

Incarcerated Sex Offenders' Perceptions of Prison Sex Offender Treatment Programs

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Abstract

Using semi-structured interviews with 24 inmates in one medium security prison, this exploratory study examines sex offenders' perceptions about an institutional sex offender treatment program. Findings reveal that incarcerated sex offenders have mixed feelings and experiences with treatment, although a majority reports at least some positive perceptions. Common positive perceptions include a belief that treatment provides assistance, facilitates personal transformations, and may allow for early release. Negative observations are also common, and they include perceptions regarding compelled disclosures of sex offenses, obligations to repeat treatment in the community, and sanctions for no or poor participation. Limitations and directions for future sex offender treatment research are discussed.

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Introduction

Perhaps more than most other types of criminals, convicted sex offenders have consistently faced stringent sentencing laws. Moreover, society has repeatedly looked upon these criminal offenders with disdain (Quinn, Forsyth, & Mullen-Quinn, 2004). Spotlighting society's harsh treatment of sex offenders, the most recent sanction has been the creation of sex offender registries and community notification procedures. Sex offender registries are used in every jurisdiction in the United States, and these repositories provide online access to an array of information about convicted sex offenders and their sex offenses (Tewksbury & Higgins, 2005). Most arguments supporting sex offender registries emphasize the assumed improvement of public safety, particularly the protection of children. Because Internet databases reveal the identity of sex offenders to the community, supporters of criminal registries maintain that this information reduces the opportunity for recidivism. And yet, empirical evaluations suggest little or no effect of registration and community notification on recidivism rates (Adkins, Huff, & Stageberg, 2000; Schram & Milloy, 1995; Tewksbury & Jennings, 2010; Zgoba, Witt, Dalessandro, & Veysey, 2008). Despite these findings, general public approval for sex offender registries and community notification remains, and a belief that most sex offenders will offend again continues to be prevalent (Levenson, Brannon, Fortney, & Baker, 2007; Zevitz, 2006).

Increased public knowledge of sex offenders and their presence in the community, as well as the growth of responses to sex offenses, has prompted the development of treatment programs designed specifically for those convicted of sex offenses. The primary purpose of sex offender treatment is to prevent recidivism (Gerardin & Thibaut, 2004; Patel, Lambie, & Glover, 2008). Although sex offender treatment programs have been frequently analyzed, a significant

portion of this research neglects the perspectives of sex offenders regarding treatment effectiveness. However, sex offenders' perceptions about treatment programs may reveal flaws, weaknesses, or obstacles to effective and efficient goal attainment in treatment approaches. Thus, identifying and understanding sex offenders' experiences and perspectives may be essential to enhancing treatment program structures and operations. While not absent from the literature, assessments of sex offenders' views of treatment are both rare and often very narrow in focus (Day, 1999; Drapeau, Korner, Brunet, & Granger, 2004; Drapeau, Korner, Granger, & Brunet, 2005; Garrett, Oliver, Wilcox, & Middleton, 2003; Levenson, Macgowan, Morin, & Cotter, 2009; Levenson, Prescott, & D'Amora, 2010; Reimer & Mathieu, 2006; Williams, 2004).

Prior research suggests that gaining the perspective of those undergoing treatment is beneficial for evaluating rehabilitation programs and catering them to the needs of participants (Fox, 1999). Sex offenders participating in sex offender treatment may provide different, perhaps unique, perspectives that differ from those of program counselors, criminal justice practitioners, and the rest of society. Indeed, after surveying a group of sex offenders receiving treatment, Day (1999) recognized that the perspectives of sex offenders may be relevant to the development of effective treatment programs. Likewise, realizing the advantages of understanding inmate perceptions, two studies sought to discover how sex offenders viewed the daily experience of treatment program participation inside a Canadian prison (Drapeau et al., 2004; Drapeau et al., 2005). Drapeau et al. (2004) found that the primary motivations among child-victimizing sex offenders for entering treatment were feelings of guilt, desires to discuss personal problems, and expectations for reduced sentences. Moreover, many sex offenders in this study communicated their interests in learning about sex offenses and revealed their beliefs that treatment should be mandatory. In 2005, Drapeau et al.'s analysis also described three

significant themes expressed by sex offenders participating in sex offender treatment. These looked at observations of past treatment experience, motivations for selecting the particular treatment program, and the structure of the sex offender treatment program. Sex offenders in this study largely expressed that the most favorable treatment environments were those that were highly relaxed and absent of stressful demands. In addition, many sex offenders stated that their confidence and continued participation in this specific treatment program were the result of its favorable reputation. Most sex offenders also reported a preference for keeping the number of participants in each treatment group small, so as to maximize the attention and subsequent benefits each participant might obtain.

