

**The Impact of Stigmatization on the Human Experience of the Offender Population**

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### **Abstract**

The offender population is a highly stigmatized group due to their societal label as criminals. The following research question is explored in this research paper: What is the impact of stigmatization on the human experience of the offender population? Offenders experience structural barriers and restrictions that affect their quality of life and impact their ability to reintegrate into the community. It is crucial to recognize the issue of stigmatization and provide proper treatment and support for offenders, by taking steps such as creating community-based programs and providing psychoeducation about offenders to the public. There has been an increase in the number of individuals with mental illness within the criminal justice system, and stigma plays a role in the interaction between mental health concerns and offending behaviours. Understanding the experience and impact of stigma in the offender population has critical implications for the mental health field. The purpose of this paper is to use a social justice lens to advocate for the offender population through de-stigmatization and to inform the work of counsellors and other professionals who support offenders.

*Keywords:* offender, stigmatization, mental health, treatment, counselling psychology

### **The Impact of Stigmatization on the Human Experience of the Offender Population**

Being labelled a criminal is one of the most stigmatizing labels in Western society (DeLuca et al., 2018). Stigmatization is the process by which society labels a group based on their undesirable features or deviating actions that do not fit into social norms (Cubellis et al., 2019). Social stigma involves attributing negative stereotypes and engaging in prejudiced behaviours towards a group (DeLuca et al., 2018). Stigmatized groups often experience discrimination, avoidance, and rejection (Cubellis et al., 2019). As a marginalized group, offenders experience a convergence of all these factors in the form of institutional barriers, stereotypes, and societal prejudice (Moore et al., 2018; Moore, Stuewig, et al., 2016). The offender population endures strong adverse reactions from community members that impact their overall wellbeing and quality of life (Kleban & Jeglic, 2012; McWilliams & Hunter, 2021). Offenders face structural barriers and restrictions that impact their freedoms, health, finances, housing, and employment (D'alessio et al., 2015; Moore et al., 2018; Moore, Stuewig, et al., 2016).

Internalized stigmatization is associated with psycho-social and behavioural maladjustment (Moore et al., 2018). Offenders' experiences of stigma and discrimination may lead to alienation and their withdrawal from the community (Moore, Stuewig, et al., 2016). Experiences of psychological stress and social rejection resulting from stigma can potentially increase the risk of reoffending (Seidler, 2010). Through the impacts of the media and political climate, society has developed negative and unhelpful views of the offender population as dishonest, dangerous, and untreatable (Ali et al., 2017; D'alessio et al., 2015; Seidler, 2010). Therefore, a common belief is that offenders, especially sexual offenders, should be isolated from others for the community's safety (Chudzik, 2016). Contrary to public belief, empirical

evidence suggests that social support and community-based programs for the treatment of offenders lowers recidivism (Kleban & Jeglic, 2012; Wilson et al., 2009). Providing psychoeducation to the community regarding offenders' experiences is crucial for decreasing the effects of stigmatization (DeLuca et al., 2018; Wilson et al., 2009).

Society finds it difficult to view offenders as human beings deserving of compassion, which is reflected in offenders' experiences of rejection, humiliation, and misunderstanding (Chudzik, 2016). Public misconceptions and myths regarding offenders lead to further societal barriers and social isolation (Kleban & Jeglic, 2012). To understand the offender population, society must first view these individuals as humans who think and feel in a recognizable way, rather than monsters (Mohamed, 2015) or as "others". This research paper explores the following research question: What is the impact of stigmatization on the human experience of the offender population?

An awareness of the human experience of stigmatization is required to inform counsellors and other professionals working with offenders. The purpose of this paper is to advocate for the offender population through de-stigmatization and informing supports and rehabilitation. Seeing the humanity in the offender population is crucial for acknowledging their stigmatization experiences and societal pressures that influence their wellbeing and reintegration into the community. To provide support and rehabilitation to this marginalized group, we must first seek to understand their experiences as human beings.

## **Self-Positioning Statement**

### **My Role as a Researcher**

Throughout my Master of Counselling degree, I have conducted extensive research on the offender population. While I have no personal connection to the topic, exploring the experiences of offenders is a passion of mine. In my future counselling career, I aspire to work with adult offenders in a correctional setting. Researching the current issue regarding the stigmatization of the offender population is important for my professional development, as well as a personal area of interest. Stigmatization and societal pressures impact offenders' functioning and wellbeing, along with their ability for prosocial reintegration into the community. To inform my practice, it is imperative that I am aware of the impacts of stigmatization and marginalization on this group. Counsellors and other professionals working with offenders need to understand their human experiences and treat them with a person-centred approach.

My role as a researcher is to use knowledge and language that destigmatizes the population I am researching. I actively avoid using pathologizing language through purposeful wording in my writing. This includes avoiding the use of labels such as criminal or prisoner that are often connected to judgement and discrimination. I will also address the myths and misconceptions that society holds about offenders. I recognize that I will not be able to change society's perceptions of offenders, but I will attempt to shed a more positive light on this marginalized group. My research project aims to advocate for the offender population through de-stigmatization and encouraging supports and rehabilitation. I hope to provide a holistic view of the impacts of the experience of stigmatization on all offenders. Through my research, I aim to bring awareness to the human experience of offenders and engage in person-centred perspective

taking. Throughout this process, I will keep the “person” at the forefront of my mind and remind myself of my overarching research goal; to advocate for the offender population.

### **Biases and Assumptions**

Due to my professional and personal interest in this research topic, I acknowledge that biases may arise during the research process. I have strong opinions and preconceived assumptions about the impact of stigmatization on offenders and what their experiences in society are. These biases and assumptions make it impossible for me to hold a neutral opinion on my topic. While I recognize that I cannot be completely neutral throughout my research, I will approach this process with an open-minded and professional stance. Self-awareness is crucial for recognizing my biases and reflecting upon how I will control for them. Strategies such as avoiding selection bias and engaging in self-reflection are important throughout this research process.

I understand that my beliefs may sway me towards engaging in selection bias throughout my research. It will be tempting to only select and include articles in my paper that argue for the same beliefs that I share. As a method for managing my biases and assumptions about my research topic, I will endeavour to find articles that provide all sides of the topic. While I hold an opinion on my topic regarding stigmatization in offender populations, I know that I must include knowledge and information that provide differing perspectives.

A beneficial strategy I have used throughout my research is to reflect on the articles I chose to include in my literature review and for what purpose. I consider whether my biases are leading my searches and choices of articles. Engaging in self-reflection is crucial for this process, and it keeps me in touch with the overall purpose and intention of my research. As I continue this

journey, I may also begin reflexive journaling as a tool for continuing to reflect on my research process.

For the following literature review method, I searched the City University of Seattle Library and Google Scholar databases for the articles. The *PsycINFO*, *ProQuest*, and *SAGE Journals* databases were explored mainly utilizing the keywords “stigmatization”, “offenders”, “mental health”, and “treatment”. Multiple journals were referenced in the current paper, including *Deviant Behavior*, *Stigma and Health*, and the *American Journal of Community Psychology*. The chosen articles were scholarly and peer-reviewed, and the majority were written within the past five years.

### **Omitted Topics**

Originally, my focus for this paper’s topic was on the experiences of childhood traumatic events in the offender population. I decided to change my direction for the paper for multiple reasons. Importantly, I recognized that what I wanted to focus on was the hardships that offenders experience. This led me to change my focus to the human experiences of stigmatization and societal influences that impact the offender population’s wellbeing. The notion that childhood trauma leads to offending behaviour is a common myth in society. I realized that by choosing to focus on this topic, I was unintentionally using pathologizing language that was harmful instead of helpful. The major purpose of my research is to advocate for the offender population and bring attention to their experiences of stigma and discrimination. Instead of contributing to the misconceptions about offenders, I want to engage in myth-busting and advocacy.

Due to the focus of this paper, I chose not to engage in a discussion about the prison system and incarceration of offenders. I hold strong opinions about the prison system, and I

recognize that it is an area in which my biases would be more likely to interfere with my research. I acknowledge that incarceration is a major area of the human experience of offenders, but I believe that addressing this topic would broaden the scope significantly and dilute the intended purpose of the current paper. While I do briefly touch on recidivism in this paper, I intentionally chose not to write about recidivism rates and risks to the public. A great deal of current research on the offender population focuses on recidivism as the main topic of issue. The purpose of this paper was to explore the human experiences of offenders and the impacts of stigmatization on their daily lives. Interestingly, stigmatization may be a causal factor of recidivism (Seidler, 2010). Therefore, it may be essential to shift the focus of research onto the topic of how to reduce the societal impacts of stigma on offender recidivism.

