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SEX OFFENDER MANAGEMENT POLICIES AND THEIR UNINTENDED
CONSEQUENCES: A NATIONAL SURVEY OF THE PERCEPTIONS OF
PROFESSIONALS

A Dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of
Philosophy at Virginia Commonwealth University.

by

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Abstract

SEX OFFENDER MANAGEMENT POLICIES AND THEIR UNINTENDED CONSEQUENCES: A NATIONAL SURVEY OF THE PERCEPTIONS OF PROFESSIONALS

By Corey Patrick Call, Ph.D.

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy at Virginia Commonwealth University.

Virginia Commonwealth University, 2015.

Major Director: Jill A. Gordon, Ph.D.
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The mid-1990s brought sex offenders to the forefront of policy issues due to several highly publicized cases of abduction, sexual assault, and murder involving children. Following these cases, a number of sex offender management policies were passed to quell public concern over the safety of children due to sex offenders. Most notably, these new sex offender management policies mandated the creation of publicly available registries of sex offenders and enacted residence restrictions that forbid sex offenders from residing within certain distances from areas where children commonly congregate.

Although current sex offender management policies have been revealed to be largely ineffective in reducing sex offender recidivism and also create a number of collateral consequences for the successful reintegration of sex offenders back into the community, the public has been found to be largely in support of these policies and believe in their effectiveness. The available literature examining the perceptions of professionals toward sex offender

management policies, however, has shown mixed support depending upon the specific profession of the sample.

Utilizing a sample (n=248) gathered from two professional organizations, this study aimed to explore and compare the perceptions of clinical specialists and non-clinical professionals in three areas: Support for current sex offender management policies, belief in collateral consequences that sex offenders may face due to these policies, and acceptability of collateral consequences as by-products of the current policies.

Bivariate analyses revealed significant differences between the professionals groups in all three of the above areas. Given the significant bivariate findings, ordinary least squares regression was conducted to examine the consistency of profession as a significant predictor of the attitudes of the professionals while considering competing variables. Against a number of control variables, profession remained a significant predictor of support for sex offender management policies and belief in collateral consequences involving residence restrictions, however, profession was not a significant predictor of acceptability of collateral consequences. Several other factors, including punishment philosophy and belief in the cause of sex offending, emerged throughout the multivariate analyses as having a significant influence on the perceptions of the professionals.

CHAPTER 1: INTRODUCTION

There is perhaps no set of crimes that elicit the same fearful response as sex offenses and no class of criminals that elicit the same negative reaction as sex offenders. While sex crimes are nothing new, over the last several decades the public has demanded increased protection from sex offenders as highly sensationalized cases of child abductions have been reported in the media (Meloy, Saleh, & Wolff, 2007; Zgoba, 2004). Legislators and policy makers responded to this public outcry with a number of sex offender management policies such as sex offender registration and notification (SORN) and residence restrictions that place a closer public scrutiny on this class of offenders mainly through community notification procedures such as requiring convicted sex offenders to register with local law enforcement and then having this information made available to the public via the Internet (Levenson & D'Amora, 2007; Lieb, Quinsey, & Berlinger, 1998). Although these laws were originally intended to protect children, sex offender management policies have evolved as a means of also identifying sex offenders who prey on adults and non-contact sex offenders such as buyers of child pornography (Levenson & Cotter, 2005a).

While worded differently across state statutes, the overarching goal of SORN and residence restrictions is to protect individuals from sexual victimization by reducing the likelihood of future sex offenses. This goal is approached in two ways: First, by raising awareness within communities of sex offenders residing in the area and second, by placing sex offenders under closer scrutiny and supervision (Ragusa-Salerno & Zgoba, 2012). SORN and residence restrictions were developed to act as a deterrent against future sex offenses by attempting to prevent currently registered offenders from recidivating as well as discouraging

potential offenders from committing a sexual offense (La Fond & Winick, 2004; Prescott & Rockoff, 2011).

Since inception, SORN and residence restrictions have been the subject of extensive debate and criticism regarding its effectiveness. Empirical findings have shown these sex offender management policies to have little to no effect on sex offender recidivism (Duwe, Donnay, & Tewksbury, 2008; Letourneau, Levenson, Bandyopadhyay, Sinha, & Armstrong, 2010; Tewksbury & Jennings, 2010; Tewksbury, Jennings, & Zgoba, 2012; Zevitz, 2006). Additionally, several scholars have pointed out the unintended consequences that stem from these policies for sex offenders, chief among them being loss of housing, difficulty finding employment, social isolation, emotional suffering, and harassment by other community members (Levenson & Cotter, 2005a, Levenson & Cotter, 2005b; Levenson & Tewksbury, 2009; Tewksbury, 2005; Tewksbury & Lees, 2006; Tewksbury & Mustaine, 2009). While the aim of these sex offender management policies is to prevent future victimization, the collateral consequences placed on released sex offenders due to these policies has the potential to increase risk of re-offense (Jennings, Zgoba, & Tewksbury, 2012).

Statement of the Problem

A review of the literature on public perceptions of SORN and residence restrictions revealed that the public is largely in support of these sex offender management policies and believes in their effectiveness (Comartin, Kernsmith, & Kernsmith, 2009; Levenson, Brannon, Fortney, & Baker, 2007; Schiavone & Jeglic, 2009). The perceptions of professionals on the effectiveness of SORN and residence restrictions are less clear. Available research on the attitudes of those who may commonly interact with sex offenders has shown mixed support for sex offender management policies (Connor, 2012; Levenson, Forney, & Baker, 2010; Malesky &

Keim, 2001; Meloy, Curtis, & Boatwright, 2013; Tewksbury & Mustaine, 2012, 2013; Tewksbury, Mustaine, & Payne, 2011). Given that professionals generally have greater exposure to sex offenders than the general public, research is needed to better understand how professionals perceive both the policies in place used to manage these offenders and any unintended effects of the policies on the offenders.

The current empirical literature on the perceptions of professionals toward sex offenders and sex offender management policies is lacking in several ways. First, available studies generally focus on only one group of professionals at a time such as prison wardens (Connor, 2012), parole board members (Tewksbury & Mustaine, 2012), legislators (Meloy et al., 2013), or judges (Bumby & Maddox, 1999). This, along with varying methodologies and survey instruments utilized, has made comparisons of perceptions amongst groups of professionals difficult. Additionally, the available studies on the perceptions of professionals have generally focused on perceptions of the fairness and effectiveness of these policies with only little attention (Datz, 2009; Gaines, 2007; Malesky & Keim, 2001; Meloy et al., 2013) paid to how professionals perceive the effects of these policies and the unintended consequences that may come with them.

Purpose of the Study

The purpose of this study was to explore the perceptions of professionals about sex offender management policies and their unintended consequences. While previous research has focused on the perceptions of criminal professionals toward sex offenders and sex offender management policies, these studies often concentrate on the perceptions of only one group of these professionals, which is seen as a limitation in the literature (Gaines, 2006, Nelson, Herlihy, & Oescher, 2002; Tewksbury & Mustaine, 2013) due to ignoring the perceptions of professionals

who may interact with sex offenders in different capacities. This study aimed to examine the perceptions of several groups of professionals in order to make comparisons between different actors within the criminal justice system.

Scholars studying sex offender management policies have expressed the need for further examination of the perceptions of professionals on toward sex offender management policies (Tewksbury & Mustaine, 2012, 2013; Tewksbury et al., 2011). The current study provided an important contribution to the existing literature by focusing on professionals' perceptions of the unintended consequences of SORN and residence restrictions for sex offenders, which is an area that has seen only minimal focus in prior research (Datz, 2009; Gaines, 2007; Meloy et al., 2013). While the unintended consequences of sex offender management policies have been well-documented in studies surveying the offenders themselves, little is known about how professionals view the impact of these policies on offenders or their perceptions of the acceptability of any unintended consequences of these policies that may fall upon the offenders.

Examining the perceptions held by professionals toward sex offender management policies is imperative because if the policies in place are perceived to be ineffective or even detrimental by those tasked with enforcing the policies or those regularly interacting with offenders affected by such policies, then the current policies deserve a greater level of scrutiny along with discussing the possibilities for modification or alternate forms of management for sex offenders once they return to their communities.

Nature of the Study

To examine the perceptions professionals hold about sex offenders and sex offender management policies, this study takes a quantitative approach and employs a cross-sectional research design to capture the perceptions of participating professionals.

The sample for this study was gathered from the membership rosters of two professional organizations whose members work in the field of criminal justice: the American Probation and Parole Association (APPA) and the Association for the Treatment of Sexual Abusers (ATSA). Both of these organizations have been used successfully in past research to gather samples of professionals for studies pertaining to sex offending (Fuselier, Durham, & White, 2002; Malesky & Keim, 2001; Payne & DeMichele, 2010; Tewksbury et al., 2011).

Data was collected using an electronic survey distributed through the web-based survey research site SurveyMonkey. Members of the APPA and ATSA were contacted through email and invited to complete the study by following a link in the email to the website hosting the survey. The survey remained open for a period of four weeks with follow-up emails sent to invited participants reminding them of the study in order to help increase the study's response rate. Following the survey period, the data gathered were analyzed using appropriate descriptive, bivariate, and multivariate statistical methods.

CHAPTER 2: LITERATURE REVIEW

This review of the literature serves to provide an overview of the current empirical research available on SORN and residence restrictions. Before discussing the empirical literature on these sex offender management policies, this chapter will first examine the history of sex offender management policies with an emphasis on the wave of policies originating in the 1990s through the present. This chapter will then review empirical research regarding the collateral consequences of these policies on sex offenders and their families. The chapter will then turn to empirical research that has examined the attitudes of community members, sex offenders, and professionals towards these policies. It will conclude with a discussion of labeling theory, a theoretical framework relevant to the study of sex offender management policies.

Overview of Sex Offender Legislation

Sexual Psychopath Laws

Although sex offender laws became widely known in the 1990s, legislation has been used to manage sex offenders since the first half of the 20th century. These early laws, called “sexual psychopath laws,” were passed in the 1930s in response to highly publicized sex crimes, particularly those against children (Terry & Ackerman, 2009). This is remarkably similar to the circumstances surrounding the passage of current sex offender registration and notification laws. While the most recent wave of legislation focuses primarily on public registries and community notification in hopes of preparing communities for the return of sex offenders to the community after a period of incarceration, the sexual psychopath laws of the 1930s emphasized incapacitation and treatment; typically calling for the civil commitment of offenders to hospitals where they would receive treatment and then be released after an indeterminate amount of time (Farkas & Stichman, 2002). As with the current crop of sex offender legislation, these early laws

were also criticized. For instance, there was wide variation among the states as to what acts constituted those of a sexual psychopath with some states not just targeting sex offenders, but also minorities and homosexuals (Jacobson, 1999; Sutherland, 1950). By the late 1960s and early 1970s, support for the sexual psychopath statutes had waned. Aside from concerns that these statutes were ineffective in preventing sex crimes and rehabilitating offenders, the statutes had also come under intense legal scrutiny for a variety of constitutional violations, including the offenders' right to due process, equal protection under the law (for determining whether an offender was a sexual psychopath), and the detention of offenders for long and indiscriminate periods of time (Palermo & Farkas, 2001).

Jacob Wetterling Act (1994)

Sex offender legislation returned to the forefront of policy issues in the 1990s due to two high profile cases involving the abduction or murder of children. The first case involved 11-year old Jacob Wetterling who, in 1989, was abducted while riding his bicycle with his brother in his Minnesota neighborhood by a still unidentified male perpetrator. It was discovered during the investigation following Wetterling's disappearance that a halfway house in the neighborhood sheltered recently released sex offenders (Levenson & D'Amora, 2007). In 1994, Congress passed the Jacob Wetterling Crimes Against Children and Sexually Violent Offenders Act (commonly referred to as the "Jacob Wetterling Act") which required every state to create registries for those individuals convicted of sexually violent crimes and crimes against children and ordered the offenders to update their information annually with local law enforcement (Terry, 2013).

Megan's Law (1996)

The second case involved a 7-year old New Jersey child named Megan Kanka who was sexually assaulted and strangled to death by a twice-convicted sex offender living in her neighborhood that had coerced her into his home. Her parents were unaware of a sex offender living in their neighborhood and argued that if they had been informed of his presence then perhaps her death could have been averted (Levenson & D'Amora, 2007). In 1996, President Clinton signed an amendment to the Jacob Wetterling Act entitled Megan's Law which required states to publicize offenders information in order to make the public aware of convicted sex offenders residing in their neighborhoods (Welchan, 2005).

Pam Lynchner Act (1996)

Also in 1996, Congress passed the Pam Lynchner Sexual Offender Tracking and Identification Act (known as the Pam Lynchner Act). This piece of legislation, named after a Houston real estate agent who was assaulted while showing a home to a prospective client, was an attempt to address the variation among state adaptations of Megan's Law by creating a national sex offender registry maintained by the Federal Bureau of Investigation (FBI) (Terry & Ackerman, 2009). The creation of this national database allowed for the public to search for sex offenders across the country as well as permitted the FBI to monitor the movement of sex offenders across state lines (Levenson & D'Amora, 2007; Wilkins, 2003).

Adam Walsh Act (2006)

The most recent and influential piece of sex offender legislation came in 2006 with the passage of the Adam Walsh Child Protection and Safety Act (the "Adam Walsh Act"). The Act was named in memoriam of six-year-old Adam Walsh who was abducted in 1981 and found

mutilated and dead 16 days later (Terry, 2013). The Adam Walsh Act was passed in an attempt to create national standards for sex offender registration such as by requiring sex offenders to be classified into one of three tiers according to the severity of their crime(s) which also determines the length of their registration period (Batastini, Hunt, Present-Koller, & DeMatteo, 2011). The legislation is also significant for its provision regarding juvenile offenders. Whereas the inclusion of juvenile sex offenders on registries was previously left to the discretion of the states, under the Adam Walsh Act, certain juveniles (typically those classified in the most severe tier) are required to be listed on registries (Batastini et al., 2011). Although these guidelines were federally mandated in 2006, only 19 states have been found to be substantially compliant with the majority of states remaining non-compliant for a variety of reasons including operational and financial barriers (Government Accountability Office, 2013).

The Current Status of Sex Offender Legislation

According to their most recent survey of all 50 U.S. states as well as the District of Columbia and five territories (American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands), the National Center for Missing and Exploited Children (NCMEC) reported that there are currently 751,538 registered sex offenders residing in the U.S (NCMEC, 2013). The number of registered sex offenders in the U.S. appears to be growing as only five years ago the reported number of sex offenders living in the U.S. was at 644,865 (NCMEC, 2008). This change represents a 17% increase in the number of registered sex offenders living in the U.S. in just five years. If this upward trend were to continue at its current pace, within 10 years there could be over one million registered sex offenders living in the U.S.

Today, every state has enacted some form of SORN, however, there is variation across the states on how these policies have been implemented (Mancini, Barnes, & Mears, 2013;

Mustaine & Tewksbury, 2013). In an analysis of 51 sex offender registry webpages (50 states and the District of Columbia), Mustaine and Tewksbury (2013) found an array of characteristics across the registries with some characteristics being shared by all or nearly all of the registries such as a photograph of the offender, home address, and conviction offense, while other characteristics were shared by only a limited number of registry webpages such as an offense description, length of sentence, and employer. The full set of characteristics found by Mustaine and Tewksbury (2013) as well as the percentage of registry webpages with those characteristics are presented in Table 1. The study by Mustaine and Tewksbury (2013) was an update on a similar study by Tewksbury and Higgins (2005) that examined the characteristics of 40 state sex offender webpages (only 40 were publicly available during this time period). Mustaine and Tewksbury (2013), comparing their findings to those of Tewksbury and Higgins (2005), found that the information available on state sex offender registry webpages has expanded significantly over the past several years. Examining sex offender laws nationally, Mancini et al. (2013) found that the length of time a sex offender is required to be registered varies greatly across the states, generally ranging anywhere between 10 years and lifetime registration. Additionally, Mancini and colleagues found that community notification laws varied across the states in terms of the method in which they are carried out, who they serve, and the types of sex offenders they affect.

The universal adoption of SORN across the states was not surprising given the policies discussed above that mandate state compliance in lieu of the potential loss of federal funding, however states have also enacted sex offender management strategies that are not federally required. More than half of all states have enacted residence restrictions that prohibit sex offenders from residing within a certain distance (which varies across states) from areas where

children typically congregate such as schools, day cares, and parks (Barnes, 2011; Mancini et al., 2013).

Table 1: Shared characteristics across 51 state registry webpages*

Registry Characteristics	Percent
Photograph of registrant	100%
Home address	98%
Age/DOB	98%
Race	98%
Physical description	96%
Conviction Offense	98%
Date of Conviction	85%
Aliases	71%
Employer	18%
Employment address	35%
School Attended	33%
Risk Level	35%
Offense description	2%
Types of victims/targets	35%
Vehicle description	39%
Vehicle license plate number	35%
Date of last update	45%
Map of residence location	57%
Length of sentence	14%
Date of release from confinement	29%

*All data reproduced from Mustaine & Tewksbury (2013)

Collateral Consequences of Sex Offender Management Policies

Since their inception, SORN and residence restrictions have been the subject of extensive debate and criticism regarding the collateral consequences they create for the offenders.

Although the aim of these sex offender management policies is to prevent future victimization, the collateral consequences experienced by registered sex offenders have the potential to increase risk of re-offense as they severely limit the ability of offenders to successfully reintegrate back into their communities.

Scholars have reported that when registered offenders attempt to reintegrate back into their communities, they have difficulty finding and maintaining housing as well as employment (Mercado, Alvarez, & Levenson, 2008; Tewksbury, 2005; Tewksbury & Lees, 2006; Tewksbury & Mustaine, 2009; Tewksbury & Zgoba, 2010; Zevitz & Farkas, 2000). The collateral consequences of SORN and residence restrictions go beyond external forces like housing and employment, as offenders face increased social isolation as a result of SORN and residence restrictions such as the deterioration of relationships with family members, friends, and significant others as well as difficulties building new social relationships (Levenson & Cotter, 2005a; Mercado et al., 2008; Tewksbury, 2005; Tewksbury, 2013; Tewksbury & Lees, 2006). The breakdown of these social relationships removes valuable support structures for offenders as they attempt to reintegrate back into their communities. Registered offenders have reported increased levels of shame, depression, stress, hopelessness, and feelings of stigmatization while on the registry (Comartin et al., 2010, Jeglic, Mercado, & Levenson, 2012; Levenson et al., 2007; Mercado et al., 2008; Tewksbury, 2012, 2013; Tewksbury & Mustaine, 2009; Tewksbury & Zgoba, 2010). Although reported with less frequency, offenders have recounted instances of being threatened and/or harassed by other members of their community, with a small portion of these occurrences turning into physical assaults (Levenson & Cotter, 2005a; Levenson et al., 2007; Mercado et al., 2008; Tewksbury, 2005; Tewksbury & Lees, 2006; Tewksbury & Mustaine, 2009; Zevitz & Farkas, 2000). Similarly, research indicates the families of the registered offenders experience many of these consequences, particularly those family members who live with or are dependent upon the offender (Comartin et al., 2010; Levenson & Tewksbury, 2009; Tewksbury & Humkey, 2010; Tewksbury & Levenson, 2009).

The following sections detail studies that have examined the negative experiences of sex following their release back into their communities. First, several quantitative and qualitative studies are discussed where registered sex offenders were surveyed on their experiences with the collateral consequences related to registration and notification. Next, the experiences of the offenders with the collateral consequences of residence restrictions are examined. Lastly, a smaller body of literature is presented that examines the effect of these sex offender management policies on the families of registered sex offenders.

Collateral Consequences of SORN: Quantitative Results

Levenson and Cotter (2005a) surveyed a sample of 183 sex offenders receiving outpatient sex offender counseling treatment in Florida and found that less than one-third of offenders reported more severe consequences such as job (27%) and housing loss (20%). The most frequently reported consequences by offenders in this study were related to social stigmatization and emotional damage such as feeling less hope for the future (72%), feeling shame or embarrassment (67%), feeling alone (64%), and losing close friends (52%). A number of offenders also reported harassment or threats by neighbors (33%) and having property vandalized (21%), but there was only minimal reporting of actual physical assault (5%) on offenders due to their registration status.

Tewksbury (2005) surveyed 121 registered sex offenders in Kentucky and found that the most typically cited consequences of registration were the loss of friendships (55%) followed by harassment (47%). Significant percentages of offenders also reported loss or denial of residence (45%) and loss of a job (43%). When comparing sex offenders residing in metropolitan areas versus non-metropolitan areas, sex offenders residing in non-metropolitan areas reported all collateral consequences except for physical assault with more frequency than sex offenders

living in metropolitan areas. Lastly, sex offenders without child victims reported a number of collateral consequences (loss or denial of residence, being asked to leave a business, harassment, assault, and receiving threatening phone calls and mail) with greater frequency than sex offenders with child victims, which goes against the expectation that sex offenders with child victims would face greater stigmatization.

Levenson et al. (2007) also surveyed sex offenders receiving outpatient treatment, but in Indiana (n=148) and Connecticut (n=91). Similar to Levenson and Cotter (2005a), the results of this study showed that offenders experience collateral consequences such as job loss (21%) and housing loss (21%), the most frequently reported effects of registration were related to social isolation or emotional and psychological issues. At least half of the sample of offenders reported feeling alone, losing relationships, feeling shame and embarrassment, and feeling less hope for the future.

A study by Mercado et al. (2008) focused solely on New Jersey sex offenders (n=138) classified as being at a higher risk of reoffending. Sex offenders in this study reported similar levels of experience with the collateral consequences of community notification as other sex offenders in the studies listed above, as well as greater levels of experience with job loss (52%) and being threatened or harassed (48%). Similar to the previous studies, the most frequently discussed consequences by the sex offenders were the loss of social relationships and emotional suffering. The results of this study indicate that higher-level sex offenders may experience certain collateral consequences of community notification more severely than sex offenders who would be considered minimum risk.

Tewksbury and Mustaine (2009) measured the reported collateral consequences and accompanying stress levels of sex offenders in Oklahoma (n=125) and Kansas (n=84). Overall,

approximately 25% of the total sample was forced to move due to residence restrictions, but the most frequently felt consequences were related to social stigmatization such as harassment and loss of relationships stemming from their registration. The sample, as a whole, reported moderate to extreme levels of stress. Aside from difficulty finding housing, which was likely based on differences in state residence restriction policies, there were few significant differences found between the offenders in Oklahoma and Kansas.

