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SOCIAL WORKERS' PERCEPTIONS OF BARRIERS IN THE TREATMENT
AND COMMUNITY REINTEGRATION OF SEX OFFENDERS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Zayra Janeth Angeles
Sonia Ann Zuniga
June 2012

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Approved by:



Dr. Ray Liles, Faculty Supervisor
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ABSTRACT

This study examined barriers to community reintegration and the treatment needs of sex offenders as identified by social workers in the mental health field. The sample of this study consisted of 96 social workers from agencies throughout San Bernardino, Riverside, and Los Angeles Counties. Quantitative data was collected using a survey instrument. Results show that stigma was identified by 92% of participants as a major barrier affecting the sex offender population. Although the sex offender population may not be considered vulnerable and oppressed by the majority of society, through the use of descriptive statistics, this study has strongly indicated that there is overwhelming evidence that barriers to the treatment and community reintegration exist. Thus, the barriers identified might be conceptualized by social workers in leading to vulnerability and oppression in one of society's most highly stigmatized groups. Based on this research it is suggested that additional exploratory studies are required to examine how the identified barriers affect the offenders quality of life once released back into the community.

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DEDICATION

Quisiera dedicar mi tesis en primer lugar a mi angelito que ya viene en camino, a mi esposo por apoyarme en todo especialmente en mi carrera, quiero que sepas que te amo, gracias por tu paciencia y cariño, a mi madre que además de darme la vida siempre ha estado pendiente de mi bien estar, simplemente mama eres el pilar de mi vida, a mi padre por inculcarme la importancia de la educación, gracias por siempre ser mi ejemplo de que con el esfuerzo todo se puede lograr, a mi familia entera (hermanos/sobrinos/amigos) gracias por siempre estar pendientes de mis luchas diarias y de mis logros personales y profesionales, a todos les agradezco su apoyo, los amo tanto porque ustedes han sido mi soporte a lo largo de mi carrera, y sus consejos me ayudaron para no darme por vencida, este logro lo comparto con ustedes porque gracias a su apoyo, hoy alcanzo mi meta. Thank you to my awesome thesis partner, you are an intelligent and brilliant woman who I admire dearly. The sleepless nights and the constant battles between our educational and personal life are finally over. You have a wonderful journey ahead of you and I only wish you the best; you are an amazing social worker! ~Zayra J. Angeles-Navarro

To my son Christian J. Magana, I know that I will never get back the time I lost with you while I was in school, but please understand that I did it with your future in mind. I love you mijo! To the love of my life Christian E. Magana, thank you for all of your love and support over the years. I couldn't have done it without you. To my mom, I appreciate all of the sacrifices you have made on my behalf. I think you are such a strong and amazing woman. Thank you for instilling in me your amazing work ethic. To my dad, I admired your free spirit, creativity, and unconditional love. To the Magaña family, thank you for all of the support and kindness you have shown me over the years. Finally, to my thesis partner Zayra, I think you are such a remarkable and talented young woman. I wish you much happiness and success in your future. I am so thankful to have met such an amazing lifelong friend. The social work profession is lucky to be gaining such an amazing social worker!

~Sonia A. Zuniga

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CHAPTER ONE

INTRODUCTION

This chapter provides a general description of the history and background of the barriers and needs of the sex offender population. An overview of specific issues and concerns pertaining to the treatment and mental health needs of sex offenders is presented.

Problem Statement

Sex crimes are among the most controversial of all crimes. There are publications related to sex abuse and sex crimes as early as the 1920's (O'Connell, Leberg & Donaldson, 1990) however this significant social problem did not begin to receive much serious attention from mental health professionals until well into the 1970s and 1980s. Society has been struggling with developing treatment methods and laws that address the dangerousness of this population for decades. The first laws surrounding the treatment of sex offenders date back to the 1930's, when treatment programs first emerged in the California prison system (Grady, 2009, p.363). Farkas and Stichman (2002), point out that sex offender laws during

this period were put into place in an attempt to protect the community.

One of the earliest accounts of social workers involvement with the treatment of mentally ill sex offenders dates back to the mid-1950's at Atascadero State Hospital located in California. In this inpatient setting, mental health professionals (including social workers), provided treatment to sex offenders which consisted of group therapy (Flora, 2009, p.363). Community based sex offender programs later emerged in Wisconsin in the 1950's; however, the needs of sex offenders were not addressed by the majority of states in the U.S. for almost two decades until the early 1970's (Grady, 2009, p.363).

According to the California Office of the Attorney General, California has required certain convicted sex offenders to report their whereabouts to law enforcement for over 50 years (Harris, 2009). This information was originally not public record until the passing of Megan's Law in 1996 (Harris, 2009). Megan's law requires sex offenders to register their addresses of residence on release from prison or other institutions. This law also requires that law enforcement be notified whenever a sex

offender relocates. Other sex offender laws include Jessica's Law also known as Proposition 83, which was passed by the State of California in 2006. According to the California Department of Corrections and Rehabilitation, Jessica's Law prohibits registered sex offenders from residing within 2,000 feet of any area in which children congregate such as schools or parks (2010).

The California Sex Offender Management Board (CASOMB) reported that according to the California Attorney General's office, "there are currently 67,710 registered adult sex offenders living in California communities" (Loving & Maguire, 2008, p. 55). The CASOMB also indicated that an additional 23,469 sex offenders would have been required to register if they had not been deported or relocated from the state of California (2008, p.55).

According to Farkas and Stichman (2002), current registrant laws and regulations such as Jessica's Law and Megan's Law are set into place to protect the community; these laws impose restrictions and limitations on the freedoms of sex offenders. However, some research suggests that such restrictions could actually increase

the risk of re-offense. Additional findings from the CASOMB found that the number of registered sex offenders on Megan's Law on a national level is approximately 500,000 as indicated by the Family Watchdog public website (2008, p.54).

Research indicates that helping professionals often encounter extensive barriers with regards to the treatment of and resources for sex offenders. These barriers impact sex offenders' lives in many ways which include finding appropriate treatment services, obtaining adequate and lawful housing, dealing with release from confinement, and securing employment in spite of the stigma carried by criminal histories of sexual abuse. Research indicates that sex offender registrant and notification laws exist for the "safety" of the community, but very little is known about how registrant laws impact the delivery of treatment to sex offenders. Registrant laws set limitations on acceptable housing placements for this population. For this reason, since 2006 the number of sex offenders registering as transient in the State of California has increased by 800% (Loving & Maguire, 2008). According to Loving and Maguire, the stigma associated with sex crimes (including being listed

in public databases) and the numerous laws that restrict the movements of sex offenders that have been released from confinement creates a situation in which sex offenders appear to be continually punished for their crimes even after they have served their sentences (2008, p.12). In many cases this punishment seems to last the rest of their lives.

Professional social workers who work closely with this population are often responsible for providing case management, therapy, locating continuing mental health resources in the community, and assistance with finding housing. In spite of the gravity of their crimes formerly incarcerated sex offenders can be seen as a vulnerable and oppressed population due to the intense social stigma attached to their offenses. It is important to try and understand how multiple systemic barriers interfere with locating accessible treatment services and resources in the community.

Purpose of the Study

Grady (2009) suggests that "social workers provide the majority of mental health services in this country" (p.2). Given that social work professionals work in many

different mental health settings in the community, it is anticipated that they will work with the sex offender population at some point in their careers. The purpose of this research study is to attempt to identify barriers to community reintegration and the treatment needs of sex offenders as seen by social workers in the mental health field. Social workers' perceptions about adult male mentally ill sex offenders have been studied; specifically those who are currently in custody at correctional and state mental health institutions, as well as those residing in the community.

Research has pointed out that institutionalizing sex offenders, as well as developing laws to keep them from re-offending, have not been sufficient in promoting public safety. For this reason, providing adequate treatment to sex offenders is essential before they are released back into the community. Most incarcerated sex offenders do not receive treatment while in custody (Grady, 2009, p.278). The inadequate amount of treatment provided to individuals in custody may impact offenders' risk of re-offense. Contrary to the apparent beliefs of the general public, Farkas and Stichman suggested that

"not all sex offenders are incurable, and some respond well to therapy" (2002, p. 265).