### **Review of the Literature**

#### **Common Myths about Offenders**

There are many misconceptions and myths regarding offenders that are unsupported by empirical research and impact societal attitudes towards this group (Fedoroff & Moran, 1997; Kleban & Jeglic, 2012). Kleban and Jeglic (2012) state the importance of questioning all current knowledge and facts regarding offenders as a method of dispelling myths and negative public perceptions. It is crucial to bring to light the misconceptions of offenders that often lead to stigmatization. Common myths that will be addressed in this paper are the beliefs that all offenders: experience childhood traumatic events or abuse; are incurable; and are a homogenous, dangerous group.

#### ***The Myth of Childhood Traumatic Experiences***

Though many studies have determined an association between childhood trauma and offending, it is important to note that not all children who experience trauma grow up to be

offenders (Jones & Pierce, 2020; Levenson et al., 2016). Likewise, not all offenders have experienced childhood trauma or abuse. Related to the myth of childhood abuse, the abuse to abuser hypothesis was a popular topic of sex offender research (Fedoroff & Moran, 1997). The hypothesis supported the assumption that individuals who are sexually abused as children have the predisposition to becoming sexual abusers themselves. The abuse to abuser hypothesis has popularized the common belief and myth of childhood traumatic experiences in all offender groups. Fedoroff and Moran (1997) stated that the literature supporting the abuse to abuser hypothesis was methodologically flawed and biased, and included unclear definitions of trauma. The authors stated that the data collected from participants in the studies regarding sexual trauma would not be relevant to the type of childhood sexual abuse that is considered today. For example, the experience of childhood sexual trauma in one study included the definition of “a sex-stress situation where the anxiety resulted from family reaction to the discovery of the subject’s involvement in sexual activity” (Fedoroff & Moran, 1997, p. 4).

Unfortunately, the abuse to abuser hypothesis is still ingrained in society, and many victims of abuse worry that they will inevitably become abusers (Fedoroff & Moran, 1997). The myth of childhood trauma leading to offending behaviours is pathologizing as it causes the stigmatic beliefs that all offenders share the same experiences of abuse, and individuals who experience abuse are at a high risk of offending (Fedoroff & Moran, 1997). Overall, it is crucial to avoid pathologizing language in research that fuels misconceptions and negative societal attitudes regarding the offender population.

### ***The Myth of Incurability***

Another deeply entrenched societal misconception is that offenders, especially sex offenders, are incurable and do not benefit from treatment (Fedoroff & Moran, 1997) because of

the belief they will not change. The myths that offenders are resistant to treatment and are certain to reoffend stems from the misrepresentation of treatment efficacy studies in the 1980s (Quinn et al., 2004). Past studies cited high rates of relapse in offenders, though the definition of relapse was broad and unclear (Fedoroff & Moran, 1997). In some studies, walking past a school playground counted as a relapse for sex offenders (Fedoroff & Moran, 1997). Other researchers have argued that results from these previous studies were unsophisticated, unreliable, and methodologically flawed (Quinn et al., 2004). Though recent literature has evidence that disproves this myth, the general public still believes that offenders do not respond to treatment (Quinn et al., 2004). The myth of incurability is dangerous as it is counterproductive for rehabilitation and impacts the wellbeing of offenders within communities.

### ***The Myth of Offenders as a Homogeneous Group***

A long-lasting myth is that all offenders share the same background and traits (Fedoroff & Moran, 1997). Inclusive labelling is the tendency to consider offenders to be a homogeneous group with similar motives and commitment to offending (Quinn et al., 2004). Therefore, society holds the belief that all offenders are equally dangerous and violent. Community members often apply negative stereotypes to all offenders as a homogeneous group, believing that most are strangers, dangerous, and unpredictable (DeLuca et al., 2018). Uniformly labelling offenders as psychopaths (Quinn et al., 2004) and applying stereotypical beliefs (Moore et al., 2018) leads to the stigmatization of the offender population.

### **Stigmatization**

Offenders are a highly stigmatized population because society tends to view them as a homogeneous group with the identifying label of *criminal* (Moore et al., 2018; Moore, Stuewig, et al., 2016; Moore, Tangney, et al., 2016). Generally, society believes that offenders are in the

position of “pure cultural evil” (Chudzik, 2016, p. 587). The public applies negative stereotypical beliefs to the offender population, including that they are dangerous, unintelligent, and dishonest (Moore et al., 2018). To gain an understanding of stigma, it is important to acknowledge the multiple concepts of stigmatization and the influences of moral panic and public policies.

### ***What is Stigmatization?***

*Stigmatization* is a broad concept that refers to the process by which society labels and categorizes a group due to their perceived undesirable features or because their actions deviate from socially acceptable behaviour (Cubellis et al., 2019). Expressions of stigmatization include discrimination, prejudice, rejection, and avoidance (Cubellis et al., 2019). Mainstream society shames stigmatized and stereotyped groups because they do not fit into social norms and expectations (Cubellis et al., 2019). Individuals with a criminal background receive what is considered the most stigmatizing label in Western society (DeLuca et al., 2018). Within the concept of stigmatization, there are a number of specific terms that describe the unique features and presentations of stigma.

*Social stigma* is a broad concept that involves attributing negative stereotypes and labels towards individuals and engaging in prejudiced behaviours towards them (DeLuca et al., 2018). Offenders experience social stigma through discrimination and negative attitudes from the community (Moore, Tangney, et al., 2016). Individuals labelled as a criminal endure strong negative social reactions among community members because they are often believed to be dishonest, dangerous, and lacking integrity (Ali et al., 2017; D’alessio et al., 2015).

*Stigmatic shaming* describes situations when a group is permanently excluded from societal life and not forgiven or welcomed back into society (Cubellis et al., 2019). For offenders, especially sex offenders, society often engages in stigmatic shaming as a response to

their deemed unacceptable behaviours. *Courtesy stigma*, or secondary stigma, is the extension of the experience of stigmatization to the family members and significant others that are associated with a stigmatized individual (Cubellis et al., 2019). Families of offenders may experience being threatened, harassed, assaulted, or having their personal property damaged. The effects of courtesy stigma may also extend to other individuals who associate with offenders, such as friends, employers, and landlords (Cubellis et al., 2019).

Labelling theory proposes that being labelled as an offender causes the individual to internalize stigmatizing attitudes (Moore, Stuewig, et al., 2016). *Self-stigma* is a process of internalizing negative stereotypes and believing that they accurately reflect oneself (Moore et al., 2018). Individuals who experience self-stigma or internalized stigma deal with more negative outcomes (Moore, Stuewig, et al., 2016). For stigmatized groups, self-stigma is associated with psycho-social and behavioural maladjustment (Moore et al., 2018).

Two significant facets of stigma are perceived stigma and anticipated stigma (Moore, Stuewig, et al., 2016). *Perceived stigma* is an individual's perception of negative stereotypes towards a group. It is viewed as the initial impact of stigma on individual behaviour that may lead to anticipated stigma. In non-correctional stigmatized groups, research shows that perceived stigma resulted in individuals experiencing negative outcomes such as depression, risk-taking behaviours, poor social interactions, and poor perceptions of community integration (Moore, Stuewig, et al., 2016). *Anticipated stigma* refers to an individual's expectation of personally experiencing future consequences due to their stigmatized identity. Impairment in functioning is thought to be a result of anticipated stigma, including distress, fear, defensive behaviour, and avoidance of situations. The anticipation of discrimination may lead to alienation and withdrawal from the community (Moore, Stuewig, et al., 2016).

### *The Roots of Offender Stigma*

The powerful and long-standing myth of offenders as evil describes offenders as wicked and heartless perpetrators (Chudzik, 2016). The origins of this myth may be attributed to society's need to project unacceptable and inhumane actions onto the other. Moral disengagement results from this societal process and leads to the invalidation and dehumanization of the offender population (Chudzik, 2016). Viewing the offender as an individual who thinks and feels in an unrecognizable way allows society to view that individual as a monster rather than a fellow human (Mohamed, 2015).

Strong adverse public reactions are primarily influenced by misinformation, complexities of human perception, politics, and sensationalized media reports of offending (Kleban & Jeglic, 2012; Quinn et al., 2004). Moral panic is the result of the amplification of deviance in the media to entice strong public reactions around issues with a perceived moral component (Kleban & Jeglic, 2012). The perception of offenders as "modern folk devils" has resulted in lengthy penal sanctions and demand for community protection measures, such as sex offender registries (Hannem & Petrunik, 2007, p. 154). The residual effects of moral panic are enduring and reflected in public policy and bureaucratic structures (Kleban & Jeglic, 2012).

