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***The Association Between Adverse Childhood Experiences
and Sexual Offending: Barriers to Successful Reintegration
and the Need for Reform in the Irish Context***

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“Repeated trauma in childhood forms and deforms the personality. The child trapped in an abusive environment is faced with formidable tasks of adaptation. They must find a way to preserve a sense of trust in people who are untrustworthy, safety in a situation that is unsafe, control in a situation that is terrifyingly unpredictable, power in a situation of helplessness. Unable to care for or protect themselves, they must compensate for the failures of adult care and protection with the only means at their disposal, an immature system of psychological defences”

- Judith Lewis Herman

Abstract

The focus of this research dissertation was to analyse the potentials barriers to the successful reintegration of sexual offenders with a history of adverse childhood experiences (ACEs). By assessing these barriers this dissertation aimed to examine if the association between ACEs and sexual offending should be recognised by legislators and penal policy makers when implementing new legislative changes and if reform is necessary in the Republic of Ireland.

By using a desk-based research approach to answer these research questions, the existing literature suggested that treatment programmes without a trauma informed approach, biased public perceptions and punitive post-release legislation were three significant barriers to the successful reintegration of sex offenders with a history of ACEs. The literature points to a series of measures that should counteract the impacts of these barriers and so recommendations were made for the implementation of trauma-informed care treatment programmes, restorative justice, and involving the public in legislative changes as necessary reforms to improve the reintegration of sex offenders with a history of adverse childhood experiences.

The Republic of Ireland was analysed to assess whether these barriers were in need of reform through the available research. This analysis found that these barriers were uniquely imbedded within the legislation and penal policies of this jurisdiction. The sex offender treatment programme used in Ireland, the BBL, fails to acknowledge a history of trauma in these offenders, the public perceptions are only recently beginning to emerge after the Catholic Church sex abuse scandals although they appear to be punitive and the recent changes in post release legislation suggest Ireland is following a penal populist approach whereby evidence based legislation is not apparent and rather it is going in the direction of punishing these offenders further while research points to this been counterproductive. The recommendations made throughout this dissertation were assessed for their applicability to Ireland and appear to be viable options if there is an acknowledgement of the necessity to implement them although like other jurisdictions it appears that this may take some time as the evidence between ACEs and sex offending is only beginning to emerge since the first ACEs study 25 years ago.

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List of Cases and Legislation

Legislation:

California

California Sexual Violent Predator Act 1996

Republic of Ireland

Children Act 2001

Sex Offenders Act 2001

Sex Offenders (Amendment) Bill 2021

United States of America

Jacob Wetterling Crimes Against Children Act

Megan's Law (Public Law 104-145)

Chapter 1

Introduction

Through a socio-legal perspective this research dissertation aims to explore the potential barriers to the successful reintegration of sexual offenders with a history of adverse childhood experiences (ACEs). The contributing factors to unsuccessful reintegration have been established by researchers and include poor social support, punitive and restrictive legislation, limited opportunities for housing, and a lack of available resources such as treatment programmes. However, there remains a dearth of research into the impact these barriers have on sexual offenders with a history of trauma in childhood. Understanding the role of ACEs on sexual offending reintegration is important in order to prevent future sexual crimes. This dissertation also aims to contribute to the existing literature by examining the potential facilitators of sexual offending reintegration and the feasibility of implementing these measures in the Republic of Ireland. Therefore, these barriers and facilitators will be examined through three research questions, "How does the association between adverse childhood experiences and sexual offending impact upon the success of reintegration of sex offenders?" and "Should legislators and penal policymakers who aim to successfully reintegrate sex offenders recognise the significance of the impact of a history of adverse childhood experiences on sexual offending when developing legislation for sexual offences?" and "Should reforms to legislation and penal policies be considered in the Irish context?". Through answering these research questions, this dissertation aims to address a gap in the literature by focusing on the impact of sex offender legislation and penal policies on offenders with a history of adverse childhood experiences to determine if a change is necessary moving forward.

Encapsulating trauma into one sole definition is a difficult task, given that any individual can experience it at any time and in any number of situations. However, developmental trauma will be used as the definition for the purpose and focus of this dissertation. Developmental trauma is a subtype of trauma caused by exposure to child abuse or neglect and household dysfunction, which are known as the three subgroups of adverse childhood experiences (van der Kolk, 2005). The Adverse Childhood Experiences (ACEs) study (Felleitti et al., 1998) categorises ten formative childhood experiences into three groups: abuse, neglect and family/household dysfunction (Centres for Disease Control and Prevention, 2013).

Researchers have demonstrated that of the numerous sex offenders released from incarceration each year, many of them struggle with the process of re-entry into society (Tewksbury and Copes, 2012; Grossi, 2017). This is often because sexual offenders experience a different type of re-entry into society than other offenders, as depending on the jurisdiction, they face a series of post-release conditions to release. For many, this means signing up to a sex offender register, undergoing post-release supervision, or restrictions on available housing (Grossi, 2017; Lutze et al., 2014; Levenson and D'Amora, 2007; Tewksbury and Zgoba, 2010). These laws restrict the resources and support available to sex offenders when released from prison and add further challenges at a time when they are deemed most at risk to re-offend (Grossi, 2017). In addition, sex offenders experience various other challenges throughout their reintegration, with many suggesting this is due to the negative stigma attached to their crimes (Tewksbury and Copes, 2012; Grossi, 2017). Others have found that this often results in these offenders losing the help of key support networks due to the perceived fear of being associated with them (Lasher and McGrath, 2012; Levenson and Tewksbury, 2008; Levenson and Cotter, 2005).

Furthermore, the media misrepresentation of sex offenders has created a narrative amongst the public that these offenders are unable to be rehabilitated and adds to the stigma of these offenders, which impedes the accessible provision of resources and supports that aid sexual offender reintegration into society (Grossi, 2017). The lack of available resources and view of these offenders among wider society also affects motivation to engage in services that can assist their rehabilitation, such as treatment programmes. Without the proper treatment and support, these offenders are at-risk of re-offending, thus supporting their misrepresentation and the punitive post-release restrictions imposed on them. Thus, these barriers to sex offender reintegration act as a catalyst for each other; what influences one barrier will indirectly impact another, thus creating a cycle of unsuccessful reintegration and re-traumatisation for these offenders.

This dissertation is divided into six main chapters and a conclusion. Chapter Two will discuss the previous literature on the research that underpins this dissertation. The chapter will begin by providing an overview of ACEs, followed by their association with criminal behaviour and sexual offending. It will also include an overview of the barriers to the successful reintegration of sexual offenders and the predictors of overcoming past traumas. Chapter Three will outline a detailed account describing the methods used to conduct this research dissertation and the author's justification for using these methods. Chapters Four through Six

will present the findings, and each chapter's analysis includes a specific focus on the Republic of Ireland. Chapter Four will discuss sexual offender treatment programmes before examining whether they recognise the significance of ACEs and recommendations for trauma-informed care. Chapter Five will discuss the misrepresentation of sexual offenders in the media, the impact of this on sexual offenders with a history of trauma and recommendations for the implementation of restorative justice with sexual offenders. Chapter Six will discuss the post-release restrictions of sexual offenders and the collateral consequence for these on sex offenders with a history of trauma, and recommendations will be made for legislators to include the public in proposing legislation for sexual offenders to avoid penal populist policies. This dissertation will then summarise the arguments in the conclusion, followed by recommendations for the future of sexual offending reintegration with a specific focus on how legislation and penal policy in the Republic of Ireland should learn from the international experiences surrounding the association between ACEs and sexual offending.

Chapter 2

The Association Between Adverse Childhood Experiences and Sexual Offending

Introduction

This chapter will begin by discussing what ACEs are before examining the available research on the prevalence and life outcomes of these traumas, including future criminal behaviour. It will then concentrate on the association between ACEs and sexual offending by assessing the prevalence of ACEs among sex offenders and the psychological reasons for this association. Finally, it will discuss the existing research surrounding the barriers to the successful reintegration of sexual offenders and the potential facilitators to overcoming adversity. By analysing the association between ACEs and sexual offending, this chapter aims to provide the reader with an understanding of the prevalence, significance and complexity of this association as it acts as the justification for the research questions within this dissertation, which look at how this association interacts with the barriers to successful reintegration and if reform is necessary in the Irish context which will be addressed in the following chapters.

Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are "a set of childhood adversities including physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, exposure to domestic violence, household substance abuse, household mental illness, parental separation or divorce and incarcerated household member that children experience before the age of 18" (Graf et al., 2021: 2). The first Adverse Childhood Experiences study was conducted by Felitti et al. (1998) who found staggering evidence regarding the prevalence and negative outcomes for those who had experienced ACEs. Findings showed that 21% of participants had experienced sexual abuse, over 10% were subjected to emotional abuse, and 28% were physically abused. Nearly 25% of those participants were exposed to either physical or emotional neglect. Household dysfunction also had high prevalence rates, with 13% of participants witnessing domestic abuse in their family home, 19% had a parent with a mental health problem, and a further 27% had a parent suffering from a substance abuse problem, 23% came from a family that had separated or divorced while just 5% had a family member incarcerated. A more recent study by Kessler et al. (2010) found that almost 39% of participants were subjected to at least one form of ACE. Another interesting finding from this

study was that ACEs were found to be highly interrelated in that if a child experienced one of the adverse experiences they had a significantly higher probability of being subjected to one of the other forms of adversity during their upbringing. Further research exploring the differences based on gender has found that women have higher prevalence rates of ACEs, with the Centres for Disease Control and Prevention (CDC, 2013) finding that they are more likely than men to be sexually abused (25% vs 16%) emotionally abused (13% vs 8%) along with emotional neglected, having a parent with a mental health or substance abuse problem and witnessing domestic abuse as a child.

Research has shown that these adverse experiences can significantly impact a child's life outcomes. For instance, a study by Hughes et al. (2017) found that those subjected to numerous ACEs were significantly more likely to develop health-harming behaviours later in adulthood. Such behaviours included drug and alcohol abuse, smoking and frequent association with antisocial or violent behaviour. In the original study by Felitti et al. (1998), they found that as the rate of ACEs increased, so did the likelihood that those participants would experience other adverse life outcomes such as depression, suicidal ideation, obesity and a range of other negative physical and mental health outcomes. While it must be noted that exposure to ACEs is not determinative of a person's life outcomes, greater exposure to these adversities does result in more frequent health-harming behaviour in reaction to the trauma experienced as a child. Research has found that often those children end up developing a range of dangerous health conditions in adulthood, including cardiovascular disease, diabetes, respiratory diseases and cancer (Merrick et al., 2019; Amemiya et al., 2019; Deschênes et al., 2018). Furthermore, Anda et al. (2010) found that childhood adversity has clear negative impacts on the medical, behavioural and social well-being of those exposed to it throughout adulthood. For example, those subjected to a higher number of ACEs have a greater risk of developing behavioural and psychological issues throughout adulthood (Felitti et al., 1998; Anda et al., 2006). In turn, these negative life outcomes create additional risk for juvenile criminal behaviour and make rehabilitation more difficult throughout their adult life (Sampson and Laub, 2005; Basto-Pereira and da Costa Maia, 2017).

A plethora of research has demonstrated that when children are brought up in an environment that is considered chaotic, often, they react to their surroundings by developing maladaptive coping mechanisms (Streeck-Fischer and van der Kolk, 2000; Maschi et al., 2013; Finkelhor et al., 2011; Cloitre et al., 2009). Furthermore, prolonged exposure to these adversities creates relationships characterised as threatening, invalidating and unpredictable, with a sense of

betrayal often felt by those left traumatised (Steele et al., 2016; Bloom, 2013). These feelings are often caused by the children being surrounded by caregivers whom they need but who also expose them to trauma, thus leaving these children feeling fearful, unwanted, and vulnerable. As Steele et al. (2016) suggested, this leaves these children feeling unsafe in the environment with the people who are meant to make them feel safest in the first place. Therefore, these children often develop maladaptive coping mechanisms to deal with their trauma (van der Kolk, 2006). However, the effects of ACEs are highly influenced by the events that transpire in the aftermath of the adversity and the availability of supportive resources which aid these children in developing resilience in the face of adversity (Shonkoff et al., 2012). Unfortunately, for many experiencing ACEs, the trauma can be prolonged over many years and often unknown until much later, increasing the likelihood that any intervention for their trauma will come after some involvement with the criminal justice system.

Adverse Childhood Experiences and Criminal Behaviour

A plethora of research has demonstrated that prisoners have considerably higher prevalence rates of traumatic experiences than the general population (Wolff and Shi, 2012; Perez-Fuentes et al., 2013; King et al., 2017). For instance, a series of studies have found that roughly 20% of prisoners are exposed to some form of traumatising sexual contact and between 33%-50% were physically abused during their childhood (Weeks and Widom, 1998; Maschi et al., 2011 Courtney and Maschi, 2013). According to Harlow (1999), those prisoners who experienced abuse were more likely to be convicted for homicide, sexual offending and a series of other violent crimes. Furthermore, a large proportion of the inmates witnessed some form of violent behaviour during their childhood, and for many others, there were experiences of parental substance abuse, family separation, or the death of a close family member (Haugebrook et al., 2010; Courtney and Maschi, 2013; Messina et al., 2007; Maschi et al., 2011). Therefore, it is evident that ACEs are significantly associated with criminality and the more of these adversities experienced, the more at risk these children are at developing behavioural, social and psychological coping mechanisms, which in turn increases their involvement in serious forms of crime (Messina et al., 2007; Harlow, 1999).