In our society, the media often seems to be used in a way which increases the amount of stigma faced by the sex offender population. By choosing the most horrific cases to report and somehow implying those are typical sex offenses the reporting of sex abuse offenses consequently creates imminent fears about public safety and results in the development of additional laws and restrictions against sex offenders, which may or may not have the effects intended by the legislators who write the laws (Comartin, Kernsmith & Kernsmith, 2009, p.614). This media behavior can be seen not only nationally but internationally as well, as evidenced by the media crusade in Britain, which resulted in the passage of Sarah's Law which is, in many ways, similar to Jessica's Law in the United States.

Taking into consideration all of the issues mentioned above, social workers as well as other mental health professionals should be concerned with the issues pertaining to the needs of sex offenders. Other professionals with a vested interest include parole/probation officers, judges, district attorneys,

public offenders, psychologists, and psychiatrists to name a few. At the end of the day these professionals are in many ways responsible for the incarceration and treatment of sex offenders and the safety of the community. Thus, collaborative efforts are needed to meet the needs of sex offenders from a holistic approach.

Significance of the Project for Social Work

Social workers have an ethical responsibility to advocate for the social welfare of their clients (NASW Code of Ethics, 2008). This study may help social workers gain valuable knowledge related to helping identify the barriers that exist when delivering treatment to sex offenders. Mentally ill sex offenders could be considered a vulnerable and oppressed population impacted by an insufficient number of community treatment services and laws (housing, registrant, ect.), which limit the offenders potential of reintegrating into the community. Advocacy at all levels of involvement by social workers is needed in order to improve the quality of life and opportunities for the sex offender population while at the same time preserving public safety and dealing appropriately with victims and their families. As

previously mentioned, social workers provide a significant amount of mental health services. For this reason, Grady (2009) suggests there is a need for additional social work literature in order to identify more effective treatment methods to work with this population (p.368).

Kirst-Ashman and Hull (2009, p.30) define the Generalist Intervention Model as a seven step problem solving method that requires the application of specific social work skills, values and knowledge in each step (p.4). Taking into consideration the different stages of the Generalist Model, this study could impact how sex offenders require specialized assessments in order to accurately grasp their unique needs.

In addition, treatment plans should be specific to the needs of each sex offender. The implementation may depend on the cognitive ability of the individual, his or her crime, and available resources (Campbell, 2007). Follow-up and termination are important steps to consider when working with sex offenders. Such data can be used to help determine re-offense risks and gaps in services. According to a longitudinal study by Langevin et al., tracking recidivism rates over a long period of time can

be beneficial in better understanding the long term needs of the sex offender population(2004,p.549).

Considering the likelihood of social work involvement in the treatment and community integration of sex offenders, it is essential for professionals in the social work field to become familiar with the barriers and needs of the sex offender population. Therefore, the following research questions should be asked about social workers who practice with incarcerated and formerly incarcerated sex offenders: Do social workers perceive themselves as facing important barriers when working with mentally ill sex offenders and their community reintegration? Do social workers receive sufficient training to work with sex offenders? To what extent do social workers practicing with sex offenders appear to believe that society oppress this population due to the serious stigmas attached to their crimes?

It is hypothesized that the lack of resources and specialized training available to social workers is a barrier when providing treatment to sex offenders. In addition, numerous other barriers exist and impact the quality of treatment and resources available to sex

offenders, which impact successful community
reintegration.

CHAPTER TWO
LITERATURE REVIEW

Introduction

Considerable research has been conducted on the sex offender population. The majority of this research has been focused on issues related to recidivism, sex offenses, sex offender registrant laws, societal attitudes, and community safety. Several theories are used among the criminal justice field and other professions that work with sex offenders such as Cognitive Behavioral Therapy (CBT), Motivational Interviewing, and the Relapse Prevention Model. Through the use of these theories professionals are able to understand and treat the deviant behaviors which lead to sexual offenses, and ultimately the institutionalization of these offenders. The theory or theories that guide treatment of sex offenders depend on the professional discipline training, and interest of the person treating the offender.

Terminology

The following definitions are the terms that are used throughout this study.

Sexual Offenders - "The term most commonly used to define an individual who has been charged and convicted of illegal sexual behavior (CSOMTF, 2007, p.128)."

Sex Offender Registration (SOR) - "Laws in the state of California which requires convicted sex offenders to register with their local law enforcement agencies (Grady, 2009)."

Sexually Violent Predator (SVP) - A term used to describe a sex offender that must meet California state law criteria to be classified as too dangerous to release into the community (Campbell, 2007 & Grady, 2009).

Notification Laws - A supplement to the SOR that permits public access to personal information about convicted sex offenders living in the community. (Mandated by the federal Megan's Law)

Mentally Ill - "Medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning" (About mental illness, 2011).

Resources - May include housing, mental health services, vocational services, financial assistance, homeless shelters, and medications.

Housing - Permanent housing and/or transitional housing available to sex offenders.

Treatment- Holistic approaches including mental health and resource needs.

Recidivism - Someone who is reconvicted of a sexual crime or behavior

Laws

Research suggests that sex offender laws are created and enacted without a full understanding of the implications for sex offenders and society's true safety (Cohen & Jeglic, 2007, p.376; Farkas & Stichman, 2002). Farkas & Stichman, (2002) emphasize that the majority of sex offender laws are passed as a result of personal beliefs and emotion rather than the construct and validity of the law itself (p.257). Although these policies are passed with good intentions, the public is often left with laws that do not serve their intended purpose (Farkas & Stichman, 2002, p.278). There is little evidence that confirms the effectiveness of these laws and their ability to deter relapse (Cohen & Jeglic, 2007; Farkas & Stichman, 2002). Farkas and Stichman (2002) found that researchers express concerns with the punitive

nature of most sex offender laws and the hazard of providing the same form of treatment regardless of the severity of their crime (p. 270).

Farkas and Stichman (2002) and Grady (2009) indicated that most studies concerning the purpose of sex offender laws are in agreement that the intent is to limit sex offenders' access to victims, with the safety of the community in mind (Farkas & Stichman, 2002; Grady, 2009). Researchers are interested in evaluating the effectiveness of sex offender laws and their potential negative impact on the success of reintegration into society (Cohen & Jeglic, 2007; Farkas & Stichman, 2002; Grady, 2009). Community notification laws for example, have been found to heighten stress levels of sex offenders due to denial of housing and employment opportunities, and harassment by the community (Cohen & Jeglic, 2007, p.376) The development of such laws are said to be a result of public fear; yet the time, effectiveness, and costs associated with implementation of these laws may actually create more problems for the community (Cohen & Jeglic, 2007, p.376). Furthermore, several sources acknowledged that the lack of a treatment component in sentencing policies is of concern. Studies

indicated the need for treatment to be incorporated while the sex offender is still incarcerated (Cohen & Jeglic, 2007; Farkas & Stichman, 2002; Grady, 2009).

According to research, many states seem to pay little attention to what many would believe to be the civil rights of sex offenders when constructing and implementing sex offender laws and policies (Grady, 2009). The controversial categorization of some sex offenders as "Sexually Violent Predators (SVP)" challenges the idea that a civil commitment potentially lasting for the duration of an individual's life is a violation of the offenders' rights (Cohen & Jeglic, 2007; Grady, 2009). After being convicted of a sex crime, sex offenders typically serve a set jail or prison terms. However, when a sex offender is classified as an SVP, he or she can be committed to a state mental hospital or other confinement setting, for an unspecified amount of time to receive treatment before being released into the community (Grady, 2009, p.364).

Other controversies surrounding the issue of civil commitment is whether or not the offenders actually receive treatment during the duration of their commitment; literature challenges the notion that if

treatment is indeed the authentic goal of civil commitment, why is such treatment not provided to all sex offenders while they are incarcerated (Cohen & Jeglic, 2007, p.372). Regardless of the perspective, important barriers to properly addressing sex offenders are revealed in the majority of the studies which explore sex offender laws and treatment. The interpretation and thoughts about these policies may vary depending on the perspective with which it is associated. Literature from different professions and disciplines such as criminal justice, psychology, and social work may each provide evidence suggesting that their interpretation is accurate.