### *Policies*

Public policies regarding offenders have been heavily influenced by negative societal attitudes in response to misinformation, and less influenced by empirical evidence (Kleban & Jeglic, 2012). In Canada, political and societal responses have been generally less severe than in the United States, though there have been movements for the establishment of community protection measures (Hannem & Petrunik, 2007). Multiple high-profile cases of assault and murder of children by sexual offenders who were convicted and on release occurred in Canada in

the early 1980s. These cases enraged the public, and victims' advocacy groups lobbied for tougher restrictions on the release of sexual and violent offender groups (Hannem & Petrunik, 2007). Amendments were made to the *Corrections and Conditional Release Act (CCRA)* in the early 1990s, including heavy restrictions on early parole eligibility and unescorted temporary absences (UTAs) for high-risk offenders. In 1994, the Canadian government created a peace bond (protection order) under Section 810 of the *Criminal Code* (Government of Canada, 2021; Hannem & Petrunik, 2007). The peace bonds allow the Court to impose specific restrictions to prevent an individual from committing a likely criminal offence (Government of Canada, 2021). For example, an individual who is considered at high risk of committing sexual offences against children may be restricted from associating with children under the age of consent and from areas such as playgrounds or schools where the children are present (Hannem & Petrunik, 2007). In 2001, the Ontario government passed the first sex offender registry in Canada, Christopher's Law, and the Canadian federal government created a national sexual offender registry in 2003.

After offenders are released from prison, they often face long-term surveillance in their community (Hannem & Petrunik, 2007) under parole supervision or informally by their neighbourhood watch. For sex offenders, public policies that have been put in place include sex offender registries, community notification of release, and mandatory chemical castration as a form of treatment (Hannem & Petrunik, 2007). Public policies may consider the safety of society without necessarily considering the treatment and rehabilitation of offenders. Previous research has focused its attention on determining risk factors related to offender recidivism as a response to proclamations of high reoffending rates (Wilson et al., 2009). The current Canadian federal correctional system is not meeting offenders' needs regarding access to treatment and developing

prosocial functioning in the community. Additionally, the system does not meet the protection and safety needs of the community (Seidler, 2010).

The current policies and bureaucratic structures are not necessarily effective at lowering recidivism rates, specifically sexual offence recidivism (Kleban & Jeglic, 2012). Research shows that the treatment of offenders is an effective strategy for lowering recidivism rates and risk to the public. Therefore, it is in the best interest of society to place a high priority on offender treatment and rehabilitation (Kleban & Jeglic, 2012). An argument may then be made that the wellbeing of offenders is of equal importance to that of society.

### **Effects of Stigmatization**

The effects of stigmatization on offenders are seen in multiple areas of their human experience. Stigma has damaging personal and economic impacts on offenders and may negatively impact their overall wellbeing (DeLuca et al., 2018; McWilliams & Hunter, 2021). It is crucial to understand the impact of internalized stigma on offenders' self-esteem and overall mental health (Moore, Stuewig, et al., 2016). Some studies have suggested that offenders who perceive stigma are more likely to experience maladaptive behaviours, including withdrawal from society, probation violations, and a violent felony conviction (Moore, Stuewig, et al., 2016). McWilliams and Hunter (2021) found that perceived stigma significantly predicted experiences of discrimination and rejection, developing secrecy coping strategies, and an overall decreased quality of life. A study by Moore, Stuewig, et al. (2016) showed that offender's high perceptions of stigma prior to their release predicted poorer adjustment and functioning in the community.

Labelling theory suggests that when an individual is labelled as an offender, they are more likely to internalize stigmatizing attitudes, conform to a deviant identity, and withdraw

from society (Moore, Stuewig, et al., 2016). Current literature on offender stigma draws on Modified Labelling Theory. This theory proposes that individuals from stigmatized groups ingrain stereotypes and anticipate experiences of stigma, which leads them to develop different coping strategies. Strategies for coping with their stigmatized identity may become maladaptive behaviours (Moore, Stuewig, et al., 2016).

Criminal records are an aspect of public policy that can lead to offenders' stigmatization in the community once released from prison. The experience of social stigma associated with having a criminal record often results in multiple adverse consequences (D'alessio et al., 2015). Acquiring a criminal record is highly likely to negatively impact the self-concept (Moore et al., 2018). Psychological responses to experiences of criminal record stigma may interfere with functioning and result in poor mental health, maladaptive behaviours, and withdrawal from the community (Moore, Stuewig, et al., 2016).

Offenders experience structural barriers and restrictions that impact their ability to reintegrate into the community (Moore, Stuewig, et al., 2016). The sanctions placed on offenders affect multiple areas of daily living, including rights, freedoms, finances, housing, and employment (Moore et al., 2018; Moore, Stuewig, et al., 2016). Other consequences include difficulty in finding a romantic partner, a lower likelihood of university acceptance, and barriers to the ability to vote (D'alessio et al., 2015). For offenders, structural barriers also create a higher likelihood of adverse health outcomes (D'alessio et al., 2015). Offenders who anticipate stigma withdraw from the community, and may have less self-efficacy to attain employment and attempt to integrate into society (Moore, Stuewig, et al., 2016).

### ***Recidivism***

Risk factors for recidivism, or reoffending, include poor cognitive problem solving, impulsivity, rejection and loneliness, and negative social influences (Wilson et al., 2009). The mental stress and pressures of being under constant surveillance scrutiny from the media and the public may potentially increase the risk of reoffending (Seidler, 2010). Therefore, the intention of protecting communities may in turn have the opposite impact (Seidler, 2010). A lack of employment opportunities and the associated lack of financial security may also increase the likelihood of reoffending (Ali et al., 2017; D'alessio et al., 2015). Social isolation is a risk factor for recidivism; therefore, social support is crucial for offenders' healing and rehabilitation (Seidler, 2010).

### ***Employment***

Criminal record stigma causes multiple consequences for offenders, including employment discrimination (D'alessio et al., 2015). Under the *Canadian Human Rights Act*, Canadians are protected from discrimination in employment based on race, ethnicity, gender, and "a conviction for which a pardon has been granted or a record suspended" (Government of Canada, 2018). A pardoned conviction is one of the eleven "grounds of discrimination" protected under the *Canadian Human Rights Act* (Government of Canada, 2020).

Having the label of *criminal* has a major impact on an offender's ability to secure employment (Ali et al., 2017). As a response to a fear of danger and vulnerability for oneself and their workplace, a criminal record is a source of bias in employers hiring decisions (Ali et al., 2017). Using criminal record information, employers make judgements and inferences about an individual's personal characteristics. The common misconception that a criminal record is a

stable indication of an individual's identity should be replaced by the perception that the offence was circumstantial so they can restore their professional identity (Ali et al., 2017).

### ***Racial Differences***

Offenders' experiences and the impacts of stigmatization can also differ by racial background (D'alessio et al., 2015; Moore, Stuewig, et al., 2016). Offenders from minority groups often experience additional layers of stigmatization due to their race in comparison to Caucasian offenders. The multiple experiences of stigmatization suggest that minority groups would be more intensely impacted by being labelled as an offender, though that is not necessarily the case. Surprising results have found that Black individuals and other minority groups have not experienced as many negative effects regarding their perceived stigma as dominant Caucasian groups (Moore, Stuewig, et al., 2016). The results align with criminology and psychology theories that suggest in general minority groups experience greater stigmatization and racial discrimination; therefore, they do not experience as many additional negative effects from additional perceived stigma that is offender-related. Stigmatized minority offenders may have previously developed coping skills for stigma and protecting their self-esteem, whereas Caucasian offenders might not have developed those skills (Moore, Stuewig, et al., 2016). Moore, Stuewig, et al. (2016) found that Black offenders and Caucasian offenders both have expectations of stigmatization, though Black individuals display fewer difficulties with community adjustment after release.

Research also suggests that there are racial differences in the experience of employment discrimination after an offender's release, with minority groups having worse employment outcomes than dominant groups (D'alessio et al., 2015). Minority status combined with a criminal record increases the experience of stigma and racial discrimination in the labour market.

Black offenders are labelled with multiple stereotypes that produce the public's belief that they are less deserving of a second chance in society. The media also displays negative images that enhance the societal stereotype that Black men are more threatening, dangerous, and likely to have a criminal record (D'alessio et al., 2015).

