Published in final edited form as:

SSM Ment Health. 2023 December 15; 4: . doi:10.1016/j.ssmmh.2023.100269.

"Nothing but a rope to hang yourself:" The toll of mass supervision on mental well-being

Katherine LeMasters^{a,b,c,*}, Hannah Camp^{a,b}, Angela Benson^{a,b}, Christopher Corsi^b, Zaire Cullins^b, Lauren Brinkley-Rubinstein^b

^aGillings School of Global Public Health, University of North Carolina at Chapel Hill, United States

^bDepartment of Population Health Sciences, School of Medicine, Duke University, United States

^cCarolina Population Center, University of North Carolina at Chapel Hill, United States

Abstract

While incarceration has proven detrimental to mental well-being, it remains unknown if community supervision is better for mental well-being than incarceration. Our objective was to explore the individual- and community-level relationships between community supervision and mental well-being and to examine inequities by race. We conducted 20 in-depth interviews with individuals on community supervision (e.g., probation, parole) in North Carolina and conducted thematic analysis separately by race. For many, criminal legal involvement began at a young age, often due to substance use for White individuals or over-policing for Black participants. The themes were: (1) "It's a Thursday. Move on.": surviving over the life course in the context of the criminal legal system; (2) "Merry go round of death": the criminal legal system as a trap; (3) "I love you, but I have to love you from over here": social support as a double-edged sword while on community supervision; and (4) "[Probation] ain't nothing but a rope to hang yourself": mental health issues created and exacerbated by criminal legal involvement. Individuals' experiences on community supervision were often dehumanizing and difficult, preventing them from achieving well-being. This system must be redesigned to meet individual and community needs.

Keywords

Probation; Mental health; Mass supervision; Qualitative interviews

CRediT authorship contribution statement

Katherine LeMasters: Conceptualization, Resources, Methodology, Data curation, Writing – original draft, preparation, Writing – review & editing, Funding acquisition. Hannah Camp: Data curation, Writing – review & editing. Angela Benson: Data curation, Writing – review & editing. Christopher Corsi: Data curation, Project administration. Zaire Cullins: Data curation, Writing – review & editing. Lauren Brinkley-Rubinstein: Resources, Supervision, Writing – review & editing, Funding acquisition.

Declaration of competing interest

This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

^{*}Corresponding author. University of Colorado Anschutz School of Medicine, 8th Floor, Academic Office 1, Mailstop B180, 12631 E 17th Ave Aurora, Colorado, 80045, United States., katherine.lemasters@cuanschutz.edu (K. LeMasters).

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

1. Introduction

The toll that incarceration takes on individuals' mental well-being – defined as a state of well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community – is well known (Porter and DeMarco, 2019; The World Health Organization, 2022). The carceral environment removes people from their family and community and places them in a stressful and unpredictable living environment (Quandt and Jones, 2021). Furthermore, only half of those clinically indicated for mental health treatment receive this treatment behind prison walls, and individuals are not routinely linked to mental healthcare post-release (Bronson and Berzofsky, 2017; Wildeman and Wang, 2017).

Given incarceration's detrimental effect on mental well-being, community supervision sentences (i.e., probation and parole) are often lauded as alternatives. In fact, compared to the 1.9 million individuals incarcerated in the United States' (US) prisons and jails, there were 3.67 million on community supervision - 2.9 million on probation and 770,000 on parole - in 2023 (Sawyer and Wagner, 2022). More specifically, probation is a sentence served in lieu of incarceration in which an individual reports to a probation officer and must meet conditions (e.g., no substance use, monthly fees, mandatory meetings) or face incarceration (Phelps and Ruhland, 2022). Parole is a conditional 'early' release from prison in which an individual reports to a parole officer and must meet similar conditions to that of probation; it is part of a prison sentence. Both are increasingly common forms of coercive community surveillance, but their toll on mental well-being remains understudied.

Community supervision widens the net of state control in ways that likely directly affect mental well-being (Phelps, 2013; Phelps et al., 2022). Often defined as the pains of supervision, individuals experience the stress of constant state-sanctioned surveillance and, specifically, the threat of revocation, which may affect mental well-being (Phelps and Ruhland, 2022). The burdensome requirements of monthly fees, movement restrictions, regular meetings, house searches, drug tests, and reduced job and housing prospects, only likely contribute to this stress (Zatz, 2020; Bryan, 2022). Those sentenced to parole also experience distinct pains of reintegration from prison back into one's community, known to worsen physical and mental health (Semenza and Link, 2019).

There are also many inequities in structural determinants of health that also likely prohibit individuals from achieving mental well-being while on community supervision, such as food insecurity, (Dong et al., 2018) un- and underemployment, (Pager et al., 2009) housing insecurity, (Jacobs and Gottlieb, 2020) and low access to health insurance (Knapp et al., 2019). Those disproportionately on community supervision also disproportionately lack access to mental health and social services in their communities, which would likely serve as facilitators to well-being if available, and instead disproportionately access emergency department services (Hawks et al., 2020).

The racial inequities of community supervision also mirror that of incarceration with 1 in 23 Black adults on probation or parole in 2016 compared to 1 in 81 White adults. This form of sentencing also disproportionately impacts low-income and rural communities, who

often struggle to meet probation and parole requirements (e.g., monthly fees), contributing to continued criminal legal involvement. In fact, of those re-arrested while on probation or parole, 46% are re-arrested for a violation of conditions, not for a new charge (Kaeble, 2021).

It is thus unsurprising that those on probation and parole have higher age-adjusted mortality, (Wildeman et al., 2019) and worse mental (Han et al., 2021) health and physical (Winkelman et al., 2020) health (e.g., chronic conditions) than the general population. Yet, little work has collected first-person perspectives from those experiencing probation and parole about how this supervision has affected their mental well-being. Prior work has focused on understanding the burdens of probation itself, (Phelps and Ruhland, 2022) how people experience supervision, (Welsh, 2017) and its overall health consequences (Phelps et al., 2022). We looked at the effects of the probation and parole environment on mental well-being to better understand the mechanisms through which this supervision affects individuals. As structural (e.g., lack of access to mental healthcare) factors likely overlap with the direct experience of probation and parole and affect peoples' mental well-being, we explore both the direct consequences of community supervision and the structural factors surrounding supervision that may affect mental well-being (Joudrey et al., 2019; Nowotny, 2018). Given how disproportionately this system - and the overall criminal legal system affects individuals by race, we also explored how the relationship between supervision and mental well-being by race.