Similar to Mercado et al. (2008), Jeglic et al. (2012) also surveyed higher risk New Jersey sex offenders (n=137), but looked specifically at the psychological consequences of community notification by having the offenders complete the Beck Depression Inventory-II (BDI-II) and the Beck Hopelessness Scale (BHS). The mean score of the offenders on the BDI-II showed a mild level of depression symptoms among the sex offenders. While only showing a mild level of symptoms, the mean score was still higher than depressive symptoms found in non-offender populations (college student populations and community samples). The offenders' mean score on the BHS also showed a mild level of hopelessness that is greater than what is found in the general population. Levels of depression and hopelessness were also related to other collateral consequences. Those offenders who reported job loss, loss of residence, being threatened, being assaulted, having property vandalized, or having a loved one suffer as a result of their registration reported higher levels of depression and hopelessness than offenders who did not report these negative consequences.

Jennings et al. (2012) examined whether post-SORN sex offenders (n=247) and post-SORN non-sex offenders (n=250) experience collateral consequences similarly. The results of this study indicated that while both groups of offenders experience collateral consequences, the two groups experience collateral consequences differently. For example, sex offenders were less

likely than non-sex offenders to be employed, live with family, and live with friends.

Additionally, sex offenders were more likely than non-sex offenders to be homeless, live in a group facility, and have moved since release from prison.

Differing from other studies that examined the impact of SORN on sex offenders attempting to reintegrate back into the community, Jennings, Zgoba, Donner, Henderson, and Tewksbury (2014) explored whether SORN had the collateral consequence of affecting specialization/versatility among sex offenders. Examining the recidivism patterns of sex offenders released from prison pre-SORN (n=84) and post-SORN (n=54) over an eight-year period, Jennings et al. (2014) discovered that sex offenders in general tend to be diverse and versatile, however post-SORN sex offenders were more specialized than pre-SORN sex offenders, indicating the possibility that SORN promotes specialization among sex offenders.

Collateral Consequences of SORN: Qualitative Results

A number of researchers have used a qualitative approach to understand the collateral consequences of SORN that sex offenders face (Burchfield & Mingus, 2008; Tewksbury, 2012, 2013; Tewksbury & Lees, 2006; Zevitz & Farkas, 2000). Zevitz and Farkas (2000) interviewed a sample (n=30) of Level 3 sex offenders in Wisconsin. This sample represented the highest risk level of sex offenders in the state. That is, these offenders were judged to be the most dangerous offenders and as a consequence were also subject to the most extensive notification in their communities. The largest percentage of offenders (83%) reported difficulty finding or maintaining housing as the most severe consequence of their registration. To illustrate, one offender shared a story of his neighbors protesting to his landlord with signs that they did not want a sexual predator living in that neighborhood. While housing issues were reported as the most prominent collateral consequence, more than half of interviewed offenders also reported being

ostracized by neighbors and acquaintances (77%), being threatened or harassed (77%), emotional harm to family members (67%), and loss of employment (57%).

In interviews with 22 offenders on Kentucky's sex offender registry, Tewksbury and Lees (2006) found the most persistent collateral consequences to be employment difficulties. Only a few of the interviewed offenders reported being able to maintain their pre-registration employment following their placement on the sex offender registry. One offender described moving from his small town to a big city in hopes of increasing his employment opportunities, but being told by his parole officer that while some places will hire ex-cons, most will not hire ones who are sex offenders. Those offenders who do find employment are often relegated to low-paying, menial jobs, as was the case with another offender who reported being an electrician before his registration, but has been unable to secure the same line of work since registration.

Burchfield and Mingus (2008) interviewed 23 sex offenders living in Illinois on their involvement in networks of local social capital that could potentially assist in the efforts of the offenders to reintegrate back into their communities. Interviews with the offenders revealed a number of barriers that prevented them from accessing and participating in networks of social capital in their communities. Specifically, offenders reported socially distancing themselves from relationships with family members, friends, and other community members out of fear of their status as a sex offender becoming known as well as to limit the stigma they were already feeling. The offenders were fearful of their neighbors discovering their offender status and acting against them in some way, which was reported as occurring by slightly more than 20% of the offenders. These instances involved such things as flyers being put in mailboxes in the offenders' neighborhood warning others of his living in the community as well as attempts at passing ordinances to have an offender removed from the community.

In interviews with 24 incarcerated sex offenders nearing release, Tewksbury (2012) reported that the offenders were aware of the negative stigmatization that would follow them as they attempted to reintegrate back into the community as a registered sex offender, given that they already faced stigmatization within the prison community. A common theme evident throughout the interviews was the belief of many of the sex offenders that, despite anything positive they may accomplish or attempt, they will never be seen as anything except for a sex offender; due to the power the label of “sex offender” carries. Tewksbury (2012) notes that the stigmatization of the offenders leads to internalization, with many of the sex offenders permeating feelings of shame, hopelessness, depression, and fear throughout their interviews.

Tewksbury (2013) interviewed 9 registered sex offenders listed on both their state registry and a sex offender registry maintained by their college. This sample represented both students at the university and faculty members. The main themes found throughout the course of these interviews were social isolation and feelings of vulnerability. The offenders related a constant feeling of vulnerability due to their registration status. The interviewed sex offenders discussed actively limiting their social interactions on campus in order to lessen the likelihood of discovering their status as a registered sex offender. The offenders felt the need to do so because of their fear of exposure and what the consequences of exposure as a sex offender on campus may entail.

Summary of the Collateral Consequences of SORN

Table 2 presents a summary of both quantitative and qualitative studies on the collateral consequences of SORN. Each study listed includes sample size, locality, methodology, and if one of the broad categories (housing, employment, social isolation, harassment, and emotional /psychological) of collateral consequences was found in the results of the study. The results of

quantitative studies on the effects of SORN on sex offenders revealed that sex offenders face a number of collateral consequences due to registration and notification policies such as difficulty finding and maintaining housing as well as employment, but the most frequently cited collateral consequences were related to social stigmatization and emotional suffering (Levenson & Cotter, 2005a; Levenson et al., 2007; Mercado et al., 2008; Tewksbury, 2005; Tewksbury, 2013; Tewksbury & Mustaine, 2009). Additionally, quantitative research on sub-populations of sex offenders showed that groups of sex offenders may experience the collateral consequences of SORN differently than other groups such as sex offenders with child victims (Tewksbury, 2005) and sex offenders classified as being high risk (Jeglic et al., 2012; Mercado et al., 2008).

While limited in number, qualitative studies on the effects of SORN on sex offenders revealed the same collateral consequences as the quantitative research, although the frequency with which they are experienced appears to differ. The majority of quantitative studies showed that the most frequently experienced collateral consequences of SORN were the social isolation and emotional effects, while qualitative analysis showed a different primary collateral consequence depending on the study such as difficulty finding and maintaining housing (Zevitz & Farkas, 2000), social isolation (Burchfield & Mingus, 2008), and difficulty finding and maintaining employment (Tewksbury & Lees, 2006).

Table 2: Summary of Collateral Consequences Studies

Study	N	Locality	Method	Housing	Employment	Social Isolation	Harassment	Emotional/ Psychological
Burchfield & Mingus (2008)	23	IL	In-person interview	X	X	X	X	X
Jeglic et al. (2012)	137	NJ	Mailed survey	X	X	X	X	X
Jennings et al. (2012)	247	NJ	N/A	X	X			
Levenson & Cotter (2005a)	185	FL	Survey during therapy	X	X	X	X	X
Levenson et al. (2007)	239	IN & CT	Survey during therapy	X	X	X	X	X
Mercado et al. (2008)	138	NJ	Mailed survey	X	X	X	X	X
Tewksbury (2005)	121	KY	Mailed survey	X	X	X	X	X
Tewksbury (2012)	24	Midwest prison	In-person interview					X
Tewksbury (2013)	9	National	Telephone interview			X		X
Tewksbury & Lees (2006)	22	KY	In-person interview		X	X	X	X
Tewksbury & Mustaine (2009)	209	OK & KS	Mailed survey	X	X	X	X	X
Zevitz & Farkas (2000)	30	WI	In-person interview	X	X	X	X	X

Unintended Consequences of Residence Restrictions

Several scholars have used mapping software to look at the impact of residence restrictions on the availability of housing for registered sex offenders and have found that residence restrictions severely limit where offenders can legally reside (Applebaum, 2008; Barnes, Dukes, Tewksbury, & De Troye, 2009; Zandbergen & Hart, 2006; Zgoba, Levenson, & McKee, 2009). Additionally, residence restriction policies have come under scrutiny based on the findings of several geographic analyses of the neighborhoods in which registered sex offenders reside. These studies revealed that, due to residence restriction policies, sex offenders are often found to reside in economically disadvantaged and socially disorganized areas (Hughes & Burchfield, 2008; Hughes & Kadleck, 2008; Mustaine & Tewksbury, 2011; Mustaine, Tewksbury, & Stengel, 2006; Suresh, Mustaine, Tewksbury, & Higgins, 2012). Surveys of sex offenders currently affected by residence restrictions have revealed that these restrictions have caused a number of difficulties for offenders trying to reintegrate back into the community, particularly with securing housing that does not violate the residence restrictions in their area (Levenson, 2008; Levenson & Cotter, 2005b; Levenson & Hern, 2007).

Zandbergen and Hart (2006) examined how residence restrictions have impacted housing options for sex offenders in Orange County, Florida. Parcel-level zoning data and a Geographic Information System (GIS) were used to identify all places likely frequented by children as well as residential property that fell within 1,000 and 2,500 foot zones around those areas. Results showed that these buffer zones severely limited housing options for sex offenders, particularly in urban residential areas where only 5% of the parcels fell outside of restricted areas. The researchers noted that, due to their large numbers, public school bus stops were most restrictive in terms of their ability to keep offenders from being able to reside in these restricted areas.

New Jersey is one state that has not imposed statewide residence restrictions on sex offenders, but in a study by Zgoba et al. (2009) the researchers explored what would happen to the sex offenders living in one county if residence restrictions were imposed. With the use of GIS, the researchers sought to determine the proportion of sex offenders living within usual exclusionary zones (1,000 and 2,500-feet) of areas frequented by children (schools, daycares, etc.). Results showed that 58% of registered sex offenders lived within 1,000-feet of locations of interest and 88% lived within 2,500-feet of those locations. With almost 90% of released offenders living within 2,500-feet of locations of interest, if residence restrictions were imposed in this county, it would leave a very narrow area suitable for offenders to live.

Barnes et al. (2009) assessed the impact of two potential South Carolina policies that would restrict sex offenders from living within either 1,000 feet or 5,280-feet (one mile) of areas children commonly congregate. Using spatial analysis of four counties, Barnes et al. (2009) discovered that both potential pieces of legislation would have dire effects on the housing options for sex offenders. If a 1,000-feet residence restriction was put in place, 20% of offenders would be forced to move and 45% of all unoccupied residential properties in those areas would be restricted. If a 5,280-feet residence restriction was put in place, over 80% of offenders would be forced to vacate their current housing and 81% of all unoccupied residential properties in those areas would be restricted.

Berenson and Applebaum (2011) examined the impact of potential residence restrictions on two New York counties. If registry restrictions were imposed in these two counties the available residential locations for offenders would be greatly reduced overall (11% and 27% available for residence in each county), but in urban areas within the counties they would be almost completely eliminated (5% and 3%). These findings were similar to those of Zandbergen

and Hart (2006) as they demonstrated that with residence restrictions imposed, sex offenders would find it incredibly difficult to be able to reside in urban districts.

Mustaine et al. (2006) compared the characteristics of census tracts containing sex offenders in four counties (two in Florida and two in Kentucky) with census tracts not containing sex offenders in the same counties as well as against the national average. Census tracts containing sex offender housing had lower levels of unemployment, education, and families living below the poverty line compared to census tracts not housing sex offenders and the national average. Mustaine et al. (2006) also compared the census tracts that contained a lighter concentration of sex offenders versus a heavy concentration of sex offenders (census tracts with 10 or more offenders residing in the tract). The census tracts with heavier concentrations of sex offenders were significantly different from the census tracts with lighter concentrations of sex offenders in terms of being more disadvantaged and socially disorganized.

Tewksbury, Mustaine, and Stengel (2007) turned their attention to the residential locations of 728 registered sex offender in 41 counties in rural Kentucky. Tewksbury and colleagues found that rural sex offenders resided in census tracts more socially disorganized (higher levels of unemployment, higher proportions of families living below the poverty line, lower levels of education achievement, etc.) than the nation as a whole. However, the residential locations of rural sex offenders were not significantly different from the averages of the counties in which they resided. These finding suggested that sex offenders in rural areas may be less likely to be found in socially disorganized communities than sex offenders in urban areas.

Hughes and Burchfield (2008) examined 872 neighborhoods in Chicago, Illinois, to determine the characteristics of neighborhoods where sex offenders reside. Neighborhood characteristics were used to classify neighborhoods as either disadvantaged or affluent.

Disadvantaged neighborhoods were found to be roughly half the size of affluent neighborhoods, but had more than twice as many areas that sex offenders are prohibited from residing near. Chicago's sex offender residence restrictions prohibit child sex offenders from living within 500 feet of where children typically congregate and also prohibit more than one sex offender from residing at any one address or building. The smaller size of the disadvantaged neighborhoods in addition to the amount of areas sex offenders must remain distanced from limited the proportion of legally available living space to 32% in these neighborhoods compared to the almost 70% available in affluent neighborhoods. This would not be as much of an issue if the majority of sex offenders lived in affluent neighbors, but as Hughes and Burchfield (2008) reported, the child sex offenders in their sample lived in disadvantaged neighborhoods at a rate 5.5 times greater than those living in affluent neighborhoods.

Using data from one county in Florida, Mustaine and Tewksbury (2011) examined the characteristics of neighborhoods most likely to contain larger populations of sex offenders. Through OLS regression, Mustaine and Tewksbury (2011) discovered that concentrated disadvantage, residential instability, immigration concentration, and rates of homicide, robbery, and child sexual assault were all found to be significant predictors of the rate of sex offenders residing in a neighborhood. Notably, all of these variables except for immigration concentration and rate of homicide had a positive relationship with the rate of sex offenders living in a community. While the researchers presented an explanation for the relationship between immigration concentration and sex offenders (believed to be due to the large immigrant population in the county studied), they were not able to address the relationship between homicide rate and sex offender residence.

Examining all census tracts (n=876) in Chicago, Illinois, Suresh et al. (2012) examined the locations registered sex offenders reside to determine if sex offenders reside in clusters and whether these clusters are associated with greater disadvantage. The city of Chicago prohibits sex offenders from residing within 500 feet of where children commonly gather. Results of this study showed sex offenders in Chicago living in defined clusters, both in general as well as in violation of the city's residence restriction. The researchers found that the concentration of households living below the poverty line was a significant predictor of sex offender clustering in general, but not a predictor for the clustering of non-compliant sex offenders. This finding suggested that poverty is not as much of an influence for non-compliant sex offenders living near schools or parks, but rather, housing availability represents a more pressing issue.

Levenson and Cotter (2005b) surveyed a sample of 135 Florida sex offenders and discovered that residence restrictions imposed several obstacles toward securing housing. For example, half of the offenders reported having to vacate their current housing and 25% reported not being able to return to their homes after conviction. Additionally, 44% of those surveyed discussed that they were unable to reside with family members that they saw as their support network. Offenders described this lack of familial support being the most harmful to their reintegration back into the community. Aside from affecting their living situation, offenders experienced other consequences of residence restrictions. Almost half (48%) of the sample perceived the 1,000-foot residence restriction as a cause of their financial hardship and 60% of the offenders attributed emotional suffering to this ordinance.

Levenson (2008) also surveyed Florida sex offenders (n = 109), however, since the study by Levenson and Cotter (2005b), a number of municipalities in Florida expanded the restrictive residence zone from 1,000-feet to 2,500-feet. Of the sex offenders in Levenson's (2008) study,

28% were subject to this stricter residence requirement while 64% were subject to the previous, 1000-feet, requirement. With the implementation of harsher residence restrictions, the sex offenders in this study reported the same collateral consequences with greater frequency than in the study by Levenson and Cotter (2005b). In Levenson's (2008) study, slightly more than half (55%) of offenders reported having to vacate their current housing while 42% reported not being able to return to their former homes following release from incarceration. Also, 49% of offenders reported not being able to live with supportive family members. The frequency of additional, non-residential, consequences also increased as well with 66% of offenders reporting financial difficulties as a result of residence requirements and 73% reporting emotional suffering.

Using a sample of 148 sex offenders drawn from four outpatient counseling centers in Indiana (who also uses a 1,000-foot residence restriction rule), Levenson and Hern (2007) found that these offenders also reported having to vacate their home, but only 18% of offenders reported this occurrence. The researchers also reported that 26% of offenders were not able to return to their homes after being released from prison, which is very similar to the findings of Levenson and Cotter (2005b). Also similar across these two studies was the percentage of offenders reporting being unable to reside with supportive family members (44%). The surveyed offenders also equated financial hardship (40%) and emotional suffering (45%) with their residence restrictions, but to a less degree than Levenson and Cotter (2005b).

Unintended Consequences for Families of Sex Offenders

A group that is seldom part of sex offender research is the families of registered sex offenders and the impact that sex offender management policies has on them, particularly if they are living with or dependent on the registered offender. During interviews about their experiences with the collateral consequences of registration, sex offenders have expressed that

their status as a registered offender has negatively affected the lives of their family members (Burchfield & Mingus, 2008; Tewksbury, Connor, Cheeseman, & Rivera, 2012; Tewksbury & Copes, 2013; Tewksbury & Lees, 2006; Zevitz & Farkas, 2000). While the studies are few in number, the families of registered sex offenders have also been surveyed and interviewed directly to determine what effect sex offender management policies have had on their lives as well.

Levenson and Tewksbury (2009) surveyed a purposive sample of 584 family members of registered sex offenders recruited from websites and list-servs, which were identified as advocacy or support groups for family members of sex offenders. Results showed that family members living with registered sex offenders faced several of the negative consequences faced by the offenders themselves. A majority of respondents (82%) reported facing financial hardships due to the sex offender in the household not being able to secure employment. Nearly half (44%) of respondents reported being the victim of a threat from neighbors due to living with a sex offender and 27% reported having property damaged. Children of sex offenders were also negatively impacted. More than half of the sample reported that their children had been treated differently by other children, school teachers, neighbors and friends' parents).

Tewksbury and Levenson (2009) examined experiences of stress for the families of registered sex offenders. Findings from this study revealed that 85% of those surveyed reported experiencing stress as a result of their family members' status as a registered sex offender. More than half of the respondents reported that they had often or fairly often experienced feeling alone or isolated (77%) and experienced feelings of shame or embarrassment (66%). In addition, almost half of the respondents reported having lost friends or close relationships (50%) and being afraid for their safety (49%).

Farkas & Miller (2007) interviewed 72 family members (who were apart of 28 separate families) of registered sex offenders. The family members interviewed included spouses, adult children, parents, grandparents, and siblings. During the course of these interviews, family members experienced similar consequences as those found in the surveys by Levenson and Tewksbury (2009) and Tewksbury and Levenson (2009) including difficulty with housing, finances, and psychological issues. Family members also relayed that the stigma that is attached to the registered offender in their family had carried over onto them as well. Family members faced harassment and ostracism by neighbors, acquaintances, and even other family members who were no longer accepting of the offender in the family.

Attitudes of Community Members

Several studies have surveyed community members on issues relating to SORN and residence restrictions. These studies have revealed that community members were largely unaware of the presence of sex offenders in their communities (Burchfield, 2012; Craun, 2010). While the vast majority of community members were aware that they have the ability to access information about sex offenders residing in their communities, substantially fewer had ever sought out this information (Anderson & Sample, 2008; Kernsmith, Comartin, Craun, and Kernsmith, 2009; Sample, Evans, & Anderson, 2011). When community members have become aware of sex offenders in their community they have reported being more fearful of their safety (Beck & Travis, 2004). In addition, there has been some evidence that becoming aware of sex offenders in the community has led to an increase in protective behaviors by parents toward their children (Anderson & Sample, 2008; Bandy, 2011). Overall, community members have shown high levels of support for sex offender registration, notification, and residence restrictions as well

as a belief that these policies are effective in preventing sexual offenses (Comartin, Kernsmith, & Kernsmith, 2009; Levenson et al., 2007; Schiavone & Jeglic, 2009).

Awareness of Sex Offenders

One way to judge the success of sex offender registration as a tool for public safety is the extent to which the public accesses the available information and what they do with that information once they attain it. If community members are not accessing the online registries, then the policy goal of dissemination of information in order to better educate the community on the whereabouts of convicted sex offenders would seem to fall short.

Craun (2010) surveyed 631 residents of one southeastern county to determine if community members living near registered sex offenders were aware of sex offenders living in their communities. Craun (2010) compared two groups of community members in her study: community members who lived within one-tenth of a mile from at least one sex offender and community members who lived at least one mile away from any sex offenders. Of those community members who lived within one-tenth of a mile of a sex offender, 31% reported the belief that a sex offender lived in their community. Of those community members who lived at least one mile away from any sex offenders, only 2% reported the belief that a sex offender resided in the area. In a pilot study, Burchfield (2012) surveyed 95 Illinois residents in ten Census blocks where at least one sex offender lived to determine if community members were aware that a sex offender lived among them. Results demonstrate that the majority (61%) of community members were unaware that they lived on the same block as a sex offender. Also, 60% of community members reported that they were familiar with the state's sex offender notification laws; with familiarity of the laws being the largest predictor of awareness of a sex offender in the community.

Anderson and Sample (2008) surveyed 1,821 Nebraska residents on their utilization of the online sex offender registry. The majority of those surveyed (90%) were aware that sex offender information was available to them, but a much smaller percentage of participants (35%) reported ever accessing the information. Kernsmith et al. (2009) found similar results in a survey of 733 Michigan residents. While an even larger percentage of those surveyed (95%) were aware that sex offender information could be accessed online, only 37% stated ever accessing the information. The telephone survey used for this study provided participants an opportunity to give an open-ended response as to why they had decided not to access the sex offender registry. The top reasons for non-utilization included having no need or interest in accessing the information (34%), already feeling safe in their neighborhood (15%), and not having children who might be at risk (10%). In another survey on utilization of the sex offender registry, Sample et al. (2011) found that even fewer Nebraska residents (n=1,181) had ever accessed the online registry (31%). When the reasons for non-utilization of the online registry were explored for this sample, the majority (59%) reported having no interest in the information. This was also the chief reason for non-utilization of the online registry in the Kernsmith et al. (2009) study; however an even larger percentage of respondents in this study expressed having no interest in the information on the registry.

