Boston College

William F. Connell School of Nursing

THE MEANING OF BEING CONSIDERED A SEX OFFENDER FOR THE PERSON WHO
IS REINTEGRATING INTO SOCIETY –
A HERMENEUTIC PHENOMENOLOGY APPROACH

a dissertation

by

VICTOR G. PETRECA

submitted in partial fulfillment of the requirements

for the degree of

Doctor of Philosophy

November 2021

Copyright Notice

Abstract

Purpose: The purpose of this hermeneutic phenomenological qualitative study was to describe the meaning of being considered a 'sex offender' for the individual who is reintegrating into society. The aims included understanding the lived experience of the participants, while considering issues associated with self-perception, perception of others, stigma and humanization. A secondary aim was to unveil the meaning of being identified as a 'sex offender' and reintegrating into society carrying such label.

Background: Individuals with a criminal history face several barriers upon reentering society. For individuals with a history of sexual offenses, the challenges are even more aggravated. In many instances, society perceives individuals charged with a sex offense (ICSO) as "evil," "monsters" and "the highest form of evil." Additionally, upon reentry, ICSOs are subject to several sanctions that are uniquely directed towards those who have committed sexual crimes, such as civil commitments, housing and employment limitations and the Sex Offender Registry Board (SORB). While treatment specializing in sex offending is available and has been associated with reduced sex offending, issues associated with stigma, protracted or inhibited reintegration and overall recidivism are still common occurrences.

Method: This study was guided by Heidegger's hermeneutic phenomenology philosophical principles, Max van Manen's approach guided data collection and analysis. Only male adults (>18) were included in the study, and those who had a current "prisoner status" were excluded. Fourteen participants were recruited through purposive and snowball sampling. Participants were individually interviewed about their experience of being charged with a sexual offense, accounting for when they were first charged, until the period in which they reentered society. An iterative process was used for data analysis. Data was coded and interpreted through a

hermeneutic circle. To ensure rigor and trustworthiness, Lincoln and Guba's criteria were used, which include credibility, confirmability, dependability, and transferability. Audit trails, triangulation and reflexivity were essential strategies.

Results: The study sample consisted of fourteen men, ranging in age from 23 to 68 years old ($\bar{x}$ = 51.7 years; table 1). One participant identified his race/ethnicity as Asian American, while all other participants identified their race/ethnicity as white. Five of the participant were assigned a level 3 in the SORB, while four were assigned a level 1, three were assigned a level 2 and two were awaiting a level designation. The major themes identified were: *(1) Exposed secret leads to humiliation (2) Being considered a sex offender is living in fear of the unknown, (3) Stigma consumes the identity of the individual charged with a sexual offense (4) Reframing and "leveling" of the crime are coping strategies; and (5) The path towards healing and forgiveness is complex.* These themes represent different facets of the phenomenon of interest.

Conclusion: Through hermeneutic phenomenology, a more complete understanding of the meaning of being considered a 'sex offender' for the person reintegrating into society was formed. The data uncovered allowed for a conceptualization of the phenomenon, *The vexed question of accepting guilt while avoiding shame*. Future research should focus on longitudinally exploring the interplay between behavior and the process of shame and guilt over time. Moreover, future studies should test and verify the conceptualization.

Keywords: sex offense, sex offender, shame, guilt, healing, offender, sex crime

Acknowledgements

I would like to express my deepest gratitude to the members of my committee: Dr. Ann W. Burgess, Dr. Jane Flanagan and Dr. Karen Lyons. It was an absolute honor to have your guidance. Thank you for your kindness and generosity through this challenging and rich experience. Without your unwavering support, this would not have been possible. To my family and friends, thank you for giving me the opportunity to keep on living this dream.

Table of Contents

Chapter 1: Statement of Problem

This study explored the meaning of being considered a sex offender for the person who is reintegrating into society. The purpose of this chapter is to discuss the unique aspects associated with being charged or convicted with a sexual offense in the United States, particularly for those who are reentering the community. This chapter will discuss the significance of the problem, define terms used, review the underlying assumptions and describe the specific aims of this qualitative study.

Statement of Problem

Few crime categories evoke as many negative sentiments and reactions as sexual offenses do. In comparison to persons who commit other types of crimes, whether they are nonviolent or violent, individuals charged with sexual offenses (ICSO) are subject to harsher legal sanctions, widespread denunciation and loss of numerous civil liberties (Lancaster, 2011; Pickett, 2013). While it is important to recognize that sexual crimes go underreported, under-prosecuted and cause immense pain and suffering to victims (Kruttschnitt et al., 2014), it is also crucial to consider that the majority of ICSOs eventually return to the community and face numerous challenges upon release, from practical issues associated with reintegrating into society, to the stigma attached to the 'sex offender' label (Levenson & D'Amora, 2007; Wright, 2008).

In order to contextualize the challenges and adversities faced by those who have been charged with a sexual offense, a general overview of the American justice system has to be considered. The United States is a nation in which 77 million people have a criminal record (Sawyer & Wagner, 2020). Additionally, there are more people per capita incarcerated and involved with the American criminal system than any other country in the world (Sawyer & Wagner, 2020; Walmsley, 2018). While the incarcerated population has slowly declined in the

last decade, recent reports indicate that approximately 2.1 million individuals live behind bars and nearly 4.4 million persons are under community supervision through parole or probation (Maruschak & Minton, 2020). Although the exact number of "registered sex offenders" is unclear, primarily due to the lack of accuracy in state registries (Beck & Travis, 2006), it is estimated that over 750,000 Americans fall under the 'sex offender' category (Rosselli & Jeglic, 2017; Sawyer & Wagner, 2020).

While consideration for one's rights, choices and humanity within the penal environment is imperative, attention also needs to be given to those who face the unique challenges of reentry into society (Bureau of Justice Assistance, 2018). Until recent decades, individuals who had come in contact with the criminal system had the opportunity to minimize consequences associated with a history of criminal behavior by not disclosing past incidents. As technology advanced, initiatives aiming to mitigate risk for the broad population have been implemented. Coupled with enhanced government transparency and readily available information to the general public, both in news formats and official tracking systems, widely available criminal records have posed new challenges and consequences to a population that has historically struggled to reintegrate into society (Jacobs, 2015). The evolution of the criminal justice system, particularly when it comes to its tracking and reporting structures, has impacted a person's ability to seek employment, establish housing and engage in educational advancement (Ispa-Landa & Loeffler, 2016). It has de facto defined a person by their criminal record (Jacobs, 2015).

It is relevant to note that while the 1970s saw a critical point in which the justice system shifted towards increasingly more punitive policies, by the 1990s a greater focus was given to rehabilitation, treatment and community-based reentry programs (James, 2015; Phelps, 2011). In the delicate balance of trying to prevent crimes and rehabilitate those who committed offenses,

the criminal justice system established processes such as background checks and offender registries, which were instituted for the purpose of protecting the public and ensuring the safety of the population (Bushway et al., 2011; Department of Justice [DOJ], 2020). These strategies were conceptualized as deterrents to criminal behavior, particularly considering how costly crime can be to individuals, communities and the nation as a whole (FBI National Press Office, 2020). However, the distinct austerity of systems such as the sex offender registration board (SORB) have shown that despite providing a monitoring system, perhaps signaling that a specific conduct is not tolerated within social parameters and potentially even preventing crimes, these sanctions bring numerous unintended consequences and costs to individuals and communities (Chamberlain, 2018; Levenson et al., 2016; Rose et al., 2001).

Individuals charged or convicted with a sexual offense are subject to additional stigma derived from the nature of their criminal history (Ricciardelli & Moir, 2013). This population is condemned by all: the general public, professionals within correctional facilities and offenders who have committed non-sexual offenses (Bastian et al., 2013). In fact, even within ICSOs there is separation and denunciation between those who commit "touch" or "contact" sexual offenses versus those who do not (Winder and Gough, 2010). It has been argued in the literature that "there is no greater villain than the sex offender" (Wright, 2008. p. 17), whether this sentiment is attributed to a level 1 offender who was charged with public indecency, or a level 3 repeat offender who has been convicted of child rape. Moreover, when it comes to this crime category, for the past couple decades the American legal system has been marshaling resources through federal, state and local laws (Yung, 2010). Myths and misconceptions regarding sex offenders have also permeated the general population's perception and gained broad acceptance - from slogans such as "stranger danger," to the idea that recidivism post-release is a common

occurrence among ICSOs. These are matters that have been shown to be inaccurate in the literature (Wright, 2008; Yung, 2010), but still promote a cultural and political shift that contributes to the dehumanization and marginalization of an already stigmatized group, potentially impacting the potential for rehabilitation and reintegration into society (Bastian et al., 2013; Stevenson et al., 2015; Stupple, 2014; Viki et al., 2012).

Significance of the Problem

Individuals charged with a sexual offense have the same constitutional rights and navigate the criminal justice system in a number of ways that is similar to those who commit other offenses. Although all persons charged or convicted with a crime encounter hurdles through the legal process and reentry (Bai et al., 2015; Trotter II et al., 2018), those who committed a sexual offense face unique challenges posed by additional post-incarceration sanctions. Additional obstacles presented to ICSO include electronic monitoring, tracking and residency restrictions, possible chemical castration (both voluntary and mandatory) and civil commitment. However, the most salient requirement is mandated registration with a state's SORB.

Registering as a 'sex offender' is directly related to another key feature of sex offender registration programs: notification (Wright, 2008). The main purpose of this system is to promote public safety by ensuring that the information of those who have been previously convicted of a sexual offense is readily available to local and federal authorities, as well as the public. The individual's personal information becomes publicly available in SORB websites and other outlets (DOJ, 2008, 2020). The original assumption was that information about ICSOs allows the public to take measures to protect themselves, their families and their communities (DOJ, 2008). Length of registration requirements and notification, which may range from 15

years to life, are linked to regulations based on the presumed potential risk or threat of

reoffending that a person may pose (Wright, 2008).

Having a criminal record that includes a sexual offense predisposes a person to barriers

that encompass housing, social connectedness, employment and health outcomes (Kirk &

Wakefield, 2018; Massoglia & Pridemore, 2015; Sugie et al., 2020). In addition to all the legal

and tangible barriers that persons who have committed a sexual offense face, there is the

additional stigma that is fueled by the charge in itself. Few crimes seem to elicit political

responses or evoke emotional reactions as sexual offenses do (Ricciardelli & Moir, 2013). This

process of alienation and stigmatization persists upon release and continues as individuals reenter

communities and attempt to reintegrate into society (van den Berg et al., 2018).

If the intent of incarceration and legal supervision (i.e. parole, probation, offender

registry, etc.) is to not merely serve as a vehicle for crime punishment or deterrence, instead

focusing on rehabilitating and dissipating offending patterns so people can successfully

reintegrate into society, consideration has to go beyond the legal system (Kirk & Wakefield,

2018; MacKenzie & Lattimore, 2018). To an extent, efforts have been made to provide

rehabilitative options through imprisonment, which focus primarily on minimizing criminogenic

factors associated with recidivism. These may include access to adequate health care services,

mental health and substance abuse treatment, educational and professional courses and social

skill building programs (Baglivio et al., 2018; Duwe & Clark, 2017; Pusch & Holtfreter, 2018;

Vitopoulos et al., 2012). In the case of those who have committed a sexual offense, specialized

treatments and programs have been developed by the Bureau of Prisons (BOP) within facilities

to provide sexual offenders with opportunities to address deviant behavior, therefore minimizing

risks for reoffending (U.S. Bureau of Prisons [BOP], 2013). The BOP has also extended services to the community level for those who are under supervision.

While the overall effectiveness of sexual offender treatment continues to be controversial, the general agreement is that interventions are linked to positive outcomes when it comes to reducing recidivism (Hanson et al., 2009). However, treatment is not largely supported by the general population, primarily due to lack of knowledge regarding ICSOs' experiences and the preconceived notion that rehabilitation is not possible (Spoo et al., 2018; Viki et al., 2012). This perception might also be influenced by the fact that nearly 70% of those who are released from prison after committing any type of crime are arrested within 3 years (DOJ, 2018). In this instance, it is relevant to consider if addressing one's personal issues through treatment is sufficient to truly transition and integrate as a contributing member of society.

Even in optimal scenarios, what role does society have in perpetuating offending patterns? Does society in itself provide a path for reintegration or even redemption? Is it the case that the weight of a criminal charge prevails long after a legal sentence is complete, destining a person to hardship as they become reduced to nothing but their crime? How does a conviction of a sexual offense impact one's experiences and what meanings are associated with it? For these reasons and questions unanswered, there is a great need to further explore the lived experience of the ICSO and gain a deep understanding of the meaning of being considered a 'sex offender,' particular as it relates to humanization and a person's ability to successfully reintegrate into society.

Purpose Statement, Research Question and Aims

The purpose of this qualitative study is to gain an understanding of the meaning of being considered a 'sex offender' for the person who has a history of a sexual crime and is

reintegrating into society. The aim of this research study is to understand the lived experience of ICSOs, as well as the factors that impact their rehabilitation and reintegration into society, particularly as it pertains to their humanization. Thus, a hermeneutic phenomenology approach was used to explore the meaning ascribed to the experience of reentering society for the ICSO, while attempting to gain a better understanding of the participants' experiences, views and perceptions (Neubauer et al., 2019).

The overarching research question guiding this study was: 1) What is the meaning of being considered a 'sex offender' for a person who is reintegrating into society? Aims included 1) understanding the lived experience of persons charged with a sexual offense and who are reintegrating into society, considering issues associated with self-perception, perception of others, stigma and humanization; 2) understanding the common experiences of individuals charged or convicted with a sexual offense reintegrating society and 3) grasping the meaning of being identified as a 'sex offender' and reintegrating into society carrying such label.

Chapter 2: Philosophical Underpinnings, Relevant Background and Review of the

Literature

The primary purpose of this chapter is to describe the philosophical underpinnings guiding this study and to provide adequate background on what is known about the phenomenon of interest. The review includes an exploration of legal designations, criminal justice processes and barriers associated with reentry. This chapter will also include a review of the relevant literature concerning psychological mechanisms identified among ICSOs and a brief appraisal of key literature discussing nursing's perspective of person.

Guiding Philosophical Underpinning

As a qualitative research methodology, phenomenology is rooted in both psychology and philosophy, and has been used to gain an in-depth understanding of experiences as described by the individuals who are living them (Laverty, 2003). As a philosophical research tradition, phenomenology was introduced as an alternative to empirically driven positivist investigations (Sadala & Adorno, 2002). Descriptive or transcendental phenomenology was born from Edmund Husserl's philosophical concepts that the human appreciation for a given experience has great significance and should be valued as a mode of scientific inquiry. One of Husserl's students, Martin Heidegger, at odds with some transcendental phenomenology perspectives, developed his own approach known as hermeneutic phenomenology (McConnell-Henry et al., 2009).

Phenomenology is thought to have no uniform beliefs or rules that guide it, meaning that epistemological and philosophical stances within the tradition may vary. However, all forms of phenomenological pursuits share the common aspiration of exploring an individual's lived experience (Lopez and Willis, 2004; McConnell-Henry et al., 2009). While Husserl and Heidegger did not offer methodologies, their philosophical work provides foundations for

phenomenological inquiry, methodologies and research. In such case, the approach used for a specific study should emerge from the philosophical perspective inherent in the question and the researcher's epistemological lens (Caelli, 2001).

Descriptive/Transcendental Phenomenology

Husserl's descriptive phenomenology introduced the concept of studying experiences within the lifeworld. Husserl's orientation was strongly epistemological, regarding experience as the primary essential fount of knowledge (Racher & Robinson, 2003). He believed that in order to understand the true essence of the lifeworld, one must approach the phenomenon free of prejudice, so the phenomenon can be described and understood in a pure and unbiased manner (Parse, 2001). Husserl also encouraged disconnection from temporo-spatial judgments, so consciousness alone would unveil the truth. Husserl's descriptive phenomenology strives to explore phenomena pre-reflectively, in which case 'epoche' or 'bracketing is applied by the examiner to suspend any preconceived notions (McCollister et al., 2010). According to Husserl, arriving to 'pure' descriptions and 'universal essences' is facilitated by reductive processes, which are largely based on the view that any experience has universal characteristics that are common to everyone who has gone through the same experience (Lopez and Willis 2004). In the end, descriptive phenomenology research aims to unveil the 'universal essence' of a phenomenon (Matua & Van Der Wal, 2015).

Hermeneutic Phenomenology

Unlike descriptive phenomenology, which presumed that knowledge is conscious awareness, Heidegger emphasized the idea that 'being' is historical, systematic and temporal (Heidegger, 2013). In his philosophical approach, Heidegger was intent to go beyond description to interpret the phenomenon and derive meaning from 'being.' He also opposed the idea of

phenomenological bracketing, taking the stance that prior understanding magnifies interpretation. A fundamental aspect of Heidegger's work is the concept of time. For him, time is at the core of 'being,' and 'being' means to exist temporally through a finite time (Heidegger, 2013). Heidegger suggested that time is fluid and one can only explain experience temporally, as prior experiences impact one's present and future 'being' (Heidegger, 2017). His thinking was also built upon the concept of 'Dasein,' which is often translated as 'there-being' (Heidegger, 2013; Miles et al., 2013). The elemental idea is that human beings exist within a context in which they cannot be separated from – they are always immersed in their world. Hence, in addition to time, Heidegger emphasized that context deeply influences humans' experience and existence (Dowling, 2007; Heidegger, 2013).

Hermeneutic phenomenology focuses on the ontological questions of "what it means to be." Heidegger asserted that one could only arrive to knowing through understanding and interpretation (Heidegger, 2013). He focused on the subjectivity of human existence, contending that people's nature is to interpret and any attempt to not do so is inconceivable (Matua & Van Der Wal, 2015). Heidegger posited that one can only ensure that a hermeneutic question is pertinent if they have some prior knowledge of the phenomenon. This unchains a process of questioning and re-questioning knowledge that is recognized as the 'hermeneutic circle.' Here, the researcher engages in a circle of ideas that goes from the whole to the parts, aiming to generate a shared understanding while identifying what it means to be (Bontekoe, 1996; Koch, 1995). Whereas descriptive phenomenology aims to unveil the universal essence through describing phenomena, hermeneutic phenomenology is interested in understanding meaning through interpretation (Racher & Robinson, 2003). Heidegger supports the idea that once we account for time and space, experience is unique and might vary based on individuals'

involvement with the world . Still, one person's experience may resonate and relate with that of another person who also experiences the same phenomenon (Heidegger, 2013).

In this study, a hermeneutic phenomenological perspective is appropriate, given the aim of uncovering the socially situated experiences and meanings that individuals who have been charged or convicted with a sexual ascribe to the experience of reintegrating into society.

Humanization and Nursing's Description of Person

Nursing academics have for many years examined the nature of nursing knowledge development, seeking to identify the unifying focus that define and advance the discipline (Willis et al., 2008). Nursing has grown and progressed to the process of "caring in the human health experience" (Newman et al, 2008, p. E16). Yet, the discipline has dealt with multiple, and at times competing, theories that pertain to person, health, and nursing. Although paradigms and models have varied, Willis, Grace and Roy (2008) proposed a unifying focus that transcends all conceptual models and theories: "facilitating humanization, meaning, choice, quality of life, and healing in living and dying" (Willis et al., 2008, p. E32-33).

Newman and colleagues (2008) proposed a unified construct based on central concepts pertaining to the nurse-patient relationship, which include: health, caring, consciousness, mutual process, patterning, presence, and meaning. The concepts of health and caring highlight the intention and nature of relationships, while consciousness includes all types of information – from physiological sensation, to intention and emotion. In research and practice, a nurse who is fully present is positioned to engage with patients in a mutual process, as to unveil holistic patterns and the unique meanings within experiences (Newman et al., 2008). Watson and Smith (2002) support the idea of growing towards a sense of deep knowing that embraces the physical, but also has room for deep knowing, imagination and nonphysical phenomena. These concepts

are aligned with the Jesuit value of *cura personalis*, which stands for recognizing a person for their entirety, while acknowledging that each individual has a unique background, aspirations and desires (Dickel & Ishii-Jordan, 2008). These concepts and values, combined with the philosophical underpinnings of hermeneutic phenomenology, uphold the fundamental necessity of not reducing a person down to fragmented facets of who they are. The consideration and maintenance of the person as a whole, ultimately facilitates meaning, choice, healing and humanization (Willis et al., 2008).

Willis, Grace and Roy (2008) described "humanization is human beings' careful attending to self and each other as relational and experiential in the whole of the unitary human-natural world with all of our unbroken and broken wholeness as human beings (Willis et al., 2008, p. E33). In this case, humanizing involves accounting for a broad range of human experiences, characteristics and aspects, which together compose the whole of a person (Willis et al., 2008). Furthermore, humanization implies moral values that include respect, compassion and empathy towards others, without minimizing their overall human experience (Busch et al., 2019; Chernicharo et al., 2014; Rios, 2009). The counterpart for humanization, dehumanization, refers to the denial of human attributes to a person, generally accompanied by contempt or disgust and attributing a person's drives to primitive desires and 'wants' instead of sophisticated cognitive and emotional states. The term may also include the reduction of human attributes and objectification of those to whom one may feel no or little connection. This type of dehumanization may be followed by apathy and indifference and has historically been attributed to marginalized groups (Haslam & Loughnan, 2014; Kteily & Bruneau, 2017).

Advancing Nursing Science

As the discipline evolves, nurses continue to locate themselves as increasingly empowered scholars and professionals, gradually giving focus to issues associated with marginalization. However, the establishment of nursing research and its practice implications do not come without criticisms and challenges. Nursing as a discipline has been marginalized in healthcare and academia, and at times, even marginalized itself (Meleis & Im, 1999). Despite knowing marginalization well as a discipline and profession, nursing research has not always taken an active stance towards addressing the issues affecting disenfranchised groups (Meleis & Im, 1999). As the focus in healthcare progresses from acute care to community base, nursing is positioned to address the health and wellbeing of the most vulnerable citizens, by once again embracing its origins, confronting social injustice and addressing disparities (Gravens & Goldfarb, 2020; Keller et al., 2011).

Examining the wellbeing, humanization, meanings, choices and healing process of individuals who have committed a sexual offense is not only at the core of nursing, but also aligned with the contemporary sociocultural movement that recognizes the importance of addressing the needs of disenfranchised groups (Aviram et al., 2017; Goshin et al., 2018; Laughon, & Lewis-O'Connor, 2019). In this regard, advancing nursing knowledge in a manner that facilitates the rehabilitation and reintegration of individuals with a prior sexual offense also has community-wide repercussions. Creating paths for reintegration of those who have committed criminal offenses has been demonstrated to reduce reoffending, which benefits the individual and also decreases the burden to society as a whole (Berghuis, 2018; Gerber, 2012; Paris, 2008; Skeem et al., 2014).

Relevant Background

This study focuses on the experience of ICSOs, a marginalized group that is in many ways misrepresented in the media and misperceived by the public (Galeste et al., 2012). Often times, media coverage sensationalizes isolated and extreme cases that involve sexual violence, particularly towards children, which influences society's opinion and elicits patterns of public moral panic (Galeste et al., 2012). As a response to the public's response, there has been a number of laws that were enacted with the intention of alleviating the population's fear, resulting in further restrictions that are applied exclusively to sexual crimes (Malinen et al., 2014). For this reason, reviewing and clarifying the intricate contextual mechanisms associated with sexual offenses in the United States is pertinent for this study.

Sexual Offenses

Across the United States, sexual offenses comprise a unique and broad category of criminal charges, including some that are misdemeanors and several that are felonies (Rape, Abuse and Incest National Network, 2020). Sexual offenses may vary by jurisdiction, with crimes in this category including sexual assault, rape, incest, bestiality, prostitution, indecent exposure/exhibitionism and some forms of pornography (Bonnar-Kidd, 2010). Despite some variation, the Sex Offender Registration and Notification Act (SORNA) delineates different subcategories of sexual offenses, which help to guide sentencing, policing and monitoring. In this case, charges that fall under this category would not only result in potential incarceration or mandatory 'sex offender treatment,' but also additional sanctions such as required registration as a sex offender (DOJ, 2020).

The first category of sexual crimes described by SORNA includes *general offenses.* These charges encompass a range of offenses that involve a sexual act or crime that contains

some type of a sexual element or component. Sexual elements refer to any type or degree of genital, oral or anal penetration, sexual touching, or any contact with another person's body, whether it is directly or through clothing. In addition to charges that involve direct physical contact, general offense charges would also include attempts or conspiracy to commit a crime that contains a sexual element, such as "assault with intent to commit rape." Other behaviors that are considered sexually deviant and would fall under this subcategory include engaging in a sexual act with a non-consenting person either by force or by threatening violence and engaging in a sexual act with a person who is involuntarily drugged or rendered unconscious (DOJ, 2008; BOP, 2013).

SORNA also describes a second subcategory of sexual offenses, known as *specified offenses against minors.* This is a particularly relevant category, as it is occasionally broadly publicized in the media, influencing public opinion (Quinn et al., 2004). These sexual offenses refer to crimes against minors aged 18 or younger, which include soliciting or attempting to engage in physical contact or sexual activity with a minor; using a minor for a sexual performance (e.g. live performances or pornography production); soliciting or attempting to get a minor to engage in prostitution; taking pictures or capturing images of a person's genitals or other private areas of the body, where the victim would expect privacy against this type of conduct; possession or distribution of child pornography; and using the internet to facilitate criminal sexual conduct with minors. Kidnapping of a child may also be categorized as a sex offense, even if there is no evidence or suspicion of physical or sexual contact. In this instance, kidnapping a child would also generally require registration as a sex offender (DOJ, 2008).

Legal Process

Criminal justice processes are intricate and layered, involving numerous steps that go from investigating a crime to the release of a person from a correctional facility after they completed a sentence. Generally speaking, the criminal justice steps start with an investigation of the alleged crime, in which both direct and circumstantial evidence are collected. In order to access evidence, search warrants may be provided by a judge, as long as there is probable cause to search a person's property. Similarly, arrests require probable cause and only occur after law enforcement has an arrest warrant issued by the courts. There are exceptions in which the very first step is arresting a suspect, which occurs when the police have probable cause to arrest the suspect at the crime scene (Offices of the United States Attorneys, n.d.b). At the local level, a prosecutor alone may be able to bring charges upon a person, while at the federal level a grand jury must indict the person who allegedly committed a crime. The indictment is a formal notification that informs a suspect that charges were pursued against them.

During this process, the person being accused of a crime has several legal rights, including a suspect's Miranda Rights, habeas corpus and the right to remain silent (Hessik & Hessick, 2011; Schulhofer, 2012). During preliminary hearings, the defendant receives further information about the charges against them. Pre-trial procedures ensure the defendant's right to a fair public trial with an impartial jury, while trial procedures include the right to an attorney and the right to not self-incriminate. Some individuals may be permitted by law to be released from jail before a trial, if they meet the requirements for bail eligibility. For bail to be granted, many factors are taken into account, including a person's prior criminal record, familial support, and potential threat to witnesses (Offices of the United States Attorneys, n.d.a).

After several weeks or months of preparation by the prosecution and defense, trial commences. During this process, the evidence and facts of the case are presented to a jury by both the prosecution and the defense. The judge plays a pivotal role during trial, guiding the process and serving as an impartial presence who decides what evidence is admissible. Trial culminates in a decision by the jury: guilty or not guilty. If a person is found guilty of charges, sentencing follows (Offices of the United States Attorneys, n.d.c). Sentencing is a separate and complex process which focuses in specific guidelines and is applied in cases when a person is found to be guilty of a crime or a plea deal is reached (Legal Information Institute, n.d.).

While the criminal justice steps are similar for all types of crimes, differences in sanctions and provisions that are exclusive to sexual offenses become glaringly obvious post-release (Cucolo & Perlin, 2012). Whereas a probationary period following completion of the incarceration sentence is not uncommon across a number of offenses, many sanctions are exclusively applied to ICSOs. The most salient provision applied to ICSOs is the requirement of registering as a sex offender in their state of residence's SORB (Wright, 2008).

'Sex Offender' Sanctions

Sex Offender Registration Board.

The main 'sex offender' legislation enactments in the United States followed high-profile and largely publicized violent sexual crimes against children (Office of Justice Programs, 2020). Even though these cases were horrific and rare, they unchained political and legal responses disproportionally targeting sexual offenses as a whole. This response contributed to an overall structure that presumes or creates the impression that ICSOs are uniformly predatory (Jacobs, 2015). The 'Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act" was originated in 1994, creating a national sex offender registry that required

data on ICSOs from each state (Lewis, 1996). The act also had clauses indicating that states would lose federal funding if they were not to create a sex offender registration program. Following the rape and murder of a young girl named Megan in 1996, "Megan's Law" was enacted, which required law enforcement to disseminate pertinent information to the public regarding individuals who committed sexual offenses (Calkins et al., 2014; Levenson et al., 2007). A decade later, the "Adam Walsh Child Protection and Safety Act," also known as "the Sex Offender Registration and Notification Act (SORNA)" was signed into law, establishing a national registry and notification system. Some of the applications of the law included a national three-tier sex offender classification system with minimum length of registration requirements (42 USC 16915), mandatory minimum incarcerations, increased penalties for sex trafficking or prostitution of children, a DNA registry and tracking database of individuals convicted of sexual offenses. Guided by SORNA, different jurisdictions then developed their own registering, monitoring and notification programs, generally referred to as SORB (Calkins et al., 2014).

SORBs are state databases that contain personal information of individuals convicted with sexual offenses, including their name, date of birth, address, criminal charges and face picture. The database classifies individuals in tiers/levels, based primarily on their risk of recidivism. The relative seriousness of the original offense and other risk-elevating factors are considered during the classification process (Rydberg, 2017).

'Sex Offender' Levels

An individual categorized as tier or level 1 would be considered to have a low risk of reoffending. They usually are a first-time offender who have not demonstrated predatory features and have successfully participated and completed a sex offender treatment program. Charges in this category may include possession of child pornography, prostitution and indecent exposure

(Zgoba et al., 2016). Length of registration for tier 1 individuals may vary from 10 to 15 years depending on the state. Those who are designated a level 2, are considered to pose a moderate risk to the community and are considered more likely to reoffend in comparison to level 1. Some risk-elevating factors considered in level 2 include the person's lifestyle (e.g. substance use, prior criminal history, etc.), nature of the original sexual offense, failure to complete a sex offender treatment program and abusing a position of power. In this instance, cases may include a teacher or an authority figure who engages sexually with a minor, or charges such as rape, foreign object penetration, lewd acts with a minor and others. SORNA designates 25 years of registration for those registered as a level 2 sex offender. The level 3 classification is reserved to those who are considered to be likely to recidivate and pose a high risk to the community. Most have a history of prior sexual offenses, have predatory qualities and have not engaged or completed a sex offender treatment program. In conjunction with other factors, a number of criminal charges may qualify for this category, including: sodomy, rape with force, child pornography, sending harmful material to seduce a minor and others. Registration is mandated from 25 years to life for level 3 individuals (42 USC 16915; 803 Code Mass. Regs. 1.33, 2016).

By definition, the main purpose of this system is to ensure that information on those who have been previously convicted of a sexual offense is readily and publicly available. The person's name, address and past legal charges become publicly available in sex offender registry websites and in some instances it is distributed through additional means (e.g. flyers, social media posts, etc.) (DOJ, 2020). The introduction of this requirement assumed that if the general population is well aware of an ICSO's historical and current information, individuals and communities can take precautions to protect themselves. The U.S. Department of Justice (2008) has also claimed that this process is beneficial to ICSOs who are registered in the SORB, stating

that once the community becomes cognizant of a person's sex offense history, members of that very community reactively minimize contact with the ICSO. In turn, this social distancing between ICSO and community members would reduce opportunities for ICSOs to reoffend (DOJ, 2008).

Housing Restrictions, Electronic Monitoring and Civil Commitment.

In the majority of American states, ICSOs have residency restrictions and are consistently electronically monitored through a Global Positioning System ("GPS") device. In this case, ICSOs are not allowed to live in close proximity to a number of locations that are normally frequented by children, including parks, schools, pools and daycare centers (Budd et al., 2019). Some states also prohibit ICSOs from even passing or traveling to these locations, which can impact opportunities for social connectedness and employment (Savage & Windsor, 2018; Wright, 2008; Yung, 2010).

Additional sanctions applied to ICSOs in certain states include chemical castration (both voluntary and mandatory) and civil commitment (Douglas et al., 2013; Miller, 2010). A number of programs were introduced nationwide for the civil commitment of sex offenders that are categorized as "sexually violent predators" (Sex Offender Civil Commitment Program & Network, 2015). Civil commitment of ICSOs is akin to the commitment of mentally ill, with the exception that civilly committed ICSOs are institutionalized in forensic facilities in which the living conditions are more comparable to correctional facilities (Chammah, 2017). As of 2015, it was estimated that there were over 4,700 individuals in the United States, who were deemed as either dangerous to the public or unfit to reenter society by state psychologists and civilly committed under "sexually violent predator" statues (Miller, 2010; Sex Offender Civil Commitment Program & Network, 2015).

'Sex Offender' Treatment

Although 'sex offender' treatment has been explored in numerous studies, there is still disagreement when it comes to the effectiveness of such programs (Duwe & Goldman, 2009; Harkins & Beech, 2007; Howard et al., 2019; Kim et al, 2016; Mpofu et al., 2018; Walton & Chou, 2015). Treatment programs have been developed and evolved through the years, ranging from community-based programs, to involuntary civil commitment (Miller, 2010). Treatment programs may be available through the government, primarily targetting those who have been convicted of a sexual offense, or through private non-government affiliated clinics. Community-based programs may encompass a broad range of participants, including those who are mandated to engage in treatment as a condition of their community supervision, voluntary participants with a history of sexual offending and a proportion of individuals who are uninvolved with the criminal system but struggle with problematic sexual behavior (Aboujaoude, 2010; Harkins et al., 2012; Ward & Gannon, 2006).

