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Development and Refinement of a Measure of Attitudes Toward Sex Offender Treatment

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ABSTRACT In recent years public attitudes toward sex offenders have become increasingly punitive. Consequently, new legislation pertaining to the sentencing and treatment of convicted sex offenders has been focused on containment and monitoring rather than rehabilitation. However, research suggests that treatment programs for sex offenders are effective in decreasing subsequent sexual recidivism. This study describes the development and refinement of a brief scale for assessing public attitudes toward the treatment of sex offenders (ATTSO). Of the original item pool, 15 items were found to statistically and theoretically function well, forming three internally consistent factors measuring attitudes of incapacitation, treatment ineffectiveness and mandated treatment. The utility of the scale as it pertains to treatment centers and public policy development will be discussed. doi:10.1300/J076v43n03_03 *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com> © 2006 by The Haworth Press, Inc. All rights reserved.]*

KEYWORDS Sex offender, scale, attitudes, public policy, treatment

Few issues invoke as much public outcry as the release of sex offenders into the community. Fueled by sensationalized 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 toward the treatment of sex offenders have become increasingly punitive, with the belief that offenders should receive the maximum sentence for their crimes (McCorkle, 1993). Consequently, public policy toward the treatment and rehabilitation of sexual offenders has been influenced such that it is has become harsher and more punitive. In recent years, several new laws pertaining to the management of sex offenders have been enacted such as sex offender registration, community notification, and involuntary civil commitment for certain sex offenders.

However, public opinion regarding the treatment and rehabilitation of sex offenders is often based upon misinformation and misperceptions (CSOM, 2000). There is the general fallacy that "nothing works" in the treatment of sex offenders (Martinson, 1974). However, current research suggests that the treatment of offenders both within correctional facilities and in the community effectively decreases subsequent sexual offense recidivism (see Abracen & Looman, 2005; 2004; Gendreau, 1981).

It is often believed that sex offenders released into the community recidivate at extremely high rates; however, several studies indicate that recidivism rates for sex offenders are considerably lower than assumed by the public (Kersting, 2003; Hanson, 2002). Most recently, Hanson and Morton-Bourgon found that recidivism for sexual offenders was 13.7% after approximately 5 years (Hanson & Morton-Bourgon, 2004). Additionally, several reviews of the correctional research literature in the 1970s found that treatment programs were not effective in decreasing recidivism (e.g., Martinson, 1974). While there is still debate as to the effectiveness of sex offender therapy (Rice & Harris, 2003), several recent studies have found modest treatment effects for correctional programs, and have found that well-implemented programs can reduce recidivism (Ross & Fabiano, 1985; Palmer, 1991; Craig, Browne & Stringer, 2003). Recently, Hanson and colleagues (2002) conduct a meta-analytic review of the research on psychosocial treatments for sexual offenders and found that sex offenders who received treatment recidivated at a rate of 12.3% compared with 16.8% for those who did not receive treatment (Hanson et al., 2002). Additionally, there is a growing body of empirical research indicating that treatment programs aid in the successful reintegration of sex offenders into the community (Andrews, Zinger, Hoge, Bonta, Gendreau & Cullen, 1990; Gendreau & Ross, 1987; Ross & Gendreau, 1980).

Despite these positive research findings, the general perception is that the public's focus is on punishment and incarceration of offenders

rather than on treatment (McCorkle, 1993). Unfortunately, these attitudes render it difficult to develop treatment centers since many do not want offenders in their communities or to give sentences with a priority placed on rehabilitation (Brown, 1999). This has had a significant impact on the development and maintenance of public policy as it pertains to both incarceration and treatment of offenders generally, but more specifically to sex offenders (Valliant, Furac & Antonowicz, 1994).

There is currently a paucity of research examining the public's actual attitude toward the treatment and rehabilitation of sexual offenders. We generally assume that public attitudes toward sex offender treatment would be negative, but there have been few studies that tested this hypothesis empirically. One study conducted in England found that overall the public supported the treatment for sexual offenders as long as it was conducted in custodial environments and not in the community (Brown, 1999). Another study conducted in Canada found that undergraduate students believed that sexual offenders should receive longer prison sentences, but that they are entitled to indefinite treatment once released into the community (Valliant, Furac & Antonowicz, 1994). In the United States, McCorckle (1993) found that respondents were generally supported of rehabilitative efforts with general (non-sex) offenders as long as the primary emphasis of the sentence was punitive.