Garrett and colleagues (2003) surveyed sex offenders following their completion of treatment programs in the community. They found that participants reported overall positive evaluations of group sex offender treatment programs. When sampling male sex offenders in outpatient group therapy, researchers found that treatment participants were generally satisfied with sex offender treatment services (Levenson et al., 2009). Sex offenders in these groups held positive perceptions about practices of accountability, victim empathy demonstrations, and relapse prevention strategies exercised in collective sex offender treatment.

Williams (2004) examined the personal treatment experiences of sex offenders who participated in multiple treatment programs and discovered vast differences in the practice and structure of these programs. The differences sex offenders perceived within these programs included the trustworthiness, openness, and acceptance of treatment program professionals and the motivational climate fostered by counselors and participants. Based on these findings, it can be concluded that sex offenders see value in sex offender treatment programs, but they also identify a number of structural and operational issues that may inhibit both personal and

programmatic success.

Indeed, the value of sex offender treatment as perceived by sex offenders is important to consider. By obtaining observations of sex offender treatment programs from participants, the development of an increased understanding of sex offenders and their personal needs will conceivably advance treatment outcomes and reduce rates of reoffending. Using the perspectives of sex offenders, properly identified perceptions about sex offender treatment may also provide additional insight into the ways in which program structures and activities contribute to the effectiveness of these treatment programs. Exposing the various aspects of sex offender treatment programs will subsequently encourage the development of improvements, modifications, and other necessary remedies. Moreover, appropriate cataloging of observations by sex offenders concerning treatment will allow practitioners to identify and enhance proper treatment methods.

The Present Study

Based on the importance of understanding the perceptions of participants, the present study seeks to provide insights and details about a sex offender treatment program as observed by incarcerated sex offenders, with the aim of suggesting ways to improve treatment and encourage participation.

Methods

Data for the present analysis originate from semi-structured interviews conducted with 24 male sex offenders incarcerated in a medium security prison in the Midwest. All participants were incarcerated for at least one sex offense and had release dates within three years of the time of their interview (with a mean of approximately one year until release). The mean age of participants was 40.6, with a range of 24 to 67. Twenty-one percent ($n = 5$) were African-

American and 79% (n = 19) were white. The most frequent criminal charge among sex offenders (45.8%; n = 11) was first degree sexual abuse. Additionally, 29.1% (n = 7) were incarcerated for third degree rape, 20.8% (n = 5) for third degree sodomy, 16.6% (n = 4) for first degree rape, 8.3% (n = 2) for second degree rape, and 4% (n = 1) each for second degree sodomy, promoting a minor in a sexual performance, and incest.⁴ Participants had served a mean of 47.3 months at the time of their interview (range = 15 to 95).

The interviews were semi-structured to avoid imposing artificial concepts and categories on sex offenders, thereby letting participants speak freely using their own terminology. This style of interviewing allows participants to discuss their thoughts and beliefs in detail. Moreover, it allows researchers to gain extensive knowledge about the subject matter, in this case, sex offenders' perceptions of the treatment program in which they are participants. The interviews focused on their incarceration experiences and how sex offenders processed and responded to messages directed toward them.

Interviews were conducted in a private office at the prison and audio-recorded with the permission of correctional administration and participants. All interviews were transcribed in full. The transcribers made every attempt to transcribe the interviews in a way that reflected natural speaking patterns, although some words and phrases have been edited to aid readability. All identifying information was removed during this process; indeed, when introducing quotes, each sex offender was assigned an alias to protect his confidentiality.

Data were coded following principles of analytic induction in multiple readings (Charmaz, 1983, 2006). Each reading of the transcripts focused on a narrow range of issues and conceptual categories. As this is an exploratory study, open coding was used, and findings reflected issues that emerged from the data during the coding for the concepts of primary interest

⁴ Percentages do not total 100% as most sex offenders were serving time for multiple charges.

(positive experiences and negative experiences). Prior to data collection, all procedures were reviewed by the institution warden, state department of corrections, and the first author's institutional review board to ensure that ethical standards were met.

