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Why call someone by what we don't want them to be? The ethics of labeling in forensic/correctional psychology

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ABSTRACT

Labeling a person by their past behavior or a criminal conviction is commonplace throughout forensic and correctional psychology. Labels including 'offender' and 'sex offender' infiltrate academic writing and conference presentations, names of professional organizations and treatment programmes and, at times, traverse therapeutic work. That such labels are frequently used and rarely advocated against suggests that helping professionals either (i) don't recognize labeling as an ethical issue, or (ii) don't consider it their role to challenge. The current paper aims to encourage critical reflection on the use of labels in forensic and correctional psychology. Key concerns are illustrated through a focus on labels commonly assigned to individuals who have sexually abused, where labeling is especially prolific. The scope of labeling is reviewed, and implications for rehabilitation and reintegration discussed. Next, an analysis of the ethics of labeling individuals on the basis of criminal convictions, past behavior or psychological phenomena is presented. It is argued that the use of such labels contradict core ethical principles including beneficence and nonmaleficence, respect for the dignity of all persons, and responsibilities to society. A de-labelling movement for forensic/correctional psychology and related fields is proposed.

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Used to classify a person or object using a word or short phrase, labels are commonplace in everyday communication. From describing one's family role or occupation, to dietary preferences, ethnic identity, religious beliefs and sexual orientation, labels can aid communication by conveying meaning without superfluous words. Labels are often used to express defining features of how someone sees themselves (e.g. as a 'father', 'vegetarian', 'American' or 'Christian') and what they do (e.g. a 'student', 'mechanic' or 'football player'). However, while labels can serve an adaptive function in everyday communication, these communication shortcuts can also cause harm. As highlighted in the Publication Manual of the American Psychological Association, many labels can be perceived as pejorative and stigmatizing (American Psychological Association, 2010b). Examples include 'mental retard' or 'schizophrenic' to refer to someone with an intellectual disability or schizophrenia, respectively. Such labels might be perceived as offensive and reducing the labeled person to the label assigned, irrespective of the extent to which the label

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accurately describes characteristics of the person. For these reasons, a movement towards person-first language that separates a person from a condition or disorder gained momentum in the 1990s (American Psychological Association, 1992, 1994). Person-first language is now commonplace across psychological and educational literature, with notable exceptions. One such exception and the focus of the current paper is on labels commonly assigned to the people at the center of theory, research and practice in forensic/correctional psychology and related fields. Beyond the stigma, disempowerment and distress that labels such as 'offender' and 'sex offender' may evoke, these labels also communicate that individuals with similar criminal convictions represent homogenous groups. There is a risk that important messages about the heterogeneity of individuals who have offended are lost, and opportunities for rehabilitation, reintegration and desistance compromised. The current paper aims to prompt critical reflection and academic discussion surrounding ethical issues inherent in labeling a person based on a past conviction or criminal propensity.

Concern about labeling persons who have engaged in criminal behavior is not new. In 1938, Frank Tannenbaum remarked in his book *Crime and the community* that by assigning someone a label, there's every chance 'the person becomes the thing he [or she] is described as being (Tannenbaum, 1938, p. 20).' Since then, empirical research has accumulated showing that formal labeling of persons who have engaged in delinquent or criminal behavior increases risk for future delinquency or crime, for example through identity changes, blocked opportunities and increased association with deviant peers (e.g. Bernburg & Krohn, 2003; Bernburg, Krohn, & Rivera, 2006; Chiricos, Barrick, Bales, & Bontrager, 2007; Restivo & Lanier, 2015; Wiley & Esbensen, 2016). Yet to this day, we continue to refer to men and women in the criminal justice system by the very behavior we do not want them repeating. Moreover, many labels used in correctional psychology and criminology are normative categories (see Ward & Heffernan, *in press*); as such they have little scientific validity and may serve to proliferate misperceptions about persons who have offended. Such labels include 'offender', 'sex offender,' 'fire setter' and 'murderer.' They are based on a past conviction(s) and communicate little about the person or their propensity for future offending, which is especially problematic in the case of sexual offending given the relatively low base rates of sexual recidivism (estimated at 24% over a 15 year follow-up; A. J. R. Harris & Hanson, 2004). By contrast, other commonly used labels in forensic psychology reflect scientifically valid constructs associated with psychological phenomena (e.g. 'psychopath', 'paedophile') and may be more indicative of future propensities. Notwithstanding their scientific validity; however, these labels are laden with negative connotations (Imhoff, 2015) and therefore risk stigmatizing the individuals to whom they are assigned.

