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I, Jeff A Asher, hereby submit this original work as part of the requirements for the degree of Doctor of Philosophy in Sociology.

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Dirty Work and Courtesy Stigma: Stigma Management Techniques among Professionals who Work with Juvenile Sex Offenders

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Dirty Work and Courtesy Stigma: Stigma Management Techniques among Professionals who Work with Juvenile Sex Offenders

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Abstract

This research investigates how three distinct dirty work professions navigate the challenges of social interaction in light of courtesy stigma resulting from their work with the same tainted population, juvenile sex offenders. Through semi-structured interviews, workers were asked to talk about how they make decisions about disclosing their work to others and how they manage potentially negative reactions to their work. Using their responses, I identified two disclosure strategies—disclosure avoidance and limited disclosure. In addition to the disclosure strategies I discovered three major categories of stigma management techniques—reframing, recalibrating, and refocusing. This research contributes to the stigma scholarship by analyzing the response patterns of three different categories of dirty workers, who work with the same tainted population, to determine stigma management techniques. In addition, this study explores gender differences both within and between the three categories of workers to determine stigma management techniques specific to men and women. The men and women within the three professions used disclosure strategies, however, men were more likely to utilize disclosure avoidance strategies with their family. The stigma management technique predominantly used by each gender and profession, with the exception of male probation/parole officers, was reframing. Through the analysis of occupation and gender, this study contributes to our understanding of stigma management by demonstrating the importance of utilizing multiple and sequential stigma management strategies to manage social identity in light of courtesy stigma.
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Chapter 1

Introduction

Each of us asks from time to time how individuals can perform some aspects of a job, whether collecting street garbage, discarding bodily waste in nursing homes, or monitoring the daily activities of a prison yard. For many individuals, employment is an opportunity to develop a positive identity. In short, work contributes to identity and provides a sense of meaning (Van Vuuren, Teurlings, & Bohlmeijer 2012; Wrzesniewski, Dutton, & Debebe 2003). When individuals seek to define themselves in social settings, they often describe themselves by what they do all day, their work (Van Vuuren et al. 2012). There are certain elements of work that all occupations have in common, such as dirtiness. Dirtiness in one occupation ensures some degree of dirtiness will “turn up in all” (Tyler 2011; Hughes 1970:149). Thus, “virtually all occupations are associated with at least some dirty work some of the time” (Kreiner, Ashforth, & Sluss 2006:621).

Due to the pervasiveness of “dirty” elements in occupations, Everett Hughes (1971) developed the sociological concept of “dirty work.” Within the dirty work literature, an individual’s work (occupation) may be viewed as dirty, degrading or disgusting within certain social contexts (Hughes 1951; Kreiner et al. 2006). Dirty work may entail shame, dislike, or may present a challenge to the self-image of those who perform the work (Emerson & Pollner 1976; Tracy & Scott 2006). Some dirty work, although socially necessary, is still considered dirty, such as that of firefighting, policing, corrections, and most medical occupations (Ashforth, Kreiner, Clark, & Fugate 2007). These dirty professions are often seen as “noble and heroic” (2007:149) or “honorable” because the nature of such jobs require individuals to become dirty for the better of others (Hughes 1984:306). Even so, some individuals attempt to distance themselves from
these types of professions, despite feeling “indebted” to those who do the dirty work (Ashforth et al. 2007:150). Other dirty work professionals not viewed as noble and heroic include exotic dancers, prostitutes, morticians, and sex shop workers (Mavin & Grandy 2013; Tyler 2011). Because of their nature—dirty and morally ambiguous—these professions are stigmatized to a greater degree.

Regardless of the nobility of work, dirty work is still that, dirty. These occupations are deemed tainted, unpleasant, or undesirable (Hughes 1971). Taint may influence various dimensions of occupations and occupational tasks, such as physical, moral, and social. Physical taint is characterized by physical contact with filth or work that takes place in dangerous situations. This is evident in the content with which individuals come into contact, such as bodily fluids (Bolton 2005), disease (Adams 2012), garbage (Ashforth & Kreiner 1999), and death (Sanders 2010). Examples of these occupations include firefighters, cosmetic surgeons (Adams 2012), gynecological nurses (Bolton 2005; Chiappetta-Swanson 2005), and veterinary technicians (Sanders 2010).

Moral taint encompasses occupations that are deemed disgusting, “intrusive,” or “sinful” (Ashforth & Kreiner 1999:415). These types of professions include exotic dancing (Mavin & Grandy 2013), tattoo artists (Adams 2012), and psychics (Ashforth & Kreiner 1999). The moral taint may also involve misrepresentations of the truth on the behalf of the worker, such as in the case of tabloid reporters and police interrogators (Ashforth & Kreiner 1999). The moral taint is indicative of behavior that defies “the norms of civility” (Ashforth & Kreiner 1999:415).

Social taint does not require physical contact with dirt or an occupation that is sinful, but involves interaction with stigmatized individuals (Adams 2012; Ashforth & Kreiner 1999). Dirt, socially speaking, is defined by and rooted within the values of society. These values define
expectations and social order, which when transgressed, signify a “threat to the moral order” (Dick 2005:1363). Social taint, however, encompasses behavior that is characterized by “regular contact with people or groups that are themselves regarded as stigmatized” (Ashforth & Kreiner 1999: 415) and includes occupations such as prison guards (correctional officers) (Ashforth & Kreiner 1999; Tracy 2004), public defenders (Ashforth & Kreiner 1999), and social services counselors (Roca 2010). Social taint, the only dirty work category to project taint as a result of stigma independent of the actions of the worker, lies primarily with whom these professionals work.

One group of individuals, sex offenders, experience increased stigmatization as deviants (Burchfield 2012; Burchfield & Mingus 2008; Craun & Theriot 2009; Farkas & Miller 2007; Tewksbury 2005; Tewksbury 2007; Tewksbury & Lees 2006; Zevitz & Farkas 2000). Juvenile sex offenders have an increasing presence in the media and legislation due to high profile cases. Sex offenses illustrate the types of behaviors that categorize individuals as “bad,” “dangerous,” or “tainted” (Goffman 1963:3). These offenders are viewed as a danger to society, even though recidivism rates are low (between 2 and 15%) compared to other types of offenders (Chaffin 2008:112).

As a result of perceived threats to the safety of communities, President George W. Bush signed into law the Adam Walsh Child Protection Act (AWA) in 2006, which publicizes information about individuals who have been convicted on sexual offenses and for the first time includes juveniles. The increased stigma of juvenile sex offenders contradicts the initial goal of the juvenile justice system. The juvenile justice system was originally designed to be “offender-oriented, rehabilitation-focused,” and “informal” (Kupchick 2003:439). Juveniles, in a sense, were protected from the “offense-based and punitive model” of the adult criminal courts.
(Kupchick 2003:439). Because of changes in federal legislation, juvenile sex offenders no longer benefit from the original philosophy of the juvenile justice system, and are thereby more susceptible to stigmatization.

The stigmatization of specific groups, such as juvenile sex offenders, increases the likelihood that those who work with such populations will experience social taint, or courtesy stigma, through direct association. For this reason, most people would choose to avoid such work (Chiappetta-Swanson 2005). Those who choose to work with sex offenders, or similar dirty work, must navigate the courtesy stigma of their work. Those who experience social taint are subject to “putdowns,” “demeaning questions,” and “discrimination and avoidance” during social interactions (Ashforth & Kreiner 1999:417). In addition, they may experience low social support (Baran, Rogelberg, Lopina, Allen, Spitzmüller & Bergman; Bergman & Chalkley 2007), embarrassment (Chui & Cheng 2013), and decreased quality of life (Tzemis, Forrest, Puskas, Zhang, Orchard, Palmer, McInnes, Fernades, Montaner, & Hogg 2013). Workers may experience these effects even after they have left their dirty employment (Bergman & Chalkley 2007).

Research with dirty workers, such as exotic dancers and correctional officers, has found that the workers are aware of the stigma associated with their profession but still continue to fulfill their occupational obligations. These workers are able to perform their daily work routines because of the successful implementation of image management strategies (Kidder 2006; Mavin & Grandy 2013; Tracy & Scott 2006). While there has been increased research on juvenile sex offenders and how they manage their stigmatization, we know little about the professionals who work with these offenders. Do they experience social taint as a result of working with this stigmatized group? Do they utilize strategies to minimize stigma? Do those who work with juvenile sex offenders have to consider the stigmatized sexual label associated with the juvenile
sex offenders when discussing their work with family, friends, and those in the community? Do they take caution in choosing the social setting in which they disclose their job duties? Are they subject to confidentiality policies that limit their disclosure? Do confidentiality policies promote or minimize the likelihood of courtesy stigma? How do they decide if to tell, when to tell, and whom to tell about their dirty work? Herein lie the dilemmas which other research pertaining to dirty work has explored, and which are also the focal point of my research. This study is unique in that I explore how three different categories of dirty workers—correctional officers, probation/parole officers, and clinicians—who perform three different professional roles, utilize stigma management techniques while working with the same stigmatized population, juvenile sex offenders. In addition, this study explores gender differences in how stigma is managed within, and between, the three categories of workers to determine stigma management techniques specific to men and women. Through the analysis of occupation and gender, this research provides additional insights into the role of occupation and gender in stigma management.
Chapter 2
Literature Review

In order to understand the impact stigma has on individuals, it is important to understand how stigma is defined and perpetuated within society. Because I am interested in identity management among professionals who work with stigmatized individuals, I will briefly review the literature on stigma and stigma management. These literatures are relevant for my research because they define stigma among dirty workers, those who work in professions in which they encounter one or more forms of taint, and provide examples of how workers manage social interactions so as to avoid or minimize stigmatizing themselves. The literature review will clarify the importance of stigma and stigma management for people who work in tainted professions.

A. Dirty Work

Everett Hughes (1971) developed the sociological concept of “dirty work” as a result of analyzing the pervasiveness of “dirty” elements in occupations. Within the dirty work literature, an individual’s work (occupation) can be classified as dirty, degrading, or disgusting within certain social contexts (Hughes 1951; Kreiner et al. 2006). The dirty work may entail shame, dislike, or may present a challenge to the self-image of those who perform the work (Emerson & Pollner 1976; Tracy & Scott 2006). Some dirty work jobs (such as fire fighters, police officers, correctional officers, physicians, and nurses), although socially necessary, are still considered dirty, (Ashforth et al. 2007). Because the jobs require individuals to become dirty for the better of others, these dirty professions are often deemed “noble and heroic” (Ashforth et al. 2007:149) or “honorable” (Hughes 1984:306). Other dirty work professions, although sometimes necessary, are not viewed as noble and heroic. These professions, including exotic dancers, prostitutes, morticians, and sex shop workers (Mavin & Grandy 2013; Tyler 2011), are stigmatized to a greater degree.
Regardless of the nobility, dirty work is still that, dirty. These occupations are deemed tainted, unpleasant, or undesirable (Hughes 1971). Taint may encompass various dimensions of occupations and occupational tasks, such as physical, moral, and social. Physical taint, characterized by physical contact with filth, can sometimes bring danger to the workers. This is evident in occupations in which individuals come into contact with bodily fluids, disease pathogens, garbage, and death (Adams 2012:151 Ashforth & Kreiner 1999:415). Examples of these occupations include firefighters, cosmetic surgeons, gynecological nurses, and veterinary technicians (Ashforth & Kreiner 1999; Bolton 2005; Chiappetta-Swanson 2005).

Moral taint encompasses occupations that are deemed disgusting, “intrusive,” or “sinful” (Ashforth & Kreiner 1999:415). These types of professions include exotic dancers, tattoo artists, and psychics (Adams 2012; Ashforth & Kreiner 1999; Mavin & Grandy 2013). The moral taint may also involve misrepresentations of the truth on the behalf of the worker, such as in the case of tabloid reporters and police interrogators (Ashforth & Kreiner 1999). The moral taint is indicative of behavior that defies “the norms of civility” (Ashforth & Kreiner 1999:415).

Social taint does not require physical contact or a sinful occupation, but involves interaction with stigmatized individuals (Adams 2012; Ashforth & Kreiner 1999). Dirt, socially speaking, is defined by and rooted within the values of society. These values define expectations and social order, which when transgressed, signify a “threat to the moral order” (Dick 2005:1363). Social taint, as a result, encompasses behavior characterized by “regular contact with people or groups that are themselves regarded as stigmatized” and includes occupations such as prison guards (correctional officers), public defenders, and social workers (Ashforth & Kreiner 1999:415; Roca 2010; Tracy 2004). Social taint lies with those who these professionals work with and is projected upon the worker.
B. Stigma

Erving Goffman wrote about stigmatization and how individuals navigate face-to-face social interaction. In his book, *Stigma: Notes on the Management of Spoiled Identity* (1963), Goffman provides insight into how stigmatized individuals socialize in a society of “normal” individuals. According to Goffman, stigma is “an attribute that is deeply discrediting” and must be evaluated within the context of “relationships, not attributes” (Goffman 1963:3). The possession of an attribute alone is not sufficient for stigmatization. Therefore, evaluation of attributes takes place in social interaction and, depending on the situation, may or may not elicit a severe response. Attributes may include criminal history (Chui & Cheng 2013; Winnick & Bodkin 2008), sexually transmitted diseases (Balfe, Brugha, O’Connell, McGee, O’Donovan, & Vaughan 2010), and physical impairments and learning disabilities (Green 2007). Because the individuals who possess the attributes are perceived as somehow abnormal they are more susceptible to stigmatization.

These individuals are deemed different when their behavior consistently departs from the expectations placed on them by others (Goffman 1963:5), with social and group norms being the measuring rod against which we determine if individuals operate within the confines of anticipated behaviors (Goffman 1963:2). The social setting in which we encounter others creates the expectations for normative behavior. Individuals in violation of the norms of a given situation are “reduced” in our minds from a “whole and usual person” to an individual who is redefined as “tainted” and “discounted” (Goffman 1963:3). This perception of the individual drives the imposition of a stigma, thus reducing the individual’s status to “not quite human” (Goffman 1963:5).
i. The Discredited and Discreditable

Not all stigmas are evident and stigma is not simply a catchall label. Individuals with stigmas can be categorized into groups: the discredited and the discreditable (Goffman 1963:4). The discredited includes those who have a stigmatized condition evident to those with whom they interact. This type of stigma characterizes individuals with visually evident physical abnormalities (Goffman 1963:4), such as paralysis, speech impediment, or blindness (Goffman 1963:49).

Discredited individuals may respond to their stigma in a number of ways. One way is to “correct” the failure or shortcoming. For example, those disfigured may pursue plastic surgery, while a sight-impaired individual may pursue sight correction (Goffman 1963:9). The goal of correcting that which the individual believes to be the root of his stigma is to alleviate the obvious. The stigma of the physical abnormality may linger long after the correction. The stigmatized person may transform from being one having a stigma to one with a record of having had a particular stigma. Examples of this transformation are individuals with a physical deformity electing plastic surgery, or an illiterate individual pursuing tutoring services (1963:9).

Another means of correcting a blemish is to devote time to mastering the area associated with the stigma. This correction is exemplified through a lame individual learning to walk again or a blind person learning to ski or mountain climb (Goffman 1963:10). The purpose is to remove the stigma and work to present oneself as a normal individual. If and when this is accomplished, the individual presents her- or himself in social situations as though the stigma never existed; therefore the person presents her- or himself as normal.

The discreditable includes stigma that is not “immediately apparent,” but the information about the “failing” must be managed by the individual in order to guard against disclosure
Management has the primary goal of determining whether or not to display, tell, deceive, and to whom, when, where, and how to do so (Goffman 1959). The discreditable, are those whose difference is concealable and not readily perceived by others. According to Goffman (1963), the stigma is internal, therefore may not be immediately apparent. According to Goffman, these individual characteristics abound in the lives of homosexuals, those with mental disorders, those previously imprisoned, those with addiction problems, and those who engage in other socially unacceptable behaviors (1963:4). Those with a discreditable stigma may appear normal, as their differentness is not apparent (Goffman 1959:42). The discreditable individual is not concerned so much with confronting his differentness, but instead with concealing, controlling, and managing the information which may disclose the blemish.

The primary goal of those with stigmas that are not “immediately apparent” is to “conceal or underplay” activities and dispositions that are “incompatible” with their social role, a process otherwise known as impression management (1959:42, 48). The discreditable person faces the dilemma of impression management, “to display or not display; to tell or not to tell; to let on or not let on; to lie or not to lie; and in each case, to whom, how, when, and where” (1959:42).

C. Dimensions of Stigma

The presence of stigmatizing attributes does not guarantee stigmatization. The imposition of stigma is dependent upon the interpretation of a stigmatized individual’s difference, through social interaction. The interpreter must conclude that the difference is a significant enough deviation from the norm to warrant stigma (Goffman 1963). The dimensions of stigma may vary, having been categorized into multiple dimensions (Bresnahan & Zhuang 2010). The various
dimensions of stigma—anticipated/perceived, courtesy, and internalized/self-stigma—carry negative connotations for those who perceive, experience, and internalize discrimination.

i. Anticipated/Perceived Stigma

Individuals who perceive themselves as different may speculate about how others may treat them differently if their stigma is revealed, or they may question how they may change their behavior in light of their stigma becoming apparent. These are indicators of anticipated, or perceived stigma. Anticipated stigma, “the degree to which individuals expect that others will stigmatize them if they know about the concealable stigmatized identity,” may be enough for people to try to change their behavior. (Quinn & Chaudoir 2009). Although they may not personally experience stigmatizing interaction, those who anticipate stigma navigate social interaction with the understanding that individuals with abnormalities similar to theirs do experience stigma. Those who perceive others as viewing them differently—perceived stigma—interpret negative feedback as rejection based on their stigmatizing condition (Crocker, Voelkl, Testa, & Major 1991). Individuals may perceive being passed over for a specific job due to criminal history, or perceive their mental illness as a significant factor in others avoiding them as an intimate partner (Lysaker, Tsai, Yanos, & Roe 2008).

Although the individual who possesses the stigmatizing attribute may not directly experience stereotyping or discrimination based on the attribute, the individual is not immune to the effects of stigmatization. The consequences of anticipated/perceived stigma are similar to enacted stigma, including poor mental health, depression, social isolation, and suicidal ideation (McGarrity, Huebner, & McKinnon 2013; Vidojević, Jočić, & Tošković 2011). The cognitive process becomes stressful due to the stigmatized individual’s constant thoughts about exposure and stigmatization (Earnshaw, Quinn, Kalichman, & Park 2013; Quinn & Chaudoir 2009). In
addition, the support systems which may otherwise provide safety for the stigmatized individual can become strained, thus re-enforcing the magnitude of the perceived stigma (Chui & Cheng 2013). When stigmatized individuals perceive that they are valued less within their family and community, they become more susceptible to other problematic occurrences (Green 2007).

**ii. Courtesy Stigma**

Once the stigma is revealed, whether through direct observation or through the stigmatized individual’s disclosure, those who associate with the stigmatized individual may experience stigmatization themselves (Pryor, Reeder, & Monroe 2012). This indirect stigmatization is called “courtesy stigma” by Goffman (1963:30) and others (Birenbaum 1970; Harris, Evans, & Beckett 2011; Larson & Lane 2006) or stigma by association (Argo & Main 2008; Kulik, Bainbridge, & Cregan 2008; Pryor et al. 2012). Courtesy stigma is imposed through interpersonal association, such as with family and companions (MacRae 1999; Pryor et al. 2012), friends (Sigelman, Howell, Cornel, Cutright, & Dewey 1990), and co-workers (Pryor et al. 2012). Rooted in “one individual’s behavior/trait/characteristic,” courtesy stigma “extends to negatively affect another person located nearby” (Argo & Main 2008:559). The consequences for those who experience courtesy stigma are as problematic as for those who experience the primary stigma (Kulik et al. 2008; Larson & Lane 2006; MacRae 1999). These consequences include “psychic stress,” “difficulty engaging in normal social interaction” (Phillips, Benoit, Hallgrimsdottir, & Vallance 2012), “shame and fear,” “embarrassment” (MacRae 1999), and social isolation (Birenbaum 1970).

**iii. Internalized/Self-Stigma**

Those aware of their own stigma may have knowledge of others, similar to themselves, who have experienced discrimination as a result of social interaction. They may perceive
stigmatization even if their specific abnormality has yet to become known. Other individuals may experience stigma as a result of associations with those who are tainted, such as criminals and the mentally ill. Whether the stigma is perceived, enacted, or imposed through association, the stigmatized individual must make the decision whether or not to adopt the negative attitudes (Gaudiano & Miller 2012). Self-imposed taint occurs when those stigmatized adopt the negative beliefs and attitudes about themselves or their group, such as with stereotypes. They develop a “special view of the world” (Scambler 2009). Their perception of the world, namely through the discourse of others, is redefined. They themselves view their stigma not from the perspective of a discreditable individual but the discredited (Scambler 2009). The tainted person becomes the embodiment of the stereotype they seek so diligently to conceal (Oakley, Kanter, Taylor, & Duguid 2012).

The consequences of stigma are real to those who experience them. The most damaging consequences, perhaps, are those imposed upon oneself. Those who internalize stigmatizing beliefs and stereotypes experience taint on a different level. When the taint is projected upon an individual by another, the taint may be challenged or avoided through various identity management techniques. When the individual internalizes the taint, acceptance of the taint may neutralize any motivation to repudiate the imposition of stigma. Those who experience internalized stigma exhibit similar negative effects, such as social isolation (Lillis, Levin, & Hayes 2011), shame and secrecy (Oakley et al. 2011), and mental health related problems (Gaudiano & Miller 2012), as experienced by other tainted individuals.

Whether a stigma is apparent as in the case of the discredited, has been revealed as in the case of the discreditable, or imposed upon an individual based on their association with those stigmatized, each must navigate the challenges of social interaction and determine the degree to
which they believe the indictment of others. Individuals must choose whether to disclose their stigma or not, when to disclose, and to whom to disclose. If they choose not to disclose, they must contend with the fear of their stigma being revealed and take the necessary preventative steps. If they choose to reveal their stigma, or if their stigma is revealed, they may choose to utilize impression management techniques to minimize the negative impact of their stigma.

**D. Impression Management**

Impression management is important during social interaction in order to prevent or discount stigma. Through impression management, those who possess stigma try to present themselves as normal. During social interactions, individuals present the “officially credited values of the society,” so as to not differentiate themselves as outsiders (Goffman 1959:35). There are particular groups of individuals who experience stigma, yet seek to successfully navigate social interactions without appearing as outsiders. Persistent findings in the stigma literature, whether it is the stigma of ex-convicts (Winnick & Bodkin 2008), sex workers (Scambler 2007), or infertile women (Riessman 2000), identify the methods used to manage stigmatization. Those who possess a stigma, especially those associated with a questionable behavior or whose stigma is not visually apparent, often work to conceal their blemish. Those who fail to successfully conceal their stigma encounter significant socially imposed consequences. As a result of exposure, individuals may experience rejection, employment discrimination, and social isolation (Lillis, Levin, & Hayes 2011; Oakley et al. 2011; Winnick & Bodkin 2008). Stigma may impact more intimate relationships as well, resulting in ostracism by significant others, family, and friends, as well as producing shame and fear within the exposed individual (Scambler 2007).
The most pertinent issue with impression management is the degree to which an individual’s private life is known to others. An individual’s public life encompasses “contact between strangers or mere acquaintances,” whereas an individual’s private life includes personal and intimate relationships (Goffman 1963:51). An individual’s private life can become public in many ways, such as through personal interaction and the media. When among strangers, the individual must be aware that those with whom she or he interacts create a “personal identification” of him, or a memory of him (1963:66). Once known by others, the simple mention of that person’s name or some previous association with that individual brings the personal information to memory, which may include information about any stigma. The media is another means of making an individual known. The media, such as television, internet, radio, or print, have the capacity to make a “private person” a “public figure” in a matter of minutes (1963:71). Just as personal interaction provides individuals with a memory of a specific person and her or his private information, a limited amount of personal information is also accessible through media today. There is a much greater opportunity for individuals to recall or obtain information about an individual in question with today’s media than those available during Goffman’s time. Hence a stockpile of personally discrediting information might be accumulated and disseminated (Levenson & Tewksbury 2009; Tewksbury 2005; Adler & Adler 2006).

E. Methods of Identity Management

Stigma concealment is important when individuals face potentially significant consequences as a result of exposure. Goffman (1963) identifies six ways by which an individual attempts to manage his or her social identity: concealment, the use of disidentifiers, the display of signs of a less stigmatizing attribute, selective disclosure, distance utilization, and self-disclosure (1963:91-100). Individuals with stigmas may attempt to present themselves as
“normal” by modifying their behaviors in order to avoid the additional burden that comes with stigma. An alternative technique to disclosure avoidance is to divulge the stigma and accept the outcome from disclosure. In short, individuals either attempt to pass as normal by concealing information about their stigma or display openness about the stigma in an attempt to minimize tension during social interactions.

Non-physical stigmas, such as racist ideologies, are concealed as well through individuals making the choice to refrain from disclosing their viewpoints (Simi & Futrell 2009:97). An individual may conceal signs that provide indications of a stigma. If the object that perpetuates the stigma is “physical equipment,” the individual may choose not to use the equipment in order to present himself as “normal” (Goffman 1963:92). For example, individuals who have decreased vision may decide to wear eyeglasses which do not indicate the presence of bifocals, or may choose to wear contact lenses. Those who have hearing impairments may choose not to wear hearings aids, or may choose to disguise them in everyday items, such as hats or ornamental combs (1963: 92-93). Some individuals may cooperate and interact with those who show disdain for their stigmatized characteristic, as though they were “fooling” or “getting over” on those who are “normal” (1963:100). Even while attempting to prevent the disclosure of their stigma, these individuals may engage in potentially stigmatizing behaviors, assuming their stigma is undetectable, and increase the risk of disclosure (1963:99).

The use of disidentifiers, or props, dissociates the individual from their stigma and provides cover for the stigmatized individual. When in public, others may perceive the person differently because the location and companions may appear inconsistent with the perceived image of the individual. For example, England’s first professional hangman, James Berry, would walk through town during the late 19th century hand-in-hand with his son (Goffman 1963:93).
Goffman posits that the presence of the executioner’s son discounts any presumption of the executioner’s true profession, since during the executions his identity was concealed. Similarly at the time Goffman wrote, a homosexual male and lesbian female might have felt the need to present themselves as a couple in order to conceal their true sexual preferences (1963:93) or display pictures with former fiancés in order to hide their homosexuality (Warren 2010:431). Each of these instances employs a misdirection to minimize the individuals’ association with their stigma.