It is recognized that the sample of 24 is relatively low, which some may see as a limitation of the data. However, the goal of exploratory qualitative research is to interview enough participants to reach saturation, which occurs when no new themes or information arise from additional interviews. Although there are no clear, universally accepted guidelines for how many interviews are sufficient to reach saturation, a review of ethnographic research in the leading criminology and criminal justice journals shows that the median sample size was 35 for studies based on semi-structured interviews (Copes, Brown, & Tewksbury, 2011). Additionally, prior qualitative research featuring sex offender interviews on the perceptions of treatment programs consists of relatively small sample sizes ranging from nine to thirty-four (Drapeau et al., 2004; Drapeau et al., 2005; Reimer & Mathieu, 2006; Williams, 2004). Further, despite the fact that many of these incarcerated sex offenders shared similar observations concerning treatment inside prison, it is acknowledged that these findings may not apply to participants in other facilities or jurisdictions.

Findings

Analysis of data show there are two primary areas of perceptions that sex offenders have concerning their institutional sex offender treatment program. These two areas of assessment are positive experiences and negative experiences. These identified issues pervade the experiences of many incarcerated sex offenders exposed to or participating in institutional sex offender treatment. As discussed below, while each of these areas of perceptions is widespread, the experiences of sex offenders in prison regarding available sex offender treatment reflect both

consistencies and variations across individuals.

Positive Experiences

Incarcerated sex offenders articulated positive experiences with participating in their sex offender treatment program. These sex offenders largely described experiencing benefits from their voluntary participation. The positive aspects of the program discussed by sex offenders focused on their beliefs that they learned more about themselves and developed practical strategies for avoiding risky situations.

One of the most common benefits described by sex offenders was that they were able to acquire knowledge about themselves and their behavior. This knowledge included the discovery of the underlying motivations for their sex offenses, a better recognition of who they were as individuals, and the acquisition of life skills. Armed with this knowledge, sex offenders believed that they would be better able to resist the temptation to offend once released.

As a result of their engagement in sex offender treatment, some sex offenders claimed to have developed a better understanding of the motivations behind their sexual misconduct. Dylan, who was serving time for a child pornography conviction, discussed being taught “what led up to the sex offense.” In a similar vein, Jaden declared, “You learn what caused you to offend, and you learn that it’s okay to ask for help, instead of not asking.” Sex offenders also thought that understanding events prior to their criminal offenses offered insights into their wrongdoings. Benji, convicted of sex acts with a teenage girl, reflected on the personal awareness that he achieved during treatment:

I went through Family Patterns, which basically they go through your family history.

Well, they don’t go through it, you go through it yourself. And you got divorces in your family, you got this in your family, you do a timeline of your own life. What happened

here? Here? All the way to the point to where you got imprisoned. ... A month before I offended, I lost my job, I lost my wife, I lost my car, whatever. It could be a multiple of things that led up to it. And you notice a month before you offended, you did all these things, that's a real big downer.

Sex offenders acknowledged experiencing self-transformations from their involvement in sex offender treatment. Commending the program for providing them with positive change, these participants believed that treatment produced favorable alterations to their lives. Sex offenders identified and discussed character flaws during treatment sessions, and such insights instilled desires to change their behavior in the future. In describing how participation inspired personal change, Jimmy recalled, "It woke my eyes up." Jeff further described this inner recognition of past transgressions: "It actually woke me up. I mean, I had a brain fart. It just woke me up and I was like, damn!" These expressions of realization and aspiration for change suggested that sex offenders changed their perceptions of their sex offenses, now seeing them as improper or immoral.

As an outgrowth of their sex offender treatment sessions, sex offenders also reported coming to deeper realizations of themselves. In other words, participants purportedly discovered who they were as individuals, how they saw themselves in a larger community context, and how both their own and others' definitions and perceptions of themselves shaped their personal and social identities. Those sex offenders who did reflect on how treatment assisted them in learning about themselves saw such insights as valuable and often surprising. At the age of 47, Jimmy stated, "You'll learn a whole lot about yourself that you didn't know." Also learning about his personal identity, Dylan spoke of a newly found perspective on sex offenders. In discussing his treatment program experiences, he recalled:

It also helped me to understand, like I said on the streets, I was ready to take these [other sex offenders] out back and shoot them, some of these other guys. Then when I understood why, like I said, understood they're no different than a lot of people. I was able to understand that.