However, it is difficult to make conclusions based upon these findings since given different research methodologies. Brown (1999) asked participants to complete a 15-page, 58-item self-report questionnaire investigating stereotypes of sex offenders, and attitudes toward their punishment and treatment. Valliant, Furac and Antonowitz asked female undergraduate students their perceptions of punishment and treatment of sex offenders. McCorkle (1993) assessed a variety of attitudes toward punishment and rehabilitation through the presentation of brief crime scenarios followed by a series of statements rated on the extent to which participants agreed or disagreed (ranging from 1 = Strongly disagree to 4 = Strongly agree).

Given the potential influence of public attitudes on public policy and sex offender treatment, it is crucial to develop a standardized, psychometrically sound assessment instrument that can be utilized to measure these attitudes. The purpose of this study was to describe the development and refinement of a brief scale for assessing public Attitudes Toward the Treatment of Sex Offenders (ATTSO).

METHOD

Participants

The sample comprised 170 undergraduate students at an urban New York City University. Students who were enrolled in an introductory psychology course received research credits for completing a series of questionnaires pertaining to their "attitudes toward offender treatment."

The mean age of the students was 19.8 (range 18-47 years), and the majority were freshmen (68%). The majority of the students were female (68%) and Hispanic (43%), with the remainder of the respondents identifying themselves as Black (23%), White (17%), Asian (8%) and other (9%).

Item Generation and Selection

An initial pool of 35 items was developed on the basis of statements commonly encountered by the authors regarding the sex offender population as well as the modification of items used in other attitudinal scales to include "sex offender" as the referent (ATSO; Hogue, 1993; ATP; Melvin, Gramling & Gardner, 1985). The 35 items were placed on a 5-point rating scale with response options of "Disagree strongly," "Disagree," "Undecided," "Agree" and "Agree strongly." Twenty of the 35 items were worded such that a higher rating reflected negative attitudes toward the treatment of sex offenders.

RESULTS

We conducted an exploratory factor analysis in order to investigate the underlying factor structure of the ATTSO and to reduce the original pool of 35 items through the removal of poorly performing items. To aid the interpretability of the resulting factor solution, the original direction of item scoring was maintained (i.e., items worded in the opposite direction were not reverse scored). It should be noted that this only impacts the sign of the factor loading. Although sample size requirements for factor analysis are not widely agreed upon, our ratio of approximately five observations per variable is consistent with recommended guidelines (e.g., Gorsuch, 1983). Additionally, the present sample size is consistent with that of the majority of published factor analytic studies recently reviewed by Costello and Osborne (2005).

Exploratory Factor Analysis

We selected exploratory factor analysis (EFA) over principle components analysis as the factor extraction method because the primary aim was to evaluate the underlying constructs of the ATTSO and to identify a concise pool of well-performing items (Preacher & MacCallum, 2003). We anticipated a moderate degree of correlation between the domains of the ATTSO scale and accordingly selected an oblique factor rotation method (Preacher & MacCallum, 2003). Therefore, exploratory factor analysis was conducted in SPSS using the principle axis factoring extraction method with Promax rotation.

Prior to submitting the 35-item ATTSO to EFA, the adequacy of the data for factoring was evaluated according to commonly cited guidelines (Fabrigar, Wegener, MacCallum & Strahan, 1999; Preacher & MacCallum, 2003; Tabachnick & Fidell, 2001). Inspection of the bivariate correlation matrix revealed that 23% of the correlations were in excess of ± .30 and Bartlett's Test of Sphericity was significant, $\chi^2(595) = 2{,}288.66$, $p < 0.001$. This indicated that there was an adequate degree of correlation among ATTSO items. The Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO MSA) was .83, with 31 (89%) of the univariate MSA values in excess of .60 and four (11%) less than .6. This suggested that the majority ATTSO item variance was adequately to well explained (Hair, Anderson, Tatham, & Black, 1995). The four items with MSA values less than .60 (12, 18, 31, 35) were removed from subsequent analyses. With these items removed, the remaining ATTSO items had individual MSA values greater than .60, the KMO MSA rose to .87, Bartlett's Test of Sphericity remained significant, $\chi^2(465) = 2{,}076.18$, $p < 0.001$, and 42% of the bivariate correlations were in excess of ±.30.

We used the visual scree test as the primary criterion for determining the number of factors to extract because it has been found to perform adequately in factor analysis (Nasser, Benson, & Wisenbaker, 2002). Additionally, we compared the number of factors retained by the visual scree test with the number indicated by the Kaiser-Guttman rule (i.e., extracting factors with eigenvalues ≥ 1) bearing in mind that the Kaiser-Guttman rule has been found to yield a large number of factors, the latter of which are often poorly defined by a few or single items (Gorsuch, 1997). Finally, we conducted parallel analysis. Parallel analysis compares the magnitude of the eigenvalues in the observed data with the average magnitude of the eigenvalues from multiple iterations

of randomly simulated data (Nasser, Benson, & Wisenbaker, 2002; O'Connor, 2000). The number of non-trivial factors to retain is determined by the point at which the eigenvalues for a given factor in the observed data exceed the mean eigenvalue for the corresponding factor in the simulated data. This approach is highly recommended and has been found to perform well (O'Connor, 2000).