The early development stages in a person's life are when these criminal behaviours are witnessed and learned, with this learned behaviour becoming more impactful when those demonstrating it are the young person's caregivers (Felson and Lane, 2009). Therefore, because close family members are typically the primary caregiver for most young people, the

impact is detrimental when they are simultaneously the perpetrators of the young person's trauma. According to Akers (2017), when young children witness abusive and dysfunctional behaviour they tend to think of these behaviours as typical reactions to any life problems. This occurrence has been well documented in the literature, as children exposed to violence are at much higher risk of committing violent crimes in adulthood (Wisdom, 1989)

Another study by Braga et al. (2017) found that participants who had experienced sexual, physical or emotional abuse and neglect in childhood were more likely to be convicted of juvenile violent crime. Further research demonstrated that the impact of adversity persisted from juvenile criminal behaviour into adult criminal behaviour (Braga et al., 2018). This association has been well documented as a plethora of research has shown that physical abuse experienced in childhood is significantly associated with violent criminal behaviour (Wisdom, 2000), including sexual offending (White and Smith, 2004) and intimate partner violence (White and Wisdom, 2003). Sexual abuse experienced during childhood has also been associated with violent criminal behaviour (Freyd et al., 2005), including sexual offending (Glassner et al., 2001). This is well supported by the literature, which suggests that convicted offenders have higher prevalence rates of ACEs in comparison to the general population but that sex offenders have the highest prevalence rates for childhood adversity among all offenders (Baglivio et al., 2014; Jespersen et al., 2009; Levenson, 2014; Baglivio et al., 2017; Maschi et al., 2011; Simons et al., 2008; Reavis et al., 2013). Therefore, it is clear that children who experience ACEs are at a much higher risk of learning and using maladaptive sexual behaviour as a coping mechanism, with one such behaviour including the violation of other people's sexual boundaries.

Adverse Childhood Experiences and Sexual Offending

While there is a plethora of evidence demonstrating that ACEs are associated with various future criminal behaviours, evidence is beginning to emerge about the significance of this association with sexual offending. For instance, recent studies have shown that adult sexual offenders commonly experience ACEs during childhood (Reavis et al., 2013; Jespersen et al., 2009; Lee et al., 2002; Levenson et al., 2017). A recent study into the prevalence of ACEs amongst sexual offenders by Levenson et al. (2016) found that they were twice as likely to experience physical abuse, three times more likely to be sexually abused as a child, and over four times more likely to be emotionally neglected compared to the general population. Further analyses found that a small proportion experienced no ACEs (16%) compared to the 50% that had experienced more than four. A study by Weeks and Widom (1998) assessing the

prevalence of ACEs among sex offenders found that almost 27% experienced sexual abuse as a child, 66% experienced physical abuse, and 18% were neglected.

Other studies on prevalence rates found that only 9% of male sexual offenders had not experienced any ACEs compared to 38% of males in the general population. Further analysis showed that 48% of male sex offenders had experienced four or more ACEs compared to only 9% of the general population (Reavis et al., 2013). The same disparity is true for female sex offenders, as research has found that they are four times as likely to be verbally abused and three times as likely to be sexually or emotionally abused (Levenson et al., 2015). Other staggering findings showed that over 50% had been sexually abused as a child while only 19% had no history of ACEs compared to the 41% who had experienced four or more. ACEs are also common among young offenders, with almost 87% having experienced at least one ACE, and juvenile offenders are 12 times more likely to be exposed to childhood adversity than the general population (Baglivio et al., 2014).

Research has shown that childhood adversity can have a seriously negative impact on the neurodevelopment of a child's brain, with these traumas being linked to self-regulation difficulties, disorganised attachment styles, poor boundary control, and distracted cognitive thinking, all of which are thought to be associated with later sexual offending (Marshall, 2010; Grady et al., 2017). Although, as outlined here, individuals who experience ACEs are at an increased risk of offending, Hurren et al. (2017) found that most people with a history of ACEs do not engage in criminal behaviour. However, the research highlights that most sexual offenders have been exposed to at least one ACE (Wolff and Shi, 2012; Levenson, 2014; Dutton and Hart, 1992). Furthermore, sex offenders have a high prevalence of complex ACEs, which is the exposure to multiple adversities in childhood, and this accumulation of traumas often make their path toward rehabilitation much more difficult (Stensrud et al., 2019; Drury et al., 2017; Courtois, 2004; Levenson and Socia, 2016; Lee et al., 2002).

Trauma: What Works and Why Sex Offenders are at Further Risk?

The American Psychological Association defines resilience as the "process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress" (APA, 2013). According to Galatzer-Levy et al. (2018), resilience is, by far, the most common response to stressful and traumatic life events. However, as Sippel et al. (2015: 1) argues "human responses to adversity also take place in the context of available resources, organisations, and communities and societies, each of which may be more or less capable of

supporting and enhancing resilience in the individual". The above literature on ACEs supports this, which argues that the effects of ACEs are typically understood to be highly influenced by the events that transpire in the aftermath of the adversity and the availability of supportive resources which aid these children in developing resilience in the face of adversity (Shonkoff et al., 2012). However, given the strong association between sexual offenders and ACEs, they may not have received adequate support to overcome these traumas in the immediate aftermath of their trauma and the years after. Therefore, for many, the trauma can be prolonged over many years and often unknown until much later, and as outlined, increases the likelihood that any intervention and support for their trauma will come after some involvement with the criminal justice system. Therefore, when those interventions materialise, it is imperative that they provide services that recognise and validate the significance of trauma during childhood as a major part of the offender's recovery and reintegration into society.

While sexual offenders have one of the lowest rates of recidivism among all offender types, they still face a series of challenges from the moment they commit an offence to the day they are released from prison and long after. Legislation surrounding sexual offenders' registers and housing aims to reduce the risk of recidivism and thus increase the chances of reintegration (Grossi, 2017). These laws are implemented to protect the public, often as a reaction to high-profile cases which are disproportionately reported by the media. However, a study by Levenson and Cotter (2005) argues that these laws have a negative impact on the reintegration of sex offenders back into society and increase the risk of them re-offending. These laws force sex offenders to return to society with a label that "may evoke strong subconscious associations with a population presumed to be compulsive, at high risk of re-offence, and resistant to rehabilitation" (Harris and Socia, 2014: 1). Therefore, as Tewkesbury argues, sex offenders "continue to be punished through their sentences, through the shaming process of registration, and through the reactions and responses of community members" (2005: 79). Restrictive and punitive sexual offending legislation may seek to protect the public, however in attempting to do so they limit the offenders potentially supportive resources and networks that are associated with long term desistance (McAlinden, 2006).

Conclusion

There is a plethora of evidence that has examined the association between ACEs and sexual offending. Previous studies have demonstrated a significant correlation between ACEs and

adult sexual offending in that multiple ACEs increase the likelihood of future offending. As discussed above, this association has important implications for the reintegration of sexual offenders. Evidence has suggested that these offenders often fail to receive interventions long after their adversities. Furthermore, the current legislation and penal policies focus on managing these offenders through risk-based methods, often depriving them of the support necessary for their reintegration, and they fail to consider the impact of childhood trauma on the sexual offenders. Therefore, some have begun to advocate for a more strengths-based approach that considers the impact of childhood adversity on sexual offenders. Although there is a plethora of research that has investigated the life outcomes of those who have experienced ACEs, including their likelihood to commit sexual offences and the barriers to the successful reintegration of sexual offenders are well established, to the author's knowledge, there has yet to be research investigating how these both interact with each other. Thus, this research aims to assess how the law interacts with society through a socio-legal perspective review of the literature on this interaction. Understanding the significance of this interaction is important as it can inform practitioners, legislators, penal policymakers and other relevant individuals about the necessity to provide trauma-informed services and practice in cases where ACEs could impede reintegration. Thus, this study aims to synthesise the available data on the association between ACEs and sexual offending and analyse how this association interacts with the potential barriers and facilitators to successful reintegration and if reform is necessary with a specific focus on the Republic of Ireland. The next chapter will outline the methods used for the purposes of this study.

Chapter 3

Methodology

Introduction

The objective of this desk-based socio-legal research dissertation is to critically analyse the potential barriers and facilitators to successful reintegration for sexual offenders with a history of trauma in childhood. This chapter aims to provide the reader with a detailed account of the methods used to achieve this and the justification for those methods. The chapter will first discuss the theoretical perspective of this study. It will then discuss the research design methods used within this dissertation. Next, it will outline the process of collecting the data used to inform the arguments made throughout this dissertation and how this data was synthesised before finally outlining the relevant ethical considerations.

Theoretical Perspective

According to Schiff (1976: 287), a socio-legal perspective views that the "analysis of law is directly linked to the analysis of the social situation to which the law applied and should be put into the perspective of that situation by seeing the part the law plays in the creation, maintenance and change of that situation". A socio-legal perspective was used throughout this research dissertation as it analyses the interaction between law and society and, as such, was best suited to this research dissertation that aimed to assess the legislation and penal policy surrounding sexual crimes and how they interact with the reintegration of individuals with a history of childhood trauma (Schweppe and Cahillane, 2016). Furthermore, a socio-legal perspective was used for this dissertation as it is best suited to research projects that aim to discuss if there is a need for reform to particular laws or claims that current legislation is ineffective, which was the overall aim of this research dissertation. A socio-legal perspective uses a multidisciplinary approach to answer questions about how the law interacts with society and often draws from disciplines such as sociology, criminology, history, philosophy, anthropology, political science and psychology. This was another justification for this theoretical perspective, as in order to answer the research questions within this dissertation, it was necessary to derive research from a variety of other disciplines, including criminology, psychology, sociology and medicine.

Research Design/ Methodology

In deciding the research methodology for any study, the researcher needs to consider the strengths and limitations of each method given the proposed research questions, and therefore, some methods might be more suited than others (Maxfield and Babbie, 2014). This was the case in this dissertation as the author sought to examine barriers to reintegration for sexual offenders with a history of trauma. In order to examine this research aim, a desk-based research method, also known as secondary research, was used to conduct the research for this dissertation. Desk-Based research involves utilising previous research to formulate answers to research questions that are different from the original author's work. As the ethical and data gathering constraints for this dissertation restricted empirical research with convicted sex offenders with a history of trauma in childhood, this method was the best suited for this dissertation. Furthermore, because the research questions within this dissertation could be answered without interviews, it was not necessary to interview sex offenders in order to inform the arguments made throughout. Another challenge was that, to date, there are no previous studies assessing the barriers to reintegration for sex offenders with a history of trauma. Therefore, sources that were analysed were instead those assessing the barriers to the reintegration of sexual offenders more generally. However, as this was a literature-based dissertation, no quantitative or qualitative analysis was necessary to discuss the findings of those studies. The data gathered from these sources were then collected, and three key barriers emerged; treatments, media representation and post-release restrictions. Therefore, by assessing these three barriers to reintegration in the context of offenders with a history of trauma, this study thus took a socio-legal perspective.

Data Collection

According to (Petticrew and Roberts, 1949: 5), a systematic review is "a replicable study that looks at existing literature to find themes relating to the presenting question". In order to assess the existing literature, this research method establishes a protocol for finding data to include in the study. In doing so, any researcher bias towards particular findings is reduced due to the data collecting protocol being decided prior to searching for studies (Petticrew and Roberts, 2008). Although this study did not use a systematic review methodology as the basis for the research conducted, this study used the first step within the systematic review methodology in order to gather the data pertaining to this research and to reduce the chance of bias due to the systematic approach to the data collection. As this dissertation examined the potential barriers to the successful reintegration of sex offenders with a history of ACEs, a

systematic literature search related to this issue was conducted. Therefore, in the preliminary search of academic journals, databases containing articles and documents related to multiple disciplines were used, with such disciplines including criminology, law, psychology, sociology and medical journals. Databases such as PubMed, PsycINFO, SagePub, Westlaw IE, Maynooth Library, and Google Scholar were searched for articles and government documents published in English using terms including "barriers to sexual offender reintegration", "ACEs and reintegration", "sexual offender recidivism" "evidence-based offender reintegration". There were few inclusion criteria for the sources obtained in this systematic search which consisted of only using empirical articles written in English about sexual offender reintegration and the barriers surrounding this, ACEs and reintegration, and finally, facilitators to reintegration. Once the articles and other documents found through the systematic search of the databases met the inclusion criteria threshold for the research questions, they were included in informing the arguments made in this study. Furthermore, by conducting a close read of the literature gathered, a critical analysis of the emerging evidence was necessary in order to inform the arguments made throughout this dissertation and how they might be applied to the Irish context. The evidence gathered from the studies that met the eligibility criteria was then synthesised and reported through a socio-legal perspective, thus informing the arguments made throughout this literature-based dissertation.

Ethical Issues

There are no foreseen ethical issues relating to the conduction of this research dissertation due to the nature of the methodology being desk-based. Due to the nature of the content under examination throughout this dissertation, the author made sure to organise meetings with their supervisor to ensure they took adequate self-care measures. Finally, as there were no participants in this study and all secondary data was publicly accessible, there was no ethical approval needed to conduct this study.

Conclusion

This research dissertation will be conducted from a socio-legal perspective. The research method used is a desk-based literature approach focusing on the interaction between ACEs in sexual offenders and the legislation and penal policy surrounding sexual crimes and how they act as barriers to the reintegration of offenders with a history of adverse childhood experiences. This method was chosen due to the time constraints associated with conducting this dissertation, and, more specifically, the nature of the population under analysis in this

dissertation would prove challenging to obtain primary research for the purposes of this dissertation. Furthermore, it was possible to answer the research questions within this dissertation using secondary data, so conducting interviews with these offenders was not necessary. Through the use of this method, this research aims to answer such questions as "how does the association between adverse childhood experiences and sexual offending impact upon the success of reintegration of these offenders?" and "should legislators and penal policymakers who aim to successfully reintegrate offenders recognise the significance of the impact of the history of adverse childhood experiences on sexual offenders when developing legislation for sexual offences?" and "If so, should reform be considered in the Irish context?". The following three chapters will present and critically analyse the findings from this study.

