

Dispelling the myths: Can psychoeducation change public attitudes towards sex offenders?

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Abstract *The public desires more punitive sentencing for sex offenders; however, treatment has been shown to be most effective in increasing public safety. It has been suggested that public education about the benefits of sex offender treatment could influence public policy. The purpose of this study was to determine if a brief psychoeducational intervention could influence individuals' attitudes towards the treatment of sex offenders. Overall, findings showed that a psychoeducational intervention can affect subsequent attitudes; furthermore, the nature of the intervention will be significant in determining the level of attitude change.*

Keywords *Sex offenders; attitudes; change*

Introduction

Few issues invoke as much public dissension as the release of sex offenders into the community. Research has identified a pervasive societal view of these criminals as a homogeneous group of morally deficient sexual deviants (Fedoroff & Moran, 1997). Fuelled by sensationalised media reports of sexual recidivism, the public is becoming increasingly fearful for their personal safety and the safety of their children and communities (Sampson, 1994). As a result, public attitudes towards sex offenders have reflected this fear in a desire for more punitive sentencing and the implementation of more stringent restrictions upon release (Levenson, Brannon, Fortney, & Baker, 2007; McCorkle, 1993). Consequently, public policy regarding the treatment and rehabilitation of sex offenders has been influenced heavily not by empirical evidence, but rather by public outcry spurred by misinformation and misperceptions (Griffin & West, 2006). As a result, the very problem spawning public fear is exacerbated by a failure to implement effective, empirically informed strategies for reducing sexual recidivism.

Much of the resistance to legislative changes may be attributed to a social consciousness created by inflammatory media coverage of sex crimes. Conceptualised almost four decades ago, this media-orchestrated amplification of deviance, designed to incite strong public reactions around issues with a perceived or portrayed moral component, has come to be known as “moral panic” (McRobbie & Thornton, 1995). Ben-Yehuda (2009) points out that while

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moral panics are sometimes fleeting, the residual effects are often far more enduring, and reflected in the creation of policy and long-lasting bureaucratic structures.

This may account partially for the disconnect between empirical findings and the creation of sex offender policy. Research has suggested that while the current legislation is doing little to lower rates of sexual recidivism, the treatment of sex offenders may be an effective strategy in achieving this goal. Although there is an entrenched fallacy that “nothing works” in the treatment of sex offenders (Martinson, 1974), a growing body of literature suggests that the treatment of sex offenders, both within correctional facilities and in the community, effectively decreases subsequent sexual offence recidivism (Andrews, Zinger, Hoge, Bonta, Gendreau, & Cullen, 1990; Gallagher, Wilson, Hirschfield, Coggeshall, & MacKenzie, 1999; Hanson, Gordon, Harris, Marques, Murphy, & Quinsey, 2002; McGrath, Hoke, & Vojtisek, 1998; Nicholaichuk, Gordon, Deqiang, & Wong, 2000; Polizzi, MacKenzie, & Hickman, 1999). However, predominantly negative public attitudes towards the treatment of offenders renders it difficult to develop treatment centres (because people do not want them in their communities) or to give sentences with a priority placed on rehabilitation (Cohen & Jeglic, 2007).

Thus, the first step in implementing more effective legislation will be to amend negative public attitudes and engender support for treatment alternatives. Despite the considerable amount of social research examining how to change people’s attitudes (e.g. Johnson, 1991), to date none of this research has been applied to changing public attitudes towards the treatment of sex offenders. A recent review of limited research suggested that brief educational programmes may be ineffective at changing the attitudes of professionals working with sex offenders, including those of prison employees and police officers (Willis, Levenson, & Ward, 2010). However, one study found that a programme designed to educate social workers and nurses had a positive effect on subsequent attitudes towards sex offenders (Taylor, Keddie, & Lee, 2003). This study will investigate the effectiveness of psychoeducation for influencing public attitudes towards the treatment of sex offenders.

Public attitudes about sex offenders

In general, public attitudes towards the treatment of sex offenders are more punitive than rehabilitative. Levenson et al. (2007) conducted a study in Florida examining public attitudes towards the treatment of sex offenders and found that more than half of their participants supported castration as a viable treatment option; three-quarters of its proponents further indicated that they would favour castration even in the absence of scientific evidence supporting its efficacy. Furthermore, they found that the average prison sentence desired for a sex-related offence was 39 years, with 99 years as the answer given most frequently, notably the largest number that would fit into the two-digit answer box.