2. Methods

Participants in this study were recruited from The Southern Pre-Exposure Prophylaxis Study (SPECS), an 18-month prospective cohort designed to understand PrEP (a daily medication to prevent HIV) knowledge, access, and use among those on community supervision in Florida, Kentucky, and North Carolina (LeMasters et al., 2021). Individuals had to be 18 years or older, placed in community supervision in the past year, and clinically indicated for PrEP. SPECS began recruitment in the Fall of 2019. In July and August of 2022, we recruited 20 individuals currently enrolled in SPECS at the North Carolina site for qualitative interviews. We asked individuals if they wanted to participate in an additional interview on how community supervision has affected their mental well-being. To assess different experiences by race, we purposely recruited individuals that identified as Black or as White race regardless of ethnicity. In the SPECS screening survey, participants were asked what race they considered themselves to be. Individuals were categorized as Black if they considered themselves 'Black/African American' and no other racial group and as White if they considered themselves 'White' and no other racial group. Our analyses focus on Black individuals given the criminal legal system's roots in slavery and disproportionate impact on those descended from those enslaved and on White individuals given that they typically receive the most lenient treatment in the criminal legal system (Alexander, 2010). These racial categories are indicators of sociopolitical realities and histories, not of biological difference (Williams and Collins, 2001; Gartner et al., 2020).

Individuals were compensated \$50 for a 60-90-min interview conducted in-person or via phone, depending on the participants' preference. In-person interviews took place in private

offices inside of probation and parole offices, at public locations (e.g., cafes), and at residential substance use treatment facilities. All interviews were conducted by SPECS research assistants that had experience in qualitative interviewing (KL, HC, CC), were audio-recorded, and professionally transcribed. Transcriptions were then reviewed and revised by research assistants. All participants provided written informed consent. This study was reviewed and approved by the Institutional Review Board at the University of North Carolina at Chapel Hill (22–0700).

Demographic information was gathered from the SPECS baseline survey (i.e., probation or parole supervision, age, prior mental health conditions, race and ethnicity, housing stability) and enumerated from the interviews (i.e., self-reported additional mental health conditions, prior time spent in jail or prison, discussions of suicidality, indicating that substance use created problems in their life). We used a semi-structured interview guide with the following domains: (1) life course involvement in the criminal legal system (e.g., can you tell me about the first time you encountered the police?), (2) specific conditions of probation or parole and how they have contributed to stress and mental well-being (e.g., how have the rules associated with probation or post-release supervision impacted you?), (3) multi-level barriers and facilitators to mental well-being (e.g., aside from criminal legal involvement, what are other things you are dealing with in your life that affect your mental health and well-being?), and (4) family, friend, and community member involvement in the criminal legal system and effects on mental well-being (e.g., how have you seen probation or parole be challenging for others that you know?).

We coded the data using both data-driven (e.g., inductive) and concept-driven (e.g., deductive) coding with concepts coming from prior literature, the research team's previous experience with SPECS and other studies, and research questions (Gibbs and Gibbs, 2013). Transcripts were reviewed iteratively; no substantial modifications were made during the interview process. Data were collected until data saturation was achieved, which was determined by the research team finding redundancy in data. KL developed the first set of codes in the following realms: mental health and well-being, life context, criminal legal system. Codes were revised with HC, ZC, and CC after we had all read the same two transcripts. The codebook continued to be revised and finalized as KL read all transcripts. AB, HC, ZC, and CC then used the final codebook to double code all transcripts.

We conducted thematic analysis, collaboratively using the final coding and code excerpts to identify themes and patterns (Maxwell et al., 2008). We then created a thematic matrix to identify and analyze similarities and differences between participants for key themes, pulling individual quotes relevant to each theme by re-reading transcripts and revising themes to ensure they represented peoples' experiences (Miles and Huberman, 1994). Finally, we conducted narrative analysis to gain deeper insights into participant stories by reconstructing the narratives of one Black and one White participant (Riessman, 2008). The narrative analysis assisted in establishing chronology, often starting with traumatic, adverse life events that began individuals' pathway into the criminal legal system.

Dedoose was used for coding and analysis. The final themes are as follows: (1) "It's a Thursday. Move on.": surviving over the life course in the context of the criminal legal

system; (2) "Merry go round of death": the criminal legal system as a trap; (3) "I love you, but I have to love you from over here": social support as a double-edged sword while on community supervision; and (4) "[Probation] ain't nothing but a rope to hang yourself": mental health issues created and exacerbated by criminal legal involvement. While all themes overlapped in individuals' lives, we describe each separately.

3. Results

3.1. Demographic information (Table 1)

Among the 20 participants, 12 identified as Black and eight as White. Three-quarters were on probation with the remaining one-quarter being on parole. Eighty percent were male with a median age of 31. Ten had permanent stable housing while six lived in a residential substance use treatment facility, three had temporary unstable housing, and one was unhoused. Individuals' median age at their first police encounter was 16 (Table 1). While all had experienced jail incarceration, one-half had experienced prison, six solitary confinement, and four juvenile detention. Prison, solitary confinement, and juvenile detention was more common for Black compared to White participants and Black individuals were younger than White individuals at their first police encounter. Fourteen individuals discussed having had depressive symptoms (70%), ten discussed anxiety (50%), six post-traumatic stress disorder (PTSD) (30%), and five discussed suicidality at some point in their life (25%). Fourteen disclosed substance use (70%). Discussing mental health symptoms and substance use were both more common for White than Black participants.

3.2. Themes

3.2.1. "It's a Thursday. Move on.": surviving over the life course in the context of the criminal legal system—Experiences that shaped both individuals' criminal legal involvement and their mental well-being often began early in life. Participants often experienced adversity, and this adversity was patterned by race. Black participants often experienced more systemic adversity and White individuals experienced more specific, situational adversity. For example, Black individuals often discussed growing up witnessing neighborhood violence and those around them being incarcerated. One Black male participant described it as being:

A lot just growing up and seeing it and witness it firsthand. It can really take a toll on youIt left me kind of traumatized. This just turned, a lot of gunshots and violence and just witnessing things at an early age. So it was something that I wasn't used to. But as I got older I got used to it, but I never partake in any of it.

