Psychologists’ Attitudes toward Sex Offenders

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Abstract
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PSYCHOLOGISTS' ATTITUDES TOWARD SEX OFFENDERS

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Abstract

This study explored licensed psychologists’ attitudes toward sex offenders and the relationship of these attitudes to psychologists’ demographics, training, and professional experience. Participants included 272 psychologists, primarily members of individual state psychological associations, who completed an online survey. Participants answered demographic questions and items about their training and professional experience. Additionally, they completed the Attitudes Toward Sex Offenders Scale (Hogue, 1993). Results indicated that attitudes toward sex offenders did not differ significantly based on gender but did vary according to participants’ locations. Participants who had received over 30 hr of sex offender training had significantly more positive attitudes than did those without any training or with less than 11 hr of training. Psychologists who worked professionally with sex offenders demonstrated more positive attitudes toward sex offenders than did those who did not work with sex offenders. Those who did not work with sex offenders had significantly more negative attitudes than psychologists who had worked with sex offenders for 6 to 20 years. There were no significant differences based on psychologists’ primary role with sex offenders (i.e., treatment or assessment).

Keywords: sex offenders, psychologists, attitudes
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Introduction

People in prison are often looked down upon by other members of society. Even within the population of inmates, sex offenders are often thought of more poorly than are other inmates (Akerstrom, 1986). Studies have indicated that many professionals view sex offenders more negatively than they view other offenders (Craig, 2005; Harnett, 1997). For example, correctional officers have been found to perceive sex offenders as more dangerous, violent, bad, unpredictable, unchangeable, aggressive, and irrational than other types of offenders (Weekes, Pelletier, & Beaudette, 1995).

It has been hypothesized that positive attitudes among correctional service providers, including therapists, could increase the possibility that outcomes for sexual offenders would be more positive after their release from prison (Kjelsberg & Loos, 2008). Although there has been some limited research on professionals’ attitudes towards sex offenders, psychologists are not regularly included in the research. When they are included, they often are categorized as part of a larger group that includes other professionals (Hogue, 1993). Given that psychologists can play an integral role in the treatment of sex offenders as well as in the decisions made regarding their placement and incarceration, an understanding of the attitudes they hold toward sex offenders is imperative. Therefore, the purpose of this study was to ascertain psychologists’ attitudes toward sex offenders and whether or not there was a relationship between these attitudes and psychologists’ demographics, training, and professional experience. A comprehensive review of previous literature addressing attitudes toward sex offenders is presented, followed by a description of this study.
Literature Review

Participant Characteristics

To date, researchers have focused on examining attitudinal differences toward both prisoners and sex offenders, often based on the respondents’ group membership. For example, Melvin, Gramling, and Gardner (1985) developed an Attitudes Toward Prisoners (ATP) scale in order to specifically assess individuals’ attitudes about prisoners and whether or not these attitudes were influenced by group membership. This scale was comprised of 36 statements about prisoners. Participants were to complete a 5-point Likert scale indicating to what extent they agreed or disagreed with each statement. The researchers classified participants into six groups. Prisoners (n = 157) and individuals engaged in prison reform (n = 19) scored the highest on the ATP, indicating the most positive attitudes toward prisoners. Undergraduate students (n = 90), community residents (n = 64), and correctional officers (n = 56) had scores falling between the two extremes. Law enforcement officers (n = 23) scored the lowest on the ATP, indicating the least positive attitudes toward prisoners.