Changes in Behavior Following Awareness of Sex Offenders

Bandy (2011) examined if 407 residents in Minneapolis, Minnesota increased their protective behaviors when they were informed, in person, at a community meeting that a Level 3 sex offender (an offender determined to have the highest risk of re-offense in the state) was going to be released into the community. Bandy (2011) operationalized protective behavior as either self-protective (actions taken to reduce the likelihood of victimization of one's self) or

altruistic-protective behavior (actions taken to reduce the likelihood of victimization of a loved one). Bandy found no statistically significant relationship between learning of a high-risk sex offender's residence in the neighborhood and an increase in protective behaviors. Despite this overall finding, there was a modest statistical relationship between notification of a high-risk sex offender in the neighborhood and adoption of altruistic-protective behavior of parents toward their children. While Bandy found no statistically significant relationship between information learned at a community meeting and the adoption of protective behavior, Anderson and Sample (2008) did report a change in protective behavior in a sample of those who viewed the online sex offender registry with a little more than one-third (38%) of those viewing the registry reporting a change such as sharing the information with their children and their friend or talking with their children about safety.

In telephone surveys with 250 Alabama residents who had been notified of a sex offender living in their community, Caputo and Brodsky (2004) discovered that community members who deemed notification to be important were the most fearful of victimization and used a greater number of coping strategies to deal with living near sex offenders. Beck and Travis (2004) further explored this issue by surveying a sample of 236 Ohio residents to examine fear of victimization between a group of citizens who have received written notice of a sex offender living in their community and a group of citizens who had not received written notice of a sex offender in their community. The researchers distinguished between two types of fear: personal fear of victimization and altruistic fear of victimization. Personal fear of victimization was operationalized as an emotional reaction to the perceived danger of the survey-taker being victimized. Altruistic fear of victimization was operationalized as an emotional reaction to the perceived danger of a household member of the survey-taker being victimized. Results of the

study indicated that notification of a sex offender in the community was a significant predictor of personal fear, but not of altruistic fear. While notification was a statistically significant predictor of personal fear, the strongest predictors were gender and education with female respondents and those with lower levels of education reporting higher levels of personal fear. While notification was not a significant predictor of altruistic fear in general, when altruistic fear of specific types of victimization were examined, notification was found to be a significant predictor of altruistic fear of sexual assault.

Public Perceptions of Sex Offender Management Policies

In a telephone survey of 703 Michigan residents, Comartin et al. (2009) questioned respondents on their support for various sex offender sanctions including various types of residence and work restrictions, community notification, movement control, and severe sanctions (life in prison and castration). At least 83% of respondents reported agreed with many of the listed sanctions including all listed residence and work restrictions (being unable to work in school or day care, being unable to work in other places children frequent, being unable to live near schools or day cares, and being unable to live near other places children frequent), notification of neighbors, offender information published online, and being mandated to wear a GPS device. Less than half of respondents supported sanctions such as life in prison (50%), prohibiting offenders from going out at night (48%), an offenders' information published in the newspaper (42%), and castration (40%).

Mancini, Shields, Mears, and Beaver (2010) surveyed 1,308 Florida residents to determine if parental status plays a role in support for sex offender residence restrictions. In general, a large majority of those surveyed (82%) supported residence restrictions for sex offenders. Using several logistic regression models, Mancini et al. (2010) determined that

parental status was significantly related to support for residence restrictions. Also, those parents with more than one child were found to be more supportive of residence restrictions than those parents with just one child. In addition to parental status, other variables were found that significantly predicted support for residence restrictions. Gender, race, and political orientation were significantly related to support for residence restrictions with women, whites, Latinos/Hispanics, and those who identified as politically conservative being more likely to endorse residence restrictions.

Levenson et al. (2007) surveyed 193 Florida residents on their attitudes toward community notification. Community members reported a strong belief (83%) that community notification is effective in reducing sex offenses. Additionally, a majority of respondents believed that a number of other strategies could reduce sex offenses as well such as treatment in prison (71%), prison sentence (67%), electronic monitoring (62%), treatment in the community (65%), restricting where offenders can live (58%), and chemical castration (51%). Interestingly, almost three-quarters (73%) of respondents reported that they would support these policies even if there were no scientific evidence showing that they reduce sex offenses. The majority of respondents believed they should have access to a large amount of information about sex offenders living in the community with the most agreed upon pieces of information being the name of the offender (95%), a photo of the offender (95%), the home address of the offender (85%), and the HIV/AIDS status of the offender (77%). The participants did believe that offenders should be able to maintain some degree of privacy as less than one-third believed that an offenders' employment address (30%), fingerprints (26%), and home phone (20%) should be made publicly available.

Using an Internet-based community message board, Schiavone and Jeglic (2009) surveyed 115 community members from 15 states and discovered that 65% agreed that communities were safer because of registration and notification, however, less (54%) agreed that registration and notification helps to prevent re-offending. When asked about the fairness of unintended consequences that sex offenders may face due to community notification, a majority of participants felt that it was unfair for sex offenders to have their property damaged or vandalized (72%), be physically assaulted or injured (65%), and be harassed or threatened (56%). Participants were also asked about the fairness of sex offender residence restrictions with 79% believing it was fair that offenders are unable to return to their homes if it is too close to where children commonly gather. Additionally, 66% of respondents felt that it was fair if sex offenders are unable to live with supportive family members due to residence restrictions.

In a telephone survey of 700 Michigan residents, Craun, Kernsmith, and Butler (2011) discovered that support for registration of offenses extends beyond sex offenses. Slightly more than half (53.2%) of those surveyed reported a desire for public registries of other types of offenses. Of those supporting additional registries, the most support (84%) was found for a number of offenses that could be categorized as crimes against people, however more than half (58%) of respondents also expressed interest in registries for crimes against property as well. A number of factors were discovered that influenced support for extending registries such as support for sex offender registration, having viewed the sex offender registry, being African American, and being younger.

Attitudes of Sex Offenders

A small amount of empirical literature existed on the attitudes of sex offenders toward sex offender management policies. While limited, these studies have shown that sex offenders

perceive the policies that affect them to be largely unfair (Brannon, Levenson, Fortney, & Baker, 2007; Elbogen, Patry, & Scalora, 2003; Levenson & Cotter, 2005a) as well as ineffective in preventing sexual victimization (Brannon et al., 2007; Tewksbury & Lees, 2007). Interestingly, perceptions have not been totally negative about sex offender management policies as some sex offenders have reported positive aspects of the policies such as providing a motivation to refrain from recidivating as well as to seek treatment (Elbogen et al., 2003; Levenson & Cotter, 2005a).

In a study of 40 sex offenders receiving treatment at a forensic facility, Elbogen et al. (2003) found that almost half of sex offenders reported being unfamiliar with community notification as well as being incorrect about the factors that influence whether a community would be notified of the presence of offenders. More than half of the offenders rated a number of items commonly released to the community as unfair such as their home telephone (83%), home address (73%), work address (70%), license plate number (65%), vehicle description (60%), and photograph (50%). These sentiments of unfairness were echoed in Levenson and Cotter's (2005a) survey of 183 male sex offenders where more than half of the offenders also rated the release of their home telephone (89%), work address (88%), license plate number (74%), vehicle description (68%), and home address (65%) to be unfair. The only difference between the perceptions of fairness amongst offenders in these two studies was that more than half of the offenders in the study by Levenson and Cotter (2005a) also believed that the release of their fingerprints was also unfair (54%).

Tewksbury (2006) surveyed 121 registered sex offenders in Kentucky on their experiences with the registry and their likelihood of updating and correcting the information listed about them on the registry. When asked about the frequency in which they had been contacted by law enforcement due to their registration, 35% reported never being contacted.

When the offenders reported being contacted by law enforcement, they were most frequently contacted once a year (27%) or a few times a year (25%). Most registered offenders reported that they would provide updated information to law enforcement if they moved or if they noticed incorrect information on their registry page, however only 39% of offenders reported ever looking at their own registry page. There were differences between offenders in their likelihood to update or correct information on their registry as those required to be registered for life and those offenders who had been listed for five or more years were significantly less likely to update or correct information on their registry page.

Brannon et al. (2007) compared the perceptions of 125 Florida sex offenders receiving outpatient therapy with 193 community members regarding perceived fairness and effectiveness of community notification. Not surprisingly, the researchers found a great difference between the two groups in regards to fairness of community notification as 70% of the sex offenders found the legislation unfair compared to 22% of the public. The two groups also differed significantly on their view of community notification being effective in reducing recidivism as 42% of sex offenders felt community notification was an ineffective method of preventing recidivism compared to only 10% of the public who viewed it as ineffective. The belief amongst sex offenders that community notification is ineffective was also found in Tewksbury and Lees' (2007) study of 22 registered sex offenders in Kentucky. Although the offenders recognized why registries are supported by the public and the value the registry adds to community awareness, the offenders did view the registry as being highly ineffective as well as an inefficient method of deterring offenders from future sex crimes. As one offender put it, "If I'm going to reoffend, that registry is not going to keep me from it (p. 393)."

Attitudes of Professionals

In addition to surveys of the public and sex offenders, research existed on the perceptions of professionals toward sex offender management policies. Available research on the attitudes of professionals has shown mixed support for sex offender management policies (Connor, 2012; Levenson et al., 2010; Malesky & Keim, 2001; Meloy et al. 2013; Tewksbury & Mustaine, 2012, 2013; Tewksbury et al., 2011). The following sections present the findings of several surveys of professionals on their attitudes toward sex offender management policies. These studies have been broadly categorized by the type of professional surveyed, which includes mental health and sexual abuse professionals, legal professionals, and law enforcement.

Mental Health and Sexual Abuse Professionals

In a national survey of 133 mental health professionals who work with sex offenders, Malesky and Keim (2001) found limited support for sex offender registration. The majority (59%) of mental health professionals believed that sex offender registries have no impact on the number of children sexually abused each year. Additionally, these professionals also believed that registries create a false sense of security for parents about the safety of their children. The majority of those surveyed also showed concern for the safety of sex offenders listed on public registries with the belief that those offenders will become targets of vigilantism.

Fuselier et al. (2002) compared the perceptions of 144 sex offender treatment professionals with those of 203 undergraduates on characteristics of child sexual abusers and dynamics of sexual abuse. The two samples differed significantly on their perceptions of the average abuser's age, socioeconomic status, education level, marital status, sexual orientation, relationship to victim, the method an abuser uses to make a child participate in sexual activities, and how often an abuser uses force to get a child to engage in sexual activities. Fuselier et al.

(2002) reported that the college students were more likely to favor commonly held beliefs about child sex offenders, while the perceptions of the treatment professionals were more likely to accurately reflect the findings of previous research on this group of sex offenders.

Using a convenience sample gathered at several sexual abuse conferences, Fortney, Baker, and Levenson (2009) surveyed 264 sexual abuse professionals on their knowledge of sex offending and how accurately their beliefs reflect what has been reported in the empirical literature. The authors were primarily interested in the differences between the perceptions of sexual abuse professionals who primarily work with offenders and those who primarily work with victims of sexual abuse. Both groups estimated that the percentage of children abused by strangers was significantly higher than what has been reported in the literature and that professionals who work primarily with offenders estimated a higher percentage than professionals who work primarily with victims. Both groups also estimated that the proportion of sex offenders who were sexually abused as children, as well as the recidivism rate for sex offenders, is higher than previous reports. Professionals who work primarily with victims reported greater estimates of the proportion of sex offenders who were sexually abused as children and the recidivism rate for sex offenders than professionals who work primarily with offenders.

Utilizing the same sampling method as Fortney et al. (2009), Levenson et al. (2010) surveyed 261 sexual abuse professionals on their attitudes toward sex offender notification policies. Results indicated differences in attitudes depending on whether the sexual abuse professionals worked primarily with offenders or victims of sexual abuse. Professionals who worked primarily with victims were more likely to support community notification, believe in its effectiveness in preventing sexual victimization, believe in the effectiveness of residence

restriction in preventing sexual victimization, as well as support sex offender policies even if there was no evidence that they were effective in preventing sexual victimization then professionals who worked primarily with offenders. While there appeared to be more support for sex offender management policies among sex offender professionals who worked primarily with victims than offenders, in a post hoc analysis, those professionals who worked primarily with offenders who identified themselves as criminal justice professionals were significantly more likely than mental health providers to agree with community notification (38% vs. 29%) as well as supporting community notification without scientific evidence (71% vs. 34%).

Legal Professionals

Bumby and Maddox (1999) surveyed 42 judges attending a seminar about their knowledge of sex offenders and perceptions of sex offender legislation. A significant percentage of the judges held beliefs about sex offenders that run contrary to those in the field of sex offender management such as believing in a causal relationship between history of childhood victimization and sex offending as well as the failure to acknowledge the heterogeneity of the sex offending population. The judges were found to be very supportive of sex offender registration with 85% that agreed that sex offenders should be required to register as well 70% agreeing that prisons and hospitals should be required to notify the community when a sex offender is going to be released.

Sample and Kadleck (2008) interviewed 25 Illinois legislators on their perceptions of sex offending and sex offender legislation in their state. Sample and Kadleck (2008) reported a large degree of consensus among the legislators on a number of issues including the belief that sex offending was a growing problem, that their primary source of information on sex offending was reports by the media, and that they perceived there to be a large public demand for something to

be done about sex offending. There was less agreement amongst the legislators on other topics such as the cause of sex offending, as the majority believed that sex offending was caused by psychological abnormalities, but others also suggested the cause to be from biological defects as well as the ease of accessing pornography. When asked about their belief in the effectiveness of current sex offender policies, only a few legislators were confident that the current policies reduced sex offending. The majority of legislators expressed dissatisfaction with current policies because they did not go far enough in terms of early identification of sex offenders as well as a smaller number of legislators believing that current policies are too invasive of the privacy of sex offenders and may cause issues with social isolation and vigilantism.

In a more recent study of legislators, Meloy et al. (2013) interviewed a national sample of 61 legislators who had sponsored at least one sex offender bill in their state. When asked about the goals of sex offender legislation, the most frequently discussed objective of these policies by the legislators was to increase public safety (67%) followed by the goal of mandating that sex offenders seek treatment (21%). Slightly more than half of the legislators stated that they believed the sex offender policies in their states were working, while 20% stated that the policies were not meeting the desired objectives in their state. Additionally, another 20% of the respondents reported not knowing whether the sex offender policies in their states were or were not effective. A large majority (89%) of the legislators believed there was at least one negative consequence of the sex offender policies in their state such as limiting where sex offenders can live and work.

Corrections, Probation, and Law Enforcement

Weekes, Pelletier, and Beaudette (1995) surveyed 82 correctional officers from two Canadian federal correctional institutions about their perceptions of sex offenders who offend against children, sex offenders who offend against adult women, and non-sex offenders. The researchers found that the correctional officers perceived sex offenders in general to be more “dangerous, harmful, violent, tense, bad, unpredictable, mysterious, unchangeable, aggressive, weak, irrational, and afraid, compared with non-sex offenders (p. 59).” The correctional officers also perceived sex offenders to be more immoral and mentally unstable than non-sex offenders. Additionally, those sex offenders who offend against children were viewed as more immoral and mentally unstable than those sex offenders who offend against adult females.

Redlich (2001) compared the perceptions of 78 law enforcement officials with those of 109 community members and 82 law students on their attitudes toward community notification and its role in preventing child sexual abuse. Results showed significant differences in attitudes toward community notification based on group membership. Law enforcement officials were the most likely to support community notification and believe in its effectiveness in preventing child sexual abuse followed by community members and then law students. While supporting community notification more so than community members and law students, law enforcement officials were also the least likely to believe that sex offenders could be rehabilitated. Law students were the most likely to believe that community notification would result in harm coming to the registered sex offenders through vigilantism while law enforcement and community members held similar views that this phenomenon was less likely to occur.

Through a mixture of telephone interviews and electronic questionnaires, Gaines (2006) surveyed 21 law enforcement officials from 11 states who are responsible for posting and

maintaining the online sex offender registries in their states on the impact of registration and notification on their agencies, their communities, and sex offenders. About half of the respondents indicated that securing full compliance from offenders through the registration process presented ongoing problems particularly when offenders changed addresses. Although the law enforcement officials reported difficulties maintaining their registries, slightly more than half of the law enforcement officials reported receiving positive feedback from the community following notification as well as believing that community members view community notification in a positive light. Nearly all of those surveyed reported no knowledge of whether or not notification had a negative effect on the lives of sex offenders.

In a report to the Montana Department of Corrections, Balow and Conley (2008) surveyed community corrections professionals (n=307) on their attitudes toward sex offenders and sex offending. The community corrections professionals strongly believed (82%) that most sex offenders are dangerous, however, these professionals were supportive of therapy for sex offenders as 82% believed in the value of rehabilitation for sex offenders and 55% believed that sex offenders can learn to change their behavior with a combination of therapy and support. Contrary to research showing social isolation as a primary unintended consequence of SORN (Burchfield & Mingus, 2008; Levenson et al., 2007; Tewksbury, 2005), community corrections professionals did not perceive that sex offenders are forced into social isolation, such as only 13% believed that sex offenders have a difficult time making friends.

Surveying Florida probation and parole officers (n=259), Datz (2009) found the officers to be critical of sex offender residence restrictions as only 27% of them believed that residence restrictions protected the public from sex offenders. Additionally, the officers strongly believed (82%) that residence restrictions provide the public with a false sense of security. The officers

were also cognizant of the unintended consequences imposed by residence restrictions, attributing the number of homeless sex offenders living in the area to residence restrictions preventing the offender from returning to their homes after release from incarceration. Seventy-eight percent of the officers reported the belief that residence restrictions are the largest obstacle facing sex offenders attempting to reintegrate back into the community.

Surveying a national sample of 716 community corrections professionals, Tewksbury et al. (2011) found a strong belief in the fairness of community notification policies amongst community corrections professionals with 85% of respondents believing that these policies were at least “mostly fair.” While the sample largely agreed on the fairness of these policies, the community corrections professionals were more divided on the effectiveness of community notification as 59% believed that these policies are effective in preventing sexual victimization and less (50%) believed that residence restrictions for sex offenders are effective. While the respondents were almost equally divided on the effectiveness of residence restrictions, 42% reported that they would support residence restrictions without any scientific evidence that they are effective in preventing sex offenses.

Tewksbury and Mustaine (2012) found somewhat less support for community notification in a survey of 80 parole board members, where only 77% believed in the fairness of these policies. While 61% of parole board members were in agreement that community notification is effective in preventing sexual victimization, they were much less likely (42%) to believe in the effectiveness of residence restrictions. Compared to the community corrections officers in Tewksbury et al. (2011), parole board members were less likely (37%) to support residence restrictions in the absence of scientific evidence that they are effective in preventing sexual victimization.

In a different study, Connor (2012) surveyed a national sample of 68 prison wardens both electronically and by mail on their perceptions of sex offender management policies. Connor (2012) found greater support for sex offender management policies amongst prison wardens than community corrections professionals (Tewksbury et al., 2011) and parole board members (Tewksbury & Mustaine, 2012) as 75% of prison wardens believed that community notification was effective in preventing sexual victimization and 62% believed in the effectiveness of residence restrictions. Less than half of the wardens (43%) reported that they would support residence restrictions without scientific evidence that they were effective, however, this level of support was still greater than those found for community corrections professionals (Tewksbury et al., 2011) and parole board members (Tewksbury, 2012).

In a recent survey of the perceptions of law enforcement officers (N=209) toward sex offender management policies, Tewksbury and Mustaine (2013) found mixed support for SORN and residence restrictions. While only 38% of law enforcement officers believed that SORN is effective in preventing sexual victimization, 71% believed that residence restrictions are effective in preventing sexual victimization. The law enforcement officers appear to favor residence restrictions as the more impactful sex offender management policy. This runs contrary to the findings of Connor's (2012) study of prison wardens who had a stronger belief in the effectiveness of SORN over residence restrictions. Tewksbury and Mustaine (2013) also found a larger amount of support (82%) for residence restrictions in the absence of scientific evidence showing their effectiveness in preventing sexual victimization than any other study discussed.

Labeling Theory and Sex Offender Management

The Foundations of Labeling Theory

Labeling theory places the emphasis not on deviant behavior, but on the societal reaction to deviant behavior. This reaction, whether positive or negative, has the potential to influence the future behavior of those who become labeled. Those individuals who have a negative label attached to them are viewed as more likely to continue the original deviant behavior that led to their labeling. The continuation of the deviant behavior is attributed to the internalization of the label applied to the individuals and the lack of legitimate opportunities available to those individuals after the negative label has been applied. Thus, individuals who are labeled as criminals or suspected criminals come to define themselves by this label and, as their legitimate opportunities to be an active member in society also dissipate, the chances of a return to their original criminal activities rises.

The foundations of labeling theory can be traced back to the work of two scholars: George Mead and Charles Cooley. Mead (1934) was concerned with how the concept of the self, or a person's identity, is formed. Mead believed that perceptions of self are formed through social interaction and then internalization. As Mead writes, "The self, as that which can be an object to itself, is essentially a social structure, and it arises in social experience (p. 140)." In this sense, the self is not a thing, but an ever-evolving process, changing through experience. The perception of who we are is defined and refined through interactions with others. This includes interpreting how others view us. To further explain his theory, Mead makes the distinction between the "I" and the "me" during social experiences. The "I" is the natural self who responds organically to others. When you react to another person during a social interaction, the reaction is the "I". The "me" is the identity, or the set of attitudes, that the individual has assumed

through previous social interactions. During a social interaction, others are interacting with an individual's "me", or the person comprised of a set of characteristics others believe the individual to be. Through enough interaction, that individual comes to define himself or herself as the characteristics that represent the "me".

Cooley (1902) referred to the phenomenon of internalizing the perception of how you are viewed by others into your own self-definition as "the looking glass self." Cooley argued that an individual's self-definition is based upon judgments made about how they believe others view them. The concept of the looking glass self is based on three elements: (1) the imagined appearance of one's self to others, (2) how others judge this appearance, and (3) the feelings one develops based on these judgments. If an individual believes that others view him or her as smart and thus hold him or her in a high regard, that individual will view him or herself as smart as well along with developing a positive self-image. A sex offender, on the other hand, is likely to hold the belief that others view him or her with a negative characteristic such as bad, evil, or untrustworthy. The self-image of the offender will revolve around these negative characteristics. The offender, then, is likely to internalize these characteristics and view him or herself as bad, evil, or untrustworthy.