### ***Connection to the Offender Community***

Stigmatization pushes offenders away from their community, which may lead to them finding a greater connection to the criminal community (Moore, Stuewig, et al., 2016). Studies have found that an individual's strong identification with the offender group is associated with their increased internalized stigma (Moore, Stuewig, et al., 2016). An explanation for these results may be that stigmatization leads to offenders' withdrawal and isolation from the community in which they were raised. Once given stigmatized labels, offenders may only be able to find belonging and connection with other offenders. A study by Moore, Stuewig, et al. (2016) found that connectedness to the offender community significantly predicted higher recidivism.

Offenders often experience isolation from the community when they are incarcerated and once again when they are released. Due to society's shunning of stigmatized individuals, offenders often seek to join others who face the same stigma (D'alessio et al., 2015). A consequence of identifying with the offender group is that daily interactions with criminals may amplify criminal activities (D'alessio et al., 2015; Moore, Stuewig, et al., 2016). When individuals are isolated and experience intense loneliness, they may be more likely to engage in antisocial behaviours, including violence and crime (Chudzik, 2016; Moore, Stuewig, et al., 2016).

## Sex Offenders

As a sub-group of the offender population, sex offenders are identified and evaluated in the literature as a specific group. While this paper focuses on all offenders, sex offenders are specifically addressed because they face unique challenges. It is essential to discuss this sub-group because the stigmatization experienced by sex offenders is greater and more intense compared to other criminal offender groups (DeLuca et al., 2018). Sex offenders have heightened experiences of stigmatization, discrimination, and barriers to rehabilitation and release. The sex offender population is unwanted in society, and communities have developed “zero tolerance” positions on sex offending (Seidler, 2010, p. 66).

The *sex offender* label is associated with stigma and evokes feelings of disgust, anger, and fear in society (DeLuca et al., 2018). Sex offenders are commonly viewed as predators who are inhuman and out of control (Seidler, 2010). Societal attitudes towards sex offenders reflect a desire for strict restrictions upon release and more punitive sentencing, likely due to a fear for public safety (Kleban & Jeglic, 2012). Strong negative public perceptions of sex offenders may be due to a combination of society’s need for safety, sensationalized media coverage, distorted reports of recidivism rates, and political pressures (Quinn et al., 2004).

The public highly opposes the release of sex offenders back into the community because these individuals are often considered to be a morally deficient homogeneous group (Kleban & Jeglic, 2012). It is difficult to develop treatment centres within the community that cater specifically to released offenders, due to the negative societal attitudes towards the rehabilitation of sex offenders (Kleban & Jeglic, 2012). Generally, the public does not believe that sex offender treatment is effective or worth taxpayers’ money; therefore, treatment initiatives are often met with resistance and skepticism (Kleban & Jeglic, 2012). The common myth that sex offenders

are untreatable had previously resulted in a failure to implement effective, empirically supported treatments within the community (Kleban & Jeglic, 2012).

Society has engaged in systemic shaming or branding of individuals who engage in deviant behaviours or fit the stereotypical image of a criminal (Quinn et al., 2004). Government social control measures applied to sex offenders may include long-lasting incarceration and civil commitment, the release of personal information, lifetime registration, community surveillance, and residency restrictions (Hannem & Petrunik, 2007; Wilson et al., 2009). Community notification statutes were developed as a response to society's belief that sex offenders are irredeemable predators (Quinn et al., 2004). The notification statutes and sex offender registries allow the public to be informed of when they are released from custody back into the community (Fedoroff & Moran, 1997; Hannem & Petrunik, 2007). Megan's Law in the United States and Christopher's Law in Ontario are notification statutes that give communities a false sense of security (Quinn et al., 2004).

The public belief is that providing communities with the knowledge of offenders' whereabouts will reduce the likelihood of sexual offending (Fedoroff & Moran, 1997). Seidler (2010) stated that registry is a method of sex offender marginalization and does not facilitate community reintegration or reduce risk. Stigmatization due to registry is a strong social force that compromises the safety of any person associated with a sexual offence (Cubellis et al., 2019). The current system is neither meeting the treatment needs of offenders, nor the safety needs of the public (Seidler, 2010). Public awareness regarding the effectiveness of sex offender treatment may influence the creation of policies that support the establishment of more community-based treatment programs (Kleban & Jeglic, 2012).

## **Rehabilitation and Treatment**

Due to the detrimental effects of stigmatization on the offender population, it is crucial that offenders receive support and rehabilitative treatment. Instead of viewing offenders as unreachable and unpredictable perpetrators who should be isolated from others and feared, it is crucial to consider them as individuals who are treatable and can learn to cope in prosocial ways (Chudzik, 2016). Contrary to popular public belief, empirical research evidence suggests that social support and treatment for offenders lowers recidivism (Kleban & Jeglic, 2012; Wilson et al., 2009). Positive effects are seen in programs that provide rehabilitation to offenders with positive regard, warmth, and a meaningful sense of belonging (Wilson et al., 2009).

It is essential to decrease stigma and discrimination for offenders to discontinue their maladaptive coping behaviours of secrecy and withdrawal from society (McWilliams & Hunter, 2021). To mitigate the exclusion that offenders experience, social policies need to change. Minimizing systemic stigma will be crucial for encouraging positive opportunities for offenders in the community (Moore, Stuewig, et al., 2016). Offenders who have their needs met in inclusive and prosocial ways are more likely to reintegrate into communities successfully (Wilson et al., 2009). This would positively impact offenders' opportunities to enhance their quality of life (McWilliams & Hunter, 2021).

The Correctional Service of Canada (CSC) has implemented evidence-based correctional programs with the purpose of reducing recidivism rates and increasing community safety (Government of Canada, 2019). Research has found that the treatment of sex offenders within correctional facilities and within the community decreases recidivism (Kleban & Jeglic, 2012). Therefore, it is important to prioritize community treatment programs along with programs in correctional facilities. Upon release, participating as a member of society is crucial for offenders

to successfully re-enter into the community (Moore, Stuewig, et al., 2016). Importantly, offenders need to feel supported and accepted, and community members must have a better understanding of offenders and their behaviours to feel empowered (Seidler, 2010). The cooperation and involvement of the public in offenders' treatment may increase safety in the community (Seidler, 2010). Interventions such as providing psychoeducation about offenders to the community and creating community-based programs are steps in a positive direction of decreasing the effects of stigmatization (DeLuca et al., 2018; Wilson et al., 2009).

### *Psychoeducation for the Community*

Educational and contact-based interventions for community members are effective at reducing stigmatization towards marginalized groups (DeLuca et al., 2018). As an essential method of myth-busting, education regarding common myths and misconceptions about offenders should be a part of public policy (Kleban & Jeglic, 2012). Instead of relying on myths, society members should seek empirically based facts to overcome negative stigmatization and aversive attitudes towards the offender population. Public support for the treatment of offenders may ultimately increase safety in communities (Kleban & Jeglic, 2012).

Through a coordinated approach of the criminal justice system, education system, social welfare agencies, and community services, the management of risks in the community may be maximized (Seidler, 2010). Community interventions are important for addressing stigma and encouraging more accepting societal attitudes towards offenders (DeLuca et al., 2018). Kleban and Jeglic's research (2012) found that psychoeducational interventions for the public through a discussion group format provided the most significant effect on changing attitudes towards offenders' treatment. Attitudes of acceptance and cooperation from society may facilitate social

integration for offenders and lead to better outcomes for offenders and communities (DeLuca et al., 2018).

### *Circles of Support & Accountability*

The creation of more community-based programs may influence the public's awareness and attitudes regarding the benefits of the treatment of offenders (Kleban & Jeglic, 2012). The Circles of Support & Accountability (COSA) initiative is a community justice model for the successful integration of offenders into society (Hannem & Petrunik, 2007; Wilson et al., 2009). The COSA project began in Canada and was funded by the federal government to fill a gap in services for offenders. In Canada, support for offenders within the criminal justice system ends after their release, at which point they have no formal aftercare or community supervision (Wilson et al., 2009).

The COSA initiative involves the community in the criminal justice system as a method of managing the risks of community violence (Wilson et al., 2009). Offenders who are deemed high risk for reoffending are the main targets of the COSA program. The program emphasizes that community engagement and social support for offenders lead to reduced recidivism rates (Wilson et al., 2009). Social support is a tool for addressing negative social influences, lifestyle instability, and feelings of loneliness for offenders.

All COSA circles are almost entirely facilitated by community volunteers (Wilson et al., 2009). In each circle, the ex-offender (core member) is assigned four to six volunteer community members (Hannem & Petrunik, 2007; Wilson et al., 2009). In the initial phase of the program, the core member meets with a primary volunteer daily, and the entire circle meets on a weekly basis (Wilson et al., 2009). The COSA program provides support that is based on friendship and accountability for behaviour. Importantly, COSA provides offenders with long-term prosocial

guides who help them meet their needs (Hannem & Petrunik, 2007; Wilson et al., 2009).