Sex offenders expressed additional insights they gained from the program, including relapse prevention strategies. Such techniques, often presented as a centerpiece of sex offender treatment, are meant to afford participants the opportunities to identify previous situations and environments that generated their criminal behaviors. It is hoped that these approaches will inhibit individuals from regressing into previous habits that facilitate or trigger sex offenses. Illustrating learned mechanisms to prevent recidivism, Eric explained:

Now I can look and go, "If I start to do this, I need to stop. If I get where I feel lonely, and I see this child over there, and I think I need to go to them for attention, I need to pick up the phone."

Moreover, Brent revealed that he learned warning signs from the treatment program, which apparently allowed him to determine whether or not a person was attempting to engage in sexual misconduct:

If you're around my kid, I can read, and if I see something there, whoa, whoa, hold up. If you're trying to do something with my child, I can read that, and I can see it on account of what they taught me in there [treatment program].

Finally, a common theme articulated by incarcerated sex offenders was an admission that help and assistance were being offered to them and obtained through their treatment program. Whether it was the encouragement to discuss personal issues openly among the group or general feelings of satisfaction resulting from communal participation, sex offenders made clear the fact

that involvement with the institutional treatment program helped them. In particular, sex offender treatment, as well as the criminal justice system as a whole, was dubbed as a facilitator of valuable guidance.

Despite the fact that some sex offenders residing in prison identified sex offender treatment as advantageous, many were unable to pinpoint beneficial aspects of treatment in detail. Fully one-half of participants suggested that involvement in treatment “helped” them; however, when pushed to elaborate, they were unable to specify any particular ways that they had been “helped.” Instead, most sex offenders held a generalized belief that “things are getting better,” “I am being helped,” or “the program is good, it does good things.” For some participants, engagement in treatment was likened to formation of a support group. Others viewed their treatment experiences as a forum for sensitive conversation. However, while clearly expressing a belief in the value and rewards of their participation in sex offender treatment, many sex offenders struggled to identify and verbalize specific ways in which they had benefitted personally.

Not all sex offenders saw personal growth as the primary advantage of treatment program participation. Many pointed to more practical and tangible benefits. Specifically, sex offenders highlighted the fact that participation in treatment provided a quicker way out of prison. Those participants who mentioned this benefit acknowledged that their involvement in treatment may directly influence the duration of their incarceration, including whether or not they would receive parole or obtain good time credits. “Once I finish this class,” Benji excitedly reported, “I get all my good time, and it’s just a matter of when my good time hits after that.” It should be noted that individuals in this state convicted of sex offenses and sentenced to prison time are only

eligible for the reduction of good time credits on their sentences following completion of an in-prison sex offender treatment program.

Negative Experiences

While it was clear that sex offenders saw many positive experiences with participation in sex offender treatment, they also discussed several negative aspects of such involvement. These negative experiences contributed to sex offenders' pessimistic attitudes about whether or not sex offender treatment truly helped participants. Unlike the difficulties sex offenders had in expressing details about why they thought participation in treatment was beneficial, those who found flaws with sex offender treatment pointed to specific aspects that they did not like. Their negative perceptions about the treatment program included the forced disclosure of sex acts, requirements to attend community treatment once released, and the potential of increased prison time.

The most common complaint voiced by sex offenders about sex offender treatment was that they did not like being obliged to disclose fully the details of their sex offenses in a group setting. Specifically, sex offenders were put off by the belief that treatment counselors could so easily remove participants from the group. They believed that treatment counselors would evaluate the authenticity of responses from participants and remove those individuals they deemed to be dishonest or withholding, even if this was not the case. Luke, who was serving a 20-year sentence for numerous counts of sodomy, promised, "If you can't admit it or it doesn't match the PSI report, you're not going to get through it." If sex offender accounts of their sex offenses did not correspond with their presentence investigation reports or other institutional documentation, treatment staff were said to exercise their prerogative and dismiss individuals from treatment. Already having served five and a half years for second degree sodomy, Brent

focused on the importance of recounting sex offenses in group therapy according to the ways in which treatment providers understood them. “My group leader,” he mentioned, “every time someone would lie to him, or not tell him what he wanted to hear, they got booted.” As such, sex offenders reported experiencing stress over whether or not their contributions during group activities would be perceived as sufficiently complete and believable to treatment counselors. The result was concern that one would not tell “a good enough story,” antagonize treatment staff, and subsequently be removed from the treatment program. Thus, many sex offenders claimed that they thought it was necessary to embellish their stories, so as to appease treatment counselors and avoid program ejection. In the eyes of participants, such beliefs severely harmed the integrity of the treatment program.

