

1-29-2026

Investigating Sex Offenders' Experience of Being Registered as a Sex Offender

Stacey Mitchell-Swingle
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Psychology Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Psychology and Community Services

This is to certify that the doctoral dissertation by

Stacey Mitchell-Swingle

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Julie Lindahl, Committee Chairperson, Psychology Faculty

Dr. Aaron Pierce, Committee Member, Psychology Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2026

Abstract

Investigating Sex Offenders' Experience of Being Registered as a Sex Offender

by

Stacey Mitchell-Swingle

MS, Tiffin University, 2016

BS, The Ohio State University, 2013

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

February 2026

Abstract

In society, sex offenders are subject to unforeseen consequences of the sex offender registry. The purpose of this qualitative study was to investigate how the sex offender registry contributes to the mental distress of registered sex offenders and their concerns about recidivism. This study addressed a gap in understanding the sex offender registry experiences from the offender's perspective. The research question addressed how adult male registrants describe their experiences of mental distress associated with registration and how they perceive registration as shaping their risk of reoffending. The theoretical framework was John Braithwaite's reintegrative shaming theory, with a specific focus on disintegrative shaming, which refers to society labeling a person based on previous behavior. For recruitment, 513 postcards were sent to registered male sex offenders in Ohio. The study used a semi-structured interview with a homogenous sample of adult male registered sex offenders who had only adult victims and who had been on the registry for at least 6 months. Interpretative phenomenological analysis was used to analyze the participants' interviews. This led to four themes: hardships, mental distress, social treatment, and support system. The findings suggest unintended collateral consequences, isolation, and psychological harm that undermine reintegration. Policy responses may be more effective if they differentiate risk, reduce blanket restrictions, and invest in community support. If parole/probation officers are better informed about the hardships that offenders face, even those indirectly caused by their efforts to ensure public safety, this could lead to changes in their current policies and procedures, as well as how they manage specific requirements.

Investigating Sex Offenders' Experience of Being Registered as a Sex Offender

by

Stacey Mitchell-Swingle

MS, Tiffin University 2016

BS, The Ohio State University, 2013

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

February 2026

Dedication

I dedicate this dissertation to my children, my husband, my family, and my friends, who supported me throughout this challenging journey.

Acknowledgments

I acknowledge numerous individuals who have helped me get this far. First, Dr. Sharon Xuereb provided me with invaluable support, guidance, and assistance, and I will always be grateful for her help. Dr. Julie Lindahl was always there to help me work through the various parts, answering my numerous questions and trying to ease my nerves on several occasions. Dr. Aaron Pierce for constant encouragement throughout the process.

I want to acknowledge my family and friends. They listened to me for hours and supported me throughout my college journey. I cannot thank all of them enough; they are the reason I do this and have pushed me to get to this point. I want to acknowledge my friends who supported and encouraged me throughout this process.

Table of Contents

List of Tables	vi
List of Figures	vii
Chapter 1: Introduction to the Study.....	1
Background.....	1
Problem Statement.....	3
Purpose of Study.....	6
Research Question	6
Theoretical Foundation.....	6
Nature of the Study.....	8
Definitions.....	9
Assumptions.....	10
Scope and Delimitations	11
Limitations	12
Significance.....	14
Summary	15
Chapter 2: Literature Review.....	16
Literature Search Strategy.....	16
Theoretical Framework.....	17
Literature Review Related to Key Variables and/or Concepts	20
Sex Offenders.....	20
Sex Offender Registry.....	20

Experiences After Prison	24
Social Isolation and Ostracism.....	30
Shame and Stigma.....	31
Mental Illness and Treatment.....	33
Summary and Conclusion	36
Chapter 3: Research Method.....	38
Research Design and Rationale	38
Role of the Researcher	41
Methodology	42
Participant Selection Logic	42
Instrumentation	44
Procedures for Recruitment, Participants and Data Collection	45
Data Analysis Plan	46
Issues of Trustworthiness.....	48
Credibility	49
Dependability	50
Transferability.....	50
Confirmability.....	51
Ethical Procedures	51
Summary	54
Chapter 4: Results	55
Setting	55

Demographics	56
Data Collection	56
Data Analysis	58
Evidence of Trustworthiness.....	60
Results.....	62
Theme 1: Hardships	63
Theme 2: Mental Distress	64
Theme 3: Societal Treatment	65
Theme 4: Support System.....	66
Summary	66
Chapter 5: Discussion, Conclusions, and Recommendations.....	68
Interpretation of the Findings.....	69
Theme 1: Hardships	69
Theme 2: Mental Distress	71
Theme 3: Societal Treatment	73
Theme 4: Support System.....	74
Barriers to Reintegration.....	74
Theoretical Framework.....	77
Limitations	80
Recommendations.....	83
Implications for Practice and Positive Social Change	84
Conclusions.....	86

References.....	88
Appendix: Interview Questions	102

List of Tables

Table 1. Participant breakdown	57
Table 2. Preliminary coding themes	59
Table 3. Themes.....	60

List of Figures

Figure 1. Tier total participant pie chart 58

Chapter 1: Introduction to the Study

A sex offender conviction is a lifetime sentence with restrictions and obstacles that the offender faces. Many of these individuals are met with stigma, shame, and social isolation by society, along with the inability to find a steady home and solid employment once released from prison (Forrester, 2016). This results in limited resources and restrictions determined by their state's standards based on their conviction (Grossi, 2017; Tolson & Klein, 2015). In 2021, it was a requirement for a sex offender to be registered under a policy called the Sex Offender Registration and Notification Act (SORNA; Bierie & Budd, 2021). This study investigated the lived experiences of offenders who had been placed on the registry to examine how the registry related to mental distress and perceived risk of reoffending. This chapter provides an overview of the relevant literature and outlines the theoretical framework for the study. Additionally, this chapter includes a discussion of limitations and an explanation of how it contributes to addressing the existing gap in the literature.

Background

There are existing studies regarding the sex offender registry and the stigma that sex offenders encounter after prison that affects their lives. Prior research documents the stigma and practical barriers experienced by registrants, including housing and employment challenges as well as community rejection (Grossi, 2017). Public notification (e.g., Megan's Law) increases visibility, enabling community members to view an offender's history online, which may intensify the stigma (Grossi, 2017; Tewksbury & Zgoba, 2010). Each neighborhood is notified when a sex offender moves

into the community, and the community can review the offender's crimes online (Grossi, 2017). As a result, sex offenders receive more stigma as a group than violent offenders who have not committed sexual crimes (Grossi, 2017). Registration-related restrictions lead to heightened anxiety, perceived vulnerability, and stigma among registrants (Tewksbury & Zgoba, 2010). Post-release difficulties include housing instability, limited employment, and social exclusion (Grossi, 2017), which contributes to recidivism. Many offenders are restricted from accessing the internet because of registry limitations, which hinders job seeking, communication, and support-building, thereby compounding stress and affecting recidivism (Reed, 2017). Offenders are also subject to random check-ups at home and in employment (Tewksbury & Zgoba, 2010).

Registration affects not only offenders but also their families (Kilmer & Leon, 2017). Registration rules could disrupt family life by limiting where offenders could live, causing financial strain, and reducing access to supportive relationships that facilitate reintegration (Kilmer & Leon, 2017). Laws and policies restrict offenders' living arrangements, impeding family connections and bonding. But having family support after release is crucial for maintaining stability and reducing the likelihood of reoffending (Kilmer & Leon, 2017).

Although registration is meant to promote community safety, there is limited evidence that it reduces sexual reoffending. The public supports registration, but these views are often shaped by fear, which can decrease willingness to support offender reintegration and increase emotional strain for those on the registry (Jung et al., 2020). Research has indicated that 92% of the public and lawmakers believed offenders should

register, but only 38.5% believed it was in the public's best interest (Jung et al., 2020). Other research highlighted that registry monitoring and support opportunities influence outcomes, and proactive government involvement could potentially reduce recidivism (Mann et al., 2021).

Researchers have established that sex offenders face stigma after prison and upon being added to the offender registry. Policymakers may not have considered several factors when creating the list, such as the impact on offenders' families, future employment prospects, housing restrictions, and limitations on internet usage. After prison, the best possible outcome is for offenders to re-enter society successfully and avoid recidivism; however, many offenders encounter emotional difficulties and public fear. This leaves sex offenders vulnerable and on edge, which may negatively affect their chances of avoiding recidivism. Overall, people on the registry continue to face stigma and several added hardships, such as strain on family relationships, limits on housing and employment, and restrictions involving technology. The stress and public fear surrounding registration can weaken the support systems that help reduce the risk of reoffending.

Problem Statement

In the United States, the sex offender registry contains over half a million registered offenders, and over the last 10 years, the registry has grown by 17% (Reed, 2017). Offenders must register based on the severity of their crime, and SORNA is categorized into three tiers (Reed, 2017). The sex offender registry was initially intended to help decrease sexual offenses and raise social awareness about these crimes (Bailey &

Klein, 2018). However, studies have found unforeseen consequences, such as offenders being stigmatized and socially isolated due to the restrictions on them (Bailey & Klein, 2018; Reed, 2017). Additionally, raising social awareness led to stigma and misunderstandings regarding the sex offender registry and how it impacts offenders. Research also showed that recidivism for sex offenders was lower than expected; offenders are more likely to be arrested for separate non-sexual crimes that resulted in their return to prison (Reed, 2017). Although registration and notification laws are common across the United States, there is limited evidence that they reduce sexual reoffending. On the other hand, the negative side effects—such as stigma, isolation, and challenges with housing and employment—are well documented (Bailey & Klein, 2018; Reed, 2017). Furthermore, little research has focused on registrants' own views about how registration affects their mental health and perceptions of reoffending risk. This study fills this gap by focusing on the lived experiences of registrants.

The sex offender registry is publicly accessible, providing information about the offender, including their name, picture, address, past crimes, and other relevant details. The public, politicians, and lawmakers use the goal of reducing recidivism to justify the requirement of offender registration (Grossi, 2017; Socia & Harris, 2016), despite limited evidence that registration reduces recidivism (Jung et al., 2020). Public registries make offenders' personal details available and are often defended to reduce reoffending (Grossi, 2017; Socia & Harris, 2016). However, research shows mixed results regarding their actual effect on sexual recidivism (Jung et al., 2020). While sex crimes are classified as heinous, current research shows that only one in seven sex offenders will re-offend

after release from prison, and re-offense is independent of the previous offense (Napier et al., 2017). While on the registry, offenders can be restricted from employment, housing, visitations with children, and involvement in the child's life (Kilmer & Leon, 2017). These circumstances frame the importance of examining how registrants themselves experience mental distress and view their risk of reoffending. These restrictions impact family dynamics.

Life after prison, readjustment, and registration restrictions can be problematic for sex offenders (Grossi, 2017). Continuous stigma has been shown to influence the exclusion of offenders from employment and hinder reintegration into society (Tewksbury & Zgoba, 2010). Previous research confirmed the financial stress, residency restrictions, stigma, and isolation that offenders and their families experience after being released from prison and placed on the registry (Rolfe et al., 2017; Tolson & Klein, 2015). However, little is known about how offenders themselves relate these hardships to emotional distress and fears of reoffending. There is still a need to determine how these experiences affect offenders' mental health and concerns about recidivism. Because of heightened stress and reduced feelings of dignity, it is important to understand how registering as a sex offender and the resulting restrictions impact offenders from their perspective (Jung et al., 2020). Conducting exploration interviews with registrants can offer deeper insight into how they perceive the effects of registration and restrictions on their daily lives (Jung et al., 2020). An exploratory study that interviews sex offenders can provide insight into their lived experiences and how the registry affected their lives.

Purpose of Study

The purpose of this qualitative study was to explore how adult male sex offenders experienced mental distress and stigma associated with registration and how these experiences influenced their concerns about potentially reoffending. Research has shown that registrants often face isolation, stigma, and harassment that affect their psychological, emotional, and social well-being (Tolson & Klein, 2015). Stressors such as anxiety, defenselessness, financial instability, lack of support, and negative experiences have been linked to recidivism (Tewksbury & Zgoba, 2010). Although previous studies examined financial and residency restrictions, a gap remained in understanding offenders' perspectives on mental distress and perceived risk of reoffending. This study addressed that gap by focusing on the lived experiences of registered offenders to better understand how registration impacted their mental health and perceptions of recidivism.

Research Question

How do adult male registrants describe their experiences of mental distress associated with registration, and how do they perceive registration as shaping their risk of reoffending?

Theoretical Foundation

In qualitative research, a theoretical framework is the “structure or an idea” of a specific theory applied in research (Rocco & Plakhotnik, 2009). Labeling theory focuses on labeling individuals based on their behavior, resulting in stigmatization and identity transformation—that is, “the person becomes the thing they are described as being”

(Braithwaite, 1989, p. 519). In 1989, John Braithwaite developed reintegrative shaming theory (RST) under the broader context of labeling theory (Braithwaite, 1989).

Braithwaite stated that RST includes both *reintegrative* and *disintegrative* shaming.

Reintegrative shaming focuses on condemning behavior while allowing society to welcome the offender back, whereas disintegrative shaming divides the community and negatively labels the offender (Braithwaite, 1989). When an offender experiences disintegrative shame, stigma is attached to deviant behavior, and the offender is rejected or shamed by society (Braithwaite, 1989; Robbers, 2009). Stigmatization can also increase the risk of psychological distress and suicide due to social isolation (Braithwaite, 1989).

This study was guided by Braithwaite's (1989) RST, with emphasis on disintegrative shaming—community responses that stigmatize and exclude the person rather than the behavior. RST provided a framework for understanding how stigma, ostracism, and social exclusion may relate to registrants' mental distress and their perceptions of reoffending risk (Braithwaite, 1989; Robbers, 2009). Individuals participate in interdependency, meaning that people rely on social connections, friendships, and community obligations to feel a sense of belonging (Braithwaite, 1989). However, through stigmatization, disintegrative shaming drives the community to isolate the individual, essentially “branding” them with their past crimes (Braithwaite, 1989). Interdependency—encompassing social bonds, obligations, and a sense of belonging—can be weakened by stigmatization. Disintegrative shaming may label individuals with their past, contributing to feelings of isolation. RST provided the theoretical structure for

understanding how social rejection and stigmatization can intensify emotional distress and shape perceptions of reoffending risk.

Nature of the Study

This research employed a qualitative design, utilizing the interpretative phenomenological analysis (IPA) approach. IPA, developed by Jonathan Smith, is rooted in traditional phenomenology (Miller & Minton, 2016). IPA enables researchers to explore participants' experiences and personal stories, thereby gaining an understanding of the impact of events and the meanings participants assign to them (Smith, 2019). Additionally, IPA enables the investigation of participants' perceptions of their lived experiences (Smith, 2019). Using IPA, I interpreted the connections that emerged through participants' accounts during interviews about their perceived experiences (Smith & Osborn, 2003). Because it can be difficult for participants to express complex emotions, IPA allows researchers to make interpretive assumptions when necessary (Smith & Osborn, 2003).

In this study, I conducted semi structured interviews with persons required to register as sex offenders via a secure online video platform. IPA research typically uses smaller, homogeneous sample sizes; previous studies have included between one and fifteen participants (Smith & Osborn, 2003). The sample for this study included five adult male registrants with adult victims, allowing for depth of analysis and detailed interpretation. Interviews were designed to elicit rich, descriptive narratives about participants' experiences with registration, mental distress, and perceived reoffending risk.

Because rapport building is critical in IPA, the interview process was conversational and flexible. The semistructured format enabled me to guide discussion through core prompts while allowing follow-up questions as new topics emerged (Smith, 2017). I did not need to adhere to a fixed sequence of questions, allowing each participant to freely express their perspectives and experiences (Smith & Osborn, 2003). IPA provided the framework for interpreting participants' meaning-making processes and for understanding how registration, stigma, and social rejection may affect their emotional well-being and perceptions of recidivism.

Definitions

This section includes the terms that are used throughout this study. To ensure clarity, each word is outlined clearly, explaining how it is used and the context in which it appears throughout the study.

Mental distress: Psychological or emotional suffering (e.g., anxiety, depression) associated with stressors or life circumstances (Timander & Möller, 2016). For this research, mental distress covered psychological and emotional pain that was felt by the offender.

Ostracism: Repeated exclusion or rejection from social interaction (Ren & Evans, 2021).

Recidivism: A subsequent criminal offense following a prior conviction; here, participants' perceptions of risk of reoffending (Mann et al., 2021).

Sex offender: An individual convicted of a sexual offense (e.g., sexual assault, rape, molestation, voyeurism, exhibitionism; Reed, 2017).

Sex offender registry: The system by which qualifying individuals must register personal and offense information as required by law (Reed, 2017).

Sex Offender Registration and Notification Act (SORNA): federal standards that set minimum requirements for registration and notification (Reed, 2017).

Social isolation: Absence of social connections with others (Centers for Disease Control and Prevention [CDC], 2021).

Stigma: Negative labeling and stereotyping that can lead to shame and social devaluation (Mann et al., 2021).

Assumptions

Some assumptions were made during the research and the design of this study. In qualitative research, assumptions occur when researchers consider certain components to be plausible within the study. Using IPA, assumptions can be made regarding the connections between emotions, thinking, and verbal expression (Smith & Osborn, 2003). Specifically, participants attempt to comprehend their experiences and understanding how their emotions influence their narratives is crucial. Discussing emotions and thoughts with the researcher allows connections to be identified, enabling the researcher to interpret how emotions, thinking, and expression fit together (Smith & Osborn, 2003). Additionally, the meaning and complexity of emotions and experiences are central to IPA assumptions (Smith & Osborn, 2003).