Key Concepts of Labeling Theory

Building on these foundations, the key concepts of labeling theory have developed over a number of years through the work of several sociologists. An early pioneer of labeling theory, Frank Tannenbaum (1938), described the process by which an offender becomes negatively labeled as the *dramatization of evil*:

The process of making the criminal, therefore, is a process of tagging, defining, identifying, making conscious and self-conscious; it becomes a way of stimulating, suggesting and evoking the very traits that are complained of. If the theory of relation of

response to stimulus has any meaning, the entire process of dealing with the young delinquent is mischievous insofar as it identifies him to himself or the environment as a delinquent person. The person becomes the thing he is described as being. (pp. 19-20)

Although primarily interested in juvenile delinquency, the ideas of Tannenbaum can be applied to numerous groups of offenders. According to Tannenbaum, once individuals are “tagged” negatively, those individuals reside in a different world where they are only seen as that negative label. Under this perspective, individuals who have been convicted of a sex offense in the past are tagged as sex offenders and exclusively viewed as sex offenders from that point forward. Any future “good” behavior by the tagged individuals will be looked at with distrust because the individuals, themselves, are seen as “bad”.

Years later, Becker (1963) presented a more systematic explanation of labeling theory by describing the process by which certain behaviors come to be viewed as deviant. Becker argued that deviance is not the outcome of a specific act, but is instead the creation of social groups. Becker alleged “social groups create deviance by making the rules whose infraction constitutes deviance, and by applying those rules to particular people and labeling them outsiders (p. 9).” Therefore, the specific acts of individuals believed to be deviant are unimportant to understanding deviance because deviance is only behavior that has been labeled so by those with power. An individual is considered to be a deviant based on how other people react to that individual’s behavior. This is not to imply that certain criminal acts (such as murder and drug use) would no longer occur if they were not considered to be deviant acts, but instead, as Schur (1966) has agreed, “Rather the point is that the nature, distribution, social meaning, and implications and ramifications are significantly influenced by patterns of societal reaction (p. 115).”

Becker (1963) notes that not all behaviors viewed as receive same level of intensity. The extent to which a behavior is perceived as deviant varies based on certain factors. One of these is time. An individual believed to engage in deviant behavior at one point in time may be viewed differently at some other point in time as society's perception of deviant behavior changes. For example, at the time of Becker's writing on this subject in the 1960s, society's view on homosexuality was much less tolerant than in contemporary society. Homosexuality is much less likely to be viewed as deviant today than in the 1960s. The extent to which an act is evaluated as deviant also depends on who is perpetrating the behavior and whom that behavior harms. Becker uses the example of middle class juvenile delinquency to illustrate his point that rules tend to be applied more so to some persons than others. When apprehended, boys from middle-class areas are less likely to pass as far through the criminal justice process as boys from lower-class areas.

Becker (1963) famously used the term "outsiders" to identify those individuals who had been labeled as deviants and are thus separate from mainstream society. In his landmark book of the same name, *Outsiders*, Becker utilized two cases studies to demonstrate his approach to the labeling of deviance. Becker first analyzes marijuana users and how one progresses from a first-time user to a recreational user. Becker describes the process of how marijuana users have become defined as outsiders through the use of a number of social controls designed to limit use and access to the drug as well as designating users as deviants. In his second case study, Becker investigated how deviant subcultures are formed through his observations of jazz musicians. As a group, jazz musicians are not considered law violators like marijuana users, but jazz musicians lead an eccentric lifestyle that separated them from others in society making them feel like outsiders. Through his observations, Becker described the process of becoming a jazz musician as one involving a change in personality in order to adapt to the subculture.

Becker echoed Tannenbaum's (1938) notion that once a person is "tagged" they then reside in a different social world with his idea of a master status that may follow once an individual is labeled. Becker (1963) defines a master status as the role with which an individual is most closely associated. An individual's master status is superior to all other roles with which an individual is associated. The label of sex offender has the potential to become a master status. All other statuses that an individual may associate with (such as spouse, athlete, military officer, etc.) become subordinate to the status of sex offender. A negative master status, such as sex offender, has the power to exclude individuals from legitimate opportunities (such as employment) to reintegrate back into society and making it easier for those individuals to accept the label of sex offender and the negative connotations that come along with it.

Erikson (1966) showed that the labeling of behavior as deviant serves a positive function for those who are doing the labeling. Erikson contends that those who live together in a society cannot fully relate to each other nor appreciate their own standing as a member of that society without having a clear sense of communal boundaries. In other words, to value the experiences that go along with being a part of a group, its members must know what falls outside the realm of social acceptability for that group and what they may fall victim to if they stepped outside that realm. By labeling deviants, a society establishes or reestablishes its moral boundaries. In this sense, deviance is a necessary part of society. Also, by watching how others respond to deviants, individual members of society (particularly younger members) learn about the formal and informal rules of society. Erikson demonstrated this concept in *Wayward Puritans*, a historical analysis of the Puritan Massachusetts Bay Colony in the 17th century. Erikson showed how this colony set up their own community and used the labeling of deviance, highlighted by three crime waves, as a method to reinforce social norms and strengthen solidarity within the community.

While showing how communities can be strengthened through the process of labeling, this historical analysis also provides an example of how individuals can be labeled as a deviant without having actually participated in the deviant behavior. The last crime wave explored by Erikson is the Salem Witch Trials where a number of community members were labeled as practitioners of witchcraft and then subsequently prosecuted, imprisoned, and killed. Becker (1963) referred to this type of labeled individual as a falsely accused deviant because they are labeled and suffer the consequences of their label without having actually committed the deviant behavior.

Stigmatization Following Labeling

Once an individual has been successfully labeled, the rest of society now stigmatizes that individual. The difficulties that stem from being labeled as a deviant are not as much a product of the label that has been applied, but of the stigma that surrounds that label. The term *stigma* was originated by the Greeks to refer to a physical mark that had been placed on someone, usually by cutting or burning, to signify that the person possessed a bad character (Goffman, 1963). Since these individuals possessed a physical marking, the rest of the Greek citizens knew to avoid the stigmatized (such as slaves and criminals) in public (Goffman, 1963). While no longer physically branded, today a stigmatized individual is still one that is believed to possess a negative trait and should be avoided. Goffman (1963) described stigma as "...a trait that can obtrude itself upon attention and turn those of us whom he meets away from him, breaking the claim that his other attributes have on us" (p. 5). Goffman differentiated between three types of stigma. The first are deformities of the body. The second are negative character traits such as mental illness or addiction. The final of Goffman's stigmas are referred to as "tribal stigmas,"

such as race and religion, which are passed on through family and may represent an entire family.

Plummer (1979) offers a different categorization of stigma: stigma that is a product of societal deviance and stigma that is a product of situational deviance. Societal deviance, which could also be considered cultural deviance, suggests that the behavior is deviant based on a societal consensus that the behavior is deviant in general. The stigmatized individual does not have to commit any specific act to have this category of stigma placed upon them because the deviance is considered naturally occurring within the individual, but is in opposition to cultural norms such as homosexuality and mental illness. On the other hand, stigma that is a product of situational deviance is the result of a chosen act or behavior by an individual. An individual who engages in crime is stigmatized as a result of their chosen criminal behavior.

While it can be argued that all offenders are subject to labeling and stigmatization, sex offenders represent a unique subset of offenders that are particularly susceptible due to the sexual nature of their crimes. For instance, in a study of employer attitudes toward hiring ex-offenders, Albright and Denq (1996) found that the willingness to hire ex-offenders was low in general, however, ex-offenders who had been convicted of sexual assault or a sex offense against a child were the least likely to be considered for employment; less likely even than an ex-offender who had been convicted of murder. Even amongst other offenders sex offenders are stigmatized. Within prison communities, sex offenders are ostracized by other offenders and viewed as being on the bottom of the offender hierarchy (Tewksbury, 2012).

The enactment of SORN and residence restrictions has also separated sex offenders from other groups of offenders in terms of stigma. An individual's status as a sex offender is publicized online and also formally announced to the community, facilitating the process of

labeling more so than for other groups of offenders. Studies of registered sex offenders have shown that the offenders perceive themselves to be very highly stigmatized (Mingus & Burchfield, 2012; Tewksbury & Lees, 2006). Garfinkel (1956) contended that a label is the most potent when applied via a public ceremony and sanctioned through a formally recognized institution. This can explain why the label of offender is so powerful because following trial (public ceremony) an offender is formally labeled by the criminal justice system (a formally recognized institution). Garfinkel (1956) referred to this public labeling as status degradation ceremonies. Sex offenders are subject to “status degradation ceremonies” twice: once when convicted as an offender in general and then again by their placement on registries as a sex offender. In both instances the offender is formally labeled by the criminal justice system in a manner that makes the label visible to the public.

The danger of being labeled as a deviant and the attachment of stigma related to that label is that stigma may affect multiple areas of the labeled individual’s life. Once an individual is stigmatized, labeled individuals may find that their life chances (such as income, housing, psychological well-being) are severely diminished due to their loss in social status as well as from structural discrimination surrounding their label (Link & Phelan, 2001). Several scholars have observed that sex offender management policies have helped to further stigmatize sex offenders and have come with a variety of unintended consequences that not only negatively impact their lives, but may also lead to other negative outcomes such as recidivism (Mingus & Burchfield, 2012; Tewksbury & Lees, 2006; Winick, 1998).

Conclusion

This chapter discussed the history and current status of sex offender management policies in the U.S. as well as provided a review of the current literature of these policies in regards to the

unintended consequences for sex offenders and perceptions of these policies amongst the public, sex offenders, and professionals. Labeling theory was also discussed as a framework for understanding the stigmatizing effect of SORN and residence on sex offenders as they attempt to reintegrate into their communities.

A review of the literature revealed that SORN produces multiple unintended consequences for sex offenders such as housing difficulties, employment difficulties, social isolation, emotional suffering, and harassment (Burchfield & Mingus, 2008; Comartin et al., 2010; Levenson & Cotter, 2005a; Levenson et al., 2007; Mercado et al., 2008; Tewksbury, 2005; Tewksbury & Lees, 2006; Tewksbury & Lees, 2007; Tewksbury & Mustaine, 2009; Tewksbury & Zgoba, 2010; Zevitz & Farkas, 2000). Additionally, residence restrictions have been shown to severely limit available housing for sex offenders, often relegating them to disadvantaged and socially disorganized neighborhoods (Applebaum, 2008; Hughes & Burchfield, 2008; Hughes & Kadleck, 2008; Mustaine et al., 2006; Mustaine & Tewksbury, 2011; Zandbergen & Hart, 2006; Zgoba et al., 2008). The unintended consequences of these policies go beyond the sex offenders, by also extending to their families as well (Farkas & Miller, 2007; Levenson & Tewksbury, 2009; Tewksbury & Levenson, 2010).

Surveys of the public have revealed that community members are aware of the ability to access sex offender registries, but only a minority have actually done so (Anderson & Sample, 2008; Kernsmith et al., 2009; Sample et al., 2011). Despite this, the literature also shows that the public is largely in support of the existence of SORN and residence restrictions as well as strongly believing in their effectiveness (Comartin et al., 2009; Levenson et al., 2007; Schiavone & Jeglic, 2009). Surveys of sex offenders have, perhaps unsurprisingly, shown that sex offenders generally perceive the policies that affect them to be unfair (Brannon, Levenson, Fortney, &

Baker, 2007; Elbogen et al., 2003; Levenson & Cotter, 2005a) as well as ineffective in preventing sexual victimization (Brannon et al., 2007; Tewksbury & Lees, 2007). Available research on the attitudes of professionals has shown mixed support for sex offender management policies (Connor, 2012; Levenson et al., 2010; Malesky & Keim, 2001; Meloy et al. 2013; Sample & Kadleck, 2008; Tewksbury & Mustaine, 2012; Tewksbury et al., 2010).

CHAPTER 3: METHODOLOGY

Introduction

The primary goal of this research was to examine the attitudes and beliefs of professionals on issues related to sex offender management policies and the unintended consequences of sex offender management policies. The study was quantitative in nature and utilized a cross-sectional research design with a web-based electronic survey as the method of data collection.

Data for this study originated from voluntary, confidential surveys administered to a national sample of professionals who are members of the American Probation and Parole Association (APPA) or the Association for the Treatment of Sexual Abusers (ATSA). Members of the APPA and ATSA were informed of the online survey through an email invitation from the researcher. The email notified the professionals of the present study, explained the significance of the study as well as the importance of their participation, and provided a link to the survey. The survey remained open for the period of four weeks with three follow-up emails being released once a week at the beginning of the second, third, and fourth weeks the survey is open in order to maximize the response rate.

This chapter discusses the following research elements: research design, data collection procedure, ethical considerations, factor analysis results, sample, factor analysis results, variable measurement, hypotheses, and data analysis strategy.

Research Design

This research was non-experimental in nature because it was not possible for the researcher to manipulate the variables in the study. While the goal of this research was to examine the attitudes of professionals toward sex offending, sex offender management policies, and the

unintended consequences of those policies, this research did not attempt to explain those attitudes or identify the causes or reasons for those attitudes. In order to attain this goal, this research featured a cross-sectional research design since the dependent variables were measured at one point in time only. Essentially, this research provided a snapshot of the attitudes of the professionals at the point-in-time of their participation in the study. Aside from this design's simplicity, it was also cost efficient, as well as being appropriate for research seeking to determine correlations between variables. Although utilizing different modes of data collection, previous empirical research on the perceptions of sex offenders and sex offender management policies have universally relied on a similar cross-sectional approach, regardless of whether it was the perceptions of the general public (Comartin, et al., 2009; Levenson et al., 2007; Schiavone & Jeglic, 2009), sex offenders (Brannon et al., 2007; Elbogen et al., 2003; Tewksbury & Lees, 2007), or professionals (Bumby & Maddox, 2009; Connor, 2012; Levenson et al., 2010; Malesky & Keim, 2001; Meloy et al. 2013; Sample & Kadleck, 2008; Tewksbury & Mustaine, 2012; Tewksbury & Mustaine, 2013; Tewksbury et al., 2011) being examined.

While a longitudinal research design, where the attitudes of professionals would be measured at several points in time, was more desirable in terms of establishing causality and enhancing external validity of the findings, this more sophisticated design was not the most appropriate methodology for the purposes of this research. This research was descriptive in nature and aimed to describe the attitudes of professionals on issues related to sex offender management policies, making a cross-sectional design the more appropriate methods of achieving the goals of this research.

Additionally, longitudinal research is vulnerable to a number of threats to internal validity (Campbell & Stanley 1963). One of these threats, history effects, would have been

especially problematic for this research. History effects refer to external events occurring during data collection that can affect a study's results (Campbell & Stanley, 1963). By examining the perceptions of professionals over multiple points in time, the possibility of external events influencing the perceptions of the study's participants was increased. These external events could have come in the form of high profile sex offenses being reported by the media, which has been shown to influence public perceptions of sex offenders (Maguire & Singer, 2011; Zgoba, 2004).

In order to carry out this research a survey of professionals was utilized. Surveys are a useful tool for measuring the attitudes and beliefs of participants as well as describing their characteristics (Withrow, 2013). Through a survey, this research was able to quantify and measure the attitudes of professionals. Surveys are also an appropriate method of carrying out research when the individual is the unit of analysis. In this research, the unit of analysis was the individual criminal justice professional. The data collection instrument (see Appendix A) was developed specifically for the current study in order to measure the attitudes of professionals on issues related to sex offender management policies with items designed by the researcher as well as the incorporation of items considered significant by the researcher from prior research on sex offending and sex offender management policies (Bumby & Maddox, 2009; Levenson & Tewksbury, 2009; Levenson, et al., 2010; Malesky & Keim, 2001; Olver & Barlow, 2009; Pickett, Mancini, & Mears, 2013; Schiavone & Jeglic, 2009; Tewksbury, 2005; Tewksbury et al., 2011).

While the data collection method for this research was a survey, the specific mode used was that of an electronic, web-based, questionnaire that the participants accessed through a URL provided to them through email. Prior research on the perceptions of professionals toward sex offenders and sex offender management policies have utilized electronic surveys in the past as

either their primary source of data collection (Tewksbury et al., 2011) or in conjunction with another method (Gaines, 2006; Tewksbury & Mustaine, 2012, 2013). Utilizing a web-based questionnaire was advantageous for the purposes of this research for a number of reasons. First, the sample of professionals surveyed was a national sample from across the U.S. and a web-based questionnaire allowed for an inexpensive method of reaching this sample. Also, due to the inexpensive cost of administering online surveys, it was feasible to send a number of follow-up communications to help increase the response rate and sample size. Additionally, as the web-questionnaire was completed online, the questionnaire was delivered to the participants instantaneously as well as the completed survey data returned to the researcher as soon as the participant finished the questionnaire. Lastly, as responses are automatically entered into a database following the completion of each survey, the potential for coding errors are minimized (Rhodes, Bowie, & Hergenrather, 2003; Zhang, 1999)

The primary population used for this study was U.S. professionals who are currently members of the APPA or the ATSA. Through partnerships with the APPA and ATSA, the sample of participants was gathered from the membership rosters of both organizations. During the data collection period, five participants contacted the researcher with a request to forward the invitation email to others within their own professional networks that they believed would be interested in participating in the study. While this was not a planned part of the research protocol, this amendment to the data collection procedure was considered appropriate as it allowed for the survey to reach a wider audience of professionals.

The APPA is an international organization with membership open to individuals and agencies (local, county, state, and federal) actively involved in probation, parole, and community corrections, as well as interested students, educational institutions, corporations, and citizens.

The APPA has been successfully used to gather samples in past research involving issues related to sex offender management policies. Payne and DeMichele (2010) used the APPA's bi-weekly electronic news bulletin to invite probation and parole officers to complete an electronic survey on their attitudes toward electronic monitoring of sex offenders. Tewksbury et al. (2011) gathered a sample of community corrections officers from the APPA mailing list as well as those members who received the APPA newsletter to complete an electronic survey on their attitudes toward sex offender management policies. The APPA has also been successfully used to gather samples for research other than that concerning sex offending such as discretionary decision-making among probation and parole officers (Jones & Kerbs, 2009; Kerbs, Jones, & Jolley, 2009) and probation strategies with juvenile offenders (Maschi & Schwalbe, 2012; Schwalbe & Maschi, 2009).

In contrast, the ATSA is an international organization with members from multiple disciplines who either provide direct clinical services to sex offenders, conduct research related to sex offending, work in sex abuse prevention, work in the management of sex offenders, provide treatment to the victims of sex abuse, work in a non-clinical capacity with sex offenders such as within the criminal justice system, or are students pursuing a future career related to the study or treatment of sex offenders. The ATSA has been successfully used to gather samples in past research related to sex offender management policies. Malesky and Keim (2001) surveyed mental health professionals who were members of the ATSA through the mail on their attitudes toward online sex offender registries. The ATSA has also been successfully used to gather samples for research about sex offending, but not having to do specifically with sex offender management policies such as research on perceptions of child sexual abusers (Fuselier et al., 2002), attitudes about treatment and recidivism of sex offenders (Engle, McFalls, & Gallagher,

2007), and vicarious trauma in clinicians who treat sex offenders and survivors of sexual abuse (Way, VanDeusen, Martin, Applegate, & Jandle, 2004).

While members of both the APPA and the ATSA have been surveyed in the past for sex offender-related research, there is still more to be learned from the members of these two organizations. The most recent survey of members of the ATSA on their attitudes toward sex offender management policies is more than a decade old (Malesky & Keim, 2001). While members of the APPA have been surveyed more recently (Payne & DeMichele, 2010; Tewksbury et al., 2011) on issues relating to sex offender management policies, these studies focused on specific groups of professionals who were members of this organization, where the proposed research will examine the attitudes of multiple actors within the criminal justice system. Additionally, no studies were identified that examined the attitudes of the members of the APPA or ATSA toward the unintended consequences of sex offender management policies, an area that was a focus of the current study.

Data Collection Procedure

For the purpose of this study a self-administered, web-based survey questionnaire, was used for data collection. An email invitation (see Appendix B) to participate in the study was sent out to all individual members of the APPA and ATSA by an intermediary at each organization. This email invitation contained a description of the study, the purpose of the study, why the study is important, why the study would benefit from the participation of those emailed, an assurance that the data gathered from the participants would be kept confidential, contact information for the researcher, directions for accessing the questionnaire, and the URL that the participants would use to access the questionnaire. After following the URL provided in the initial invitation email, the participants were connected to the web-based survey. The survey was

hosted through SurveyMonkey, an online survey creation website, which allowed participants receiving the initial contact email to complete the questionnaire through their website.

Prior to the start of the survey, participants viewed a consent page (see Appendix C) with the request to voluntarily participate in the study, as well as all of the information provided in the invitation email. In order to grant their consent and proceed to the actual survey, the participants were required to check a box indicating that they wished to proceed with the survey. The participants could also check a box indicating that they did not want to participate in the study, which would exit them from the survey. The participants were made aware on this consent page that no identifiable information, including their email address will link the participants to any product created from this research.

In order to maximize the response rate for the study, the intermediaries at the APPA and ATSA sent a follow-up email to all members of the organizations once a week at the beginning of the second, third, and fourth weeks that the URL to access the survey was active. These follow-up emails reminded the participants of the opportunity to participate in the research as well as the value that their participation could potentially add to the study. The APPA also allowed for follow-up invitations to be posted on the organizations Facebook and LinkedIn social media pages.

Ethical Considerations

Prior to data collection, Institutional Review Board (IRB) approval was gained to ensure the ethical integrity of the research plan. The current study was designed with a number of ethical considerations in mind, including voluntary and informed consent, risk to the participants, and confidentiality of the participants. The request to participate in this research was not expected by the members of the APPA and ATSA, and their participation required a portion of

their time and energy, therefore, it was important that the participants were aware that their participation was entirely voluntary and that the participants were able to make an informed decision to participate. No incentives were used to encourage participation in the present student. While the invitation email sent to the potential participants described the research study in full, prior to starting the survey, the participants viewed a page for them to provide their consent to participate. This consent page provided similar information found in the invitation email including a description of the research, why the potential participants had been invited to participate, the role of the participants in the research, the value of their participation, potential risks of participating, the voluntary nature of the research, an assurance of confidentiality, and the contact information of the researcher. The consent page was written in English and the participating individuals were required to grant their consent by clicking a box indicating that wished to participate in this study before they could move on to begin the survey. As this was a sample of professionals within the field of criminal justice, it is unlikely that they would have had difficulty understanding the details provided on this page, however, they were still encouraged to use the contact information provided to contact the researcher with any questions or concerns.

