motivation is positively correlated with self-compassion levels. Low motivation levels prevent individuals from actively participating at work and school (Bianchini & Bodell, 2024; Daneshvar et al., 2022; Shamsababdi & Dehshiri, 2024). Social isolation increases with decreased levels of self-compassion (Shamsababdi & Dehshiri, 2024). Isolation negatively impacts relationships. Individuals with an ability to practice self-compassion stop partaking in activities of daily living (Creaser et al., 2022; Daneshvar et al., 2022; Shamsababdi & Dehshiri, 2024).

Self-compassion directly impacts mental health (Daneshvar et al., 2022; Neff, 2023; Shamsababdi & Dehshiri, 2024). A lack of self-compassion leads to increased negative thoughts (Andreeva & Green, 2024). Lower self-compassion levels lead to ruminating on negative emotions and experiences. Emotional attachment to negative thoughts and experiences strengthens with rumination (Shamsababdi & Dehshiri, 2024). Increased emotional attachment leads to more suffering (Neff, 2023). Suffering leads to increases in isolation, depression, and anxiety. Posttraumatic stress symptoms worsen with suffering and low self-compassion levels (Daneshvar et al., 2022).

Self-compassion levels are negatively correlated with the threat response system activation (Creaser et al., 2022). Cognitive flexibility and negative self-perception are consequences of experiencing trauma (Daneshvar et al., 2022). Consequences of trauma can reduce self-compassion levels if an individual avoids suffering (Creaser et al., 2022). Self-compassion practices help individuals cope with trauma (Neff, 2023). Individuals acknowledge suffering and reality when practicing self-compassion. Acknowledging suffering and reality leads to addressing concrete threats while questioning perceived ones (Creaser et al., 2022). The threat response system is then deactivated.

False perceptions of control increase depression, anxiety, and PTSD symptoms (Munroe et al., 2022). Self-compassion practices challenge false perceptions of control. Mindfulness is practiced in self-compassion exercises (Neff, 2023). Mindful self-compassion exercises help a person detach emotions from negative experiences. Detachment from emotions helps individuals let go of suffering (Neff, 2023). Individuals practicing self-compassion skills experience a decrease in the identification with suffering and mental health symptoms. (Bianchini & Bodell, 2024; Daneshvar et al., 2022). Positive emotions of hope, forgiveness, and resilience increase when not identifying with suffering (Neff, 2023).

Self-compassion is correlated with mental health symptoms of depression, anxiety, and PTSD (Daneshvar et al., 2022; Neff, 2023; Shamsababdi & Dehshiri, 2024). Mental health treatments incorporating self-compassion improve symptoms of MDD, anxiety disorders, and PTSD (Neff, 2023). Self-compassion interventions decrease mental health symptoms by addressing automatic negative thoughts (Neff, 2023;

Shamsababdi & Dehshiri, 2024). Negative emotions are challenged using self-compassion skills (Neff, 2023). Negative emotions and avoidance tactics are decreased through self-compassion interventions. Self-compassion-informed mental health treatments minimize the attachment to negative emotions and experiences, decreasing anxiety, depression, and trauma symptoms. Self-compassion practices improve emotion regulation skills to manage anxiety and depression better.

Self-compassion improves mental health symptoms (Andreeva & Green, 2024; Neff, 2023). Individuals would benefit from seeking self-compassion-informed treatments (Neff, 2023). Mental health treatments can include self-compassion in various ways. Self-compassion can be the foundation of a therapy model. Existing therapy modalities can integrate self-compassion practices into the model. Self-compassion can be used as an additional tool in therapy. Treatment results are consistent regardless of how self-compassion is incorporated.

Compassion-focused therapy (CFT) is an evidence-based mental health treatment (Neff, 2023). Theories grounding CFT are evolutionary psychology, CBT, and Buddhism. Compassion-focused therapy was originally developed for individuals experiencing high levels of shame and self-criticism. Self-compassion is incorporated throughout CFT interventions. Individuals focus on increasing self-awareness and insight into automatic emotions. Compassion-focused therapy improves distress tolerance skills and motivation to care about oneself. Detachment from emotions, thoughts, and experiences help CFT clients move past suffering.

Mindfulness-based cognitive behavior therapy (MCBT) is an evidence-based mental health treatment (Neff, 2023). Self-compassion practices were integrated into another evidence-based treatment, cognitive behavior therapy (CBT). Self-compassion is discussed as a form of mindfulness practice in MCBT. Individuals experiencing depression, anxiety, and trauma symptoms are treated with MCBT. Results of MCBT consistently minimize negative thoughts and feelings. Individuals increase their ability to manage stressors by acknowledging suffering. Self-compassion and compassion for others are also improved by using MCBT.

Self-compassion exercises can be a coping skill mental health professionals encourage clients to practice (Neff, 2023). Self-compassion is a mechanism for change to help with motivation levels and behavior modification (Murris & Otgarr, 2023; Neff, 2023). Self-compassion exercises include mindfulness practices, meditations, and positive affirmations (Neff, 2023). Individuals detach themselves from negative thoughts and emotions when using self-compassion exercises (Daneshvar et al., 2022; Neff, 2023). Detachment from negative thoughts and emotions reduces depression, anxiety, and trauma symptoms (Bianchini & Bodell, 2024; Neff, 2023; Shamsababdi & Dehshiri, 2024). Feelings of alienation and isolation decrease with self-compassion-based mindfulness practices (Daneshvar et al., 2022; Neff, 2023). Individuals in mental health treatment for depression, anxiety, and trauma symptoms can be encouraged to practice self-compassion exercises (Neff, 2023).

Summary

External factors increase barriers that negatively impact an exoneree and prevent them from effectively reintegrating (Heilbrun et al., 2023; Kukucka et al., 2022). Exonerees have reported barriers to effective reintegration, including a lack of necessary resources (Estes, 2023; Kukucka et al., 2022). Stigma experienced by exonerees is an additional external factor leading to difficulties for exonerees (Itskovich et al., 2023; Kukucka et al., 2022). Internal mechanism changes are made while exploring the consequences of wrongful convictions (Kukucka et al., 2022). Exonerees report changes in identity, thought patterns, and behaviors after wrongful convictions (Temares et al., 2023). Self-compassion and self-esteem influence behavioral functioning (Neff, 2023). The relationship self-compassion and self-esteem have with reintegration difficulties had not been explored further.

Exonerees experience difficulties in multiple areas of life (DeShay, 2023; Kukucka et al., 2022). Exonerees are negatively impacted by stigma and a lack of resources (DeShay, 2023; Itskovich et al., 2023; Olson et al., 2023). Background checks on exonerees will show a criminal history even after exoneration (Kukucka et al., 2022). Obtaining employment is difficult for exonerees, in part because of having a criminal history (Kukucka et al., 2022; Temares et al., 2023). Exonerees report challenges finding and securing stable housing once property owners know there is a criminal history (De La Haye et al., 2023; Olson et al., 2023). Financial compensation from the state may be one of the only means to get money after release from incarceration (Heilbrun et al., 2023;

Kukucka et al., 2022). Exonerees' financial compensation process is lengthy, with much of their winnings going to legal fees.

Wrongful convictions have many consequences on the exoneree's mental health (Kukucka et al., 2022; Temares et al., 2023). Exonerees endorse symptoms of MDD, PTSD, and anxiety disorders (Heilbrun et al., 2023; Thomas & Hoyt, 2023). Mental health symptoms include isolation, negative thoughts, emotional reactivity, and changes in behavior (American Psychiatric Association, 2022). Exonerees endorse identity changes throughout the wrongful conviction and exoneration processes (Umamaheswar, 2023a, 2023b). Identity changes are a consequence of survival instincts developed while in prison (Temares et al., 2023; Umamaheswar, 2023b). Mental health symptoms and identity changes lead to social impairments (Temares et al., 2023). Identity changes negatively impact motivation levels, thought patterns, and behaviors (Neff, 2023).

Self-compassion and self-esteem are constructs comprising an individual's identity (Birni & Eryilmaz, 2024; Neff, 2023). Identity combines self-perception and beliefs about how others perceive the individual (Jay et al., 2022; Turner & Onorato, 1999). Self-compassion is an individual's ability to be kind and gentle with themselves, particularly when experiencing emotional distress (Neff, 2023; Shamsababdi & Dehshiri, 2024). Self-esteem is how an individual evaluates themselves compared to others (Gil & Kim, 2022; Moloud et al., 2022; Orth & Robins, 2022). Self-compassion and self-esteem correlate with individual beliefs about themselves (Birni & Eryilmaz, 2024; Neff, 2023). Beliefs can be related to self-efficacy, self-worth, and self-respect (Gil & Kim, 2022;

Mahadevan et al., 2022). Self-esteem is less stable than self-compassion and based on judgments (Gil & Kim, 2022; Neff, 2023).

Low levels of self-compassion and self-esteem are correlated with mental health issues (Gil & Kim, 2022; Mahadevan et al., 2022; Neff, 2023). Self-compassion skills improve the efficacy of managing stress and suffering (Creaser et al., 2022; Neff, 2023; Shamsababdi & Dehshiri, 2024). High levels of self-esteem improve an individual's self-efficacy and motivation (Allemand et al., 2024; Orth & Robins, 2022). Self-esteem and self-compassion are correlated with mental functioning. Positive perspectives of a person's own abilities to survive adverse situations are positively affected by high self-esteem and self-compassion levels (Andreeva & Green, 2024; Neff, 2023). Self-compassion and self-esteem are also linked to behavioral functioning. Positive self-perception is correlated with setting goals, accomplishing tasks, and continuing to act during adverse experiences (Neff, 2023).

Self-compassion and self-esteem can be improved using targeted mental health interventions and practices (Allemand et al., 2024; Neff, 2023; Shamsababdi & Dehshiri, 2024). Improvements in self-compassion can lead to decreased depression, anxiety, and trauma symptoms. Increasing self-esteem levels can positively impact depression and anxiety. Mental health treatments can incorporate self-compassion and self-esteem practices (Neff, 2023). Mental health symptoms and identity changes can be improved using self-compassion practices (Creaser et al., 2022; Daneshvar et al., 2022; Neff, 2023). Exonerees endorse depression, anxiety, trauma symptoms, and identity changes (Heilbrun

et al., 2023; Thomas & Hoyt, 2023). Exonerees may be positively affected by addressing improvements in self-compassion and self-esteem.

A gap in the research will be filled by identifying any relationship between self-compassion, self-esteem, and reintegration difficulties. Exonerees experience many challenges during reintegration (Heilbrun et al., 2023; Kukucka et al., 2022). External factors influencing reintegration difficulties have been endorsed by exonerees (Heilbrun et al., 2023; Kukucka et al., 2022). External factors may only partially contribute to reintegration difficulties (Kukucka et al., 2022). Relationships between internal factors and reintegration difficulties have yet to be examined. Behavioral functioning impairments caused by internal factors are not known. Internal factors causing difficulties after release from incarceration may positively impact the reintegration process.

Exonerees experience difficulties during reintegration (Heilbrun et al., 2023; Kukucka et al., 2022). Difficulties prevent successful reintegration and negatively impact the exoneree's quality of life (Kukucka et al., 2022; Temares et al., 2023). External factors contributing to challenges during reintegration have been identified (DeShay, 2023; Itskovich et al., 2023; Kukucka et al., 2022). Qualitative methods have been used to identify internal factors as a consequence of exonerations (DeShay, 2023; Kukucka et al., 2022). The relationship between exoneree identity and reintegration is a gap in the research (Heilbrun et al., 2023; Kukucka et al., 2022). The quantitative research design was used to identify relationships between internal factors and reintegration difficulties will be discussed in Chapter 3. Knowledge of internal factors and reintegration difficulties is needed to understand the problem further (Kukucka et al., 2022).