Offenders involved in COSA have displayed 70% lower rates of recidivism than offenders who did not participate in the program (Wilson et al., 2009). In line with the motto “no one is disposable”, COSA strives to integrate offenders into the community so they can live a healthy and prosocial life (Hannem & Petrunik, 2007).

### **Offenders with Mental Health Concerns**

Stigma plays a role in the interaction between mental health concerns and offending behaviours (Corrigan, 2004). There has been a reported increase in the number of individuals with mental illness coming into contact with the criminal justice system (Adjorlolo et al., 2016). Criminalizing mental illness is a process in which people with symptoms of mental illness are more likely to be arrested by the police than individuals without mental illness (Corrigan, 2004). The police and criminal justice system are often the responders to mental health crises, rather than services within the mental health system (Corrigan, 2004). In general, people with mental health concerns are still highly stigmatized members of society. For offenders with mental illness, there is an added layer of stigma to their experiences.

Of note, the prevalence rates of mental health disorders in the offender population are found to be 4.5 to 5 times higher than that of the general population (Tyler et al., 2019). With the high prevalence rates, it is unclear whether the onset of mental illness precedes the onset of offending, or vice versa (Colins et al., 2009). This chicken-and-egg scenario highlights the importance of understanding the relationship between stigma, offending behaviours, and mental illness. Symptoms of mental health disorders are not directly causal of most offending behaviours, though it is correlated with risk factors related to offending (Adjorlolo et al., 2016; Eno Loudon et al., 2018). It is important to clarify that not all individuals with mental illness turn

to offending, and not all offenders have mental health concerns. However, individuals with mental health concerns that are not addressed may be at higher risk of engaging in offending behaviours. Stigma might play a role in the correlation between mental illness and risk of offending due to the negative impacts on the individual. On the other hand, offenders may develop mental illness after committing an offence and becoming incarcerated. Once again, stigma plays a major role in the negative experiences of offenders and may cause their mental wellbeing to suffer. In this chicken-and-egg scenario, stigma seems to be the constant factor that is a key part of individuals' experiences.

There is an emphasis on recognizing psychopathology in the offender population and providing proper intervention and treatment (Colins et al., 2009). Offenders likely require more intensive mental health supports due to the multiple layers to their experiences of stigma (Westmoreland et al., 2010). The treatment needs of offenders with mental illness should take precedence over the want for punishment (Adjorlolo et al., 2016). Unfortunately, multiple studies have found that a low number of offenders in prison are assessed and treated for pre-existing mental health disorders (Tyler et al., 2019). Research findings suggest that 46% to 64% of offenders in prison do not have their mental health needs met (Tyler et al., 2019).

It is crucial that this population receives the support they need to rehabilitate and once again become members of society. A major difficulty of reintegrating offenders back into their families and communities is the unwillingness of the public to accept offending individuals with mental illness due to stigma (Adjorlolo et al., 2016). Stigmatizing responses from others impacts one's life opportunities, including finding employment or safe housing and overall quality of life (Corrigan, 2004).

### ***Comorbidity***

Comorbidity rates of mental health disorders are found to be high among the offender population. In a study by Tyler et al. (2019), over half of their offender participants met the criteria of a diagnosis of two or more disorders. Offenders with comorbid disorders are more likely to report poorer psychological and social functioning (Westmoreland et al., 2010). Therefore, it is crucial to understand the mental health needs of offenders to plan and inform effective supports (Tyler et al., 2019).

Comorbidity appears to be the rule and not the exception for offenders, with high rates of substance use disorders (SUDs), personality disorders, conduct disorder, and mood disorders (Choi et al., 2017; Colins et al., 2009; Tyler et al., 2019). Substance use is especially found to be highly prevalent among offenders; in some cases, over 86% of offenders were found to have SUDs (Colins et al., 2009; Folk et al., 2016; Tangney et al., 2011). In the prison population, findings suggest that 30% to 40% of offenders meet the diagnostic criteria for ADHD with high rates of psychiatric comorbidity, specifically for mood and somatoform disorders (Westmoreland et al., 2010). These findings emphasize the crucial need for effective treatment strategies in correctional settings. Additionally, the risk of reoffending increases when comorbidity is not addressed or treated. Unfortunately, current standard treatment programs do not adequately meet the complex needs of offenders with comorbid disorders (Colins et al., 2009).

### **Implications for Counselling Psychology**

The current literature review emphasizes the importance of recognizing the issue of stigmatization and providing proper treatment and support for offenders. Understanding the experience and impact of stigma in the offender population has critical implications for the mental health field. A disproportionate number of individuals with severe mental illness and

comorbidities are involved in the criminal justice system (Eno Louden et al., 2018; Manjunath et al., 2018; Tyler et al., 2019). The perceived social stigma of mental health disorders creates a barrier for individuals to seek help prior to offending (Levenson et al., 2017).

Once an individual has committed an offence, another layer of stigma is added to their human experience. Therefore, for offenders with mental illness there is a double experience of stigma due to their mental health condition and their label as an offending individual. It is crucial for professionals to increase awareness of the interactions between stigma, offending behaviour, mental illness, and social exclusion (Mezey et al., 2016). The stigmatic attitudes and societal intolerance of offenders have led to ineffective treatment planning for offenders with mental health concerns (Corrigan, 2004). Professionals who work with offenders have also been found to hold negative attitudes towards offending individuals who have a mental illness (Eno Louden et al., 2018). Therefore, the impact of stigma has implications for the broader issue of mental health and the justice system.

Stigma causes multiple barriers to treatment and interventions for offenders, along with barriers to their reintegration into the community. Services and support can be targeted towards the issues of stigma and discrimination to improve offenders' health and social outcomes. The information provided in this paper on the experiences of stigmatization in the offender population is relevant to public policy issues and social justice concerns. This literature review calls for advocacy for offenders in the field of counselling psychology. Counsellors and other professionals should create environments that equip offenders with protective factors against stigma, such as optimistic mindsets and a sense of social connectedness (Folk et al., 2016; Moore et al., 2016). Positive change in experiences of stigmatization may benefit not only offenders, but society.

### **The Impact of Stigma on Mental Health Treatment**

The stigma process interferes with individuals seeking mental health treatment due to experiences of prejudice and discrimination (Corrigan, 2004). Professionals' stigmatic attitudes about mental illness lead to differential treatment of offenders with mental illness (Eno Louden et al., 2018). The current system struggles to meet offenders' needs and treat mental illness to lower recidivism rates (Eno Louden et al., 2018). Though a high number of offenders have been previously diagnosed with a mental health disorder, only half of those individuals were found to be receiving prison mental health services (Tyler et al., 2019). The implications of these results are the emphasis on recognizing psychopathology in the offender population and providing proper intervention and treatment (Colins et al., 2009). Clinicians are encouraged to individually assess for multiple mental health disorders and tailor intervention programs to each offenders' needs (Colins et al., 2009).

Stigmatization is linked to issues with mental health treatment before and after offending. Help-seeking is impeded by stigma due to label avoidance and a lack of mental health resources. The stigmatic attitudes of mental health professionals also impact individuals' treatment-seeking and the quality of care they receive. After offending, professionals working with offenders in mental health treatment facilities may engage in acts of discrimination. Some offenders do not benefit from mental health treatment programs, majorly due to the adverse effects of stigmatization.

### ***Seeking Mental Health Treatment Before Offending***

Help-seeking is a pathway to treatment and intervention, and improves the quality of life of individuals with distressing psychological symptoms (Levenson et al., 2017). The perceived social stigma and shame associated with being labelled with a mental health disorder creates a

barrier for individuals attempting to seek help (Corrigan, 2004; Levenson et al., 2017). Label avoidance may be the most significant way that stigma impedes care-seeking, and is seen in the form of denying one's mental health status and decreased participation in treatment (Corrigan, 2004). Consequently, these individuals may end up engaging in offending behaviours and become involved in the criminal justice system.

Individuals with distressing psychological symptoms are reluctant to seek help from mental health professionals due to the belief that they would be judged and treated unethically (Levenson et al., 2017). The inability to get support leads to negative consequences such as symptoms of depression, suicidality, isolation, hopelessness, and in some cases offending (Levenson et al., 2017). Regarding sexual offending, it is crucial for those with harmful sexual interests to have access to help. Sexual offenders in treatment facilities self-reported that counselling, a telephone hotline, and self-help books would have been valuable resources for them to have prior to offending. Unfortunately, stigma creates barriers to receiving psychological services due to concerns about confidentiality, fear of consequences, and challenges with finding competent and non-judgmental therapists who can provide help (Levenson et al., 2017). Threats to confidentiality are also a major concern, as individuals fear that confidential information about their psychiatric history may be released to other parties (Corrigan, 2004).

