
Social Stigma, Stigma Management among Probationers and Parolees of Samar, Philippines

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ABSTRACT

Parolees and Probationers, like other people, have individual physical, emotional, social; and intellectual needs; they also have different personal bases of knowledge, skills, experiences and attitudes. Later on, they will reach full independence. However, interdiction placed in the offenders may reduce their life chances. The study of social stigma plays a vital role in successful integration of offenders in the community. This study utilized descriptive survey questionnaires aimed to assess the devaluation/discrimination (stigma) level and determined the stigma management employed among parolees and probationers of Samar, Philippines. Finding reveals that respondent's parolees and probationers experienced "Moderately High" to "High" devaluation/discrimination (stigma) from the community while education were employed as stigma management. Among recommendations are University engagement such as, extension program such as education, livelihood and computer literacy program and Psychological debriefing among parolees and probationers are also highly recommended.

Keywords: *parolees, probationers, stigma, stigma management*

INTRODUCTION

"The distance between a prison and an ex-offender's home community generally can be traversed by bus. But this conventional form of transportation masks the real distance the ex-offender must travel from incarceration to a successful reintegration into her community" (Thompson, 2003).

Inmates face many hardships once they are released into the community, and being stigmatized as an ex-offender is often implicated as a major barrier to successful community reintegration. Offenders are one of the most and highly stigmatized groups in society (Moore et al, 2013; Pogorzelski, 2005), yet the large body of research on stigma rarely considers offenders (Moore et al, 2013).

Social stigma is a situation where by the society label and taint an individual with inferiority manner base on particular status or social circumstances.

By definition believe that person with a stigma is not quite human. On this assumption we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his life chances (Goffman, 1963). Being labeled as a stigmatized person has substantial effects on the way people think and feel about themselves, as well as how they expect to be treated by others in their environment (Moore et al, 2016).

The structural barriers affecting criminal offenders' integration in the community have been described in depth elsewhere. Offenders' psychological responses to stigma may be important in understanding their reintegration in the community after release from jail or prison.

The re-integration of the released inmates into the society from the prison institution poses great challenges to almost all societies globally (Ahmed, A. M., & Ahmad, A. H. B. 2015). Former prisoners face a variety of challenges upon their return to society such as they are marginalized via temporary and sometimes permanent restrictions on voting rights, housing, financial aid, employment, and other aspects of community involvement (Pogorzelski, 2005). Securing adequate housing, mending weakened or broken family relationships and managing substance abuse and mental health issues all play pivotal roles in successful reintegration (Decker et. at, 2015). Interdictions placed on offender's limits them from their communities, and severely restrict their involvement in community activities. Offenders can be permanently banned from employment in public sector jobs and public schools (Pager, D. 2003). Many job applications, regardless of the field, ask applicants to report criminal convictions, and employers are less likely to hire people with a criminal record than those without one (Pogorzelski, 2005). Offenders can also be banned from obtaining loans, holding a driver's license, enrolling in college, and having custody of or adopting a child. In addition to structural sanctions, offenders endure a great deal of social stigma (i.e., negative attitudes and discrimination from community members). Offenders are often blamed for their status as a "criminal," increasing the likelihood of stigmatization from others (Dijker, A. J. M., & Koomen, W. 2007).

Social stigmas labeled on criminals can prevent them from recovering and rehabilitating. Feeling ashamed and rejected can inadvertently cause them to revert back to criminal behaviors. When reintegrating back into their families and communities they need to feel a sense of achievement, confidence and belongingness. Availability support can make the difference of them being successful or failing. Stigmas erode confidence and create barriers in treating offenders. Addressing their criminogenic risks and needs is only part of the solution. Offenders must be given opportunities in spite of their conviction and offender status. When society hold against them their past mistakes, it's hard to move past criminal thinking and behavior because it seems like the only option for survival and success. If a person can't make it in a productively functioning environment they have to make it somewhere. Rehabilitating criminals goes far beyond punishment, treatment and reintegration ideologies. Social Constructs that stigmatize them need to be challenged and changed. Social Support for rehabilitation is crucial for successful rehabilitation and reentry (Owens, 2016).