Another fundamental ethical consideration was that of protecting everyone involved with the research from harm. This research provided no risk of harm to the researcher. The potential risk to the individuals participating in this research was minimal. Although sex offending is a sensitive topic, the questions asked in the data collection instrument were not of a sensitive nature. Additionally, as the target population of this research was professionals who likely have direct contact with sex offenders as part of their professions, it could be assumed that they were less likely to have an emotional reaction to these questions than if they were presented to the

general public. However, while risk of any emotional effects was low, the potential still existed that some questions could possibly cause participants to feel uncomfortable. The likelihood of emotional harm to the participants was minimized by informing the potential participants in the initial invitation email and the consent page of the survey of the subject matter and types of questions they would be asked if they choose to participate. Additionally, it was made clear to the participants in the invitation email and consent page that their participation in this study was completely voluntary and that they could choose to cease participation in the study at any time.

Finally, ensuring the privacy of the participants in this research and the security of the information gained from the participants was of utmost importance. The participants were ensured of the confidential nature of this research in both the invitation email and the informed consent page of the survey. The online surveys for this research were completed through SurveyMonkey. In order to access the data as it was being collected through this website, a password was required that only the researcher knew. Once the data collection period was over, the data on the website were transferred to the personal computer of the principal investigator and all data was deleted from SurveyMonkey. The personal computer of the primary investigator was only accessed by the primary investigator as well as being password protected. As an additional safeguard, all data files were encrypted and password protected.

Sample

A total of 274 respondents accessed the survey through SurveyMonkey, however, two respondents declined to provide consent and 24 respondents consented, but did not complete the survey. The final sample consisted of 248 participants. Of the respondents, 60% reported being a member of only the APPA, while 21% indicated membership in only the ATSA. The remaining participants reported being a member of both organizations (8%) or not being a member of either

organization (11%). It can be assumed that those participants who reported not being a member of either organization were those who were referred to the survey by members of the APPA or ATSA who had received the initial survey invitation. An accurate response rate could not be calculated for two reasons. First, the researcher did not have direct access to the membership rosters of the APPA and the ATSA. In order to gain access to the members of the two organizations, it was required that an intermediary within each organization distribute the survey invitation emails, as well as the follow-up invitation emails, through the list-servs of the organizations. Neither the APPA nor the ATSA were able to determine how many of their members actually received or read the survey invitation. Second, without direct access to the membership rosters, it was not possible to account for the extent of cross-over membership between the two organizations.

In general, previous studies concerning the perceptions of sex offenders and sex offender management policies have suffered from low response rates (Kernsmith et al., 2009; Levenson & Tewksbury, 2009; Tewksbury, 2004; Tewksbury, 2005; Tewksbury & Mustaine, 2012) and relatively small sample sizes (Bumby & Maddox, 1999; Malesky & Keim, 2001; Redlich, 2001; Sanghara & Wilson, 2006; Tewksbury & Mustaine, 2012; Weekes et al., 1995). Table 3 illustrated the sample sizes of all quantitative research cited in Chapter 2 of this study that utilized a survey to explore the perceptions of professionals toward sex offenders and sex offender management policies. The sample size of the present study was larger than or at least similar to the majority of the relevant studies. The number of respondents in the current study provided a solid foundation to explore the perceptions of professionals toward sex offenders and sex offender management policies.

Table 3: Sample sizes of quantitative studies utilizing a survey to measure the attitudes of professionals toward sex offenders and sex offender management policies

<i>Authors</i>	<i>N</i>
Bumby & Maddox (1999)	42
Sanghara & Wilson (2006)	60
Redlich (2001)	78
Tewksbury & Mustaine (2012)	80
Weekes et al. (1995)	82
Malesky & Keim (2001)	133
Fuselier et al. (2002)	144
Zevitz & Farkas (2000)	188
Tewksbury & Mustaine (2013)	209
Current Study	248
Fortney et al. (2009)	264
Datz (2009)	259
Levenson et al. (2010)	261
Balow & Conley (2008)	307
Nelson et al. (2002)	437
Tewksbury et al. (2011)	716

Sample Characteristics

The demographic characteristics of the sample are presented in Table 4. In general, the sample consisted of whites (90%) females (58%) who were in their mid-40s. Most respondents were also married (68%) and had children (72%). Additionally, over half of the sample obtained a graduate or professional degree and report an annual household income over \$80,000. The geographical locations varied with the respondents living in the South (39%), followed by the Midwest (26%), the West (20%), and the Northeast (16%). Lastly, 41% of respondents identified themselves as liberal (slightly liberal, liberal, or extremely liberal), 31% identified themselves as conservative (slightly conservative, conservative, or extremely conservative), and 29% of participants identified themselves as being politically moderate.

The non-clinical professionals and clinical specialists differed significantly on age, education, yearly household income, parental status of children under the age of 18, and political orientation, but not sex, race, marital status, parental status, or region (see Table 4). The non-clinical professionals were significantly more likely than the clinical specialists to be younger, have less education, have a lower yearly household income, not be the parent of a child under the age of 18 years old, and identify as politically conservative.

Table 4: Demographic characteristics of sample

<i>Demographic Characteristics</i>	<i>Overall</i>		<i>Non-Clinical</i>		<i>Clinical</i>	
	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>
Sex						
Male	42%	89	41%	67	43%	16
Female	59%	124	59%	95	57%	21
Age*						
20-29	3%	6	3%	5	0%	0
30-39	21%	42	21%	31	25%	9
40-49	37%	73	44%	65	11%	4
50-59	26%	51	25%	37	22%	8
60-69	13%	26	6%	9	39%	14
70-79	1%	2	1%	1	3%	1
<i>M, SD</i>	47.35; 9.85		46.01, 8.68		52.53, 12.04	
Race/ethnicity						
White	90%	195	88%	145	92%	35
Non-white	10%	22	12%	19	8%	3
Education***						
Some college	1%	2	1%	2	0%	0
Associate degree	2%	5	3%	5	0%	0
Bachelor's degree	45%	100	58%	97	5%	2
Graduate or professional degree	51%	113	38%	63	95%	36
Yearly household income***						
\$20,000 to \$39,999	4%	8	4%	7	3%	1
\$40,000 to \$59,999	16%	34	19%	31	3%	1
\$60,000 to \$79,999	22%	47	23%	37	14%	5
\$80,000 to \$99,999	16%	34	18%	29	11%	4
\$100,000+	42%	90	36%	59	69%	24
Marital status						
Married	68%	149	67%	111	76%	28
Not married	32%	69	33%	55	24%	9
No	28%	60	28%	47	22%	8

* $p < .05$; ** $p < .01$; *** $p < .001$. Otherwise, not statistically significant.

Table 4: Demographic characteristics of sample (continued)

<i>Demographic Characteristics</i>	<i>Overall</i>		<i>Non-Clinical</i>		<i>Clinical</i>	
	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>
Parent						
Yes	73%	158	72%	119	78%	29
No	28%	60	28%	47	22%	8
Parent of child under 18*						
Yes	61%	96	65%	77	45%	13
No	39%	62	35%	42	55%	16
Region						
Northeast	16%	32	12%	19	21%	7
Midwest	26%	54	25%	39	32%	11
South	39%	79	44%	69	29%	10
West	20%	40	20%	31	18%	6
Political views***						
Liberal	41%	87	28%	46	76%	29
Moderate	29%	62	35%	57	11%	4
Conservative	31%	68	37%	61	13%	5

* $p < .05$; ** $p < .01$; *** $p < .001$. Otherwise, not statistically significant.

The professional characteristics of the sample were presented in Table 5. The respondents reported being employed in their current profession for an average of 14 years. Approximately 84% of respondents reported that they have contact with sex offenders as part of their profession. Of those reporting having contact with sex offenders, 35% reported interacting with sex offenders at least once a day, 33% at least once per week, 17% at least once per month, and 16% less often than once per month. While a large majority of respondents have contact with sex offenders, only a little more than one-third (38%) reported providing some type of treatment to sex offenders. Of those respondents who provide treatment to sex offenders, 82% reported providing treatment primarily to sex offenders, while 15% reported providing treatment to sex offenders and victims equally, and only 4% reported providing treatment primarily to victims.

Finally, the non-clinical professionals and clinical specialists differed significantly on whether or not they have contact with sex offenders and whether or not they provide treatment, but there were no significant differences regarding tenure in current profession, frequency of

contact with sex offenders, or primary treatment recipient if the professional does provide treatment services (see Table 5). The non-clinical professionals were significantly less likely than the clinical specialists to have contact with sex offenders and provide treatment services.

Table 5: Professional characteristics of sample

<i>Professional Characteristics</i>	<i>Overall</i>		<i>Non-Clinical</i>		<i>Clinical</i>	
	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>
Tenure in current profession (years)						
0-4	16%	35	15%	23	22%	8
5-9	24%	52	24%	38	27%	10
10-14	17%	37	18%	29	11%	4
15-19	16%	34	19%	30	5%	2
20-24	13%	29	15%	23	16%	6
25-29	7%	16	9%	14	5%	2
30+	7%	15	1%	2	14%	5
<i>M, SD</i>	13.68; 8.92		14.08; 8.48		13.92; 11.14	
Contact with sex offenders*						
Yes	84%	184	82%	137	97%	37
No	16%	36	18%	30	3%	1
Frequency of contact with sex offenders						
At least once a day	35%	63	33%	45	43%	16
At least once a week	33%	60	31%	42	35%	13
At least once a month	17%	30	17%	23	14%	5
At least once every three months	8%	15	9%	12	8%	3
Less than once every three months	8%	14	10%	13	0%	0
Provide treatment***						
Yes	38%	83	28%	46	82%	31
No	62%	137	72%	121	18%	7
Primary treatment recipient						
Sex offenders	82%	68	89%	100%	77%	24
Victims	4%	3	4%	0%	3%	1
Sex offenders and victims equally	15%	12	7%	0%	19%	6

* $p < .05$; ** $p < .01$; *** $p < .001$. Otherwise, not statistically significant.

Factor Analysis & Variable Measurement

In the current study the effects of profession within the criminal justice system was investigated on three dependent variables: attitudes toward sex offender management policies, attitudes toward the unintended consequence of sex offender management policies, and attitudes

toward the acceptability of those unintended consequences. As attitudes are complex and cannot be readily measured through a single item, exploratory factor analysis was conducted on several variables in this study in an attempt to construct scales to measure the variables of interest. The results of these exploratory factor analyses along with the measurement of all variables of interest were presented in the sub-sections below.

Dependent Variable: Attitudes Toward Sex Offender Management Policies

Surveys of the public have shown a strong belief that sex offender management policies are successful in reducing sexual victimization (Comartin et al., 2009; Levenson et al., 2007; Schiavone & Jeglic, 2009), however surveys of professionals have been less supportive of this notion (Connor, 2012; Levenson et al., 2010; Malesky & Keim, 2001; Meloy et al. 2013; Tewksbury & Mustaine, 2012; Tewksbury & Mustaine, 2013; Tewksbury et al., 2011). The survey contained 11 items addressing attitudes toward current sex offender management policies. Seven of the eleven items correlated, .4 or higher, with at least one other item, suggesting reasonable factorability. The items that did not meet this standard (*I have searched the online sex offender registry to identify sex offenders in my neighborhood, A significant number of individuals access the online sex offender registry to identify sex offenders in their neighborhood, Individuals who are not parents or guardians are unlikely to access the online sex offender registry to identify sex offenders in their neighborhood, and A motivated sex offender will reoffend despite any sex offender management policies currently in place*), were not included in the analysis. The diagnostics of the Kaiser-Meyer-Olkin (KMO), Bartlett's Test of Sphericity, diagonals of the anti-image correlation matrix, and communalities were all above the recommended thresholds.

A principle components factor analysis of the remaining seven items was conducted with two factors emerging with eignvalues above 1 that explained 69% of the total variance. At this stage of the analysis, one item (*I believe that registration and community notification gives the public a false sense of security*) was eliminated because it did not have a primary factor loading over .5. The principle components factor analysis was run again without this item, using varimax and oblimin rotations, with two factors (sex offender management policy support and attitudes toward deterrence) again emerging with eigenvalues above 1 that now explained 75% of the total variance (Table 6). The oblimin rotation provided the best-defined factor structure.

The variables in each factor were combined into a composite score, thus creating two scales for this variable. The composite scores were then divided by the number of variables in each respective factor in order to preserve the scales used to capture the individual items (1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree). Factor 1, measuring **Sex Offender Management Policy Support**, includes four items that explain 54% of the variance and maintain an eigenvalue of 3.25. The sex offender management policy support scale had a range of 1 to 5 with a mean of 2.3 ($n = 239$; $SD = .98$.) and a Cronbach alpha of .84. Higher scores on this scale indicated support for current sex offender management policies (registration, notification, and residence restrictions).

Factor 2, measuring **Attitudes Toward Deterrence**, contains two items that explain 21% of the variance and maintain an eigenvalue of 1.23. The deterrence scale had a range of 1 to 4 with a mean of 2.2 ($n = 240$; $SD = .77$) and a Cronbach alpha of .82. As it is recommended (Costello & Osbourne, 2005; Raubenheimer, 2004) that factors containing less than three items should not be utilized, the attitudes toward deterrence scale was not used in the analysis. Instead each item was investigated as a single measure. Subsequent bivariate analyses revealed no

significant difference between the attitudes of non-clinical professionals and clinical specialists on the first item, measuring belief of the respondents that Internet registries have a specific deterrent effect on sex crimes. A significant difference between the professional groups was found on the second item, measuring belief of the respondents that Internet registries have a general deterrent effect on sex crimes, as non-clinical professionals were revealed to be significantly more likely ($p < .05$) to believe in a general deterrent effect of Internet registries than the clinical specialists. As discussed below, the second item was employed as a control variable in the multivariate analyses.

Table 6: Attitudes toward sex offender management policies factor analysis

<i>Item</i>	<i>Factor Loading (Lambda)</i>
Factor One: Sex Offender Management Policy Support	
I would support sex offender residence restriction laws even if there is no scientific evidence that they reduce sex offenses	.93
I would support sex offender registration and notification policies even if there is no scientific evidence showing they reduce sex offenses	.86
I believe that residence restrictions for sex offenders are effective in preventing sex offenses	.83
I believe that sex offender registration and notification is effective in preventing sexual victimization	.61
Factor Two: Attitudes Toward Deterrence	
A public registry of sex offenders on the Internet deters registered offenders from committing additional sex crimes because the offenders believe they are being closely monitored	.92
A public registry of sex offenders on the Internet will deter individuals from committing sex crimes with the threat of being caught and placed on the registry	.91

Dependent Variable: Attitudes Toward the Collateral Consequences of Sex Offender Management Policies

In prior research, both sex offenders (Jeglic et al., 2012; Levenson & Cotter, 2005a; Levenson et al., 2007; Mercado et al., 2008; Tewksbury, 2005; Tewksbury, 2013; Tewksbury &

Lees, 2006; Tewksbury & Mustaine, 2009; Tewksbury & Zgoba, 2010; Zevitz & Farkas, 2000b) and the families of sex offenders (Comartin et al., 2010; Levenson & Tewksbury, 2009; Tewksbury & Humkey, 2010; Tewksbury & Levenson, 2009) have reported experiencing a variety of collateral consequences due to current sex offender management policies. Little research, however, has focused on how professionals perceive the unintended consequences that stem from current sex offender management policies (Datz, 2009; Gaines, 2007; Meloy et al., 2013). The survey contained 28 items addressing attitudes toward the collateral consequences of current sex offender management policies in terms of how strongly the participants agree that a sex offender may experience certain consequences when reintegrating back into their communities. All of the items correlated, .4 or higher, with at least one other item, suggesting reasonable factorability. The diagnostics of the Kaiser-Meyer-Olkin (KMO), Bartlett's Test of Sphericity, diagonals of the anti-image correlation matrix, and communalities were all above the recommended thresholds.

A principle components factor analysis of the remaining nine items was conducted with four factors (loss, threats and harassment, emotional and psychological, and residence restrictions) emerging with eignenvalues above 1 that explained 73% of the total variance. At this stage of the analysis, six items (*Not applying for job due to belief that employer would not hire a registered sex offender, One or more spouse or significant others has ended a relationship, Being treated differently by co-workers, Family members have sustained emotional harm, Dependent family members have experienced financial difficulties, and Dependent family members have experienced difficulty finding or maintaining housing*) were eliminated because they did not have a primary factor loading over .5. The principle components factor analysis was run again without these items, again producing four factors. At this stage of the analysis, the item

Being verbally harassed or threatened in person loaded similarly across the first two factor (.50 and .57, respectively) and was thus dropped from the analysis. The principle components factor analysis was run again without this item, using varimax and oblimin rotations, with four factors emerging with eigenvalues above 1 that now explained 78% of the total variance (Table 7). The oblimin rotation provided the best-defined factor structure.

The four factors revealed here echo the consequences reported by sex offenders and the families of sex offenders in earlier research. The variables in each factor were combined into a composite score, thus creating four scales for this variable. The composite scores were then divided by the number of variables in each respective factor in order to preserve the scales used to capture the individual items (1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree). Factor 1, measuring beliefs in collateral consequences involving **Loss**, includes six items that explain 53% of the variance and maintain an eigenvalue of 11.14. The loss scale had a range of 2.7 to 5 with a mean of 4.4 ($n = 236$; $SD = .5$.) and a Cronbach alpha of .92. Higher scores on this scale are indicative of a belief that sex offenders may experience collateral consequences involving loss of such things as housing, employment, and relationships when attempting to reintegrate back into their communities. Factor 2, measuring beliefs in collateral consequences involving **Threats and Harassment**, contains six items that explain 12% of the variance and maintain an eigenvalue of 2.5. The threats and harassment scale had a range of 1.3 to 5 with a mean of 3.7 ($n = 234$; $SD = .84$) and a Cronbach alpha of .94. Higher scores on this scale indicate a belief that sex offenders may experience collateral consequences in the form of threats and harassment when attempting to reintegrate back into their communities. Factor 3, measuring beliefs in collateral consequences involving **Emotional and Psychological** issues, includes five items that explain 8% of the variance and

maintain an eigenvalue of 1.66. The emotional and psychological issues scale had a range of 1 to 5 with a mean of 4.2 (n = 234; SD = .66) and a Cronbach alpha of .92. Higher scores on this scale are indicative of a belief that sex offenders may experience collateral consequences in the form of emotional and psychological issues when attempting to reintegrate back into their communities. Factor 4, measuring beliefs in collateral consequences involving **Residence Restrictions**, contains four items that explain 5% of the variance and maintain an eigenvalue of 1.12. The residence restrictions scale had a range of 2 to 5 with a mean of 4.1 (n = 236; SD = .72) and a Cronbach alpha of .9. Higher scores on this scale indicated a belief that sex offenders may experience collateral consequences involving residence restrictions preventing the offenders from living close to aids that may facilitate their reintegration back into their communities including supporting family members and employment opportunities.

Table 7: Belief in collateral consequences factor analysis

<i>Item</i>	<i>Factor Loading (Lambda)</i>
Factor One: Loss	
Loss of a job	.86
Loss or denial of housing	.85
Being denied employment	.79
One or more family members have ceased contact	.70
One or more friends have ceased contact	.69
Being forced to move due to residence restrictions	.58
Factor Two: Threats and Harassment	
Family members have been harassed or threatened	-.90
Suffered property damage or vandalism	-.90
Received harassing or threatening communications	-.88
Being physically assaulted	-.88
Family members have had property damaged or vandalized	-.87
Factor Three: Emotional and Psychological	
Feeling lonely or isolated	-.92
Feeling depressed	-.84
Difficulty forming new friendships or relationships due to not wanting them to learn about sex offender status	-.82
Feeling shame or embarrassment	-.80

Table 7: Belief in collateral consequences factor analysis (continued)

<i>Item</i>	<i>Factor Loading (Lambda)</i>
Factor Three: Emotional and Psychological (continued)	
Feeling stressed	-.78
Factor Four: Residence Restrictions	
Having to live farther away from employment opportunities due to residence restrictions	-.86
Living farther away from social services or treatment due to residence restrictions	-.85
Difficulty finding affordable housing that is in compliance with residence restrictions	-.79
Being unable to live with supportive family members due to residence restrictions	-.60

Dependent Variable: Attitudes Toward the Acceptability of Collateral Consequences of Sex Offender Management Policies

Little research exists on the perceived acceptability of collateral consequences related to current sex offender management policies. In one study, a majority of community members found collateral consequences such as property damage, physical assault, harassment, loss of housing, and inability to live with supportive family members due to residence restrictions to be unfair byproducts of current sex offender management policies (Schiavone & Jeglic, 2009). Available studies on the perceptions of professionals have generally focused on the fairness of current sex offender management policies as a whole (Levenson et al., 2010; Tewksbury et al., 2011; Tewksbury & Mustaine, 2012), with no specific attention paid to the fairness or acceptability of the collateral consequences that current sex offender management policies may create for the offenders as they attempt to reintegrate back into the community. The survey contained 28 items addressing attitudes toward the acceptability of the collateral consequences of sex offender management policies that sex offenders may experience. This is the same set of items utilized in the previous factor analysis for belief that sex offenders experience collateral consequences due to current sex offender management policies. All of the items correlated, .4 or

higher, with at least one other item, suggesting reasonable factorability. The diagnostics of the Kaiser-Meyer-Olkin (KMO), Bartlett's Test of Sphericity, diagonals of the anti-image correlation matrix, and communalities were all above the recommended thresholds.

A principle components factor analysis of all 28 items, using varimax and oblimin rotations was conducted, with three factors (housing and employment, threats and harassment, and emotional and psychological) emerging with eigenvalues above 1 that explained 72% of the total variance (Table 8). The oblimin rotation provided the best-defined factor structure.