He continued to describe how growing up in poverty forced him to "[do] illegal activities, which we don't really call them illegal activities, we call them surviving - but the government doesn't look at it that way. And so they jail us for breaking the law in their eyes." While another Black male participant did not grow up around neighborhood violence, he did experience the impacts of hyperincarceration, stating that "half my family have been to prison or jail ... the people that I know, that's what they do, and other people ... that work and stuff like that, that's what they do ... that's all I know." Once he ended up involved in

the criminal legal system as well, his sentence felt quite severe, "like I had got done wrong because ... I just missed the court date and I'm 16 years old and they locked me up."

These experiences often stood in stark contrast to that of White participants, who generally had more specific, situational instances of adversity such as a parental affair, loss of a college scholarship, or drug use that led to frayed familial relationships. When describing the loss of a college soccer scholarship due to an injury in late high school, a White male participant stated that "all I wanted to do was go to college and see where it went from there. When it got taken away in one swoop ... I fell into depression, of a big wave of it. I guess that's ... right about the time I started hanging out with the wrong crowd." While he had had a stable upbringing up to this point, this specific instance produced mental well-being challenges and led to drug use to deal with, cope, and "numb any kind of emotions that were horrible that I didn't want to feel."

White participants also discussed receiving lighter treatment if they encountered the criminal legal system as a youth compared to Black participants. They discussed receiving unsupervised probation (e.g., not needing to do drug tests for a drug-related offense) or law enforcement not pressing charges at all, choosing to call the teenager's parents instead. For example, when a White male participant encountered the system for the first time, he said "I mean, I guess it [juvenile encounter] made me respect police a little bit more, if anything, because they didn't want to ruin my life over a dumb mistake I made when I was 16 or whatever because that's a pretty serious thing, to get a [charge]." This stands in stark contrast with the experience discussed above by a Black male participant about being incarcerated at age 16. Multiple White participants also discussed having friends with family in the police force and recognized their privilege in this. For example, another White male participant grew up with both social and financial support from his family, which allowed him to hire a private lawyer, stating that "if I had got a court appointed lawyer or something, I think it would've been different. My family paid a lot of money to the lawyer, so I think that may have helped me a lot." His family's resources also later allowed him to seek rehabilitation for his drug use.

Once participants began experiencing the criminal legal system, they often had to cope with trauma and adversity experienced in childhood and experienced outside of the criminal legal system as adults. For participants that had seen a lot of family and friends experience the criminal legal system, they often coped by normalizing their involvement. A White female participant stated that "it made me numb to it when I got older ... for me it's like it was normal. So when I got put on probation, I didn't think it was a big deal, but it is ... it was like, "Okay. I'm on probation. Everybody's been on probation, but they haven't." A Black male participant said that going to see his probation officer "was like me walking from here to Food Lion, it was just normal" because of how much of his family had been incarcerated. This normalization often led individuals to claim that they were not affected by probation and parole, that they did not let it affect them - some because it was normalized, others, in retaliation to prove that the system could not break them, even when it was exhausting.

Individuals also often stated that they became numb to adversity and grief they had experienced throughout their life and at the hands of the criminal legal system. Participants

described having to suppress grief and not being able to fully grieve or process everyone they had lost. Similarly, a Black male participant said that after losing his mom "I feel like I want to grieve ... but it seem like it's not happening ... I feel like it's abnormal the way I've been going through or dealing with it ... I definitely care, but it feels like I almost don't care. But I do. It's weird." The consistent losses that individuals had experienced combined with a lack of resources with which to process these losses often resulted in burying these experiences until they boiled over. As a White male participant, stated, "so you just bury shit. You just learn, okay, we'll table that and just move on, and then table that and move on. Then it takes 20 years to find out, 25 years to find out, this is a problem. So I don't know that there was any, it's just, fuck it. It's a Thursday. Move on." He experienced the loss of multiple immediate family members in close succession as a teenager. He then coped with these losses increasingly with substance use, and, subsequently, struggled with the fines and fees from criminal legal charges. He said that he learned to adapt by suppressing what he was going through and pushing forward.

Similar to him, many participants coped with this trauma and adversity through substance use, as previously discussed. While a White male participant started using substances to cope with the devastation of losing his soccer scholarship, it then became the way he coped with problems in his marriage and, eventually, the stress of probation itself. He "never figured out how to live life without [substance use]." Similarly, alongside the challenges of growing up in a family frequently involved in the criminal legal system, a Black male participant said that:

remembering traumatic stuff that I've seen, like my mom died, seen it, my brother getting shot, seen it. Just the people that I was closest to, just seeing them die ... I mean I'm so used to the police stopping and asking, let me see you're ... I'm so used to that, that, that don't even bother me anymore ... Yeah, that causes me to do what I do ... drink and have a give up attitude ... Not right now, but before the day's over that might change, that's the truth.

Substance use was often the way that individuals could cope with their trauma, with a White female participant explicitly stating that she was adapting to adversity she experienced growing up by self-medicating because she did not have other resources such as social support from her family or funding for therapy. Similarly, a White male participant found that "the only thing I knew to do, is when I'm in my addiction, the only thing that's going to help me with anything is drugs. So, that's what I always resort to." This substance use then often led to their first - or continued - involvement in the criminal legal system, consistently causing violations of their conditions of supervision. The trauma and adversity participants experienced in childhood and adulthood affected both individuals' criminal legal involvement and mental well-being itself.

3.2.2. "Merry go round of death": the criminal legal system as a trap

—Individuals' conditions of probation and parole then only furthered this adversity. Participants often felt that they could not get off probation or parole once they were on, which led them to feel trapped. A White male participant described it "like a merry go round of death [that] you can't stop." After being involved in the criminal legal system for 15

years, he said that he still hasn't figured out how to stop being involved. Similarly, a Black male participant found that "the most challenging thing on probation is getting off. I've been on probation since I was 10, 11 years old ... they always had a hold on me, and probation was a revolving door: it's easy to get on but it's hard to get off." Individuals explicitly said that they couldn't complete probation because it was a system set up to be punitive and to have people fail. A Black male participant, explained that:

the laws are set up that if you break a law and you can't afford a lawyer you have to take a pleayou get out and ... there's certain jobs you can't get because of your criminal record, so you'll probably do what you did to go to prison in the first place, so it's just like in a circle, it's a vicious cycle.

A White male participant stated that even though he brought the judge paperwork proving he had gone to rehabilitation - which the judge had asked for - but still received jail time. He found that this only hurt him more and felt simply like punishment for punishment's sake.