There are many strategies to accessing and treating the criminogenic needs of offenders to help them rehabilitate and reintegrate back into society successfully. However, criminals are often labeled and stigmatized by society as deviant outcast; viewed as irredeemable and irreparable lost causes. Can criminals be rehabilitated? Not just rehabilitated in the sense of the legal system's view, but in the views of their peers, families, and communities. It's important to realize the affects that societal views and attitudes about criminals have on offenders when they're trying to rehabilitate and reintegrate back into society. Rehabilitation of criminal offenders is a complicated and multifaceted issue that has many different approaches (Owens, 2016).

OBJECTIVES OF THE STUDY

This study attempted to find out the social stigma of the convicted offenders of Catbalogan City. Specifically, the study sought to answer the following questions:

1. Asses the devaluation/ discrimination level of the parolees and probationers as experienced by
 - 1.1 parolees and
 - 1.2 probationers
2. Determine the stigma management employed by the respondent's parolees and probationers.

THEORETICAL FRAMEWORK

This study is anchored with labeling theory adapted by Callais (2009), theory states that the label of 'deviant', and the stigma that comes with such a label, is more a product of society than it is of the individual committing the deviant act. Labeling theory also suggests that once a person is labeled a deviant, he will be denied essential life opportunities because of this stigma, and thus will have a greater propensity to repeat his deviant behaviors. Finally, labeling theory holds that those binds with an obdurate, stigmatizing label often find it easier to act in accordance with that label than to shed the deviant label. The effects of being labeled, then, are external, with constraints being imposed on the deviant by society. These effects are worsed when the offense for which one was convicted is considered particularly heinous, such as in the case of sexually based offenses.

Moreover, this study also used Cooley's "Symbolic Interaction Theory" adapted by Mazo (2015) and Domingo et al (2016) and Sevilla's (1988) "General Adaptation Syndrome." The Symbolic Interaction Theory claims that individuals are capable of creating solutions to their own problems. It adheres that the "self" is influenced and shaped by social processes, in this instance "stigma," and the capacity to symbolize. Human action is caused by complex interaction between and within individuals. Dynamic social activities take place among persons and they act according to how they define this situation. Applied to this study, it means that as everyone has the ability to find ways and means to handle stigma, thus, parolees and probationers can cope up with the stigma they encounter. Sevilla (1988) developed a concept of general adaptation syndrome which pertains to the physiological process that develops when an organism is exposed to stigma. He assumes that the body reacts to stigma in three successive stages, namely: an alarm reaction stage; the stage of resistance, and finally; the stage of exhaustion.

REVIEW OF RELATED LITERATURE

Stigma portrays a kind of death – a social death. Non-stigmatized people, through avoidance and social rejection, often treat stigmatized people as if they were invisible, nonexistent, or dead (Tiara, 2007). Stigma and prejudice contribute to the fundamental abuse of human rights (McDaid). Stigma associated with mental illness has demonstrate to have devastating effects on the lives of people with psychiatric disorders, their families, and those who care

for them (Ben-Zeev et al. 2010). Stigma surrounding major mental illness creates something that makes it difficult for people to understand each other. People who experience mental illness face discrimination and prejudice when renting homes, applying for jobs, and accessing mental health services (Overton, 2008). The lives of people living with mental illness are often drastically changes by the symptoms of the illness and society's reaction to them. Stigma takes the form of stereotyping, distrust, fear, or avoidance and can negatively impact pursuit of treatment, employment and income, self-worth, and families. Individuals with mental illness are commonly labeled as a result of their appearance, behavior, treatment, socioeconomic status, and also due to the negative depiction of mental illness so prevalent in the media (Scheffer, 2003). People suffering from mental illness and other mental health problems are among the most stigmatized, discriminated against, marginalized, disadvantaged and vulnerable members of our society (Johnstone, 2001)

For people who use drugs, or are recovering from problematic drug use, stigma can be a barrier to a wide range of opportunities and rights. People who are stigmatized for their drug involvement can endure social rejection, labeling, stereotyping and discrimination, even in the absence of any negative consequences associated with their drug use. This manifests in a variety of ways, including denial of employment or housing. People with substance misuse issues are less likely to be offered help than are people with a mental illness or physical disability (Drug Policy Alliance). Varying degrees among persons who use cigarettes, alcohol, and illicit drugs currently experience stigmatization in the United States, though illicit drug users are stigmatized to the greatest extent (Kallen, 1989). Stigma Interdictions placed on individual may have a direct detrimental influence on mental and physical health stemming from exposure to chronic stress including experiences of discrimination (Link et al, 1997).