The technique of displaying signs of a lesser stigmatizing attribute does not remove stigmatization, but professes the presence of a lesser stigma in place of the original. Hearing impaired individuals may pretend to daydream or may act as though they are sleeping when presented with a situation in which their hearing is questioned (Goffman 1963:94). Other means of displaying a less stigmatizing characteristic or attribute includes divulging a “manufactured identity” (Scambler 2007:1089). In doing so, people lessen the stigmatization of their difference. Such is the case with sex workers who work in the “desire industries” (2007:1088). Sex workers or prostitutes may explicitly present themselves as working in “eroticism” because the work category is more acceptable, thus less stigmatizing (2007:1089).

Individuals with stigmas may choose to disclose their stigma to a close-knit group of individuals of their choosing, while concealing the stigma from those who may discriminate. Individuals diagnosed with a serious medical condition may disclose their diagnosis to spouses or family members (Goffman 1963:95). The individuals within this small group can act as a “protective circle” and provide some level of secrecy (1963:97). This “courtesy secrecy” enables a level of self-dignity among the stigmatized (Warren 2010:431). Other individuals find the need to disclose their stigma to those with whom they are close in order to maintain the “integrity of
the relationship” (Winnick & Bodkin 2008:302). By promoting a feeling of “inclusion,” those in close relationships are more receptive to stigma disclosure and more open about their status (2008:322).

Another means of managing identity is to control the quality of relationships and the quantity of interactions. Individuals may choose to avoid intimate relationships which could compel them to disclose their stigma or they may choose to limit the amount of time they spend with others not privy to their stigma. Individuals may choose to “strategically avoid situations where they expect to encounter difficulty” (Riessman 2000:123). The more time spent with those unaware of the stigma, the greater the likelihood of stigma and secret disclosure (Goffman 1963:99). Individuals may also limit their interaction with those who know their stigma in an attempt to lessen the impact of the stigma. Individuals may choose to avoid situations where critical comments and “intrusive questions” are expected, such as interacting with neighbors or extended family members (Riessman 2000:124).

As mentioned above, one method of identity management that differs from the others is for the individual to engage in self-disclosure. In doing so, stigmatized persons no longer concerns themselves with managing information about themselves in order to prevent disclosure, but manage the anxiety associated with social interactions (Goffman 1963:100). As a result of disclosing his stigmatized status, the individual transforms himself from a discreditable person to a discredited person (1963:100). Individuals may choose to emphasize other aspects that promote a more positive image, such as epileptics and disabled individuals emphasizing that the epilepsy is “not all” of them, that they are more than the epilepsy (1963:18). By challenging the stereotype associated with their stigmas, individuals define themselves in a “new” light, seeing
themselves “differently” (Poon & Ho 2008:262). This new meaning perpetuates their sense of belonging among the normal.

Regardless of the method, the primary goal is to minimize the impact that the stigma has on identity. The stigmatized seek to disassociate from a potentially long lasting negative social image. Stigmatized individuals, such as sex offenders (Tewksbury 2005; Tewksbury & Lees 2006; Burchfield & Mingus 2008) and other criminals (Winnick & Bodkin 2008), continue to have difficulty successfully navigating society even when using identity management techniques. These stigmatized individuals become the focal point of research, the media, and public policy (Caldwell, Ziemke, & Vitacco 2008; Chui & Cheng 2013; Schneider & McKim 2003; Tewksbury & Lees 2006). The stigmatizing characteristics of the individuals listed above are accessible to the public, including the details of individuals’ criminal history; therefore identity management becomes essential.

Identity management is not only essential for the stigmatized individual, but also for those workers who provide services to the stigmatized. Those who work with the stigmatized (such as police officers and correctional officers) experience courtesy stigma (Dick 2005; Tracy & Scott 2006). These types of workers utilize a number of techniques, such as monitoring and regulating their conversations when around co-workers and outsiders, presenting their behavior as honorable and in compliance with socially acceptable expectations (Dick 2005), and/or using humor. Workers may engage in self-deprecating humor, a tactic in which “highly insulting nicknames” are used to represent oneself or others. Workers may brag about their toughness, as evidenced by using the terms “asshole” and “the most hated officer” to describe themselves (Tracey & Scott 2006:26). These, and other techniques, minimize the stigma associated with
those to whom they provide services. These workers seek to create a positive public perception of their professions, and of themselves, therefore neutralize stigma.

**F. Constructing a Positive Identity**

How do individuals neutralize the stigmatizing impact of their dirty work? Blake Ashforth and Glen Kreiner (1999) expand upon Everett C. Hughes’ ideas about dirty work and Goffman’s theory of stigma and identity management by describing three categories of techniques: reframing, recalibrating, and refocusing (1999:421-423). The purpose of these techniques is to “transform the meaning of the stigmatized work by simultaneously negating or devaluing negative attributions” while “creating or revaluing positive ones” (1999:421). These techniques amount to identity management, whether through transforming the meaning of the stigmatizing work, emphasizing the positive within the work, or ignoring the stigmatizing aspect of the work.

**i. Reframing**

Reframing techniques are designed to transform the negative meaning attributed to employment that brings one into contact with tainted individuals. This is accomplished through one of two means, *infusing*, in which positive value is instilled, and *neutralizing* in which the stigma is negated (Ashforth & Kreiner 1999:421-422). Positive value can be instilled in dirty work through focusing on the positive aspects of work, such as a defense attorney reframing litigation as protecting the constitutional rights of all individuals instead of helping rapists beat their charge, or a funeral home director providing comfort and closure to families instead of prospering from corpses and human grief. Through infusing positive value, the “dirty particulars” are replaced by “abstract and uplifting values” which are aspects of the occupation’s purpose (Ashforth & Kreiner 1999:421).
If infusion seeks to focus on the positive and more acceptable aspects of dirty work, neutralizing seeks to negate the negative aspects of dirty work through three denial strategies, denial of responsibility, injury, and victim (Ashforth & Kreiner 1999:422). In denial of responsibility, the worker is simply doing his or her job, implicitly or explicitly declaring that “someone or something else is responsible or that no one is responsible” (Ashforth & Kreiner 1999:422). The system in which the worker is employed requires the work to be performed. The Ashforth & Kreiner (1999) example includes a debt collector rationalizing the anger of an overdue client by believing the client’s anger is a direct result of the stress of the situation, not the actions of the worker. The bloody butcher convinces himself that working with blood and animal carcasses is needed because he is supplying meat for the demand of customers. A taxi dancer (paid dancing partner) leads-on dance partners by entertaining their romantic interests. In the technique denial of injury, the taxi dancer argues that the customer is aware that this behavior is part of the “game” (Ashforth & Kreiner 1999:422). In such instances, the playful leading-on is not meant to impose harm; therefore neither individual is victimized. The taxi dancer maintains that no harm has been done. The final denial strategy is denial of a victim. This perception is that those “exploited” deserve or desire the exploitation as a means of self-promotion or social exposure. For example, celebrities may have a desire for tabloids to publish pictures and articles as an attempt to increase publicity, with the attention actually proving beneficial (Ashforth & Kreiner 1999:422).

ii. Recalibrating

Another means of neutralizing stigma within employment is through transforming the meaning of the work by attempting to adjust the standards used to measure and evaluate dirty work. This includes adjusting others’ perception of the dirty work through modifying certain
meanings within the work (Ashforth & Kreiner 1999:422). Examples include dogcatchers who emphasize important calls regarding rabies, while minimizing or disregarding calls regarding strays; and hospital orderlies who emphasize that important medical procedures could not be completed without the work they do (Ashforth & Kreiner 1999:422). By doing so, workers present themselves and their jobs as necessary. Additionally, these important and positive aspects of the job are those that workers tend to communicate and relive (Ashforth & Kreiner 1999:422). The emphasis on the positive aspects of one’s work translates into the importance of work in other professions, such as hospital cleaning staff that emphasizes the importance of their cleaning as an intricate part of maintaining the health of patients (Ashforth & Kreiner 1999:422).

iii. Refocusing

The final technique discussed by Ashforth and Kreiner (1999) to neutralize stigma and create a positive identity entails overlooking the stigmatizing qualities of the work. Refocusing differs from reframing in that reframing seeks to transform the stigmatizing meaning attributed to work, while refocusing ignores the stigma and focuses on the aspects of work that are socially important. The problematic aspects are disregarded and the focal points become those that do not stigmatize, those that become important. The conversation is refocused from the aspects of the work which produces social taint to aspects of the work that are socially acceptable, such as high pay rate, flexible hours, or location of the worksite. Whether a public defender, gravedigger, or male stripper, the potential stigma associated with the guilt, death, and lewd behavior is negated through the emphasis on winning the case, being outdoors, and showmanship (1999:423).

Whatever the identity management techniques, the goal is to lessen stigmatization. Stigmatization presents obstacles for those who have a physically observable blemish and those who have occupational contact with “dirt.”
G. Identity Management and Techniques among Professionals

Dirty work professionals who choose to manage their identity during social interaction may do so using one or many techniques. Following the definition provided by Hughes (1951), dirty work can be characterized as being either physically or morally degrading. Research pertaining to physical dirty work, “physically disgusting” work includes workers in fields such as low-wage home care labor (Stacey 2005), gynecological nursing (Chiappetta-Swanson 2005), and veterinary services (Sanders 2010). These, and other dirty workers, use various techniques to control the image they display to others.

One way individuals in physical dirty work fields manage their identity is to reframe their stigmatized work, specifically redefining their dirty work in positive terms such as emphasizing how they provide assistance to those they serve. Workers minimize the filth, high stress, and low wages associated with their work by re-defining their work in terms of relationships. Close relationships may be formed with clients, and the work can become more than a job, an opportunity to create strong relationships and experience the positive emotional effect of their work. Whether a nurse providing comfort to a family experiencing infertility, miscarriages, or fetal abnormalities (Chiappetta-Swanson 2005); a veterinary technician providing comfort to a pet’s family during euthanasia (Sanders 2010); or a low-wage laborer cleaning a patient’s home and providing pseudo-family interaction (Stacey 2005), workers who encounter physical filth may focus on the importance of helping people. Helping people defines the work, not as dirty, but as “necessary” and “worthwhile” (Sanders 2010:254-255; Sundt 2009).

Other workers who navigate taint, not in a physical sense but in relation to those they come into contact with, are presented with a different dilemma: social taint or courtesy stigma–taint through working with the tainted. These workers include professions such as police officers
and correctional officers (Dick 2005; Tracy & Scott 2006). The techniques used by people in these professions differ in that their interaction with individuals is typically at the root of their stigmatization; that is, they work with people whom the public has “washed their hands of” (Tracey & Scott 2006:15). Those who interact with stigmatized individuals must use different impression management techniques than those who come into contact with physical dirt. Police officers and correctional officers may choose to engage in various impression management techniques to address the taint of their jobs. One image management technique is accomplished by segregating behavior into one of two regions, “front regions” and “back regions” (Goffman 1959). When in situations in which judgment or scrutiny may occur, the front region, the officer may feel compelled to convey his actions in a manner that “maintains and embodies” certain honorable standards (Goffman 1959:93). During periods of time in which officers are among those who share their values and beliefs, namely other officers, the officers can relax. This allows the opportunity for the workers to relax their terminology and make light of the seriousness of their work (Dick 2005:1372-1373). These apathetic attitudes and behaviors are encountered in the back region. These attitudes and behaviors consist of self-depreciating humor, a tactic in which “highly insulting nicknames” are used to represent oneself or others. Officers tend to brag about their toughness, as evidenced by self-assigned terms, such as “asshole” and “the most hated officer” (Tracey & Scott 2006:26).

Different professions may utilize different techniques. Those who work in physically dirty professions may focus on the importance of providing services or assistance to individuals. Conversely, those who work in socially dirty professions may seek to shape their behavior based on their familiarity with an audience. Workers may attempt to transform negative aspects into positive, attempt to alter the meaning of their work through adjusting the standards used to
measure and evaluate dirty work, and/or minimize the stigmatizing aspects of their work. Regardless of the type of taint, these strategies serve one purpose, to minimize or alleviate taint associated with their specific work.

**H. Identity Management and Techniques by Gender**

Gender has been a significant variable in occupational “typing” for centuries (2007:330). Historically, occupations have been segregated based on many variables, including gender. Phrases such as, “men do public work, women do private, supportive work” exemplify gender segregation (Tracey & Scott 2006:11). When women enter public work, enter male dominated professions, the response from male workers may be that “women do not belong here” (Owen 1985). Within these professions, women have been perceived as lacking requisite masculinity, as being weak (Owen 1985), not possessing enough self-esteem (Wyse 2013), and being emotionally unstable (Gross, Larson, Urban, & Zupan 1994). The negative perceptions can lead to more negative consequences for women in dirty work professions than for men. Female dirty workers experience higher levels of psychosomatic stress (Lovrich & Stohr 1993), increased stress or physical ailments (Gross et al. 1994), and isolation (Cheeseman & Goodlin-Fahncke 2011). To overcome these obstacles and present themselves as reputable dirty workers, women turn to strategies to help them navigate their public and private interactions.

Although men have historically sought to align careers with jobs that allow them to demonstrate masculinity, not all men choose such a path. Some men may choose a profession which has historically been dominated by women, such as clerical work (Henson & Rogers 2001) and nursing (Bolton 2005; Chiappetta-Swanson 2005). However, this does not stop them from attempting to transform the feminine aspects of their work into masculine aspects. In attempting to transform their work, men work against feminization and stigmatization (Simpson
2004:352), such as having their heterosexuality (masculinity) questioned (Henson & Rogers 2001). In order to minimize the feminine aspects of their work, men may disregard the “women’s work” and focus their attention and energy on the “men’s work,” or masculine aspects, that are associated with their employment (Schneider 2012:1034). This allows them to spend more time doing work more closely associated with masculinity, thereby facilitating the redefinition of their work as masculine. By following their “socially scripted dramatization” of “masculine natures,” men play to their audience to minimize stigma (West & Zimmerman 1987:130).

Given the gendered nature of much work, it is possible that men and women may use different stigma management techniques when they engage in dirty work. The literature is notably sparse here, but there are some indications that men and women use different techniques. Women who follow the historically segregated domestic labor jobs (Acker 1990; Ferree 2010; Hochschild 2003; Hondagneu-Sotelo 2007; West & Zimmerman 1987), for example, find honor in their ability to provide and care for others. The honor that comes from caring and providing for others is important among women who do dirty work, whether caring for a child or cleaning a home (Duffy 2007; Stacey 2005). Many women who work in professions that encounter physical dirt engage in stigma management techniques, such as re-framing (Bolton 2005; Chiappetta-Swanson 2005; Duffy 2007; Hoang 2011; Grandy & Mavin 2011; Mavin & Grandy 2013; Phillips et al. 2012; Stacey 2005). Re-framing means these women minimize the stigma associated with their work by turning their dirty work into something of value or incorporating positive value into their work (Ashforth & Kreiner 1999). Women may choose to communicate the positive aspects of their work, such as gynecological nurses emphasizing their ability to provide emotional care, such as re-assurance and support to patients (Bolton 2005; Chiappetta-Swanson 2005), as well as providing “tangible assistance” that promotes individuals “wellbeing”

As the opportunity for women to enter different professions continues to expand, women continue to utilize similar strategies. Women in dirty work professions may continue to define their work, not within the context of the job title, but within the context of service types. This is evident in professions which involve social taint as well. Women who work in socially tainting occupations reframe their work in terms of the satisfaction they provide their customers or the art of the profession, as in the case of exotic dancers (Grandy & Mavin 2011; Mavin & Grandy 2013) and sex workers (Hoang 2011). By changing the focus from their work to the benefit they provide others or re-framing their work as entertainment, therapy, or exercise, the professions of these women take on a “higher status,” thereby neutralizing taint (Mavin & Grandy 2013:247). Focusing on the positive aspects of one’s work allows many women in various professions to successfully counter-act the taint that characterizes their jobs.

Gender influences the strategies men and women use. Men use different strategies than those used by women. Men’s work tends to refocus the emphasis towards the positive aspects of the job while overlooking the lesser desirable aspects (Ashforth & Kreiner 1999). Men’s work embraces the dirtiness of the work, emphasizing the aspects of the job that requires their masculinity, which in return makes it possible for them to work in such dirt. Historically, the work of men takes place in the forefront, or public, therefore they choose to neutralize stigma by displaying masculinity (Tracey & Scott 2006). Men who are employed in dirty work represent themselves as masculine individuals who have accepted a specific task within society, one in which all other individuals fall short. Through this strategy, they strive to achieve a position of dominance (Simpson 2004). Men work to epitomize the “strong male” (Cheeseman & Goodlin-
Fahncke 2011). In doing so, male dirty workers boast of the physical aspects of their work, the “brutal masculinity” (Tracy & Scott 2006:26) which displays power and authority (Lovrich & Stohr 1993).

Men utilize a number of strategies in order to avoid taint within occupations, such as bragging that nobody else can do their job (Tracey & Scott 2006:25). They are the embodiment of the only person who can do their work. Men also emphasize the danger associated with their work, such as working with prisoners and coming into potential contact with bodily fluids. They emphasize the potential harm that they may experience in doing their work, and wear this risk as a badge of honor (Tracey & Scott 2006:32). In addition, men emphasize their masculinity through their openness about, and willingness to proclaim, the heroic nature of their job. Whether through rescuing an individual from a burning house, arresting criminals, or maintaining security in a correctional setting, men seek to fulfill their gender expectations (West & Zimmerman 1987). They exemplify and re-enforce male competitiveness and dominance (Abrams, Anderson-Nathe, & Aguilar 2007), fearlessness (Ramirez 2011), and authority (Weisgram, Dinella, & Fulcher 2011). By making these claims and identifying themselves as tough and heroic, these men project their masculinity.

Conclusion

Stigma can be an incapacitating mark, regardless of how acquired. Whether possessing a known abnormal attribute, such as a disability, or working in a profession that requires association with the socially tainted, each may experience stigma. Those who manage to keep their stigmatizing attribute a secret, as in the case of the discreditable, may avoid stigma. Those who cannot maintain their secret, or those who choose not to, become susceptible to stigma.
There are those who purposefully choose to work with the socially tainted, such as correctional and police officers. These dirty workers know the risk of courtesy stigma. In order to navigate social interactions and minimize the potential for courtesy stigma, dirty work professionals may utilize different techniques. These techniques attempt to transform the negative meaning that has been attributed to an occupation into something positive or heroic. If successful, these workers maintain their social status. If not, they may experience negative repercussions.

Current research has identified a number of controversies and unresolved issues within the study of stigma. Within the courtesy stigma literature, the static nature of prejudice which results from stigmatization has been questioned. Contrary to research which defines self-stigmatization as static, such as with ex-convicts (Chui & Cheng 2013), other researchers define self-stigmatization as dynamic. The duration of interaction and the quality of relationship between the stigmatized individual and the stigma imposer may change the stigmatized individual’s perception of themselves, and the perception of the perpetrator. In doing so, the stigma expression is modified. The quality of social interaction becomes a determinant of stigma which can be influenced (Barreto & Ellemers 2010).

Stigmatization has been correlated to psychological hardships for the stigmatized individual or group, including depression (McGarrity, Huebner, & McKinnon 2013; Oakley Kanter, Taylor, & Duguid 2011). Other research has proven that the impact of stigma may be neutralized through an individual’s response and implementation of positive coping strategies (Major & O’Brien 2005). This debate questions the relationship between inevitable negative outcomes and stigma. Individuals who are able to neutralize stigma and the impact that stigmatizing labels have on their psychological well-being, may diminish the power of stigma.
Within the stigma literature, the extent to which stigmatized individuals have access to positive support systems is also debated. Stigmatized individuals are deemed to depart from the norms of a particular group, therefore they are labeled as abnormal (Goffman 1963). This abnormality is what perpetuates discrimination by others. Researchers have shown that tainted individuals experience social isolation and difficulty navigating social interactions which undermines well-being (Chui & Cheng 2013; Winnick & Bodkin 2008). Other research contradicts these findings. Stigma may in fact result in positive support within the stigmatized group (Barreto & Ellemers 2010). Through group identification, the stigmatized experience social support from individuals within their group, and experience increase in the ability to refute stereotypes and resist stigma (Crabtree, Haslam, Postmes, & Haslam 2010). Although stigma may preclude individuals from engaging within certain groups, the stigmatized find engagement within their own stigmatized group beneficial.

Stigma management is influenced by a number of different variables, including occupation and gender. Whether or not there are techniques specific to a profession or a gender, the primary concerns is identity and stigma management. My research seeks to evaluate the impact courtesy stigma has on professionals who work with socially tainted individuals, namely juvenile sex offenders. This research will provide additional insight into stigma management and the debates within stigma literature. My research seeks to determine what identity management techniques professionals utilize to minimize stigmatization and how these workers navigate social interaction under the premise that the nature of their work is known to others.
Chapter 3

My Study: Working with Juvenile Sex Offenders

Prior to the enactment of the Adam Walsh Child Protection Act in 2006, juvenile sex offenders were able to “pass” as “normals” (Goffman 1963). However, now that juvenile sex offenders have a public presence through registration requirements, passing as normal has become more difficult (Richardson 2002; Letourneau, Bandyopadhyay, Armstrong and Sinha 2010; Caldwell, Ziemke, & Vitacco 2008). This practice makes stigmatizing information readily available to the public. Just as adult sex offenders are experiencing socially significant outcomes (Burchfield & Mingus 2008; Craun & Theriot 2009; Tewksbury & Lees 2006; Tewksbury 2007), juvenile offenders are beginning to experience similar results due to their offenses (Letourneau, Bandyopadhyay, Armstrong, & Sinha 2010; Ronis & Borduin 2007).

Because of the sexual nature of their offenses, juvenile sex offenders differ from other delinquents. Delinquents can pass as normal because they have the ability to limit to whom they disclose their criminal history. Juvenile sex offenders, just as adult sex offenders, have become public spectacles and have received considerable attention because of legislation which potentially makes their identity as sex offenders known. Public records and increased public awareness have removed the official confidentiality shroud from the discredited juvenile sex offenders and have forced these offenders into public light.

Research pertaining to juvenile sex offenders has varying focal points. Studies such as Steen (2007, 2001) and Chaffin (2008) focus on public perception, while others focus on community concerns, community protection, and recidivism rates (Richardson 2002; Letourneau, Bandyopadhyay, Armstrong, and Sinha 2010; Caldwell, Ziemke, & Vitacco 2008). Fewer studies
focus on the supervision and treatment of these juveniles from the viewpoint of professionals, but even so the focus remains on the offenders (Brandes & Cheung 2009).

Sex offenders experience stigma, which has the potential for negative consequences for those who are closely associated with them; they are subject to courtesy stigma (Levenson & Tewksbury 2009; Farkas & Miller 2007). Those who are close to sex offenders typically include family, friends, and those who provide supervision and treatment (Brandes & Cheung 2005; Levenson & Tewksbury 2009; Tewksbury & Lees 2006). In order to evaluate the impact courtesy stigma has on those who are associated with juvenile sex offenders, the categories of individuals include involuntary ties, such as family, and the other being those who choose to associate with offenders as part of their job. Those who work with juvenile sex offenders fit the definition of dirty workers in that the juvenile sex offenders exude social taint that gets attached to those who associate with them. The primary groups of professionals who work with juvenile sex offenders are probation/parole officers, correctional officers, and clinicians (Brandes & Cheung 2009; Chung, Little, Steinberg 2005; Steen 2007).

The Dirty Workers

The primary three groups of professions which were chosen for this study are the most common professions to have regular interaction with juvenile sex offenders- correctional officers, clinicians, and probation/parole officers. Moreover, the workers included in this study work exclusively with juvenile sex offenders, which means the courtesy stigma extends to all aspects of their work. The stories of these professionals, therefore, should provide insight into the stigma management techniques used by those who are employed in the dirty work profession of providing treatment and supervision to juvenile sex offenders. While we know quite a bit
about how specific groups of workers manage the stigma attached to their work, we know much less about the extent to which the nature of the work itself impacts stigma management. While the source of the courtesy stigma – juvenile sex offenders – is identical across the three professional groups targeted in this study, it is possible that a range of other factors associated with work – education, professional expectations, professional autonomy, and other professional constraints – impacts the extent to which, and how, the workers deal with the stigma that attach to them via their clients. Choosing more than one profession, in other words, allows me to examine the possibility that stigma management techniques may be specific to an occupation, but also to compare techniques across different occupations.

A. Correctional Workers

Members of first group chosen, correctional officers, provide supervision to offenders while incarcerated. These workers are the front line employees to provide security within the facility, respond to incidents, engage in forms of inmate surveillance, such as strip searches, and provide interventions for mental health and drug abuse (DiMarino 2009; Tracy & Scott 2006). These workers are the first to have contact with the offenders upon incarceration, which may last anywhere from a few days to several months (Steen 2007). As a result of the nature of their work, operating behind closed doors and fences, correctional officers operate with a greater degree of public anonymity than do clinicians and probation/parole officers who interact with individuals outside of their professions that may not work with juvenile sex offenders specifically. The restrictive work environment and lack of job interaction with the others outside of their secure facility may influence the correctional officers’ need to disclose specifics of their jobs. Sharing work experiences with fellow employees may be beneficial to workers, however avoiding discussions related to work with family, friends, and at times strangers, may prove
more difficult. Maintaining anonymity about one’s work may prove difficult, if not impossible at times.

B. Clinicians

The next group of workers, chosen based on their post-adjudication interaction with juvenile sex offenders, are clinicians. Clinicians typically have contact with the juveniles for six months or more (Steen 2007). Clinicians provide intervention using a variety of therapeutic techniques. These workers are primarily charged with the responsibility of providing the offenders with tools to help reduce the likelihood of re-offending (Chaffin 2008). As with correctional officers, clinicians may work in secure environments, such as in correctional facilities, or in community agencies.

C. Juvenile Probation Officers

The final group of professionals, probation/parole officers, were chosen due to their role in providing supervision of offenders while in the community (Burchfield & Mingus 2008; Schneider & McKim 2003), thereby completing the continuum of professional intervention. After incarceration and the initiation of treatment, probation/parole officers are assigned to an offender to ensure the offender completes court orders (Schneider & McKim 2008). This supervision could last months (Lane, Turner, Fain, & Sehgal 2005) to multiple years (Wooldredge 1988). While the title of probation/parole officer may not immediately elicit questions specific to sex offenders, probation/parole departments have “sex-offender-specific” agents (Burchfield & Mingus 2008). These titles, such as Juvenile Sex Offender Probation Officer, directly associate these workers with sex offenders. The probation/parole officers sampled in this study all have titles which are sex offender specific, with the exception of one.
The one probation/parole officer to work with juvenile sex offenders is known by co-workers and other professionals to work with juvenile sex offenders.

