

Chapter 16

Trauma, Assessment, and Management in Sexual Offender Contexts



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Introduction

Sexual assault is a pervasive public health issue. One in four women and one in six men have been sexually abused by age 18 (NSVRC, 2015, p. 1), and lifetime rates equate to more than one in three and nearly one in four that have experienced sexual violence involving physical contact (Centers for Disease Control and Prevention, 2019). Sexual assault remains one of the most underreported crimes (NSVRC, 2015), and the majority of sexual assaults are never reported to law enforcement (Kilpatrick, Edmunds, & Seymour, 1992). Sexual offending behaviors range from verbal sexual harassment to noncontact offenses (exposure, public masturbation) to contact offenses, including rape. This also includes the production, distribution, and possession of child pornography that was thought to be almost eradicated, if not at least significantly reduced, through successful law enforcement efforts until the advent of the Internet (United States Department of Justice, 2011).

Other than the fact that the majority of sexual offenders are male, they constitute a heterogeneous group of individuals defined by an illegal behavior (Knight, Rosenberg, & Schneider, 1985), who are regulated and managed by state and federal laws (Lamade & Prentky, 2019). Many laws (e.g., 34 US Code § 20901) were initiated as a result of high-profile crimes and contain the names of the respective victims (e.g., Adam Walsh, Jacob Wetterling, Megan Kanka) and predominantly represent legislators' attempts to assuage the fears of concerned citizens, rather than a comprehensive approach based on research (Lamade & Prentky, 2019).

Over the past 20 years, media coverage has drawn the public's attention to sexual assault, particularly within three specific contexts: Internet child pornography and sexual solicitation of minors, campus sexual assault/misconduct (CSA), and military sexual trauma (MST). The Internet is considered interstate commerce, and therefore,

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Internet child pornography production, distribution, and possession fall under federal statutes. Additionally, solicitation of a minor for sexual activity and traveling across state lines to engage in sexual activity with a minor also fall under federal statutes. Military sexual trauma (MST) is the term defined by the Department of Veterans Affairs as “experiences of sexual assault or repeated, threatening sexual harassment that a Veteran experienced during his or her military service” (United States Department of Veterans Affairs, n.d.). Title 38 (38 US Code § 1720D) of federal law provides counseling and treatment benefits for veterans who experienced sexual trauma incurred during service. The Department of Defense’s latest report on sexual assault in the military for fiscal year 2018 indicated a 12.6% increase in reports made in fiscal year 2017 (Department of Defense, 2019). Results of this survey sparked congressional action that included the introduction of a new bill, H.R.1092: Servicemembers and Veterans Empowerment and Support Act of 2019 (Bennett, 2019). The literature on campus sexual misconduct dates back to the 1950s with Kanin and Kirkpatrick, who were one of the first teams to examine sexual aggression on college campuses (Kanin, 1957; Kirkpatrick & Kanin, 1957). They found that a significant proportion of college women (20–25%) reported sexually coercive experiences involving their male collegiate peers (Kanin, 1957). Koss and colleagues published a series of landmark studies (1982, 1985, 1987) demonstrating the problem of sexual assault on college campuses, yet it took decades to come to the attention of the general public. Research has shown that both MST and CSA have two common factors, the involvement of alcohol (in MST, alcohol was involved in 62% of victimized women and 49% of victimized men) and familiarity with the perpetrator (Abbey, Jacques-Tiura, & Lebreton, 2011; Abbey, Parkhill, Jacques-Tiura, & Saenz, 2009; Department of Defense, 2019). Additionally, recent reports of sexual abuse perpetrated by celebrities (e.g., Bill Cosby), wealthy businessmen and media moguls (e.g., Harvey Weinstein) resulted in the development or expansion of movements such as “MeToo” (#metoo) and “Time’s Up Now” that have raised awareness of the pervasive issue of sexual aggression. Legislation governing sex offenders is driven by public outrage and mobilization which requires awareness that typically stems from high-profile cases and media coverage.

Legislation

The point of this section and corresponding table (Table 16.1) below is to highlight the numerous laws that pertain to sex crimes, including management law of sex offenders when they return to the community, and the challenges that these laws raise. The earliest state policies regarding sex offenders date back to the 1930s and involve the psychiatric commitment of “sexual psychopaths” (Sutherland, 1950). Beginning in the early 1990s, numerous federal acts were put forth ostensibly to protect the public from sexual assault and exploitation. Currently, the majority of federal criminal laws that pertain to sexual crimes are contained in Title 18 (Crimes and Criminal Procedure) and Title 34 (Crime Control and Law Enforcement) and

Table 16.1 List of relevant federal and Uniform Code of Military Justice (UCMJ) laws^a

Name of act or statute	Notes
The Violence Against Women Act (VAWA) of 1994 H.R.1585 – Violence Against Women Reauthorization Act of 2019	Codified under Title 42, transferred to Title 34. Reauthorized in 2000, 2005, and 2013 The current Reauthorization Act of 2019 passed the house and was in the senate as of April 2019
The Wetterling Act The Wetterling Improvements Act of 1997 (P.L. 105–119)	Passed in 1994 as part of the Violent Crime Control and Law Enforcement Act (42 U.S.C. 14071) Currently under 34 US Code Subchapter I: Sex Offender Registration and Notification <u>34 U.S.C. § 20902</u> : Establishment of program (establishes the Jacob Wetterling, Megan Kanka, and Pam Lychner Sex Offender Registration and Notification Program)
The Amended Wetterling Act of 1996, known as “Megan’s Law” (P. L. 104–145)	Currently under 34 US Code Subchapter I: Sex Offender Registration and Notification <u>34 U.S.C. § 20902</u> : Establishment of program (establishes the Jacob Wetterling, Megan Kanka, and Pam Lychner Sex Offender Registration and Notification Program)
28a U.S.C. Rule 413. Similar Crimes in Sexual-Assault Cases 28a U.S.C. Rule 414. Similar Crimes in Child-Molestation Cases	These are amendments to the Federal Rules of Evidence in 1994/1995 to include prior sex crimes
The Pam Lychner Sexual Offender Tracking and Identification Act (42 U.S.C. 14,072) in 1996	Currently under 34 US Code Subchapter I: Sex Offender Registration and Notification <u>34 U.S.C. § 20902</u> : Establishment of program (establishes the Jacob Wetterling, Megan Kanka, and Pam Lychner Sex Offender Registration and Notification Program)
The Victims of Trafficking and Violence Prevention Act of 2000	Contained under 22 U.S.C. Chapter 78: Trafficking Victims Protection. See Chapter 78 for details. This includes: <u>22 U.S.C. § 7105</u> : Protection and assistance for victims of trafficking <u>22 U.S. Code § 7106</u> : Minimum standards for the elimination of trafficking <u>22 U.S.C. § 7107</u> : Actions against governments failing to meet minimum standards. This requires foreign governments to make minimum standards to eliminate human trafficking and outlines actions against the said governments who fail to comply This also required registered sex offenders to notify the state of any institution of high education where they were enrolled. It also amended the Higher Education Act of 1965 to require institutions that are obligated to disclose campus security policy and campus crime statistics to provide notice on how to obtain this information
The Federal Child Abuse Prevention and Treatment Act (CAPTA) of 2003 (reauthorized in 2010)	Contained under <i>42 U.S.C. Chapter 67</i> : Child Abuse Prevention and Treatment and Adoption Reform. Title I is found in Subchapter I and Title II of this Act is found in Subchapter II

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Table 16.1 (continued)