Chapter 4

Current Sex Offender Treatments and the Need for Trauma-Informed Care

Introduction

As Chapter 2 demonstrated, the association between ACEs and sexual offending is well documented. Furthermore, the effects of ACEs are typically understood to be highly influenced by the events that transpire in the aftermath of the adversity and the availability of supportive resources which aid these children in developing resilience in the face of adversity (Shonkoff et al., 2012). Unfortunately, as outlined in Chapter 2, many of those children can have their trauma prolonged over many years and often unknown thus they are not provided with an intervention until after some involvement with the criminal justice system. It appears that sex offenders with a history of ACEs are part of the many that receive interventions after years of trying to self-sufficiently deal with these experiences through various maladaptive coping mechanisms. Therefore, when these offenders are given the opportunity to work through their sexual behaviour, it is imperative that they receive interventions that acknowledge their history of trauma so as not to prolong their wait for transcending their past.

This chapter aims to assess the barriers to the successful reintegration of sex offenders with a history of childhood adversity to inform those working with these offenders on evidence-based approaches to reducing sexual recidivism. However, reducing sexual offending has been an aim for clinicians working with these offenders dating back to the late 1800s, when the first attempts to treat sexual deviancy began to emerge (Laws and Marshall, 2003). La Fond (2005) argues that through these attempts, two approaches emerged and began to dominate the field. These included a psychological approach aimed at assisting offenders in their thoughts and behaviour to prevent them from committing further sexual crimes. The second approach focused on medical interventions, such as chemical or surgical castration, to reduce sexual libido. There was little development in the field until the 1970s, which is today considered to be the "advent of the modern era of sexual offender treatment" (Harrison et al., 2020: 1). According to Marshall and Laws (2003), this is because, during this period, there were several significant developments such as enhanced phallometric evaluations, more extensive behavioural interventions and the beginning of discussions surrounding comprehensive treatment programs.

During the 1980s, there was a shift in treatment as research suggested similarities between addiction behaviours and sexually aggressive behaviour in terms of their relapses (Marlatt and Gordon, 1985). The emergence of this evidence resulted in the adaption and implementation of the relapse prevention model typically associated with addiction treatment. This model of treatment aims to assist the offender in assessing what situations might put them at risk of re-offending in the future before implementing strategies with them to be prepared for these situations with the ultimate aim that these offenders would then control their sexual compulsions and begin desisting from their sexually violent behaviour (Nelson et al., 1989). Developments in sexual offending treatment continued throughout the 1990s as treatments started to become adopted worldwide, and there was more of a concentrated effort to research and develop more effective treatment programs (Harrison et al., 2020). These efforts resulted in the development of much more "comprehensive approaches that integrate multiple theories of sexual offending by combining the physiological, psychological, social and environmental influences on developing and maintaining sexual offending behaviours" (Harrison et al., 2020: 2).

Today sexual offending treatments target a series of areas as opposed to only relapse prevention, with many of them focusing on "distorted cognition, pro-offending attitudes, problems with impulse control, social skills deficits, poor emotion regulation and environmental triggers" (Harrison et al., 2020: 1). These areas are targeted to improve the social and psychological factors that research has shown are risk factors for sexual offending with the primary aim to reduce the risk of future offending (Yates et al., 2010). Such programs include Cognitive Behavioural Therapy (CBT), which along with the Risk/Need/Responsivity Model (RNR) and the Good Lives Model (GLM), are three of the most widely used intervention programmes in Western jurisdictions such as the US and UK due to the evidence in support of their positive outcomes such as reducing future sexual offending behaviour (Traver and Mann, 2014; Beech et al., 2012; Yates et al., 2010; Lovins et al., 2009; Duwe and Goldman, 2009). However, commentators are beginning to question the suitability of these programmes when applied to offenders with a history of trauma, such as ACEs, as they focus on changing the offender's behaviour without addressing what might have caused it in the first place (Levenson, 2014; Olver et al., 2018; Marshall et al., 2011).

Therefore, this chapter will argue that the current sex offender treatment programmes fail to provide conditions necessary for those affected by traumatic experiences, such as ACEs, to receive interventions that recognise that addressing their trauma could play a significant role

in their recovery and reintegration. While current treatments might be helpful for certain targeted individuals, a high percentage of sex offenders are receiving treatment that fails to meet their needs and acts as a potential barrier to their reintegration into society. This chapter will begin by discussing the current available sex offender treatment programmes before discussing the implications of using these treatments with sexual offenders with a history of ACEs. The Republic of Ireland will be discussed as a case study demonstrating these implications and why reform is necessary before discussing the need for implementing a trauma-informed care model into sexual offending treatment programmes and, finally, what the future might hold for sexual offending treatment in Ireland.

Cognitive Behavioural Treatment (CBT)

A plethora of research has demonstrated that cognitive-behavioural treatment (CBT) is the most widely used evidence-based sexual offending treatment programme for the reduction of sexual offending recidivism, although others are often applied, and treatment can include various elements from different psychotherapeutic schools (Quinn et al., 2004; Alexander, 1999; Lösel and Schmucker, 2005; Hanson et al., 2002; Gallagher et al., 1999; Hall, 1995; Losel et al., 2017). CBT views sexual offending as "behavioural and cognitive patterns that are developed and maintained as a result of modelling, observational learning, and reinforcement of behaviour, attitudes, and cognition" (Yates, 2013: 92). By viewing sexual offending through this lens, CBT incorporates "physiological, psychological, social and environmental influences on the development and maintenance of sexual offending behaviours" (Kirsch and Becker, 2006: 210). CBT's foundation is based on the idea that behaviour, affect, and cognition is linked and influence one another (Yates et al., 2010). According to Bosma et al. (2016), CBT recognises that clients can become aware of their thought processes and behaviours and then can make positive changes to them, thus placing the responsibility for change on the individual while supporting them with the tools to achieve their goals. Although past experiences are acknowledged, this form of therapy focuses on the offender's present life circumstances so it can work on changeable targets such as problem-solving or acquiring goals without violence. Therefore, such target areas include improving relationships, sexual self-regulation, emotional regulation, problem-solving and challenging cognitive distortions and attitudes (Yates et al., 2010; Marshall et al., 1999; Barbaree and Marshall, 1998). Through a plethora of research assessing its effectiveness, CBT has become viewed as an empirically supported treatment programme for sexual offenders through its approach of addressing core issues of sexual behaviour and challenging

and changing the thought processes that result in the behaviour transitioning into more healthy and socially acceptable coping mechanisms which in turn has shown a high reduction in re-offending of 40%. (Bosma et al., 2016; Ferguson and Wormith, 2013; Lovins et al., 2009; Beech et al., 2012).

Risk, Needs, and Responsivity

Another commonly used treatment model for sexual offending is the Risk, Need and Responsivity Model (RNR). The principles of this model are based on criminal conduct patterns (Yates et al., 2010). According to Lovins et al. (2009), the risk principle argues that any interventions should be determined by the individual risk of a particular client, and so it is assessed by determining unchangeable re-offending risk factors and comparing them with their changeable ones. Unchangeable factors include age, criminal history, victim type, and offence type (Yates et al., 2010). Within this model, clinicians attempt to identify an offender's criminogenic needs, which are the changeable factors of the offender and their offence, and so they become the primary focus of treatment (Andrews and Bonta, 2006). Typical criminogenic needs of sexual offenders generally include low treatment engagement, distorted cognitive thinking and the minimisation of sexual offending behaviour (Traver and Mann, 2014). The RNR model sometimes targets other issues such as ACEs as it is thought this helps strengthen the client-clinician relationship; thus, it should increase engagement in the programme, although often issues such as ACEs are only included if the clinicians deem it necessary (Yates et al., 2010). The delivery of the intervention is informed by the responsivity principle, which identifies individual factors that may influence the client's engagement with the treatment programme, such as cognitive ability, learning style and culture, which creates an intervention that recognises the ability of the offender to receive the treatment (Yates et al., 2010).

Good Lives Model

Finally, The Good Lives Model (GLM) is another commonly used form of therapy for sexual offenders. According to Yates et al. (2010), this therapy assists clients in acquiring the resources necessary to live a healthy lifestyle through achieving their goals in a socially acceptable manner. The GLM views sexual offenders as the same as any other individual in that they are goal-orientated and they desire primary human goods, which are often considered to be positive experiences, actions and activities that promote improved mental and physical well-being (Ward and Gannon, 2006; Ward and Stewart, 2003). The GLM

considers that sexual offending results from maladaptive behaviours that these offenders use to obtain these goods (Ward et al., 2006; Wilson and Yates, 2009). Therefore, the GLM does not view these goals as issues for sex offenders but, more so, believes the means they use to achieve them are problematic and then, in certain instances, lead to maladaptive behaviours, including sexual offending. Therefore, treatment focuses on providing these offenders with the skills to achieve these goals in a healthy manner without the need for criminal behaviour (Yates and Prescott, 2011). According to Ward and Stewart (2003), the GLM assists offenders in achieving necessary life goals by the reduction of risk factors on an individual basis and through these methods, it is thought that the offenders should better respond to treatment and become engaged and motivated by their participation in the process.

Implications of ACEs on Treatment Success

According to Levenson (2014), the negative impacts of ACEs on sexual offenders must be understood by the practitioners working with them throughout treatment. Furthermore, there is a need to understand how these traumas could potentially inhibit the treatment of sexual offenders, even in cases where they seem to improve. The current models of treatment for sexual offenders fail to consider these individual needs in the context of their rehabilitation, and rather they focus on the issues such as "cognitive reframing and relapse prevention strategies" (Levenson, 2014: 3). Although these issues are areas that require attention, the one size fits all approach fails to provide a treatment programme that fully acknowledges the impact and complexity of individual experiences, including ACEs (Yates et al., 2010; Andrews and Bonta, 2010; Yates et al., 2013).

While CBT is efficient in how it helps sexual offenders develop behaviours aimed at improving their interpersonal skills, it fails to resolve the trauma that may be the underlying cause of this group's criminal behaviour in the first place (Yates et al., 2010). This is because, unlike other psychotherapy approaches, CBT focuses solely on changeable things, such as problem-solving and emotional regulation and provides the client with the tools to change these in the future while not addressing the past experiences that caused the behaviour. Therefore, while CBT may help those who experienced ACEs change the maladaptive behaviours they possibly undertook as a reaction to their experiences, it fails to help those particular individuals specifically address the root of those coping mechanisms, which in turn poses a risk to society as these offenders have learned how to manage their life circumstances at a time when the support available to them is arguably at its optimum level. Although the RNR model has more scope for addressing ACEs, targeting past experiences such as

childhood adversity is not the primary focus, and often they are left to the treatment team to decide if it is necessary to target these types of areas (Yates et al., 2010). Therefore, offenders with a history of ACEs are at risk of not receiving the proper attention for their traumas if it is not deemed an area in need of intervention. This treatment, therefore, puts these offenders at risk of not being sufficiently prepared to deal with re-traumatisation after release from prison as they might not have sufficiently been treated for it if, as is the case with RNR, their treatment team deemed it the area, not in need of targeting while they were incarcerated. Therefore, the GLM fails to prepare those individuals to achieve these goals in the face of trauma once they are released, and similarly to the other two models discussed, it also fails to help offenders overcome their past trauma. As with the RNR and CBT models, this has serious implications for the effectiveness of these programmes, including their ability to reduce recidivism in these offenders.

For instance, Craissati and Beech (2006) argue that childhood trauma can significantly impact an individual's capacity for change. Other researchers support their argument because when trauma is not addressed, individuals struggle to become accountable for their actions and without this admission of guilt, they often struggle to see the necessity of learning and using the skills that make up the aims of their treatment programmes (Nunes and Jung, 2013; Craissati and Beech, 2006; Adams, 2003). Some have argued that this low engagement with treatment is caused by the disconnectedness that remains from their trauma in childhood (Miller and Najavits, 2012). As will be discussed later in the next chapter, sexual offenders are at risk of experiencing adversity upon release from prison. For instance, when released from prison, sexual offenders face a series of public outrages and emotional abuse from wider society, which may replicate the abusive relationships they experienced as children. They are then unprepared for this potentially re-traumatising experience through the treatments they received while incarcerated as they never had their original trauma validated or assisted in addressing it. Therefore, it is not surprising that a study by Levenson et al. (2016) found that ACEs are associated with sexual recidivism, while others have argued that these offenders are at an increased risk of re-offending if they have not received treatment that addresses their past experiences of trauma (Lee et al., 2002; Levenson et al., 2017).

Another issue with traditional sex offender treatments (SOTX) is that they exclusively emphasise interventions that focus on the offence rather than considering that the behaviour could be associated with other issues in the psychosocial functioning of the offender (Marshall, 2010; Grady et al., 2017). As many commentators argue, SOTX has focused solely

on the reduction or extinction of sexual offending behaviour as opposed to considering how a strengths-based approach could aid in the aims of these treatments (Olver et al., 2018; Marshall et al., 2011). As Levenson (2014) argues thus far, many treatments for sexual offenders pay little attention to their developmental history; rather, they focus on the offender's potential cognitive and behavioural change. This argument has been supported by earlier literature on SOTX, with Laws (1989) suggesting that SOTX has a hyper-focus on preventing relapses by working primarily on high-risk situations and triggers and changing their distorted thinking. However, given the plethora of information available on trauma, it has become clear that it impacts neurodevelopment making those who experience it rely on maladaptive coping mechanism (Creeden, 2009; Anda et al., 2006; Weiss and Wagner, 1998; Felitti, 2002).