Stigma

Comartin et al., (2009) conducted a study that confirms that the public continues to have negative perceptions towards the sex offender population. The findings show that media attention to sex offender cases further increase negative feelings among community members. As a result, some members of the community work collectively to support the implementation of laws against sex offenders. The persistence of community

members for the development of more efficient ways to protect society from sex offenders resulted in the establishment of the community protection model, which supports policymakers' to enact new laws designed to monitor sex offenders' (Grady, 2009, p. 375). From the efforts of the community "four primary tools" such as incarceration, civil commitment, registration laws, and notification laws have been established as means to control sex offenders (Grady, 2009, p. 376). McAlinden (2005) agrees that the greater society is stigmatizing and unwilling to forgive sex offenders' wrong doing even after they complete their sentences in an institution (p.377). The stigmatization towards this population creates barriers that make it difficult for them to break free from the continuous loops of shame that society creates (Campbell, 2007, p.268-269). According to Comartin et al., "the public has sought more control over crime and has called for punitive-style justice" (p. 607). Comartin et al., also suggest that "public scrutiny, shaming and ostracism are used as a means of encouraging convicted sex offenders to avoid recidivism" (Comartin et al., 2009, p.607). The stigma applied to these individuals even after they have served their time

can affect and impact their recidivism rates (Comartin et al., 2009, p.606). Such laws can further condemn sex offenders to increased feelings of shame and guilt which are so intense that feelings may lead offenders to believe that they are not capable of change. The media tends to negatively impact the public's perception about safety when they report that convicted sex offenders are being released back into the community (McAlinden 2005, p.379; Comartin et al., 2009, p.614).

Sex offenders are publicly identified in their communities more than ever due to the increase in public laws that require sex offenders to register with law enforcement. Offenders may develop a sense of shame and stress when they attempt to reintegrate into the community due to the stigma attached to their offense, particularly if they have trouble finding employment and housing in their local community. Such factors are said to contribute to re-offense (McAlinden, 2005, p.376). Legislators are passing laws in order to maintain the public's sense of security. However they are not taking into account the negative impacts these laws have on the sex offender's life after being released. Legislators should be concerned with the negative consequences of

such laws since their state or jurisdiction may ultimately have to deal with the potential increase in homelessness, re-offense, financial assistance for mental health services, in addition to other crimes resulting in reincarnation. Cohen and Jeglic (2007), Grady (2009) as well as Farkas and Stichman(2002)all question the effectiveness of the laws that are currently in place due to the minimal empirical evidence proving that they decrease sex offenders recidivism (p.380;p.383;p.279). The public forces the passage of laws aimed at preventing recidivism at a high cost to sex offenders who have served their time. Public shaming makes the reintegration of sex offenders very difficult, which can impede their ability to feel as if they can be useful and productive members of society.

Sex Offender Treatment

Roseman, Ritchie, and Laux (2009) identified sex offender treatment as having two primary goals, which include the sex offenders' understanding and accepting responsibility for their behaviors and the development of empathy (p. 97). Roseman, Ritchie, and Laux, (2009) emphasized that successful treatment can only occur if

the sex offender is capable of identifying and correcting distortions in his/her thinking as well as acknowledging that they violated a societal norm (p.97).

In 1989, Cohen and Jeglic did an analysis of 42 studies conducted on sex offenders, their findings concluded that "there is no evidence that sex offender treatment works" (p.380). However, more recent studies suggest that some populations of sex offenders can be rehabilitated and are capable of responding to treatment (Farkas & Stichman, 2002, p.265; Serran, Fernandez & Marshall, 2003, p.370; Grady, 2009, p.364).

While research seemingly fails to agree on specific components that must be included in sex offender treatment, Grady (2009) suggested that areas of focus in treatment should target antisocial behaviors and characteristics (p.364). Roseman, Ritchie, and Laux (2009) suggest the utilization of treatment components including reduction and termination in the use of denial, taking responsibility for ones actions, and the use of shame and guilt (Roseman, Ritchie, & Laux, 2009, p.97). The Restorative Justice Approach to treatment attempts to hold the sex offenders accountable for their actions

through the development of empathy with others (Roseman, Ritchie, & Laux, 2009, p.97).

Grady (2009), views sex offender treatment from a more holistic perspective than Roseman, Ritchie, and Laux. Grady (2009) indicated that groups are a very effective way to conduct sex offender therapy (p.364). Groups can be cost effective, help build interpersonal skills, and helps reduce shame, guilt, isolation, and self-centeredness. Learning through the stories of others can be inspiring and give the offenders hope that they can control their deviant behaviors (Grady, 2009, p.364). Grady (2009) identifies several components of treatment for sex offenders which include prison based programs, group therapy, psychological treatment, including cognitive behavioral therapy, medical approaches, including chemical castration, relationship building skills, and aftercare, including housing and employment (p. 364). Serran, Fernandez and Marshall (2003) support the notion that cognitive behavior therapy can be an effective method of treatment for this population (p.368).

Research results suggest that there is no one way to treat sex offenders. Studies have found that there is

conclusive evidence that treatment for sex offenders is effective for some, however not all offenders are appropriate for treatment (Campbell, 2007, Farkas & Stichman, 2002, Grady, 2009). Further research is needed to determine what treatment methods work best with the various types of sex offenders.

Sex offender literature suggests that barriers to treatment and rehabilitation exist for the sex offender population. Recent research has indicated that lack of support by the therapist during the therapeutic process may interfere with the outcome of treatment for sex offenders. Lack of support may be in part a result of the characteristics and style of therapist (Fernandez & Marshall, 2003, p.368).Serran, Fernandez and Marshall (2003) identified other barriers to treatment which include the need for culturally competent treatment, lack of empathy by the therapist, inappropriate cognitive level of intervention, and challenges to the skills of therapist (p. 368-370). In addition, Roseman, Ritchie, and Laux (2009) suggest that the lack of treatment for offenders can act as a barrier to the proper assessment of their level of risk to recidivate (p.97). The validity and reliability of risks assessments that measure

dangerousness can be extremely important in determining the proper level of intervention; further research is needed on the development of more accurate risk assessment methods (Grady, 2009; Grossman, Martis & Fichtner, 1999, p.350).

Campbell (2007) found further barriers in regards to the sexually violent predators; when these offenders successfully complete sex offender treatment, their release is often not possible due to the severity of their crime (p.274). As a result, staff may experience burn out which may bring the morale of the treatment team down, if burnout occurs treatment teams may be confused about future treatment needs of this population (Campbell, 2007, p.274).

Institutional barriers may often interfere with treatment needs of sex offenders; contraband issues and safety concerns must take precedence in this type of environment (Campbell, 2007, p.283). In addition, sex offenders who are incarcerated do not always receive treatment during the duration of their stay. If offenders are not introduced to treatment early enough during their incarceration it may interfere with the long term effectiveness of treatment.

Theories Guiding Conceptualization

Cognitive Behavioral Therapy (CBT)

Cognitive behavior therapy has been practiced on sex offenders for a long time. This model emphasizes that offenders experience negative schemas (thoughts) which turn into distortions. Cognitive distortions among sex offenders may lead to misperceptions about their reality, which can contribute to the rationale of the offenders' deviant sexual behaviors (Ward, 2009, p.248).

Cognitive Behavioral Therapy (CBT) can be very effective in sex offender treatment given that changing the way someone thinks will have an effect on their behavior (Grady, 2009). In sex offender treatment CBT can be used to challenge the offenders distorted thoughts about sex, power/control, relationships, and self-esteem. Thus, treatment can also help offenders to substitute thinking errors with positive schemas that will help them think adaptively about themselves and others (Laws and O'Donohue, 2008, p.92-93). It is important to understand that not all individuals may be cognitively capable of grasping new concepts introduced in treatment or make connections between their thoughts and behaviors. Working with mentally ill sex offenders can be especially

challenging due to potential cognitive impairment exacerbated by psychosis, thought disorders, and other symptoms of mental illness.

Motivational Interviewing

Miller and Rollnick (2011) suggest that motivational interviewing is a humanistic and respectful approach that sex offenders' value; this intervention can help increase their self-esteem and in turn contribute to their ability to modify behavior. Miller and Rollnick (2011), suggests that "the forensic population for whom motivational interviewing has most often been recommended is sexual offenders" (p.340). Laws and O'Donohue (2008) also agree that using motivational intervening techniques is important and helpful in getting and maintaining sex offenders in treatment (p.431).