Name of act or statute	Notes
Prosecutorial Remedies and Other Tools to end the Exploitation of Children Today (PROTECT) Act, Pub. L. 108–21, § 362, 117 Stat. 665 (2003)	<p>Codified at 18 U.S.C. § 2252(B): Misleading Names on the Internet.</p> <p>Established a national Amber Alert coordinator for abducted children.</p> <p>(34 U.S. Code § 20501.National coordination of AMBER Alert communications network)</p> <p>Amends laws related to sexual tourism, laws related to penalties for child pornography, stricter penalties for sex offenders who perpetrate offenses, and changes to the Tier Sex Offender Registry.</p>
The Adam Walsh Child Protection and Safety Act of 2006 (P. L. No. 109–248, 42 U.S.C. 16901) (P. L. No. 109–248, 42 U.S.C. 16971)	<p>This included SORNA (Sex Offender Registration and Notification Act) which was passed in 2006 under Title I of the Adam Walsh Child Protection and Safety Act and established a <i>comprehensive national system</i> for the registration of all sex offenders (Title I, §301). While SORNA establishes a basic standard of registration and notification, its implementation occurs at the local level, with each jurisdiction making determinations about who is required to register and what information is included, but all jurisdictions submit all of their information to the National Sex Offender Registry (NSOR) (United States Department of Justice, 2019)</p> <p>The Adam Walsh Child Protection and Safety Act also contained legislation authorizing the federal government to civilly commit “sexually dangerous persons” in federal custody. See 34 U.S.C. § 20971</p> <p>Now contained under 34 U.S.C. Chapter 209: Child Protection and Safety which consists of three subchapters listed below in the next three rows</p>
34 U.S.C. Chapter 209, Subchapter I, Part A: Sex Offender Registration and Notification (consists of §20901–§20962)	<p>34 U.S.C. § 20911: Relevant definitions</p> <p>Sex Offender Registration and Notification including Amie Zyla expansion of sex offender definition and expanded inclusion of child predators and sets a three-tiered sexual offender registry system. Tier I is the lowest registration level with a mandatory requirement of 15 years that may be dropped to 10 years if the sex offender has a clean record. Tier II requires a 25-year registration period, and Tier III, the highest level, requires lifetime registration, unless the individual is a juvenile, wherein the period is 25 years, if he/she maintains a clean record. Sexual offenses perpetrated against minors are classified as levels II and III. While the understandable goal of registration is to protect society, it is important to remember that this is the only type of crime for which there is a legal requirement to register after having served one’s sentence, and that carries serious repercussions for failure to comply</p>
34 U.S.C. § 20971: Commitment of Dangerous Sex Offenders	<p>This is Subchapter II of 34 U.S.C. Chapter 209</p>

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Table 16.1 (continued)

Name of act or statute	Notes
34 U.S.C. Chapter 209, Subchapter III: Grants and Other Provisions (consists of §20981–§20991)	Includes: <u>34 U.S.C. § 20945</u> which established the SMART (Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking). The SMART Office is the branch of the Department of Justice responsible for all aspects of sex offender apprehension and management and brings together law enforcement and clinical services providers <u>34 U.S.C. § 20985</u> established funding for the nonprofit RAINN: Rape, Abuse and Incest National Network
The Keeping the Internet Devoid of Sexual Predators Act of 2008 (P.L. No. 110–400)	This was also known as the Kids Act of 2008. Reclassified under: 34 U.S.C. § 20915 and 34 U.S.C. § 20901
Justice for Victims of Trafficking Act, and Military Sex Reporting Act, Title V of the Justice for Victims of Trafficking Act	This amended various laws in Titles 6, 18, 22, 28, 29, 31, 34, 39, and 42. This included legislation to support survivors of human trafficking, such as 18 U.S.C. § 3014: Additional special assessment fine and support to law enforcement to combat human trafficking
International Megan’s Law to Prevent Child Exploitation and Other Sexual Crimes Through Advanced Notification of Traveling Sex Offenders (P.L. No. 114–119)	Created: 22 U.S. Code § 212b. Unique passport identifiers for covered sex offenders Currently also under 34 U.S. C. § 21501. Findings Amended: 22 U.S. Code § 2152d. Assistance to foreign countries to meet minimum standards for the elimination of trafficking and other laws
18 U.S.C. §1591: Sex trafficking of children or by force, fraud, or coercion	
18 U.S.C. §2241: Aggravated sexual abuse	
18 U.S.C. §2242: Sexual abuse	
18 U.S.C. §2243: Sexual abuse of ward or child	
18 U.S.C. §2244: Abusive sexual contact	
18 U.S.C. §2245: Sexual abuse resulting in death	
18 U.S.C. §2244: Failure to register	
18 U.S.C. §2251: Sexual exploitation of children	
18 U.S.C. §2251A: Selling or buying children	

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Table 16.1 (continued)

Name of act or statute	Notes
18 U.S.C. §2252: Transporting, distributing, or selling child sexually exploitive material	
18 U.S.C. §2252A: Transporting or distributing child pornography	
18 U.S.C. §2252B: Misleading Internet domain names	
18 U.S.C. §2252C: Misleading Internet website source codes	
18 U.S.C. §2260: Making child sexually exploitive material overseas for export to the United States	
18 U.S.C. §2421: Transportation generally	
18 U.S.C. §2422: Coercing or enticing travel for illicit sexual purposes	
18 U.S.C. §2423: Travel involving illicit sexual activity with a child	
18 U.S.C. §2424: Filing false statement concerning an alien for illicit sexual purposes	
18 U.S.C. §2425: Interstate transmission of information about a child relating to illicit sexual activity	
UCMJ Art. 120: Rape, sexual assault, aggravated sexual contact, and abusive sexual contact	
UCMJ Art. 120b: Rape, sexual assault, and sexual abuse of a child	
UCMJ Art. 134 that is conduct that could bring discredit upon the armed forces that are not capital offenders	Sexual offenses can also be charged under a general article (United States Department of Justice, SMART, 2019)

^aThis table includes the main statutes and acts pertaining to sexual offenses/offenders, but is not an exhaustive list.

have been outlined in the table below, along with laws pertaining to sex offenders within the Uniform Code of Military Justice. There are, however, additional laws found under other titles that pertain to sex offenders, for example, 42 US Code § 13663: Ineligibility of dangerous sex offenders for admission to public housing prohibits Tier III (lifetime registered) sex offenders admission to federally assisted housing.

Currently, at the state level, although all states have laws against sexual assault, the definitions and categories vary, but are usually graded according to severity (Lamade & Prentky, 2019). The most significant focus has involved management and civil commitment laws that began in 1990 when the first sexually violent predator (SVP) law was passed in the State of Washington (WA Laws of 1990, ch. 3), with other states soon following suit (Lamade & Prentky, 2019). DeMatteo and colleagues (2015) found that SVP laws differed considerably in terms of standards of proof, commitment procedures, definitions of terms, appeals, and safeguards. LaFond (2000) draws a distinction that SVP laws are different from ordinary civil commitment laws because they do not require the individual to suffer from a serious mental disorder and in some locations, there are no bona fide treatment programs where individuals are committed. Miller (2010) argues that treatment is a constitutional right for individuals who are involuntarily committed. Twenty states and the District of Columbia have laws allowing the involuntary civil commitment of sexual offenders which allow sex offenders to be confined in a secure facility after incarceration when a court has determined that they are likely to be at risk of future sexual violence (Association for the Treatment of Sexual Abusers ATSA, 2010). Concerns regarding the constitutionality (ex post facto and double jeopardy law) of sex offender involuntary commitment as well as due process violations have been raised (DeMatteo et al., 2015; Levenson, 2003). In *Kansas v. Hendricks* (1997), the Supreme Court of the United States upheld that Kansas' definition of "mental abnormality" (including personality disorders) satisfied substantive due process requirements. The United States Supreme Court also decided that civil commitment does not constitute a second prosecution and is not punitive, as its aims are not retribution and deterrence. Punishment is an essential prerequisite for double jeopardy and ex post facto claims, and since civil commitment is nonpunitive, it does not constitute double jeopardy or violate ex post facto laws. The Court noted that treatment, if possible, was an ancillary goal. The Court said that it has upheld involuntary commitment statutes that detain people who are *unable* to control their behavior and therefore pose a danger to themselves or others. As per this ruling, commitment of sex offenders requires a current "mental abnormality," not a "mental illness," which, in this case, included paraphilia, a likelihood of future sexual crimes, and a link between the two. ATSA put forth an amicus brief stating that the "cannot control" standard is untenable and is impossible to assess (ATSA, 2000). In *Kansas v. Crane* (2002), the Court elaborated on *Hendricks* and said that a total or complete lack of control is not required, but merely an abnormality or disorder that makes it difficult for the person to control their behavior (i.e., that there must be a finding of *some* inability to control behavior). The Court, however, left it to legislatures to determine how lack of control is proven in their jurisdiction (*Kansas v. Crane*, 2002).

There are challenges of meeting the legal standards (Harris, 2017), as well as these standards being inconsistent with the empirical science of risk. For example, the *New York v. Donald DD* (2014) ruling found that antisocial personality disorder and psychopathy (conditions closely linked to risk of recidivism) did not meet the standard of “mental abnormality.” In *New York v. Kenneth T* (2013), it was decided that the state failed to offer evidence of the defendant’s “volitional impairment” or inability to control his sexual misconduct (Harris, 2017). Civil commitment can be costly (Levenson, 2003) with release from commitment for sex offenders being rare (Harris, 2017; Levenson, 2003), particularly since in most states, individuals are committed indefinitely with yearly evaluations until they are no longer considered dangerous to others (Miller, 2010). Texas, however, has an exclusively community-based commitment program (ATSA, 2010) where sex offenders are monitored by GPS, have a supervised case manager, and are subject to polygraphs and penile plethysmographs (Miller, 2010).