However, while the public is generally supportive of incarceration for sex offenders, many are not opposed to treatment. One survey conducted in England found that most respondents were, in fact, supportive of treatment for sex offenders, as long as it was accompanied by punishment. The public was much less supportive of treatment for sex offenders when it was conducted within the community, desiring such services to be administered within custodial environments. Participants were equally hesitant about allowing sex offenders to reside within the community upon release (Brown, 1999). Similar attitudes were expressed by research participants in the United States (Levenson et al., 2007; McCorkle, 1993). Although public opinions in both Canada (Valliant et al., 1994) and the US (Levenson et al., 2007) indicated that long periods of treatment both in prison and upon release were appropriate, participants expressed little faith in its effectiveness at lowering sexual recidivism. Thus, it appears that

while in theory the public may be supportive of treatment for sex offenders, in practice treatment initiatives meet with scepticism and resistance, especially because the public has not been convinced that those treatments are effective.

Attitudes

Widely pessimistic attitudes towards the effectiveness of treatment of sex offenders make it difficult to engender public support for rehabilitative policy, even in the face of empirical evidence implicating its effectiveness (Griffin & West, 2006).

Attitudes have been studied widely within the field of social psychology (e.g. Johnson, 1991). Recently Rydell, McConnell, Strain, Claypool, and Hugenberg (2007) examined how explicit and implicit attitudes respond differently to counter-attitudinal (CA) information. The researchers defined explicit attitudes as: “attitudes that people can report and for which expression can be consciously controlled” (p. 867), as opposed to implicit attitudes which were defined as: “attitudes for which people do not initially have conscious access and for which activation cannot be controlled” (p. 867). Findings suggest that explicit attitudes change in response to small amounts of CA information by a fast-learning system of evaluation. Conversely, implicit attitudes change slowly only after enough CA information is encountered to offset the initial implicit attitude.

Recent evidence suggests that it may be possible to change attitudes. Rudman, Ashmore, and Gary (2001) designed an experiment in which students were exposed to a curriculum designed to foster respect for diversity. The results showed a significant reduction in both explicit and implicit prejudice and stereotypes. In fact, results across many studies now refute the earlier assumption regarding the inflexibility of prejudice and stereotypes. The findings are strengthened by the number and diversity of demonstrations to this effect (Blair, 2002). With regard to public attitudes towards sex offenders, inasmuch as negative attitudes have been reported and can be controlled consciously, they can be viewed as explicit attitudes.

Johnson (1991) conducted a comprehensive meta-analytical review of the attitude literature and suggested several factors that can be used to make a message more influential. In order to maximise persuasion an intervention should endeavour to: (1) use strong arguments wherever possible, (2) use at least moderately fear-provoking messages and (3) involve message recipients on an outcome-relevant basis. He added that credibility, either of the individual or the organisation delivering the message, will also accentuate these three aspects of an intervention. To the extent that any of these factors is weak or absent, an intervention will be less persuasive, and therefore less effective, in changing the attitudes of its audience.

The present study

Despite the considerable amount of social research examining how to change people's attitudes, including attitudes of professionals working with sex offenders, to date none of this research has been applied to changing the public's attitudes towards the treatment of sex offenders.

The Centre for Sex Offender Management¹ (CSOM, 2000) proposed that the public should be viewed as a partner in the criminal justice system. They proposed that public education and awareness about the benefits of the treatment of sex offenders could influence public policy towards supporting the creation of more treatment programmes in the community. Evidence has suggested that treatment lowers sexual recidivism (Hanson et al.,

2002), therefore lack of access to treatment may increase the risk to public safety; yet in the absence of public support it is unlikely that community-based treatment programmes will be created. Recently, efforts have focused on educating the public on rehabilitative strategies, with a particular focus on the management of sex offenders (CSOM, 2000). However, little research has been conducted to determine if educating the public about sex offender-specific treatment and rehabilitation has any influence on their attitudes.

The purpose of the present study was twofold: first, to determine if a brief psychoeducational intervention can influence individuals' attitudes towards the treatment of sex offenders, and secondly, to determine the specific nature of intervention that may be most effective in influencing attitudes towards the treatment of sex offenders. Based on past research with regard to changing attitudes, public attitudes regarding sex offenders are expected to change quickly in response to counter-attitudinal information from a credible source. Furthermore, it is hypothesised that a discussion-group format will elicit the highest measure of attitude change based on empirical evidence suggesting that the participation of message recipients will increase the persuasive power of an intervention. A less marked, but significant level, of attitude change is expected when information is presented in either lecture or written format.

Methods

Design

This was a two-part study (study 1 and study 2), wherein study 1 was an online survey designed to explore the potential for changing public attitudes towards the treatment of sex offenders using a brief psychoeducation module. Study 2 was designed to test the comparative efficacy of administering this module in-person in written, presentation and discussion-group formats.

