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Sexual offenders, violent offenders, and community reentry: Challenges and treatment considerations



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ABSTRACT

Sexual offenders and violent offenders compose two diverse subgroups of the United States' offender population, and individuals in these groups face unique challenges with respect to reentry and reintegration into the community upon release from controlled settings. Successful reintegration is typically defined by a lack of recidivism; however, an offender's quality of life may also be considered a critical consideration when defining success. Of the major challenges faced by sexual offenders and violent offenders, social stigma and barriers to housing and employment are among the most notable. These factors are often interrelated, such that difficulty in one domain may contribute to difficulties in other domains. As public perception of such offenders is largely driven by the media, stereotypes, and public policy, and less by research, offenders also face distinctive social barriers to successful community reentry and reintegration. Moreover, there is limited support for established policies and programs intended to maximize a violent/sexual offender's reentry success, in part due to the low base rate of reoffense. The present study reviews the literature examining factors associated with successful and unsuccessful community reintegration for sexual offenders and violent offenders released from controlled settings. Treatment of sexual offenders and violent offenders, and community-based support programs designed to facilitate reentry and reintegration, are also discussed.

1. Introduction

Offenders in the United States are particularly diverse with regard to age, ethnic background, socioeconomic background, and criminal behaviors. A subset of offenders includes those who have committed offenses of a sexual nature, commonly termed sexual offenders. Sexual offenders are heterogeneous with regard to sex/gender, offense characteristics, and victim preference (e.g., pedophiles versus rapists), among other traits (Jeglic, Maile, & Calkins-Mercado, 2011). A second offender group that faces a notable degree of stigma in the United States and beyond includes non-sexual violent offenders (Edwards & Mottarella, 2014; LeBel, 2008). Violent offenders compose approximately 49% of the state prison populations; the term encompasses those who have been arrested, convicted, and incarcerated for felonious crimes including assault, robbery, and homicide (Jeglic et al., 2011).

While all individuals incarcerated as a consequence of criminal behavior face a number of distinct challenges upon release from prison, reentry into the greater community, and reintegration into that community (Kubrin & Stewart, 2006; Petersilia, 2003; Weir, 2015), sexual offenders and violent offenders often face difficulties above and beyond those faced by offenders with non-sexual and non-violent criminal histories (Brown, Spencer, & Deakin, 2007; Zgoba,

Levenson, & McKee, 2009). For example, such offenders may face increased discrimination in housing or employment, be denied access to local social capital, be systematically excluded from participating in community-based support programs, and may face community resistance or mobilization against them (Burchfield & Mingus, 2008). Some notable difficulties related to community reintegration, and resuming life in the community after prison, are described qualitatively by exoffenders through the Marshall Project, and readers interested in exoffenders' perspectives are encouraged to review the Marshall Project's website (see Weichselbaum, 2015). The current paper focuses on several major issues related to community reentry and reintegration for adult sexual offenders and violent offenders, including stigma, recidivism, systematic barriers to reentry, housing and employment opportunities. Additionally, implications for outpatient/communitybased treatment are discussed. While not exhaustive, these subtopics were selected in an attempt to provide an overview of barriers faced by offenders upon reentry, because of the salience of these factors for offenders, the degree of impact of these barriers, and because of the availability of literature on these subtopics.

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2. Recidivism

Successful reentry and community reintegration is defined largely by lack of recidivism. Much of the extant recidivism research focuses on risk assessment, accurately estimating recidivism rates in various contexts, and a number of studies assess mechanisms for minimizing the chances of recidivism for offenders who reenter the community. In large part due to news and media coverage (Beale, 2006; Jimoh, Julius, & Akanji, 2007), laypersons often assume that sexual offenders and violent offenders are very likely to reoffend, in spite of data that argues the contrary (e.g., Bureau of Justice Statistics, 2003). Associated ideas held by laypersons include that sexual and violent offenders have a high likelihood of committing similar offenses throughout their criminal careers, and that offenders' tendencies to perpetrate criminal behaviors are stable over time (Lussier, Dahabieh, & Deslauriers-Varin, & Thomson, C., 2011). Few laypersons are aware of the base rates of reoffense for specific crimes, although tools exist that allow anyone with internet access to estimate the likelihood of recidivism for offenders released from state prisons, given offense-related and demographic characteristics (Bureau of Justice Statistics, 2011). Empirical research indicates that most sexual offenders and violent offenders do not recidivate upon release, that recidivism rates decrease as offenders age, and for those offenders who do recidivate, the majority do not repeat the crimes for which they were initially arrested (Bushway & Apel, 2012; Lussier et al., 2011). Unfortunately, the aforementioned perceptions and misperceptions commonly drive policies aimed at managing the risk of offenders.