Therefore, it is clear that the impact ACEs can have on sexual offenders means that they require individualised treatment programmes that target the impacts of their traumas, such as the maladaptive coping mechanisms they developed in reaction to their experiences. Reavis et al. (2013) have suggested that it is not surprising that offence-specific treatment programmes have extremely inconsistent results due to the prevalence of ACEs in sex offenders. This argument is supported by a plethora of researchers who have argued that treatments should be facilitated by interventions that are individually designed so that they meet each client's needs, and ACEs are necessary to be considered in this process because if their significance is ignored or undervalued, it can prevent offenders from engaging in the treatment programme (Olver et al., 2018; Hanson et al., 2009). Therefore, developing sex offender treatment programmes that incorporate practices that recognise the impact of trauma in childhood should improve effectiveness and engagement moving forward, especially in jurisdictions which use any of the treatment programmes discussed here, such as The Republic of Ireland, which will now be assessed for its unique sexual offending model.

The Republic of Ireland

In the Republic of Ireland, the primary treatment for convicted sex offenders is the Building Better Lives Model (BBL) (IPS, 2009). The BBL consists of three modules: exploratory open groups ("Exploring Better Lives"), practice open groups ("Practising Better Lives"), and maintenance groups ("Maintaining Better Lives") (IPS, 2009). This model combines the GLM and RNR approaches to sexual offending treatment. Sex offenders take part voluntarily and are assisted in understanding how their lifestyle and thought processes contributed to their sexual crimes so that they are provided with the tools to prevent it from occurring after

release from prison (IPS, 2009). There have been promising results with statistics showing participants 3.5 times less likely to re-offend (IPS, 2021). However, it is not available to all sexual offenders as participation is conditional based on full admission of guilt, a sentence of less than 18 months, and stable mental health. The BBL programme was introduced in 2009 after much debate over the preceding treatment programmes led to the acknowledgement that more evidence-based interventions were required "it is clear from the research that the manner in which sex offending behaviour in individuals is developed and maintained over time is multi-faceted... consequently, attempts to reduce recidivism need to be multi-faceted"(IPS, 2009: 8). However, while the Irish Prison Service has undoubtedly made progress toward this multi-faceted approach through the implementation of the BBL, the previously outlined criteria for participation in the programme has meant that there is likely a high percentage of sex offenders in Ireland who are unsuitable to participate in this programme given that offenders must have stable mental health. The plethora of research already discussed in this dissertation demonstrates that ACEs are very common amongst those incarcerated (King et al., 2017; Wolff and Shi, 2012; Perez-Fuentes et al., 2013; Weeks and Widom, 1998; Maschi et al., 2011 Courtney and Maschi, 2013) and especially sexual offenders (Jespersen et al., 2009; Baglivio et al., 2014; Baglivio, et al., 2017; Maschi et al., 2011; Simons et al., 2008; Reavis et al., 2013) and in addition the fact that ACEs are associated with a series of mental health issues and maladaptive coping mechanisms (van der Kolk, 2006; Young et al., 2003; Streeck-Fischer and van der Kolk, 2000; Steele et al., 2016; Bloom, 2013; Maschi et al., 2013; Finkelhor et al., 2011; Cloitre et al., 2009; Anda et al., 2006; Felitti et al., 1998), then one could argue that the current BBL programme being implemented in Ireland excludes the vast majority of sex offenders on the basis of their mental health. National data further demonstrates this argument as the rate of uptake of the BBL in the Republic of Ireland demonstrates a cause for concern about the implications of running a programme that requires stable mental health as a prerequisite for participation, with the latest figures suggesting only 12.4% of sex offenders participated (IPS, 2021). These low numbers of participation are concerning something that was acknowledged by the IPRT Executive Director Fíona Ní Chinnéide, "It is a concern if people are not able to access the treatment programmes that are demonstrated to reduce re-offending on release.....it could be a lack of motivation or a place of denial, or if the sentence is being appealed, or if there is insufficient time on the sentence, on the other hand, it could also be a lack of access or psychology services" (RTE, 2021). While it is unclear why participation in the programme is so low, it is concerning that the inclusion criteria for participation plausibly result in the

exclusion of many sex offenders in Ireland and therefore is a barrier to treatment for those suffering from mental health problems. As outlined in Chapter 2, those subjected to ACEs develop mental health problems in adulthood, and so sex offenders with a history of ACEs are at risk of being excluded due to their past traumas. Although further research is required to establish why participation is so low in the programme as it excludes those who fail to admit guilt, among other factors, given the current prerequisite of stable mental health, there is a need for change in the treatment provided to sexual offenders who experienced ACEs in Ireland; otherwise, many of these offenders are at risk of not receiving any specific sexual offending treatment during incarceration. A possible direction for the IPS to go down is to consider implementing trauma-informed care as part of the multi-faceted approach it desires to achieve.

The Need for a Trauma-Informed Care Model

Throughout the development of sex offender treatments, interventions have been designed to contribute to cognitive and behavioural change with a dearth of focus on the sexual offender's developmental history, such as ACEs. However, as Chapter 2 demonstrated, ACEs can impact the neurodevelopment of a child and cause them to rely on maladaptive coping mechanisms (Anda et al., 2006; Weiss and Wagner, 1998; Creeden, 2009; Felitti, 2002; Finkelhor and Kendall-Tackett, 1997). Therefore, clinicians working with sex offenders through their treatment should acknowledge the potentially significant role a history of ACEs can have on the onset of this behaviour. Therefore, commentators have begun calling for the introduction of trauma-informed care (TIC) principles into sexual offending treatment programmes (SAMHSA, 2013; Levenson et al., 2016; Levenson, 2017). According to Levenson (2014: 1), TIC is "a model of service delivery that incorporates evidence about the prevalence and impact of early trauma on behaviour across the lifespan". TIC involves six principles to guide its implementation "Safety, Trustworthiness and Transparency, Peer Support Collaboration and Mutuality, Empowerment, Voice, and Choice and Cultural Historical, and Gender Responsiveness" (SAMSHA, 2013: 10). Through these principles, TIC incorporates evidence surrounding the impacts of trauma and delivers services based on those findings. In implementing a service delivery that understands the impact of development, TIC acknowledges the role ACEs play in the development of behaviours such as sexual behaviour, and past trauma is recognised as a necessary target in order to prevent a recurrence of the behaviour (Elliott et al., 2005; Bloom and Farragher, 2013; Harris and Fallot, 2001).

When offenders with a history of ACEs engage in therapies that recognise the significance of trauma, they have the opportunity to experience a healthy relationship with clinicians who validate their past traumas and, in turn, feel more safe and secure in attempting to learn and practice skills to undo the damaging behaviours they learned growing up. This is supported by various studies examining the client-clinician relationship finding that desistance is associated with stable and positive relationships during the offender's treatment programme (Capaldi et al., 2016; Harris et al., 2017; Willis, 2018; Laub and Sampson, 2001) and with these relationships' offenders with a history of ACEs have the potential to overcome these adversities (Epperson et al., 2011; Alaggia and Millington, 2008; Briere and Scott, 2015). The potential to overcome ACEs during sex offender treatment improves the offender's opportunity to heal from their trauma, and thus they gain an increased capacity to make meaningful change, thus reducing the likelihood to re-offend after they are released from prison (Beech et al., 2012; Alaggia and Millington, 2008; Duwe and Goldman, 2009; Bosma et al., 2016; Epperson et al., 2011) which is the primary motive behind every sex offender treatment programme. TIC is not implemented at any particular stage during treatment rather; it informs the approach clinicians working with sex offenders take throughout their programme with evidence pointing to the fact that it is easily integrated into the well-established treatment programmes such as CBT, RNR and GLM and thus it should be considered a part of the reintegration process in cases where trauma is a component of the individual's developmental history. (Levenson, 2014; Prescott and Wilson, 2013).

Given that the BBL in the Republic of Ireland is a combination of the GLM and RNR, it would appear that it is a jurisdiction that could easily apply this model of care if given sufficient support for this need for change. The evidence discussed here finds that current sex offender treatment programmes are unsuited to those with a history of ACEs as by not recognising the significance of these offenders' pasts, they risk allowing it to continue to determine their future. Therefore, there is a need for change in sex offender treatment, and TIC appears to be the answer to that change for those with a history of ACEs. As Adams (2003: 85) argues, "the most compassionate thing we could do for sex offenders and their potential future victims is to compel them to address their own childhood trauma histories as a major part of sex offender therapy."

Conclusion

As this chapter has outlined, the current sex offender treatment programmes fail to address ACEs as part of the offender's therapy. Failure to address trauma in therapy poses a serious

risk to the ability of these offenders to rehabilitate because, as outlined in Chapter 2, many of these offenders do not receive any intervention for their trauma until contact with the criminal justice system. However, as evidenced here, many offenders do not receive interventions for their trauma even after contact with the CJS and thus have a prolonged wait to transcend their past. Furthermore, their unaddressed trauma can interfere with the intervention they are provided with, reduce the likelihood of them successfully reintegrating, and cause distrust from the public in their ability to rehabilitate, which will be addressed in the following chapter. In the case of the Republic of Ireland, these interventions are unsuited to sexual offenders with a history of ACEs as a requirement for stable mental health prevents them from participating.

Therefore, sexual offenders with a history of trauma in childhood are at a disadvantage compared to those without these experiences, as the treatments made available to them throughout incarceration fail to acknowledge the significance of their traumatic past on their sexual behaviour and their ability to engage with therapy while in some instances may prevent them from any form of participation in the treatment programme. Such an approach fails to prepare the clients for future challenges they may face after incarceration that might replicate the adversities of their childhood, such as the stigma, vigilantism and exclusion from the wider public, which will be discussed in the next chapter. When exposed to these environments, these offenders are at risk of relapsing back into using the maladaptive coping mechanisms from their childhood as they are unprepared for how to deal with adversity, having never dealt with it during treatment and thus, reform is necessary. Therefore, sexual offenders are perhaps the most in need of trauma-informed treatment programmes. While their punishment and other related criminal justice responses are necessary for their accountability and to protect those in their communities, treatment programmes are a part of their recovery that should acknowledge the significance of their trauma as much as their sexual offending behaviour. TIC is an emerging option for those working with sex offenders with trauma in childhood as it recognises the impact of early adversity on development. In doing so, it can foster an environment where safety, trust, collaboration, choice, and empowerment are essential, ensuring that the dynamics of the offenders' previous traumatic relationships are not unintentionally replicated throughout the treatment process.

Furthermore, TIC can provide what the traditional sex offender treatment programmes fail to in that it addresses their childhood trauma which is often unrecognised until they come into contact with the criminal justice system. Therefore, a treatment session using TIC as its

foundation could provide some sexual offenders with their first experiences of positive, healthy and respectful interactions and a "ripe opportunity for a corrective emotional experience and a rehearsal of new and improved relational skills" (Levenson and Macgowan, 2004; Levenson, 2014: 7). By using TIC with sex offenders with a traumatic childhood, we can help stop the intergenerational cycle of trauma and victimisation. In terms of the future of sexual offending treatment, one has to consider the argument for implementing trauma-informed care as part of sexual offenders with a history of ACEs rehabilitation. Without such a treatment approach, these offenders are at risk of becoming re-traumatised and, in turn, re-offending, thus confirming a view amongst the wider public that they are untreatable.

Chapter 5

The Media Portrayal of the Embodied Evil and the Need for Restorative Justice

Introduction

The treatment programmes for sex offenders discussed in the previous chapter are developed and implemented in order to reduce the recidivism of these offenders. Although the previous chapter has outlined how these programmes are not suited to those with a history of trauma, there is, as discussed, a plethora of evidence suggesting these programmes reduce recidivism in offenders without a history of trauma in childhood. However, since a landmark study assessing the differences in recidivism rates for offenders who were treated compared to those untreated by Furby et al. (1989) found no significant differences in recidivism, there has been a "rampant uncertainty" from the public towards these treatment programmes ever since (Levenson et al., 2007: 6). It is not surprising, however, that such inconclusive results may cause a hesitancy from the public to believe these offenders can change because as early as 1945, researchers acknowledged the public reactions to sex offenders "Every sex offender is looked upon as a potential murderer. Emotions run high" (Hirning, 1945: 105).

Although the public perception of sexual offenders has arguably not changed much in the past 80 years, the intensity of this perception and the means of expressing opinions have changed dramatically since then. If the public does not hold confidence in the ability of the treatment programmes to rehabilitate these offenders, then this lack of confidence invertedly manifests into a belief that these offenders cannot change, which further demonstrates the necessity for a trauma-informed care approach to treating sex offenders with a history of ACE's. For instance, in many Western countries, there has been a rise in public vigilantism and social exclusion towards these offenders, thus making their reintegration more difficult. This vigilantism and social exclusion have been caused by the falsely misrepresented idea in the media that sexual offenders have an extremely high recidivism risk and unable to be treated. In doing so, the public becomes frustrated at what they see as a lack of protection and safety in their communities and take matters into their own hands by excluding the offender themselves or, as the next chapter will address, calling for restrictive legislation aimed at reducing the risk of re-offending. Although the scientific literature does not support the argument that sex offenders cannot change, research shows that sex offenders are amongst the most highly stigmatised subgroups of offenders (Tewksbury and Lees, 2006) and

experience the most aggressive treatment from the public compared to other types of offenders. For sexual offenders who experienced ACEs, there is an added risk of experiencing further implications of this stigma, exclusion and vigilantism as these experiences may replicate their childhood adversities, so they are at risk of re-traumatisation.

Although Chapter 2 demonstrated there is a correlation between ACEs and future adult sexual offending, there is evidence suggesting that public sentiment towards these criminals is not favourable and suggesting there is a lack of consideration for this association as sex offenders, regardless of their history, are arguably depicted as the worst of all criminals. Thus, this chapter aims to discuss the stigma faced by sexual offenders upon release from incarceration by analysing their misrepresentation in the media, how the media depicts them as the embodied evil through the language attached to sex offenders and finally, how the wider community then perceives them. Next, this chapter discusses the implications of this stigma in the context of the association between ACEs and sexual offending. The Republic of Ireland will be discussed as a case study demonstrating these implications before discussing the need for implementing restorative justice as a measure to combat this representation of sexual offenders and, finally, what the future might hold for community reintegration of sexual offenders.