The current study was divided into two parts because no research of this specific nature has been conducted previously. It was important to test the initial hypothesis that a brief psychoeducational intervention could change public attitudes towards the treatment of sex offenders prior to moving forward with study 2, which was designed to examine the method of intervention that may be the most effective in changing attitudes. Thus, study 1 was an exploratory investigation of the malleability of attitudes towards the treatment of sexual offenders. As such, it involved a larger sample ($n=291$) and only two conditions, one intervention ($n=176$) and a control ($n=115$). Study 2 used a sample of 119 participants divided into three experimental conditions and a control condition.

In designing the present study, a decision was made not to use a within-subjects design in order to avoid demand characteristics leading to biased results. Instead, a between-subjects design was used and participants were assigned randomly to experimental and control conditions. Nichols and Maner (2008) found that participants who were aware of the researchers' hypothesis prior to participation in the study were more likely to provide answers that supported the researchers' hypothesis than those who were not aware of the hypothesis in advance. Thus, demand characteristics would be expected to bias the research results favourably; in this study participants would be likely to exhibit more attitude change in response to the psychoeducational intervention if they were privy to the hypothesis.

Participants

Participants were 410 male and female undergraduate students recruited from introductory psychology classes and asked to participate as partial fulfilment of the course research

requirements. Participants were comprised of 88.9% females and 11.1% males ranging in age from 17 to 42 years, with a mean age of 19.35 years. Participants were racially diverse; 45.3% were Hispanic, 21.4% were black, 16.2% were white–non-Hispanic, 4.3% were Asian and 19.7% described themselves as “other”, with the vast majority identifying as mixed race.

Materials

Intervention: Sex offender psychoeducation module. The psychoeducation module is a one-page article outlining the current scientific knowledge with regard to sex offenders and sex offender treatment (see Appendix I). It describes common misperceptions regarding sex offender characteristics, crimes and re-offence rates and presents accurate information in these areas. The module also presents some current statistics and information about the benefits of sex offender treatment, emphasising the success of community-based treatments. All the information presented in the module was derived from CSOM (2000). Although the module was developed for use with a first-year college class, it is written at a 10th-grade reading level to allow for increased comprehension by all participants, and to allow for replication within other populations.

Drug addiction psychoeducation module. The drug addiction module is a one-page article outlining common myths and parallel facts regarding drug addiction (see Appendix II). A drug addiction module was chosen for the control condition based on the premise that drug addiction and treatment commonly attract stereotypes and misperceptions (Cohen, Griffin, & Wiltz, 1982). It was taken from the website for the National Institute on Drug Addiction (Leshner, 2009). The module is written at a 10th-grade reading level to allow for increased comprehension by all participants, and to allow for replication within other populations.

Measures

Attitude Toward Sex Offender Scale. (ATSO; Hogue, 1993). The ATSO is a 36-item self-report survey about an individual’s attitudes towards sex offenders. The survey was adapted from the Attitude Toward Prisoners Scale, whereby the word “prisoner” was changed to “sex offender” (Melvin, Gramling, & Gardner, 1985). Responses are given on a five-point Likert scale and possible answers ranged from 1: disagree strongly, to 5: agree strongly. The scale was found to be a reliable and valid measure of attitudes towards prisoners (Melvin et al., 1985). Internal consistency for this scale was good ($\alpha = 0.86$).

Attitude Toward Treatment of Sex Offenders. (ATTSO; Wnuk, Chapman, & Jeglic, 2006). The ATTSO is a 35-item self-report survey about an individual’s attitudes towards the treatment of sex offenders. Responses are given on a five-point Likert scale and possible answers ranged from 1: disagree strongly, to 5: agree strongly. The scale was developed on a sample of undergraduate students. Internal consistency was calculated using Cronbach’s coefficient. Results indicated adequate to strong internal consistency ($\alpha = 0.81$).

Procedure

Study 1. The study was a between-subjects design wherein participants ($n=291$) were assigned randomly to one of two conditions: the experimental condition ($n=176$) versus the control condition ($n=115$).

Participants were instructed to go to a website in order to complete the online study. In order to assure anonymity to the participants, each student was asked for the last four digits of his or her telephone number, and this was used as the sole means of identification. Participants were then asked to choose one of six options as a means of random assignment to a condition. Three of the options assigned participants automatically to the control condition, while the other three options assigned participants automatically to the experimental condition. Those students assigned randomly to the experimental condition received the sex offender psychoeducational module. Those students assigned randomly to the control condition received the article presenting myths and facts about drug addiction. The two articles were presented in a similar format, with a series of myths and paired facts about the given topic. Following completion of the reading the participants were directed to complete the ATSO and ATTSO. Participants were subsequently required to write down anything that had come to mind as they were reading the article or completing the surveys, as well as what they believed the purpose of the study to be. This was conducted both to understand more clearly the effectiveness of the sex offender psychoeducation module as well as a means to probe for suspicion; although no deception was used in the study, participants' knowledge of a study's goals due to the transparency of the design may affect the reliability of the outcome detrimentally, and therefore needed to be explored. Following completion of the surveys students were redirected to a debriefing.