3. Systematic barriers to reentry

Lussier et al. (2011) note that criminal justice policy development is heavily based on the assumption (i.e., the assumption of specificity) that the mechanisms which drive sexual and violent offending are somehow fundamentally different from those which drive other types of offending, thereby requiring a unique approach to risk management. Lussier et al. (2011) go on to summarize the risk management research in stating that prospective longitudinal studies have not yet provided substantial evidence in support of notable differences between sexual/violent offenders and nonviolent chronic offenders in this regard; this appears to have remained true in subsequent years. While both sexual offenders and violent offenders inarguably face a high degree of stigma, sexual offenders appear to face more systematically-based stigma than individuals who commit violent crimes, as evidenced by the sheer number of risk management policies associated with sexual offenses.

In recent years, sex offense cases, and particularly violent sex offense cases, have garnered much media attention. In turn, the media attention and associated public outcry resulted in reactive policies, termed sexually violent predator (SVP) statutes. Examples include the Community Protection Act of 1990 (1990), and the Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act (1994), as well as its amendments including the Adam Walsh Child Protection and Safety Act of 2006 (2006), and Megan's Law (Megan's Law, 1996), a New Jersey state and federal statute (Beale, 2006; DeMatteo, Murphy, Galloway, & Krauss, 2015; Levenson, 2003; Schultz, 2014; Wright, 2015). As SVP statute requirements apply to all sexual offenders¹ (Levenson, 2003), and non-sexual offenders (i.e., including offenders who commit non-sexual violent crimes) face no such repercussions, SVP laws epitomize the systematic bias faced by sexual offenders. For a detailed review of U.S. sexual offender treatments, laws, policies, and policy alternatives, the reader is encouraged to consult the summations by DeMatteo et al. (2015), and Wright

(2015).

SVP statutes exist on both federal and state levels, and so there is a degree of variation in the post-release requirements for sexual offenders in each jurisdiction (DeMatteo et al., 2015; Gordon, 2013; Matson & Lieb, 1996). Generally, SVP statutes allow for the indefinite civil commitment of sexual offenders in psychiatric hospitals following their release from prison (Levenson, 2003; Vandiver, Cheeseman Dial, & Worley, 2008). In other words, after serving a full prison sentence for their crimes, sexual offenders may then be hospitalized indefinitely, until they are determined to be no longer dangerous. Upon release, sexual offenders are required to register immediately with local law enforcement registries (i.e., on a public registry; Adam Walsh Child Protection and Safety Act of 2006, 2006; Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act, 1994; Megan's Law, 1996). Community members are thereafter notified when a sexual offender moves into their community, or when a current resident commits a sex offense. Notification level, and the process by which risk level is determined, varies by state (Gordon, 2013). Community members can also independently look up the addresses and descriptions of sexual offenders in a specific geographic area, through use of the internet (Schultz, 2014) and smartphone applications. Thus, being placed on a sexual offender registry may be considered stigmatizing for the offender, and potentially also for their family members and friends (Tewksbury, 2005).

Sexual offender registration and community notification are intended to empower community members by sharing knowledge of an offender's past crimes with those in his/her community, who may not have been otherwise aware of his/her history; the intention is to reduce further perpetration against unsuspecting community members (Levenson, 2003; Vandiver et al., 2008). However, the empirical literature does not provide strong evidence that such policies are effective in reducing recidivism (Mercado, Alvarez, & Levenson, 2008). Instead, recent research suggests that sexual offender registration may actually contribute to increased recidivism risk by hindering offenders' reintegration into the community and associated adjustment (Burchfield & Mingus, 2008; Levenson & Cotter, 2005; Robbers, 2009; Schultz, 2014; Tewksbury & Copes, 2012).

In research studies regarding the effects of sexual offender registration, stress, fear, shame, hopelessness, loss of relationships, and isolation are frequently identified as consequences of registration (Burchfield & Mingus, 2008; Levenson & Cotter, 2005; Tewksbury, 2005). Further, offenders commonly experience harassment/threats, property damage, and loss of a job or home as a result of their offender status (Levenson & Cotter, 2005; Mercado et al., 2008; Tewksbury, 2005; Tewksbury & Copes, 2012). Lack of housing, employment, and social supports are among barriers that may serve as risk factors for recidivism (Evans & Porter, 2015). A sample of sex offenders selfreported the belief that residence restriction and community notification directly and adversely impacted their social relations, as well as opportunities for employment and housing (Mercado et al., 2008). In some cases, sexual offenders have reported losing custody of their children, and losing the privilege of contacting grandchildren or other family members, following their conviction (Vandiver et al., 2008). It may be argued that such potentially unforeseen secondary consequences of registration contribute to the overly-harsh quality of punishment for sexual offending behaviors.

4. Stigma

Individuals with an arrest or conviction record generally face a degree of stigma due to their involvement in criminal activity and with the criminal justice system (Edwards & Mottarella, 2014; LeBel, 2008; LeBel, 2012b; Winnick & Bodkin, 2008). Community members perceive offenders generally as dangerous and dishonest, among other undesirable descriptors (Gaubatz, 1995; Edwards & Mottarella, 2014; Hirschfield & Piquero, 2010). Simply the label of *convicted felon* may

¹ The majority of SVP laws require that the defendant is at minimum charged with a sexual offense, has a mental illness, and is likely to engage in sexually harmful behavior in the future (DeMatteo et al., 2015).

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