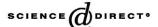


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International Journal of Law and Psychiatry 26 (2003) 207-219



# The impact of community notification laws on sex offender treatment attitudes

Eric B. Elbogen\*, Marc Patry, Mario J. Scalora

Law/Psychology Program, University of Nebraska-Lincoln, Nebraska, USA

## 1. Introduction

Laws for sexual offenders in the United States have changed dramatically in the past few years. In all 50 states, sex offenders are now required to register with local law enforcement in their communities (Schopp, Pearce, & Scalora, 1998). The United States Supreme Court has held its constitutional to civilly commit sexual offenders, even after completing a full prison sentence (Kansas v. Hendricks, 1997). Most recently, a number of states have passed, or are considering, community notification laws that would permit public disclosure of information about a sex offender (LaFond, 1998). The information disclosed varies by state, but usually includes name, age, social security number, race, height, weight, sex, hair and eye color, permanent address, and working address. In the state of Louisiana, for instance, sex offenders are required to place an advertisement in the local newspaper providing information about their criminal background and to affix a bumper sticker to their cars identifying them as sex offenders (see Winick, 1998).

Community notification of sex offenders is commonly referred to as Megan's Law, resulting from the 1994 case in the state of New Jersey involving a twice-convicted sexual offender who raped and murdered 7-year-old Megan Kanka after luring her into his home under the pretext of seeing his new puppy (Montana, 1995). Local law enforcement and community members had no knowledge of the offender's legal history. In response to the resulting community uproar, New Jersey created a series of laws requiring convicted sex offenders to register with police prior to moving into a neighborhood (Sullivan, 1995). The statutes for New Jersey, and for about half of the other states that require sex offender registration, allow authorities to notify the community of the convicted sex offender's

E-mail address: eelbogen@psych.mc.duke.edu (E.B. Elbogen).

<sup>\*</sup> Corresponding author. Duke University Medical Center, Brightleaf Square 23A, Box 3071 DUMC, Durham, NC 27710, USA. Tel.: +1-919-682-4827.

fingerprints, a photograph and description of physical attributes, a description of the offense involved, and vehicle description including the license plate number (Sabin, 1996).

The Violent Crime Control and Law Enforcement Act [VCCLEA] (1994) has mandated states to enact sex offender registration laws in order to avoid losing 10% of federal funding earmarked for drug control. Most jurisdictions have consequently adopted legislation similar to New Jersey's Megan's Law, which includes both sex offender registration and community notification laws. For example, Nebraska's sex offender registry law (Sex Offender Registration Act, 1997), which required that the Sheriff and State Patrol be informed about convicted sex offenders, has now been supplemented with community notification laws permitting law enforcement to release information about a sex offender to the public (Sex Offender Community Notification Law, 1998). Still, some jurisdictions have opted for less extreme laws that do not provide for community notification of registered sex offenders (Strossen, 1996). The VCCLEA is different than New Jersey's rule in that it requires only registration notification to local law enforcement, thereby leaving the option to exclude community notification (Goodman, 1996).

Many notification statutes generally classify registered sex offenders in a three-tier system, although some jurisdictions use just one tier (e.g., Alabama and California). New Jersey requires the use of a standardized "Registrant Risk Assessment Scale Manual" to establish tiers, however, classification is usually based on a clinical risk assessment of the offenders' likelihood of reoffending (Winick, 1998). Clinicians may look at a number of risk factors found to be related to sexual reoffense, including history of childhood maladjustment, prior offenses, age, offense history, abuse history, procriminal attitudes, drunkenness, and level of stress (Becker & Murphy, 1998; Hanson, 1998). Clinicians may also use one of several actuarial instruments to increase the accuracy of predicting sexual recidivism, such as the Sex Offender Risk Appraisal Guide (SORAG) (Quinsey, Harris, Rice, & Cormier, 1998). It should be noted, however, that actuarial risk assessment instruments are still being developed and are far from achieving perfect accuracy (Borum, 1996; Douglas, Cox, & Webster, 1999; Elbogen, Calkins, Tomkins, & Scalora, 2001; McNeil, 1998; Steadman et al., 2000). Despite this, under community notification schemes, sex offenders deemed to be at low risk for recidivism are placed in the first tier based on a risk assessment. Only law enforcement personnel are typically notified of first tier offenders. Second tier offenders, those deemed to be at a moderate risk for recidivism, are subject to notification of community organizations that may be reasonably likely to come in contact with the offender. Third tier, high-risk offenders are subject to mandatory notification of the local community who might come in contact with the offender. Registrants have the right to appeal their tier classification prior to community notification.