The use of stigmatizing and pejorative labels in correctional/forensic psychology is especially evident in reference to persons who have sexually offended. These individuals are often collectively referred to as 'sex offenders' or differentiated on the basis of perpetrator, victim, or crime characteristics and/or legal classifications (e.g. 'juvenile sex offender', 'child molester', 'rapist', 'exhibitionist', 'sexually violent predator'). Using labels commonly assigned to persons who have sexually abused to illustrate key concerns, this article begins by reviewing the scope of labeling and implications for rehabilitation and reintegration. Next, this article evaluates the use of labels against psychologists' ethical obligations to clients and communities. Finally, some ways forward in the

absence of labels to which forensic/correctional psychology and related fields have become accustomed are proposed.

The Scope of Labeling and Implications for Rehabilitation and Reintegration

If community members or media outlets have not beat the criminal justice system to it, labels are typically assigned upon conviction and sentencing for a sexual offence. Many countries require individuals convicted of a sexual offence to register their personal details (including a photograph, home address, identifying information and workplace) on an electronic register, commonly referred to as a 'sex offender¹ register.' Such registers are accessible to law enforcement and child protection agencies and in some countries, the general public. Registrants are required to notify authorities as personal details change, and effectively carry the 'registered sex offender' label with them for many years or life. In the US, where federal legislation requires each state to maintain a publically accessible online register, at least two thirds of registrants are subject to registration requirements for 25 years or life (Ackerman, Harris, Levenson, & Zgoba, 2011). Notwithstanding the well-documented and potentially risk-enhancing reintegration obstacles that many registrants face such as housing and employment instability (Levenson & Cotter, 2005; Levenson, D'Amora, & Hern, 2007; Mercado, Alvarez, & Levenson, 2008; Sample & Streveler, 2003; Tewksbury, 2004, 2005; Tewksbury & Lees, 2006; Zevitz & Farkas, 2000), labeling someone a 'registered sex offender' contradicts accumulating research on the role of pro-social identity changes or 'cognitive transformations' in the process of desistance from crime (Giordano, Cernkovich, & Rudolph, 2002; D. A. Harris, 2014a, 2014b; Maruna, 2001). Desistance refers to the process of ceasing criminal behavior after repeated, habitual or career-like engagement in crime (Farrall, 2010; Laws & Ward, 2011; Maruna, 2001). Indeed, Maruna, LeBel, Mitchell, and Naples (2004) and Maruna and LeBel (2010) have argued that labeling theory may be a neglected factor in understanding desistance. They suggested that desistance might be facilitated when behavior change is recognized by others and reflected back to the desisting person in a de-labelling process. Given that registers reinforce labels and create obstacles to community reintegration, it is unsurprising that they have largely failed to impact rates of sexual recidivism (Levenson, 2016b; 2016c; see also Bierie, 2015).

Labeling in treatment settings

Irrespective of registration status, many individuals convicted of sexual offences are required to attend sexual offence-specific treatment programmes. Around the world, the very programmes that aim to help clients improve their lives and ultimately prevent future offending often reinforce labeling in their names (e.g. *Corrections Victoria Sex Offender Programs*, Australia; *Minnesota Sex Offender Program*, US). The acronyms SOTP ('Sex Offender Treatment Program') and SOP ('Sex Offender Program') are especially prolific (e.g. *Washington State SOTP*, US; *National Offender Management Service SOTP*, UK). In the author's opinion, there is a risk that labeling treatment participants in the names of treatment programmes may communicate to clients that helping professionals view them as society does: a homogenous group, highly likely to reoffend and not welcome in the

general community (e.g. Willis, Malinen, & Johnston, 2013). If labeling was confined to programme names, clients might reasonably conclude that programme names reflect the legal or political context in which they operate, as opposed to the views of helping professionals. However, labeling extends beyond programme names. Prior to commencing a treatment programme, clients are typically asked to sign a consent form confirming that they have understood the programme's purpose and what is expected of them, as well as limits of confidentiality and any other relevant information. At times, the author has observed labeling seeping into the process of obtaining informed consent, with the word 'offender' inscribed on consent forms to indicate where the client should sign. Some programmes additionally require clients to sign a 'sex offender treatment contract' outlining programme rules and expectations of clients (Willis, Ward, & Levenson, 2014). In doing so, clients are effectively forced to succumb to the 'sex offender' label and treatment starts not as a collaborative process capable of fostering pro-social identity change, but with assignment to a highly stigmatized group.

