

## **An exploration of service providers' experiences with Latinos convicted of a sex offense**

Fraga Dominguez, Silvia; Jeglic, Elizabeth L.; Gonzalez, Kenny; Escobar, Daryella

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An Exploration of Service Providers' Experiences with Latinos Convicted of a Sex Offense

### **Abstract**

Despite the growing Latino presence in the U.S criminal justice system and among those who have committed sex offenses specifically, little is known about the barriers and challenges faced by this population when accessing treatment services. This study sought to gather more information about responsivity factors that may be specific to Latinos who have committed sexual offenses. Service providers who worked with Latinos convicted of sexual offenses completed an online survey and answered questions regarding perceived challenges and barriers they encountered when working with Latino clients, and were asked to provide recommendations concerning services and treatment provision. Service providers frequently reported issues related to a lack of culturally-sensitive services, bilingual professionals, and clients' limited knowledge about the U.S. legal system. Amongst service providers with experience working with undocumented Latino immigrants, some indicated specific challenges such as stressors related to their immigration status and a lack of resources. Professionals' recommendations were consistent with the challenges reported and findings are discussed as they pertain to responsivity issues in the provision of treatment services to Latino individuals who have committed sexual offenses.

*Key words:* Latinos, sex offenses, service providers, barriers

## An Exploration of Service Providers' Experiences with Latinos Convicted of a Sex Offense

The Latino<sup>1</sup> population in the U.S. has been increasing over the last several decades, reaching 58 million in 2016 (Pew Research Center, 2017a). Further, it is expected that by the year 2060 Latinos will comprise nearly 30% of the U.S. population (Colby & Ortman, 2015). As the number of Latinos in the U.S. has increased, so too has their involvement in the criminal justice system (CJS) (Stowell, Martinez & Cancino, 2012). There is evidence that Latinos are overrepresented in the CJS (Lopez & Livingston, 2009; Smith-Socarís, Perry, & Fox-Mullen, 2006), as in 2015 the incarceration rate for Latinos in the U.S. was 820 per 100,000 compared to 593 per 100,000 for the general U.S. population. Further, Latinos may also be overrepresented among those sentenced for sex crimes. In 2014, of the 162,800 individuals sentenced under the jurisdiction of state correctional authority for rape/sexual assault 31,300 (19.2%) were Latino whereas 17% of the U.S. population that year were Latino (Carson & Anderson, 2016; U.S. Census Bureau, 2015). While some researchers have highlighted policies and practices within the CJS that may affect the disproportionate distribution of minority offenders, others stress the difficult task of understanding the reasons for minorities' overrepresentation in the system (Stowell et al., 2012; Taxman, Byrne, & Pattavina, 2005).

The presence of minorities in the CJS has influenced research trends. While traditionally, offenders have been viewed as a uniform group, in recent years there has been an increased recognition that issues related to race and culture may impact criminal justice outcomes and sentencing (Bales & Piquero, 2012; Caravelis, Chiricos, & Bales, 2011; Fraga Dominguez, Jeglic, Calkins, & Leguizamo, 2018; Spohn & Holleran, 2000; Steffensmeier & Demuth, 2000, 2001; Villarruel, Walker, & Minifee, 2002). Further, forensic risk assessment may be impacted, given that risk may manifest differently depending on an offender's culture and that minorities' mistrust and perceived discrimination may affect the way they present during assessment (Shepherd & Lewis-Fernandez, 2016). As the majority of risk assessment tools have been normed in majority populations,

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<sup>1</sup> The term Latino will be the preferred term throughout the manuscript and will be used to refer to the terms of Latino and Hispanic, which are sometimes used interchangeably, to include those of Latin American or Spanish or Portuguese descent. However, some of the studies cited may refer only to those of Latin American origin, as that is the most common descent of Latino/Hispanic population in the U.S. (Pew Research Center, 2017a).

there has been a recent effort to study the predictive validity of these instruments in minority populations, with varied findings for different tools (see Olver et al., 2018).

The Risk Need Responsivity (RNR) model is important to the study of culture within corrections (Andrews, Bonta, & Hoge, 1990). This model of offender rehabilitation is based upon three core principles: 1) the Risk Principle, which states that risk is predictable and that treatment should be tailored to risk level such that those at highest risk for reoffending receive the highest level of intervention; 2) the Need Principle, which posits that treatments should address the offenders' dynamic criminogenic needs in order to affect change; and 3) the Responsivity Principle, which references how treatment should be provided. The Responsivity Principle is further subdivided into General and Specific Responsivity – wherein General Responsivity refers to the program use of cognitive social learning strategies which have demonstrated effectiveness in behavior change (Dowden & Andrews, 2004) and Specific Responsivity to the factors that could impact treatment (Bonta & Andrews, 2007). Specific Responsivity is of special relevance, as Bonta and Andrews highlight the importance of addressing issues related to culture, language, and diversity as its key components (Hanson & Yates, 2013). Further, in a more recent model of offender rehabilitation, the Good Lives Model (Ward & Brown, 2004)—a strengths-based approach to rehabilitation—culture and ethnicity are viewed as strengths that can help to promote desistance (Thakker, 2014). Research within general psychotherapy also supports the impact of diversity in treatment outcomes and emphasizes the importance of culturally competent interventions (e.g., language match, delivery of treatment in a culturally-consistent manner) (Griner & Smith, 2006; Hook, Davis, Owen, Worthington, & Utsey, 2013; Sue, Zane, Nagayama Hall, & Berger, 2009).