The Media

According to the Centre for Sex Offender Management (CSOM, 2010), the media is one of the most influential sources of information that the public use to learn about sexual offenders. CSOM (2010) suggest that public attitudes towards sex offenders are extremely negative, and they argue that is because of how the media overrepresents these offenders through sensationalist stories and extremely rare crimes. Jewkes (2005: 67) argues this the "oversaturation of the extraordinary" where there is disproportionate attention given to stories detailing the events of rare sexual crimes such as an offender unknown to the victim, along with cases where the victim is viewed as more vulnerable (e.g., children) (Quinn et al., 2004; Naylor, 2001; Wilson and Silverman, 2002; Lynch, 2002). Within these news stories, there is also a disproportionate preference for reporting the cases with other extreme characteristics such as multiple rapes, older or very young victims, multiple victims or kidnapping (Wilczynski and Sinclair, 2016; Meyers, 1996; Chermak, 1998). Pritchard and Hughes (1997) argue that perhaps the reason sexual offences gain much more media attention than non-sexual crimes is that the media consider crime stories more newsworthy and entertaining to the public the more it strays from cultural norms. The overreporting of the crimes least likely

to happen, such as sexual crimes, causes the wider populace to believe that crime is rampant and thus, the public calls for more punitive responses to sexual crime.

Furthermore, through the media's sensationalist and selective approach, evidence-based views and research about their ability to be rehabilitated are rarely included, and in turn, public knowledge of sex offender recidivism and strategies for effective rehabilitation is often biased. (Malinen et al., 2014). These biases are found to be shared amongst the public and, if left uncorrected or unchanged by evidence-based information, can negatively impact support for sexual offending treatments and cause vigilantism and social exclusion (Malinen et al., 2014; Mancini and Budd, 2015; McCartan, 2010; Marteache, 2012). The misrepresentation of sexual offenders in the media is also shaped by the language they use with sensationalist headlines and animalistic descriptions describing these offenders, with one of the more common terms being a sexual predator.

Sexual Predators and Ideal Victims

The California Sexual Violent Predator Act 1996 describes sexual offenders as "pathological, repeat, and violent offenders". This use of the term sexual predator succeeds in "conveying a medieval image that has never entirely been eliminated from Western images of the frightening, the disgusting, the horrible, the dangerous, and the unbearably, and erotically, fascinating" (DiBennardo, 2018: 2). Given the outlined influence of the media has over how crime is "constructed, attributed, and enforced" (Ferrell and Websdale, 1999), Hartley (2013) argues that the way the media uses the terms through the cases chosen and language associated with the case plays a significant role in its socially constructed meaning.

Researchers have argued that when media sources focus on sexual offenders, they often do so with a conflation between these criminals and violence which perpetuates the bogeyman fallacy and creates the notion that sex offenders are different, secretive and monstrous individuals (Lancaster, 2011; Levine, 2006; Leon, 2011).

Furthermore, when the media report on crimes involving sexual offenders, they tend to use stories where the offenders have committed violent sexual acts against ideal victims, which Christie (1986: 18) suggests is "a person or category of individuals, who, when hit by crime, most readily are given the complete and legitimate status of being a victim". This is because, as Christie argues, the public tends to give legitimate status to those victims they deem to possess socially desirable characteristics. Children are often the primarily used ideal victim in cases of sexual violence by the media, although other factors such as race, age, gender and

others can create the portrayal of the ideal victim (Levine 2006). Reporting on these victims tends to create misconceptions amongst the public. For instance, stories involving children and violence are associated with sexual violence even if the crime did not involve the latter. Although, as suggested, children are often the most ideal victim, so they are preferred in media stories over cases involving adult victims (Jenkins 2004). This is because even certain adult victims may not possess a characteristic associated with being an ideal victim. For instance, according to Meyers (1996) many female sexual abuse victims are victim blamed in the aftermath of their crimes for not being careful where they were walking, questioned about their history of sexual partners, or viewed as having made poor decisions. However, when a victim meets all the socially desirable characteristics, their status as an ideal victim is unquestionable and can create quick and extreme responses from the wider public, such as calls for punitive sex offender legislation, which will be discussed in the following chapter.

Considering Jewkes (2005: 67) "oversaturation of the extraordinary", it is when those ideal victims are presented alongside a combination of various predator interpretations: predatory perverts when the victims are children (Lancaster, 2011) or the violent offender often associated with more racialised understandings of superpredators (Moriearty, 2009) that induces the most reactionary backlash from the public (Jewkes, 2015). According to DiBennardo (2018), the portrayal of the most innocent, harmless and vulnerable victims with cases of extremally violent and sexual crimes justifies for the public the necessity to treat offenders with such hostility. Due to this unrelenting misrepresentative portrayal of sex offenders, the public has conceptualised these individuals to be the "monstrous evil", a violent male attacking young children unknown to them, and they have responded to this "by grabbing their pitchforks and lighting their torches in a unified alliance to exterminate and eradicate the beast" (Cucolo and Perlin, 2012: 16).

The Public

Public attitudes towards sexual offenders are undoubtedly influenced by the media's portrayal of them and their crimes. The overrepresentation of extremally rare and violent sexual crimes has "elicited a panic and fear of rampant sexual violence within communities" (Cucolo and Perlin, 2013: 186). This fear then turns to anger, and inadvertently the public looks to legislators to create more punitive measures to increase a sense of safety in their communities (Cucolo and Perlin, 2013). This is often because, in parallel to the misrepresentation of sex offenders, the media portrays a largely ineffective criminal justice and thus, the public demand change as they believe that all offenders are a 'monster' to be feared and the justice

system fails to protect them from this monster. Evidence suggests that myths and misconceptions about sexual offenders influence the public perceptions of sexual offenders as these monsters. Such myths and misconceptions range from these offenders having high recidivism rates (Calleja, 2015) while having one of the lowest (Vess and Skelton, 2010; Cortoni et al., 2010; Hanson and Harris, 2001; Hanson and Bussiere, 1998; Hanson et al., 2003), and that they target stranger victims although most sex offenders are known to their victims such as a family member or partner (Zevitz, 2006; Sample and Bray, 2003; Meloy et al., 2008). There is also evidence suggesting that communities hold negative views toward sexual offenders living in or completing part of their rehabilitation in their neighbourhood due to a high fear of re-offending, which will be addressed in the next chapter (Kernsmith et al., 2009; Olver and Barlow, 2010).

Keenan (2014: 27) argues that research on sexual offenders "is often unfairly cited to confirm a view that sex offenders are fundamentally different from the rest of mankind", leading to public views of sex offenders as "once a rapist, always a rapist" and often the wider public see sex offenders as been unable to change (Keenan, 2014: 27; Katz-Schiavone et al., 2008; Payne et al., 2010). Therefore, local communities often respond to sexual offender reintegration through 'disintegrative shaming' "where the emphasis is on the labelling, public shaming and ostracism of sex offenders, particularly those who offend against children" (McAlinden, 2005: 8). Through these othering processes, sex offenders are deemed a "double outsider" (Spencer, 2009: 225) in that not viewed as a community member and therefore are not allowed to become a member (Garland, 2001). More extreme reactions have seen cases of public vigilantism towards sexual offenders, which, at times, the media has instigated, such as the name and shame campaign perpetrated by the News of the World newspaper. This has serious implications for all sexual offenders as they are subjected to abuse from their communities at a time when they need their support the most, and for those with a history of trauma, there is a serious risk of becoming re-traumatised.

The Embodied Evil

As outlined in the previous chapter, traditional treatments for sexual offenders fail to consider the potentially re-traumatising experience clients might experience post-release, which here lies the second potential barrier to successful reintegration for sexual offenders. Upon release from incarceration, sexual offenders are subjected to a series of measures to exclude them from communities. This results in these offenders' experiencing stigmatisation and isolation, making it much harder to reintegrate them back into their communities as they feel little

attachment or association with their community members and are less motivated to engage with them. For those offenders with a history of trauma, post-release is a potentially re-traumatising time in their reintegration, and as such a time, they pose a higher risk of re-offending. For instance, the public vigilantism experienced by sex offenders means they are at risk of being emotionally abused, neglected, and physically abused by those in their communities.

According to Schippert et al. (2021: 2), re-traumatisation is "the reactivation of trauma symptoms via thoughts, memories, or feelings related to past traumatic experiences which can result from events or interactions in settings that remind survivors of their previous traumatic experiences". Given the reaction of the wider public towards sexual offenders in general, those offenders with a history of ACEs are at risk of experiencing re-traumatisation of the experiences in their childhood. For instance, some consider sex offenders to be subjected to a "vehemence of the hatred ... unmatched by attitudes to any other offenders" Sampson (1994: 124). Amongst the public, sex offenders are viewed as the most despicable criminals, with suggestions they are the "embodied evil" and so are met with a variety of reactions such as outrage, disgust, fear outrage and stigma from their community members (Oliver and Barlow, 2010; Keenan, 2014: 27; Pickett et al., 2013; Lancaster, 2011).

Therefore, of all offenders with a history of trauma in childhood, they are perhaps the most in need of support at the time of release to mitigate against the adverse reactions they face from the public, which could mirror the treatment they suffered as children.

A plethora of research indicates the negative implications of labelling criminals (Bernburg, 2009; Bedell et al., 2019). Furthermore, McCartan et al. (2019) argues that labelling someone by the offence they committed will push them to never see themselves as anything different, so it risks convincing them they cannot change, so they should not attempt to seek help or treatment. Although in the context of sexual offenders with a history of trauma, there are further implications to this labelling as these offenders are not only held to the label of their offence, they are also essentially told that even though they might have served their sentence and worked on their past traumas as part of their rehabilitation, they are not allowed to transcend their past.

Aside from the labelling and exclusion faced by these offenders, they are also subjected to a series of abuse from wider society post-release, potentially re-traumatising them. For instance, those who experienced physical assault are at risk, as Levenson and Cotter found

that between 5-16% of sexual offenders have experienced physical assault. Those with a history of emotional abuse and neglect are also at risk as some suggest that sex offenders face a series of challenges upon release such as public condemnation, abandonment of friends, harassment and threatening messages and calls, and victimisation which are risk factors for experiencing social isolation (Tewksbury and Lees, 2007; Zevitz and Farkas, 2000; Tewksbury, 2005; Evans and Porter 2015). Haas et al. (2012) argue that of all criminals; sexual offenders may be the only ones the public might be remorseless towards in terms of the impact their treatment may have on them, as research suggests that community members tend to support this aggressive backlash as a result of their lack of belief in these offenders' ability to be rehabilitated. This lack of remorse points to Garland's prediction of a culture of control which will be addressed further in the following chapter. Garland predicted that the culture of control would see a situation whereby the offender goes from being seen as someone who needs support to someone whose punishment is justified in the views of the public. Therefore, given the implication of viewing offenders in this light, work is needed to combat the misconceptions surrounding sexual offenders to prevent the public from viewing their potentially re-traumatising treatment of sex offenders with a history of ACEs as justified.

The Republic of Ireland

Until recently, the Catholic Church had such power and influence in The Republic of Ireland that it presided over every aspect of life. Therefore, sexual crimes were not viewed as a topic to be discussed by the media, and there was great shame and secrecy surrounding the topic (Donnelly and Inglis, 2010). However, in the 1990s, through the revelations surrounding child sexual abuse in the Catholic Church, sexual crimes became a widely discussed topic for the first time in Ireland, with public outrage at much of the scandals eroding public support for the Catholic Church in Ireland (McAvoy, 2012). Today, the influence of the Catholic Church in Ireland is limited "the decline in the symbolic domination of the Church mirrored a general decline in its influence over the state and other social institutions" (Donnelly and Inglis, 2010: 1) and with this decline in authority the media has "replaced the Catholic Church as the social conscience and moral guardian of Irish society" (Donnelly and Inglis, 2010: 2). However, with this recently found position of influence, as outlined already, comes the potential for the media to misrepresent crime in the news, which certainly occurred in Ireland after this transition of power.

Not long after the Catholic Church scandals began to emerge, O'Connell (1999) found that the Irish media distorted public opinion regarding sex offenders by disproportionately covering violent crimes involving the most vulnerable victims. Furthermore, research by Rabbitte (2012) found that personal violent crime, including sexual offending, dominates crime coverage in Ireland. In assessing if there is a possible influence between media misrepresentation and public perception, McAvoy (2012) found a disparity between public opinion and research on sex offender rehabilitation. For instance, 75% of the Irish participants in his study agreed that most sex offenders re-offend, in contrast to Baumer et al. (2008), who found that sex offenders have some of the lowest recidivism rates in Ireland and that sexual crime had one of the lowest recorded figures. According to McAvoy (2012), the public is hostile whenever a notorious sexual offender is released, with one such case being that of Larry Murphy, one of the most high-profile convicted sex offenders in Ireland's history and upon release, initiated a wave of panic amongst Irish society resulting in a dedicated Facebook group tracking his every move throughout the country.

Another example of the public outrage towards sex offenders came in 2010 when the Wicklow Housing Authority approved a decision to remove local convicted sex offenders and their families from their housing list, which demonstrated a belief that these offenders could not and should not be reintegrated into Irish communities and ensuring this by stigmatising anyone who dared support them (Irish Times, 2010). Although there is a dearth of research into the public perceptions of sex offenders in Ireland, this may be because Ireland does not have a publicly available sex offender register. However, as will be discussed in more detail in the following chapter, this is expected to change with the introduction of the Sex Offenders (Amendment) Bill 2021, which will "make provision for the disclosure and publication of information relating to such persons in certain circumstances". Given the plethora of research demonstrating strong negative public attitudes and vigilantism towards sexual offenders in countries with publicly accessible sex offender's registers, along with the small but clear evidence of similar attitudes towards sexual offenders in Ireland, it appears clear that if nothing is done to educate the wider public of misconceptions of sexual offenders in Ireland, these offenders could potentially face the same ramifications as those in other jurisdictions. Given the potential implications of this public backlash in the context of offenders with a history of ACEs, Ireland needs to be proactive rather than reactive in its approach to educating the public, with many arguing that restorative justice could provide the perfect response for this reform.