Hogue (1993) modified the ATP in order to assess attitudes toward sex offenders specifically. He used the same 36 items, and most of the wording was replicated exactly. However, Hogue replaced the word “prisoners” with the term “sex offenders” in each item, resulting in the Attitudes Toward Sex Offenders (ATS) scale. The range of possible scores is 0 to 144, with higher scores indicating more positive attitudes toward sex offenders.
Hogue (1993) hypothesized that different groups of people (identified primarily by profession) would demonstrate different attitudes toward sex offenders. Specifically, he hypothesized that sex offenders would have the most positive view of sex offenders, followed by probation officer and psychologists, and then prison officers. He speculated that the most negative attitudes would be held by police officers. Hogue administered both the ATP and ATS to a total of 164 British individuals who fit into one of five groups (sex offenders, probation officers and psychologists, police officers, prison officers involved in treatment, and prison officers not involved in treatment). Results supported his hypothesis: Sex offenders held the most positive attitudes toward sex offenders ($M = 99.1$, $SD = 20.42$), and police officers held the least positive attitudes ($M = 62.6$, $SD = 17.47$). The attitudes of the other three groups fell in between those of sex offenders and police officers; probation officers and psychologists had higher scores than did either prison officers involved in treatment and prison officers not involved in treatment. The differences between each of the group means were statistically significant. Interestingly, attitudes in most groups were less positive for sex offenders than they were for prisoners in general. However, sex offenders demonstrated slightly higher scores on attitudes toward sex offenders than they did on attitudes towards prisoners.

Since its modification by Hogue (1993), the ATS has been used by other researchers to identify differences in attitudes toward sex offenders according to the participants’ profession. Green McGowan (2004) surveyed a total of 200 people, including members of the public, law enforcement personnel, nonforensic mental health professionals, and forensic mental health professionals, to determine their views toward sex offenders. Among all these groups, forensic mental health professionals had the most
positive attitudes toward sex offenders according to scores on the ATS. Both members of
the public and law enforcement personnel had the most negative viewpoints.

Similarly, Sanghara and Wilson (2006) surveyed 60 professionals involved in
treating sex offenders and 71 school teachers. They compared professionals to teachers
on two measures: the ATS and the Stereotypes of Sex Offenders Questionnaire. The
school teachers, who did not have experience working professionally with sex offenders,
endorsed more stereotypes and had less positive attitudes than did those who had
experience working with this population.

Ferguson and Ireland (2006) found that a group of forensic staff members, which
included psychologists and officers all working in a prison system, had more positive
attitudes (i.e., higher ATS scores) than did a group of college students. These results
were replicated by Kjelsberg and Loos (2008) in Norway, who noted that prison
employees had higher ATS scores than did college students. Further, Higgins and Ireland
(2009) had male and female forensic staff (n = 80), prison officers (n = 80), and members
of the public (n = 82) complete the ATS. Forensic staff members were from either
England or Northern Ireland and prison officers and members of the public were from
Ireland. Forensic staff members had the highest ATS scores, indicating the most positive
attitudes toward sex offenders. Prison officers had the lowest ATS scores, indicating the
most negative attitudes.

Groups of individuals with similar degrees or who hold similar job positions may
have different attitudes toward sex offenders based on a variety of factors. For example,
Fortney, Baker, and Levenson (2009) surveyed 264 professionals who worked primarily
with either victims of sexual abuse or sexual offenders in the United States. Both groups
had similar responses regarding treatment in that they viewed it as being effective in reducing sexual abuse toward children. However, professionals who worked with victims viewed sex offenders as more mentally ill and more likely to reoffend than did those who worked with offenders. Additionally, professionals working with victims were more likely than the general population to view sex offenders as being likely to reoffend, which was contrary to the viewpoints of individuals working directly with offenders and higher than the actual recidivism rate. Similarly, Kjelsberg and Loos (2008) found that prison officers demonstrated more negative views of sex offenders than did other prison employees (exact job titles were not specified), as evidenced by the prison officers having lower ATS scores relative to all other prison employees.