Sex offenders also reported that they did not approve of the policy that they must attend similar treatment programs after being release from prison. For many, the realization that they must participate “in the same program once I’m out” was seen as simply another barrier or aspect of punishment. According to Jax, “I have to go through the program over again. I don’t understand that.” Numerous sex offenders voiced clear frustration at the inevitability of having to complete “yet another” treatment program in the community. As Keith remarked, “They want me to take sex offender treatment again for some damn reason, but I don’t understand why.” Sex offenders, such as Jax and Keith, did not understand the logic in having successfully graduated offenders repeat treatment curriculums. Realizing he would still be required to enroll in a treatment program after serving his prison sentence, Alex refused to get involved in the sex offender treatment program in the prison. “When I get out, I’m just going to have to take it again.” Therefore, Alex (and others) saw no reason to actively participate. To do so was seen as “a waste of my time.” In the eyes of these sex offenders, requiring participation in a second—

believed to be identical—sex offender treatment program in the community spoiled the privilege of early release and insinuated that the prison-based program was ineffective.

Finally, some sex offenders recognized that their refusal to participate in treatment while incarcerated would likely result in increased time spent behind bars. Although parole boards would certainly look unfavorably upon sex offenders rebuffing treatment, almost all participants understood that receipt of good time was contingent upon successful completion of the institutional treatment program. Considering reasons for cooperating with treatment, Jeff explained, “If I don’t do the program, I end up doing the whole 12 years.” The fact that good time credits would only be applied to their sentences following completion of treatment especially enraged Jax. “If there’s anything that really ticks me off,” he fumed, “it’s that in order to get out of here, in order to receive any good time, I must complete this program.” Sex offender treatment, then, while officially a voluntary program, was perceived as a de facto requirement and little more than a prerequisite for release and mandatory participation in an essentially identical program in the community. This requirement further added to their belief that sex offender treatment in prison would likely be ineffective, and it contributed to sex offenders not participating fully in treatment.

Discussion

The purpose of this exploratory study was to identify the perceptions of incarcerated sex offenders about sex offender treatment inside prison. By means of extensive semi-structured interviews, this paper highlights the nature and environment of an institutional sex offender treatment program as perceived by participating sex offenders. These incarcerated sex offenders possessed both positive and negative outlooks. Positive experiences expressed by sex offenders focused on personal growth and change in self-concept, strategies to avoid future sex offenses,

and the ability to reduce their prison sentences. Negative experiences among sex offenders included detailed disclosures of sex offenses, obligations to attend “identical” treatment programs once released, and possibilities of increased prison time as a consequence of not participating or not being seen as participating “appropriately.” The results of this study lend support to the existing literature about sex offender treatment programs, provide insights into strengthening in-prison treatment programs, and suggest directions for future research.

The various benefits sex offenders discussed about participating in treatment has implications for how to structure future sex offender treatment programs. First, many sex offenders claimed that participation in the treatment program led to a greater understanding of who they were as individuals. Program participants claimed that discussing their problems and freely expressing themselves in group sessions allowed them to uncover and reveal their true selves. By understanding their true selves, participating sex offenders thought that they were better able to avoid situations that facilitate offending and to desist from future sex offenses. These findings are consistent with recent research on the importance of cognitive change for desisting from criminal behavior (Maruna, 2001). A transformative outlook appears to be essential for rehabilitation and avoiding future criminal opportunities (Brickman et al., 1982; Kerley & Copes, 2009; Maruna & Mann, 2006). By being able to make sense of old selves and new selves in a consistent narrative, criminal offenders have a greater chance of successfully abstaining from crime. Programs that facilitate the development of new self-narratives are seemingly effective in producing change (Marshall, Thornton, Marshall, Fernandez, & Mann, 2001; Ward, Hudson, Johnston, & Marshall, 1997). Thus, such self-help programs and courses should be encouraged in sex offender treatment.