The most controversial aspect of notification laws is the requirement that members of the community be notified about sex offenders (Wayt, 1997). The Third District Court, in Artway v. Attorney General of New Jersey (1995), revoked retroactive application of the community notification requirement of the New Jersey statute, finding that it violated the Ex Post Facto clause in the Constitution. Critics argue that Megan's Law is more punitive than protective (Simon, 1998). Lafond (1998) also maintains that such laws demonize offenders, utilize tremendous financial resources, and curtail public discourse on sex offenders. Community

notification may therefore be thought to punish sex offenders above and beyond the punishment they have already served.

The question therefore remains whether community notification laws will ultimately be beneficial. Ideally, such legislation should minimize the chances that children meet the same fate as Megan Kankla. As risk assessment technology continues to develop (Borum, 1996), improved monitoring of sex offenders could benefit the community by increasing public safety. Parents with young children may want to know if there are potentially dangerous sex offenders in their neighborhoods, as well. The framework of therapeutic jurisprudence also suggests that there may also be ways in which community notification laws would promote mental health goals for sex offenders (see generally, Wexler & Winick, 1991, 1996). Specifically, given the tier-system of registration, it could be argued that the mandatory risk assessment could serve as a therapeutic tool. Wexler (1991) argues that if patients become more involved in a risk evaluation, then patients' involvement in treatment can be fostered, thereby encouraging more compliance with treatment. This approach has been proposed by cognitive-behavioral therapists to counteract noncompliance in various clinical populations (Miechenbaum & Turk, 1987). Similarly, discharge planning can create a venue to promote patient involvement, as well (Nightingale, 1990). In this way, the risk assessment required can be seen an opportunity for therapeutic growth and increased treatment compliance.

Risk assessment can also be used as a chance for sex offenders to gain understanding into their own violent behaviors. Heilbrun (1997) states:

rather than being the object of a prediction, the patient is a fuller participant in a process which specifies the target behavior clearly and enlists the patient's participation toward a (risk reduction) goal, the achievement of which is more within the patient's control, and with progress more directly related to reward, the lack of progress to absence of reward, in a way that is easier for the patient to understand, relaying more on achievement of goals and less on 'clinical judgment.' (p. 356, bullets omitted)

Sex offenders can communicate to what extent they understand their risk factors and to what degree they also agree to this assessment (Elbogen & Tomkins, 2000). Though empirical work has not been yet conducted to test these specific hypotheses with sex offender populations, a patient's level of engagement in treatment has been shown to be related to psychiatric hospital recidivism (see generally, Hiday, 1996; Kleinke, 1994). A recent empirical study found the quality of patients' therapeutic relationship with treatment providers was significantly related to patients' violent behavior (Beuford, McNeil, & Binder, 1997). Although researchers are in the process of developing risk assessment tools with stronger predictive validity (Douglas et al., 1999), Megan's Law could potentially reduce sexual recidivism by affording a venue to engage patients in their own risk assessments.