These findings underscore the need to understand how ethnic and cultural factors can impact intervention outcomes within the CJS and this may pose particular challenges when working with persons of Latino descent who have committed a sex offense. In addition to the general criminal justice process during the arrest, trial and incarceration, individuals convicted of a sex offense are also subject to numerous rules and regulations following release that can be lifelong in duration, including community notification statutes, residence restrictions, and registration (Mercado, Alvarez, &

Levenson, 2008). Thus, as a result of their sex offenses, this population will have frequent contact with different agencies and professionals. Service providers are a key component of those contacts and, at various levels, need to engage with people who have committed sexual offenses. Overall, little is known about Latinos who have committed a sexual offense, although recent research has found that they may be different from their counterparts of other races/ethnicities in offense patterns and demographic characteristics (Fraga Dominguez et al., 2018; Leguizamo, Peltzman, Carrasco, Nosal, & Woods, 2010). For example, Fraga Dominguez and colleagues (2018) found that Latino individuals who had committed a sexual offense in their sample were significantly more likely to have a lower educational level and to be living with the victim at the time of the offense than their African-American and White counterparts.

Notwithstanding the growing number of Latinos in the CJS that require intervention and the potential impact that cultural differences may have, very little is known about potential challenges and barriers that service providers may encounter when working with this population. While according to the responsivity principle of the RNR model, effective interventions should be tailored to meet the language, culture, and learning style of offenders (Hanson & Yates, 2013), some of the first studies examining cultural factors in treatment suggested that services may not be culturally sensitive and that several barriers may come into place during treatment delivery that would require program adaptations (Cullen & Travin, 1990; Moro, 1998). Research with Latinos and other minorities seems to point to some of these barriers. For example, work with Latino individuals who were receiving treatment for Intimate Partner Violence offenses highlighted the importance of acculturation, migration histories, and the understanding of the clients' whole support system (Welland & Ribner, 2008). More related to the field of sex offending, a qualitative study reporting on focus group discussions of child sexual abuse within African American and Latino communities found that the openness about discussing sensitive topics such as the occurrence of sexual abuse may depend on the person's cultural background (Fontes, Cruz, & Tabachnik, 2001). Similarly, in a Canadian sample of 423 Aboriginal and non-Aboriginal males convicted of a sex offense, DeSorcy, Olver and Wormith (2017) found differences in the emotional connection between the client and therapist depending upon

the ethnic match between the offender and therapist. This finding is especially salient given the potential impact of the bond between client and therapist and its relation to outcome in sex offender treatment (Blasko & Jeglic, 2016). Finally, there is some suggestion that treatment engagement could be impacted by clients' resistance as they may mistrust or perceive discrimination in the system (Shepherd & Lewis-Fernandez, 2016).

Despite the general importance of culturally-responsive services (Guerrero, Marsh, Khachikian, Amaro, & Vega, 2013), service providers working with Latinos convicted of a sex offense may struggle to provide culturally responsive services for a number of reasons, such as language, cultural, or educational barriers. For example, Latinos who are born in the U.S. may have different needs than those who were foreign born, and Latinos from different countries and regions may also differ from one another (Fraga Dominguez et al., 2018). Recently, the Pew Research Center (Lopez & Bialik, 2017) published data showing that immigrants from Mexico have the lowest rates of English proficiency (31%) of all U.S. immigrants, followed closely by Central Americans (33%). Differences were also found between immigrants from Mexico and Central America regarding their educational level, indicating that they were more likely (57% and 49%, respectively) to have less than a high school degree than those born in the U.S. (9%). Low education level may prevent treatment attendance or participation as most programs for those convicted of a sex offense involve psychoeducational components (e.g., Duwe & Goldman, 2009; Levenson & Macgowan, 2004). Thus, responsivity issues pertaining to English proficiency and educational level may be potential barriers when engaging with Latinos who have committed a sexual offense.

In addition, Latinos may face discrimination based upon their immigrant and/or legal status, as there have been accounts of negative media portrayals of immigrants, specifically targeting illegal immigrants, and these could impact client-therapist interactions (Ackerman & Furman, 2013). Further, the current political climate in the U.S. may have exacerbated these concerns as more Latinos report worries of deportation and feeling worse about their place within U.S. society (Pew Research Center, 2018). In Fraga Dominguez and colleagues' sample of Latinos convicted of a sex offense (2018), 65% were foreign-born (including 23% born in Puerto Rico). In 2015, the Pew Research

Center published a report which found that only one quarter of respondents expressed positive views of Latin American immigrants, which can add to the general stigmatization that perpetrators of sex offenses experience, and that in turn can affect help-seeking behaviors by this population (Levenson, Willis, & Vicencio, 2017; Wakefield, 2006). Furthermore, immigration status may further impact the ability for someone who is Latino and convicted of a sexual offense from accessing, engaging or benefiting from services. In a nationally representative bilingual telephone survey of 1001 Latino adults, it was found that four in ten Latinos (41%) state that they have serious concerns about their place in the U.S. (Pew Research Center, 2017b). Moreover, about half of Latino adults, independent of their immigration status, worry “a lot” or “some” that they, or a family member or close friend, could be deported. This concern may be higher for those who have committed a crime, as immigration authorities especially target these groups (Dingeman & Rumbaut, 2010; Inda, 2013).