It is possible that the negative consequences of labeling might be offset by the therapeutic relationship that develops between the client and therapist. Indeed, general psychotherapy research (see Wampold & Imel, 2015) and the sexual offending treatment literature specifically (e.g. Marshall et al., 2002, 2003) highlight the importance of the therapeutic relationship on treatment outcome. When therapists demonstrate genuineness, warmth and nonjudgmental attitudes in their interactions with clients, they communicate respect. When therapists display empathy and unconditional positive regard, they communicate that clients are worthy; moreover, they communicate an awareness that people who have harmed have often themselves been harmed, and left with maladaptive coping skills as adults through no fault of their own (e.g. Levenson, 2016a; Levenson, Willis, & Prescott, 2015, 2016; Reavis, Looman, Franco, & Rojas, 2013; Willis & Levenson, 2016). When therapists reinforce client strengths and praise accomplishments, they communicate belief in clients' capacities to live a life inconsistent with the labels they may have been assigned. Over time, consistent displays of warmth, genuineness, empathy and praise might lead to clients internalizing belief in their own self-worth and capacity for a better life. In other words, the therapeutic relationship may moderate or buffer negative outcomes associated with labeling by the criminal justice system by inducing a positive *Pygmalion effect*. The Pygmalion effect refers to the power of supervisory expectations on subordinate performance, and has been studied extensively in education settings (Rosenthal, 2002, 2003). Numerous studies have found that teacher expectations of students influence student achievement: high expectations lead to higher achievement and low expectations lead to lower achievement, with stigmatized groups particularly sensitive to expectancy effects (e.g. Friedrich, Flunger, Nagengast, Jonkmann, & Trautwein, 2015; Jussim & Harber, 2005; Madon, Jussim, & Eccles, 1997; Rosenthal, 2002). Individuals who have sexually offended are arguably one of the most stigmatized groups in society (Craig, 2005; Hogue, 1993; Weekes, Pelletier, & Beaudette, 1995; Willis, Levenson, & Ward, 2010), thus Pygmalion effects may be particularly pronounced. While not studied explicitly in correctional psychology, extrapolating findings from education research would suggest that when therapists, probation officers and professionals believe that men and women with previous sex crime convictions are worthy and capable of living a law-abiding and productive life, the men and women too might internalize those beliefs and live their lives accordingly. In other words, by recognizing the humanity of

individuals who have harmed and their prosocial goals and life aspirations, helping professionals can offer clients hope for a future they label and define. Such an approach is consistent with the Good Lives Model of rehabilitation, where the client's conceptualization of a 'good life' guides correctional treatment and supervision (Ward & Stewart, 2003; Willis, Yates, Gannon, & Ward, 2013). On the other hand, a narrow focus in treatment and supervision on an individual's offending might reinforce effects of labeling. To illustrate, sexual offence disclosure exercises are often a requirement for programme completion (McGrath, Cumming, Burchard, Zeoli, & Ellerby, 2010). At best, such exercises might encourage clients to acknowledge their past behavior as well as any ongoing difficulties that might put them at risk of reoffending (e.g. continued deviant sexual interest in children). At worst, such exercises might force clients to identify and define themselves by their past offending behavior. The latter scenario is consistent with the author's observations of several group treatment sessions made during field research in the US (Willis et al., 2014). Without any prompting from therapists, clients often introduced themselves with their name, registration status and criminal history information (e.g. 'My name is Roger, I'm a registered sex offender with two felonies for soliciting a minor and one for sexual violation by rape').