Preventative help-seeking is crucial for reducing risk in communities and supporting individuals who experience psychological distress (Levenson et al., 2017). An emphasis should be made on increasing the quality of care for individuals in mental health settings to lower their risks of offending in the first place. Mental health professionals play an important role in preventative care and must provide help in a non-judgmental and safe environment. Counselling

approaches should focus on providing empathetic and compassionate client-centered care in assessment and treatment planning (Levenson et al., 2017).

### *The Attitudes of Professionals*

Individuals with mental health concerns are still highly stigmatized by society, including by professionals trained to work with this population. Probation officers and mental health professionals in correctional settings have been found to hold negative attitudes towards offenders with mental illness (Eno Louden et al., 2018). Professionals working with offenders may socially distance themselves as a response to their perception of violence risk. Some studies have found that professionals may find difficulty in establishing therapeutic relationships with offenders who have committed horrendous crimes, and believe that they should be punished rather than treated (Adjorlolo et al., 2016). Stigmatizing attitudes towards offenders with mental illness may affect how they are assessed and managed on probation (Eno Louden et al., 2018).

Adjorlolo et al. (2016) found that professionals with punishment-oriented attitudes were more likely to view offenders negatively. Harsh and stereotypical behaviours towards offenders may manifest covertly or overtly in the form of exclusion and discrimination. Offenders have reported experiences of hostile attitudes from professionals and counselling approaches that emphasized social control rather than focusing on client-centered treatment (Levenson et al., 2017). Professionals make significant decisions regarding offenders' assessment and supervision (Eno Louden et al., 2018). Therefore, negative perceptions of offenders with mental illness may compromise the quality of mental health treatment and increase recidivism.

The findings of professionals' negative attitudes imply a gap in the supports that are available to offenders. Due to the limited social contact that individuals have in prison, it is critical that the professionals working with this population provide positive social interactions

and support. Counsellors and other professionals providing treatment services to offenders must foster safe and supportive environments that are free from discrimination. From a client-centered approach, counsellors must focus on first establishing a strong therapeutic relationship with their offending clients. With positive and non-stigmatic attitudes, professionals can provide assessment and treatment services to offenders using an ethical approach.

### ***Mental Health Treatment Requirement***

The mental health treatment requirement (MHTR) is one of twelve requirements for a bespoke community order under the *Criminal Justice Act* in the United Kingdom (Manjunath et al., 2018). The Correctional Service of Canada (CSC) has developed a Mental Health Strategy with similar components (Correctional Service Canada, 2018). Offenders given community sentences with a MHTR must see a mental health professional along with a probation officer (Manjunath et al., 2018). The MHTR model is found to promote offenders' mental health and lower recidivism. Offenders with mental health concerns must provide their consent to engage in a MHTR, and unfortunately some individuals refuse treatment (Manjunath et al., 2018).

Stigma is one reason why individuals do not fully adhere to treatment programs or benefit from mental health services (Corrigan, 2004). Manjunath et al. (2018) found that offenders anticipated stigmatic attitudes from the public towards them in relation to their MHTR, which created a barrier to treatment and impacted their mental wellbeing. Due to the knowledge that the offender population is in need of more intensive mental health supports, it is crucial to address the impacts of stigma on treatment adherence (Westmoreland et al., 2010). As a method of reducing stigmatic perceptions towards MHTRs, public education and engagement may be beneficial. Counsellors play a role in advocating for offenders and educating the public to spread awareness of the impacts of stigma on providing treatment to offenders. It is essential that

professionals within communities work towards breaking down the barriers for offenders' treatment and rehabilitation.

### ***Reintegration into the Community***

Prison severs the ties between offenders and the community at large (Folk et al., 2016). The design of prison facilities contradicts research findings regarding the importance of community connectedness. Release from prison provides the opportunity for rehabilitation and a fresh start for ex-offenders (Folk et al., 2016). Rehabilitation includes mental health services, education programs, and employment programs with the intention of reintegrating the offender into society after their punishment is complete (Mohamed, 2015). Unfortunately, a great deal of psychological, economic, and relational challenges arises when offenders attempt to reintegrate into the community.

Feelings of exclusion and rejection from society due to one's violent past impact offenders' reintegration and interpersonal functioning in friendships, intimate relationships, and with family (Mezey et al., 2016; Sommer et al., 2017). Offenders may experience general disapproval and family disapproval, identified as the invalidation of one's experience and rejection by the family or the social environment (Sommer et al., 2017). For example, offenders experience social exclusion due to their previous offences and become discouraged about their chances of making positive life changes.

Stigma and poor transitional planning after release create difficulties for offenders' reintegration into society (Adjorlolo et al., 2016). There is a lack of community mental health services in some areas, which can create a barrier to the continuity of care for offenders. The attitudes of mental health professionals in outpatient clinics also create an obstacle for offenders receiving care at the community level (Folk et al., 2016). The denial of community-based

support programs for offenders can result in inadequate social support, isolation, and feelings of rejection (Grossi, 2017). These risk factors are often the reasons why individuals engage in criminal behaviours initially.

For violent offenders, rehabilitation is often viewed by the public as irrelevant due to the belief that they have no hope for reform (Mohamed, 2015). Integrating negative societal perceptions into one's self-identity leads to internalized stigma, which is linked to poor mental health outcomes (Folk et al., 2016). In this case, offenders may experience more mental health issues post-release as they re-enter the community at large. Important to note is that some research has found that incarcerated offenders who were highly connected to the community experienced the highest levels of psychological distress (Folk et al., 2016). This is likely due to the negative attitudes that the public holds towards this stigmatized group. Social stigmatic influences should be taken into consideration, and community-wide interventions are essential for improving social supports (Sommer et al., 2017). Professionals should prepare both community members and offenders for their reintegration to make it a positive and supportive experience. When ex-offenders are accepted into their community, they have a chance to become functional members of society. With this knowledge, counsellors must take on the role of providing ongoing care to offenders post-release to set them up for success. Counsellors and professionals working with offenders should set them up with protective factors against the stigma they will face in their communities.

### **Protective Factors Against Stigmatization**

Optimism and social connectedness are protective factors against the effects of stigma. Professionals in the mental health field are encouraged to provide treatment environments that foster optimism and hope for offenders. Providing positive experiences of social connectedness

is also crucial for increasing offenders' functioning both within institutions and in their communities. Social connectedness is associated with positive mental health outcomes and a sense of belonging in society (Folk et al., 2016).

### ***Optimism***

Upon offenders' release, optimism is an important factor that protects against discrimination and prejudice (Moore et al., 2016). The impact of perceived stigma lessens for individuals who have an optimistic worldview. Optimism is the perspective that positive outcomes will occur, even when people are faced with adversity (Moore et al., 2016). Offenders who have an optimistic perspective are less affected by stigma overall and experience positive outcomes in health, education, and employment. The characteristic of optimism protects the self and may increase engagement, coping strategies, and problem-solving skills in the offender population (Moore et al., 2016). Moore, Stuewig, et al. (2016) found that optimism had a significant effect on offenders' mental health and community adjustment. The mental health field must play a role in fostering optimism in the offender population. Counsellors should work with offenders to explore their optimistic worldview and hopes for the future. Using the clients' strengths and resiliencies will encourage them to live meaningful lives.

### ***Social Connectedness***

Counsellors should strive to instill a sense of social connectedness in their offending clients. Social connectedness is a broad term that encompasses a sense of interpersonal closeness to the social world that predicts emotional and behavioural outcomes (Folk et al., 2016). Individuals who experience social connectedness have a stronger sense of community and report higher subjective wellbeing. Feeling connected to the community is critical for experiencing less loneliness, less dysfunctional interpersonal behaviours, and higher participation in community

events (Folk et al., 2016). Membership in a social group shapes the individual's social identity and has emotional significance. Social Identity Theory supports the process by which social connectedness promotes self-definition on multiple levels, such as person, group, and human. Incorporating others into one's self-identity impacts an individual's perceptions and interactions in the social world (Folk et al., 2016). Therefore, it is important for offenders to have positive social influences around them as protection against the impacts of stigma. Professionals must act as positive supports for the offending population and advocate for gaining supports from family, friends, and the community.