Fortney et al.’s (2009) results highlight the importance of characteristics of people with whom a professional is working and the subsequent influence of these characteristics on the professionals’ attitudes. However, most researchers have grouped people from different professions together. Yet mental health professionals often hold varying types of degrees, such as certification in substance abuse treatment, Master’s degrees in social work or counseling, or doctoral degrees in psychology. Looking specifically at psychologists, these professionals have often been grouped with other counselors or professional groups (Hogue, 1993; Lea, Auburn, & Kibblewhite, 1999). Cichon (2005) is the only researcher to date who has focused only on psychologists and considered differences within this group. Cichon recruited 314 licensed psychologists who were members of APA’s Division 42 (Psychologists in Independent Practice) and who worked primarily in independent practice settings. Most practitioners did not specialize in working with sex offenders; on average, respondents estimated that only
1.9% of their clients were sex offenders. However, 44.9% of participants had received between 1 to 2,000 hr of training in working with sex offenders, with an average of 37 hr per respondent. Participants completed a demographic questionnaire, the ATS scale, and the Crowne-Marlowe Social Desirability Scale (M-C SDS-20). The score on the social desirability scale was not found to have a significant relationship with the scores on the ATS. In considering the effects of participant gender and prior training in working with sex offenders, Cichon found a significant interaction effect: Female psychologists who had received training in working with sex offenders held more positive attitudes toward sex offenders than did female psychologist without training. However, training was not associated with significant differences among male psychologists.

Although Cichon (2005) did consider the effect of training, the participants in her study had all been exposed to varying types of training, with substantial differences in the length of the training. Other researchers have focused on specific training programs and analyzed ATS scores collected before and after the training program to determine whether and how knowledge about sex offenders might affect attitudes. This research has resulted in mixed results. Johnson, Hughes, and Ireland (2007) determined that police officers who attended one training had less positive attitudes toward sex offenders after the training than they had beforehand. However, this finding was inconsistent with other literature. Hogue (1995) conducted a three-week training program with members of multidisciplinary teams who were appointed to run treatment groups with sex offenders in England. Participants were primarily prison officers, probation officers, and psychologists. The ATS scale was administered before and after the training. Once the training was complete, participants demonstrated more positive attitudes toward sex
offenders than they had shown prior to the training. At a 6-month follow-up, scores on
the ATS remained elevated, which suggests that the training had a lasting impact on
attitudes.

Kjelsberg and Loos (2008) assessed prison employees’ attitudes before and after a
two-day training program on working with sex offenders in Norway. They noted that
there was no difference in scores on the ATS between the initial administration of the
ATS and one year after the training program, suggesting that the training had no long-
term effect on influencing people’s attitudes toward sex offenders.

Craig (2005) conducted a two-day training for residential hostel workers and
probation officers, all of whom had experience working with sex offenders but had never
received any training for working with sex offenders. The training was designed with the
intent to increase individuals’ awareness about topics related to working with sex
offenders. These topics included presenting literature about sex offenders, treatment
programs, and relapse prevention, as well as challenging myths about sex offenders,
learning how to respond to sex offenders’ cognitive distortions, and gaining knowledge
about assessing risk. A total of 73 participants completed the ATS before the training,
and 59 completed the ATS directly after the training. No significant difference was
found between ATS scores pre- and post-training, indicating that overall the training did
not have an impact on participants’ attitudes toward sex offenders. However, Craig
reported that scores changed significantly on seven ATS items from pre- to post-training.
Four items showed a positive change in attitude. For example, scores on the item Sex
offenders need affection and praise just like anybody else increased, which indicated
more positive attitudes toward sex offenders. Conversely, three items showed a negative
change in attitude. For example, scores on the item *Sex offenders have feelings like the rest of us* decreased, which indicated more negative attitudes.

Each of these training programs varied in several aspects, including length of the program and depth of material discussed. Therefore, it is possible that the nature of the training had an impact on attitudes. Additionally, both the types of individuals who received the training and the purpose of the training were different in each study. The familiarity individuals had with sex offenders before the training could have been influential on the outcomes as well. Such differences make it difficult to compare results across studies.