The workers for this study were chosen on the primary basis of their work with juvenile sex offenders, as well as their varying interaction and public presence. Each profession may implement its own techniques to manage stigma, however there may be differences within occupations based on the worker’s gender. Corrections is a traditionally male dominated profession, but with women correctional officers on the rise (DiMarino 2009; Holland 2008). Clinicians have traditionally been female, with two to three times the number of women than men depending on the profession (U.S. Department of Health & Human Services 2006). Evaluating the techniques used by men and women within each profession will enable me to determine the respective influence of occupation and gender in defining the techniques used to deter courtesy stigma.

As in adult studies of taint management with similar professions (Dick 2005; Tracy & Scott 2006), this study attempts to identify the stigma avoidance strategies of those who work with juvenile sex offenders as well as advance the current stigma and dirty work knowledge base. Those who work with this population have a unique job in that they are not necessarily identified directly with their clients, therefore they may engage in unique behaviors as a result of perceived taint through association with those tainted. This research will provide insight into how those who work with juvenile sex offenders navigate stigma across three different occupations. Answering the following questions will help determine the degree to which those who work with juvenile sex offenders experience taint and, if so, what management techniques they employ: How do workers in stigmatized occupations, specifically those who experience
courtesy stigma, manage social interactions and occupational disclosure? Secondly, how does occupation and gender influence the image management techniques utilized?

**Data & Methods**

Data for this study come from interviews with a sample of professionals who work in corrections, probation/parole services, and clinical settings with juvenile sex offenders. The research interview was chosen because it is “one of the most important qualitative data collection methods” available (Qu & Dumay 2011:238). Given my research questions, the qualitative interview is the most appropriate since it allows me to “uncover” the workers’ “social world,” specifically social interactions in which they encounter social taint (Qu & Dumay 2011:255). This research sought to understand any “central themes” in the life of the workers, specifically stigma management techniques used in personal and social interactions. This study sought to learn how workers interpreted events, primarily their social interactions with others in which the others were aware of the tainted population the workers encounter. Through the workers’ interpretation of the events, we are able to determine the thoughts of the workers and identify the concerns they have for others knowing their work with juvenile sex offenders (Weiss 1994). Worker responses were analyzed to determine the type of techniques used, in comparison to techniques identified in stigma management literature, and to determine if these workers utilized any “new and unforeseen” (Qu & Dumay 2011:243) techniques associated with their work and subsequent stigma.

**A. Sample**

The subjects of this study are professionals who work with juvenile sex offenders. Table 1 shows the sample size, as well as the number of individuals and gender within each profession.
I interviewed 35 individuals; of those, 16 are clinicians, 13 correctional officers, and 6 probation/parole officers. These professionals work in a variety of settings, such as in correctional facilities, individual therapy, or juvenile probation/parole departments. The sample is comprised of 20 males and 15 females. The males were dispersed among the three occupations as follows: seven clinicians, ten correctional officers, and three probation officers. Conversely, the sample included nine female clinicians, three female correctional officers, and three female probation officers.

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number of Men</th>
<th>Number of Women</th>
</tr>
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<tbody>
<tr>
<td>Clinicians</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Correctional Officers</td>
<td>10</td>
<td>3</td>
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<tr>
<td>Probation/Parole Officers</td>
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Men had an average of 11 years work experience with juvenile sex offenders, while women had an average of 10 years. Clinicians averaged 12 years, followed by probation/parole (9), and correctional officers (9). Most of the workers came to work with juvenile sex offenders through new hire, through job transition within the same organization, or after completing the minimum educational requirements for a specific job. They were assigned to work with sex offenders as part of their initial or new job duties. A small number of workers transitioned into employment through graduate school internships. These professionals were required to have regular interaction with juvenile sex offenders in one of the above capacities.
In order to gain access to county and state level sex offender specific treatment programs, state and county websites were reviewed to identify programs and facilities which provided sex offender specific intervention. In addition, inquiries were made to workers following the interviews to identify local community-based programs that work with juvenile sex offenders. I made email and phone contact with directors of correctional facilities, chief probation officers of local courts, and community-based sex offender treatment providers within the Midwest region of the United States. Each agency’s contact person was asked to notify me if any of their employees who work with juvenile sex offenders was willing to participate in the study. The number of possible participants for each profession varied by facility and agency. After individuals agreed to participate, a date and time to conduct interviews was scheduled for each facility/agency. Each correctional employee who was working with juvenile sex offenders at their facility during the designated timeframe for the interviews participated. Although correctional facilities operate 24-hours a day, the shifts not scheduled to work at each facility during the assigned times of the interviews were not included in this sample. Workers from first and second shifts were the primary workers to participate in the study. All clinicians in the community counseling agencies agreed to participate in the study. The juvenile probation/parole officers who are assigned to work with juvenile sex offenders were the smallest sample pool. The juvenile sex offender probation/parole officers from the courts all agreed to participate in the study. Securing study participants from the above sample pool was achieved easily.

B. Procedure

There were seven agency directors contacted to participate in the study; three correctional facilities, two juvenile probation departments, and two community counseling agencies. In
addition, two individual clinicians known to work with juvenile sex offenders were contacted. Each contact was via email or phone inviting them to participate in the study. One week after the initial contact was made with the director of the agency, a reminder was sent to those who had not yet responded asking them to contact me to schedule an interview. After speaking with their employees, the directors provided verification that employees were willing to participate in the study. Workers from the initial seven correctional facilities and community counseling agencies, and both individual clinicians, asked to participate in the study agreed to do so.

Upon verification of participants, a date and time were set for the interviews to take place in their respective facilities/agencies. Each correctional officer interview was conducted within the correctional facility in which the worker is employed. In order to ensure access to specific workers at juvenile correctional facilities, workers agreed to be interviewed at their work site during their scheduled work shifts. Upon arrival at the facility, I was escorted to a private office where the interviews took place. Workers who agreed to participate in the study were temporarily relieved of their work duties to participate in the study. Each clinician was interviewed at the correctional facility, a community agency where they worked, an agency in which they were affiliated, or in a public setting. Interviews for clinicians employed in correctional facilities followed the same process as correctional officers; they were relieved of their duties and escorted to a private office. The workers in community agencies chose to be interviewed in private offices, behind closed doors, within their building. Upon arrival at their agency, the directors escorted me to each worker’s office or an empty office space to conduct the interview. One individual clinician chose to participate in the interview at a local community counseling agency with which the clinician was affiliated, while the other individual clinician chose a public restaurant for the setting of the interview. Probation/parole officers were
interviewed in a public setting, within their respective courthouses, or within an adjacent correctional facility.

All workers were interviewed using a semi-structured interview guide with a set of predetermined open-ended questions, followed by additional questions about incidents and specific details. The semi-structured interview method is beneficial in that it is “flexible, accessible,” and “capable of disclosing important” and “hidden facets of human” behavior (Qu & Dumay 2011:246). My prompts were organized around the following work themes: how the workers perceive their work with juvenile sex offenders, personal experiences with family, friends, and co-workers, disclosure techniques, and worker vernacular. Prior to each interview, my juvenile justice work as a correctional officer, probation/parole officer, and clinician working with juvenile sex offenders was disclosed in an attempt to create a rapport with the participants, an “essential component” of a qualitative interview (DiCicco-Bloom & Crabtree 2006:314).

All participants except one agreed to have the interview audio recorded; in that case I took handwritten notes during the interview. The shortest interview lasted nine minutes, and the longest was one hour and 17 minutes. Each respondent had the option to choose a pseudonym to ensure confidentiality. No respondent chose a pseudonym, therefore one was chosen for each of them. No personal identifying information, such as the respondent’s name, county or facility-agency was used in the interview. During the interviews, the workers were asked to describe their experiences, including their thoughts about their profession, the quality of interaction with other professionals, their family, friends, and how they navigate social interactions. In addition, they were asked to discuss the techniques used when required to disclose the population with whom they work. This information was analyzed to determine the
full range experiences of those who work with juvenile sex offenders. Due to funding constraints, no incentives were offered to participants for their participation.

C. Data Analysis

Because there is little research about juvenile sex offenders, and even less research pertaining to those who work with this population, my work highlights the voices, the unique views, the experiences of the men and women who work with sexually deviant youth within our society, and how those experiences impact their daily interactions with others—family, friends, co-workers, and strangers. My goal was to “amplify their voices” by exposing what the workers say about their experiences as correctional officers, clinicians, and probation/parole officers and how they make sense of these experiences to the ‘‘mainstream world’’ (McCoyd & Shdaimah 2007:345). Through sharing their struggles with stigma, this study seeks to “connect mainstream culture” (McCoyd & Shdaimah 2007:345) to those who work with criminal populations by removing stereotypes associated with criminal populations.

The workers were interviewed in their workplaces because it was the most convenient for them. During the interviews, notes were taken when the respondent discussed how they respond to others’ knowledge of their work and how they interact with others in light of their work. When workers discussed any positive or negative experiences in their work directly associated with juvenile sex offenders, or when they used specific terms to describe the juveniles, I took notes to recall specific instances of stigma experiences and reactions during the interviews. After all of the interviews were completed, each interview was transcribed and I read responses several times to identify response patterns to stigma between professions and genders. Using the notes taken during the interview, and notations taken during transcription, I reviewed each question were reviewed to identify language which indicated positive or negative events associated with their
work, how the workers respond to negative interaction or comments about their work, and the ways in which workers discuss the offenders and their work. Using these indicators, response patterns were identified which allowed me to categorize worker reactions to courtesy stigma—worker disclosure practices and the positive vernacular used when discussing their work and the clients they serve. These response patterns were highlighted and grouped based on the above response reactions to courtesy stigma. In addition, response patterns indicating workers’ reaction to courtesy stigma were grouped based on interview questions first, then based on each occupation, and finally worker gender. These response patterns were analyzed to determine the techniques used to manage stigma using Blake Ashforth and Glen Kreiner’s (1999) techniques—reframing, recalibrating, and refocusing. Using the identified response patterns, responses among the three professions—correctional officers, clinicians, and probation/parole officers—and between genders were used to compare and contrast how the three different occupations and workers’ gender utilize stigma management techniques.

D. Strengths, Limitations, and Work Experience

This study has personal importance for me as a researcher and dirty worker. My dirty work in the juvenile justice system began in 1999, first as a correctional officer, then a probation officer, and subsequently a clinician. My correctional and probation work encompassed working with a variety of offenders, including juvenile sex offenders. As a correctional officer I worked in a juvenile detention center where youth are held during their criminal proceedings or as a short-term disposition. My primary role as a correctional officer in the detention center was to ensure security by monitoring the residents’ movement in the facility. There were opportunities, although few, to engage in individual sessions where conversations with youth focused on their behavior and their delinquency. As a correctional officer in a juvenile residential treatment
facility, my role was similar to the detention setting, but incorporated the opportunity to engage in limited family, individual, and group treatment interventions. Through career advancements, I was able to transition into the probation department where my primary job duty was to provide community supervision to delinquent youth, including juvenile sex offenders. In this role, I interacted with schools, other community agencies, religious organizations, and law enforcement departments on behalf of offenders. In doing so, I ensured services were in place for the youth on my caseload, as well as specific services for the family of the offender. Upon the completion of an advanced degree and additional training, I transitioned into the clinical department in a juvenile residential treatment facility.

These personal work experiences provide me with knowledge of the obstacles workers like these face and allowed me to probe the conversations in an attempt to bring some of these issues to light. The first benefit of my experience provided me additional insight into the interview responses and interactions with those interviewed by helping me understand responses which are germane to juvenile corrections and treatment and which outsiders may not understand without explanation. My work background assisted me in creating interview questions that identify instances of social interaction in which workers may implement identity management techniques, such as asking the workers questions about their interaction with other professionals. These professionals include, but are not limited to, school administrators and/or other community counseling agencies that provide services to the offenders, their families, and the victims of the offenders. Having experience in each occupation allows me to identify specific instances in which the different identity management techniques, such as generalizing their clients or work—defining the offenders as delinquents, as youth in trouble with the court, or defining their work as general counseling—may be utilized.
My experience also assisted me in asking follow-up questions to elicit more depth to answers. For example, when probation/parole officers were asked about any uncomfortable experiences with other professionals because of their work with juvenile sex offenders, many were also asked about their interactions with probation/parole officers who supervise non-sex offenders and other court officials who provide services to the victim(s) of the offenders’ crimes. By asking questions about their interaction with others within their agency or facility, I sought to identify the stigma management techniques workers use with people in similar positions. This allowed me to evaluate the differences in stigma management techniques based on specific social interactions. In addition, when workers discussed their interaction with the general public and how they believe the general public views their work, they initially limited their discussions to interactions with individuals at school, within the juvenile justice system, and their friends and family. Based on their work role, workers were asked subsequent questions about any negative reactions they experienced with landlords and potential employers on the behalf of the offender.

During instances in which workers discussed specific aspects of their job, my knowledge allowed me the opportunity to seek clarification on answers that were provided and phrases using legal, correctional or clinical jargon such as “recidivism,” “relapse,” and “sex offender registration.” For example, when discussing the probability of a juvenile sex offender committing an additional sexually oriented offense, the legal and clinical terms associated with this behavior are “recidivism” and “relapse.” In addition, workers discussed a difference in the public’s perception of juvenile sex offender registrants and juvenile sex offenders who are not subject to registration. This difference in wording is significant in that juveniles who are required to register are the offenders subject to public awareness. Through these “scheduled probes” (Qu & Dumay 2011:247) clarification was possible. During the analysis these clarifications provided
assistance during the analysis and allowed me to frame their responses within the greater context of stigma management techniques.

The second way my experience helped was in asking subsequent questions to elicit more genuine responses. The interaction during the interviews appeared to be superficial, in that they were attempting to present themselves, their facility/agency, and their work in a positive light. Many times the answers provided were what I would have provided if asked by a stranger about this type of work. This awareness prompted me to use personal examples of difficulties I have experienced as a correctional officer, probation/parole officer, and clinician in an attempt to elicit a more genuine disclosure of experiences. These experiences included interacting with the angry parents of a victim, feeling isolated from co-workers who provide services to non-juvenile sex offenders, and a lack of cooperation from community resources as a result of disclosing working with juvenile sex offenders. I then asked subsequent questions prompting the worker to identify similar experiences and reactions beyond their initial response of discussing the positive aspects of helping youth and the frustrations with bureaucracy. Through subsequent questions and personal examples of negative interactions, as described above, many workers discussed their own stress and difficulty associated with sex offender registration laws. Others perceive their work as being indifferent towards the victim, and their friends and family lack an understanding of their work. Many of the workers provided follow-up responses which reflected my own experiences as a dirty worker. Possibly in an attempt to provide a positive image of their work, the participants for the most part avoided a discussion of the discouraging aspects of the work, especially instances of recidivism and how recidivism heightens public fears and taints their work. Although I am keenly aware of my own struggles as a juvenile justice system worker, the struggles of youth, and the inevitability of some recidivism, many of these workers displayed a
sense of restraint during lines of questioning pertaining to the offenders’ success or struggles, and the subsequent impact these successes and struggles has on their work and identity. At times, it was clear my status as a fellow dirty worker helped elicit additional depth to answers given in spite of their restraint. This was exemplified most during response to questions about the difficulties new employees experience and the associated struggles of working with juvenile sex offenders. Some workers initially presented their work as heroic with struggles. Questions addressing difficulties experienced as a result of working with juvenile sex offenders, and subsequent questions in which I gave personal examples of struggles with offense details, offender families, and biased co-workers, resulted in some of the workers divulging similar struggles.

The interviews provide insight into the distinct worlds of three different professions that most people in the public are not aware of. The workers discuss in detail some of the struggles which, as a result of their work, they encounter in their professional and personal lives. The workers provide depth to their work experiences, which provides insight into the perceptions and meaningful interactions of the workers with others within, between, and outside of their professions. The interviews allow the workers to communicate how they perceive others’ views of them, including those who are close to them, such as their friends and families.

In addition to the advantages of my work experience for the quality of the interviews, there are also some limitations to this study—namely personal interjection and interview location. Although my varied work experience proved advantageous in a number of ways, this same experience also created a hurdle. During the interview process, I found myself anticipating answers based on my own work experience in each of the professions. For example, if a respondent’s initial answers were unclear or lacked depth, I used my own experience to ask
follow-up questions or give examples. In doing so, there were respondents who affirmed my examples and did not provide additional insight or clarity on their experiences. The few instances in which this interaction took place resulted in my losing potentially valuable information through the respondents’ acquiescing. During times when I would use personal examples to clarify questions, there were instances in which workers would agree with my experiences, thereby validating my own experiences but not explaining their own experiences.

The location of the interviews, the workers’ professional environment, may have increased the potential that workers’ response may have been more professional. Workers display a reluctance to express frustrations or voice negative aspects of their work while within their work environment. In addition, the workers were escorted or notified of their turn to be interviewed, which may have alerted other staff to the worker’s participation and therefore curtailed responses. Due to efficiency and worker scheduling, those interviews that took place in the worker’s job environment did not allow me to reflect on how the data collection may be influenced by their experiences or the interview environment. I was not able to make adjustments as necessary to minimize the impact of the professional environment. There was no opportunity to interview the correctional and probation/parole officers in a public setting. The correctional and probation/parole participants had already been notified by their supervisors that the interviews would take place at their worksites. Any subsequent deviation could have possibly resulted a smaller sample of a subset of workers within the criminal justice system.
Chapter 4

The Juvenile Justice System and Personnel Confidentiality Policies

The type of work that the participants do define them as dirty workers. In order to understand the techniques men and women who do dirty work use to combat social stigma, one must first explore the types of work environments that perpetuate the taint. For the men and women in this sample, that environment is the juvenile justice system. This chapter will provide a brief overview of the juvenile justice system, as well as the stigma associated with juvenile delinquents, and more specifically juvenile sex offenders. In addition, the professions and professional work policies of those interviewed will be reviewed. Because the workers’ professions are three distinct employment categories, with varying contact with juvenile sex offenders, the degree to which they are associated with juvenile sex offenders by individuals outside the profession may vary. Accordingly, the likelihood of perceived courtesy stigma may vary as well. Through a review of the professional work policies, I explore both the ability of the workers to successfully navigate professional and social interactions and the extent to which the workers can disclose information to discount or minimize stigma.

THE JUVENILE JUSTICE SYSTEM

The American juvenile justice system was established in 1899 in Cook County, Illinois (Mody 2008) and designed to protect delinquent children from the “environmental forces” which were assumed to influence their delinquent behavior (Ritter 2010:226). The philosophy of the original juvenile justice system was “parens patriae” (Ritter 2010:226), that is, the government protects those who cannot protect themselves (Ward & Kupchik 2009). Contrary to the adult criminal justice system, which was punitive in nature, the juvenile justice system sought to
change the landscape of criminal justice by protecting and rehabilitating delinquent youth. Youth were to be treated differently and more leniently than adults. In doing so, the initial juvenile justice system assumed youth were a product of their environment; therefore they were “youth-as-innocents” (Slobogin & Fondacaro 2009: 9). Delinquent youth were to be “excused and not punished” for their criminal behavior (Slobogin & Fondacaro 2009: 10). As a result, the juvenile justice system sought to assist wayward adolescents during their transition into adulthood, not punish them. Youthful offenders would therefore escape stigmatization through avoidance of the tainting label of “criminal” (Ritter 2010). The criminal label was reserved for adult offenders, who were perceived to be more dangerous and whose crimes were more serious because adults are presumably more culpable for their actions (Hirschi & Gottfredson 1993).

One of the underlying assumptions of the juvenile system is that the offenses of the youth are less serious than the offenses of their adult counterparts. Another assumption is that youth are less culpable for their actions. They do not have the ability to empathically understand the outcomes of their behaviors. Because they cannot be held completely responsible for their actions, the underlying assumption is that youth are deemed to be more susceptible to outside influence. They can be influenced both negatively and positively. As a result of their susceptible state, youth are believed to be more amenable to treatment and interventions than adult offenders and hence likely to have lower rates of recidivism. One final reason for the distinction between juvenile and adult offenders lies in the types of offenses committed (Hirschi & Gottfredson 1993). Even though youthful offenders commit some of the same offenses as adult offenders, some offenses are illegal solely for juveniles. These types of offenses are categorized as “status offenses” due to the juvenile’s status as a minor (Hirschi & Gottfredson 1993:266) and are deemed to be “noncriminal” (Snyder & Sickmund 2006). These types of offenses include, but are
not limited to, truancy and violation of court orders (McLeigh & Sianko 2010). Because of the aforementioned reasons, the juvenile justice system sought to avoid labeling juveniles as criminals, thus reducing the potential for stigmatization.

The Juvenile Justice and Delinquency Prevention Act (JJDPA) of 1976 sought to further decriminalize the actions of delinquent youth by focusing resources more towards treatment and rehabilitative strategies to address delinquency (Ritter 2010). As time progressed, the political landscape changed once more, this time in the direction of a more punitive system of justice. In 2002 the JJDPA pendulum swung the other direction. The philosophy of the juvenile justice system became more punitive and more similar to the adult system. The current juvenile justice system has two foci, one focus being sanction-based justice and the other being assistance through rehabilitation (Kupchik 2003). The sanction-based focus, which is more representative of the current system, provides the general public with a sense of retribution for the crimes committed while incapacitating the offender through incarceration (Ritter 2010).

**Delinquency & Stigma**

Juvenile offenders, those who are labeled criminal by the juvenile justice system, experience stigma on a grand scale (Chui & Cheng 2013; Winnick & Bodkin 2008). Research has shown repeatedly that criminal labels create challenges for individuals attempting to be productive members of society. Although the juvenile justice system was initially designed to minimize stigma, juvenile delinquents find themselves susceptible to social taint. Many of those stigmatized within society walk among the normal without notice. They have mastered the external concealment of their stigma and are readily able to pass among strangers. Those who are not as successful must endure the effects of their blemishes. These individuals tend to have a
public presence already, such as through physical handicaps, or engaging in behaviors which

draw attention.

Juvenile delinquents are viewed differently than adult criminals by the legal system, and

thus experience stigma and stigma concealment differently. The term juvenile delinquent

encompasses all juveniles who engage in criminal behavior and have been labeled as such by a
court, regardless of the outcome of the crimes. It has been operationalized, in the simplest form,
as “contact with criminal justice system,” which encompasses a criminal charge, an arrest, and a
conviction (Tanner, Davies, O’Grady 1999:257). While delinquency encompasses all deviant
juvenile behavior, sexually oriented delinquent offenses are perceived as different because of the
type of offense. Therefore, the terms “juvenile delinquent” or “delinquent” describe only those
juveniles who commit non-sexually oriented crimes, while “juvenile sex offender” is the term
used by the criminal justice system to describe those juveniles who commit sexually oriented
crimes.

Delinquent youth typically experience difficulties in everyday interactions and

relationships, such as in family interaction, close relationships, and in encounters with employers
and teachers. Juvenile delinquency affects the relationship between parents and child, with

parents experiencing decreased health, heightened emotional distress, and increased conflict
(Amber 1999; Tanner et al. 1999). Because of the stigma of delinquency, family members may

“go to great lengths to hide or avoid discussing a loved one’s incarceration” (Hirschfield 2008:
581). Because of the family’s experience with courtesy stigma, delinquent youths may

experience more severe punishment, more supervision and restrictions, and loss of support from

family members (Hirschfield 2008).
Delinquency influences various aspects of the life course beyond adolescence, such as socioeconomic status, employment, and romantic relationships. Prior delinquency can influence a young adult’s life choices, including a variety of outcomes such as a greater likelihood of social instability, less care and trust within relationships, or further engagement in antisocial behaviors (Lanctôt, Cernkovich, & Giordano 2007). As a result of their delinquent past, offenders may experience difficulty in finding suitable dating partners and be faced with limited occupational choices (Vikström & University 2011). Those found to engage in delinquency into their later adolescence have been found to experience negative employment effects for a period of ten to twelve years thereafter (Tanner et al. 1999).

Delinquency has a significant impact on education, as many academic hardships have been found to be associated with juvenile delinquency. These hardships include low academic motivation and low grades (Siennick & Staff 2008). Those who engage in delinquent activities are less likely to graduate from high school than their non-delinquent counterparts, 26 percent compared to 64 percent. Twice as many non-delinquent youths were subsequently admitted to a four-year college, compared to delinquent youth (Kirk & Sampson 2013:47). This discrepancy is primarily attributed to the changes in student-school administrator interaction. Hurdles such as exclusionary policies, damaged social relationships, and alienation from school staff become impassable barriers for some youths to overcome, especially when the alienation influences their ability to get help with college admission. For those who are on track to complete high school, their criminal history may prove to be insurmountable. In short, delinquent behavior during adolescence has significant effects on future life chances, resulting in a “cumulative disadvantage” (Li 1999:320).
Those who work primarily with juvenile delinquents encounter and engage with youth who are experiencing these difficulties as well as the subsequent stigma associated with delinquency (Lanctôt, Cernkovich, & Giordano 2007; Tanner, Davies, & O’Grady 1999). As a result of working with delinquents, employees in the juvenile justice system may experience courtesy stigma. However, the workers’ representation of justice may counteract courtesy stigma if the public views their job as heroic. If the workers present themselves in social interactions as being part of the criminal justice system, yet are supportive of youthful offenders, they may be perceived differently than adults. Their interaction, and subsequent modification of others’ views, may minimize the stigmatization of the offender, and thus their own stigma. Conversely, the workers could also find themselves susceptible to public scrutiny if they present themselves as supportive of the offenders because of the negative societal views of juvenile delinquents, especially juvenile sex offenders.

Juvenile sex offenders. Juvenile sex offenders differ from delinquents in that juvenile sex offenders experience stigma primarily because sex offenses are viewed so negatively. Delinquents can pass as normal, in general, because their offenses are not typically publicized. Juvenile sex offenders, just as adult sex offenders, become public spectacles and receive considerable attention because of legislation that makes their offenses public. Prior to the enactment in 2006 of the Adam Walsh Child Protection Act, juvenile sex offenders could “pass” as “normals” because their offense history was not accessible to the public. Since the passage of the Walsh Child Protection Act, however, juvenile sex offenders experience “debilitating” and “lifelong sanctions” which result in their being “ostracized, threatened,” and “banished from their neighborhoods” (Pittman & Parker 2013:50). Juvenile sex offenders have become the
subject of “vigilante attacks,” have received “threats of violence,” and have experienced harassment as a result of the publicity generated by registration laws (Pittman & Parker 2013:56-57).