Connectedness to the community is associated with positive mental health outcomes and the fulfilment of the need to belong (Folk et al., 2016). Folk et al. (2016) found that connectedness to the community positively predicted community adjustment through community functioning and employment in offenders' first year post-release. In the case that an individual is accepted by the members of a community, connectedness to the community may also predict lower recidivism (Folk et al., 2016). An important implication of the study's results is that when rehabilitating offenders, it is crucial to increase their connectedness to the community at large. For counsellors, prioritizing social connectedness in interventions is necessary for supporting optimal post-release functioning for offenders in their communities.

### **Fundamental Next Steps for Research**

The current literature review brings to light the impacts of stigmatization on offender's overall wellbeing and functioning within society. A fundamental next step for research will be to further explore the topic of stigmatization in offender populations, as this area of research is limited (Mezey et al., 2016). Examples of areas of further research include gathering the narratives of offenders, exploring the experiences of female offenders and informing gender-

specific supports, and creating effective reintegration programs. Using the knowledge provided by this paper, future research should focus on finding ways to address societal stigma regarding offenders and how to provide effective treatment. A better understanding of stigmatization will be crucial for informing future interventions, such as anti-stigma programs (Corrigan, 2004).

Future research is encouraged to explore the current issues with a social justice lens.

Professionals who embrace this essential area of research will help tackle the issue of stigma and advocate for positive change in society (Corrigan, 2004).

Future research should continue to gather information regarding offenders' experiences of stigmatization. Using qualitative research to listen to offenders' narratives and understand their perspectives on this issue will be beneficial. Incorporating measures of direct observations of behaviours may be important for determining the impacts of stigmatic attitudes towards offenders. Regarding future quantitative research, a critical next step is determining causal relationships for specific topics regarding stigma and offending (Corrigan, 2004). Current research on the topic of stigma and offenders finds relationships implied mainly by correlation. For example, research that suggests stigma decreases the seeking of treatment is unclear of whether the association is correlational or causal (Corrigan, 2004).

The relationship between stigma, mental health, and offending behaviours should be further explored, as it would be beneficial to know the correlation between these factors. An interesting next step for research will be determining causal information about the chicken-and-egg scenario between the three factors. For instance, whether the stigma of mental illness more often results in offending behaviours or if the stigma of offending more often results in mental illness. Addressing the societal issue of the stigma of mental illness and the impact on offenders will significantly advance future interventions (Corrigan, 2004). Eno Loudon et al. (2018) stated

there is a problematic disconnect between risk assessment research regarding offenders with mental illness and treatment practices. It is crucial to understand the mental health needs of offenders to plan and inform effective intervention programs (Tyler et al., 2019).

A great deal of current research emphasizes the risks of reoffending and determining recidivism rates. Traditionally, research and intervention in the juvenile and adult correctional systems majorly focused on reducing reoffending risks using a problem-oriented approach (Van Hecke et al., 2019). Reoffending should be viewed as a symptom of the larger societal issue of denying or ignoring the psychological needs of offenders (Mohamed, 2015). This paper calls for future research that shifts the focus to determining how to provide effective treatment and address issues of stigma upon release.

Another important area of research that was not covered in this literature review is the experience of female offenders regarding stigma and mental health. There is little research on the influence of stigma and discrimination on women (Mezey et al., 2016). This is an important area of further research, as females have reported significantly higher mental health needs than male offenders (Tyler et al., 2019). A future study on the effects of stigma and experiences of mental illness for offending woman participants will inform gender-specific practices and support.

There are few studies that investigate the transition from the correctional system back to the community. Further studies are needed to evaluate the benefits of specific reintegration programs to determine if they meet individual offenders' risk factors and needs (Grossi, 2017). Many offenders face difficulties in areas of family relations, social participation, and finances once they are discharged from institutions (Van Hecke et al., 2019). Therefore, future research can provide professionals with information on how to best support offenders transitioning back into society.

Research that defines which offenders thrive post-release is crucial for determining effective interventions for improving individual, familial, and community wellbeing (Folk et al., 2016). Providing information regarding which parts of the current system works for offenders is a clear starting point for developing treatment and supports. Informing intervention protocols is crucial for creating frameworks for change and reducing recidivism and the cycle of crime (Levenson et al., 2016). It is crucial to develop a system of evidence-based practices and policies that successfully facilitate the reintegration of offenders into society (Grossi, 2017). Through future research, a change in the effectiveness of interventions to meet the needs of offenders would also highly benefit healthcare professionals, counsellors, and policymakers (Tyler et al., 2019).

### **Social Justice**

This paper provides implications for the importance of future research and clinical practice to engage in social justice initiatives and advocate for offenders. Understanding the research topic of stigmatization as a social justice issue is an important step to creating positive societal change. Stigma can be conceptualized as an issue of social injustice, as out-groups in society experience prejudice and discrimination (Corrigan, 2004). Public attitudes of fear, intolerance, and prejudice towards offenders with mental illness increase the impact of stigma (Mezey et al., 2016). From a social injustice perspective, stigma creates multiple negative impacts and lost opportunities for offenders. Through research, the understanding and awareness of the societal issue of stigma can be further explored. Researchers who explore stigma in offender populations can create the steppingstones for advocating for the human experiences of offenders.

There is an essential role of awareness-raising campaigns for reducing societal stigma and misconceptions associated with mental illness and offending behaviours (Mezey et al., 2016). Threats of social disapproval and shame create barriers to offenders seeking treatment and receiving proper care (Corrigan, 2004). Research and empirical evidence on addressing shame and guilt in the criminal justice system will be crucial for improving current societal policies and practices (Tangney et al., 2011). Advocacy groups have also recognized the importance of resolving the stigma of mental illness to improve treatment (Corrigan, 2004). There are currently few interventions that challenge stigma and discrimination, and psychologists need to partner with advocates to develop strategies for meeting this need (Corrigan, 2004; Mezey et al., 2016).

### **Recommendations for Practice**

Mental health professionals are on the front line of advocating for the offender population. Counsellors have a major role in social justice and fighting for a change in the human experience of stigmatization for offenders. To create positive change, counsellors can focus their practice on the following elements of care: reflecting on personal biases, managing their attitudes towards offenders, collaborative treatment, and receiving training to enhance their skills in working with this population. Mental health professionals must work to develop a strong therapeutic alliance with offenders to provide empathetic client-centered care.

The current paper calls for professionals to increase their awareness and understanding of the topics of stigma, mental illness, and offending behaviours (Mezey et al., 2016). A recommendation for counselling practice is to support offenders in coping with stigma and discrimination to increase their quality of life and functioning in society. Mental health professionals (mental health nurses, psychologists, and psychiatrists) are essential in the management of offenders with mental health disorders (Adjorlolo et al., 2016). Professionals

must consider offenders' human experiences and treat them with compassion and non-judgment in their practice. Effective services and supports targeted towards the offender population can improve mental health and social outcomes (Mezey et al., 2016).

Counsellors are encouraged to reflect on their personal biases and values that influence their work with offending populations (Adjorlolo et al., 2016; Levenson et al., 2017). Mental health professionals need to be mindful of the attitudes they hold towards offenders, which predict their real-world behaviours for how they treat this population (Adjorlolo et al., 2016). Research suggests that many professionals hold the belief that offenders with mental illness are difficult cases with high recidivism rates (Eno Louden et al., 2018). Professionals can benefit from training to improve their knowledge of evidence-based practices in working with offenders and gain an understanding of how personal biases adversely impact their decision-making. It is critical to avoid overt or covert behaviours of rejection, judgement, prejudice, and discrimination that dehumanize offenders (Adjorlolo et al., 2016). These attitudes and behaviours negatively impact the therapeutic relationship with offending clients and may result in treatment noncompliance and not meeting their needs (Adjorlolo et al., 2016).

Offenders have reported that it is crucial for them to be approached by professionals as equal human beings (Møllerhøj & Stølan, 2018). Shared decision-making with staff members and being treated with respect and empathy were important experiences that offenders valued. In a study by Manjunath et al. (2018), offenders reported that the collaboration of the probation staff and mental health professionals was an effective combination for their treatment. The collaboration of a team of professionals helps offenders better communicate their needs, feel less stigmatized, and reduce stress in their relationships.

It is highly recommended for counsellors and mental health professionals to reflect on their competencies for working with offenders and engage in training to enhance their skills in delivering effective and ethical care for this population (Levenson et al., 2017). Clinical training protocols should develop a framework for providing ethical, effective, and compassionate counselling services. Training and education programs to reduce stigmatizing attitudes associated with mental illness can be crucial for influencing professionals' treatment of offenders with mental illness (Adjorlolo et al., 2016; Levenson et al., 2017). Further training may enhance mental health professional's willingness to work with these clients and their competency in providing care (Levenson et al., 2017). Previous studies have found that professionals who maintain more direct contact with offenders during treatment generally had fewer negative attitudes than individuals who do not regularly work with offenders (Adjorlolo et al., 2016).