Labeling in academia and beyond

The use of stigmatizing and pejorative labels in forensic/correctional psychology is especially salient outside of therapy settings. Many therapist manuals and guides currently in circulation for sexual offending treatment providers use labels in their titles and/or content (e.g. Carich & Musack, 2015; Prescott, 2009; Sawyer & Jennings, 2016; Yates, Prescott, & Ward, 2010). Similarly, across all issues of *Sexual Abuse*² published in 2015, an average of between one quarter and one third of articles used a label (or labels) in the article title, while in 2016, the percentage rose to more than half (51.72%). In the *Journal of Sexual Aggression*,³ nearly half (45.95%) of the articles across all issues published in 2015 and more than half (55%) of the articles published in 2016 contained label(s) in their titles. Across both journals, labels were used noticeably less when referring to young people who have sexually offended. The world's largest professional organizations to which clinicians, academics and other professionals belong both use labels in their titles: *The Association for the Treatment of Sexual Abusers* (ATSA) and the *International Association for the Treatment of Sexual Offenders* (IATSO). Importantly, these examples are not intended to suggest that professional organizations and the highly respected authors of key texts and journal articles advocate for the use of labels with clients. It is considered more likely that labeling clients is advocated against, but that the use of labels outside the therapy room has become normalized. Labeling therefore permeates into every-day conversation with colleagues, friends and family, and in media contributions and other public engagement activities. When reporters and politicians hear professionals talking about 'sex offenders' or 'sexual predators', such language becomes normalized for public consumption. Notwithstanding the impact of such labels on the labeled individuals, professionals' use of labels contradicts efforts to address common misperceptions about recidivism risk and promote evidence-based sex crime policies in the hope that clients will have opportunities to find somewhere to live, work and pursue pro-social goals. Indeed, stable housing, employment and the presence of meaningful pro-social goals

are associated with a reduced risk of sexual recidivism (e.g. Willis & Grace, 2008, 2009). Findings from public opinion research suggest that the prototype activated by the 'sex offender' label is of someone with a history of sexual offending assaulting a stranger victim (e.g. Katz-Schiavone, Levenson, & Ackerman, 2008; Levenson, Brannon, Fortney, & Baker, 2007), consistent with the media's representation of sexual crimes (e.g. Ducat, Thomas, & Blood, 2009; Thakker & Durrant, 2006). Yet it is well established that most individuals convicted for sex crimes have no prior sexual offence convictions, and abused a known victim (Hanson & Bussière, 1998; A. J. R. Harris & Hanson, 2004). To the extent that professionals continue to use stigmatizing labels to refer to their clients and research participants in everyday communication, there is a risk that stereotypes will be inadvertently activated and reinforced. An emerging body of empirical research supports such a premise. Imhoff (2015) found that the 'paedophile' label was associated with exacerbated punitive attitudes towards persons with paedophilic sexual interests compared to descriptive, non-labelling language (i.e. 'someone with sexual interest in children,' p. 37). Similarly, Harris and Socia (2016) found that the 'sex offender' and 'juvenile sex offender' labels were associated with greater public support for laws targeting persons who have sexually offended including publically accessible registers and residence restrictions, compared to neutral language (e.g. 'People who have committed crimes of a sexual nature,' p. 668). In the broader psychological literature, Granello and Gibbs (2016) found that the label 'the mentally ill' was associated with lower levels of tolerance compared to the term 'people with mental illness.'

Emotive community responses that block opportunities for reintegration and desistance have prompted a growing literature on public attitudes towards individuals convicted of sexual crimes, including comparing attitudes between different professional and demographic groups (for reviews see Harper, Hogue, & Bartels, 2017; Willis et al., 2010). Ironically, the very studies investigating public attitudes towards individuals who have sexually offended – including those instigated by the author of the current paper – have fallen especially vulnerable to labels. As highlighted by Harris and Socia (2016), attitudinal scales used in these studies often reinforce labeling in their names and item content including the 'Attitudes Towards Sex offenders' scale (Hogue, 1993) and the 'Community Attitudes Towards Sex Offenders' scale (CATSO; Church, Wakeman, Miller, Clements, & Sun, 2008). The CATSO, for example, is comprised of 18 statements to which respondents indicate their level of agreement, including 12 that use labels (e.g. 'Trying to rehabilitate a sex offender is a waste of time', 'Convicted sex offenders should never be released from prison'). Harris and Socia (2016) highlighted that such usage of labels:

... implicitly force respondents to make general inferences and statements about a knowingly diverse population. Ultimately, it may be that the resulting research tells us more about respondents' visceral reactions to the "sex offender" and "JSO" ["juvenile sex offender"] labels than it does about rational assessments regarding adults or youth who have perpetrated sexual offences (p. 2).