Passing as normal has become especially difficult for those juvenile sex offenders who are sex offender registrants and ordered community notification requirements through court proceedings. Community notification entails sending information about the juvenile through the mail to the offender’s neighbors and making the offender’s identifiable information available to the public either through mail or by request (Richardson 2002; Letourneau, Bandyopadhyay, Armstrong and Sinha 2010). The public label of a juvenile sex offender creates significant social and personal stress for both the offenders and those who work with them. Research has shown that those labeled as juvenile sex offenders have difficulty navigating the social world, in part because of the stigma attached to adult sex offenders (Burchfield 2012; Burchfield & Mingus 2008; Craun & Theriot 2009; Farkas & Miller 2007; Levinson, Brannon, Fortney, & Baker 2007; Levenson & Tewksbury 2009; Tewksbury & Lees 2006; Tewksbury 2007). Although juvenile sex offenders are different in terms of factors that influence their offending (Caldwell, Ziemke, & Vitacco 2008), such as their victim demographics (Craun & Kernsmith 2006), and lower recidivism rates (Vandiver 2006) the public’s perception of the differences between juvenile and adults sex offenders may not be clear (Pittman & Parker 2013).

Juvenile sex offender registrants experience more significant stigmatization than other delinquents due to their increased public presence in the media (Pittman & Parker 2013), public access to their offense history (Kushner 2004; Richardson 2002), and the public fear associated with their offenses (Chaffin 2008). People who have been notified that a convicted sex offender has moved into their neighborhood may post fliers, print newspaper ads, and hold public
meetings to further disseminate the offender’s information (Pittman & Parker 2013). Because high profile sex offender cases receive media attention, attention has increased for juvenile sex offenders in general. Media reports may contribute to the misperceived recidivism risk, and therefore public fears of these offenders may increase.

As adult sex offenders, juvenile sex offenders report experiencing significant struggles with residency laws. Although juveniles, sex offenders may not be permitted to reside within a specific distance of locations where school age children congregate, including schools and bus stops. The laws pertaining to sex offenders, including juveniles, purposefully perpetuate stigma through making their offenses public and imposing restrictions on their ability to live a normal life. Some juvenile sex offenders end up being homeless. In other cases, families report difficulty in housing their child because of the residency restrictions (Pittman & Parker 2013). Federal law allows families to be evicted, denied housing, or have any public assistance terminated if any child, or family members, residing in the home have been adjudicated of a felony-level sexually oriented offense (Watson-Marsh 2011). Additional obstacles are presented when the families must move, as communities sometimes band together to prevent sex offenders from moving into their neighborhoods (Zevitz & Farkas 2000).

As a result of the public’s increased knowledge, juvenile sex offenders have become targets of stigmatization. This population holds a unique social position among delinquent juveniles; information about their stigma is publically accessible, but the source of the stigma is not physically visible. This is true of those who work with the youth too. Workers may have remained invisible, but as the public becomes more aware of juvenile sex offenders, the public may also become more aware of these workers. Those who work with these youth may find themselves navigating social interactions in which they may feel compelled to discuss their role
in working with juvenile sex offenders. This may solidify an association with this group of delinquents and increase the potential for courtesy stigma.

Confidentiality within the Juvenile Justice System

Although the juvenile justice system serves dual functions, those juvenile offenders who are processed through the juvenile court system experience an additional protection that adults in the criminal system are not afforded, confidentiality. The juvenile court, which is the judicial body that oversees juvenile proceedings, has historically operated under the cloak of confidentiality. Confidentiality has been the court’s primary means of minimizing the stigmatization of juvenile offenders. Juvenile court records and proceedings are deemed confidential and, in many states, the media and the general public are denied access to the hearings. Proceedings may be limited to the prosecuting attorney (Mason 2004), the juvenile offender, the juvenile’s attorney, the offender’s parent or legal guardian (Lerner 1999), as well as treatment professionals (Kupchik & Harvey 2007), and other juvenile justice staff who have interest in some professional capacity (Snyder & Sickmund 2006). By limiting access, the juvenile court works to ensure the confidentiality of the proceedings, therefore minimize the stigma associated with the youth’s criminality. However, there are juvenile courts where state or local legislation requires juvenile court proceedings to be open to the public. In these jurisdictions, the circumstances are reserved for repeat offenders or those who have committed “serious or violent crimes” (Office of Juvenile Delinquency Prevention 1997:37).

Juvenile justice workers & confidentiality. Because of the stigmatizing nature of criminal labels, workplace policies compel those who work with juvenile delinquents to refrain from
engaging in any communication which may bring an offender’s circumstances to light. In order to ensure confidentiality, workers are expected to know and comply with agency policies regarding disclosure. Although the policies are primarily designed to provide additional stigma protection to the juvenile offender, an analysis of agency policies will provide insight into how workers utilize these policies to minimize or prevent worker courtesy stigmatization. Workplace policies and programs are important in that they can promote stigma awareness and therefore minimize situations in which stigma is perpetrated within the workplace (Malachowski & Kirsh 2013).

Outside of those who are parties to the criminal proceedings, such as the offender, the offender’s family, and victim, the workers in this study are able to avoid their association with juvenile sex offenders to a degree. Because their association will primarily come through self-disclosure, these workers must decide how to interact with others at the professional and personal level. If the correctional officers, clinicians, or probation/parole officers choose to disclose the nature of their work, they may subject themselves to discrimination, shame, and other negative experiences similar to those experienced by the tainted offenders (Tzemis et al. 2013; Balfe et al. 2010).

Stigmatizing information not only has the potential to affect the subject of the information—the offender—but also has a potential to negatively affect those associated with the offender. Courtesy stigma, stigma imposed through association with stigmatized individuals (Wight et al. 2005), as a distinct form of stigma, is the subject of a fairly sizeable literature. Working with individuals who possess characteristics that are tainted motivates employers to establish confidentiality or privacy guidelines as a means of ensuring that agency standards are met and employees are compliant (Adams 2012; Chiappetta-Swanson 2005; Sanders 2010).
These confidentiality and privacy guidelines help ensure and stigma is diminished for those who possess a stigmatizing attribute (Lane, Goldstein, Heilbrun, Cruise, & Pennacchia 2012; Szeto & Dobson 2010). Stigma may be diminished through policies which regulate the degree to which individuals are exposed to stigma or regulating the extent to which individuals disclose stigmatizing information that encompasses their work. If workers are compliant with such stipulations, the policies can “improve the overall mental health of employees” and a create a more “healthy workplace” (Szeto & Dobson 2010:46).

Each of the occupations represented in this study has policies about not disseminating court records or information. In addition to employers, professional associations and organizations also provide guidelines and oversight (Adams 2012). Failure to comply with the employer or organization guidelines may result in disciplinary action, including termination.

The confidentiality standards of the agencies reflect the initial goal of the juvenile justice system, to minimize the stigmatization of juvenile offenders. This is important in that the stigma of the offender is directly related to the courtesy stigma of the worker. The work my respondents do is dirty because of whom they work with. Herein lies the importance of confidentiality practices among these workers, the necessity for workers to engage in identity management techniques if prompted to discuss their work. The nature of the workers’ employment site may directly associate them with juvenile sex offenders, such as agencies or facilities that are known to provide services exclusively to juvenile sex offenders. Similarly professional titles may indicate the nature of the work. In such instances, the employer’s work policy may either minimize or increase the likelihood the worker encountering courtesy stigma by regulating information and worker behavior. Therefore, I will analyze the policies of the agencies to determine their role in worker stigma management.
Dirty workers, workplaces, & workplace policies. There are a number of interventions and programs designed to address the criminal and rehabilitative needs of the juvenile offender population, as well as a number of dirty workers who provide these services. These dirty workers are associated with stigmatized individuals as a part of their job duties. As a result, they may experience a contagion effect within a workplace or community (Kulik, Bainbridge, & Cregan 2008) through their association with juvenile sex offenders. The primary juvenile justice workers who provide supervision and interventions for juvenile sex offenders are correctional officers, clinicians, and probation/parole officers (Hockenberry, Sickmund, & Sladky 2013; Kupchik2007; McCallum & Laurence 2008). These workers are employed in detention and rehabilitation centers, juvenile courts, and community counseling agencies.

The correctional environment: correctional workers and clinicians. When apprehended, juveniles who are perceived to be a threat to the safety of others are often detained in a juvenile detention center, much like an adult jail (Bilchik 1998; McLeigh & Sianko 2010; Steinhart & Butts 2002). Youth may be in the detention center for hours or months (The National Council on Crime and Delinquency 2012). Youthful offenders may remain in the detention center throughout the adjudication (finding of guilt) and the disposition (sentencing) phases of the court proceedings. Alternative detention methods are increasing. Although the youth are not physically confined they are ordered to comply with restrictions on their movements. These restrictions include home detention and electronic monitoring. Failure to comply with these restrictions may result in incarceration in a secure facility and additional sanctions. Other alternatives to secure incarceration within a detention center include “training schools, camps, and ranches” designed
to provide minimum security and highly structured environments for “serious, violent, and chronic juvenile offenders” (Bilchik 1998).

The detention center is typically the first step in the juvenile justice proceeding. Hence those who work in the detention centers are typically the first juvenile justice workers to have contact with the offender. These correctional employees play a vital role in the legal process. Traditionally, correctional officers engage in physical and social dirty work, working in settings that are stressful, and at times dangerous (Sundt 2009). Correctional officers engage in many job duties, some of which include “camp counselor,” “glorified maids,” “babysitter,” and “disciplinarian” (Tracy 2004:510-514). But they also may serve the inmates food, supervise offender’s meal and recreation, perform strip searches, remind offenders of facility rules (Tracy 2004), and intervene during physical altercations (Mendel 2003). Their job duties and roles require them to engage primarily in security-oriented tasks pending the juvenile’s court proceedings. Their specialized knowledge and their role-related ability to develop relationships with the offenders they work with helps to maintain facility safety (Armstrong, Hartje, & Evans 2014).

Juvenile residential facilities are similar to their juvenile detention counterpart in that they are secure, locked facilities at the county level. However, these two facilities differ in that the residential facility’s mission is to “incarcerate, care for, and rehabilitate juvenile delinquents” (Caeti, Hemmens, Cullen, & Burton, Jr. 2003:384). Juveniles may remain incarcerated in the residential facilities for periods of four months up to multiple years (Abrams, Anderson-Nathe, & Aguilar 2008; Lowenkamp & Latessa 2005). By focusing on their goal of rehabilitation, correctional workers can take the opportunity to discuss their role in helping youth reduce their
recidivism. This rehabilitative role can minimize the worker’s taint in regard to working with juvenile sex offenders because it provides a positive imagery of their work.

Similar to detention settings, many residential facilities are characterized by gates, fences, and locked rooms. However, these facilities are designed to be intermediaries between the juvenile prison system and community supervision. Residential facilities provide “structured, intensive treatment” as an alternative to placement in state facilities (juvenile prisons) (Lowenkamp, Makarios, Latessa, Lemke, & Smith 2010: 696). Their role is to reduce recidivism through cognitive and behavioral treatment interventions designed to reduce or eliminate pro-criminal attitudes and beliefs (Lowenkamp, Makarios, Latessa, Lemke, & Smith 2010). Through the rehabilitation process, these facilities operate to reduce the impact of the criminal labels and the potential for offender stigmatization. During social interactions, the workers who engage in these treatment interventions can boast of their role in helping keep the public safe, thereby presenting their job in a positive light. The lack of public awareness surrounding these workers and their work policies can be beneficial, in that the public is not aware of the work they do, or the public could elicit questions which may compel workers to discuss their jobs. If they feel compelled, whether by an acquaintance or by a family member, to discuss their work, identity management techniques become essential.

The most restrictive and punitive secure placement for juveniles in many states is the correctional facility at the state level. The workers in these facilities differ from the workers at the local level in that these workers encounter juveniles who have exhausted all prior interventions and have been deemed to be a significant enough security risk to be removed from their local communities. Residents may also be provided rehabilitative services which promote community and victim restoration. The juvenile prison system is designed to hold youth that the
local jurisdictions and residential facilities cannot hold long-term. These youthful offenders are
deemed to be the more serious offenders who cannot be served at the local levels. The average
length of stay may be two years or more (Krisberg, Vong, Hartney, & Marchionna 2010).

*Correctional officers.* Correctional officers in secure juvenile facilities work with youth
who have academic, behavioral, and mental health challenges (Gagnon, Houchins, & Murphy
2012). Through their relationships with the juvenile offenders, correctional officers are able to
engage in informal counseling and mentor sessions with the offenders (Kupchik 2007). The
relationships and influences of the correctional workers may have significant influence on the
success of youth offenders. If the quality of the interaction with a correctional staff is positive,
the youth has a greater likelihood to be successful (Knowles, Townsend, & Anderson 2012;
Marsh & Evans 2009). Therefore, the importance of the worker’s role becomes evident.

*Juvenile correctional policies.* Those who work in these facilities or agencies are required
to abide by confidentiality rules and ensure that their work is done in such a way as to prevent
the unauthorized disclosure of offender information. Although these policies seek to preserve the
well-being of the juvenile offender, the worker’s ability to benefit from the disclosure policies
has yet to be determined. Facility policies and procedures are designed to control the behavior of
the workers who directly interact with the juvenile sex offender (Lane, Goldstein, Heilbrun,
Cruise, & Pennacchia 2012).

Agencies expect worker compliance with confidentiality policies:

*Juvenile Residential Facility #1:* “All staff authorized access to youth records shall
preserve the confidentiality of records...” “Unless public safety is threatened, employees
shall keep the juvenile’s supervision [probation] confidential.”
Juvenile Residential Facility #2: Every employee is expected to recognize the responsibilities entrusted to him or her in preserving the security and confidentiality of this information...

These policies provide clear expectations on workers who are entrusted with information about the offenders. They are not to disclose information about offenders unless doing so within the boundaries of their work, presumably with other professionals, and more specifically if knowledge of the youth’s criminal history is pertinent to the safety of others. This may be more relevant to sex offenders, such as school administrators being informed of the youth’s sexual deviance if the offender has access to younger children. For example, if a juvenile sex offender attends a high school that is structurally attached to a junior high school the school administrators may be made aware of his sexual offense history. Communication with others about the offender is not arbitrary. When workers communicate information about offenders, they are communicating with other professionals who have a similar vested interest in the juvenile—another dirty worker. The common interaction between the dirty workers and other professionals helps to normalize the worker’s association with juvenile sex offenders, thereby removing a layer of courtesy stigma within professional interactions. Policies which “normalize” stigmatizing conditions permit workers to engage in socially tainting work without the burden of courtesy stigma (Ashforth, Kreiner, Clark, & Fugate 2007:150). Policies can act as “social buffers” that encourage dirty workers to rally around each other and “close ranks against outsiders” (Ashforth, Kreiner, Clark, & Fugate 2007:167). When workers disclose information to other professionals, such as when probation/parole officer coordinate interventions with a clinician, both professionals acknowledge associations with the offender. Limiting disclosure to a group with similar contact with a stigmatized individual provides support and increases the
ability to refute stereotypes and resist stigma (Crabtree, Haslam, Postmes, & Haslam 2010),
although at the cost of excluding others, such as friends and family.

In contrast, differentiation between the degree and frequency of contact, even between
professionals who work with juvenile sex offenders, can promote stigma within one group. For
workers whose main social contacts are with a tainted population, courtesy stigma may be strong
(Kulik, Bainbridge, & Cregan 2008). This may be especially true if workers work only with a
specific population, such as juvenile sex offender probation/parole officers only supervising
juvenile sex offenders or correctional officers only working a sex offender unit. Stigmatized dirty
workers, such as sex offender probation/parole officers, can become so excluded within their
place of employment that their co-workers become the “outsiders” (Ashforth, Kreiner, Clark, &
Fugate 2007:167). However, workplace policies and standards set by agencies may encourage
workers to control this process by educating employees who work with stigmatized populations
about contagion effects of stigmatizing conditions.

The following facility provides guidelines about the discussion of offender information.
Regardless of context, if workers disclose information not within the scope of their job duties,
the presumption is that they have violated confidentiality:

Juvenile Residential Facility #2: “Employees are further expected to refrain from
participating in any discussion or gossip about a person, or his or her individual
circumstances, that might be perceived by others to be information obtained from
[facility] records. Discussion of any such information, even if not technically a breach of
confidentiality, may create the perception of impropriety, which is to be conscientiously
avoided.”
This facility has guidelines stipulating the context under which the information should be communicated. Workers are not to discuss an offender’s specific information outside of their professional role. Workers are not permitted to discuss offender details or circumstances specific to an offender. Workers are discouraged from discussing work outside of their job. This particular policy expands confidentiality to include communication that does not necessarily include identifiable information, but may be classified as “gossip.” As with the previously mentioned policies (in Juvenile Residential Facility #1 and Juvenile Residential Facility #2), this may prove to be beneficial to the workers in regard to minimizing stigma and increasing support among others who work with the juvenile sex offenders. As indicated earlier, limiting the disclosure to those who work with the juvenile sex offenders, whether correctional officers, clinicians, probation/parole officers, or school administrators, can benefit the worker through the creation of a support group, but can also potentially complicate relationships outside of the support group (Crabtree, Haslam, Postmes, & Haslam 2010).

**Clinicians.**

The dirty workers who complete the assessments and provide the treatment interventions are typically clinicians, those with state licensure or counseling credentials (Brandes & Cheung 2009). Mental health professionals are present in many juvenile residential facilities to provide assessment and interventions (Hockenberry, Sickmund, & Sladky 2013). Their job is to enhance their client’s well-being through assessment, treatment and client advocacy (Center for Mental Health Services 2006).

This group of professionals is unique, compared to juvenile correctional officers or juvenile probation/parole officers, in that their profession is independent of the criminal justice system. As a result, not every clinician may experience stigma, or stigma to the same degree.
Those clinicians who work within the juvenile justice system may experience more courtesy stigma because of their association with criminals, while those who work in the community may be able to disguise their work with juvenile sex offenders more easily. This may be possible when the clinician works at an agency which engages in a variety of treatment interventions, such as family and individual counseling, substance abuse, and mental health services. Regardless of work location, clinicians engage in a multitude of job duties, primary among them to advocate for and “help the client,” (Emerson & Pollner 1976). This help is accomplished through treatment interventions, such as individual and group treatment, which focuses on the youth’s criminal behavior, social skills, education, and criminal attitudes (Shoemaker 2009). In order for treatment to be successful, the clinician must create a rapport with the offender. When performing their job duties, providing treatment interventions, the worker’s rapport allows them to take into consideration the offender’s well-being (Brandes & Cheung 2009; Steen 2007). This provides the worker the opportunity to emphasize their role in helping a child. One way to accomplish this is for the workers to communicate their role as agent of change. This positions their work in a positive light, thereby minimizing the stigma of the worker (Shoemaker 2009). Although social taint may be experienced, the change workers may observe, and subsequently share, may minimize their own taint. This is especially true if the worker is able to reframe the youth as someone capable of change, thereby reframing their work as the catalyst for the change. This, in turn, might minimize the courtesy stigma.

Clinicians, policies, and Licensing Boards: A secondary means of stigma protection for many of the clinicians is found within the policies of state licensure boards. Select clinicians in this study have licensure through a Psychology, Counselor, or Social Work board. These boards
provide disclosure expectations of those licensed in their respective fields. These expectations may benefit the worker in that they generalize those they provide services to, or may prove to be problematic in that they cannot generally define the juvenile sex offender as a child who has made poor choices. The one stipulation to this redefining is that the worker must be licensed by one of the state boards. Psychologists, for example, are directed to maintain professional relationships and hold information that is disclosed within the context of that relationship as confidential:

*Psychology Licensure Board: “Confidential information is information revealed by an individual or individuals or otherwise obtained…where there is a reasonable expectation that it was revealed or obtained as a result of the professional relationship…[s]uch information is not to be disclosed…without the informed consent of the individual.”*

The confidentiality standards of this profession require the worker to avoid disclosing information that is specific to the client, but does not prohibit their disclosure of information which may associate them with a stigmatized group. As with the juvenile probation/parole officers, clinicians must choose the degree to which they disclose information about their work. However, there are instances in which disclosure of information is permitted, assuming steps are taken to avoid disclosing details that may identify a specific person or circumstance. Work policies that are less restrictive may contribute to worker stigmatization by failing to implement a standard which provides the worker a citable reason not to talk about the stigmatized individuals’ condition or difference (Bornstein 2013). A preventative disclosure policy allows the worker to avoid disclosure by claiming confidentiality and ethical obligations to avoid disclosure while diverting blame to the licensing board.
The alternative may be true as well. Disclosure may influence the public’s perception of juvenile sex offenders in a positive way by the worker emphasizing the youthfulness of the offender and the original mission of the juvenile justice system to protect the young (Ritter 2010; Ward & Kupchik 2009). This is the quandary presented to licensed clinicians who work with juvenile sex offenders. If the worker chooses to disclose information about their clients, their permissible disclosures must be done within the context of “teaching, research, or other published reports:”

*Psychology Licensure Board: When any case report or other confidential information is used as the basis of teaching, research, or other published reports, a psychologist or school psychologist shall exercise reasonable care to ensure that the reported material is appropriately disguised to prevent client or subject identification.”*

Herein lies a potential conflict for the worker, specifically psychologists working in one of the community correctional facilities cited earlier. The confidentiality standards of the community correctional facilities and juvenile courts do not permit disclosure of information pertaining to a case or an offender, regardless of the worker’s ability to disguise information. Therefore, the policies of community correctional facilities are more restrictive, possibly due to the variety of professionals and state licensing boards. This community correctional facility restriction could be beneficial by providing the worker an excuse not to disclose information. Conversely, this may increase the potential for stigma by limiting the worker’s disclosure of information that may positively change the public’s perception of the juvenile sex offender, and thereby changing the perception of the worker.

Those workers who are not employed by a community correctional facility or a juvenile court still operate within limited venues unless workplace policies state otherwise. Those who
work under the guidelines of the licensing boards alone, primarily as independent clinicians, navigate social interaction within broader policies. The board policies permit greater disclosure, which may increase the workers’ association with juvenile sex offenders should they choose to discuss the details of their work. Because none of the confidentiality clauses specifically discourage the worker from discussing information about their profession, the worker must choose whether or not to disclose this potentially tainting information. If they disclose, the worker must manage the ramifications of their disclosure. Regarding disclosure, the worker must utilize identity management techniques, cite other reasons for non-disclosure, or disclose information.

Juvenile probation/parole officers. An alternative to incarceration is community supervision through juvenile probation/parole departments. Probation/parole officers engage in a variety of job tasks, such as presenting evidence during criminal proceedings, recommending disposition for youthful offenders (Ward & Kupchik 2010), enforcing the orders of the local jurists, and providing the offender with assistance in acclimating back into the community (Clear & Latessa 1993). Probation/parole officers serve dual purposes; one is to ensure that the community is safe (Schwalbe & Maschi 2009; Suttmoeller & Keena 2012). This is accomplished by holding the offenders accountable and ensuring they comply with court orders and treatment/intervention recommendations. The probation/parole officer’s supervisory and punitive position, in relation to the offender, is perceived by the public as the officer fulfilling their “public protection role” (Maguire & Carr 2013). By presenting their work as protecting the public, these workers present themselves in a positive light and therefore minimize a stigmatized association with the offender. The other role is to assist the offender (Suttmoeller & Keena
not through surveillance, but through helping the youth find employment or enroll in services. This aspect of their work requires them to be supportive of the offender (Rudes, Viglione, & Taxman 2011). This may elicit a strong response and backlash from the public and other professionals thereby solidifying a strong association with the offender, which may increase the potential for courtesy stigma.

It is through this latter role, providing assistance to the offender, that the probation/parole officer becomes a vital part of the youth’s treatment progress (Clear & Latessa 1993), performing a role similar to clinicians. In providing assistance to the offender, the probation/parole officer may engage in individual sessions with the offenders in which they “target criminogenic needs” and “reinforce prosocial behavior” (Smith, Schweitzer, Labrecque, & Latessa 2012). Therefore, the juvenile probation/parole department serves as the “gateway provider” (Holloway, Brown, Suman, & Aalsma 2012) to help youth acquire services within the community (Ward & Kupchik 2010), and in doing so emphasize the offender’s vulnerable status. This role of gateway provider also allows the probation/parole officers the opportunity to frame their work in terms of helping reduce the recidivism of the offender, thereby reducing any negative perceptions of the worker.

The degree of public presence plays an important role in the association these workers have with juvenile sex offenders. Those who are able to work with the offenders behind closed doors, such as correctional officers, and generalize the population they work with, as with clinicians, may experience less courtesy stigma than those whose professional title identifies the population they serve, for example Juvenile Sex Offender Probation Officer. When interacting with other professionals, such as school staff, law enforcement, mental health professionals, or with community members, during which the offender’s criminal history is disclosed, the
probation/parole officer discloses his or her association with the offender. Those probation/parole officers who are known to work solely with juvenile sex offenders cannot escape the association. Because probation/parole officers interact with the offender through supervision and intervention, and during the course of these duties, with other professionals within the community, the probability of the probation/parole officer encountering negative reaction to their work may be greater compared to correctional officers and clinicians.

Confidentiality and juvenile probation/parole officers. Policies of confidentiality are fairly consistent within the juvenile justice field, as is evidenced by the similar wording across different departments and agencies within the same county:

Juvenile Probation/Parole Department #1: “An employee must not exhibit or divulge the contents of any record to any person except in the conduct of his or her work assignments, or in accordance with the policies of the Juvenile Justice Center and [State] law concerning the release of information.”

The policy of this juvenile probation/parole department includes the probation officers. The release or discussion of any information pertaining to juvenile sex offenders by the workers must be in accordance with their job duties, but this does not guarantee the workers will not experience some degree of taint. Compliance with the above policy provides the worker protection from outside individuals seeking information about a particular case, assuming the worker communicates their inability to discuss their clients as a result of their department’s policies. As with the policy guiding employees of the Community Correctional Facility, this policy does not prevent the worker from disclosing their official title, their job duties, or the types of offenses youth commit. Workers must then decide whether or not their job title, duties,
or offender type may increase or diminish the likelihood of stigma. If these identifiers increase
the likelihood of stigma and the worker chooses to disclose, stigma management techniques
become important to minimize stigma. If they limit disclosure, they lessen their encounter with
courtesy stigma.