However, negative consequences of Megan's Law are just as conceivable. Community knowledge may serve little benefit to the community beyond encouraging a *sense* of well being resulting from "information control" (Winick, 1998). In particular, there may be negative implications of sex offender community notification laws on the community—such as anxiety and hysteria—that far outweigh any positive effects that these laws may have on

community members. Although information regarding the whereabouts of convicted sex offenders may be highly useful to law enforcement officials, Megan's Law may therefore be potentially detrimental to community members by causing exaggerated fears, especially in cases when sex offender would not perpetrate toward strangers (Winick). It is unclear whether victims are typically known to sex offenders. Some research suggests the most sex offenses are perpetrated against individuals whom the sex offender knew, either through family members or acquaintances (Quinsey et al., 1998). However, other studies have critiqued the notion that sex offenders compulsively repeat the same act and found that pedophiles engage in different types of sexually deviant behavior, including both intrafamilial and stranger offenses (Abel & Osborn, 1992; Abel, Osborn, & Twigg, 1993). Thus, the benefit of Megan's Law is unknown to some extent because it is debatable whether victims of sex offenses are typically strangers or known to the perpetrator, or both. As family members will presumably already have knowledge about the sex offender, it may be that the therapeutic value of sex offender community notification laws as a preventive measure will be realized only in cases where so-called "stranger" offenses are committed by recidivating sex offenders or in cases of offenders who may stray toward acquaintances outside the home.

Furthermore, Megan's Law might have no therapeutic benefit on sex offenders at all. In particular, some commentators have cast doubt on the efficacy of sex offender treatment and reviews of literature are notably mixed (Furby, Weinrott, & Blackshaw, 1989; Hall, 1995; Maletzky, 1993; Marshall, Eccles, & Barbaree, 1991; Quinsey, Harris, Rice, & Lalumiere, 1994). Moreover, Megan's Law could potentially have unintended antitherapeutic effects. Ruess (1994) maintains that because they will be afforded little privacy, sex offenders under community notification will also probably be unable to lead a productive life, which may add stress and thereby increase chances of relapse. Community notification statutes may also engender labeling effects: "allowing them [sex offenders] to think of themselves as 'mentally abnormal' or suffering from a 'personality disorder' may have the unintended effect of encouraging their antisocial conduct" (Winick, 1998, p. 538, see also Winick, 1996). Research has shown labeling can an adverse effect on psychological well being in psychiatric populations (Phelan & Link, 1999). Sex offenders who have been labeled as being mentally ill or a significant risk may feel less self-control and less autonomy, which may in turn lead to reduced willingness to change and receptiveness to treatment or manage behavior. Finally, LaFond (1998) asserts that the lack of confidentiality can have an adverse affect on treatment, making therapeutic rapport with counselors very difficult, if not impossible, to establish.

The implications of community notification laws on sex offender treatment are largely unknown. To our knowledge, there have been no empirical studies investigating the impact of community notification laws on sex offenders' perceptions of treatment. The purpose of this study is to take a first step toward exploring sex offenders' understanding of Megan's Law and how such legislation may affect sex offenders' attitudes toward treatment. As these laws are relatively new, it was expected that sex offenders would have an incomplete understanding about the requirements of community notification. Additionally, given the arguably intrusive nature of community notification laws (Goodman, 1996), it was thought that sex offenders would perceive some certain aspects of Megan's Law as unfair and that such

perceived unfairness may have significant consequences. In particular, if sex offenders feel labeled or embarrassed by community notification, then sex offenders might express resistance to Megan's Law and, consequently, feel less motivated to fully participate in treatment (Winick, 1998). It was therefore hypothesized that perceptions of fairness would inversely relate to willingness to be treated. In other words, if a sex offender believed community notification to be unfair, then it was expected that their attitudes towards treatment would be adversely affected.