Furthermore, clinicians should seek consultation and supervision to improve their empathy and therapeutic alliance with offenders (Adjorlolo et al., 2016). Strategies for identifying and controlling for countertransference, the counsellor's unconscious reaction to their patient (American Psychological Association, n.d.), are crucial for counsellors to better serve the needs of this population. Professionals with positive attitudes of empathy and warmth towards offenders have been found to significantly produce positive experiences in treatment (Adjorlolo et al., 2016). Mental health professionals' attitudes towards offenders largely influence their quality of care both within the prison system and in the community (Adjorlolo et al., 2016; Eno Loudon et al., 2018).

### **Strengths-Based Approaches to Treatment**

Strengths-based approaches to treatment focus on enhancing individuals quality of life to foster hope for a better future (Van Hecke et al., 2019). Important elements of a strength-based

approach in forensic treatment include positive goal-directedness and feeling connected and supported by someone who genuinely cares for the offender (Van Hecke et al., 2019).

Counsellors and other professionals should match their style of treatment to the individual needs, motivations, risk factors, and characteristics of each offending client (Levenson et al., 2016; Wilson et al., 2009). Mental health professionals must draw from individuals' strengths and resources to increase their wellbeing and overall functioning in society.

Treatments may incorporate the good lives model (GLM) approach, which focuses on developing prosocial behaviours and meeting the human needs of offenders (Grossi, 2017). The good lives model is a strengths-based rehabilitative theory that strives to provide individuals with internal and external resources to live a personally meaningful and socially acceptable life (Ward et al., 2012). Interventions should focus on enhancing offender's quality of life in a way that supports their core values and matters most to them (Van Hecke et al., 2019). For offenders in correctional settings, having a clear vision of what they wanted to achieve in the future was found to be an important drive for developing a more prosocial lifestyle (Van Hecke et al., 2019). Counsellors who approach the treatment of offenders using the GLM will use their clients' strengths to help set them up for success in their community.

### **A Focus on Community Reintegration**

An area of offenders' lives that is highly impacted by stigma and discrimination is interpersonal functioning (Mezey et al., 2016). Offenders who are institutionalized often experience frustration and loneliness due to being limited in autonomy and cut off from their social networks (Van Hecke et al., 2019). Professionals must encourage offenders to build stronger connections to the community, which is beneficial for one's psychological wellbeing and functioning in society (Folk et al., 2016). Evidence-based practices for the treatment of

offenders with or without mental illness should reinforce social connectedness and their prosocial behaviours with others (Eno Louden et al., 2018).

Studies have found that the most important factor of offenders' experiences in institutions is sincere and "warm human contact" (Van Hecke et al., 2019, p. 12). Feeling connected to staff members and peers and supported in therapeutic relationships is associated with offenders' satisfaction and wellbeing. Within the social climate, being treated with respect and authentic care contributes to an increase in quality of life (Van Hecke et al., 2019). Therefore, interventions targeting feelings of community connectedness will be critical for overcoming the constraints of the current prison system and bringing positive change (Folk et al., 2016). Examples of community-based treatment include mental health counselling, substance use treatment, job training, and education programs (Grossi, 2017). Strategies that often appear in community reintegration programs include identifying the offender's needs, encouraging open communication, and planning their access to resources in the community. It is crucial that planning for offenders begins pre-release, and professionals take a proactive approach to the community reentry process (Grossi, 2017).

### **Advocacy for Offenders**

A critical role for counsellors and other professionals working with offenders is to advocate for this vulnerable population. It is emphasized in this paper that individuals who internalize stigmatization experience multiple negative impacts on their overall functioning. The labels that society applies to offenders, such as "monsters" or "deviants", are harmful and create barriers to offenders seeking preventative professional help (Levenson et al., 2017). Offenders may shape negative self-concepts by internalizing stigmatic beliefs that they cannot be helped or benefit from counselling (Levenson et al., 2017). Treatment and interventions that challenge self-

stigma and create empowerment will be crucial for improving offenders' quality of life (Corrigan, 2004). Advocacy leads to empowerment and offenders' increased feelings of self-worth (Corrigan, 2004; Mezey et al., 2016).

Counsellors and other professionals can become involved in anti-stigma groups and programs to increase awareness and the quality of care for offenders. Educating the public is important for bringing understanding to the impacts of stigma on mental health and risks of offending. It will also be important for community outreach efforts to encourage proactive help-seeking for stigmatized groups (Levenson et al., 2017). Engaging potential offenders in preventive services may be done by providing accessible counselling services and resources, using strategies of cost-effective and anonymous information and help (Levenson et al., 2017).

### **Reflexive Self-Statement**

Throughout my research process and writing about the offender population, I have received feedback from others that reminded me of the reason I chose this topic. Violence and crime seem to be taboo subjects in our society, and discussions regarding these topics often lead to discomfort or dismissal. When sharing with others that I chose to write my research paper on the offender population, I saw firsthand the negative perceptions and stigmatic reactions towards this group. It has been eye-opening for me to learn about the offender population and become aware of their widespread experiences of stigma.

I chose to focus the current literature review on stigmatization and the offender population due to my passion for this topic. In my future counselling career, I wish to work with offenders and provide treatment and support in a correctional setting. Throughout this research process, I have learned the detrimental impacts of stigma on offenders' overall functioning. I

have gained valuable knowledge regarding offenders' experiences of stigma-related hardships before, during, and after committing an offence.

My passion for social justice advocacy for offenders has been reinforced through this research process. Stigmatization, prejudice, and discrimination are all too often experienced by the offender population within prisons and communities. Mental illness adds another layer of stigma, and mental health professionals must understand the needs of offenders to provide effective supports. During my research, I have learned that there is a gap in current literature and practice regarding supporting offenders who experience stigma and mental illness.

I will carry the knowledge gained from my research into my future professional work with the offender population. To inform my counselling practice and the work of other professionals, it is critical to consider the human experiences of offenders. In the future, I aim to continue advocating for the offender population and address the current social injustices that were discussed in this paper. I hope to create positive change in the public perceptions and attitudes towards offenders through providing psychoeducation regarding common myths and misconceptions.

### **Conclusion**

This literature review provides an overview of the issue of stigmatization for the offender population from an advocacy lens. Stigmatization is a social justice issue that creates experiences of prejudice and discrimination for out-groups in society (Corrigan, 2004). Offenders often experience stigmatization and negative societal attitudes that impact their wellbeing and ability to reintegrate into the community after release. Myths and misconceptions regarding offenders also lead to detrimental barriers for supports and rehabilitation. Essential steps towards decreasing stigmatization include providing psychoeducation about offenders to the community

and involving community members in treatment, such as the COSA project (DeLuca et al., 2018; Wilson et al., 2009).

A paradigm shift is essential, as the psychological needs of offenders must be recognized and addressed not only for their wellbeing, but for the wellbeing of society as a whole (Mohamed, 2015). Barriers to rehabilitation are on a societal level, and feelings of exclusion and rejection from society due to one's violent past impacts offenders' reintegration and interpersonal functioning (Mezey et al., 2016; Sommer et al., 2017; Van Hecke et al., 2019). Effective treatment services are essential for the support of offenders in the prison setting, along with being vital for their wellbeing and successful community reintegration (Tyler et al., 2019). Seeing the human in offenders is crucial for treatment to be effective and perceived as personally meaningful (Van Hecke et al., 2019).

Psychological treatment may be the core facilitator in reducing the inclination toward violence and crime in our society (Sommer et al., 2017). Unfortunately, stigma creates barriers to receiving psychological services due to concerns about unethical care and challenges with finding non-judgmental therapists (Levenson et al., 2017). Professionals need to be aware of their biases and attitudes and their direct impacts on the quality of care, management, and treatment of offenders with mental illness (Adjorlolo et al., 2016). Future counselling approaches should focus on providing compassionate and empathetic client-centered care in the treatment planning for the offender population (Levenson et al., 2017).

To improve current treatment interventions for offenders, the collaboration between prison mental health teams, general practitioners, and community mental health services is essential (Tyler et al., 2019). With these services working together, it will enable efficient and effective continuity of supports and treatment for offenders in the community. A positive change

in public perceptions and policies may lead to greater safety in communities and a higher quality of life for the offender population. Treating offenders as humans is a major step towards eradicating stigmatization and breaking down structural barriers for a safer society.

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