Not only are workers discouraged from discussing specifics about an offense or an
offender, they are discouraged from engaging in any discussion which may be perceived as being
related to information accessible through their occupation:

_Juvenile Probation/Parole Department #1: “Employees are further expected to refrain
from participating in any discussion or gossip about a person, or his or her individual
circumstances, that might be perceived by others to be information obtained from
[facility] records. Discussion of any such information, even if not technically a breach of
confidentiality, may create the perception of impropriety, which is to be conscientiously
avoided.”_

This confidentiality policy provides the worker an added barrier against stigma in that they are
discouraged from disclosing information about a specific case or details about an offense which
may elicit a strong response from others. This is beneficial in that the workers may exaggerate
the extent to which they are not permitted to disclose information about their work. However,
choosing to refrain from disclosure may increase the stigma and the public’s perception that
juvenile sex offenders have engaged in heinous crimes because they are not being informed
otherwise. Discussing an offender’s information or the details of an offense may provide an
inquirer with information about juvenile sex offenders that may contradict and negate the
negative stereotype associated with sex offenders (Chaffin 2008; Ford & Linney 1995; Pittman
and therefore minimize the courtesy stigma for the worker.

**Conclusion**

The juvenile justice system was originally designed to be an advocate for youthful offenders. The goal of the system was to provide guidance to youth who are susceptible to the negative influence of family, friends, and society. The juvenile system has gradually transitioned into a system that treats juvenile offender almost as harshly as adult offenders. The juvenile system is comprised of initiatives and programs to address juvenile delinquency, including short- and long-term incarceration and, in some select cases, rehabilitation.

Those who work within the juvenile legal system, whether clinicians, correctional officers, or probation/parole officers, are held to a standard of conduct which places emphasis on confidentiality. The juvenile justice system warns and admonishes the workers not to disclose information that may identify a youth as a tainted offender, thus providing a limited protective factor for the delinquent offender. The same system that protects the offenders has little to no regard for the potential plight of the workers.

Without the initial protection of the juvenile justice system, juveniles find themselves struggling against the same stigma as adult offenders. This could not be truer for any delinquent population than juvenile sex offenders. Although the juvenile and adult criminal justice systems maintain separate proceedings, juvenile sex offenders are now experiencing the same public condemnation as adult sex offenders. As a result, the juvenile sex offender elicits more public scrutiny. Therefore, those who work with these offenders experience greater public exposure.
The general public is not privy to the detailed information about juvenile sex offenders that those who work in the profession have access to. Highly selective stigmatizing information is communicated through the media, which allows others outside of the profession to develop perceptions of juvenile sex offenders. When these workers disclose the population they work with—juvenile sex offenders—they subject themselves to similar negative perceptions. Therefore, when asked about their work, these workers must make the conscious decision whether to disclose their work, and expose themselves to disciplinary action (for breaking confidentiality), or to engage in some other form of stigma management technique. Disclosure becomes the first dilemma for the dirty workers who work with juvenile sex offenders.
Chapter 5

Worker Disclosure Techniques

The primary goal of this research was to determine the stigma management techniques used by three categories of professionals who work with juvenile sex offenders on a regular basis, namely clinicians, correctional officers, and probation/parole officers. In this chapter I review the confidentiality and training practices, as reported by the workers, and discuss how this information forms their perception of their work. An analysis of the responses given by the participants reveals patterns of disclosure techniques within and between professions, as well as within and between genders.

Three stigma management themes emerged from the interviews: (1) limiting disclosure, (2) reframing the focus on helping youth, and (3) emphasizing the importance of their job in helping society and victims. First, one of the most salient impression management techniques used by the participants involved whether to disclose. All respondents use disclosure techniques and attempt to maintain an underlying rule among these professionals. That rule is to limit disclosure. This unspoken rule can be summarized as: Avoid disclosure when possible, but when you must disclose, use vague responses about the clients you serve. The participants typically chose to disclose to a close-knit group of individuals (colleagues, family and close friends) of their choosing, while concealing the details of their work from others.

Second, those who choose to redefine, typically refocus their work on the importance of helping the juvenile sex offenders they work with make more appropriate and pro-social decisions; that is, they engage in reframing (Ashforth & Kreiner 1999). The positive aspects of their work become the focal point of disclosure and self-motivation to continue their work. These
techniques provide the worker the opportunity to manage information about those they work with and, as a result, lessen the dirtiness of their work.

**The Taboo of Sex & Offenses**

Many of the workers refused to disclose details of their daily employment with those outside of their profession for different reasons, including the nature of the offenses and the element of sex. Any topic that may progress to aspects of their work associated with sex offenders, such as discussions about sex, is to be avoided. Through these types of discussions, the workers fear that others, those outside of their profession, may become aware of the clients they work with. Workers stated that they try to avoid discussing details about the abuse cases because they assume that most people would not be receptive to the information because of the negative stereotype associated with sexual abuse:

Samuel (Clinician): Some of the offenses can be really you know heinous, I think that can wear on people with time.

Jessica (Clinician): People are uncomfortable talking about sex and sexual things.

Jose (Correctional Officer): You get into things with sex offenders that’s not everyday conversation at the dinner table and of course I still am uncomfortable with it sometimes. I remember at one point people were telling me, “I always tell them to talk to their therapist about that” and [me] feeling upset about that. We’re adult and we should be able to talk to kids about anything they’re having problems with.

This perceived discomfort may be a result of the struggle the workers themselves have with having discussions about sex and sexual abuse:
Diane (Clinician): You have to talk about the offense, sex, sexual body parts…pretty significant offense and offense histories.

Although these workers never specifically stated that the discussion of sexual behaviors or offenses provided discomfort for themselves or others during any interaction they experienced, many projected this discomfort upon others possibly through their own discomfort talking about sex and offense details. As indicated above, the details of the offenses are categorized as “heinous,” “significant,” and “uncomfortable,” based on the perception of the worker.

An additional reason to limit disclosure is the general lack of understanding about sexual offending on the part of the general population. Failing to disclose in detail what they do may be a tactic to avoid having to educate individuals about their work. The overall perception of these workers is that the general public does not understand the dynamics of their profession. Workers communicate their perception that individuals do not understand why a juvenile would sexually abuse another person, especially a child. The initial reaction to information about an offense is hard for individuals outside of those who work with sex offenders to comprehend. As a result, the workers in this study choose not to disclose the details of their work because those outside the profession struggle to understand why offenders engage in sexual offending:

Barbara (Probation/Parole Officer): For me, it’s wrapping your brain around someone doing this…working with people who have hurt others.

Bryan (Probation/Parole Officer): There are a lot of things that make you go, wow, I really had no idea that this really happened….but I think they’re [public] surprised to see the amount of it [juvenile sexual offending] that actually does happen.
Although confidentiality is an important aspect of working with juvenile sex offenders, many struggle to leave their experiences at the workplace. When they disclose information about their work, workers may do so with family, friends, and co-workers. Others identify content which they themselves do not feel comfortable communicating. If they were to discuss these details, they believe they would project discomfort upon family, friends, and co-workers. Therefore, all workers recognize the importance of silence. Managing disclosure results in these workers being caught between needing to share and wanting to maintain silence. There are many reasons that would compel an individual to withhold information about working with these youth, but is this the norm for these occupations? What are these workers taught in trainings and by other professionals?

Training and Advice

In order to gain a better understanding of the disclosure techniques used, as well as the degree of disclosure, one must look at the underlying practices that are shared with staff through training. A lack of disclosure is apparent in all three professions. Many mentioned the confidentiality of the juvenile justice system and possible consequences for non-compliance, but the degree of confidentiality varied within job categories. Those interviewed were asked what type of advice they received, or the advice that they give to new hires concerning disclosing their work with others outside of the work environment. Many indicated they were coached to limit their discussion of work related items, and similarly advise others:

Sharon (Clinician): What I always do is tell people I work with kids on probation. I am very vague about what they are on probation for, so my advice to other people in this line of work is
probably, that’s the easiest route if you don’t want awkward looks from people at social gatherings.

Dylan (Clinician): And, my position is, I try to change the subject if I can because if you’re at a social gathering, it's not a fun thing to talk about. So, each person has to make their own decision, but that is what I would suggest to them.

Jason (Correctional Officer): Leave it here at work, but I mean, that’s something that, I don’t take work home. I don’t bring home here at work, so…I separate it.

The primary source of “shop talk” takes place among workers who work in the same field. Many workers discussed being encouraged to discuss work related matters, including struggles, with co-workers as a way to build inter-agency support. The main focus was on discussing work-related content with others who share similar experiences and can provide sound work-related advice. Many found their discussions of work with co-workers rewarding, citing the support they receive from co-workers being as beneficial as the support they receive from friends and family:

Sharon (Clinician): I would think, I guess, my community is mostly here [work site].

Kristin (Clinician): Co-workers, I can always call or go to their office and vent, that type of stuff. Yes, I definitely have my co-workers.

Dylan (Clinician): I would probably define, I've not really addressed that question, but I would define my community as this…agency and then…[the] Juvenile Court System.

Jason (Correctional Officer): It’s the support I would say, I think this would kind of go towards my workplace support…I think my community is kind of here too. I kind of relate it to my
community workplace. I think a lot of people here, it’s just easier to talk to people here who do the job and they can support, because we support each other every single day no matter what happens.

Individuals discussed isolating their work discussions to the office and with co-workers. Many indicated they choose not to engage in any type of communication regarding their profession when away from their job:

Heather (Probation/Parole Officer): My job is separate from my home life.

Phyllis (Probation/Parole Officer): I try to keep home life separate from work.

Monica (Clinician): I turn off my work brain when I’m with them. I play with my grandkids and take vacations with my family to remote places without cell phones, email, etc. It is the professional versus the personal life.

Those who choose to disclose details about their work usually do so to a small, close group of people who they believe will not make judgments about them based on the work they do with juvenile sex offenders. The primary group many workers chose is their family.

**Impression Management Techniques: Disclosure**

Discussing work outside of the workplace can be a difficult task. You must decide when and to whom you disclose your work, as well as take into consideration the impact that disclosing your work will have on those to whom you disclose. Workers must navigate any negative perceptions of their profession among family, friends, and other professionals. Therefore, those who engage in dirty work must take into consideration the perceptions of others,
specifically how other individuals will view their work and how these perceptions might affect their behavior.

One clinician, who had 15 years of work experience in providing therapeutic services to juvenile sex offenders, discussed the problems he had in discussing his work with those outside of his profession. He chose to discuss his work “as little as possible” with his wife and others, which contributed to the difficulties he faced in his marriage. His wife struggled to label his work when in public. As a result, this clinician attributed the awkwardness of discussing his job with others as a “factor” in his divorce:

Jared (Clinician): I've been divorced and it wasn't a major issue but it was a factor in our divorce. It was difficult for my first wife to manage some of my responsibilities. Being in social work period. Let alone treating sex offenders. But the sexual aspect of it was going to the dinner party and people not be engaged. I couldn't be like everybody else who could go on and on about what they did.

As a result, his inability to discuss his job during public interactions created an undue stress on him and his wife’s relationship. Even though he did not feel comfortable discussing his work with juvenile sex offenders, this did not alleviate his wife’s anxiety concerning her response to people who would ask what her husband did for a living:

Jared (Clinician): When she was asked what I do, she wouldn't even go into that area of cautioning them. She paid a price for that. People feel uncomfortable. She would just go out there and say, this is what he does and then they get the gasps. And, she began to respond to that and it did hurt her. And, we would process that out but that only went so far…."I can't even have a conversation about what you do."
As a result, the “price” this worker’s wife paid was courtesy stigma through her association with someone who works with a tainted juvenile population. Situations such as these drive the workers to find ways to prevent social and familial awkwardness during interactions. Many workers utilize various disclosure techniques to help navigate social interactions. These techniques include invoking their ethical obligation to protect confidentiality, follow advice and guidelines provided by more seasoned staff, and disclose to a small intimate group. Although these are viable techniques, not all workers implemented the techniques. How the workers believe the public perceive their jobs is a driving force behind this limited disclosure emphasis.

**Confidentiality**

Some respondents chose not to disclose details of their work to their friends and family for various reasons, including confidentiality, the taboo of sex, and the lack of desire to educate others about sex offenders. Respondents from each job category identified the importance of maintaining client confidentiality. Many of these workers experienced admonishment when first hired against sharing personal or identifying information about the youth they serve. When asked what type of advice they received, or advice they give to new hires about disclosure, many cite the need to avoid or limit disclosure because of agency policies. The importance of confidentiality, maintaining the privacy of a youth, permeated the responses. This provides the worker with an excuse to avoid disclosure about their clients. The degree to which an individual disclosed information about their work, outside of discussing their work with juvenile sex offenders, varied. Many workers use varying degrees of confidentiality as a means of avoiding discussing their work. The concern of maintaining confidentiality, as well as staff compliance was communicated clearly by clinicians, correctional officers, and probation/parole officers:

Monica (Clinician): I take client confidentiality seriously.
Bryan (Probation/Parole Officer): I’m very aware of making sure I don’t divulge information that can, that can get me into trouble. I have to worry about privacy and things like that.

Aaron (Correctional Officer): Outside of making sure I follow confidentiality and obviously I don’t want to use anyone’s name…

Kristin (Clinician): I guess I’ve just sort of realized the ethics, that I would rather just follow the ethics and confidentiality.

Heather (Probation/Parole Officer): As far as confidentiality, I’m very respectful of the families I work with and certainly I would never want someone to share information about my family because it’s [the offender’s families] our neighbors that we work with and our coworkers. It’s people who live in our communities and I respect that and I would hope others would do the same for my family.

Although confidentiality is an important principle within the juvenile justice and mental health field, many of the workers voiced their reluctance to share personally identifiable information about a youth. However, they were open about sharing non-identifiable information, citing various methods of confidentiality compliance.

Cindy (Clinician): I can go home and talk about what’s upsetting me without using names or specifics.

Sharon (Clinician): I don’t tell them [family and friends] specific things that happen here, but they all know what I do and what my job entails.

These workers have been encouraged to refrain from discussing work outside of the workplace and outside of conversations with other co-workers. These workers in turn, provide the same
suggestions to those who ask them for advice on disclosure. But why would individuals within this profession feel the need to generalize their work or limit disclosure?

**Disclosure to Family**

Workers may choose to discuss generalities of their work with individuals outside of their profession, such as family members. Workers disclose work information to spouses and adult siblings significantly more than any other family member. They avoid discussing work related topics with their minor children. Many of the respondents pointed to the support and encouragement they received as a result of disclosure to their family. For these workers, the ability to discuss work related topics provides much needed respite from the daily routines and stress of working with juvenile sex offenders.

Cindy (Clinician): My sister is a clinical social worker. She works in a mental health hospital. To be able to go to her and talk to her about having issues or things like that, she’s a great support and she’s able to tell me what she would do in situations in cases and it’s helpful.

Diane (Clinician): My husband is a great sounding board and he knows my role as a therapist and what I can and cannot share as far as confidentiality goes. He also knows that if I come home and I’m still talking about something from work he realizes I need to do this. It’s not necessarily part of our everyday conversation. But if I had a stressful day or a case that is really bugging me and I want to share some of that with him, he is certainly, he knows that I need to do that if I’m sharing it. He’s more than willing to listen.

Timothy (Correctional Officer): I have a pretty good relationship with my family, so whenever there’s issues or problems I don’t have any issues sharing or talking, you know, finding a shoulder to lean on. It’s never been an issue as far as that’s concerned.
Barbara (Probation/Parole Officer): My husband is a huge support. I feel like I can talk to him about anything. I don’t feel like I have anything off the table with him. As a result of that, if I need to vent I feel like I can go to him.

Support for these individuals could be defined, for the most part, as others listening to them discuss stressful moments of their day and the successes they shared with clients. These stressful moments include discussing the offenders’ offense details and dealing with other community agencies and their reluctance to work with juvenile sex offenders. By venting to their family and friends, workers limit their communication to those who will not make judgments about them because of their work with this population. Those who discussed actual encounters primarily identified positive reactions from family and friends which provided them with a sense that their work was important:

Kristin (Clinician): [O]ther friends say, who are in the counseling and psychology field, say I couldn’t do what you do and they admire you.

Jared (Clinician): They [family and friends] also admire what I do.

While a majority reported being open to sharing certain aspects of their job with family, many interviewees still indicated they kept certain aspects of their job from their family and friends because of the nature of sex offenses. By not disclosing horrific details, they tried to protect their family from potentially stigmatizing information, and perhaps also protecting themselves from taint through their family’s eyes. The workers cited protecting their families from the nature of the offenses, with the inference being they do not want to subject their families to the negative mental imagery associated with sexual abuse:
Anthony (Correctional Officer): I have to protect them [family] from some of the traumatic things that would be traumatic for them to hear…

Tyler (Probation/Parole Officer): They [family] don’t need to hear some of the examples of things that I have seen or dealt with because you can’t get the worms back in the can so to speak.

Ashley (Clinician): I know that…family would never want to hear specific offenses…when you get into the specifics of an offense, people get uncomfortable.

Jason (Correctional Officer): I don’t want to say that it’s on a need to know basis. I’m sure they would like to know about my day but, let’s be honest, not everything is positive about my day.

As a result of their disclosure practices, the above workers choose not to utilize their families as support systems. They limit their discussion of work to generalized terms, thus avoiding the potentially tainting aspects of their work. In doing so, they minimize the potential for experiencing courtesy stigma within their closest groups.

Workers choose to limit their disclosure to those who they deem their support system as a means of protection. Those to whom they chose to disclose may not be privileged to the full extent of their work. Others choose to discuss their work more freely. For many workers, the unadulterated discussion of work seems to be limited to co-workers, while giving family members only a glimpse of their work through a filtered lens. As associations become more formal, the disclosure becomes more censored.

Public Disclosure

Those who do discuss their work outside of co-workers and family members, display a reluctance to discuss working with juvenile sex offenders. This reluctance is one of the primary focuses of this research. When questioned about their job, many of the workers discuss their
work in more general terms. Very few respondents disclose working with juvenile sex offenders specifically, but choose to identify the type of agency, their job title, or choose more vague terms to describe the offenders, such as probationers. In addition, through presenting a large variation within offenses, these workers create sufficient ambiguity as to avoid the probability of being identified as working with one type of offender or the more serious offenders:

Matthew (Clinician): I would say I’m a social worker and I work at a juvenile rehabilitation facility, youth offenders that are there to receive treatment and that’s what I help with.

Valerie (Clinician): I facilitate individual, family, and group counseling using cognitive behavioral approach.

Jason (Correctional Officer): I would say I’m a corrections officer. Um, I would I would tell them I work with juvenile felony offenders and I would tell them that can range from a lot of different things and that’s about it.

Bryan (Probation/Parole Officer): Well, I would let them know. I would tell them what my job title is. Tell them I'm a Probation Officer. That I work with different populations from anywhere between, you know, to simple, simple charges to kids that are put on compliance up to, you know, high, high, felonies such as, you know, rape or felonious assault.

By disclosing their agency, job title, or by disclosing the juvenile sex offender as a delinquent, the worker provides an additional buffer in their responses provide them the opportunity to maintain vagueness. The above descriptions the offender’s juvenile status, avoiding their sex offender status. Pointing to the youth of the offenders also let the workers distinguish themselves from those who work with adult offenders, those deemed to be more serious offenders. By limiting knowledge about the clients they work with, these workers avoid having to specifically
disclose that they work with a juvenile sex offender population. This is evident in the following responses:

Sharon (Clinician): I would just say that I work at a treatment program for kids on probation. We do a lot of group therapy and we help them learn coping skills and anger management to keep them out of trouble.

Michelle (Correctional Officer): [I] work with juveniles.

Marilyn (Correctional Officer): I work with children at a treatment facility.

Kristin (Clinician): Usually I say I work with adolescents, sometimes I may say court ordered that kind of thing. But we also address all type of behaviors, or I’ll say it is an after school program for counseling.

An important pattern among these workers is their identification of the population, juveniles or adolescents. Another pattern is their identification with the type of work done at the facility, such as treatment or counseling, which creates ambiguity. This ambiguity provides a buffer whereby the worker can include minor details within each level of questioning to suffice the inquiring individual. Therefore they are less likely to immediately disclose the details of the population to which they provide services. When asked to disclose more specifics about the population they work with, many generalize and disclose the categories of youth they serve, such as criminals, substance abusers, and sex offenders.

Although they have chosen to work in specific professions, justice and mental health, the juvenile sex offender population they work with is a small portion of those served by these institutions. Because this type of work is so specialized and relatively new, there are few who do
this work. Professionals who work with sex offenders are not permeating the employment landscape, and those who work with a subpopulation of sex offenders, juveniles, are even scarcer because of the confidential nature of the juvenile justice system. Due to the professional segregation of working with sex offenders, and juveniles as a subpopulation of sex offenders, many workers perceive the public lacks understanding. This lack of understanding increases the workers reluctance to disclose details about their work.

**Public Perception**

A force which compels individuals who work in this field to maintain a degree of privacy is the workers’ perception of how those outside of juvenile sex offender work, the public, views their jobs. An overwhelming majority of the workers from each of the categories assume the public has a negative perception of their profession. This is communicated primarily through their interaction with family, friends, other professionals, and the media. This negative perception, or stigma, limits disclosure to those outside of the profession. It may be difficult for workers who have increased professional interaction with people, such as clinicians and probation officers, to veil their profession while interacting with the public. Correctional officers are rarely observed in their profession by the public. Therefore, they may find it easier to avoid association with juvenile sex offenders:

Jason (Correctional Officer): I think uh, I think we’re as much, if we’re [correctional facilities] not heard about I think it’s a good thing.

The public is aware of correctional facilities, such as the one in which this officer is employed, but their knowledge of what takes place within the correctional facilities is the factor which he believes would perpetrate a negative (stigmatizing) view of correctional work. Other workers,
such as Aaron below, perceive their presence and nature of their work to be unknown to the public:

Aaron (Correctional Officer): Obviously most people don’t even know we’re here or know what we do.

If the public is unaware of the existence and nature of juvenile correctional facilities, the perception of juvenile offenders lack negative connotations. However, the lack of knowledge of juvenile corrections results in the public perceiving no difference between juvenile and adult offenders. The former minimizes courtesy stigma for the worker while the latter increases the stigma.

One would expect more negative perception about working with juvenile sex offenders from those who have a more public presence, namely the clinicians and probation/parole officers, because they monitor, advocate, and assist in the facilitation of services for the offenders. They become the professional face associated with these juveniles during the course of their work. When asked how they believe the general public sees their job, many from each profession voiced a negative perception. Many discussed how they think others view the offenders, thus providing insight as to how their work is perceived. If the public, those who do not work with juvenile sex offenders, has a negative perception of the offender, then one may assume a similar perception of those who work with the offenders, as workers and as individuals.

All three categories of workers, clinicians, correctional officers, and probation/parole officers were asked how they think the general public perceives their jobs. Most of the responses identified negative assumptions with few actual encounters to support their claims. One such instance was a correctional officer who was wearing his uniforms in public being verbally
accosted after briefly sharing their work. Other examples include the family members of clinicians commenting about the ineffectiveness of their work to rehabilitate juvenile sex offenders, and school officials demonstrating their lack of respect for Probation Officers in general.

In responding to interview questions about their job, many of the workers failed to describe their jobs in terms of how the public, those who do not work in their professions, perceives their work. Instead, workers focused on how individuals perceive the juvenile sex offenders:

Ashley (Clinician): There have been some school who were not, you could tell, were very dismayed that the youth was coming back into the community and school… I don’t want him [the juvenile sex offender] in my school. I don’t want him in my community.

Through the process of discussing the public’s perception of their job in terms of the offenders, with few instances outside of family and friends to support such claims, these workers present anticipated stigmatization. Because the negative comments directed towards the offenders, these workers perceive the public will view them in a negative light (Quinn & Chaudoir 2009). In addition, the generalizability of family and friends to the general public provides an indication of how these workers would perceive this work if they were outsiders.

Even though the negative perception is rooted in the offender, those who work with this population adopt the negative perceptions for their profession. They struggle to separate themselves from the population they serve. Even though few of the workers experience any of the negative feedback they discuss, their beliefs about their jobs indicate they are experiencing some level of anticipated or experienced stigma. When asked specifically how they believe the public, or others outside the profession, view their work, the thoughts were negative:
Matthew (Clinician): I’m sure some [others outside of the profession] see it as pointless, useless, it’s not going to work, the kids are going to mess up again, they’re going to be doing this their whole lives.

Cindy (Clinician): We slap them on the wrist, that they spend six months in a lock-up facility and then get back out on the streets.

Diane (Clinician): We’re kind of wasting our time by working with them. I think some people just feel like the resources can be used in a different way and we’re wasting the resources on offenders. Why wouldn’t you put your skills toward improving other people’s lives?

Heather (Probation/Parole Officer): I think the general public [others outside of the profession] thinks that my job is futile, meaning there’s nothing that you can do.

These workers have strong public perceptions of their work, based on very few experiences. Because they serve a tainted population, they themselves project their work as futile at times. These workers closely align their success as professionals with the success of their clients. Because their clients are perceived by the public as negative and dangerous, these workers adopt the public’s view of their work as being insignificant. The success of their work is not based on their performance or their work ethic alone. These workers base the importance of their job on something they have very little control over, the offender’s decision making process. Therefore, they as workers become belittled when the offender fails. They present their professions as having little worth outside of the offender’s success. If the offender fails, the workers anticipate and accept the social taint that accompanies such an event.

This type of perception is indicative of how these professionals adopt, to some degree, the stigma of the offender. Not only do they think the public has a negative view of the offender,
but they also believe their professions are deemed to be tainted because of those they work with. The previous interview excerpt brings to light the probation/parole officer’s (and possibly the public’s) thinking that their work is more supportive of the offender rather than the public. So, what events have these individuals experienced that would solidify these negative public perceptions? Have they experienced backlash or some type of confrontation because of their work with juvenile sex offenders?