Chapter 3: Research Method

Introduction

Relationships between exoneree identity and difficulties experienced during reintegration are the topic of this quantitative study. Self-esteem and self-compassion levels in DNA-exonerees are the independent variables. The dependent variable is reintegration difficulties. Exonerees self-administered the SCS to measure their level of self-compassion (Neff, 2023). Exonerees completed the SES to measure their self-esteem level (Gil & Kim, 2022; Moloud et al., 2022). Exonerees completed a survey with questions about different areas of life where they may have experienced difficulties during the reintegration process. Relationships between the IVs and DV were analyzed by comparing scores from each survey.

Reintegration difficulties and exoneree identity are being studied using quantitative methods. Identity comprises concepts of self-compassion and self-esteem (Turner & Onorato, 1999). The reintegration process begins once a court rules to exonerate an individual (Kukucka et al., 2022). Exonerees can be released immediately with minimal community resources (Estes, 2023; Kukucka et al., 2022; Temares et al., 2023). The reintegration process involves securing housing, obtaining employment for financial stability, establishing mental health treatment, finding legal resources, and connecting with social supports (Estes, 2023; Heilbrun et al., 2023). Exonerees reported difficulties in several areas during reintegration (Estes, 2023; Kukucka et al., 2022). The relationships between identity and reintegration difficulties will be explored.

The research methodology, sampling selection, and data collection are detailed in Chapter 3. The data was analyzed using statistical software and regression tests. Validity threats and ethical procedures were identified with a plan to address these concerns. The SES, SCS, and a researcher-developed tool measuring difficulties during reintegration were used to gather data (Gil & Kim, 2022; Moloud et al., 2022; Neff, 2023). Sampling procedures were purposeful. Invitations were sent to professional organizations and social media groups working with exonerees. Qualitative methods have been used in previous research on exonerees and reintegration (DeShay, 2023; Kukucka et al., 2022). Quantitative methods research adds to the existing knowledge of the relationship between different factors and reintegration difficulties (Kukucka et al., 2022).

Research Design and Rationale

The objective is to identify relationships between self-esteem, self-compassion, and reintegration difficulty. Previous studies have used qualitative methods to identify areas of difficulty and external factors impacting reintegration (De La Haye et al., 2023; DeShay, 2023; Kukucka et al., 2022). Stigma is an external factor impacting exonerees and has been the topic of many articles (Estes, 2023; Kukucka et al., 2022; Zannella et al., 2022). Stigma negatively impacts an exoneree finding housing, employment, and social supports (Estes, 2023; Kukucka et al., 2022; Temares et al., 2023). Internal factors impacting an exoneree have been identified through qualitative methods (DeShay, 2023; Kukucka et al., 2022). Identity changes and mental health challenges are examples of internal factors negatively impacting exonerees (Kukucka et al., 2022; Temares et al.,

2023). The relationship between identity and reintegration difficulties has not been analyzed (Kukucka et al., 2022).

Hypotheses related to relationships between the IVs and DV were tested using a nonexperimental, quantitative design. The independent variables are self-esteem and self-compassion. The dependent variable is reintegration difficulty. The relationship between self-esteem and difficulties experienced during reintegration is included in research question one. The relationships between self-compassion and the level of reintegration difficulties are encompassed in research question two. The relationship between the combined IVs and the DV is the focus of research question three. Difficulty means exonerees experienced challenges and barriers to effectively reintegrating after release from incarceration. Difficulty experienced in the areas of housing, employment, social support, legal resources, and mental health treatment were self-reported.

Interpreting the results may advance knowledge relating to challenges experienced by exonerees during reintegration. Exonerees have reported reintegration difficulties during qualitative research studies (Estes, 2023; Hearty, 2023; Umamaheswar, 2023b). External factors correlated with reintegration difficulties have been studied (Kukucka et al., 2022; Nowotny et al., 2023; Zannella et al., 2022). The relationship between internal factors and reintegration difficulties can be better understood using quantitative methods (Kukucka et al., 2022; Umamaheswar, 2023a). Existing surveys with sound psychometrics measuring self-esteem and self-compassion were used (Gil & Kim, 2022; Moloud et al., 2022; Neff, 2023). A self-report survey was used to quantify

reintegration difficulties. Relationships between the IVs and DV were calculated through statistical analysis including a multiple regression.

Objective measures were used to increase knowledge about the relationship between internal factors and reintegration difficulties. Internal factors were defined as conditions and characteristics within a person. A person's identity is an internal factor comprising several constructs (Turner & Onorato, 1999). Self-esteem and self-compassion make up a person's identity (de Hoog & Pat-El, 2024; Turner & Onorato, 1999). The results indicate a relationship between self-esteem and difficulties during reintegration. A relationship exists between self-compassion and reintegration difficulties experienced by exonerees. Interpretations of the results can improve resources provided to exonerees after release.

Methodology

Population

The population surveyed were DNA-exonerated individuals in the United States. Additional inclusion criteria included being released from incarceration for at least one year. Exonerees are individuals whose convictions were reversed after new information was found (Temares et al., 2023). Exonerations occur due to new scientific evidence, findings related to inappropriate behaviors of agency members, and DNA tests (Jackson et al., 2023; Saber et al., 2022; Temares et al., 2023). According to the most recent reports from April 10, 2024, there have been 3,499 exonerations since 1989 (National Registry of Exonerees, 2024). DNA results were involved in the exoneration in 596 of

those cases. Thirty-six of the 596 DNA-exonerated individuals did not meet the inclusion criteria, leaving a population size of 560.

Sampling and Sampling Procedures

Purposive sampling techniques were used to gather participants (Born et al., 2022). Specific inclusion criteria were established to help rule-in participants sampled. The relationships between self-esteem, self-compassion, and reintegration difficulties were analyzed. Participants are DNA-exonerated individuals. Exonerees must have been incarcerated for at least one year. Exonerees also needed to have been released at least one year before participation. Purposive sampling was needed to gain participants who fit the inclusion criteria.

Networking strategies were used to help identify potential participants. Innocence organizations were contacted via email to help with sampling. Social media groups focused on wrongful convictions and exonerees were contacted. An invitation was posted with permission to social media groups. Inclusion criteria were communicated in the invitation to participate in emails and social media group posts. Participants were reminded of the inclusion criteria in the informed consent. Potential participants acknowledged they met inclusion criteria by checking the yes box on the informed consent before being able to complete the surveys.

The sample size was determined using the G*Power 3.1 online tool (Faul et al., 2009). An a-priori power analysis for multiple linear regression with two predictor variables was calculated. The moderate effect size used was .50 to provide statistical significance. The alpha level was set to $p < .05$. Rejecting null hypotheses when true has

a 5% chance. The power level used was .95 to reduce chance-based outcomes. A sample size of 24 was needed for the results to be significant.

Procedures for Recruitment, Participation, and Data Collection

Participants are DNA-exonerated individuals. An invitation was provided to recruitment sources. Participants were recruited through networking strategies with professional organizations and social media groups. Innocence organizations were contacted via email to promote the study. The invitation to participate in the project was posted on social media pages related to wrongful convictions and exonerees. The invitation included information about what to expect, inclusion criteria, and participation risks. A link to participate can be found in the invitation.

A link directing participants to the informed consent was found in the invitation. Each participant was required to read and acknowledge their informed consent. The process of participation, risks involved, and researcher contact information were included in the informed consent. The inclusion criteria for participation were detailed in the informed consent. Participants were informed there would be no consequences to the individual if they decided not to participate at any time. Voluntary and anonymous participation was reiterated in the informed consent. Debriefing procedures and how to learn of the findings were detailed on the last page.

Participants self-administered the SES, SCS, and reintegration difficulty survey (Moloud et al., 2022; Neff, 2023). Potential participants could find the information on social media group posts and via invites emailed to innocence organizations. The invitation included a link to the informed consent. A participant needed to acknowledge

they read and understood the informed consent by clicking on the yes box. The participant could complete the SES, SCS, and reintegration difficulty survey after they acknowledged consent. A Facebook group link was provided on the last page of the surveys. The researcher created this Facebook group which outlines the results.

Participants were instructed on how to complete the SES, SCS, and reintegration difficulty survey. Completed surveys were reviewed upon receipt. The Self-Esteem Scale and Self-Compassion Scale were scored. The reintegration difficulty survey was scored. Survey scores were entered and kept in the Statistical Package for Social Sciences (SPSS) software version 29 for analysis. The data includes the overall scores on the Self-Esteem Scale and Self-Compassion Scale. Individual items and total scores were recorded for the reintegration difficulty survey.

Instrumentation and Operationalization of Constructs

Relationships between exoneree identity and reintegration difficulties were tested. Participants completed two published instruments and one researcher-developed instrument. The published instruments used were the SES and SCS (Moloud et al., 2022; Neff, 2023). Each survey has sound psychometric properties, including reliability and validity (Gil & Kim, 2022; Moloud et al., 2022; Neff, 2023). Exoneree perceptions of difficulties experienced during reintegration were measured using a researcher-developed instrument. Items on the reintegration survey were related to difficulties experienced in different areas of life. Areas of difficulty included in the survey were chosen based on results from previous articles (Estes, 2023; Kukucka et al., 2022; Temares et al., 2023).

Self-esteem is an evaluation of oneself compared to others (Gil & Kim, 2022; Murris & Otgarr, 2023; Neff, 2023). Self-esteem levels vacillate based on external and internal factors (Mahadevan et al., 2022; Murris & Otgarr, 2023; Orth & Robins, 2022). The Self-Esteem Scale is the most widely used tool to measure self-esteem (Moloud et al., 2022). The SES was first created in 1989 by Morris Rosenberg (Gil & Kim., 2022; Moloud et al., 2022). The SES consists of 10 self-report items. Each item is measured using a Guttman scale of strongly agree, agree, disagree, and strongly disagree. The SES was originally created for adolescents (Kerriche, 2023).

The tool has been extensively studied (Moloud et al., 2022). The survey has strong validity and reliability with adults (Moloud et al., 2022; Morris & Otgarr, 2023). The SES is valid to be used with individuals of different genders, races, cultural backgrounds, education levels, and employment types (Moloud et al., 2022). The SES was made public by publishers and can be used in research (University of Maryland, 2023). The SES has $\alpha = .77$. Test-retest reliability of the SES is .85. The SES has construct validity as the survey measures levels of self-esteem.

Self-compassion is the ability to be understanding, kind, gentle, and with oneself (Murris & Otgarr, 2023; Neff, 2023). Self-compassion level is consistent across different life areas for an individual (Neff, 2023). Internal factors contribute to self-compassion more than external ones (Andreeva & Green, 2024; Murris & Otgarr, 2023). The SCS measures an individual's self-compassion level (Neff, 2023). The survey was created by Kristen Neff in 2003. Self-compassion comprises three aspects: self-kindness,

common humanity, and mindfulness (Neff, 2023). The SCS measures all three aspects of self-compassion (Andreeva & Green, 2024; Munroe et al., 2022; Neff, 2023).

The SCS consists of 26 items scored on a five point Likert scale ranging from almost never to almost always (Neff, 2023). The survey has strong reliability and validity for all ages and genders (Daneshvar et al., 2022). The SCS is also reliable and valid for individuals of different racial and cultural backgrounds. The SCS $\alpha = .92$. Test-retest reliability equals .93. The SCS has criterion validity and measures self-compassion. Neff has permitted the SCS to be used in research (see Appendix A).

Exoneree identity and difficulties experienced during reintegration were studied. Areas of difficulty during reintegration were surveyed using a researcher-developed tool. Surveys inquiring about reintegration difficulties do not exist. Exonerees have reported different areas of need to be addressed during reintegration (Estes, 2023; Kukucka et al., 2022). Exonerees need to find stable housing and employment after release from incarceration (Heilbrun et al., 2023; Kukucka et al., 2022; Zannella et al., 2022). Social supports can help exonerees reintegrate and build a sense of community (Heilbrun et al., 2023; Kukucka et al., 2022; Temares et al., 2023). Many exonerees need legal and mental health help after incarceration (Heilbrun et al., 2023; Jackson et al., 2023).