Globally, sex workers and people living with HIV experience severe stigma and discrimination. This manifests as widespread violations of their human rights, repressive laws and policies, violence, lack of access to appropriate health and social care, and social marginalization. Both sex workers and people living with HIV face similar types of stigma – of being seen as ‘unclean’, a danger to public health, unable to take care of themselves or make good decisions – which are detrimental to their families and communities. For sex workers living with HIV, this stigma is multiplied (NSWP). Female, male and transgender sex workers face high levels of violence, stigma, discrimination and other human-rights violations. Violence against sex workers is associated with inconsistent condom use or lack of condom use, and with increased risk of STI and HIV infection. Violence also prevents sex workers from accessing HIV information and services. Male, female and transgender sex workers may face violence because of the stigma associated with sex work, which in most settings is criminalized, or due to discrimination based on gender, race, HIV status, drug use or other factors. Most violence against sex workers is a manifestation of gender inequality and discrimination directed at women, or at men and transgender individuals who do not conform to gender and heterosexual norms, either because of their feminine appearance or the way they express their sexuality.

Rape has serious health consequences for the victims, including unwanted pregnancy, abortion due to unwanted pregnancy which can result in death, sexually transmitted infections including HIV, and psychological trauma which can extend to the rest of the person's life (Muoghalu, 2014). According to Rape has a serious aftermath effect which

include physical and psychological trauma, gynecological problems such as sex trauma, urinary tract infection and sexually transmitted infections. As such, rape should be handled by the state with all seriousness. However, what obtains in many countries is that the society and the legal system make it very difficult for rape victims to obtain justice. Often victims are stigmatized and are considered a public disgrace to their families and significant others which may have serious implications for future relationships such as marriage. As a result of this, rape victims and their families are silent about their ordeal, thereby helping the rapist to escape from being punished (Peters and Olowa, 2010). Rape results in stigmatization of the victim, resulting in rejection by families and communities, and with police sometimes unwilling to make official reports. Due to this stigma, women and adolescents may be unwilling or unable to obtain a medical examination to substantiate their report of rape (CLEEN Foundation). Sexual violence is under reported by victim for fear of stigmatization and rejection by colleagues and the society (Kullima et al, 2010). Sex workers suffers difficulty to secure appropriate state health care services related to HIV prevention and treatment, due to social stigma as well as the outright refusal, in some cases, to provide services to sex workers (SB, 2012).

METHODOLOGY

Locale of the study

The study had been conducted in Catbalogan City, being the Capital of Samar and with thirty (30) applicants of parole and probation as reported by the Office of the Chief Parole and Probation Officer (CPPO).

Research designed

The prospect of assessing the social stigma and stigma management among parolees and probationers can be daunting and should be dealt with utmost confidentiality. What is required, then, quantitative research design for collection of data and analysis, the researcher employed a quantitative research design aim at assessing the level of devaluation/discrimination as experienced by the parolees and probationers and stigma management among convicted offenders.

Sampling Procedure

The research participant drawn from the clients of CPPO who are residents of Samar, Philippines through total enumeration since there are 30 applicants from the Province.

Data Gathering Procedure

To formally gather the data, the researchers wrote a letter of intent to the CPPO approval to conduct the said study on Social Stigma, Stigma Management among Probationers and Parolees of Samar. The researchers seek an endorsement from the CPPO.

Ethical consideration

After seeking the approval, the researchers asked the assistant of the officer coming from CPPO office to assist the researchers and to maintain ethical standard. Precautionary measures were taken into consideration to safeguard the study respondent's legal rights. Confidentiality and anonymity of the respondents were maintained by only code number on the questionnaires.