The results of the visual scree test and parallel analysis on the 31 ATTSO items suggested the presence of three non-trivial factors. The Kaiser-Guttman rule suggested the presence of seven non-trivial factors; however, inspection of the pattern matrix for this solution revealed that the latter three factors were poorly defined by a small number of items that had sizeable cross-loadings on other factors. On the basis of these considerations, three factors were extracted. Model modification was guided by inspection of the magnitude of communalities, the magnitude and direction of factor loadings, theoretical considerations, and factor solution interpretability.

A number of ATTSO items were found to perform poorly. Specifically, 16 items (3, 4, 7, 9, 13, 17, 20, 22, 23, 24, 27, 28, 29, 30, 32, 34) had communalities below .40. These items were removed from further analysis. This yielded a final, interpretable pool of 15 items in a 3-factor solution accounting for 63% of the ATTSO variance. The 3-factor solution was supported by each of the guidelines for factor extraction detailed above. In the resulting model, the average communality was .54 ($SD = 0.13$). Item communalities are reported in Table 1. The factor pattern matrix presented in Table 2 displays the item/factor loadings. Factors were independently reviewed and named, and the final definition was reached on the basis of expert consensus. *Factor I*, named Incapacitation, was comprised of items 5, 8, 11, 19, 21, 25, 26 and 33. *Factor II*, named Treatment ineffectiveness, was comprised of items 1, 2, 6 and 10. *Factor III*, named Mandated Treatment, was comprised of items 14, 15 and 16. The correlation between *Factor I* and *Factors II* and *II* was 0.67 and −0.01, respectively, and the correlation between *Factor II* and *III* was −0.07. Thus, there was a sizeable correlation between *Factors I* and *II*, and these factors were very weakly associated with *Factor III*.

Internal Consistency

Internal consistency was calculated using Cronbach's coefficient alpha (Nunnally & Bernstein, 1994) for the 15 items retained in the final factor solution and separately for each of the three factors, yielding esti-

Table 1: ATTSO Item Communalities

Item	Communality
01	0.61
02	0.65
05	0.44
06	0.43
08	0.46
10	0.49
11	0.49
14	0.44
15	0.84
16	0.44
19	0.69
21	0.43
25	0.44
26	0.68
33	0.61

mates of 0.86, 0.88, 0.81 and 0.78, respectively. This indicates that the items and factors have adequate to strong internal consistency.

DISCUSSION

The primary aim of this study was to develop a general measure of attitudes toward the treatment of sex offenders. Of the original item pool, 15 items were found to statistically and theoretically function well, forming three internally consistent factors capturing attitudes of incapacitation, treatment ineffectiveness and mandated treatment. As anticipated, there was a substantial correlation between factors I and II (Incapacitation and Treatment Ineffectiveness, respectively), but these factors were not correlated with factor III (Mandated Treatment). This finding suggests that beliefs that sex offenders should not be treated and that treatment does not work are not systematically associated with attitudes toward mandatory treatment. Future steps in further establishing the reliability and validity of the ATTSO include evaluating its perfor-

Table 2: ATTSO Rotated Factor Pattern Matrix

	Factor		
Item	I	II	III
26	**0.84**	−0.02	0.04
19	**0.78**	0.07	0.09
25	**0.74**	−0.15	−0.16
33	**0.66**	0.16	0.11
11	**0.65**	0.05	0.17
21	**0.60**	−0.06	−0.33
08	**0.43**	0.32	0.05
05	**0.41**	0.31	−0.01
02	0.10	−**0.87**	0.02
01	0.03	−**0.80**	−0.03
10	−0.10	−**0.63**	0.06
06	0.10	**0.57**	−0.11
15	−0.01	−0.05	**0.91**
14	−0.09	0.03	**0.66**
16	0.12	−0.07	**0.65**

mance in other populations, testing sensitivity to changes occurring through psychoeducational interventions targeting public attitudes and knowledge of sex offender treatment, and evaluating the functioning of the rating scale.