Study 2. The study was a mixed design wherein participants ($n=119$) were assigned randomly to one of four conditions: reading ($n=29$), presentation ($n=28$), discussion ($n=34$) and control ($n=28$). Students were blind to their group assignment. All groups were led by a single trained Master's-level student in forensic psychology. Individual groups varied in size from two to 10 participants. For each of the experimental conditions (reading, presentation and discussion) the information presented to the participants was based on the sex offender psychoeducation module.

The groups receiving the reading were handed the written version of the module and told that they would have 10 minutes to read it, and would then be given two scales to complete. They were further told that in the likely event that they finished the reading before the 10 minutes had expired, they could re-read the module or choose to sit quietly until the scales were distributed.

The groups receiving the presentation were handed out copies of the psychoeducation module and told that they would be given a brief presentation talking about the myths presented on the module. They were instructed that the written module was merely a visual aid and they were not required to read it, but could follow along with the presentation if desired. Participants in this experimental condition were asked only to listen to the presentation and not participate.

The discussion groups were also distributed copies of the psychoeducation module and instructed that the written module was to be used as a visual aid. They were told that they would receive a brief presentation addressing the content of the module, followed by a 10-minute discussion session where they would be invited to ask questions, offer opinions or share experiences. After the presentation was finished the presenter asked: "Does anyone have any thoughts about the presentation?". In the event that a discussion was not

initiated by this question, one or more of several other initiating remarks was used. These included: “Does anyone have any questions?”; “Does anyone have any personal experiences with sex offenders that they would like to share?”; “Prior to this presentation what were some of your thoughts about sex offenders?”; and “Where did you get information about sex offenders before today?”. The direction of the discussion was dictated by the group.

The control condition was a discussion group wherein participants were handed copies of the control module addressing myths and facts about drug addiction used in study 1. Mimicking the discussion treatment condition, participants were told that they would receive a brief presentation addressing the content of the module, followed by a 10-minute session where they would be invited to ask questions, offer opinions or share experiences. The same questions as were used in the discussion experimental condition were used in the control condition, and the direction of the discussion was again dictated by the group.

In each condition, the ATSO and ATTSO were distributed to participants following administration of the module. In order to maintain anonymity, students were asked to put the last four digits of their telephone numbers at the tops of the questionnaires for identification purposes. Again, participants were instructed to write down anything that came to mind as they were participating in the study, as well as what they believed the purpose of the study to be. Upon completion, participants were thanked and given a debriefing sheet to take away.

Results

Study 1

Independent-samples *t*-tests (two-tailed) were run for total scores as well as individual items on the ATSO and ATTSO. Although running multiple *t*-tests on the same sample increases the risk for Type I error, according to Huberty and Morris (1989) it is appropriate to use multiple univariate analyses when the research being conducted is exploratory in nature. Missing answers were assigned values using mean replacement. A significant difference was found between the control (mean = 97.83, standard deviation [SD] = 12.96) and experimental (mean = 94.62, SD = 11.29) conditions for total scores on the ATTSO ($t_{(220)} = 2.174$, $p = .031$), wherein the experimental group had less negative attitudes towards the treatment of sex offenders than the control group. No significant difference was found between the control (mean = 109.68, SD = 12.44) and experimental (mean = 110.16, SD = 13.56) conditions for total scores on the ATSO ($t_{(258)} = -0.316$, $p = .753$). Scores on both the ATSO and the ATTSO were distributed normally.

There were eight individual items on the ATTSO, and no individual items on the ATSO, that showed significant differences between the control and experimental conditions (see Table I). The items that elicited significantly different responses on the ATTSO were: “Treatment programs for sex offenders are effective”; “Most sex offenders will not respond to treatment”; “Psychotherapy will not work with sex offenders”; “I believe that all sex offenders should be chemically castrated”; “Regardless of treatment all sex offenders will eventually re-offend”; “Treatment doesn’t work, sex offenders should be incarcerated for life”; “Right now there are no treatments that work for sex offenders”; and “Most sex offenders serve over 10 years in prison for their crimes”.

Qualitative responses were analysed resulting in the emergence of several themes. Forty-seven per cent ($n = 137$), or approximately half the participants, believed that the

Table I. Differences in mean values of individual items on the ATTSO for intervention and control groups.