Second, consistent with earlier research, which found that sex offenders learn coping strategies and relapse prevention techniques (Garrett et al., 2003; Levenson et al., 2009; Levenson et al., 2010), participants in this study reported that they benefited from learning specific mechanisms to prevent reoffending. Indeed, for many sex offenders, one of the most important aspects of learning to cope properly was their newly found ability to understand the motivations that led to their sex offenses. Sex offenders believed that, by recognizing the factors that led to their decisions to offend, they would be in a better position to change their future course of action and make better decisions, presumably, choices that did not involve offending. In discussing this advantage to participation in treatment, sex offenders stated that focusing on their backgrounds and family life helped them recognize behaviors and events that facilitated sex offenses. This suggests that sex offender treatment programs that emphasize the background and foreground contributors to crime may prove to be successful in aiding desistance. Specifically, having participants develop family histories appeared to be beneficial in helping them understand their own motives. These exercises should subsequently be promoted in sex offender treatment programs.

It is also necessary to recognize that some sex offenders may be simply going through the motions when “participating.” These sex offenders may not be interested in personal growth or learning the motivations behind their actions. Instead, they may simply be going through the treatment program in order to reduce their sentence. This suggests that program providers need to be diligent about who is there to grow and who is not, as unmotivated sex offenders may negatively impact treatment sessions and other participants. It appears that program counselors are already aware of this dichotomy of participants, and they may use it as a basis for removing individuals from the program. Sex offenders believed that treatment counselors would make

decisions about the truthfulness of their statements, and based on these impressions, make decisions about which participants could remain. Sex offenders feared that, if counselors did not interpret their stories as authentic, they could lose their opportunity to stay in the program. While it is necessary for program counselors to assess the motivations of participants, focusing too much on accepting full responsibility may be unnecessary, and, in fact, detrimental to the success of sex offender treatment programs (Maruna & Copes, 2005). If sex offenders believe that they can be removed from sex offender treatment for not participating in ways counselors consider appropriate, participants may lose faith in the program and simply fake their way through it. In fact, some sex offenders admitted that they embellished their versions of perpetrated sex offenses, so as to match what they believed were the preconceived notions of treatment counselors. Unfortunately, these transactions are likely to damage the relationship between participant and counselor, thwarting treatment progress for sex offenders. When sex offenders merely say what they think others want to hear, the potential for genuine change is limited severely.

Further, it is understandable that incarcerated sex offenders would be reluctant to attend supplementary sex offender treatment programs, as requirements for community treatment undermine the appearance of efficacy for treatment inside prison. However, it is not suggested that post-release treatment programs should be discontinued or eliminated. Because sex offenders had not yet attended these post-release programs, they were unable to know if and how community sex offender treatment would differ from their institutional treatment program. Educating sex offenders about the content and structure of treatment programs, both in prison and in the community, would likely reduce or eliminate most of their concerns about “repeating” treatment. Letting sex offenders know what to expect from sex offender treatment will reduce

stress that prompts recidivism, and it will eliminate potential misunderstandings surrounding treatment approaches.

Finally, the finding that some sex offenders choose to decline good time credits and subsequently serve their entire prison sentence, rather than participate in treatment, may be an indication that sex offender treatment is an unnecessarily hostile and unpleasant experience. Because only those who participated in sex offender treatment were interviewed, the rationale behind refusing to participate remains largely unknown. Perhaps the negative experiences identified by sex offenders suggest reasons to refuse sex offender treatment. Further research should consider motivations among sex offenders for refusing to participate in sex offender treatment inside correctional facilities.

Examination of sex offenders' perceptions about sex offender treatment in prison captures valuable inmate perspectives, providing glimpses into the motivations of treatment program participation. Although each incarcerated sex offender is markedly different, by cataloging their perceptions of prison-based treatment, the efficacy of sex offender treatment programming can be properly examined from the client perspective. Exposing the various concerns of participating sex offenders should subsequently encourage efforts by the correctional and mental health communities to further identify strengths and weaknesses of existing sex offender treatment programs. In turn, solutions can be established to remedy identified weaknesses and flaws. Evidence of positive experiences among sex offenders in treatment should promote the replication of these successful treatment practices. In the end, more research incorporating the perspectives of sex offenders participating in sex offender treatment remains necessary, as collective examinations of these offender perceptions will continue to assist in the identification, enhancement, and proliferation of sound treatment practices for sex offenders.

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