This study presumed that participants would offer honest and thorough descriptions of their experiences and that IPA was a suitable method for analyzing those accounts (Smith & Osborn, 2003). It also presumed that participants' emotions

influenced the way they conveyed their narratives, and that thoughtful, attentive interviewing would elicit detailed responses that could be meaningfully interpreted.

Participants for the study were recruited via postcards sent through the mail to a random subset of eligible registrants listed on the publicly available sex offender registry. The study did not inquire about participants past crimes; instead, it was assumed that each registrant had been convicted of the offense that led to their registration. Existing research indicates that many registrants experience numerous hardships after release, including difficulties with employment, stability, finances, and a lack of support. It was assumed that the participants had encountered some form of post-release hardship and would be able to describe these experiences. Based on this assumption, it was expected that participants would provide honest and candid accounts during the interviews. The study relied on the assumption that participants would share authentic experiences of their challenges, with minimal exaggeration or minimization of the difficulties they faced.

Scope and Delimitations

The scope of this study covered the mental distress and recidivism that sex offenders experienced after being registered. Sex offenders face stigma, social isolation, and ostracism due to the nature of their crimes and their placement on a public registry. This study focused specifically on adult sex offenders aged 18 years or older who had been on the registry for at least 6 months; no minor sex offenders were included. Only offenders with adult victims were included, and offenders with past offenses involving minors were excluded. Additionally, the study focused exclusively on male offenders;

female offenders were not included in the research. This study examined adult male registrants (≥ 18) with adult victims who had been on the registry for a minimum of six months. Choosing a uniform sample allowed for in-depth analysis, consistent with IPA, while excluding cases involving minors as victims and female registrants.

Limitations

Given the subject of this study, a potential barrier to recruitment was the selection of participants. Limitations included participants' willingness to discuss the topic. The sensitivity of the subject and the distrust some sex offenders feel could make it challenging to find participants willing to share their stories and to build rapport. As a result, participants might not have been fully open or disclosed all information during the interviews. Some may have feared that anything shared could be reported to their parole or probation officers. Potential limitations included difficulties in recruitment, the sensitive nature of the topic, and participants' concerns about confidentiality, which might have limited the depth of disclosure. Emphasizing confidentiality and establishing rapport helped reduce these concerns.

Although discussing past crimes and offenses could have caused participants distress, they were not asked about their previous crimes during the interviews. However, studies find that talking about mental distress and reliving hardships can still cause discomfort (Klein et al., 2018). During the interviews, I paid attention to subtle cues, such as eye contact, shifting in their seat, or crying, and was prepared to adjust the conversation or provide time to decompress to avoid concluding on an intense note. After reviewing the consent form, each participant verbally agreed to participate and was

reminded that participation was completely voluntary and could be stopped at any time. Although interviews did not ask about offense details, discussing mental distress may still cause discomfort (Klein et al., 2018). I monitored for signs of distress, paused or redirected as needed, and reminded participants of their right to stop at any time.

Another limitation was that participants may have wanted to tell their stories to assert their innocence. Research reports that some offenders are attention-seeking or believe the researcher can help them be removed from the registry (Klein et al., 2018). To address this, participants were informed at the start of the interview that the researcher could not assist with removal from the registry. Because this study relied on participants' self-reports of hardships and experiences, reliance on self-reports was also a limitation.

Sample size was another limitation, a common issue in qualitative research. Studies have found that although qualitative studies do not require large samples to achieve saturation, smaller sample sizes can limit the transferability of the findings (Smith et al., 2009). A small IPA sample allowed for in-depth analysis but restricted its transferability; therefore, the findings were not statistically generalized.

Finally, the welfare of the researcher was a consideration. Even though interviews were conducted online, participants sometimes described how the registry affected their mental health and explained their crimes in detail, which could have elicited an emotional response from me. To support the researcher's well-being, interviews were spaced to allow time for debriefing, reflection, and emotional recovery between sessions.

Significance

The original contribution of this study lay in interviewing sex offenders impacted by registration requirements, focusing on mental health and concerns about recidivism from their perspectives. Due to the restrictions, financial stress, and additional social implications that registrants faced, investigating these impacts was intended to lead to a re-evaluation of registry policies and the methods used to restrict offenders. By centering registrants' voices, this study informed supervision practices, reentry support, and policy discussions about collateral consequences and public safety. Insights helped probation or parole officers tailor support to reduce stressors related to perceived reoffending risk (Newstrom et al., 2019) and promoted positive social change.

Social change involves the evolution of society based on relationships that developed over time. Positive social change can be achieved by examining the registry's impact on offenders, improving public perception, and providing additional support to reduce recidivism. Understanding the registry's effects can enable probation or parole officers to assist offenders more effectively and prevent re-offense. Relationships with probation or parole officers are particularly important, as establishing connections within the community help re-establish societal links. Cultivating positive relationships lowers stress and encourages healthier behaviors. Studies have found that effective relationships between officers and registrants reduce the risk of recidivism (Newstrom et al., 2019). For example, a 2012 study in Maricopa County showed that probation and parole officers who participated in focus groups to improve relationships with registrants believed this approach decreased community risk (Newstrom et al., 2019). These findings suggest that

active, supportive engagement by probation and parole officers improve reintegration outcomes, lower stress, and reduce perceived and actual risk. Positive officer–client relationships have been associated with better outcomes, including a reduced risk of recidivism (Newstrom et al., 2019). Understanding how registration shaped mental distress and perceived reoffending risk can guide targeted supports that foster reintegration and enhance individual and community well-being.

Summary

The current literature on sex offenders and the offender registry highlights the struggles that registrants face when released from prison and placed on the registry. Social isolation, ostracism, shame, and stigma are among the difficulties offenders encounter during re-entry. Although limited evidence shows that registration requirements reduce sexual crimes, lawmakers continue to rely on public concern and fear to justify policies and restrictions for offenders (DeLuca et al., 2018; Jung et al., 2020). The registry can impede employment and housing, generate financial stress, contribute to negative experiences and anxiety, affect family relationships, and foster mental distress as well as concerns about recidivism. Investigating offenders' experiences to understand how registration contributes to their mental distress and perceived risk of reoffending may help address gaps in the literature and inform future practices and policy. Chapter 1 summarized the background, problem, purpose, research question, theoretical framework, and qualitative approach. The next chapter reviews literature on registration, stigma, mental distress, and perceived reoffending, framed within reintegrative shaming theory.

Chapter 2: Literature Review

Life after prison can be challenging for convicted offenders, and being labeled as a registered sex offender often leads to exclusion from society (Lester & O'Reilly, 2021). The purpose of this qualitative study was to examine the mental distress and stigma that sex offenders experience while on the registry, and how these experiences relate to their concerns about potentially re-offending. I specifically focused on hardships such as stigma, social isolation, housing instability, employment challenges, registry restrictions, and mental health concerns. Although mental illness during incarceration may influence post-release adjustment and exacerbate difficulties, it is not the primary focus of this chapter; it is discussed only to provide context for post-release risks and challenges faced by registrants.

This chapter outlines the literature search strategy and theoretical framework and then synthesizes empirical findings regarding sex offenders and their experiences with registries. The review continues from Chapter 1 by examining the range of hardships that registrants encounter. Finally, the chapter concludes with a summary and identifies gaps in the literature that this study sought to address.

Literature Search Strategy

In the search for journal articles related to sex offenders, the sex offender registry, and mental health, a substantial number of relevant studies were identified. I include articles that discuss sex offenders' post-release difficulties, including social isolation, stigmatization, rejection, and shame. The search emphasized a 5-year timeframe to

capture recent research, although some seminal works outside this period are incorporated due to their significance to the field.

I gathered peer-reviewed articles and journals through Thoreau at Walden University and then expanded the search using PsycINFO, PsycARTICLES, SAGE Journals, and EBSCOhost. Supplemental research is conducted via Google Scholar and ResearchGate, as well as relevant federal and state sources, such as the CDC and the Ohio Department of Rehabilitation and Corrections, which provide additional context. Keywords and search terms include *sex offenders (with adult victims only)*, *sex offenders AND registry*, *sex offenders AND stigma*, *mental health*, *mental distress*, *shame OR guilt*, *public stigma*, *labeling*, *shaming AND reintegration*, *reintegrative shaming theory AND sex offenders*, *mental health AND isolation*, *mental illness AND prison inmates*, and *mental health AND criminal justice system*. Searches were limited to English-language, peer-reviewed publications to ensure rigor and relevance.

Theoretical Framework

The RST, as proposed by John Braithwaite (1989), served as the theoretical framework for this study. This theory guided the exploration of the reintegration of sex offenders into society after prison, along with the experiences of shame, stigma, ostracism, and social isolation, and how these issues affected the offenders' mental health. The RST was developed within labeling theory and is part of the restorative justice framework (Braithwaite, 1989).

RST includes reintegrative shaming and disintegrative shaming (Braithwaite, 1989). Reintegrative shaming means that society not only disapproves of the person's

crime but also is willing to accept the person back into society (i.e., a person who has committed a bad act but is considered good; Braithwaite, 1989). In contrast, disintegrative shaming occurs when society stigmatizes the person, labels them a “deviant,” and isolates them (Braithwaite, 1989; Brooks, 2019). With disintegrative shaming, there are no attempts by society or the community to forgive the offender or vouch for the person's good character (Hay, 2001). Additionally, offenders become targets of stigmatization and demonization and are repulsed by the community (Brooks, 2019). However, research has shown that disintegrative shaming prevents offenders from reintegrating into society, promotes the severing of societal ties, deviancy, and reduces treatment effectiveness (Reed, 2017). Furthermore, research has discovered that when the culture reinforces shame and stigma (i.e., disintegrative shaming), society has a higher crime rate compared with cultures that promote reintegrative shaming (Schaible & Hughes, 2011). For this study, RST’s disintegrative shaming provided the most relevant lens to understand how stigma, social exclusion, and ostracism influenced registrants’ mental health, reintegration, and lived experience.

Many sex offenders face difficulties after prison, such as social isolation, ostracism, stigmatization, and other everyday hardships. Once a person is labeled a deviant, or in this case, a sex offender, they experience stigmatization and a self-fulfilling prophecy (Braithwaite, 1989). The individual begins to experience a lack of social support and a sense of injustice, leading to a lack of social control (Braithwaite, 1989). Life becomes more difficult with the inability to earn a living, pushing the individual further into the “underworld;” therefore, the deviant label that the individual is given

becomes the way of life for this person, a sex offender (Braithwaite, 1989). Furthermore, disintegrative shaming results in the offender being disrespected and pushed into isolation, which could be a psychological and emotional stressor for the offender (Reed, 2017).

Using the RST supports and emphasizes the separation of the subculture of registered sex offenders (Schaible & Hughes, 2011). The media and increased news coverage of cases of this nature bring awareness of sex offenders and portray sex offenders as “beasts or predators” (Lowe & Willis, 2020). The media depicts the offenders as males who are likely to re-offend (Lowe & Willis, 2020). Media coverage has a significant role in the public perception of sex offenders (Douglass et al., 2022). In recent years, the media has created a narrative of violence against women specifically associated sex offenders with offenses (Douglass et al., 2022). The media labels these individuals as evil, mad, sick, and monstrous, along with Machiavellian images that focus on extreme and rare cases (Douglass et al., 2022). With this stereotype conveyed to the public, the community and neighborhoods block offenders from finding a stable and safe life after prison (Lowe & Willis, 2020). Previous research found that most public opinion believed that labeled sex offenders are not able to respond to treatment and often re-offend (Lowe & Willis, 2020). However, as previously mentioned, only one in seven sex offenders re-offended and the offense was independent of the original offense (Napier et al., 2017). This cycle only increases the stigma and social isolation of the registered sex offender, further confirming the effects of disintegrative shaming (Lester & O’Reilly, 2021).

Literature Review Related to Key Variables and/or Concepts

Sex Offenders

A sex offender is a person who commits a crime of a sexual nature and is convicted of that crime (Cornell Law, 2021). These sexual crimes can include sexual assault, rape, voyeurism, exhibitionism, pedophilia, and/or molestation (Reed, 2017). In this study, I only address adult sex offenders with adult victims. There were more than 850,000 sex offenders registered in the United States in 2019 (Cubellis et al., 2019). Sex offenders are stigmatized by society (Cubellis et al., 2019). Many sex offenders are blocked from housing and employment due to being labeled a sex offender in addition to stigmatization and harassment (Lowe & Willis, 2020). This can hinder their reintegrating into society and may increase recidivism, a problem addressed in this dissertation. Researchers have found that consistent isolation and loneliness have an impact on mental health, including depression, cognitive decline, and psychotic symptoms (Ma et al., 2021). Furthermore, mental illnesses are prevalent in sex offenders; more than 90% of offenders have at least one mental illness. Therefore, persistent isolation and loneliness increase the likelihood of additional mental illness diagnoses (Eher et al., 2019). Often, sex offenders even experience a loss of privacy because their lives become public knowledge due to the registry (Cubellis et al., 2019).

Sex Offender Registry

Currently, all 50 states in the United States require sex offenders to register under the SORNA (Reed, 2017). SORNA sets the standards that are required by sex offenders when registered. While in the United States, each state may have additional requirements

beyond the basic SORNA requirements for the registry, based on the offender's conviction (Grossi, 2017). SORNA usually requires a number of some of the same basic requirements for all states such as a full address, name, and all aliases, home address, employer name, vehicle information, date of birth, type of offense, license information, DNA sample, fingerprints, and current picture; however, each state can mandate the different criteria, additional information as needed, and how each offender will be placed on the registry (Reed, 2017). This information is publicly available and accessible through the Federal Bureau of Investigation's website, the Department of Justice website, or any local website that provides information on sex offenders in the area. Each state has requirements for maintaining its registry (Bierie, 2016).

Maintaining this registry can be expensive (Bierie, 2016). This cost has been an argument among opponents of the registry, with the argument being that the monetary cost of the registry and the cost-benefit analysis are minimal (Bierie, 2016). Some states, such as Virginia, spent \$12.5 million on the start-up of the registry and then \$8 million on its upkeep (Bierie, 2016). It is estimated that, less than 10 years ago, the national cost of maintaining the registry was \$400 million (Bierie, 2016). This is a high figure when the benefit-to-cost ratio seems to be low. The cost of sexual assaults in adults is around \$117,000 per year in loss per assault (Bierie, 2016). Reducing the number of sexual assaults by even a small amount would have big savings for some states, and using the sex offender classification tier system could be one way to help decrease the number of sexual assaults (Bierie, 2016).

The sex offender classification is organized into tiers. Tier I offenders usually receive less than a year of prison. These offenders are typically convicted of child pornography or conspiracy to commit crimes of a sexual nature; this requires a 15-year registry with yearly personal verification updates (Reed, 2017; Zgoba et al., 2016). In Ohio and other states, certain non-contact or public indecency offenses can also result in Tier I classification depending on the statute and case facts. Tier I occurs when the sex offender's crimes do not fit into the criteria for either Tier II or III crimes (Zgoba et al., 2015). Tier I is considered the minimal-risk offender.

Tier II offenders' crimes are mostly connected with sexual assaults, and Tier II requires registration for 25 years, with bi-yearly updates (Reed, 2017; Zgoba et al., 2015). The difference between Tier I and Tier II is that Tier II offenders are convicted of crimes that are sexual, such as sex trafficking, abusive sexual contact, and other specific crimes against minors and adults. Tier II includes medium-risk offenders.

Lastly, Tier III is the most severe offender. This tier requires lifetime registration (Reed, 2017). Tier III means the offender has been convicted of partaking in a relationship with a minor that is 12 years or less, forcible rape or threat of rape of any age, conspiracy to commit rape of any age, kidnapping, or if any sexual crime happens while registered as a Tier II offender (Zgoba et al., 2015). If a similar crime happens while the offender is registered as a Tier I or II offender, they are advanced to the next tier (Tewksbury & Zgoba, 2010). If the offender fails to comply with the SORNA requirements, they may be fined or face additional charges (Reed, 2017). Furthermore, Tier III offenders are required to re-register four times a year to keep up with their current

location (Zgoba et al., 2016). When an offender has changed or needs to make a registration change, the requirement is to report the change immediately; however, the offender has a 3-day grace period (Reed, 2017).

In 1994, the Jacob Wetterling Act was passed (Zgoba et al., 2015). This act requires each state to develop its registry to stay informed about the offender's location while registered (Zgoba et al., 2016). In 2006, the Jacob Wetterling Act was replaced in Congress by the Adam Walsh Protection and Safety Act (AWA); this act encourages the use of the SORN to become the norm for all states (Zgoba et al., 2016). The AWA aims to streamline the registry by unifying all registries with federal databases, such as the Federal Bureau of Investigation (FBI) within the National Criminal Information Center (NCIC) databases and the National Sex Offender Public Website (NSOPW; Bierie, 2016). When a Tier II or Tier III offender moves into a community, residents are notified due to the requirement of Megan's Law (Grossi, 2017; Lussier & Mathesius, 2019). Depending on the state, a Tier I offender does not require notification to the community; however, the online sex offender list will be updated to reflect that the offender lives in the area. Megan's Law was passed in 1996 when 7-year-old Megan Kanka was assaulted and murdered by a neighbor; the family was not notified when the violent offender moved into the community (Cornell Law School, 2021). Information about sex offenders is public and can be accessed online; therefore, the community can look up the offender, their address, crime, current picture, and geographic location (Grossi, 2017). With the advancement of technology, various applications can also be used to stay informed (Grossi, 2017).