ATTSO individual questions	Mean		t-value
	Control	Intervention	
1. I believe that sex offenders can be treated	3.90	3.85	0.68
2. Treatment programmes for sex offenders are effective	3.49	3.68	-2.64*
3. It is better to treat sex offenders because most of them will be released	4.06	4.13	-0.80
4. Most sex offenders will not respond to treatment	3.17	2.74	4.16**
5. People who want to work with sex offenders are crazy	1.96	1.93	0.20
6. Psychotherapy will not work with sex offenders	2.64	2.38	2.91*
7. I believe that all sex offenders should be chemically castrated	2.67	2.37	2.24*
8. Regardless of treatment all sex offenders will eventually re-offend	2.00	0.57	3.70**
9. Treating sex offenders is a futile endeavour	2.70	2.69	0.04
10. Sex offenders can be helped using the proper techniques	3.89	3.99	-1.54
11. Treatment doesn't work, sex offenders should be incarcerated for life	2.84	2.47	2.80*
12. Only certain types of sex offenders will respond to treatment	3.20	3.22	-0.21
13. Right now, there are no treatments that work for sex offenders	2.88	2.40	5.01**
14. It is important that all sex offenders being released receive treatment	1.68	1.72	-0.38
15. We need to urge our politicians to make sex offender treatment mandatory	1.72	1.77	-0.48
16. All sex offenders should go for treatment even if they don't want to	1.62	1.65	-0.29
17. Sex offenders who deny their crime will not benefit from treatment	3.72	3.58	1.14
18. Treatment only works if the sex offender wants to be there	3.45	3.54	-0.65
19. Sex offenders don't deserve another chance	2.62	2.59	0.19
20. Tax money should not be used to treat sex offenders	3.09	2.87	1.65
21. Sex offenders don't need treatment since they chose to commit the crime(s)	2.30	2.14	1.57
22. A sex offender whose crime is rape offends because he is violent	3.19	3.07	0.94
23. Treatment is only necessary for offenders whose victims are children	1.00	0.97	-0.95
24. Treatment funding should be focused on the victims, not the offenders	3.00	2.79	1.65
25. Sex offenders should be executed	2.29	2.24	0.35
26. Sex offenders should never be released	2.81	2.74	0.51
27. Most sex offenders serve over 10 years in prison for their crime	3.02	2.64	3.46*
28. The prison sentence sex offenders serve is enough, treatment is not necessary	1.87	1.84	0.28
29. Treatment is not necessary because everyone in the community knows who the sex offenders are	1.77	1.87	-1.03
30. Civilly committing sex offenders to treatment facilities is a violation of their civil rights	3.78	3.81	-0.29
31. Treatment should be conducted during incarceration	2.27	2.26	0.09
32. Sex offenders are the worst kind of offenders	3.35	3.24	0.80
33. Sex offenders should not be released back into the community	3.00	2.96	0.73
34. A sex offender is like any other offender, no special treatment is necessary	2.39	2.19	1.67
35. Treatment of sex offenders should be completed within a year	2.59	2.71	-1.06

Items that are statistically significant are marked with: * $p < .05$; ** $p < .001$.

study was trying to investigate opinions and attitudes about sex offenders. This was the most prevalent of the themes that emerged. Twelve per cent of respondents ($n=35$) believed the study was looking for opinions about sex offender treatment or its efficacy. Eight per cent of participants ($n=23$) believed the study was educational in nature. Approximately 3% ($n=9$) of respondents believed the research was going to be used to change policy or legislation with regard to sex offenders. Another 3% ($n=8$) used some mention of a “second chance” in responding to the qualitative portion of the questionnaire. Two per cent ($n=6$) of respondents thought the study was trying to determine if sex offenders were being stereotyped, while another 2% ($n=6$) were under the belief that the study was investigating the similarities between drug addiction and sexual offending. Only one participant stated the actual purpose of the research: “To see if educating the public about the realities of sexual offending can change public opinions about the treatment of sex offenders”.