Despite the growing Latino presence in the U.S. generally, and the CJS specifically, the barriers and challenges that may be faced by Latino individuals who have been convicted of a sexual offense when accessing services have yet to be researched. Based upon what is known about providing health services and counseling to those from different cultural and ethnic groups, issues pertaining to language, culture and immigration status may impact engagement, alliance and treatment outcome. Furthermore, those who have committed sexually based crimes may face additional issues as a result of sex offender legislation. Given the importance of offender’s engagement with services in order to prevent future reoffending, it is vital to get a better understanding of what barriers may be encountered for this group. Service providers, as front-line workers, have frequent contact with this population. For this reason, they are uniquely positioned to provide insight into some of these responsibility issues based on their professional experience.

On the basis of previous research findings, this exploratory study aimed to fill this research gap and investigate the experience of service providers who work with Latinos convicted of a sex offense. More specifically, it aimed to explore their perception of potential differences and barriers as it pertains to general service provision and treatment provision when working with Latinos convicted

of a sex offense, as well as any effects of legislation, and any recommendations as professionals regarding services provided to this population.

## **Method**

### **Procedure and Design**

Participants in this study were professionals with experience providing services to Latinos convicted of a sex offense. A purposive sampling strategy was used and potential participants were contacted via e-mail at workplaces where they provide services to populations convicted of a sex offense. Prospective participants were also approached through professional networks, listservs, social media and snowball sampling. Given this method of survey dissemination it is not possible to determine how many people would have been eligible to participate, and consequently response rates cannot be calculated. Participants were provided with an explanation of the purposes of the study, as well as contact information for the researchers and the link to the on-line survey in either English or Spanish. In addition, information about the survey was posted on the researchers' social media platforms and professional contacts specifying the need for professionals with experience providing services to Latinos convicted of a sex offense. The Association for the Treatment of Sexual Abusers (ATSA) listserv was also used in order to recruit participants. The study received ethical approval from the affiliated University's Institutional Review Board.

The participants were invited to take part in a 10-minute online survey, available in English and Spanish. The questionnaire was first created in English and then translated to Spanish by a bilingual researcher. A total of 40 professionals completed the survey online via Survey Monkey, all using the English version. Compensation was not provided. A professional would be eligible if they had ever provided services to individuals belonging to the Latino/Hispanic community who had committed a sexual offense. A couple of definitions were included for further clarity, namely of 'sexual offense' as 'any sexual act considered to be a punishable crime' and 'Latino/Hispanic' as 'any person (or group) who self-identifies as Hispanic/Latino or who are descendants of the people of

Spain, Portugal, or the Spanish or Portuguese-speaking countries of Latin America.' After completing the questionnaire, participants were debriefed and thanked for their time and participation.

### **Materials**

A questionnaire was developed by the researchers for the purpose of this study to assess perceived differences and different barriers from the perspective of professionals working with Latinos who have committed a sexual offense, as compared with working with any individual convicted of a sex offense in general. As there was no validated measure available, this questionnaire was created by the researchers based upon a review of the extant literature. The questionnaire was reviewed by an expert in the field for content validity. The questionnaire included demographic questions, questions relating to the professional's work experience, as well as questions specific to their experience providing services to individuals convicted of a sex offense, and Latinos convicted of a sex offense. Some questions were closed-ended (including yes/no and multiple-choice questions), while others were open-ended<sup>2</sup>. Answers obtained after gathering data from the first half of participants were analyzed using content analysis and the most common responses were included as options for further participants (with an option to give a written response). Service provider recommendations were requested using an open-ended platform.

**Demographics.** Questions in this section concerned participant's age range, gender, race, ethnicity (Hispanic or not), knowledge and fluency level in Spanish (basic, middle, advanced, proficient, mother tongue), and level of education (bachelor, master, PhD, PsyD, MD, other).

**Work experience.** Participant's main occupation (treatment, assessment, research, training, other), educational background (clinical psychology, other area of psychology, psychiatry, social work, nursery, law, other), percentage of their work devoted to providing services to populations convicted of a sex offense, length of experience working with this population, length of experience working with Latinos convicted of a sex offense, types of services provided when working with this

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<sup>2</sup> Open-ended questions are denoted by an asterisk.

population, language during service provision (English, Spanish, both), and experience working with undocumented immigrants were queried.

**Service provision experience.** Questions in this section included the effect of immigration status during service provision, differences between service provision to Latinos and non-Latinos who have committed a sex offense (type of offenses, amenability, engagement, denial, other), impact of potential differences on their practice, specific impact of these differences, challenges when working with sex offending population, belief that challenges were different when working with Latinos convicted of a sex offense, different challenges when working with Latinos, impact of sex offending laws on Latinos, recommendations as professionals in terms of services provided to Latinos convicted of a sex offense\*, professionals' recommendations in terms of treatment provision\* and professionals' recommendations in terms of legislation\*.

### **Data Analyses**

Descriptive analyses were conducted to describe the population characteristics and the frequencies for different responses. Open-ended responses were analyzed using content analysis. An inductive approach was used to generate codes, due to the general lack of previous research about the topics addressed in the survey (Elo & Kyngäs, 2008). Through the examination of participants' responses to the open-ended questions for the first 19 respondents, the primary researcher developed a coding scheme for each question. On the basis of these codes, both the primary researcher and a research assistant independently coded the responses in a non-exclusive manner. In addition, in one of the questions, the researchers coded whether the response referred to a negative or positive effect. After discussing discrepancies, rater agreement was calculated for each of these questions. Percent agreement was 97.9% for the question about ways in which immigration status has an effect on service provision, 98.8% for the recommendations in terms of treatment provided to Latinos convicted of a sex offense, and 96.4% for the recommendations in terms of laws and policies for this population. Percent agreement was 100% for the remaining open-ended questions, as well as for the assignment of positive and negative labels in the first question. For the questions about recommendations given

by the second half of participants, only the primary researcher coded the responses, according to the coding scheme previously developed.