Assessment and Treatment

The primary concern from which most corollary questions emerge about sex offenders is the risk of recidivism (i.e., committing another sexual crime) and treatment/interventions/management strategies to reduce risk. Because the focus of this chapter is about trauma within this population, this section provides only a brief overview that is predominantly based on male contact offenders. Recidivism rates are typically based on record data (e.g., arrests, criminal convictions), and because many sexual offenses are not reported, recidivism rates are a “diluted measure of reoffending” (Przybylski, 2015, p. 1). Research shows that most sex offenders do not re-offend sexually, with recidivism rates for sexual offenders ranging from 5% to 14% and about 13% for child molesters (Hanson & Bussiere, 1998; Hanson & Morton-Bourgon, 2005; Langan, Schmitt, & DuRose, 2003; Schultz, 2014). Perhaps one of the largest studies from the US Department of Justice found a 5.3% recidivism rate (Langan et al., 2003). Rates, however, vary by time period measured (i.e., rates increase as the time period increases because there is more time for recidivism to be detected; Przybylski, 2015) and types of offenders (Harris & Hanson, 2004). For example, incest offenders had the lowest rates of recidivism (13% after 15 years) and extrafamilial boy-victim child molesters had the highest rates (35% after 15 years) across all three periods (5, 10, and 15 years) (Harris & Hanson, 2004).

Comprehensive information about risk factors (see Hanson & Bussiere, 1998; Hanson & Morton-Bourgon, 2005 and Mann, Hanson, & Thornton, 2010), risk assessment, and treatment within this population can be obtained through the resources at the end of this chapter. Risk assessment tools for Internet offenders are still in the nascent stages of development. For a comprehensive overview of Internet sexual offenders, see Seto (2013).

It goes without saying that like any assessment, the validity of risk assessment is dependent upon accurate data. As in most forensic contexts, where confidentiality is

typically at best limited, the stakes of disclosing information, particularly for sex offenders, are higher with potentially significant consequences to one's liberty and life. It must therefore be underscored that within this population, because of the crime, personal details about sexual activity, thoughts, and fantasies are asked and the disclosure of such can have major impact on the individual. Sex offenders can be civilly committed and are subject to management laws after they have served their sentences.

The primary assessment question is the level of risk of recidivism. To reiterate, these risk factors and assessment tools are based on samples of adult male offenders. Risk factors that predict recidivism fall into static/historic (i.e., those that are fixed and unchangeable) and dynamic (i.e., those that can change or be modified) (Hanson, 1998). Factors associated with sexual recidivism include sexual deviancy, antisocial orientation, sexual attitudes, intimacy deficits, adverse childhood environment, general psychological problems (e.g., anxiety, mental illness), and clinical presentation (e.g., denial, minimization, low motivation for treatment) (Hanson & Morton-Bourgon, 2005). The two main categories/approaches to sex offender risk assessment used today are actuarial tools (e.g., Static-99/02) and structured professional judgment (SPJ). A third approach, anamnestic, uses behavioral analysis to determine risk factors but is an individualistic approach that is not based on larger nomothetic data. The original approach, unstructured clinical judgment, has been shown to have poor predictive accuracy compared to actuarial and SPJ tools (Heilbrun, Yassuhara, & Shah, 2010). While both actuarial and SPJ tools use variables that are empirically related to outcome (i.e., sexual re-offending), actuarial tools provide a predictive score that is usually associated with a percentage of likelihood or re-offense at some time period (e.g., 5 years), whereas SPJs leave the final judgment (usually low, medium, or high risk) to the evaluator (Heilbrun et al., 2010). Actuarial assessment is based on mathematical formulas, usually regression or discriminative analysis (Prentky, Barbaree, & Janus, 2015), to arrive at a probability (or score) of some outcome (Grove & Meehl, 1996). Actuarial tools consist predominantly of historic variables and therefore provide limited guidance for variables that can be targeted (i.e., changed) through psychological interventions. They include the Static-99/02 (Hanson & Thornton, 1999; Harris, Phenix, Hanson, & Thornton, 2003; Phenix et al., 2012), the Sex Offender Risk Appraisal Guide (SORAG; Quinsey, Harris, Rice, & Cormier, 2006), the Rapid Risk Assessment of Sex Offender Recidivism (RRASOR; Hanson, 1997), MnSOST-R (Epperson, Kaul, Huot, Goldman, & Alexander, 2003), and the Risk Matrix-2000 Sex (Thornton et al., 2003). Structured professional judgment (SPJ) tools include the STABLE (Brankley, Helmus, & Hanson, 2017), ACUTE 2007 (Hanson, Harris, Scott, & Helmus, 2007), SVR-20^{v3} (Boer, Hart, Kropp, & Webster, 2017), and the JSOAP-II (for juveniles; Prentky & Righthand, 2003). Hanson and Morton-Bourgon (2009) found that the best supported instruments for assessing sexual recidivism were the Static-99, Static-2002, MnSOST-R, Risk Matrix-2000 Sex, and the SVR-20.

As part of a comprehensive assessment, in addition to a psychosocial history, including a psychosexual history, physiological or performance-based tools may be used to assess sexual behavior and interest, and include the Abel Assessment for

Sexual Interest (AASI) and the plethysmograph. The Abel is used to measure an individual's sexual interest and obtain information about problematic sexual behavior. The latest version, Abel Assessment for Sexual Interest-3, contains both objective (e.g., visual reaction time to determine sexual interest; measures of cognitive distortions, social desirability) and self-report (sexual fantasies, sexual behaviors, Internet child pornography consumption). See <https://abelscreening.com/research-development/> for a listing of research papers. Various state departments of corrections and agencies use Abel tools, and they have been accepted in court. However, the Abel and corresponding expert testimony have been challenged under the Daubert standard and Rule 702 (Federal Rules of Evidence) and deemed inadmissible (see *United States v. White Horse* and *U.S. v. Birdsbill*). ATSA (2014) recognizes that phallometry and viewing time may be useful to obtain objective behavioral data about the client that may not be readily obtained through other assessment means, to explore the reliability of self-report, and to explore potential changes (e.g., treatment progress).

Likewise, ATSA recognizes that the polygraph may have utility in facilitating disclosure about offending behaviors, sexual history, and treatment compliance. The polygraph is not admissible in most jurisdictions. Therefore, it is advisable to consider the rules of evidence within the jurisdiction when planning assessments.

Levenson and D'Amora (2007) argue that treatment should be an integral component of any strategy designed to combat sexual violence. Treatment for sex offenders is typically CBT (cognitive behavioral therapy), and initial programs emphasized a relapse prevention approach (similar to substance abuse) (Laws, 1989). Relapse prevention has been replaced with a risk-needs-responsivity (RNR) framework (Andrews & Bonta, 2007). RNR states that treatment targets risk factors and that dose is a function of risk. Those with the greatest risk and need factors get the most intensive treatment, which involves targeting the offenders' specific risk factors. An alternative approach called the Good Lives Model (GLM) focuses on improving interpersonal strengths rather than targeting risk factors (Schultz, 2014). GLM takes the perspective that the major driving focus in treatment should be human well-being and enhancing a client's capabilities to improve quality of life, rather than managing their risk (Ward & Steward, 2003). They argue that targeting risk factors alone is insufficient and will not motivate offenders to make positive change. Ward and Steward (2003) state that RNR and GLM are not mutually exclusive and advocate for using them in conjunction.

As a general rule of thumb, there is a fair amount of denial and minimization within this population. As such, motivational interviewing/enhancement techniques are also employed (see Stinson & Clark, 2017). A treatment paradox exists because successful treatment requires candid discussion of fantasies and past transgressions that are not protected by privilege or confidentiality (Miller, 2010). Sex offender treatment records are the "most relied-upon documentation" and "also play a critical role at each stage of the commitment process" (Miller, 2010, p. 2112). Removing confidentiality, a cornerstone of treatment, can impact treatment and healing, but is particularly significant within commitment and management contexts, wherein

information obtained can lead to a loss of civil liberties and have long-standing consequences (Miller, 2010) that are potentially traumatic. Part of the therapeutic process with sex offenders, regardless of approach, is to acknowledge transgressions and problematic behaviors (which may be used against them in future proceedings) and to take accountability and change. Failure to do so or refusal to participate in treatment may tip the balance in favor of commitment (Miller, 2010). Essentially, everything discussed during treatment has the potential to become discoverable, and this presents a huge challenge for successful treatment and necessitates an explicit informed consent about the lack of confidentiality. The incentives, therefore, to withhold information and refuse treatment (Miller, 2010) are understandable. The nature of the information discussed may evoke feelings of embarrassment, shame, or guilt, particularly if the sex offender is empathic or is developing perspective-taking skills (i.e., from the perspective of the victim(s)). Miller (2010) points out that due to these issues, participating in a treatment system is unfair and places participants in a catch-22 situation. If they refuse, it is viewed unfavorably by those making dispositional determinations, and if they genuinely engage, information can be used in future proceedings with unfavorable outcomes. This inadvertently creates the path of superficial engagement (i.e., going through the motions without real commitment) where genuine information is not shared and renders treatment ineffective. This situation may exacerbate feelings of worthlessness and mental illness (e.g., depression, anxiety) (Miller, 2010).