Because of the registration and tier classification, the sex offender will be subject to specific restrictions. Each state has different restrictions. In Miami, Florida, offenders are restricted from living within 2,500 feet of schools, parks, bus stops, playgrounds, and daycares, which was the first sex offender ordinance to pass (Mogavero & Kennedy, 2017). Later, 30 states followed Florida's laws and restrictions about sex offenders (Mogavero & Kennedy, 2017). The sex offenders may also be subject to employment restrictions and internet restrictions (Tewksbury & Zgoba, 2010).

Experiences After Prison

Public discourse often portrays sex offenders as uniquely dangerous, generating fear and moral panic (Budd & Mancini, 2016). Upon release, these individuals face challenges reentering society, often reporting greater obstacles than non-sex offenders, including difficulties securing stable housing. To illustrate public attitudes toward residency restrictions, Budd and Mancini (2016) analyzed 831 usable surveys obtained through the Center for Sex Offender Management (CSOM). These findings provide context for the discussion of housing challenges faced by registrants. Beyond housing, sex offenders also encounter barriers to employment, strained family and friend relationships, fear of harassment, and increased risk of homelessness. Collectively, these hardships compound the difficulties of reintegration and highlight the social, economic, and emotional challenges faced by individuals convicted of sexual offenses.

Residency restriction ordinances—sometimes creating de facto “sex offender-free zones”—limit where registrants can legally reside (Reed, 2017; Tolson & Klein, 2015). Because these restrictions aim to reduce contact with potential victims, they can

inadvertently produce a “domino effect,” displacing offenders to rural areas with limited access to employment, housing, and social supports (Reed, 2017; Tolson & Klein, 2015). This displacement can increase recidivism risk and contribute to homelessness among sex offenders. Homelessness is a significant issue in the United States, with nearly 600,000 individuals reported homeless on a single night in 2017, and the problem has worsened since (Rolfe et al., 2017). For registrants, limited options may force reliance on shelters, yet availability is scarce. In a study of 107 shelters in Ohio, Kentucky, Tennessee, and Michigan, 41 refused entry to registered sex offenders; of these, five occasionally made exceptions, but no guarantee of a bed existed (Rolfe et al., 2017). Consequently, registrants often face unsafe or unstable living conditions.

This may increase the chances of recidivism and may even contribute to the homelessness of sex offenders (Tolson & Klein, 2015). Homelessness is a big problem in the United States, with reports in 2017 that nearly 600,000 individuals were homeless on one given night, and the problem has gotten worse (Rolfe et al., 2017). With registered sex offenders having residency restrictions, this can increase their potential risk of becoming homeless. Thus, their only option may be homeless shelters (Rolfe et al., 2017). Unfortunately, with such a high population of homeless individuals, this does leave limited beds for everyone, and some homeless shelters need to make decisions on beds, and many times, the registered sex offender does not get priority (Rolfe et al., 2017). Rolfe et al. (2017) did a study with 107 homeless shelters in Ohio, Kentucky, Tennessee, and Michigan and found that forty-one homeless shelters would not allow a registered sex offender to stay in the shelter. Researchers discovered that out of the forty-

one shelters, five can make exceptions, but there are no guarantees of a bed. Leaving the registered sex offender with no safe place to stay. There are approximately two million people experiencing homelessness in the United States (American Psychological Association, 2011). Homelessness is an immense concern related to psychological and physical health (American Psychological Association, 2011). An individual who is homeless is twice as likely to suffer from a mental illness as the general public (American Psychological Association, 2011).

This brings the housing situation in a new direction and supports the theory that sex offenders face difficult and dangerous living conditions (Socia et al., 2019). Due to the attention it has garnered, the idea is that some officials may attempt to make a difference for sex offenders and change policies (Socia et al., 2019). It is vague how the public would feel about the changes to the policies (Socia et al., 2019). Emergency housing, such as low-budget motels and halfway houses, is provided by communities that attempt to provide registered sex offenders with safe housing (Socia et al., 2019). Several residents of the motels in Danvers, MA, raised concerns about the poor living conditions in some of the low-budget motels, and policymakers decided to shut down the motels instead of addressing the numerous violations. It was a cold winter, with one day's notice (Socia et al., 2019). Additionally, some landlords will not rent to an individual with a criminal record involving sexual crimes (Grossi, 2017). However, there are no significant studies that show housing restrictions reduce recidivism in sex offenders (Reed, 2017).

As mentioned before, homelessness does take a toll on an individual's mental health. Researchers conducted a study with 455 participants regarding the quality of life

of individuals who are homeless (Gentil et al., 2019). The study was conducted in Montreal and Quebec City, two big cities with a high homeless population (Gentil et al., 2019). The participants were recruited by posting signs in homeless shelters, food banks, and day centers. The researchers then interviewed the participants in restaurants or local cafés (Gentil et al., 2019). In the results, the researchers found that 67 percent of participants reported mental disorders along with suicidal ideation (Gentil et al., 2019). The strengths of this study enabled the researchers to gain insights into the quality of life and the homeless community, specifically the mental distress faced by the homeless community (Gentil et al., 2019). A limitation of the study is the overall sample size of participants, which may not be representative, a common issue in studies (Gentil et al., 2019). Lastly, another limitation was the age of the participants; the sample was mostly older (Gentil et al., 2019). This study provides support that homelessness impacts mental health, with over half of the participants suffering from mental distress, and sex offenders having difficulties with stable housing and employment, thus putting them at even more risk.

Housing instability can affect the ability of sex offenders to secure stable employment, as a lack of a fixed residence limits access to transportation, nearby job opportunities, and professional networks. Employment is a central reentry task, yet registrants face layered barriers (Tolson & Klein, 2015). Beyond stigma, legal and regulatory restrictions prevent work involving unsupervised contact with minors, presence on school grounds, or access to vulnerable populations. Many licensed or bonded positions similarly exclude individuals with qualifying convictions due to safety

and liability regulations rather than unlawful discrimination. Employer background-check policies, insurance requirements, and supervision conditions further limit employment opportunities for sex offenders (Tolson & Klein, 2015).

Lack of housing can contribute to the fear of sex offenders. An offender may not have access to safe housing because of certain restrictions, then be placed in a halfway house (Socia et al., 2019). Half-way houses can be overcrowded with little room for the sex offender and could result in the offender being harassed or injured if the other residents find out that the offender is a sex offender (Socia et al., 2019). Another aspect that sex offenders encounter is fear of physical violence and harassment. A number of communities and individuals take a vigilante status against sex offenders who move into their community. A vigilante can be defined as a private citizen who physically harasses or harms others in the pursuit of justice that the vigilante believes was not served, and that they are providing a service to the community (Cubellis et al., 2019). Because of the stigma of being a sex offender, the community will often ignore vigilantism, and various groups even support the vigilante due to the sexual nature of the crimes (Cubellis et al., 2019). To understand vigilantes and the behavior surrounding the vigilante mindset, researchers **investigated** a sex offender database that **included** events between 1983 and 2015, which **exhibited** vigilante-targeted attacks (Cubellis et al., 2019). Researchers **reviewed** 279 events and found that in 51 percent of the events, the attackers **were** not only individuals but also two or more individuals (Cubellis et al., 2019) committed 49 percent of the attacks. This research provides evidence and supports that sex offenders are often targeted, and the offenders have a reason to be fearful, and socially isolate

themselves or they are socially isolated by society due to being victims of vigilante attacks. A limitation of this study is that several reports have missing data (Cubellis et al., 2019). These persistent safety threats and social isolation from vigilante actions can exacerbate mental distress, heighten anxiety, and influence how registrants perceive their own risk of reoffending. With safety risks established, the next section examines the technology restrictions that limit day-to-day functioning.

Another restriction that offenders will face is the restriction of the internet as part of their registry (Reed, 2017). Individuals in the community believe that internet restrictions will reduce the rate of recidivism (Grossi, 2017). However, there are unforeseen consequences of internet restrictions. In 2022, especially in a pandemic-affected society, many jobs and housing applications have transitioned to online platforms; therefore, if the offender is restricted from using the internet, they are also restricted from applying for housing and jobs. This provides support evidence for the nearly impossible task of finding or gaining stable housing or employment for sex offenders. Furthermore, limiting access to the internet prevents sex offenders from maintaining relationships with family and friends on social media (Reed, 2017). Having support is crucial to offenders after prison to avoid recidivism, and limiting sex offenders by creating a network of support can damage their stability. Also, internet restrictions limit sex offenders' ability to access information on the web (Reed, 2017). This may seem trivial, but this could be very instrumental in daily life for numerous reasons. Many stores offer online shopping and delivery, while restaurants provide online ordering options, display movie times, and enable online research and reading of reviews. Combining all

these factors can increase stress and possibly increase the rate of recidivism. Internet restrictions are often justified as a preventive measure, yet blanket limits can impede essential reentry tasks (e.g., online applications for jobs and housing), telehealth services, and the maintenance of family and prosocial supports (Reed, 2017; Grossi, 2017).

Increasing digital daily life means such limits can compound stressors associated with recidivism risk.

Social Isolation and Ostracism

Furthermore, on average, five to 16 percent of offenders experience physical assault, have been asked to leave public places, and receive threatening phone calls and mail (Cubellis et al., 2019). A study conducted with 386 participants has linked it to negative attitudes, including beliefs that sex offenders should have social distance and beliefs in high recidivism (Jung et al., 2020). This study recruited undergraduate students in the United States and Canada, and the samples were collected simultaneously (Jung et al., 2020). The limitations of this study included a limited diversity in the sample, which was small and may not provide a comprehensive representation. However, the researchers aimed to understand the public's perspective of registered sex offenders, and undergraduate students were considered more open to discussing the topic (Jung et al., 2020). The researchers found that U.S. undergraduate students held fewer negative views toward sex offenders than their Canadian counterparts (Jung et al., 2020). These findings are significant for the sex offender registry because they highlight factors that influence public opinion (Jung et al., 2020).

Social isolation occurs when the offender feels “embarrassed” or finds public interactions too difficult due to rude or stigmatizing treatment, leading to withdrawal from community life (Cubellis et al., 2019; Tolson & Klein, 2015). Social isolation has unforeseen consequences for mental health, including depression, anger, and suicidal thoughts (Tolson & Klein, 2015). This isolation can lead friends and family to distance themselves from sex offenders out of fear of repercussions. Building supportive relationships helps decrease the risk of recidivism (Klein & Bailey, 2018), whereas the absence of support correlates with an increased risk (Lin & Simon, 2016). Factors associated with higher recidivism include low self-esteem, antisocial behavior, poor social control, and romantic relationship problems (Lin & Simon, 2016). In one study, researchers analyzed correctional and arrest records of 312 sex offenders on parole in Denver, Colorado (Lin & Simon, 2016). A limitation of this study is that historical records may not fully represent offenses, as not all crimes are reported, yet the study provides insights with potential to inform policy improvements (Lin & Simon, 2016). Many policies currently apply blanket coverage, which may not always be appropriate.

Shame and Stigma

Individuals who are convicted of a crime face shame and stigma (Grossi, 2017). Individuals convicted of sexual offenses receive an abundance of negative attention and stigma after being charged, convicted, and released from prison (Grossi, 2017). The origin of the stigmatization of sex offenders in America can be traced back to the 1930s, an era of sexual repression in which sexual topics were taboo, rendering sex offenders particularly stigmatized (Cubellis et al., 2019). In 1937, a paper published over 100 cases

involving sexual crimes, causing public panic and fear, and prompting officials to classify sex offenders as sexual psychopaths and impose indefinite confinement (Cubellis et al., 2019). By linking sex offenders with psychopathy, the public inferred that all sex offenders have mental illness, increasing fear, trepidation, and stigma upon release (Cubellis et al., 2019). As a result, sex offenders often lack social support, leading to social isolation, ostracism, and being labeled as community outsiders (Cubellis et al., 2019; Tolson & Klein, 2015). These negative labels and social stigma contribute to prejudice and discrimination, including fear and anger (DeLuca et al., 2018).

A study of 518 participants, conducted using online surveys from a non-random Qualtrics Panel, aimed to determine political attitudes regarding the stigma of sex offenders (DeLuca et al., 2018). The Qualtrics Panel selects participants who are likely to meet the study's criteria based on their prior survey participation (DeLuca et al., 2018). The study found that neutral language describing sex offenders reduced punitive public attitudes, while many conservatives held negative views toward sex offenders and individuals with mental illness, highlighting potential bias in policymakers' decisions regarding offender restrictions (DeLuca et al., 2018). Limitations included a non-representative, highly educated sample (DeLuca et al., 2018).

Self-stigma occurs when individuals internalize negative beliefs and discriminatory attitudes about themselves (Moore et al., 2017). Research shows that offenders often self-stigmatize, exacerbating social isolation, shame, guilt, and ostracism (Moore et al., 2017). Psychological consequences include low self-esteem, poor mental health, hazardous behaviors such as substance abuse, potential violent outbursts, and self-

harm (Moore et al., 2017). The stigma extends to family and friends, who experience “courtesy stigma” that can result in isolation, harassment, and health consequences (Cubellis et al., 2019; Marsh et al., 2021).

Mental health and stigma are intricately intertwined, negatively impacting self-concept, which is defined as one’s beliefs about their abilities, behaviors, and characteristics (Moore et al., 2017). In a study of 111 male inmates (2008–2010), anxiety correlated with stigma and depression with internalized stigma (Moore et al., 2017). Offenders are vulnerable to distorted self-perceptions due to these stigmatizing effects (Moore et al., 2017). The researchers employed restorative justice intervention interviews to collect data, acknowledging limitations such as an all-male sample from a single jail, which limits the generalizability of the findings (Moore et al., 2017). Nonetheless, the study provided important clinical implications for identifying risk factors, psychological vulnerabilities, and challenges following incarceration (Moore et al., 2017). Media coverage plays a significant role in shaping public perceptions, often emphasizing violence against women and portraying sex offenders as evil, mad, sick, or monstrous, further reinforcing stigma (Douglass et al., 2022).

Mental Illness and Treatment

Serious mental illness is well documented among sex offenders, with 90 percent of sex offenders having a confirmed mental illness diagnosis (Eher et al., 2019; Seto et al., 2017). Additionally, sex offenders have a very high diagnosis of mental illness (Eher et al., 2019). In previous research, sex offenders display a very high percentage of mood disorders, substance abuse disorders, paraphilic disorders, and personality disorders (Eher

et al., 2019). Personality disorders are most commonly borderline personality disorder and antisocial personality disorder (Eher et al., 2019). According to the DSM-V, borderline personality disorders define the disorder by the following: criteria: patterns of instability interpersonal relationships, self-image, frantic efforts to avoid or imagined abandonment, recurrent suicide attempts, feeling of emptiness, unstable self-image and sense of self, self-harming, inability to stabilize mood, intense anger and stress-related paranoid and dissociative symptoms (American Psychiatric Association. 2013). Whereas antisocial personality disorder has the following criteria: disregard for and violation of others, impulsiveness, aggression, failure to conform with societal norms, recklessness, lack of remorse, consistent irresponsibility, lying, and not brought on by another mental disorder (American Psychiatric Association, 2013). Add a sentence here to explain why these specific disorders have a cause/affect/effect on the sex offenders' lives after prison.

In a study conducted by researchers with 675 participants who had offended adults, only over 90 percent of the offenders were diagnosed with at least one mental disorder (Eher et al., 2019). Over 40 percent of these offenders were diagnosed with a substance disorder (alcohol); however, most of the offenders' mental disorders consisted of anxiety, mood, psychotic, and impulse control disorders (Eher et al, 2019). In the results of the study, the researchers found that over 60 percent of the sex offenders against adults specifically had been diagnosed with a Cluster B personality disorder: narcissistic, antisocial, borderline, and histrionic (Eher et al, 2019). Because many offenders carry social isolation, stigma, and shame due to the registry, the offender may not have access to mental health professionals. This research is used to support the

foundation that sex offenders have a history of mental distress already; thus, adding the offender to the registry of sexual offenses could further add stigma, social isolation, and label the offender as an outcast, and could further exacerbate the already present mental distress that the offender is facing for being placed on the sex offender registry.

To some mental health professionals, mental illness is concerning for recidivism in registered sex offenders (Jung et al., 2020). Several individuals in the community and society believe that sex offenders have a high likelihood of re-offending (Harrison et al., 2020). However, as previously stated, offenders have a low recidivism rate of nearly 14 percent, and researchers show that other offenders who have been convicted of burglary and robbery are not necessarily committing another sexual offense (Harrison et al., 2020; Schultz, 2014). The public believes that someone with a mental illness is more dangerous than an individual without (Kingston et al., 2015). In a study conducted with 320 paroled sex offenders compared to offenders that were reincarcerated, researchers found that mental illness was more likely the cause of recidivism versus the comparison group that did not re-offend, who were attending an outpatient mental hospital (Kingston et al., 2015).