The Bureau of Prisons (BOP) developed sex offender treatment programs to provide ICSOs with opportunities to address deviant behavior, therefore minimizing risks for reoffending and recidivism (BOP, 2013). Although these programs are primarily available in the correctional setting, the BOP has also extended services to the community level for those who are under supervision and/or elect to volunteer for treatment due to a history of a previous sexual offense. Within the system, there are two levels of treatment intensity available to those who qualify: residential and non-residential. In order to determine eligibility and which program intensity is indicated for each individual, an evaluation exploring protective and risk factors for future sexual offending is completed. Residential treatment consists of high-intensity programming ranging from 12 to 18 months. These high intensity treatment programs are available in only two

facilities nationwide and focus on developing a therapeutic community within a specialized housing unit. The main intent is to address criminogenic factors and reduce the risk of future reoffending. Due to the nature of the program, these facilities have a higher concentration of individuals who have committed a sexual offense and aim to create an environment that is conducive to rehabilitation (BOP, 2013).

The second option within the BOP, non-residential sex offender treatment programs, are based on outpatient group meetings that take place multiple times a week and generally lasts 9 to 12 months. This programming option is designed to support participants to develop basic skills and concepts to better understand their past offending patterns and to reduce future offending (BOP, 2013). In addition to treatment options provided by the BOP, a significant proportion of ICSOs engage in community-based, non-government-run 'sex offender' treatment programs. While there are voluntary participants in this setting, the vast majority of participants are still mandated to engage in treatment by the criminal justice system (Levenson, 2014).

It is noteworthy that since the 2000s, nearly 70% of community-based treatment programs have used polygraphs as a tool in the treatment, supervision and risk assessment of ICSOs (Vess, 2011). Treatment programs that use polygraphs, generally administer the tool post-conviction and focus on four areas in their assessments: 1) admission to their sexual offense; 2) fully disclose their sexual history; 3) comply with treatment and supervision conditions; and 4) did not sexually reoffend (McGrath et al., 2007). The implementation of polygraphs was based on the proposition that polygraph testing in the context of sex offender treatment programs would be equivalent to urine toxicology in addiction treatment (Meijer et al., 2008). Even though polygraphs are used widely, they remain controversial and there is little agreement, or evidence, on whether its use is appropriate or accurate, which raises ethical concerns. While a person has to

consent to polygraphs, its use is embedded in treatment programs and refusal may result in dismissal from the treatment program, which could be considered a violation of conditions for those who are mandated by the courts to participate in treatment (Vess, 2011).

Despite variability in settings, and whether treatment participation is voluntary, most sex offender treatment programs follow similar models and treatment strategies that are supported by research (Kim et al., 2016). The primary foundation for most programs has traditionally been Cognitive Behavioral Therapy (CBT) and Relapse Prevention (RP), often times appearing in combination as "CBT-RP" (Brandes & Cheung, 2009; Kim et al., 2016; Worling & Langton, 2012). As a psychotherapeutic modality, CBT relies in addressing distorted thinking patterns that reinforce sexually inappropriate behaviors. Behavioral patterns are also targeted in the intervention, so adaptive responses between cognition and behavior are cultivated. Cognitive behavioral approaches directly confront coping mechanisms such as denial or rationalization of problematic behavior, while introducing skills that can be used to manage sexual impulses. RP is also based on cognitive approaches, supporting participants in controlling their behaviors by identifying intrinsic and extrinsic factors that may lead to problematic sexual behavior. This occurs while also teaching participants to control their overall behavior (Reitzel & Carbonell, 2006).

An alternative model to CBT-RP that has gained support within sex offender treatment programs is the "Good Lives Model" (GLM), which was created due to the growing evidence suggesting that adhering to a risk-need-responsivity (RNR) approach is associated with reduced sexual reoffending (Hanson et al., 2009). This approach assumes that high intensity treatment should be available to those who are at the highest risk of recidivism and treatment should focus on criminogenic factors. In essence, this intervention emphasizes addressing changeable

individual characteristics that are associated with offending, in a manner that is meaningful, appealing and motivating to the participant (Ward et al., 2007). The GLM approach recognizes that individuals are motivated to seek primary "goods" that are personally significant to them, including personal features, experiences and states of mind that are inherently desirable. The approach posits that patterns of problematic sexual behavior result from: attempts to obtain desired goods in a maladaptive manner; frustration due to the inability of obtaining yearned goods; or an imbalance of goods (e.g. valuing sexual release over emotional connection) (Hanson et al., 2009). Therefore, treatment would promote knowledge and skills that are needed to lead a satisfying life, which would be incompatible with sexual offending.

When it comes to juvenile who have committed sexual offenses, Multisystemic Therapy (MST) has been identified as a promising treatment approach. MST is a family-based treatment program for youth who engage in antisocial and deviant behaviors. The main emphasis is on family involvement to monitor, supervise, and discipline the child/adolescent, so deviant behavior can be minimized (Henggeler, 2012). Sex offender treatment may also involve medical procedures, including both chemical (i.e. hormonal or pharmacological agents that reduce libido) and physical interventions (i.e. mechanical castration) (Kim et al., 2016; Scott & Holmberg, 2003).

Social Reaction and Attitude Towards Sexual Offenses

The literature has broadly discussed how legislation addressing sexual offenses is influenced by public pressure, at the same time that public opinion is influenced by the media (Galeste et al., 2012; McCartan et al., 2015; Quinn et al., 2004; Rosselli & Jeglic, 2017). This cycle usually starts with a sexually violent crime, continues with extensive media coverage that causes public outcry and is then followed by a legislative response that attempts to prevent this

type of tragedy in the future (Wright, 2008). Sexual crimes, particularly those committed towards children, are some of the most feared crimes in the United States and elicit emotions that are rarely seem with other offenses (Wright, 2008). ICSOs are perceived as dangerous pedophilic predators and the public reacts with fear, moral outrage and disgust (Olver & Barlow, 2010).

Much of the public's reactions seem based on misperceptions and myths that are spread and portrayed by the media, and further supported by reactionary legislation. For example, despite the public's belief of the contrary, a number of ICSOs are not pedophiles, most sexual crimes are not committed by strangers (Fields, 2017; Meloy et al., 2008) and ICSOs have some of the lowest reoffending rates among all types of crimes (Calleja, 2015; Cochran et al., 2020; Cortoni et al., 2010; Hanson et al., 2018; Huebner et al., 2019; Vess & Skelton; 2010). In result, sex offender legislation, particularly laws that focus on post-incarceration sanctions, are a consequence of an emotional public reaction and inconsistent with empirically proven strategies that are demonstrated to reduce recidivism (DeLuca et al., 2018).

A number of studies have explored attitudes towards ICSOs and sex offender treatment. In many cases, those who engage with ICSOs in a profesional capacity have more favorable views towards ICSOs and sex offender treatment (Fortney et al., 2009; Lea et al., 1999; Nelson et al., 2002; Sanghara & Wilson, 2006; Tewksbury et al., 2012). The general population's attitiude towards ICSOs have also been explored. A study by Levenson and colleagues (2007) found that the vast majortiy of the public perceived ICSOs as dangerous and would support sanctions to protect the community regardless if they were evidence-based or not. Kernsmith, Craun and Foster (2009) demonstrated that all types of sexual offenses elicit fear from the public. Still, a study by Schiavone and Jeglic (2009) found that while the public supports monitoring

stratetgies for ICSOs, they were concerned about the victimization of ICSOs, including physical violence or destruction of property.

It is important to note that prior studies have demosntrated that knowledge is directly related to attitude. Kleban and Jeglic (2012) examined people's attitutdes towards ICSOs and sex offender treatment before and after they were provided with education on ICSOs and specialized interventions. Findings indicated that knowledge that addresses misperceptions positivelly impacted particpants' attitudes towards sex offender treatment. Additioanlly, past studies indicated that those who are provided with research-based information and knowledge on sexual violence, are more likely to rationalize their perceptions. In contrast, those who obtain their knowledge on sexual crimes from the media or widespread social perceptions, are more likely to have harsher and negative opinions towards ICSOs and treatment (McCartan et al., 2015; Rosselli & Jeglic, 2017).

Stigma and ICSO's Psychological Defenses

Stigma

Through the whole criminal justice system process, from incarceration to post-release, ICSOs are targeted by others and often times pushed to isolation (Ricciardelli & Moir, 2013). This process of alienation, isolation and stigma, tends to persist upon release and continues as individuals reenter communities and attempt to reintegrate society (van den Berg et al, 2018). Stigma is experienced by ICSOs and their families, which results in social isolation for the individual who committed the offense and their families alike (Bailey & Klein, 2018). In a landscape that presents numerous barriers to offenders in general, bringing focus and attention to identify and address issues linked to the most stigmatized is not only important, but necessary.

ICSOs induce fear and disgust in communities, especially when they are perceived as a

threat to some of the most vulnerable members of society: children (Spencer & Ricciardelli, 2017; Spencer & Ricciardelli, 2020). Additionally, this is one of the few criminal charges in which a conviction may not be necessary for a person to suffer the repercussions associated with the offense. Society's response ignores whether a person is charged, convicted or assumed to have committed a sexual offense (Bailey & Klein, 2018). The response is singular and constant: the person is irreparable, irredeemable, inferior and must pay (Bailey & Klein, 2018; Ricciardelli & Moir, 2013; Ricciardelli & Spencer, 2017).

Denial

Considering the exclusionary public response towards ICSOs, it is unsurprising that coping strategies such as denial are seen within this group (Schneider & Wright, 2004). The propensity to recount history in a manner that is favorable to oneself is not only a common human behavior, but arguably a necessity when social stigma prevents reintegration or even one's desire for penance (Bailey & Klein, 2018). Among ICSOs, denial is a common reaction to shame and fear of losing familial support (Ware et al., 2015). Kennedy and Grubin (1992) identified different degrees of denial among ICSOs: 1) those who admit to their sexual offense, but hold on to the belief that no harm was caused; 2) those who internalize and readily admit to the offense, but recognize the act as an aberration disconnected to their true persona; 3) those who externalize and blame others for the sexual offense; 4) and those who are in absolute denial by all accounts. The majority of sex offender treatment programs include an "offender responsibility" component, which emphasizes accepting responsibility for the offense committed. However, there is limited evidence supporting the idea that extinguishing denial is necessary for successful sex offender treatment, as denial has been demonstrated to not be related to sexual offence recidivism (Hanson et al., 2005; Marshall et al., 2009). In fact, research

has shown the same level of risk and treatment success, whether participants accepted or were in denial of their offense (Ware et al., 2015).

Maruna and colleagues (2004) discussed how a level of denial that promotes the rejection of the sex offender label may have positive implications for the ICSO, as internalizing the label and the weight of the stereotypes associated with it may impact a person's self-concept and limit their ability to reintegrate into society. For those who have committed criminal offenses of any type, internalizing labels has been linked with higher rates of recidivism, as self-narratives influence future behavior (Blagden et al., 2014; Friestad, 2012). Blagden and colleagues (2014) state that denial may play a protective role, as it gives the person the belief that there is a path for redemption.

Previous Research

Research has demonstrated adverse outcomes associated with having a criminal record, ranging from increased rates of suicide, homicide and drug-related deaths (Lim et al., 2012; Pizzicato et al., 2018; DOJ, 2018). Negative health outcomes have also been observed within those who have a criminal record, including higher incidences of infectious diseases (e.g. tuberculosis, hepatitis, etc.), stress-related conditions (e.g. psychological and mental health disorders, hypertension and cardiac conditions) and self-reported conditions such as depression and chest pain (Massoglia & Pridemore, 2015).

Involvement with the criminal justice system may be associated with an everlasting negative social status. Individuals are readily labeled as "criminal," "offender," "con" or "felon," which may nullify other characteristics that would describe the wholeness of a person while reducing their sense of identity. Stigma and self-stigma pervade a person's trajectory, influencing how others perceive them and also how they view themselves. In such cases, individuals may

lose a holistic sense of self and become reduced to the offense that they committed, potentially preventing healing, rehabilitation and social integration (Chamberlain, 2018; Jacobs, 2015; Rose et al., 2001). Employers may hesitate to hire someone who is a "criminal," neighbors may be wary of relating to someone who has committed a past crime and families may be publicly shamed and further dismantled (Bailey & Klein, 2018). The trickled down effect perpetuates poverty, homelessness, lack of access to health care and recidivism (Tyler & Brockmann, 2017). Considering the costs to the individual and to society, there is a need to critically explore and examine not how those have a criminal record relate to society, but how society, in return, humanizes, relates and open channels for reintegration.

Quantitative research has identified core components that are recommended in 'sex offender' treatment programs, including addressing previous trauma, anger management, social skill training, sexual education, implementation of cognitive behavioral strategies, relapse prevention and developing meaningful life plans (Harkins et al., 2012; Kim et al., 2016). Research has also demonstrated how individualizing and matching services to specific criminogenic factors may yield positive outcomes and reduce reoffending post-release (Baglivio et al., 2018; Duwe & Clark, 2017; Vitopoulos et al., 2012). Although, reports from the U.S. Department of Justice (2018) have indicated that the vast majority of individuals who commit criminal offenses, including sexual offenses, are reincarcerated. The high rate of recidivism, raises significant questions: even in optimal scenarios, what role does society have in perpetuating offending patterns? Does society in itself provide a path for reintegration or even redemption? Is it the case that the weight of a criminal charge prevails long after a legal sentence is complete, destining a person to hardship as they become reduced to nothing but their crime?

How does a conviction of a sexual offense impact one's experiences and what meanings are associated with it?

Qualitative studies have explored the perceptions of victims, officers and the general public regarding support for reentry and rehabilitation of those who have committed a sexual offense (Hanson et al., 2009; Spoo et al., 2018; Viki et al., 2012), indicating that increased knowledge and psychoeducation yields more favorable views towards those who have committed a sexual offense (Kleban & Jeglic, 2012). Phenomenological approaches have also been implemented, seeking to gain a better understanding of different aspects of the lived experience of those who have committed a sexual offense. Studies by Persons (2009) and Somervell and Lambie (2009) focused on exploring the experience of adolescent sex offenders going through targeted treatment programs, such as art and wilderness therapy, finding themes such as 'need for security,' 'need for freedom,' 'need for affiliation and affection,' 'enhanced relationships,' and 'view of self.' Exploring stigma and reentry, Huebner, Kras & Pleggenkuhle (2019) compared the experiences of participants reentering rural and urban communities, with a particular focus on social and structural stigma. The study found that stigma is consistent across locations, although urban-dwelling individuals are more likely to maintain a sense of privacy. Conversely, those in rural areas experience both community shunning and stronger social supports from close interpersonal relationships (Huebner et al., 2019)

Phenomenological studies have focused on the cognition of those who have committed sexual offenses. In a small case study by Gerhard-Burnham and colleagues (2016) examining the lived experience of adolescent offenders, primary themes associated with 'loss of father figure,' 'lack of personal boundaries,' and 'early exposure to pornography were identified. (Gerhard-Burnham et al., 2016). From a transcendental phenomenology perspective, Garrett (2010)

explored the childhood experiences of adult incarcerated individuals convicted of sexually abusing children, with main themes relating to low self-concept, being consistently in 'survival mode' and feeling isolated and abused. In an exploration of cognition of "intimate partner sex offenders," Weldon (2016) established themes in which participants saw themselves as less dangerous than other sexual offenders, diminished their sense of responsibility and perceived their victims as having a role in the violence. In two separate studies, Blagden and colleagues (2011, 2014) sought to gain a greater understanding of the experiences and perspectives of those who were in denial of their sexual offenses post-conviction, identifying themes such as 'maintaining viable identities'; 'wanting to change' and 'being in denial.' In a phenomenological analysis of individuals who committed internet sexual offenses, Winder and Gough (2010) uncovered that participants did not identify with the sex offender label, minimized the severity of their crimes and did not see their crimes as being harmful to the children involved.

However, no known studies have explored the lived experience of adults who are reintegrating into society after committing a sexual offense, with a distinct focus on stigma, dehumanization and meanings attached to the experience and the sex offender label in such context. This poses a notable gap, as meanings attached to the experience of being considered a sex offender for the person who is returning to the community may have significant implications to practice, research and policy.

Chapter 3: Methods

In this third chapter, the research design and methodology for the study is discussed. Chapter 1 introduced the essential need for future research related to the experience of an individual convicted or charged with a sexual offense, and why nursing as a discipline is well positioned to investigate the phenomenon. The goals of this study are aligned with the tradition of hermeneutic phenomenology that asserts that reality is experiential (Heidegger, 2013). In such case, the method allows the researcher to gain a deeper understanding of an experience, while interpreting meanings associated with it (van Manen, 1990).

Chapter 2 demonstrated that there is a gap in the literature when it comes to understanding the experiences and meanings that individuals who have committed a sexual offense in the United States ascribe to being labeled a sex offender upon returning to the community, which may impact reentry, reintegration and recidivism. Hence, the purpose of this dissertation is to explore the meaning of being labeled a sex offender for the person reintegrating into society. This chapter describes the design and methodology that was used to gain a deep understanding of the experiences of individuals convicted or charged with a sexual offense (ICSO) as they reintegrate into society post-charge or conviction. Because the primary aim of this research is to understand the meaning of being considered or designated a sex offender, a hermeneutic phenomenological research approach was used to explore this phenomenon.

Design

Inspired by hermeneutic phenomenological philosophical traditions, including the work of Heidegger, van Manen (1990) developed an approach for inquiry. In this study, a qualitative design using hermeneutic phenomenology, as informed by van Manen's approach, was used to gain a better understanding of the meaning of reintegrating into society for the person who is

considered a 'sex offender.' The framework for this research followed the methodological themes proposed by van Manen (1990), which guided data collection, analysis, and interpretation.

van Manen identifies the initial phase as (1) 'turning to the nature of lived experience,' in which the researcher must come to terms with assumptions about the phenomenon and strive to formulate the least ambiguous question. In the second theme, (2) 'investigating experience as we live it,' the focus is on the methods that are used for data collection. Next, van Manen describes (3) 'reflecting on the essential themes which characterize the phenomenon.' Here, the primary purpose is to understand the essence and breadth of the experience of the participants. The process of attributing meaning to data may be achieved through three methods that focus on isolating thematic statements: the wholistic or sententious approach, the selective or highlighting approach and the detailed or line-by-line approach.

In the holistic approach, the researcher examines the text as a whole and attempts to identify the sententious phrase that captures the fundamental meaning of the text analyzed. In the selective reading approach, repeated listening or reading occurs to identify statements that seem especially pertinent to the phenomenon being described. In the detailed reading approach, each sentence or sentence cluster is examined to determine what they reveal about the phenomenon (van Manen, 1990). The process will then progress to (4) 'describing the phenomenon in the art of writing and rewriting,' which intends to elucidate the feelings, thoughts and attitudes of the study participants. In this manner, the researcher is able to better comprehend the nature of the experience of the participant through the written word (van Manen, 1990).

van Manen then identifies (5) 'maintaining a strong and orientated relation to the phenomenon.' Given how demanding and taxing hermeneutic phenomenology can be, it is

important to prevent wandering and settling to preconceived notions. This was achieved by having a commitment to understanding the phenomenon, allowing time to center, focus and reflect on the goal of the research. Last, van Manen's framework emphasizes (6) 'balancing the research context by considering parts and whole.' The researcher is asked to "constantly measure the overall design of the study/text, against the significance that the parts must play in the total textual structure" (van Manen, 1990, p. 33). This was essential to prevent getting lost within the content, so the unique meanings of the participants' experiences could be unveiled. Table 1 briefly depicts how the six steps informed the study's data collection, analysis, and interpretation of the findings.

Table 1 – Methodical Structure of Hermeneutic Phenomenological Human Science Research (van Manen, 1990).

(1) **Turning to the Nature of Lived Experience**	The researcher was drawn to understanding the lived experience ICSOs reintegrating into society.
(2) **Investigating Experience as We Live It**	Participants were selected after meeting the inclusion criteria for the study. Data collection occurred through semi-structured interviews.
(3) **Reflecting on the Essential Themes which Characterize the Phenomenon**	Data analysis revealing significant codes and themes within the transcribed interviews was completed (6 steps-approach). Within the steps, the researcher applied the wholistic, selective and the detailed or line-by-line approach to unveil main themes. Interpretation of experiences was completed,

	exploring meanings that individuals ascribe to the 'sex offender' label.
(4) Describing the Phenomenon in the Art of Writing and Rewriting	By reviewing transcripts during data analysis, writing and rewriting the themes and reviewing them with an expert in the approach, the essence of the lived experience was captured. Throughout the process, the researcher reflected on the findings. debriefed with professional peers about the interviews, discussed his existing knowledge and questioned any potential biases, which was a critical aspect of the hermeneutic circle of understanding.
(5) Maintaining a Strong and Orientated Relation to the Phenomenon	The researcher consistently referred to the research question, striving to maintain focus and orientation. Ongoing support and mentorship was in place
(6) Balancing the Research Context by Considering Parts and Whole	Transcripts were analyzed line by line individually, balancing parts with the whole experience.

The Role of the Researcher

In hermeneutic phenomenology, like the participants who experience the phenomenon, the researcher cannot be separated from his or her lifeworld. It is imperative for the researcher to acknowledge his preconceptions and consider how they impact the research process and interpretation during data analysis (Neubauer et al., 2019). In this study, the researcher's own experiences and knowledge led him to identify the value in investigating the phenomenon of

interest. The researcher is a psychiatric mental health nurse practitioner who has practiced in forensic settings for nearly a decade. A significant portion of the researcher's clinical practice has been providing mental health care to ICSOs, both in jails and in the community.

The researcher was responsible for all data collection. His experience caring for individuals who have a history of sexual offenses provided several advantages. For example, it helped to facilitate trust in the research-participant dynamic, allowing rapport to be established in the early stages of the interview. The researcher is also familiar with the legal process and treatment programs that are often mandated for ICSOs, which provided easier access to the experiences of the participants without consistently having to ask for explanations or definitions of legal or forensic jargon. Although, this may also provide a disadvantage, as participants may have attached their own meanings to certain behaviors, decisions and jargon (Ajjawi & Higgs, 2007). For this reason, the researcher maintained hermeneutic alertness, stepping back to reflect on the meanings of experiences and avoid automatically accepting his preconceived interpretations as that of the participants (van Manen, 1997). Reflexivity was a critical aspect of this study and opportunities to establish the relationship between the study, the participants and the researcher were considered within the methodology.

Study Setting

The research study was carried out with the support of a partner: New England Forensic Associates (NEFA). NEFA is a center for the evaluation and treatment of problematic sexual behavior. The majority of patients within the center have been convicted or charged with previous sexual offenses. NEFA facilitated the study by disseminating information to prospective participants, and providing a surrogate to aid in recruitment.

Population, Sampling and Sample Size

Study Population

This study focused on individuals who have been criminally charged or convicted with a sexual offense and currently reside in Massachusetts. There are several legal charges that fall within this category, sharing the commonality that the offense has a sexual component and a guilty verdict for such offense may result in sanctions such as being included in the sex offender registry (Commonwealth of Massachusetts, 2021).

Inclusion and Exclusion Criteria.

Inclusion criteria required participants to be 18 years of age or older and have been charged or convicted as an adult with a sexual offense. Only male participants were included in the study because although females can also be the perpetrators of sexual crimes, it is estimated that 98% of confirmed sexual offenders are male (Cortoni et al., 2017). Recruiting participants that represent the majority of the population who have been convicted with a sexual offense was imperative in order to describe the phenomenon (Miles et al., 2018). Furthermore, participants of this study had the cognitive and physical ability to consent to the study and verbally communicate in English at the time of the interview.

Exclusion criteria included individuals who were prisoners at the time of either consent or data collection, as the legal status of being a "prisoner" is associated with further vulnerabilities and restrictions. Only community-dwelling individuals were be eligible to join the study. In such case, persons with pending criminal charges or civil actions against them who were living in the community as they navigated through the legal system were eligible to participate. The exclusion criteria also precluded individuals who were or had been receiving psychiatric care from the researcher.

Sampling and Sample Size

Purposive sampling was the primary sampling strategy to recruit individuals who had experienced the phenomenon of interest and met the inclusion/exclusion criteria (Creswell & Poth, 2018). Data obtained in interviews was approached in terms of being thick and rich, rather than having a sole focus on sample size (Burmeister, & Aitken, 2012; Dibley, 2011). Sampling ended and sample size was considered sufficient once saturation was reached. Given the methodological approach, hermeneutic phenomenology, approximately 7 to 20 participants are considered to be necessary to reach saturation (Creswell & Poth, 2018). Snowballing sampling was also used towards the later stages of the study, as a number of participants were able to refer others who were part of their support groups or attended varied treatment sessions that were designated to those who have a history of a sexual offense.

Recruitment

Participants were recruited with the support of a designated clinician at NEFA, who hosts several groups with individuals who have a history of sexual offenses. She served as a surrogate for the researcher and extended the invitation to prospective participants during group sessions. The surrogate, who was not a member of the research team, but served as a point of contact and facilitated recruitment for the study, was given training when it comes to the inclusion/exclusion criteria and the purpose of the study. The surrogate at NEFA was provided with an informational letter that she shared with prospective participants. She was the sole point of contact, providing potential participants with information about the study and the researcher's contact information.

If a potential participant expressed interest in taking part in the study, the designated surrogate provided them with the researcher's contact information (email address and phone number), so they were able to reach out to the researcher directly. Within one week, the

researcher then contacted those who expressed interest in participating by phone or email to answer questions and obtain informed consent. Once it was determined that the participant met inclusion criteria and consent was obtained, the researcher then scheduled an interview at a time that was mutually convenient.

An alternative recruitment strategy included placing flyers advertising the study in the group therapy rooms and waiting rooms at NEFA. Additionally, a letter describing the study was sent out by NEFA to all of their patients who are currently receiving "sexual misconduct" treatment. These alternatives were considered in order to reach participants who were eligible, yet who did not consistently attend group sessions with the surrogate.

Participants were informed of the general purpose of the study and it was emphasized that their participation was completely voluntary. No financial compensation or payment was given and there were no known external benefits to participating in the study. However, the study did not require significant personal sacrifice and participants may have experienced psychological benefits from being able to express their experience as someone who has been charged or convicted of a sexual offense. Although it was not necessary, if a participant became distressed discussing their experience, a mechanism to provide emotional support was in place.

Ethical Considerations and Protection of Human Subjects

In conducting this work, there were several ethical considerations, particularly given how sensitive the topics of rape, sexual abuse and other sexual crimes can be. Moreover, imbalanced power relations and potential risks for the participants were considered (Creswell & Poth, 2018; Munhall, 2012). As it is true to other studies, the overall protection of participants was essential. However, given the phenomenon of interest, confidentiality was primordial, as ICSOs are known targets of vigilantism (Cubellis et al., 2019).

This study was approved by the Boston College Institutional Review Board (IRB). As part of the process, the IRB reviewed and approved procedures and protocols that included the interview guide, demographic questionnaire, all recruitment materials (e.g. flyers, informational letter) and the process of obtaining informed consent. A waiver of documentation of informed consent was requested, because the only record linking the subject and the research would be the informed consent form and the principal risk would be potential harm resulting from a breach of confidentiality. Moreover, due to current conditions associated with the COVID-19 pandemic, interviews were carried both remotely and in person, depending on site restrictions.

A letter of support from NEFA was obtained, as required by the IRB. It is important to note that the researcher is not affiliated with NEFA, which minimized potential conflicts. As discussed, the NEFA clinician was the sole point of contact and recruiter providing prospective participants with information about the study and the researcher's contact information. This process was favored over the researcher contacting prospective participants directly, so participants had full autonomy regarding whether they wanted to connect with the researcher and join the study.

Participants were informed of the general purpose of the study and it was emphasized that participation was voluntary. A copy of the informed consent form was sent to all participants prior to the scheduled interview. All participants reviewed the informed consent form and verbally consented to participate in the day of the scheduled interview – the verbal consent was recorded once the recorder was turned on. Regarding data collection, the goal was to obtain only audio recordings via a HIPAA safe recording device that did not connect to the internet, as participants may have felt uneasy having their image captured with audio through an online-based system (i.e. Zoom). Given the nature of data collection, anonymity was not possible but

confidentiality and privacy were ensured. The digital audio content was uploaded in an encrypted platform and securely stored to protect participant privacy according to strict confidentiality and HIPAA standards. A coding system with identification numbers replacing the participants' names was used. In addition to their names, any other identifiers were redacted from the transcripts, including the names of meaningful people described in their narrative. The documents accumulated through this study were saved in a secured server provided by Boston College, which only the researcher and the mentor/methodologist could access.

There was minimal risk involved in this research. However, becoming emotionally distressed as a result of discussing the experience of being charged or convicted with a sexual offense, which may have included spending time in jail or prison, was a possibility (Tewksbury & Mustaine, 2009). The interviewer minimized this risk by allowing participants to describe their experiences and meanings attached to it, with the options of refusing to answer a question or stopping the interview at any time.

Had participants been distressed by the interview, participants would have been referred to contact their assigned mental health provider at NEFA. There was complete confidentiality regarding the information shared by participants during the study; that is, the information was not revealed to the parole board, law enforcement officials, or anyone else. Participants were aware that others would only be notified if they expressed a desire to harm himself or others. If that was the case, routine procedures for risk behaviors that the researcher is knowledgeable about given his professional background, would have been followed. Unidentified electronic data was stored in a secured server. Moreover, participants were assured that their ability to receive care at NEFA was not impacted in any way by joining the study.

Procedures

The researcher was trained by a qualitative research expert to conduct interviews, which were then transcribed verbatim with a software and then coded. The goal was to describe the phenomenon and reach data saturation, the point when there was no new information gained from interviews (Fusch & Ness, 2015).

Data Collection

A hermeneutic phenomenological design using semi-structured, in-depth interviews were conducted (Appendix A – Interview guide). All interviews were performed by the researcher remotely via teleconferencing (i.e. Zoom) or in person. Upon entering the virtual room, participants were greeted and the researcher introduced himself. The researcher indicated that he was in a private location and asked participants to ensure that they had a comfortable and private room in which they could complete the interview. The researcher provided a brief description of his background and described the study's purpose and aim. It was emphasized to participants that anonymity cannot be assured, but in reporting the data, any identifying information would be redacted and not connected to the data. Participants were reminded that their name would never be used in any publications or presentations of this research.

Permission to record only the audio was obtained verbally prior to the initiation of any recording. Participants were notified when the recording started and ended. The audio for all interviews was captured in a HIPAA compliant electronic device. On average, interviews lasted 45-60 minutes. The format of the interview was described to the participants prior to commencing. Participants were given the opportunity of asking clarifying questions regarding the process, prior to beginning. Before starting the interview, the researcher completed a demographic questionnaire. Then, the interview initiated with the overarching open-ended question: "Please tell me what was the meaning of first being charged with a sexual offense."

Framing the opening in this manner contextualizes the experience of being charged with a sexual offense, while allowing the participant to identify possible meanings. During the interview, non-verbal cues and probes were used to encourage participants to share further details whenever appropriate. At the end of the session, participants were notified that the recording had stopped and the Zoom session was closed. The researcher allocated at least one hour to take personal field notes once each interview was concluded. Given the chosen design and rich data obtained from the interviews, no follow up interviews were conducted.

Data Management

The audio file was transferred from the electronic device to a password safe computer and uploaded onto NVivo transcription. The software featured automatic speech recognition and was used to transcribe the interviews verbatim. The digital audio content was uploaded to the NVivo online platform, which ensures that all uploaded data is encrypted and securely stored to protect participant privacy according to strict confidentiality and HIPAA standards. The transcribed file was given an identification number and was imported directly to the NVivo software in the researcher's computer for analysis.

The resulting typewritten transcriptions were confirmed by listening to the recording of the interview, while comparing it against the transcripts. Field notes were typed in Microsoft® Word for Mac, version 16.16.27. All files resided on a locally-controlled device and a folder designated to the researcher within the university's departmental server. Files were not linked to participants' names or other identifying information. Instead, each document was given an identification number. The server, which was only accessible by the researcher and the methodologist, was protected by password. The server was used to store research data, including interview recordings and transcripts.

Data Analysis

In hermeneutic phenomenological studies, a primary purpose is to understand the essence and breadth of the experience of the participants (van Manen, 1990). In order to achieve insight in the essence of a phenomenon, the researcher went through the process "of reflectively appropriating, of clarifying and of making explicit the structure of meaning of the lived experience" (van Manen, 1990, p.77).

Data analysis strategies and methods in this study were based on hermeneutic and phenomenological tenets. Furthermore, previous published pertinent literature discussing systematic ways of analyzing data guided the methods herein. As part of the whole data analysis process, the researcher carefully reflected on the transcribed data. While the NVivo transcription software was used to transcribe each of the interviews, analysis was conducted with Microsoft® Word for Mac, version 16.16.27. Throughout the process of reflection, the researcher explored the meaning of being considered a 'sex offender' upon reentering society by drawing themes from the stories that the participants recounted.

Phenomenological Techniques

The main aim of phenomenological data analysis is to translate the essence of lived experience into written expression, in a manner that the text allows for reflexive re-experiencing of the phenomenon and reflective meaning acquirement. The phenomenological researcher strives to build an expressive and vivid recount of the human experience, as they come in contact with the phenomenon in the lifeworld. Phenomenological themes offer a thick description of the phenomenon, illustrating the structure of the experience. The data analysis in this study were informed by Ajjawi and Higgs (2007) and Edwards and Titchen (2003) systematic method,

eluciating participant's own interpretations (first order), which were then juxtaposed with the researcher's understanding and interpretations (second order).

Hermeneutic Techniques

A main strategy in the data analysis was to create a hermeneutic circle, which is a concept that originated from the hermeneutic tradition. The hermeneutic circle refers to a process of understanding and interpretation, in which there is movement between parts and the whole. In this study, the hermeneutic circle included the researcher, a forensics nursing expert and an expert in qualitative research methodology. The researcher went from the data to a growing understanding of the phenomenon of interest, in a process in which both the parts and the whole give meaning to one another (Ajjawi & Higgs, 2007). The researcher remained open to questions that surfaced from studying the phenomenon and sought answers in the text. A deeper understanding and interpretation of the phenomenon manifested through the exchange between the text and the researcher (Ajjawi & Higgs, 2007; Bontekoe, 1996).

Reflexivity

Reflexivity was a critical component of the research process, in which the researcher engaged in strategies to position himself and acknowledge his role in the study. Reflexivity was vital before, during and after data collection. Given the researcher is the instrument in qualitative studies (Miles et al., 2018), his experiences, beliefs and assumptions impact the research process. In this process of critically reflecting on his position regarding the study, the researcher took his stance into account and engaged in strategies to minimize bias and ensure rigor throughout the course of the research. The researcher was particularly attentive to preconceptions linked to his clinical role, which involves providing psychiatric and mental health care to incarcerated

individuals, including those who have been charged with sexual crimes. The researcher also approached the study objectively, focusing on the voices and perspectives the participants.