The variables in each factor were combined into a composite score, thus creating three scales for this variable. The composite scores were then divided by the number of variables in each respective factor in order to preserve the scales used to capture the individual items (1 = very unacceptable, 2 = unacceptable, 3 = neither acceptable nor unacceptable, 4 = acceptable, 5 = very acceptable). Factor 1, measuring acceptability of collateral consequences involving **Housing and Employment**, includes nine items that explain 54% of the variance and maintain an eigenvalue of 15. The housing and employment scale had a range of 1 to 4.8 with a mean of 2.5 ($n = 218$; $SD = .88$.) and a Cronbach alpha of .95. Higher scores on this scale indicated greater acceptability for collateral consequences involving housing and employment that sex offenders may experience when reintegrating back into their communities. Factor 2, measuring acceptability of collateral consequences involving **Threats and Harassment** contains ten items that explain 13% of the variance and maintain an eigenvalue of 3.75. The threats and harassment scale had a range of 1 to 4 with a mean of 1.8 ($n = 215$; $SD = .66$) and a Cronbach alpha of .95. Higher scores on this scale indicated greater acceptability for collateral consequences involving threats and harassment that sex offenders may experience when reintegrating back into their communities. Factor 3, measuring acceptability of collateral consequences involving **Emotional**

and Psychological issues contains nine items that explain 5% of the variance and maintain an eigenvalue of 1.47. The emotional and psychological scale had a range of 1 to 5 with a mean of 3 (n = 217; SD = .79) and a Cronbach alpha of .95. Higher scores on this scale indicated greater acceptability for collateral consequences involving emotional and psychological issues sex offenders may experience when reintegrating back into their communities.

Table 8: Acceptability of collateral consequences factor analysis

<i>Item</i>	<i>Factor Loading (Lambda)</i>
Factor One: Housing and Employment	
Loss or denial of housing	.87
Being forced to move due to residence restrictions	.86
Loss of a job	.86
Having to live farther away from employment opportunities due to residence restrictions	.85
Being denied employment	.83
Being unable to live with supportive family members due to residence restrictions	.83
Difficulty finding affordable housing that is in compliance with residence restrictions	.82
Living farther away from social services or treatment due to residence restrictions	.78
Not applying for job due to belief that employer would not hire a registered sex offender	.52
Factor Two: Threats and Harassment	
Family members have had property damaged or vandalized	-.99
Family members have been harassed or threatened	-.96
Suffered property damage or vandalism	-.94
Being physically assaulted	-.90
Received harassing or threatening communications	-.86
Being verbally harassed or threatened in person	-.72
Being afraid for own safety	-.63
Dependent family members have experienced difficulty finding or maintaining housing	-.63
Dependent family members have experienced financial difficulties	-.63
Family members have sustained emotional harm	-.60

Independent Variable: Profession

The independent variable of interest was profession. Sixty-four percent of the sample is comprised of community corrections professionals (community corrections, parole, or probation officers), 17% are clinical specialists (psychologists/psychiatrists, professional counselors, or therapists), 12% are administrators within a criminal justice agency, and 7% are another profession ranging from attorney to professor. Profession was coded where 0 represented non-clinical professionals (community corrections professionals and administrators within a criminal justice agency) and 1 represented clinical specialists.

Control Variable: Belief in the Cause of Sex Offending

A long-standing belief exists that sex offenders are monstrous or evil, which could be seen as a justification for stricter laws utilized to manage this population of offenders (Dougard, 2008; Mancini & Pickett, 2014; Pickett et al., 2013; Quinn, Forsyth, & Mullen-Quinn, 2010). Views on the causes of this monstrous behavior can be seen as early as the 1950s, when Sutherland (1950) wrote that sex offenders suffer from a “mental malady” that leaves these offenders with no control over their sexual impulses. No consensus exists, however, on the actual cause of sex offending. More recently, the public has held the viewpoint that sex offending is a product of the moral depravity of the offenders (Spencer, 2009). There have been few studies that have taken into account how views related to the causes of sex offending may influence attitudes toward sex offender management policies, but the existing studies have shown that the belief that sex offending is caused by dispositional factors (such as selfishness) is a significant predictor of punitive attitudes toward sex offenders (Mancini & Pickett, 2014; Pickett et al., 2013). No studies exist that have explored the views of professionals who interact with sex offenders towards the causes of sex offending, whether professionals endorse the same

views as the general public, or how these views may influence attitudes toward sex offender management policies. The current study aims to fill in this void of understanding.

The survey contained 7 items addressing beliefs in the causes of sex offending. Six of the seven items correlated, .4 or higher, with at least one other item, suggesting reasonable factorability. The item that did not meet this standard, *Rejection*, was not included in the analysis. The diagnostics of the Kaiser-Meyer-Olkin (KMO), Bartlett's Test of Sphericity, diagonals of the anti-image correlation matrix, and communalities were all above the recommended thresholds.

A principle components factor analysis of the remaining six items, using varimax and oblimin rotations was conducted. Two factors (predisposition and lack of virtue) emerged with eigenvalues above 1 that explained 63% of the total variance (Table 9). The oblimin rotation provided the best-defined factor structure. The variables in each factor were combined into a composite score, thus creating two scales for this variable. The composite scores were then divided by the number of variables in each respective factor in order to preserve the scales used to capture the individual items (1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree). Factor 1, **Predisposition**, includes three items that explain 42% of the variance and maintain an eigenvalue of 2.54. The predisposed scale of causes of sex offending had a range of 1.2 to 5 with a mean of 3.5 (n = 243; SD = .86) and a Cronbach alpha of .64. Higher scores on this scale indicated a belief that sex offending is caused by factors that sex offenders cannot control including mental illness, genetics, and suffering past abuse themselves. Factor 2, **Lack of Virtue** also contains three items that explain 21% of the variance and maintain an eigenvalue of 1.23. The lack of virtue scale of causes of sex offending had a range of 1 to 5 with a mean of 3 (n = 243; SD = .8) and a Cronbach alpha of .69. Higher scores

on this scale indicated a belief that sex offending is a choice of the sex offenders due the offender's own selfishness, lack of morality, or use of pornographic material. These could also be viewed as dispositional traits possessed by sex offenders that define their character or personality as immoral.

Although the alpha values of the first factor (.64) was less than the conventional .70 threshold for "acceptable" reliability, this measure was appropriate as this study was exploratory (in that it focuses on the overall perceptions of professionals) and alpha values of at least .60 are viewed as sufficient for exploratory research (Nunnally & Bernstein, 1994). Additionally, alpha values are significantly affected by the number of items within the factor (Cortina, 1993; Sijtsma, 2009), thus only having three items within this factor may account for the lower alpha value of the factor.

Table 9: Causes of sex offending factor analysis

<i>Item</i>	<i>Factor Loading (Lambda)</i>
Factor One: Predisposed	
Mental Illness	.84
Biology/Genetics	.77
Past Abuse	.67
Factor Two: Lack of Virtue	
Selfishness	.95
Morality	.76
Pornography Exposure	.54

Control Variable: Punishment Philosophy

Punishment philosophy was assessed using two methods: scales measuring general attitudes toward rehabilitative and traditional punishment philosophies and a single item measuring belief in the general deterrent effect of online sex offender registries.

The first measure of punishment philosophy utilized a series of 17 statements asking respondents about the best way to reduce crime. These statements represented both rehabilitative and traditional (deterrence, incapacitation, and retribution) punishment philosophies. The statements in this series were adapted and modified from the work of Young and Taxman (2004), who developed the original scale based on the works of Cullen, Latessa, Burton, and Lombardo (1993), Applegate, Cullen, and Fischer (1997), and Cullen, Fischer, and Applegate (2000). The items measuring each punishment philosophy were combined into a composite score, thus creating two scales for this variable. The composite scores were then divided by the number of variables in each respective factor in order to preserve the scales used to capture the individual items (1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree). The traditional punishment philosophy scale had a range of 1.29 to 4.43 with a mean of 2.36 (n = 247; SD = .65) and a Cronbach alpha of .85. Higher score on this scale indicated agreement with traditional punishment philosophies (deterrence, retribution, and incapacitation). The rehabilitative punishment philosophy scale had a range of 2.29 to 5 with a mean of 4.55 (n = 247; SD = .48) and a Cronbach alpha of .80. Higher score on this scale indicated agreement with a rehabilitative punishment philosophy.

The second measure of punishment philosophy was evaluated with the single item: *A public registry of sex offenders on the Internet will deter individuals from committing sex crimes with the threat of being caught and placed on the registry.* This statement was measured on a five-point Likert-type scale (strongly disagree = 1, disagree = 2, neither agree nor disagree = 3, agree = 4, strongly agree = 5) where higher scores indicated stronger agreement that Internet registries have a deterrent effect on sex crimes. This measure originated from the attitudes toward deterrence factor analysis discussed earlier in this chapter. This statement was one of a

two-item factor that also included a statement on the specific deterrent effect of Internet sex offender registries. As general practice dictates that only factors containing at least three items should be utilized (Costello & Osbourne, 2005; Raubenheimer, 2004), the two items were examined on their own for significance. While no significant difference was found between clinical specialists and non-clinical professionals on the item measuring specific deterrence, non-clinical professionals were significantly more likely than the clinical specialists to believe in a general deterrent effect of online sex offender registries and thus this item was included as a control variable.

Control Variables: Demographic Characteristics

Three control variables related to demographic characteristics were utilized during the multivariate analysis of this study. The variables include sex (0 = male; 1 = female), being a parent (0 = yes; 1 = no), and education (0 = some college; 1 = Associate's degree; 2 = Bachelor's degree; 3 = graduate degree).

Hypotheses

The purpose of the current study was to examine the attitudes of professionals toward current sex offender management policies, belief in the occurrence of collateral consequences of current sex offender management policies, and their acceptability for these collateral consequences. A summary of the variables in the current study were presented in Table 10. Through the analyses in the subsequent chapter, the current study aimed to address three primary hypotheses:

H1. Clinical specialists are significantly less likely to support sex offender management policies than non-clinical professionals.

H2. Clinical specialists are significantly more likely to believe that sex offenders may experience collateral consequences (loss, threats and harassment, emotional and psychological, and residence restrictions) of sex offender management policies when reintegrating back into the community than non-clinical professionals.

H3. Clinical specialists are significantly less likely to find collateral consequences of sex offender management policies (housing and employment, threats and harassment, and emotional and psychological) acceptable than non-clinical professionals.

Table 10: Summary of variables

<i>Variable</i>	<i>Attribute</i>
Dependent Variables	
<i>Attitudes toward sex offender management policies</i>	
Sex offender management policy support	Measured on a 5-point, Likert-type, scale from strongly disagree to strongly agree
<i>Belief in collateral consequences</i>	
Belief in collateral consequences involving loss	Measured on a 5-point, Likert-type, scale from strongly disagree to strongly agree
Belief in collateral consequences involving threats and harassment	Measured on a 5-point, Likert-type, scale from strongly disagree to strongly agree
Belief in collateral consequences involving emotional and psychological issues	Measured on a 5-point, Likert-type, scale from strongly disagree to strongly agree
Belief in collateral consequences involving residence restrictions	Measured on a 5-point, Likert-type, scale from strongly disagree to strongly agree
<i>Acceptability of collateral consequences</i>	
Acceptability of collateral consequences involving housing and employment	Measured on a 5-point, Likert-type, scale from very unacceptable to very acceptable
Acceptability of collateral consequences involving threats and harassment	Measured on a 5-point, Likert-type, scale from very unacceptable to very acceptable

Table 10: Summary of variables (continued)

<i>Variable</i>	<i>Attribute</i>
Dependent Variables (continued)	
<i>Acceptability of collateral consequences (continued)</i>	
Acceptability of collateral consequences involving emotional and psychological issues	Measured on a 5-point, Likert-type, scale from very unacceptable to very acceptable
Independent Variable	
<i>Profession</i>	0 = Non-clinical professional 1 = Clinical specialist
Control Variables	
<i>Punishment philosophy</i>	
Traditional punishment philosophy	Measured on a 5-point, Likert-type, scale from strongly disagree to strongly agree
Rehabilitative punishment philosophy	Measured on a 5-point, Likert-type, scale from strongly disagree to strongly agree
General deterrence	Measured on a 5-point, Likert-type, scale from strongly disagree to strongly agree
<i>Belief in cause of sex offending</i>	
Predisposition	Measured on a 5-point, Likert-type, scale from strongly disagree to strongly agree
Lack of virtue	Measured on a 5-point, Likert-type, scale from strongly disagree to strongly agree
<i>Gender</i>	0 = Male 1 = Female
<i>Having children</i>	0 = Yes 1 = No
<i>Education</i>	0 = Some college 1 = Associate's degree 2 = Bachelor's degree 3 = Graduate degree

Data Analysis Strategy

The data gathered from this research was examined using Statistical Package for the Social Sciences (SPSS), version 21. The methodological techniques used within this research included descriptive statistics, bivariate statistics, and multivariate statistics.

Descriptive Analysis

Frequencies were used to determine the overall attitudes of the sample toward the independent variables of punishment philosophy and belief in the cause of sex offending, as well as the attitudes of the sample towards the dependent variables of sex offender management policy support, belief that sex offenders may experience collateral consequences, and the acceptability of the collateral consequences that sex offenders may experience.

Bivariate Analysis

Bivariate analyses were conducted within the study to examine the relationships between variables. A series of independent samples *t*-tests were used to compare mean differences between clinical specialists and non-clinical professionals on their punishment philosophy, attitudes towards the causes of sex offending, attitudes toward sex offender management policies, and the unintended consequences of those policies.

Multivariate Analysis

Lastly, the analysis considered the potential sources of professionals' attitudes about sex offender management policies and the unintended consequences of these policies. In particular, the impact of profession, punishment philosophy, belief in the causes of sex offending, and demographics on their attitudes about sex offender management policies and the unintended

consequences of these policies. Several multiple regression analyses were performed to determine the effects of the independent variables on the dependent variables in question.

CHAPTER FOUR: RESULTS

This chapter reports the perceptions of the sample of professionals toward sex offender management policies, the collateral consequences that sex offenders may experience as a result of current sex offender management policies, the acceptability of these collateral consequences, punishment philosophies, and belief in the cause of sex offending. The present chapter conveys the perceptions of such factors and tests three hypotheses:

H1. Clinical specialists are significantly less likely to support sex offender management policies than non-clinical professionals.

H2. Clinical specialists are significantly more likely to believe that sex offenders may experience collateral consequences (loss, threats and harassment, emotional and psychological, and residence restrictions) of sex offender management policies when reintegrating back into the community than non-clinical professionals.

H3. Clinical specialists are significantly less likely to find collateral consequences of sex offender management policies (housing and employment, threats and harassment, and emotional and psychological) acceptable than non-clinical professionals.

Several analytical techniques were applied to determine the existence of relationships between the variables of interest and to test the hypotheses. This chapter will present: (1) the descriptive statistics for the primary variables of interest, (2) bivariate analyses to identify any significant differences between the clinical specialists and non-clinical professionals on their attitudes toward the dependent variables, and (3) multivariate analyses testing the hypotheses with the inclusion of control variables.

A Descriptive Examination of the Dependent Variables

The descriptive statistics for the dependent variable of broader *support for current sex offender management policies* were presented in Table 11. Only 9% of the professionals agreed or strongly agreed that they were supportive of current sex offender management policies.

Information regarding the belief that sex offenders may *experience collateral consequences* of current sex offender management policies and *acceptability of those collateral consequences* were also presented in Table 11. As shown, a majority of all professionals agreed or strongly agreed that sex offenders might experience each category of collateral consequences when returning to their communities except for collateral consequences involving threats and harassment (45%). The professionals were the most likely to agree or strongly agree that sex offenders might experience collateral consequences related to loss (91%), followed by collateral consequence related to emotional and psychological issues (77%), and then residence restrictions (70%).

Only small percentages of the professionals found the various categories of collateral consequences to be acceptable or very acceptable. The professionals were the most likely to find collateral consequences involving emotional and psychological issues to be acceptable or very acceptable (10%), followed by collateral consequences involving housing and employment issues (2%), and then collateral consequences involving threats and harassment (1%). Differences in perceptions between the professional groups on these dependent variables were explored in the following section.

Table 11: Variations in support for current sex offender management policies, collateral consequences, and acceptability of collateral consequences by profession

<i>Variable</i>	<i>Overall</i>		<i>Non-Clinical</i>		<i>Clinical</i>	
	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>
<i>Support for sex offender management policies</i>						
<i>Policy support</i>						
Strongly disagree	34%	81	22%	36	82%	31
Disagree	33%	79	38%	63	13%	5
Neither agree nor disagree	24%	57	28%	47	5%	2
Agree	8%	20	11%	18	0%	0
Strongly agree	1%	2	1%	2	0%	0
<i>Belief in collateral consequences</i>						
<i>Loss</i>						
Strongly disagree	0%	0	0%	0	0%	0
Disagree	0%	1	1%	1	0%	0
Neither agree nor disagree	8%	19	10%	17	3%	1
Agree	58%	138	61%	102	50%	19
Strongly agree	33%	78	28%	46	47%	18
<i>Threats and harassment</i>						
Strongly disagree	1%	3	1%	1	3%	1
Disagree	14%	33	16%	26	14%	5
Neither agree nor disagree	41%	96	41%	69	41%	15
Agree	29%	67	27%	45	24%	9
Strongly agree	16%	37	16%	26	19%	7
<i>Emotional and psychological</i>						
Strongly disagree	0%	1	0%	0	0%	0
Disagree	2%	5	3%	5	0%	0
Neither agree nor disagree	20%	47	22%	36	8%	3
Agree	52%	122	55%	90	43%	16
Strongly agree	25%	59	21%	34	49%	18
<i>Residence restrictions</i>						
Strongly disagree	0%	0	0%	0	0%	0
Disagree	6%	14	7%	12	0%	0
Neither agree nor disagree	23%	55	26%	44	8%	3
Agree	44%	105	46%	77	42%	16
Strongly agree	26%	62	20%	33	50%	19

Table 11: Variations in support for current sex offender management policies, collateral consequences, and acceptability of collateral consequences by profession (continued)

<i>Variable</i>	<i>Overall</i>		<i>Non-Clinical</i>		<i>Clinical</i>	
	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>
<i>Acceptability of collateral consequences</i>						
<u><i>Housing and employment</i></u>						
Very unacceptable	29%	64	18%	30	69%	25
Unacceptable	35%	76	37%	60	28%	10
Neither acceptable nor unacceptable	30%	65	38%	62	0%	0
Acceptable	2%	13	7%	11	3%	1
Very acceptable	0%	0	0%	0	0%	0
<u><i>Threats and harassment</i></u>						
Very unacceptable	56%	119	46%	73	92%	34
Unacceptable	36%	77	43%	69	8%	3
Neither acceptable nor unacceptable	8%	17	10%	16	0%	0
Acceptable	1%	2	1%	2	0%	0
Very acceptable	0%	0	0%	0	0%	0
<u><i>Emotional and psychological</i></u>						
Very unacceptable	10%	22	6%	9	24%	9
Unacceptable	28%	61	22%	35	54%	20
Neither acceptable nor unacceptable	53%	114	62%	99	19%	7
Acceptable	9%	19	11%	18	0%	0
Very acceptable	1%	1	0%	0	3%	1

Bivariate Analysis

The bivariate differences between non-clinical professionals and clinical professionals among the dependent variables were presented in Table 12. As shown, the majority of the relationships were significant at the .001 level and in the expected direction. To illustrate, clinical professionals were significantly less likely to support sex offender management policies than non-clinical professionals (1.41 and 2.57, respectively). Additionally, clinical specialists perceived collateral consequences in the areas of loss, emotional and psychological distress, and residence restrictions as being more likely to occur for sex offenders than non-clinical specialists.

And, finally, the clinical professionals were less likely than the non-clinical professionals to find collateral consequences (housing and employment, threats and harassment, and emotional and psychological) as acceptable by-products of current sex offender management policies.

Given the significant bivariate findings with the primary independent variable and most dependent variables, it was essential to continue the analysis to identify if the relationships are maintained with the introduction of control variables. Due to the insignificant relationship with the belief factor of threats and harassment, this variable was withdrawn from additional consideration.

Table 12: Overall mean responses by profession and t-test for professional differences

Variable	Non-clinical		Clinical		t-test
	\bar{x}	<i>s</i>	\bar{x}	<i>s</i>	
<i>Sex offender management policy support</i>	2.57	.91	1.41	.68	8.8***
<i>Belief in collateral consequences</i>					
Loss	4.34	.49	4.63	.47	-3.3**
Threats and harassment	3.65	.84	3.78	.90	0.8
Emotional and psychological	4.13	.63	4.63	.45	-4.6***
Residence restrictions	3.99	.72	4.60	.52	-4.9***
<i>Acceptability of collateral consequences</i>					
Housing and employment	2.70	.79	1.69	.68	7.8***
Threats and harassment	1.96	.65	1.30	.37	8.2***
Emotional and psychological	3.17	.68	2.48	.90	4.4***

* $p < .05$; ** $p < .01$; *** $p < .001$. Otherwise, not statistically significant.

Multivariate Analysis

Ordinary least squares regression was conducted to examine the consistency of profession as a significant predictor of sex offender management policy support, belief that sex offenders may experience various collateral consequences of current sex offender management policies when reintegrating back in to the community, and acceptability of these collateral consequences while considering competing variables.

A Multivariate Examination of Support for Current Sex Offender Management Policies

The results of the multivariate analysis for support of current sex offender management policies were provided in Table 13. The model accounted for 55% of the variance in support for sex offender management policies, $\text{adj. } R^2 = .55$, $F(9, 189) = 27.04$, $p < .001$ and multicollinearity was not a concern. The bivariate findings regarding profession were maintained in the model, indicating that clinical specialists are significantly less likely than non-clinical professionals to support current sex offender management policies.

Additional factors influencing support for current sex offender management policies were also revealed in Table 13 as traditional punishment philosophy, belief in predisposed causes of sex offending, belief in causes of sex offending related to the virtue of the offenders, belief in general deterrence, and parental status were also significant predictors of support for current sex offender management policies. The data revealed that professionals who reported a higher level of agreement with traditional punishment philosophies, that Internet registries possess a general deterrent effect, and that sex offending is caused by a lack of virtue in the offenders reported greater support for current sex offender management policies. Conversely, professionals who reported a higher level of belief in predisposed causes of sex offending were less likely to support current sex offender management policies. As expected, the data revealed that professionals who are parents were more likely to support current sex offender management policies than professionals who are not parents.