After release from incarceration, participants often felt like they were having to build a house without a foundation when being placed on probation or parole. A White male participant stated that:

Trying to get yourself back on your feet and into a stable life from being just into a ball of chaos ... you have to start somewhere. It's like, trying to build something quick without really having a foundation to build on ... That has probably been the hardest part ... trying to get things going as fast as possible without falling.

Reflecting on this constant upheaval, multiple participants found that starting life over again was often the hardest part of community supervision. Furthermore, participants often experienced probation and parole violations, resulting in continued involvement in the system and a feeling of being trapped. First, the probation and parole-related fees and restitution payments were often prohibitive. This particularly affected those experiencing housing instability. A Black female participant identified finding stable housing for her and her daughter as the most challenging part of having a criminal legal history. Balancing the financial obligations of probation while navigating exclusionary rental policies, she faced an ongoing cycle of competing priorities that put her at risk of being reincarcerated, stating:

I have to pay for a motel every day ... and then I have to pay probation, the probation [money] is a lot more than anything ... if I don't pay [the probation office], they might want to violate me for not paying my money. So, that's the only thing that really gets me, is the money part.

Similarly, others experiencing housing instability sometimes had restitution payments larger than monthly rent, which they simply could not afford, resulting in probation violations and continued supervision and mandated payments. Passing drug tests - another common probation and parole condition - also proved prohibitive. A White male participant found that individuals were not provided with the support to:

"know how get clean [or] know anything about it, and you're not going to stop using, and if you are not going to stop using, you're going to keep doing your drug

tests, and then you're just going to keep violating probation, which is more charges ... and it's just never ending.

He experienced this firsthand, finding himself trapped in a cycle of substance use, probation violations, re-incarceration, sobriety, and relapse. Participants were unsupported in meeting their requirements as well. They often could not find jobs and were barred from formal employment, this led multiple participants to sell drugs because it was the only reliable job they could get. Participants faced similar barriers to housing, with a Black female participant being unable to provide housing for her children because of her record. Rules could also conflict, with a Black male participant not being able to take a job that he found in a different town due to his ankle monitor that prohibited him from leaving certain areas. Thus, criminal legal involvement was sometimes the exact same reason individuals could not meet the necessary conditions to end their involvement, keeping them trapped in its cycle.

Having strict rules and regulations that felt punitive also felt humiliating with a White male participant saying that he often felt like he was being treated like a child rather than as an adult. Poor treatment by probation and parole officers also contributed to a feeling of dehumanization. The same participant experienced that "as soon as [the officers] pull the record up, it's like automatic, it's like a whole different switch goes on, they you don't look at you as a civilian, they look at you as some kind of enemy or something, that's how they kind of treat you." The dehumanizing nature of supervision combined with individuals feeling trapped and being scared of experiencing violations contributed to often insurmountable levels of pressure and stress. He said that the pressure "made me backtrack ... I was swarmed with my family, my probation officer, everything was overwhelming. It was like they smothered me with so much stuff, and then with rules and stipulations on top of like family and all that stuff, it kind of just made your will-power just explode." A Black male participant stated that "you really have to bite your tongue and take pretty much anything that anybody throws at you, because it's always a chance you could get sent back to prison."

These dehumanizing, stressful experiences on community supervision often led participants to grapple with whether this supervision was better than nothing. Twelve participants noted at least one positive aspect of probation and parole, such as increased accountability for sobriety, passing drug tests, and going to court. Yet, a Black male participant also described "waking up feeling like your freedom is still very attainable to the law ... like I've still got a set of eyes that are on me" and others discussed having anxiety when going to court even while feeling like the supervision kept them accountable. Others noted that probation and parole was not a bad experience for them, compared to incarceration, but that it also did not provide much help because, as a White female participant stated, they "keep it on a criminal level"; "they don't care if you have healthcare" or housing or other basic needs. However, the hard-to-meet rules and regulations could make supervision feel even more difficult than incarceration, with a Black male participant saying "I wanted to get out of prison but I would've rather got it over with than to be on probation ... I got collar on my ankle ... I'm about to move up in the program and curfew changes, [but my curfew] won't ever change until I get this off my ankle ... I couldn't stay overnight with my granddaughter because I got to be home." Probation and parole often created a kind of false freedom. In

sum, some participants found the accountability that community supervision provided to be positive, others found it to be better than the harms experienced during incarceration while still unhelpful, and some found it to be even worse than incarceration.

3.2.3. "I love you, but I have to love you from over here": social support as a double-edged sword while on community supervision—While adapting to adversity and trauma and being entrapped in the criminal legal system, individuals had various levels of support, and that support was often directly impacted by their criminal legal involvement. Support could serve as both a barrier and facilitator for individuals' mental well-being. Support was often more difficult for those on parole - recently released from prison - than those on probation because they had been removed from their community for a significant time. A Black male participant said this concern is what made him the most worried about the threat of reincarceration, feeling "like I'm going to be deserted ... nobody is going to fucking be there afterwards, and who am I to tell them to put their life on pause for me?" Participants often felt like they had to start their life over each time they were released, including re-building connections with friends and family.

Of the 20 participants, four felt like they had no social support at all. Some participants felt like they had been betrayed by those they trusted, which had either led directly to their criminal legal sentence or was the result of stigma they experienced due to their involvement. A Black male participant found that "some people that you grow up with and that you've known for a long time look at you differently ... I know I'm the talk of the town." These feelings of betrayal or alienation sometimes led to participants avoiding seeking out support, with a White male participant expressing that:

Because if there's no connection, there's no disappointment when they leave. There's no grieving if they die ... I've pretty much sabotage[d] every relationship I've ever been in, so I'm the one holding the knife. I'm the one that can cut ties ... If I sabotage it, then you're just not up and leaving me wondering what the fuck I did, and that's been a normal part of life for years.

He became accustomed to loss, and familiar with professional support being unreliable. Not only did he lack social support from friends and family, but therapists had left him as well. Others' loved ones had died, with a White female participant stating "I don't have friends. No one has been worthy to be called a friend to me, except for the one that has died ... no, there's not much support." A White male participant cut off ties to try to start his life on a different path:

I've had friends I've known since I was probably 10, 11 years old that I've considered real good friends that are still out there doing the same stuff. It's definitely hard to deal with, and hard to push away from, but at the same time, you look out for yourself, and love somebody from a distance if they're not going to follow the same path you're trying to go. That's kind of what I ... It took me 37 years to realize that, but I got it. I was like, "I love you, but I got to love you from over here." I got to do me, and get myself back together.