In order for these workers to have a perception that the public has a negative outlook on their professions, one would assume they have either personally experienced some type of personal encounter or have received second hand knowledge of a co-worker who has encountered some negative event. There are some indications of awkward situations among family members and friends in which negative perceptions were communicated or comments made about the juvenile sex offenders themselves:

Matthew (Clinician): But you do hear some people [family] say, you know, they raped somebody they shouldn’t go there [treatment centers], they should go to…prison, they shouldn’t have that chance because they can’t be rehabilitated, they’re nasty, they’re dirty…

Cindy (Clinician): I have a father that is very closed minded, other than him making comments about how, you know, like sex offender, be it juvenile or adult, should be put away for life or things like that.

Jerry (Clinician): My brother doesn't understand it at all. He does not accept or understand how I can even think of doing such work.

However, these workers did not personalize the comments, as the comments were directed towards the offenders and not their jobs. Although these comments were made about the
offenders, many of the workers felt as though their motivation to work with such offenders was questioned. The nature of the questioning left the worker interpreting these questions in a negative way:

Valerie (Clinician): When I left my previous employment, a lot of people asked me why I would want to work with offenders.

Derek (Clinician): Last Thanksgiving my paternal uncle…was saying …‘I just couldn't imagine how tough that is…‘I couldn't deal with them kids.’

Again, even though the comments about their work lacked a derogatory tone, these individuals felt as though the comments reflected on their work with juvenile sex offenders. Comments and interactions such as these lead the workers to anticipate stigma from others, and engage in strategies to counteract stigma. These workers’ acknowledge their family and friends’ perceptions of their work, but continue their efforts to help juvenile sex offenders. Workers disregard their family’s negative perceptions because these workers regularly identified their primary means of support as their co-workers and spouses, not other family members. Although the workers acknowledge these comments, they were able to convince themselves of the importance of their work and the support from select family members. This unwavering support encourages them to continue their work.

**Occupational & Gender Differences in Disclosure**

The three categories of workers represented in this study vary in terms of public presence. They differ in their degree of public affiliation with juvenile sex offenders as well. The clinician may interact with other treatment and school professionals on behalf of the offenders in order to ensure continuity of care. Clinicians have a double shroud in that they are not associated
with sex offenders or delinquents by name, and they have the vague title of mental health professional, case worker, social worker, primary therapist, etc. There was no official state license or job title specifically indicating a worker is assigned to juvenile sex offenders. These workers coordinate treatment services and facilitate treatment through group, family, and individual sessions (Shoemaker 2009). Correctional Officers have a similar cloak of anonymity within the community. The work of the correctional officer takes place behind closed doors and out of the public’s view. Their role is to provide services and security to the offenders while they are incarcerated. This is done through ensuring rule compliance, breaking up inmate fights, supervising offender meal and recreation (Tracy 2004), and providing services to youth with mental health and behavioral problems (Gagnon, Houchins, & Murphy 2012). The correctional officer’s role rarely extends outside of the facility. If known to be a correctional officer, then the individual may be assumed to work with delinquents or adults. The title correctional officer does not necessarily identify them as working with juveniles or juvenile sex offenders. Although not specifically designated as correctional officers for juvenile sex offenders, there may be some distant association because those who commit sex offenses are, at some point in time, typically incarcerated. Juvenile probation/parole officers provide supervision and assist the offender transition back into the community (Clear & Latessa 1993; Ward & Kupchik 2010), enforce court orders (Clear & Latessa 1993), and monitor and assist in the youth’s treatment progress (Clear & Latessa 1993). The juvenile probation/parole officers I interviewed worked only with juvenile sex offenders. For these probation/parole officers, their caseload differs in that they provide community supervision for a specific type of offender, juvenile sex offenders. Other than the type of offender they supervise, all other aspects of their job are consistent with other probation/parole officers. This specificity may not come to light to the general public, but when
interacting with institutions, such as schools, this title may become an identifier, as indicated by one female probation/parole officer, “the label for me is the S.O. [sex offender] lady.” This title identifies her when she operates in her official capacity, such as visiting schools, communicating with other community agencies, and showing up at the court.

*Occupation*

Members of each profession defined their work as the role they play in relation to the offenders or the role of the offenders to them, such as clinicians using the terms therapist to describe their own work and probation officers using the terms caseload or probationers to describe their clients. Correctional officers and clinicians were nearly equal as to whether or not they kept things from their families, with similar stated motivations, such as protecting their families from information about abuse. They also cited protecting the confidential information about the juveniles and victims. However, these two categories of workers have the ability to discuss work and relate to other types of youth, non-sexually oriented delinquents. By discussing delinquents and avoiding the term sex offender, these workers disguise their work with sex offenders and minimize courtesy stigma. The probation/parole officers in this study work with sex offenders exclusively and therefore any discussion of their work directly involves juvenile sex offenders. These professionals may have increased knowledge of offense details because of their possession of police reports, court records, etc. Discussing their offenders means discussing the details of the offenses. For this reason, many of the probation/parole officers indicated they keep things from their families. When interacting with individuals who lack familiarity with their work or the population they work with, they use generalities in discussion, such as defining their sex offenders using the general term probationers, or omitting the specific wording “sex offender” from their title as Juvenile Sex Offender Probation/Parole Officer. There did not
appear to be a significant difference among the disclosure techniques used by the various professions. Workers discussed venting to their spouses and significant others as a means of support, chose to omit particulars such as the kids’ names or the details. Some found support within their family of origin, such as parents and siblings, but were more likely to share details with their spouse or significant other. Those whose spouses were in similar lines of work chose not to disclose the details of their work, such as details of offenses and youth names. By omitting information about the youths’ offenses, these workers limit their disclosure to things that are non-stigmatizing. By disclosing the stigmatizing information, such as the nature of the offenses, these workers then subject themselves to judgment based on the actions of the offenders. Negative judgment equates to courtesy stigma.

When asked how they felt about this, 26 of the 35, approximately 75 percent, professionals responded that they are fine with maintaining this level of secrecy as a means of protecting their family and ensuring their compliance with policy and procedures of their employers. When asked how they would describe their job to individuals outside of their profession, very few were open about working with sex offenders. An overwhelming majority of each profession, 12 of the 16 clinicians, 10 of the 13 correctional officers, and five of the six probation/parole officers, focused on generalizing their jobs. They described their jobs in terms of working with kids involved with the court, felony offenders, counseling services, and working for the probation department. A small number of professionals, three clinicians, two correctional officers, and one probation/parole officer indicated they discuss sex offenders as one subset of population, but also include other generalities such as substance abuse clients. Therefore, they avoid identifying their work as sex offender specific.
These workers utilize techniques to minimize courtesy stigma, that is, the reflection of the social stigma attached to sex offenders upon themselves. The techniques used by each of the three professions are similar for a number of reasons. The first reason is that they share similar professions, and therefore they share the same goal of avoiding courtesy stigma. Secondly, each profession has the ability to manipulate the discussion of their work duties by choosing to disclose other elements of their work which may minimize disclosure, such as generalizing the population they serve or their work title. A third reason their techniques may be similar is a result of department and agency policies. Many of the workers discussed working in the juvenile justice system prior to their current job, such as a correctional officer transitions to clinical work or a correctional officer being promoted to a probation/parole officer. Through job transitions within the same agency, they encounter similar confidentiality policies which discourage disclosure as a means of protecting the juvenile sex offender. This provides the worker the opportunity to avoid or limit disclosure while citing their obligation to comply with personnel policies.

**Gender**

The disclosure techniques used by each gender are similar in that they describe their work using their professional title, such as counseling or corrections officer, and generalizing the clients they work with, such as delinquent kids, probationers, or kids involved with the court. The biggest difference between men and women was the fact that men were less likely to disclose to their families, citing their obligation to protect their families:

Jared (Clinician): No but like I said earlier, I partial it out…By I know how far to go. So I always have to watch. That's another form of secondary trauma there, we talked about…not over burden
them with what I do. So, I feel good about it. Because I haven't hurt them in anyway.

Anthony (Correctional Officer): I don't talk about it too much. Because like I said, they, you know, I, I think I've mentioned things before and kind of like, you know, you get the wide eyed look and you're like, ok I think I've dove in a little too deep here. So, I think it's a more like, this perception of myself that I have to protect them from, some of the traumatic things that would be traumatic for them to hear I suppose.

One man, a father of daughters, conveyed his obligation to protect his daughters by discouraging them from working with juvenile sex offenders:

William (Correctional Officer): I’d tell them think hard and long about that. Maybe look at a different line of work. With my daughters I’d tell them stay away from that, they couldn’t handle it.

In keeping work related things from their families, the reluctance to disclose and the desire for male workers to protect their family was clear. This was evident when asked how they would respond to their child pursuing a career involving work with juvenile sex offenders. The workers’ response to this question provides insight into how they perceive professionals who work directly with juvenile sex offenders. The experiences they have with others outside of their professions have not provided indications that working with juvenile sex offenders is a highly stigmatized field. The degree to which they would encourage their children to work in this field provides a better perspective of how they see their field, and more so a precise indication of the degree to which they may be experiencing self-stigmatization:
Robert (Correctional Officer): Do you really want to do that? It’s not for everyone…these are some of the offenses you may hear. Is that something you want to deal with? That you can take home every night with you?

Rodney (Clinician): The hesitation would just be the emotional and mental impact that it has on you.

These male workers focused on the mental and emotional aspects of the job, indicating emotionally and mentally taxing work. In spite of this description, each man endures because of their support systems and continue their work. Conversely, nearly all female workers focus on the importance of individuals working in this field and providing assistance to offenders:

Kristin (Clinician): I would encourage them. ..I would love for more people to be educated about it.

Jessica (Clinician): I'd be supportive. I think it's a good area. It [the profession] needs more workers. These kids need people to work with them. So, I'd be supportive of it.

Michelle (Clinician): I would say it is a great field. There's a lot of opportunity and a lot of great skills you can develop and it's, it's much better than drug and alcohol [treatment]. Much better.

Sarah (Correctional Officer): I have a 24 year old son, so if he came to me and said, mom I want to work with sex offenders, I would be like, by all means. They need people to understand them. To help them. To motivate them. To encourage them not to commit that crime again. Yeah, I would encourage him all the way.
Only one woman, a mother of a newborn, indicated she would be reluctant to encourage her child to pursue this line of work, even to the point of stating that she would caution them against working with juvenile sex offenders:

Barbara (Probation/Parole Officer): I would caution them against it I think. Just because of the mental. I think that I have a lot better grasp on it but I know that for the first few months I really had a hard time. Every once in a while I’ll still have a hard time. The mental aspect of it, I think I’ve really gotten good at separating my home from my work and so I don’t carry it home like I used to. I used to get really worried about my daughter and I think I didn’t know how to deal with it. I think I’ve gotten a lot better at that and I guess I’d be worried that my daughter would have to go through that same thing and I don’t, it’s not that most people don’t have to do that. Sometimes I think it is not very healthy.

Citing the stress and mental toll of working with juvenile sex offenders, specifically hearing the details of the offenses, this worker deemed her profession unhealthy. As a result, she was reluctant to allow her child to experience these same struggles.

Men and women also differed in whom they chose to disclose details of their work to. They choose to disclose to individuals or groups who they deemed to be supportive of their work. Women were twice as more likely to disclose to individuals outside of their profession, including family, spouses, and friends. Women disclosed and voiced feeling supported in their job by parents and siblings. Women (8 respondents) mentioned disclosing details of their work to their spouses the most, six instances each, followed by parents (two), and friends/others (one). Although fewer men actually mentioned support, 5 men compared to 8 women, men also reported significantly fewer instances of support, 8 compared to 15 for women. Men reported
disclosing primarily to their spouse, parents, and siblings. Men did not discuss disclosing and receiving support from friends/others.

While finding solace and support from others may provide added benefit to those who work in dirty work professions, this pattern of disclosure reluctance on the part of men is consistent with the male display of masculinity within corrections which communicates power (Cheeseman & Goodlin-Fahncke 2011; Lovrich & Stohr 1993; Tracy & Scott 2006). Because of the dirty work expectation of masculinity, especially in correctional work, men may feel reluctant to seek support outside of their work environment. By seeking support, men may be perceived by outsiders as being weak or feminine, resulting in stigmatization. Overall, men do not discuss their work with their family as a means of protecting them. This protection re-enforces their masculinity (Ramirez 2011).

Conclusion

Each participant, regardless of profession and gender, sought to avoid disclosure which associated them with juvenile sex offenders. Those who work with criminals are typically viewed as “tough” and “brave” (Sundt 2009:40-41). While some who work with offenders, such as police officers and correctional officers, may discuss their professions and disclose the populations they work with, these workers have a high proclivity to avoid disclosure regarding sex offenses. Although they work with offenders, these workers believe the concept of “sex” transforms their work into one that promotes taint upon the offender and themselves. Although the three professions engaged in similar stigma avoidance practices: invoking their ethical obligation to protect confidentiality, following advice and guidelines provided by more seasoned staff, or disclosing to a small intimate group, there were varying degrees of compliance and
slight differences in the perceptions of their work. Each profession displayed some degree of disclosure limitation, even though their public presence varies. Workers from each group voiced their compliance with the confidentiality standards of their agency, yet there were varying degrees to which they disclosed to their family, in spite of training or coaching to avoid discussing work related topics outside of the workplace. Their discussion of work with their family was done because these communications were significantly less likely to evoke stigma.

The gender analysis indicated differences between men and women. Both genders reported displaying caution in disclosing details of their work when interacting with others outside of their family. Men were more likely to avoid disclosure with their family in at least two forms: limiting their disclosure to a greater degree than women and discouraging their children from pursuing work with juvenile sex offenders. By extending their protection to their families, whether through a lack of disclosure or through discouraging their children working with juvenile sex offenders, these men display masculinity that is common in similar dirty work (Tracey & Scott 2006).

Each profession and gender sought to limit the disclosure of their work with juvenile sex offenders. As indicated earlier, the degree to which disclosure took place varied. When questioned about their profession, and when they have reason to believe their ability to limit disclosure is compromised, additional image management techniques are implemented.
Chapter 6
Reframing as an Impression Management Technique

When dirty workers interact with others, whether family gatherings, small social interactions, or during interpersonal interactions with others, they may choose to conceal their work as described in the previous chapter. However, if during these times the workers feel as though they cannot contain information about their work, such as when faced with repeated questions about their work, they may feel the need to disclose. During disclosure, workers may attempt to minimize the negative reactions that may result from disclosing information about the potentially stigmatizing aspects of their work. This, as prior research has shown, is accomplished through a variety of techniques, including reframing, recalibrating, and refocusing (Ashforth & Kreiner 1999:421-423). For those workers who associate with juvenile sex offenders, impression management may prove effective in distancing themselves from their clients. In this chapter, the findings will be organized around the most commonly identified technique among these professionals, the one Ashforth and Kreiner (1999) refers to as reframing.

The most commonly used stigma management technique among workers is reframing. The purpose of the worker using this technique is to “transform the meaning of the stigmatized work by simultaneously negating or devaluing negative attributions;” all the while “creating or revaluing positive ones” (Ashforth & Kreiner 1999:421). This technique allows them to manage their identity in light of stigma. In order to understand why specific categories of workers sometimes feel the need to use identity management techniques, the importance lies in the exploration of the specifics of their jobs that give rise to stigma--in the case at hand, the association with sex offenders. Therefore, when evaluating sex offender workers’ identity management techniques it is important to understand how factors such as profession influence the type of techniques used to manage identity.
The workers believe that juvenile sex offenders are viewed as similar to adult offenders, that is juveniles are lurking around the corner waiting for someone to sexually abuse (Chaffin 2008; Craun, Theriot 2009; Levenson, Brannon, Fortney, & Baker 2007). Those who work with juvenile sex offenders, therefore, must navigate the stigma associated with sex offenders. These workers, through the course of their employment, operate in the public sector and are susceptible to public scrutiny should their work become known either through self-disclosure or high profile cases. Through this public presence and members of the public knowing of the offenders, these workers may experience courtesy stigma, or stigma that is imposed based on one’s association with those stigmatized (Argo & Main 2008; Goffman 1963; Harris, Evans, & Beckett 2011; Larson & Lane 2006; Kulik, Bainbridge, & Cregan 2008; Pryor et al. 2012).

When interacting with a stigmatized group, such as sex offenders, those working with such a population have to consider the perceptions that others may develop. A number of considerations must be made, such as how society views the population served, when to disclose one’s work to others, and how best to present one’s work in terms that diminish courtesy stigma. Those interviewed discussed how they think the public views the population they serve--juvenile sex offenders--as well as the techniques they use to reframe their work in positive terms.

One clinician, who has been working with juvenile sex offenders in a clinical capacity since 1999, discussed professional difficulties that arose when attempting to move the location of their treatment offices to a location a short distance from their current location, difficulties that arose because of the stigma associated with juvenile sex offenders:

Dylan (Clinician): When we moved onto this street, we were down the street about a block and a half before we came to this building last year, we were going to move to a building, we were going to rent the whole building, and it was on the edge of a residential section, very close to where we are right now, and the hate mail and how they found my email, I didn't realize they
could go on our website and find it, hate phone calls. Anonymous hate phone calls, ‘You're going to destroy our neighborhood. All our children are going to be raped.’

This worker communicates one instance in which his work with juvenile sex offenders had become synonymous with the stigma of the sex offender, not based on his own actions, but based on the stigma of the sex offenders. This demonstrates the need for workers to avoid disclosure and reframe their work, to manage their identities in light of how the public perceives juvenile sex offenders.

When workers disclose, they may choose to reframe their work and focus on the important aspects of their job in which positive values are instilled in the offenders (Ashforth & Kreiner 1999:421-422). Craig, a correctional officer, who has worked with juvenile sex offenders for 5 years, had a son who worked at the same facility prior to his death a few years earlier. He communicated that his son’s motivation to enter this field was to help youth make better decisions and change the trajectory of their lives. Craig discussed his own motivation for entering this field as well, and the importance of his work in terms of providing life course guidance to offenders:

Craig (Correctional Officer): The reason, the reason I come here personally, is that I want to try to help turning a negative into a positive. And I try to show them and guide them, that they have a life on the other side, on the positive side, if you give it a chance.

The notion that these offenders are kids and they can change permeated the responses. This stance contrasts sharply with how these workers think juvenile sex offenders are viewed by those who do not work with juvenile sex offenders. Workers discussed the importance of understanding the difference between youth offenders and adults, with the emphasis being that these offenders are kids and kids can change. The workers communicate that since ‘kids can
change’ they are professionally obligated to help them change. Many of the workers, correctional officers, clinicians, and probation/parole officers alike, talked about their role in helping the offenders make changes through treatment. Workers provided evidence of that change through the stories kids have shared with them. It is through these claims that the workers devalue the negative attributes of the job, such as association with sexual abuse, while creating positive attributes, such as helping people.

The workers in this study choose to reframe their work as instilling positive value (Ashforth & Kreiner 1999:421). The information the workers present during their disclosure about working with juvenile sex offenders falls into three main categories: emphasizing that the offenders are kids and therefore different from adult offenders, bragging about offender success, and emphasizing their own role in helping youth. In doing so, workers present the positive aspects of their jobs and minimize the negative perceptions about those they work with. When successful, the workers distance themselves from the stigma of the offender while embracing the work of helping children.

*These Offenders Are Kids*

Many workers emphasized the fact that these offenders, while engaging in offenses similar to adults, are still kids. Therefore, they should be treated as kids and afforded every opportunity to change. The initial mission of the juvenile justice system was to provide assistance to troubled youth (Ward & Kupchik 2009) and avoid the stigmatizing label of criminal Ritter 2010). The workers argue that juveniles are different than adult offenders, having the ability to change, therefore they should experience less stigma than adults. This strategy—emphasizing that the offenders are kids—is important in that less stigma for the juvenile sex
offender means less courtesy stigma for the worker. It is for this reason that the workers rarely use the term “juvenile sex offender.” The primary term used was “kid,” “youth,” or some variation thereof:

  Timothy (Correctional Officer): For the most part…kids are kids, they are on a path of discovery. They are discovering themselves, they are discovering their environment.

  Sarah (Correctional Officer): I look at them as kids...I have had them [juvenile sex offenders] as young as 13. You know, so, it's like, okay this is a kid.

The offender, as a kid, elicits a degree of understanding. Because these offenders are viewed as kids, many times their offenses are portrayed as mistakes or errors in judgment:

  Craig (Correctional Officer): Some of these kids, the way I look at it, I look at it differently than a lot of people, they're not bad kids, they made bad choices.

  Dylan (Clinician): Letting kids know you, you made a bad choice.

  Greg (Correctional Officer): Seeing the young people make bad choices…

Reframing the offenses as errors creates a distinction between the juvenile and adult offender. Emphasizing that the juvenile’s offense is a “bad choice” allows the workers the opportunity to highlight their role in helping the youth make better choices, as well as minimizing negative perceptions about their job. By emphasizing the difference between juvenile and adult offenders, the workers solidify their ability to help, by verbally defying the public perception that juvenile sex offenders cannot change. This difference between juveniles and adults makes their jobs important:

  Kristin (Clinician): [It is] hard to hear people talk about how they group adolescents and adult sex offenders as the same. It really upsets me. They think they’re all these horrible people and they’re predators.
Sharon (Clinician): I think they [the public] lump all sex offenders into the same category-- adults and juveniles--and I think adult sex offenders are very different from juvenile sex offenders and I think the general population doesn’t make that distinction so they just kind of see all sex offenders [as] bad.

Timothy (Correctional Officer): There is so much grey area, particularly in dealing with juveniles…they really are a significantly different population than dealing with adults.

Ashley (Clinician): The problems in the field, the juvenile justice field, the mental health field. People not understanding about sex offenders or people trying to compare juvenile sex offenders and adult sex offenders. I think there’s a very big difference between the two populations.

Because the emphasis is not placed on the stigmatizing factor of their work but the age and innocence of the offender, the dirtiness of the work ceases to be the focal point. The result is diminished stigma for the workers.

In order to diminish the stigma of the sexual offenses, workers focus on one of the most significant factors that differentiate juvenile from adult offenders, the lower likelihood of re-offending. The workers present themselves as helping those sex offenders who are less likely to re-offend. Because juvenile sex offenders are considered different from adult sex offenders by these workers, namely in the rate of re-offending, they quickly pointed out the general low recidivism rates of juvenile offenders:

Derek (Clinician): I'll remind myself of the very low recidivism of the practice and that keeps you confident and helps you to remain positive…I just don't think that people have either heard of or furthermore, have ever, if they even believe in the really low recidivism rate of juvenile offenders.
Jose (Correctional Officer): In asking the people who work with sex offenders…the numbers they gave me were 3 and 5 percent recidivism rates.

The low recidivism rates, as provided by the workers, provides evidence that juvenile sex offenders are less of a risk to hurt others; and therefore not as heinous as adult offenders. The workers can then reframe their work and emphasize the importance of helping the offenders who can change, and emphasize their role in helping the offender’s success.

By emphasizing the youth of the juvenile sex offenders, those who work with them seek to cast a different light on their clients, distinguishing them from adult sex offenders. When juvenile offenders are viewed as children, the role of the worker becomes heroic. When workers emphasize that their clients have made poor choices, as opposed to classifying their behaviors as sex offenses, they emphasize their role in helping the offenders to become better individuals and to avoid the adult criminal system. In order to rescue these youth from a life of incarceration, workers perform their daily tasks, interact with the youth, and work to engage them in the treatment strategies to ensure their success. The vocabulary workers use provides insight into the juvenile justice system--juvenile offenders are not adult offenders and therefore interventions are significant determinants in minimizing transitions into the adult criminal system:

Jose (Correctional Officer): I like having the opportunity to keep kids out of the prison system for kids and ultimately spending the last half of their lives living locked away in somebody’s penitentiary.

By distancing the juvenile sex offender from the adult sex offender, the workers implicitly construct the adult sex offenders as predators. In doing so, these workers re-enforce the courtesy stigma associated with those who work with adult offenders. To minimize the stigma associated
with working with juvenile sex offenders, the workers try to convince people, including
themselves, that these juvenile offenders have the capacity to change.

We Help the Offender Through Treatment

Once employed in the juvenile justice system or a treatment agency, these workers are
assigned the task of minimizing recidivism and helping youth change. The most prominent
aspect of their work is helping youth through the treatment process, such as groups, individual
and family sessions, and providing community supervision and interventions. Although there are
certain aspects of the jobs that require court sanctions, these professionals help youth make
changes in order to be successful. Success for these workers is measured in recidivism, the lower
the recidivism the better (Vandiver 2006). So, in order to minimize stigma when describing their
job to a stranger, workers minimize discussion of the offenses and re-direct their discussion to
the helping aspects of their jobs. For many individuals, these discussions are focused on a
treatment capacity, whether through the identification of their treatment facility, such as a
Rehabilitation Center, or their employment as a mental health professional:

Matthew (Clinician): I would say I’m a social worker and I work at a juvenile rehabilitation
facility, youth offenders that are there to receive treatment and that’s what I help with.

Sharon (Clinician): I would just say that I work at a treatment program for kids on probation. We
do a lot of group therapy.

Heather (Probation/Parole Officer): Initially, I’d say I work with juvenile delinquents…I’ll go on
to say that I also facilitate treatment groups with people, I get to work with the families, I get to
set up treatment.

By choosing to define their jobs in terms of the field they work in, or the type of program they
are employed at, these workers generalize their dirty work by not disclosing working with sex
offenders and reframing their work in terms of helping kids in trouble or treatment. Terminology, such as rehabilitation and treatment, encompasses a variety of activities that are not sex offender specific. When some of these workers do disclose working with sex offenders, they frame their work in terms of generality, including other types of offenders:

Aaron (Correctional Officer): I work at a rehabilitation center…I kind of describe the type of treatment they go through. Sex offenders have sex offender specific types of treatment. We have alcohol and other types of drugs for kids who have alcohol and drug problem. And just the general program that everybody goes through and the orientation phase and the type of treatment we go through.

These professionals strategically choose not to isolate their work to one population; therefore they minimize their direct association with sex offenders. This strategy confirms their awareness of the potential for courtesy stigma.

These workers boast of the importance of treatment, which they are actively involved in. They claim treatment ultimately ensures no future offenses:

Derek (Clinician): I believe…treatment works. People recover.

Monica (Clinician): Treatment is preventative.

Ashley (Clinician): I have so strongly advocated for the treatment of juvenile sex offenders and that they should receive this treatment just like any offender who commits any type of crime. And because they’re juveniles they deserve treatment instead of being locked up and placed in a prison type setting.