## **Results**

### **Participants' Demographic Characteristics**

Participants' demographic characteristics can be found in Table 1. Participants' ages ranged from 18-24 to 70 or older, and were overall distributed proportionately across age categories, with most of the sample being aged between 30 and 59 ( $n = 27, 67.5\%$ ). The majority of the sample was female ( $n = 26, 65\%$ ) and reported their race as White ( $n = 34, 85\%$ ). A minority of the sample ( $n = 10, 25\%$ ) identified their ethnicity as Hispanic/Latino and 18 (45%) stated that they spoke Spanish. Most of the Spanish-speaking participants were fluent or Spanish was their mother tongue ( $n = 10, 55.5\%$ ). A high proportion of the sample chose a master's degree as their highest level of education ( $n = 25, 62.5\%$ ), with other participants indicating a bachelor's degree, a PhD or PsyD, and an M.D.

### **Participants' Professional Background**

Participants' characteristics in terms of professional experience can be found in Tables 2 and 3. The respondents' educational background was largely clinical psychology ( $n = 12, 30\%$ ), followed by counseling ( $n = 7, 17.5\%$ ). Participants could choose between multiple occupations, and the primary occupation of the majority was treatment provider ( $n = 21, 52.5\%$ ). Most of the sample devoted between 70 and 100% of their work day to providing services to individuals convicted of sex offenses ( $n = 29, 72.5\%$ ). Their experience working with this population ranged from less than 6 months to 35 years with the majority of respondents ( $n = 21; 52.5\%$ ) reporting between 1-15 years of experience. Regarding the time working with Latinos convicted of a sex offense, it ranged from less than 6 months to 20 years, with the majority of respondents ( $n = 21; 52.5\%$ ) reporting between 1-10 years of experience. Finally, the services they provided to Latinos convicted of a sex offense were mainly treatment ( $n = 27, 67.5\%$ ), group treatment ( $n = 24, 60\%$ ), and assessment ( $n = 22, 55\%$ ) (respondents could select multiple categories). Participants provided these services in several states,

including New York ( $n = 4$ , 10%), Washington ( $n = 3$ , 7.5%), and Oregon ( $n = 3$ , 7.5%). Other states/provinces were Illinois, Colorado, California, Massachusetts, Minnesota, and Ontario.

### **Experience as Service Providers**

**Language used when providing services to Latinos.** The majority ( $n = 28$ , 70%) used English when providing services to Latino clients, while the remainder used either Spanish ( $n = 6$ , 15%) or both English and Spanish ( $n = 6$ , 15%).

**Work with undocumented immigrants.** The majority ( $n = 31$ , 77.5%) of participants reported having worked with undocumented immigrants and 24 of the 31 (77.4%)<sup>3</sup> thought that immigration status affected their service provision. When asked in which ways it had an effect, most of those participants mentioned negative effects ( $n = 23$ , 95.8%). Specifically, participants reported clients' fear of deportation ( $n = 16$ , 66.7%), clients' general lack of resources ( $n = 14$ , 58.3%), and 11 (45.8%) reported Immigration and Customs Enforcement (ICE) involvement as in taking clients away from treatment groups or preventing treatment. The immigration status as an added burden or source of stress was mentioned by 13 participants (54.2%), followed closely by a lack of openness/disclosure ( $n = 11$ , 45.8%). Lack of medical insurance or inability to afford treatment were mentioned by four participants (16.7%). Two participants reported that their clients absconded because of the fear of deportation (8.3%). Finally, a harsher treatment by the CJS was understood as a challenge by three participants (12.5%) and difficulty finding employment was mentioned by two participants (8.3%). Some service providers reported positive effects associated with undocumented status including more compliance with treatment ( $n = 6$ , 25%) and group support among undocumented immigrants ( $n = 3$ , 12.5%). On the other hand, two participants mentioned that clients had more difficulties being engaged or motivated because of the knowledge that they were going to be deported or due to the general uncertainty and worry about family members (8.3%).

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<sup>3</sup> Percentages in the results section are reported for participants who responded affirmatively to the previous question.

**Differences between Latinos and non-Latinos convicted of a sex offense.** A majority of the sample ( $n = 24$ , 60%) reported perceiving differences between Latinos and non-Latinos convicted of a sex offense. The differences chosen by these participants were amenability to services provided ( $n = 10$ , 41.7%), engagement in services provided ( $n = 9$ , 37.5%), and type of offenses ( $n = 8$ , 33.3%), although the type of differences was not queried. Of those who reported perceived differences, the majority ( $n = 20$ , 83.3%) responded “yes” to the question of whether these had had any impact in their practice, and most reported culture and cultural differences ( $n = 18$ , 90%). Other perceived impacts included legal system knowledge ( $n = 12$ , 60%), legality of behavior in country of origin ( $n = 11$ , 55%), work needed on age of consent and sexual harassment laws ( $n = 9$ , 45%), and adaptations needed during assessment ( $n = 8$ , 40%).