The Need for Restorative Justice

According to Viki et al. (2012), people hold more positive views toward the rehabilitation and reintegration of sex offenders after having more direct contact with them through the process. Given the backlash that sexual offenders face upon release from prison, there is a clear need to address the misconceptions surrounding their ability to rehabilitate and to not only make the wider communities they live in more involved but to make them a key stakeholder in their rehabilitation. One such way of doing this would be to use restorative justice (RJ). Restorative justice is "a process whereby all the parties with a stake in a particular offence come together to resolve collectively how to deal with the aftermath of the offence and its implications for the future" (Marshall, 1996: 37). Furthermore, it requires the voluntary and "active participation of the victim(s), offender(s) and other stakeholders" (Marder, 2019: 60). Restorative justice has traditionally been restricted to crimes where the offence is low harm to the victim, or the offender is a child (McAlinden, 2008). However, a plethora of research has demonstrated that RJ can have a positive effect on both victims and offenders when the offence is serious such as sexual crimes, and thus, commentators are calling for its implementation in the case of sexual offending (Batchelor, 2017; Van Wormer, 2009; Keenan, 2012). However, some hold reservations towards using RJ in serious cases such as sexual offending, and so this perhaps might explain why offenders and victims are rarely offered the chance to participate in RJ if the crime committed is serious both in Ireland and internationally (Weimann-Saks et al., 2019; Marder, 2019; Butler and Maruna, 2016).

According to Johnstone (2011: ix), RJ aims "to make offenders aware of the harm they have caused, to get them to understand and meet their liability to repair such harm and to ensure that further offences are prevented". Although in more serious cases such as sexual crimes, some hold concerns about the suitability of RJ (Morris and Gelsthorpe, 2000; Hudson, 2002). However, a plethora of research shows the potential benefits when used as part of their reintegration and more promising results when run parallel to their treatment (Courtoure et al., 2001; Julich et al., 2010). Further studies have shown that sex offenders believed their participation in RJ contributed to positive change in themselves and their behaviour, which benefitted their reintegration (Gustafson, 2005; Miller and Hefner, 2015). Other studies assessing re-offending after RJ found a reduction in recidivism (Hayes and Daly, 2004; Hayes, 2005; Maxwell and Morris, 2001). Commentators have argued that this is due to the much higher satisfaction rates of sexual offenders who participated in RJ compared to those who went through the traditional CJS process with findings for restorative circle support and

accountability, typically implemented post-release, evidencing that RJ can play an important part of the successful reiteration of sex offenders (Latimer et al., 2005; Bonta et al., 2002; Wilson et al., 2009). Some argue that is because restorative justice promotes the idea of reintegrative shaming "expressions of community disapproval are followed by gestures of reacceptance into the community of law-abiding citizens" (Braithwaite, 1989: 55).

Reacceptance gestures can vary from simply smiling to organising a formal occasion to acknowledge the offender's change. Through this process, RJ promotes community involvement and allows individuals close to the offender to participate, thus increasing their support system and thus reducing the likelihood of future offending (Gerkin, 2012).

Given the lack of public support for sexual offender reintegration and, more often, the outrage sex offenders experience post-release, it is evident that community members need to be informed about their potentially beneficial role in participation within RJ. Although RJ has shown benefits when applied to sex offenders, it appears even more necessary for it to be applied in cases involving offenders with a history of trauma in childhood who need support networks after release rather than experiences that replicate the dynamics of the abuse they suffered as children. McAlinden (2008) discusses how educating the offender's wider community is possible through the use of community circles. Community circles create an environment where the offender and the wider community can come together. The aim is for the offender to relate to community members and commit to undergoing available and suitable treatment while promising not to re-offend. This creates a supportive network for the offender, especially as they are assigned a member to help them through this high-risk phase of their reintegration. Furthermore, these circles inform the community how their participation helps the offender reintegrate and quashes any media-influenced perceptions, which decreases the stigma felt by the offender, ultimately making them feel supported and motivated not to re-offend again (McAlinden, 2008). Although RJ only works in cases of voluntary participation, those who wish to avail of the process should be permitted to do so. Thus, it is necessary for wide-scale implementation of restorative justice between sex offenders and the community, especially for sexual offenders with a history of trauma, as they can continue their rehabilitation post-incarceration in an environment that does not encourage the labelling, social exclusion and vigilantism from community members that might pose a risk of re-traumatisation and thus risk them re-offending.

Conclusion

While this chapter has already outlined the risk faced by sex offenders with a history of trauma from public attitudes influenced by their media representation and the potentially facilitating role of using RJ, challenges remain. Ahlin et al. (2017) argue that policymakers appear hesitant to advocate for RJ for fear of appearing too soft on crime. As the next chapter will discuss, it is difficult to convince legislators to advocate for measures that appear soft on crime, even if those measures demonstrate an ability to successfully reduce recidivism and assist in the offender's reintegration. Punitive and restrictive measures are often preferred as they appear tougher on crime and extremely popular in the aftermath of a high-profile case. However, without criminal justice and public support for using RJ with sex offenders, it may remain only an option for crimes with low harm and young offenders (Moss et al., 2019; Hoyle and Rosenblatt, 2016). Therefore, a community reintegration without restorative justice might share similarities to the treatment programmes discussed in Chapter 4 in that it fails to provide sex offenders with a history of ACEs and the conditions necessary to transcend their past and desist from future sexual offending. In the case of Ireland, there remains a dearth of research on public attitudes towards using RJ with sex offenders. However, when asked about their opinion towards sex offender reintegration, the public appears split, with some "vehemently opposing it" and others "enthusiastically supporting it" (Richards and McCarten, 2018: 411). In considering the outlined impact of the public holding views towards sex offenders based on misrepresented information from the media, these offenders must be provided with counteractive measures such as RJ, which includes community members, thus avoiding the current problem of a community feeling excluded and in turn excluding the offender as well thus putting the offender at risk to experiencing relationships that replicate their traumatic childhood (Moss et al., 2019). McCartan (2004) argues that through processes such as RJ, professionals are better places to provide community members with accurate information surrounding sex offenders, thus dispelling the idea of them being incurable monsters. Therefore, "strategies to support the media's representation of sexual violence should also be considered part of the public awareness campaign" (McGee et al., 2002: 290). Given the fact that those who participate in a sex offenders community reintegration hold more positive views about their ability to rehabilitate, it appears it would be in the best interest of sex offenders with a history of trauma to educate the communities they hope to become a part of before focusing on the more systemic issue of their media representation.

Chapter 6

Punitive Post Release Restrictions and the Need for Restriction of Liberty as the Sole Punishment

Introduction

According to desistance theory, "all offenders are foremost human beings, and once they have completed their time in jail, or are being successfully supervised in the community, they have the right to live their lives just as all other citizens" (Willis et al., 2010: 546). As outlined in the previous chapter, post-release remains a time point in an offender's reintegration that creates complex challenges. There are often a series of additional obstacles and restrictions faced by registered sex offenders that act as barriers to their successful reintegration (Western, 2018). Factors associated with desistance from sexual offending include having healthy relationships and securing suitable housing and other social supports (Willis et al., 2010). However, as outlined in the previous chapter, the media portrayal of these offenders as unchangeable negatively influences their ability to be reintegrated into society as their portrayal influences the public perception of these offenders. Furthermore, their portrayal in the media affects the success of their treatment programmes discussed in Chapter 4 and confirms a view from the public that they are untreatable. The negative portrayal of these offenders then results in the public fearing these offenders and feeling unsafe in their communities, and thus the public call for legislative change surrounding sexual offenders, such as publicly available registration and notification laws. Additionally, some laws impose restrictions on housing and employment availability for sexual offenders (Edwards and Hensley, 2001; Sample and Kadleck, 2008; Burchfield and Mingus, 2008). These laws often lack proportionality in the way that they restrict these offenders when their risk is considered, and they deprive them of the factors associated with desistance and successful reintegration.

Therefore, many of these offenders are at risk of not having adequate support networks and social supports such as housing and employment and are at risk of becoming stigmatised and isolated, as outlined in the previous chapter. Given how these supports could allow these offenders to live a healthy and socially acceptable life with secure relationships but are prevented from doing so by the legislation in place, it is evident that reform is necessary.

Furthermore, for those with a history of ACEs, these punitive laws not only restrict them from availing of the supports necessary for a meaningful life but also have the collateral consequence of preventing these offenders from transcending their past and pushing them into conditions that could re-traumatise them. This chapter will begin by discussing further the implications of the issues covered in the previous chapter in how the wider public treats sex offenders. However, this chapter will focus on the more indirect implications of this issue with a specific focus on penal populism before discussing how populist laws affects the ability of sexual offenders to avail of services in their community. Further, this chapter aims to discuss how the restrictions imposed on sexual offenders not only do not achieve what they set out to do but, in the context of sexual offenders with a history of trauma, only compound their trauma even further. The Republic of Ireland will be discussed as a case study demonstrating these implications before discussing the need for involving the public in legislative developments as seen in Norway and, finally, what the future might hold for sexual offending legislation.

Penal Populism

As the previous chapter outlined, public attitudes towards sexual offenders are inherently punitive. While a plethora of research has demonstrated that the media's misrepresentation of sexual offenders influences these attitudes and that; as a result, communities label, exclude and even abuse sexual offenders post-release, they also hold a strong influence over the punitive laws surrounding sexual offending (Meloy et al., 2013; Wevodau et al., 2016). One reason that has been put forward for why this is the case is penal populism (Roberts et al., 2003). According to Quilter (2015), penal populism is considered to have an extremally punitive influence on penal policy and legislation. It is defined as "politicians using for their own purposes what they believe to be the public's generally punitive stance" on criminals and their crimes, and therefore policies considered popular amongst the public are introduced as a way of attracting votes as opposed to dealing with the response to crime in an evidence-based fashion (Bottoms, 1995: 40; Dobrynina, 2016).

According to Garland (2001), many Western governments and societies fall under the idea of penal populism through expressive and punitive policies or acting out in order to deal with rising crimes and rather than admit a loss of control over crime, they resort to punitive legislation in order to demonstrate to the public they have done something (Lappi-Seppälä, 2007). Furthermore, Garland (2001) argues that the transferring of these laws has occurred from the United States into other western jurisdictions through the culture of control, and as a

result, offenders go from being seen as someone who needs support to someone whose punishment is justified in the views of the public. Although Garland's prediction of a culture of control is evident in many western countries, there is evidence that contradicts the prediction as seen in Scandinavian policies (Lappi-Seppälä, 2007). The public's fear of crime is arguably the biggest influence on their sentiment towards a penal policy or legislative change, and this fear, as outlined in the previous chapter, is directly related to the reporting of crime by the media. Therefore, it is not surprising that Scandinavian countries have a low fear of crime as the region is not typically associated with the same sensationalist reporting of crime their western counterparts promote. According to Roberts et al. (2003), this is because there is less interest in crime from media sources in Scandinavia, and public calls for change do not influence penal policy and legislative decisions; rather, their political parties consider the valuations and sentiments of the public with such opportunities to voice concerns about crime evident in the public's role in Norway's Whitehall Papers (Lappi-Seppälä, 2007). Contrastingly other western jurisdictions, such as Ireland and the U.K., have implemented punitive laws that attempt to restrict sex offenders from re-offending, including mandatory registration and community notification, along with restrictions on housing and employment, which points to the culture of control Garland (2001) predicted. However, there is a dearth of evidence to support the effectiveness of these laws, and rather they are thought to be counterproductive, especially for offenders with a history of trauma (Bench and Allen, 2013; Tewksbury et al., 2012; Cohen and Jeglic, 2007).

Sex Offender Registers

Sexual offender registers are derived from a series of legislative changes throughout the past 100 years in the United States. The first was created in California in 1947, while the first use of community notification was Washington in 1990. However, since the 1990s, the use of sex offender registers has changed dramatically in the U.S. and worldwide (Wright, 2003). After various high-profile and sexually violent criminal acts on young children in the U.S. throughout the 1990s, legislators introduced a series of laws in response to these statistically rare but violent acts against children by individuals unknown to them. These reactions were propelled by public outrage at the time towards these violent crimes against ideal victims and saw the passing of the Jacob Wetterling Crimes Against Children Act, which mandated that all states must create sex offender registers. However, in 1996, after another highly publicised murder of Megan Kanka, legislators amended the Jacob Wetterling Act to mandate that all states must ensure the public is informed about the sexual offenders residing in their

neighbourhoods and near local schools, again pointing to the public viewing children as the ideal victim and in turn, politicians demonstrating penal populism (Wright, 2003). Since then, every state in America has designed and implemented its version of Megan's Law (Meloy, 2005).

Although legislation such as Megan's Law was introduced on the premises, it would stop these sorts of crimes from occurring again and increase the public's safety; there remains a dearth of evidence demonstrating these measures have ever succeeded in achieving their goals. For instance, a study by Schram and Milloy (1995) found that there was little difference between offenders under community notification compared to those not publicly identified regarding their re-offending rate (19% vs 22%) and that over 60% of new sexual crimes were committed where notifications laws were imposed thus suggesting that notification failed to have its desired effect of deterring sexual crimes. However, other researchers have found other issues concerning these punitive sex offenders' laws. For instance, researchers assessing public attitudes found that these measures only increase anxiety as they fail to provide the public with any means to protect themselves (Caputo and Brodsky, 2004; Zevitz et al., 2000a). While for offenders, another study by (Zevitz et al., 2000b) found that more than 9 in 10 suffered distressing implications of their public notification, with such experiences varying from harassment, being made redundant, ostracism, being kicked out of their home and the termination of many of their relationships, with the vast majority reporting that their families also became the target of the public.