Given that individuals’ ATS scores have differed based on their profession and training, the question arises as to what impact actually working with sex offenders and interacting with them regularly may have on perceptions and attitudes. To address this question, Nelson, Herlihy, and Oescher (2002) utilized the ATS scale to survey 437 professional counselors about their attitudes toward sex offenders. The researchers did not specify what type of counselors were represented in the sample, but they did note that the majority of them had Master’s degrees and were working in either a private practice or a community agency. They reported that, as a group, counselors held positive attitudes toward sex offenders based on their mean ATS scores. Specifically, counselors who had experience counseling sex offenders held more positive attitudes about sex offenders than did counselors who did not have such experience. The researchers also compared counselors’ scores on the ATS to scores reported in other studies. However, based on their description of the scoring of the ATS, it is likely that they did not use the same scoring method as Hogue (1993), and thus a true comparison was not achieved.
In a sample of 100 California mental health professionals that included Master’s-level therapists, licensed clinical social workers, and psychologists, Green McGowan (2004) found that those who specialized in forensics had more positive attitudes toward sex offenders than did those who did not specialize in forensics, as evidenced by higher scores on the ATS. This finding suggests that individuals who interact with sex offenders professionally may have more positive attitudes toward them than do professionals who do not interact with sex offenders professionally.

Some researchers have focused on personal characteristics of the respondents (i.e., going beyond the respondent’s professions) and considered how those characteristics may have impacted their attitudes. For example, several studies have been conducted to assess whether ATS scores differed based on participants’ gender (Craig, 2005; Ferguson & Ireland, 2006; Hogue, 1995). The studies have yielded varying results. Craig surveyed 49 female and 25 male participants who were either residential hostel workers or probation officers and determined that females held more negative views of sex offenders than did males. Cichon’s (2005) research supported these results in that male psychologists demonstrated more positive attitudes toward sex offenders than did female psychologists. However, among prison employees, Kjelsberg and Loos (2008) did not find any differences in ATS scores based on gender. Other researchers have found contradictory results, concluding that women in varying professions had more positive attitudes toward sex offenders than did men (Ferguson & Ireland, 2006; Green McGowan, 2004).

Other researchers have utilized additional measures to assess views of individuals toward sex offenders. For example, Harnett (1997) speculated that the gender of
participants would influence how they perceived perpetrators of sexual and physical assaults. Specifically, he hypothesized that female residential care workers would view these crimes as more serious and the perpetrators as more dangerous than would male residential care workers and that females would also express less sympathy toward offenders than would males. Sixty staff members from a residential facility in England read a vignette and completed a brief questionnaire. Results supported Harnett’s hypothesis, indicating that women viewed the perpetrators of both physical and sexual assault as more dangerous and as more serious offenders than did men.

Green McGowan (2004) identified two other demographic characteristics of participants that yielded significantly different ATS scores. Specifically, Caucasians’ attitudes toward sex offenders were more favorable than were attitudes reported by participants from minority groups. Additionally, people who reported that they were parents had less positive views about sex offenders than did people without children. At this time, Green McGowan is the only researcher who has examined these particular factors.

**Offender Characteristics**

Other researchers have focused on characteristics of the perpetrator to determine the impact of this factor on attitudes toward sex offenders. Higgins and Ireland (2009) considered the gender of the offender and the age of the victim (i.e., whether the victim was a child or an adult). They included 242 participants from England and Ireland who were classified as forensic staff members, prison officers, or members of the public. Their results indicated that there was no significant difference in participants’ attitudes based on either offender gender or victim age.
However, Ferguson and Ireland (2006) did find significant differences in attitudes based on the characteristics of the offender when participants’ gender was also considered. They surveyed 90 male and female forensic staff members and 49 male and female college students and had them complete the ATS after reading one of four vignettes that identified four different types of offenders (stranger rapist, acquaintance rapist, child incest offender, or an offender convicted of indecent assault against a child). When they considered their sample as a whole, they found that there was no difference in ATS scores based on the type of offender portrayed in the vignette. However, they noted that male participants had significantly different attitudes toward offenders whose victims were children and toward stranger rapists, with attitudes being more negative toward offenders against children. They did not find significantly different attitudes among women when the offender type was considered.