In other words, the use of labels in attitudinal scales might activate the prototype described previously of someone convicted of recidivist offences and/or who targets stranger victims. If true, studies utilizing such scales to explore public attitudes would find more negative attitudes towards persons who have sexually offended than studies utilizing attitudinal scales void of labels. A recent study by Lowe and Willis (2017)

examined this very hypothesis. Community member participants ($N = 391$) were randomly assigned to two conditions and asked to complete different versions of the CATSO: one with labels, and one with neutral descriptors. As hypothesized, those participants in the labeling condition endorsed significantly more negative attitudes (based on the CATSO total score) than those in the neutral language condition. Moreover, participants in the labeling condition were more likely to voluntarily use labels in response to subsequent open-ended questions compared to participants in the neutral condition. Findings thus suggested that the use of stigmatizing labels by the researchers had a priming effect on participants' future language use.

In summary, labeling persons convicted of sexual offences begins upon conviction and sentencing (if not before), and those labels remain for many years, if not life. Effects of labeling might be differentially reinforced or mitigated through therapy; however, outside of therapy, labels are normalized in scholarly publications, legislation and everyday conversation. The prototype activated by the 'sex offender' label might compromise efforts to influence public responses toward individuals convicted of sex crimes and promote evidence based sex crime policies (A. J. Harris & Socia, 2016; Lowe & Willis, 2017). Ultimately, the continued use of stigmatizing and pejorative labels risks obstructing processes associated with desistance from sexual offending (Göbbels, Ward, & Willis, 2012). As stated by Maruna and LeBel (2010), 'not only must a person accept conventional society in order to go straight, but conventional society must accept that this person has changed as well' (p. 76).

The Ethics of Labeling in Forensic/Correctional Psychology

Ethical issues facing helping professionals working in correctional and forensic settings have received steady scholarly attention, especially with respect to the dual relationship problem – or the conflict between working therapeutically with clients whilst assessing and managing risk to the community and upholding institutional security (Greenberg & Shuman, 2007; Ward, 2013). Ethical frameworks have been developed to aid ethical decision making (e.g. Bush, 2006; Ward & Syversen, 2009); however, to the author's knowledge, the use of pejorative and stigmatizing labels has not been addressed as an ethical issue confronting professionals working in the forensic/correctional field. It is argued herein that the failure to identify labeling as an ethical issue is a serious oversight illustrative of the dual relationship problem, whereby helping professionals have become increasingly influenced by political, legislative and societal demands to the extent that basic ethical principles underlying psychological practice have been overlooked (see also Gannon & Ward, 2014). Around the world, ethical codes and guidelines detail ethical values or principles and associated practice standards for helping professionals. In this section, the use of labels is evaluated against core ethical principles as outlined in psychologists' codes of ethics.

All ethical codes for psychologists emphasize the basic ethical values of striving to benefit client welfare, and at the very least, doing no harm (beneficence and nonmaleficence). For example, the American Psychological Association Ethical Principles of Psychologists and Code of Conduct explicitly states that 'Psychologists strive to benefit those with whom they work and take care to do no harm ... psychologists seek to safeguard the welfare and rights of those with whom they interact professionally ...' (American

Psychological Association, 2010a, p. 3). Labels such as 'sex offender' have potential for harm; as outlined previously they stigmatize and isolate, potentially blocking opportunities for pro-social living. Indeed, as highlighted, emerging evidence shows that the 'sex offender' and 'paedophile' labels are associated with increased stigma compared to neutral, non-labelling language (A. J. Harris & Socia, 2016; Imhoff, 2015). It is therefore the author's opinion that in the interests of safeguarding the welfare and rights of people who have abused, helping professionals have an ethical responsibility to model neutral language in their everyday communication, as discussed in the next section of this article ('Proposing a De-labelling Movement').