Childhood Trauma

Adverse childhood experiences are well documented in criminal populations (Garbarino, 2017). Retrospective research demonstrates that adverse, dysfunctional family environments are common among sex offenders (Hanson & Morton-Bourgon, 2005; Lee, Jackson, Pattison, & Ward, 2002; Raymond, Coleman, Ohlerking, Christenson, & Miner, 1999; Smallbone & Dadds, 1998). This includes family environments characterized by instability, abuse, and/or neglect (Prentky, 1999; Prentky et al., 2014). Alexander (1992) opined that it is the overall adversity of the childhood environment that should be considered, rather than the presence or absence of a specific type of childhood trauma (e.g., physical abuse). Childhood sexual abuse, for example, is often accompanied by a range of traumatic experiences (e.g., other types of abuse, neglect, family violence, economic hardships) (Jespersen, Lalumière, & Seto, 2009). When we consider abuse variables, it is therefore important to consider not just whether and what type(s) of abuse had occurred. It is also important to consider contextual factors such as the onset, duration, level of violence, and the family environment within which it occurred (i.e., high level of family dysfunction versus nurturing family environment).

A meta-analysis conducted by Babchishin, Hanson, and Hermann (2011) found that both Internet child pornography and contact offenders reported more childhood abuse compared to males in the general population. There is some evidence that these

factors may also be related to recidivism. Hanson and Harris (2000) compared sexual offense recidivists with non-recidivists and found that recidivists had significantly worse family backgrounds (i.e., sexual/emotional abuse, neglect, long-term separations from parents, negative relationships with their mothers) and were significantly more likely to be taken into the care of child protective services.

Sexually victimized child molesters were significantly more likely to have experienced a range of forms of childhood abuse (e.g., neglect, violence, instability) and associated difficulties (Craissati, McClurg, & Browne, 2002). Seghorn, Prentky, and Boucher (1987) similarly found that compared to non-sexually abused child molesters, more than half of the sexually abused child molesters had fathers with a criminal history, three-quarters had fathers with substance abuse problems, more than a third had parents with a psychiatric history, more than three quarters were neglected, and five times as many came from homes in which other family members were sexually abused. Taken together, they concluded that “these data provide clear and unequivocal evidence for the association between childhood sexual victimization and severe parental pathology” (Seghorn et al., 1987, p. 266) and underscore the relevance of the overall level of dysfunction in the family environment.

Childhood adversity/abuse and family dysfunction have been incorporated into models of sexual offending as distal variables, which help set in motion an adverse pattern of interacting with the world (e.g., antisocial orientation), that, without the presence of other protective factors, may lead to more negative consequences (such as sexual offending) (e.g., Marshall & Barbaree, 1990). Childhood trauma seems to disrupt the development of normal attachment, leading to intimacy deficits, and interpersonal deficits that are hypothesized to be a factor related to patterns of sexually deviant behavior (Prentky, 1999). Conversely, children who come from highly nurturing home environments and are sexually assaulted are more likely to have the internal coping mechanisms, as well as external support systems, to recover from the experience relatively unscathed (Seghorn et al., 1987).

Childhood Physical Abuse

Bard et al. (1987) found that 56% of their overall sample of sex offenders, which included rapists and child molesters, were physically abused and 49% were neglected by their families. Bumby and Hansen (1997) found that 39% of child molesters in their sample reported a history of physical abuse in childhood. Webb, Craissati, and Keen (2007) found that child molesters and Internet child pornography offenders had experienced considerable levels of childhood difficulties, but child molesters reported significantly more physical abuse in childhood than Internet offenders, whereas McCarthy (2010) did not find any significant differences with respect to childhood physical or sexual abuse between contact and Internet offenders. In a meta-analysis of sex offenders that included a non-sexually offending criminal group, Jespersen et al. (2009) found that sex offenders did not differ significantly from non-sex offenders on childhood physical abuse or a history of childhood

emotional abuse or neglect. However, they found that compared to child molesters, sex offenders who perpetrate offenses against adults reported significantly more childhood physical abuse (Jespersen et al., 2009).

Childhood Sexual Abuse

A meta-analysis found that 28.2% of sex offenders reported a history of childhood sexual abuse (Hanson & Slater, 1988) which exceeds the rate (approximately 10%) for nonoffending males in the community. Jespersen et al. (2009) conducted a meta-analysis and found that sex offenders reported significantly more childhood sexual abuse than non-sex offender criminals. Bard et al. (1987) found that one out of six offenders in their overall sample of sex offenders (consisting of rapists and child molesters) was a victim of some type of family sexual deviance (e.g., incest, child pornography) and one-quarter of the sample came from families where promiscuity or unusual sexual practices occurred. Contact and dual (contact and Internet pornography) offenders reported significantly more childhood sexual abuse than Internet offenders (Sheldon & Howitt, 2008).

Childhood sexual abuse is uniquely associated with child molesters (Freund & Kuban, 1994). Sex offenders who perpetrated offenses against children (e.g., child molesters/pedophiles) were significantly more likely to report a history of (Cohen et al., 2002) and had higher prevalence rates of (Jespersen et al., 2009) childhood sexual abuse. Seghorn et al. (1987) compared rapists and child molesters and found that the incidence of childhood sexual assault among child molesters was twice as high as the incidence among rapists. Although many child molesters report a history of sexual abuse during childhood (Ames & Houston, 1990; Finkelhor, 1990; Hall & Hall, 2007; Murray, 2000), estimate ranges from less than 20% (i.e., McCarthy, 2010) in an Internet offender sample, approximately half of which had contact sexual offenses, to as high as over 60% (Cohen et al., 2002) in a small sample consisting of male pedophiles.

Childhood sexual abuse is often cited as an antecedent or precursor for child molestation (Jespersen et al., 2009; Prentky, 1999). Sheldon and Howitt (2008) suggest that while sexual abuse history may be an antecedent, its relevance to committing a sexual offense is either mediated or moderated by other variables. As Finkelhor (1984) pointed out, most victims of childhood sexual abuse do not become perpetrators of sexual abuse (see also Kaufman & Zigler, 1987; Prentky, 1999; Prentky, Knight, & Lee, 1997). Childhood sexual abuse, like other forms of child abuse and other antecedent factors, becomes critical in the presence of other factors, such as age of onset, duration of abuse, child's relationship to the perpetrator, level of violence, and co-occurrence of other types of abuse (Kaufman & Zigler, 1987). The impact of childhood sexual abuse is highly variable (Craissati et al., 2002), and "not all sexually abused children are affected equally and many have factors to mediate or buffer the impact" (Tharinger, 1990, p. 335). Some of the effects of childhood

sexual abuse may be due to other premorbid or co-occurring factors such as family conflict, and emotional neglect, that contribute to the individual's vulnerability and exacerbate the trauma (Browne & Finkelhor, 1986).

"When sexual abuse is isolated, noninvasive (e.g., caressing or fondling), without physical violence, and perpetrated by a stranger, the child often can recover without major disruption to normal development" (Prentky, 1999, p.269). Groth (1978) proposed that the greatest trauma from sexual abuse occurs in situations where abuse is protracted, occurs with a more closely related person, involves penetration, and is accompanied by violence, although research findings have not consistently supported this claim (Browne & Finkelhor, 1986).

The impact of childhood sexual abuse can lead to longer-term effects, such as depression, anxiety, shame, poor self-esteem (Alexander, 1992; Murray, 2000), difficulty in regulating affect (Alexander, 1992), isolation, loneliness, emotional immaturity (Hall & Hall, 2007), and problems in interpersonal relationships (Alexander, 1992). Other consequences seen in adulthood include self-destructive behavior, anxiety, isolation, feelings of being stigmatized, negative self-concept/poor self-esteem, problems with substance abuse, difficulty trusting others, hostility, and problems with sexuality and parenting (Browne & Finkelhor, 1986), problems with substance abuse, anger and suicidality (Briere, 1988), and fear, anxiety, aggression, poor self-esteem, and sexually inappropriate behavior (Finkelhor, 1990).