Study 2

A one-way analysis of variance (ANOVA) was run on both the ATSO and ATTSO total scores to determine if there were any significant differences between the control and experimental conditions. A significant main effect was found for both the ATSO ($F_{(3,114)}=9.22, p<.002$), and the ATTSO ($F_{(3,112)}=3.30, p=.023$). In general, those who were in the discussion group scored lower on the ATSO (mean = 95.09, SD = 15.81) than those in the presentation (mean = 102.32, SD = 16.08), reading (mean = 109.86, SD = 15.72) and control (mean = 115.07, SD = 15.88) conditions. Similarly, those who were in the discussion group tended to score lower on the ATTSO (mean = 83.03, SD = 10.94) than those in the presentation (mean = 84.79, SD = 8.09), reading (mean = 86.32, SD = 11.95) and control (mean = 91.88, SD = 13.31) conditions (Table II). On both the ATSO and ATTSO, a lower total score was an indication of positive endorsement, or less negative attitudes. *Post-hoc* analyses using Tukey’s honestly significant difference (HSD) test indicated significant differences between scores on the ATSO among participants in the discussion condition versus those in both the control ($p<.002$) and reading ($p=.002$) conditions. On the ATTSO, *post-hoc* analyses indicated a significant difference between the discussion and control conditions ($p=.015$). The partial eta-squared for both the ATSO ($\eta_p^2=0.20$) and the ATTSO ($\eta_p^2=0.08$) suggest that the interventions produced a medium to large effect size on participants’ attitudes towards both sexual offenders and the treatment of sexual offenders.

Qualitative responses were analysed resulting in the emergence of several themes. Thirty-five per cent ($n=42$), or approximately one-third of participants, believed the purpose of the research was to “show facts” about sex offenders or that the study was meant to be

Table II. Results by condition for study 2.

	ATSO		ATTSO	
	M	SD	M	SD
Presentation	102.32	16.08	84.79	8.09
Discussion	95.09	15.81	83.03	10.94
Reading	109.86	15.72	86.32	11.95
Control	115.07	15.88	91.88	13.31

educational. Twenty-one per cent of respondents ($n=25$) believed the study was related to sex offender treatment in some capacity. In 14% ($n=17$) of responses the phrase “second chance” was given, mainly to convey the belief that the study was meant to convince participants that sex offenders should be given a second chance. Thirteen per cent of participants ($n=15$) believed the study was designed to learn more about people’s opinions about sex offenders, while 6% ($n=7$) thought the study was investigating the similarities between drug addiction and sexual offending. Two participants posited correctly that the study was meant to see if dissemination of accurate information about sexual offenders would subsequently change a person’s attitude or opinion regarding these individuals and their treatment.

Discussion

The present study examined whether a brief psychoeducational intervention could influence public attitudes towards the treatment of sex offenders. Additionally, this study sought to determine the specific nature of intervention that may be most effective in influencing attitudes towards the treatment of sex offenders. Overall, findings showed that the psychoeducational intervention had a significant effect on subsequent attitudes towards the treatment of sex offenders. Furthermore, the nature of the intervention significantly influenced the level of attitude change achieved by the intervention. The findings of the present study suggest that whereas it is feasible to change public attitudes regarding the treatment of sex offenders using a computer-administered written module, a discussion group format may be the most efficacious method for changing attitudes towards the treatment of sex offenders, as well as attitudes towards sex offenders more generally.

Study 1 did, in fact, show a significant change in attitudes towards the treatment of sex offenders among participants who received the intervention versus those who did not, although it should be noted that only eight of the 35 items on the ATTSO showed a significant difference between the control and the experimental conditions. Examination of the items on the ATTSO that individually elicited a significantly different response between the experimental and control groups in study 1 revealed a general theme relating to the effectiveness of treatment with sex offenders. This is not surprising, considering that past research examining public opinions of sex offenders indicates a predominant belief that sex offender treatment is unlikely to be effective, and that close to 75% of sex offenders will re-offend (Levenson et al., 2007). Hence, the control group would be expected to hold parallel beliefs with regard to the ineffectiveness of treatment, and the experimental group would have the highest potential for attitude change in this area as a result.

Although the results of study 1 showed that the intervention had a significant effect on participants’ attitudes towards the treatment of sex offenders, as indicated by responses on the ATTSO, responses on the ATSO showed that the intervention did not affect more generally negative attitudes towards sex offenders. There were no significant differences on any individual items of the ATSO between the experimental and control conditions. As research has shown moderate support for the treatment of sex offenders in custodial settings, despite doubts about its effectiveness (Brown, 1999; Levenson et al., 2007; McCorkle, 1993), the challenge becomes more specifically to engender public support for treatment within community settings. It is possible that these more generally negative public attitudes towards sex offenders act as an impediment to the creation of treatment centres within the community, eliciting a “not in my backyard” mind-set. Thus, it becomes equally necessary to find effective ways to educate the public to change common misperceptions and introduce empirically

based facts regarding sex offenders themselves, as well as treatment effectiveness. These steps may help the public to look beyond common myths and stereotypes and overcome the aversion to having “sex offenders” in their neighbourhoods.