## 2. Method

This study was conducted at a 240-bed state operated inpatient psychiatric hospital that serves forensic as well as the most severely ill patients in the state of Nebraska. Most of the beds are used for adults suffering from severe and persistent mental illness. Half of the facility's beds are housed in the Forensic Mental Health Service, which provides evaluation and treatment services for those found Not Responsible by Reason of Insanity, Incompetent to Stand Trial as well as civilly committed sex offenders. Civilly committed and voluntary sex offenders (N=40) receiving treatment at the forensic facility participated in this study. Eighty-eight percent of the sex offenders studied were convicted for offenses toward children. The mean age of the inmates was 34.5 years (range 22–67 years). The group, in general, was racially homogeneous as 90% of the offenders designated themselves as Caucasian. Marital status at the time of the offense was mixed: 23% were married, 24% divorced/separated, and 50% were single. A majority (60%) was employed at the time of arrest. Fourteen percent reported being previously involved in either mental health or sex offense-specific treatment. The offenders studied had been incarcerated for a median period of 9 months.

Empirical studies have employed self-report measures to investigate various facets of inpatient and outpatient sex offender treatment, including cognitive distortions (Abel et al., 1989; Bumby, 1996; McFall, 1990), empathy and perspective-taking (Fernandez, Marshall, Lightbody, & O'Sullivan, 1999; Geer, Estupian, & Manguno-Mire, 2000; Marshall, O'Sullivan, & Fernandez, 1996), denial of responsibility (Nugent & Kroner, 1996), and affect (Hudson, Wales, Bakker, McLean, & Marshall, 1993; Ward, Keenan, & Hudson, 2000). In the current study, participants were administered a questionnaire designed to assess sex offenders' knowledge of the sex offender registration and notification laws that have been enacted. The questionnaire assessed sex offender attitudes about these laws and toward treatment and was completed as part of educational sessions related to discussion of relevant state laws. After reporting on their knowledge of sex offender community notification laws, group members read the Nebraska Sex Offender Community Notification Law. Participants then had an opportunity to address questions to the group facilitator regarding the statute and to record perceptions about the fairness of the kinds of information that could be released to the public, including fingerprints, photographs, home address, home telephone, work address, crime description, vehicle description, license plate number, and HIV test status. The remainder of the survey included items relating to their

attitudes toward treatment, opinions about sex offender community notification laws, and the impact that these laws might have on treatment, plans after release, and sexual recidivism. Opinions and attitudes were measured using seven-point likert scales accompanied by a "no opinion" option when appropriate.

### 3. Results

Descriptive analyses were conducted to examine sex offenders' understanding and perceptions of community notification laws. On the seven-point scale, the mean for self-reported familiarity with the Nebraska community notification law was 3.7 (S.D. = 1.8). Mean familiarity with sex offender community notification laws in the United States was 3.7 (S.D. = 1.7). Forty-eight percent of participants were unfamiliar with the law (3 or below on the scale). Respondents were incorrect 49% of the time about the factors that might influence decisions about whether the community would be notified about a sex offender.

Participants rated a number of items that would be released to the community as unfair (see Table 1). More than half of the participants rated release to the public of the following items as unfair: photographs (50%), vehicle description (60%), license plate number (65%), work address (70%), home address (72.5%), and home telephone (82.5%). Sixty percent of participants reported that sex offender community notification had a strong impact (rated as 6 or 7 on the seven-point scale) on their fear they will be embarrassed when released because their history as a convicted sex offender will be divulged to the public (M=5.7, S.D.=1.8).

Multiple regression analysis was employed to determine significant predictors of patients' perceptions of the fairness of the Nebraska sex offender registration and community notification laws, as well as their attitudes toward treatment. Due to a ceiling effect on willingness to be treated (M=6.77, S.D.=0.63), there were no significant predictors. Because of the limited sample size, nonsignificant predictors are not included in the analyses presented

Table 1						
Percentages	of participant	ratings	of item	fairness	for	community notification

Item	M	S.D.	Unfair (1-3), %	Medium (4-5), %	Fair (6-7), %	No opinion, %
Fingerprints	4.1	2.0	35	30	27.5	7.5
Photographs	3.6	2.1	50	27.5	20	2.5
Home address	2.7	1.9	72.5	12.5	12.5	2.5
Home telephone	2.2	1.9	82.5	2.5	10	5
Work address	2.5	1.9	70	17.5	10	2.5
Crime description	4.2	2.2	37.5	27.5	32.5	2.5
Vehicle description	3.0	2.1	60	20	15	5
License plate number	2.8	2.0	65	17.5	12.5	5
HIV test status	4.4	2.6	40	7.5	50	2.5

Means and standard deviations represent participants' rating of survey questions on a Likert scale from 1 to 7 (1 = unfair to 7 = fair).