Other measures have also been used to assess how offender characteristics relate to perceptions and attitudes toward the offenders. Carone and LaFleur (2000) conducted a study with 54 male and 182 female counselors-in-training to determine if an adolescent sex offender’s personal abuse history influenced the counselor-in-training’s desire to treat the client or the estimated need for treatment. These students were enrolled in counselor education Master’s degree programs. They were exposed to one of three case histories in which the sexual offender had a history of being sexually abused, a history of being physically abused, or no abuse history. They then completed the Counselor Response Form (CRF) to determine how they perceived the client’s need for counseling and their desire to treat the client. The researchers determined that counselors-in-training had a
significantly higher desire to see an adolescent sexual offender client who had been physically or sexually abused him- or herself than one with no abuse history.

The type of crime committed has also been considered to assess whether this factor influences people’s perceptions of sex offenders. Weekes et al. (1995) rated the perceptions of 70 male and 12 female Canadian correctional officers toward sex offenders with consideration of victim type. They measured 19 bipolar dimensions using a 7-point Likert scale to assess perceptions, which included items on dangerousness, violence, predictability, and ability to change. Sex offenders with child victims were perceived to be significantly more immoral and mentally ill than were sex offenders whose victims were adult females.

**The Impact of Attitudes on Decision Making**

Individuals’ attitudes toward sex offenders have been found to be associated with sentencing options. Hogue and Peebles (1997) asked 50 professionals to complete the ATS and also to make a hypothetical sentencing decision. All participants worked with sex offenders, had themselves been victims of sexual assault, or both. Individuals whose ATS scores were lower (and who therefore had more negative attitudes toward sexual offenders) more frequently chose the more punitive sentencing option of jail instead of probation. Although the participants’ ATS scores were predictive of the sentencing option chosen 64% of the time, the authors did not indicate whether or not there were differences in responses based on group membership. Overall, ATS score was a more effective predictor of sentencing choice than were two other factors: whether the offender had planned to commit the sexual crime or whether the offender had remorse for his actions. This finding indicates that there is a potential for decisions to be made about sex
offenders based on an individual’s opinion rather than on factors associated with the offender.

**Purpose of the Present Study**

As shown in the review above, although there have been several prior studies regarding attitudes toward sex offenders, only a few have included mental health professionals in distinct categories. Instead, the groups have often been selected based on whether or not individuals work with sex offenders (Ferguson & Ireland, 2006). In addition, only one known study has focused solely on psychologists’ attitudes toward sex offenders (Cichon, 2005). In that study, two participant characteristics were identified that influenced these attitudes: gender and training about sex offenders. Psychologists represent an important group of professionals to study regarding their attitudes toward offenders because they may often have influential roles with these offenders. Specifically, psychologists are involved in sex offender assessment, such as for court proceedings and placement options, as well as in treatment for sexual offending. They may provide training to students or other mental health professionals. At all stages, decisions or recommendations that psychologists make about sex offenders are important ones that can have significant influences on sex offenders’ lives. If psychologists have attitudes toward sex offenders that can have an impact on these decisions, it is important to know about and understand them. Also, it would be beneficial to understand how psychologists’ attitudes compare to the attitudes of other groups, such as prison employees and the general public.

Additionally, some prior research has shown contradictory results regarding how gender and training may impact attitudes toward offenders. Some studies indicated that
there were no differences in ATS scores based on gender (Kjelsberg & Loos, 2008), whereas other studies have shown differences in both directions (i.e., women having either higher or lower ATS scores than men; Ferguson & Ireland, 2006; Green McGowan, 2004). Additionally, research has shown that training does not always lead to improved ATS scores (Hogue, 2009). It is possible that these varied results could be related to the type of participant included in the studies. Therefore, it would be beneficial to identify how these factors are related to attitudes among psychologists.