However, many participants did have support through close family members or a partner. This support could be both emotional and practical. It was often through these supports that

individuals felt seen, particularly if their family or partner had experience in the criminal legal system themselves. A White male participant felt that his fiancé's experience on probation combined with their emotional connection, allowed her "to be able to read my thoughts ... she can take a look at my face and see what's going on with me, she's always there." These sources of support often also filled the gaps of structural support. After graduating from a substance use recovery center, another White male participant was "going to stay [in town]. So, I've got a job here. So, yeah, I'm going to stay here. My mom's helping me get a place ... and she's going to help me with my first three months of rent, and my credit's terrible, so she's going to cosign for me, and she's going to pay the deposit." His relationship with his mother was integral to his transition from the structured support of a recovery center to life in the community. Similarly, when a Black male participant was released from prison, his wife moved to North Carolina, and:

she said I had a place to stay and I had a job. Her boss was going to hire me, days within me coming home ... so I had a job, I had a roof over my head, and I didn't have to worry about it. She said, 'I got you until you start working and get on your feet. Don't worry about nothing, I got you.' So that gave me time to get my stuff right and get on my feet and she held me down.

While these supports were critical as individuals navigated supervision requirements and transitioning home from incarcerated, they also highlighted the lack of structural support in peoples' communities (e.g., housing support) and a lack of robust support systems, as most individuals had only one or two people they felt they could rely on.

3.2.4. "[Probation] ain't nothing but a rope to hang yourself": mental health issues created and exacerbated by criminal legal involvement—Participants feeling that they were trapped in the criminal legal system, coping with adverse and traumatic experiences, and/or having complicated social support with which to cope led to a buildup of stress and pressure, and often had profound mental health implications. First, peoples' involvement in this system exacerbated pre-existing mental health conditions. A Black male participant, stated that he "suffer [s] from clinical depression, this was before my police stuff, that's something that I had to learn to adjust and learn how to work through ... with the justice system now being a part of life, that's more stress that can add to depression." Second, peoples' experiences in jail and prison created mental health conditions during incarceration that continued to affect them today. Participants often only learned about pre-existing mental health diagnoses when they were diagnosed at intake. A Black male participant described his experience of being "locked up all day, when you get told what to do, you have no freedom, you have no rights, you have no say so, you have absolutely no control over nothing, so ya, it was definitely depressing." Another Black male participant described this time as making him "more cautious, more guarded, very on edge, very skeptical of people." When people were released, this would often result in them feeling institutionalized. While he had been home for three years, a White male participant says that he "still get [s] to the point where if I'm in a big crowd, my back is to the wall, and I've got eyes on everything, I'm observant and stuff. Loud noises, or just something sounding out of whack kind of startles me." In fact, a White female participant found that "[probation has] just definitely put a lot more depression, trauma and hardship on me in

my life, and my sense of mind and peace of mind and my everything. Mental health, it has affected [me] more than anything else."

While individuals were on community supervision, not only are they coping with these mental well-being issues imposed by incarceration time, but also those imposed by the community supervision system itself. The difficulty individuals faced in finding a job could take a large toll, as it did for a Black male participant:

Mental health, yeah, stress, the need to make sure you get everything done, all of that. Make sure that you don't end up in trouble. It's just a constant thing of keeping your nose clean, and it's a constant thing of keeping your head up. It can be tough when you're applying for jobs and stuff, and they figure out you're on probation. Or I was becoming a notary through my job currently, and you can't be a notary in the state with that on your record. You have to wait 10 years. So stuff like that can be mentally taxing.

All the supervision restrictions created feelings of anxiety and stress. When some individuals could not find work - or work that wasn't enough to support their family, they felt like they had to sell drugs, which could result in a violation, so a Black male participant would "always [be] looking over my shoulder for the police or my parole officer or my [probation/parole officer]. I'm sure I got ulcers or something." Regarding movement restrictions, he found that "[the ankle monitor] kind of made me, I'm cautious about my movements even though they let me go to outside meetings ... but I'm kind of fearful cause I don't want to get in trouble with these people. I don't want to get in trouble with the parole officer. I'm still living in fear." Similarly, for a White male participant, having to participate in mandatory in-person meeting without reliable transportation and having to take drug tests, caused anxiety:

Yeah, so I mean just having to go downtown basically to the probation office for one, because I didn't have a license because I was on probation so I was relying on other people or Ubers to get to those visits. So I didn't know if I was going to be able to pay an Uber or have somebody who was able to take me, so it was just stressful just getting there. And then also taking the drug test. I wasn't taking any drugs at the time, but I was also looking online to see if I could test for a false positive or what. And a couple of the medications that I was on they were on lists where you could have a false positive. So I was just scared I would have a false positive on a drug test or just, I don't know, these almost irrational fears that I was going to get in trouble. I just felt like, I don't know, I was doomed to fail almost.

Feeling like he would fail, gave him more anxiety because he felt like if he did have a positive drug test, he would "go down a really bad path ... so it's just scary thinking about what the future could be like because I don't know, I've got a lot riding on my sobriety and say I were to relapse or whatever and get arrested again, it would be a really, really bad situation. So yeah, I mean it's just a lot of anxiety that comes with that." A Black male participant summarized his feelings towards supervision as it "[affecting people] all negatively. It's nothing positive about being on ... it's like a hindrance ... ain't nothing but a rope to hang yourself."

These stressors from probation and parole's requirements and restrictions accumulated, with a White male participant finding that "everything with the probation stuff, it kind of just builds up on you, and it just kind of makes your mental state go a little wiry." Individuals often experienced anticipatory stress and anxiety, always being worried that law enforcement would arrive and get them in trouble – particularly police, who they could encounter in everyday life. A Black male participant described how "it makes me real on edge ... if I'm driving and I see the police pull up behind me, I'm on edge. I don't feel any type of relief when I see the police, even if it's a situation where I called them. I can still get shot because, when they show up, they ain't worrying about who called. They just want to 'diffuse the situation.'" These concerns were constantly in the back of his mind, even leaving when a friend was in a fender bender "because I'm on probation and I don't want no problems ... it's always a factor in everything that I do." This anxiety was ever present in participants' experiences, including a White female participant's:

[Probation] gives me anxiety and it gives me PTSD. I mean, regardless that I'm not doing anything wrong, I see [a police officer] and I'm automatically freaking out because even if I'm not doing anything wrong ... when you encounter with the police in that kind of way, it's never going to end well ... if they're approaching you, you're screwed. You're in a bad situation right there, and you don't know how to take it. It gives you anxiety. You're going to [go] ahead and freak out and get PTSD ... Everybody that has been in the [criminal legal] system, for sure, at least once, fears the police, regardless of what they're doing, right or wrong.