Critics of these laws have suggested that notification creates a dangerous situation where the public is led into a false sense of security and unaware that most sexual crimes are perpetrated by someone known to the victim (Freeman-Longo, 1996; Levi, 2000; Prentky, 1996). Furthermore, notification laws may decrease public safety by exacerbating triggers associated with sexual recidivism (Edwards and Hensley, 2001; Freeman-Longo, 1996). Other studies have found that the public often does not use the registers made available to them, so they are at more risk of letting offenders in their community into their lives unknowingly (Anderson and Sample, 2008; Kernsmith et al., 2009). Therefore, it appears these restrictive laws are failing in their objectives of informing the public about the risks of sexual offenders residing in their communities and are arguably more of a symbolic gesture from legislators to show the public they have done something (Levenson et al., 2007).

Housing

Another issue faced by sexual offenders upon release from incarceration is finding suitable accommodation. Sexual offenders face difficulty obtaining adequate accommodation after their release for two reasons. Firstly, many oppose the idea of sexual offenders residing in areas close to facilities associated with younger children, i.e., schools, as they believe this poses a risk to the children's safety. Furthermore, residents oppose sexual offenders living in their neighbourhoods as they believe this puts both themselves and their children at risk of these offenders. This results in attempts by the wider public to drive sexual offenders out of their communities and, in turn, makes it difficult for them to access stable housing arrangements through calling for punitive legislation such as exclusionary zones away from what are deemed high-risk facilities (Kitzinger, 2008; Clark, 2007). A study by Levenson and Cotter (2005) assessed the lived experience of sex offenders subjected to Florida's 1,000-foot state-wide exclusionary zone. Findings showed 25% were unable to return to the home they lived in before conviction, 44% were prevented from living with their support networks such as close family members, 57% struggled to acquire affordable housing, and overall, 60% were left emotionally distressed from their experience. The authors concluded that housing restrictions could create barriers to stability for sex offenders post-release, and thus they contribute to the psychological, psychological stressors often associated with sexual offending recidivism (Hanson and Harris, 1998).

Although it could be argued that while these exclusionary zones might be tough but necessary to ensure public protection, this thought process has been disproved. For instance, research into the impact of these restrictions by the Minnesota Department of Corrections (2003) found that sexual re-offending was not associated with how close an offender lived to certain facilities such as schools, and the authors recommended that it would be better to deal with offender through a case-by-case approach so that their risk and needs are considered. However, despite these claims, punitive restrictions remain popular amongst the public and politicians (Sample and Bray, 2006; Quinn et al., 2004; Levenson et al., 2007). These restrictions are based on the notion that sexual offences are committed by strangers, although evidence suggests otherwise; thus, it is possible that the media's misrepresented reporting of these offenders has led to legislation that is unnecessary given the little risk they pose for re-offending (Bureau of Justice Statistics, 1997). Similar to sex offender registers, housing restrictions on sexual offenders not only do not achieve their aims of reducing recidivism, but they also act as a counterproductive measure as these offenders often are forced to live in

socio-economically deprived and disorganised communities that have little ability to bring community members together and participate in reducing crime in their area (Zevitz, 2004; Tewksbury and Mustaine, 2006; Mustaine et al., 2006). Therefore, given the unintended consequences of these restrictive housing measures, it appears that more evidence-based post-release legislation is necessary.

A Rigged System? Implications for Successful Reintegration

Researchers have described the process of re-entry to society as extremely traumatic for sexual offenders when they are publicly identified on sexual offender registers (Western et al., 2015; Listwan et al., 2013; Liem and Kunst, 2013). This traumatic experience then impedes the ability of these offenders to adequately adjust and live a normal life once they have been released from prison (Sample and Streveler, 2003; Tewksbury, 2005; Levenson et al., 2007; Tewksbury, 2004). For instance, a variety of studies demonstrate that between 33%-50% of sex offenders report adversities in their personal life after incarceration, such as losing their jobs, their relationships ending, harassment or property damage from the public due to their convictions and being denied to live in a certain area, and overall being stigmatised based on their offence (Tewksbury and Lees, 2006; Tewksbury, 2005; Mustaine and Tewksbury, 2011; Burchfield and Mingus, 2008; Tewksbury and Connor, 2012).

However, the difficulty for sexual offenders with a history of trauma is compounded further. For instance, as discussed in Chapter 2, a series of studies have demonstrated that ACEs have a significantly negative impact on employment in adulthood (Zielinski, 2009; Currie and Widom, 2010; Font and Maguire-Jack, 2015; Macmillan and Hagan, 2004; Anda et al., 2004; Sansone et al., 2012). Therefore, sexual offenders are at a double disadvantage compared to those without past trauma. Regarding housing, various studies have shown that those with a history of ACEs have a much higher risk of becoming homeless (Gilbert et al., 2009; Padgett et al., 2012; Herman et al., 1997). Another study by (Liu et al., 2021) found that over 90% of homeless participants had a history of ACEs. Therefore, similarly to employment, sexual offenders with a history of trauma are again at a double disadvantage when attempting to secure accommodation post-release.

Furthermore, the barriers to employment, housing and the negative effects of being put on a register impede much of the work done using traditional sexual offending treatment programmes discussed in Chapter 4. Research on ACEs has demonstrated that sexual offenders with a history of trauma are thought to have offended as a maladaptive behaviour to

the trauma they experienced in childhood. Therefore, the GLM directs the focus of treatment towards achieving healthy life goals through positive behaviours explicitly (Yates and Prescott, 2011; Yates et al., 2010; Ward et al., 2006). However, given the barriers that sex offenders experience in achieving these goals post-release, it is evident that they are being prevented from utilising the tools they learned from the GLM once they are back in the community. Research on ACEs has demonstrated that sexual offenders with a history of trauma struggle with cognitive distortions and experience difficulties with problem-solving and managing relationships and emotions due to their trauma. Therefore, CBT provides these offenders with the tools to practice their treatment post-release to maintain the progress they made in prison. However, due to the restrictions put in place for sex offenders with a history of trauma, they are prevented from putting their learning into practice and developing the socially acceptable coping mechanisms and healthy relationships with others that CBT emphasises as an important aspect of their treatment. Therefore, it is clear that much of the legislation surrounding sexual offenders prevents them from transcending their past and living pro-social lives after incarceration. However, the legislation on sexual offenders also unintentionally pushes them into living more traumatic lives, putting them at further risk of re-offending. Given that sexual offenders with a history of trauma are prevented from using the tools learned throughout their therapy, it is no surprise that they are at risk of becoming traumatised post-release. This is arguably because those offenders are pushed into living in traumatic circumstances and are not provided with the opportunity to use the skills they acquired throughout treatment.

Many commentators have argued that public registration and identification leads to a series of consequences for the offender that can have a dramatic change on their lives, creating a sense of powerlessness and fear for those involved and unintentionally traumatising them in the process (Harris and Levenson, 2021; Pettus-Davis et al., 2019; Liem and Kunst, 2013). Much of the trauma stems from the public stigma they endure due to these registers, and they have various emotional and psychological effects on the offenders (Mercado et al., 2008; Wakefield, 2006; Tewksbury and Lees, 2006). In a more detailed analysis of their experiences, Levenson and Cotter (2005) found that most sex offender participants reported: "stress, isolation, loss of relationships, and feelings of fear, shame, embarrassment, and hopelessness" (p. 56). One study by Mingus and Burchfield (2012) argues that when sex offenders are publicly identified, they believe they will experience adversity upon release, so they try to hide their offending past. These attempts at secrecy also impact them, as research

shows that the cognitive resources used to hide their past has created a series of physical and psychological issues (Smart and Wegner, 2000; Pachankis, 2007; Oswald, 2007).

However, it is not just the offenders who face stigmatisation as one of the biggest pushers towards living a traumatic life is what Goffman (1963) refers to as courtesy stigma, whereby individuals associated with another are stigmatised based on that association. A series of studies have studied this phenomenon with sexual offenders finding that it often occurs with the romantic partners, children, friends, household members, and employers who try to assist the offenders in their reintegration often experience the same treatment as many report shame, fear, housing difficulty and financial issues or disruptions in their own family life (Tewksbury and Levenson, 2009; Tewksbury and Connor, 2012; Farkas and Miller, 2007; Kilmer and Leon, 2017). Given the implications of being on sex offender registers, many of those report that because the treatment they receive can be set on those they love or who try to help, they often feel overwhelmed at the insurmountable task of trying to live a life that fails to provide them with the opportunity for redemption (Bailey, 2018).

Overall, the sexual offender registry and the laws surrounding housing and employment that followed them might have been premised on good intentions to the sexually violent crimes against children in the U.S. during the 1990s. However, 30 years later, we know that these laws were created for crimes that rarely occur, and they fail to fulfil their purpose of keeping the communities safe while also having the opposite effect of driving sex offenders underground as they seek to avoid the traumatic experience those in their communities bestow upon them for their crimes (Tewksbury, 2005; Prescott and Rockoff, 2008; Edwards and Hensley, 2001). The trauma experienced by sex offenders, especially those with a history of trauma in childhood, can act as triggers for relapsing as they replicate the relationships from their childhood (Edwards and Hensley, 2001). When these offenders experience these traumas and attempt to seek help, they are left in a compounded situation whereby those who should be their support networks are driven away by the community or fear of experiencing the same treatment for helping them (Tofte, 2007). Further housing and employment barriers see these offenders relegated to neighbourhoods which lack the social service and capital they need at their most high-risk time for re-offending (Socia and Stamatel, 2012; Hughes and Burchfield, 2008; Burchfield and Mings, 2008). Thus, punitive sexual offender laws create significantly negative collateral consequences for those with a history of trauma and drastically increase the risk of them becoming re-traumatised through a denial of the opportunities necessary for them to transcend their past, such as relationships, housing and

employment, and instead, these laws create conditions and circumstances that pose a risk to re-traumatising them.

Republic of Ireland

In the Republic of Ireland, under The Sex Offenders Act 2001, sexual offenders released from the state's prison system are put on the sex offenders' register. Similar to the sex offender registers in the U.S., offenders have to notify the local police (Gardaí) of their name and address and if they plan on moving or leaving the country. Furthermore, those deemed high risk enough can be put on a post-release supervision order, where they usually are required to maintain contact with the probation service, and the Gardaí will monitor them for a designated period. Although sexual offenders' registration in Ireland is not publicly available, thus, ensuring the minimisation of potential public ostracisation and vigilantism, this still does not allow sex offenders to live a life free from trauma for fear of their criminal past becoming found out by members of their community. For instance, the only legislation stopping the media from identifying a sexual offender is The Children Act 2001, which under section 252 subsection 2 states, "in relation to any proceedings for an offence against a child or where a child is a witness in any such proceedings (a) no report which reveals the name, address or school of the child or includes any particulars likely to lead to his or her identification, and (b) no picture which purports to be or include a picture of the child or which is likely to lead to his or her identification" Therefore, the identification of sexual offenders in the media is only restricted for cases involving child victims. Furthermore, a recent legislative change termed The Sex Offenders (Amendment) Bill 2021 attempts to change the non-public disclosure of sexual offenders' identities to certain people. Under this legislation, local Gardaí will be permitted to notify members of the public about details relating to released sexual offenders.

The Sex Offenders Act 2001 states that for employment, those sex offenders released from prison must inform employers of their crimes when they apply for jobs that may involve access or contact with children or the mentally impaired if this contact could be unsurprised. However, under The Sex Offenders (Amendment) Bill 2021, this looks to change as it is proposed that there should be a complete ban on sexual offenders gaining any form of employment that includes working with children or other vulnerable people. Although the ban on working with children and vulnerable others is commonplace worldwide, it restricts the possibilities of employment for sexual offenders, which is a key factor in reducing recidivism and the risk of homelessness. Although there is no specific law surrounding the

housing of sexual offenders in Ireland, it is clear that the identification of sexual offenders through the media also impacts this matter. For instance, as discussed in the previous chapter, one of Ireland's more high-profile cases of community disapproval and penal populism concerning the housing of sex offenders came in 2010. After protests against the housing of a sex offender's family in Wicklow resulted in an arson attack, the Wicklow County council removed sex offenders and their associates from their housing list (Irish Times, 2010). Although there are no official statistics for homeless sex offenders in Ireland, one study by Gulati et al. (2019) found that almost 20% of prisoners in Ireland are homeless prior to their prison sentence. Comparatively, this figure is higher than the U.K. (Williams et al., 2012) and the U.S. (Greenberg and Rosenheck, 2008). Therefore, even with the treatment and support available to offenders, this work is undermined by the lack of accommodation for them upon release, which poses a risk of them becoming homeless and re-offending. Therefore, although the Republic of Ireland might not implement the same punitive legislation as the U.S. to date, many of the sexual offenders here face the same risk of adversity upon release from prison. Furthermore, given the proposals made under The Sex Offenders (Amendment) Bill 2021, this situation appears to be at risk of following a similar trajectory as the U.S. Given what has been outlined already as to the implications of such punitive and counterproductive measures on offenders and specifically those with a history of trauma, it appears that Ireland is following the culture of control through penal populist measures.