Another foundational value of ethical codes is respecting the dignity and inherent worth of all persons (e.g. American Psychological Association, 2010a; Code of Ethics Review Group, 2012; The Australian Psychological Society, 2007; The British Psychological Society, 2009), which is also at the heart of Ward and Syversen's (2009) ethical framework for forensic practice. In the author's opinion, labeling someone by their past behavior (e.g. 'rapist', 'child molester') is an excellent example of disrespecting the inherent worth of all persons. Many other labels commonly used in forensic psychology and related fields risk disrespecting the dignity of all persons, including labeling someone based on psychological phenomena (e.g. 'psychopath') or diagnoses (e.g. 'paedophile'). It is important to acknowledge that some individuals who self-identify as paedophilic might choose to use labels that acknowledge their sexual interest in children (e.g. 'minor-attracted person,' 'virtuous paedophile'), for reasons akin to people with substance related disorders and other mental health problems choosing to label themselves on the basis of their difficulties (e.g. 'addict,' 'Bipolar,' 'Schizophrenic'). Indeed, such labels might bring some people a sense of relief through providing an explanation for their difficulties, and self-identification with a label might represent an important step in someone's treatment or recovery. Thus, the same labels might be perceived as helpful to some people yet stigmatizing and pejorative to others. What is clear is that we cannot make assumptions about how labels might be perceived, and how someone chooses to label themselves. Indeed, in their guidance for reducing bias in written language the Publication Manual of the American Psychological Association advises authors to 'respect peoples preferences; call people what they prefer to be called' and moreover that 'A label should not be used in any form that is perceived as pejorative; if such a perception is possible *you need to find more neutral terms* [emphasis added]' (American Psychological Association, 2010b, p. 72).

Ethical codes also emphasize psychologists' responsibilities to society, either as they relate to other core ethical principles or as a core ethical principle in its own right. Social Justice and Responsibility to Society is one of the four key ethical principles underpinning the Code of Ethics for Psychologists Working in Aotearoa New Zealand (Code of Ethics Review Group, 2012). The New Zealand code states clearly that 'psychologists have a *responsibility* [emphasis added] to speak out ... when they possess expert knowledge that bears on important societal issues being studied or discussed' (p. 26) and, furthermore, that 'Psychologists have a *responsibility* [emphasis added] to speak out ... if they believe policies, practices or regulations of the social structures within which psychologists work, seriously ignore or oppose any of the principles of this Code [Respect for the dignity of persons and peoples, Responsible caring, Integrity of relationships, Social justice and responsibility to society].' Sexual offending frequents media headlines worldwide. As a main source of public information about sexual offending (e.g. Brown, Deakin, &

Spencer, 2008; Sample & Kadleck, 2008), the media undoubtedly contributes to and perpetuates misperceptions about individuals convicted of sexual crimes. The media takes labeling one step further, effectively dehumanizing individuals convicted for sexual offences by labeling them 'monsters' and 'beasts' (e.g. Breen, 2004; Forbes, 2014). Despite the media's misrepresentation of sexual crimes and proliferation of derogatory language, analyses of media reports of sexual crimes reveal very minimal input from psychologists and other helping professionals (Ducat et al., 2009; Greer, 2003; Thakker & Durrant, 2006; Wood & Dickson, 2013). In the author's opinion and consistent with the ethical principle of responsibility to society, there is an onus on psychologists and other professionals to address societal responses to sexual crimes that undermine rehabilitation and reintegration, including the use of stigmatizing and pejorative language.

Across ethical codes, there is recognition that societal structures or policies may sometimes be inconsistent with core ethical principles, and in these instances, psychologists are encouraged to advocate for change to such structures and policies (e.g. American Psychological Association, 2010a). For example, the American Psychological Association Ethical Principles of Psychologists and Code of Conduct recognizes that at times conflicts might arise between 'ethics and the law, regulations or other governing legal authority' and between 'ethics and organizational demands' (p. 4). Psychologists are advised to take actions to resolve such conflicts in line with core ethical principles (e.g. beneficence and nonmaleficence, respect for the dignity of all persons) and that 'under no circumstances may this standard be used to justify or defend violating human rights' (p. 4). It is the author's opinion that the use of labels highlighted in this paper *is* a violation of human rights, both to the labeled individual and to community members: The labeled person has the right to dignity, and community members have the right to safety. As has been highlighted, stigmatizing and pejorative labels risk jeopardizing both.