Table 2 Multiple regression analysis of participants' perceptions of the fairness of the Nebraska community notification law

Predictor	β	p
Crime description	.43	.002
Fingerprints	.32	.017
Impact of notification laws on fear of embarrassment	.28	.022

This model accounts for a significant amount of variance in perceptions of the fairness of the Nebraska community notification law,  $R^2$  (3,39)=.53, P<.001 (nine missing data points were replaced with the remaining participants' mean scores on that measure).

here. However, perceptions of the fairness of the Nebraska sex offender registration and community notification laws,  $R^2$ =.53, P<.001, were significantly predicted by other perceptions (see Table 2).

Participants who perceived that sex offender community notifications laws caused them to be more fearful of embarrassment over their history as a convicted sex offender also rated the Nebraska community notification law as being more unfair ( $\beta$ =.28, p=.022). Those who rated more fairly the release to the community of a description of the crime for which they were convicted were more likely to perceive the Nebraska community notification law as being fair ( $\beta$ =.43, p=.002), as were those who rated more fairly the release of their fingerprints ( $\beta$ =.32, p=.017). Other information released in the Nebraska community notification law, including photographs, home address, home telephone, work address, vehicle description, license plate, and HIV test status, was not significantly predictive of perceptions of the law's fairness.

The majority of participants (72%) regarded sex offender community notification laws as a strong incentive *not* to reoffend (see Table 3). Sixty percent of participants reported that community notification laws had an influence on their interest in relocating after release. Over half of the participants (56%) reported that the sex offender community notification laws had a positive impact on their willingness to be treated for their sexual behavior (M=4.4, S.D.=2.5). Further, 54% reported that the laws had a positive impact on their motivation to be treated (M=5.6, S.D.=2.1), and 40% reported that it had a positive impact on their family's interest in their treatment (M=6.0, S.D.=1.8). Participant willingness to be tested for HIV was reported to have been positively influenced by sex offender community notification laws (M=5.58, S.D.=1.77).

Table 3
Impact of Nebraska community notification laws on sex offenders' perceptions of postrelease behavior

Item	n	М	S.D.	Low (1-3)	Medium (4-5)	High (6-7)	No opinion
Incentive not to reoffend	33	6.3	4.5	7.5	2.5	72.5	17.5
Plans after release	36	3.9	2.5	40	17.5	32.5	na
Interest in relocating after release	34	5.4	2.1	15	15	60	na

Percentages of respondents reported in low, medium, high and no opinion categories.

## 4. Discussion

Overall, findings suggested that sex offenders in our sample showed low familiarity with community notification laws. Prior to reading and discussing the Nebraska community notification statute, participants demonstrated a high degree of inaccuracy regarding the factors that might be used to determine whether the community would be notified about a sex offender. As these laws are relatively new, sex offenders in our sample may not have yet been fully aware of the ramifications of community notification statutes. This may have been the first time they read the actual written law, and any other knowledge may not have been acquired through reliable sources (i.e., other patients on the unit).

Results also indicated that, as hypothesized, sex offenders did perceive some aspects of community notification laws as unfair (Montana, 1995). Participants in the study did not appear to favor community notification the more unfair they perceived release of information about the crime description and fingerprints to be. This implied that participants who did see Megan's Law as fair were more likely to see the release of this information as fair, as well (see Strossen, 1996). The data showed that level of embarrassment regarding their sexual offenses was directly related to their perceptions of the laws' fairness (Winick, 1998). Participants who were more embarrassed by community notification tended to think that community notification laws were unfair. In addition, majority of participants perceived as unfair the release of one's home address, home telephone, work address, vehicle description, and license plate number. Although release of this information did not relate to how sex offenders perceived the Nebraska community notification law in general, findings indicated that the majority of participants thought release of this information in and of itself was unfair.