Exonerees face challenges in different areas of life after release from incarceration (DeShay, 2023; Estes, 2023; Kukucka et al., 2022). A survey was created to measure the difficulty level of different areas of life for exonerees. Each item is measured using a five point rating scale ranging from no difficulty to very difficult. The surveyed areas are housing, employment, social support, legal resources, and mental health

treatment. Reliability was established by calculating internal consistency using Cronbach's alpha. Face validity was used as no instruments measuring difficulties experienced by exonerees existed. Items included in the survey were informed by previous articles, which indicated areas of difficulty for exonerees.

Data Analysis Plan

Three thousand four hundred ninety-nine individuals have been exonerated in the United States since 1989 (National Registry of Exonerees, 2024). Exonerations have occurred based on DNA test results (Saber et al., 2022). Five hundred ninety-six exonerees met the inclusion criteria of having served one year and being released from incarceration for at least one year (National Registry of Exonerees, 2024). A power analysis calculated 24 participants were required for results to be significant (Faul et al., 2009). The predictor variables are self-compassion and self-esteem. The criterion variable is reintegration difficulty. Participants will complete surveys measuring self-esteem, self-compassion, and reintegration difficulties.

The Self-Esteem Scale consists of 10 statements (Moloud et al., 2022). Each statement is rated on a four point Likert scale with no neutral response choice. Each response is given a numerical value during scoring. Strongly agree equals four points and strongly disagree is one. Five of the items are reversed scored. Strongly disagree is assigned four points during reversed scoring, and strongly agree equals one. High overall scores on the SES signify better self-esteem.

The Self-Compassion Scale comprises 26 statements (Neff, 2023). Items are scored on a five point Likert scale ranging from almost always to almost never. The

rating almost never is scored with one point. The rating almost always is given five points. Thirteen statements on the SCS are reversed-scored. The rating almost never equals five points and almost always is one for reverse-scored items. Higher scores on the SCS indicate high self-compassion.

The Statistical Package for Social Sciences software version 29 was used to analyze the survey results. Exonerees completed the SES, SCS, and reintegration difficulties surveys. Results from the surveys were entered into SPSS. The data was reviewed, and there was no missing information. There was no duplicate information. No anomalies needed to be corrected. Data cleaning using SPSS ensured errors were corrected and test assumptions evaluated.

Research Questions and Hypotheses

Research Question One (RQ1): Is there a relationship between DNA-exoneree's level of self-esteem and difficulties experienced during the reintegration process?

Null Hypothesis One (H_o1_1): There is no relationship between self-esteem and the reintegration process.

Alternative Hypothesis One (H_a1_1): There is a relationship between self-esteem and the reintegration process.

Research Question Two (RQ2): Is there a relationship between DNA-exoneree's level of self-compassion and difficulties experienced during the reintegration process?

Null Hypothesis Two (H_o2_1): There is no relationship between self-compassion and the reintegration process.

Alternative Hypothesis Two (H_a2_1): There is a relationship between self-compassion and the reintegration process.

Research Question Three (RQ3): Do self-esteem and self-compassion combined significantly impact difficulties experienced during reintegration?

Null Hypothesis Three (H_o3_1): Self-esteem and self-compassion combined do not significantly impact reintegration difficulties.

Alternative Hypothesis Three (H_a3_1): Self-esteem and self-compassion combined do significantly impact reintegration difficulties.

Data Analysis

Descriptive and inferential statistics were calculated to identify relationships between the IVs and DV. The SES results indicate an exoneree's level of self-esteem (Gil & Kim, 2022; Moloud et al., 2022). Two subscales on the Self-Esteem Scale are self-competence and self-liking (Moloud et al., 2022). The SCS measures an exoneree's level of self-compassion (Neff, 2023). The SCS includes six subscales, self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. The reintegration survey measures difficulties after exoneration and release from incarceration. The survey results were compared to identify relationships between self-esteem, self-compassion, and reintegration difficulties.

Inferential statistics analysis was used to test the hypotheses. The reintegration difficulties survey was created specifically for this project. The psychometrics of the reintegration difficulties survey were unknown. The reliability of the reintegration difficulty survey was tested. Linear regression tests were calculated to identify

relationships between each independent variable with reintegration difficulties. A multiple linear regression test was used to identify any interaction between the combined independent variables of self-esteem and self-compassion on reintegration difficulties. The SES and SCS scores were compared to the reintegration difficulty survey score.

The relationships between two IVs and one DV were identified. A multiple linear regression test measured any relationship between self-esteem, self-compassion, and reintegration difficulty. An adjusted *R* square was calculated for the variability between the IVs and DV. An analysis of variance (ANOVA) was performed to determine the statistical significance. The significance of each independent variable was determined using coefficients. The null hypothesis was rejected based on the statistical significance. Independent and dependent variables relationships are understood better with consideration of the unstandardized *B* coefficient.

Threats to Validity

Sampling bias is an external threat to validity (Clark et al., 2023; Kennedy et al., 2022). Participants were recruited using networking strategies. Innocence organizations and social media groups were contacted. Individuals associated with these professionals may not represent the entire exoneree population. Many exonerees are not connected to innocence organizations (Estes, 2023; Kukucka et al., 2022; Scherr & Normile, 2022). Connecting exonerees to innocence organizations depends on many factors, including state laws and how quickly the release happens after a conviction is reversed (Estes, 2023; Scherr & Normile, 2022). Actions were taken to address sampling biases.

Sampling biases were addressed to gain a representative sample (Brown et al., 2022; Clarke et al., 2023; Kennedy et al., 2022). Recruiting methods included the use of social media in addition to networking strategies with professional organizations. Exonerees not linked to professionals may be found using social media. Participant exclusion criteria were minimal to prevent biases in who participates. Participants needed to be jailed for one year or more. Exonerees must have been released for at least one year. Factors contributing to the exoneration must have included DNA results.

The observer effect is a threat to external validity (Hodson, 2022). Exonerees completed surveys measuring self-esteem, self-compassion, and reintegration difficulties. The relationships between the IVs and DV were identified. Participants were told the purpose. Exonerees may have scored themselves differently on the surveys based on this knowledge. Participants were encouraged to complete the surveys by themselves to minimize external influence. Exonerees were also encouraged to provide accurate responses based on their experiences.

Selection bias is a potential threat to the internal validity (Born et al., 2022; Clarke et al., 2023). Participants are DNA-exonerees. Exonerees were recruited in part by networking with innocence organizations. Exonerees associated with these organizations and professionals naturally have access to more resources than those who are not (Estes, 2023; Scherr & Normile, 2022). Resources related to employment, housing, mental health treatment, and legal services are often times provided by innocence organizations (Estes, 2023; Kukucka et al., 2022; Scherr & Normile, 2022). Recruiting only from

innocence organizations and professionals would bias the sample. Recruitment procedures were expanded to help minimize selection bias.

Attempts were made to prevent selection bias (Born et al., 2022; Clarke et al., 2023). Networking with innocence organizations and professionals was one way to find participants. Social media groups were also used to recruit participants. Groups related to exonerees and wrongful convictions on social media were searched. Posts about the study were made in the social media groups. Participants who may not be associated with innocence organizations or other professionals were gained through marketing on social media. Attempts made may gain a more representative sample.

The existence of confounding variables threatens interval validity (Clarke et al., 2023; Hodson, 2022). Factors within an exoneree may impact results. Exonerees have reported changes in identity during and after incarceration (Kukucka et al., 2022; Temares et al., 2023; Umamaheswar, 2023b). Mental health symptoms of depression, anxiety, and trauma are reported by exonerees after incarceration (Kukucka et al., 2022; Nowotny et al., 2022; Temares et al., 2023). Stigma is reported by many exonerees when looking for employment and housing (Estes, 2023; Jackson et al., 2023; Temares et al., 2023). Identity changes, mental health issues, and stigma may impact the perspective of an exoneree's reintegration experience. Exoneree's perception of reintegration might fluctuate depending on what they are experiencing when completing the surveys.

Inclusion criteria helped to prevent confounding variables (Born et al., 2022; Kennedy et al., 2022). The inclusion criteria were met by participants. Inclusion criteria were minimal to help sample as many participants as possible. DNA testing results must

have been a factor contributing to exoneration. Participants must have been incarcerated for a minimum of one year. Participants must have been released at least one year before their participation. The time since release helps minimize confounding variables, as an exoneree will have had more time reintegrating and finding different resources.

Threats to statistical conclusions may be present (Clarke et al., 2023; Hodson, 2022). Results indicated relationships between self-esteem, self-compassion, and reintegration difficulties. The sample size was relatively small. Relationships between the IVs and DV may not have been meaningful based on only a small sample size. Results might not be generalized to the rest of the exoneree population. Statistical conclusion validity was addressed using a high power of .95 (Clarke et al., 2023). High power was used to improve the meaningfulness and likelihood of the effect in the sample population.

Participants completed three surveys measuring different variables. The variables measured using surveys were reintegration difficulties, self-esteem, and self-compassion. Reintegration difficulties were measured using a researcher-developed survey. The reintegration difficulty survey did not have established validity and reliability. Construct validity was addressed using well-established surveys to measure self-compassion and self-esteem (Gil & Kim et al., 2022; Moloud et al., 2022). The SCS and SES have high validity and reliability for use with various ages, genders, and ethnicities (Clark et al., 2023; Hodson, 2022; Neff, 2023). Results from the established surveys accurately measured self-compassion and self-esteem levels, reducing construct validity threats.

Ethical Procedures

Ethical procedures were applied throughout the study. Steps were taken to confirm ethical practices. The proposal was reviewed and approved by the dissertation chair and second committee member. The Institution Review Board (IRB) at Walden University approved the supporting documentation before gathering data. The IRB reviewed the proposal to ensure ethical research procedures are followed (Allan, 2020). Data collection and analysis began once IRB approval was received. The IRB approval process was documented to ensure transparency and ethical practices.

Ethical codes create standards and guide researchers when developing research protocols (Allan, 2020). The American Psychiatric Association (APA) code of ethics is used in forensic psychology. The APA ethical codes guided the procedures. Ethical codes regarding respecting participants and keeping integrity were considered when creating the procedures and protocols. Informed consent outlined privacy and participation expectations. Each participant reviewed and acknowledged the informed consent before participation. IRB approval ensured the participant's best interest was considered.

The sample population is DNA-exonerated individuals. Exonerees are a vulnerable population others can exploit and take advantage of (Estes, 2023; Kukucka et al., 2022; Temares et al., 2023). Practices to help protect the participants were enforced. An informed consent outlining the participant’s rights and role was acknowledged to protect participants (Allen, 2020). The expectations of the participants were discussed in the informed consent. The expectations included acknowledging an informed consent,

completing three surveys, and the length it would take to complete the study. The risks and benefits of participation were also reviewed in the informed consent.

Participation was voluntary, and there were no consequences for declining. Participants were made aware during the informed consent process that their involvement would not impact them legally, socially, or financially. Privacy and confidentiality were considered. Participants did not give identifying information. Inclusion criteria were acknowledged during the consent process. Participants acknowledged they were incarcerated for at least one year. Participants acknowledged they were exonerated based on DNA testing and had been released at least one year before participating.

Ethical concerns related to privacy and security of data were addressed. Participants completed the surveys using a link to Survey Monkey. The invitation was sent to innocence organizations and posted on exoneration-focused social media groups. A link to the informed consent and surveys was included in the invitation. Participants were encouraged to complete the surveys independently and in a private environment. No identifying information was collected based on requirements set by the IRB. The method by which participants gained information and learned about the study is unknown.

Security of the data and results was addressed. Participant identities were not collected based on suggestions made by the IRB. Survey responses and data analysis were kept secure on the researcher's personal computer. Data was entered, analyzed, and saved in SPSS. The researcher's computer used in this process was password-protected. The original surveys and results are in the researcher's personal Survey Monkey account. The account is kept secure with a username and password only the researcher knows.