Prior to each interview, the researcher reviewed the interview guide and took adequate time to center himself and suspend his preconceived notions. Given the researcher has previous experience doing clinical work with ICSOs, he avoided discussing his prior knowledge linked to forensic and correctional settings. He also minimized bias stemming from the researcher onto the participants of the study by ensuring that the purpose of the study was clear to all participants. In order to minimize bias originating from the recruitment site, participants with varied points of view were included. The researcher also kept the research question firmly in mind throughout the entire process and triangulate with other data sources.

Post-interviews, the researcher regularly connected with a colleague who is an advanced practice nurse practitioner and therapist to engage in emotional processing. This was a necessary step to manage the weight of the research matter and the emotions risen from interacting with the participants. In addition, the researcher methodically engaged in playing scales in a musical instrument, which for him ignites a meditative state. This process was followed by reflecting on the interview and journaling. During the iterative process of data collection and analysis, debriefing occurred with the expert methodologist every 1-2 weeks to critically process the collected data and content derived from the study. The researcher also had monthly meetings with the committee chair to discuss potential meanings attached to the experience of the ICSO who has reentered society.

Chapter 4: Findings

Introduction

In Chapter One, the knowledge gap and purpose of this present study exploring the meaning of being labeled a 'sex offender' for the person reintegrating into the community was introduced and the relevant research question that is consistent with the methodology used was identified. In Chapter Two, a further exploration of the available knowledge and background pertaining to the experience of the individual charged with sexual offenses (ICSO) were explored to further contextualize and substantiate the study. A discussion of the theoretical and philosophical underpinnings that informed the study design were also reviewed. Chapter Three detailed each step of the method applied, including the study setting, inclusion criteria, recruitment strategy, data collection procedures, data analysis and strategies to ensure rigor and maintain scientific integrity.

In Chapter Four, findings from the study are presented. The purpose of this study was to explore the lived experience and its meaning for a sample of individuals who is considered a 'sex offender' as they reintegrate into society. Fourteen men from the Northeast in the United States participated in the study. The study processes, including data analysis, were guided by van Manen's hermeneutic phenomenological approach, which were detailed in Chapter Three. This particular method was selected based on its suitability to explore individuals' experiences in relationship to time and space, while considering their lived body experiences and lived human relations. In this chapter, the demographics of the group are described first, followed by a description of the themes that were unveiled within the context of the four fundamental existential thematic structures described by van Manen (1990): spatiality, temporality, corporeality and relationality.

Sample Description

The surrogate approached fourteen prospective participants and all agreed to participate. It is important to note that the surrogate had prior knowledge regarding prospective participants' background, ensuring that they met inclusion criteria and maximizing successful recruitment. Out of the fourteen interviews completed, eleven occurred via zoom and three in person. For the virtual interviews, the researcher was located in his private office and the participants used their own personal device and were located in their residence during the session. For remote interviews, participants were asked to secure a private location and each was able to do so.

For in-person interviews, a clinical office at New England Forensic Associates (NEFA) was used. In these cases, the researcher met with the participant at NEFA, where a private office was made available by the clinic. For both remote and in-person interviews, the researcher was able to obtain audio and visual data, which allowed for direct observation of the participants as they discussed their experiences and meanings attached to them. It is worthwhile mentioning that the in-person interviews were delayed by the COVID-19 pandemic restrictions. While the choice to interview in-person or remotely was made available to all participants once COVID-19 restrictions were loosened, in one of the cases, the interview had to be completed face-to-face at NEFA because the participant was prohibited by his probation officer to access an Internet-based devices.

Data Source

The research protocol based on van Manen's approach outlined in Chapter Three was used to collect the study's data. Data sources included the interviews' digital audio files, as well as the written transcripts. Interviews averaged 60 minutes, with the shortest being 45 minutes and the longest nearly one hour and 40 minutes. Through the hermeneutic circle process, the

interview guide was adapted after four interviews to probe further into aspects of healing and forgiveness, given these were topics that were emerging in the initial interviews. Last, field notes and journal entries were typed in a Microsoft Word file and the original hard copies were discarded.

Data Analysis

Given the iterative process of data collection and analysis, once each interview, transcription, and transcript coding were completed, the researcher identified first order constructs by reflecting on the meanings attributed by the participants to the experience of reintegrating into the community while being considered a 'sex offender.' In the process of abstraction, the researcher cogitated about possible meanings attached to the participants' experiences in an effort to identify second order constructs. Additionally, as interviews progressed, the researcher created a hermeneutic circle with the committee member who is an expert qualitative methodologist, meeting every 1-2 weeks to analyze the transcripts and explore the movement between the parts and the whole. As meanings were unveiled in the hermeneutic process, prompts were added to the interview guide. By following the writing and rewriting hermeneutic process described by van Manen (1990), six iterations of the results were produced through the data analysis process, revealing the themes that relate to the research question.

Data analysis following the 6 steps-approach described in Chapter 3 illuminated the significant codes and themes within the transcribed interviews. Within the steps, the researcher applied the wholistic, selective and the detailed or line-by-line approach to unveil main themes. Interpretation of meanings that individuals ascribe to the 'sex offender' label was possible through immersion into the transcribed text, and then understanding of first order constructs that led to abstraction of second order constructs. First and second order constructs gave rise to

codes, which were then grouped into categories that were separated by the existentials described by van Manen. Categories were then grouped into larger themes through a detailed reading approach, so they could be linked to the literature and critiqued prior to the reporting of the final findings' interpretations. In this chapter, the themes subthemes and overall conceptualization that were derived from the data analysis, are described and further illustrated with participants' direct quotes.

Findings

Fourteen people met inclusion criteria and all consented to and agreed to participate in the study. All interviews were captured with a wireless recorded and transcribed verbatim. The interview guide, as described in Chapter Three, was used to structure all interviews. Participants were easily able to answer the questions and no revisions to the guide were needed. However, early on through the iterative process of data collection and analysis, it became apparent that further exploring issues associated with healing and forgiveness, as well as ongoing comparisons between sexual offenses and drug abuse, was imperative. Visual observations during data collection was particularly helpful to elicit additional information from participants depending on nonverbal cues, as well as to infer analytical content, given participants occasionally exhibited nonverbal behaviors that could have been lost and not fully appreciated in the absence of visual contact. For example, one participant cried quietly as he described his relationship with his children post-conviction, which allowed the researcher to note the power of the emotion being expressed in that particular moment.

Participants were asked to detail their experiences when they were first charged with a sexual offense, as well as to recount their experiences once they reintegrated into the community, at that point being considered a "sex offender." In all stages of the interview, participants were

asked to describe meanings that they might attach to different aspects of their experience, for instance: "based on your experience, what is the meaning of being considered a sex offender?" Considering temporality is one of van Manen's (1990) approach primary points of focus, the initial opening question was "reflecting back to the time you were first arrested/charged with a sexual offense, could you tell me what that was like for you?"

Given, the experiences of ICSOs seemed to be influenced by their self-perception and their view on the perception of others, the interview guide was also adjusted to include the following questions: "in past interviews, it has come up that people need to compartmentalize or separate themselves from their past act or charge in order to heal. What do you think about that?" and "has treatment helped your ability to work towards forgiveness?" Moreover, given early participants' comparison between sexual offending and drug addiction, the following question was included whenever pertinent: "can you tell me how drug addiction and sexual offending are similar or different?"

As the interviews progressed, most participants began their narratives by describing the impact of first being charged with a sexual offense, where they described their emotional response, immediate concerns, social dynamics and practical consequences. They continued to discuss their experience entering the judicial system and in many cases their trajectory through correctional facilities. The participants then focused their narrative on their experience reintegrating into society post sexual offense, discussing issues that included housing, employment, safety, relationships, self-perception, stigma, humiliation, healing and forgiveness. As the interviews progressed, participants discussed meanings attached to the "sex offender" label, as well as the meanings attributed to their experiences as they attempt to reenter and assimilate to society.

fDemographic Characteristics of Participants

      The final study sample consisted of fourteen men, ranging in age from 23 to 68 years old ($\bar{x}$ = 51.7 years; table 1). One participant identified his race/ethnicity as Asian American, while all other participants identified their race/ethnicity as white. Participants' level of education ranged from completing high school (n = 6) and undergraduate degrees (n = 5) to graduate degrees (master's degree n = 1 and doctoral degree n = 2). Regarding employment status, eight participants had some type of employment and six were unemployed. From those who were employed, two participants started their own business and became self-employed after being completing a legal sentence for a sexual offense and returning to the community. At the time of the study, four participants were single, two had been with a long term partner, three were married and five were divorced. It is noteworthy that two of the married participants met their spouses upon returning to the community post-conviction. In both cases, the participants had been married when they were first charged with a sexual offense and went through a separation and divorce as they were trialed and sentenced. From the 14 participants, eight had children of their own. Last, four of the participants had a history of military service.

Table 1 - Participants characteristics

		n	%
Age (23 to 68 years old; $\bar{x}$ = 51.7)		14	100%
Race and ethnic background			
	White	13	93%
	Asian	1	7%
Gender of preferred partner			
	Male	1	7%
	Female	12	86%
	Male and female	1	7%
Highest level of education			
	High School/GED	4	29%
	Some college	2	14%
	Bachelor's	5	36%
	Master's	1	7%
	Doctoral	2	14%
Employment			
	Employed	6	43%
	Self-employed	2	14%

Unemployed	6	43%
Marital status		
Single	4	29%
Partnered	2	14%
Married	3	21%
Divorced	5	36%
Military service		
Yes	4	29%
No	10	71%
Have children		
Yes	8	57%
No	6	43%
Registry tier/level		
Awaiting for tier/level assignment	2	14%
Level 1	4	29%
Level 2	3	21%
Level 3	5	36%

Themes

The major themes are *(1) Exposed secret leads to humiliation (2) Being considered a sex offender is living in fear of the unknown, (3) Stigma consumes the identity of the individual charged with a sexual offense (4) Reframing and "leveling" of the crime are coping strategies; and (5) The path towards healing and forgiveness is complex.* These themes represent different facets of the phenomenon of interest. Within each theme, the four dimensions or existentials of the lifeworld are distinguished to describe and interpret the lived experience of the participants.

Theme 1: Exposed secret leads to humiliation

Exposed secret leads to humiliation is the initial reaction and shock of being arrested and charged with a sexual offense. Theme one is defined by the knowledge that one can no longer conceal aspects of themselves that are shame-ridden. They saw themselves as people who resorted to sexually deviant behaviors due to loneliness, social alienation, low self-esteem, innate desires or boredom. They also viewed themselves as someone who at the time of their original offense misjudged and minimized the potential consequences of their choices and behaviors. They described being aware that they were engaging in behavior that is morally reprehensible

and recognized that their choices were at least potentially illegal. As participant number 4 described:

> *...I was doing drugs, I was seeing a psychiatrist and then to the psychologist, but I didn't know how to ask for help. So even though I knew what I was doing was wrong, I went there because I was lonely at my house. I couldn't stand being by myself.*

They also described feeling as if there were no outlets or resources to seek help to address an escalating sexually deviant pattern, believing that admission of sexual tendencies that are problematic or illegal, such as attraction to minors, would result in incarceration. Participant 5 relates:

> *You're hiding these thoughts and feelings and trying not to outwardly show these attractions and not understanding why you have these attractions and not wanting them in any way, shape or form and just wanting to be normal and not being that way….and, you know, trying to find avenues to figure out first what's going on with yourself and then trying to reach out for help to get it fixed. And there are no avenues because if you reach out for help, help is jail.*

Still, they saw themselves largely as victim of the circumstance, whether the circumstance was lack of social inclusion, an emotional disconnection from their spouse, an intrinsic sexual attraction to minors, a sufferer of life's stillness or a traumatized person who showed compensating mechanisms related to an abusive childhood. Within this perspective, they also saw themselves as a reactionary product of their environment, developing emotions (e.g. loneliness, denial, etc.) and behaviors across time as they related to other individuals and the larger society. Participant 8 details:

The way I explain, I was lost. I mean, I had a good job, I had a good employer, family that loved me. So the biggest thing here with me is, when I found out, I realized that I wasn't being true to them and being true to myself.

They related that as the behavior was exposed, in many cases largely through public outlets, they experienced shame and humiliation from being apprehended and having that aspect of their actions and personhood unwillingly exposed to society. They described the concern that this facet of their lives would become the primary focus of their surrounding community, in a society that places 'sex offenders' as one of its lowest and most repulsive members. They described how the humiliation, whether it was a result of the actual process of being arrested or the response of a shunning community, impacted their lived body experience. Participants 1 and 13 described this experience in similar ways as detailed below :

Participant 1: it was humiliating. I let myself in at my local police station and. I really was not fully aware of the truth of what I had done at that point. And these are members of my community, some of the police officers who arrested me were men that I saw at the soccer field where our children played and… these are big, powerful men. They were, they were angry at me and they were… they were rough (...) I was dealing with the difficulties of my feelings and emotions and I was being successful. I had a good job, a family and a wife, children. And I was active in my community. And now there was this undeniable public humiliation.

Participant 13: ...tires slashed, car defaced. A newspaper article on the front page of the paper, you know, my kid being shunned at school. You know, not being able to go outside. Not being able to go to church anymore, being pretty much a persona non grata and then having to move.

Participants described that once they were publicly charged with a sexual offense, the interactions with others in their lifeworld, particularly as it related to how they were perceived by them, pushed them to incarnate a despondent and dejected mode of being, as participant 7 described:

> *Participant 7: It was very degrading, very embarrassing. It was almost like the world came to an end that day or that next day. I couldn't sleep. I couldn't eat. I was sick to my stomach all the time, only because I had never had any offense prior to this*

Humiliation as a result of being legally charged and having their problematic sexual behavior exposed to society was clearly at the core of the phenomenon. ICSOs described a sense of powerlessness towards this aspect of the phenomenon, which permeated their trajectory over time as they moved through different contexts and interpersonal dynamics. Participant 11 discussed:

> *You enter into a world in which you have absolutely no control. You have lost all your rights, literally. We pretend to be a democracy, but our judicial system is such that you... your rights are indeed limited. You have lost all control over every facet of your life. You are dehumanized, you lose your identity. You are treated as a number and as a vile criminal of the state.*

It is noteworthy that participant 10, who described being designated a level 3 in the SORB, presented a unique perspective during the analysis, which is seen as a negative case. He denied ever struggling with problematic sexual behavior and described his legal charge as being "made up," stating he was accused of a crime that he did not commit.

It was hearsay what have you. But the impact didn't change, didn't change anything. I

might as well have been charged. Might as well done the action at this point. When it

comes down to the effects I had to deal with, you know, being put in a newspaper.

Theme 2: Being considered a sex offender is living in fear of the unknown.

Theme two is characterized by the uncertainty that consumed the participants once their

identity became connected to the 'sex offender' label, which started as soon as they were accused

of a sexual crime. As an initial response to the sexual offense charge, they described how their

own views of society's perceptions on sex crimes serves as a vehicle for their own increased fear

of what is to come. They described apprehensions and concerns in all realms of their lives, as

they attempted to anticipate legal outcomes and project the challenges related to being in prison

and reintegrating into society as someone who not only has a criminal record, but has also

garnered additional unwanted attention and visibility towards themselves due to the nature of the

instant offense. From a corporeal perspective, participants described a state of confusion and

fright that was initially paralyzing and all consuming, as participant 2 relates:

When I was arrested it was a lot of fear, it was a lot of anxiety, extremely depressed, I felt

dissociated. I didn't know what was going on. I really hit... I was so terrified.

The participants discussed having the belief that society sees no worse evil than those

who commit sexual crimes, particular if victims were children. This concept was detailed as

particularly concerning to them when it was coupled with the idea that ICSOs are seen as

"incurable." They described the idea that protecting children is an innate human quality and

society holds on to the stance that any perceived risk or actual harm towards children shall

deserve condemnation. As participant 2 described:

Participant 2: On some deep, visceral level, everyone has a desire to protect kids and I understand this. In their essence, they are largely defenseless and helpless to much things that happen in the world, and they don't deserve that bad things happen to them. Nobody does of any age. However, bad things do happen to children. Bad things happen to everyone of all ages.

Participants described having the view that the government sees them as blight that must be removed from communities. They also detailed that society's response towards sexual offenses gave rise to their worry of being labeled and seen solely as a 'sex offender,' which could bring embarrassment and even safety concerns to themselves and their families. They described the temporal relationship of this fear, as their experiences, concerns and trepidations varied through their legal trajectory - from the point in which they were first charged, to going to prison and then returning to the community. Based on their own preconceptions, which they described as being informed by what they have experienced in society for their whole lives, once they were charged with a sexual offense, they feared humiliation, social alienation and loss of social status. They were concerned about the repercussions that their crime could have on their family as well, wondering if their closed ones would be subjected to estrangement and distancing from others, or indirectly impacted by losses that could be brought upon by the crime. Participant 9 described:

If this gets out into the community, what does that mean? If I lose my job, what does that mean? If there's bad outcomes from this, what does that mean in terms of working, in terms of keeping the house, losing the house, losing my wife, losing my kids? All of those things flash, not flash, but all of those things keep going around in your head of the "I don't know what's going to happen."

Fears then progressed to their time spent in legal custody, with the vast majority of participants describing a value-based hierarchy that exists within the correctional system, as participant 11 detailed:

If you are an informant, that's the worst…but this [sexual offenses] is the second worst. You could have killed 10 people. You could have ruined so many lives with your drug dealing...It's just an upside down world in there, and it really is. The values are totally upside down and your goals is survival.

Participant 2 discussed safety concerns and fears associated with entering the correctional system as an ICSO:

I realized my life was over and I was terrified going to prison because all that I heard about was that if you go to prison as a sex offender, you're going to be beaten and extorted and raped and possibly killed…and I was terrified.

Participants described how their movement through space over time – first being incarcerated and eventually returning to the community after completing their prison sentence – brought continued fears of what the future holds. A growing mistrust of the legal system, which they perceived as unfairly punishing those with prior sexual offenses, contributed to the hesitancy and doubt they had upon reentering society. They feared a presumed reciprocal relationship between the legal system and culture, in which the law is influenced by public opinion towards ICSOs and vice versa. Upon reentry, their fears ranged from concerns related to the stipulations and restrictions that ICSOs have to follow due to their crime category (e.g. polygraphs, entering the SORB, etc.), to threats of social rejection and stigmatization. Participant 3 discussed:

I mean, our society is not about forgiveness. You know, our society is about punishment and that's what the whole penal system is all about. You know, and people aren't willing to forgive, especially about something like this. They'd forgive me faster if I murdered somebody…I went back and I read some of the responses that they had on the Internet to the charges that were posted on me, and there were things that were very hurtful on there. I mean, people are talking about having me eviscerated in public.

Participants recognized the threat of physical injury as an actual concern. However, it is significant to note that while they largely denied being physically attacked or harmed due to the nature of their charges since returning to the community, they often described being aware of cases of 'vigilantes' targeting ICSOs. They acknowledged that extreme violence towards ICSOs is uncommon, but recounted being familiar with cases in which ICSOs were harmed after being located through resources such as social media and the SORB, which contains registrants' residence address. In this instance, the lived body experience of the participants was highlighted by a sense of fragility and vulnerability, particularly as it relates to threats of physical harm.

The theme *Being considered a sex offender is living in fear of the unknown* is multidimensional and encompasses daily experiences of ICSOs who are reintegrating into society, with pertinent experiences associated with the theme being evident even prior to their incarceration. The participants navigated through different settings and challenges in face of their fears, having to adjust to threats, whether they were perceived or actual. Their personal fears and speculations of what the future might hold were informed by their prior experiences, including witnessing how other ICSOs had been treated in the media and in the community and cues from direct social interactions. All but one participant feared not having the opportunity to redeem themselves, as well as not being able to prove that they are capable of rehabilitation. Participant

10 was once again the deviant case, as he reported being accused of something that he did not do. He explained that he does not feel that he needs to prove that he is capable of rehabilitation, because he did not believe that he had responsibility for the crime in which he was charged.

The emotion dominating the trajectory from charge to reintegration to society was aptly described as "living in constant fear" by one participant, capturing the uncertainty associated with being an ICSO attempting to reintegrate into society.

Theme 3: Stigma consumes the identity of the individual charged with a sexual offense

A substantial component of the participants' experiences is related to the theme *Stigma consumes the identity of the individual charged with a sexual offense*, which has three subthemes describing the overall theme: (a) *Reduced to just a sex offender*, (b) *It is what I did, not who I am* and (c) *Perpetual social sentence.* This theme is characterized by the experience of returning to society as someone who is considered a 'sex offender,' while attempting to reintegrate into a community that focuses its attention into the crime that was committed by the ICSO. As described in the previous themes, the humiliation that ICSOs described experiencing due to being publicly implicated in a sexual offense, which often came accompanied by the revealing of a longstanding pattern of secretive sexual behavior that was considered problematic, largely related to their apprehensions regarding what the future would hold. These fears and concerns evolved as they moved through space and time, and their social relations and dynamics were consistently impacted by their 'sex offender' status. A primary concern was the stigma attached to being labeled a 'sex offender,' particularly as they encountered and related to others in a shared interpersonal space. Their lived body experience was consistently affected by the critical gaze, in which they described feeling lesser than other members of society. Participant 3 described:

Because a lot of people view me as not good enough. I am bad, so they hate me, or loathe

me or whatever you want to call it. it's just...they don't want to you around, period (…)

You're less than. You are... "not good enough" really isn't a strong enough word. People

just hate you just because of what you did and that's the way it is. And my fear was that

everybody would feel that way.

They discussed experiencing stigma, viewing it as something that is heavily fueled by the media and founded on the idea that those who have committed sexual offenses are predators who are incapable of being rehabilitated. In addition, they described feeling weighed down by the social perception that those who have committed sexual offenses are pedophiles. Participant 2 detailed:

Participant 2: A heterosexual man should be with a woman. You can choose not to rape

her. A homosexual man, he sees a man he likes, he chooses not to rape him. But they

believe that a pedophile cannot choose to not rape a child. Because they don't understand

the terminology with us going on here. And they don't understand that most sexual

offenses are caused by non-pedophiles and that it's people dealing with struggles like my

own.

In addition to suffering with the social stigma, they described intertwined factors that impact their reintegration into society and overall experiences. These varied interconnected aspects of their experiences are described in the subthemes.

Subtheme 3a*: **Reduced to just a sex offender**.* All but one participant reported that the most difficult aspect of their experience of returning to society as someone who is considered a 'sex offender' was being recognized solely for their crime. Participant 10 was the outlier, as he denied committing an offense. While he acknowledged suffering the consequences of being

charged with a sexual offense, regardless if it was true or not, he rejected the label and stated that the status was meaningless to him and his experiences.

> *Participant 14: It's easy to empathize with somebody, it's easy to sit there and look at somebody's situation. It's much harder when you're sitting in the situation and you're looking at how people are going to perceive you on something that it's not a big part of my life. But now, it's out there, it's like this dirty secret that is out there. That really only represents maybe like a percentage of my life, like one percent of my life, and now people are going to identify me as that one percent of my life.*

Participant 1 summarized the experience, indicating how widespread and pervasive the experience of feeling reduced to a 'sex offender' can be.

> *We're people and we're not being allowed to be people because we're just labeled as monsters and we can't ever escape it in our current justice system, society and social system.*

They lamented the fact that their wholeness is often nullified by their charge, but rationalized and described understanding others' responses.

> *Participant 6: ...the majority of people, if they don't know anything about you, if I tell them that right up front, they're probably going to walk away from me. And I don't blame them because that's all they're going to think about.*

In such instances, they found themselves struggling with deciding when to disclose this aspect of their experience in social interactions, fearing that the label of 'sex offender' would consume and dictate the perception that others have of them. They described the shame associated with the label and feeling like it is unescapable.

Participant 7: It's an immediate labelization of what you did and who you are. And it always seems they escalate. It always seems. I don't know why they do, but it always seems that they just look at worst case scenarios. And it may not be the worst case scenario, but it's.... it takes quite a while to get people to come back around.

They also discussed grappling with the fact that exercising full honesty may be detrimental to the development of human connections and social acceptance. They depicted being forced back into secrecy, attempting to solve the conundrum between being honest and trying to minimize the shame-ridden consequences linked to being defined by the label.

Participant 5: It forces you to hide and live a lie and not wanting to, because that's completely detrimental to everything I went through. And it forces you to go back and be some of the person that you don't want to be. I don't want to be this person that has to lie to people about what I've done. You know, when you meet someone in casual conversation and they find out about your past, you can't just tell them what you did when you get to know them, maybe a little bit closer and in close relationships than yes, you can share your secrets. But up front, it forces you to live the lies that you don't want to be living in. I don't want to live like that. I don't want to have to hide.

Numerous participants discussed feeling "branded" by the 'sex offender' label, many times describing it as having a "scarlet letter," in reference to the novel by Hawthorne. They recounted the corporeal experience of being watched at all times by a society that singles ICSOs out due to their prior offense and reduce them to primarily a 'sex offender,' which relates further to subtheme 3b discussed below.

Participant 14: I feel like every time, like when I first got out of prison and I was in a halfway house and I'm walking down the street, you know, it's like I'm looking at people

and people looking back at me. And I feel like I almost have like a scarlet letter, which

obviously I don't. People have no freaking clue. They know nothing. But I still feel like

that, you know.

Participant 8 described the literal labeling given to ICSOs by the legal system through the SORB, highlighting that while ICSOs are often seen as "all bad," there is still labeling within the 'sex offender' category which hinders individuals even further.

The person, these people, one, two or three, whatever label they are. Yes, we, they made

a mistake in life. If they seem like they've repented, truly repented and truly trying to go

forward. How can you put these labels on them, which is stopping them, you know what I

mean?

Subtheme 3b: ***It is what I did, and not who I am.*** All participants had a strong desire to be seen as a multilayered person and rejected the idea of being reduced to a label that they see as negative and shaming. For participant 1, emphasizing that he committed a sexual offense, but was not a 'sex offender' was imperative.

I committed a sexual offense, I hurt someone, I did. I can't label myself a sex offender for

that one action that I did, born of unhealthy behavior patterns that brought me to that

point. But that point was such a clarion call. I have grown and changed. I can't accept

that label for myself as valid, I committed a sex offense. I'm not a sex offender.

The majority of participants echoed this sentiment, dismissing the 'sex offender' label, while underlining the fact that they are a 'good person' or someone who is not defined by their past actions. Participants 10 rejected the imposition of the label by questioning the fairness.

Participant 10: Yes, they registered me as [a sex offender]. But it doesn't mean that I am. And you know, if I say, you're a drunk, because you have a beer once a week. Are you? Does it mean you really are because I said it?

Participant 7 specifically described the constant need of having to fight the tremendous power of the 'sex offender' label.

I've got to spend the rest of my life proving that I'm the person who I really was, not that person that made that mistake that one time.

Interestingly, a number of participants stated that the use of the 'sex offender' label may be appropriate in some contexts, highlighting that it should be attributed for those whose sexually deviant behaviors are chronic and a primary component of who they are – a sexual predator. Still, they used this statement as a way to underscore that a sexual offense is something that they did in the past, but not part of their essential persona. While acknowledging that victims are harmed in all instances, participant 1 made the distinction between someone who committed a sexual offense and a person for whom the sex offender label would be warranted.

So it's this profound lack of understanding between people who are truly dangerous and unable to understand and accept responsibility for their choice, unable to be empathic, unable to grow, unable to heal, and those who are able to make those changes…Those are important facts for the record. People who prey on children are causing such profound harm. That's an undeniable truth that we can't shy away from, that we have to be able to separate people who are predators and caused harm.

Participants distanced themselves from the 'sex offender' label as a descriptor of who they are by allocating their prior sexual deviance to a past behavioral disturbance or to a trait that has been managed through treatment. They indicated that while they have committed a sexual

offense in the past, and the label might have even been appropriate then, they no longer consider the label fitting as they have engaged in treatment and worked towards reintegrating into society. Participant 5 discussed how treatment has transformed the way that he manages his behavior:

> *I see myself as a person who has offended sexually. That's ...that's how I view myself as ...I am not currently offending. I know that. I am not going to go out and offend again. I am safe. The public is safe. So now I am someone who is offended sexually in his past. I mean, do I have those attractions? Most definitely. Will they be there for my entire life? Yes, but I know how to effectively manage them and I do not let them consume.*

Subtheme 3c: Perpetual social sentence. All participants experienced the ripple effect caused by having a sexual offense in one's record, identifying pervasive and enduring consequences that start with a legal system that uniquely punishes sexual offenses, and extend to the treatment and discrimination that one may receive from society by being identified as a 'sex offender." Participant 2 and many others discussed the encumbrances that are brought upon ICSOs by the SORB.

> *I have a criminal record. I have the honor of a lifetime on sex offender registry to look forward to. I can't use any technology at all, my original sentencing commission's...for the ones I'm released, I cannot use any computerized device, period.*

Participant 1 echoed the feeling that the SORB is a harsh and potentially unfair consequence, as it generally only includes those who have committed sexual crimes and is largely publicly available. He noted the fact that SORBs are a standard sanction for most ICSOs, regardless of the risk for recidivism and reoffending that they may pose. He also highlighted how these types of sanctions, which symbiotically exist with social perceptions and stances towards

ICSOs, promote dehumanization, perpetuation of stigmas and reducing a person's identity to 'sex offender.'

> *The threshold for being put on a registry is incredibly low, so you could have zero risk of committing a hands-on offense or even a re-offense. Zero risk, which is the category of that I am in. And still be forced to have to wear the scarlet letter, whereas you can be living next door to somebody you know killed five people and you would have no knowledge of that. So for some reason, society has deemed this as the most heinous of all crimes. And these people need to have their lives ruined, not only for the time at which they were incarcerated, but for all eternity in terms of access to a normal life (...) I found that in the European Union, a public sex offender registry is considered a violation of human rights. It's considered a perpetual lifetime punishment that is disproportionate with any crime.*

He continued to describe how ICSOs may need to develop strategies to escape the social punishment that persists beyond legal sentencing and sanctions, suggesting that an attempt to reach anonymity is needed.

> *I'm trying to convince the young man I'm sponsoring, he has to change his name, he has to change his identity because otherwise he's just going to be hounded by this crime forever. And I don't... I do not believe that he deserves that.*

The majority of participants shared a similar experience, attributing the quick spread of information through the internet as a main factor that prolongs the social consequences that ICSOs suffer. While this experience was described in a way or another across the interviews, participant 14 illustrated how information access can be damaging.

I think that as a society, we're into what we read on Facebook and what we see on the Internet and less of what people are like and how to deal with people…And where information is so easily obtained and because we're into this new culture of society to where we don't deal with things that we don't like, you know. I think that that's where a lot of my anxiety comes up to. You know what I mean? So if I'm working with somebody and that person looks at my history, right? Now, that person might go to, say, human resources and say, 'well, I don't feel comfortable working with this person.' You know, now I'm going to have to deal with this all over the place, right?

Participant 5 related practical concerns associated with being labeled a 'sex offender,' accentuating how such designation constrains a person's opportunities for employment and housing options, regardless if the person has engaged in treatment, not reoffended, or even if the sexual offense committed happened years ago.

I've been refused housing; I've been refused jobs. Not to look at me as a person, what I've accomplished and what I've gone through and, you know, the changes I've made. But they look at what I did two decades ago.

Participant 12 described the seemingly everlasting social effect of a 'sex offender' label that persists beyond legal sanctions. He emphasized how he fears the continued ripple effects of the label, whether they are related to social alienation, self-conception or personal safety.

That's a label for a life that doesn't go away when my probation ends. You know, and that's a bitter pill to swallow it gives me fear (…) You're always looking over your shoulder…somebody that's anti 'this' or anti 'that,' gonna react violently towards that.

It is relevant to note that although they feared suffering everlasting consequences due to their charges and not having the opportunity to be seen for anything beyond their prior sexual

offense, almost all participants acknowledged being able to form meaningful connections in which they felt recognized for the wholeness that constitutes their personhood. They recognized going through an adaptation period upon reentering the community, as they related to others and others related to them across varied spaces. Participant 14 summarized the experience.

> *Certain people are going to hate you for it [past crime] and not give you the light of day. And others are going to see what you've done in the rest of your life and say, 'Okay, he did that, but he's trying to be better. He's....you know, he's learned from what he did.*

Theme 4: Reframing and "leveling" of the crime are coping strategies

Reframing and "leveling" of the crime are coping strategies is defined as the conflictual and sometimes ambivalent feeling of wanting to get out of the shadow of the 'sex offender' label and be recognized in the full spectrum of human complexity. Reframing or contextualizing their original offense was done instinctively, drawing a direct comparison with other maladaptive behaviors and crimes that they depicted as equivalent or worse of what they were accused of doing. They contrasted their sexual offense to violent crimes, drug abuse and even to other sexual offenses that they considered worse than their own transgression. This attempt to level their crime with other offenses was used in the context of admitting to and taking responsibility for the crime that they committed, while emphasizing that others have done things that are far more harmful. Participant 9 differentiated those who consumed child pornography from those who produce it.

> *Is there a huge difference between people who are just searching for things and downloading them? People who are searching for specific things… and people making that material and sharing it with others and other offenses (…) Going after the producers*

and the distributors is probably a much more important thing than going looking for the

people that are possessing or downloading or other things like that.

Participant 3 used the contrasting and leveling between sexual offenses and other crimes to emphasize how recidivism and reoffending may be a greater issue in unlawful acts such as violent assaults and drug use and that rehabilitation is possible for those with a history of a sexual crime.

So they think sex offenders are more likely to commit crimes than anybody else, whereas

the number is more like five to 10 percent, which is even lower than, you know, people

who do drugs and people who commit murders and people do all these other things...And

yet, you know, that's the popular concept, is that a sex offender is going to repeat his

crime. That he's incapable of, of not doing it again, that this is just something that's

ingrained in the personality.

Participant 1 underscored the stigma and perception that ICSOs are seen as unable to evolve through their patterns of offending, becoming a continued target of the system. Part of his point, which was shared by the majority of participants, was a criticism of the categorization system, which lists those who have engaged in different types of sexual deviance under the same umbrella of 'sex offender.'