Despite this, the data suggested that community notification laws might have therapeutic consequences for convicted sex offenders. Participants regarded these laws as providing strong incentive not to reoffend (see, generally, Klotz, Wexler, Sales, & Becker, 1992). In addition, analyses indicated that this incentive effect resulted in higher perceived fairness of sex offender community notification laws. In other words, sex offenders in our sample perceived the laws as providing a great deal of incentive to avoid recidivism, which in turn was related to perceptions that the laws were fair. Further, participants reported that sex offender community notification had a positive impact on their willingness to be treated for their sexual behavior, their motivation to be treated, and their family's interest in their treatment. This finding ran counter to the hypothesis that perceptions of the law's unfairness would lead to less willingness to be treated (Winick, 1998). The sample did not include a significant number of offenders who refused treatment. However, no follow-up data is available to assess the actual impact of the notification statute on sex offender treatment and recidivism. Still, the present results suggested a potentially positive impact of community notification laws on sex offender treatment and recidivism, though these hypotheses need to be addressed with future research.

These findings have several implications for clinical policy and procedure. First, clinicians should be aware that sex offenders might not full comprehend community notification laws, possibly due to their recent passage. Without a complete understanding of the types of information that can be released to the community, sex offenders could accidentally break the

laws (e.g., not affixing a bumper sticker to the car) or be unnecessarily embarrassed when discharged (e.g., reading one's name in the newspaper identifying one as a sex offender). If a counselor discusses with the sex offender the specifications and ramifications of Megan's Law prior to discharge, then steps can be taken to ensure that sex offenders have a clear and accurate picture of what information will be released to the community. Interventions to explore how a sex offender perceives Megan's Law might also reveal something about whether the sex offender believes he should obey the law. Empirical research has shown that how people understand and perceive laws has a great deal to do with whether they think they have an obligation to obey the law (Tyler, 1990). For these reasons, some education for sex offenders about community notification laws seems warranted. It is presently unknown how frequently sex offenders are being educated about community notification statutes in jurisdictions that have passed these laws. The present results strongly suggest that policy requirements for education of sex offenders could help minimize confusion about community notification laws.

Second, clinicians should recognize that community notification laws will probably engender some resistance from sex offenders. Given reports in our sample that various aspects of Megan's Law are perceived as unfair, community notification laws may have an unintended antitherapeutic impact (Winick, 1998). On the one hand, the intent of the Megan's Law would be met to the extent that sex offenders are deterred from recidivism. On the other hand, sex offenders' attitudes about these laws might indirectly impede sex offender treatment. There is the danger that if sex offenders voice negative attitudes, they may be seen by staff as treatment resistant and may thereby be incarcerated even longer. Additionally, some information may be particularly private for some sex offenders, the release of which might be extremely embarrassing (Wayt, 1997). In this way, public humiliation could lead to more stress, if not relapse (Ruess, 1994). Because Megan's Law could potentially backfire in these ways, it seems especially important for counselors to address the sex offenders' perceptions of the fairness of community notification. Identifying aspects of the laws perceived as unfair may be important to include in developing sex offenders' relapse plans (Laws, 1989).

Third, the data suggest that community notification will have significant bearing on sex offenders' adjustment to the community. Sex offenders in our sample were aware that community notification legislation would significantly affect how they live in the community despite imperfect knowledge of the law itself. In particular, sex offender community notification laws appeared to have a noticeable influence on postrelease plans. In our sample, interest in relocating after release was much higher as a result of these laws. It is unclear what outcomes will result from the importance of community notification laws on sex offenders' postrelease plans, and plans to relocate after release may be negative. It could be inferred that sex offenders may be embarrassed to return to the neighborhoods in which they lived before (LaFond, 1998; Simon, 1998). If this is the case, then sex offenders' possibly negative attitudes toward Megan's Law need to be explored by mental health counselor. Such adjustment issues may be salient to marital stability as well as familial adjustment—factors also relevant to relapse prevention. On a practical level, such considerations would seem critical to discharge planning, family meetings, and interactions with probation officers, as well.