**Challenges working with Latinos and non-Latinos convicted of a sex offense.** Regardless of ethnicity, participants described general challenges to providing services to individuals who have committed a sex offense. The most mentioned challenge was stigma and discrimination ( $n = 25$ , 62.5%), followed closely by the engagement with services or treatment ( $n = 21$ , 52.5%), denial ( $n = 20$ , 50%) and CJS consequences, barriers or adversity ( $n = 20$ , 50%). Other challenges that were mentioned included general dishonesty ( $n = 14$ , 35%) and the understanding and admission of the wrongfulness of the crime ( $n = 13$ , 32.5%). Some respondents ( $n = 17$ , 42.5%) believed that the challenges were different when providing services to Latinos convicted of a sex offense. When asked in which ways, these participants reported the lack of Spanish-speaking staff and adapted resources ( $n = 13$ , 76.5%), communication barriers and involvement of interpreters ( $n = 12$ , 70.6%), and other challenges such as the lower level of understanding of the legal system ( $n = 11$ , 64.7%), double stigma faced when attempting reintegration ( $n = 7$ , 41.2%), and traumatic experiences in individuals' countries of origin ( $n = 6$ , 35.3%). Other challenges mentioned concerned the existence of cognitive distortions regarding women and gender roles ( $n = 3$ , 17.6%) and a larger proportion of clients lacking sexual education ( $n = 1$ , 5.9%). In addition, two respondents highlighted some specific language barriers, referring to the challenges of Spanish being a second language after an indigenous language

for some clients, as well as the challenge of providing Spanish-speaking services for family members who did not speak English even when the clients were bilingual ( $n = 1$ , 5.9% each).

**Impact of sex offender laws.** More than one third of the service providers ( $n = 17$ , 42.5%) stated that current sex offender laws impact Latinos differently than other individuals. When asked in which ways, participants mentioned the effect of immigration issues ( $n = 12$ , 70.6%), the lack of understanding of rights and legal system ( $n = 11$ , 64.7%), as well as the added burden to existent barriers as a minority ( $n = 7$ , 41.2%). Other participants reported the impact of barriers in being involved with family/community ( $n = 6$ , 35.3%), offenses seen as acceptable in their community ( $n = 4$ , 23.5%), as well as barriers attending church and lack of social support (each mentioned by three participants, 17.6%). In addition, a participant expressed that the conviction added to negative stereotypes about minorities and another reported higher stress for clients placed in shelters due to language barriers (5.9% each).

**Recommendations as professionals.** Participants were asked about their recommendations as professionals in terms of general services, treatment, and legislation for Latinos convicted of a sex offense and these are delineated below.

*General services.* Of the 40 service providers in the sample, more than half ( $n = 26$ , 65%) provided general services recommendations. The most frequently reported recommendation was the need for bilingual service provision ( $n = 10$ , 38.5%) followed by the need for culturally-sensitive services and service providers, including more services specific to the offenses committed or specific to favoring reintegration, such as housing or career services ( $n = 7$ , 26.9%). In relation to bilingual service provision, one participant expressed that Spanish-speaking service providers should be considered above interpreters and that if interpreters were involved, they required sexual abuse specific training (3.8%). Similarly, four respondents highlighted the need to consider individual differences within and between different countries of origin (15.4%) and two respondents recommended considering the degree of acculturation (7.7%). Other recommendations included training in providing culturally-sensitive services ( $n = 2$ ; 7.7%), legal education (e.g., on immigration matters) ( $n = 5$ , 19.2%), awareness of the laws and legal status of behaviors in different countries of

origin ( $n = 2$ , 7.7%) and the need for adapted (e.g., translated) resources, tools, and legal stipulations ( $n = 4$ ; 15.4%).

*Treatment services.* More than half of the service providers provided recommendations regarding treatment services ( $n = 24$ , 60%). Similar to the section above, their most frequently reported recommendation was the need for bilingual clinicians or treatment facilities in Spanish ( $n = 9$ , 37.5%), highlighting the recommendation of bilingual clinicians over interpreters, who should always be trained ( $n = 2$ , 8.3%). In connection to this, the necessity to be familiar with different dialects was also reported ( $n = 1$ , 4.2%). Secondly, culturally-sensitive services were recommended ( $n = 6$ , 25%) and so were adapted tools ( $n = 2$ , 8.3%). Respondents mentioned the necessity of ongoing training for treatment providers in culturally-specific differences and/or on the different laws between countries ( $n = 3$ , 12.5%). In addition, participants recommended understanding cultural aspects of offending such as machismo as well as developing research-based interventions and approaches to meet individual needs and challenges of the population ( $n = 1$ , 4.2%, each). Participants also mentioned the need for the clinical to be patient, sensitive or non-judgmental ( $n = 3$ , 12.5%), to tailor treatment to individual's needs ( $n = 3$ , 12.5%), and one suggested considering clients' barriers to reintegration (4.2%). Additional psychoeducation was suggested ( $n = 2$ , 8.3%), and this related to a need to explain that the norms in the U.S. may be different from the ones that the clients were raised with ( $n = 1$ , 4.2%).