A Black male participant also felt like "having an extra set of eyes on me," contributed to anxiety. This anxiety could be so crippling that it affected individuals' overall health, with a White female participant finding that "the stress of [probation], I feel like is an exercise in itself. I'm tired most of the time."

These high levels of stress and anxiety were only heightened by participants' lives outside of probation and parole. Participants described how the loss of loved ones, struggling with addiction, and frayed support structures directly affected their mental well-being. Participants also explicitly noted how race played a factor in their stress, with a Black male participant describing how that stress "come [s] with just being Black though, from my socioeconomic background. I don't know if the Black people back there in that [probation and parole] office, I don't think they're stressed. But I've always been. I can never recall a point [in] my life other than when I was living with my dad that I won't stress."

At the same time, individuals also faced multifaceted barriers to mental health treatment. First, bureaucratic processes posed barriers, particularly if participants lived in a residential treatment facility and did not have their own phone or other ways to easily get information or had spent a long time incarcerated and struggled with navigating the internet to search for providers. A Black male participant was "not computer savvy, and I really don't know what channels I got to [go through]." Individuals also often lack the disposable income and time with which to seek out mental health treatment - to take care of themselves - especially as appointments often conflicted with work schedules. These barriers contributed to fears of not meeting community supervision requirements as well - as requirements may include

both maintaining employment and seeking out mental health treatment. He found that he "still got that fear going. You got to do the appointments on the wall."

Participants also discussed the stigma around mental health, which often stratified along racial lines, with Black participants both noting the stigma that exists around mental health and mental health treatment while also expressing internalized stigma. A Black male participant stated that he relied on his family to cope with mental health conditions while recognizing that "they say it's a chemical imbalance" but that he was "strong enough where [he doesn't] need the meds." Individuals' histories with substance use and feeling dependent on substances also contributed to a skepticism and mistrust in medications that they would feel dependent on. A Black male participant did not "want to be dependent on anything, but I'm giving [antidepressants] a two week trial ... but I want to figure out a solution to where I don't have to be on anything ... that's why I didn't want to do heroin, being reliant on something to push me. I just want to wake up normal."

Experiencing mental health treatment while incarcerated - which was often substandard and may have included medications with severe side effects - often made individuals wary of going back on treatment due to fear of these side effects, as stated by a Black male participant:

When I came home [from jail] I took [mental health medication] for a little bit and I weaned myself off of them ... Because first, it puts a label on you. Second, I didn't want that feeling. I was is solitary by myself, so that groggy feeling, that sleepy feeling making me sleep, that was okay. Now I'm on the streets and I got a job to do and I got things to do. I don't want that groggy or sleepy feeling. So I wanted to wean myself off of them.

The trauma endured while in the criminal legal system's punitive and unpredictable environment often created skepticism towards trusting mental health providers. When combined with individuals' hectic lives, trying to meet all supervision requirements, and stigma around mental health, individuals often found it difficult to seek treatment. A White male participant stated that:

That's the hardest part of it, is trying to find the time, or like at the end of the day, you really don't feel like talking to somebody. You're tired, you're just already burned out mentally from everything else you've had going on throughout the day. It's like, do I really want to do this? Go back into another situation where you got to sit down with somebody that you don't really know everything that's going on. Because, I've always had trust issues too ... I don't even know this person, diagnosing me with mental problems. Then, him diagnosing me, or giving me medication for something that we don't even know if it's going to work ... it's like, if it doesn't work, it could possibly make the mental state backtrack again, and then we have to change the medicine to get things leveled back out. It's like, do I really want to go through all that?...Just because it's with the drug use I've been through, even if I didn't have mental health before, all the drugs probably made me a little crazy. It's definitely now to the point where I definitely need medication to get that

chemical imbalance back. Yeah, trying to schedule that, and actually to want to do it is the hardest part.

In sum, the culmination of adversity individuals experienced in their lives and from the criminal legal system, both perpetuated and created mental well-being challenges while simultaneously making it difficult to seek mental health treatment - financially, logistically, and in entrusting such sensitive information with a stranger.

4. Discussion

In this study, we interviewed 20 individuals on probation or parole in North Carolina to better understand how the system of community supervision affects mental well-being and how this varies by race. Participants' experiences were largely defined by a lack of agency and control over their lives as they were trapped in the criminal legal system. The pile-up of fines and fees, poor treatment and lack of resources provided by probation and parole officers, strict and hard-to-meet requirements, an inability to secure employment and housing, and a constant feeling of starting their life over often led to continued criminal legal involvement. This made participants feel dehumanized and contributed to compounding stress and pressure. They often had to cope with the adversity imposed by this system and the adversity and trauma experienced throughout their life - which was often more severe for Black participants - without robust social or structural support systems. This continued, multi-pronged adversity in the absence of support had profound implications for mental well-being encompassing stress, anxiety, being on edge, and a feeling that they were walking on eggshells, all while having difficulties accessing mental health treatment due to limited income, lack of information, and stigma.

This work adds to a growing body of literature on the consequences of community supervision for health. Prior work has found that supervision produces both pains and gains for individuals - with the gains often being coercive and imposing threatening legal risks (e.g., drug testing as accountability) (Phelps and Ruhland, 2022). Our work finds that indeed these coercive measures should not necessarily be thought of as 'gains,' as they primarily negatively affect individuals' mental well-being by increasing stress, anxiety, and the feeling of being on edge. Prior work has also found that the barriers individuals face during reintegration from prison affect their overall health and mental health via depressive symptoms (Semenza and Link, 2019). We expand on this by finding that not only those reintegrating from prison but also those serving a community supervision sentence alone face substantial mental well-being challenges. These challenges also may manifest in anticipatory stress and anxiety, rather than depression, as individuals live in constant fear of the threat of revocation.