Instrument

Researcher employed a descriptive survey questionnaire using an instrument adapted from Hunter, (2013) and validated locally and validated through Cronbach Alpha, Split-Half (odd-even) Correlation, Spearman-Brown Prophecy and Standard Deviation for Test constructed in both in English and Waray-waray dialect. Refinement and re-modification were done, furthermore, questionnaire were validated trough expert validation by three experts in the field and two experts from the language department for the grammars and appropriateness of the terms used.

Data Analysis

This study verifies if the devaluation/discrimination as experienced and stigma management among parolees and probationers from the cited literature and studies are similar in the present studies Philippine context particularly in Samar, the researcher simply use frequency count and percentage for the devaluation/discrimination as perceived by the offenders themselves and stigma management among parolees and probationers.

RESULTS

Respondents Category

Of the twenty one respondents 12 or 57.14% are parolees who qualifies rule 2.1. Eligibility for Review of a Parole Case of the Resolution No. 24-4-10 RE: Amending and Repealing Certain Rules and Sections of the Rules on Parole and Amended Guidelines for Recommending Executive Clemency of the 2006 Revise Manual of the Board of Pardons and Parole. While the 9 or 42.85% are probationers who qualify the section 8 of the Presidential Decree No. 968 Establishing a Probation System, Appropriating Funds Therefore and for other Purpose. It can be deduced that majority of the respondents are parolees.

Offense

Of twenty-one (21) respondent's parolees and probationers, 5 or 23.80% said that had committed homicide, 4 or 19.04% committed gambling, 2 or 9.52% committed illegal cutting, 2 or 9.52% committed robbery while the least 1 or 4.76% committed murder, and 1 or 4.76% committed double homicide. It can be deduced that majority of the respondents are of high category of offense.

Age

Of 21 respondent's parolees and probationers, 6 or 28.57% age 51-60 years old, 4 or 19.04% age 21-30 years old, 4 or 19.04% age are in age bracket of 40-50 years old, 3 or 14.28% are in the bracket of 30-40 years old, while the least 2 or 9.52% are in the age bracket of 60-70 years old with the mean age of 45.85 and the standard deviation of 13.94. It can be deduced that all of the respondent's parolees and probationers range from 21-66 who reached the age of majority and presumed mature enough to handle responsibilities of a man and woman.

Sex

Of 21 respondent's parolees and probationers, 15 or 71.42% are male while the least 5 or 23.80% are female. It can deduce that majority of the respondent's parolees and probationers are males.

Civil Status

Of 21 respondent's parolees and probationers, 11 or 52.38% are married, 3 or 14.28% are single, 2 or 9.52% are separated while least 1 or 4.76% is widowed. The data manifest that majority of the respondent's parolees and probationers are married.

Number of Children

Of the 21 respondent's parolees and probationers, 5 or 23.80% has 5 total number of children, 4 or 19.04% has 4 total number of children, 2 or 9.52% has 7 total number of children, another 2 or 9.52% has 3 number of children another 2 or 9.52% has 1 child, the least 1 or 4.76% has 8 child and another 1 or 4.76% has 10 children's.

Educational Attainment

Of the 21 respondent's parolees and probationers, 8 or 38.09% are elementary undergraduates, 4 or 19.04% are high school undergraduate, 3 or 14.28% are elementary graduates, 2 or 9.52% are high school graduates while the least 1 or 4.76% is college level. Data manifest that most of the respondent's parolees and probationers are only in the second level of Philippine Educational Qualification framework and said to be elementary undergraduates.

Types of Community

Of the 21 respondent's parolees and probationers, majority 12 or 57.14% are living within a rural type of community while the 9 or 42.85% are living in an urbanized community. It can be deduced that most of the respondent's parolees and probationer's are living in the rural that do not have access in some major public and private establishment and institutions.

Incarceration

Of the 21 respondent's parolees and probationers, 8 or 38.09% had been not incarcerated and considered to be probationers, 4 or 19.04% had been incarcerated more than 1 year but not more than 5 years and considered to be probationer, 5 or 21.80% had been incarcerated for more than 5 years but not lesser than 10 years and considered to be parolees, 2 or 9.52% had been incarcerated for more than 16 years but not lesser than 20 years and considered to be parolees, while the least 1 or 4.76% had been incarcerated for 13 years and considered to be parolees. The data manifest extreme differences in the incarceration process among probationers and parolees.