The purpose of the study is to link recidivism with mental disorders in sex offenders that were currently in prison (Kingston et al., 2015). The researchers concluded that mental illness is more than likely not a good predictor of recidivism; however, in a previous study that the researchers mentioned in their discussion, mental illnesses are important when forecasting recidivism (Kingston et al., 2015). Furthermore, in 2019, the state of Ohio spent \$3.55 per prisoner on mental health services, which is the third lowest

expenditure, following education and unit management (Ohio Department of Rehabilitation and Corrections, n.d.). Additionally, in May 2019, 47 percent of prisoners in Ohio were diagnosed with a serious mental illness (Ohio Department of Rehabilitation and Corrections, n.d.). With such little spent on mental health services, it would be safe to assume many offenders will get released without treatment or the correct diagnoses. Many individuals have mental illnesses that are probably not treated appropriately in our criminal justice system, along with prison being a breeding ground for poor mental health, and the offenders having a high percentage of mental illnesses (Cassidy et al., 2020). This supports the idea that mental illness is prevalent in sex offenders, with 95 percent of the participants having a diagnosed mental disorder, and that mental illness can be a cause for concern for recidivism (Kingston et al., 2015).

Summary and Conclusion

The existing literature on sex offenders and registration requirements explains the many hardships that the offenders face after being released from prison. Often, sex offenders face a lack of housing, low support, and financial instability. These hardships contribute to employment problems, fear of physical repercussions, harassment, shame, guilt, and social isolation. Even sex offenders' families and friends face difficulties because of the stigma of being associated with sex offenders. The registration of a sex offender becomes a scarlet letter that the offender must wear and then some for the rest of their lives.

The literature provided throughout this chapter gives solid evidence regarding the problems that sex offenders face, and adding the public sex offender registry could only

exacerbate already present issues. This study addressed the gap in the literature, along with the perception of the registered sex offenders' experiences and how the registration affected their mental anguish and recidivism. The next chapter discusses the research design and methodology employed in this study.

Chapter 3: Research Method

This qualitative study was conducted to investigate the mental distress and stigma that sex offenders faced while being registered and how this experience affected their concerns that they might re-offend. The research questions were “How do adult male registrants describe their experiences of mental distress associated with registration, and how do they perceive registration as shaping their risk of reoffending?” Sex offenders are often isolated and face stigma that can affect their mental, psychological, and emotional health (Tolson & Klein, 2015). Furthermore, the stressors of anxiety, defenselessness, harassment, poor finances, lack of support, and negative experiences may lead to recidivism (Tewksbury & Zgoba, 2010). The current literature has identified the financial and residency impacts of registering as a sex offender, yet a gap existed in understanding the sex offender’s perspective on mental distress and recidivism after registration. This study intended to address the gap by exploring the possible mental distress and concerns of re-offending from the registered sex offender’s point of view. This chapter focuses on the methodology of the study. It addresses the research design and rationale, the role of the researcher, the data collection and analysis procedures, and the approaches used to ensure the trustworthiness of the findings.

Research Design and Rationale

In this study, the goal was to investigate the mental distress that registered sex offenders face due to the public registry and the numerous challenges that each offender faced after being registered (Jung et al., 2020). When a person is convicted of a sexual crime, the individual is required to register as a sex offender. Each state has different

mandates regarding the requirements for Tiers I, II, and III that begin after the offender's prison sentence has been completed. The sex offender registry is public in the United States. There are restrictions that the state has mandated with each tier that the offender must follow. According to the research that was provided in Chapter 2, there are many challenges that the offenders face that affect their daily lives and could contribute to their mental distress, such as poor finances, anxiety, and lack of support (Tewksbury & Zgoba, 2010). Being registered as a sex offender on a public registry could add to the mental distress that the offender experiences. Often, sex offenders encounter stigma, harassment, and violence, and are socially isolated from society, which could affect their mental, psychological, and emotional health (Tolson & Klein, 2015).

The method that was used in this study was phenomenological design, specifically IPA. I used IPA to understand the phenomena of the lived experiences of sexual offenders who were registered as sexual offenders and how these experiences related to their mental distress. Using IPA helped gain insights and perspectives on the real-life experiences of the participants (Smith, 2017). Researchers need to make sense of the participants' experiences (Smith, 2012). IPA integrates cognitive, linguistic, affective, physical, and emotional responses, enabling the researcher to draw connections and construct a unified interpretive account based on participants' narratives (Smith, 2012; Nizza et al., 2021). The researchers become storytellers, creating a cohesive narrative based on the interpretation of the analysis (Nizza et al., 2021). Jonathan Smith, a health psychologist, developed IPA nearly 20 years ago (Love et al., 2020). The roots of IPA philosophies are phenomenology, hermeneutics, and idiographic (Love et al., 2020).

Phenomenological researchers attribute participants' experiences to a specific cause. Hermeneutics, on the other hand, uses language and text to interpret meaning. Idiographic research focuses on lived experiences related to a specific topic (Love et al., 2020). Using IPA can be applied to various topics, sparking engaging cognitive thoughts about the subject (Smith, 2016). Engaging cognition is what makes IPA an appropriate choice (Smith, 2016). This raw emotion and engaging cognition during interviews helped find the meaning, connection, and links to others who are experiencing similar things in research (Smith, 2016).

The reason IPA was chosen for this study was that it was the most appropriate methodology, allowing the researcher to interpret life experiences through semistructured interviews. Semistructured interviews have a set schedule and questions prepared by the researcher, but the schedule is a guide, not a dictate for the interview (Smith & Osborn, 2003). This allowed the participant and me to build rapport, so the participant could feel comfortable telling their story without feeling rushed or bound to the schedule (Smith & Osborn, 2003).

A few other qualitative methodologies are case studies, ethnography, and grounded theory (Teherani et al., 2015). Ethnography refers to the practice of immersing oneself in a culture to understand its viewpoint (Teherani et al., 2015). The results using ethnography would contribute to an understanding of the culture over a longitudinal period (Teherani et al., 2015). I did not use this methodology because my aim was not to understand the sex offender registry culture. Another qualitative research method is grounded theory. A case study was not employed because the goal was not to explore an

organization or bounded system, and grounded theory was not used, as the study aimed to interpret the lived experiences of participants rather than create a new theory (Teherani et al., 2015).

Role of the Researcher

The role of the researcher in qualitative research is to attempt to understand the participants' experiences during the interview and interactions (Creswell, 2016).

Interpretive qualitative research focuses on in-depth interviews, where the participant and researcher can discuss the phenomenon in depth, covering all vital facts and experiences (Creswell, 2016). In this study, the researcher understood the participants and analyzed the data provided with their lived experiences of the sex offenders who were on the sex offender registry and how this affected their mental anguish. I was the sole researcher in this study. Because I was the sole researcher, I was the only person who interviewed the participants.

The interviews were conducted on the online platform Zoom, and I analyzed the data independently. The interviews followed a semi-structured approach under IPA (Smith & Osborn, 2003). I had no personal or professional relationship with any of the participants, ensuring that no boundaries or dual relationships were compromised during the study. The stigma and difficulties that the offenders faced could be challenging for the participants to work through during the interview, and I was aware of the difficulty of the interview. There was no bias that jeopardized the interview or made the participants feel that they were in an unsafe environment to open up.

In this qualitative study, I, as the sole researcher, conducted and analyzed all interviews. I had no prior professional or personal relationships with participants. To reduce potential bias, I maintained a reflexive journal, adopted a neutral tone throughout, and conducted audio-only interviews to limit nonverbal influence. I monitored participant distress and paused interviews when necessary. Assumptions, such as reliance on self-reported experiences, were documented beforehand, while details of participants' offenses were not explored to maintain neutrality and protect confidentiality (Creswell, 2016; Smith & Osborn, 2003).

However, certain assumptions were made during the research. As stated, assumptions in qualitative research refer to the researcher's beliefs about what is plausible or true. An assumption I made about the offender was that they were guilty of the crime for which they were charged, convicted, and subsequently registered. The study did not discuss the previous crimes for which the offender was convicted or charged; this helped limit any potential bias. Lastly, assumptions were made regarding the offender and self-reporting. I assumed that the offender would be truthful in their experiences.

Methodology

Participant Selection Logic

Using IPA as a methodology, it is recommended that the sample be homogeneous, which refers to the sample being all similar or alike (Smith & Osborn, 2003). Consistent with IPA's idiographic focus, the population in this study was only adult male registered sexual offenders. This allowed me to follow the homogeneous sample in my study, staying with all adult males who had been registered, additionally adding the criteria that

only adult males who had only adult victims, had never offended any minors, and were not convicted of any juvenile sexual offenses were included. Prior incarceration was not required. The offender needed to be in the registry for at least 6 months. This time gave the sexual offender the opportunity to have an experience to discuss in the interview, ensuring participants had sufficient exposure to registration to describe their lived experiences (Smith & Osborn, 2003).

The number of participants was five to 10. IPA allows researchers to have fewer participants who meet the sampling criteria and are relevant to the research question (Smith, 2017). The sex offender registry is public; therefore, I was able to find names of registered sex offenders who fit the criteria of an adult male offender with only adult victims. Saturation in qualitative research is defined as the point at which no new themes or connections are found in the analysis of the data (Saunders et al., 2018). When coding or analyzing the data, I began to identify themes or connections that linked one participant to the next; at some point during the analysis, I found no new connections that could be established. This was when saturation had been reached in the sample size, and no further data collection was needed (Saunders et al., 2018). Saturation is important in research. The importance of saturation means the sample size for the study was sufficient for the specific topic being researched (Hennink & Kaiser, 2018).

The public registry listed the addresses of male offenders in Ohio. I sent a card to the address with an email asking if they would like to be involved and to set up an appointment using an online platform via email. I sent out at least 100 cards to the male

offenders, with the expectation that 10% of the cards sent would receive a response, indicating voluntary participation.

Instrumentation

The interview was conducted via an online platform, such as Zoom, Skype, or another secure online platform. Secondly, with the participants' consent, the interviews were recorded, and brief notes were taken during the interviews as well. The construction of the questions for the semi-structured interview was developed using the current research regarding registered sex offenders. The interview instrument consisted of approximately 10 open-ended questions designed to elicit participants lived experiences of mental distress following sex offender registration. The questions focused on major domains identified in the literature, including emotional and psychological effects, social stigma, housing and employment barriers, community reintegration, and coping or support mechanisms.

When constructing questions for an interview, it is essential to allow the participant to speak freely about the proposed topic with minimal prompting from the researcher (Smith & Osborn, 2003). When constructing questions, the researcher hoped that the general questions would be sufficient for the participant to discuss the subject (Smith & Osborn, 2003). Example items included: "Can you describe how registration has affected your daily life?" and "What types of stress or challenges have you experienced since being placed on the registry?" Items were derived directly from the central research question and supported by prior qualitative studies on stigma, reintegration, and offender mental distress (e.g., Levenson & Tewksbury, 2009; Jeglic et

al., 2018). However, the researcher could use prompts if participants had difficulty understanding the question or provided a short response, ensuring that each question was answered thoroughly to achieve saturation in the sampling (Smith & Osborn, 2003). Field notes were taken after each interview to document tone, pauses, and the researcher's reflections. Data quality was monitored through immediate transcription review, cross-checking recordings with notes, and maintaining an audit trail to ensure consistency and trustworthiness throughout the analysis process.

Procedures for Recruitment, Participants and Data Collection

The sex offender registry was public and available online. The registry included information on gender, age, address, and the nature of the offense. This helped determine the most appropriate offenders who fit the research criteria (i.e., only male offenders with no juvenile offenses and only adult victims). I sent the participants a postcard in the mail with a small explanation that this was the recruitment of registered sex offenders to explain how the registry had affected their personal lives and mental distress. The card provided a general email address for potential participants who were interested in participating in the study.

Additionally, I received permission to hang volunteer flyers in a psychological service center that had a sex offender treatment program. The flyer was posted on the general bulletin board in the facility after permission was obtained and IRB approval was received. The facility did not recruit on my behalf or offer any concessions for my participation in their program to support offenders. Lastly, I did not know anyone

employed at the facility and picked a random facility in the Columbus metro area that had a sex offender treatment program.

If the offender decided to take part in the study, they sent an email to my Walden University email address. The email box was monitored daily and checked often. Once an email was received, the consent form was sent to the volunteer for the study. The consent form explained that no name would be used, and the participant would be given a number. The consent form also included consent to record the interview and to take notes during the interview. Furthermore, the consent form explained that the recordings and notes would be kept in a secure location. Lastly, the email emphasized that the consent form had to be returned to be considered a participant in the study. Once the consent form was received back, I proposed a set block of times for the chosen participant to participate. The consent form gave a clear outline for the participant, for example, that the researcher would send a summary via email to the participant for verification. I am the sole researcher for this study; therefore, I conducted the interviews and collected the data independently. Since the interviews were conducted online, they were conducted in a neutral, secure location with a blurred background. This ensured that the offender's privacy was kept, confidentiality was maintained, and no distinguishing sounds were used to uncover the researcher's location.

Data Analysis Plan

The data analysis plan was solely based on the answers to the semi-structured interview questions presented to the participants. The data analysis and coding were based on the procedures from Smith and Shinebourne (2012). This portion was time-

consuming; however, it was a crucial part of qualitative research. IPA has six stages in analysis. The first step in the data analysis process was to transcribe the interview and read and re-read the transcription; it was essential to become familiar with the interview (Smith & Osborn, 2012). Second, I made notes on the side during the transcription; not everything in the interview was going to be significant, and making notes was a helpful reminder and provided an outline for grouping later (Smith & Osborn., 2012). Third, when listening to the recording, I made sure to pay attention to the tone of the participant, as well as the inflections in sentences, words, and any slang used by the participant. There were no rules or requirements when transcribing the interview; the researcher could use digression to divide the meaningful parts and then assign comments, use word choices, or even slang that the participant used (Smith & Osborn., 2012). Fourth, during the transcription process, themes and connections from the interview started to emerge. After the themes and connections were formed, I put the themes on a separate sheet clustered in chronological order (Smith & Osborn., 2012). The next stage involved creating a table of themes based on the participants' most strongly felt responses, reflecting their experiences (Smith & Osborn., 2012). Fifth, I continued analyzing each interview separately, and then the final step was to compare all of them together. Once all the interviews were analyzed separately, I was able to see patterns, connections, and themes that were similar throughout all the interviews. In the sixth and final stage of IPA, I clustered the common themes and connections together for each interview. Following IPA procedures, I transcribed and immersed myself in each interview, producing exploratory comments, developing emergent themes, clustering themes into higher-order

structures, repeating this process ideographically for each case, and finally integrating patterns across cases to generate superordinate themes (Smith & Osborn, 2012; Smith & Shinebourne, 2012). An audit trail of coding decisions and theme tables was maintained.

Issues of Trustworthiness

Trustworthiness was important for research. In qualitative research, researchers learn from the story of someone's experience, and building rapport with the participant to hear that experience was just as vital (Stahl & King, 2020). Trustworthiness referred to four different criteria: credibility, transferability, dependability, and confirmability (Stahl & King, 2020). In this study, the researcher employed several methods to enhance the trustworthiness of the findings. Credibility was further enhanced through participant verification of summaries and reflexive journaling, ensuring transparency and accuracy. Transferability was addressed through a detailed description of the sample, setting, and procedures, enabling readers to assess the applicability to other contexts. Transferability was strengthened by providing detailed contextual information that enables readers to assess the relevance of the findings to other settings. Dependability was supported by keeping an audit trail of procedures and decisions, ensuring transparency and consistency in the research process, and confirmability was addressed by documenting analytic decisions and maintaining a clear chain of evidence from data to themes through linking interpretations to data excerpts and keeping a verifiable record of decisions (Cypress, 2017; Thomas & Magilvy, 2011).

Credibility

Credibility refers to a study's accuracy, truth, and correctness (Stahl & King, 2020). This was a key component of trustworthiness (Stahl & King, 2020). The truth value in qualitative research was imperative; researchers reported and interpreted the findings of someone else's story. Researchers had an obligation and an ethical duty to be accurate, truthful, and correct, even if the findings or interpretations were not what the researchers had intended. A few ways I increased credibility included prolonged engagement, triangulation, member checks, and reflexive journaling (Lincoln & Guba, 1985).

Prolonged engagement refers to the researchers' time spent understanding the culture, building trust and rapport with the participants, and comprehending the phenomena being studied (Lincoln & Guba, 1985). The sex offender community could be naturally distrustful based on stigma and bias, but taking the time to gain trust was essential in the study. During the interview with the registered offender, I built rapport, engaged in a conversation, and took the time to ensure a safe space for the offender to share their story.

Triangulation refers to the use of multiple sources and methods to gain a comprehensive understanding of the target being studied (Stahl & King, 2020). Using multiple sources to gain an understanding provided the researcher with different perspectives and experiences, which further enhanced the credibility of the study. Using a homogeneous sample of five to ten participants helped with triangulation in this study. Triangulation also increased dependability.

Dependability

Dependability in a study referred to consistency and reliability (Lincoln & Guba, 1985). Dependability at the core referred to the trust portion (Stahl & King, 2020). Qualitative research played a crucial role in establishing rapport and trust with the participants. You were telling their story, and the participant should trust that you would do an admirable job and provide a truthful representation of their story and experience.