The lack of structural support while on community supervision often results in individuals failing to meet requirements and contributing to worse well-being, highlighting the need for policy to move support services (e.g., resources for housing) outside of the criminal legal system and into supportive community settings (Phelps et al., 2022). As participants stated, providing more resources and fewer punitive requirements would ensure that individuals are able to begin achieving well-being. The New Way of Life Reentry Project,

a California-based program, provides an example of these supports (Burch, 2017). They provide structural support for women coming home from prison through attending to the physical, mental, and social contexts that shape individuals' lived experiences rather than focusing on individual responsibility. Additionally, the Just Income program in Florida provides unconditional cash transfers to individuals exiting Florida's prisons and jails. (Just Income) This program attempts to reduce the substantial financial burdens individuals face when returning to their community and could lead to, for example, a reduced need to do criminalized work (as some felt they had to do to provide for a family) and to cope with trauma via substance use (as some had to do because they had no other resources). Moreover, there is a need to drastically reduce the breadth of community supervision altogether in such a way that ensures individuals receive the structural support they need in non-carceral settings (Lopoo et al., 2022). As many participants stated, supervision was not helpful - it was a hindrance in bettering their lives. Preliminary work in California and New York City has found that this can successfully be done via sentencing reform, case diversion, and policy change (e.g., reducing community supervision sentence length; reinvesting in social resources to ensure individuals have their needs met and are offered opportunities such as vocational training) (Lopoo et al., 2022). Furthermore, all of this work must be done with a lens towards racial equity if it is to address this system's roots in and continued sustaining of structural racism (Hardeman et al., 2021).

Our analysis has limitations to note that we hope future work expands on. First, individuals were selected from a pre-existing cohort that required clinical indication for PrEP. However, the World Health Organization has identified all people in prison and those recently released as a key population for PrEP uptake, indicating that all those on probation and parole should be clinically indicated for PrEP (The World Health Organization, 2021). This cohort was also in North Carolina, which has a lower rate of supervision compared to the United States as a whole (Kaeble, 2021). Second, probation and parole are also distinct sentences with different requirements and timelines, which was not explored. Third, interviews asked participants to recount experiences from the past, so we are unable to separate the effects of probation on mental well-being from the effects of other criminal legal encounters on mental well-being. For instance, participants sometimes recounted how both prior experiences in prison and their current community supervision affected them today. However, our goal was not to establish a causal relationship, and our findings speak to the complexity and interrelatedness of the many factors affecting individuals' mental well-being while on community supervision. Lastly, we did not fully analyze data until all interviews had been conducted, potentially preventing us from exploring all emergent themes and reaching saturation. By centering first-person perspectives of those on probation and parole, we hope to highlight the critical nature of individuals' narratives in understanding how criminal legal involvement affects health.

5. Conclusions

In an age where researchers, advocates, and the media recognize the harms of incarceration, community supervision is often lauded as an alternative. However, community supervision is not synonymous with decarceration: it is the most common form of criminal legal sentencing, is highly punitive, and harms peoples' mental well-being. Yet, it is deeply

invisible to the public. We must center the narratives of those with lived experience in this time of mass supervision to increase awareness and advocate for change.

Acknowledgements

We would like to thank all participants in this study.

Funding

This research was supported in part from The National Institutes of Minority Health and Health Disparities F31 Predoctoral Fellowship (F31MD017136), The National Institute on Drug Abuse: Lifespan/Brown Criminal Justice Research Program on Substance Use and HIV (R25DA037190) and The Carolina Population Center provided general and training support (P2C-HD050924; T32-HD007168) from the NICHD.

Abbreviations

PrEP Pre-Exposure Prophylaxis

SPECS The Southern Pre-Exposure Prophylaxis Study

US United States

References

Alexander M, 2010. The New Jim Crow: Mass Incarceration in the Age of Colorblindness The New Press

Bronson J, Berzofsky M, 2017. Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011–12

Bryan B, 2022. Housing instability following felony conviction and incarceration: disentangling being marked from being locked up. J. Quant. Criminol 10.1007/s10940-022-09550-z. Published online.

Burch M, 2017. (Re)entry from the bottom up: case study of a critical approach to assisting women coming home from prison. Crit. Criminol 25 (3), 357–374. 10.1007/s10612-016-9346-3.

Dong KR, Tang AM, Stopka TJ, Beckwith CG, Must A, 2018. Food acquisition methods and correlates of food insecurity in adults on probation in Rhode Island. PLoS One 13 (6), e0198598. 10.1371/journal.pone.0198598. [PubMed: 29883491]

Gartner DR, Delamater PL, Hummer RA, Lund JL, Pence BW, Robinson WR, 2020. Integrating surveillance data to estimate race/ethnicity-specific hysterectomy inequalities among reproductive-aged women: who's at risk? Epidemiol Camb Mass 31 (3), 385–392. 10.1097/ EDE.00000000001171.

Gibbs G, 2013. Thematic coding and categorizing. In: Gibbs G (Ed.), Analyzing Qualitative Data Sage, Thousand Oaks, pp. 38–56. 10.4135/9781849208574.n4.

Han BH, Williams BA, Palamar JJ, 2021. Medical multimorbidity, mental illness, and substance use disorder among middle-aged and older justice-involved adults in the USA, 2015–2018. J. Gen. Intern. Med 36 (5), 1258–1263. 10.1007/s11606-020-06297-w. [PubMed: 33051837]

Hardeman RR, Hardeman-Jones SL, Medina EM, 2021. Fighting for America's paradise: the struggle against structural racism. J. Health Polit. Policy Law 46 (4), 563–575. 10.1215/03616878-8970767. [PubMed: 33503243]

Hawks L, Wang EA, Howell B, et al., 2020. Health status and health care utilization of US adults under probation: 2015–2018. Am. J. Publ. Health 110 (9), 1411–1417. 10.2105/AJPH.2020.305777.

Jacobs LA, Gottlieb A, 2020. The effect of housing circumstances on recidivism: evidence from a sample of people on probation in san francisco. Crim. Justice Behav 47 (9), 1097–1115. 10.1177/0093854820942285. [PubMed: 34629568]

Joudrey PJ, Khan MR, Wang EA, et al., 2019. A conceptual model for understanding post-release opioid-related overdose risk. Addiction Sci. Clin. Pract 14 (1), 17. 10.1186/s13722-019-0145-5. Just Income https://jignv.org/. (Accessed 28 April 2023).