Summary

Exoneree self-esteem and self-compassion levels impact on reintegration difficulties was the topic. Areas of difficulty experienced by exonerees during the reintegration process have been reported in previous studies (Estes, 2023; Heilbrun et al., 2023; Kukucka et al., 2022). Exonerees experience challenges when looking for housing and employment (Estes, 2023; Heilbrun et al., 2023; Kukucka et al., 2022). Exonerees report significant mental health struggles, including depression, anxiety, and trauma symptoms (Heilbrun et al., 2023; Jackson et al., 2023; Temares et al., 2023). External factors such as stigma negatively impact exonerees during reintegration (Estes, 2023; Heilbrun et al., 2023; Scherr & Normile, 2022). Internal factors impacting reintegration difficulties have not been studied (Kukucka et al., 2022). Knowledge about exoneree identity, as it relates to the reintegration process, may help provide insight into needed resources after release from incarceration.

Relationships between DNA-exoneree's self-esteem, self-compassion, and reintegration difficulties are being studied. Nonexperimental, quantitative methods are used to identify relationships between the IVs and DV. Self-esteem and self-compassion are the independent variables. Self-esteem levels are being measured using the Self-Esteem Scale (Gil & Kim, 2022; Moloud et al., 2022). Self-compassion levels of exonerees are being measured with the Self-Compassion Scale (Daneshvar et al., 2022; Neff, 2023). The dependent variable is exoneree reintegration difficulty level. Reintegration difficulties are being measured using a researcher-developed survey based on the results of previous articles (Kukucka et al., 2022; Temares et al., 2023).

Purposive sampling was used to identify participants. Inclusion criteria included having not been exonerated in part by DNA test results and having been incarcerated for one year. Participants must also have been released at least one year before their participation. Participants completed the surveys via Survey Monkey. Data was the survey responses. The results of the surveys were entered into SPSS and analyzed. A multiple linear regression test was conducted to identify relationships between self-esteem, self-compassion, and reintegration difficulties.

Ethical considerations were addressed by using informed consent, inclusion criteria, and debriefing procedures. Participation was voluntary, and there were no consequences if an exoneree declined to participate. Validity issues were addressed in several ways to account for internal and external threats. The sample size was relatively small, which can cause questions about validity. Established surveys completed by participants measured their self-esteem and self-compassion levels. Results are generalizable based on the validity and reliability of the surveys used. Statistical power was set high to strengthen the conclusion validity.

The data collection process, statistical analysis, and results are detailed in Chapter 4. Data collection procedures are reported, including how long it took to gain participants and the survey results. Participants were recruited using networking strategies with innocence organizations and social media. The estimated sample size was 24 participants. The actual sample size was 40 participants. The survey results are described in detail. Descriptive statistics and statistical analysis relating to the relationships between self-esteem, self-compassion, and reintegration difficulties in exonerees are reported.

Chapter 4: Results

Introduction

Internal factors impacting reintegration difficulties for DNA-exonerees were the topic of this project. DNA-exonerees have reported external factors contributing to increased difficulties experienced during reintegration (Estes, 2023; Kukucka et al., 2022; Nowotny et al., 2023). Exonerees commonly report experiencing stigma from the community (Estes, 2023; Nowotny et al., 2023). Stigma negatively impacts an exoneree from obtaining housing, employment, medical care, and mental health treatment (Estes, 2023; Kukucka et al., 2022; Nowotny et al., 2023). Internal factors have been reported by exonerees during qualitative interviews (Kukucka et al., 2022; Temares et al., 2023). Exonerees report changes in identity and personality after wrongful convictions (Temares et al., 2023). Quantitative methods help to clarify the relationship between internal factors and reintegration difficulties.

Personal identity is made up of internal factors impacting an individual's thoughts, beliefs, and actions (Turner & Onorato, 1999). Internal factors related to personal identity include self-compassion and self-esteem. Self-compassion is a person's ability to be kind and gentle with themselves (Murris & Otgarr, 2023; Neff, 2023). Self-esteem is the perception a person has of themselves (Gil & Kim, 2022; Murris & Otgarr, 2023). Self-esteem also comprises how an individual believes others view them (Murris & Otgarr, 2023; Neff, 2023). The impact self-compassion and self-esteem have on reintegration difficulties have not been studied using quantitative methods. The purpose

was to better understand the relationships between self-compassion and self-esteem levels with difficulties faced during reintegration.

Research Question 1 (RQ1): Is there a relationship between DNA-exoneree's level of self-esteem and difficulties experienced during the reintegration process?

Null Hypothesis 1 ($H_0 1_1$): There is no relationship between self-esteem and the reintegration process.

Alternative Hypothesis 1 ($H_a 1_1$): There is a relationship between self-esteem and the reintegration process.

Research Question 2 (RQ2): Is there a relationship between DNA-exoneree's level of self-compassion and difficulties experienced during the reintegration process?

Null Hypothesis 2 ($H_0 2_1$): There is no relationship between self-compassion and the reintegration process.

Alternative Hypothesis 2 ($H_a 2_1$): There is a relationship between self-compassion and the reintegration process.

Research Question 3 (RQ3): Do self-esteem and self-compassion combined significantly impact difficulties experienced during reintegration?

Null Hypothesis 3 ($H_0 3_1$): Self-esteem and self-compassion combined do not significantly impact reintegration difficulties.

Alternative Hypothesis 3 ($H_a 3_1$): Self-esteem and self-compassion combined do significantly impact reintegration difficulties.

Chapter 4 outlines the data collection and analysis procedures. Data included results of the SES, SCS, and reintegration difficulties survey. Surveys were scored, and

the results were entered into SPSS. A total of 40 data sets were collected and used for the analysis. Research questions one and two were analyzed using a linear regression. A multiple linear regression was used to answer research question three. The findings of the regressions were used to test the hypotheses.

Data Collection

Data collection included the use of two established measures. Permission for the SES and SCS were obtained from online sources as both measures have been made public. A permission letter was obtained to use the SCS (see Appendix A). Permission to use the SES in research can be found online (University of Maryland, 2023). A survey measuring difficulties experienced in different life areas was developed. Areas of difficulty reported by exonerees were identified in previous articles. Each survey was entered into Survey Monkey for participants to complete.

Approval from the Walden University IRB was gained before gathering any data (02-21-2024-1024128). The invitations were created to be sent via email and posted on social media groups. Invitations contained information about the purpose, what participants could expect, risks of participation, and inclusion criteria. A link to the informed consent and surveys was embedded in the invitations. The invitations were emailed to different innocence organizations in the United States. Facebook groups focused on wrongful convictions or exonerations were joined using a profile created for this project. The invitation was posted on the Facebook group pages.

Recruitment and data collection occurred over the course of four weeks. The invitations were emailed one time to innocence organizations. The researcher posted to

Facebook groups several times a week. Recruitment was steady over the four weeks. The surveys were collected within five weeks of IRB approval. Ten participants completed surveys each week on average. A total of 40 individuals participated.

Non-probability sampling was used to gather participants. Innocence organizations and social media groups focused on wrongful convictions or exonerations were targeted to gain participants. The NRE lists 3,499 exonerees in the United States (National Registry of Exonerees, 2024). Five hundred sixty exonerees met the inclusion criteria. The total sample population was 560. The sample size collected was 40 exonerees. The ratio between participants and the sample population is large.

Demographic information was not collected. The IRB indicated gaining this amount of information was unnecessary. Participants' names, locations, ages, gender, and contact information are unknown. Participants were required to read and acknowledge the informed consent. Inclusion criteria were listed in the informed consent. Participants acknowledged consent, thereby agreeing they met the inclusion criteria. The accuracy of participants meeting inclusion criteria could not be confirmed.

Study Results

The data were scores from the SES, SCS, and reintegration difficulty survey. The surveys were scored upon collection. The reintegration difficulty survey was scored using a four point Likert scale. Results for the SES were calculated using a four point Likert scale with five items reversed scored. Scores from the SCS were calculated using a five point Likert scale. Reverse scoring was used for thirteen items on the SCS. The total scores for each survey were entered into SPSS for analysis.

The data was analyzed using statistical tests in SPSS. A reliability test was conducted for the reintegration difficulties survey. Assumptions of normality, linearity, and variance were tested. The statistical tests performed were linear and multiple regressions. Linear regression tests were used to analyze research questions one and two. A multiple linear regression was conducted for research question three. The hypotheses were answered based on the statistical analysis.

The SES and SCS have established measures with good psychometrics (Moloud et al., 2022; Neff, 2023). The reintegration difficulty survey was developed for this project by the researcher. Items included in the reintegration difficulty survey were based on reports from exonerees in previous articles (Kukucka et al., 2022). The validity and reliability of the five items included in the reintegration survey were unknown. Reliability tests were conducted to determine the psychometric properties. Cronbach's Alpha for the survey was .84 (see Table 1). The reintegration difficulties survey has high reliability by measuring consistent results.

Table 1

Reliability Statistics

Cronbach's Alpha	*n* of Items
.84	5

The reintegration difficulties survey is a researcher-developed tool. Life areas included in the survey are housing, employment, legal resources, financial compensation,

mental health treatment, physical healthcare, and community support. Participants scaled their difficulty level experienced in these various life areas during the reintegration process. The survey items were measured using the four point Likert scale of very easy, easy, difficult, and very difficult. The highest score an individual could score on the reintegration difficulties survey is 20, with a mean (*M*) = 15.18 and standard deviation (*SD*) = 3.5. The area of legal resources and financial compensation was reported to be the most difficult (*M* = 3.70, *SD* = 0.65). The area of social community support was surveyed as the easiest area during reintegration (*M* = 2.43, *SD* = 1.11).

Table 2

Descriptive Statistics for the Reintegration Difficulties Survey and Individual Items

	Reintegration Difficulties Survey	Housing	Employment	Legal, Financial Compensation	Mental & Physical Health Treatment	Social Support
M	15.18	2.83	3.15	3.70	3.00	2.43
SD	3.50	.96	.98	.65	.64	1.11

Tests for normality were conducted for the IVs and DV. Skewness of the self-compassion independent variable was high at .89. The skewness of self-esteem was moderate at .52. The *Shapiro-Wilk* was statistically significant at .00 for self-compassion (see Table 3). The *Shapiro-Wilk* for self-esteem was significant at .04. The independent variables of self-esteem and self-compassion were not normally distributed. The dependent variable was normally distributed (see Figure 1).

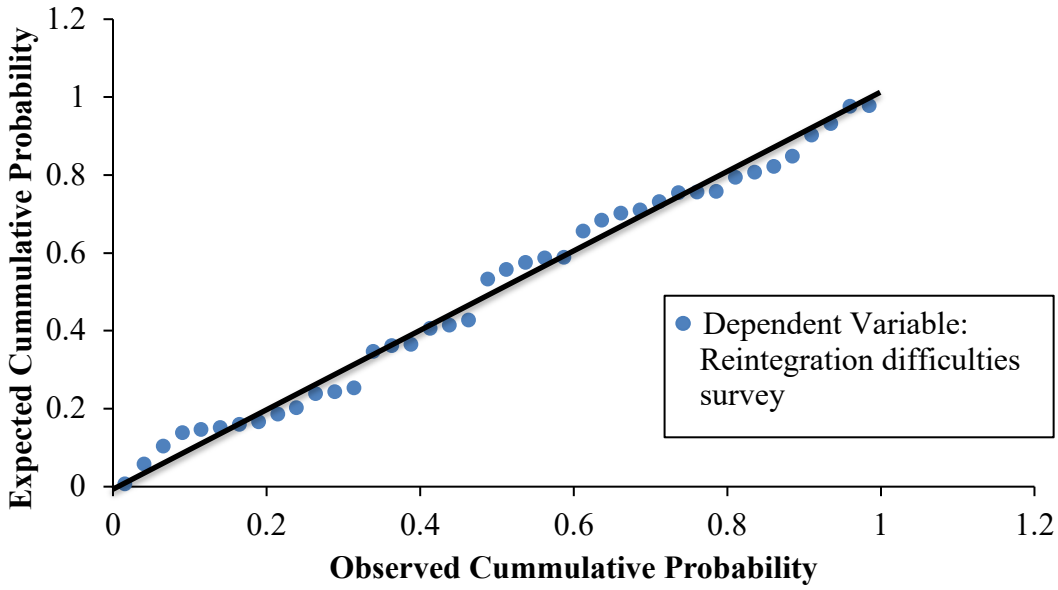
Table 3

Shapiro-Wilk Test for Normality

	Shapiro-Wilk	*df*	*p*
Self-Compassion Scale	.90	40	.00*
Self-Esteem Scale	.94	40	.04*

Figure 1

Normal P-P Plot of Regression Standardized Residual



The assumption of linearity between the outcome and predictor variables was tested. Deviation from linearity was calculated. Linearity was significant between the IVs and DV (see Table 4). The linearity between self-compassion and reintegration difficulties was $p < .00$. No significant deviation from linearity was found for self-compassion. The linearity between self-esteem and reintegration difficulties was $p < .00$. No significant deviation from linearity was found for self-esteem.