The knee jerk response of our society is to paint everybody who has done anything

inappropriate sexually with the same broad brush and say you're just damaged and

destroyed and deviant and there's no way we can trust you ever, ever again. And it's not

made easier by people who stumble and falter like anybody who has got addictive

behavior pattern does. Alcoholics fall off the wagon and when they do, sometimes they

drive drunk and they kill other people. Someone who has committed a sex offense if they

offended, typically, they go to jail for a very, very, very long time.

Many participants talked about certain sexual crimes, particularly the consumption of child pornography, being akin to drug or alcohol addiction. Although, they highlighted and questioned the fact that society and the legal system continue to denounce deviant sexual behaviors, but have grown to accept drug addiction as a disorder, progressively meeting those who struggle with drugs or alcohol with treatment and not punishment. Participant 11 questioned why sexual crimes of an addictive nature are seen as incurable and irredeemable, whereas substance addiction has garnered more social understanding.

I think some of these [sexual] crimes need to be understood in terms of their addictive

qualities. And addictions are addictions, whether they're based on a chemical you put in

your body or something that you do to make your own body produce that chemical. The

result is the same thing. And they need to be understood and treated as such. But I think

people are much more forgiving of substance addictions than they are of behavioral

addictions.

When comparing substance to behavioral addictions, participants often pointed out that there is greater pressure and stigma linked to behavioral addictions of a sexual nature, starting from the moment that one is charged, then through their trajectory through the prison system and continuing upon release, as participant 14 detailed.

I have to take a polygraph test, you know, once every six months, just because of my

charge. That doesn't get done for anybody else, except ...unless you're a 'SO' [sex

offender]. You know, and it's just ...it's terribly unfair, you know. And so, you're from that

day forward, you're always going to be singled out. The external pressures that you have

is much tougher than if you're just, you know, in for a drug charge or just in for a regular

charge. But there's ...it's very different when you're a 'SO.'

Participant 2 summarized a similar sentiment, however comparing sexual offenses to

other crime categories and focusing on how little opportunity for redemption he experienced.

You know, so if I killed somebody, if I stole from somebody, if I sold drugs, if I embezzled

money, I could say those very same things and that would be the response that I get:

'Okay, well we all make mistakes and something I learned from.' But with this, this, there

is no second chance.

A number of participants measured their personal sexual offenses against other sexual

offenses that either involved direct physical contact or were considered more violent, deeming

these other crimes as comparatively worse. Participant 5 explained.

There are people that shouldn't be in society, who have chosen not to change. They

believe that is the system's problem and not their own. And if they are ever released from

there, they will, one hundred percent continue to offend.

Acknowledging this distinction between sexual offenses was described as a strategy to

cope with their own prior acts or to emphasize that due to the nature of their offense, they were

deserving of an opportunity to reintegrate into society. Participant 1 made this distinction by

comparing different levels of sexual offending.

Repeatedly caused harm or unable to stop causing harm, versus someone who is more of

an addiction that's expressed through a sexual dysfunction. Someone who can be healed

and recovered. But we mustn't ever diminish the truth that when a child is harmed, that's

a whole truth that has to stand on its own and that child deserves protection and support

and recovery. But we're not doing ourselves and our society any service by labeling

everybody who has unhealthy behavior as the same as those subset of people who are

almost unrecoverable in their behavior.

Still, a number of participants, particularly when they had cases that did not involve physical touch, used the example of current sentencing structures as an argument to demonstrate the importance of leveling severity of crimes. Participant 11 exemplified this point.

Today, you'll get a much greater sentence for the Internet offense than for a hands-on

crime. Which is… unspeakable.

Despite comparing sexual crimes to other unlawful behaviors, and contrasting varied types of sexual deviance, participants also discussed how it was important for ICSOs to be considered based on their ability to resist impulses and control their behavior. This perspective was illustrated by participant 10 by once again comparing sexual offending to substance abuse.

There are some individuals who drink, who can't be around alcohol. There are some

people who are sex offenders who can't be around, you know, women or children, and

there are others who were alcoholics with no problem, not drinking anymore. There are

people who have sex offenses who learn from their mistakes and can move on.

From a relational perspective, particularly as it implicated the participants' ability to navigate their space once they reentered society, participants described the unique challenges that they faced because of the nature of their charge. They related their charges to other crimes as an argument of injustice regarding sexual offenses, as it was pointed out by participant 5.

Why are sex offenders on the registry, but murder is not? Or the drug addicts that were

shooting in school districts? They seem just as dangerous to the community, not

downplaying what we did by any means, but it should be fair and equal across the board.

It is supposed to be equality in the United States, but it's not and I mean, it's like that on a number of different issues, not just people who have offended sexually.

Participant 2 complemented this perspective by describing opportunities for redemption that are seen across crimes that are linked with varied maladaptive patterns, but not sexual offenses.

If I sold drugs, I could get a job once I am done with probation, everything, I could get a job in a drug rehab facility, because I've been there, done that. And who better to reach an addict than that. If I was a gang member? I'd get a job working with at risk teens. Because my offense with a child involved a minor, I cannot do anything to try to help minors. Because of the risk that I might not be able to control my impulse and do it again. Ever.

Last, in three instances, reframing and leveling of the offense was also done in a more explicit exculpatory way. They focused on displacing at least portion of responsibility onto society, recognizing that while this does not absolve them from their prior actions, it may serve as an argument against the harsh treatments, prejudice and hardships that ICSOs face, potentially justifying an opportunity for redemption.

Participant 12: Our society really, especially the media, they push a lot of the stuff that's almost subliminal, you know, you look at magazines, you look at, you know, television and movies and stuff like that. And it's pretty blatant, the suggestion that's happening out there. And, you know, this stuff for some of the people starts to get a little overwhelming. So, you know, it's not a problem until you cross that line… I feel that it's almost hypocritical, it's around you a lot.

Participant 7 made a similar argument while drawing the comparison to substance abuse and how society has demonstrated greater tolerance for that type of behavior.

It's almost like they're throwing it out there to entice you into doing something wrong. I mean, if it's illegal, it shouldn't be allowed on the Internet, period. End of story…I only thought that if you were out doing something bad, touching, feeling and/or sharing things with other people, that was what it was. But just looking at it will do it, too.(…) it bothers me to a certain extent that with today's technology that I would even allow that to be able to be available…, I mean, they squelch drugs and for the longest time marijuana and then a lot of hard drugs and all that stuff (…) You know, at that point in time, when you're looking at that, it's and it's an addictive thing. It's just like smoking cigarettes, alcohol, anything else. Once you start, it's just like.....and it's so simple. It makes it so easy to have availability.

The theme *Reframing and "leveling" of the crime are coping strategies* captures the experiences of ICSOs as they reenter society and attempt to reintegrate into the community. This theme is marked by reframing and comparing their charges against other types of individuals who may have engaged in maladaptive behaviors and come in contact with the criminal system, in an attempt to neutralize and level themselves with other individuals who are seeking social acceptance and redemption. They experienced their unique challenges as a product of the 'sex offender' label that is ascribed to them due to their original crime, seeing themselves as being harshly treated by both the legal system and society. This theme is related to the four existential aspects of the lifeworld (i.e. spatiality, temporality, relationality and corporeality), as ICSOs experiences associated with leveling morph according to their spatial and temporal trajectory,

becoming a function of their interpersonal and relational connections that ultimately impact their lived body experience.

Theme 5: The path towards healing and forgiveness is complex

The theme *The path towards healing and forgiveness is complex* is defined as the experience of trying to evolve beyond the previous sexual offense that is seemingly character-defining, by shedding the stereotypes and stigma associated with the 'sex offender' label. This process of healing and recovery involved the search for forgiveness and acceptance, both from the self and others.

Most participants expressed feeling isolated and alienated from society, depicting this as a result of the legal restrictions associated with their legal charge and to the stigmas linked to being seen primarily as a 'sex offender.' They described the need to identify and address the issues that predisposed them to sexual offending, so they could receive adequate treatment and support. Participant 2 discussed the shame associated with facing his prior actions, and the challenge of accepting guilt while discussing what forgiveness may look like.

> *I'm very ashamed of what I've done (…) Is it my fault how I acted, because of those problems? Absolutely. What I did is 100% my fault. Does the existence of those issues and discovery of them mitigate any culpability? I don't think so. I don't think it provides an excuse, but I think it does provide an explanation. And a lot of explanations in general, I think that we can perhaps...not be more forgiving, but more understanding because a crime was committed. Do I deserve forgiveness for it? If you mean forgiveness in the sense that "oh everything is honky dory and he can go on his way," no, of course not. But if you mean forgiveness, as far as "Okay, I'm not forgetting what happened*

there, but I'm not going to hold that against you as we move forward, because you

attempted to do what you can to address this."

When discussing forgiveness, most participants prioritize the need to forgive oneself and

to potentially be forgiven by their close supports and family. No participants described the need

to be forgiven by a past victim or the larger society in order to recover or heal, underscoring the

fact that lack of forgiveness towards ICSOs is close to unattainable. Participant 7 exemplified the

sentiment.

Society would like to view the offender, as this whole being as defined by that one offence

or that one circumstance or that one characteristic in his life. And in fact, it's just a tiny

piece of the whole puzzle and no matter what.... It's very difficult to live with the shame

and guilt associated with that label, you know, considering it has such a strong personal

and a very strong societal devaluation. But the key is to recognize that the other aspects

of your life are still vibrant and strong. And those are the ones that indeed define you.

You're not defined by this one aspect of your... this one flaw in your being. People don't

realize that, of course. But this self realization is ...you have to forgive yourself to move

on, and that's probably the most difficult steps... is to forgive yourself.

Participant 8 highlighted the relational aspect of forgiving oneself.

I wouldn't have forgiven myself before and now I know I can, but I'm trying to learn how

to, you know? I think the way I can forgive myself is by helping others. I can see through

their eyes.

Struggling to forgive oneself was a recurring feeling among the participants. They

discussed how they are able to comprehend the harshness of the treatment that they receive from

society. Still, when critically analyzing the mutual lived relation that they maintain with others in

the lifeworld, they also saw the punishment as excessive, potentially hindering one's ability to recover or heal.

> *Participant 2: I have extreme difficulty forgiving myself. Certainly difficult. So my first answer, my emotional response is that I did something really much worse than anybody else ever did. And so, I deserve what I'm getting. And I have no right to complaint about it. After all, I did the crime. And so, therefore, this is my punishment. That's my emotional response. At the same time, also, emotionally, I'm thinking that's not fair. If my punishment was over 12 years late from my family, plus two years stuck at home doing nothing, also away from family and friends. I've lost my life entirely. My skills, my job skills, I can't use. Rationally, what it means is that I have to work exponentially harder than the next person to prove to society that I am not still a threat. And that the question of being a threat will never truly go away, no matter how long or how hard I have been working at it.*

The participants shared the view that ICSOs will always be the object of social scrutiny. In numerous occasions, they discussed feeling that they have to continuously work towards proving their worth, with the resignation that they may never encounter full social acceptance.

> *Participant 6: I feel that basically I have to prove myself for the rest of my life. I need to show that I am a decent human being. I made a mistake. And that I will spend the rest of my life probably trying to prove that point, in actions and in words and in my behavior.*

The juxtaposition of the concepts of shame and guilt was mentioned by participants when discussing forgiveness, healing and recovery. Accepting guilt was portrayed as something that needs to be carefully gauged, as it may implicate society's perception and influence how one's ability to rehabilitate is viewed. Although Participant 9 highlighted the guilt associated with the

stress that he brought upon his family, he feared being the subject of shaming and echoed the importance of being forgiven at least by those who mean the most to him.

> *I need to work with my wife on repairing our relationship and all that because of what I've put her through. She is not at fault at all for any of what's going on right now. You know, given that I don't have a human victim, you know, that there's less of the forgiveness side there. And I know from hearing some of the other folks.... forgiveness from their family and others for what happened, you know, it's something that it takes a long time and may never come that, you know, I hear some of the guys say, "oh, yeah, I don't talk to these three kids anymore. That kid still talks to me." And I'm hopeful that'll never happen with me.*

As a negative case, Participant 10 agreed that he had to forgive himself to "move on," but stressed that he had to forgive himself for trusting people who made false allegations against him. He also highlighted that a in addition from forgiving himself, the only other role that forgiveness may have in his recovery and healing, would be him being the one who forgives the others who betrayed him.

> *I still have that, if you wanna call it, resentment. It's not so much anger, but more of a feeling of like, you know, "why did you do this to me?" type of thing. Why is this happening to me? But....I think that missing part of closure, I think would help a lot better.*

Participants generally saw recovery and healing as a process of accepting responsibility for their choices and actions. While some of them, such as participant 7, focused on identifying and addressing predisposing, precipitating and perpetuating factors, others such as participant 14, approached their own history of deviant behavior as something that must not be neglected.

Participant 7: I'm healing myself as well as I'm trying to heal those around me that may have.... that know about it. You know, by trying to prove to them that, you know, I am a good person and I made a horrible mistake. And… but it was in a time of depression and loneliness where my wife and I had separated and we were arguing and fighting.

Participant 14: You recognize that yourself and what you did was wrong, and now you know it.... You know, it becomes a part of your life, the way you continue doesn't have to be your whole life, but it just becomes a part of you that, you know, you're going to have to deal with.

In the process of redeeming or proving oneself, participants discussed the importance of separating themselves from the 'sex offender' designation. Similar to how participants saw behavior as separate from identity in prior themes, this detachment of the label was seen as necessary in the process of forgiveness and rehabilitation. Participants consistently highlighted their positive traits and prior behaviors. They discussed this being significant both to nurture their own sense of self-worth, but also as a potential plea for forgiveness. Participant 1 stated the following.

I'm a good person. I mean, I can demonstrate that to myself every day with the choices that I make, the way I comport myself, the way interact with people, the way when I parent my children, the way I interact with colleagues, with strangers. And I believe that it's been a long journey. It's been a lot of hard work. I find it very difficult to accept that I could be a good person if I were also a sex offender,

All participants but one ascertained the need to forgive oneself, which they saw as difficult, but possible. They also discussed forgiveness from others, but saw it as something that is desirable but elusive. They described commitment to engage in specialized treatment and even

indicated a consistent effort to convince themselves of their own worthiness. Participant 11 reflected on forgiveness and detailed the inner turmoil of looking at one's own humanity in the face of a mistake that forever changes one's trajectory and interactions within their lifeworld.

> *At this point, it's just more of a theoretical aspiration than something that can really happen. I mean, I don't think at heart, I don't think it's really possible. I think, you know, I made a mistake. We're all human. We all struggle with our emotional baggage from our childhood. We all try to make do. Some of us do better than others. We all have skeletons in our closet. And we've all done things that were ashamed of and wish that we could undo. And, you know, I try to remember the good things I've done for people and fortunately there were many. So I feel exonerated a little bit. But that feeling of forgiveness, I think would be hard to come by.*

The ideas of healing and forgiveness were challenging for the participants to conceptualize. They primarily focused on prioritizing practical factors that would prevent future reoffending. They largely saw their punishment as excessive, particularly when sentencing structures were coupled with society's response to ICSOs beyond their legal sanction. The need for forgiveness from others was reserved to those with whom they formed meaningful relationships, such as family members and friends. While broader social forgiveness was discussed as desirable, it was also assumed to be implausible. The concept of guilt was viewed as complicated, at times being overlayered with the idea of shame.

> *Participant 2: It is a very deep, very painful, very dark shame. It'll always be back there. Just acknowledging the fact that it exists, the acknowledging his existence causes me pain. Very, very deep pain. But the fact that it exists, can never be denied, and that is always in the forefront of my mind. Even as I try to push it all the way to the back.*

Because the more further front in my mind that it is, the more pain it causes. But the more

I push it towards the back, the harder and more prevalent it becomes in the front. It's

very paradoxical.

Conceptualization

The conceptualization of the experience of being considered a 'sex offender' for the

person who is reintegrating into society was interpreted using the overarching theme: *the vexed*

question of accepting guilt while avoiding shame. This overarching theme incorporates the five

major themes discussed in this chapter, representing the essence of the phenomenon as described

by the study participants. Areas of intersection between themes are inescapable, converging to

demonstrate aspects of the essence of the experience explored in this study.

The vexed question of accepting guilt while avoiding shame represents an intricate

experience that relates and captures the varied facets of the lifeworld of ICSOs, with lifeworld

referring to the full context of a person's experience across time and space. The overall

experience has four distinct but interrelated existentials, which was used as a to explore the lived

experience, including: spatiality (as a person exists within a fluid space); temporality (as

experiences evolve over time); corporeality (as a person encounters and experiences the world

through senses, which impact their modality of being) and relationality (as a person connects and

maintains lived relationship with others in the space that they share) (Hyde, 2003; Van Manen,
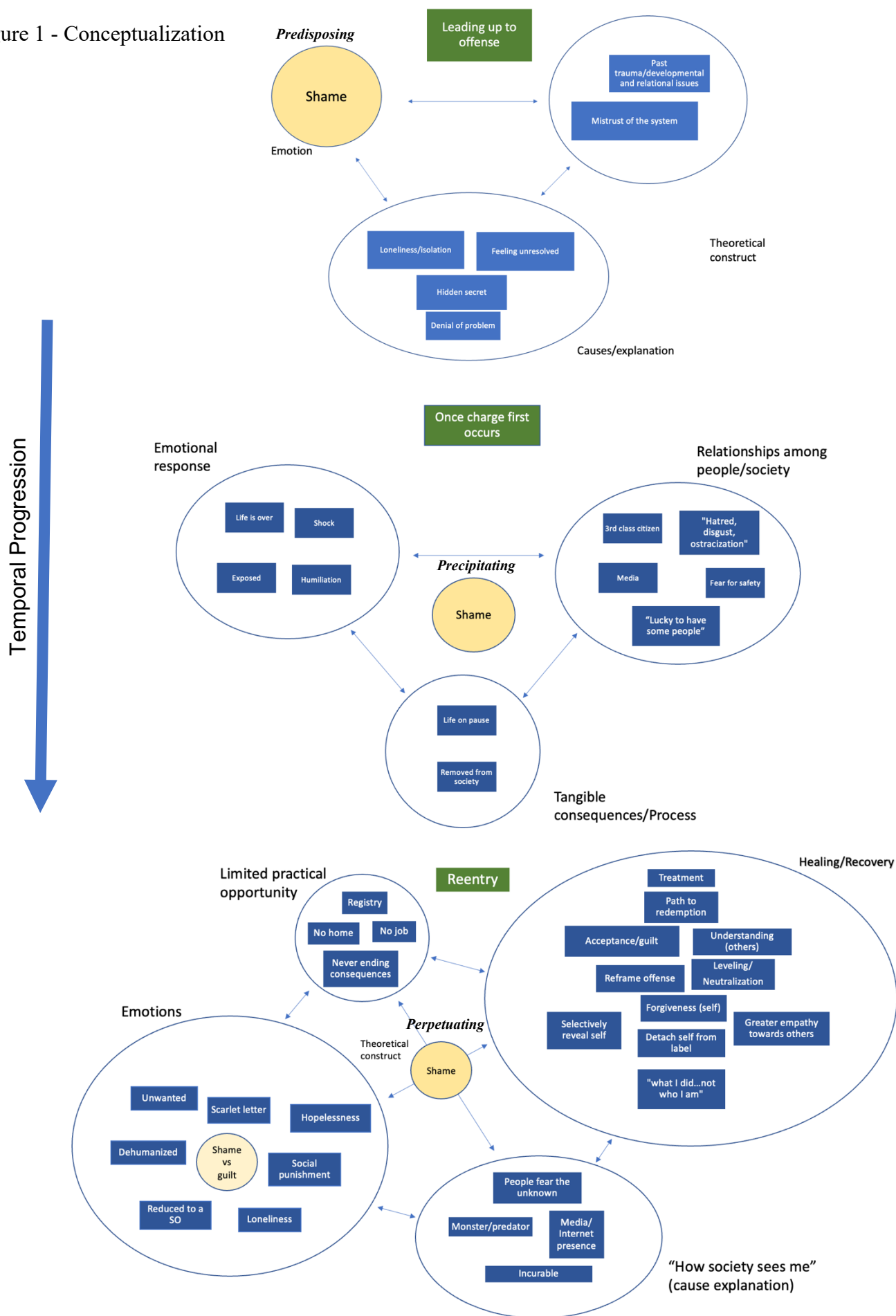
1990).

The vexed question of accepting guilt while avoiding shame is defined as the struggle

between recovering from a prior wrongdoing by accepting responsibility and admitting guilt,

while hesitating to do so due to the enormous pressure and risk of shaming from a society that

perceives the original offense the highest form of evil. The experience is based on the dichotomy

of wanting to progress and evolve from past patterns by being honest and forthcoming, while feeling that exposure and a focus on their prior offense would preclude an opportunity to reintegrate into society and move on. Hence, the five themes presented here, *(1) Exposed secret leads to humiliation (2) Being considered a sex offender is living in fear of the unknown, (3) Stigma consumes the identity of the individual charged with a sexual offense (4) Reframing and "leveling" of the crime are coping strategies; and (5) The path towards healing and forgiveness is complex,* are incorporated in the overall experience of the ICSO who is seem as a 'sex offender' and is reintegrating into society.

The conceptualization, based on the overarching theme guiding the conceptualization that was identified, *The vexed question of accepting guilt while avoiding shame*, and the codes that form the five major themes that capture the meaning of this phenomenon are described in the figure below (figure 1). The figure depicts the experiences evolving in three fundamental stages: leading up to the offense, once the person is first charged, and reentry into society. The movement through space and time impacted the relationality and the corporeal experiences of the participants, which consequently influenced the meanings that they attached to their experiences.

Shame was a consistent emotion and factor in all stages on the participants' experience, functioning as a predisposing factor for potential inappropriate sexual behaviors. Participants identified shame at the root of their low self-concept, relationship issues and isolation, feeling as if seeking help was not an option. Shame also served as a precipitating factor in their experience, as they were engulfed by the shame and humiliation of having their behavior exposed to society. Last, shame was a perpetuating factor in their experience, in which the label 'sex offender' was both stigmatizing and dehumanizing, precluding successful reintegration or social assimilation.

Figure 1 - Conceptualization

Predisposing

Leading up to offense

Shame

Emotion

Past trauma/developmental and relational issues

Mistrust of the system

Theoretical construct

Loneliness/isolation

Feeling unresolved

Hidden secret

Denial of problem

Causes/explanation

Temporal Progression

Once charge first occurs

Emotional response

Life is over

Shock

Exposed

Humiliation

Precipitating

Shame

Relationships among people/society

3rd class citizen

"Hatred, disgust, ostracization"

Media

Fear for safety

"Lucky to have some people"

Life on pause

Removed from society

Tangible consequences/Process

Limited practical opportunity

Reentry

Healing/Recovery

Registry

No home

No job

Never ending consequences

Perpetuating

Theoretical construct

Shame

Treatment

Path to redemption

Acceptance/guilt

Understanding (others)

Reframe offense

Leveling/ Neutralization

Forgiveness (self)

Selectively reveal self

Detach self from label

Greater empathy towards others

"what I did...not who I am"

Emotions

Unwanted

Scarlet letter

Hopelessness

Dehumanized

Shame vs guilt

Social punishment

Reduced to a SO

Loneliness

People fear the unknown

Monster/predator

Media/ Internet presence

Incurable

"How society sees me" (cause explanation)

Rigor

Criteria for rigor and trustworthiness in research has traditionally focused on quantitative studies, with specific indicators such as internal and external validity, objectivity and reliability. Through the appreciation of the fundamental differences between quantitative and qualitative research, Lincoln and Guba (1985) recommend replacing quantitative indicators with alternatives that are better suited for qualitative inquiry. In order to establish rigor and trustworthiness in qualitative research, Lincoln and Guba propose replacing internal validity with credibility, external validity with transferability, confirmability with objectivity and reliability with dependability.

Lincoln and Guba (1985) describe credibility as demonstrating confidence in the truth of the findings. They describe a number of techniques that can be used to establish credibility, including prolonged engagement, persistent observation, peer debriefing, negative case analysis, triangulation and referential adequacy. In this study, triangulation was one of the applied techniques, as it provides validity to findings. Here the researcher used different sources of evidence, such as interview transcripts and field notes, to highlight themes and elucidate perspectives. Moreover, analyst triangulation was implemented in this study, as transcripts were reviewed and analyzed by the researcher's mentor, who is a qualitative expert. Peer debriefing with an academic who is uninvolved with the study took place and negative case analysis was included to establish credibility (Lincoln & Guba, 1985).

To support credibility of the findings, a modified six-step data analysis method described by Ajjawi and Higgs (2007) and Edwards and Titchen (2003) was used to examine data, compare codes, challenge interpretations, and inductively develop themes (Table 2). There was continuous interpretation of the phenomenon in all stages of data analysis. Alongside with the

qualitative mentor and committee, the researcher consistently questioned and re-questioned his existing knowledge, which is part of the hermeneutic circle of understanding (Matua & Van Der Wal, 2015). The researcher's previous assumptions and notions about the phenomenon were contrasted and compared with the data collected, so any bias deriving from the literature or the researcher's prior experiences could be addressed. Interpretations were cross-checked with the original raw transcripts to ground interpretations in the data and preserve faithfulness of the participant's perceived experiences and meanings attached to them (Ajjawi & Higgs, 2007).

Table 2 - Data Analysis Steps (Ajjawi & Higgs, 2007; Edwards & Titchen, 2003).

Steps	Strategies
1. Immersion	- Organize collected data-set into transcribed texts - Iterative reading and re-reading of texts - Preliminary interpretation of transcripts to guide coding
2. Understanding	- Identify participant/first order constructs (wholistic and selective approaches) - Code data using Microsoft Word
3. Abstraction	- Identify researcher/second order constructs - Group second order ideas/constructs into sub-themes
4. Synthesis and theme development	- Group sub-themes into larger themes - Further develop themes within in each case in a process that involved detailed reading, discussion and rewriting of the themes. - Compare themes across participants again in a process that involved reading, discussion and rewriting of the themes.
5. Illumination and demonstration of the phenomenon	- Link the literature to the themes identified in prior steps - Reconstruct interpretations into stories

6. Integration and critique	• Critique of the themes by the researcher, full committee and an uninvolved reader. • Report final interpretations of the findings

To ensure that data was transferrable, the goal was to achieve data that is rich and thick. Moreover, describing the context of the interview in itself was considered in the collected data. Audit trail and reflexive journaling further supported confirmability and dependability. The audit trail included a transparent description of the research procedures, including every step taken from the beginning of the study through the reporting of the findings, all raw data (e.g. field notes, transcriptions, etc.) and a reflexive research journal. Any documentation including data condensation and analysis, data synthesis products and methodological notes (e.g. design, procedures, strategies) were retained. Furthermore, triangulation was also implemented to support confirmability. There was an ongoing dialogue between the researcher, the qualitative expert and the committee about emerging findings, which supported the provision of authenticity and faithfulness to the data (Lincoln & Guba, 1985).

Summary

Unique and shared experiences and themes were examined. The overarching theme and major themes presented in this chapter begin to characterize the phenomenon of being an individual who is considered a 'sex offender' and attempting to reintegrate into society with such status. The meaning of this lived experience was explored and described. The participants explained how their fears take varied forms as they relate to others over time and across space - from being "exposed," to being charged, sentenced, and then reentering society. They described apprehensions associated with a feeling of loss of control over their lives.

Participants also detailed concerns of being reduced and defined by being a 'sex offender,' given the shame and social responses linked to the label. They connected being considered a 'sex offender' with perpetual social punishment. Participants also described how the tension between feelings of shame and guilt caused trepidation and impacted the process of forgiveness, recovery and healing. This process encompassed a desire to identify and address risk factors, but also involved an attempt to contrast and level their past problematic sexual actions with different categories of maladaptive behaviors committed by others. Five main themes across the study's participants were identified: *(1) Exposed secret leads to humiliation (2) Being considered a sex offender is living in fear of the unknown, (3) Stigma consumes the identity of the individual charged with a sexual offense (4) Reframing and "leveling" of the crime are coping strategies; and (5) The path towards healing and forgiveness is complex.* The overarching theme was identified as *The vexed question of accepting guilt while avoiding shame.*

Chapter Five provides a discussion of the findings in relation to what is known in the literature, as reviewed in Chapter Two. Implications for further research, practice and policy are detailed and limitations of the study are reviewed.

Chapter 5: Discussion and Implications

Introduction

The purpose of this study was to describe among a sample of individuals charged with a sex offense (ICSO), the meaning of the experience of reintegrating into society post-charge. In Chapter One, the challenges, adversities and unique barriers faced by ICSOs were introduced as the problem and the research question was identified. In Chapter Two, the fundamental guiding philosophical underpinnings for the study were detailed, demonstrating the applicability to the identified research question. Moreover, Chapter Two included pertinent background associated with how sexual offenses are treated in the United States, including both legal and social perspectives. Chapter Three outlined the method used in the study. This study was informed by the hermeneutic phenomenological approach described by Max van Manen (1990). In Chapter Four, findings revealed through the iterative hermeneutic process were described. The findings are the result of the hermeneutic phenomenological analysis of the interview transcripts and audio, and involved reading and re-reading of the transcripts and writing and re-writing of the results. Field notes and reflexivity complemented the analytical process.

The following research question was answered in this study:

1) What is the meaning of being considered a 'sex offender' for a person who is reintegrating into society?

Aims included 1) understanding the lived experience of persons charged with a sexual offense and who are reintegrating into society, considering issues associated with self-perception, perception of others, stigma and humanization; 2) understanding the common experiences of individuals charged or convicted with a sexual offense reintegrating society and

3) grasping the meaning of being identified as a 'sex offender' and reintegrating into society carrying such label.

The chosen methodology allowed for an exploration of the meaning of being considered a 'sex offender' for the person who is reintegrating into society post-criminal charge,' by exploring different aspects of the individuals' lifeworld: corporeality, relationality, spatiality and temporality. Recounting experiences across time and space, noting the influences within interpersonal interactions and corporeal sensations and reactions, allowed participants to ascribe first order meanings to pertinent experiences. In turn, understanding of the participants' own identified meanings led to abstraction and the researcher's interpretations.

This chapter reviews themes, subthemes and conceptualization described in Chapter Four, and discusses how the unveiled themes answer the research question. Themes are discussed in the context of what is known and unknown about the phenomenon of interest - the experience of reintegrating into society for the person who is considered a 'sex offender.' Given the methodology, the researcher's insights regarding the phenomenon are highlighted and related to the literature presented in Chapter Two. The discussion starts with the five identified themes: *(1) Exposed secret leads to humiliation (2) Being considered a sex offender is living in fear of the unknown, (3) Stigma consumes the identity of the individual charged with a sexual offense (4) Reframing and "leveling" of the crime are coping strategies; and (5) The path towards healing and forgiveness is complex.* The themes inevitably overlap with one another and in many ways are indivisible, giving rise to the conceptualization: *The vexed question of accepting guilt while avoiding shame*. Limitations of the research are considered and the findings are discussed in the context of implications for future research, practice, education and policy.

Discussion of Themes

Theme 1: Exposed secret leads to humiliation

This theme refers primarily to the shock of feeling exposed as someone who has engaged in behaviors that are considered sexually deviant and socially problematic. Participants largely recognized that they were engaging in risky behaviors that were at least potentially illegal, but also discussed how such behaviors functioned as a compensatory and maladaptive mechanism to fill voids within their lives. Participants highlighted feeling socially alienated and disconnected from meaningful relationships, which directly impacted their self-esteem and the way they seek solace. Loneliness and difficulty with intimacy, sexual or otherwise, has been demonstrated in the literature to be risk factors for sexual offending (Bumby & Hansen, 1997; Hudson & Ward, 1997; Tharp et al., 2013; Whittaker et al., 2008). Some participants described paraphilic tendencies that led to sexual offending, while others perceived sexual offending as one of many regrettable choices that they made during a chaotic period of their lives. Interestingly, at least five participants discussed an escalation of virtual behavior, in which their pornography consumption progressed to more illicit pornographic materials, specifically involving sexual content involving children. They categorized this process as a pornography addiction. Also, a number of participants connected their maladaptive sexual behaviors to trauma and adversities that they experienced during developmental years, which has also been identified as a risk factors for problematic sexual behavior (Lee et al., 2002; Tharp et al., 2013).

Whether the events leading up to the offense involved a potential pedophilic sexual orientation (American Psychiatric Association, 2013) or an exploration of increasingly daring pornographic content, participants described feeling immense shame linked to their impulses and consequent behaviors. In some cases, they acknowledged wanting to seek help, but fearing retaliation from a system that they viewed as adversarial towards those who either access child

pornography or has a sexual attraction no minors. As it has been demonstrated in the literature, individuals who want and need to engage in specialized treatment, hesitate reaching out for help due to fears linked to stigma and possible legal consequences if they were to disclose their impulses and behaviors (Adson, 1992).

Participants reported feeling increasingly more repressed and identified a progressive state of denial settling in as a common coping strategy, which is consistent with what the literature represents (McGrath, 1991; Schneider & Wright, 2004; Ware et al., 2015). In such case, participants described great shock once they were first arrested. They described humiliation as others witnessed the actual arrest and information about their cases became available in news outlets and online. They described the humiliation of not only having to explain themselves to family members and friends, but also having to recognize and accept that their prior secret was exposed and would likely result in legal consequences (Bai et al., 2015; Kirk & Wakefield, 2018; MacKenzie & Lattimore, 2018; Trotter II et al., 2018).

The experiences and codes that form this theme, are grounded on the feeling of shame. Shame is an intricate phenomenon that is multilayered, involving emotion, affect and feeling. It has been portrayed as a primitive response to rejection (Martens, 2005) and was discussed by Freud (1959) as a fear of withdrawal of love. Nonetheless, expanding the definition of shame beyond psychodynamic principles, including both ideas of self-evaluation and relationality, is imperative to determine why people can react in different manners when exposed to comparable stimuli. Expanding its definition, and even going further to consider corporeal, spatial, temporal and relational existentials, proves essential to fully grasp the experience. While definitions vary, most theoretical approaches agree that shame is an intense and debilitating negative emotion (Tangney et al., 1996), encompassing feelings of ineptitude, inferiority, and powerlessness

(Andrews et al., 2002; Ferguson et al., 1999). The exposure of the self as someone who is inherently defective has also been included in the conceptualization of shame, which is connected to consequent efforts to conceal deficiencies that fuel shame (Andrews et al., 2002) and avoidance of social interactions (Ferguson et al., 1999). Phenomenologically, shame was summarized by Lewis (1992) as having three components: 1) intense pain, anger and discomfort; 2) an intense desire to end the discomfort by hiding and minimizing exposure of the self to potentially painful experiences; and 3) a feeling of inadequacy and unworthiness, as someone who is deficient and irreparable. In essence, shame is founded in one's sense of identity – one feels ashamed of who they are.