Member checking was a process in which the researcher had the participant review the interpretation of the interview for accuracy and presentation (Stahl & King, 2020). I contacted the participant with a summary of the analyzed and interpreted interview to ensure that their experience was accurately represented; this was how I employed member checking in this study. Reflexive journaling was the final method used to ensure credibility in this study. By using reflexive journaling, I was able to record my thoughts and impressions after each interview, as well as my feelings and reflections after analyzing the data. Reflexive journaling helped mitigate any bias that may have developed during the study.

Transferability

Transferability meant that the study could be applied to another study, yield comparable findings, and recreate the original findings (Lincoln & Guba, 1985). The primary objective of qualitative research was not necessarily to create a study for replication, but rather to be descriptive and detailed enough to be translated from one study to another (Stahl & King, 2020). It was essential to detail everything, including the timeframe, methods, and the duration of the study (Stahl & King, 2020). Thick

descriptions, which include colorful details and a sufficient depiction of the situation and participants, increased the likelihood of transferability (Stahl & King, 2020). In the study, I provided sufficient detail in the summary of the analyzed data and an accurate portrayal of the registered sex offenders' experiences shared during the interviews; this is how I increased transferability in this study. I kept journals to log the times when I started a task, how long it took to complete, and any notes that I believed were relevant that arose during the study. I increased transferability by adding notes and as much description as possible with each task.

Confirmability

Confirmability refers to the accurate and truthful reporting of data (Stahl & King, 2020). Some referred to confirmability as "objective reality" (Stahl & King, 2020). When a researcher showed confirmability in a study, it helped show that the researcher was not consciously or unconsciously influenced by biases and provided a complete and accurate summary of what the registered sex offenders depicted in their interviews (Stahl & King, 2020). I used an audit trail to support confirmability. An audit trail was used to store all the raw data, notes, and records of the study, thereby demonstrating the progression and enhancing the confirmability of the study (Lincoln & Guba, 1985).

Ethical Procedures

The cards were sent to the registered sex offenders based on the public registry. There was no pressure on the offender to participate in the study. The cards did not include that the study was specifically targeting sex offenders to avoid raising concerns. There were mandates for tier I offenders who were not required to tell their neighbors,

which could have “outed” the offender in the neighborhood and caused unnecessary harm and stress. I did not reach out to any parole or probation office for recruitment. I believed that the offenders would have felt pressure to participate in the study by reaching out and asking the parole or probation officers. There was no relationship with any participant, no assistance with recruitment, and no connections used to recruit participants. When the participants consented to the study, they were given a pseudonym. This name was used for all communication and data that were stored. This was to help maintain confidentiality and protect the offender’s identity.

At the beginning of the interview, the offenders were verbally reminded of their consent and that they could withdraw their participation at any time. The consent form outlined limited confidentiality requirements. For example, anything discussed in the interview was confidential. However, if the offender admitted any crimes that they had committed that were not charged, admitted any plans to commit future crimes, or discussed any violent plans to harm anyone, I was required to report them, thus breaking the confidentiality agreement. The offender needed to understand this. Additionally, for the researcher's privacy concerns, I was in a room alone with headphones on. This ensured that the interview was not overheard and that the privacy of both participants and the researcher was maintained.

An ethical concern about sending a card to the offender could have alerted people to a sex offender in the neighborhood. In some states, tier I offenders were not required to notify everyone. This could have caused harm to the offender unknowingly. To avoid this ethical dilemma, the postcard was placed in an envelope and conveyed that the individual

had been selected for involvement in a study. For more information and to participate, they could email the address provided.

There were not many concerns about the confidentiality of the data. The data were stored on a password-encrypted flash drive in my locked desk drawer at home. As the sole researcher, I was the only person with the key and had access to the drawer, as well as the password to the flash drive. All procedures complied with Walden University IRB guidelines. Discussing life experiences could create a sense of distress, and this study involved an emotional topic: registered sexual offenders. There were concerns that participants might experience distress during the interview. Staying within ethical standards, I developed protocols during the study to help decrease possible distress to the participant. I encouraged the participants to understand that there were no wrong answers to the questions and built rapport to help them feel comfortable during the interview. With the sensitivity of sharing one's life story, some were afraid to be open or forthcoming or felt they might say the wrong thing, especially since registered sexual offenders have faced many difficulties. I continually checked in with the participants during the interview to ensure they were not experiencing high distress (Draucker et al., 2009). Additionally, I looked for signs of distress, such as becoming quieter or stopping to answer questions. At this point, I stopped the interview and checked in with the participant. If there were signs of distress, I attempted to relax the participant by taking a break, engaging in small talk, or even ending the interview; this decision was left up to the participant, and their choice was final. Participation was entirely voluntary, and the participant could stop the interview at any time. To minimize distress, I monitored verbal

and behavioral cues, paused or ended interviews upon request, and provided NAMI contact information for support. Identifying details were excluded from all reports, and consent forms documented audio-recording and confidentiality protections (Draucker et al., 2009).

Summary

Chapter three provided a detailed description of the study. At the beginning of the chapter, an explanation of the study's design and rationale is provided. This chapter detailed the research design and rationale, the researcher's role, participant selection, instrumentation, recruitment, and data collection procedures, the analytic plan, strategies for trustworthiness, and ethical safeguards. Next, a discussion ensued regarding the role of the researcher, which subsequently informed the design of the study's instrumentation. Both are important and were explained in detail. As the sole researcher, it was crucial to clearly explain my role and the instruments used in the study to uphold ethical standards and ensure validity, credibility, and other qualitative research requirements. Next, the methodology was outlined, providing a detailed understanding of the methods used in the study. Lastly, there was a discussion on trustworthiness and ethical procedures. Ethical procedures in research were essential.

Chapter 4: Results

The purpose of this qualitative study was to investigate the mental distress and stigma that sex offenders faced while being registered, and how this experience affected their concerns about re-offending. Sex offenders are often isolated and face stigma and violence that can affect their mental, psychological, and emotional health (Tolson & Klein, 2015). Stressors such as anxiety, vulnerability, harassment, financial hardship, limited support, and other negative experiences have been associated with increased risk (Tewksbury & Zgoba, 2010). Although the literature documents financial and residency impacts of registration, there remains a gap in understanding offenders' perspectives on mental distress and recidivism following registration. This study addressed that gap by exploring the lived experiences of registered sex offenders, highlighting their mental anguish and concerns about re-offending. This chapter presents the results: demographics and data collection, data analysis, evidence of trustworthiness, and the findings.

Setting

The geographic setting for this study was in the state of Ohio. Data were collected through semistructured interviews using a standardized interview guide for all participants. Six men registered as sex offenders participated. After respondents replied to the postcard or recruitment flyer, we mutually agreed on a day and time for a Zoom interview. To ensure privacy and confidentiality, I conducted each session from a private room reserved at the local library, with the door closed throughout. No conditions appeared to influence or affect participants during the Zoom interviews.

Demographics

This study consisted of six males who were initially identified as registered sexual offenders; however, only five met the inclusion criteria and completed interviews ($N = 5$). All participants resided in Ohio. Participant ages ranged from 31 to 59 years ($M = 43$). The highest level of education reported was a bachelor's degree, and the lowest was a general educational development (GED) credential. At the time of the interviews, three participants were employed, and two were unemployed. Three participants were homeless, staying in shelters or with family/friends, while two had apartments. To maintain confidentiality, participants were identified by pseudonyms, labeled John Doe 1 through 5.

Data Collection

Data collection began on June 22, 2023, after I received approval from Walden University's IRB (06-22-23-067648). Recruitment postcards were sent to 513 male registrants who met the inclusion criteria (registered for ≥ 6 months, adult victims, and no juvenile offense) using the public Ohio sex offender registry. Postcards targeted three major Ohio cities—Columbus, Cleveland, and Newark—over multiple rounds (see Table 1 and Figure 1 for tier distributions by city). Additionally, a flyer was posted at Mid-Ohio Psychological Services (Columbus) with an email contact for volunteers. Fifteen individuals responded, six of whom consented, and five met the inclusion criteria and completed the interviews. Interviews were conducted from January 9, 2024, through August 18, 2024, using a semistructured interview guide (Appendix). Each interview was scheduled for 60 minutes, although Zoom sessions were limited to 40 minutes, so back-

to-back sessions were booked as needed. The core interview questions were typically completed in 30–40 minutes.

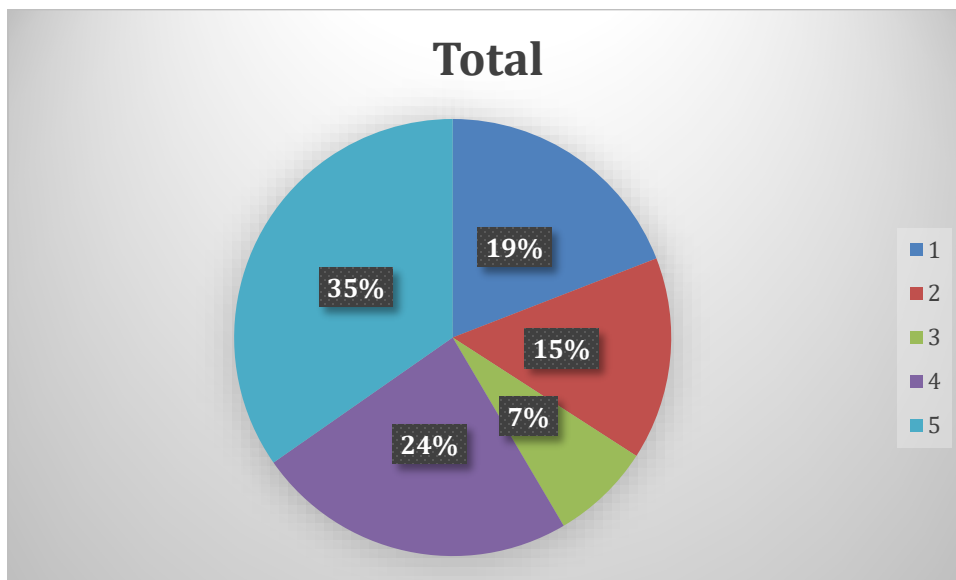
At the time of the interview, all the participants agreed to be recorded and were advised that I was in a secure room using my iPad from Zoom. Everyone consented to be recorded via the consent form; however, each participant was informed when the recording was started. I used my cell phone voice recorder to record the interview. After each interview, I would upload the recording from my phone to the password-protected SanDisk USB flash drive on my laptop and label it John Doe 1-5. All related material was on this flash drive: transcripts, synopsis, themes, main list, postcards, and sex offender list. This drive was stored in a lock box in my home office, and I was the only person with access to the keys.

I interviewed six males; however, only five males fit the criteria for this study. The original target for this study was five to 10; however, I reached data saturation with the sixth person. After the sixth interview, no additional data or themes were identified. Data saturation was not determined by the number of interviews conducted with a specific number of participants; rather, it was about the depth of the interviews and the meaning of the data obtained from the participants (Saunders et al., 2018).

Table 1

Participant Breakdown Table

	Columbus (1)	Columbus (2)	Newark (3)	Cleveland (4)	Cleveland (5)	Totals
Tier 1	34	25	14	50	90	213
Tier 2	32	28	13	12	17	102
Tier 3	32	24	11	60	71	198
Total	98	77	38	122	178	513

Figure 1*Tier total participant pie chart***Data Analysis**

I began data analysis using IPA, focusing on the participants' lived experiences and emotions behind those experiences (Smith & Osborn, 2012). This data analysis produced four main themes (see Table 2). As an inexperienced researcher, I recognize that there is no single approach to conducting phenomenological data analysis; this process involves coding, categorizing, and interpreting data. It is common for qualitative researchers to use software, but it was decided to adopt a more traditional approach, using Microsoft Word documents and highlighting colors. I am not experienced with data analysis software, and this was more cost-effective.

I numbered each transcript from 1 through 5. I began immersing myself in the data, reading and re-reading the transcripts and synopses while listening to the recordings

(Smith & Osborn, 2012). Listening to the audio allowed me to hear inflections, emotional emphasis, idiomatic expressions, or instances of flat affect, which I highlighted for later reference. I created a table labeled 1 through 5 to organize all significant phrases, words, and emotions expressed in the interviews (see Table 2). Since the interviews were conducted via audio-only Zoom, nonverbal behaviors could not be observed. Following IPA procedures, I identified patterns and commonalities across participants, color-coded the excerpts, developed preliminary themes, and mapped connections among themes to interpret participants' experiences (see Table 3; Creswell, 2016). No qualitative software was used; I completed all coding and theme development manually.

Table 2

Preliminary coding themes

#1	#2	#3	#4	#5
Finding a job	Struggling to find a job	Struggled with mental health	Difficulty with Housing- restrictions	Difficulty with Housing
Mental health- PTSD	Stigma	Paranoia	Difficulty with employment	Frustration
Survival mode	Harassment	Punishment	Depression	Cannot move forward
Fear	Mental health difficulties	Social isolation	PTSD	Mental health struggle
Alcoholism	Punishment	Never ending hell	Fear	Fear
Difficulty finding housing	Harassment	Difficulty with romantic relationships	Paranoia	Church
Stigma	Church	Feels diminished	Supportive family	Supportive family
Judgment	Supportive family	Judgment	Church	Labeled
Difficulty with Romantic relationships	Struggle with self esteem	Negative self esteem	Internal struggle	Internal struggle
Church	Exercise	Exercising	Difficulty with romantic relationships	Therapy and support group
Supportive family	Social isolation	Supportive family	Sad	Fear
Harassment	Punishment	Fear	Harassment	Paranoia
Punishment	Ostracism	Internal struggle	Stigma	Stigma
Social isolation	Difficulty finding housing	Difficulty finding housing	Judgment	Difficulty with romantic relationships
Exercise				
Paranoia				

Table 3*Themes*

Hardships	Mental Distress	Societal treatment	Support System
Difficulty with Housing	PTSD	Stigma	Church
Difficulty with Employment	Depression	Judgment	Faith
Difficulty with Romantic relationships	Negative self esteem	Social isolation	Supportive family
Difficulty with Personal relationships	Paranoia	Punishment	Therapy
	Fearful	“Scarlet letter”	Friends
	Survival mode- Flight, Fight or Freeze.	Harassment	
	Anxiety		

Evidence of Trustworthiness

Trustworthiness was crucial in research. As stated, trustworthiness referred to four criteria: credibility, transferability, dependability, and conformability (Stahl and King, 2020). In this study, I employed various methods to ensure the study's trustworthiness, including prolonged engagement, triangulation, reflexive journaling, member checks, and audit trail (Lincoln & Guba, 1985).

To increase credibility, I used prolonged engagement and triangulation. Prolonged engagement refers to the researcher's intentional effort to understand participants' experiences and establish trust and rapport (Lincoln & Guba, 1985). Some sex offenders were initially hesitant to participate, often emailing for clarification or expressing difficulty or trauma in discussing their past. Rapport was established through the initial email, which sometimes required multiple exchanges to address questions and ensure participant comfort. During the interviews, I reassured participants and provided a safe environment to encourage openness. Triangulation, which involves using multiple

sources or methods to enhance understanding (Stahl & King, 2020), was achieved by conducting interviews with five participants who varied in age, educational background, and length of time on the registry.

To increase dependability, I used member checking and reflexive journaling. Dependability in a study referred to consistency and reliability (Lincoln & Guba, 1985). Dependability at the core referred to the trust portion (Stahl & King, 2020). Qualitative research was crucial in establishing rapport and trust with the participants. The participants needed to trust that their story and experiences would be accurately represented. Member checking was a process in which the researcher had the participant review the interpretation of the interview for accuracy and presentation (Stahl & King, 2020). I contacted the participant with the summary of the analyzed and interpreted interview to ensure their experience was well represented; this was how I used member checking in this study. Reflexive journaling was another method used to ensure credibility in this study. By using reflexive journaling, I was able to record my thoughts, impressions, and feelings after each interview. After analyzing the data, I was able to identify and manage any biases that may have developed during the study. An audit trail of recruitment, interviewing, and analysis decisions was maintained, and all materials were stored securely on a password-protected, encrypted flash drive.

Transferability refers to the extent to which readers can determine whether the findings can be applied to other contexts. I supported transferability by providing a detailed description of the setting, participants, and procedures, allowing readers to assess the fit with their own contexts. To increase transferability, I kept a journal of how long

each task took. Additionally, I continued to add notes to ensure as much detail as possible. Transferability refers to the extent to which the study's findings can be applied to another study (Lincoln & Guba, 1985). The notes I kept were constantly added to after each interview or when I had extra thoughts. Even while listening to the transcriptions, I added different things I remembered and tried to be as detailed as possible when writing out the synopsis and analysis. Additionally, I kept separate journals and notes that documented the time each task took, including the recordings, journals, and transcriptions.

Confirmability was ensured by connecting analytical interpretations to participants' exact words, keeping a detailed audit trail of coding and analytic decisions, and employing reflexive journaling to monitor and bracket personal assumptions (Lincoln & Guba, 1985). To increase confirmability, I used an audit trail. An audit trail is a method where the researcher maintains raw data, notes, and records to document the study's progression (Lincoln & Guba, 1985). Each participant has their own interview question, synopsis, and notes, with interview questions distinguished by color.