Table 4

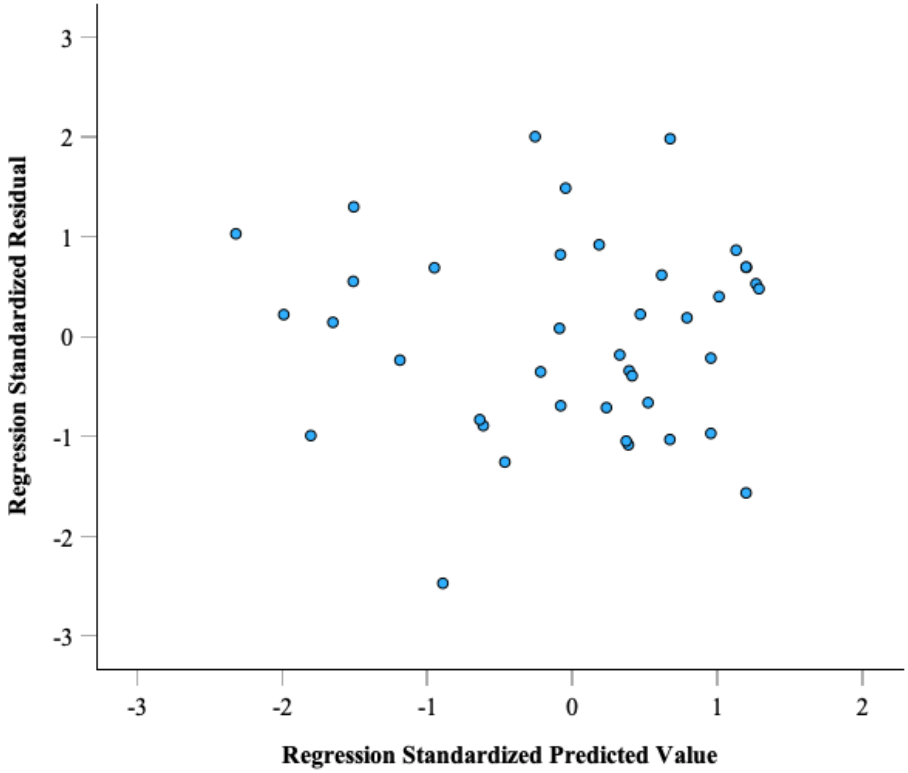
Test for Linearity

			p
Reintegration Difficulties Survey Self-Compassion Scale	Between Groups	(Combined)	.03*
		Linearity	<.00*
		Deviation from Linearity	.50
Self-Esteem Scale	Groups	Linearity	<.00*
		Deviation from Linearity	.01*

The assumption of variance was tested. Levene's test for quality of variance was used. Heteroscedasticity exists between the IVs and DV. Outliers within the data set exist (see Figure 2). The variance for the variable of self-compassion was .13. The variance for self-esteem was .00. Variance for the independent variable of self-compassion can be assumed but not for self-esteem.

Figure 2

Variance Scatterplot



Descriptive statistics for the IVs and DV are based on the data sets from 40 participants (see Table 5). No data sets were removed as there were not any missing items. The means are based on the scoring of the reintegration difficulties survey (see Figure 3), SES (see Figure 4), and SCS (see Figure 5). The criterion variable is reintegration difficulties (M =15.18, SD = 3.50). Self-esteem is the predictor variable in

research questions one and three (M = 22.00, SD = 6.54). Self-compassion is the predictor variable in research questions two and three (M = 2.03, SD = .84).

Table 5

Descriptive Statistics for SES and SCS

n = 40	Mean	Standard Deviation
Self-Compassion Scale	2.05	.84
Self-Esteem Scale	22.00	6.54

Figure 3

Reintegration Difficulties Survey Score Histogram

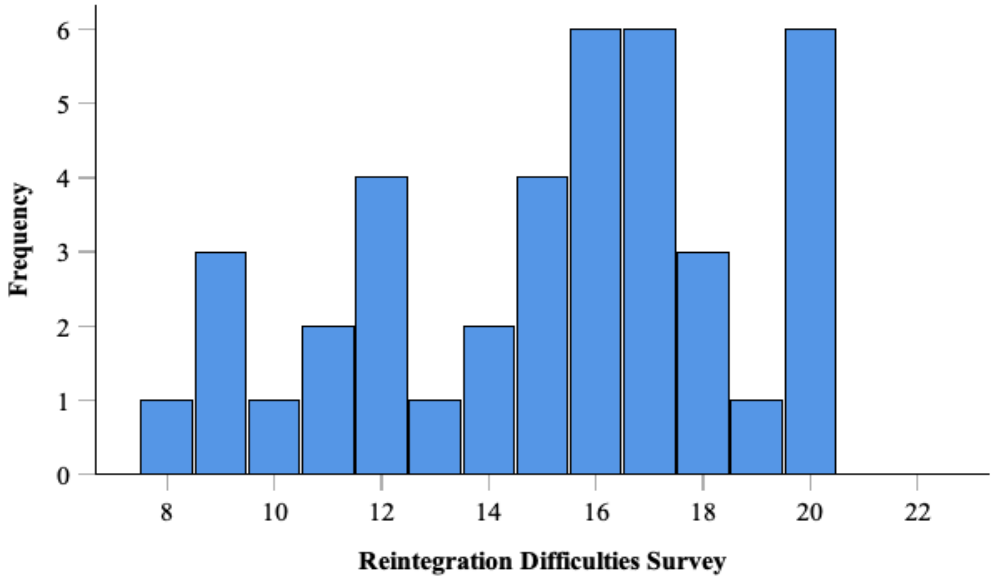


Figure 4

Self-Esteem Scale Score Histogram

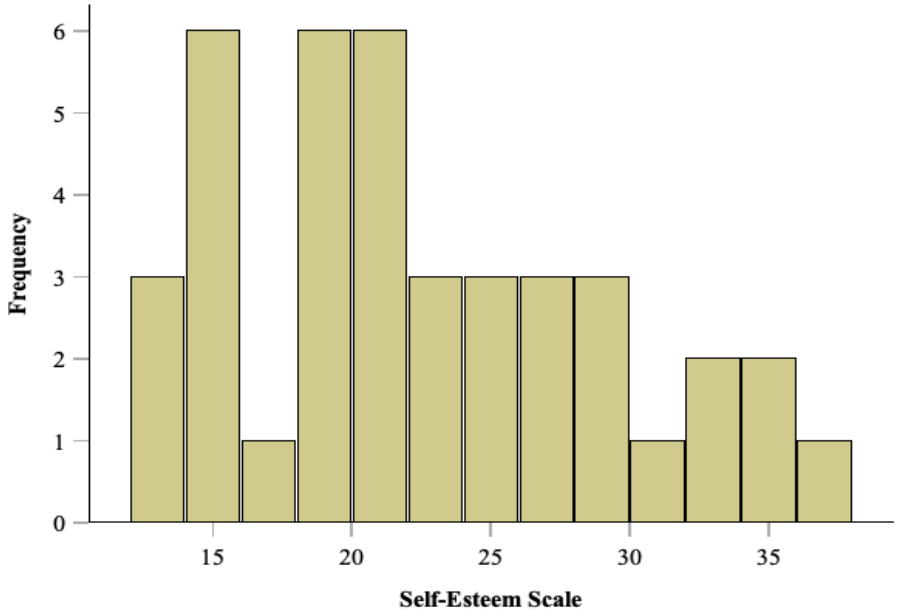
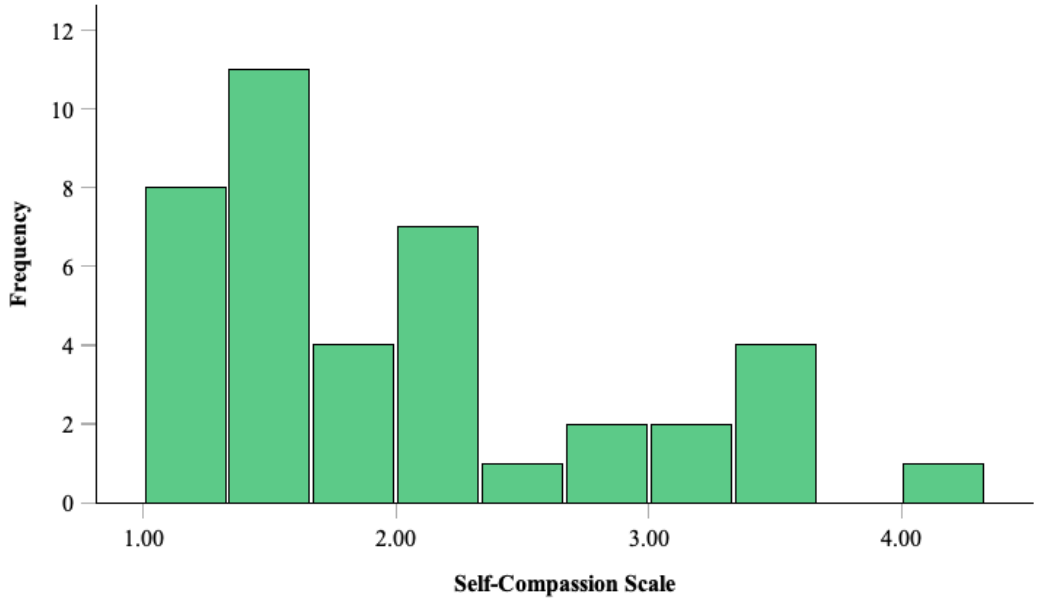


Figure 5

Self-Compassion Scale Score Histogram



Research question one focuses on the relationship between self-esteem and reintegration difficulties. A linear regression between self-esteem and reintegration difficulties was conducted. There is a large effect size with $R^2 = .85$ (see Table 6). The main effect of self-esteem was significant $F(1, 38) = 216.80$, $p < .001$ (see Table 7). Reintegration difficulties increased as self-esteem decreased, $B = -.49$, $p < .001$ (see Table 8). Self-esteem scores on average were 22, 95% CI [19.91, 24.09] (see Table 9). The null hypothesis for research question one is rejected based on these findings.