Childhood sexual abuse can impact the process of psychosexual development in inappropriate and interpersonally dysfunctional ways and lead to increased distorted cognitions, attitudes, and behaviors around sex and intimacy (Tharinger, 1990). Urquiza and Crowley (1986) found that sexually abused men expressed a greater desire to hurt others and a greater sexual interest in children. Although there are potential long-term effects of childhood sexual abuse, it generally has not been found to be a significant predictor of recidivism (Hanson & Bussiere, 1998). One study by Lee et al. (2002) found that childhood emotional abuse, family dysfunction, childhood behavioral problems, and childhood sexual abuse were risk factors for developing various paraphilias, including pedophilia, but *only* childhood sexual abuse was a risk factor for pedophilia.

Stigma and Trauma Associated with Being Convicted of a Sexual Offense

Some argue that any criminal conviction, regardless of how historic and how trivial an offense, can scar one for life (Petersilia, 2003). When considering different disadvantaged groups (e.g., being a prisoner, HIV positive, diagnosed mental health disorder, sexual orientation, etc.), roughly 65% reported discrimination upon release due to being a former prisoner than any other reason and that this was significantly negatively related to self-esteem (LeBel, 2012).

Sex offenders generally face considerably greater stigmatization and are viewed negatively by society at large (Edwards, 2000) which continues throughout incarceration and after they have served their sentence and return to the community (Edwards & Hensley, 2001; Garfinkle, 2003; Levenson, D'Amora, & Hern, 2007; Tewksbury, 2012). "Sex offenders are among the most despised and publicly discussed social deviants in the United States in the past two decades" (Tewksbury, 2012, p. 607). They are perceived as dangerous and uncontrollable, with high rates of recidivism, and should be "avoided, closely monitored and strictly controlled" (Tewksbury, 2012, p. 607), which is inconsistent with the literature that shows that sex offenders have relatively low rates of recidivism (Przybylski, 2015). "In reality, sex offender recidivism is lower than the rate for many other types of criminals" (Prentky et al., 2015, p. 43).

Sex offenders report being recipients of negative, stigmatizing labels in the prison community and civilian population (Tewksbury, 2012). Being stigmatized and a member of a publicly condemned group set an individual up as a prime target for further harassment and social disapproval (Tewksbury, 2012). It is important to underscore the cascading effects of stigma for this population that include social ostracism, insults, emotional distress, loneliness, shame, hopelessness/depression, discrimination, and fear (Tewksbury, 2012) that poses a barrier to treatment (Furst & Evans, 2015). It therefore makes sense that sex offenders conceal their status based on situations in which they anticipate condemnation from others (Furst & Evans, 2015).

There are two additional types of stigma encountered within this population. Courtesy stigma is stigma that extends to immediate family and friends (Goffman, 1963). Within-group stigma due to intragroup hierarchy is stigma against child molesters (pedophiles) who are on the lowest level of the sexual offending group and criminal offender hierarchies and receive the most disdain (Furst & Evans, 2015).

Stigma and Trauma during Incarceration

Sex offenders, particularly those that have perpetrated crimes against minors (pedophiles/child molesters), are viewed unfavorably by other inmates and correctional staff and often experience stigma that can result in negative treatment (Ireland, 2000; Schwaebe, 2005; Spencer, 2009; Tewksbury, 2012). Pedophiles are often teased and abused by other inmates, are on the lowest level of the prison hierarchy, and are the most vilified subsection of the prison population (James, 2003; Mann, 2012). They are called "chesters," "tree jumpers," "short eyes" (James, 2003), and "baby rapers" (Tewksbury, 2012). Sex offenders face verbal aggression and physical assault from other inmates in prison (Tewksbury, 2012). When their crimes are discovered, they are often at risk of being murdered and require placement in protective custody (James, 2003), isolation, or solitary confinement (Blagden, Winder, & Hames, 2016). Perpetrating harm to a pedophile can bring the perpetrator respect

in the prison community. For gang members, going after sex offenders is an easy way to publicly demonstrate strength and earn respect (Ferranti, 2015). They are, therefore, a vulnerable population within the prison system (Mann, 2012). Research has found that sex offenders reported more social isolation while incarcerated compared with nonsexual offenders (van den Berg, Beijersbergen, Nieuwbeerta, & Dirkzwager, 2018).

Social isolation for sex offenders is particularly relevant for this population. Sex offenders have generally been found to have social deficits and deficits in interpersonal functioning and in forming meaningful intimate relationships (Blake & Gannon, 2011; Bumby & Hansen, 1997). Therefore, opportunities for healthy social interactions are particularly important. Loneliness and social isolation have been postulated to be etiological and maintaining factors for sexual aggression (Marshall, 1989, 2010), related to higher levels of aggression in sex offenders (Blake & Gannon, 2011, Ward and Hudson 2000), and are considered to increase the risk of re-offending (Marshall, 1989, 2010).

Post-Incarceration Stigma and Trauma

Generally speaking, regardless of the type of crime, inmates returning to the community from prison face a number of challenges including securing housing and employment, receiving treatment, encountering discrimination, and complying with the requirements of parole/supervision (Edwards & Mottarella, 2015; Kubrin & Stewart, 2006; Rydberg, Grommon, Huebner, & Bynum, 2014; Weir, 2015). When released, they remain largely uneducated and unskilled, with no savings, no immediate rights to unemployment benefits, and few employment prospects (Metcalfe, Anderson, & Rolfe, 2001; Petersilia, 2001). Mental health and substance use issues are high in correctional populations (Peters, Wexler, & Lurigio, 2015; Weir, 2015), with rates of serious mental illness being three to four times higher in prisons and four to six times higher in jails (Weir, 2015). Ex-offenders therefore rely on local community resources and services to reintegrate successfully (Kubrin & Stewart, 2006). Even when mental health services are available in the community, however, many fail to use them because they fear institutionalization, deny mental illness, or distrust the health-care system (Petersilia, 2001). Using a general prison population, Kubrin and Stewart (2006) found that living in a disadvantaged neighborhood increases the odds of recidivism above and beyond individual factors (e.g., being male, race, etc.). They concluded that neighborhoods with large concentrations of affluent families or resource-rich neighborhoods “serve a critical protective function in reducing recidivism” (Kubrin & Stewart, 2006, p. 184).

The majority of sex offenders will be managed in the community (Conroy, 2006) as there are nearly 650,000 registered sex offenders in the United States (National Center for Missing and Exploited Children, as cited in Levenson & Tewksbury, 2009). The primary concern is risk of re-offense. A one-size-fits-all model cannot successfully minimize risk to the community (Conroy, 2006). Concerns about risk

and public safety add to the amount and stringency of management-related laws. English (1998) recommends the containment approach which is a multidisciplinary, multiagency strategy consisting of a victim-centered/community safety philosophy, multidisciplinary collaboration with consistent policies and protocols across agencies, using specific management tools (i.e., criminal justice supervision, sex offender-specific treatment, and post-conviction polygraph assessment), and program quality control. Ward (2007) and Erooga (2008) argue that effective management strategies are unlikely to be effective if they deprive the individual of individual freedom of movement or prevent the acquisition of factors related to well-being; thus, management should be considered from a human rights perspective.

In addition to the typical burdens and challenges that ex-convicts face, sex offenders have the added challenge of complying with mandatory management laws (Schultz, 2014). More than for any other type of crime, the laws that govern requirements for sex offenders post-incarceration create unintended adverse consequences and challenges for successful community reentry (Rolfe, Tewksbury, & Schroeder, 2017). These laws determine what are considered permissible employment locations, options (e.g., restrictions against certain positions), and populations (e.g., restrictions for working with children) (Brown, Spencer, & Deakin, 2007) and potentially challenge one's ability to engage in treatment and to develop and maintain appropriate social relationships. All of these factors are potentially traumatic and can lead to other negative effects.

The main management laws include SORN/SORNA (Sex Offender Registration and Notification) laws, residency restrictions, and GPS (global positioning system). With GPS, sex offenders wear a transmitter device that is usually attached to their ankle which allows them to be tracked by a computer monitoring system (Levenson & D'Amora, 2007). Passive monitoring sends reports to supervising officers at intervals, whereas active GPS provides continuous real-time surveillance and alerts officers immediately when an offender travels into a forbidden range (Levenson & D'Amora, 2007). Although the effect of GPS is unknown, a report from the Florida legislature based on their use concluded that electronically monitored offenders violated the conditions of probation less frequently than other offenders (Levenson & D'Amora, 2007). Sex offender management legislation also prohibits sex offenders from participating in Halloween activities like handing out candy.