While the development of a scale examining public attitudes is an important first step in understanding how public attitudes can influence sex offender legislation, there are several limitations of this study that should be addressed. First, this study was conducted using an urban college student population. The demographic composition of this sample is not representative of the general college population in the United States and therefore it is not clear from these findings that the attitudes of these students is representative of college students in general or even the attitudes of the public at large. Further validation of the ATTSO with other populations would increase the generalizability of these findings. Second, this paper describes the development of the ATTSO scale; however it does not address the predictive validity of the scale. Future investigations can determine the relationship between scores on the

ATTSO and views on sex offender legislation. Finally, we only measured attitudes at one point in time. While there is no reason to believe that attitudes toward sex offender treatment would change without intervention, we cannot assume that these are stable without conducting test-retest reliability.

This scale has the potential to be utilized in various settings. First, it can be used with the general public in an effort to gather more information about general perceptions of sex offender treatment. To date, there have yet to be any systematic investigations of attitudes toward sex offender treatment in the United States. In addition, the ATTSO could be used as a screening tool for potential sex offender treatment providers. There is some evidence suggesting that treatment provider attitudes toward treatment success can influence the outcome of treatment (Beech & Hamilton-Giachritsis, 2005; Meyer, Pilkonis & Krupnick, 2002). Therefore, it would be integral to the success of sex offender treatment programs to be facilitated by service providers who believe that rehabilitative efforts can be effective with sex offenders. In addition, the ATTSO could be utilized as a screening tool to determine which service providers need to review the most current sex offender treatment research, as those who "agree strongly" that treatment programs for sex offenders are effective, may not be aware of the some of the literature suggesting that the effectiveness of sex offender treatment remains to be demonstrated (Rice & Harris, 2003).

Finally, we believe that this scale holds the potential to influence public policy. There is some evidence that public opinion can influence public policy and legislative decisions (e.g., Foyle, 2004; Latimer, Harwood, Newcomb, & Wagenaar, 2003). If the ATTSO scale demonstrates that public attitudes toward sex offender treatment are not entirely negative, and may in fact be quite positive, then legislators may be more likely to enact policies that are supportive of sex offender treatment. These may include such policies as mandated treatment for all sexual offenders, and more resources dedicated to the reintegration of sexual offenders into the community after the completion of their sentence.

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APPENDIX

ATTSO SCALE

The statements listed below describe different attitudes toward the treatment of sex offenders in the United States. There are no right or wrong answers, only opinions. You are asked to express your feelings about each statement by indicating whether you (1) Disagree strongly, (2) Disagree, (3) Undecided, (4) Agree, or (5) Agree strongly. Indicate your opinion by writing the number that best describes your personal attitude in the left-hand margin. Please answer every item.

Rating Scale

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

____ 1. I believe that sex offenders can be treated.
____ 2. Treatment programs for sex offenders are effective.
____ 3. It is better to treat sex offenders because most of them will be released.
____ 4. Most sex offenders will not respond to treatment.
____ 5. People who want to work with sex offenders are crazy.
____ 6. Psychotherapy will not work with sex offenders.
____ 7. I believe that all sex offenders should be chemically castrated.
____ 8. Regardless of treatment, all sex offenders will eventually reoffend.
____ 9. Treating sex offenders is a futile endeavor.

____ 10. Sex offenders can be helped using the proper techniques.
____ 11. Treatment doesn't work, sex offenders should be incarcerated for life.
____ 12. Only certain types of sex offenders will respond to treatment.
____ 13. Right now, there are no treatments that work for sex offenders.
____ 14. It is important that that all sex offenders being released receive treatment.
____ 15. We need to urge our politicians to make sex offender treatment mandatory.
____ 16. All sex offenders should go for treatment even if they don't want to.
____ 17. Sex offenders who deny their crime will not benefit from treatment.
____ 18. Treatment only works if the sex offender wants to be there.
____ 19. Sex offenders don't deserve another chance.
____ 20. Tax money should not be used to treat sex offenders.
____ 21. Sex offenders don't need treatment since they chose to commit the crime(s).
____ 22. A sex offender whose crime is rape offends because he is violent.
____ 23. Treatment is only necessary for offenders whose victims are children.
____ 24. Treatment funding should be focused on the victims, not on the offenders.
____ 25. Sex offenders should be executed.
____ 26. Sex offenders should never be released.
____ 27. Most sex offenders serve over 10 years in prison for their crime.
____ 28. The prison sentence sex offenders serve is enough, treatment is not necessary.
____ 29. Treatment is not necessary because everyone in the community knows who the sex offenders are.
____ 30. Civilly committing sex offenders to treatment facilities is a violation of their rights.
____ 31. Treatment should be conducted during incarceration.
____ 32. Sex offenders are the worst kind of offenders.
____ 33. Sex offenders should not be released back into the community.
____ 34. A sex offender is like any other offender, no special treatment is necessary.
____ 35. Treatment of sex offenders should be completed within a year.

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