Table 6

Model Summary: Self-Esteem and Reintegration Difficulties Linear Regression

Model	*R*	R^2	Adjusted R^2	Standard Error of the Estimate
1	.92	.85	.85	1.37

Table 7

ANOVA: Self-Esteem and Reintegration Difficulties Linear Regression

Model		Sum of Squares	*df*	Mean Square	*F*	*p*
1	Regression	406.57	1	406.57	216.98	<.001*
	Residual	71.20	38	1.87		
	Total	477.78	39			

Table 8

Coefficients: Self-Esteem and Reintegration Difficulties Linear Regression

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Standard Error	Beta	*t*	*p*
1	(Constant)	26.03	.768		33.89	<.001*
	Self-Esteem Scale	-.49	.033	-.922	-14.73	<.001*

Table 9

Descriptives: Confidence Interval (CI) for Self-Esteem

			Statistic	Standard Error
Self-Esteem Scale	Mean		22.00	1.04
	95% CI for Mean	Lower Bound	19.20	
		Upper Bound	24.80	

The relationship between self-compassion and reintegration difficulties was explored in research question two. A linear regression between self-compassion and reintegration difficulties was conducted. There was a large effect size, $R^2 = .84$ (see Table 10). The main effect of self-compassion was significant, $F(1, 38) = 199.25$, $p < .001$ (see Table 11). Reintegration difficulties increased as self-compassion decreased, $B = -3.84$,

$p < .001$ (see Table 12). Participants scored 2.03 on self-compassion, 95% CI [1.76, 2.30] (see Table 13). The null hypothesis for research question two is rejected.

Table 10

Model Summary: Self-Compassion and Reintegration Linear Regression

Model	*R*	R^2	Adjusted R^2	Standard Error of the Estimate
1	.92	.84	.84	1.42

Table 11

ANOVA: Self-Compassion and Reintegration Difficulties Linear Regression

Model		Sum of Squares	*df*	Mean Square	*F*	*p*
1	Regression	401.25	1	401.25	199.25	<.001*
	Residual	76.53	38	2.01		
	Total	477.78	39			

Table 12

Coefficients: Self-Compassion and Reintegration Difficulties Linear Regression

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Standard Error	Beta	*t*	*p*
1	(Constant)	22.97	.60		38.53	<.001*
	Self-Compassion Scale	-3.84	.27	-.92	-14.12	<.001*

Table 13

Descriptives: Confidence Interval for Self-Compassion

			Statistic	Standard Error
Self-Compassion Scale	Mean		2.03	.13
	95% CI for Mean	Lower Bound	1.76	
		Upper Bound	2.30	

A multiple linear regression was used to identify any relationship between the combined independent variables and reintegration difficulties. A large effect size is calculated at $R^2 = .86$. The model has strong serial correlation, Durbin-Watson = 1.73 (see Table 14). The main effect of self-esteem and self-compassion was significant, $F(1, 38) = 117.57$, $p < .001$ (see Table 15). The Unstandardized *B* coefficient for self-esteem (-.29) is significant but self-compassion (-1.67) was not. The significance is statistically significant for self-esteem but not self-compassion (see Table 16). The Cook's Distance

statistic is between .00 and .17, indicating no undue influence of outliers (see Table 17). The null hypothesis for research question three is rejected based on these results.

Table 14

Model Summary: Multiple Regression

Model	*R*	R^2	Adjusted R^2	Standard Error of the Estimate	Durbin-Watson
1	.93	.86	.86	1.33	1.73

Table 15

ANOVA: Multiple Regression

Model		Sum of Squares	*df*	Mean Square	*F*	*p*
1	Regression	412.82	2	206.41	117.57	<.001*
	Residual	64.96	37	1.76		
	Total	477.78	39			

Table 16

Coefficients: Multiple Regression

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Standard Error	Beta	*t*	*p*
1	(Constant)	24.93	.95		26.39	<.001*
	Self-Compassion Scale	-1.67	.88	-.40	-1.89	.07
	Self-Esteem Scale	-.29	.11	-.54	-2.57	.01*

Table 17

Residual Statistics: Multiple Regression

n = 40	Minimum	Maximum	Mean	Standard Deviation
Predicted Value	7.63	19.36	15.18	3.25
Std. Predicted Value	-2.32	1.29	.00	1.00
Standard Error of Predicted Value	.22	.60	.35	.09
Adjusted Predicted Value	7.28	19.31	15.16	3.27
Residual	-3.28	2.66	.00	1.29
Std. Residual	-2.47	2.00	.00	.97
Stud. Deleted Residual	-2.79	2.13	.00	1.04
Cook's Distance	.00	.17	.03	.04
Centered Leverage Value	.00	.18	.05	.04

Summary

The relationship between self-esteem, self-compassion, and reintegration difficulties was the focus. External factors impacting the reintegration process have been identified (DeShay, 2023; Estes, 2023). Exonerees have reported personal identity changes in previous articles (Kukucka et al., 2022). Personal identity can be defined as internal factors contributing to how an individual thinks about themselves (Turner & Onorato, 1999). Self-compassion and self-esteem are two constructs making up personal identity. Self-compassion is the ability a person has to be kind with themselves. Self-esteem involves self-perception and how an individual believes others perceive them. Quantitative methods help to better understand whether self-esteem and self-compassion impact reintegration.

Participants of the project were DNA-exonerated individuals. Data included results from the SES, SCS, and reintegration difficulties survey taken by exonerees. A total sample size of 40 was gained. The data sets were complete and not missing any items. The surveys were scored and entered in SPSS for analysis. Linear and multiple regression analyses were conducted. The results of the tests were used to answer the research questions and hypotheses.

Research question one was answered using a linear regression analysis. The relationship between self-esteem and reintegration difficulties was identified. The null hypothesis was rejected based on the findings. The model had a large effect size with an $R^2 = .85$. Self-esteem was statistically significant with $p < .00$. Reintegration difficulties

decreased with increased self-esteem (B = -.49). As the construct of self-esteem increased, the difficulties experienced during reintegration decreased.

A linear regression analysis was used to answer research question two. The relationship between self-compassion and reintegration difficulties was identified. The null hypothesis was rejected based on the results. The model had a large effect size with an R^2 = .84. Self-compassion had a statistically significant p < .00. Reintegration difficulties increased as self-compassion decreased (B = -3.84). As self-compassion levels increased, reintegration difficulties decreased.

A multiple linear regression analysis was calculated to answer research question three. The relationship between the combined independent variables and reintegration difficulties was identified. The null hypothesis was rejected based on the multiple linear regression results. The model had a large effect size with an adjusted R^2 = .86. The results were statistically significant with p < .00. The Unstandardized B coefficient was significant for self-esteem but not self-compassion. As the combined IVs increased, reintegration difficulties decreased.

The relationship self-esteem and self-compassion have with reintegration difficulties is the focus of Chapter 5. The current literature on exonerations and reintegration is extended by the results. Results indicate a negative correlation between the IVs and DV. Limitations related to assumption test of generalizability, reliability, and validity. Future studies could be improved by considering these limitations. A better understanding of the relationship between the IVs and DV can help improve reintegration-related policies and resources provided to exonerees.

Chapter 5: Discussion

Introduction

The purpose of this nonexperimental, quantitative study was to better understand the relationship between DNA-exoneree self-esteem and self-compassion levels with difficulties experienced during reintegration. Exonerees report difficulties during reintegration in many life areas. Exonerees have challenges when securing housing, finding employment, obtaining legal help, receiving healthcare, and gaining social supports (De La Haye et al., 2023; Estes, 2023; Kukucka et al., 2022). Stigma from the public has been reported as an influential external factor on reintegration difficulties (Estes, 2023; Faison et al., 2023; Itskovich et al., 2023). Stigma exoneree experience during reintegration has been extensively studied (Kukucka et al., 2022). Internal factors have been reported by exonerees after wrongful incarceration. The impact an exoneree's identity has on reintegration difficulties had not been studied.

DNA-exonerees were the participants. The relationship between identity and reintegration difficulties was identified using objective measures. Identity was defined as self-compassion and self-esteem. Participants completed the SES to measure self-esteem. Self-compassion levels were measured using the SCS. A researcher-developed survey was created utilizing areas of difficulty reported by exonerees in previous articles. Participants completed the reintegration difficulties survey, reporting areas of life they had challenges in after release from incarceration.

Exonerees spend time incarcerated for crimes they are later found to be not guilty of (Jackson et al., 2023; Temares et al., 2023). Resources provided to exonerees upon

reintegration differ depending on country, state, and county procedures (Kukucka et al., 2022; Scherr & Normile, 2022). Exonerees reported many different challenges during reintegration (Kukucka et al., 2022; Temares et al., 2023). External factors contributing to reintegration difficulties have been reported and studied (DeShay, 2023; Kukucka et al., 2022; Temares et al., 2023). Internal factors impacting reintegration difficulties have been reported but not further studied (Kukucka et al., 2022). Reintegration difficulties might be lessened for these individuals when there is a full understanding of all the factors contributing to challenges after release (Kukucka et al., 2022; Temares et al., 2023). Resources provided to exonerees can be recommended based on improved knowledge of the different factors impacting reintegration difficulties.

Participants completed the SES, SCS, and reintegration difficulties survey. Survey scores were computed and entered into SPSS to be analyzed. Linear and multiple regressions were calculated to identify the relationship between the IVs and DV. The null hypotheses for research questions one, two, and three were rejected. Self-esteem levels are correlated with reintegration difficulties. Self-compassion level is correlated with reintegration difficulties. The combination of self-esteem and self-compassion is correlated with reported reintegration difficulty levels.

Exoneree self-esteem and self-compassion correlate with reported difficulty level of reintegration. Better understanding the relationship between self-esteem, self-compassion, and an exoneree's experience during reintegration has various implications. Knowledge gained from the results can be used to improve procedures during the exoneration and reintegration processes. The results extend existing knowledge about the

impact stigma has on exonerees during the reintegration process. The public perception of exonerees can be improved by incorporating the results into educational sessions. Resources provided after release from incarceration can be improved by considering the difficulty level reported by exonerees. The findings can be integrated by the field of forensic psychology into interventions when working with exonerees.

Interpretations of Findings

Exonerees are provided with different resources after release from incarceration (Kukucka et al., 2022; Scherr & Normile, 2022). Exonerees report many challenges when reintegrating (Kukucka et al., 2022). Difficulties during reintegration are impacted by external and internal factors. Stigma is an external factor commonly experienced by exonerees during reintegration (Estes, 2023; Kukucka et al., 2022; Temares et al., 2023). Exonerees have reported ways stigma impedes their ability to find housing, employment, legal aid, medical care, and social supports. Internal factors, including identity changes, have been reported by exonerees as a consequence of wrongful conviction and incarceration (Kukucka et al., 2022). The research gap was addressed by identifying relationships between internal factors and reintegration difficulties.

Reintegration difficulties were measured using a researcher-developed self-report survey. Participants rated themselves on a four point Likert scale ranging from very easy, easy, difficult, or very difficult. The areas scaled were housing, employment, legal resources/financial compensation, mental/physical health treatment, and social/community supports. The higher an exoneree's score, the more difficulty a participant reported experiencing during reintegration. Scores on the reintegration

difficulty survey spread across the range: 4-20. The average score was 15.18, suggesting participants experience high difficulty levels during reintegration. Results of the survey confirmed exonerees experience challenges during reintegration.

Exonerees have reported experiencing difficulties in the areas of finding employment and housing during reintegration (Estes, 2023; Kukucka et al., 2022; Temares et al., 2023). Participants reported some difficulty on average when finding housing. A high difficulty level was reported for employment. Stigma experienced throughout the reintegration process was often reported by exonerees (Estes, 2023; Faison et al., 2023; Itskovich et al., 2023). Participants scored moderate levels of difficulty in social and community supports. The area of social and community supports was the lowest-scored item overall for participants. The mean difficulty level for legal resources and financial compensation was high. The difficulty level reported for legal resources and financial compensation is aligned with previous articles (Kukucka et al., 2022; Scherr & Normile, 2022).

Self-esteem is the perceptions, thoughts, and beliefs an individual has of themselves (Gil & Kim, 2022; Mahadevan et al., 2022; Neff, 2023). External and internal factors impact self-esteem levels (Gil & Kim, 2022; Murris & Otgarr, 2023; Orth & Robins, 2022). Levels of self-esteem are partially based on how a person believes others perceive them (Gil & Kim., 2022; Murris & Otgarr, 2023). Self-esteem levels are impacted by comparisons an individual makes of themselves with others (Gil & Kim, 2022; Neff, 2023). External factors influencing self-esteem levels are stigma and how an individual is treated by others (Cenat et al., 2022; Mahadevan et al., 2022; Orth &

Robins, 2022). Stigma and discrimination can negatively impact self-esteem levels (Cenat et al., 2022; Mahadevan et al., 2022). Internal factors, including changes in self-perception, mood, and mental health, can impact self-esteem levels (Gil & Kim, 2022; Mahadevan et al., 2022; Orth & Robins, 2022).