Table 13: OLS regression of the influence of profession on support for sex offender management policies by profession

<i>Variable</i>	<i>b(SE)</i>	<i>β</i>	<i>VIF</i>
Profession type	-.329(.73)	-.128*	1.59
Traditional philosophy	.167(.11)	.112*	1.40
Rehabilitative philosophy	.041(.11)	.020	1.11
Predisposed causes	-.388(.08)	-.323***	1.86
Virtue causes	.321(.09)	.251***	2.12
General deterrence	.267(.062)	.227***	1.16
Parent	-.262(.11)	-.116*	1.09
Sex	.062(.10)	.031	1.07
Education	.013(.09)	.008	1.32
Constant	1.72(.73)		

*.05; **.01; ***.001. Otherwise, not statistically significant.

adj. $R^2 = .55$

df = 9

$\chi^2 = 12.12$; $\alpha = .000$

A Multivariate Examination of Belief in Collateral Consequences

The professionals' belief that sex offenders may experience various collateral consequences due to current sex offender management policies was presented in Table 14. The model accounted for 17% of the variance in belief that sex offenders experience collateral consequences involving loss, adj. $R^2 = .17$, $F(9, 189) = 5.28$, $p < .001$, 26% of the variance in belief that sex offenders experience collateral consequences involving emotional and psychological distress, adj. $R^2 = .26$, $F(9, 187) = 8.11$, $p < .001$, and 22% of the variance in belief that sex offenders experience collateral consequences involving residence restrictions, adj. $R^2 = .22$, $F(8, 189) = 6.93$, $p < .001$. Also, tests revealed that multicollinearity was not a concern.

The bivariate findings regarding profession were maintained on the items measuring collateral consequences related to residence restrictions, but not for collateral consequences involving loss or emotional and psychological issues. For the collateral consequences involving residence restrictions, the clinical specialists were significantly more likely to believe that sex offenders experience the collateral consequences than the non-clinical professionals.

Table 14 also revealed a number of significant variables. First, support for rehabilitation was a significant predictor of all three items measuring belief in the occurrence of collateral consequences revealing that professionals who reported a higher level of agreement with a rehabilitative punishment philosophy also reported a greater belief that sex offenders may experience collateral consequences in the areas of loss, emotional and psychological issues, and residence restrictions when returning to the community. Second, parental status and belief in general deterrence were found to be significant predictors of belief in the occurrence of collateral consequences involving loss, as professionals who are not parents were more likely than professionals who are parents to believe that sex offenders experience these collateral consequences and as agreement that Internet registries possess a general deterrent effect increased, the professionals were less likely to believe that sex offenders experience collateral consequences related to loss. Third, belief that sex offending is caused by predisposed factors, belief that sex offending is caused by lack of virtue, and education were significant predictors of belief that sex offenders experience collateral consequences involving emotional and psychological issues. As the belief of the professionals that sex offending is caused by predisposed factors and educational achievement increased, the professionals were more likely to believe that sex offenders experience collateral consequences involving emotional and psychological issues. As the belief of the professionals that sex offending is caused by lack of virtue increased, the professionals were less likely to believe that sex offenders experience collateral consequences involving emotional and psychological issues decreased. Lastly, sex was a significant predictor of belief that sex offenders experience collateral consequences involving residence restrictions, as females were more likely than males to believe that sex offenders experience these collateral consequences.

Table 14: OLS regression of the influence of profession on belief in the occurrence of collateral consequences by profession

<i>Variable</i>	<i>Loss</i>			<i>Emotional/Psychological</i>			<i>Residence Restrictions</i>		
	<i>b(SE)</i>	β	<i>VIF</i>	<i>b(SE)</i>	β	<i>VIF</i>	<i>b(SE)</i>	β	<i>VIF</i>
Profession type	.196(.10)	.161	1.59	.204(.12)	.131	1.58	.390(.15)	.207**	1.60
Traditional philosophy	.077(.06)	.110	1.40	.060(.07)	.069	1.40	.150(.08)	.137	1.40
Rehabilitative philosophy	.191(.07)	.196**	1.12	.243(.08)	.195**	1.16	.342(.10)	.227***	1.12
Predisposed causes	.051(.05)	.091	1.86	.181(.06)	.250**	1.84	.100(.08)	.114	1.87
Virtue causes	-.092(.06)	-.154	2.11	-.179(.07)	-.232**	2.13	-.145(.09)	-.156	2.12
General deterrence	-.086(.04)	-.156*	1.16	-.003(.05)	-.004	1.63	-.003(.06)	-.004	1.16
Parent	.146(.07)	.140*	1.10	.112(.09)	.082	1.10	.090(.11)	.054	1.10
Sex	.049(.07)	.051	1.07	.069(.08)	.057	1.08	.295(.10)	.200**	1.07
Education	-.079(.06)	-.100	1.32	-.160(.07)	-.158*	1.32	-.036(.09)	-.029	1.33
Constant	3.73(.47)			3.21(.57)			2.12(.70)		
*.05; **.01; ***.001	adj. R ² = .17 df = 9 x ² = 1.00; α = .000			adj. R ² = .26 df = 9 x ² = 2.19; α = .000			adj. R ² = .22 df = 9 x ² = 3.88; α = .000		

A Multivariate Examination of Acceptability of Collateral Consequences

The results of the multivariate analysis that measured the acceptability of collateral consequences that sex offenders may experience due to current sex offender management policies were displayed in Table 15. The model accounted for 54% of the variance in acceptability of collateral consequences involving housing and employment, $\text{adj. } R^2 = .54$, $F(9, 186) = 24.81$, $p < .001$, 39% of the variance in acceptability of collateral consequences involving threats and harassment, $\text{adj. } R^2 = .39$, $F(9, 183) = 14.14$, $p < .001$, and 32% of the variance in acceptability of collateral consequences involving emotional and psychological issues, $\text{adj. } R^2 = .32$, $F(8, 186) = 10.67$, $p < .001$. Tests to see if the data met the assumption of collinearity indicated that multicollinearity was not a concern.

Surprisingly, the bivariate relationships found between professions were not maintained on any of the items relating to the acceptability of collateral consequences when the additional influences were introduced. However, two variables, belief that sex offending is caused by predisposed factors and belief that sex offending is caused by lack of virtue, were significant across all three models in Table 15. In each instance, as the belief of professionals that sex offending is caused by predisposed factors increased, their levels of acceptability for collateral consequences decreased. Conversely, as the belief of the professionals that sex offending is caused by the lack of virtue in the sex offenders increased, their level of acceptability for collateral consequences also increased. Lastly, sex was found to be a significant predictor of the acceptability of collateral consequences involving housing and employment and emotional and psychological issues, but not threats and harassment. In both instances, males were more likely than females to find these collateral consequences to be acceptable.

Table 15: OLS regression of the influence of profession on belief in the acceptability of collateral consequences by profession

Variable	Housing/Employment			Threats/Harassment			Emotional/Psychological		
	b(SE)	β	VIF	b(SE)	β	VIF	b(SE)	β	VIF
Profession type	-.104(.14)	-.046	1.58	-.073(.12)	-.043	1.59	-.070(.15)	-.036	1.60
Traditional philosophy	-.055(.08)	-.043	1.38	.011(.07)	.011	1.40	-.044(.08)	-.038	1.39
Rehabilitative philosophy	-.155(.09)	-.086	1.10	-.143(.08)	-.104	1.16	-.16(.10)	-.102	1.11
Predisposed causes	-.356(.07)	-.344***	1.86	-.227(.06)	-.289***	1.88	-.212(.08)	-.232**	1.88
Virtue causes	.425(.08)	.385***	2.12	.261(.07)	.309***	2.10	.374(.09)	.385***	2.12
General deterrence	.051(.05)	.051	1.17	-.079(.05)	.101	1.16	-.051(.06)	-.058	1.54
Parent	-.162(.10)	-.084	1.10	-.036(.09)	-.024	1.09	.042(.11)	.025	1.09
Sex	-.220(.09)	-.126*	1.07	.015(.08)	.011	1.06	-.222(.10)	-.143*	1.06
Education	-.068(.08)	-.046	1.32	-.022(.07)	-.020	1.33	.040(.09)	.031	1.33
Constant	3.58(.65)			2.39(.57)			3.64(.70)		
*.05; **.01; ***.001	adj. R ² = .54 df = 9 $\chi^2 = 8.63; \alpha = .000$			adj. R ² = .39 df = 9 $\chi^2 = 3.82; \alpha = .000$			adj. R ² = .32 df = 9 $\chi^2 = 4.28; \alpha = .00$		

Summary

The purpose of this study was to investigate three hypotheses: (H1) that clinical specialists are significantly less likely to support sex offender management policies than non-clinical professionals, (H2) that clinical specialists are significantly more likely to believe that sex offenders may experience collateral consequences (loss, emotional and psychological, and residence restrictions) of sex offender management policies when reintegrating back into the community than non-clinical professionals, and (H3) that clinical specialists are significantly less likely to find collateral consequences (housing and employment, threats and harassment, and emotional and psychological) of sex offender management policies acceptable than non-clinical professionals. The bivariate analyses supported H1-H3, as significant relationships were revealed between profession and sex offender management policy support, belief that sex offenders may experience various collateral consequences of current sex offender management policies when reintegrating back into the community, and acceptability of these collateral consequences.

When these findings were re-examined while considering competing variables, the relationships were not fully maintained. The multivariate analyses continued to support H1, as the relationship between profession and support for current sex offender management policies was maintained, however, belief in predisposed causes of sex offending, belief in lack of virtue as the cause of sex offending, belief in a general deterrence effect of Internet registries, and sex were revealed to be stronger predictors of support than profession. H2 was only partially supported following the multivariate analyses as the relationship between profession and belief that sex offenders may experience various collateral consequences was maintained for one of the three items measuring belief in the occurrence of collateral consequences, however, rehabilitative punishment philosophy was revealed to be a stronger predictor than profession and

a significant predictor for all three measures of this variable. Lastly the multivariate analyses did not support H3, as the relationship between profession and acceptability of collateral consequences was not maintained, however, this analysis did reveal a significant relationship between belief in the causes of sex offending and acceptability of collateral consequences.

CHAPTER 5: DISCUSSION

The primary focus of the current study was to examine the perceptions and attitudes of professionals toward sex offender management policies, the unintended consequences these policies create for sex offenders as they reintegrate back into their communities, and the acceptability of these collateral consequences. The attitudes of the professionals were captured utilizing a national, online, survey of members of the APPA and ATSA, as well as professionals referred to the survey by members of both organizations. The subsequent data was analyzed by means of descriptive, bivariate, and multivariate statistical procedures in order to test three primary hypotheses. The purpose of the present chapter was to summarize and discuss the results of this study, discuss policy implications, directions for future research, and present the limitations of this study.

Analysis of Findings

The current research advanced the literature in four important ways. First, the results of the present study revealed that support for current sex offender management policies varied by profession as clinical specialists were significantly less likely to support current sex offender management policies than non-clinical professionals. Second, belief that sex offenders experience collateral consequences of current sex offender management policies varied by profession as well, as clinical specialists were significantly more likely than non-clinical professionals to believe that sex offenders experience collateral consequences. Third, levels of acceptability of collateral consequences as byproducts of current sex offender management policies also varied by profession as clinical specialists were significantly less likely than non-clinical professionals to find collateral consequences of sex offender management policies to be acceptable. Lastly, while clinical specialists and non-clinical professionals significantly differed

in their attitudes toward sex offender management policies and the collateral consequences of these policies, profession type alone was not the only factor influencing the attitudes of the respondents as punishment philosophy and belief in the cause of sex offending were significant predictors of attitudes toward sex offender management policies and the collateral consequences of these policies.

The results of the bivariate analysis supported the hypothesis that clinical specialists were significantly less likely to support current sex offender management policies than non-clinical professionals. Profession remained a significant predictor of support for sex offender management policies in the multivariate analysis against competing variables. Few studies exist that compared attitudes of professional groups on sex offender management policies, but this finding was consistent with those of Levenson et al. (2010) who found that sex abuse professionals that identified themselves as being criminal justice oriented were more supportive of sex offender management policies than sex abuse professionals that identified themselves as being mental health oriented.

The bivariate results of this study also supported the hypothesis that clinical specialists were significantly more likely to believe that sex offenders may experience collateral consequences of sex offender management policies relating to loss, emotional and psychological issues, and residence restrictions when reintegrating back into the community than non-clinical professionals. When competing variables were introduced in the multivariate analysis, profession remained a significant predictor of belief in collateral consequences involving residence restrictions. The bivariate results also supported the hypothesis that clinical specialists were less likely to find all three measures of collateral consequences (housing and employment, threats and harassment, and emotional and psychological) acceptable than non-clinical professionals,

however, profession was not a significant predictor of acceptability when competing variables were introduced.

The differences between the professional groups may be attributed to the manner in which these groups interact with sex offenders. The clinical specialists in this study were comprised of psychologists, psychiatrists, and counselors. The non-clinical professionals were comprised of community corrections officers and administrators within criminal justice organizations. It is probable that, based on the characteristics of their professions, the two professional groups would view the sex offender population and management of this population differently. The clinical specialists in the present study were significantly more likely to both have contact with sex offenders and provide treatment to sex offenders than the non-clinical professionals. As a function of sex offenders having a greater amount of interaction with clinical specialists and the dynamics of treatment, it was probable that sex offenders were more likely to discuss their personal difficulties with clinical specialists than non-clinical professionals, which may, in turn, have influenced the perceptions of these toward current sex offender management policies. The literature has shown that sex offenders generally have positive attitudes about their therapists and are comfortable sharing personal information with them (Levenson, Macgowan, Morin, & Cotter, 2009; Levenson, Prescott, & D'Amora, 2010; Levenson, Prescott, & Jumper, 2014). It should be noted, however, that while a significant difference existed between the professional groups, both the clinical specialists and non-clinical professionals, overall, were found to largely agree that sex offenders might experience a number of collateral consequences due to these policies when returning to their communities and also largely finding these consequences to be unacceptable. Similar to the growing body of research showing the ineffectiveness of current sex offender management policies in reducing recidivism, the

professionals may have also been aware of the significant body of literature reporting on the unintended consequences of current sex offender management policies faced by sex offenders and their families (Farkas & Miller, 2007; Levenson, 2008; Levenson & Cotter, 2005a, 2005b; Levenson & Hern, 2007; Levenson & Tewksbury, 2009; Tewksbury, 2005; Tewksbury & Lees, 2006; Tewksbury & Levenson, 2009; Tewksbury & Mustaine, 2009).

When considering competing variables, the influence of profession was maintained as a predictor for support for current sex offender management policies and belief that sex offenders experience various collateral consequences when returning to their communities, however, profession was not a significant predictor of acceptability of collateral consequences. Sex, parental status, and education level were sporadically significant predictors of the attitudes of the professionals, but punishment philosophy and belief in the cause of sex offending were more consistent predictors of the attitudes of the professionals as well as being stronger predictors than profession.

Endorsing a traditional punishment philosophy increased support for current sex offender management policies while endorsing a rehabilitative punishment philosophy increased the belief that sex offenders experience all measured collateral consequences (loss, emotional and psychological, and residence restrictions). The positive relationship between rehabilitative punishment philosophy and belief in collateral consequences was not surprising given the offender-centered approach that coincides with support for rehabilitation. The positive relationship between traditional punishment philosophy and support for current sex offender management policies was also not surprising considering that current sex offender management policies eschew rehabilitation in favor of a more traditional deterrence approach to managing the offender population through registration and notification. It is argued that the policies were

passed to quell public concern and fear over potential harm to children due to sex offenders (Hinds & Dailey, 2001; Levenson & Cotter, 2005b; Miethe, Olson, & Daily, 2006) and not rehabilitate sex offenders or ease their transition back into the community. In the present study, having children was also a significant predictor of support for current sex offender management policies.

Belief in the cause of sex offending also played significant roles in predicting the attitudes of the professionals. Agreement that sex offending is caused by predisposed factors decreased both support for current sex offender management policies and acceptability of all measured collateral consequences, while increasing the belief that sex offenders experience collateral consequences related to emotional and psychological issues. Conversely, agreement that sex offending is caused by a lack of virtue increased both support for current sex offender management policies and acceptability of all measured collateral consequences, while decreasing the belief that sex offenders experience collateral consequences related to emotional and psychological issues.

While the current study was the first to examine the influence of belief in the cause of sex offending as it relates to attitudes toward sex offender management policies and collateral consequences in a professional sample, these findings support those of Pickett (2014) and Pickett et al. (2013) who found that belief in predispositional causes of sex offending (such as selfishness) was a significant predictor of punitive attitudes toward sex offenders in a community sample. These findings indicate that professionals appeared to endorse a similar viewpoint as the public when it comes to the management of offenders that they believe to be making a conscious choice to offend as opposed to being unable to control their actions. If the offenders were viewed as monstrous or evil, the policies in place to manage the offenders were met with greater support,

there was less belief in the difficulties the policies may impose for the offenders, and greater acceptability of those difficulties.

Policy Implications

The findings of this study had implications for the successful management of registered sex offenders. The results of the current study indicated that while clinical specialists and non-clinical professionals hold significantly different attitudes toward current sex offender management policies, both groups of professionals were considered to have a low level of support for these policies overall. This finding should encourage policy makers to move away from a traditional deterrence approach to managing sex offenders in lieu of a more treatment-oriented approach. Numerous studies have indicated that current sex offender management policies, grounded in deterrence, have had little to no effect on sex offender recidivism rates (Duwe et al., 2008; Letourneau et al., 2010; Tewksbury & Jennings, 2010; Tewksbury et al., 2012; Zevitz, 2006) and impose a variety of collateral consequences on the offenders (Farkas & Miller, 2007; Levenson, 2008; Levenson & Cotter, 2005a, 2005b; Levenson & Hern, 2007; Levenson & Tewksbury, 2009; Tewksbury, 2005; Tewksbury & Lees, 2006; Tewksbury & Levenson, 2009; Tewksbury & Mustaine, 2009), which may inhibit their successful reintegration back into society. Also, both groups of professionals endorsed a rehabilitative punishment philosophy over traditional punishment philosophies. From these findings, it can be inferred that professionals who come into contact with sex offenders, whether in a clinical or non-clinical capacity, would support a treatment-oriented approach to managing the sex offender population. While a traditional, deterrence-based, approach has been the norm for managing sex offenders and the logistics of reversing course at this stage would pose a number of challenges, the evidence reporting a lack of success of current strategies and negative attitudes of sex offending

professionals toward current strategies suggests that a management approach grounded in rehabilitation should be explored with the potential for adoption in place of current efforts.

Additionally, while showing significant differences between clinical specialists and non-clinical professionals, the results of the present study indicated that both professional groups largely believed that sex offenders are experiencing collateral consequences of the current policies as they return to their communities and found these collateral consequences to be unacceptable. While sex offenders currently living in the community and professionals are aware of the barriers faced by sex offenders attempting to reintegrate back into the community, sex offenders who are approaching release from incarceration are largely unaware of the specific restrictions that they will face upon reentry to their community as registered sex offenders and while recognizing that they will face difficulties reintegrating, may not fully understand the breadth and intensity of difficulties they will face in the form of collateral consequences of the current sex offender management policies (Tewksbury & Copes, 2013; Tewksbury et al., 2012). Given this, providing sex offenders with information regarding the limitations that they may face as registered sex offenders and the unintended consequences that they could potentially endure may ease their reintegration back into the community in terms of better preparation for their reentry, or at the very least, emotionally preparing them for barriers to their reentry. While a majority of states have some form of reentry programming for offenders, only about one-third of those states have programming that specifically targets the specific needs of sex offenders and little information is available on the content and effectiveness of these initiatives (Daly, 2008). Of the limited studies available, reentry programs for sex offenders have been associated with lower recidivism rates for sex offenders who participate (Wilson & Picheca, 2005; Wilson, Picheca, & Prinzo, 2007).

Directions for Future Research

Recommendations for future research include the utilization of a qualitative component to complement the quantitative measure utilized in the present study. A qualitative or mixed-method approach would allow for the professionals to be able to explain their attitudes and perception in greater detail and discuss their personal experiences working with sex offenders, which may also shape their perceptions of the effectiveness of current sex offender management policies, belief in collateral consequences, and acceptability of those consequences. Additionally, a qualitative or mixed-methods approach may reveal factors, through dialogue with the professionals, which influence perceptions of sex offender management policies not accounted for in a strictly quantitative survey.

In future research, greater consideration should be given to the role of punishment philosophy and belief in the cause of sex offending as they relate to attitudes toward sex offenders, sex offender management policies, and the collateral consequences of sex offender management policies due to the current findings. Such variables have been noticeably absent in the literature on attitudes toward sex offenders, sex offender management policies, and the collateral consequences of sex offender management policies up to this point. In addition, consideration of the attitudes of professionals toward specific subpopulations within the overall sex offending population (such as non-contact and risk level of the offender) may yield variations in perceptions.

Lastly, the present research should be replicated to include a larger sample as well as including additional groups of professionals. The present research included clinical specialists as well as nonclinical professionals that were comprised of community corrections professionals and administrators within criminal justice agencies. Future research should aim to include law

enforcement officers, court officials, policy makers, and other professionals who play a role in the creation, enforcement, and management of current sex offender policies as well as the professionals used in the present study in order to present a more inclusive view of the attitudes of actors within the criminal justice system. Additionally, the views of non-professional samples, such as community members and students could be included to provide a contrasting perspective to samples of professionals.

Limitations

This study was not without its limitations. The cross-sectional nature of this research did not allow for observing change in attitudes of professionals over time. This research only recorded the attitudes of professionals at the point-in-time of data collection. Therefore, this research design only allowed for showing relationships between variables and did not serve as a basis for establishing causality.

Also, as this research was examining attitudes and perceptions, it was reliant upon self-report data. The truthfulness and accuracy of the survey responses could not be verified. Due to the content of the survey, respondents may have felt the need to answer in a socially desirable manner, especially if they had doubts about the confidentiality of the research. For example, participants who work directly with sex offenders in a treatment capacity may have felt the need to present themselves as less judgmental of sex offenders.

The operationalization of the concepts measured within the survey instrument may have inadequately addressed or failed to address certain aspects of the topic of sex offending and sex offender management policies, which could limit the validity of the results, however, the instrument did include pre-established measures from prior research and those items created specifically for this study were informed by an extensive review of the literature. The survey

instrument may have also be limited in the fact that it refers to sex offending and sex offenders in general, potentially casting sex offenders as a homogenous group when they are a diverse population of offenders. Similarly, no distinction was made between professionals who work primarily with juvenile sex offenders and those who work primarily with adult sex offenders. Participants may have held different attitudes about different types of sex offenders or felt that certain policies are more effective for one group of sex offenders than another.

The use of a web survey as the mode of data collections presented its own limitations. The largest drawback of electronic surveys, in general, is the potential lack of Internet access of the sample (Wolfer, 2007). This was unlikely to have been a large issue with this research as an email address was required for registration with both the APPA and ATSA, so it can be assumed that the sample had some means of accessing the Internet. As email was the method used to invite subjects to participate in this research, another potential limitation was whether or not the subjects registered with an active email address and an email address that the members checked regularly. As the APPA and ATSA are both professional organizations, it would seem likely that members of these organizations would register with a work-related email address that was checked regularly. Even if the potential participants did receive the invitation emails, there is still the possibility that the invitation was ignored or regarded as spam.