Following this notion, based on the narratives provided, feelings of shame associated with one's sexual impulses and inclinations was conceivably something that prevented individuals from seeking support to halt the progression of problematic behavior. In many ways, shame appears to promote denial, further permitting the behavior to continue developing. As pointed out by Sykes and Matza (1957) in their theory of delinquency that focuses on the *neutralization* of general antisocial and criminal behaviors, the majority of delinquency is based on continued defenses and justifications for deviance. These defenses include denial of responsibility, denial of gravity of wrongdoing, denial of harm caused to others and denial of victim. In this framework, individuals who criminally offend are thought to adopt traditional moral values while internalizing a system that explains and rationalizes their criminal behavior. This process is considered a form of "shame deflection" (Harris, 2001), as it allows the person who has committed an offense to shed negative feelings associated with shame despite violating a socially acceptable moral code (Maruna & Ramsden, 2004). In this sense, ICSOs involved in the study appeared to be clouded by denial, ultimately underestimating the gravity of their

actions, which perpetuated problematic behaviors. Consequently, upon being charged and having their source of shame exposed, the uncovering of their hidden secret was met with great shock and humiliation. Although humiliation was described in varied stages of the participants' trajectories, the initial exposure of their problematic sexual behavior was described as pivotal in their experience.

It is noteworthy that although participants largely stated that they take responsibility for their previous sexual offense, they spent considerable time explaining the development of their prior pattern of sexual deviance. They described a mistrust of the legal system and depicted the process of being charged with a sexual offense as excessively and unwarrantedly inhumane. While it can be readily argued that an aspect of this response is linked to shame deflection and the neutralization of wrongdoing, considering the disgust that communities have demonstrated towards all offenses that are considered sex crimes (Stupple, 2014), it is unsurprising that an attempt to rationalize the events that led to a pattern of offending occurs. This idea overlaps with other themes uncovered in this study and will be later discussed in this chapter.

The theme *Exposed secret leads to humiliation* expands the knowledge available in the literature, which primarily focuses on experiences of humiliation associated with a 'sex offender' status post-conviction (Tregilgas, 2009; Zevitz & Farkas, 2000). This theme provides important insights, as it emphasizes the concept and role of shame as something that is potentially ingrained and internalized within individuals even before a pattern of offending commences. The uncovering of this theme shows relationships between the temporality and relationality of the phenomenon, which also impacts corporeal experiences as the participants navigated different contexts and attempted to reintegrate society as someone who is exposed and shame-ridden (McAlinden, 2005).

Theme 2: Being considered a sex offender is living in fear of the unknown

This theme is defined by the experience of not knowing what the future holds and fearing the ripple effect of being designated a 'sex offender.' It was a ubiquitous part of the phenomenon, in which the experience of fearing the unknown was ever present but also consistently morphing as the trajectory went from the person being charged with a sexual offense, to being incarcerated and then reentering society. Participants' fears were informed by media portrayals, perceived social views and sanctions directed at ICSOs. Considering the shame linked to the 'sex offender' label, participants feared the repercussions that both they and their families would suffer. In such cases, the heightened sense of fear and stress predisposed them for further social withdrawal, which is known as a precursor to reoffending (Tewksbury, 2005).

Initial fears were related to uncertainty regarding sentencing structures and durations, doubts of what type of supports would be available to them as they navigate the legal system and impacts on their own families given the loss of income. During incarceration, the fear for safety was salient, as many participants discussed the hierarchal structures within prisons, in which ICSOs are seen as the second most hated groups, with 'informants' being the only other group that is more despised by other incarcerated individuals (Ricciardelli & Moir, 2013). This experience is consistent with a previous study by Schwaebe (2005), which discusses how ICSOs focus their energy in developing strategies to create a "viable identity" for themselves. While participants in this study denied experiencing violence towards themselves while incarcerated due to being an ICSO, they reported the threat was tangible. As Schwaebe (2005) describes, this attempt to "pass" as an individual who committed a non-sexual crime is seen as necessary to minimize the ICSOs' fears and apprehensions through their sentence within a correctional facility, and most importantly, preserve one's safety.

Fears continued to evolve and amplified upon release, with at least three participants emphasizing that they felt safer when they were incarcerated. They described the correctional setting as something that oddly came with a sense of predictability and served as a source for comfort, which has been observed among individuals who have committed varied crimes (Binswanger et al., 2011). They detailed feeling that it might be easier to dissipate the stain associated with their original crime in prison than in the community. In the end, they discussed feeling as if it would be easier to become an accepted member of the incarcerated community. While there are no known articles that related this particular experience, it is remarkable that a portion of the participants judged incarceration to be easier or more favorable to their sense of identity and belonging, than returning to society.

As participants attempted to reintegrate into society, the unknowns were numerous and options to intertwine with their communities were limited. As described in the literature and suggested by the data in this study, ICSOs fear primary and secondary collateral consequences associated with their charges. Primary consequences refer to opportunities that become reduced or unavailable as a direct result of the ICSO's charge. Examples would include laws restricting where a person may live, work or even activities that they may participate in. In particular, the ability to work and support oneself financially was accompanied by doubt, as employment options were often limited to locations that are not frequented by minors and employers who are willing to hire ICSOs (Burchfield & Mingus, 2014).

Legislation and sanctions pertaining specifically to sexual offenses are also related to secondary collateral consequences that hinder the person's ability to reintegrate into society. In this instance, opportunities to gain employment or housing through family or friends may be thwarted by fear that other employees or the community may react negatively to the those who

might have been willing to help (Mercado et al., 2008). In his seminal work, Goffman (1963) conceptualized this phenomenon as *courtesy stigma,* in which the negative consequences of the 'sex offender' label extend to family members, friends, prospective employers or anyone else who may be sympathetic towards the ICSO. In other words, the shame attached to the 'sex offender' label expands towards those surrounding the ICSO, as it has been demonstrated elsewhere (Farkas & Miller, 2007; Tewksbury & Connor, 2012). This very idea was a great source of concern for a number of participants, who feared that their children, spouses and other family members would be shunned from society by being related to a person who had committed a sexual offense.

Participants described that a principal unknown that generated apprehension was whether they would ever have the ability to reach a sense of normalcy within society. They discussed fears of being perceived as "predators" or "pedophiles," as well as someone who is uncappable of addressing and moving away from their past wrongdoing. This idea was once again tightly connected to the shame they borne as a response to societal views and legislations directed at sexual offenses, which has been theorized and described in different studies (Galeste et al., 2012; Quinn et al., 2004; Wright, 2008; Yung, 2010).

Additionally, participants discussed the fear of physical injury and violent attacks. Only one participant described being physically threatened and attacked due to having a past history of sexual offending, but the fear of being targeted by vigilantes was a commonly discussed topic. This concern was connected to the fact that the SORB provides the public with easy access to the ICSOs' photograph, legal charge, residential address and, whenever applicable, place of employment. The literature has demonstrated that individuals with any type of criminal history are subjected to persecution from the public (Martone, 1995). However, few crimes incite more

intense emotions, outcry and disgust than sexual offenses, particularly when children are victimized (Bedarf, 1995; Martone, 1995). The lengthy periods of registration in the SORB coupled with its notification system, place ICSOs in a constant state of alert, as vigilantism is an existing threat (Bedarf, 1995). While the notification system has been demonstrated to promote stigma, it may also increase the ICSO's vulnerability (Wagner, 2010). As a result, ICSOs may either find themselves in a scenario in which they have to frequently flee potential threats, or end up avoiding registering altogether, which would be generally considered a violation of their legal sentence (Cubellis et al., 2019; Eyssen, 2001).

Fear of the unknown transcends contexts and is ever present throughout the experiences of the ICSO, becoming even more prevalent as they reenter into society. This apprehension relates to how they view society's perceptions of ICSOs and overlaps with being exposed as someone who engaged in problematic sexual behavior. Once again, shame is driving factor that perpetuates and influences the experiences of the ICSO as they attempt to reintegrate into the community.

Theme 3: Stigma consumes the identity of the individual charged with a sexual offense

The theme *Stigma consumes the identity of the individual charged with a sexual offense* focuses primarily on the corporeality of the ICSO, as shame and stigma threaten to seep through the person's identity. The experience of feeling ostracized, alienated, branded and "scarlet lettered" was readily discussed across the interviews, which is consistent with other studies exploring individuals who have committed sexual offenses (Bastian et al., 2013; Levenson & D'Amora, 2007; Ricciardelli & Moir, 2013; Stevenson et al., 2015; Stupple, 2014; Viki et al., 2012; Wright, 2008).

Three subthemes describe aspects of this major theme: *Reduced to just a sex offender; It is what I did, and not who I am; and Perpetual social sentence.* As a person attempting to reintegrate into society with a sexual offense in their record, they see the hardest part being the amount of shame and stigma that they must face.

From a historical perspective, stigma has likely existed for as long as humanity. The actual identification of the term dates back to ancient civilizations and can be attributed to the Greeks, with *stigma* referring to burn or cut marks that were done to a person's body, so they could be easily identified as a criminal, traitor or a slave. This was a visual way to ensure that all would recognize the marked person as a blemished and polluted individual that should be avoided, particularly in social and public contexts. As civilizations and cultures progressed, the idea of stigma continued to evolve, with Christianity adding the metaphor of bodily signs of Jesus Christ's crucifixion to the term. That being considered, today's *stigma* ultimately is closer related to its original literal meaning, but being applied to the shame and disgrace that one carries in itself, instead of the bodily marks that once defined it. The term has been applied to divide individuals from the larger society for a variety of reasons: physical marks (e.g. physical illness or deformities), character or personal defects (e.g. mental illness, addiction, homosexuality, unemployment, past imprisonment, etc.) and characteristics transmitted through lineages (e.g. religion, race, nationality, etc.) (Goffman, 1963).

Stigma has also been attributed to a person who has features that are devalued and contrary to the norm established within their social unit, with *norm* being defined as a "shared belief that a person ought to behave in a certain way at a certain time" (Stafford & Scott, 1986, p. 81). Jones et al (1984) provided an influential description*,* observing that stigma can be assessed as an interaction between "attribute and stereotype." *Attribute* refers to the actual mark or stigma,

which links the person to an undesirable characteristic or *stereotype*. In essence, stigma refers to an attribute that connects a person to a characteristic that is deeply damning, reducing the person's sense of identity to that one flaw (Goffman, 1963; Link, & Phelan, 2001).

There is also nuance when it comes to experiencing stigma – the stigmatized person that assumes that their mark is readily evident by all, deals with the predicament of being *discredited*; conversely, the person who assumes that their stain is not immediately obvious to others, deals with the plight of being *discreditable* (Goffman, 1963; Link, & Phelan, 2001). This is a fine but important separation, even though they are not mutually exclusive and a stigmatized person may experience both situations depending on context. This idea was clearly seen in the data set, in which the participants indicated that being considered a 'sex offender' (attribute) was directly linked to being a "predator," "pedophile" or "irredeemable" all of which are stereotypes.

There was a strong sense that their whole identity was *Reduced to just a 'sex offender.'* They lamented how in the eyes of society, the past sexual deviant act that led to their arrest overshadowed any other attributes that constituted their personhood. They discussed feeling dehumanized, indicating not only that they were reduced to their crime, but also that they were seen as the stereotypes associated with the 'sex offender' label – "monster," "predator," "evil." Here, the stigma associated with the label served as the metaphorical "scarlet letter," a term used by a number of the participants to describe their experience, in reference to Hawthorne's novel of the same name originally published in 1850. The novel explores themes of guilt, sin and legalism by telling the story of Hester Prynne, a woman who attempts to find a new life of repentance after giving birth to a child of an affair (Hawthorne, 2016). In the novel, Hester is publicly shamed, being forced to wear the letter "A," branding her as an adulterer. She is automatically discredited by her community, who sees her as nothing but a sinful person. Participants retail a

similar experience, as their registration in the SORB serves as de facto 'scarlet letter,' by which the community actively avoids and alienates the ICSO based on that eclipsing attribute (Bailey & Klein, 2018; van den Berg et al, 2018). While the participants' reference focus primarily on the protagonist Hester, interestingly there is also a parallel between their experience and that of Arthur Dimmesdale, the character in the novel with whom Hester had an affair. Instead of the public condemnation that Hester suffered, he suffers silently in private shame, continuously fearing being exposed. In such situation, he struggles with the stigma of being discreditable. This is also an experience seen within the participants in the study, in which the 'sex offender' label may not be immediately visible, but there is constant apprehension and fear of being exposed as someone who would be accursed by society (Ricciardelli & Moir, 2013).

The idea of being *Reduced to just a 'sex offender'* is directly correlated to *It is what I did, not who I am.* In this subtheme, the participants strive to distance themselves from the label by emphasizing that sexual offending is a modifiable behavior and not a critical part of their identity. In this effort to underscore the sexual offense as a behavior and not a part of the self, there is an indirect emphasis on the multidimensionality of who they are (Tewksbury & Lees, 2006).

Nursing as a discipline supports this notion, in which an individual is not defined by the sum of their parts or by a single characteristic or aspect of their lives. A person exists within a dynamic context and the many facets that makes them human cannot be separated from the whole (Rogers, 1992; Erickson, 2007; Newman et al., 2008; Willis et al., 2008). This thinking is also in line with the Jesuit value of *cura personalis,* which also emphasizes recognizing a person for their entirety, acknowledging that each individual has a unique background, aspirations and desires (Dickel & Ishii-Jordan, 2008). While *cura personalis* is rooted in Jesuit pedagogy

(Casalini, 2019), the importance of considering all the parts that make the whole is applicable within the context of ICSOs rejecting the identity-defining 'sex offender' label. Participants were clear in their desire to shed the shame of being considered nothing other than a sex offender or someone who offended because that is who they are. They craved an opportunity to demonstrate that they were capable of getting help, improve themselves and not reoffend. The longing to be humanized and to not be reduced to a shame-ridden and negative fragment was a shared experience and this is congruent with the disciplinary perspective as described by Willis and colleagues (2008).

When inspecting the subtheme *It is what I did, and not who I am,* it is imperative to examine sexual recidivism. According to a research brief by Przybylski for the Sex Offender Management Assessment and Planning Initiative (SAMPI) (2015), the observed sexual recidivism rate of individuals who have been previously charged with a sexual offense ranges from 5 percent, three years after the original offense, to approximately 24 percent after 15 years (Przybylski, 2015a). Studies have demonstrated that recidivism rates are two to three times lower for ICSOs who successfully complete specialized treatment programs, when compared to those who do not undergo treatment (Przybylski, 2015b). It is important to note that researchers consider observed recidivism rates to be underestimates of actual reoffending rates, although the size of the gap is debatable (Przybylski, 2015a). Still, the rates of recidivism, whether individuals have been treated or not, defy the notion that sexual offending is intractable, at the very minimum supporting the view that for at least some individuals, sexual deviance is indeed a behavior and not an intrinsic part of their character.

Although the effectiveness of sex offender treatment has been disputed, a recent meta-analysis by Kim and colleagues (2016) suggested that treatment is "proven" or at least

"promising." Considering that a person may be capable of addressing underlying issues and not reoffend, particularly if they engage in treatment (Kim et al., 2016), an opportunity to reform and redeem oneself may be warranted (Edwards & Hensley, 2001). However, when taking into account their charge and the treatment that they receive by those around them, ICSOs see themselves as being punished unmercifully and perpetually not only by the legal system, but by society. In the subtheme *Perpetual social sentence,* the participants expressed that the legal sentences and additional sanctions associated with sexual offenses, whether they are the SORBs or requirements such as polygraphs, are just a portion of their punishment. They connect the idea of stigma, shame and being branded as a 'sex offender' with being punished endlessly. The encumbrance of their charge impacts their ability to work, housing options, activities and most importantly, opportunities to successfully integrate into their community. The suffering, tribulations and stigma extend to their families and potential supporters (Comartin et al., 2010; Edwards & Hensley, 2001). They craved an opportunity for redemption, as contemporary society and laws have disconnected sexual offenses from essentially all other types of unlawful and socially reprehensible acts, measuredly and emblematically bestowing upon ICSOs an ineradicable and inexcusable stain that impedes any hope of transformation (Bailey & Klein, 2018; Fields, 2017; Galeste et al., 2012; Jacobs, 2015; McCartan et al., 2015; Meloy et al., 2008; Quinn et al., 2004; Ricciardelli & Moir, 2013).

The emergence of the theme *Stigma consumes the identity of the individual charged with a sexual offense* reinforces numerous other studies that highlight the afflictions brought by the stigma of the sex offender label (Bailey & Klein, 2018; Fields, 2017; Galeste et al., 2012; McCartan et al., 2015; Meloy et al., 2008; Quinn et al., 2004; Ricciardelli & Moir, 2013; Ricciardelli & Spencer, 2017; Rosselli & Jeglic, 2017). Shame is a primary influence in the

corporeality of the ICSO, particularly when the association of this existential with relationality is considered. Stigma, humiliation and public shaming are encapsulated in the experience of the ICSO, in which they feel reduced to their charge. In addition to bemoaning being defined by this single attribute, they resist and reject the idea that sexual deviance is part of their identity, instead formulating it as an inappropriate behavior that can be modifiable. Fundamentally, the emphasis on their own holism, begging to be seen for the whole rather than the sum of its parts, indicates a wish to escape or at the very minimum diminish the shame-driven perpetual social sentence (Bailey & Klein, 2018; Jacobs, 2015; Ricciardelli & Moir, 2013).

Theme 4: Reframing and "leveling" of the crime are coping strategies

Reframing and "leveling" of the crime are coping strategies is defined as the experience of rationalizing and contrasting one's previous offense to the maladaptive behaviors or actions of others. Participants recognized their past offense as something problematic that is unacceptable by law and social norms, but felt compelled to rationalize the crime and compare to other offenses as a way to demonstrate that "there is worse." This reaction seemed to be directly related to the shame and stigma associated with the 'sex offender' label, and seemed to be an effort to distance oneself from the stereotypes and presumptions that society has about individuals who have been legally prosecuted due to engaging in inappropriate sexual behaviors.

Participants commonly compared sexual offending to drug addiction, at times categorizing sexual deviance as an addiction. This comparison focused on highlighting that both phenomena share similarities, yet society is more empathic and understanding towards those who use drugs. This comparison has actually been used by experts and sex offender treatment programs, particularly when justifying the use of polygraph testing in sex offender programs, which has been argued to be akin to how urinalysis is used in drug addiction treatment (Meijer et

al., 2008). The criminalization of drug addiction has been criticized in recent years, largely because of its costs, impracticalities and the fact that the medical community has grown increasingly more accepting of alternative models of addiction (e.g. disease model) (Matheson et al., 2014; Volkow et al., 2016). Moreover, there has been a relative normalization of certain recreational use of drugs (Askew, 2016; Coomber et al., 2016; Hathaway et al., 2018). Still, despite possible parallels between drug addiction and at least some types of sex offending (i.e. compulsive consumption of illegal pornography or escalation of 'sex addiction'), there is a clear divide between the two when it comes to public opinion and general stances (Jacobs, 2015; Ricciardelli & Moir, 2013). Whereas drug use and addiction has evolved from being perceived as a character flaw to something that is treatable, the public largely considers sexual offending a personal defect (DeLuca et al., 2018). In such case, it seems sensible that in an attempt to modify social perception, ICSOs would lean towards the more favorable view that community has towards drug addiction as an attempt to alleviate the weight attached to the 'sex offender' label.

Participants described a sense of injustice, in which they feel that people who infringe other social norms, whether it is drug use, adultery or non-sexual crimes, experience a significantly lower level of stigma and shame. They also believed that others who have not committed a sexual crime have an opportunity to prove and redeem themselves, which is a prospect that they too would like to have. On occasion, participants discussed and protested how crimes that are arguably comparatively worse than sexual offenses, such as homicide or drug trafficking, do not have overbearing sanctions such as the SORB or polygraphs, which are almost exclusively applied to ICSOs (Tewksbury& Lees, 2006). For the participants, making this distinction was a direct way of arguing injustice and unfairness that ICSOs endure from both the legal system and society. This argument may be supported by studies that indicate that while

ICSOs are more likely to reoffend sexually, they have an overall lower rate of recidivism when compared to those who offend non-sexually (Calleja, 2015; Cochran et al., 2020; Cortoni et al., 2010; Hanson et al., 2018; Huebner et al., 2019; Przybylski, 2015a; Vess & Skelton; 2010). It is noteworthy that if an ICSO reoffends at all, they are far more likely to commit a nonsexual crime and not a sexual crime (Hanson & Morton-Bourgon, 2004). This particular point is pertinent because one must consider that there is the likelihood that non-sexual crimes are reported at a higher rate than sexual crimes (Przybylski, 2015a) and also that the immense restrictions and pressures applied to ICSOs by the law and society may in fact increase recidivism risk factors (DeLuca et al., 2018). Moreover, while avoiding recidivism of all types is the ultimate goal, the fact that ICSOs are more likely to reoffend non-sexually may help to demystify the notion that inappropriate sexual behaviors and sexual crimes are unmanageable through adequate treatment and measures.

Interestingly, the comparison between offenses extended to other sexual offenses. Those who committed virtual "no touch" offenses, were quick to highlight that fact, emphasizing that they did not directly physically hurt a victim and are not a "predator" (in this case, "predator" was used by some participants to refer to those who commit rape or other sexually violent crimes, or to described those who continuously reoffend). The same 'leveling' and comparing occurred when ICSOs compared SORB registration categories – either disregarding the SORBs as frivolous if they were designated a "level 3" or stressing that they were given a lower tier/level. A study by Thomas (2005) explored how ICSOs who committed virtual crimes downplayed personal accountability for their previous actions, readily distancing themselves from "touch offenders" and the 'pedophile' label. This is consistent with the study carried by Schwaebe (2005), which demonstrated that ICSOs put a significant amount of effort in

developing a viable and comprehensive identity that separates them from being reduced to just the 'sex offender' or 'pedophile.' Winder & Gough (2010) underscore how those who committed virtual sexual crimes distance themselves from undesirable labels primarily through neutralization, which involves strategies such as making a definite point that they "never touched anybody."

The attempt to "level" their offenses with other crimes and neutralize some of their past deeds may be perceived as a form of denial or avoidance of responsibility, which is a reasonable interpretation, given how commonplace these coping mechanisms have been determined to be among ICSOs (Blagden et al., 2011; Blagden et al., 2014; Kennedy & Grubin, 1992; Schneider & Wright, 2004; Ware et al., 2015). However, as Schneider and Wright (2004) discuss, denial may be viewed as an important source of clinical information regarding the ICSO's perceptions and responses to the environment surrounding them. Given the shame and obstacles that ICSOs face, it is not unrealistic that denial would be a possible response. The deliberate deceit and cognitive distortion associated with denial may prove to be significant targets when establishing treatment and providing overall support to the ICSO (Schneider and Wright, 2004).

Although denial may play a role in a number of cases and neutralization or 'leveling' may be seen as an egocentric attempt to avoid full responsibility, there are also sensible rationales and perhaps some legitimacy to this conduct and experience. First, although the legal system treats all ICSOs homogenously and public opinion is consistent across offenses within the 'sex crime' category (Harris & Socia, 2016), sexual crimes are a very broad category, encompassing offenses that range from *lewd and lascivious behavior,* to *prostitution* and *rape* (Robertiello & Terry, 2007). Bearing that in mind, research has clearly shown that recidivism rates vary between individuals who have committed different types of sexual offenses (Knight &

Thornton, 2007; Przybylski, 2015a). For example, Przybylski (2015a) demonstrated that individuals who committed contact offenses against boys have a much higher propensity of reoffending than those who commit contact offenses against girls or adults. Sample and Bray (2006) were able to determine that contact offenses in general are associated with higher recidivism rates than crimes related to child pornography (Sample & Bray, 2006).

Thus, particularly when ICSOs already perceive many hurdles that they need to overcome as they attempt to reintegrate into society, an effort to minimize the effects of stigma and shame seem to be a basic part of their experience. This has been conceptualized elsewhere as *self-preservation* (Cunningham, 2009; Curran, 2006; Koch & Magshamhrain, 2003; Rohlede et al., 2008; Sechrist et al., 2004). The way in which one acknowledges and presents oneself is a corporeal and relational process, so the logic that follows would indicate that self-preservation would adhere to the dominant social view. By definition, self-preservation may refer to physical (i.e. life or death) or social preservation (i.e. status within a community) (Cunningham, 2009; Curran, 2006; Rohlede et al., 2008). The physical aspect of self-preservation applies in the context of ICSOs, given the previously discussed risk of being victimized by vigilantes or targeted physically within society (Cubellis et al., 2019). However, the preservation of one's public identity, along with the fight against stigma and shame, is a primordial struggle for the ICSO. Self-preservation from the perspective of the ICSO may be implicated in the process of 'leveling.' From society's point of view, self-preservation may explain social norms, taboos and stigmas that have been gradually formed (Koch & Magshamhrain, 2003). In this manner, there is tension between two parties that focus on their own self-preservation, potentially at the cost of one another.

In the context of this study, it is imperative to reflect on the social self-preservation of the ICSO as they attempt to reintegrate into society. In this case, the preservation of the self is determined by how one presents to society. In situations when ICSOs cannot control society's perceptions of who they are, there may be an attempt to minimize social costs and alter the social presentation by which they will be evaluated, with the ultimate goal of promoting preservation (Sechrist et al., 2004). This process has been discussed by Lemert's (1967) labeling theory, where he argues that preserving oneself starts by rejecting or avoiding a shame-ridden label that threatens the person's sense of identity. It is notable that this is not an attempt to enhance one's public evaluation, but simply an attempt to control and maintain a stable public assessment. Hence, when ICSOs or people in general face a loss of control of their social evaluation, strategies such as rationalization, denial and neutralization take place in order to regain a sense of control (Carragher & Rivers, 2002; Fernandez & Marshall; 2003; Geiger & Fischer, 2005; Sechrist, et al., 2004). It is significant to note, that 'leveling' or neutralization seems to be used by ICSOs to avoid the 'sex offender' label only because their fully realized sense of identity is endangered (Cechaviciute & Kenny, 2007; Geiger & Fischer, 2005).

In an effort to self-preserve and maintain a more favorable social image, individuals may also reframe and displace blame (Sandberg, 2009). This strategy to self-preserve was observed in the present study when participants described themselves as victims of the circumstance, accusing modern culture as one that freely sexualizes minors in music videos, television and movies. In some cases, participants also relocated responsibility towards the government. In one case, the participant claimed that with the current state of technology, the government should have better control over what content is available in the internet to the public. In another example, the participant argued that lawmakers target ICSOs to gain popularity and "votes." This

displacement of agency and responsibility, may serve to avoid the full burden of the label and minimize the severity of self and social assessments (Cechaviciute & Kenny, 2007; Walter et al., 2021).

In this study's findings, participants identified shame and social judgment associated with the 'sex offender' label as a main hindrance to their reintegration into society. Participants discussed how shame shaped the way in which they related to others, as well as how their experiences impact their sense of self. In the fight against labels and myths attached to those who committed a sexual offense, they strived to find some sort of opportunity to prove themselves as someone who is redeemable, capable of change, or simply "good." Skeptics may discard coping mechanisms and behaviors such as denial, rationalization, reframing and neutralization as a way of avoiding responsibility. However, given the monumental pressure placed onto ICSOs by the system and society, such stances do not exist in a vacuum.

Theme 5: The path towards healing and forgiveness is complex

This theme is defined as the experience of attempting to work towards recovery and healing after being charged with a sexual offense. This is a delicate and complex process that encompasses acceptance, guilt and forgiveness.

This theme emphasizes the weight that stigma brings upon ICSOs, and how shame is a major barrier, particularly in the post-release environment. Even the most basic tasks, such as finding employment, establishing housing and forming supportive relationships, are obstructed by the intense shame surrounding the ICSO. The concept of shame, as previously described, is crucial when considering healing and recovery. In fact, going further and exploring healing and recovery as separate entities, becomes essential in this context.

Recovery is an abstract and layered concept that lacks a clear definition and has been

largely debated (McCauley et al., 2015). Although the term *recovery* is used in numerous

contexts, it largely refers to 'the process of getting something back,' 'the process of becoming

well again after illness or injury' or 'the process of becoming normal after a problem'

(Cambridge Dictionary, 2021). Returning to a former state of health or self, implies that recovery

is oriented towards rehabilitation (Aston & Coffey 2012), whereas returning to normalcy has

been expanded to mean that one is able to live an ordinary life, even if symptoms are present. In

other words, there is a distinction between *being* and *feeling* normal (Borg & Davidson, 2008;

Makin & Gask, 2012). While the understanding of recovery also varies across disciplines and

health professions, in mental health nursing it has been described as the ability to regain a sense

of self and attaining a new orientation of being (Aston & Coffey 2012). From the perspective of

the individual seeking recovery, there is a more specific internal process of finding hope

(Deegan, 1988). A concept analysis by McCauley and colleagues (2015) focusing on mental

health recovery, suggested a new definition of recovery as it applies to mental health and

psychological wellbeing: "the reawakening of hope and rediscovery of a positive sense of self,

through finding meaning and purpose within personal growth and connection using creative self-

care coping strategies" (McCauley et al., 2015, p. 587).

It is noteworthy that recovery has been described within the recovery model, which has

been adopted as a guiding philosophy for mental health care for at least two decades. In this

approach, the person is placed at the center of care and services emphasize autonomy, self-

determination and nurturing hope. In this model of recovery, the critical ingredients include

rebuilding a sense of identity, fostering social inclusion, regaining control, gaining hope and

achieving a sense of responsibility (Bonney & Stickley 2008). The recovery model takes its

focus away from symptom alleviation and places its attention in understanding each individual's experience in order to promote an individualized concept of recovery (Gale & Marshall-Lucette, 2012). For the recovery model to be effective, the interaction between external and internal factors has to be carefully considered, as internal processes such as hope and healing interplay with external elements such as human rights and stigma (Jacobson & Greenley, 2001).

Although closely related to recovery, *healing* may have additional connotations. Whereas recovery often implies returning to a prior state of being, healing is seen as "a holistic, transformative process of repair and recovery in mind, body, and spirit resulting in positive change, finding meaning, and movement towards self-realization of wholeness, regardless of the presence or absence of disease" (Firth et al., 2015, p. 50). In other words, healing is a process towards holism and humanization, seeking harmony between mind, body and spirit (Erickson, 2007). Participants in the study did not primarily focus on processes of recovering or returning to a previous state of self. Even in cases when they engaged in strategies such as neutralization, denial or detaching themselves from the 'sex offender' label, they were future focused. Participants largely discussed going through or wishing for healing. In the few cases of those who identified as being more advanced in their healing process, they described engaging in treatment and seeking help to repair aspects of their lives that led to sexually inappropriate behaviors or offending. They also discussed restorative efforts, such as regaining their prior career or addressing their long-standing relationships. Ultimately, they focused on reestablishing a sense of wholeness that transcended their legal charge. In contrast, some participants saw healing as something that was both desired and seemingly unattainable. In all cases, the experience was largely connected to forgiveness – from the self and others.

For generations, forgiveness has been considered an essential element of healing, both from a more traditional religious perspective (Blumenthal, 1998) and a more contemporary mental-wellness point of view (Walrond-Skinner, 1998). Forgiveness is defined as a process by which a person or group acknowledges and accepts a past injustice or wrongdoing, including the negative emotions associated with it, becoming inclined to eliminate and reroute negative thoughts or feelings, while suspending any need to retaliate or punish those who caused the original injury (Brush et al., 2001). In this case, a person may desire or need forgiveness from others and sometimes, they must forgive themselves. It is notable that participants focused on self-forgiveness and forgiveness from family members, but not from society – not because they did not desire, but because they saw it as practically impossible. They did not see society as forgiving, because the law is not forgiving towards them (Love, 2010; Tewksbury, 2005; Tewksbury and Lees, 2006).

It is pertinent to note that self-forgiveness goes beyond self-acceptance, self-compassion or the absence of self-condemnation. These concepts have not been studied in the context of ICSOs, but have been postulated for individuals who have committed offenses in general (Woodyatt & Wenzel, 2013).There is also a separation between genuine and pseudo self-forgiveness, as well as self-condemnation. Pseudo self-forgiveness refers to situations in which a person externalizes or displaces responsibility in order to neutralize shame (Ahmed et al., 2001). This was observed among some participants in the study, who claimed to have forgiven themselves while minimizing or denying responsibility for their offense. This finding is consistent with studies involving individuals who committed general criminal offenses and engage in denial, victim blaming or other neutralizing behaviors in order to reduce the potential threat to their social presentation (Fisher & Exline, 2006; Wenzel et al., 2012).

Pseudo self-forgiveness may serve to reduce negative internal states; however, it does not contribute to restoring interpersonal or social dynamics. Ahmed and Braithwaite (2006) have discussed how pseudo self-forgiveness is an effort to displace shame. This process serves to ameliorate negative emotions associated with past deviance, but avoids true engagement with the original issue that gave rise to the maladaptive behavior. While pseudo self-forgiveness is an indication of one's shame being externalized, self-condemning represents a shame internalizing response, resulting in an increased desire to punish oneself. Self-condemnation may be linked to acceptance of responsibility, but it also precludes healing (Leith and Baumeister, 1998). Conversely, genuine self-forgiveness involves self-acceptance, recognition of one's wrongdoing and acknowledgment of the worth of the victim, while embracing the emotions that rise from that experience. In genuine self-forgiveness, the person addresses factors that led to their offense, makes amends whenever possible and restores their sense of moral agency (Holmgren, 1998). Thus, genuine self-forgiveness is likely to result in healing, as well as in interpersonal and intrapersonal benefits (Woodyatt & Wenzel, 2013).