Self-esteem fluctuates throughout life based on experiences (Cenat et al., 2022). Self-esteem changes based on a person's evaluation and judgments of themselves at any time in their life (Neff, 2023). Self-esteem levels change across different areas of life (Neff, 2023; Orth & Robins, 2022). An individual can have high self-esteem in one area of life and low for others (Orth & Robins, 2022). Self-esteem levels impact mental and behavioral functioning (Allemand et al., 2024; Orth & Robins, 2022). Minimal self-esteem is correlated with mental health issues such as depression and anxiety, which lead to diminished behavioral activation (Gil & Kim, 2022; Moloud et al., 2022; Orth & Robins, 2022). Diminished self-esteem levels correlate with difficulty managing stressful situations (Allemand et al., 2024; Birni & Eryilmaz, 2024).

Exonerees have reported changes in their identity, including increased levels of feeling bad about themselves (Kukucka et al., 2022). Exonerees experience stigma throughout the process of wrongful conviction, incarceration, exoneration, and reintegration (Estes, 2023; Kukucka et al., 2022; Temares et al., 2023). Self-esteem issues may be caused by the stigma exonerees experience. The SES is the most widely used tool to measure self-esteem (Orth & Robins, 2022). The range of scores on the SES was 10 to 40. Higher scores indicate more self-esteem. Participants mean score on the SES indicated moderate levels of self-esteem.

Results from the SES extend the findings from previous literature. Exonerees denied high self-esteem. Previous articles reported exonerees endorse poor self-image and changes in their identity (Kukucka et al., 2022). The scores on the SES quantify exoneree levels of self-esteem. Self-esteem reported by exonerees can be a contributing factor to difficulties experienced during reintegration. Exonerees may have challenges in areas of life requiring better mental and behavioral functioning due to their self-esteem level (Allemand et al., 2024; Orth & Robins, 2022). Exonerees are more likely to have mental health issues than the general population because of a correlational with self-esteem levels (Heilbrun et al., 2023; Thomas & Hoyt, 2023).

A linear regression analysis was conducted to identify any relationship between self-esteem and difficulties experienced during the reintegration process. A negative correlational relationship exists between self-esteem and reintegration difficulties based on the results of the linear regression. The correlation indicated as self-esteem decreased, reintegration difficulties increased. Exonerees with lower levels of self-esteem can be expected to have more difficulties during the reintegration process. Participants reported high levels of difficulties during reintegration and moderate self-esteem. Exonerees' previous reports of facing stigma during reintegration is an external factor negatively impacting the reintegration process. Self-esteem level is an internal factor interfering with an exoneree's reintegration.

Self-compassion is the ability a person has to be kind, gentle, and understanding of themselves (Neff, 2023; Shamsababdi & Dehshiri, 2024). Self-compassion helps people overcome adversity, failures, and suffering (Neff, 2023). Individuals with high

levels of self-compassion can normalize their suffering and minimize isolation. Self-compassion levels are correlated with mental health well-being (Murris & Otgarr, 2023). Mental and behavioral functioning increases with high levels of self-compassion (Murris & Otgarr, 2023; Neff, 2023). Self-compassion levels can remain stable throughout life and not easily fluctuate like self-esteem does (Murris & Otgarr, 2023; Neff, 2023). External and internal factors can impact levels of self-compassion (Andreeva & Green, 2024; Neff, 2023; Shamsababdi & Dehshiri, 2024).

Stigma is an external factor negatively impacting self-compassion (Creaser et al., 2022). Self-compassion levels can decrease as an individual feels rejected by others (Neff, 2023). Internal factors contributing to self-compassion levels include a person's own thoughts, feelings, and moods. Low levels of self-compassion correlate with negative thought patterns (Birni & Eryilmaz, 2024; Neff, 2023; Shamsababdi & Dehshiri, 2024). Reduced self-compassion levels are linked with anxiety, depression, and shame (Bianchini & Bodell, 2024; Daneshvar et al., 2022; Shamsababdi & Dehshiri, 2024). Individuals with high levels of self-compassion are less likely to ruminate on negative thoughts and feelings (Andreeva & Green, 2024). A lack of self-compassion is correlated with unhealthy and maladaptive coping and functioning (Murris & Otgarr, 2023; Shamsababdi & Dehshiri, 2024).

Self-compassion levels correlate with behavioral functioning (Neff, 2023; Shamsababdi & Dehshiri, 2024). Individuals with reduced self-compassion are more likely to partake in avoidant behaviors and be less motivated (Andreeva & Green, 2024; Bianchini & Bodell, 2024; Neff 2023). Lower self-compassion levels are correlated with

a decrease in activities of daily living (Creaser et al., 2022; Daneshvar et al., 2022; Shamsababdi & Dehshiri, 2024). Social isolation increases as self-compassion levels decrease (Shamsababdi & Dehshiri, 2024). Isolation increases feelings of loneliness and shame (Neff, 2023; Shamsababdi & Dehshiri, 2024). Higher self-compassion levels lead to a positive outlook on life (Neff, 2023). A positive outlook on life can motivate a person and increase behavioral activation (Neff, 2023).

Exonerees report experiencing stigma can negatively impact their self-compassion levels. Self-compassion challenges for exonerees may lead to decreased mental and behavioral functioning (Neff, 2023; Shamsababdi & Dehshiri, 2024). Exonerees benefit from being able to advocate for themselves when finding housing, employment, legal aid, physical healthcare, mental health treatment, and social supports. Lower levels of self-compassion leading to decreased motivation and increased isolation can impede an exoneree's efficacy when securing these necessary resources. Self-esteem levels may be negatively impacted by the stigma exonerees experience (Neff, 2023). The SCS is a tool to measure self-compassion. The range of scores on the SCS is from one to five. A score of five indicates high levels of self-compassion.

Participants reported low levels of self-compassion. The results from the SCS extend the findings from previous literature. Exonerees report changes in identity that negatively impact their perspective on themselves (Kukucka et al., 2022). A lack of self-compassion may increase the propensity to be critical of themselves in times of stress and suffering (Neff, 2023). Exonerees report high levels of mental health issues, which can be explained in part by a lack of self-compassion. Exonerees experiencing depression,

anxiety, shame, and trauma symptoms are less likely to seek out necessary resources. Exonerees with minimal self-compassion are also more likely to isolate. Isolation minimizes achievements in finding and securing necessary social supports.

A linear regression analysis was used to identify any relationship between self-compassion and reintegration difficulties. A negative correlational relationship exists between self-compassion and reintegration difficulties. Reintegration difficulties increase as an exonerees' self-compassion level decreases. Exonerees with reduced self-compassion levels are predicted to experience more difficulties during reintegration. Participants reported high levels of difficulties during reintegration and diminished self-compassion. Exonerees previously reported experiencing stigma, an external factor negatively impacting reintegration. The reintegration process is negatively impacted by the internal factor of self-compassion.

Knowledge about internal factors correlated with reintegration difficulties is extended with the current findings. A multiple linear regression was conducted to identify any relationship between the combination of self-esteem and self-compassion with reintegration difficulties. Participants reported low self-compassion, moderate self-esteem, and high levels of difficulty obtaining necessary resources during reintegration. Combining these self-compassion and self-esteem levels correlates with the difficulty level an exoneree experienced during reintegration. Exonerees with self-esteem and self-compassion issues reported experiencing high levels of difficulty during the reintegration process. Exonerees lacking self-esteem and self-compassion will likely believe they cannot achieve goals (Moloud et al., 2023). Exonerees may be more critical of

themselves because of their self-esteem and self-compassion levels. Exonerees may believe they are undeserving of their needs and focus more on negative aspects of life, preventing themselves from securing necessary resources (Neff, 2023).

The social identity approach is a sociological and psychological theory grounding the study (Jay et al., 2022). Group membership, behaviors, conflict, and stigma are better understood when considering the theories comprising SIA (Brance et al., 2023; Jay et al., 2022; Perry et al., 2022). Individuals form and join groups based on commonalities called in-groups (Jay et al., 2022; Umamaheswar, 2023b). In-group members internalize group norms, including beliefs and behaviors (Brance et al., 2023; Tuner & Onorato, 1999). An individual's identified in-group can have a conflict with out-groups (Tajfel, 1974). Out-groups are made up of individuals differing from the person's in-group. Differences can lead to stigma and discrimination based on backgrounds, characteristics, or belief systems (Umamaheswar, 2023b).

Social identification and comparison are concepts explained using SIA. Individuals partially create their identity by how they perceive themselves as an in-group member (de Hoog & Pat-El, 2024). Social comparison of how an individual differs from out-groups also impacts a person's identity (de Hoog & Pat-El, 2024; Perry et al., 2022). Social identification and comparison are directly related to self-esteem levels. Individuals who believe others perceive them as bad or undeserving are more likely to have self-esteem issues (Cenat et al., 2022; Mahadevan et al., 2022; Orth & Robins, 2022). Self-compassion is also related to social identification and comparison. A person who

experiences criticism, discrimination, and stigma are more apt to be critical of themselves (Neff, 2023; Perry et al., 2022; Umamasheswar, 2023b).

Members of in-groups experiencing stigma and discrimination may incorporate these negative messages into their identity as a group and individuals (de Hoog & Pat-El, 2024; Perry et al., 2022). Group norms may include thoughts and beliefs about the in-group members. In-group members may have difficulty challenging negative beliefs about themselves as the messages become part of their identity. Individuals who perceive themselves negatively will experience negative impacts on their self-esteem and self-compassion levels (Moloud et al., 2022; Neff, 2023). In-group members may experience symptoms of trauma, depression, and anxiety due to negative beliefs. Individual reactions to trauma as a result of experiencing stigma can be influenced by the in-group norms. Maladaptive and unhealthy coping mechanisms for trauma or mental health issues can become normalized by a group (de Hoog & Pat-El, 2024; Neff, 2023; Perry et al., 2022).

An individual's inability to act can be impacted by group norms (de Hoog & Pat-El, 2024). Stigma can negatively impact a person's self-esteem and self-compassion levels (Cenat et al., 2022; Mahadevan et al., 2022; Orth & Robins, 2022). In-group members may lose motivation to act and meet their needs due to minimal self-esteem and self-compassion (Andreeva & Green, 2024; Bianchini & Bodell, 2024; Neff 2023). Individuals internalize the beliefs, thoughts, and behaviors of their in-group (de Hoog & Pat-El, 2024; Perry et al., 2022). Members in a group can become isolative or inactive during times of stress and suffering. Isolation can become a group norm when

experiencing suffering. An in-group who believes members should suffer alone will lead to them isolating and losing motivation for action (Neff, 2023; Perry et al., 2022).

The results are aligned with the theories found in the social identity approach. Exonerees belong to their own in-group based on their identity (Jay et al., 2022). The in-group of exonerees share certain experiences, beliefs, and characteristics. Exonerees report experiencing stigma throughout the wrongful conviction, incarceration, exoneration, and reintegration processes (DeShay, 2023; Estes, 2023; Kukucka et al., 2022). Individuals experiencing stigma can internalize these negative messages, leading to decreased self-esteem, self-compassion, and motivation (Andreeva & Green, 2024; Cenat et al., 2022; Mahadevan et al., 2022; Orth & Robins, 2022). Participants were DNA-exonerated individuals who reported moderate self-esteem, low self-compassion, and high levels of difficulty obtaining necessary resources. Exonerees find it more difficult to meet their needs once they have internalized negative messages, leading to diminished self-esteem and self-compassion levels.