Devaluation/discrimination (stigma) level

The table 1 presents the tabulated devaluation/discrimination (stigma) level among respondent's parolees and probationers and interpreted below.

The table 1 shows that of the 21 respondent's parolees and probationers 6 or 28.57% experienced "High" devaluation/discrimination (stigma) level and 9 or 42.86% experienced "Moderately High" devaluation/discrimination (stigma) level and 6 or 28.57% experienced "Moderately Low" devaluation/discrimination (stigma) level. It can be deduced that majority of the respondents parolees and probationers experienced "Moderately High" to "High" devaluation/discrimination (stigma) level from the community.

Table 1. Devaluation \ Discrimination Indicators		
Variates	Frequency (F)	Percentage (%)
As experienced by Parolees and Probationers	Extremely High	
	Very High	
	High	6
	Moderately High	9
	Moderately Low	6
	Low	
Total	21	100

Stigma management

The data in the table 2 show that the stigma management employed by the respondent's parolees and probationer is "education" with the grand mean 4.68 interpreted as "Always" while the least employed stigma management is "secrecy" with the grand mean 3.16 interpreted as "seldom". This means that the respondent's parolees and probationers is making some efforts to make other people in the community understand how it is to be incarcerated, when applying for a job, they also make some efforts to show and to make efforts that incarcerated individuals are also good employees in behalf of what happened to them.

Table 2. Stigma Management Parolees and Probationers			
Variates	GM	Rank	Interpretation
Secrecy	3.19	3	Seldom
Education	4.68	1	Always
Withdrawal	3.66	2	Often

DISCUSSION

This study aimed to assess the devaluation/discrimination level among probationers and parolees of Samar, Philippines. This study contributes as the baseline information on social stigma and stigma management in Samar, Philippines, thus, contributes to the growing body of knowledge regarding stigma and stigma management.

Finding of the study revealed that respondent's parolees and probationers experienced "Moderately High" to "High" devaluation/discrimination (stigma) level from the community. Results is supported by the published study of Moore et al (2013), Pogorzelski et al (2005), LeBel (2012), that offenders are one of the most and highly stigmatized groups in society and

face a variety of challenges upon their return to society such as they are marginalized via temporary and sometimes permanent restrictions on voting rights, housing, financial aid, employment, and other aspects of community involvement (Moore et al, 2013; Pogorzelski, 2005, LeBel, T. P. 2012).

Another finding revealed that stigma among convicted offenders does not change over a period of 30 years' time. The study also shows connotation to the study of Steffensmeier et al (1980), in his study it was revealed that there is relatively high levels of stigmatization expressed by the subject community towards male and female felons. Moreover, the author deduced that from the study of Steffensmeier more than 30 years ago and the current study possess great similarities from the present and past. Moreover, it can be deduced that for more than 30 years community does not change its perception toward offenders.

Study also reveals education as the stigma management employed by the respondent's parolees and probationers.

Strength of the study

One of the strength of the study is the inclusion of the clients coming from the entire province of Samar. This ensures that there is no selection biased since the respondents were not selected purposively. Furthermore, respondents had the strong and solid experience in and out of felony, respondents' answers based on their personal experience with social stigma and stigma management, not just simple perception.

Limitation of the study

Potential limitation of the study is that the study focuses on the small number of respondents. Thus, further study utilizing a bigger population may be done. Furthermore, studies identifying other factors which may be related to the stigma and stigma management among offenders may be investigated.

CONCLUSION

From the above data, results and finding of the study the following conclusion were drawn.

1. Findings revealed that majority of the respondents are male parolees of high category of offense, who had reached the age of majority, married, who are living in a rural community, who has children living with them, and elementary undergraduate and had been incarcerated for not more than 20 years.
2. Results revealed that majority of the respondent's parolees and probationers experienced "moderately high" to "high" devaluation and discrimination (stigma) level from the community.
3. Study determined that education where the respondent's parolees and probationers employed stigma management.
4. Study also revealed no changes in the devaluation level among offenders from the past 30 years.