*Laws and policies.* Seventeen participants provided recommendations in terms of laws and policies (42.5%). Six (35.3%) of the service providers mentioned that additional support and education about the U.S. legal system was necessary, including sharing knowledge about the effect of immigration status on treatment and a clear communication of the laws (i.e., sentencing, release, and registration). Three of the respondents mentioned that the laws should not be any different for Latinos and should be obeyed (17.6%). Three participants recommended a general change in policies and sex offending laws, which should only be implemented if supported by research (17.6%). Others referred to aspects that could be characterized as societal or institutional ( $n = 3$ , 17.6%), by referring to the need to address bias and discrimination towards this population in the CJS, as well as by changing the

public discourse towards rehabilitation instead of deportation. One of them recommended an understanding of the current climate in the U.S. towards minorities and suggested exploring the client's opinions and beliefs around this. Finally, one respondent advised the cessation of the use of threats of family separation (5.6%).

### **Discussion**

This study explored service providers' experiences working with Latinos convicted of a sex offense in order to determine whether there were unique needs or challenges faced by this population. Half of the respondents stated that there were differences between Latinos who have committed a sex offense and their counterparts of other races and ethnicities that impacted the way they worked with their clients. Similarly, more than a third of respondents reported that they believed that sex offender laws impacted Latinos differently than non-Latino individuals who committed sexual offenses. In addition, while participants believed that most challenges encountered when working with individuals of Latino descent convicted of a sex offense were common to all those convicted of sexual offenses regardless of ethnic or racial background, some service providers believed that there were some responsivity issues that were unique to Latinos. These included communication barriers, legal system knowledge, the influence of trauma, a double stigma faced by this population, special needs with respect to social support, and a lack of culturally responsive programming and training within services. Finally, added challenges were identified when working with Latinos who were undocumented immigrants.

### **Language Barriers**

The most common challenges reported by service providers who worked with Latinos convicted of sexual offenses concerned language barriers, referring to a lack of Spanish-speaking staff and services, and the use of interpreters. Given that many service providers may not speak Spanish fluently, and that treatment programs and assessments may not have been translated into Spanish or normed on non-English speaking populations, service provision can be affected. Further, if interpreters are used, as highlighted by some respondents, this may pose additional barriers as

interpreters need to be adequately trained on the nuances of translation for the assessment process (Fontes & Tishelman, 2016; Mikkelsen, 1998). General healthcare research has identified that language-concordant providers and professional interpreters have a positive effect on factors such as patients' satisfaction and adherence, while evaluation in a patient's second language or the use of untrained interpreters can have a negative impact on the accuracy or completeness of the assessment (Bauer, Chen & Alegria, 2010; Jacobs, Chen, Karliner, Agger-Bupta, & Mutha, 2006). In the field of forensic interviewing with victims of child sexual abuse, it has been suggested that bilingual staff is preferred over the use of interpreters (Fontes & Tishelman, 2016). Although we do not know if this is also generally the case for the provision of services for those who have committed a sexual offense, this study's results suggest that it might be. However, even bilingual staff needs training and support to account for the challenges associated with providing services using more than one language, and those resources may not always be available or provided (Verdinelli & Biever, 2009). While there are no data on how many bilingual professionals work with Latinos who have committed sexual offenses in the U.S., only about four percent of treatment providers for this population in Washington State mention the availability of services in Spanish or for Spanish-speakers (Washington State Department of Health, 2007). The availability of Spanish language services appears to be higher in the state of California, where 23% of treatment providers list service availability in Spanish (California Sex Offender Management Board, 2017). In the current study where participants reported working with Latino individuals convicted of sexual offenses, 22 (55%) did not speak Spanish, and of those who did, not all of them were fluent.

### **Knowledge of U.S. Legal System**

Respondents also noted that their Latino clients had a lower understanding of the U.S. legal system compared to clients of other racial and ethnic backgrounds. Depending on the time spent in the U.S., the country of origin, or the degree of acculturation, some individuals convicted of a sex offense may not be aware of U.S. laws, their rights, or the restrictions to which they may be subject once they are attempting to live in the community. Understanding of these legal issues and rights is integral to the correct functioning of the U.S. CJS and thus if there is a misunderstanding of these basic tenets, it

can have serious implications for the individual (Lopez & Salafina, 2016). This finding suggests that service providers should assess their clients' knowledge of U.S. laws and the CJS system and aim to provide education and information to those whose knowledge is limited. For example, Casas and Leany (2017) provide Spanish language resources for Latinos involved in the CJS, which include explanations of the roles of the legal professionals that are part of the system, the meaning of different types of charges, and a general description of the legal process or the conditions of parole or probation. Also within the legal realm, the need for work around age of consent and sexual harassment laws in the U.S. was mentioned by participants. Flores de Apodaca, Schultz, Anderson and McLennan (2005) note that certain behaviors that are considered illegal in the U.S. are not viewed the same way in some Latinos' countries of origin. This indicates that professionals should explore the way these behaviors are perceived not only by their clients but by the clients' community and, if they are foreign-born, the legality or acceptability of certain behaviors in their countries of origin. Where necessary, education around U.S. laws relating to age of consent should be provided.

### **Trauma and Stigma**

The influence of trauma experienced by service users in their country of origin and its impact on treatment was also reported by participants. Previous research has found that exposure to political violence is not uncommon among Latinos who have emigrated to the U.S. (Fortuna, Porche, & Alegria, 2008). Further, immigrants, including those from Latin American countries, may have also experienced trauma during the migration process which places them at risk of developing Post-Traumatic-Stress-Disorder (PTSD) (Perreira & Ornelas, 2013). In a recent publication about the treatment of Latinos who have committed a sexual offense, Martinez, De La Cruz, and Martin (2017) recommended the exploration of any violence witnessed or experienced by this population in their country of origin during evaluation. These findings should be considered along with the evidence that early trauma is more prevalent amongst males who have committed a sexual offense than it is amongst males within the general population, and treatments addressing this trauma may result in better outcomes (Levenson, Willis, & Prescott, 2016). While trauma-informed care has been recommended for individuals who have committed a sex offense regardless of their ethnic origin

(Levenson, 2014), working with Latinos who are foreign-born may call for further attention to be paid to this area in terms of assessment and intervention.