- Kaeble D, 2021. Probation and Parole in the United States, p. 2023.
- Knapp CD, Howell BA, Wang EA, Shlafer RJ, Hardeman RR, Winkelman TNA, 2019. Health insurance gains after implementation of the affordable care act among individuals recently on probation: USA, 2008–2016. J. Gen. Intern. Med 34 (7), 1086–1088. 10.1007/s11606-019-04900-3. [PubMed: 30815787]
- LeMasters K, Oser C, Cowell M, Mollan K, Nowotny K, Brinkley-Rubinstein L, 2021. Longitudinal pre-exposure prophylaxis (PrEP) acceptability, initiation and adherence among criminal justice-involved adults in the USA: the Southern PrEP Cohort Study (SPECS) protocol. BMJ Open 11 (7). 10.1136/bmjopen-2020-047340.
- Lopoo E, Schiraldi V, Ittner T, 2022. How little supervision can we have? Annu Rev Criminol 10.1146/annurev-criminol-030521-102739. Published online August 8.
- Maxwell J, Miller B, 2008. Categorizing and connecting strategies in qualitative data analysis. In: Leavy P, Hess-Biber S (Eds.), Handbook of Emergent Methods Guilford Publications Inc., pp. 461–477. 10.1136/ebnurs.2011.100352
- Miles MB, Huberman AM, 1994. Matrix displays: some rules of thumb. In: Qualitative Data Analysis, Second Sage, Thousand Oaks. 10.1039/c3cs60223k.
- Nowotny KM, 2018. A social ecological framework of inmate health: implications for black—white health disparities. In: Inequality, Crime, and Health Among African American Males. Vol 20. Research in Race and Ethnic Relations Emerald Publishing Limited, pp. 7–34. 10.1108/S0195-744920180000020002.
- Pager D, Western B, Sugie N, 2009. Sequencing disadvantage: barriers to employment facing young Black and white men with criminal records. Ann. Am. Acad. Polit. Soc. Sci 623 (1), 195–213. 10.1177/0002716208330793.
- Phelps MS, 2013. The paradox of probation: community supervision in the age of mass incarceration. Law Pol 35 (1–2), 51–80. 10.1111/lapo.12002.
- Phelps MS, Ruhland EL, 2022. Governing marginality: coercion and care in probation. Soc. Probl 69 (3), 799–816. 10.1093/socpro/spaa060.
- Phelps MS, Osman IH, Robertson CE, Shlafer RJ, 2022. Beyond "pains" and "gains": untangling the health consequences of probation. Health Justice 10 (1), 29. 10.1186/s40352-022-00193-7. [PubMed: 36181641]
- Porter LC, DeMarco LM, 2019. Beyond the dichotomy: incarceration dosage and mental health. Criminology 57 (1), 136–156. 10.1111/1745-9125.12199.
- Quandt K, Jones A, 2021. Research Roundup: Incarceration Can Cause Lasting Damage to Mental Health
- Riessman C, 2008. Thematic analysis. In: Narrative Methods for the Human Sciences Sage, Thousand Oaks, pp. 53–76.
- Sawyer W, Wagner P, 2022. Mass Incarceration: the Whole Pie 2022
- Semenza DC, Link NW, 2019. How does reentry get under the skin? Cumulative reintegration barriers and health in a sample of recently incarcerated men. Soc. Sci. Med 243 10.1016/j.socscimed.2019.112618.
- The World Health Organization, 2021. Consolidated Guidelines on HIV Prevention, Testing, Treatment, Service Delivery and Monitoring: Recommendations for a Public Health Approach
- The World Health Organization, 2022. Mental health https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response#:~:text=Concepts%20in%20mental%20health,and%20contribute%20to%20their%20community. (Accessed 11 August 2023).
- Welsh M, 2017. How formerly incarcerated women confront the limits of caring and the burdens of control amid California's carceral realignment. Fem. Criminol 14 (1), 89–114. 10.1177/1557085117698751.
- Wildeman C, Wang EA, 2017. Mass incarceration, public health, and widening inequality in the USA. Lancet 389 (10077), 1464–1474. 10.1016/S0140-6736(17)30259-3. [PubMed: 28402828]

Wildeman C, Goldman AW, Wang EA, 2019. Age-standardized mortality of persons on probation, in jail, or in state prison and the general population, 2001–2012. PUBLIC Health Rep 134 (6), 660–666. 10.1177/0033354919879732. [PubMed: 31603737]

- Williams DR, Collins C, 2001. Racial residential segregation: a fundamental cause of racial disparities in health. Publ. Health Rep 116 (5), 404–416. 10.1016/S0033-3549(04)50068-7.
- Winkelman TNA, Phelps MS, Mitchell KL, Jennings L, Shlafer RJ, 2020. Physical health and disability among U.S. Adults recently on community supervision. J. Correct. Health Care 26 (2), 129–137. 10.1177/1078345820915920. [PubMed: 32253963]
- Zatz ND, 2020. Get to work or go to jail: state violence and the racialized production of precarious work. Law Soc. Inq 45 (2), 304–338. 10.1017/lsi.2019.56.

LeMasters et al. Page 20

Table 1

Demographic characteristics.

	N/Median	%/SD	Black		Black	
			N/Median	%/SD	N/Median	%/SD
Race						
Black	12	0.60				
White	8	0.40				
Community Supervision						
Probation	15	0.75	10	0.83	5	0.63
Parole	5	0.25	2	0.17	3	0.38
Gender						
Female	4	0.20	1	0.08	3	0.38
Male	16	0.80	11	0.92	5	0.63
Age	31	8.05	29.5	9.63	34	5.46
Housing						
Permanent, Stable Housing	10	0.50	6	0.50	4	0.50
Temporary Housing	3	0.15	2	0.17	1	0.13
Residential Treatment Facility	6	0.30	3	0.25	3	0.38
Unhoused	1	0.05	1	0.08	0	0.00
Criminal Legal History						
Prior Jail Experiences	20	1.00	12	1.00	8	1.00
Prior Prison Experiences	11	0.55	8	0.67	3	0.38
Prior Juvenile Detention Experiences	4	0.20	3	0.25	1	0.13
Prior Solitary Confinement Experiences	6	0.30	5	0.42	1	0.13
Age at first Police Encounter	16	4.79	15	4.46	19	4.49
Mental Health						
Depressive Symptoms	14	0.70	7	0.58	7	0.88
Anxiety Symptoms	10	0.50	3	0.25	7	0.88
Post-Traumatic Stress Disorder	6	0.30	2	0.17	4	0.50
Suicidality	5	0.25	3	0.25	2	0.25
Substance Use	14	0.70	6	0.50	8	1.00