RECOMMENDATION

1. Stress management for parolees and probationers should be given to the parolees and probationers.
2. Psychological debriefing among parolees and probationers are also highly recommended.
3. University engagement such as, extension program such as education, livelihood and computer literacy program.
4. Inter-agency program such as Abot-alam program should be extended to the probationers and parolees.
5. A similar study is recommended to identify and confirm or refute the finding of the study.
6. A study on the familial and societal effects of incarceration is recommended.

REFERENCES

- i. Ahmed, A. M., & Ahmad, A. H. B. (2015). Prison, Stigma, Discrimination and Personality as Predictors Of Criminal Recidivism: Preliminary Findings. *Journal of Social and Development Sciences*, 6(2), 20.
- ii. D. Ben-Zeev et al. (2010). Journal of Mental Health. Institute of Psychology, Illinois Institute of Technology, Chicago, Illinois, USA
- iii. Caroline OkumdiMuoghalu (2014). Rape and Women's Sexual Health in Nigeria: The Stark Realities of Being Female in a Patriarchal World. *The African Anthropologist*, Vol. 19, No's 1&2, 2012, pp. 33– 41 © Council for the Development of Social Science Research in Africa, 2014 (ISSN 1024-0969)
- iv. Callais, T. M. (2009). *Ex-offenders, stigma management, and social movements: An organizational case study of identity work and the reentry process* (Doctoral dissertation, The Ohio State University).
- v. CLEEN Foundation. National crime victimization survey 2005 _ overview of 2005 report, Power Point presentation of 12 June 2006. Available from: <http://www.cleen.org>
- vi. Crocker, J., Major, B., & Steele, C. M. (1998). Social stigma (In D. T. Gilbert, ST Fiske, & G. Lindzey (Eds.). *The handbook of social psychology* (Vol. 2, pp. 504–553).
- vii. Dijker, A. J. M., & Koomen, W. (2007). Stigmatization, tolerance and repair. An integrative psychological analysis of responses to deviance.
- viii. Decker, S. H., Ortiz, N., Spohn, C., & Hedberg, E. (2015). Criminal stigma, race, and ethnicity: The consequences of imprisonment for employment. *Journal of Criminal Justice*, 43(2), 108-121.

- ix. Domingo, P. S., Labine, A. G., & Capoquain, T. J. V. (2016). Bereavement, Level Stress and Coping Mechanism among Teacher Education Students of Samar State University: College Bereavement Study. *Journal of Education and Learning (EduLearn)*, 10(4).
- x. Emanuella Grinberg (2010).CNN: No longer a registered sex offender, but the stigma remains. Available online: <http://edition.cnn.com/2010/CRIME/02/11/oklahoma.teen.sex.offender/>
- xi. Fialkoff, D. (2009).Standardizing Parole Violation Sanctions.*NIJ Journal*, 263, 18-22.
- xii. Goffman, Erving. 1963. Stigma: Notes on the Management of Spoiled Identities. Englewood Cliffs, NJ: Prentice Hall.
- xiii. Kallen, E., (1989). Label Me Human: Minority Rights of Stigmatized Canadians. University of Toronto Press, Toronto.
- xiv. Jacobs, J. B., & Larrauri, E. (2012). Are criminal convictions a public matter? The USA and Spain. *Punishment & Society*, 14(1), 3-28.
- xv. Johnstone, M. J. (2001). Stigma, social justice and the rights of the mentally ill: Challenging the status quo. *Australian and New Zealand Journal of Mental Health Nursing*, 10, 200–209.
- xvi. Kullima, A.A., Kawuwa, M.B., Audu, B.M., Mairiga, A.G. & Bukar, M. (2010). Sexual assault against female Nigerian students.*African Journal of Reproductive Health*.14(3). 189- 194
- xvii. Hunter, B. A. (2013). Collateral Consequences: The Impact of State-Level Policies on Perceived Stigma and Stigma Coping Strategies among Ex-Offenders.
- xviii. LeBel, T. P. (2012). Invisible stripes: Formerly incarcerated person's perceptions of stigma. *Deviant Behavior*, 33, 89-107
- xix. Link, B. G., Yang, L. H., Phelan, J. C., & Collins, P. Y. (2004). Measuring mental illness stigma. *Schizophrenia bulletin*, 30(3), 511-541.
- xx. Link, B.G., Struening, E.L., Rahav, M., Phelan, J.C., Nuttbrock, L., (1997). On stigma and its consequences: evidence from a longitudinal study of men with dual diagnoses of mental illness and substance abuse. *J. Health Soc. Behav.* 38, 177–190.
- xxi. Mazo, G. N. (2015).Causes, Effects of Stress, and the Coping Mechanism of the Bachelor of Science in
- xxii. Information Technology Students in A Philippine University. *Journal of Education and Learning (EduLearn)*,9(1), 71-78.
- xxiii. Mingus, W., & Burchfield, K. B. (2012).From prison to integration: Applying modified labeling theory to sex offenders. *Criminal Justice Studies*, 25(1), 97-109.
- xxiv. Moore, K. E., Stuewig, J. B., & Tangney, J. P. (2016). The Effect of Stigma on Criminal Offenders'
- xxv. Functioning: A Longitudinal Mediational Model. *Deviant behavior*, 37(2), 196-218.