Translating these concepts to ICSOs who participated in this study, genuine self-forgiveness proved challenging in many instances, partially because of the overbearing burden associated with fully accepting one's wrongdoing and the perception that at least a level of neutralization was necessary to alleviate their negative emotions and have a sense of assimilation. Where shame prevails, there is externalization of blame (Tangney et al., 1992). Genuine self-forgiveness, and the self-acceptance that comes along with it, is more closely aligned with *guilt,* which generally manifests through one taking accountability for their actions, apologizing, or attempting to repair the damage done (Roseman et al., 1994; Tangney et al.,

2011). In essence, guilt and shame are separated by their primary focus: guilt is focused on behavior, while shame focus on the self (Tangney et al., 1992).

This fundamental separation between guilt and shame, connects with the ICSOs' desire to be seen as someone who committed a sexual offense, and not a 'sex offender.' This relates to their rejection of the reductive and character-defining label that is grounded in stereotype, stigma and shame. The ability to focus on the behavior then becomes a vehicle for healing and reparation. It creates opportunity for hope, acceptance and forgiveness. Forgiveness for the self and from others.
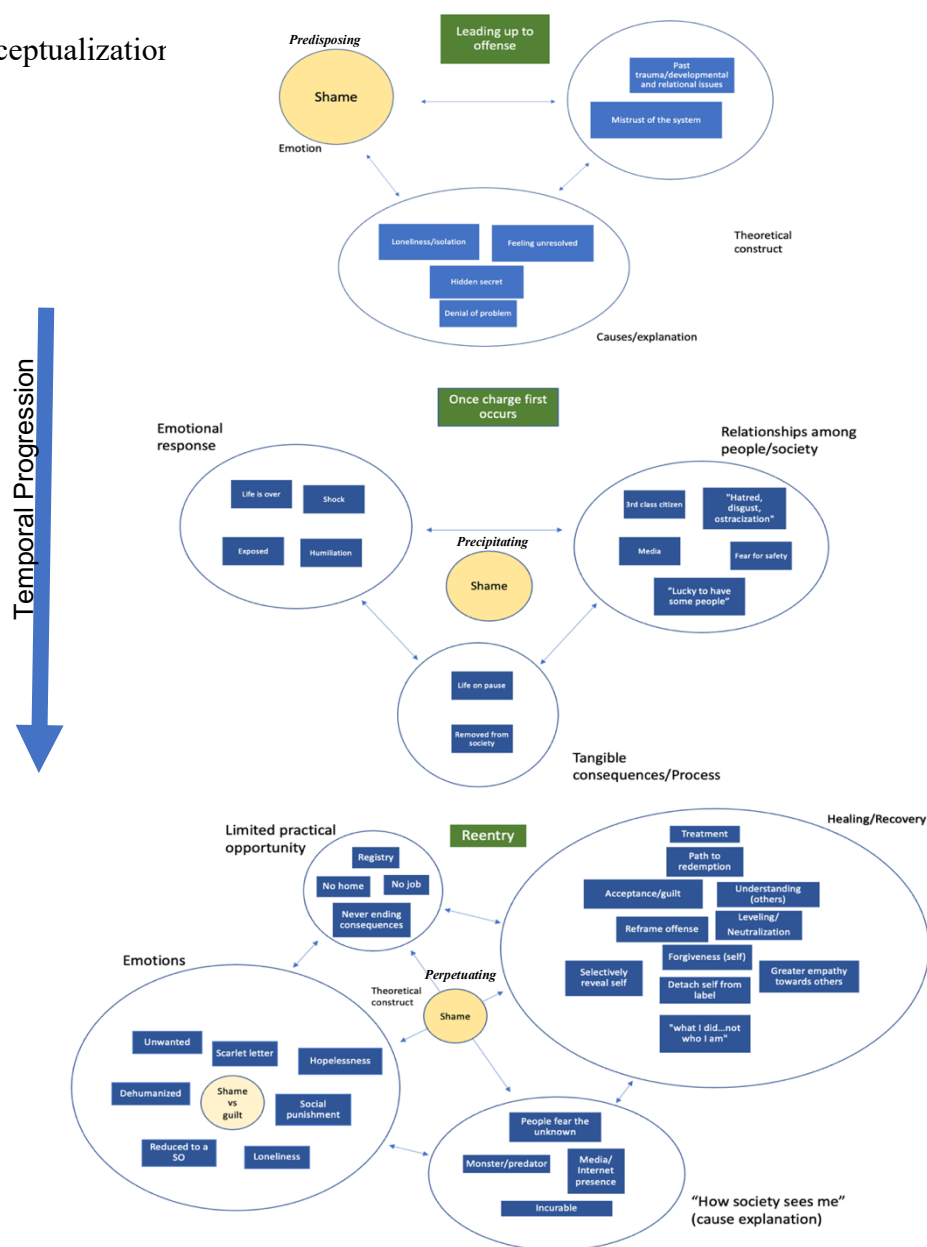
Conceptualization

The overall conceptualization in this study is based on three distinct temporal phases that are marked by the effects of shame on the ICSO's experience. The conceptualization was described in Chapter Four as, *the vexed question of accepting guilt while avoiding shame.* The five major themes are indivisible, correlating and overlapping with one another to unveil the essence of the phenomenon. The hermeneutic process uncovered how the tension between shame and guilt impacts the experience of the individual who has been charged with a sexual offense as they reintegrate into society.

The vexed question of accepting guilt while avoiding shame represents an intricate experience that relates and captures the varied facets of the lifeworld of ICSOs as they navigate through time and space, as represented in figure 2. 'Being' is temporal and largely influenced by prior experiences. The *Dasein's* (i.e. there-being) principal activity is to question their own existence within a specific context (Heidegger, 2013; Horrigan-Kelly et al., 2016). In this study exploring the phenomenon of reintegrating into society as someone who carries the weight of the 'sex offender' label, the recounted experiences were marked by shame, a feeling that tainted

every aspect of their lifeworld from thereafter. Across time and space, shame was manifested in their corporeal and relational experiences. Participants described numerous challenges and tribulations, extending from practical barriers such as finding employment or housing, to more existential ones, such as questioning their own essence as a person. Whether they reflected on feeling exposed and humiliated or pondered on the unknowns that the future holds given the reductive 'sex offender' label that they were given, the range of their experiences were predisposed, precipitated and perpetuated by shame.

Figure 2 - Conceptualization
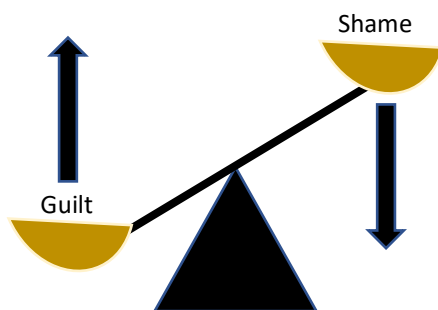
Shame and Guilt

      Shame and guilt have been explored primarily in the rehabilitative process of individuals who have committed unlawful actions in general. The exploration of these concepts in relationship to individuals who have committed sexual offenses is scant and mostly inferred through available literature examining other groups (Proeve & Howells, 2002). The dynamic between these constructs has been conceptualized in the context of recidivism prevention (Hudson et al., 1992) and empathy towards victims (Hanson, 1997; Roys, 1997). Regarding ICSOs, shame in itself has been studied in relation to the SORB specifically (Bailey & Sample, 2017; Edwards & Hensley, 2001; Farkas & Miller, 2007; Tewksbury, 2005; Tewksbury & Lees, 2006; Tolson & Klein, 2015), as well as in comparison to the shame experienced by family members (Bailey & Klein, 2018). There are no known studies empirically examining the population directly, particularly as it pertains to how shame and guilt may impact social reintegration.

      Despite the scarcity of empirical studies focusing on this particular concept and phenomenon, Bumby and colleagues (1999) proposed a theoretical model of how shame and guilt interplay and affect sex offending. They suggested that the predominance of shame after a sexually deviant crime results in increased personal distress, neutralization, externalization of blame, decreased adaptive coping, lower self-efficacy, more prevalent cognitive distortions and lessened empathy towards victims. They described all of these factors being risk factors for recidivism. Conversely, they described that guilt leads to greater empathetic analysis of the act, reparation, identification of adaptive coping mechanisms and greater self-efficacy – all factors that reduce the risk of reoffending (Bumby et al., 1999). While the proposition of enhancing guilt while diminishing shame in the treatment of ICSOs is likely to hold true based on the

assumptions made through the available literature, when it comes to the humanized experience of the ICSO, the foci of shame and guilt may be more complex than previously presumed, based on the data found within this study.

Based on the themes uncovered and experiences described in this study, healing appears to be only possible if there is movement in the scale between shame and guilt (figure 3). Feelings of guilt come with self-acceptance, which unlocks an opportunity for self-forgiveness. Shame dehumanizes and reduces the person to their offense, eliminating a path for movement, growth and redemption. In this sense, healing comes from the introduction of guilt in lieu of shame (Proeve & Howells, 2002).

Figure 3

The conceptualization depicted in figure 2, which was derived from the data, shows the interconnections of the experiences of the ICSO across their trajectory, highlighting the omnipresence and burden associated with shame – leading up to the charge (predisposing), at the time of the offense (precipitating) and upon reentry (perpetuating). The interaction between the significant aspects of the participants' experiences in their lifeworld underscores the intricacy of reintegrating into society as someone who is considered a 'sex offender.' That being considered,

the unveiling of pertinent factors, as well as the recognition of forces influencing their dynamics over time, may support the generation of a framework for healing.

Healing in its varied gradations was desired by the participants, with self-acceptance and forgiveness being recognized as essential in recovering and repairing the damages ensued from their past sexually deviant acts. Although proving oneself as a fully realized and multilayered person that could be seen for more than their past crime was a shared goal, it became apparent that self-forgiveness and the acceptance of guilt was an integral step within the process. However, what is the sense in accepting guilt, when all that comes in return is overwhelming shame? Thus, *the vexed question of accepting guilt while avoiding shame.* Given the lived experience and themes emerging from it, because of shame, the cost of accepting guilt might be just too high. Possibly, it goes beyond introducing guilt into someone who committed a sexual offense. Perhaps it takes a larger shift in the community surrounding the ICSO to reduce the hindering shame.

The Use of van Manen's Hermeneutic Phenomenology as a Method

This study relied on van Manen's (1990) approach to hermeneutic phenomenology. The tradition of hermeneutic phenomenology as first described by Heidegger was appropriate to this study, as it asserts reality as experiential and considers temporal dynamics at the core of 'being' (Heidegger, 2013). van Manen's systematic approach provided direction and facilitated a rigorous and clear method founded on hermeneutic phenomenology. This method was critical in the exploration of experiences and interpretation of data from the perspective of the discipline of nursing, allowing the researcher to engage participants and unveil the hidden aspects and meanings of their experience of being considered a 'sex offender' as they reintegrate into society (Lopez & Willis, 2004).

Given its philosophical roots, this study strived to establish a clear question associated with the phenomenon. The goal was to explore the lived experience of the participants and uncover the essential themes that characterize the phenomenon in order to inform strategies that may meet the needs of ICSOs, as well as guide future areas of inquiry. van Manen's approach allowed for a greater understanding of the scope of the participants' experience, so first and second order meanings could be attributed to the data. This particular approach recognizes the depth and complexity of the lifeworld and human experience, and hinges on identifying essential elements shared by those who experience the phenomenon.

Intentional questioning was used to unveil experiences that might not have been easily accessible, so the meanings behind them could be comprehended in a nuanced manner (van Manen, 1990). The method was useful in gaining a full and rich understanding of the meaning of being considered a 'sex offender' as they reintegrated into the community. Their experience was examined and understood through the analysis of the four dimensions or existentials that form the lifeworld: spatiality, temporality, corporeality and relationality (van Manen, 1990). These existentials are unified within the individual's lifeworld and are inseparable when exploring the experiences of the ICSO. This was clearly substantiated by the overlap between the five identified themes within the overall meaning *The vexed question of accepting guilt while avoiding shame.*

The approach described by van Manen was crucial in facilitating a strong orientation towards the phenomenon, particularly considering that many of the topics and experiences discussed were emotionally charged and potentially contaminated by preconceived notions. Balancing the context of the study by considering the parts and the whole, as informed by van Manen, supported the direction and objectivity of the research. As participants' feelings,

thoughts and perspectives were elucidated and themes were uncovered, the nature of the

experience became clearer, in a way that it adds to existing knowledge, and may potentially

impact approaches and interventions directed at ICSOs who experience the phenomenon studied.

It is pertinent to note that the researcher, as an integral instrument in hermeneutic

phenomenology, cannot be separated from his lifeworld and experienced the effects of study

(Miles et al., 2018). Reflexivity became a key aspect of the research process, ensuring that the

researcher remained grounded and maintained focus on the phenomenon of interest.

Implications for Practice, Education, Research and Policy

Implications for Nursing Practice

Nursing as a discipline has been far reaching, examining intricate and nuanced aspects of

the human experience. Addressing all realms of health and optimizing quality of life are

underlying themes infused in nursing care, theory and research. Nurses serve the human good,

developing and applying knowledge and skills necessary to meet the goals of the discipline

(Grace et al., 2016). These goals include caring for disenfranchised and marginalized groups

(Meleis & Im, 1999), as it is the case of ICSOs. The majority of past research studies examining

ICSOs have focused on 'sex offender' treatment, impacts of the SORB and issues related to

recidivism and criminogenic factors (Harkins et al., 2012; Kear-Colwell & Pollock, 1997; Kim et

al., 2016; Ward & Gannon, 2006; Ward et al., 2007; Woodhams, 2012). While these areas of

inquiry are relevant, there are still many areas or uncovered knowledge that are likely to benefit

ICSOs and society alike.

In their work, Willis, Grace and Roy (2008) emphasized unifying focus for the discipline:

"facilitating humanization, meaning, choice, quality of life, and healing in living and dying"

(Willis et al., 2008, p. E32-33). Considering this focus along with the fundamental nursing

metaparadigm, the findings from this study emphasize how critical it is to ensure that humanizing and holistic strategies are implemented into practice when caring for ICSOs. The data in this study clearly demonstrates that individuals who have been charged or convicted with a sexual offense carry a great amount of shame and consistently battle the repercussions of their identity-defining criminal charge. Moreover, a primary area that impacts the quality of life of ICSOs is feeling reduced to the label that they were given. Nurses are well positioned to emphasize holism and restore the ICSO's sense of humanity.

As it has been discussed in Chapter Two and described in Chapters Four and Five, very few crime categories incite negative emotions like sexual offenses do. This internalized, and perhaps automatic response, does not exclude nurses from experiencing challenges when it comes to caring for ICSOs. While the literature on the topic is limited, there has been evidence that some patient populations, including ICSOs, have been marginalized by nurses (Corley & Goren, 1998). From personal experience, health care providers in general, including nurses, have demonstrated dislike towards ICSOs. Nurses often encounter difficult patients that they may dislike, in which cases establishing a therapeutic connection may be an arduous process. In those situations, nurses need to be attentive to the human aspects of the person and attempt to understand their experience in order to examine their behavior (Liaschenko, 1994). This may require enhanced insight and expansion of consciousness from nurses as well, so they can unconditionally support their patients in the healing process (Newman, 2008). Some nurses may be part of the process of identifying and treating the inappropriate sexual behaviors that some individuals struggle with, but it is important to note that the majority of nurses are more likely to come in contact with ICSOs for reasons that are completely unrelated to their past charge or sexual deviance – whether it is a nurse in a community clinic, in an emergency room or in a

substance abuse program. The fact that ICSOs may be identified as a 'sex offender' in all

contexts, including when accessing the healthcare system, highlights the importance of ensuring

that their overall care is not being compromised due to their past charge (Rash & Winton, 2007).

Arguably, even those who have committed the most horrendous violations may have

positive patterns that comprise who they are as a person (Maeve & Vaughn, 2001). Still, it may

not always be a natural or simple task for the nurse to connect and support every patient through

their transformative process. The organic process in which a nurse easily relates to the patient

has been defined as "natural caring." In difficult cases when natural caring is not viable, the

nursing process may be enhanced by what has been described as "ethical caring." In ethical

caring, a nurse is able to provide adequate care by broadening their insight and carefully

evaluating difficult situations. Caring can be cultivated in a manner that maintains ethical and

moral practices, since to "not care" could be considered immoral in itself (Maeve & Vaughn,

2001; Mathis & Schoenly, 2008).

In other words, it is essential to explore and implement strategies to enhance a nurse's

ability to effectively and compassionately navigate through the nursing process of caring for the

ICSO, in a manner that is person-focused and humanizing. This study identifies particular areas

that nurses and nurse practitioners should note when working with ICSOs, including legal

restrictions associated with the SORB and correlated social barriers, which range from housing

and employment, to overall feelings of inclusion. Additionally, nurses should consider the broad

uncertainty that ICSOs feel through their trajectory and the amount of judgment and

ostracization that they expect from society. As identified by this study, overarching concepts that

nurses and nurse practitioners can and should implement in their practice, involve minimizing

shame, while facilitating self-forgiveness. Treatment of the person as a whole, *cura personalis*,

may be a catalyst for acceptance of feelings of guilt and self-acceptance, which may unchain personal growth and promote health living (Ward & Gannon, 2006). For this reason, emphasizing ethical holistic care that is aligned with the principles of *cura personalis* may prove invaluable when caring for ICSOs and individuals in general who may have a past criminal history.

In addition to working with ICSOs directly and supporting them through their personal healing, nurses are positioned to assist them through practical challenges during their reintegration to society. Nurses basic knowledge of specialized clinics and services that serve ICSOs in an inclusive and destigmatizing way, such as New England Forensic Associates (NEFA) and other similarly specialized centers, may prove valuable in the healing process.

It is significant to mention that not every individual who engages in sexually inappropriate behaviors are legally charged. Moreover, there may be an escalation of behaviors that remain concealed, even if the person themselves recognizes the need to seek help (Fisher & Marwaha, 2021). As mentioned previously, an approach that minimizes shaming may allow the nurse to identify high risk individuals and potentially facilitate access to preventive resources. Last, community and public health nurses may have a role of great importance in addressing stigma at the community level, as health promotion strategies may be translated to debunk myths regarding ICSOs and consequently minimize stigma (Akbar et al., 2020). This process requires finesse and thoughtfulness, as there is a balance between combating stigma and maintaining the safety of the community, particularly considering that a number of sexual crimes go unreported (Levmore & Nussbaum, 2018; Przybylski, 2015b). Still, minimizing isolation, shame and ostracization of ICSOs may not only facilitate their reintegration, but ultimately reduce risks for recidivism (Bailey & Klein, 2018).

Implications for Nursing Education

Understanding the unique needs of individuals who come in contact with the legal system, including ICSOs, is essential in nursing education. As previously highlighted in Chapter One, a significant proportion of the population has had a legal charge, with 77 million people in the United States having a criminal record (Sawyer & Wagner, 2020) and an estimated 750,000 Americans having a history of sexual offending (Rosselli & Jeglic, 2017). While ICSOs have been criminally charged with a sexual offense, it is worthwhile to highlight that the ripple effect associated with being recognized as a 'sex offender' extends to family members, friends and acquaintances (Bailey & Klein, 2018). Furthermore, while a proportion of ICSOs may not have paraphilic interests and not all individuals with paraphilic interests engage in illegal behaviors, it is pertinent that nurses recognize that many individuals who have paraphilic disorders may commit sexual offenses or have similar needs of ICSOs (Eher et al., 2019). Thus, ensuring that nursing education encompasses forensic matters is primordial, given the breadth of the overlap between law and nursing.

Admittedly, this study alone does not provide sufficient evidence to argue that forensic nursing should be part of the core nursing curriculum, but it may support the movement that has been observed internationally to incorporate forensic nursing into basic nursing education (Gorea et al., 2002). This movement was initiated as a response to the numerous cases of sexual violence that go under-detected, underreported or fail to be properly prosecuted due to loss of evidence (Dash et al. 2016). As a result of these many issues associated with sexual violence, the World Health Organization has recommended the inclusion of forensic content in undergraduate and graduate nursing programs. Nurses with forensic training can provide direct patient care to victims of crimes and violence, offer consultation to varied agencies and provide expert

testimony in legal proceedings (Freedberg, 2008). Nursing roles in forensics include Sexual

Assault Nurse Examiner (SANE), Correctional nurse, Forensic Nurse Death Investigator (FNDI)

and others (Dash et al., 2016). Including forensic nursing in educational curricula would ensure

that future nurses expand the concept of holism to encompass medical-legal aspects of care

(Hammer, 2000). Moreover, this particular educational focus is likely to emphasize the nursing

holistic approach (Newman et al., 2008; Willis et al., 2008) that is aligned with the Jesuit

perspective of *cura personalis* (Dickel & Ishii-Jordan, 2008), guiding nurses in all stages of their

careers to approach persons for their entirety, including patients who may have past criminal

histories (Byrt, 2013; Liaschenko, 1994; Maeve & Vaughn, 2001).

Although prevention of victimization and addressing sexual violence has been a primary

area of focus of forensic nursing, which is undoubtedly an important area of concentration, it is

pertinent to consider that victimization and offending are closely linked. Moreover, those who

commit crimes often become victims, as their behaviors may enable unsafe situations (Fattah,

2000). As it has been described, ICSOs themselves may be the victim of vigilantism (Cubellis et

al., 2019). Education and greater knowledge regarding the interactions between victimization and

offending may dispel ICSO stereotypes and stigma (Fattah, 2000).

This study adds to current research findings indicating that the barriers to reintegration

for ICSOs are numerous, with social pressures and isolation being notable factors (Chamberlain,

2018; Cochran & Chamlin, 2005; Jacobs, 2015; Ricciardelli & Moir, 2013; Rose et al., 2001).

Hence, expanded education on factors associated with deviant sexual behavior escalation,

management and modification, can also support the role of nursing when it comes to not only

identifying at-risk groups, but also contributing to reentry and reintegration efforts that minimize

reoffending.

The present study also demonstrates how shame and guilt interplay in the reintegration process for ICSOs, as it had been theorized by previous authors (Bumby & Hansen, 1997; McAlinden, 2005; Proeve & Howells, 2002). This research emphasizes important educational needs for nurses, as ICSOs seek care for numerous reasons in virtually every setting. As ICSOs navigate the health care system and society at large, nurses need continued education regarding their unique needs, vulnerabilities and legal interfaces. Individuals who have committed a sexual crime comprise a population that is avoided, stigmatized and marginalized, and many feel ashamed due to the 'sex offender' label, the notification system attached to the SORBs and sanctions such as polygraphs (Levenson & D'Amora, 2007; Vess, 2011; Winick, 1998; Wright, 2008). While this study brings focus to the ICSOs' experiences and their process of reintegrating into society as someone who is considered a 'sex offender,' further inquiry is needed to determine specific educational needs for nurses who come in contact with ICSOs, which vary greatly by setting and context of the therapeutic interaction. Furthermore, additional exploration of intersections of education and research are recommended, to address barriers to care, facilitate system access and promote appropriate treatment delivery.

Implications for Future Research

A few areas for future research were identified, with the direct progression being linked to the overall conceptualization of this study: *the vexed question of accepting guilt while avoiding shame.* The conceptualization of the experience involves three separate temporal stages: leading up to the offense, once the person is first charged, and reentry into society. These three phases are underscored by shame and guilt, which seem to inevitably influence and impact the ICSO's lifeworld. Additional testing, with a specific focus on the roles of shame and guilt, is warranted to determine if the conceptualization can be verified by data. In particular, exploring

each of the three phases longitudinally may prove to be essential, as it may help to clarify the process of shame/guilt as it relates to behaviors and experiences over time. Measuring shame and guilt leading up to the offense, once the charge occurs and during reentry, may illuminate potential interventions in each of the phases – whether they are preventive in earlier stages, potentially avoiding the development towards offending, or restorative post-offense, facilitating guilt introduction and fostering forgiveness and healing. Through adequate future inquiry and exploration, this conceptualization could potentially generate a conceptual model and/or guide middle-range theory that may describe or predict the phenomenon of reintegrating into society post-conviction.

The concepts of shame and guilt have been explored in a number of studies. However, studies largely focused on Reintegrative Shame Theory (RST) (Braithwaite & Mugford, 1994) or explored feelings of shame and guilt among groups other than ICSOs. In fact, few studies have examined shame and guilt within populations that come in contact with the criminal justice system in general, with one study by Harris (2003) exploring shame amongst individuals convicted with driving under the influence; two other studies, by Xuereb et al. (2009) and Wright and Gudjonsson (2007), being methodological efforts to develop new measures for shame and guilt for individuals who have committed general offenses; and three other studies by Hosser et al. (2008), Robinson, et al. (2007) and Tangney et al. (2011) assessing the proneness of incarcerated individuals towards shame and guilt.

The notions of shame and guilt in ICSOs have been theorized based on the literature, but lack empirical evidence (Bumby et al. 1999; Proeve & Howells, 2002). Whereas this present study contributes to knowledge by introducing empirical qualitative data, future research should explore measures of shame and guilt among ICSOs, particularly as both concepts interplay with

health and social determinants. Although an instrument that is appropriate to assess shame and guilt in ICSOs in particular has not been developed, a number of measures of offense-related shame and guilt have been developed and could potentially be validated with this particular group, including the *Test of Self-Conscious Affect* (TOSCA-3) (Tangney et al., 2000), the State Shame and Guilt Scales (Marschall et al., 1994) and the Offence-Related Shame and Guilt Scale (ORSGS) (Wright & Gudjonsson, 2007).

As it has been demonstrated in community samples and to an extent in incarcerated populations, guilt appears to be a more adaptive emotion that serves as a precursor for self-forgiveness and healing, whereas shame tends to be obstructive and related to heavy personal and social costs (Tangney et al., 2011). For this reason, the potential application of a psychometric instruments that compare guilt and shame to a sample focusing on ICSOs in different stages of their trajectory (e.g. pre-incarceration, during incarceration and post-incarceration) may further elucidate the phenomenon and support identification of factors that emphasize guilt over shame. As it has been suggested, combining shame and guilt measures to trait measures is likely to draw a more comprehensive picture of reoffending risk factors and potential prognoses (Bumby et al. 1999; Proeve & Howells, 2002*).*

Moreover, further research may explore how the three temporal stages within the conceptualization may correlate and individually implicate offending. In fact, although there is a clear and sequential relationship between the phases within the broad conceptualization, each of the phases may represent their own unique conceptual model that would warrant further verification and testing. Examining each of the phases separately may be useful in uncovering risk factors or identifying predictors associated with sexual offending. Determining antecedents and significant risk factors related to problematic sexual behaviors may support future work that

focuses on preventing the development of such conduct, whether they are fantasy or impulse driven (Raymond et al. 2003). Within such context, the exploration of potential barriers and facilitators for care may also prove pivotal, as stigma and shame may preclude individuals from seeking help to address underlying inappropriate sexual interests or desires (Jahnke et al., 2015).

Other future research directions that are recommended include expanding data collection to other geographic areas or countries, given how laws may vary between states (U.S. Department of Justice, 2008). Comparison across states and/or nations, may unveil important aspects of the interplay that public opinion and local legislations have with shame, guilt and resulting behaviors. Studying specific subgroups with a history of sexual offending (e.g. ethnic and racial minorities, juveniles, older adults and females, etc.) is also an important area for future inquiry. Exploring the intersectional experience of reintegrating into society while being labeled a "sex offender" would ensure that data is not centered in a homogenous group whose experiences may not be generalizable to other populations, particularly considering that 26% of ICSOs are black (Ackreman and Sacks, 2018) and 2% female (Cortoni et al., 2017).

Additionally, the fact that neutralization was evident in this data set, a study contrasting determinants, stigmas and experiences of individuals who commit contact and virtual offenses may be warranted. Elliott and colleagues (2013) explored the variation in psychological profiles of individuals who have contact, virtual and mixed (i.e. contact and virtual) offenses, identifying differences in victim empathy, pro-offending attitudes, externalized locus of control, assertiveness, impulsivity and personal distress. In such case, additional research investigating challenges associated with reintegration, as well as how shame and guilt impact these different profiles of ICSOs is warranted.

Findings of this study also support a deeper exploration of experiences associated with empathy and regret in the context of reintegrating into society, both from the perspectives of the ICSO and surrounding community members. While the findings herein uncovered experiences and emotions linked to healing, recovery and forgiveness, a deeper exploration of data, including the very set of transcripts collected for this study, is recommended to clarify and explain these aspects of the phenomenon. Further exploring the roles that shame and guilt have in the ICSO's experiences may inform strategies that may ultimately prevent recidivism (Chamberlain, 2018). Furthermore, research that recognizes and identifies differences and similarities across types of sexual offenses and SORBs designated levels is imperative, particularly considering the wide range between charges within the category (e.g. violent/non-violent, touch/no-touch, serial/single event, etc.). Likewise, additional research is needed to examine the process of coping and grieving, whether it is the loss of family, social status or freedom, when it comes to being succumbed to persistent levels of shame and being considered a 'sex offender.' Last, while understanding the ICSO lived experience and the meanings attached to them is imperative, future research exploring intentions when it comes to specialized 'sex offender treatment' and long-term mental health effects of being designated a 'sex offender' should be further considered, as there are no known studies examining these issues.

Implications for Policy

As the literature has described, there are numerous legal sanctions and sentencing structures that are unique to ICSOs, which expand from polygraphs, to housing and employment restrictions and registration with a notification system (Jacobs, 2015). The body of evidence has questioned the efficacy of legislation that are specific to sexual offending, emphasizing the detrimental and pernicious nature of these laws, which impede reintegration and potentially

increase the risk for recidivism (Chamberlain, 2018; Lancaster, 201; Levenson & D'Amora, 2007; Levenson et al., 2016; Pickett, 2013; Rose et al., 2001; Wright, 2008). Society's perception of ICSOs is overwhelmingly negative, often seeing them as irredeemable predators that must be locked up away from the public (Wakefield, 2006). Legislative response has followed specific high-profile cases of sex violence towards children, unchaining an introduction of laws that include ICSOs boards of registrations, notification systems and civil commitment (Wakefield, 2006). In such case, it is evident that public opinion influences policy and legislation (Galeste et al., 2012), emphasizing the importance of generating knowledge pertaining to ICSOs, which may support shaping the population's view and consequently impact laws and regulations.

Despite the fact that laws targeting ICSOs were intended to reduce recidivism and maintain public safety, the consequent stigmatization of ICSOs are likely to impact their wellbeing and increase criminogenic risk factors by disrupting housing and employment options, as well as drastically reducing opportunities to socially reintegrate into the community. Registries bring unwanted attention to the character-defining 'sex offender' label, ostracizing and alienating ICSOs from their communities (Edwards & Hensley, 2001). As discussed, housing and employment restrictions further eliminate social ties that could potentially facilitate assimilation (Mingus & Burchfield, 2012). The stigma linked to the 'sex offender' label and registry, is linked to a number of negative emotions, including shame and low self-esteem (McAlinden, 2005; Mercado et al., 2008; Tewksbury & Lees, 2006; Wakefield, 2006). Combined together, these factors promote ICSO's disconnection from social networks, resulting on an increased risk for reoffending (Levenson & Cotter, 2005).

Laws targeting sexual crimes also have indirect impacts on law enforcement agencies, particularly as they become overloaded with monitoring comparatively low-risk individuals who

have committed a sexual offense, instead of putting their efforts towards more imminent and serious community safety concerns (Farley, 2008). An example would be when law enforcement officers must implement regulations that restrict ICSOs from Halloween activities, which diverts them from allocating their resources to more probable and dangerous situations – alcohol-related offenses are particularly common on Halloween (Chaffin et al., 2009).

Additionally, civil commitment programs are costly and potentially divert funds and resources from areas that are more likely to support successful reintegration, such as adequate and specialized treatment centers, job training and housing assistance for ICSOs (Wakefield, 2006). The findings of this study are consistent with research that has demonstrated that facilitating community reintegration of ICSOs collides with the overpowering negative public perception that ICSOs are unable to change and will continue to be menaces to society (Edwards & Hensley, 2001; Levenson et al., 2007). As it has been demonstrated elsewhere, this study emphasizes how addressing the mutual interaction between ICSOs and their community is critical.

Consistent with studies by Koon-Magnin (2015) and Galeste et al. (2012), a primary implication of this study is to address and modify public perception, as it has been demonstrated that they influence policy. Strategies may include educational efforts, which is significant, since exposure to factual information has shown to aid in shaping the public opinion regarding treatment and reintegration (Cochran & Chamlin, 2005). Additionally, collaborations between researchers and policy makers may prove beneficial, so the advantages and detriments of laws targeting ICSOs can be critically and objectively examined and addressed (Sample, 2011). Last, this study may inform a system that is more effective and just, in addition to aiding the development of reentry protocols for ICSOs who are leaving correctional facilities.

Limitations

This study unveiled specific experiences and themes that contribute to the knowledge base, but there were limitations that are consistent with those observed in other qualitative studies and were inherent in the study design. These limitations range from recruitment, to possible selection bias and data collection procedures.

While hermeneutic phenomenology has its benefits, there are also limitations associated with the design and methodology (Miles et al., 2018). The data obtained was subjective and restrained to the group of participants interviewed, who may have had perceptions and experiences that were unique to their geographic and social contexts. For that reason, transferability of findings beyond those who come from the same geographical warrants caution. Likewise, data and findings are not generalizable and due to the limited sample size that is characteristic of qualitative studies, casual relationships cannot be established.

Selection bias is also possible due to the voluntary nature of the recruitment process (Creswell & Poth, 2018; Miles et al., 2018). Participants were all recruited through a clinic that specializes in addressing problematic sexual behaviors. Some participants were involved in treatment as a post-release legal requirement, while others voluntarily elected to be in treatment. Either way, the study's sample comprised of a population that was actively engaged in treatment and their experiences may have been influenced and restricted by that, particularly when it pertains to questions of healing and forgiveness.

Compared to national statistics regarding ICSOs, the sample lacked racial and ethnic diversity, with only one participant being Asian and all others being white. Racial/ethnic representation among all ICSOs may be difficult to determine, but previous studies have determined rates of different racial/ethnic groups for those who were registered in the SORB -

approximately 72% of ICSOs registered in the SORB were white, 26% black and 3% represented

Asians and Hispanics (Ackreman and Sacks, 2018). Also, the sample involved an overall

formally educated population. There would be value in future research in exploring the

experiences of ICSOs who belong to minority groups, as well as of those who come from a more

heterogenous socioeconomical and educational background.