Research has shown that the nonresponse rate is higher for electronic surveys than for mailed surveys (Shih & Fan, 2008). Repeated follow-up emails as well posting of the survey invitation on the organization's social media sites were used in hopes of increasing the response rate, however, an accurate response rate could not be calculated for this study. Therefore, it was unknown how well the attitudes of this sample truly reflected the attitudes of the target population. It could be assumed that those who participated in this study were motivated to

participate based on their strong feelings (either positively or negatively) toward the topic of sex offending. Thus, the data gathered might not have been truly representative of the members of the APPA and ATSA, but only representative of those motivated to participate, which limited the external validity of the findings.

Conclusion

Over the past five years, the number of registered sex offenders in the U.S. has grown by 16.5% (NCMEC, 2008; 2013). If this upward trend were to continue, within ten years, there would be over one million registered sex offenders living in the U.S., therefore it is of paramount importance that the policies guiding the management of these offenders are effective in their efforts to deter future sex offending as well as facilitate the successful reintegration of this offender population back into their communities following their registration as sex offenders. The current policies in place to manage this offender population were created on the heels of a handful of high profile, emotional, cases involving the sexual abuse and deaths of children at the hands of offenders with previous convictions for sex crimes. The empirical research following the creation of SORN and residence restrictions have revealed that these policies that were enacted to protect the public from sex offenders have done little, if any, to reduce the likelihood of sexual victimization. Additionally, current sex offender management policies have created a variety of unintended consequences for the offenders and their families in the form of housing difficulties, employment difficulties, social isolation, emotional and psychological issues, and threats and harassment.

The current study was undertaken in order to better understand the attitudes of professionals toward current sex offender management policies and the collateral consequences these policies create for sex offenders when they return to their communities. While surveys of

the public have revealed high levels of support for current sex offender management policies, empirical studies on the attitudes of professionals toward these policies have been mixed. The attitudes of professionals toward current sex offender management policies are of importance because, while these policies were created to calm public fear of sex offending, the public has little interaction with sex offenders. Professionals, on the other hand, have more frequent contact with sex offenders and are responsible for enforcing the current policies as well as treating the offenders affected by these policies and their unintended consequences.

The results of the current study revealed that professionals were largely unsupportive of the current policies; clinical specialists were significantly less supportive of the current policies than non-clinical professionals. Additionally, clinical specialists were more likely than non-clinical professionals to believe that sex offenders experience a variety of collateral consequences due to current sex offender management policies and less likely to find these collateral consequences to be acceptable byproducts of these policies. Profession was not the only significant predictor of attitudes toward current sex offender management policies, as both punishment philosophy and belief in the cause of sex offending had significant influences on the attitudes of the professionals. These findings, in addition to the findings of earlier studies on the lack of effect these policies have on recidivism as well as the unintended consequences reported by sex offenders and their families, make it evident that the usefulness of the current sex offender management policies must be called into question and possible alternative should be explored to better manage this growing offender population.

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APPENDIX A

Survey Instrument

Section 1: Attitudes Toward Crime Reduction

Instructions: In this section there are a series of statements about crime reduction. Please read each statement carefully and indicate how much you agree or disagree with each statement by circling the letter beside each statement that best represents your level of agreement.

SD – Strongly Disagree, D – Disagree, N – Neither Agree nor Disagree, A – Agree, SA – Strongly Agree

The best way to reduce crime is to...

a. Show people who commit crime they will be punished severely if they do not stop	SD D N A SA
b. Make sure criminals get effective treatment for addictions and other problems while they are in prison/jail	SD D N A SA
c. Make sure criminals get effective treatment for addictions and other problems while they are on supervision in the community	SD D N A SA
d. Keep criminals in prison/jail and off the streets	SD D N A SA
e. Use the “eye for an eye, tooth for a tooth” principle	SD D N A SA
f. Deter future offenders by severely punishing criminals who are caught and convicted.	SD D N A SA
g. Provide criminals with treatment to address addiction, mental health problems, or other problems	SD D N A SA
h. Make sure that the treatment provided is matched to the offender’s needs	SD D N A SA
i. Keep criminals in prison/jail where they cannot bother law abiding citizens	SD D N A SA
j. Incarcerate addicts in prison/jail to stop them from using drugs	SD D N A SA
k. Keep violent offenders in prison/jail and off the streets	SD D N A SA
l. Provide more treatment programs to address problems that often contribute to crime	SD D N A SA
m. Provide more jobs to address problems that often contribute to crime	SD D N A SA
n. Provide more educational programs to address problems that often contribute to crime	SD D N A SA
o. Keep drug users in prison/jail and off the streets	SD D N A SA

p. Deter future criminals by severely punishing drug users who are caught and convicted	SD D N A SA
q. Keep non-violent offenders in prison/jail and off the streets	SD D N A SA

Section 2: Attitudes Toward Sex Offenders and Sex Offending

Instructions: In this section there are a series of general statements about sex offenders and sex offending. Please read each statement carefully and indicate how much you agree or disagree with each statement by circling the letter beside each statement that best represents your level of agreement.

SD – Strongly Disagree, D – Disagree, N – Neutral, A – Agree, SA – Strongly Agree

a. The rate of sex offenses in the U.S. is rising	SD D N A SA
b. Sex offenders reoffend at lower rates compared to other offenders	SD D N A SA
c. Most sex offenders do not commit an additional sex offense when released back into the community	SD D N A SA
d. If a sex offender does re-offend, he/she is likely to commit a more serious sex offense than their previous offense	SD D N A SA
e. Generally, sex offenders do not target strangers as victims	SD D N A SA
f. Sex offenders should be given an opportunity to redeem themselves	SD D N A SA
g. The criminal justice system is too lenient in how it handles sex offenders	SD D N A SA
h. Treatment should be mandatory for all sex offenders returning to the community	SD D N A SA
i. Sex offenders who complete treatment are less likely to re-offend	SD D N A SA
j. I would oppose a sex offender living in my neighborhood	SD D N A SA
k. Sex offenders have a harder time being accepted back into society than any other group of offenders	SD D N A SA

Section 3: Attitudes Toward Causes of Sex Offending

Instructions: In this section there are a series of statements about potential causes of sex offending. Please read each statement carefully and indicate how much you agree or disagree with each statement by circling the letter beside each statement that best represents your level of agreement.

SD – Strongly Disagree, D – Disagree, N – Neutral, A – Agree, SA – Strongly Agree

a. Most sex offenders commit sex crimes because they are mentally ill	SD D N A SA
b. Most sex offenders commit sex crimes because of their genetics or biological makeup	SD D N A SA
c. Most sex offenders commit sex crimes because they have been rejected by people they cared about in the past	SD D N A SA
d. Most sex offenders commit sex crimes because they are just selfish people	SD D N A SA
e. Most sex offenders commit sex crimes because they have been exposed to pornography in the past	SD D N A SA
f. Most sex offenders commit sex crimes because they have bad moral character	SD D N A SA
g. Most sex offenders commit sex crimes because they have been abused themselves in the past	SD D N A SA

Section 4: Attitudes Toward Sex Offender Management Policies

Instructions: In this section there are a series of statement about current sex offender management policies. These policies include (1) residence restrictions that prohibit sex offenders from living within a certain distance of schools and other areas where children may gather and (2) registration and notification policies that require sex offenders to register with local law enforcement, have their information posted online, and community members are notified when a sex offender is returning to their community. Please read each statement carefully and indicate how much you agree or disagree with each statement by circling the letter beside each statement that best represents your level of agreement.

SD – Strongly Disagree, D – Disagree, N – Neutral, A – Agree, SA – Strongly Agree

a. I believe that residence restrictions for sex offenders are effective in preventing sex offenses	SD D N A SA
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b. I would support sex offender residence restriction laws even if there is no scientific evidence that they reduce sex offenses	SD D N A SA
c. I would support sex offender registration and notification policies even if there is no scientific evidence showing they reduce sex offenses	SD D N A SA
d. I believe that sex offender registration and notification is effective in preventing sexual victimization	SD D N A SA
e. I believe that registration and community notification gives the public a false sense of security	SD D N A SA
f. I have searched the Internet sex offender registry to identify offenders in my neighborhood	SD D N A SA
g. The majority of individuals access the online sex offender registry to identify sex offenders in their neighborhood	SD D N A SA
h. Individuals who are parents or guardians are more likely to access the online sex offender registry to identify sex offenders in their neighborhood than individuals who are not parents or guardians	SD D N A SA
i. A public registry of sex offenders on the Internet deters registered offenders from committing additional sex crimes because the offenders believe they are being closely monitored	SD D N A SA
j. A public registry of sex offenders on the Internet will deter individuals from committing sex crimes with the threat of being caught and placed on the registry	SD D N A SA
k. If sex offenders wanted to re-offend, they would do so despite current sex offender management policies	SD D N A SA

Section 5: Attitudes Toward Unintended Consequences

*Instructions: In this section are a series of potential unintended consequences of current sex offender management policies. Please read each consequence carefully and indicate **how much you agree or disagree that a sex offender may experience this consequence as a result of current sex offender management policies** by circling the letter beside each consequence that best represents your level of agreement.*

SD – Strongly Disagree, D – Disagree, N – Neutral, A – Agree, SA – Strongly Agree

I agree/disagree that a registered sex offender may experience the following events when released back into the community:

a. Loss or denial of housing	SD D N A SA
b. Loss of a job	SD D N A SA
c. One or more family members have ceased contact	SD D N A SA
d. Being verbally harassed or threatened in person	SD D N A SA
e. Being afraid for own safety	SD D N A SA
f. Family members have sustained emotional harm	SD D N A SA
g. Being forced to move due to residence restrictions	SD D N A SA
h. Being denied employment	SD D N A SA
i. One or more friends have ceased contact	SD D N A SA
j. Being physically assaulted	SD D N A SA
k. Feeling stressed	SD D N A SA
l. Family members have had property damaged or vandalized	SD D N A SA
m. Difficulty finding affordable housing that is in compliance with residence restrictions	SD D N A SA
n. Being treated differently by co-workers	SD D N A SA
o. One or more spouse or significant other has ended a relationship	SD D N A SA
p. Feeling depressed	SD D N A SA
q. Family members have been harassed or threatened	SD D N A SA
r. Having to live farther away from employment opportunities due to residence restrictions	SD D N A SA
s. Received harassing or threatening communications (phone calls, mail, or email)	SD D N A SA
t. Feeling shame or embarrassment	SD D N A SA

u. Dependent family members have experienced difficulty finding or maintaining housing	SD D N A SA
v. Being unable to live with supportive family members due to residence restrictions	SD D N A SA
w. Not applying for job due to belief that employer would not hire a registered sex offender	SD D N A SA
x. Feeling lonely or isolated	SD D N A SA
y. Living farther away from social services or treatment due to residence restrictions	SD D N A SA
z. Difficulty forming new friendships or relationships due to not wanting them to learn about sex offender status.	SD D N A SA
aa. Suffered property damage or vandalism	SD D N A SA
ab. Dependent family members have experienced financial difficulties	SD D N A SA

Section 6: Acceptability of Unintended Consequences

*Instructions: In this section are the same series of potential unintended consequences of current sex offender management policies as listed in Section 5. For this section, please carefully read each consequence again and indicate **how acceptable you find each consequence to be as a result of current sex offender management policies** by circling the letter beside each consequence that best represents how acceptable you find each consequence for sex offenders. VU – Very Unacceptable, U – Unacceptable, N – Neutral, A – Acceptable, VA – Very Acceptable*

I find it acceptable/unacceptable that a sex offender may experience the following events when released back into the community:

a. Loss or denial of housing	VU U N A VA
b. Loss of a job	VU U N A VA
c. One or more family members have ceased contact	VU U N A VA
d. Being verbally harassed or threatened in person	VU U N A VA
e. Being afraid for own safety	VU U N A VA
f. Family members have sustained emotional harm	VU U N A VA

g. Being forced to move due to residence restrictions	VU U N A VA
h. Being denied employment	VU U N A VA
i. One or more friends have ceased contact	VU U N A VA
j. Being physically assaulted	VU U N A VA
k. Feeling stressed	VU U N A VA
l. Family members have had property damaged or vandalized	VU U N A VA
m. Difficulty finding affordable housing that is in compliance with residence restrictions	VU U N A VA
n. Being treated differently by co-workers	VU U N A VA
o. One or more spouse or significant other has ended a relationship	VU U N A VA
p. Feeling depressed	VU U N A VA
q. Family members have been harassed or threatened	VU U N A VA
r. Having to live farther away from employment opportunities due to residence restrictions	VU U N A VA
s. Received harassing or threatening communications (phone calls, mail, or email)	VU U N A VA
t. Feeling shame or embarrassment	VU U N A VA
u. Dependent family members have experienced difficulty finding or maintaining housing	VU U N A VA
v. Being unable to live with supportive family members due to residence restrictions	VU U N A VA
w. Not applying for job due to belief that employer would not hire a registered sex offender	VU U N A VA
x. Feeling lonely or isolated	VU U N A VA
y. Living farther away from social services or treatment due to residence restrictions	VU U N A VA

z. Difficulty forming new friendships or relationships due to not wanting them to learn about sex offender status.	VU U N A VA
aa. Suffered property damage or vandalism	VU U N A VA
ab. Dependent family members have experienced financial difficulties	VU U N A VA

Section 7: Organizational Characteristics

Instructions: In this section there are a series of statements about your organization. Please read each statement carefully and indicate how much you agree or disagree with each statement by circling the letter beside each statement that best represents your level of agreement. SD – Strongly Disagree, D – Disagree, N – Neutral, A – Agree, SA – Strongly Agree

a. I've pretty much given up trying to make suggestions for improvements around here	SD D N A SA
b. Changes to the usual way of doing things at this facility are more trouble than they are worth	SD D N A SA
c. When we try to change things here they just seem to go from bad to worse	SD D N A SA
d. Efforts to make improvements in this facility usually fail	SD D N A SA
e. It's hard to be hopeful about the future because people have such bad attitudes	SD D N A SA
f. I am quite proud to be able to tell people who it is that I work for	SD D N A SA
g. What this organization stands for is important to me	SD D N A SA
h. I work for an organization that is incompetent and unable to accomplish its mission	SD D N A SA
i. I feel a strong sense of belonging to this organization	SD D N A SA
j. I feel like "part of the family" at this organization	SD D N A SA
k. The people I work for do not care about what happens to me	SD D N A SA
l. This organization appreciates my accomplishments on the job	SD D N A SA

m. This organization does all that it can to recognize employees for good performance	SD D N A SA
n. My efforts on the job are largely ignored or overlooked by this organization	SD D N A SA
o. Trying to get this job done is a very frustrating experience	SD D N A SA
p. Being frustrated comes with this job	SD D N A SA
q. Overall, I experience very little frustration in this job	SD D N A SA
r. I understand the performance evaluation system being used in this organization	SD D N A SA
s. The procedures used to evaluate performance have been fair and objective	SD D N A SA
t. In the past, I have been aware of what standards have been used to evaluate my performance	SD D N A SA
u. My performance rating presents a fair and accurate picture of my actual job performance	SD D N A SA
v. Affirmative action policies have helped advance the employment opportunities in this facility	SD D N A SA
w. If I were subject to involuntary personnel action, I believe my agency would adequately inform me of my grievance and appeal rights	SD D N A SA
x. I am aware of the specific steps I must take to have a personnel action against me reconsidered	SD D N A SA

Section 8: Demographic Questions

a. In what year were you born? _____

b. What is your sex?

_____ Male

_____ Female

c. Which racial or ethnic group do you most identify with?

- African American
- American Indian or Alaskan Native
- Asian or Pacific Islander
- Caucasian
- Hispanic or Latino
- Interracial or Mixed Race
- Other. Please specify: _____

d. What is the highest level of education you have completed?

- Less than high school
- High school diploma or equivalent (GED)
- Some college
- Associate degree
- Bachelor's degree
- Some post college
- Graduate/Professional degree

e. What is your total yearly household income?

- \$0 to \$19,999
- \$20,000 to \$39,999
- \$40,000 to \$59,999
- \$60,000 to \$79,999
- \$80,000 to \$99,999
- More than \$100,000

f. What is your marital status?

- Married
- In a committed relationship, but not married
- Divorced
- Separated
- Widowed
- Never married

g. Do you have any children?

Yes

No

g1. If yes, do you have any children under the age of 18?

Yes

No

h. In what state do you currently reside? _____

i. Which of the following professional organizations do you belong to?

American Probation and Parole Association (APPA)

Association for the Treatment of Sexual Abusers (ATSA)

Both the APPA and the ATSA

Neither the APPA nor the ATSA

j. Which of the following best represents your profession?

Community Corrections, Parole, or Probation Officer

Psychologist or Psychiatrist

Social Worker

Professional Counselor or Therapist

Administrator within a Criminal Justice Agency

Law Enforcement

Corrections Officer within a Prison, Jail, or Detention Center

Other. Please Specify: _____

k. How many years have you been employed at your current job? _____

l. Do you have direct contact with sex offenders as part of your profession?

Yes

No

11. If yes, how often do you have direct contact with sex offenders as part of your profession?

- At least once a day
- At least once a week
- At least once a month
- At least once every 3 months
- At least once every 6 months
- At least once every 9 months
- At least once every 12 months
- Less than once every 12 months

m. As part of your profession, do you provide any treatment services to sex offenders or the victims of sex offenders?

- Yes
- No

m1. If yes, who is the primary recipient of these treatment services?

- Sex offenders
- Victims of sex offenders
- Both sex offenders and victims of sex offenders equally

n. Would you describe your political views as:

- Extremely Liberal
- Liberal
- Slightly Liberal
- Moderate
- Slightly Conservative
- Conservative
- Extremely Conservative

APPENDIX B

Survey Invitation Email

Subject: Invitation to participate in a research study

Dear Participant,

Virginia Commonwealth University's (VCU) School of Government and Public Affairs Criminal Justice and Public Policy programs are interested in understanding the attitudes of professionals toward sex offender management policies. As such, we are conducting a research study for which you are being invited to participate. The title of this study is "Sex offender management policies and their unintended consequences: A national survey of the perceptions of professionals". You are being invited to participate in this research study because of your membership in either the American Probation and Parole Association (APPA) or the Association for the Treatment of Sexual Abusers (ATSA). Both of these organizations have agreed to assist in this research by providing this invitation to participate in the study to their members. The Institutional Review Board (IRB) of VCU has also approved this research.

The purpose of this study is to examine the perceptions of a variety of professionals who are likely to have direct or indirect contact with sex offenders to understand attitudes toward sex offending policies, criminal justice policies, and work and organizational factors. If you decide to participate, you will complete an online questionnaire asking you questions about the topics listed above as well as several demographic questions. The online questionnaire should take approximately fifteen minutes to complete. By participating in this study you will be providing insight into the perceptions of professionals on sex offending and sex offender management as well as contributing to the fields of study in both criminal justice and public policy.

While the likelihood of risk is minimal, due to the topic of this study, you may feel uncomfortable answering some of the questions asked. You may choose not to answer any questions that make you feel uncomfortable. Your participation in this study is completely voluntary. Choosing not to participate in this study will not affect you in any way. You may refuse to participate in this study at this point or choose to withdraw from the study at any point once you have started the survey. You are encouraged to use the contact information below to ask any questions that you may have about this study and your role as a participant.

This project uses an external site, SurveyMonkey, to host and collect the questionnaire for this study. If you choose to participate and complete the online questionnaire, the data will be stored on SurveyMonkey. Once data collection is complete, the data will be transferred to a secure computer and password protected, at which point, all data will be removed from SurveyMonkey. All information you provide will be treated confidentially. No reference will be made that could link you to this study in any written or oral materials created as a product of this research.

I would be happy to answer any questions you have about this study. You may contact me by phone at (804) 827-0901 or through e-mail at jagordon@vcu.edu or callc@vcu.edu if you have any study-related questions or problems.

Thank you for considering participation in this research project. If you would like to participate, please click the link (or copy and paste the link into your web browser) below to connect to the questionnaire where you will receive further instructions.

Link to survey: _____

APPENDIX C

Informed Consent Page of Survey

Title of Study: Sex offender management policies and their unintended consequences: A national survey of the perceptions of professionals.

Investigators: Jill A. Gordon, Ph.D., Virginia Commonwealth University
Corey Patrick Call, M.S., Virginia Commonwealth University

Contact Information: Phone: (804) 827-0901
E-mail: jagord@vcu.edu

Purpose of the Study

You are invited to participate in a research study. The purpose of this study is to gain knowledge about the perceptions of sex offenders and sex offender management policies held by professionals who have direct and/or indirect contact with sex offenders.

Participants

You are being asked to participate in this study because you hold a membership in either the American Probation and Parole Association (APPA) or the Association for the Treatment of Sexual Abusers (ATSA). Both of these organizations have agreed to assist in this research by providing an invitation to participate in this study to their members. The Institutional Review Board (IRB) of Virginia Commonwealth University has also approved this research.

Procedures

If you volunteer to participate in this study, you will be asked to do the following: complete an online survey consisting of questions about your perceptions of sex offending, sex offenders, sex offender management policies, the unintended consequences of sex offender management policies, punitive philosophy, and work and organizational factors. You will also be asked to provide some demographic information at the end of the survey. Your name and email address will not be associated with or linked to your answers.

Benefits of Participation

By participating in this study you will be providing insight into the perceptions of professionals on sex offending and sex offender management as well as contributing to the fields of study in both criminal justice and public policy.

Risks of Participation

While it is unlikely, participation in this study does include minimal risk. Due to the topic of this study, you may feel uncomfortable answering some of the questions asked. You may choose not to answer any questions that make you feel uncomfortable. Participation in this study is completely voluntary and you have the right to refuse to participate as well as withdraw from this study once it has begun.

Cost/Compensation

There will be no financial cost for you to participate in this study or any financial compensation for your participation.

Voluntary Participation

Your participation in this study is completely voluntary. You may refuse to participate in this study at this point or choose to withdraw from the study at any point once you have started the survey. You are encouraged to use the contact information above to ask any questions that you may have about this study and your role as a participant.

Confidentiality

All information gathered from this study will be kept strictly confidential. No reference will be made that could link you to this study in any written or oral materials created as a product of this research. All data will be gathered from this study will be password protected and only accessed by the investigator of this study.

Participant Consent

If you have read the above information and agree to participate in this study, please click the box below to continue with the survey.

By clicking the box to the left I acknowledge that I have read the information on this page and wish to participate in this research study.