Several responses also suggested that Latinos who have committed a sexual offense may face a double stigma in relation to their ethnic origin combined with their status as sex offenders, which could impact the rehabilitation process. Multiple studies have found that individuals convicted of a sex offense face numerous barriers to reintegration, including obstacles related to obtaining housing, employment, and maintaining social ties—both because of the stigma associated with being a sex offender as well as the legal restrictions imposed upon them following release (e.g., Burchfield & Mingus, 2014; Levenson, D'Amora, & Hern, 2007). Indeed, stigma, negative societal perceptions, and adverse legal consequences were two of the most common challenges identified by participants when working with any individual convicted of a sex offense. In addition, Latinos could be subject to a double stigma since they may already be viewed negatively or be discriminated against due to their ethnicity (Pew Research Center, 2015; 2017b). This could also expose them to a harsher treatment within the CJS, as suggested by some respondents. For these reasons, service providers should explore whether their Latino clients are experiencing further discrimination because of their ethnicity and how this interacts with or impacts the stigma they may be encountering as a result of their sex offender status.

### **Social Support**

A number of respondents noted a barrier to reintegration for Latinos that may be particularly relevant, concerning the degree to which sex offender laws impact their social support networks. Family closeness and contribution to the well-being of the family have been understood as factors related to psychological health among Latinos in the U.S., and family cohesion has been linked to lower psychological distress among some Latino subethnicities (Cauce & Domenech-Rodriguez, 2002; Rivera et al., 2008). Given that a considerable percentage of sexual crimes may involve victims within the immediate, extended or step-family, difficulties staying close to family members are likely, due to legal restrictions or family rejection (Fraga Dominguez et al., 2018). Moreover, barriers to attending church were also noted, which could further impact Latinos, since religious attendance has

been found to help minorities cope with the hardship of disadvantage and may facilitate social participation and integration into positive social networks (Alegria et al., 2007). Ultimately, professionals working with this population should explore how the offenses have affected their relationships with their family, social supports, and their participation in community activities such as church attendance.

### **Undocumented Status**

Some service providers mentioned that there were particular challenges when working with individuals who were undocumented. Participants reported that they believed that undocumented status was related to a perceived lack of openness from their clients, increased stress levels, or fear of deportation. ICE involvement and its effect on treatment and services was noted, and this could cause an increased fear of deportation, which is justified in the case of individuals who have committed sexual crimes (Inda, 2013; Pew Research Center, 2017b). Individuals who have committed sexual crimes and who are undocumented may not want to reveal information during assessment or treatment for fear that admitting to or disclosing details about a crime could lead to removal from the country. This in turn could negatively impact treatment as disclosure is often considered a component of treatment progress (Levenson & Macgowan, 2004).

### **Professionals' Recommendations**

Participants offered a number of recommendations when working with individuals of Latino descent who committed sexual offenses. First, service providers in this study highlighted the need for culturally-sensitive services and bilingual service provision. This is consistent with the responsibility principle of the RNR model, which highlights the need to address culture, language and diversity during offender rehabilitation (Hanson & Yates, 2013). Similarly, the need for adapted assessment tools was also stated, which is not surprising given the importance of considering cultural aspects in forensic risk assessment (Shepherd & Lewis-Fernandez, 2016). Risk assessment tools have been normed in largely non-minority populations and their use with minorities could be harmful. This could happen if they resulted in an over estimation of risk, due to, the consideration of risk items that

may not apply to a specific minority, but also on the omission of culture-specific risk factors (Lee & Hanson, 2017; Olver et al., 2018). Although recent research has found similar predictive validity of the Static-99R for White, African American, and Hispanic sex offenders in California (Lee & Hanson, 2017), research analyzing cross-cultural generalizability of risk assessment instruments with Latino populations has been scarce and inconclusive (Fraga Dominguez et al., 2018; Shepherd & Lewis-Fernandez, 2016). Furthermore, professionals may still be in need of other types of tools during the provision of sex offender treatment programs and other services not available in Spanish or normed with Latino populations. It has been suggested that future research on risk assessment and cultural diversity should attempt to identify whether item content could be modified to consider culturally specific explanations of behaviors, as well as continue improving the measurement of predictive validity (Shepherd & Lewis-Fernandez, 2016).

Second, there was a recommendation for education about diversity and culturally-responsive training for professionals working with those who have committed sexual offenses. Specifically, service providers reported that those working with Latino populations should be patient and non-judgmental, and that they need to consider both cultural influences and individual differences within culture, together with challenges or barriers their clients may be facing (Welland & Ribner, 2008). The attention to individual differences is consistent with the heterogeneity found both within Latinos in the U.S., and also Latinos who have committed sexual offenses (Cauce & Domenech-Rodriguez, 2002; Fraga Dominguez et al., 2018). In addition, in line with previous suggestions by health researchers, the need to consider both the cultural influence and the degree of acculturation was also stated (Lara, Gamboa, Kahramanian, Morales, & Bautista, 2005). Lastly, some service providers reported the need for additional support and education about the U.S. legal justice system for the Latino clients (Casas & Leany, 2017).