Relapse Prevention Model

The Relapse Prevention Model utilizes a combination between cognitive and behavioral interventions (Marlatt and Donovan, 2005, p.1). Treatment using this model assists offenders in developing a tool box, which helps them identify high risk thoughts and behaviors. The relapse prevention model is useful when assisting offenders to recognize their triggers related to high

risk situations and to use appropriate coping skills to prevent sexual reoffending (Marlatt and Donovan, 2005, p.335). In addition, it helps sex offenders identify lapses that can include sexual deviant fantasies that may progress to relapses in treatment if not coped with appropriately.

Flora, (2001) suggests that the relapse prevention model teaches sex offenders how to cope with sexual urges that may be impairing their recovery; as well as helping them create an "escape planning to physically leave an area of risk" (p.185). The idea is to improve their ability to avoid and cope with high risk factors that will help them maintain from reoffending. Once an offender can identify their high risks they are assisted in developing individualized coping strategies to help them avoid committing new sexual crimes.

Summary

Based on the literature review, sex offender laws, stigma, and sex offender treatment could be perceived as barriers that impact treatment and community reintegration of sex offenders. Further research is needed to determine the effectiveness of sex offender

laws and treatment. As a result, this study examines the perceptions of barriers to treatment as identified by social workers in the mental health field. The guiding theories of this study include Cognitive Behavioral Therapy, Motivational interviewing, and the Relapse Prevention Model.

CHAPTER THREE

METHODS

Introduction

This chapter covers the overall research design, sampling, and techniques used in obtaining the data for this research study. A quantitative approach was used to gather information regarding the barriers for sex offenders. Due to the limited research on this topic, an exploratory methodology was used to further comprehend the barriers that social workers encounter when providing treatment and community reintegration services to the sex offender population. A survey questionnaire was utilized in this study to elicit input from social workers who are working with or have worked with sex offenders.

Study Design

The purpose of this study was to explore and attempt to identify perceptions of barriers that social workers experience while assisting sex offenders reintegrate into the community. The research design most suitable for this study is the quantitative method. Given that there is an insufficient amount of research on this topic in social work literature; an exploratory approach was utilized to

further comprehend the needs of this population, as identified by social workers in the mental health field. Limitations for this study included difficulty accessing social workers to participate in the study that have experience with this population and a small number of agencies willing to participate.

Sampling

Data collection involved distributing a survey questionnaire to mental health agencies throughout San Bernardino, Los Angeles, and Riverside counties. The non-probability method of selecting research participants is most relevant to this study, given that it includes purposive sampling which "targets individuals who are particularly knowledgeable about the issues under investigation" (Grinnell & Unrau, 2011, p.237). The mental health professionals who participated had varying levels of competency and experience working with sex offenders. Criteria for participation included that social workers hold a Masters in Social Work (MSW) degree or higher. Gaining access to qualified participations was difficult, therefore numerous agencies were contacted and invited to participate.

In order for the maximum amount of data to be collected within the time limitation of this study, the survey questionnaire was distributed to a large number of social workers in the mental health field. The target sample size for this research study was 80 or more participants. The survey was distributed to different county mental health agencies and psychiatric facilities in areas such as San Bernardino, Riverside, and Los Angeles counties. All agencies contacted were said to provide treatment services to sex offenders.

Data Collection and Instruments

The independent variables examined are attitudes of social workers, stigma, lack of housing opportunities, knowledge about services and treatment, and barriers to community reintegration. Based on the findings from the literature review conducted for this study, one of the major independent variables identified is the stigma that this population faces, which results in negative attitudes by society towards the reintegration of sex offenders back into society. The dependent variables are worthiness, funding, registrant laws, rehabilitation, and discrimination.

In an attempt to measure these variables a questionnaire was created specifically for this study. A 34 question survey was utilized in this study as a needs assessment to elicit input from social workers who are working with or have worked with sex offenders. Questions were designed to inquire how social workers perceive the barriers that impact sex offenders. Question number seven from this survey "With support and therapy, sex offenders who committed a sexual offense can learn to change their behavior", is a modified version of question number one from the Barlow and Conley study titled "A Report to the Montana Department of Corrections on Community Corrections Professionals' Attitudes Towards Sex Offenders" (2008, p.7). The only modification of the question was the addition of the term sex offender, which made the question suitable for study.

The instrument was evaluated for face validity by a research advisor with experience working with the sex offender population. The questionnaire is constructed of multiple choice and Likert scale questions (See Appendix A). Participants were asked a series of questions regarding sex offender registrant laws, stigma, housing, attitudes, rehabilitation, and other issues that impact

sex offenders' reintegration into the community. The questionnaire contained items with nominal, ordinal, and scale levels of measurement.

Procedures

The paper survey was distributed among social workers in mental health agencies said to provide sex offender treatment services throughout San Bernardino, Riverside, and Los Angeles counties. Data was collected over a two month period, which allowed for a sufficient amount of time for participants to complete the survey. A portion of the data was gathered through utilizing the snowball method. However, the bulk of the data was collected during a monthly social work meeting conducted at a long term state psychiatric hospital which houses and treats hundreds of sex offenders. The researchers were able to present a general overview of the purpose of the research study to the social work participants at the psychiatric hospital prior to collecting data. The survey was distributed to approximately 90 Licensed Clinical Social Workers (LCSW) and Masters level (MSW) social workers in attendance. Once completed, the researchers retrieved the surveys from the participating agencies.

Protection of Human Subjects

This study did not require the collection of personal or confidential patient information. Due to the federal and state laws, regulations, ethical issues, agency policies related to confidentiality it would have been extremely difficult to gain access to the mentally ill sex offender population directly. Therefore, all data obtained was gathered by surveying social workers from county mental health agencies and psychiatric facilities said to provide treatment services to sex offenders. Informed consents (See Appendix B) and debriefing statements (See Appendix C) accompanied each survey.

Data Analysis

The hypothesis assumes that the lack of resources and specialized training available to social workers is a barrier when providing treatment, and locating services and resources for mental ill sex offenders. The research design most suitable to test the hypothesis is the quantitative method. Results generated from the questionnaire were used to evaluate the extent in which the identified barriers impact sex offender reintegration.

The concepts explored in this study are the following: attitudes, stigma, barriers and knowledge. Constructs taken into consideration include the idea that barriers for sex offenders do exist and affect community reintegration, based on findings from the literature review.

The Statistical Package for the Social Science (SPSS) program was utilized to analyze the data. Descriptive Statistics were used on the collected data to determine which barriers were most commonly identified by participants. Percentile rates for each specific factor were used to determine how participants responded.

An additional statistical method utilized in this study was the Spearman Rho Correlation Coefficient, which analyzes the correlations between selected independent and dependent variables. The following inquiries guided the statistical testing: Does gender influence attitudes about sex offenders? Do years of experience affect the amount of knowledge social workers have about sex offenders?

Summary

The research methods described in this chapter were shaped by the sample size, survey instrument, accessibility of sample participants, and study design. The most appropriate statistical testing methods to analyze data findings were the Spearman Rho Correlation Coefficient and Descriptive Statistics. These methods were used to identify associations between the independent and dependent variables.

CHAPTER FOUR

RESULTS

Introduction

This chapter covers the findings of the study. Social workers perceptions of barriers that impact sex offenders, participant attitudes towards sex offenders, and social work knowledge about the sex offender population will be described.

Presentation of the Findings

Demographic information collected in this study included gender, age, participant's professional degree, years of practice in the social work field, and agency of employment.

Participant demographics are shown in Table 1. Ninety six social workers, including both MSWs (n=28) and LCSWs (n=68), participated in this research study. Of these participants 74% (n=71) were female and 26% (n=25) were male. Respondent ages ranged from 26-70, with a mean age of 41. The years of practice reported by participants ranged from 1-39. The average number of years of practice was 9.77. The survey was completed by social workers employed at state and county agencies in San Bernardino,

Riverside, and Los Angeles counties. Of the participants surveyed, 84% (n=81) were employed at a State Psychiatric Hospital and the remainder of participants 16% (n=15) were employed at three different county agencies.