Results

The purpose of this qualitative study was to investigate the mental distress and stigma that sex offenders faced while being registered, and how this experience affected concerns that they might re-offend. All interviews were conducted via Zoom, using audio only, and employed semi-structured, open-ended questions. The interviews consisted of six main questions, and eleven follow-up questions were asked of each participant to respond to the research question (Appendix). There was one research question with two

parts: How do adult male registrants describe their experiences of mental distress associated with registration, and how do they perceive registration as shaping their risk of reoffending?

Theme 1: Hardships

As previously stated in the research, RSOs experience significant hardships in their lives after registration. As the participants explained their lived experiences of being registered as a sex offender, the theme of hardships was universal among all the participants. The four hardships identified were: difficulty with housing, employment, romantic relationships, and personal relationships.

All five participants reported difficulties in finding housing. John Doe 1 “I would find an apartment, then I’d report it to my parole officer, and suddenly the apartment complex would no longer have an apartment available.” John Doe 5 “I have restrictions that I must adhere to, which is frustrating because my crime did not involve children. So, all my neighbors know that I am an offender.” John Doe 3 “It was difficult to find housing to accommodate me, and I have been in a homeless shelter for three years”.

All the participants expressed the hardship of finding employment, and if they did find a job, it was a job that offered little growth. The participants expressed a desire for a “dead-end job” or something that did not require a background check. John Doe 1 stated, “I was unable to find a job, so I was forced to start my own business.”. John Doe 4 “I would have a job interview and even get calls or emails before the interview would start to cancel. Probably because they ran a background check before and knew.” John Doe 5, “I went for an interview and saw her face completely change when I was sitting there

because she got my background check. I knew then I would not get the job.” John Doe 2 “I did really struggle to find a job, and people would find out about my past and then I’d be called names at the job.”

All the participants expressed difficulty with romantic relationships. John Doe 1 “I would have a relationship with a woman, then tell them about my past. We would eventually break up, and then they would throw it in my face about my past.” John Doe 3 “This has completely turned that part of my life upside down.” John Doe 6 “I am afraid to even start a relationship with a woman.” John Doe 5 “This has affected this part of my life, and I am not even pursuing a relationship.” All the participants expressed difficulty with personal relationships. John Doe 3 “I have lost a lot of friends over this.” John Doe 4 “People that knew me are shocked to hear and soon distance themselves.”

Theme 2: Mental Distress

In the research, there is documentation that RSO struggles with mental health. During the interviews, all the participants expressed that they struggled with mental health. John Doe 1 “I was diagnosed with PTSD and Bipolar II.” John Doe 1 “It was difficult to be taken seriously with my mental health because of my registration. I went to the ER and was moved around. I feel like I am waiting for the other shoe to drop, and I am paranoid.... Constant survival mode.” John Doe 2, “I did struggle with my mental health and the negative perception internally. I cannot be on social media, so I am pretty lonely.” John Doe 3 “I am constantly struggling with my mental health. I am paranoid and looking over my shoulder. I live in constant fear, and it makes me mistrustful and suspicious.” John Doe 4 “It is a horrible internal feeling. I am very depressed and sad. I

am constantly depressed, and I am currently being evaluated for PTSD.” John Doe 5 “It’s constantly on my mind, and I am constantly in fear because everyone in my neighborhood gets a flyer. I get paranoid that everyone is looking at me, and it makes me anxious. Makes you feel horrible inside, really negative about myself.” John Doe 3 “It’s a constant battle in my head and I feel so diminished and bad about myself.”

Theme 3: Societal Treatment

The research suggests that numerous stigmas are associated with RSOs. All of the participants experienced negative societal treatment, which led to supporting sub-themes of stigma, judgment, social isolation, punishment, scarlet letters, and harassment. John Doe 1, “As soon as people learn that you are on the list, they pull back. Was working locally, and working with videos and running their media, but was asked to leave once they learned of the list.” John Doe 2, “I was getting harassed at work and getting called names. I used to work at the church, but the pastor said I could no longer work there because I was registered. I am still being punished even though I went through my punishment,” John Doe 3. “At work, I told one person, and they told everyone, which became high school, and now no one talks to me. The system is rigged to punish everyone and is outdated.” John Doe 4, “My stigma is inward, but I do feel like I am wearing a scarlet letter and cannot move forward. The registry makes it hard for me to move forward. I cannot even go to college because of the registry to get a better job.” John Doe 5, “People at the shelter found out I was registered; they were calling me names and causing problems. The director stepped in and told them to stop.” John Doe 1, “I

avoid telling anyone as long as possible because I know that stigma and judgment that is associated with SOR.”

Theme 4: Support System

Previous research has stated that increasing support can reduce recidivism (Reed, 2017). All participants discussed a support system that helped them navigate their challenges, which led to the identification of five supportive sub-themes: church, faith, supportive family, therapy, and friends. John Doe 1, “I have a supportive family. I have gone to therapy and that has really helped.” John Doe 2, “I have a supportive family, and I live with my dad. I have other friends who are supportive, and one helped me file a pardon.” John Doe 3, “My family and friends are my biggest supporters. They give me motivation.” John Doe 4, “My sister, cousin, and auntie have been extremely supportive. They give me inspiration and moral support. I rely on my faith to get me through.” John Doe 5 “I have a supportive inner circle, my adult children, ex-wife, a few friends, and my church. My friend has let me stay in their apartment for free. I rely on my faith a lot.”

Summary

The purpose of this qualitative study was to investigate the mental distress and stigma that sex offenders face while being registered, and how this experience affects their concerns that they might re-offend. In this study, the primary source of data collection was a semi-structured interview conducted via Zoom's audio-only feature. During the interview, four themes answered the research question. How do adult male registrants describe their experiences of mental distress associated with registration, and how do they perceive registration as shaping their risk of reoffending? In Chapter 5, I will

provide an interpretation of the findings, discuss the study's limitations, offer recommendations for future work, and outline the implications for promoting positive social change.

Chapter 5: Discussion, Conclusions, and Recommendations

The goal of this qualitative study was to investigate the mental distress that sex offenders face after registration based on their perspectives and how their mental distress affected concerns for re-offending. Sex offenders are often isolated and face stigma that can affect their mental, psychological, and emotional health (Tolson & Klein, 2015). Furthermore, stressors of anxiety, defenselessness, harassment, poor finances, lack of support, and negative experiences can lead to recidivism (Tewksbury & Zgoba, 2010). Additionally, sex offenders encounter violence and are socially isolated, which can even further affect their mental well-being and emotional health (Tolson & Klein, 2015). Individuals who are convicted of a crime and required to register as sex offenders face penalties and restrictions that depend on the nature of the crime, and each state has its own criteria. These restrictions can serve as a constant reminder of their status and even prevent the offender from attempting to reestablish their life, as discovered during this study.

Through five interviews, participants offered similar accounts. Four themes emerged—hardships, mental distress, societal treatment, and support system—that overlapped and reinforced one another. These themes will be explained and reviewed in this chapter. The chapter will also summarize the results, discuss the limitations of the current study, provide implications of the study's findings, and offer suggestions for future research.

Interpretation of the Findings

In Chapter 2 of this study, the literature review focused on the hardships that sex offenders experienced, such as social isolation, ostracism, stigma, mental distress, and mental health concerns (Cubellis et al., 2019; Eher et al., 2019; Grossi, 2017; Lin & Simon, 2016; Tolson & Klein, 2015). Additionally, evidence has been previously provided to show the financial stability concerns and housing and employment difficulties that offenders faced after registration (Grossi, 2017; Socia et al., 2019; Tewksbury & Zgoba, 2010; Tolson & Klein, 2015). However, a gap existed regarding mental distress after registration from the registered sex offender's point of view. This study addressed this gap. Throughout the transcription interviews, four themes emerged: hardships, mental distress, societal treatment, and support systems. There was reason to believe that all the themes overlap and were interconnected. Participants reported similar experiences and emotions regarding their current registration status throughout the five interviews.

Theme 1: Hardships

The theme of hardships emerged from the main challenges experienced by the registered sex offenders. The participants described the primary challenges they faced in employment, housing, and relationships. Consistent with previous research (Tolson & Klein, 2015; Socia et al., 2019), employment is a concern for sex offenders, and they reported limited job opportunities that were often low-paying jobs with little growth potential. Each offender said they could only find "dead-end jobs" that did not require background checks, and this amplifies the stress and hopelessness that many offenders

face (Mercado et al., 2008; Socia, 2011). This confirmed prior research that sex offenders struggle with employment concerns and struggle to establish stable employment (Socia et al., 2019; Tolson & Klein, 2015).

Additionally, there are financial burdens associated with sex registration. Many offenders are required to pay fees to comply with registry laws, including monitoring costs, annual registration fees, and any expenses incurred for court-ordered treatment (Levenson & Cotter, 2005; Tewksbury & Jennings, 2010). There are also indirect costs that need to be considered, such as travel expenses when the offender must go to their parole officer's office or any court hearings, time off work when traveling, and additional moving costs that the offenders accrue due to residency restrictions, which can be a financial strain (Socia, 2011; Tewksbury & Lees, 2006). These difficulties can be severe for some offenders who are already facing barriers with employment and notification laws (Levenson et al., 2007). From a broad perspective, the cost of monitoring registration is substantial, placing financial strains on many government agencies that oversee large databases and enforce restrictions, ensuring that offenders remain compliant (Zgoba et al., 2009). This places a significant financial burden on families, communities, and state budgets.

The participants faced constant rejection due to the landlord and residency restrictions, making reintegration difficult. This is consistent with the research from Bohmert et al. (2018) and Grossi (2017), who found that the sex offenders experienced homelessness, extended stays in shelters, and unstable living arrangements. John Doe 3 explained that he had been in a homeless shelter for 3 years because of his registration

status, in a catch-22 situation. It is required to notify parole or probation officers of new addresses; however, once the officer verifies the new address, the apartment or house is no longer available for move-in. In Ohio, registered sex offenders are restricted from living 1,000 feet from any school, preschool, childcare center, or residential infant care facility (Ohio Attorney General's Office, Bureau of Criminal Investigation, 2024). In this study, the participants only had adult victims. This could make it challenging to find housing with these restrictions, as many neighborhoods contain elementary schools, daycares, or preschools, thereby narrowing the eligible housing stock and potentially prolonging homelessness or shelter stays.

Additionally, the participants described strained personal and romantic relationships after registration. According to Reed (2017), maintaining positive relationships is crucial in preventing recidivism. Based on interviews, creating a sense of intimacy for the offender and their partner could be difficult. During one of the interviews, the participant explained how they would eventually disclose their status to their partner, only to break up, and their status was always blamed. Most of the participants explained that they were avoiding any intimacy or relationships due to paranoia and mistrust. The mistrust and fear were apparent due to the extended time it took to recruit participants for this study.

Theme 2: Mental Distress

The theme of mental distress was also a key theme. The focus of this research was to investigate the mental distress that the sex offenders experienced after registration. This theme emerged because of the numerous mental health challenges and mental

distress expressed by the participants during their interviews. All the participants reported that their mental health declined following their registration, including anxiety, depression, paranoia, PTSD, and diminished self-worth. One of the participants disclosed during our discussion about their personality before the registry that they were completely different people: outgoing, talkative, jovial, and all-around “guy.” But after their registration status changed, their personality changed. According to Eher et al. (2019), sex offenders are at a substantial risk of being diagnosed with various mental disorders at 90%, and most commonly, personality disorders. Additionally, sex offenders are more likely to have co-morbidity and more likely to have more severe mental disorders (Bengston & Giraldi, 2023).

The participants in this study expressed that much of their mental distress was attributed to their registration and was a continual reminder of their registration status. This left them feeling like they were in “survival mode,” with low motivation, paranoia, and dehumanized. Their existence was now connected to their status, where they lived, worked, made friends, and how they viewed themselves. The internal dialogue of negative self-perceptions can impact the individuals’ already present anxiety and depression (Moore et al., 2017). In a study conducted by Webb et al. (2012), it was found that sex offenders had a higher rate of suicide. While no participant disclosed current suicidal ideations, the participants reported PTSD, bipolar disorder, depression, paranoia, and hypervigilance as part of their mental health challenges. However, even though mental health disorders were common among sex offenders, these five participants described their mental distress, mental health decline, and mental health diagnoses after

registration. Thus, supporting the sex offender registry significantly impacts the sex offenders' mental distress and negatively impacts their mental health.

Theme 3: Societal Treatment

The central theme of societal treatment was stigma, ostracism, and social isolation. Social isolation can have dangerous consequences for an individual, such as depression, anger, and suicidal thoughts (Tolson & Klein, 2015), which can further exacerbate the Mental Distress that registered sex offenders experience. Social isolation occurs when an offender withdraws from society due to embarrassment and consistently attempts to withdraw from it (Cubellis et al., 2019). According to Grossi (2017), sex offenders receive an abundance of negative attention and stigma in their lives. One participant had concerns and fear when neighbors received the flyer regarding his status. All participants reported experiencing harassment, judgment, or stigma after registering. Therefore, the participants isolated themselves to avoid conflicts. Three participants argued that the registry functioned more as a punishment than a protection, reinforcing the "scarlet letter" theory. Here, the 'scarlet letter' refers to public labeling that functions as a social signal—restricting access to community spaces and inviting surveillance, confrontation, and exclusion.

Registration for these participants carried a digital "scarlet letter," which excluded them from community spaces, such as churches, gyms, and community centers, and led to hostile encounters with neighbors. There **are** not many studies that **explore** this idea of the "scarlet letter" label and how this "scarlet letter" **has** psychological and social consequences that **have** a negative impact on the mental health of offenders. This digital

scarlet letter attached to each offender symbolized a form of punishment represented by stigma, exclusion, ostracism, and social isolation. Thus, it hindered the offender from reintegrating into society and prevented them from rebuilding their lives.

Theme 4: Support System

The theme "Support System" emerged from the participants' commonalities, including church, faith, family, and therapy. According to Reed (2017), building a Support System reduces recidivism. Finding the connection in the community will help individuals find hope and a buffer against isolation, or that their sole identity is more than just a registration. Additionally, creating an established network helps create accountability for the registered sex offender. Napier et al. (2017) reported low reoffense rates within their sample and follow-up window; however, designs and definitions vary due to differences in follow-up periods, jurisdictions, and offender subgroups. One participant reported reoffending in our data before establishing a more secure support system. He reported no further incidents after developing a therapy routine, reconnecting with family, and establishing inner peace.

Barriers to Reintegration

Now that each of the themes has been established and explained for this study, this section examines how these themes affected reintegration for registered sex offenders. It became clear during the study that the themes were deeply interconnected and significantly shaped the reintegration experiences of the participants. Typically, the goal is for offenders to reintegrate into society and become productive members of their

communities; however, the challenges faced by registered sex offenders made reintegration particularly difficult.

Employment and housing instability left participants vulnerable to poverty and limited opportunities for self-improvement, including barriers to attending college or trade school. Relationship difficulties and public stigma further contributed to their isolation. Mental Distress left many participants lacking self-confidence and effective coping strategies, while societal rejection intensified their exclusion. As a result, many participants described their daily lives as shifting from striving toward reintegration and stability to merely attempting to survive, which further exacerbated their Mental Distress.

The Mental Distress experienced captured the psychological and emotional consequences after being a registered sex offender and how being registered made it even more challenging to be taken seriously when seeking treatment for their mental health concerns and not treating any mental health needs **could increase** the risk of harmful behavior. Their Mental Distress also hindered their ability to establish healthy coping mechanisms and created an unhealthy environment in which to thrive and reintegrate into society.

The “scarlet letter” theory in this context symbolizes the registered sex offenders being publicly labeled, stigmatized, and excluded from society as a form of punishment (Zevitz, 2004). The scarlet letter theory refers to the practice of society labeling offenders as a means of public shaming, and this label becomes a permanent part of the offender's identity. The scarlet letter theory is rooted in the labeling theory, that once the offender is publicly marked, such as the sex offender registration or community notifications, this

status shapes not only their identity but also their social interactions, limits their opportunity, and continues the cycle of stigma, exclusion, and Social Treatment (Becker, 1963; Link & Phelan, 2001).

In research conducted by Zevitz (2004), he determined that when a sex offender notification was presented to the community, the residents had a negative perception of the neighborhood, and became frustrated, and that relocating any registered sex offender in any neighborhood or community made them fearful, feel less safe, and created social stigmas rather than communal resilience—and proved that the “scarlet letter” to be even more significant consequence to reintegration for the participants. Additionally, Tewksbury (2005) highlighted how public notification of sex offenders reinforced the community's rejection, social isolation, and shame, which provides further support for the “scarlet letter” theory and the core of disintegrative shaming.

In terms of RST, disintegrative shaming functions as an early prompt that labels the offender permanently, which leads to the individual internalizing the stigmatization and results in negative self-identity. This fosters social withdrawal and avoidance as individuals attempt to minimize judgment, humiliation, and conflict. Over time, the withdrawal exacerbates barriers to reintegration by limiting access to and opportunities for engaging in social relationships, utilizing community resources, and accessing reintegration mechanisms.

While each theme is presented separately in interpretations, the findings show that Hardships, Mental Distress, Societal Treatment, and Support System are deeply connected. The financial stress and continual restrictions that registered sex offenders

experience create a constant burden, which the participants expressed had heightened their mental distress. The negative public perception, such as stigma, public labeling, and social isolation, magnifies this distress, which limits opportunities that provide stability and give feelings of hopelessness. Without a support system, participants had limited access to resources and fewer opportunities to rebuild their lives. All these together create a cycle; hardships fueled distress, stigma compounded it, and the lack of support prevented recovery. This demonstrates how structural barriers and personal struggles interact and shape the reintegration experiences that extend beyond a single theme.