### **Limitations**

This study is not without limitations. One of them is the relatively small sample size, as only a few service providers reported experience working with Latino individuals convicted of a sexual offense. However, the sample was diverse in terms of educational background, age range, gender, and

years of professional experience, thus making the findings more generalizable. Another limitation was the fact that questions were asked about Latinos in general without taking into account country of origin, even though there is evidence to suggest that Latinos from different countries are different in terms of education level, criminal history, psychiatric history, or reported abuse or neglect, and these differences may lead to different challenges in the treatment and reintegration process (Fraga Dominguez et al., 2018). Further, the generalizability of the findings is limited by self-selection as there was not proportional representation from all U.S. states, including states with a high Latino population, such as Texas or Florida (Pew Research Center, 2017a). Finally, no respondents answered the Spanish version of the questionnaire thus the views of providers who are primarily Spanish-speaking may have been omitted.

Despite the aforementioned limitations, this study is the first to explore the experience of service providers with Latinos convicted of a sex offense in the U.S. The results of this exploratory survey suggest that culturally-sensitive services and services in Spanish are still relatively scarce for those convicted of a sexual offense within the U.S. It is imperative for the availability of facilities to be consistent with the needs of the CJS population, and that there are enough services in Spanish for those who are primarily Spanish-speaking. The availability of services needs to be paired with appropriate training to be responsive to cultural differences. This is consistent with the American Psychological Association (APA), whose ethics code and specialty guidelines require psychologists and forensic psychologists to develop an understanding of culture-related factors where necessary (American Psychological Association, 2010; 2013). Specifically, more detailed recommendations should be developed in order to help service providers prepare for certain needs and challenges that they are likely to encounter when working with this population. Special attention should be given to cases where clients are undocumented in order to engage them in the legal process or treatment provision.

Future research should explore the perception of Latinos convicted of a sex offense in terms of the services they are offered, and the barriers or challenges that they experience as a result of their offending behavior and their ethnic origin. This research should be paired with an attempt to study

treatment outcomes. This could help to provide a better understanding of ways in which culturally competent and responsive services can be improved for this population. It is also important to gather quantitative information about the availability of services that are culturally-sensitive, the training received by service providers, and the number of bilingual service providers working within sex offending services. In general, both practitioners and future research should bear in mind that ethnic origin alone will not determine the challenges experienced, but that factors such as degree of acculturation, immigration status, or country of origin will further explain any differences encountered.

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**Table 1.** Participants' characteristics

		Responses
		<i>n</i> (%)
Age	18-24	5 (12.5)
	25-29	4 (10)
	30-39	10 (25)
	40-49	8 (20)
	50-59	9 (22.5)
	60-69	3 (7.5)
	70 or older	1 (2.5)
Spanish-speaking	Yes	18 (45)
	No	22 (55)
Spanish fluency <sup>a</sup>	Mother tongue	7 (38.9)
	Proficient	3 (16.7)
	Advanced	4 (22.2)
	Middle	1 (5.6)
	Basic	2 (11.1)
Educational level	Bachelor	6 (15)
	Master	25 (62.5)
	PhD/PsyD	8 (20)
	M.D.	1 (2.5)

<sup>a</sup> Percentages are calculated for Spanish-speaking participants only. One participant did not indicate fluency in Spanish.

**Table 2.** Participants' professional experience

		Responses
		<i>n</i> (%)
Educational background		
	Clinical psychology	12 (30)
	Counseling	7 (17.5)
	Forensic psychology	5 (12.5)
	Social work	5 (12.5)
	Law	2 (10.5)
	Psychiatry	3 (7.5)
	Nursery	2 (5)
	Criminal justice	1 (5.3)
	Economics	1 (5.3)
	Probation officer	1 (5.3)
Primary occupation <sup>a</sup>		
	Treatment	21 (52.5)
	Assessment	6 (15)
	Probation officer	3 (7.5)
	Teaching	2 (5)
	Law enforcement	2 (5)
	Research	2 (5)
Experience working with individuals convicted of a sex offense		
	Less than 6 months	6 (15)
	6 months-1 year	4 (10)
	1-5 years	8 (20)
	6-10 years	10 (25)
	11-15 years	3 (7.5)
	16-20 years	7 (17.5)
	More than 20 years: 33, 35	2 (5)

<sup>a</sup> Only most common occupations reported.

**Table 3.** Participants' experience working with Latinos convicted of a sex offense

		Responses
		<i>n</i> (%)
Experience working with Latinos convicted of a sex offense	Less than 6 months	6 (15)
	6 months-1 year	5 (12.5)
	1-5 years	11 (27.5)
	6-10 years	10 (25)
	11-15 years	2 (5)
	16-20 years	6 (15)
	Services provided to Latinos convicted of a sex offense <sup>a</sup>	
	Treatment	27 (67.5%)
	Group treatment	24 (60%)
	Assessment	22 (50%)
	Counselling	14 (35%)
	Referral services	6 (15%)
	Drug testing	4 (10%)
	Supervision	3 (7.5%)
	Polygraph testing	3 (7.5%)
	Evaluation for SVP <sup>b</sup>	2 (5%)

<sup>a</sup> Participants reported more than one service.

<sup>b</sup> Sexual Violent Predator commitment.