In summary, a clear disparity exists between the use of labels and the ethical principles of beneficence and nonmaleficence, respect for the dignity of all persons, as well as responsibilities to society. In the author's opinion, not only does labeling based on past behavior, criminal conviction, psychological phenomena or diagnosis contradict professional ethics, passively accepting others' use of labels also contradicts professional ethics. It is the author's opinion that a de-labelling movement in forensic and correctional psychology and related fields is therefore long overdue.

Proposing a De-labelling Movement

Before proposing a de-labelling movement, it is important to acknowledge some exceptions to the status quo – the authors, professional organizations, programmes and practices that don't use pejorative and stigmatizing labels. Current workbooks in circulation for use with clients are typically devoid of labels (e.g. Morin & Levenson, 2012; Yates & Prescott, 2011). While the names of the world's largest professional organizations dedicated to sexual offending treatment and prevention contain labels, others do not (e.g. the 'Australian and New Zealand Association for the Treatment of Sexual Abuse'). Moreover, many treatment programme names are devoid of labels, including the 'Te Piriti' and 'Kia Marama' Special Treatment Units in New Zealand which are Māori for 'The bridge: A crossing over to a better life' and 'Let there be Light' respectively (Bakker, Hudson, Wales, & Riley, 1998; Nathan, Wilson, & Hillman, 2003). In Circles of Support and Accountability, a volunteer-

driven reintegration framework, the individuals receiving reintegrative support are referred to as 'core members' (e.g. Wilson & Prinz, 2001). In addition to these examples, there are no doubt many helping professionals who actively avoid using labels in professional and personal dialogue. Nevertheless, labeling dominates.

The first steps towards de-labelling are obvious – labels can easily be removed from the names of treatment programmes and professional organizations and the titles and content of books and journal articles simply by substituting labels that can be perceived as stigmatizing or pejorative (e.g. 'sex offender,' 'abuser') for behavior (e.g. 'sexual abuse'). Such changes have been achieved in related fields; for example, in 2005 the US 'National Alliance for the Mentally Ill' became the 'National Alliance on Mental Illness' (National Alliance on Mental Illness, 2017). Similarly in academic writing, as demonstrated by Harris and Socia (2016) and Imhoff (2015), labels can be replaced with neutral descriptors that separate a person from their behavior. The Publication Manual of the American Psychological Association (2010b) recommends putting the person first followed by the phrase (e.g. people convicted of sexual crimes, man with paedophilic sexual interests), which has been the author's approach throughout this article. In other words, the American Psychological Association advocates for postmodified language, which differs from premodified nouns (e.g. a paedophilic man). Premodified nouns arguably suffer the same problems as labeling an individual on the basis of a conviction or disorder (e.g. 'paedophile'), given that the person is defined on the basis of belonging to a highly stigmatized group. Anecdotally, some professionals consider a move to separating the person from the behavior too difficult given that more words are introduced into a sentence. It is the author's opinion that if we are serious about respecting client dignity, benefiting client welfare, upholding responsibilities to society and preventing sexual abuse – we should make the effort. In the author's experience, writing and talking in the absence of labels becomes habitual and effortless.

How might the hierarchical structures in which scholars and clinicians work support a move towards person-first language? Journal editorial boards, book publishers and conference organizers might consider requiring authors to remove labels from their presentations and manuscript submissions, as occurs in other fields. The manuscript preparation guidelines for the journal *Aphasiology* state that '*Aphasiology* requires that the word 'aphasic' is written as an adjective, not a noun' for reasons including the offensiveness of describing a person with aphasia as an aphasic ('*Aphasiology* Instructions for Authors,' 2015). As above and as advocated by the American Psychological Association (2010b), an alternate approach would be to promote postmodified language such that a person is not defined by a disability, condition or past behavior (i.e. 'aphasic person' becomes 'person with aphasia'). The use of postmodified language is epitomized in the field of intellectual disability research and practice. Since the early 1990s, person first language has become increasingly normalized; individuals previously labeled 'mental retard' are now commonly referred to as individuals 'with an intellectual disability' (e.g. Russell, Mammen, & Russell, 2005). Similar movements have occurred in the broader mental health literature; rarely do we read journal articles about 'schizophrenics' or 'borderlines'.

To gain traction in the communities to which persons who have sexually offended return, language free from labels must be modeled from media interviews and social media posts to informal gatherings of friends and family. While it will take conscious effort and practice to remove labels from everyday dialogue, the task is relatively easy.