Table 1. Respondent Demographics (N=96 1

Variable	n	%
Gender	96	
Male	25	26
Female	71	74
Age Range	96	
26-35	37	38.5
36-45	26	27
46-55	20	21
56-70	13	13.5
Average Mean Age 41		
Professional Degree	96	
Masters Degree in Social Work	28	29.2
Licensed Clinical Social Worker	68	70.8
Ph.D. in Social Work	0	0
Years of Practice	96	
1-10	59	61.5
11-20	29	30.1
21-30	6	6.3
31-39	2	2.1
Average years of practice 9.77		
Agency of Employment	96	
State Psychiatric Hospital	81	84
County Mental Health Agencies	15	16

Barriers

This study sought to determine barriers to the treatment and community reintegration of mentally ill sex offenders. Table 2 Demonstrates how participants answered question numbers 26-34 on the survey (See Appendix A), which specifically asked participants "Based on my experience, I have identified the following barriers to treatment and community reintegration of sex offenders." Participants were asked to identify from a set of nine factors which included housing, mental health service aftercare, sex offender laws, violation of civil rights, lack of treatment while incarcerated, funding for specialized programs, stigma, societal attitudes, and employment opportunities, were considered a barrier to sex offenders. Survey questions were asked in Likert scale form, with answers ranging from strongly agree/agree, strongly disagree/disagree, and don't know.

Data was entered into SPSS and frequencies were calculated to determine the barriers most commonly identified by participants. The most common barrier reported by social workers in this study was stigma at 92.7 % (n=89) which was followed by housing at 89.6% (n=86), societal attitude at 89.6% (n=86), employment

opportunities at 83.3% (n=80), and mental health service aftercare at 80.2% (n=77).

Other barriers identified include funding for specialized programs at 76% (n=73), lack of treatment while incarceration at 75% (n=72), sex offender laws at 72.9% (n=70), and violation of civil rights at 42.7% (n=41).

Table 2. Barriers to the Treatment and Community Reintegration of Sex Offenders as Identified by Social Workers (N=96)

Variable	n	%
Housing	96	
Agree/Strongly Agree	86	89.6
Disagree/Strongly Disagree	2	2.1
Don't Know	8	8.3
Mental Health Services	96	
Agree/Strongly Agree	77	80.2
Disagree/Strongly Disagree	7	7.3
Don't Know	12	12.5
Sex Offender Laws	96	
Agree/Strongly Agree	70	72.9
Disagree/Strongly Disagree	20	20.8
Don't Know	6	6.3
Violation of Civil Rights	96	
Agree/Strongly Agree	41	42.7
Disagree/Strongly Disagree	32	33.3
Don't Know	23	24
Lack of Treatment While Incarcerated	96	
Agree/Strongly Agree	72	75
Disagree/Strongly Disagree	21	21.9
Don't Know	2	3.1
Funding for Specialized Programs	96	
Agree/Strongly Agree	73	76
Disagree/Strongly Disagree	9	9.4

Variable	n	%
Don't Know	14	14.6
Stigma	96	
Agree/Strongly Agree	89	92.7
Disagree/Strongly Disagree	3	3.1
Don't Know	4	4.2
Societal Attitudes	96	
Agree/Strongly Agree	86	89.6
Disagree/Strongly Disagree	4	4.2
Don't Know	6	6.2
Employment Opportunities	96	
Agree/Strongly Agree	80	83.3
Disagree/Strongly Disagree	5	5.2
Don't Know	11	11.5

Attitudes of Social Workers

As a way to measure social workers attitudes and perceptions about the sex offender population a series of questions were asked regarding participants feelings about rehabilitation, sex offender worthiness, stigma associated with child crimes, stigma associated with mental illness, and perceptions about dangerousness.

Approximately ninety one percent (n=88) of respondents agreed with the following statement, "sex offenders are stigmatized and oppressed by society." When participants were asked if they felt that mentally ill sex offenders are more dangerous than sex offenders without a mental illness, respondents were split with 45%

reporting that they agree and 45% disagreeing.

Respondents were asked if they believed that sex offenses against children should be punished more harshly than sex offenses against adults; 57% (n=55) agreed that a harsher punishment is due and 36% (n=35) disagreed.

Seventy nine percent (n=76) of respondents agreed that once an offender has served his or her sentence, efforts should be made to reintegrate them back into the community. Of those who participated, 69% (n=66) of the respondents agreed that with support and therapy, sex offenders can learn to change their behavior.

Social Work Knowledge about Sex Offenders

As a way to examine participants' knowledge about factors that affect the sex offender population, a number of questions were specifically included in the survey pertaining to issues such as sex offender laws, treatment competency, specialized training, treatment referral process, and knowledge of aftercare.

As a way to determine if participants had some knowledge about the three most common groups of sex offenders, three multiple choice questions were specifically designed for participants to match the correct definitions to sexually violent predator,

pedophilia, and paraphilia. Of the 96 respondents 67.7% (n=65) knew the correct definition for sexually violent predator and 86.5% (n=83) were able to correctly match the definitions for both pedophilia and paraphilia.

Of the 96 social workers who participated in the study, 61.5% (n=59) reported that they did not feel competent in their ability to adequately provide services to sex offenders. When asked if they believed their agencies provide the opportunity to receive specialized training(s) to work with sex offenders, only 51% (n=49) of the participants reported that they had the opportunity to receive training and 6.3% (n=6) reported that they did not know.

Seventy five percent (n=72) of participants agreed that they were aware of a formal referral process at their agency for individuals in need of receiving sex offender treatment before discharge. When asked if there is a need for additional social work research regarding the treatment needs of sex offenders 86.5% (n=83) of participants agreed, with only 7.3% (n=7) disagreeing and the remainder of participants were unsure.

Additional Findings

The following seven questions were not included in Table 2. However, they identify additional barriers to the treatment and community reintegration of sex offenders. Approximately 71% (n=69) of participants confirmed that in their experience they found it difficult to find housing for sex offenders.

When asked if there is a sufficient range of services available to sex offenders in the community, 81.2% (n=78) disagreed. More than half of the participants (n=64) agreed that additional funding for the agencies in which they work would help to address the needs of the sex offender population.

Additionally, eighty percent (n=77) of participants were in agreement that there is an insufficient amount of community aftercare programs and services available for sex offenders.

When asked about housing, 88.6% (n=85) of respondents agreed that it would be safer if housing arrangements were provided to offenders prior to being deinstitutionalized and 84.4% (n=81) of respondents agreed that an increase in housing opportunities could reduce the number of homeless sex offenders.

Approximately 65% (n=63) reported that they are familiar with sex offender registrant laws in their service area concerning housing.

A Spearman Rho test was used to find correlations between the following independent and dependant variables (gender and attitudes) and (experience and knowledge). Results demonstrated that no statistical significance was found proving whether respondent's gender had an influence on the attitudes of the participants. There was also no statistical significance found that proved whether years of experience influenced the social workers knowledge regarding the treatment needs of sex offenders

Summary

The study sample included 25 males and 71 females. Of these respondents 28 were MSWs and 68 were LCSWs. The average number of years of practice was 9.77. The statistical methods used in the study were Descriptive Statistics and Spearman Rho correlations. Frequency outcomes were used to determine the barriers to the treatment and community reintegration of sex offenders based on participant experience. The most common barriers identified include stigma, housing, societal attitudes,

employment opportunities, and mental health aftercare. Spearman Rho correlations were used to determine if a participant's gender influenced his or her attitude about sex offenders. In addition, Spearman Rho correlations were also used to determine if a participant's years of experience impact his or her knowledge about sex offenders. Results from the Spearman Rho testing reveal that there is no statistical significance found between the variables gender and attitude and knowledge and years of practice. The findings from this chapter will be discussed in greater detail in the next chapter.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter highlights findings that address the following research questions: Do social workers perceive themselves as facing important barriers when working with mentally ill sex offenders and their community reintegration? Do social workers receive sufficient training to work with sex offenders? To what extent do social workers practicing with sex offenders appear to believe that society oppress this population due to the serious stigmas attached to their crimes? A brief discussion about the potential limitations and recommendations for future social work practice is included in this section.

Theories Guiding Conceptualization

Treatment programs and social workers who are trying to reintegrate formerly incarcerated sex offenders back into society often perceive themselves facing challenges due to a number of barriers to recovery and reintegration. Treatment models such as the Relapse Prevention Model, Cognitive Behavioral Therapy, and

Motivational Interviewing techniques are often utilized when working with the sex offender population. The relapse prevention model in mental health is based on the idea that assisting sex offenders identify high risk thoughts and behaviors, can impact potential re-offense. In hopes of preparing sex offenders for dealing with future high risk situations, sex offenders are assisted in developing coping skills through treatment.