It is possible that COVID-19 pandemic restrictions that were in place during data

collection impacted recruitment. In the earlier stages of recruitment and data collection, only

those who were allowed by law to access the internet through a computer or mobile device

would have been able to complete the interview via Zoom. While it is unclear if any participants

avoided reaching out the researcher due to an inability to access internet-based devices, the

option for in-person interviews was made available as soon as COVID-19 guidelines were

loosened. It is important to note that while it is unclear how many individuals elected to not

participate in the study, it is possible that the idea of having their narratives recorded was a

deterrent to some participants. This assumption is based on the fact that upon first contacting the

researcher, two participants reported hesitations associated with having their voice recorded.

Given the location of NEFA, participants were primarily located in the Boston-Metro area. For

this reason, the findings may not represent the perspectives of ICSOs in other geographic areas.

A detailed description of the sample and the context is provided to support reliability.

A limitation of the study is based on the fact that qualitative reports may be subject to

misrepresentation of certain aspects of a given experience due to the possible variance between

participants' and the researcher's perspective. This divergence may exist between reality and

representations of reality, as well as between lived experiences and narrated lives (Sandelowski,

2006). Another limitation in the study may be the researcher's familiarity with the population of

interest, given his previous clinical background. Particularly in hermeneutic phenomenology, research is influenced by the subjective experiences and interpretations of the researcher, who acts as the primary instrument. Thus, achieving a strong understanding of the factors related to the phenomenon through a literature review was essential. The researcher carefully explored potential contradictions in the data by seeking alternative explanations. Moreover, the researcher made an effort to ensure that the process was rigorous, implementing triangulation, engaging in a hermeneutic circle and maintaining an audit trail (Lincoln & Guba, 1985; Miles et al., 2018).

Conclusion

Nursing is a discipline that at times sits in an ambiguous space, where science merges with art, illness meets health, and the physical, emotional and spiritual intertwine. While nursing as a profession came to be out of necessity, there have been multiple forces that have impacted the discipline's knowledge foundation and the direction of epistemological pursuits (Traynor, 1996). Over the years, nurses have become well-equipped researchers with a clear perspective. The discipline's drive for scholarship and higher education has been pivotal in accomplishing many goals, from developing knowledge through research, to informing policy and enhancing patient care. In recent years, the discipline has focused in bringing public attention to the needs, perspectives and dehumanization of disenfranchised groups. As nurses critically look at their disciplinary focus, there is a need to ask the difficult questions in order to surpass marginalization (Meleis & Im, 1999).

This study contributes to nursing knowledge by centering its inquiry in one of the most marginalized groups (Stupple, 2014) and provides insight to the meaning of reintegrating into society as someone who is considered a 'sex offender.' Individuals charged with a sexual offense who are reintegrating into society detailed their experiences and meanings that they ascribe to

them, which unveiled five themes: *1) Exposed secret leads to humiliation (2) Being considered a sex offender is living in fear of the unknown, (3) Stigma consumes the identity of the individual charged with a sexual offense. Sub-themes:* (a) *Reduced to just a sex offender*, (b) *It is what I did, not who I am* and (c) *Perpetual social sentence. (4) Reframing and "leveling" of the crime are coping strategies; and (5) The path towards healing and forgiveness is complex.* The overall meaning of this study was identified as *The vexed question of accepting guilt while avoiding shame.*

In summary, van Manen's approach was used to design the study and analyze the data, which relied on a systematized and iterative hermeneutic process. Insights about the phenomenon of reintegrating into society as someone who is considered a 'sex offender' were identified and may be applied to nursing practice and education. Furthermore, the findings that were derived from the participants' account of their experiences can be used to inform policy and care strategies that facilitate guilt and self-forgiveness while minimizing shame. Areas for future research were identified, highlighting the importance of quantitative studies that measure shame and guilt in ICSOs, as well as research that is designed to explore the experiences of ICSOs who come from a variety of ethnic and racial backgrounds, genders and age groups. Examining the experience of ICSO from a nursing disciplinary perspective highlights issues associated with shame and guilt, and points to the need for future research, education, policy and practice.

Reference:

42 USC 16915

803 Code Mass. Regs. 1.33 (2016)

Aboujaoude, E. (2010). Problematic Internet use: An overview. *World Psychiatry*, *9*(2), 85-90.

Ackerman, A. R., & Sacks, M. (2018). Disproportionate minority presence on US sex offender registries. *Justice Policy Journal*, *16*, 1-20.

Adson, P. R. (1992). Treatment of paraphilias and related disorders. *Psychiatric Annals, 22*, 299-300.

Ahmed, E., & Braithwaite, V. (2006). Forgiveness, reconciliation, and shame: Three key variables in reducing school bullying. *Journal of Social Issues, 62*(2), 347- 370.

Ajjawi, R., & Higgs, J. (2007). Using hermeneutic phenomenology to investigate how experienced practitioners learn to communicate clinical reasoning. *Qualitative Report*, *12*(4), 612-638.

Akbar, M. A., Juniarti, N., & Yamin, A. (2020). Meta-Synthesis Of Community Health Nursing Strategy. *Asian Community Health Nursing Research*, 33-33.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

Andrews, B., Qian, M., & Valentine, J. D. (2002). Predicting depressive symptoms with a new measure of shame: The Experience of Shame Scale. British Journal of Clinical Psychology, 41, 29-42.

Askew, R. (2016). Functional fun: Legitimising adult recreational drug use. *International Journal of Drug Policy*, *36*, 112-119.

Aviram, H., Bragg, A., & Lewis, C. (2017). Felon disenfranchisement. *Annual Review of Law and Social Science*, *13*, 295-311.

Baglivio, M. T., Wolff, K. T., Howell, J. C., Jackowski, K., & Greenwald, M. A. (2018). The search for the holy grail: Criminogenic needs matching, intervention dosage, and subsequent recidivism among serious juvenile offenders in residential placement. *Journal of Criminal Justice*, *55*, 46–57. https://doi.org/10.1016/j.jcrimjus.2018.02.001

Bai, J. R., Befus, M., Mukherjee, D. V., Lowy, F. D., & Larson, E. L. (2015). Prevalence and predictors of chronic health conditions of inmates newly admitted to maximum security prisons. *Journal of Correctional Health Care*, *21*(3), 255–264. https://doi.org/10.1177/1078345815587510

Bailey, D. J. S., & Sample, L. (2017). An examination of a cycle of coping with strain among registered citizens' families. *Criminal Justice Studies, 30,* 158–180.

Bailey, D. J., & Klein, J. L. (2018). Ashamed and alone: Comparing offender and family member experiences with the sex offender registry. *Criminal Justice Review*, *43*(4), 440-457.

Baillargeon, J., Black, S. A., Pulvino, J., & Dunn, K. (2000). The disease profile of Texas prison inmates. *Annals of Epidemiology*, *10*(2), 74–80. https://doi.org/10.1016/S1047-2797(99)00033-2

Bastian, B., Denson, T. F., & Haslam, N. (2013). The roles of dehumanization and moral outrage in retributive justice. *PLoS ONE*, *8*(4), e61842. https://doi.org/10.1371/journal.pone.0061842

Beck, V. S., & Travis III, L. F. (2006). Sex offender notification: An exploratory assessment of state variation in notification processes. *Journal of Criminal Justice, 34*(1), 51-55.

Bedarf, A. R. (1995). Examining sex offender community notification laws. *Calif. L. Rev.*, *83*, 885.

Berghuis, M. (2018). Reentry programs for adult male offender recidivism and reintegration: A systematic review and meta-analysis. *International Journal of Offender Therapy and Comparative Criminology*, *62*(14), 4655-4676.

Binswanger, I. A., Krueger, P. M., & Steiner, J. F. (2009). Prevalence of chronic medical conditions among jail and prison inmates in the USA compared with the general population. *Journal of Epidemiology and Community Health*, *63*(11), 912–919. https://doi.org/10.1136/jech.2009.090662

Binswanger, I. A., Nowels, C., Corsi, K. F., Long, J., Booth, R. E., Kutner, J., & Steiner, J. F. (2011). "From the prison door right to the sidewalk, everything went downhill," a qualitative study of the health experiences of recently released inmates. *International Journal of Law and Psychiatry*, *34*(4), 249-255.

Blagden, N., Winder, B., & Hames, C. (2016). "They treat us like human beings"—Experiencing a therapeutic sex offenders prison: Impact on prisoners and staff and implications for treatment. *International Journal of Offender Therapy and Comparative Criminology*, *60*(4), 371-396.

Blagden, N., Winder, B., Gregson, M., & Thorne, K. (2014). Making sense of denial in sexual offenders: A qualitative phenomenological and repertory grid analysis. *Journal of Interpersonal Violence*, *29*(9), 1698-1731.

Blagden, N., Winder, B., Thorne, K., & Gregson, M. (2011). 'No-one in the world would ever wanna speak to me again': an interpretative phenomenological analysis into convicted

sexual offenders' accounts and experiences of maintaining and leaving

denial. *Psychology, Crime & Law*, *17*(7), 563-585.

Blumenthal, D. R. (1998). Repentance and forgiveness. *Cross Currents, 48,* 75-82.

Bonnar-Kidd, K. K. (2010). Sexual offender laws and prevention of sexual violence or

recidivism. *American Journal of Public Health*, *100*(3), 412-419.

https://doi.org/10.2105/AJPH.2008.153254

Bontekoe, R. (1996). *Dimensions of the hermeneutic circle.* Humanities Press International.

Borg M. & Davidson L. (2008). The nature of recovery as lived in everyday experience. *Journal

of Mental Health 17,* 129–140.

Braithwaite, J., & Mugford, S. (1994). Conditions of successful reintegration ceremonies:

Dealing with juvenile offenders. *The British Journal of Criminology*, *34*(2), 139-171.

Brandes, B., & Cheung, M. (2009). Supervision and treatment of juveniles with sexual behavior

problems. *Child and Adolescent Social Work Journal, 26*, 179–196.

Brush, B. L., McGee, E. M., Cavanagh, B., & Woodward, M. (2001). Forgiveness: A concept

analysis. *Journal of Holistic Nursing*, *19*(1), 27-41.

Budd, K. M., Mancini, C., & Bierie, D. M. (2019). Parks, playgrounds, and incidents of sexual

assault. *Sexual Abuse*, *31*(5), 580-606.

Bumby, K. M., Marshall, W. L., & Langton, C. (1999). A theoretical model of the influences of

shame and guilt on sexual offending. In B. K. Schwartz (Ed.), *The sex offender:*

Theoretical advances, treating special populations and legal developments (pp. 1-12).

Kingston, NJ: Civic Research Institute

Bumby, K., & Hansen, D. (1997). Intimacy deficits, fear of intimacy, and loneliness among

sexual offenders. *Criminal Justice and Behavior, 24*(3), 315–331.

Burchfield, K. B., & Mingus, W. (2014). Sex offender reintegration: Consequences of the local neighborhood context. *American Journal of Criminal Justice*, *39*(1), 109-124.

Bureau of Justice Assistance. (2018). *Innovation in reentry initiative.* https://bja.ojp.gov/program/innovations-reentry-initiative/overview

Burmeister, E., & Aitken, L. M. (2012). Sample size: How many is enough? *Australian Critical Care, 25*, 271-274. doi:10.1016/j.aucc.2012.07.002

Busch, I. M., Moretti, F., Travaini, G., Wu, A. W., & Rimondini, M. (2019). Humanization of care: Key elements identified by patients, caregivers, and healthcare providers. A systematic review. *Patient*, *12*, 1–14. https://doi.org/10.1007/s40271-019-00370-1

Bushway, S. D., Nieuwbeerta, P., & Blokland, A. (2011). The predictive value of criminal background checks: Do age and criminal history affect time to redemption? *Criminology*, *49*(1), 27–60. https://doi.org/10.1111/j.1745-9125.2010.00217.x

Byrt, R. (2013). Forensic nursing interventions with patients with personality disorder: a holistic approach. *Journal of Forensic Nursing*, *9*(3), 181-187.

Caelli, K. (2001). Engaging with phenomenology: Is it more of a challenge than it needs to be?. *Qualitative Health Research*, *11*(2), 273-281.

Calkins, C., Jeglic, E., Beattey Jr, R. A., Zeidman, S., & Perillo, A. D. (2014). Sexual violence legislation: A review of case law and empirical research. *Psychology, Public Policy, and Law*, *20*(4), 443.

Calleja N. G. (2015). Juvenile sex and non-sex offenders: A comparison of recidivism and risk. *Journal of Addictions & Offender Counseling*, 36(1), 2–12. doi:10.1002/j.2161-1874.2015.00031.x

Cambridge Dictionary. (2021). *Recovery.*

https://dictionary.cambridge.org/us/dictionary/english/recovery

Carragher, D. J., & Rivers, I. (2002). Trying to hide: A cross-national study of growing up for

non-identified gay and bisexual male youth. *Clinical Child Psychology and*

Psychiatry, *7*(3), 457-474.

Casalini, C. (2019). Włodzimierz Ledóchowski's call for cura personalis: Humanist roots and

Jesuit distinctiveness in education. *Studia Pedagogica Ignatiana*, *22*(4), 123-134.

Cechaviciute, I., & Kenny, D. T. (2007). The relationship between neutralizations and perceived

delinquent labeling on criminal history in young offenders serving community

orders. *Criminal Justice and Behavior*, *34*(6), 816-829.

Chaffin, M., Levenson, J., Letourneau, E., & Stern, P. (2009). How safe are trick-or-treaters? An

analysis of child sex crime rates on Halloween. *Sexual Abuse*, *21*(3), 363-374.

Chamberlain, A. W. (2018). From prison to the community: Assessing the direct, reciprocal, and

indirect effects of parolees on neighborhood structure and crime. *Crime and Delinquency*,

64(2), 166–200. https://doi.org/10.1177/0011128716678194

Chammah, M. (2017). *What to do with violent sex offenders.* The Marshall Project.

https://www.themarshallproject.org/2017/09/24/what-to-do-with-violent-sex-offenders

Chernicharo, I. de M., Silva, F. D. da, & Ferreira, M. de A. (2014). Description of the term

humanization in care by nursing professionals. *Escola Anna Nery - Revista de*

Enfermagem, *18*(1), 156–162. https://doi.org/10.5935/1414-8145.20140023

Cochran, J. C., Toman, E. L., Shields, R. T., & Mears, D. P. (2020). A uniquely punitive turn?

Sex offenders and the persistence of punitive sanctioning. *Journal of Research in Crime*

and Delinquency, 0022427820941172.

Cochran, J. K., & Chamlin, M. B. (2005). Can information change public opinion? Another test of the Marshall hypotheses. *Journal of Criminal Justice, 33,* 573-584.

Comartin, E. B., Kernsmith, P. D., & Miles, B. W. (2010). Family experiences of young adult sex offender registration. *Journal of Child Sexual Abuse*, *19*(2), 204-225.

Commonwealth of Massachusetts. (2021). *Information about sex offenders.* https://www.mass.gov/information-about-sex-offenders

Coomber, R., Moyle, L., & South, N. (2016). The normalisation of drug supply: The social supply of drugs as the "other side" of the history of normalisation. *Drugs: Education, Prevention and Policy*, *23*(3), 255-263.

Corley, M. C., & Goren, S. (1998). The dark side of nursing: Impact of stigmatizing responses on patients. *Scholarly Inquiry for Nursing Practice*, *12*(2), 99-118.

Cortoni, F., Babchishin, K. M., & Rat, C. (2017). The proportion of sexual offenders who are female is higher than thought: A meta-analysis. *Criminal Justice and Behavior*, *44*(2), 145-162.

Cortoni, F., Hanson, R. K., & Coache, M. È. (2010). The recidivism rates of female sexual offenders are low: A meta-analysis. *Sexual Abuse*, *22*(4), 387-401.

Creswell, J.W. & Poth, C.N. (2018). *Qualitative inquiry and research design: Choosing among five traditions* (4th ed). Sage Publications.

Cubellis, M. A., Evans, D. N., & Fera, A. G. (2019). Sex offender stigma: An exploration of vigilantism against sex offenders. *Deviant Behavior*, *40*(2), 225-239.

Cucolo, H. E., & Perlin, M. L. (2012). Preventing sex-offender recidivism through therapeutic jurisprudence approaches and specialized community integration. *Temp. Pol. & Civ. Rts. L. Rev.*, *22*, 1

Cunningham, K.J. (2009). Female survival calculations in politically violent settings: How

    political violence and terrorism are viewed as pathways to life. *Studies in Conflict &*

    Terrorism, 32, 561-575.

Curran, E. (2006). Can rights curb the Hobbesian sovereign? The full right to self-preservation,

    duties of sovereignty and the limitations of Hohfeld. *Law and Philosophy*, *25*(2), 243-

    265.

Dash, S. K., Patel, S., & Chavali, K. (2016). Forensic nursing–Global scenario and Indian

    perspective. *Journal of Forensic and Legal Medicine*, *42*, 88-91.

Deegan P.E. (1988). Recovery: the lived experience of rehabilitation. *Psychosocial*

    Rehabilitation Journal 11, 11–19.

DeLuca, J. S., Vaccaro, J., Rudnik, A., Graham, N., Giannicchi, A., & Yanos, P. T. (2018).

    Sociodemographic predictors of sex offender stigma: How politics impact attitudes,

    social distance, and perceptions of sex offender recidivism. *International journal of*

    offender therapy and comparative criminology, *62*(10), 2879-2896.

Dibley, L. (2011). Analyzing narrative data using McCormack's lenses. *Nurse Researcher,*

    18(3), 13-19.

Dickel, C. T., & Ishii-Jordan, S. R. (2008). Implementing Jesuit charisms and core values in

    distance education. *Journal of Catholic Education*, *11*(3), 385-398.

Douglas, T., Bonte, P., Focquaert, F., Devolder, K., & Sterckx, S. (2013). Coercion,

    incarceration, and chemical castration: An argument from autonomy. *Journal of*

    Bioethical Inquiry, *10*(3), 393-405.

Dowling, M. (2007). From Husserl to van Manen. A review of different phenomenological

    approaches. *International Journal of Nursing Studies*, *44*(1), 131-142.

Duwe, G., & Clark, V. (2017). The rehabilitative ideal versus the criminogenic reality: The consequences of warehousing prisoners. *Corrections*, *2*(1), 41–69. https://doi.org/10.1080/23774657.2016.1240596

Duwe, G., & Goldman, R. A. (2009). The impact of prison-based treatment on sex offender recidivism: Evidence from Minnesota. *Sexual Abuse*, *21*(3), 279-307.

Edwards, C., & Titchen, A. (2003). Research into patients' perspectives: relevance and usefulness of phenomenological sociology. *Journal of Advanced Nursing, 44*(5), 450-460.

Edwards, W., & Hensley, C. (2001). Contextualizing sex offender management legislation and policy: Evaluating the problem of latent consequences in community notification laws. *International Journal of Offender Therapy and Comparative Criminology, 45*(1), 83-101.

Eher, R., Rettenberger, M., & Turner, D. (2019). The prevalence of mental disorders in incarcerated contact sexual offenders. *Acta Psychiatrica Scandinavica*, *139*(6), 572-581.

Elliott, I. A., Beech, A. R., & Mandeville-Norden, R. (2013). The psychological profiles of internet, contact, and mixed internet/contact sex offenders. *Sexual Abuse*, *25*(1), 3-20.

Erickson, H. L. (2007). Philosophy and theory of holism. *Nursing Clinics of North America*, *42*(2), 139-163.

Eyssen, A. B. (2001). Does community notification for sex offenders violate the Eighth Amendment's prohibition against cruel and unusual punishment? A focus on vigilantism resulting from "Megan's Law". St. Mary's Law Journal, 33, 101-142.

Farkas, M. A., & Miller, G. (2007). Reentry and reintegration: Challenges faced by the families of convicted sex offenders. *Federal Sentencing Report, 20*(2), 88–92.

Farley, L. G. (2008). The Adam Walsh Act: The scarlet letter of the twenty-first
century. *Washburn Law Journal*, *47*, 471-503.

Fattah, E. A. (2000). The vital role of victimization in the rehabilitation of offenders and their
reintegration into society. In H. Iitsuka & R. Findlay-Debeck (Eds.), *Resource material
series no. 56* (pp. 71-86). U.S. Department of Justice, Office of Justice Programs.

FBI National Press Office. (2020). *FBI releases 2019 crime statistics.*
https://www.fbi.gov/news/pressrel/press-releases/fbi-releases-2019-crime-statistics

Federal Bureau of Prisons. (2013). *Sex offenders programs.*
https://www.bop.gov/policy/progstat/5324_010.pdf

Ferguson, T. J., Stegge, H., Miller, E. R., & Olsen, M. E. (1999). Guilt, shame, and symptoms in
children. *Developmental Psychology, 35,* 347-357.

Fernandez, Y. M., & Marshall, W. L. (2003). Victim empathy, social self-esteem, and
psychopathy in rapists. *Sexual Abuse: A Journal of Research and Treatment*, *15*(1), 11-
26.

Fields, S. E. (2017). Debunking the stranger-in-the-bushes myth: The case for sexual assault
protection orders. *Wis. L. Rev.*, 429

Finlay, L. (2009). Debating phenomenological research methods. *Phenomenology and Practice*,
3(1), 6-25.

Firth, K., Smith, K., Sakallaris, B. R., Bellanti, D. M., Crawford, C., & Avant, K. C. (2015).
Healing, a concept analysis. *Global Advances in Health and Medicine*, *4*(6), 44-50.

Fisher, K. A., & Marwaha, R. (2021). *Paraphilia.*
https://www.ncbi.nlm.nih.gov/books/NBK554425/

Fisher, M. L., & Exline, J. J. (2006). Self-forgiveness versus excusing: The roles of remorse, effort, and acceptance of responsibility. *Self and Identity, 5*(2), 127 – 146.

Fortney T., Baker J. N., & Levenson J. (2009). A look in the mirror: Sexual abuse professionals' perceptions about sex offenders. *Victims & Offenders*, 4(1), 42–57.

Freedberg, P. (2008). Integrating forensic nursing into the undergraduate nursing curriculum: A solution for a disconnect. *Journal of Nursing Education*, *47*(5), 201-208.

Freud, S. (1959). *The Ego and the Id.* In J. Strachey (Ed. & Trans.), The complete psychological works of Sigmund Freud (Vol. 19, pp. 3-66). London: Hogarth Press. (Original work published 1923)

Friestad, C. (2012). Making sense, making good, or making meaning? Cognitive distortions as targets of treatment change. *International Journal of Offender Therapy and Comparative Criminology, 56,* 465-482. doi:10.1177/0306624X11402945

Fusch, P., & Ness, L. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report,* 20, 1208–1416.

Gale, J., & Marshall-Lucette, S. (2012). Community mental health nurses' perspectives of recovery-oriented practice. *Journal of psychiatric and mental health nursing*, *19*(4), 348-353

Galeste, M., Fradella, H., & Vogel, B. (2012). Sex offender myths in print media: Separating fact from fiction in U.S. Newspapers. *Western Criminology Review, 13,* 4-24.

Garrett, L. (2010). A phenomenological explanation of the reflections on lived space by child sexual abusers. *Issues in Mental Health Nursing, 31*, 758–762. doi:10.3109/ 01612840.2010.506253

Geiger, B., & Fischer, M. (2005). Naming oneself criminal: Gender difference in offenders' identity negotiation. *International Journal of Offender Therapy and Comparative Criminology*, *49*(2), 194-209.

Gerber, L. (2012). An inside look at correctional health nursing. *The Peer-Reviewed Journal of Clinical Excellence*, *42*(4), 52-56.

Gerhard-Burnham, B., Underwood, L. A., Speck, K., Williams, C., Merino, C., & Crump, Y. (2016). The lived experience of the adolescent sex offender: A phenomenological case study. *Journal of Child Sexual Abuse*, *25*(1), 93-109.

Goffman, E. (1963). *Stigma: Notes on the Management of a Spoiled Identity.* New York: Simon & Shuster, Inc

Gorea, R. K., Jasuja, O. P., Lynch, V., & Singh, K. (2002). Forensic nursing in India-Need of the hour. *Journal of Punjab Academy of Forensic Medicine and Toxicology*, *2*, 49.

Goshin, L. S., Colbert, A. M., & Carey, J. F. (2018). An integrative review of nurse-authored research to improve health equity and human rights for criminal-justice-involved people. *Journal of Forensic Nursing*, *14*(2), 53-60.

Grace, P. J., Willis, D. G., Roy, C., & Jones, D. A. (2016). Profession at the crossroads: A dialog concerning the preparation of nursing scholars and leaders. *Nursing Outlook*, *64*(1), 61-70.

Gravens, K., & Goldfarb, S. (2020). Social mission in nursing: Reaffirming our roots. *Teaching and Learning in Nursing*, *15*(4), 248-250.

Hall, J. H., & Fincham, F. D. (2008). The temporal course of self-forgiveness. *Journal of Social and Clinical Psychology, 27*(2), 174-202.

Hamilton, M. (2010). Public safety, individual liberty, and suspect science: Future dangerousness

assessments and sex offender laws. *Temp. L. Rev.*, *83*, 697.

Hammer, R. (2000). Caring in forensic nursing: Expanding the holistic model. *Journal of

Psychosocial Nursing and Mental Health Services*, *38*(11), 18-24.

Hanson, R. K. (1997). Invoking sympathy: Assessment and treatment of empathy deficits among

sexual offenders. In B. K. Schwartz & H. R. Cellini (Eds.), *The sex offenders: New

insights, treatment innovations and legal developments* (Vol. 2, pp. 1:1 – 1:12). Kingston,

NJ: Civic Research Institute.

Hanson, R. K., & Morton-Bourgon, K. (2004). *Predictors of sexual recidivism: An updated

meta-analysis* (No. 2004-02). Ottawa, Ontario, Canada: Public Works and Government

Services, Public Safety and Emergency Preparedness Canada.

Hanson, R. K., & Morton-Bourgon, K. (2005). The characteristics of persistent sexual offenders:

A meta-analysis of recidivism studies. Journal of Consulting and Clinical Psychology, 73,

1154-1163.

Hanson, R. K., Bourgon, G., Helmus, L., & Hodgson, S. (2009). The principles of effective

correctional treatment also apply to sexual offenders: A meta-analysis. *Criminal Justice

and Behavior*, *36*(9), 865–891. https://doi.org/10.1177/0093854809338545

Hanson, R. K., Harris, A. J., Helmus, L., & Thornton, D. (2014). High-risk sex offenders may

not be high risk forever. *Journal of Interpersonal Violence*, *29*(15), 2792-2813.

Hanson, R. K., Harris, A. J., Letourneau, E., Helmus, L. M., & Thornton, D. (2018). Reductions

in risk based on time offense-free in the community: Once a sexual offender, not always a

sexual offender. *Psychology, Public Policy, and Law*, *24*(1), 48-63.

Harkins, L., & Beech, A. R. (2007). A review of the factors that can influence the effectiveness of sexual offender treatment: Risk, need, responsivity, and process issues. *Aggression and violent behavior*, *12*(6), 615-627.

Harkins, L., Flak, V. E., Beech, A. R., & Woodhams, J. (2012). Evaluation of a community-based sex offender treatment program using a good lives model approach. *Sexual Abuse*, *24*(6), 519-543.

Harris, A. J., & Socia, K. M. (2016). What's in a name? Evaluating the effects of the "sex offender" label on public opinions and beliefs. *Sexual Abuse*, *28*(7), 660-678.

Harris, N. (2001). *Shaming and shame: Regulating drink-driving. In E. Ahmed, N. Harris, J. Braithwaite, & V. Braithwaite* (Eds.), Shame management through reintegration. Cambridge: University of Cambridge.

Harris, N. (2003). Reassessing the dimensionality of the moral emotions. *British Journal of Psychology*, *94*(4), 457-473.

Haslam, N., & Loughnan, S. (2014). Dehumanization and infrahumanization. *Annual Review of Psychology*, *65*, 399–423. https://doi.org/10.1146/annurev-psych-010213-115045

Hathaway, A. D., Mostaghim, A., Erickson, P. G., Kolar, K., & Osborne, G. (2018). "It's really no big deal": The role of social supply networks in normalizing use of cannabis by students at Canadian universities. *Deviant Behavior*, *39*(12), 1672-1680.

Hawthorne, N. (2016). *The Scarlet letter.* Penguin Random House. (Original work published 1850).

Heidegger, M. (2013). *Being and time.* (J. Macquarie & E. Robinson, trans.). Harper & Row. (Original work published 1927)

Henggeler, S. W. (2012). Multisystemic therapy: Clinical foundations and research outcomes. *Psychosocial Intervention, 21*, 181–193.

Hessik, C. B., & Hessick, F. A. (2011). Recognizing constitutional rights at sentencing. *California Law Review*, *99*, 47–94. https://doi.org/10.15779/Z389T22

Holmgren, M. R. (1998). Self-forgiveness and responsible moral agency. *The Journal of Value Inquiry, 32*, 75-91.

Horrigan-Kelly, M., Millar, M., & Dowling, M. (2016). Understanding the key tenets of Heidegger's philosophy for interpretive phenomenological research. International Journal of Qualitative Methods, 15, 1-8. doi:10.1177 /1609406916680634

Hosser, D., Windzio, M., & Greve, W. (2008). Guilt and shame as predictors of recidivism: A longitudinal study with young prisoners. *Criminal Justice and Behavior*, *35*(1), 138-152.

Howard, M. V., de Almeida Neto, A. C., & Galouzis, J. J. (2019). Relationships between treatment delivery, program attrition, and reoffending outcomes in an intensive custodial sex offender program. *Sexual Abuse*, *31*(4), 477-499.

Hudson, S., & Ward, T. (1997). Intimacy, loneliness, and attachment style in sexual offenders. *Journal of Interpersonal Violence, 12*(3), 323–339

Huebner, B. M., Kras, K. R., & Pleggenkuhle, B. (2019). Structural discrimination and social stigma among individuals incarcerated for sexual offenses: Reentry across the rural–urban continuum. *Criminology*, *57*(4), 715-738.

Hyde, B. (2003). Lifeworld existentials: Guides to reflection on a child's spirituality. *Journal of Religious Education*, 27-33.

Ispa-Landa, S., & Loeffler, C. E. (2016). Indefinite punishment and the criminal record: Stigma reports among expungement-seekers in Illionois. *Criminology*, *54*(3), 387–412.

https://doi.org/10.1111/1745-9125.12108

Jacobs, J. B. (2015). *The eternal criminal record*. Harvard University Press.

Jacobson N. & Greenley D. (2001) What is recovery? A conceptual model and explication. Psychiatric Services 52, 482–485.

Jahnke, S., Imhoff, R., & Hoyer, J. (2015). Stigmatization of people with pedophilia: Two comparative surveys. *Archives of Sexual Behavior*, *44*(1), 21-34.

James, N. (2015). *Offender reentry: Correctional statistics, reintegration into the community, and recidivism*. Federation of American Scientists. https://fas.org/sgp/crs/misc/RL34287.pdf

Jones, E. E., Farina, A., Hastorf, A. H., Markus, H., Miller, D. T., & Scott, R. A. (1984). *Social Stigma*. New York: Freeman.

Kear-Colwell, J., & Pollock, P. (1997). Motivation or confrontation: Which approach to the child sex offender?. *Criminal Justice and Behavior*, *24*(1), 20-33.

Keller, L. O., Strohschein, S., & Schaffer, M. A. (2011). Cornerstones of public health nursing. *Public Health Nursing*, *28*(3), 249-260.

Kennedy, H. G., & Grubin, D. H. (1992). Patterns of denial in sex offenders. *Psychological Medicine*, *22*(1), 191-196.

Kernsmith, P. D., Craun, S. W., & Foster, J. (2009). Public attitudes toward sexual offenders and sex offender registration. *Journal of child sexual abuse*, *18*(3), 290-301

Kim, B., Benekos, P. J., & Merlo, A. V. (2016). Sex offender recidivism revisited: Review of recent meta-analyses on the effects of sex offender treatment. *Trauma, Violence, & Abuse*, *17*(1), 105-117.

Kirk, D. S., & Wakefield, S. (2018). Collateral consequences of punishment: A critical review

and path forward. *Annual Review of Criminology*, *1*, 171-194.

https://doi.org/10.1146/annurev-criminol-032317-092045

Kleban, H., & Jeglic, E. (2012). Dispelling the myths: Can psychoeducation change public

attitudes towards sex offenders? *Journal of Sexual Aggression*, *18*(2), 179–193.

https://doi.org/10.1080/13552600.2011.552795

Knight, R. A., & Thornton, D. (2007). *Evaluating and improving risk assessment schemes for

sexual recidivism: A long-term follow-up of convicted sexual offenders*. Rockville, MD:

National Criminal Justice Reference Service.

Koch, G. & Magshamhrain, R.L. (2003). Between fear of contact and self-preservation: Taboo

and its relation to the dead. *New German Critique, 90,* 71-83.

Koch, T. (1995). Interpretive approaches in nursing research: The influence of Husserl and

Heidegger. *Journal of Advanced Nursing*, *21*(5), 827-836

Koon-Magnin, S. (2015). Perceptions of and support for sex offender policies: Testing Levenson,

Brannon, Fortney, and Baker's findings. *Journal of Criminal Justice*, *43*(1), 80-88.

Kruttschnitt, C., Kalsbeek, W. D., & House, C. C. (2014). *Estimating the incidence of rape and

sexual assault.* Committee on National Statistics, Division of Behavioral and Social

Sciences and Education, National Academies Press.

Kteily, N., & Bruneau, E. (2017). Backlash: The politics and real-world consequences of

minority group dehumanization. *Personality and Social Psychology Bulletin*, *43*(1), 87-

104.

Lageson, S. E., & Maruna, S. (2018). Digital degradation: Stigma management in the internet

age. *Punishment & Society*, *20*(1), 113-133.

Lancaster, R. N. (2011). *Sex, panic and the punitive state.* Berkeley: University of California Press.

Laughon, K., & Lewis-O'Connor, A. (2019). Trauma-informed nursing improves equity. *Journal of Forensic Nursing*, *15*(4), 195-196.

Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International Journal of Qualitative Methods*, *2*(3), 21-35.

Lea S., Auburn T., & Kibblewhite K. (1999). Working with sex offenders: The perceptions and experiences of professionals and paraprofessionals. *International Journal of Offender Therapy and Comparative Criminology*, 43(1), 103–119.

Lee, J. K., Jackson, H. J., Pattison, P., & Ward, T. (2002). Developmental risk factors for sexual offending. *Child Abuse & Neglect*, *26*(1), 73-92.

Legal Information Institute. (n.d.). Criminal procedure. Connell Law School. website: https://www.law.cornell.edu/wex/Criminal_procedure

Leith, K. P., & Baumeister, R. F. (1998). Empathy, shame, guilt, and narratives of interpersonal conflicts: Guilt-prone people are better at perspective taking. *Journal of Personality, 66*(1), 1-37

Lemert, E. M. (1967). *Human deviance, social problems, and social control*. Englewood Cliffs, NJ, Prentice-Hall.

Levenson J. S., Brannon Y. N., Fortney T., & Baker J. (2007). Public perceptions about sex offenders and community protection policies. *Analyses of Social Issues And Public Policy (ASAP)*, 7(1), 137–161

Levenson, J. S. (2014). Incorporating trauma-informed care into evidence-based sex offender treatment. *Journal of Sexual Aggression*, *20*(1), 9-22

Levenson, J. S. (2018). Sex offender management policies and evidence-based recommendations for registry reform. Springer Science Business Media, 20(21), 1-7. Retrieved from https://doi.org/10.1007/s11920-018-0884-0

Levenson, J. S., & Cotter, L. P. (2005). The effect of Megan's Law on sex offender reintegration. *Journal of Contemporary Criminal Justice*, *21*(1), 49-66.

Levenson, J. S., & D'Amora, D. A. (2007). Social policies designed to prevent sexual violence: The emperor's new clothes?. *Criminal Justice Policy Review*, *18*(2), 168-199.

Levenson, J. S., D'Amora, D. A., & Hern, A. L. (2007). Megan's law and its impact on community re-entry for sex offenders. *Behavioral Sciences & the Law*, *25*(4), 587-602.

Levenson, J. S., Grady, M. D., & Leibowitz, G. (2016). Grand challenges: Social justice and the need for evidence-based sex offender registry reform. *Journal of Sociology & Social Welfare*, *43*, 3-38.

Levmore, S., & Nussbaum, M. C. (2018). Unreported Sexual Assault. *Neb. L. Rev.*, *97*, 607

Lewis, C. L. (1996). The Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act: An unconstitutional deprivation of the right to privacy and substantive due process. *Harv. CR-CLL Rev.*, *31*, 89.

Lewis, M. (1992). *Shame the exposed self.* New York: The Free Press.

Lim, S., Seligson, A. L., Parvez, F. M., Luther, C. W., Mavinkurve, M. P., Binswanger, I. A., & Kerker, B. D. (2012). Risks of drug-related death, suicide, and homicide during the immediate post-release period among people released from New York city jails, 2001-

2005. *American Journal of Epidemiology*, *175*(6), 519–526.

https://doi.org/10.1093/aje/kwr327

Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic Inquiry*. Sage Publications, Inc.

Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual review of Sociology*, *27*(1), 363-385.

Lopez, K. A., & Willis, D. G. (2004). Descriptive versus interpretive phenomenology: Their contributions to nursing knowledge. *Qualitative Health Research*, *14*(5), 726-735.

Love, M. C. (2010). Paying their debt to society: Forgiveness, redemption, and the uniform collateral consequences of conviction act. *Howard Law Journal*, *54*, 753.a

MacKenzie, D. L., & Lattimore, P. K. (2018). To rehabilitate or not to rehabilitate: That is the question for corrections! *Criminology and Public Policy*, *17*(2), 355–377. https://doi.org/10.1111/1745-9133.12364

Maeve, K. M., & Vaughn, M. S. (2001). Nursing with prisoners: The practice of caring, forensic nursing or penal harm nursing?. *Advances in Nursing Science*, *24*(2), 47-64.

Makin, S., & Gask, L. (2012). 'Getting back to normal': the added value of an art-based programme in promoting 'recovery' for common but chronic mental health problems. *Chronic illness*, *8*(1), 64-75.

Malinen, S., Willis, G. M., & Johnston, L. (2014). Might informative media reporting of sexual offending influence community members' attitudes towards sex offenders?. *Psychology, Crime & Law*, *20*(6), 535-552.

Marshall, W. L., Marshall, L. E., & Ware, J. (2009). Cognitive distortions in sexual offenders: Should they all be treatment targets? Sexual Abuse in Australia and New Zealand, 2, 1-33.

Martens, W. (2005). A multiple model of shame. *Journal for the Theory of Social Behavior, 35,* 399-414.

Martone, E. (1995). No: Mere illusion of safety creates climate of vigilante justice. *ABA Journal*, *81*(3), 39-39.

Maruna, S. & Ramsden, D. (2004). *Living to tell the tale: Redemption narratives, shame management and offender rehabilitation.* In A. Lieblich, D.P. McAdams & J. Josselson, (Eds.), Healing Plots: The Narrative Basis of Psychotherapy (pp.129-151). Washington, DC: American.

Maruna, S. T., Mitchell, N., & Naples, M. (2004). Pygmalion in the reintegration process: Desistance from crime through the looking glass. *Psychology, Crime, & Law, 10*(3), 271-281

Maruschak, L. M., & Minton, T. D. (2020). *Correctional populations in the United States, 2017-2018.* Bureau of Justice Statistics. https://www.bjs.gov/content/pub/pdf/cpus1718.pdf

Massoglia, M., & Pridemore, W. A. (2015). Incarceration and health. *Annual Review of Sociology*, *41*, 291–310. https://doi.org/10.1146/annurev-soc-073014-112326

Matheson, C., Jaffray, M., Ryan, M., Bond, C. M., Fraser, K., Kirk, M., & Liddell, D. (2014). Public opinion of drug treatment policy: Exploring the public's attitudes, knowledge, experience and willingness to pay for drug treatment strategies. *International Journal of Drug Policy*, *25*(3), 407-415.

Mathis, H., & Schoenly, L. (2008). Healthcare behind bars: What you need to know. *The Nurse Practitioner*, *33*(5), 34-41.

Matua, G. A., & Van Der Wal, D. M. (2015). Differentiating between descriptive and interpretive phenomenological research approaches. *Nurse researcher*, *22*(6), 22-27.

McAlinden, A. M. (2005). The use of 'shame' with sexual offenders. *British Journal of Criminology*, *45*(3), 373-394.

McCartan K. F., Kemshall H., & Tabachnick J. (2015). The construction of community understandings of sexual violence: Rethinking public, practitioner and policy discourses. *Journal of Sexual Aggression*, *21*(1), 100–116. doi:10.1080/13552600.2014.945976

McCauley, C. O., McKenna, H. P., Keeney, S., & McLaughlin, D. F. (2015). Concept analysis of recovery in mental illness in young adulthood. *Journal of Psychiatric and Mental Health nursing*, *22*(8), 579-589.

McCollister, K. E., French, M. T., & Fang, H. (2010). The cost of crime to society: New crime-specific estimates for policy and program evaluation. *Drug and Alcohol Dependence*, *108*(1–2), 98–109. https://doi.org/10.1016/j.drugalcdep.2009.12.002

McConnell-Henry, T., Chapman, Y., & Francis, K. (2009). Husserl and Heidegger: Exploring the disparity. *International Journal of Nursing Practice*, *15*(1), 7-15.

McGrath, R. J. (1991). Sex-offender risk assessment and disposition planning: A review of empirical and clinical findings. *International Journal of Offender Therapy and Comparative Criminology*, *35*(4), 328-350.

McGrath, R. J., Cumming, G. F., Hoke, S. E., & Bonn-Miller, M. O. (2007). Outcomes in a community sex offender treatment program: A comparison between polygraphed and matched non-polygraphed offenders. *Sexual Abuse: A Journal of Research and Treatment*, *19*(4), 381-393.

Meijer, E. H., Verschuere, B., Merckelbach, H. L., & Crombez, G. (2008). Sex offender management using the polygraph: A critical review. *International Journal of Law and Psychiatry*, *31*(5), 423-429

Meleis, A. I., & Im, E. O. (1999). Transcending marginalization in knowledge development. *Nursing Inquiry*, *6*(2), 94-102.

Meloy M. L., Miller S. L., & Curtis K. M. (2008). Making sense out of nonsense: The deconstruction of state-level sex offender residence restrictions. *American Journal of Criminal Justice*, *33*(2), 209–222. doi:10.1007/s12103-008-9042-2

Mercado, C. C., Alvarez, S., & Levenson, J. (2008). The Impact of Specialized Sex Offender Legislation on Community Reentry. Sexual Abuse*: A Journal of Research and Treatment, 20*(2), 188–205. doi:10.1177/1079063208317540.

Miles, M., Francis, K., Chapman, Y., & Taylor, B. (2013). Hermeneutic phenomenology: A methodology of choice for midwives. *International Journal of Nursing Practice*, *19*(4), 409-414.

Miles, M., Huberman, A., & Saldaña, J. (2018). *Qualitative data analysis: A methods sourcebook*. Sage publications.

Miller, J. A. (2010). Sex offender civil commitment: The treatment paradox. *California Law Review*, 2093-2128.

Mingus, W., & Burchfield, K. B. (2012). From prison to integration: Applying modified labeling theory to sex offenders. *Criminal Justice Studies*, *25*(1), 97-109.

Molley, S., Derochie, A., Teicher, J., Bhatt, V., Nauth, S., Cockburn, L., & Langlois, S. (2018). Patient experience in health professions curriculum development. *Journal of Patient Experience*, *5*(4), 303-309.

Mpofu, E., Athanasou, J. A., Rafe, C., & Belshaw, S. H. (2018). Cognitive-behavioral therapy efficacy for reducing recidivism rates of moderate-and high-risk sexual offenders: A scoping systematic literature review. *International Journal of Offender Therapy and Comparative Criminology*, *62*(1), 170-186.

Munhall, P. (2012). *Nursing research: A qualitative perspective*. Jones & Bartlett Learning.

Nelson, M., Herlihy, B., & Oescher, J. (2002). A survey of counselor attitudes towards sex offenders. *Journal of Mental Health Counseling, 24,* 51–67.

Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education*, *8*(2), 90–97. https://doi.org/10.1007/s40037-019-0509-2

Newman, M. A. (2008). *Transforming presence: The difference that nursing makes.* Philadelphia: F. A. Davis.

Newman, M. A., Smith, M. C., Pharris, M. D., & Jones, D. (2008). The focus of the discipline revisited. *Advances in nursing Science*, *31*(1), E16-E27.

Office of Justice Programs. (2020). *Legislative History of Federal Sex Offender Registration and Notification.* SMART. https://smart.ojp.gov/sorna-archived/legislative-history-federal-sex-offender-registration-and-notification

Offices of the United States Attorneys. (n.d.a). *Initial hearing/Arraignment.* Retrieved from https://www.justice.gov/usao/justice-101/initial-hearing

Offices of the United States Attorneys. (n.d.b). *Investigation.* Retrieved from https://www.justice.gov/usao/justice-101/investigation

Offices of the United States Attorneys. (n.d.c). *Trials.* Retrieved from https://www.justice.gov/usao/justice-101/trials

Olver, M. E., & Barlow, A. A. (2010). Public attitudes toward sex offenders and their

relationship to personality traits and demographic characteristics. *Behavioral Sciences &*
the Law, *28*(6), 832-849.

Paris, J. E. (2008). Why prisoners deserve health care. *AMA Journal of Ethics*, *10*(2), 113-115.

Parse, R. R. (2001). *Qualitative inquiry: The path of sciencing*. Jones & Bartlett Learning.

Persons, R. W. (2009). Art therapy with serious juvenile offenders: A phenomenological

analysis. *International Journal of Offender Therapy and Comparative*
Criminology, *53*(4), 433-453.

Phelps, M. S. (2011). Rehabilitation in the punitive era: The gap between rhetoric and reality in

US prison programs. *Law & Society Review*, *45*(1), 33-68.

Pickett, J. T., Mancini, C., & Mears, D. P. (2013). Vulnerable victims, monstrous offenders, and

unmanageable risk: Explaining public opinion on the social control of sex

crime. *Criminology*, *51*(3), 729-759.

Pizzicato, L. N., Drake, R., Domer-Shank, R., Johnson, C. C., & Viner, K. M. (2018). Beyond

the walls: Risk factors for overdose mortality following release from the Philadelphia

Department of Prisons. *Drug and Alcohol Dependence*, *189*, 108–115.

https://doi.org/10.1016/j.drugalcdep.2018.04.034

Proeve, M., & Howells, K. (2002). Shame and guilt in child sexual offenders. *International*

journal of offender therapy and comparative criminology, *46*(6), 657-667.

Przybylski, R. (2015a). *The effectiveness of treatment for adult sexual offenders.* SMART.

https://smart.ojp.gov/sites/g/files/xyckuh231/files/media/document/recidivismofadultsexu
aloffenders.pdf

Przybylski, R. (2015b). *Recidivism of adult sexual offenders.* SMART.

https://smart.ojp.gov/sites/g/files/xyckuh231/files/media/document/recidivismofadultsexualoffenders.pdf

Pusch, N., & Holtfreter, K. (2018). Gender and risk Assessment in juvenile offenders: A meta-analysis. *Criminal Justice and Behavior*, *45*(1), 56–81.

https://doi.org/10.1177/0093854817721720

Quinn, J. F., Forsyth, C. J., & Mullen-Quinn, C. (2004). Societal reaction to sex offenders: A review of the origins and results of the myths surrounding their crimes and treatment amenability. *Deviant Behavior*, *25*(3), 215-232

Racher, F. E., & Robinson, S. (2003). Are phenomenology and postpositivism strange bedfellows?. *Western Journal of Nursing Research*, *25*(5), 464-481.

Rape, Abuse and Incest National Network. (2020). *State by state guide on statutes of limitations.* https://www.rainn.org/state-state-guide-statutes-limitations

Rash, E., & Winton, M. A. (2007). Advanced practice nurse attitudes toward sex offender patients. *Journal of the American Academy of Nurse Practitioners*, *19*(6), 328-331.

Raymond, N. C., Coleman, E., & Miner, M. H. (2003). Psychiatric comorbidity and compulsive/impulsive traits in compulsive sexual behavior. *Comprehensive Psychiatry*, *44*(5), 370-380.

Reitzel, L. R., & Carbonell, J. L. (2006). The effectiveness of sexual offender treatment for juveniles as measured by recidivism: A meta-analysis. *Sex Abuse, 18,* 401–421

Ricciardelli, R., & Moir, M. (2013). Stigmatized among the stigmatized: Sex offenders in Canadian penitentiaries. *Canadian Journal of Criminology and Criminal Justice*, *55*(3), 353–386. https://doi.org/10.1353/ccj.2013.0020

Ricciardelli, R., & Spencer, D. C. (2017). *Violence, sex offenders, and corrections*. Oxford: Taylor & Francis

Rios, I. C. (2009). Humanização: a essência da ação técnica e ética nas práticas de saúde. *Revista Brasileira de Educação Médica*. https://doi.org/10.1590/s0100-55022009000200013

Robertiello, G., & Terry, K. J. (2007). Can we profile sex offenders? A review of sex offender typologies. *Aggression and Violent Behavior*, *12*(5), 508-518.

Robinson, R., Roberts, W. L., Strayer, J., & Koopman, R. (2007). Empathy and emotional responsiveness in delinquent and non-delinquent adolescents. *Social development*, *16*(3), 555-579.

Rogers, M. E. (1992). Nursing science and the space age. *Nursing Science Quarterly*, *5*(1), 27-34.

Rohleder, N., Chen, E., Wolf, J.M., & Miller, G.E. (2008). The psychobiology of trait shame in young women: Extending the social self preservation theory. *Health Psychology, 7*(5), 523-532.

Rose, D. R., Clear, T. R., & Ryder, J. A. (2001). Addressing the unintended consequences of incarceration through community-oriented services at the neighborhood level. *Corrections Management Quarterly*, *5*(3), 62–71.

Roseman, I. J., Wiest, C., & Swartz, T. S. (1994). Phenomenology, behaviors, and goals differentiate discrete emotions. *Journal of Personality and Social Psychology, 67,* 206-221.

Rosselli, M. K., & Jeglic, E. L. (2017). Factors impacting upon attitudes toward sex offenders: The role of conservatism and knowledge. *Psychiatry, Psychology and Law*, *24*(4), 496-515.

Roys, D. T. (1997). Empirical and theoretical considerations of empathy in sex

offenders. *International Journal of Offender Therapy and Comparative

Criminology*, *41*(1), 53-64.

Rydberg, J. (2017). Civil commitment and risk assessment in perspective. *Criminology & Public

Policy*, *16*, 935.

Sadala, M. L. A., & Adorno, R. D. C. F. (2002). Phenomenology as a method to investigate the

experience lived: a perspective from Husserl and Merleau Ponty's thought. *Journal of

Advanced Nursing*, *37*(3), 282-293.

Safa, A., & Adib-Hajbaghery, M. (2021). Concept Analysis of Recovery in Nursing. *Galen

Medical Journal*, *10*, 2164.

Sample, L. L. (2011). The need to debate the fate of sex offender community notification

laws. *Criminology & Public Policy*, *10*, 265-274.

Sample, L. L., & Bray, T. M. (2006). Are sex offenders different? An examination of rearrest

patterns. *Criminal justice policy review*, *17*(1), 83-102.

Sandberg, S. (2009). Gangster, victim or both? The interdiscursive construction of sameness and

difference in self-presentations. *The British journal of sociology*, *60*(3), 523-542.

Sanghara K. K., & Wilson J. (2006). Stereotypes and attitudes about child sexual abusers: A

comparison of experienced and inexperienced professionals in sex offender

treatment. *Legal and Criminological Psychology*, 11(2), 229–244

Savage, J., & Windsor, C. (2018). Sex offender residence restrictions and sex crimes against

children: A comprehensive review. *Aggression and Violent Behavior*, *43*, 13-25.

Sawyer, W., & Wagner, P. (2020). *Mass incarceration: The whole pie 2020.* Prison Policy

Initiative. https://www.prisonpolicy.org/reports/pie2020.html

Schiavone, S. K., & Jeglic, E. L. (2009). Public perception of sex offender social policies and the impact on sex offenders. *International Journal of Offender Therapy and Comparative Criminology*, *53*(6), 679-695.

Schneider, S., & Wright, R. (2004). Understanding denial in sexual offenders: A review of cognitive and motivational processes to avoid responsibility. *Trauma, Violence & Abuse, 1*, 3-20.

Schulhofer, S. J. (2012). Criminal justice, local democracy, and constitutional rights. *Michigan Law Review*, *111*, 1045–1086.

Schwaebe, C. (2005). Learning to pass: Sex offenders' strategies for establishing a viable identity in the prison general population. *International Journal of Offender Therapy and Comparative Criminology*, *49*(6), 614-625.

Scott, C. L., & Holmberg, T. (2003). Castration of Sex Offenders: Prisoners' Rights Versus Public Safety. *Journal of the American Academy of Psychiatry and the Law, 31*(4), 502–509.

Sechrist, G. B., Swim, J. K., & Stangor, C. (2004). When do the stigmatized make attributions to discrimination occurring to the self and others? The roles of self-presentation and need for control. *Journal of Personality and Social Psychology*, *87*(1), 111-122

Sex Offender Civil Commitment Program, & Network. (2015). *Civil commitment of sexual offenders: introduction and overview.* https://soccpn.org/wp-content/uploads/2016/05/CC_Overview_SOCCPN_2.pdf

Skeem, J. L., Winter, E., Kennealy, P. J., Louden, J. E., & Tatar II, J. R. (2014). Offenders with mental illness have criminogenic needs, too: toward recidivism reduction. *Law and Human Behavior*, *38*(3), 212.

Somervell, J., & Lambie, I. (2009). Wilderness therapy within adolescent sexual offender
 treatment programme: A qualitative study. *Journal of Sexual Aggression, 15*(2), 161–177.
 doi:10.1080/13552600902823055

Spencer, D. C., & Ricciardelli, R. (2020). Assembling the chimeric sex offender. *New Criminal
 Law Review*, *23*(3), 366-387.

Spencer, D., & Ricciardelli, R. (2017). 'They're a very sick group of individuals': Correctional
 officers, emotions, and sex offenders. *Theoretical Criminology*, *21*(3), 380-394.

Spoo, S., Kaylor, L. E., Schaaf, S., Rosselli, M., Laake, A., Johnson, C., & Jeglic, E. L. (2018).
 Victims' attitudes toward sex offenders and sex offender legislation. *International
 Journal of Offender Therapy and Comparative Criminology*, *62*(11), 3385–3407.

Stafford, M.C., & Scott, R.R. (1986). Stigma, deviance and social control: some conceptual
 issues. In: S.C. Ainlay, G. Becker & L.M. Coleman (eds.). *The dilemma of difference* (pp.
 77- 91). New York: Plenum.

Stelzmann, D., Jahnke, S., & Kuhle, L. F. (2020). Media Coverage of Pedophilia: Benefits and
 Risks from Healthcare Practitioners' Point of View. *International Journal of
 Environmental Research and Public Health*, *17*(16), 5739.

Stevenson, M. C., Malik, S. E., Totton, R. R., & Reeves, R. D. (2015). Disgust sensitivity
 predicts punitive treatment of juvenile sex offenders: The role of empathy,
 dehumanization, and fear. *Analyses of Social Issues and Public Policy*, *15*(1), 177–197.
 https://doi.org/10.1111/asap.12068

Stupple, A. (2014). Disgust, dehumanization, and the courts' response to sex offender legislation.
 National Lawyers Guild Review, *71*, 130–148.

Sugie, N. F., Zatz, N. D., & Augustine, D. (2020). Employer aversion to criminal records: An

experimental study of mechanisms. *Criminology*, *58*(1), 5-34.

Sykes, G. M., & Matza, D. (1957). Techniques of neutralization: A theory of delinquency. *American Sociological Review, 22,* 664-673.

Tangney, J. P., Dearing, R. L., Wagner, P. E., & Gramzow, R. H. (2000). *The Test of Self-Conscious Affect–3 (TOSCA-3).* Fairfax, VA: George Mason University.

Tangney, J. P., Miller, R. S., Flicker, L., & Barlow, D. H. (1996). Are shame, guilt, and embarrassment distinct emotions? *Journal of Personality and Social Psychology, 70,* 1256-1269.

Tangney, J. P., Stuewig, J., & Hafez, L. (2011). Shame, guilt, and remorse: Implications for offender populations. *Journal of Forensic Psychiatry & Psychology*, *22*(5), 706-723.

Tangney, J. P., Stuewig, J., Mashek, D., & Hastings, M. (2011). Assessing jail inmates' proneness to shame and guilt: Feeling bad about the behavior or the self?. *Criminal justice and behavior*, *38*(7), 710-734.

Tangney, J. P., Wagner, P., Fletcher, C., & Gramzow, R. (1992). Shamed into anger? The relation of shame and guilt to anger and self-reported aggression. *Journal of Personality and Social Psychology*, *62*(4), 669.

Tewksbury R., Mustaine E. E., & Payne B. K. (2012). Community corrections professionals' attitudes about sex offenders: Is the CATSO applicable?. *Criminal Justice Studies*, 25(2), 145–157.

Tewksbury, R. (2005). Collateral consequences of sex offender registration. *Journal of Contemporary Criminal Justice*, *21*(1), 67-81.

Tewksbury, R., & Connor, D. P. (2012). Incarcerated sex offenders' perceptions of family

relationships: Previous experiences and future expectations. *Western Criminology Review, 13*(2), 25–35.

Tewksbury, R., & Lees, M. (2006). Perceptions of sex offender registration: Collateral

consequences and community experiences. *Sociological Spectrum*, *26*(3), 309-334.

Tewksbury, R., & Mustaine, E.E. (2009). Stress and collateral consequences for registered sex

offenders. *Journal of Public Management and Social Policy, 15,* 215–239.

Tharp, A. T., DeGue, S., Valle, L. A., Brookmeyer, K. A., Massetti, G. M., & Matjasko, J. L.

(2013). A systematic qualitative review of risk and protective factors for sexual violence

perpetration. *Trauma, Violence, & Abuse*, *14*(2), 133-167.

Tolson, D., & Klein, J. L. (2015). Registration, residency restrictions, and community

notification: A social capital perspective on the isolation of registered sex offenders in

our communities. *Journal of Human Behavior in the Social Environment, 25,* 375–390.

Traynor, M. (1996). Looking at discourse in a literature review of nursing texts. *Journal of

Advanced Nursing*, *23*(6), 1155-1161.

Tregilgas, K. (2009). Sex offender treatment in the United States: The current climate and an

unexpected opportunity for change. *Tul. L. Rev.*, *84*, 729.

Trotter II, R. T., Camplain, R., Eaves, E. R., Fofanov, V. Y., Dmitrieva, N. O., Hepp, C. M., …

Baldwin, J. A. (2018). Health disparities and converging epidemics in jail populations:

Protocol for a mixed-methods study. *JMIR Research Protocols*, *7*, e10337.

https://doi.org/10.2196/10337

Tyler, E. T., & Brockmann, B. (2017). Returning home: Incarceration, reentry, stigma and the

perpetuation of racial and socioeconomic health inequity. *Journal of Law, Medicine and*

Ethics, *45*(4), 545–557. https://doi.org/10.1177/1073110517750595

U.S. Bureau of Prisons. (2013). *Sex Offender Programs.*

https://www.bop.gov/policy/progstat/5324_010.pdf

U.S. Department of Justice. (2008). *The national guidelines for sex offender registration and notification.*

https://smart.ojp.gov/sites/g/files/xyckuh231/files/media/document/final_sornaguidelines.pdf

U.S. Department of Justice. (2008). *The national guidelines for sex offender registration and notification.* SMART.

https://smart.ojp.gov/sites/g/files/xyckuh231/files/media/document/final_sornaguidelines.pdf

U.S. Department of Justice. (2018). *2018 Update on prisoner recidivism: A 9-year follow-up period (2005-2014).* https://www.bjs.gov/content/pub/pdf/18upr9yfup0514.pdf

U.S. Department of Justice. (2020*). Sex offender registration and notification act (SORNA).*

https://www.justice.gov/criminal-ceos/sex-offender-registration-and-notification-act-sorna

van den Berg, C., Beijersbergen, K., Nieuwbeerta, P., & Dirkzwager, A. (2018). Sex offenders in prison: Are they socially isolated? *Sexual Abuse: Journal of Research and Treatment*, *30*(7), 828–845. https://doi.org/10.1177/1079063217700884

van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. SUNY Press.

Vess J., & Skelton A. (2010). Sexual and violent recidivism by offender type and actuarial risk: Reoffending rates for rapists, child molesters and mixed-victim offenders. *Psychology, Crime & Law*, 16(7), 541–554. doi:10.1080/10683160802612908

Vess, J. (2011). Ethical practice in sex offender assessment: Consideration of actuarial and polygraph methods. *Sexual Abuse*, *23*(3), 381-396.

Viki, G. T., Fullerton, I., Raggett, H., Tait, F., & Wiltshire, S. (2012). The role of dehumanization in attitudes toward the social exclusion and rehabilitation of sex offenders. *Journal of Applied Social Psychology*, *42*(10), 2349–2367. https://doi.org/10.1111/j.1559-1816.2012.00944.x

Vitopoulos, N. A., Peterson-Badali, M., & Skilling, T. A. (2012). The relationship between matching service to criminogenic need and recidivism in male and female youth: Examining the RNR principles in practice. *Criminal Justice and Behavior*, *39*(8), 1025–1041. https://doi.org/10.1177/0093854812442895

Volkow, N. D., Koob, G. F., & McLellan, A. T. (2016). Neurobiologic advances from the brain disease model of addiction. *New England Journal of Medicine*, *374*(4), 363-371.

Wagner, C. (2010). The good left undone: How to stop sex offender laws from causing unnecessary harm at the expense of effectiveness. *American Journal of Criminal Law*, *38*, 263.

Wakefield, H. (2006). The vilification of sex offenders: Do laws targeting sex offenders increase recidivism and sexual violence. *Journal of Sexual Offender Civil Commitment: Science and the Law*, *1*(1), 141-149.

Walmsley, R. (2018). *World prison population list.* World Prison Brief. https://www.prisonstudies.org/sites/default/files/resources/downloads/wppl_12.pdf

Walrond-Skinner, S. (1998). The function and role of forgiveness in working with couples and families: Clearing the ground. *Journal of Family Therapy, 20,* 3-19.

Walters, G. D., Runell, L., & Kremser, J. (2021). Drifters and Delinquents: Commitment and Neutralization in Low-and High-Rate Offending Early Adolescents. *Crime & Delinquency*, pp. 00111287211039992. doi: [10.1177/00111287211039992](10.1177/00111287211039992)

Walton, J. S., & Chou, S. (2015). The effectiveness of psychological treatment for reducing recidivism in child molesters: A systematic review of randomized and nonrandomized studies. *Trauma, Violence, & Abuse*, *16*(4), 401-417.

Ward, T., & Gannon, T. A. (2006). Rehabilitation, etiology, and self-regulation: The comprehensive good lives model of treatment for sexual offenders. *Aggression and violent behavior*, *11*(1), 77-94.

Ward, T., Mann, R., & Gannon, T. A. (2007). The Good Lives model of rehabilitation: Clinical implications. *Aggression and Violent Behavior, 12,* 87-107.

Ware, J., Marshall, W. L., & Marshall, L. E. (2015). Categorical denial in convicted sex offenders: The concept, its meaning, and its implication for risk and treatment. *Aggression and violent behavior*, *25*, 215-226.

Watson, J., & Smith, M. C. (2002). Caring science and the science of unitary human beings: a trans-theoretical discourse for nursing knowledge development. *Journal of Advanced Nursing*, *37*(5), 452-461.

Weldon, S. (2016). Implicit theories in intimate partner violence sex offenders: An interpretative phenomenological analysis. *Journal of Family Violence*, *31*(3), 289-302.

Wenzel, M., Woodyatt, L., & Hedrick, K. (2012). No genuine self-forgiveness without accepting responsibility: Value reaffirmation as a key to maintaining positive self-regard. *European Journal of Social Psychology, 42*, 617–627.

Whitaker, D. J., Le, B., Hanson, R. K., Baker, C. K., McMahon, P. M., Ryan, G., ... & Rice, D. D. (2008). Risk factors for the perpetration of child sexual abuse: A review and meta-analysis. *Child abuse & neglect*, *32*(5), 529-548.

Willis, D. G., Grace, P. J., & Roy, C. (2008). A central unifying focus for the discipline: facilitating humanization, meaning, choice, quality of life, and healing in living and dying. *Advances in Nursing Science*, *31*(1), E28–E40. https://doi.org/10.1097/01.ans.0000311534.04059.d9

Wilson, H., & Hutchinson, S. (1991). Triangulation of qualitative methods: Heideggerian hermeneutics and grounded theory. *Qualitative Health Research*, *1*, 263-276.

Winder, B., & Gough, B. (2010). "I never touched anybody—that's my defence": A qualitative analysis of internet sex offender accounts. *Journal of Sexual Aggression*, *16*(2), 125-141.

Winder, B., Gough, B., & Seymour-Smith, S. (2015). Stumbling into sexual crime: The passive perpetrator in accounts by male internet sex offenders. *Archives of sexual behavior*, *44*(1), 167-180.

Winick, B. J. (1998). Sex offender law in the 1990s: A therapeutic jurisprudence analysis. *Psychology, Public Policy, and Law*, *4*(1-2), 505.

Woodyatt, L., & Wenzel, M. (2013). Self-forgiveness and restoration of an offender following an interpersonal transgression. *Journal of Social and Clinical Psychology*, *32*(2), 225-259.

Worling, J. R., & Langton, C. M. (2012). Assessment and treatment of adolescents who sexually offend: Clinical issues and implications for secure settings. *Criminal Justice and Behavior, 39*, 814–841.

Wright, K., & Gudjonsson, G. H. (2007). The development of a scale for measuring offence-related feelings of shame and guilt. *The Journal of Forensic Psychiatry & Psychology*, *18*(3), 307-316

Wright, R. G. (2008). Sex offender post-incarceration sanctions: Are there any limits. *New England Journal on Criminal & Civil Confinement*, *34*, 17-50.

Yung, C. R. (2010). The emerging criminal war on sex offenders. *Harvard Civil Rights-Civil Liberties Law Review*, *45*, 435-481.

Zevitz, R. G., & Farkas, M. A. (2000). Sex offender community notification: Managing high risk criminals or exacting further vengeance?. *Behavioral Sciences & the Law*, *18*(2-3), 375-391.

Zgoba, K. M., Miner, M., Levenson, J., Knight, R., Letourneau, E., & Thornton, D. (2016). The Adam Walsh Act: An examination of sex offender risk classification systems. *Sexual Abuse*, *28*(8), 722-740.

Appendix A – Interview Guide

Questions:
1. Reflecting back to the time you were first arrested/charged with a sexual offense, could you tell me what that was like for you?
   Prompts:
      a. Was anyone there to support you and if so in what way? If not, what was that like for you?
      b. What was the time between being charged and going to court or being convicted like?
      c. What was meaningful during that time?
2. So then moving forward to when you returned to the community, what has the experience of being charged or convicted with a sexual offense been like for you?
   Prompts:
      a. During this process, was anyone there to support you and if so, in what way?
      b. What was that like for you?
      c. What has been meaningful about this experience?
3. Since being back in the community, what has your day-to-day life been like?
   Prompts:
      a. Have practical aspects of your life, including employment and housing, been affected?
      b. What has that been like for you?
4. Assuming I just met you and knew nothing about you, how would you describe yourself? What would you want me to know about you?
   Prompts:
      a. What does it mean to you to be labeled as a "sex-offender?"
      b. What do you think is the source of these meanings?
5. As you think about where you are now and your future, do you feel prepared for whatever may happen?
   Prompts
      a. What do you see as the challenges?
      b. What sort of things or who will help you as you face these challenges?
6. Are there experiences you have had related to being designated "a sex-offender" that I have not asked that you would like to share? If so, what is meaningful about it?