Advocating for the abolishment of labels in news and popular media, legislation and elsewhere presents greater challenges, given labels have become engrained in many societal structures (e.g. the U.S. 'Sexually Violent Predator' laws). However, as highlighted, ethical guidelines advocate that psychologists and other helping professionals speak out when societal structures oppose professional ethics. It is the author's opinion that passive acceptance of others' use of labels such as working for a 'Sex Offender Treatment Program' or conducting 'Sexually Violent Predator' evaluations present ethical dilemmas that helping professionals must address. As stated by Ewing (2011):

... mental health professionals, all of whom are trained in the social sciences, have been offered a choice between empiricism and employment. In the short run the payoff, especially for some individual practitioners, has been great, but in the long run, the damage done to their professions and the people who would be served by them may prove to be much greater (p. 206).

More recently Prescott (2015) and Brandt, Wilson, and Prescott (2015) echoed similar sentiments. While Prescott, Brandt *et al.* and Ewing's (2011) comments concern working in the context of empirically unsupported legislation in the US, the same arguments apply to the passive acceptance of labeling. Many helping professionals work within societal structures that undermine core ethical principles and therefore face ethical dilemmas to address. Undoubtedly, many community members will argue that people who have committed crimes – and in particular sexual crimes – are deserving of the labels they have been assigned given the inexcusable harm they have inflicted on others. It is not disputed that these individuals are deserving of punishment; however, punishment is a separate issue not to be conflated with reducing risk of future harm (see Ward & Salmon, 2009). Persons responsible for sexual crimes do not deserve to be set up for failure, and neither do the communities to which they return.

The focus of the current paper has been on labels assigned based on one's convictions, past behavior or psychological characteristics that might increase one's susceptibility to engage in certain types of offending. It is important to acknowledge the many other labels commonly used in forensic and correctional psychology, and in particular the 'victim' and 'survivor' labels. While such labels may not carry the same negative connotations as labels assigned to individuals who have perpetrated sexual abuse, they can nevertheless be counterproductive and disrespectful to individuals who have experienced abuse. Some people who have been abused might embrace the 'victim' and/or 'survivor' labels; indeed such labels might bring them a sense of strength and empowerment and are often labels of choice (e.g. working as a 'survivor advocate'). Yet other individuals who have suffered sexual abuse may perceive such labels as disempowering, stigmatizing and/or traumatic reminders of what has happened to them, not who they are as a person. To reiterate, we cannot assume how a label might be perceived by the recipient. Instead, we can listen to clients and research participants and identify what labels they use to describe themselves, and reflect those same labels back to them.

Conclusion

The use of stigmatizing and pejorative labels to refer to people who have (sexually) offended has become normalized by academics and other professionals, politicians and

the media. The argument to stop using labels is not to minimize the harm these people have inflicted on others. Rather, that harm is the very reason underpinning the author's argument to stop using labels, which is also advocated by the governing style guide in the social and behavioral sciences (American Psychological Association, 2010b) and across professional codes of ethics. Continued use of stigmatizing, pejorative labels risks obstructing desistance processes, ostracizing our clients and widening the gap between them and conventional society. If we want our clients to be a part of conventional society and live by the rules that govern conventional society, they must first be accepted into conventional society as fellow men, women, young people, brothers, partners, students, mechanics, sports enthusiasts and the like. Making lasting behavioral changes presents challenges for everyone, and such challenges are magnified when other people believe failure is more likely than success. Whether intentional or not, labeling persons who have sexually offended by what they have done communicates the expectation they will do so again. We all have a choice. We can continue to model stigmatizing and pejorative language that politicians and the media will no doubt take one step further, or we can start changing the way we talk about the men, women and young people we work with and research, in the hope that they too will change.

Notes

1. Labels will not be used by the author unless referring to current usage, which will be indicated by quotation marks or italics.
2. Highest ranked journal focused on sexual abuse; ranked 5/58 journals in Criminology and Penology based on Impact Factor, 2016 Journal Citation Reports Social Sciences Edition (Thomson Reuters, 2017).
3. Second highest-ranked journal focused on sexual abuse; ranked 32/58 journals in Criminology and Penology based on Impact Factor, 2016 Journal Citation Reports Social Sciences Edition (Thomson Reuters, 2017).

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