Limitations of the Study

The findings may not be generalizable to the entire exoneree population. Participant demographic information was not collected due to recommendations made by Walden University IRB. The location where participants were convicted, incarcerated, and exonerated is unknown (Heilbrun et al., 2023; Kukucka et al., 2022; Nowotny et al., 2023). Resources provided to exonerees upon release from incarceration differ by state and county. Innocence organizations assist exonerees with different resources (Olsen et al., 2023; Scherr & Normile, 2022). Participant involvement with innocence

organizations is unknown. The location of exoneration and connections with innocence organizations may minimize reintegration difficulties.

The small sample size is another limitation. A sample size of at least 24 participants was needed for the results to be significant. A larger number of participants was acquired. The actual sample size was 40 participants. The sample size was small compared to the population size of 560 (National Registry of Exonerees, 2024). A small sample size can negatively impact the generalizability of results to all exonerees (Kukucka et al., 2022). A smaller number of participants may not provide enough responses from exonerees to know if the patterns identified are consistent across the entire exoneree population.

The participants completed self-reported surveys measuring self-compassion, self-esteem, and reintegration difficulty level. Self-compassion and self-esteem levels may have been reported differently if exonerees completed the surveys at another time in their life. Participants were not asked to report how long they had been reintegrating. Scores of the SES, SCS, and reintegration difficulty survey may change depending on where an exoneree is in the reintegration process. Participants did not previously complete the SES and SCS. Levels of self-compassion and self-esteem prior to exoneration are unknown. Comparing self-esteem and self-compassion levels from the past may improve the understanding of exonerees' current scores.

Participants completed surveys scaling their subjective perspective of how difficult they found the reintegration process to be. Participants were encouraged and assumed to have been honest in their answers. Exonerees could have been dishonest for

different reasons. Exonerees may have wanted to make the reintegration process seem easier or more difficult than their true experience. The reintegration difficulty survey results could improve over time as exonerees have more insight and take a different perspective. Self-esteem levels can fluctuate frequently, leading to unreliability of the current results. Connection with an innocence organization could positively impact SES, SCS, and reintegration difficulties survey scores as exonerees may have had more support starting in the exoneration process.

Recommendations

Exonerees continue to experience difficulties during the reintegration process in various areas of life. Existing knowledge about exoneree experiences is extended with the current findings. Independent and dependent variables were identified using reports from previous studies (Heilbrun et al., 2023; Kukucka et al., 2022; Temares et al., 2023). The surveys completed by participants measured self-esteem, self-compassion, and reintegration difficulties. Participants were gained through networking with innocence organizations and social media groups focused on exonerees. The sample size was small. The limitations can be considered in future research to improve the reliability, generalizability, and validity outcomes.

Participant inclusion criteria were minimal. Participants could be exonerees from any part of the United States. Participants needed to have been exonerated by DNA results, incarcerated for at least one year, and released a minimum of 12 months before their participation. The population size of exonerees meeting the inclusion criteria was 560 people (National Registry of Exonerees, 2024). The total sample size obtained was

40 participants. Inclusion criteria could be modified in future research to include more participants and obtain a larger sample size. Future studies with larger sample sizes may be able to improve the generalizability of results across the exoneree population.

Participants were gathered using networking strategies with innocence organizations and social media groups. Innocence organizations in the United States were identified. Emails were sent to the innocence organizations to provide information about this study. Social media groups focused on exonerees, wrongful convictions, and reintegration were identified on Facebook. Information was posted on the pages of social media groups. Participants were gained quickly using these two methods. Additional organizations and social media groups working with exonerees can be included in future research to gain more participants.

A researcher-developed survey was created to scale exoneree perception of difficulty in the areas of employment, housing, legal aid, healthcare treatment, and social supports, as one did not already exist. The areas included were based on reports from exonerees in previous articles (Kukucka et al., 2022; Temares et al., 2023). Results of validity and reliability tests supported using the reintegration difficulties survey. Surveys measuring self-esteem and self-compassion already existed. The SES and SCS are widely used with sound psychometric properties (Moloud et al., 2022; Neff, 2023). The SES and SCS should continue to be used in future studies. The reintegration difficulties survey can be expanded in the future to include additional life areas.

Demographic information was not obtained due to recommendations provided by Walden University IRB. Information relating to the location of conviction, incarceration,

exoneration, and reintegration could improve future research. Resources provided after release are based on location, including the country, state, and county (Heilbrun et al., 2023; Kukucka et al., 2022; Nowotny et al., 2023). Exonerees released from certain areas may have more or fewer resources upon release. Resources provided to exonerees may make it easier to reintegrate. Reintegration difficulty is negatively correlated to self-esteem and self-compassion levels. Information about the location can help clarify how this impacts reintegration difficulties, self-esteem, and self-compassion.

Participant information related to the conviction process may inform the results of future studies. The length of incarceration and how long the exoneree has been back in their community may impact how they perceive difficulties experienced during reintegration. Exonerees who perceive the reintegration process as less difficult may have higher self-esteem and self-compassion levels. The type of crime an exoneree was wrongfully convicted of may impact reintegration. Individuals convicted of lesser crimes may find it easier to obtain employment and housing (Jackson et al., 2023; Temares et al., 2023). Exonerees connected with innocence organizations typically have more resources at the time of release from incarceration, which may impact reintegration difficulty, self-esteem, and self-compassion levels.

Implications

Exonerees have reported high levels of difficulty in various areas of life (DeShay, 2023; Kukucka et al., 2022; Temares et al., 2023). External factors contributing to reintegration difficulties have been identified by previous studies (Kukucka et al., 2022; Temares et al., 2023). Exonerees experience stigma when searching for employment and

housing (DeShay, 2023; Estes, 2023; Kukucka et al., 2022). Exonerees have previously reported mental health issues (Heilbrun et al., 2023; Kukucka et al., 2022; Temares et al., 2023). Exonerees have higher rates of being diagnosed with depression, anxiety, and trauma disorders (Heilbrun et al., 2023). Mental health symptoms are endorsed by exonerees even after treatment. Mental health treatment may be improved with an additional understanding of the exoneree experience.

Exonerees who participated reported higher levels of difficulty during the reintegration process. Exonerees reported the highest level of difficulty when they were attempting to gain legal resources and financial compensation after release from incarceration. Exonerees reported some difficulty when attempting to obtain employment, mental health treatment, physical healthcare, housing, and social supports. Exonerees reported moderate self-esteem and low levels of self-compassion. A negative correlational relationship exists between self-esteem and reintegration difficulties. A negative correlational relationship exists between self-compassion and difficulties experienced during the reintegration process. Social change can be informed by a better understanding of the relationships between self-esteem, self-compassion, and difficulties experienced during reintegration in different areas of life.

Exonerees reported experiencing stigma negatively impacts their ability to efficiently reintegrate (DeShay, 2023; Kukucka et al., 2022). Beliefs held by the public lead to stigmatizing and discriminating against exonerees (Faison et al., 2023; Growns et al., 2023; Nowotny et al., 2023). Exonerees are viewed as being less intelligent, more dangerous, and undeserving of necessary resources (Bettens & Redlich, 2024; Faison et

al., 2023; Growns et al., 2023; Nowotny et al., 2023). The public believes exonerees should not be provided with needed resources after release from incarceration. The public generally believes exonerees should receive little to no financial compensation upon their release from incarceration (Bettens & Redlich, 2024; Nowotny et al., 2023). The findings can be used by programs working with exonerees to promote social change. Educational advertisements and programs can challenge public perception by building compassion towards exonerees. Stigma and discrimination will decrease as the public becomes more compassionate towards exonerees.

Resources provided to exonerees after release vary based on the location where they were incarcerated (Heilbrun et al., 2023; Kukucka et al., 2022; Nowotny et al., 2023). The results can be used to improve the resources provided during reintegration. Exonerees reported having difficulties obtaining legal and financial assistance, indicating they would benefit from additional resources in this area. States and counties can focus on making improvements in providing exonerees with these resources. Programs specific for exonerees need to be created in areas where they do not already exist. The programs can help exonerees find employment, housing, mental health treatment, and physical healthcare. Exonerees would benefit from assistance in addressing identity changes, including self-esteem and self-compassion, throughout the reintegration process with improved evidence-based practices.

Exonerees reported moderate self-esteem and low levels of self-compassion. Self-esteem and self-compassion levels are negatively correlated with mental health issues (Moloud et al., 2022; Neff, 2023). Evidence-based practices to treat mental health issues

seem to not be entirely effective when used with the exoneree population (Heilbrun et al., 2023; Kukucka et al., 2022). Mental health treatment and interventions can be improved with a better understanding of the experiences of exonerees. Clinicians working with exonerees should be inclined to address self-esteem and self-compassion levels. Therapeutic interventions focused on addressing self-esteem and self-compassion levels should be incorporated into mental health treatments. Exonerees may benefit from participating in self-esteem and self-compassion-focused mental health therapy even before being released from incarceration.

Conclusion

Exonerees experience difficulties in various areas of life during the reintegration process (Kukucka et al., 2022; Temares et al., 2023). Stigma from the public creates barriers for exoneree's when attempting to obtain housing and employment (De La Haye et al., 2023; Estes, 2023; Itskovich et al., 2023). Community support is lacking for exonerees due in part to stigma. Social supports for exonerees can be lacking after release from incarceration due to the amount of time they have been away from their family and friends (DeShay, 2023; Kukucka et al., 2022). Necessary resources, including legal aid and financial compensation, are often not provided by the state and county an exoneree was incarcerated (Heilbrun et al., 2023; Kukucka et al., 2022; Nowotny et al., 2023). Exonerees often have had poor physical treatment while incarcerated and require treatment after release (Heilbrun et al., 2023; Jackson et al., 2023; Kukucka et al., 2022). Exonerees have high prevalence rates of mental health and identity issues (Heilbrun et

al., 2023; Kukucka et al., 2022). Current mental health treatment could be improved by addressing concerns specific to exonerees.

Participants were DNA-exonerated individuals who completed the SES, SCS, and reintegration difficulties survey. Survey results were compared to identify any relationships between self-esteem, self-compassion, and difficulties experienced during the reintegration process. Exonerees reported great levels of difficulty during the reintegration process in various life areas. Exonerees reported finding legal resources and financial compensation the most challenging, followed by employment. Exonerees reported lower levels of self-compassion. Moderate levels of self-esteem were reported by the participants. The results of a data analysis were significant and indicated a negative correlation between the IVs and DV.

Self-esteem and self-compassion levels are negatively correlated with reintegration difficulties. Exonerees experiencing higher difficulty levels during the reintegration process reported reduced levels of self-esteem and self-compassion. Self-esteem and self-compassion are positively correlated with behavioral functioning (Neff, 2023). Levels of self-esteem and self-compassion are positively correlated with mental functioning (Moloud et al., 2022; Neff, 2023). Exonerees experiencing self-esteem and self-compassion issues will face more challenges during reintegration due to diminished behavioral functioning. Exonerees will also experience mental functioning problems with lower self-esteem and self-compassion levels. Attention should be given to helping exonerees improve their self-esteem and self-compassion levels, minimizing the potential for difficulties during reintegration.

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Appendix A

Permission Letter to use the Self-Compassion Scale

To Whom It May Concern:

Dr. Kristin Neff grants permission to use the Self-Compassion Scale (Neff, 2003) for any purpose whatsoever, including research, clinical work, teaching, etc. Please cite:

Neff, K. D. (2003). Development and validation of a scale to measure self-compassion. *Self and Identity,2*, 223-250.

Permission is also given to translate the Self-Compassion Scale using the analytic approach to validate the factor structure that was established in:

Neff, K. D., Tóth-Király, I., Yarnell, L., Arimitsu, K., Castilho, P., Ghorbani, N., Mantios, M. (2019). Examining the Factor Structure of the Self-Compassion Scale using exploratory SEM bifactor analysis in 20 diverse samples: Support for use of a total score and six subscale scores. *Psychological Assessment, 31(1), 27-45.*

Best wishes,

Kristin Neff, PhD