The results of study 2 suggest that, as expected, the discussion group format produced the greatest change in attitudes. Johnson (1991) proposed that there are three main components that will make an argument more influential and maximise the persuasion an intervention will exert. He suggested that an intervention should use strong arguments wherever possible, use at least moderately fear-provoking messages, and involve the message recipients on an outcome-relevant basis. Although the written and presentation formats met the first two criteria successfully, it may be that it was the discussion format’s fulfilment of the third criteria that gave it the advantage. This would suggest that, for public interventions to be the most effective, discussion forums, where the attendees are invited to participate, ask questions and voice concerns, may be significantly more effective in changing attitudes towards sex offenders and the treatment of sex offenders within the community.

There were several limitations to the present study. Study 1 was administered online, and participants were allowed to access the study at their own discretion. It is therefore possible, because no one was overseeing the completion of the study, that participants were not taking their time in reading the psychoeducation module before moving on to the questionnaires. Future studies may wish to employ a mechanism that records the amount of time spent on each page, and eliminate participants who skip the intervention. Alternatively, a short test could be used following the reading to ensure participant exposure to the intervention.

Furthermore, although this study found significant attitude change following a psychoeducational intervention, no measure for duration of intervention effects was employed. Future research may wish to use a follow-up measure to assess the intervention effects beyond the immediate post-test.

Also, the results are limited to responses from an undergraduate student body. The present study was a preliminary exploration to assess if attitudes could, in fact, be changed with an intervention, and thus the sample was appropriate for this type of research. None the less, an undergraduate sample is likely to be comprised of a younger cohort than would be expected of a more public arena, and as such the attitudes of this population may be easier to change. Furthermore, undergraduates are enrolled in a curriculum in which they are regularly taking in new information, and as such may be more receptive to this sort of psychoeducational medium than an individual who is no longer in a learning environment or who perhaps never attended a post-secondary institution. Future research may want to explore whether similar changes in attitude are elicited from a more diverse sample of participants, perhaps of different ages and educational backgrounds.

Lastly, the interventions in study 2 were all administered by a single researcher who was not blind to the study’s hypothesis. Although this aids in the standardisation of the interventions, it also makes the results more vulnerable to demand characteristics and bias. Future replications of this study should employ trained research assistants who are blind to the study’s hypothesis to administer the presentation and discussion-group interventions. Alternatively, sessions could be video-recorded and rated for consistency and neutrality.

At present, with the exception of incarceration, sex offender specific legislation has not been effective at lowering recidivism. Laws such as sex offender registration and community notification seem to provide the public with a sense of safety and security (Levenson et al., 2007; Welchans, 2005), and yet empirical evidence shows that these laws do little to lower rates of sexual offending (Sandler, Freeman, & Socia, 2008). In essence, the security offered by current legislation is false security; and while incarceration is an attractive alternative to many (Levenson et al., 2007), the costs of incarceration are prohibitive (Cohen & Jeglic,

2007). Conversely, the treatment of sex offenders, both in prison and in the community, is a cost-effective alternative that has been shown to significantly lower rates of sexual recidivism (Hanson et al., 2002). Thus, if the public chooses to support sex offender treatment legislation, increased safety within the community can be expected.

The psychoeducational intervention tested in this study can be used to inform the public about the facts regarding sex offenders and educate them about the benefits of sex offender treatment options. The current study suggests that an intervention may be effective in changing public attitudes towards the treatment of sex offenders, and this in turn can help to engender support for sex offender legislation that is effective in offering heightened safety to the public.

Future research will need to explore the most efficient arena in which to disseminate this information. It will be necessary to assess which factions within society are exerting the greatest influence on policy makers with regards to sex offender specific legislation; these are the groups that will need to be targeted most heavily with psychoeducational interventions in order to affect policy change. Based on the findings of this study, public forums in which audience participation is encouraged would probably be the most effective environment to foster attitude change. These may include neighbourhood meetings, church groups or parents' associations, where invested community members concerned for the safety of both themselves and their children will be motivated to participate. However, the significant findings of this study with regard to the ability of an online module to affect public attitudes towards the treatment of sexual offenders should not be overlooked; the internet is a powerful tool for information dissemination. It is possible that a revised module may be more successful at shifting the more general negative attitudes towards sex offenders observed in this study, and this in turn may be the most efficient means to gain public support for community-based treatment programmes. Future research may wish to test a module tailored more carefully to this purpose.

In conclusion, the results of the present study suggest that it is possible to change public attitudes towards the treatment of sex offenders using a brief psychoeducational intervention. Although this study was exploratory, the results suggest that public attitudes may be responsive to similar interventions, and these interventions may have implications for impacting change for policy and legislation regarding sex offender treatment.