Cognitive behavioral therapy can be effective in sex offender treatment as a way to challenge sex offenders' distortions about sexual behaviors. When offenders are able to change the way they perceive their reality, they can begin to reexamine how their distorted thoughts and behaviors affect all aspects of their lives.

Motivational interviewing is a humanistic approach used to increase sex offender's involvement in treatment. The basic is one of treating offenders with respect and dignity by modeling appropriate behavior, which can help improve their self-esteem.

Discussion

Sex offenders may develop a sense of shame and stress when they attempt to reintegrate into the

community due to the stigma attached to their offenses, particularly if they have trouble finding employment and housing in their local communities. Eighty-three percent of respondents highly agreed that employment opportunities for sex offenders can be impacted by stigma, which can create further barriers to community reintegration. This study revealed that approximately 91% of respondents agreed with the following statement, "Sex offenders are stigmatized and oppressed by society". In addition, 92% of the participants identified stigma as a barrier to the treatment and community reintegration of sex offenders.

McAlinden (2005) suggests that the greater society is stigmatizing and unwilling to forgive sex offenders' for their crimes even after they complete their sentences in an institution (p.377). Although McAlinden (2005) reports that societal attitudes are not supportive of rehabilitation and community reintegration, findings in this study suggest that the attitudes of social workers differ in that they view rehabilitation and community reintegration more favorably than the general population.

A high percentage of respondents in this study reported that they agree that once offenders have served

their sentence, efforts should be made to reintegrate them back into the community. The fact that 79% of respondents felt that sex offenders should be reintegrated into the community was unexpected, due to the high stigma associate with sex offender crime. Perhaps social workers' perceptions about sex offenders are influenced by the National Association of Social Workers (NASW) Code of Ethics, which emphasizes the importance of treating clients with dignity and worth (2008, para. 7).

Additionally, 69% of respondents agreed that with support and therapy, sex offenders can learn to change their behavior. There is some indication of uncertainty regarding social workers' perceptions about the effectiveness of sex offender treatment and the sex offenders' capability for change. Findings from this study support previous research, which suggests that there are conflicting perceptions concerning the effectiveness of sex offender treatment programs.

Eighty-nine percent of participants strongly indicated housing to be a barrier. The lack of housing opportunities can impact the sex offender's successful reintegration into society. Approximately 72% of

respondents reported that they have found it very difficult to locate housing for the sex offender population. Findings from this study support previous research which indicates that housing for formerly incarcerated sex offenders is a critical issue. Interestingly, 88% of respondents believe that residence of the community would be safer if housing arrangements were provided to offenders prior to being deinstitutionalized.

In addition to the challenges of obtaining housing for sex offenders, sex offender laws were also identified in this study by 72% of respondents as a barrier which greatly impacts homelessness among the sex offender population. Research indicates that registrant laws set limitations on acceptable housing placements for this population (Loving & Maguire, 2008). As a result, it was reported that in 2008 the number of homeless sex offenders has risen nearly 800% (Loving & Maguire, 2008). Respondents in this study supported Loving and Maguire's (2008) findings, with 84% of the respondents in this study agreeing that an increase in housing opportunities could reduce the number of homeless sex offenders. Given the number of responses indicating that housing can

impede the community reintegration of sex offenders, it could be concluded that more effective discharge planning, which would include more assertive efforts to help offenders obtain housing, is needed prior to the release of sex offenders from incarceration.

When sex offenders reintegrate back into the community, obtaining appropriate treatment is often difficult given the lack of funding available to establish needed specialized treatment services. It was strongly indicated by 80% of participants that there is an insufficient number of community aftercare programs and services available for sex offenders. Participants also indicated that funding for specialized programs can be a barrier to the treatment and rehabilitation of sex offenders. Undoubtedly, there is a great need for additional funding in order to provide more effective treatment to offenders during incarceration and while residing in the community. Social workers in this study identified lack of treatment for sex offenders while incarcerated as an important barrier to successful reintegration. More than half of the participants agreed that additional funding would help to address the needs of sex offenders at their agency.

Stipulation can be made regarding how stigma affecting sex offenders may influence the budgetary decision making process. Consequently, the treatment and reintegration needs of the sex offender population may continue to go unaddressed because of general societal and legislative support for the creation of and enforcement of registrant laws as opposed to assisting sex offenders in ways they can safely and productively live in the community.

The results of this study suggest that with additional funding allocations, improvements to existing sex offender treatment and aftercare programs could it possible to more adequately address the needs of the sex offender population in variety of ways.

Participants were also asked a series of questions that measured their knowledge about sex offender laws, treatment competency, specialized training, treatment referral process, and the availability of aftercare. Multiple choice questions were designed to determine if participants were able to match the correct definition of three specific types of sex offenders. A large number of participants were able to correctly identify the definitions for pedophilia and paraphilia. However, fewer

participants were able to correctly identify the definition for sexually violent predator. This finding is possibly due to the fact that sexually violent predator cases are not commonly encountered by social workers at the agencies that were surveyed. Terms such as pedophilia and paraphilia are perhaps the most common type of sex offenders served by mental health professionals. Other explanations could be that social workers who treat sex offenders in the community may not be interested in attaching the labels associated to the different subtypes of sex offenders because of the possible relationship of those labels to stigma.

Additionally, participants were asked about their competence level in treating sex offenders. Of the 96 social workers that participated in the study, 61% reported that they did not feel competent in their ability to adequately provide services to sex offenders. Perhaps the relatively low level of perceived competence comes from the lack of opportunity to directly provide sex offender treatment at their agencies. Other factors that may have affected reported levels of perceived competence include lack of knowledge and training, lack of self-awareness regarding potential counter

transference, and general comfort level discussing sexuality, especially deviant sexuality.

In addition, participants were asked questions based on their knowledge about interagency training opportunities and the formal referral process used when working with this population. Approximately half of the participants reported that their agency provides the opportunity to receive specialized training(s) to work with offenders. A small percentage of the participants reported that they were unsure if their agency provided opportunities for specialized training. It is possible those who responded that their agency did not provide training opportunities did so because their agencies did not see the necessity for such trainings, lacked funding for trainings, or simply did not adequately promote or mandate trainings that were available.

Seventy five percent of participants reported having knowledge about their agency's formal sex offender treatment referral process. Although not all participants reported feeling competent to provide services to sex offenders, the majority of participants demonstrated knowledge about the logistics of initiating sex offender treatment. Perhaps social workers who reported being

unaware of their agency's referral process would feel more competent in providing treatment to the sex offender population, if their agency improved their treatment and referral process.

Limitations

There was no standardized tool available for this study. Thus the survey instrument utilized was developed specifically to gather social workers perceptions of barriers that impact sex offender treatment and community reintegration. However, the instrument not having been tested for reliability results in limitations. One additional obvious limitations is the small sample size (n=96). The time limitation available to conduct this study did not allow for the recruitment of additional participants.

Other limitations to this study included difficulty accessing social workers willing to participate in the study that had direct practice experience working with sex offenders. Although the participants were asked about years of social work practice, the question did not specify how many of those years were dedicated to providing services to the sex offender population.

However, all agencies contacted to participate in this study were contacted because they provide services to sex offenders.

Additional limitations may include social workers' reluctance to disclose their personal biases towards the sex offender population and their perceived areas of incompetence. Some agencies may have been reluctant to participate in a study in fear of exposing potential weaknesses in their agency.

Recommendations for Social Work Practice, Policy and Research

This study may help social workers gain valuable knowledge related to identifying the barriers that exist in the delivery of treatment to sex offenders. One of the primary guiding principles in the Social Work Code of Ethics is advocacy (NASW Code of Ethics, 2008). If mentally ill sex offenders can be considered by social workers as a vulnerable and oppressed population then advocacy at all levels of social work practice is needed in order to improve the reintegration of sex offenders into the community. Successful reintegration could potentially result in a better quality of life for sex

offenders while at the same time increasing public safety.

Due to the significant number of barriers identified in this study which include housing, societal attitudes, aftercare, sex offender laws, funding of specialized programs, stigma associated with their crimes, employment opportunities, and lack of treatment while incarcerated social work professionals should heavily consider these factors when establishing the most appropriate treatment plan for incarcerated and recently released sex offenders.