By identifying the importance of treatment, the effectiveness of treatment, as well as their role in the treatment process, workers lay stake to their role in changing/helping the offenders. The work of these professionals, and ultimately the importance of the workers, is the focus. Because the
job of the worker is the focal point, they present themselves as the vehicle that brings the treatment:

Barbara (Probation/Parole Officer): [W]hen I go to schools and when I go to the parent’s house and get involved with the kids and that way I feel like I can kind of remind them and utilize that treatment there and I feel that I’m able to make an impact that way and help them live their treatment more effectively. I guess it’s just in working with the kids in that treatment.

Samuel (Clinician): A lot of people feel like, well, it’s not the person bringing the treatment, it’s only the treatment. I think the person bringing the treatment has to present themselves as a creditable person to treat the person and help the person.

Michelle (Clinician): [W]e obviously hold them accountable and responsible for what they did, that's part of the treatment, we're also going to advocate for them too.

When these workers disclose their jobs in terms of helping offenders, and specify that their work brings about change, then the focus of their disclosure becomes their role and their work. This is reframing by definition, “infusing” positive value, and “neutralizing” stigma (Ashforth & Kreiner 1999:421-422).

Those who work with juvenile sex offenders are challenged to neutralize the stigma associated with the offenders and their offenses. They do this while attempting to emphasize the importance of what they, the workers, do. By reframing treatment as a process that helps offenders succeed, and emphasizing the importance of the worker’s role in the treatment process, there is little room to associate the worker with aspects of the offense. By eluding association with the tainted aspect of working with juvenile sex offenders, the offense(s), the worker focuses on the positive value, success.
We Help These Kids Change

The proclamation of these workers is that the juvenile sex offender is a child, who therefore has the ability to be influenced. These workers present themselves as the hands that mold the youth into productive members of society, and maintain that their work ensures the low recidivism rate. Workers purposefully reframe the offenders as having the ability to change their behaviors, instilling positive value (Ashforth & Kreiner 1999), and experience personal satisfaction:

Sharon (Clinician): It’s very rewarding I see, I think that adolescents are very adaptable to and very amenable to treatment so I see a lot of kids changing as they go through the treatment program and I think that for me that is very rewarding to see that the kids are learning to make better choices.

Samuel (Clinician): I like to see change, I like to see a person come far and then effect some kind of change or help them effect some kind of change.

Very few discussed frustrations over youth not complying with treatment or experiencing success upon discharge. The workers’ focus remained on the offenders who are successful. This positively defines their job and changes the focus from failure to success. During disclosure, the workers discuss the positive aspects of their work so as to not bring the failures to light. If they discuss the youths’ failures, the focus could return to the youths’ criminal behavior. If this happens, the effectiveness of the worker may then be scrutinized because of the youth’s threat to re-offend.

Through re-defining the youth, workers re-define their jobs. Workers emphasize a distinction between the youth and what the youth has done. In doing so, the worker attempts to
separate the offending behavior from the offender. If the worker is successful and can communicate a difference, others may dismiss the stigmatizing characteristic, the offense:

Cindy (Clinician): I like trying to help them realize that just because they’ve made, had an offense in the past doesn’t mean they need to have more in the future.

Ashley (Clinician): Working with this population it is so focused on what they did and what happened in their offense and when the attention needs to be on that whole individual.

As the benefit of this technique, the worker can re-define the offender as someone who was once characterized by a stigma, but is “normal” again (Goffman 1963). With this new definition, the workers minimize courtesy stigma and successfully re-define their work in a positive light, helping others.

By reframing these offenders and attempting to minimize the stigma of their offenses, the focal point of the workers becomes the achievements they help the offenders accomplish. This reframes the professionals and their work in a positive light. These workers voiced their pleasure in taking part in the changes these offenders experience and discuss this as a regular part of their job:

Matthew (Clinician): I love working with the population that we do, being whatever charge, it’s just the overall interaction every day. It’s the minor things, letting them know that people do care about them and they have the opportunity to be successful in life with the right help.

Cindy (Clinician): Working with them to say that, you know, because it is very stigmatizing to be labeled a sex offender...they can still have a very bright future.
Anthony (Correctional Officer): When you’re discussing a concept and you can see when the child gets it. Like they understand it. You see the light bulb go off, and so I guess it's kinda that, that reassuring feeling like what you're doing has some meaning to it.

Through the course of interaction with the youth, workers reportedly observe positive changes in the offender. The greatest area of change these workers report involves an improvement in the quality of relationships between the worker and the offender, as well as the offender and others. The workers boast of teaching them basic skills, including developing and enhancing meaningful relationships. The youth’s social skills become a reflection of the worker’s skills. When asked about the parts of the job they find enjoyable and fulfilling, many workers pointed to the relationship they create with their clients:

Samuel (Clinician): [T]he relationships you develop with the clients.

Dylan (Clinician): The part I like the most is being able to, to develop the relationship with the kids and actually watch the personal growth...I think just developing those relationships. We believe the strongest thing we do is develop relationships. And then the mentality we use is very helpful, but we see the relationship become very strong.

By creating this relationship with the youth, these workers have more influence and create a support system for the youth that helps them function in the community. The relationship with the worker becomes the foundation for the youth to develop other meaningful relationships. Workers voice their role in helping the youth to engage in normal interaction, which offsets the abnormal interaction of their offense. Therefore, any stigma that may be associated with the worker is diminished.

When disclosing their work to others, as discussed earlier, these workers discuss the positive aspects of the offenders, as well as the achievements they help the youth accomplish.
When these positive aspects are emphasized, the offense is overshadowed and the process of normalizing the offender again becomes the focus. When the workers communicate that they help the offenders change, they emphasize their role in rehabilitation, which comes through their work with the offender.

**Communicating Success**

With disclosure being about the importance of the worker’s role in helping the youth achieve success, the workers now provide evidence of success. They must disclose information about their work that counteracts the offense, information that reframes the offender as normal. If the workers are successful in completing this task, the offender will present as normal and minimize any residue of stigma (Goffman 1963). If the stigma of the offender is negated, so is the potential for the workers to experience courtesy stigma.

So, when asked what aspects of the job they enjoyed, many of the workers discussed offender success. Their profession, although designed to deal with youth who have engaged in deviant sexual behaviors, incorporates opportunities for the youth to change. The workers are looking for change, the success they strive to see and communicate, regardless of how success is defined:

Ken (Correctional Officer): Seeing those successes is the main reason I like working with them.

Tyler (Probation/Parole Officer): As the field evolves. [I] focus on the success stories and also learn to measure what success is. Everyone, if you want to see the big picture of success, someone who's court involved… pose the question of, is it best that everyone graduates from high school. I think most people would say yes. But say that you work with someone who is 17 and has one credit, is that a realistic option? No, but give them a G.E.D. is a better option. So that is a
success story for that. Kind of measure what success is for that youth and that situation and not necessarily what society rather thinks success is.

Success can be defined in a number of ways and can have varying influence on professionals. For these workers, their efforts produce success and encouragement to continue their work. The workers reframe their job, primarily, in terms of their success in helping offenders achieve accomplishments that have some resemblance of “normal,” in terms of achieving socially encouraged milestones, such as acquiring an education. Once a worker experiences some degree of success, whether helping the offender accomplish goals or lessen the likelihood of recidivism, the worker now has positive information to disclose. This success comes to define their job, and is the positive value they infuse (Ashford & Kreiner 1999).

Because the workers view themselves as the catalyst for change, they are quick to share success stories from their perspective, as well as successes communicated to them by their clients. These stories communicate their success as workers. Many workers expressed their joy in communicating to family and friends the stories of the youth they work with. These stories serve as a badge of honor for the workers who played a role in the youth’s transition. When asked what parts of the job they like the most, many workers discussed talking with kids who are doing well and retelling stories conveyed to them during phone calls to their facility or through interacting with clients in public. Craig explained during the interview that moments before the interview began he received a phone call from a former youth who wanted to thank him for the help the worker had provided:

Craig (Correctional Officer): I just got a phone call at lunch break from an ex-resident. He's at school. He calls me up and tells me, I have speeches and things, encouragement speeches I give my pod all the time. Well he called me and wanted to thank me for the encouragement talks that
he and I had. That, he's got his driver's license. He's doing great in school now. He's got a job. He's had a job for the last two weeks. And, he just wanted to thank me...because the speeches he and I had discussed was still in his mind.

The overt message is that the worker contributed to the success of the youth by providing encouragement and guidance. The worker communicated through his words and facial expression pride and a sense of accomplishment. He initially indicated that he entered this line of work to “help turn a negative into a positive,” one of many illustrations of the positive aspects of the work. This is reframing. Workers display this sense of pride while discussing the positive experiences of their jobs and the positive experiences of the youth:

Jessica (Clinician): And then, one of my favorite things is when they come back and visit, you know, years later and we see them like grown up and have jobs and got married and have kids and stuff. So, the success stories I think is, all is good.

Ashley (Clinician): So, just in terms of the generalities or successes. [L]ike when someone graduated from high school or going to college, I would share that with friends and family. One of the clients I used to work with, I’m going to his graduation party. So, that stuff, the positive and strength based stuff than anything specific to an offense.

Derick, a male clinician, has a similar practice of sharing the successes of his job, not only as a means of reframing the negative aspect of his work, but also in an attempt to possibly change the thinking pattern of family members:

Derek (Clinician): I do speak of, you know, little successes. Little battles won. More than, you know, this client came in and he did this to his this. I like to speak more of the positive things because I think that can snow ball it into possibly changing someone's views of these demographics.
In reframing his work in terms of positive outcomes, Derick was able to illicit a positive response from others:

Derek (Clinician): They're [Derek’s parents] very proud of me and think it's great to hear the successes. And, like I said earlier, that's what I tend to talk about more. Are the successes and the little daily things like, you know this kid came in and said, you know you're really helping me think better…

This is an example of successful reframing. When the workers frame their work in a positive light and other people begin to adopt the same perception. When asked about the parts of the job they dislike and challenges, workers did not go into details about the negative aspects of their work, such as failures in treatment, non-compliance, or recidivism. What they communicate reflects back upon them. The successes communicated reflect positively upon the worker. When the workers communicate positive outcomes, they reframe their work in a positive light. When successful, others associate positive attributes with the work and the worker:

When the work of the professions becomes success stories, the dirty work of helping juvenile sex offenders becomes less dirty. Although the stigma of the offender may still be acknowledged, the focus ceases to be on what the offender has done, but becomes what the worker communicates. The workers, in an attempt to distance themselves from the offense, focus on the positive aspects of their work, beginning at initial contact with the juvenile sex offender and continuing through to the offenders’ achievement as functioning members of society. Although the reframing of work may be influenced by profession, the view of the worker as someone who works with perverts and sexual predators is reframed. This reframing is purposefully done by the worker, as one who works with a tainted population.
Occupations

The three professions chosen for this study—clinicians, correctional officer, and probation/parole officers—were chosen because their professions primarily engage with juvenile sex offenders. While the primary source of stigma is the juvenile sex offender’s offense, one may assume the different professions would counter-act stigma in similar ways. Exploring the impact the frequency and context of the contact with the juvenile offenders is an important factor in determining how each profession navigates courtesy stigma. The primary question is what strategies these professions use in regards to reframing their role in working with juvenile sex offenders.

Correctional Officers

The primary job duty of correctional officers is to monitor the inmate population and ensure facility safety. This is done through monitoring the movement of offenders, breaking up inmate fights, and enforcing the rules (Tracy 2004). Through their role of ensuring safety, correctional officers encounter taint in many ways, whether through conducting inmate strip searches, chaperoning inmates to the bathroom, or coming into contact with bodily fluids (Tracy 2004). Such encounters with taint are both stressful and dangerous (Sundt 2009). As the category of worker who could, at least potentially, spend the most direct contact time with the offenders, correctional officers were found to utilize reframing techniques that transform the negative aspect of working with the offender by emphasizing the positive work of helping a child. Correctional officers utilize each of the reframing patterns observed: defining the juvenile sex offender as a “kid,” proclaiming the offender’s ability to change, identifying their role in helping the offender through the treatment process, as well as communicating success stories to others.
Juvenile correctional officers, although hidden from public view by wired fences and closed and secure doors, mostly emphasize the youthfulness of their clients and the success of the offenders. By presenting the offenders as young adolescents, even children, the workers emphasize the frailty of the offender and even more so the necessity of their work—helping children. This reframing presents the offenders as a vulnerable population, therefore the role of the worker is deemed important.

Correctional officers also identified the importance of distinguishing between adult and juvenile sex offenders. Correctional officers emphasized the naïveté of the offenders, specifically that they are “on a path to discovery,” therefore they make “bad choices.” In emphasizing the naïveté of the juvenile sex offender, the workers inadvertently frame adult offenders as knowing abusers. This reframing allows the correctional officer the opportunity to emphasize their heroic role in helping a child who has made a mistake in life, while reframing adult offenders as purposeful and dangerous. In addition to reframing the youth offenders as naïve, correctional workers emphasize the lower recidivism rate of juvenile sex offenders. This tactic positions the juvenile offenders in contrast to the adult offenders and implies that adult offenders are at greater risk to re-offend. It also frames the juvenile worker as one who can elicit change within the offender and emphasizes the importance of the worker job in facilitating that change. In doing so, the correctional officers re-focus their work roles within the context of treatment and not security. Jose clarifies his motivation to work in corrections as keeping kids from being “locked away in someone’s penitentiary.” In the adult system, they would be guarded by correctional officers who are not in the position to provide help.

Correctional officers were the group that focused more on the offender as a kid, 85 percent identified the youthfulness of the offender, followed by 69 percent of clinicians, and 34
percent of probation/parole officers. Yet, fewer correctional officers made comments about offenders having the ability to change and helping offenders through the treatment process, 31 percent, compared to clinicians, 54 percent. This reflects role responsibilities. Within each correctional setting, distinct job duties exist for each type of personnel. Juvenile correctional officers therefore emphasize the positive aspects of working with juveniles. Correctional officers are responsible for the safety of their facilities; clinicians are in charge of interventions and treatment.

Clinicians

The group of professionals who spend the most time working with these youth in terms of intervention and treatment are the clinicians. Sixty-nine percent of the clinicians, the second largest group after correctional officers, discussed the juvenile sex offenders as “kids.” They were also vocal in proclaiming that offenders can change, they help them through treatment, and communicate offenders’ successes. They use several reframing techniques that reflect their employment in professions—mental health, clinical/social work, and psychology—that are not specific to either juveniles or offenders. This means that clinicians may have both juvenile and adult clients, unless their position is within a juvenile institution or court. When clinicians discuss their juvenile clients and emphasize their clients’ ability to change, they reframe their work in terms of treatment and helping kids. These workers classify the offenders as “kids,” they emphasize treatment, and can therefore imply their role in each step of the process.

Clinicians focused most of their responses on treatment and the outcomes of treatment. Many clinicians refrained from discussing the negative aspects (e.g., non-compliance, recidivism, and re-incarceration) of providing services to offenders. Instead, they reframe their
work in terms of treatment, intentionally using terms such as “bright future[s],” recovery, and “little battles won.” These words and phrases emphasize positive values of their work, as opposed to the stigmatizing details of abuse. The workers actively utilize positive words, even though the negative aspects of the offense lie just under the surface. Reframing the offender using positive vocabulary seeks to transform him or her from a stigmatized individual into one who can become normal again. This transformation is accomplished through the skill of the worker. These opportunities to brag about their clients’ successes reframe the workers as the catalyst for bright futures and battles won.

_Probation/Parole Officers_

The probation/parole officers are most directly associated with the dirtiness of juvenile sex offenders. These workers’ title—Juvenile Sex Offender Probation Officer—emphasize the dirtiness of their jobs. Despite having a job title that links their work to juvenile sex offenders, surprisingly the probation/parole officers utilized reframing techniques the least. Although represented in each of the technique categories—reframing, recalibrating, and refocusing—when discussing reframing, these workers discussed helping the youth change through treatment. The opportunity to help kids in treatment while in the community is their positive claim. The probation/parole officers define their role as ensuring safety directly to the community because the offender is free and the probation/parole officer is the court compliance monitor. Although the nature of their positions does not allow constant supervision, as do positions in a correctional facility, probation and parole officers emphasize their role in facilitating change within the offender:

Heather (Probation/Parole Officer): …I also facilitate treatment groups with people, I get to work with the families, I get to set up treatment.
Barbara (Probation/Parole Officer): [W]hen I go to schools and when I go to the parent’s house and get involved with the kids and that way I feel like I can kind of remind them and utilize that treatment there and I feel that I’m able to make an impact that way and help them live their treatment more effectively. I guess it’s just in working with the kids in that treatment.

By placing themselves in the role of facilitating treatment, as well as providing assistance outside of the group setting, these workers emphasize their hands-on work to help the offender. While others emphasize helping kids while in a secure facility, these workers identify themselves as an active part of the community treatment process. This is important because it reframes their job in terms of helping the offenders through supervision and providing treatment interventions. The offender becomes more normal, shedding the stigma of incarceration. The workers re-define the offender as someone once characterized by a stigma, but is “normal” (Goffman 1963) again through instilling positive value, and “neutralizing” the offense (Ashforth & Kreiner 1999:421-422).

Whether working with offenders while detained awaiting court proceedings, working with them through treatment sessions within the community, or working in the community to ensure the offender’s compliance with court orders, these three categories of workers emphasize the importance of their jobs, which they define as helping youth. The reframing techniques above vary depending on the frequency and type of interaction with the offenders, as well as other influential factors such as gender. Regardless, the goal of stigma management remains the same. By framing their work within their employment roles, such as security, treatment, or community supervision, the workers utilize the reframing techniques best suited for their dirty work.
Gender

Occupation and gender provide the opportunity for men and women in dirty work professions to implement identity management techniques. Just as occupation influences the type of stigma management techniques implemented by dirty workers, gender is also very influential (Bolton 2005; Chiappetta-Swanson 2005; Duffy 2007; Hoang 2011; Grandy & Mavin 2011; Mavin & Grandy 2013; Phillips, Benoit, Hallgrimsdottir & Vallance 2012:686; Stacey 2005). Many occupations have been, and still are, segregated by gender (Tracy & Scott 2006). Just as with differences created by professional roles, men and women utilize specific techniques to either neutralize or avoid stigma. Gender identity management techniques will be analyzed within the context of occupation, meaning how men and women within each occupation choose to address stigma. This analysis identifies the similarities and differences between men and women within each of the three occupational categories, corrections, clinicians, and probation/parole officers.

Correctional Officers

Corrections, as a profession, has been and continues to be a male dominated field (Lambert, Paoline III, Hogan & Baker 2007); this male dominance is also reflected in the ratio of male to female correctional officers in this study. Of the 13 correctional officers, three were women. When comparing the responses between men and women in corrections, women voiced few reframing techniques except referring to the offender as “human.” By emphasizing the humanity of the offender, women reframe the juvenile as a person who has the right to receive treatment. Although the women in this category do not emphasize the “juvenile” aspect of the offender, their reframing does embrace caring for the offender as evidenced by advocating for treatment.
Male correctional officers in the sample, in contrast, do take advantage of the opportunity to reframe their work in terms of the offenders being kids, emphasizing poor choices, low recidivism rates, and the necessity for intervention. In identifying the offenders as kids, men emphasized their role, not only as workers, but also as caretakers. When offenders cease to be offenders, and become kids, the image of the worker re-enforces the image of correctional officers as helpers and caretakers within corrections. These male correctional officers perform a caretaker role, just as home care workers, which has been traditionally associated with women (Duffy 2007; Stacey 2005). They provide assistance to children, not sex offenders. The role of the male worker becomes more significant when the offender is framed as a child and the inability to make socially acceptable choices. They are the caretakers to these children, helping them make better choices. Without the efforts of the worker, these youth are bound to continue offending, and ultimately to be incarcerated:

Jose (Correctional Officer): I like having the opportunity to keep kids out of the prison system...locked away in somebody’s penitentiary.

In order to prevent such a life course, these men emphasize their role in intervention, such as programming and working with specific treatment groups for substance abusers and sex offenders. Similar to home care workers, these workers take on additional duties in order to fulfill their caretaking role (Stacey 2005). They extend their work beyond the corrections expectation. While they may not specifically facilitate these groups, the fact that the groups occur within the facility in which they work is sufficient for them to locate themselves within that process. They purposefully associate themselves with the process of making change happen for these offenders. In doing so, the male caretakers develop a sense of “pride and honour” from being able to “affect positively the emotional state” of the offenders (Stacey 2005:850). These men are taking care of kids and attempting to provide direction and support. They are rescuing
these youth from prison. Their work is heroic. And like the home care workers, these correctional officers experience “reward” from doing their “intense carework” (Stacey 2005:851).

Through this direct association the workers communicate the positive outcomes of their work, such as offenders making contact with the workers and expressing their gratitude for what they had done while the youth was incarcerated. Men within corrections discussed offenders, not as those who offended, but in terms of individuals experiencing success. This success is also communicated as offenders making progress towards meeting societal goals, such as obtaining an education and employment. They work with kids once stigmatized. When the offenders’ success in achieving societal goals becomes the focal point and the story of the workers, correctional workers successfully distance themselves from the youths’ offenses and reframe offenders as normal.

**Clinicians**

While correctional jobs are male dominated, clinical and counseling professions are predominantly female (Center for Mental Health Services 2006). The sample of clinicians in this study comprised seven male clinicians and nine female clinicians. Both men and women engaged in reframing techniques. These techniques ranged from defining the offenders as kids, to emphasizing the positive outcomes which are derived from their hard work.

Men and women discussed the offenders in similar terms, each defining them as “kids” or emphasizing that they were juveniles, but the genders varied a bit in their approaches. Regardless of the terminology, they emphasize that their clients are not adults and therefore should not be subject to the same stigma as adults. This is advantageous to the worker as it provides a platform for them to argue against being subject to the same courtesy stigma as those who work with adult
offenders. As previously cited, workers Greg and Dylan classify the juvenile’s offenses as “bad” decisions, indicating the juvenile offenders are incapable of making good decisions on their own:

Dylan (Clinician): Letting kids know you, you made a bad choice.

Because juvenile offenders do not have the ability to control their environment, and are subjected to external influences (Slobogin & Fondacaro 2009), these youths are viewed as making bad choices compared to the serious nature of adult offenses (Hirschi & Gottfredson 1993). As a result, the juvenile sex offender remains a “kid” and should be “excused and not punished” (Slobogin & Fondacaro 2009: 10).

Female clinicians extended the reframing to include comparisons with adult sex offenders. By making a comparison between juvenile and adult offenders and minimizing the juvenile’s offense as a bad choice, they magnify the offending behaviors of adults. In doing so, they create a distinction between themselves and those who work with adults. These workers indirectly, although unintentionally, define adult sex offenders as more purposeful in their offending and therefore as more deserving of stigma. As a result, those workers associated with the “dirtier” adults are more deserving of courtesy stigma.

There was no significant difference between men and women when it came to emphasizing their role in helping the offenders through treatment. Both men and women emphasized that their primary goal as professionals is to provide help to their clients. Men and women discussed their active roles in the treatment process, such as advocating for treatment, facilitating treatment groups, family interventions, and developing positive relationships. Matthew and Sharon, previously cited, and also Jared, discuss treatment as a defining aspect of their job:
Matthew (Clinician): I would say I’m a social worker and I work at a juvenile rehabilitation facility, youth offenders that are there to receive treatment and that’s what I help with.

Sharon (Clinician): I would just say that I work at a treatment program for kids on probation. We do a lot of group therapy.

Jared (Clinician): I provide therapy for children and their families…

This is where both male and female clinicians engage in their greatest reframing. Both men and women emphasized that the success of the offender is contingent upon “the right help,” and the right help is the “person bringing the treatment.” Through this process “people recover.” Recovery, as defined by these workers, means completing treatment, acquiring an education, finding employment, and experiencing personal growth. Treatment and recovery define how these workers communicate their work. They do not focus on the shortcomings of treatment, nor on the offenses, but on the youth getting better. According to these workers, the emphasis of their job is the youth becoming a better person.

Through treatment and intervention clinicians emphasize the final progressive stage of their reframing, re-defining the offender in terms of their success instead of their offenses. As with treatment, the men and women in the clinical professions were equal on communicating the success of the offender and their success as workers. Male and female workers were equally likely to share successes with others, such as friends and family. Through communicating the positive aspects of their jobs--helping offenders return to a state of normal--the workers communicate their success. Their dirty work produces positive outcomes, which neutralizes stigma (Ashforth & Kreiner 1999:421-422).
Probation/Parole Officers

The final category of workers, probation/parole officers, was the smallest group of professionals interviewed for this study. Of the six probation/parole officers, there were an equal number of men and women, three each. This category entails the largest difference in the number of men and women. As indicated earlier, probation/parole officers used reframing techniques the least, although they have the most public interaction and potentially the most stigmatizing job title. Female probation/parole officers, but not the male officers, used reframing techniques, presented as helping the offenders with treatment.

The women in this category were vocal about their roles in various aspects of treatment. They discussed initiating the treatment process, facilitating treatment groups, working with families, and making school visits. Through the variety of services they provide, they emphasize that the totality of their work is about helping the offender and the offender’s family be successful. Emphasizing caregiving and assistance is consistent with techniques used by those whose work is feminized (Bolton 2005; Chiappetta-Swanson 2005; Phillips et al. 2012). As indicated by Barbara, these women probation/parole officers help the offenders “live their treatment more effectively.” If the focus of their work is the positive things they are doing, then this broadens the opportunity for the worker to identify opportunities of success. The more areas covered, the greater the likelihood of experiencing positive outcomes.

The male probation officers did not employ reframing techniques that would deter courtesy stigma. The one probation/parole officer, Tyler, who mentioned juvenile sex offender success did so without claiming that he was responsible for the success. When asked what advice he gives to promote positivity among new employees, Tyler discussed success but distanced himself from helping the offender change:
Tyler (Probation/Parole Officer): [I] focus on the success stories and also learn to measure what success is….Kind of measure what success is for that youth and that situation and not necessarily what society rather thinks success is.

This may reflect Tyler’s perception of his role as an enforcer of court orders instead of someone working to help the youth. While correct, he did not take the opportunity to associate his role in contributing to the success of the offender. The fact that male probation/parole officers did not actively discuss their role in helping offenders represent the men’s delineation between a male’s masculine role as enforcer and a female’s feminine role as caretaker. Therefore, Tyler displays his authority (Lovrich & Stohr 1993; Weisgram, Dinella, & Fulcher 2011) and power (Lovrich & Stohr 1993) by enforcing the court’s orders. This is his claim to masculinity. Regardless, the male workers in these probation/parole departments fail to implement the reframing technique so widely used by their female counterparts—helping kids.