Note

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Appendix I

All information contained herein was taken directly from the Centre for Sex Offender Management (CSOM) website at www.csom.org. CSOM is a project of the Office of Justice Programs, US Department of Justice.

Myth: “Most sexual assaults are committed by strangers”

Fact: Most sexual assaults are committed by someone known to the victim or the victim’s family, regardless of whether the victim is a child or an adult

Myth: “The majority of sexual offenders are caught, convicted, and in prison”

Fact: Only a fraction of those who commit sexual assault are apprehended and convicted for their crimes. Most convicted sex offenders eventually are released to the community under probation or parole supervision

Myth: “Most sex offenders re-offend”

Fact: Reconviction data suggest that this is not the case. Further, re-offence rates vary among different types of sex offenders and are related to specific characteristics of the offender and the offence

- Child molesters had a 13% re-offence rate for sexual offences over a 5-year period
- Rapists had a 19% re-offence rate for sexual offences over a 5-year period (Hanson & Bussiere, 1998)
- Sex offenders have a lower likelihood of re-offending than the general criminal population

Myth: “Sexual offence rates are higher than ever and continue to climb”

Fact: Despite the increase in publicity about sexual crimes, the actual rate of reported sexual assault has decreased slightly in recent years

Myth: “Children who are sexually assaulted will sexually assault others when they grow up”

Fact: Most sex offenders were not sexually assaulted as children and most children who are sexually assaulted do not sexually assault others

Myth: “Treatment for sex offenders is ineffective”

Fact: Treatment programmes can contribute to community safety because those who attend and cooperate with programme conditions are less likely to re-offend than those who reject intervention

- Research indicates that offenders who do not receive treatment are at an increased risk for general and sexual re-offence
- Treatment has been shown to lower re-offence rates by as much as 8%

Myth: “The cost of treating and managing sex offenders in the community is too high—they belong behind bars”

Fact: One year of intensive supervision and treatment in the community can range in cost between \$5000 and \$15,000 per offender, depending on treatment modality. The average cost for incarcerating an offender is significantly higher, approximately \$22,000 per year, excluding treatment costs

Appendix II

Myth #1: Drug addiction is voluntary behaviour

A person starts out as an occasional drug user, and that is a voluntary decision; but as times passes, something happens, and that person goes from being a voluntary drug user to being a

compulsive drug user. Why? Because over time, continued use of addictive drugs changes your brain—at times in dramatic, toxic ways, at others in more subtle ways, but virtually always in ways that result in compulsive and even uncontrollable drug use

Myth #2: More than anything else, drug addiction is a character flaw

Drug addiction is a brain disease. Every type of drug of abuse has its own individual mechanism for changing how the brain functions; but regardless of which drug a person is addicted to, many of the effects it has on the brain are similar: they range from changes in the molecules and cells that make up the brain, to mood changes, to changes in memory processes and in such motor skills as walking and talking. These changes have a huge influence on all aspects of a person's behaviour. The drug becomes the single most powerful motivator in a drug abuser's existence. He or she will do almost anything for the drug. This comes about because drug use has changed the individual's brain and its functioning in critical ways

Myth #3: You have to want drug treatment for it to be effective

Virtually no one wants drug treatment. Two of the primary reasons people seek drug treatment are because the court ordered them to do so, or because loved ones urged them to seek treatment. Many scientific studies have shown convincingly that those who enter drug treatment programs in which they face "high pressure" to confront and attempt to surmount their addiction do comparatively better in treatment, regardless of the reason they sought treatment in the first place

Myth #4: Treatment for drug addiction should be a one-shot deal

Like many other illnesses, drug addiction typically is a chronic disorder. To be sure, some people can quit drug use "cold turkey", or they can quit after receiving treatment just one time at a rehabilitation facility, but most of those who abuse drugs require longer-term treatment and, in many instances, repeated treatments

Myth #5: We should strive to find a "magic bullet" to treat all forms of drug abuse

There is no "one-size-fits-all" form of drug treatment, much less a magic bullet that suddenly will cure addiction. Different people have different drug abuse-related problems, and they respond very differently to similar forms of treatment, even when they're abusing the same drug. As a result, drug addicts need an array of treatments and services tailored to address their unique needs

Myth #6: People don't need treatment. They can stop using drugs if they really want to

It is extremely difficult for people addicted to drugs to achieve and maintain long-term abstinence. Research shows that long-term drug use actually changes a person's brain function, causing them to crave the drug even more, making it increasingly difficult for the person to quit. Especially for adolescents, intervening and stopping substance abuse early is important, as children become addicted to drugs much faster than adults and risk greater physical, mental and psychological harm from illicit drug use

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