Since social workers are partially responsible for treating and returning sex offenders to society, efforts should be made to learn about treatment models known to be effective with the sex offender population. Treatment should be individualized to meet the unique needs of each sex offender. Other factors to consider when providing treatment to sex offenders are follow-up and aftercare services, which assist sex offenders as they prepare for lives in the community. Follow-up and aftercare services can be very beneficial to the successful community reintegration of sex offenders (Langevin et al., 2004, p.549).

Grady (2009) reported that sex offenders are a growing population in need of mental health services (p.368). Social workers in this country provide a significant amount of mental health services and many provide services to sex offenders. For this reason, it is suggested that additional social work research is needed in an effort to identify more effective treatment methods that might serve the sex offender population more adequately (Grady, 2009, p.368). Appropriately, 86% of participants in this study agreed that there is a need for additional social work research pertaining to the treatment needs of sex offenders. Research that is thoughtfully designed and the resulting literature could improve the social work professions' general knowledge about and competency in working with the sex offender population.

Conclusion

The purpose of this study was to examine the perceptions of barriers among social workers in the treatment and community reintegration of sex offenders. Based on the findings of this study, sex offenders undoubtedly experience many barriers which impact their

successful community reintegration. Stigma has been strongly implicated by the social workers in this study as a major barrier to the treatment and community reintegration of sex offenders. Some of the most common barriers identified by participants were housing, societal attitudes, employment opportunities, and mental health service aftercare. According to the NASW Code of Ethics (2008) "The primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty" (para. 5). Although the sex offender population may not be considered vulnerable and oppressed by the majority of society, this study has strongly indicated that there is overwhelming evidence that barriers to the treatment and community reintegration exist. Thus, the barriers identified might be conceptualized by social workers in leading to vulnerability and oppression in one of society's most highly stigmatized groups. Taking into consideration all of the identified barriers which can have a profound impact on the quality of life of the sex offender population, social workers have an obligation to

seek social justice for this group in spite of the fact they have been publically shamed and stigmatized by so many in society. Based on the limitations commonly imposed by sex offender laws and the lifelong sex offender registrant requirements, sex offenders are further subjected to continued oppression. Sex offenders are also at risk of living and remaining in poverty due to lack of housing and employment opportunities available to them because of their criminal histories. Social workers in this field have an ethical obligation to advocate on behalf of the incarcerated and formerly incarcerated sex offender population in ways that promote individual well-being and both the dignity and respect that all human beings deserve.

APPENDIX A
QUESTIONNAIRE

Survey Questions

- 1) Gender: Male Female Other
- 2) Your age _____
- 3) Please select one of the following MSW LCSW Ph.D.
- 4) Years of practice _____
- 5) I work for the following type of agency: (Please check one box)
 County Mental Health Agency Psychiatric Institution
 Private/Non-profit Outpatient Program Conditional Release Program (CONREP)
 Other: _____

Please circle the response that you agree with the most:

- 6) Once their time has been served, efforts should be made to reintegrate the offenders back into the community.
 Strongly Disagree Disagree Agree Strongly Agree Don't Know
- 7) With support and therapy, sex offenders who committed a sexual offense can learn to change their behavior.
 Strongly Disagree Disagree Agree Strongly Agree Don't Know
- 8) In your experience have you found it difficult to find housing for sex offenders?
 Strongly Disagree Disagree Agree Strongly Agree Don't Know
- 9) Mentally ill sex offenders are more dangerous than sex offenders without a mental illness.
 Strongly Disagree Disagree Agree Strongly Agree Don't Know
- 10) Sex offenses against children should be punished more harshly than sex offenses against adults.
 Strongly Disagree Disagree Agree Strongly Agree Don't Know
- 11) Sex offenders are stigmatized and oppressed by society.
 Strongly Disagree Disagree Agree Strongly Agree Don't Know
- 12) There is a sufficient range of services available to sex offenders in the community.
 Strongly Disagree Disagree Agree Strongly Agree Don't Know
- 13) I am familiar with sex offender registrant laws in my service area concerning housing restrictions.
 Strongly Disagree Disagree Agree Strongly Agree Don't Know

14) Additional federal funding would help to better address the needs of this population at my agency.

Strongly Disagree Disagree Agree Strongly Agree Don't Know

15) It would be safer for the community if housing arrangements were provided for sex offenders prior to being deinstitutionalized.

Strongly Disagree Disagree Agree Strongly Agree Don't Know

16) An increase in housing opportunities could reduce the number of homeless sex offenders.

Strongly Disagree Disagree Agree Strongly Agree Don't Know

17) Discriminatory practices affect the recidivism rate among sex offenders.

Strongly Disagree Disagree Agree Strongly Agree Don't Know

18) My agency provides the opportunity to receive specialized training (s) to work with sex offenders.

Strongly Disagree Disagree Agree Strongly Agree Don't Know

19) There is a need for additional social work research regarding the treatment needs of sex offenders.

Strongly Disagree Disagree Agree Strongly Agree Don't Know

20) I feel competent with my ability to adequately provide services to sex offenders.

Strongly Disagree Disagree Agree Strongly Agree Don't Know

21) At my agency there is a formal referral process for individuals in need of receiving sex offender treatment before being discharged.

Strongly Disagree Disagree Agree Strongly Agree Don't Know

22) Community after care programs and services are available for sex offenders.

Strongly Disagree Disagree Agree Strongly Agree Don't Know

Please select the letter that best describes the following term:

23) Sexually violent predators can be defined as:

- a) An individual who turns to prepubescent children for sexual gratification and
- b) lacks psychosexual maturity.

- c) A highly dangerous sex offender who suffers from a mental abnormality or personality disorder that makes him/her likely to engage in a predatory sexually violent offense.
 - d) A psychosexual disorder that consists of recurrent, intense, sexually arousing fantasies, urges, and/or thoughts that usually involve humans, but may also include non-human objects. Suffering of one's self or partner, children, or non-consenting persons is common.
 - e) None of the above
- 24) Pedophilia can be defined as:
- a) An individual who turns to prepubescent children for sexual gratification and lacks psychosexual maturity.
 - b) A highly dangerous sex offender who suffers from a mental abnormality or personality disorder that makes him/her likely to engage in a predatory sexually violent offense.
 - c) A psychosexual disorder that consists of recurrent, intense, sexually arousing fantasies, urges, and/or thoughts that usually involve humans, but may also include non-human objects. Suffering of one's self or partner, children, or non-consenting persons is common.
 - d) None of the above
- 25) Paraphilia can be defined as:
- a) An individual who turns to prepubescent children for sexual gratification and lacks psychosexual maturity.
 - b) A highly dangerous sex offender who suffers from a mental abnormality or personality disorder that makes him/her likely to engage in a predatory sexually violent offense.
 - c) A psychosexual disorder that consists of recurrent, intense, sexually arousing fantasies, urges, and/or thoughts that usually involve humans, but may also include non-human objects. Suffering of one's self or partner, children, or non-consenting persons is common.
 - d) None of the above

Based on my experience, I have identified the following barriers to the treatment and community reintegration of sex offenders: Check one box from each category

26) Housing:

- Strongly Disagree Disagree Agree Strongly Agree Don't Know

27) Mental Health Service Aftercare:

- Strongly Disagree Disagree Agree Strongly Agree Don't Know

28) Sex Offender Laws:

- Strongly Disagree Disagree Agree Strongly Agree Don't Know

29) Violation of Civil Rights:

- Strongly Disagree Disagree Agree Strongly Agree Don't Know

30) Lack of treatment while incarcerated:

Strongly Disagree Disagree Agree Strongly Agree Don't Know

31) Funding for Specialized Programs:

Strongly Disagree Disagree Agree Strongly Agree Don't Know

32) Stigma:

Strongly Disagree Disagree Agree Strongly Agree Don't Know

33) Societal Attitudes:

Strongly Disagree Disagree Agree Strongly Agree Don't Know

34) Employment Opportunities:

Strongly Disagree Disagree Agree Strongly Agree Don't Know

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT (For MSW, LCSW, or Ph.D. Survey Participants)

You are invited to participate in a graduate research project conducted by Zayra Angeles and Sonia Zuniga, MSW students at California State University San Bernardino, School of Social Work. The purpose of this research study is to attempt to identify barriers to community reintegration and the treatment needs of sex offenders as seen by social workers in the mental health field. We hope to gain knowledge about barriers that affect the successful reintegration of mentally ill sex offenders. You were selected as a possible participant in this study because you have a Masters degree in Social Work, are a Licensed Clinical Social Worker, or have a Ph.D. in Social Work.