Evidence of the culture of control transferring from the United States to Ireland was discussed by White (2001). He suggested that the reason the sexual offender's register was introduced into Ireland was due to the perception that Ireland had become a safe haven for sexual offenders coming from the U.K. "unnecessary and unhelpful attention has been placed, I suggest, on the foreign sex offender in the consideration of the appropriate measures to control sex offenders"(p.3). Furthermore, he suggests that "the adoption of legislative developments having their origin in the U.K. and the U.S., is also interesting" as he points to the fact that at the time, Ireland had never had such a sexually violent act against a child that spurred these laws elsewhere (p.3). Therefore, White suggested there was a "domino effect amongst states with an affinity resulting from shared cultural experiences, similar legal systems or geographical proximity" (p.4). The argument made by White (2001) appears to be ringing true once again some 20 years later, as the recently proposed Sex Offenders (Amendment) Bill 2021 proposes that Gardaí be provided with the power to release details about sex offenders to the public in certain circumstances. When proposing why she was

introducing the current amendment, the current minister for justice, Helen McEntee, said, "I understand the concerns communities can have about sex offenders and the protection of public safety and our citizens, and this legislation will help to alleviate those concerns" (Department of Justice, 2021). While it appears that the reintegration of sexual offenders in Ireland is following penal populist approaches rather than evidence-based strategies, which risk inhibiting sexual offenders with a history of traumas reintegration, it is promising that other jurisdictions are using a different approach and one which Ireland should seriously consider.

Restriction of Liberty as the Sole Punishment?

Much of the legislation on sexual offenders is premised on the idea that these offenders commit crimes due to an uncontrollable compulsion. This idea of an offender as being unable to change and be rehabilitated is perpetrated by the media and thus has impacted the general public's perceptions of sexual offenders. In turn, as discussed through penal populism and the culture of control, sexual offender legislation has come to a point where these criminals are being subjected to laws that have no apparent benefit to themselves, their families, their victims and their communities. These punitive measures are being introduced at the same time that emerging evidence points to successful reintegration requiring support that allows offenders to live a meaningful and productive life (Harris and Levenson, 2021). Although offenders should be supported in obtaining secure housing and accommodation, as this chapter has outlined, even those listed on registers not publicly available still experience traumas that drive offenders underground for fear of how the public will treat them. This fear is often justified, as discussed in the previous chapter, yet it is highly unlikely any jurisdiction would legislate against these registers and other punitive laws, given that there is much public agreement with their implementation even though these laws do not produce their intended outcomes.

Instead, it appears that the opposite is happening because rather than going in the direction of evidence-based practice, many jurisdictions are headed towards more punitive measures with the proposal for increasing public disclosure, as evidenced in The Republic of Ireland. Therefore, the solution to ensuring legislation surrounding sexual offenders, especially those with a history of trauma, is not something that can change overnight. There is too much public support for punitive measures, and politicians then introduce legislation without little or no evidence for its implementation, as outlined in the Republic of Ireland through the Sex Offenders Acts of 2001 and 2021. Therefore, it appears this issue is systemic, and to address

it, it appears necessary to get to the root of the issue, which according to Moss et al. (2019), is that the public feels ostracised from the process. As outlined earlier in this chapter, Norway is one such country that involves its public in penal policies and legislation and has demonstrated an adept ability to use evidence-based practice.

Although several countries worldwide have introduced sex offender registers and notification laws, the legislation in Norway does not allow for the use of these measures for both the police and the public (Rolfe and Tewksbury, 2018). According to McAlinden (2005), Norway instead uses its formal structures to promote membership of its offenders into the community and views the labelling of its offenders as a preventive measure for reintegration (Levenson et al., 2007). Therefore, Norwegian law restricts an individual's criminal history from becoming accessed by either the public, employers or others. However, there are some exceptions with employment in cases where those are applying for jobs related to the law or the safety of vulnerable individuals. The privacy afforded to offenders in Norway, including convicted sex offenders, is based on the principle of normality, which sees all citizens of Norway, including prisoners, either incarcerated or released, afforded the same rights and opportunities as anyone else, leading to some such as Bruhn and Nylander (2014) to argue Norway is the exemplification of progressive incarceration due to its primary focus on successful rehabilitation and reintegration. More importantly, in the context of this dissertation, sexual offenders are not subjected to any restrictions on the day of their release, thus allowing them to transcend their traumatic past and thus live a pro-social life after prison.

As outlined earlier in this chapter, Norway has introduced legislation such as this through public involvement in the process. Their involvement stems from what is known as Whitehall Papers, which allows the public to have a voice in the development of strategies to deal with issues such as crime; through this, the influence of the media is diminished, and thus, there is less crisis talk (Garland, 2001). Furthermore, involving the public in the process makes it clear that Norway has avoided the culture of control Garland predicted would occur in the 21st century. However, this shift appears to be occurring in Ireland with recent legislative amendments, even though it is evident that sexual offender registers fail to achieve their goals of reducing recidivism and protecting the public. Therefore, it is clear that there is a need for change in how we manage sexual offenders in our communities as a society. However, as evidenced in Norway, when the public is involved in the drawing up of legislation and made to feel part of the process, they have more confidence in their criminal justice systems and are

more accepting of less punitive but evidence-based approaches that succeed in rehabilitating offenders and in turn achieve their goals of protecting the public.

Conclusion

As outlined throughout this chapter, restrictive sexual offending laws such as registration and notification, along with limiting access to housing, can have a variety of seriously negative and potentially traumatic effects on the lives of sex offenders and risk re-traumatizing those with a history of ACEs. For those who believe that the criminal justice system should be a functioning system that reintegrates offenders safely into our communities, it is clear, given the evidence discussed here and in chapters 4 and 5, that it fails to do so. Of all offender subtypes, sex offenders face unique and complex challenges during reintegration, such as restrictive legislation and public exclusion, as outlined in the previous chapter. However, within the subgroup of sexual offenders, those with a history of trauma face unique implications as a result of these laws in that they are pushed towards a lifestyle which puts them at risk for additional trauma and reduces their ability to achieve the objectives within their treatment programmes discussed in Chapter 4 thus inhibiting their ability to transcend their past. For those offenders with a history of trauma in childhood to be successfully reintegrated into society, their perceived risk to re-offend must be managed in a more evidence-based manner rather than punitive post-release restrictions that have no apparent benefit to them or their communities. Norway's principle of normality appears to be an approach that can achieve this, although, as outlined throughout this chapter, in order to implement such an approach to sex offender management, the public must be involved in the process. By doing so, their reintegration can be a more positive and socially inclusive experience for them which the research discussed here demonstrates will only increase their opportunity to make positive changes within their communities. As Tofte (2007:11) argued, "protecting the community and limiting unnecessary harm to former offenders are not mutually incompatible goals. To the contrary, one enhances and reinforces the other". Therefore, as it is suggested here, jurisdictions such as the Republic of Ireland should seek to replicate the principle of normality used in Norway's criminal justice system, whereby offenders are not further punished upon release from prison and rather are prepared to live a healthy pro-social life with the assistance to transcend their past trauma.

Conclusion

Sex offenders with a history of ACEs experience the same barriers to reintegration as those without these past adversities. However, given this history of trauma, these offenders are at an increased risk of re-offending. Through treatments that are not trauma-informed, public attitudes that reflect the same treatment they received as children and legislation that prevents these offenders from transcending their past, they are not treated any differently than any other sex offender even though they might have remarkably different reasons for sexually offending in the first place. Rather than helping these offenders through treatments that acknowledge their past before moving forward, they are prepared for life circumstances that do not reflect their reality when they leave prison. Therefore, they become unable to cope with their newly traumatic circumstances and often, for the public, this confirms their views that these offenders cannot change. Therefore, the public call for punitive and restrictive legislation perpetuated by this notion fed to them through the media without challenging why they might re-offend in the first place. Pressure grows, and the politicians and legislators heed the public's calls as they believe their tough-on-crime stance will be received well. However, this only perpetuates the issue to what becomes an unbearable situation. These offenders are told that even if they have changed and overcome their trauma, they will always be labelled and viewed as a sex offender, damaging any motivation to engage in the treatment and restarting the unsuccessful reintegration cycle again.

Therefore, there is a need for change in how we reintegrate sex offenders with a history of trauma in childhood. The process of reintegration often starts during incarceration and so sex offender treatment programmes are an essential area to target given their outlined failures thus far. Incorporating trauma-informed care into these programmes is the first step in successfully reintegrating sex offenders with a history of ACEs. Without a treatment that recognises trauma, these offenders are provided with tools to help change their thinking and behaviour rather than addressing the experiences that caused them to commit their sexual offending behaviour. Therefore, treatments must combine an approach that maintains healthy positive change while engaging the offender in their past, so they feel validated and motivated to change what were once necessary maladaptive coping mechanisms but now prevent positive and meaningful change in a safe environment. For these therapies to work, as a society, we need to provide these offenders with a life that does not seek to replicate their past adversities. Too often, offenders are abused and neglected after incarceration by members of their community as they believe them to be unchangeable monsters, an idea often

driven by the media. However, involving the community in the reintegration process gives these offenders a much better opportunity to successfully reintegrate into society. Their involvement is possible through restorative justice, which views the community as a key stakeholder in the process. Through participating in restorative justice, community members can understand the myths and misconceptions typically associated with sex offenders and the damaging impact they can have on reintegration. Furthermore, and key for this dissertation, community members can learn about the offender's history of trauma and the impact this had on them. This is not to deflect blame, as the offender would need to accept responsibility and demonstrate accountability for the harm done. Rather it would allow community members to acknowledge the significance of ACEs on sexual offending behaviour and why they must seek not to replicate this life for offenders in order to successfully reintegrate them but also to protect their communities from future re-offending.

Once communities do not feel ostracised from the process, they tend not to call for restrictive and punitive legislation on sex offenders; instead, evidence-based practice emerges, as seen in Norway. Unfortunately, public involvement in legislative change is rare in other Western societies such as The United States and the Republic of Ireland, and so many offenders are faced with extremely punitive restrictions upon release from prison. These restrictions, most notably in America, often prevent these offenders from building a life for themselves that the research has demonstrated would contribute to their dissidence. Punitive laws surrounding where they can live or work and being publicly identified through registration and notification laws have seen these offenders become even more at risk of re-offending, and thus, they are counterproductive in their aim of protecting the public. However, they remain popular as they are often introduced after high-profile cases, which lead to public outcries for justice in its harshest form. Therefore, it is necessary to involve the public in the process of legislative change, so their voices and concerns are heard at a time they want practices that best protect them and their community instead of their cries for punishment at a time they are often emotionally charged due to social unrest. Therefore, as evidenced in Norway through their Whitehall Papers, public involvement is necessary for legislation and penal policy change. Through their involvement, the public seek processes that improve reintegration so that offenders are ready for life on the outside and restrictive and punitive measures are unnecessary, which in the case of sex offenders with a history of trauma would be greatly beneficial to transcend their past.

ACEs are only beginning to gain traction in academia, as the first study into the prevalence of these childhood adversities was conducted just under 25 years ago. Further research has since emerged showing a variety of negative life outcomes for those who experience these traumas. Although not deterministic, these events in childhood have been associated with various criminal behaviours with a high prevalence amongst sexual offenders. This dissertation aimed to examine the implications of this association on the barriers to successful reinteraction. There is much previous literature on these barriers; however, to the author's knowledge, there has been no research on how these barriers interact with this association, so this study aimed to address a gap in the literature.

Therefore, this research dissertation aimed to assess how the association between ACEs and sexual offending impacts the success of reintegration of these offenders. Through a socio-legal perspective, this literature-based dissertation has indeed found that the barriers to sexual offending reintegration interact with this association in such a way to further the negative impact of these barriers and poses a risk for these offenders to re-offend. This research dissertation also aimed to investigate if legislators and penal policymakers who aim to successfully reintegrate offenders should recognise the significance of the impact of the history of ACEs on sexual offenders when developing legislation for sexual offences. Due to this negative impact on successful reintegration for sex offenders with a history of trauma in childhood, this dissertation has argued that both legislators and penal policymakers should recognise the significance of the association between ACEs and sexual offending when developing legislation for sexual offenders as not only is much of the current legislation harmful to all sex offenders it has further implications for those with a history of trauma such as unsuitable treatment programmes, an unsupportive and potentially re-traumatising post-release experience and restrictions imposed that prevent them from transcending their past behaviour and traumas.

Finally, this dissertation aimed to analyse if reform be considered in the Irish context. Ireland is a unique jurisdiction in the context of the three outlined barriers as it implements its own unique form of treatment programme, the recent history surrounding sex abuse scandals has opened up a topic of conversation once never spoken about, so public perceptions are only beginning to emerge and finally it appears to be at a crossroads in terms of its post-release legislation which appears to be following a more punitive turn seen in the United States. Through assessing each of these barriers, this dissertation has found that reform is necessary in the Republic of Ireland. Current treatments fail to recognise the impact of trauma such as

childhood adversity. Furthermore, it appears that the media has taken the Catholic Church's role as the guardian of morality within society, thus leading to vigilantism and misconceptions about sex offenders. Finally, the current legislation fails to support these offenders with their trauma after incarceration, and a worrying trend is emerging of using counterproductive policies often seen in America. The recommendations discussed here should be easily applied internationally and, more specifically, to the Republic of Ireland. These changes do not appear to be drastically different to current practice; rather, they add more evidence-based practice in terms of trauma-informed care, restorative justice and involving the public in legislative changes moving forward. These changes have shown that they could significantly benefit the reintegration of sex offenders with a history of trauma, which any jurisdiction seeking to protect their communities and future victims ought to consider.

Looking to the future of reintegrating sex offenders with a history of ACEs, it is important to consider that these individuals have committed extremely traumatising acts on their victims. Therefore, it is necessary to provide their victims and those affected with a sense of justice and to deter these types of crimes through punishments such as incarceration and other necessary measures. However, we must also acknowledge the significance their childhood adversity has played in forming and deforming their personality and how an immature system of psychological defences was all they had at their disposal to protect themselves from their experiences. As a society, we ought to recognise the existence of an association between ACEs and sexual offending but attempt to separate the abused, neglected and traumatised child from the abusive perpetrator. As much as the sex offender needs to be punished, so too does the traumatised child within them need to be validated. Therefore, for meaningful change to manifest itself for these individuals, we need to stop looking at them as criminals before we first accept them as survivors.

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