Conclusion

Through the process of emphasizing positive value and neutralizing the negative aspects of the job, workers strive to redefine their work and minimize courtesy stigma. The workers in this study come into contact with a stigmatized population every day they work. Within specific occupations, the techniques used are often specific to the type and duration of contact. The technique predominantly used by these workers is reframing, instilling positive value and negating negative aspects. Should the workers choose to utilize this technique, it is a viable option because of the juvenile nature of the offenders’ status.
Correctional officers have significant direct contact time and work specifically with juvenile populations. Therefore, they reframe their work in terms of emphasizing both the kid aspect of the offender and the success stories. Clinicians, the primary providers of treatment, utilize reframing techniques encompassing their role in providing treatment that is designed to change behavior and the successful treatment outcomes. The last group of professionals, probation/parole officers, emphasize their work in treatment as co-facilitators, but displayed few instances of reframing. This is unique in that they have titles which specify the population they serve and have increased public interaction on behalf of their clients. When probation/parole officers engage in disclosure as a part of their job duties, they reveal their associations with juvenile sex offenders. Because they reveal their title and the population they work with, they then lack the ability to generalize their work to other delinquents like clinicians and correctional officers. Their work is isolated to a specific population, and so their job title becomes their scarlet letter.

Both men and women work within these occupations. Gender was analyzed within the context of occupation, comparing the strategies used by men and women within each job category. Reframing techniques were utilized more by men in corrections, equally within the clinical profession, and more by women in the probation/parole occupations. Among correctional workers, men were more vocal about the positive aspects of their jobs. Although corrections has been, and still is, a male dominated profession, men reframed their work with sex offenders as providing care and assistance. Women have historically fulfilled care work (Duffy 2007; Stacey 2005). This pattern of care work differs from the patterns of those who work in the adult criminal system (Tracey & Scott 2006). The mitigating factor appears to be the juvenile population and the philosophy of the juvenile justice system. As a result, men adopt a role that allows them to
exert their masculinity, however in a modified form. They embody “parens patriae,” or father of the country, protecting those who cannot protect themselves (Ritter 2010:226).

Within the female dominated clinical field, men and women utilize reframing techniques equally. They primarily discuss their role in providing assistance and treatment to the offender, whereby positive outcomes follow. Although clinicians have less name association with juvenile sex offenders than the probation/parole officers, male and female clinicians seek to distance themselves from the offender through re-defining their work in terms of positive aspects. The positive aspects of their work, the offender’s success, is achieved through treatment.

The final occupational category in which men and women were compared, probation/parole officers, lacked significant male utilization of stigma management techniques. Female probation/parole officers communicated the purposeful reframing of their work in terms of helping the offenders through treatment. They emphasize their holistic approach to helping the youth, through initiating treatment, facilitating groups, doing family interventions, and having consistent community contact. These tactics present the primary job responsibilities of female probation/parole officers as helping kids and families. In doing so, these workers do not deny the negative aspects of the population they serve, but emphasize the positive outcomes of their work. By reframing their job in terms of the offender’s success in the community, such as in school, these workers present their work as being multi-faceted. This shifts the focus of their work beyond the offender and thereby broadens the opportunity for their professional success by creating more opportunities to report the positive outcomes of their work. The men in this job category did not communicate any reframing strategies.

When the responses of these workers are analyzed in terms of occupation and gender, there is clear evidence of the workers’ use of reframing techniques while working with juvenile
sex offenders. This reframing is important because it allows the workers the opportunity to lay
claim to the help they provide the offender through treatment. In doing so, the workers present
themselves as an intricate part of helping the child change. This aspect of their work is strongly
emphasized through the stories told about youth success. The success stories are not entirely
about the work of the youth or the achievements of the youth, but also stories about the work of
the clinicians, correctional officers, and probation/parole officers. This provides these workers
with an opportunity to reframe their work in terms of success. Through communicating the
success of the offenders, these workers distance themselves further from the courtesy stigma of
the offense. The offense becomes swallowed up in the youth returning to normalcy.

These workers, while encountering social taint, engaged in techniques to combat the
courtesy stigma due to the population they work with- juvenile sex offenders. Workers use
various techniques to reframe their work with juvenile sex offenders, from framing their role in
helping the offenders, to communicating their labor in helping the offender succeed. In doing so,
they transform their work with juvenile sex offenders into one both more important, and more
respected.
Chapter 7
Summary & Conclusion

Stigma has been defined as an attribute that discredits an individual through the course of social interaction (Goffman 1963). The presence of a stigma reduces the individual in the eyes of others and reduces the status of the individual, thereby transforming the individual from normal to “not quite human” (Goffman 1963:5). Research has shown that the primary goal of those who possess a stigma is to present themselves in a positive light when interacting with others, thereby negating the potentially negative outcomes of stigma (Burchfield & Mingus 2008; Scambler 2007; Tewksbury 2005; Tewksbury & Lees 2006; Winnick & Bodkin 2008).

Goffman (1963) posits that individuals engage in various techniques, such as avoiding items which give indication of stigma, using items or individuals to discount stigma, displaying indications of a less stigmatized attribute, or disclosing their stigma to select individuals to avoid the socially imposed consequences of stigma. When individuals fail to conceal the stigma or successfully present themselves in a positive light, they subject themselves to socially imposed consequences (Lillis, Levin, & Hayes 2011; Oakley, Kanter, Taylor, & Duguid 2011; Winnick & Bodkin 2008). However, there are instances in which stigma and subsequent consequences are imposed through no actions or attributes of the individuals themselves, but as a result of courtesy stigma – stigma resulting from associations with stigmatized individuals (Argo & Main 2008; Birenbaum 1970; Dick 2005; Goffman 1963; Kulik et al. 2008; MacRae 1999; Pryor et al. 2012; Tracy & Scott 2006).

In order to combat courtesy stigma resulting from contact with the stigmatized, workers utilize specific techniques to minimize the courtesy stigma. Blake Ashforth and Glen Kreiner (1999), building upon Goffman’s ideas and the subsequent literature, identify recalibrating, refocusing, and reframing techniques as means of combating stigma within dirty work.
professions. Recalibrating attempts to neutralize stigma within employment through changing the employment evaluation standards that determine an occupation’s positive or negative value. Refocusing techniques are designed to neutralize stigma and create a positive identity through overlooking the stigmatizing qualities of the work. Reframing techniques, the most common technique displayed by workers in this study, seek to transform the negative meaning that has been attributed to an occupation through instilling positive value which negates the stigma (1999:421-422). The workers who utilize these techniques seek to change the perception of others by distancing themselves from the taint of the population they serve (Tracy & Scott 2006). In order to change the others’ perception of their professions, and of themselves, these individuals seek to create a positive work and personal identity.

Because few stigma studies evaluate multiple jobs that have associations with the same stigmatized population, little is known about the extent to which stigma management strategies may vary across professions. My research provides additional understanding of the dirty work literature beyond the current literature by exploring the stigma management techniques three different groups of professionals use while working with juvenile sex offenders. Analysis of this research provides evidence of how professions influence the stigma management techniques of employees. One goal was to provide a better understanding of how male and female clinicians, correctional officers, and probation/parole officers use some similar, and some different, strategies to cope with the taint of working with the same population. This evaluation provides a greater understanding of the effectiveness of occupational and gender oriented strategies by evaluating the two within the same stigma context. In addition, this research sought to evaluate the role gender plays in the techniques used within and between each job category. This analysis provides evidence of how men and women, within and between different occupations, utilize
stigma identity techniques. The overall goal of my research was to understand the techniques these professionals use to navigate their social taint on a daily basis, in their families, workplaces, and communities.

**Study Overview**

Based on interviews with 35 workers, the goal of this dissertation was to determine how these workers navigate the disclosure about their work with juvenile sex offenders, as well as determining what stigma management techniques they use when they must disclose. The workers in this study were chosen based on their direct contact with juvenile sex offenders as a part of their regular job duties. Correctional officers’ interaction with sex offenders begins upon incarceration and continues during the duration of the offenders’ stay in a locked correctional facility. The second group of professionals, clinicians, was chosen due to their contact with the offenders throughout the treatment process. These workers operate within juvenile correctional facilities or within community agencies, with each setting providing treatment interventions specific to juvenile sex offenders. The final group, juvenile probation/parole officers, were chosen due to their role in providing the juvenile sex offenders supervision within the community.

Throughout the course of the interviews, it became apparent that the dirty work they engage in on a daily basis influences how the workers perceive their identity. This identity, and their efforts to maintain their identity in a positive light, is the focus of this research. Although they work with juvenile sex offenders, a severely stigmatized population, the workers utilize stigma management techniques that infuse positivity into the aspects of their job. The imputing of positivity neutralizes the stigmatized aspects of their work. In order to do so, workers manage
disclosure and reframe their work in a positive manner, especially when compelled to disclose information about their work with juvenile sex offenders.

**Disclosure by Occupation**

One of the goals of this research was to understand the techniques professionals who work with juvenile sex offenders use to prevent or limit stigma. Initially, many of the workers interviewed discussed their desire to avoid disclosing the population they work with due to confidentiality policies within their agency. In addition, workers choose to avoid disclosing details of their work based on the stigmatizing perception associated with sex offenders. As a result, individuals in all three professions engaged in similar disclosure avoidance strategies: invoking their work and ethical obligation to maintain confidentiality, following the advice and guidelines provided by seasoned staff regarding disclosure, and limiting their disclosure to intimate groups. The degree of compliance varied, with professions differing slightly based on the type of contact and interaction with others. During disclosure, workers choose to omit terminology that could associate their work with juvenile sex offenders, and in turn discuss their work in generalities. This pattern of limited disclosure was observed in each occupation.

The practice of the juvenile justice system has long been to maintain confidentiality because juveniles are believed to have the ability to change and be rehabilitated; therefore, their offenses should not be made public (Kupchick 2003). The premise that juvenile proceedings are more sensitive in nature because the defendant is a child drives standards of confidentiality. Although confidentiality does not specifically prevent workers from discussing the type of work they do, the workers are discouraged from disclosing details of their work early in their employment. This is true especially for correctional officers who work under the assumption that
the general public is unaware of their presence and job duties. These workers believe they are the lesser known entity of the legal system. Many correctional workers discussed being cautioned by seasoned workers against disclosure, not so much because they deemed corrections work stigmatizing, but instead because it would open the door to further inquiries about the specific offenders they work with, that is, juvenile sex offenders. This practice of minimizing disclosure minimizes courtesy stigma for the worker. When asked about the advice they were given when they were hired and the advice they give new hires, many workers discussed the unwritten rule of avoiding work disclosure with outsiders. This disclosure avoidance advice, in addition to the various policies regarding the confidentiality of juvenile records, re-enforces to the worker that disclosure is not an option. Correctional workers report this being an additional protection to avoid or limit disclosure, even though this protection does very little to minimize or counter the assumptions or stereotypes associated with correctional work, especially with sex offenders.

When they do disclose, correctional workers generalize the population they work with, using terms such as troubled youth and delinquents. Workers did report sharing offender successes, and therefore utilize disclosure techniques as a means of minimizing negative attributes of their work and propagating positive perceptions. Disclosure is utilized when advantageous to the worker.

In contrast to correctional officers, who work within the confines of walls and fences, probation/parole officers experience more public visibility due to their job duties. These professionals, while working under similar confidentiality standards as correctional officers, have to contend with a job title, Juvenile Sex Offender Probation Officer, which links them to the stigmatized population they work with. When interacting with professionals from other institutions, such as schools, mental health agencies, and community agencies, it is difficult for
probation/parole officers to distance themselves from the work they do with juvenile sex offenders. Hence, probation/parole officers must decide the extent to which they disclose. This is influenced by the extent to which others must know details about the offenders or the offenses. If the need is low, then the officer implements avoidance techniques more successfully. Although probation/parole professions have the ability to claim confidentiality as a means of avoiding disclosure, the disclosure of working with juvenile sex offenders seems unavoidable within the confines of their work duties. When interacting with others outside of the context of work, the probation/parole officers tend to generalize their work using vague terms, such as juvenile probation/parole officer. In addition, they generalize the offenders as probationers or youth involved with the court system. This decreases the workers’ likelihood of being associated with juvenile sex offenders.

In contrast to the other two professions, clinicians may not be directly employed by the juvenile justice system. However, they are held to standards of confidentiality of their agency and/or the code of ethics of their state licensure boards. These codes of ethics communicate professional obligations which prevent them from disclosing specifics about their clients or their clients’ treatment interventions. As with agency policies, these standards do not prevent the worker from disclosing their job duties in general terms and describing the population with which they work. Clinicians report purposefully invoking these standards of confidentiality as a way of avoiding disclosure. Clinicians generalize their work in such a way as to avoid discussing their work with juvenile sex offenders. The clinicians in this study disclose their work in terms of counseling, therapy, or treatment. Because of the variety of counseling needs, these workers can avoid designating their clients as being delinquents, much less sex offenders, as these designations evoke stigma.
Members of each profession displayed some level of disclosure avoidance. Workers from each group voiced their compliance with the confidentiality standards of their facility/agency/court, however workers also admitted to engaging in various degrees of disclosure with family and friends. Many of the workers discussed their reluctance to share detailed information outside of their family and close friends due to the concerns that the stigmatizing details of the offenders’ offenses may come to light, and thereby reflect upon them. As a result, workers from each category chose to avoid discussing certain details of their job in order to avoid uncomfortable social interactions. Their willingness to disclose work in moderation with their family and close friends was due to their belief that these communications were significantly less likely to result in courtesy stigma.

Disclosure by Gender

Men and women both report using disclosure strategies and reframing techniques, although there were slight variations between genders. Men and women in each profession sought to minimize disclosure as a means of managing their identity. Men and women in corrections, clinical, and probation/parole occupations each discussed compliance with agency confidentiality policies, as well as licensing board standards, as primary deterrents to disclosure. In doing so, both men and women invoke their obligation to maintain confidentiality and uphold the ethical obligations of their respected licensing boards.

Although constrained by policies and ethics, men and women reported engaging in selective disclosure practices as a means of disassociating themselves from juvenile sex offenders. The disclosure practices of men and women were similar when directed at outsiders. Men and women discussed their work in general terms, as evidenced by omitting any indication
of sex offenders from their professional titles. Men and women utilize general terms when discussing the type of offenders they work with, choosing to identify juvenile sex offenders with terms such as “probationers” or “delinquents.” Men and women choose to discuss their work duties in generalities as well, substituting “individual, family, and group counseling” for juvenile sex offender treatment. Although men and women present similar disclosure techniques when interacting with the public, they differed in disclosure techniques involving intimate groups – family and friends. Specifically, women were more likely to disclose their work to people they were close to, such as siblings, parents, and friends. This is consistent with research that demonstrates women who experience emotional and chronic stress identify support as important (Mizuno, Moneyham, Sowell, Demi, & Seals 1998), and utilize support from family as a means of successfully managing stigma (Liu, Srikrishnan, Zelaya, Solomon, Celentano & Sherman 2011; MacRae 1999). Conversely, men reported disclosing their work significantly less than women. According to the men, the reason they were more reluctant to talk about their work with intimate others was to protect their family from the negative and graphic stories of sexual abuse. Men expressed their masculinity in terms of protecting their family from “trauma” and unnecessary burdens resulting from disclosure. In such ways, each man defines himself as a “physically and emotionally strong male,” in spite of the work being mentally and emotionally exhausting (Cheeseman & Goodlin-Fahncke 2011).

Men and women from each occupation chose to utilize disclosure techniques as means to manage the perceptions of others. Whether disclosing to intimate groups, citing disclosure avoidance as a means of protect one’s family, or using general terms to describe their work, these workers seek to avoid the courtesy stigma that comes from making their work known. In instances in which the details of their work does become public, these workers navigate social
interaction through identity management techniques. The primary technique utilized by each gender and profession was reframing.

*Identity Management Techniques by Occupation*

All three professions interact with the same population, juvenile sex offenders, but play different roles. As a result, the expectation is that the techniques utilized by each profession are specific to their unique interactions with the juvenile sex offenders. Exploring the context of the contact with juvenile offenders is important for determining how each profession navigates social interaction in light of courtesy stigma. Certain professions may provide greater opportunity to engage in stigma management. The most common technique utilized by each occupation was reframing. This technique entails transforming the negative meaning that has been attributed to their occupation. By framing their work in a positive manner, workers minimize the likelihood of courtesy stigma. It is through reframing that the “dirty particulars” of their work are redefined through the infusion of “uplifting values” (Ashforth & Kreiner 1999:421-422).

Workers utilize techniques that are specific to the type of contact they have with the juvenile sex offenders. For example, correctional officers have direct contact with incarcerated juvenile populations. Therefore, the correctional officers in this study reframe their work in terms of emphasizing the kid aspect of the offender and purposefully communicate offender success stories. Their daily interaction with offenders may range from one day to six months, and may include multiple incarcerations. It is during this time period that workers report becoming acquainted with the offender beyond their offense. As a result of interacting with offenders, workers have the ability to communicate the offenders’ positive attributes which are used by the
worker to influence others’ perception of the offenders. In return, this positive influence frames the worker in a positive light. The most obvious stigma management resource for the correctional workers is their work title, “juvenile” correctional officer. This title emphasizes the youthfulness of the offenders they work with, thereby differentiating the juvenile offender from the adult offender. This implies that juvenile offenders, because of their young age, are more amenable to change. This creates the opportunity for the workers to discuss their role in fostering the change.

Clinicians, the primary treatment workers, reframe their work in terms of treatment interventions and successful treatment outcomes. Although clinicians may not spend as much direct contact time with the offender as correctional officers, clinicians identify themselves as the catalyst of change for the offender’s success. Clinicians communicate the importance of their role in the offender’s success. Clinicians have the ability to talk in general terms about the positive outcomes and benefits of treatment. This is advantageous to the clinician in terms of reframing. They utilize the successes of both former and current clients as a means of reframing their work in a positive light.

The last group of professionals, probation/parole officers, emphasize their role in the treatment process as co-facilitators and in assisting the offender in maintaining their treatment progress within the community. Probation/parole officers who work in conjunction with treatment can reframe their work in terms of helping youth complete treatment and emphasize the positive effects of treatment. However, for those probation/parole officers who do not co-facilitate treatment groups, reframing becomes more difficult. Upon disclosure of their job title in their professional capacity, the juvenile sex offender probation/parole officers can neither refer to their clients as general delinquents nor claim a role in the treatment process. During social
interactions outside of the scope of their employment, juvenile sex offender probation/parole
officers utilize reframing by discussing their clients in general terms. These terms include
“juvenile probationers” and “kids in trouble with the court.”

Identity Management Techniques by Gender

Gender was also analyzed within the context of occupation, comparing the strategies used
by men and women. Reframing techniques were discussed by both men and women, but more so
by men in corrections, a male dominated profession (Lambert, Paoline III, Hogan & Baker
2007). Men choose to reframe their work with sex offenders primarily in terms of providing care
and assistance. Although reframing dirty work in terms of providing care to others is typically
associated with women (Duffy 2007; Stacey 2005), the context of this particular work facilitates
reframing in terms of care. By purposefully reframing their work in terms of providing assistance
to kids, men emphasize their ability to impart knowledge and guidance to these youth. Their
work becomes heroic in that sense.

Within the clinical field, where women dominate, men and women focused on their
similar roles in providing treatment interventions as a means of reframing their work with
juvenile sex offenders. Although by name their profession has less direct association with
juvenile sex offenders than the probation/parole officers, both male and female clinicians sought
to distance themselves from the offender through reframing their work in terms of the positive.
This is done by focusing their efforts on presenting their work in terms of being the treatment
provider, the catalyst for change, and communicating the subsequent positive outcomes. The
treatment interventions facilitated by these men and women are framed as the primary means of
the offenders’ success.
The primary finding of importance regarding men and women who work in the probation/parole professions was the gender difference in the use of reframing techniques. Female probation/parole officers communicated the purposeful reframing of their work in terms of helping the offenders through treatment. They described their role as helping the offender through treatment by facilitating groups, doing family interventions, and providing community supervision. These tactics define the primary job responsibility of these women as helping kids and families. In doing so, these women do not deny the population they serve, but self-disclose by emphasizing the success of their work. The reframing of their job in terms of the offenders’ success in treatment, within the family and community, broadens the workers’ association with the offenders’ success. Women purposefully disclosed success stories and thereby tried to minimize any association with an offender’s failure. It is through this process they validate their profession and negate negative perceptions. Male probation/parole officers did not discuss their role in providing treatment, which is one of the primary reframing techniques used women probation/parole officers. They discussed the success of offenders, but did not directly attribute the success to their work. They discussed their work in terms of their work duties, such as enforcing court orders and ensuring youth compliance. This may be a reflection of job duties. Not all probation/parole officers participate in treatment interventions. However, the men in this occupational category fail to utilize the most obvious reframing technique available to them—helping kids.

By redefining their work with juvenile sex offenders as helping children become socially productive individuals the techniques of these workers support the stigma management strategies of Blake Ashforth and Glen Kreiner (1999). Those who work with stigmatized individuals often seek to distance themselves from taint. If, through the course of their work, they become
affiliated with tainted individuals, they must contemplate how to navigate social interaction. These workers choose to redefine their work in more socially acceptable terms, thereby avoiding social repercussions (Adams 2012; Ashforth & Kreiner 1999; Mavin & Grandy 2013; Roca 2010; Tracy 2004). Often times, these repercussions are similar to the ones experienced by the stigmatized (Kulik et al. 2008; Larson & Lane 2006; MacRae 1999).

When the responses of these workers are analyzed in terms of occupation and gender, there is clear evidence that men and women in each profession use reframing techniques while working with juvenile sex offenders. Their reframing techniques support socially approved values, which include helping kids and communicating the success of their work. The correctional officers, clinicians, and probation/parole officers in this study all try to reframe the offenders they work with by using socially approved imagery all the while attempting to minimize the tainting aspects of their offenses. This is successful reframing and successful stigma management.

Contributions to the Stigma Literature

The work of juvenile correctional officers, clinicians, and juvenile probation/parole officers entails associating with juvenile delinquents. However, those who work with specific sub-categories of delinquent youth, specifically juvenile sex offenders, are subject to courtesy stigma. This stigma experience may become invasive in professional and personal interactions. This study demonstrates the necessity of those who work with juvenile sex offenders to utilize identity management techniques to navigate social interaction.

This study furthers the stigma literature in three ways – the first being the evaluation of stigma management techniques used by workers in three different occupations who encounter the
same stigma source. The focus of dirty work studies typically includes a comparison of one or multiple occupations and stigmatizing aspects specific to each occupation. This is evident in studies such as Tracy and Scott (2006), in which the focal point is how two distinct professions, firefighters and correctional officers, navigate stigma management techniques unique to their respective occupations. The techniques used by these workers differ due to the differences in how the taint is encountered. The workers in the current study encounter the same stigma source, juvenile sex offenders, therefore, one may assume the stigma strategies would be consistent across professions. The workers in this study engaged similar disclosure strategies and reframing techniques, but with enough subtle differences to warrant further study.

The second contribution is the finding that workers use nested and sequential stigma management strategies. Workers utilized disclosure practices as a means of managing information about their work and reframing their work during disclosure. Sequential stigma management techniques are not readily identified within stigma literature. Dirty workers within the stigma literature are described as using stigma management techniques that are independent of each other, such as solely reframing stressful work (Chiappetta-Swanson 2005) or redefining one’s body and reconstructing sexual desires (Kwong-Lai Poon & Trung-Thu Ho 2008). Although the individuals in the preceding studies use identity management techniques, the techniques are used independent of other techniques. The workers in this study utilize disclosure strategies and reframing techniques, not independently but sequentially. The workers begin their identity management process with disclosure. They disclose aspects of their work to intimate others and limit their disclosure to outsiders. When their work is exposed, or the workers feel compelled to disclosure their work, they redefine their work using positive terms and imagery.
Therefore, the first step is disclosure avoidance, followed by limited disclosure, and then reframing techniques.

The third contribution is the unanticipated findings regarding similarities and subtle differences in identity management techniques among men and women within each occupation. Research has demonstrated that men and women display differences in regard to how they navigate employment. Gender differences are consistently displayed within the dirty work professions, such as in adult corrections (Gross et al. 1994; Lovrich & Stohr 1993), low-wage home care labor (Stacey 2005), and housework (Schneider 2012). Men and women in this study displayed similar disclosure strategies and engaged in similar reframing techniques, although subtle variances were observed. Men redefined their work in terms of caring for and helping youth, an identity management technique otherwise more common in women’s dirty work (Hochschild 2003; Hondagneu-Sotelo 2007). Although the men in this study sought to reframe the care work in terms of helping kids, they did not follow the stereotypical masculine role scripts (Simpson 2004) expected among criminal justice workers. Because the similarities in disclosure strategies and reframing techniques among men and women were unexpected, the stigma management literature would benefit from additional research involving gender strategies with a singular stigma source.


Appendix 1

Semi-Structured Interview Prompts

1. How long have you been in this line of work? How did you come to work with sex offenders?

2. What parts of the job do you like the most? Why? What parts do you dislike the most? Why?

3. How difficult is it for a new employee to settle in and feel comfortable working with juvenile sex offenders? What are the biggest challenges they face?

4. What type of advice do experienced workers give new workers to help them cope with these challenges? About keeping a good attitude? About managing the parts of the work they do not like? About how they could talk about this job with their friends and family?

5. Has there ever been a circumstance where you or a fellow worker have had an extremely uncomfortable/unpleasant/rough/awkward experience with family/friends/co-workers due to working with juvenile sex offenders? What happened? How did you/they respond?

6. How do you think the general public sees your job? Why do you think they are seen this way? How does your spouse/friends/family see it? Why?

7. Do you worry about what others think about your job? Why? How do you deal with it?

8. If you were at a party and a stranger asked about your job, how would you describe it?

9. Have you ever chosen to keep things about your job from your family or friends? How do you navigate confidentiality with your family? How did you feel afterwards?

10. If your son or daughter said they wanted to work with juvenile sex offenders when they grow up, what would you say to them?

11. What kinds of support do you, as a professional who works with juvenile sex offender, have access to:
   - Within your family?
   - Within your community? Who do you deem to be your community?
   - Other types of professionals? Do you feel estranged from others who do the same work with different populations? When interacting with other institutions (schools, etc.) are you treated with respect or different because of the population you work with?