Other less common management strategies include chemical castration and other forms of clear identification (e.g., two states were considering a law that would require registered sex offenders to have distinctive neon green-colored numbered license vehicle plates) (Erooga, 2008), which would have been the equivalent of another scarlet letter (see Farley, 2008). Additional restrictions for Internet child pornography offenders or Internet-facilitated contact offenses extend into the virtual world and include prohibited (no computer, no Internet access) or restricted use, monitoring (installation of monitoring software that track websites visited, download history), and reviewing electronic communications. Additional requirements include submitting computers and electronic devices to searches, and notifying others who use those computers/devices that these may be subject to searches and monitoring. Given the ubiquitous practical functions that the Internet now serves

(e.g., job searches, applications; paying bills), complete restrictions (i.e., no Internet/computer) can further impact other important basic needs. While in some cases complete restrictions may be appropriate, when implemented, economic and pragmatic ways to provide support with these tasks (e.g., finding and applying for suitable jobs) in the absence of the Internet/computer should be considered.

The restrictive nature of these laws makes it difficult to abide by them, resulting in violations and homelessness (Berenson & Appelbaum, 2011; Levenson, Letourneau, Armstrong, & Zgoba, 2010; Socia, Levenson, Ackerman, & Harris, 2015). Homelessness leaves offenders vulnerable to a host of traumatic experiences (e.g., assault, disease). Homeless sex offenders also pose challenges for the public and “not knowing the whereabouts of Registered Sex Offenders (RSOs) directly contradicts such laws’ goals of public safety” (Rolfe et al., 2017, p. 1836). For example, the number of sex offenders who could not be located more than doubled within 6 months of implementing SORN laws in Iowa (Rood, 2006).

Although the public wants additional protection from sex offenders in the community, they are not invested in management policies and endorse the belief that SORN is effective in reducing sexual victimization (Brannon, Levenson, Fortney, & Baker, 2007; Call, 2018; Levenson, Brannon, Fortney, & Baker, 2007; Schiavone & Jeglic, 2009). The vast majority of sexual offenders are not arrested for a new sexual crime (Levenson, 2008). The common belief is that management policies will make communities safer, regardless of empirical evidence (Erooga, 2008). In a study on public opinion, 83% of the public believe that community notification was effective in reducing sexual offenses, 58% believe that residency restrictions were effective, 51% believe that chemical castration was effective, and 73% said that they would support these strategies even if they lacked scientific support (Levenson, Brannon, et al., 2007). Most studies have found that sex offender management strategies have had little to no significant effect on sex offender recidivism rates (Ackerman, Sacks, & Greenberg, 2012; Letourneau, Levenson, Bandyopadhyay, Sinha, & Armstrong, 2010; Sandler, Freeman, & Socia, 2008; Tewksbury, Jennings, & Zgoba, 2012; Vasquez, Maddan, & Walker, 2008; Zgoba, Veysey, & Dalessandro, 2010). A few have found modest effects in reducing recidivism under certain conditions such as using SORN for high-risk offenders, as classified by an empirically validated risk assessment tool (Duwe & Donnay, 2008; Prescott & Rockoff, 2011). Zgoba, Jennings, and Salerno (2018) found that SORN had no significant impact on sexual recidivism rates in the past two decades but that there is evidence that it had an impact on the trajectory of offending within 10 years of release in high-rate offenders. Elbogen and colleagues (2003), however, found that in their sample of sex offenders, although they had low familiarity with SORN laws, the majority (72%) felt that these laws provided incentive not to re-offend. Paradoxically, it is the collateral, unintended consequences of these strategies that can increase the risk of re-offending (Edwards & Hensley, 2001; Hanson & Harris, 1998; Schultz, 2014; Tewksbury, 2005; Ward, 2007). Specifically, these laws destabilize offenders and increase transience (Levenson, 2008). For example, challenges to employment and residential stability and social supports can contribute to a major criminogenic risk factor for general and sexual recidivism and lifestyle instability (Andrews & Bonta, 2003; Hanson & Harris, 1998; Hanson & Morton-Bourgon, 2004).

Concerns have been raised about the impact of such policies on sex offenders, that they cause more harm than good (Human Rights Watch, 2007; Zandbergen & Hart, 2006), and Human Rights Watch (2013) has particularly challenged the view that management laws are appropriate for offenses committed by children and juveniles. Sex offender management laws create significant reentry challenges (Blair, 2004; Edwards & Hensley, 2001; Levenson & Cotter, 2005a; Tewksbury, 2005; Zevitz, Crim, & Farkas, 2000a, 2000b) and have “created an environment where isolation and stigmatization are the new norm. By publicly labeling individuals as sex offenders and then by notifying entire communities about their presence, the laws have essentially created a culture of social pariahs that should be permanently excised” (Tolson & Klein, 2015, p. 379). As such, sex offenders will avoid social encounters to conceal their status which leads to social isolation (Evans & Cubellis, 2015). These laws create a punitive atmosphere that diminishes social capital which contributes to recidivism, reentry problems, and mental health issues (Tolson & Klein, 2015). Burchfield and Mingus (2008) found that sex offenders experience four types of barriers to social capital that included individual (i.e., self-imposed isolation due to stigma and shame), community (i.e., fear generated by the sex offender label that limited social interactions in their community), structural (i.e., due to financial and housing issues), and formal (i.e., due to management laws that place restrictions on residency, employment).

Sex Offender Registration and Notification Laws

Although SORN laws vary across states, every state has had some version of a sexual offender public notification and registration law pursuant to the Federal Wetterling Act of 1996 (Lamade & Prentky, 2019) and which are currently accessible online. Some laws may also vary by municipalities at the county level (e.g., when a specific state law is absent, municipalities pass ordinances). Additionally, there is a National Sex Offender Public Website (NSOPW) that is maintained by the SMART Office of the US Department of Justice and allows the public to search for information from all states for locations and identities of known sex offenders.

The constitutionality of community notification statutes has been successfully challenged, particularly on issues related to privacy rights (Levenson & Cotter, 2005a). Berliner (1996) argued that community notification is a reasonable method to help parents protect their children but that this cannot replace prevention efforts. Others (Freeman-Longo, 1996; Jones, 1999; Levi, 2000; Lotke, 1997; Prentky, 1996) have suggested that this is an emotionally driven response that provides a false sense of security that is not supported by the literature. Freeman-Longo (1996) found that those classified as lower risk (Tier I) were rearrested for sexual offenses at a higher rate than those classified as moderate risk (Tier II) and highest (Tier III) and concluded that SORN was unable to accurately identify high-risk offenders and, therefore, increase public safety. This section will summarize the research demonstrating direct and adverse collateral consequences of SORN laws.

Community notification may exacerbate stressors that may trigger some sex offenders to re-offend (Edwards & Hensley, 2001; Freeman-Longo, 1996). Twenty-three out of the 30 participants interviewed about their experiences with being placed on community notifications reported that they were humiliated in their daily lives, ostracized by neighbors and lifetime acquaintances, and harassed and threatened by nearby residents and strangers (Zevitz & Farkas, 2000). All expressed concerns about their safety (Zevitz & Farkas, 2000). Twenty of the 30 participants said that community notification adversely impacted the lives of their family members (Zevitz & Farkas, 2000). Offenders who attended community notification meetings reported that insults were shouted at them (Zevitz & Farkas, 2000).

Sexual offenders are often required to register and therefore encounter continued punishment following their sentence (Evans & Cubellis, 2015), and this impacts their current relationships and the ability to form future relationships (Tewksbury & Lees, 2006). Registered sex offenders experience stigmatization with friends, family, and parole/probation officers that results in clustering around other sex offenders (Evans & Cubellis, 2015).

Being placed on the registry adversely impacts employment (Tewksbury, 2004; Tewksbury & Lees, 2006), positive social support, and stable housing and contributes to emotional distress (Evans & Porter, 2015; Tewksbury, 2005; Tewksbury & Levenson, 2009; Tewksbury & Zgoba, 2010; Zevitz & Farkas, 2000). Zevitz and colleagues (2000a, 2000b) found that sex offenders reported losing employment due to their high-profile status on SORN. The impact on employment has related consequences for food, clothing, transportation, and housing. Levenson and Cotter (2005a, 2005b) found that over one third of the sex offender participants that they surveyed had experienced negative events such as loss of employment/residence, property damage, and threats/harassment by the neighbors being the highest reported negative consequences (33%) as a result of SORN policies. Additionally, 72% reported less hope for the future now that they are registered sex offenders for life, 71% said that the SORN laws interfered with their recovery by causing more stress in their life, 67% reported that shame and embarrassment kept them from engaging in activities, and 64% reported feeling alone and isolated. Themes about unfairness, particularly with respect to lifetime registration, have also emerged. Levenson and Cotter (2005a) also found positive effects that included motivation to prevent re-offense and increased honesty with friends and family. Results are consistent across samples and states. Tewksbury (2005) used a sample from Kentucky and found similar results. Just under 60% reported losing a friend who discovered the registration, 54.4% reported being harassed in person, 47.4% reported loss of job, 47.4% reported loss of/being denied a place to live, and approximately 45% reported being treated rudely in a public place. Other negative experiences included being denied a promotion at work, asked to leave a business, and assaulted and receiving harassing/threatening calls or mail (Tewksbury, 2005). He also found that those with child victims compared to adult-only victims were less likely to report experiencing seven out of the ten negative consequences (i.e., their reported percentages were lower in seven out of ten conditions). He hypothesized

that this finding was due to the fact that those that have child victims are more likely to control who knows about their offenses and registration. Participants also reported high levels of shame, that the registry is an unfair form of punishment, but also that they understood why society wants to have a registry (Tewksbury, 2005).