This research project has been approved by the Institutional Review Board Sub-Committee of California State University, San Bernardino. This survey is anonymous and any information that is obtained in connection with this study will remain confidential. This study will not require the disclosure of any confidential participant or patient information.

If you decide to participate, we will provide you with a 34 question survey. The survey will take approximately 10-15 minutes to complete. After the completion of the questionnaire all participants will be provided with a Debriefing Statement that further explains the purpose of the study. There are no foreseeable risks associated with the participation of this study.

If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without penalty. If you have any additional questions about this research, you can contact Dr. Ray Liles, Clinical Lecturer/Research Advisor at California State University San Bernardino, located at 5500 University Parkway San Bernardino, CA 92407-2393. Contact number is (909)537-5557 or email address: reliles@csusb.edu.

You will be given a copy of this form to keep.

**YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE.
YOUR SIGNATURE OR MARK INDICATES THAT YOU HAVE DECIDED TO
PARTICIPATE, HAVING READ THE INFORMATION PROVIDED ABOVE.**

Date

Signature or Mark

APPENDIX C
DEBRIEFING STATEMENT

Debriefing Statement

Thank you for your participation in this research study which identified and explored the barriers that social workers experience while assisting sex offenders to reintegrate into the community.

The research hypothesis assumed that the lack of resources and specialized training available to social workers is a barrier when providing treatment, locating services and resources for mental ill sex offenders. In addition, quality treatment and services available to this population as provided by social workers can make a difference in the outcome of successful community reintegration and recidivism.

Your participation was essential in helping the researchers gather significant information regarding the treatment and the community reintegration of sex offenders. Through the survey it is hoped to retrieve significant data that will help identify the barriers that mental health professionals encounter. With this increased knowledge it is anticipated that social workers will be better equipped to address the unique needs of this population.

The final results of this study will be available for viewing at the California State University, San Bernardino Pfau Library located at 5500 University Parkway, San Bernardino CA 92407. Participants may request an electronic version via email; please forward email requests to soniazuniga81@yahoo.com

If you have any questions about this research, you can contact Dr. Ray E. Liles, Clinical Lecturer/Research Advisor at California State University San Bernardino, office number (909)537-5557 or email address: reliles@csusb.edu

REFERENCES

- About mental illness* [Fact sheet]. (2011). Retrieved November, 2011, from National Alliance on Mental Illness website:
http://www.nami.org/template.cfm?section=about_mental_illness
- Barlow, K., & Conley, T. B., PhD. (2008, August). A report to the Montana Department of Corrections on community corrections professionals' attitudes towards sex offenders. Missoula, MT: The University of Montana, School of Social Work.
- California Department of Corrections and Rehabilitation [Fact Sheet]. (2010). Retrieved October 23, 2011, from Department of Justice
Website:http://www.cdcr.ca.gov/Parole/Sex_Offender_Facts/docs_SOMB/JessicasLawFactSheet_110807.pdf
- California Sex Offender Management Task Force. (2007, July). *Making California communities safer: Evidenced-based strategies for effective sex offender management*. Retrieved from California Department of Corrections and Rehabilitation website: <http://www.casomb.org/docs/CSOM%20Full%20Report.pdf>
- Campbell, T. (2007). *Assessing sex offenders: Problems and pitfalls*. Springfield, Tennessee; Charles C. Thomas- publisher, LTD.
- Cohen, M., & Jeglic, E. L. (2007). Sex offender legislation in the United States: What do we know?. *International Journal of Offender Therapy & Comparative Criminology*, 51(4), 369-383.
doi:10.1177/0306624X06296235
- Comartin, E. B., Kernsmith, P. D., & Kernsmith, R. M. (2009). Sanctions for sex offenders: Fear and public policy. *Journal of Offender Rehabilitation*, 48(7), 605-619.

- Farkas, M. A., & Stichman, A. (2002). Sex offender laws: Can treatment, punishment, incapacitation, and public safety be reconciled? *Criminal Justice Review*, 27(2), 256-283.
- Flora, R., LCSW, ACSW. (2001). *How to work with sex offenders: A handbook for criminal justice, human services, and mental health professional*. Binghamton, New York: The Haworth Clinical Press.
- Grady, M. D., PhD, LCSW. (2009). Sex offenders part I: Theories and models of etiology, assessment, and intervention. *Social Work in Mental Health*, 7(4), 353-371.
- Grady, M. D., PhD, LCSW. (2009). Sex offenders part II: Policies that address sex offenders. *Social Work in Mental Health*, 7(4), 372-384.
- Grinnell, R. M., Jr., & Unrau, Y. A. (2011). *Social work research and evaluation: Foundations of evidence-based practice* (9th ed.). New York: Oxford University Press.
- Grossman, L.S., Martis, B., Fichtner, C., (1999). Are sex offenders treatable? A research overview. *Psychiatric Services*, vol.50 (3), 349-360.
- Harris, K. D. (2009). *Megan's Law*. Retrieved October 23, 2011, from State of California Department of Justice website:
<http://www.meganslaw.ca.gov/homepage.aspx?lang=ENGLISH>
- Kirst-Ashman, K., & Hull, G. (2009). *Understanding generalist practice* (5th Ed.) Belmont, CA: Thomson Brooks/Cole.
- Langevin, R., Curnoe, S., Federoff, P., Bennett, R., Langvin, M., Peever, C., Pettica, R., & Sandhu, S., (2004). Lifetime sex offender recidivism: A 25-year follow-up study. *Canadian Journal of Criminology and Criminal Justice*, 46, 531-552.

- Laws, D. R., & O'Donohue, W.T. (2008). *Sexual deviance: Theory, assessment, and treatment*. New York, New York; The Guilford Press.
- Loving, R., Singer, J. K., & Maguire, M. (2008, November). Homelessness among registered sex offenders in California: The numbers, the risks, and the response. *California Sex Offender Management Board*. Sacramento, CA.
- Marlatt, D. A., & Donovan, D.M., (2005). *Relapse prevention: Maintenance strategies in the treatment of addictive behaviors*. (2nd Ed). New York, NY: The Guilford Press.
- McAlinden, A.-M. (2005, January). The use of 'shame' with sexual offenders. *Advance Access Publication* , 45, 373-394.
- Miller, W. & Rollnick, S. (2011). *Motivational interviewing: Preparing people for change*. (second edition). New York: Guilford Press.
- NASW Code of Ethics*. (2008). Retrieved from National Association of Social Workers website:
<http://www.socialworkers.org/pubs/code/code.asp>
- O'Connel, M., Leberg, E., & Donaldson, C.,. (1990). *Working with sex offenders: Guidelines for therapist selection*. Newbury Park, California; Sage publications
- Roseman, C. P., Ritchie, M., & Laux, J. M. (2009, April). A restorative justice approach to empathy development in sex offenders: An exploratory study. *Journals of Addictions & Offender Counseling*, 29, 96-109.
- Serran, G., Y. Fernandez, W.L. Marshall, and R.E. Mann. 2003. "Process issues in treatment: Application to sexual offender programs." *Professional Psychology, Research & Practice* 34, no. 4: 368. Academic Search Premier, EBSCOhost (accessed October 23, 2011).

Ward, T. (2009). The extended mind theory of cognitive distortions in sex offenders. *Journal of Sexual Aggression*, 15(3), 247-259.

ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Team Effort: Zayra Angeles & Sonia Zuniga

2. Data Entry and Analysis:

Team Effort: Zayra Angeles & Sonia Zuniga

3. Writing Report and Presentation of Findings:

- a. Introduction and Literature

Team Effort: Zayra Angeles & Sonia Zuniga

- b. Methods

Team Effort: Zayra Angeles & Sonia Zuniga

- c. Results

Team Effort: Zayra Angeles & Sonia Zuniga

- d. Discussion

Team Effort: Zayra Angeles & Sonia Zuniga