Theoretical Framework

The reintegrative shaming theory (RST), as proposed by John Braithwaite (1989), served as the theoretical framework for this study. This theory guided the exploration of the reintegration of sex offenders into society after prison, along with the experiences of shame, stigma, ostracism, and social isolation, and how these issues affected the offender's mental health and Mental Distress. RST encompasses both reintegrative shaming and disintegrative shaming (Braithwaite, 1989); for this study, we specifically employed disintegrative shaming. Disintegrative shaming is when the person is labeled, stigmatized, and unable to reintegrate into society (Braithwaite, 1989). Individuals who are subjected to the label of sex offender, stigma, and inability to integrate back into society after registration experience permanent negative self-esteem and a low sense of self-worth (Lester & Reily, 2021). Additionally, disintegrative shaming has an ideology that because the person is stigmatized, isolated, and labeled, and their mental health is

affected significantly, this could increase the likelihood of recidivism (Braithwaite, 1989; Lester & Reily, 2021).

It was clear through the interviews conducted and provided through the interpretative results that the five participants experienced significant Hardships, such as shame, social isolation, and ostracism, and their Mental Distress and mental health notably declined after registration as a sex offender. Disintegrative shaming occurs when society does not allow the offender to return to society after committing a crime, focusing not only on the crime itself but also on the person who committed it and shaming the individual (Braithwaite, 1989). Breaking down disintegrative shaming into individual different components, such as shame, label, social isolation, stigma, and recidivism, there was a direct link that could be traced back to disintegrative shaming with each offender that was interviewed for this study, except for recidivism.

The registered sex offenders experienced a myriad of psychological and emotional struggles, such as anxiety, depression, fear, guilt, shame, and even trauma around their registration. Their entire identity has now been linked, labeled, and tied to the registration status because of disintegrative shaming. They were degraded, dehumanized, and some had lost their motivation to attempt to thrive in society. This directly correlates to disintegrative shame. Their actions have tainted their existence and hindered their lives; their identity is directly linked to the digital “scarlet letter, drastically affecting their Mental Distress and mental health, and society's inability to allow them to move forward after registration status, supporting the disintegrative theory (Braithwaite, 1989).

However, with the Hardships, Societal Treatment, and Mental Distress the participants experienced, this seemed to have shifted and shaped their behavior. The participants in Zevitz (2004) allowed the public perception to determine their actions; they isolated themselves to minimize their exposure and even adjusted their routines to avoid neighbors and any other potential conflicts and visibility. Because the registry was public, they felt utterly powerless and withdrew from society because they had been reduced to nothing more than “offenders.” Based on the interviews and experiences given by the participants in this study, their behaviors, identity, and self-worth were shaped and connected by public perception after registration.

Braithwaite’s (1989) disintegrative shaming theory posits that stigma and social isolation are correlated with recidivism; however, this study's findings provided limited evidence to support this. Only one participant reoffended, attributing these secondary actions to the Societal Treatment he was subjected to after his release, which was a small but significant difference. Therefore, the study corroborated that disintegrative shaming did cause shame, stigma, ostracism, Mental Distress, and labeling of sex offenders that hindered their lives, but it did not support increased recidivism. Each participant in the study had at least one supportive person who helped them after their registration. Research indicated that individuals with a support system experience decreased recidivism rates (Klein et al., 2018). Even though the offender experienced stigma, social isolation, labeling, and other challenges, the bond created through a Support System helped the participants. It gave them a sense of hope, acceptance, and decreased recidivism.

The sequence of public perception, stigma, and societal exclusion **was** interwoven within disintegrative shaming. In this study, the participants described how the label of sex offender encouraged avoidance and social isolation, which undermined their mental health but also directly affected reintegration into society. This directly **correlated** with Braithwaite's RST (1989), which posits that disintegration shaming occurs when the act and the individual are no longer separate, leading to public shaming. As a result, the offense now identifies the individual, publicly excluding them and diminishing their self-worth. The Societal Treatment, Mental Distress, and Hardships experienced by the participants not only strengthened negative images but, unexpectedly, increased the high risks that registration policies wanted to prevent.

By contrast, reintegrative shaming expresses disapproval of the action. However, society allows the offender to be reformed, creates opportunities for rebuilding their lives, fosters social ties within the community, encourages self-confidence, and gives the offender a sense of belonging rather than exclusion. This approach would reduce stigma, hopelessness, social isolation, and the significant Hardships that the participants experienced, and give them a chance through restorative justice (Braithwaite, 1989). Additionally, this suggests that the policy needs to be reformed by integrative shaming to provide better rehabilitation and resources for offenders, maintain public safety, and reduce emotional and psychological consequences.

Limitations

This study had several limitations. Recruitment was the primary barrier; the sensitivity of the topic and distrust of researchers led to self-selection and

likely nonresponse bias (Klein et al., 2018). During the study, participants sent emails to the Walden University email, and a handful declined because their experiences were too difficult or painful to discuss. Additionally, a few individuals chose not to participate because they saw no benefit for themselves or their cases. Additionally, many postcards that were sent were not responded to. Additionally, a flyer was placed in a psychological facility to provide assistance, but it did not appear to be effective either.

Discussing past crimes and offenses could cause the participants' distress; however, the participants were not asked about previous crimes or offenses during the interview (Klein et al., 2018). If the participants attempted to discuss their crimes or offenses during the interview, the conversation was redirected to the subject matter and the current questions. However, during interviews, there were instances when participants became emotional, such as crying, avoiding questions, or becoming quiet. Switching the conversation or giving them time to avoid ending the interview when their emotions were open and intense (Klein et al., 2018) was important. Each sex offender was given verbal consent to participate upon review of the consent form and was reminded during the interview that their participation was completely voluntary and that participants could stop at any time.

Another limitation of this study was the reliance on self-reporting by the participants. This study depended on the participants being open, honest, and forthcoming with their stories and Hardships. Sometimes, the participants were asked a question but did not answer or responded with one-word answers. Trying to ask further probing questions became a delicate balance. The participant could have been attention-seeking or

felt that the interview might remove them from the list (Klein et al., 2018); however, it was clarified early in the interview and on the consent form that this interview would not affect their inclusion on the list.

In qualitative studies, sample size is often a limitation. Qualitative designs aim for data saturation but do not require large samples; instead, transferability rather than statistical generalizability is the primary goal. The smaller sample size was a limitation of the generalizability of this study. Initially, the study aimed to recruit ten participants; unfortunately, due to the sensitive nature of the study's subject, the most significant barrier to recruitment was encountered. In the recruitment process, six participants were interviewed, with only five interviews being deemed suitable for use. The last issue to consider was my welfare as a researcher. While the interviews were not in person, the participants explained how the registry had affected their mental health, and explained their crime in detail, which brought on an emotional response (Klein et al., 2018). I needed to limit the number of interviews I conducted daily and ensure sufficient time between interviews to decompress and reflect (Klein et al., 2018). Additionally, while this study does offer valuable insights into the lived experiences of the registered sex offenders, the limitations of being a small, single-state, Ohio-based, homogenous adult victim-only sample size must be acknowledged. However, these limitations were mitigated through diligence, methodological rigor, maintaining an audit trail, member checking, and engaging in peer debriefing to minimize bias. These strategies also helped enhance the credibility of the findings despite any constraints. As a result, policy recommendations derived from this study should be viewed as hypothesis-generating and

serve as a solid foundation for multi-state research. The findings in this study also highlighted the monetary cost of the registration. It may be warranted to reassess the cost-benefit to ensure that resources are directed toward integration rather than disintegration shaming.

Recommendations

The recommendations for future research, stemming from the limitations of this study, are as follows. Recruitment was done by using the public sex offender registry for Ohio areas such as Columbus, Cleveland, Cincinnati, and Newark, along with a flyer posted that had a sex offender treatment program. This caused significant delays in recruitment due to the limited number of offenders with adult victims; also, many individuals did not reply to the postcards that were sent to them. Finding an alternative method for recruiting volunteers for future studies, such as sending surveys to offenders with the option to return them, would be a recommended approach. This could reduce delays and allow the researchers to send them to multiple states or counties with a bigger sample size.

Additionally, this phenomenological study specifically targeted adult males with adult victims only who had been on the registry for at least six months. This study can be duplicated using adult males or females with child victims with at least six months being on the offender registry. This would open a broader population, and the researcher may receive more responses, resulting in an overall generalized sample and response. Additionally, adding females to the study would give a unique perspective and insights

into life experiences after being registered as a sex offender that the males were not able to provide.

Lastly, a recommendation for future studies could be to conduct interviews that include both audio and video, or to meet in a neutral location. When interviewing the participants, we relied heavily on tone and inflections, as there was no video. Body language and facial expressions could be an important asset to a researcher. Our facial features and body language can sometimes reveal more about us than our voices or feelings. A researcher could notice this and incorporate it into their data analysis, providing a more comprehensive analysis. However, safety is important, so this is only recommended with caution and to ensure that the researcher takes all necessary precautions for their own safety and keeps the identities of future participants anonymous.

Implications for Practice and Positive Social Change

The findings suggest unintended collateral consequences, isolation, and psychological harm that undermine reintegration. Policy responses may be more effective if they differentiate risk, reduce blanket restrictions, and invest in community support. These effects hinder the registered sex offenders' reintegration. However, this study reveals pathways for positive social change. The registration is a “one-size-fits-all” list type, with blanket restrictions for each tier. It was clear that a policy shift was needed. If parole/probation officers are better informed about the Hardships that offenders face, even those indirectly caused by their efforts to ensure public safety, this could lead to changes in their current policies and procedures, as well as how they manage specific

requirements (Newstrom et al., 2019). The findings of this study also highlight the financial and monetary costs associated with registration. Not only does monetary cost put a higher burden on the sex offender with registration fees, travel costs, and lost wages from missed work, but these monetary costs put higher pressure on the offender, which can directly affect their mental distress and reintegration for those with limited resources. From the government agency's perspective, the monetary costs of administration and enforcement can be significant for the public, and this is something policymakers can consider when evaluating current registration policies. Agencies are responsible for enforcing residency restrictions, monitoring compliance, and maintaining the registry, suggesting that agencies could conduct a cost-benefit analysis to inform future policy reform.

Additionally, registration can be changed from blanket to individualized assessments on a case-by-case basis. Research has shown that having a stronger connection to their community can lower stress levels, foster better habits, and facilitate easier integration back into society (Newstrom et al., 2019). Social change is an evolution of society based on relationships that alter over time. Positive social change could be facilitated by investigating the impact on public perception of the registry and providing additional support for offenders to prevent recidivism. Education is key to grasping the impact of how the sex offender registry works and does not necessarily decrease recidivism as intended (DeLuca et al., 2018). If society were able to provide more resources and help evaluate some of the Hardships to allow the sex offender to integrate

back into society, this would be a positive social change and allow individuals to rebuild their lives.

Conclusions

The original intention of the registry was to keep the public safe, raise awareness, and decrease sex crimes (Bailey & Klein, 2018). Over time, the registry has evolved into a complex and sophisticated list across fifty states. Each state has its own requirements and maintains a list of costs in the millions (Grossi, 2017). However, the registry has caused unintentional consequences for registered offenders, including stigma, social isolation, ostracism, and labeling, which has led to some misconceptions about the offenders (Bailey & Klein, 2018; Reed, 2017). For example, in Ohio, you do not need to be convicted of a sex crime to be added to the sex offender list. While sex crimes are considered heinous crimes, in many states, an individual does not need to commit a sex crime to be placed on the registry (Reed, 2017).

The purpose of this qualitative study was to investigate the Mental Distress and stigma that sex offenders faced after being registered, and how this experience affected their recidivism. This study used interpretative phenomenological analysis (IPA) to interpret the lived experiences of sex offenders from the five interviews of the participants. The results and evidence provided addressed the gap that the participants in this study faced, which was significant mental distress after being registered as sex offenders. The evidence supported that the registered sex offenders experienced stigma, social isolation, and harassment based on the RST (Braithwaite, 1989). The participants explained in detail how the registry has hindered their ability to move forward and fully

reintegrate into society. Additionally, the research provided further evidence that many of the Mental Distress and mental health issues presented after the registration status change. However, the evidence did not support that the participants had an increased risk of committing other crimes due to being labeled and surrendering to the deviance that society has labeled them.

By conducting this study and providing evidence supporting the need to update the policies and procedures regarding the sex offender registry list to maintain public safety. However, there is hope for positive social change that benefits everyone involved. There is a need for the list to ensure that the public is aware of offenders who move into the area; however, a balanced approach would be more effective. This would help with reintegration, allow meaningful social change, decrease hardships, and give the registered sex offenders a chance to rebuild their lives to move forward in their communities successfully.

References

- American Psychological Association. (2011). *Health and homelessness*.
<https://www.apa.org/pi/ses/resources/publications/homelessness-health>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1776/appi.books.9780890425596>
- Bailey, D. J. S., & Klein, J. L. (2018). Ashamed and alone: Comparing offender and family member experiences with the sex offender registry. *Criminal Justice Review, 43*(4), 440–457. <https://doi.org/10.1177/0734016818756486>
- Becker, H. S. (1963). *Outsiders: Studies in the sociology of deviance*. Free Press.
- Bengtson, S., & Giraldi, A. (2023). The complex link between mental disorders and reoffending in sexual offenders: Why we need to learn more. *Acta Psychiatrica Scandinavica, 148*(1), 3–5. <https://doi.org/10.1111/acps.13584>
- Blagden, N., Winder, B., Gregson, M., & Thorne, K. (2014). Making sense of denial in sexual offenders: A qualitative phenomenological and repertory grid analysis. *Journal of Interpersonal Violence, 29*(9), 1698–1731.
<https://doi.org/10.1177/0886260513511530>
- Bierie, D. M. (2016). The utility of sexual offender registration. *Journal of Sexual Aggression, 22*(2), 263–273. <https://doi.org/10.1080/13552600.2015.110076>
- Bierie, D. M., & Budd, K. M. (2021). Registration and the closure of stranger-perpetrated sex crimes reported to police. *Sexual Abuse, 33*(5), 606–626.
<https://doi.org/10.1177/1079063220931824>

- Bohmert, M. N., Duwe, G., & Hipple, N. K. (2018). Evaluating restorative justice circles of support and accountability: Can social support overcome structural barriers? *International Journal of Offender Therapy & Comparative Criminology*, 62(3), 739–758. <https://doi.org/10.1177/0306624X16652627>
- Braithwaite, J. (1989). *Crime, shame, and reintegration*. Cambridge University Press.
- Brooks, T. (Ed.). (2019). *Shame punishment*. Routledge.
- Cassidy, K., Dyer, W., Biddle, P., Brandon, T., McClelland, N., & Ridley, L. (2020). Making space for mental health care within the penal estate. *Health & Place*, 62, 102295. <https://doi.org/10.1016/j.healthplace.2020.102295>
- Centers for Disease Control and Prevention. (2021). Loneliness and social isolation linked to serious health conditions. <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>
- Connor, D. P. (2020). Impressions of ineffectiveness: Exploring support partners' attitudes toward sex offender registration and notification. *Psychology, Crime & Law*, 26(2), 128–147. <https://doi.org/10.1080/1068316X.2019.1634199>
- Cornell Law School. (2021). Megan's Law. 34 U.S. Code § 21501 (2016). https://www.law.cornell.edu/wex/megan%27s_law
- Craissati, J., & Quartey, C. (2016). An exploration of third-party disclosure and outcomes in registered sexual offenders. *British Journal of Community Justice*, 13(3), 51–64.
- Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Sage Publications.