Sex offenders on the registry have difficulty finding housing (Mustaine, Tewksbury, & Stengel, 2006a, 2006b; Tewksbury, 2004; Zevitz & Farkas, 2000), even in shelters. Rolfe et al. (2017) found that only 12.2% of shelters made exceptions to policies about housing registered sex offenders. Exceptions were typically made for female registered sex offenders or those with statutory rape charges. Nearly half of the shelters prohibit sex offenders. Homeless shelters are generally willing to make exceptions to policies to serve homeless individuals, but are overwhelmingly unwilling to make exceptions to policies regarding registered sexual offenders (Rolfe et al., 2017), regardless of risk. Rolfe and colleagues (2017) attribute the unwillingness to make exceptions to the stigma associated with being a registered sex offender. They argue that depriving sex offenders' access to shelters poses more risk to the public (Rolfe et al., 2017).

Several studies have demonstrated that sex offender registration and notification laws may produce unintended negative consequences such as public anxiety, retaliation, harassment, stigmatization, and retribution (Edwards & Hensley, 2001; Levenson & Cotter, 2005a; Schram & Milloy, 1995; Tewksbury, 2004; Tewksbury & Lees, 2006; Younglove & Vitello, 2003; Zevitz, Crim, & Farkas, 2000a, 2000b) and difficulties in personal and social relationships (Tewksbury, 2004; Tewksbury & Lees, 2006). The registry, like community notification, leaves offenders open to victimization and contributes to social isolation (Levenson & Cotter, 2005a, 2005b; Tewksbury & Levenson, 2009; Tewksbury & Zgoba, 2010). Social isolation from the community and ostracization of offenders drive them "underground" (Edwards & Hensley, 2001; Farley, 2008; Prescott & Rockoff, 2011; Tewksbury, 2005). When isolated and/or ostracized, registered sex offenders will gravitate toward like-minded individuals (e.g., other sex offenders) to decrease isolation, stigma, and guilt and find solace and support (Evans & Cubellis, 2015). The danger in this is the potential to justify, validate, and reinforce their actions, attitudes, feelings, and risk-related behaviors (Mann, 2012). On the other hand, sex offenders who have local family and friends and perceive their neighbors as attached to the local neighborhood are less likely to report feeling stressed about their status or the need to hide their status as a sex offender (Mingus & Burchfield, 2012). They are also less likely to worry about the negative repercussions of their status when they perceive higher levels of neighborhood support (Burchfield & Mingus, 2014).

SORN has also resulted in threats/harassment and employment/financial hardships for family members, including the identification of family victims in cases of incest (Comartin, Kernsmith, & Miles, 2010; Levenson & Cotter, 2005a, 2005b; Levenson & Tewksbury, 2009; Zevitz & Farkas, 2000) and stigma (Burchfield & Mingus, 2014; Farkas & Miller, 2007; Tewksbury & Connor, 2012), causing them to pull away from the sex offender (Tolson & Klein, 2015) during a time of increased trauma.

Residency Restrictions

Sex offenders have residency restrictions following their sentence and are excluded from government-subsidized housing (Socia, 2011). Many states have legislation that restricts housing opportunities for sex offenders (Rydberg et al., 2014). Residency restrictions (i.e., sex offenders are prohibited to reside within a specific distance that ranges from 500 to 2500 feet) where children congregate have created barriers to where sex offenders can reside (Rolfe et al., 2017). Using data from Orange County, Florida, Zandbergen and Hart (2006) found that housing options for registered sex offenders within urban areas are limited to only 5% of potentially available residences. Bus stops were the most restrictive (93.0% of potential properties fall within 1000 feet of a bus stop and 99.6% within 2500). This results in limiting residency to mostly low-density rural areas. Zgoba, Levenson, and McKee (2009) found similar results in New Jersey. The majority of sex offenders live within 2500 feet of schools (71%) and day cares (80%), and 88% live within any of the four restricted regions (i.e., schools, day care centers, parks, and churches) within Camden County. There are restrictions on permitting sex offenders to access homeless shelters (Goldstein, 2014), and federal law prohibits lifetime registrants (Tier III) from accessing public housing options (42 US Code § 13663). A few courts, however, have held that once a person has been admitted to a federal housing program, they cannot be terminated from their housing subsequent to a new or newly discovered Tier III registration (United States Department of Justice, 2019).

The consequences place sex offenders outside areas of access to services, included dilapidated areas with limited access to treatment, and therefore place people in these communities at greater risk (Erooga, 2008; Schultz, 2014). Collateral consequences also result in isolation and disrupt or disconnect them from social supports (Erooga, 2008) and bonds that would “facilitate positive reentry transitions” (Rydberg et al., 2014, pg. 423). There is little research on the effect of residential movement on recidivism (Rydberg et al., 2014). Rydberg and colleagues (2014) found that sex offenders paroled after residency restrictions had significantly more address moves than those paroled before residency restrictions. Child molesters had the highest degree of residential movement but the lowest rates following the implementation of residency restriction (Rydberg et al., 2014). Residency restrictions resulted in sex offenders feeling that there was nowhere to live except in minimum-security prisons/correctional centers because of issues with finding suitable housing in the community (Zevitz & Farkas, 2000). Residency restrictions physically isolate sexual offenders from society resulting in clustering of sex offenders in small communities, which essentially deprives them of access to positive social support and increased access to criminal capital (Tolson & Klein, 2015), and reinforce criminogenic thinking.

The top reported consequences of residence restrictions from a Florida sample of sex offenders were difficulty finding a place to live (65%), being unable to live with supportive family members (49%), landlords’ refusing to rent (47%), being unable to live with family members who depend on the offender (43%), and being unable

to return home (42%) (Levenson, 2008). Additionally, those surveyed spent an average of 63 days homeless due to residency restrictions. Psychosocial consequences in order from highest to lowest include worry that if they have to move, they will not find a place to live in the future; emotional suffering; financial suffering; living further away from family support; being further away from employment opportunities; being further away from social and mental health services; and being further away from public transportation (Levenson, 2008). Younger offenders were particularly affected. Levenson (2008) pointed out that vague terms without guidance on how to define and interpret a “place where children regularly congregate” are problematic (p. 163). Levenson (2008) points out the glaring issue with residency restriction, that is, that they regulate where sex offenders sleep but do not prevent sex offenders from frequenting places where they can potentially cultivate inappropriate, unhealthy relationships (e.g., with children).

Residency restrictions also directly impact family members because those that want to continue to reside with the individual are now also subject to these restrictions. Three-quarters of sex offenders’ family members reported being subjected to the same housing restrictions (Schultz, 2014).

Professionals’ Opinions about the Impact of Sex Offender Management Laws

Considering the opinions and experiences of professionals who work with sex offenders is important for two reasons. First, they work closely with sex offenders and would be able to offer additional data on the experiences and challenges sex offenders face due to sex offender laws. Second, their opinions about sex offenders can potentially impact services. Interviews of clinical and support service professionals who work with sex offenders found that they generally felt that laws are both over-inclusive and place unfair restrictions on some offenders (Day, Carson, Newton, & Hobbs, 2014). Despite this, participants also expressed broad support for registries as part of a larger plan to contribute to community safety (Day et al., 2014).