Fourth, treatment providers should explore the impact of community notification on a sex offender's incentive to reoffend. According to the data in this study, three-quarters of the participants reported that Megan's Law would deter them from reoffending, despite the fact that many of them felt disclosure of certain items was unfair. Although it is possible that the sex offenders in our sample were trying to appear in a favorable light, it seems important to address this issue in treatment because of the reality of community notification laws: the sex offenders' chances of getting caught if he or she relapses are in fact increased. Such a message could be used to counteract cognitive distortions common in sex offenders, for example, beliefs that they will always get away with committing a sexual offense (Marshall, Laws, & Barbaree, 1990). Reinforcing the reality of the sex offenders' circumstances under community notification laws could therefore be useful in therapeutic interventions employing cognitive-behavioral therapy or rational-emotive techniques (Abel, Osborn, & Warberg, 1995). It should be noted, however, that researchers did not assess the offenders' opinions regarding the perceived degree to which law enforcement would successfully implement the statute. It is possible offenders could conceive of evading potential detection through noncompliance with reporting requirements.

Results have important clinical implications, however, several limitations with this study should be noted. The small sample size limits statistical power and generalizability to the larger population of convicted sex offenders. In addition, this research focuses specifically on the Nebraska community notification law. It is unclear whether similar results would be found in other jurisdictions. It is also possible that sex offenders in the present sample were attempting to present themselves in a favorable light. Although the researchers presented this opportunity as anonymous and irrelevant to their treatment evaluations, participants may have been attempting to influence staff at the institution, especially since the study was administered in the context of clinical group therapy. Finally, as in other sex offender studies that use of self-report measures, the results in the current study should be interpreted cautiously. As the community notification laws were so recent at the time of data collection, there were no sex offenders that were released yet; thus, it was not yet possible to collect more observable behavioral data. As more sex offenders transition to the community under the auspices of community notification laws, other important information will be able to be gathered, including recidivism rates, relocation patterns, treatment involvement, and reunification with family. Though objective measures of sex offenders are sometimes recommended (Quinsey et al., 1998), the present study aimed specifically at eliciting sex offenders' subjective opinions. In other words, the only method for measuring sex offenders' attitudes about treatment was to ask them to report how they felt about the laws.

Future research should therefore address larger, more diverse populations of convicted sexual offenders using multiple measures of treatment efficacy. Our results may contrast with data gathered from convicted sex offenders in other states where sex offender community notification laws have been in effect for greater lengths of time. Given the potential benefits that awareness of community notification laws may have on treatment attitudes and recidivism rates, research should be conducted on the impact of education about these laws with convicted sex offenders. Although not specifically addressed in this study, research is needed to explore the impact that these laws are having. Not only should researchers address

the extent to which these laws are curbing recidivism, but research should also be directed toward more long-term systemic implications. It is unclear whether Megan's Law, or other interventions aimed at curbing sexual recidivism, is effective in combating sexual offenses. Although the present study only takes a first step toward understanding how sex offenders perceive community notification laws, the findings do indeed suggest that community notification laws do have an important impact on sex offender treatment attitudes. Whether these attitudes translate into increased or decreased sexual recidivism will determine, ultimately, if community notification laws are a success and if the public is, in fact, safer.

## Acknowledgements

The first and second authors were supported as predoctoral fellows by an NIMH Training grant, "Training in Mental Health and Justice Systems Research" (5T32MH16156) during the preparation of this manuscript. We would like to acknowledge the helpful comments of Alan Tomkins on a prior draft of this manuscript.

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