- Cull, D. (2018). International Megan's Law and the identifier provision: An efficacy analysis. *Washington University Global Studies Law Review*, 17(1), 181–205.
- Cuddleback, G., Grady, M., Wilson, A., Van Denise, T., & Morrissey, J. (2019). Persons with severe mental illness and sexual offenses: Recidivism after prison. *International Journal of Offender Therapy and Comparative Criminology*, 63(12), 2157–2170. <https://doi.org/10.1177/0306624X19842994>
- Cypress, B. S. (2017). Rigor, reliability, and validity in qualitative research: Perspectives, strategies, re-conceptualization, and recommendations. *Dimensions of Critical Care Nursing*, 36(4), 253–263. <https://doi.org/10.1097/DCC.0000000000000253>
- DeLuca, J., Vaccaro, J., Rudnik, A., Graham, N., Giannicchi, A., & Yanos, P. (2018). Sociodemographic predictors of sex offenders' stigma: How politics impact attitudes, social distance, and perspectives of sex offender recidivism. *International Journal of Offender Therapy and Comparative Criminology*, 62(10), 2879–2896. <https://doi.org/10.1177/0306624X17723639>
- Department of Rehabilitation and Correction. (n.d.). *2019 annual report*. <https://drc.ohio.gov/Portals/0/Annual%20report%20final%20ODRC.pdf>
- Douglass, M. D., Hillyard, S., & Macklin, A. (2022). Sexual offending: The impact of the juxtaposition between social constructions and evidence-based approaches. *Journal of Forensic Psychology Research and Practice*. <https://doi.org/10.1080/24732850.2022.2054392>

- Draucker, C. B., Martsolf, D. S., & Poole, C. (2009). Developing distress protocols for research on sensitive topics. *Archives of Psychiatric Nursing, 23*(5), 343–350. <https://doi.org/10.1016/j.apnu.2008.10.003>
- Eher, R., Rettenberger, M., & Turner, D. (2019). The prevalence of mental disorders in incarcerated contact sexual offenders. *Acta Psychiatrica Scandinavica, 139*(6), 572–581. <https://doi.org/10.1111/acps.13024>
- Faupel, S., & Przybylski, R. (n.d.). Etiology of adult sexual offending. U.S. Department of Justice, SMART. <https://smart.ojp.gov/somapi/chapter-2-etiology-adult-sexual-offending>
- Forrester, C. (2016). Collateral consequences of a criminal conviction: Impact on corrections and reentry. *Corrections Today, 78*, 30.
- Gentil, L., Grenier, G., Bamvita, J., Dorvil, H., & Fleury, M. (2019). Profiles of quality of life in a homeless population. *Frontiers in Psychiatry, 10*, 10. <https://doi.org/10.3389/fpsyt.2019.00010>
- Grossi, L. M. (2017). Sexual offenders, violent offenders, and community reentry: Challenges and treatment considerations. *Aggression and Violent Behavior, 34*, 59–67. <https://doi.org/10.1016/j.avb.2017.04.005>
- Hanson, R. K., Harris, A. J. R., Letourneau, E., Helmus, L. M., & Thornton, D. (2018). Reductions in risk based on time offense-free in the community: Once a sexual offender, not always a sexual offender. *Psychology, Public Policy, and Law, 24*(1), 48–63. <https://doi.org/10.1037/law0000135>

- Harrison, J. L., O'Toole, S. K., Ammen, S., Ahlmeyer, S., Harrell, S. N., & Hernandez, J. L. (2020). Sexual offender treatment effectiveness within cognitive-behavioral programs: A meta-analytic investigation of general, sexual, and violent recidivism. *Psychiatry, Psychology and Law*, 27(1), 1–25.
<https://doi.org/10.1080/13218719.2018.1485526>
- Hay, C. (2001). An exploratory test of Braithwaite's reintegrative shaming theory. *Journal of Research in Crime and Delinquency*, 38(2), 132–153.
<https://doi.org/10.1177/0022427801038002002>
- Hennink, M., & Kaiser, B. N. (2022). Sample sizes for saturation in qualitative research: A systematic review of empirical tests. *Social Science & Medicine*, 292, 114523.
<https://doi.org/10.1016/j.socscimed.2021.114523>
- Harris, A. J., Levenson, J. S., Lobanov-Rostovsky, C., & Walfield, S. M. (2018). Law enforcement perspectives on sex offender registration and notification: Effectiveness, challenges, and policy priorities. *Criminal Justice Policy Review*, 29(4), 391–420. <https://doi.org/10.1177/0887403418794795>
- Harris, P. B., Boccaccini, M. T., & Rice, A. K. (2017). Field measures of psychopathy and sexual deviance as predictors of recidivism among sexual offenders. *Psychological Assessment*, 29(6), 639–651. <https://doi.org/10.1037/pas0000394>
- Lester, J. N., & O'Reilly, M. (2021). The social construction of stigma: Utilizing discursive psychology for advancing the conceptualization of stigma in mental health. *Stigma and Health*, 6(1), 53–61. <https://doi.org/10.1037/sah0000281>

- Levenson, J. S., & Cotter, L. P. (2005). The impact of sex offender residence restrictions: 1,000 feet from danger or one step from absurd? *International Journal of Offender Therapy and Comparative Criminology*, 49(2), 168–178.
<https://doi.org/10.1177/0306624X04271304>
- Levenson, J. S., D'Amora, D. A., & Hern, A. L. (2007). Megan's Law and its impact on community re-entry for sex offenders. *Behavioral Sciences & the Law*, 25(4), 587–602. <https://doi.org/10.1002/bsl.770>
- Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, 27, 363–385. <https://doi.org/10.1146/annurev.soc.27.1.363>
- Lin, J., & Simon, W. (2016). Examining specialization among sex offenders released from prison. *Sexual Abuse: A Journal of Research and Treatment*, 28(3), 253–267. <https://doi.org/10.1177/1079063214547581>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.
- Lowe, G., & Willis, G. (2020). “Sex offender” versus “person”: The influence of labels on willingness to volunteer with people who have sexually abused. *Sexual Abuse: Journal of Research and Treatment*, 32(5), 591–613.
<https://doi.org/10.1177/1079063219841904>
- Love, B., Vetere, A., & Davis, P. (2020). Should interpretative phenomenological analysis (IPA) be used with focus groups? Navigating the bumpy road of “iterative loops,” idiographic journeys, and “phenomenological bridges.” *International Journal of Qualitative Methods*.
<https://doi.org/10.1177/1609406920921600>

- Lussier, P., & Mathesius, J. (2019). Not in my backyard: Public sex offender registries and public notification laws. *Canadian Journal of Criminology and Criminal Justice*, *61*(1), 105–116. <https://doi.org/10.3138/cjccj.2018-0026>
- Ma, R., Wang, J., Lloyd-Evans, B., Marston, L., & Johnson, S. (2021). Trajectories of loneliness and objective social isolation and associations between persistent loneliness and self-reported personal recovery in a cohort of secondary mental health service users in the UK. *BMC Psychiatry*, *21*, 1–11. <https://doi.org/10.1186/s12888-021-03430-9>
- Marsh, S., Russell, K., & Evans, W. (2021). Trickle down registration: Exploring the lived experiences of partners of persons registered as a sexual offender. *Health Communication*. <https://doi.org/10.1080/10410236.2021.1888455>
- Mann, N., Devendran, P. N., & Lundrigan, S. (2021). “You’re never really free”: Understanding the barriers to desistance for registered sexual offenders in the community. *Criminology & Criminal Justice*, *21*(2), 206–223. <https://doi.org/10.1177/1748895819853861>
- Masters, K. B., & Kebbell, M. R. (2019). Police officers’ perceptions of a sex offender registration scheme: Identifying and responding to risk. *Psychiatry, Psychology and Law*, *26*(3), 396–413. <https://doi.org/10.1080/13218719.2018.1506717>
- Mercado, C. C., Alvarez, S., & Levenson, J. S. (2008). The impact of specialized sex offender legislation on community reentry. *Sexual Abuse*, *20*(2), 188–205. <https://doi.org/10.1177/1079063208317540>

- McAlinden, A. (2005). The use of “shame” with sexual offenders. *British Journal of Criminology*, 45(3), 373–394. <https://doi.org/10.1093/bjc/azh095>
- Mogavero, M., & Kennedy, L. (2017). The social and geographic patterns of sexual offenders: Is sex offender residence restriction legislation practical? *Victims & Offenders*, 12(3), 401–433. <https://doi.org/10.1080/15564886.2015.1084962>
- Moore, K. E., Milam, K. C., Folk, J. B., & Tangney, J. P. (2018). Self-stigma among criminal offenders: Risk and protective factors. *Stigma and Health*, 3(3), 241–252. <https://doi.org/10.1037/sah0000092>
- Miller, R., & Barrio Minton, C. (2016). Interpretative phenomenological analysis: A contemporary phenomenological approach. *Journal of Mental Health Counseling*, 38(1), 1–16. <https://doi.org/10.17744/mehc.38.1.04>
- Napier, S., Dowling, C., Morgan, A., & Talbot, D. (2018). What impact do public sexual offender registries have on community safety? *Wooden: Australian Institute of Criminology*.
<https://ezp.waldenulibrary.org/login?url=https%3A%2F%2Fwww.proquest.com%2Fother-sources%2Fwhat-impact-do-public-sex-offender-registries%2Fdocview%2F2048045329%2Fse-2%3Faccountid%3D14872>
- Newstrom, N. P., Miner, M., Hoefler, C., Hanson, R. K., & Robinson, B. E. (2019). Sex offender supervision: Communication, training, and mutual respect are necessary for effective collaboration between probation officers and therapists. *Sexual Abuse*, 31(5), 607–631. <https://doi.org/10.1177/1079063218775970>

- Nizza, I. E., Farr, J., & Smith, J. A. (2021). Achieving excellence in interpretative phenomenological analysis (IPA): Four markers of high quality. *Qualitative Research in Psychology, 18*(3), 369–386.
<https://doi.org/10.1080/14780887.2020.1854404>
- Ohio Attorney General's Office, Bureau of Criminal Investigation. (2024, August). *Ohio Attorney General's guide to Ohio's SORN laws*.
<https://www.ohioattorneygeneral.gov/Files/Law-Enforcement/Law-Enforcement-Gateway/2018-Guide-to-Ohio-SORN-Laws.aspx>
- Rajasinghe, D. (2020). Interpretative phenomenological analysis (IPA) as a coaching research methodology. *Coaching: An International Journal of Theory, Research and Practice, 13*(2), 176–190. <https://doi.org/10.1080/17521882.2019.1694554>
- Reed, P. (2017). Punishment beyond incarceration: The negative effects of sex offender registration and restrictions. *Journal of Law and Criminal Justice, 5*(2), 16–30.
<https://doi.org/10.15640/jlcj.v5n2a2>
- Ren, D., & Evans, A. M. (2021). Leaving the loners alone: Dispositional preference for solitude evokes ostracism. *Personality and Social Psychology Bulletin, 47*(8), 1294–1308. <https://doi.org/10.1177/0146167220968612>
- Rhodes, J., Hackney, S., & Smith, J. (2019). Emptiness, engulfment, and life struggle: An interpretative phenomenological analysis of chronic depression. *Journal of Constructivist Psychology, 32*(4), 390–407.
<https://doi.org/10.1080/10720537.2018.1515046>

- Robbers, M. L. P. (2009). Lifers on the outside: Sex offenders and disintegrative shaming. *International Journal of Offender Therapy and Comparative Criminology*, 53(1), 5–28. <https://doi.org/10.1177/0306624X07312953>
- Rocco, T. S., & Plakhotnik, M. S. (2009). Literature reviews, conceptual frameworks, and theoretical frameworks: Terms, functions, and distinctions. *Human Resource Development Review*, 8(1), 120–130. <https://doi.org/10.1177/1534484309333450>
- Rolfe, S. M., Tewksbury, R., & Schroeder, R. D. (2017). Homeless shelters' policies on sexual offenders: Is this another collateral consequence? *International Journal of Offender Therapy and Comparative Criminology*, 61(16), 1833–1849. <https://doi.org/10.1177/0306624X16638463>
- Rydberg, J., Cassidy, M., & Socia, K. (2018). Punishing the wicked: Examining the correlates of sentence severity for convicted sex offenders. *Journal of Quantitative Criminology*, 34, 943–970. <https://doi.org/10.1007/s10940-017-9360-y>
- Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality & Quantity*, 52, 1893–1907. <https://doi.org/10.1007/s11135-017-0574-8>
- Seto, M. C., Leclair, M. C., Wilson, C. M., Nicholls, T. L., & Crocker, A. G. (2018). Comparing persons found not criminally responsible on account of mental disorder for sexual offences versus non-sexual violent offences. *Journal of Sexual Aggression*, 24(2), 143–156. <https://doi.org/10.1080/13552600.2018.1455475>

- Scurich, N., & John, R. S. (2019). The dark figure of sexual recidivism. *Behavioral Sciences & the Law*, 37(2), 158–175. <https://doi.org/10.1002/bsl.2400>
- Schultz, C. (2014). The stigmatization of individuals convicted of sex offenses: Labeling theory and the sex offense registry. *Themis: Research Journal of Justice Studies and Forensic Science*, 2(1), 4. <https://doi.org/10.31979/THEMIS.2014.0204>
- Shields, R. T., & Cochran, J. C. (2020). The gender gap in sex offender punishment. *Journal of Quantitative Criminology*, 36(1), 95–118. <https://doi.org/10.1007/s10940-019-09479-0>
- Socia, K. M. (2011). The policy implications of residence restrictions on sex offender housing in upstate NY. *Criminology & Public Policy*, 10(2), 351–389. <https://doi.org/10.1111/j.1745-9133.2011.00714.x>
- Socia, K. M., & Harris, A. J. (2016). Evaluating public perceptions of the risk presented by registered sexual offenders: Evidence of crime control theater? *Psychology, Public Policy, and Law*, 22(4), 375–385. <https://doi.org/10.1037/law0000081>
- Smith, J. A., & Osborn, M. (2003). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 51–80). Sage.
- Smith, J. A. (2017). Interpretative phenomenological analysis: Getting at lived experience. *The Journal of Positive Psychology*, 12(3), 303–304. <https://doi.org/10.1080/17439760.2016.1262223>

- Smith, J. A. (2019). Participants and researchers searching for meaning: Conceptual developments for interpretative phenomenological analysis. *Qualitative Research in Psychology, 16*(2), 166–181. <https://doi.org/10.1080/14780887.2018.1540648>
- Stahl, N. A., & King, J. R. (2020). Expanding approaches for research: Understanding and using trustworthiness in qualitative research. *Journal of Developmental Education, 44*(1), 26–28.
- Teherani, A., Martimianakis, T., Stenfors-Hayes, T., Wadhwa, A., & Varpio, L. (2015). Choosing a qualitative research approach. *Journal of Graduate Medical Education, 7*(4), 669–670. <https://doi.org/10.4300/JGME-D-15-00414.1>
- Tewksbury, R., & Jennings, W. G. (2010). Assessing the impact of sex offender registration and community notification on sex-offending trajectories. *Criminal Justice and Behavior, 37*(5), 570–582. <https://doi.org/10.1177/0093854810363570>
- Tewksbury, R., & Lees, M. (2006). Perceptions of sex offender registration: Collateral consequences and community experiences. *Sociological Spectrum, 26*(3), 309–334. <https://doi.org/10.1080/02732170500524246>
- Tewksbury, R., & Zgoba, K. M. (2010). Perceptions and coping with punishment: How registered sex offenders respond to stress, internet restrictions, and the collateral consequences of registration. *International Journal of Offender Therapy and Comparative Criminology, 54*(4), 537–551. <https://doi.org/10.1177/0306624X09339180>

- Thomas, E., & Magilvy, J. K. (2011). *Qualitative rigor or research validity in qualitative research. Journal for Specialists in Pediatric Nursing, 16*(2), 151–155.
<https://doi.org/10.1111/j.1744-6155.2011.00283.x>
- Thorton, D., Kelley, S., & Nelligan, K. (2017). Protective factors and mental illness in men with a history of sexual offending. *Aggression and Violent Behavior, 34*, 29–36. <https://doi.org/10.1016/j.avb.2016.12.003>
- Timander, A.-C., & Möller, A. (2016). Distress or disability? Could a theoretical framework drawn from disability studies be a way forward when trying to understand experiences of oppression on the grounds of mental distress? *Disability & Society, 31*(9), 1275–1287.
<https://doi.org/10.1080/09687599.2016.1248553>
- Tolson, D., & Klein, J. (2015). Registration, residency restriction, and community notification: A social capital perspective on the isolation of the registered sex offender in our community. *Journal of Human Behavior in the Social Environment, 25*(4), 375–390. <https://doi.org/10.1080/10911359.2014.966221>
- Ttofi, M. M., & Farrington, D. P. (2008). Reintegrative shaming theory, moral emotions, and bullying. *Aggressive Behavior, 34*(4), 352–368.
<https://doi.org/10.1002/ab.20257>
- U.S. Department of Justice. (n.d.). SMART: Notice of international travel.
<https://smart.ojp.gov/sorna/notice-international-travel>
- Webb, R. T., Shaw, J., Stevens, H., Mortensen, P. B., Appleby, L., & Qin, P. (2012). Suicide risk among violent and sexual criminal offenders. *Journal of*

Interpersonal Violence, 27(17), 3405–3424.

<https://doi.org/10.1177/0886260512445387>

Zevitz, R. G. (2004). Sex offender placement and neighborhood social integration: The making of a scarlet letter community. *Criminal Justice Studies*, 17(2), 203–222.

<https://doi.org/10.1080/0888431042000235039>

Zgoba, K., Levenson, J. S., & McKee, T. (2009). Examining the impact of sex offender residence restrictions on housing availability. *Criminal Justice Policy Review*,

20(1), 91–110. <https://doi.org/10.1177/0887403408322119>

Zgoba, K. M., Miner, M., Levenson, J., Knight, R., Letourneau, E., & Thornton, D.

(2016). The Adam Walsh Act: An examination of sex offender risk classification systems. *Sexual Abuse*, 28(8), 722–740.

<https://doi.org/10.1177/1079063215620095>

Appendix: Interview Questions

1. Describe your day-to-day experiences.
2. Describe what it feels like to be a registered sex offender.
 - a. How has it affected your mental health?
 - b. How has it affected your relationships?
 - c. Tell me about the stigma you have experienced.
 - d. Tell me about any ostracism that you have experienced.
 - e. Tell me about any social isolation you have experienced since being registered.
 - f. Explain any other challenges you have experienced since being registered.
3. Describe how you maintain well-being and self-esteem.
 - a. What coping strategies have you learned and developed to help you?
4. Tell me who has been supportive in your life and how so.
5. Is there anything additional you would like to share about your experiences?