Harris, Levenson, Lobanov-Rostovsky, and Walfield (2018) using a mixed-method approach (i.e., face-to-face interviews and survey data) of law enforcement participants consisting of uniformed officers, agency command leaders, and civilian staff found that across all dimensions, civilian staff had the highest overall confidence in SORN’s effectiveness, followed by uniformed personnel, and agency leaders expressed the lowest. Participants generally supported citizens’ right to know about sex offenders in their communities, but were also circumspect about SORN as a public information tool, expressing concerns about citizens’ ability to appropriately understand and contextualize sex offender registry information. Sixty-two percent of participants expressed concerns over registries creating a false sense of security, and almost half (46%) expressed the potential for registries to generate unfounded or

misplaced fear within the community (Harris, Levenson, Lobanov-Rostovsky, & Walfield, 2018). Participants also indicated that SORN was effective as a mechanism of interagency information sharing and assisting law enforcement in monitoring sex offenders residing in the community. They did, however, express concerns around the accuracy of offenders' risk status and the general sentiment that SORN should be more effectively integrated with other elements of the criminal justice system. There was a very small subset of participants that were concerned about collateral consequences including those related to housing that was based on both pragmatic and humanitarian concerns (Harris et al., 2018).

Cubellis, Walfield, and Harris (2018) studied the perspectives of law enforcement agents of SORN on sex offenders. Interviews of law enforcement agents did not specifically ask about collateral effects of SORN; these themes emerged spontaneously and included the stigma that registered sex offenders face due to SORN, the difficulties registered sex offenders have with finding and maintaining housing and employment, and the stress and negativity that can result from registration and community notification (Cubellis et al., 2018). Respondents, however, overwhelmingly believed that SORN was effective and still believed SORN was effective despite these negative consequences (Cubellis et al., 2018). Call (2018) examined professionals' perceptions of collateral consequences of sex offender management policies. Professionals consisted of two groups: corrections, probation, and parole officers and clinicians consisting of psychiatrists, psychologists, and counselors/therapists. There were four factors of collateral consequences. Factor 1 was defined by loss (of job, housing, family, friends); factor 2 consisted of threats and harassment (property damage, harassing/threatening communications, being physically assaulted, threats, harassment, property damage to family members); factor 3 contained emotional and psychological challenges (lonely, isolated, depressed, difficulty forming relationships, shame/embarrassment, stress); and factor 4 was related to residency restrictions. The majority of all professionals agreed or strongly agreed that sex offenders experience each category of collateral consequences when returning to the community, except for factor 2, threats and harassment (Call, 2018). There were significant differences between the two groups of professionals with clinicians endorsing that sex offenders experience collateral consequences for all three other factors (loss, emotional/psychological challenges, and residency restriction) compared to community correctional professionals (Call, 2018). Call (2018) concluded that professionals are more likely than the public to believe that sex offenders experience collateral consequences and that this may be due to having regular contact with sex offenders. Three demographic variables significantly predicted beliefs about sex offenders' collateral consequences (Call, 2018). Political conservatism was a significant predictor of the belief that sex offenders experience collateral consequences involving loss, such that those that are conservative are less likely to believe that sex offenders experienced these collateral consequences (Call, 2018). Females were significantly more likely than males to believe that sex offenders experience collateral consequences involving residency restriction. Race was also significant, as Caucasians were less likely than non-Caucasians to believe that sex offenders experience collateral consequences involving residence restrictions.

Summary and Recommendations

The focus of this chapter has been on adult sexual offenders. However, one can understand how much more significant and traumatizing unintended collateral consequences are for juvenile sex offenders, and this point cannot be emphasized enough. Separate laws should be considered for juvenile sex offenders, as they should not be subject or subsumed under adult management laws. The knowledge gained from neuroscience and developmental psychology suggest that the impact of laws pertaining to sex offenders and their management in the community is amplified for young offenders. On a positive note, their developmental stage makes them more receptive to psychological interventions and that changes are likely to have a lasting impact.

Sexual violence is a complex public health issue that requires a comprehensive and long-term approach. This includes, as some have suggested, that we view sexual aggression developmentally, as a maladaptive process that unfolds in response to unhealthy childhood adversity or abuse (Levenson, 2014; Prentky et al., 2015). This does not, in any way, diminish the seriousness of the crime, the pain for victims, the potential dangerousness of some sexual offenders, and the paramount goals of public safety. These can remain at the forefront while also providing empirically based assessments to help guide decisions and empirically based treatments and interventions to effect positive behavioral change. This chapter aimed to demonstrate some of the challenges with current policies and how they paradoxically undermine the efforts they are aiming to accomplish while creating potentially traumatic situations for sex offenders. For years, scholars and practitioners have argued that sex offender assessment, treatment, and legislation should be grounded in empirical evidence rather than an emotional reactionary response (Levenson, 2003; Levenson & D'Amora, 2007; Wagner, 2011) and that in doing so, we could achieve better outcomes across the board for all (e.g., victims, public, sex offenders).

Reviewing and revising existing policies (Wagner, 2011) that includes the goals and adverse collateral effects is the first step and likely to receive the most resistance. Nevertheless, it is important to consider what changes will impact goals (increase public safety, reduce recidivism, enhance the ability of offenders to “make it” in the community) and are likely to receive support to become law. Tolson and Klein (2015) suggest that the Supreme Court revisit the idea that these policies are indeed a civil action and not a secondary criminal action. Another important focus should be to consider ways to reinforce positive prosocial behaviors by directly incorporating policies into sex offender management laws that will achieve these goals. For example, Wagner (2011) recommends that offenders with less serious offenses/lower risk with good behavior could be allowed to, over time, provide less detailed information to the public and considers implementing strategies that make the registration process more feasible and provide basic assistance to promote compliance, to help enhance reentry and success in the community. This graduated approach to registry information over time can reinforce positive prosocial behavior and enhance a sense of control. Rather than have residency restrictions, some

municipalities have instead implemented child safety zones wherein sex offenders are forbidden from frequenting venues where they can easily cultivate relationships with other children (Zgoba et al., 2009).

Second, it may be beneficial to consider strategies to enhance transitioning into the community. Public safety is enhanced when sex offenders successfully reintegrate into the community. One option is to invest in transition/reentry/reintegration planning upfront that includes support and assistance in the community to help with access to housing, employment, and resources that are challenging for sex offenders (Levenson & D'Amora, 2007; Tolson & Klein, 2015). Assistance with transition to the community and support can be managed by a specific PSC (problem-solving court) for sex offenders (LaFond & Winick, 2004). The goal of a sex offender reentry court would be to further promote pro-social change in sex offenders reentering communities, decrease recidivism risk, and increase compliance with sex offender management laws (Budd, Burbrink, & Conner, 2016). PSC can be helpful and offer a nice balance between management and assistance to those in the community. The unique challenges that sex offenders face, coupled with tarnished opinions by staff, have created challenges to PSC sex offender courts in the past. For example, Budd et al. (2016) explored the reasons why a sex offender reentry court failed to succeed and found that some reasons were a function of missing essential components necessary for successful PSC, such as judicial leadership, collaboration with stakeholders, logistics (e.g., having a separate court with scheduling), and training. This includes basic training on trauma-informed care, but also consideration of including trauma questions in assessments. Although trauma variables may not be risk factors per se, it is the mechanism and their relationship to other risk relevant variables that could prove useful. In other words, assessing for trauma history might be useful in determining social and interpersonal deficits, potential relationship to risk factors, and the trajectory of sexual offending behaviors. They found that other main contributors to failure were specific to the unique challenges of working with this population, such as finding services in the community for sex offenders, early case engagement just when they were entering the community (as this is a critical time period), and stigma about sex offenders and possibility of success with this population. These issues are not insurmountable; the majority of them can be addressed with planning and policies.

Regardless of whether or not reintegration is facilitated through a problem-solving court, successful reintegration of sex offenders is best achieved through successful interagency collaboration (Alexander, 2010). In addition, Alexander's (2010) recommendations of developing personnel (staff and counselors) and providing them with the resources and support they need is critical to effectively managing this population and staff retention. This includes specialized caseloads, expertise and training related to sex offender management, and trauma-informed care. Support of staff, particularly counselors who manage caseloads to help reduce secondary (vicarious) trauma (Alexander, 2010), is particularly important for those working with this population. Finally, using empirically validated and known sex offender risk assessment tools and empirically supported treatments is vital. Use of RNR (i.e., more intensive treatment and supervision for higher-risk offenders) and

GLM treatments can be implemented in the community. Given the range of trauma within sex offender populations, perpetrators are among the most in need of trauma-involved services (Levenson, 2014).

Questions/Activities for Further Exploration

1. What would be effective in shifting public opinion to align with the research of managing sexual offenders to allow for legislative changes consistent with the empirical body of literature?
2. What would be the pros and cons of increasing multidisciplinary/multiagency trainings for those working with sex offenders?
3. How do we promote the development and maintenance of healthy consensual sexual intimacy and relationships across the lifespan in a culture of sexualized marketing, casual “hook ups,” and virtually unlimited access to a range of sexual interests vis-à-vis the Internet?
4. What changes to the statutes, if any, and definitions within the statutes should be pursued?

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