-
- xxvi. Moore, K., Stuewig, J., & Tangney, J. (2013). Jail inmates' perceived and anticipated stigma: Implications for post-release functioning. *Self and Identity*, 12(5), 527-547.
 - xxvii. Moore, K. (2015). *A Longitudinal Model of Internalized Stigma, Coping, and Post-release Adjustment in Criminal Offenders* (Doctoral dissertation, George Mason University).
 - xxviii. Owens, K. L. (2016). Does Social Stigma Affect Criminal Rehabilitation?
 - xxix. Pager, D. (2003). The mark of a criminal record. *American journal of sociology*, 108(5), 937-975.
 - xxx. Peters, O. and Olowa, O., (2010). Causes and Incidence of Rape among Middle Aged and Young Adults in Lagos State, Nigeria, *Research Journal of Biological Sciences*, Vol. 5(10): 670-677.
 - xxxi. P.D. 968. PRESIDENTIAL DECREE No. 968 July 24, 1976. Establishing a Probation System, Appropriating
 - xxxii. Funds Therefore and For Other Purposes. Retrieved Online: http://www.lawphil.net/statutes/presdecs/pd1976/pd_968_1976.html
 - xxxiii. Pogorzelski, W., Wolff, N., Pan, K. Y., & Blitz, C. L. (2005). Behavioral health problems, ex-offender reentry
 - xxxiv. policies, and the "Second Chance Act". *American Journal of Public Health*, 95(10), 1718-1724. RESOLUTION NO. 24-4-10. RE: Amending and Repealing Certain Rules and Sections of the Rules on
 - xxxv. Parole and Amended Guidelines for Recommending Executive Clemency of the 2006 Revise Manual of the Board of Pardons and Parole. Retrieved online: http://www.lawphil.net/administ/doj/res_24-4_10_2010.html
 - xxxvi. Sevilla, C. G., Punsalan, T. G., Rovira, L. G., & Vendivel Jr, F. G. (1988). General Psychology with Values Development Lessons. Steffensmeier, D.J. & Kramer, J.H. (1980). Sex Roles: 1. doi:10.1007/BF00288357
 - xxxvii. Thompson, A. C. (2003). Navigating the hidden obstacles to ex-offender reentry. *BCL Rev.*, 45, 255.
 - xxxviii. UK Drug Policy Commission. (2010). Getting serious about stigma: The problem with stigmatising drug users.
 - xxxix. *London: UK Drug Policy Commission (UKDPC).*
 - xl. Scheffer, R. (2003). Addressing Stigma: Increasing public understanding of mental illness. *Centre for Addiction and Mental Health.*
 - xli. Selected Bibliography, (2012). HIV and the Law: Risks, Rights & Health. United Nations Development Programme. Overton, S., et al (2008). The Stigma of Mental Illness. *Journal of Counseling & Development*. Volume 86.
-