The purpose of the present study was to research licensed psychologists’ attitudes toward sex offenders and identify whether any participant characteristics or professional experiences had an impact on these attitudes. I had five primary hypotheses, as follows:

1. Male psychologists would have more positive attitudes toward sex offenders than would female psychologists, consistent with Cichon’s (2005) findings.

2. Psychologists who reported having experience working with sex offenders would have a more positive attitude towards them than would psychologists without this experience.

3. Psychologists who have more years of experience working with sex offenders would have more positive attitudes than would those who have only worked with sex offenders for a short period of time.

4. Among psychologists who work with sex offenders, I hypothesized that the role they play would influence their attitudes toward sex offenders. Specifically, I predicted that psychologists who primarily conduct assessments of sex offenders would have more negative attitudes than would those whose primary role is to provide sex offender treatment.
5. Psychologists who had received the most training about sex offenders would have more positive attitudes than would those who had received less or no training.

Finally, although no researchers have studied the possible impact of location on attitudes toward sex offenders, I chose to conduct an exploratory analysis to determine if results varied by respondent’s geographic location.
Method

Participants

The survey was initially open to all licensed mental health professionals, including psychologists, social workers, psychiatrists, and professional counselors. A total of 354 individuals completed the survey. Substantially more psychologists completed the survey, due largely to the sampling method. Psychologists comprised 283 respondents, whereas all other professionals accounted for only 71 responses (see Table 1; the majority of respondents who identified as other mental health professional indicated they were licensed professional counselors). Based on the large differences in sample size, meaningful comparisons could not be made among types of mental health professionals, and it was thus determined that only psychologists’ results would be included in this study.

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number of Responses (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Social Worker</td>
<td>22</td>
</tr>
<tr>
<td>Licensed Psychologist</td>
<td>283</td>
</tr>
<tr>
<td>Licensed Psychiatrist</td>
<td>6</td>
</tr>
<tr>
<td>Other Licensed Mental Health PROF</td>
<td>39</td>
</tr>
</tbody>
</table>

All individual state psychological associations were utilized in an attempt to identify psychologists’ e-mail addresses. Requests to participate in the survey (see Appendix A) were sent to psychologists whose e-mail addresses were available to the public through their state’s psychological association. However, not all states had lists of their members available or included e-mail addresses in the contact information. Therefore, not all states are represented. Psychologists from the following states and
districts received e-mail requests for participation: Alabama, Alaska, Arkansas, California, Colorado, District of Columbia, Delaware, Georgia, Hawaii, Idaho, Illinois, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, Nevada, New Hampshire, New York, North Carolina, North Dakota, Oregon, Pennsylvania, Texas, Virginia, and Washington. Furthermore, each state had a varying number of members listed with substantially different types of contact information available, and therefore the number of people who received the request to participate differed by state.

Mental health professionals were also recruited through the use of three national and international listservs. Individuals who received the recruitment e-mail and who were members of specific listservs posted the survey on two listservs: The Medical and Allied Health Professional Staff (MAHPS) listserv and APA’s Division 41 (American Psychology-Law Society, APLS) listserv. Permission was granted by the Association of the Treatment of Sexual Abusers (ATSA) to post the survey on their listserv as well. Finally, individuals who received the solicitation e-mail were requested to forward the e-mail to individuals who they believed would be interested in participating. Based on these recruitment methods, the final number of people who were contacted cannot be determined and a response rate could not be calculated. Additionally, it could not be determined whether recruitment was more successful through the listservs or by sending personal e-mails.

As an incentive to participate, individuals were given the option of providing their names and e-mail addresses for an opportunity to win a $50 gift card. Their responses were not associated with their identifying information in any way and therefore all responses were anonymous.
As noted above, 283 licensed psychologists were recruited via e-mail and chose to complete an online survey. However, 11 participants did not complete the ATS; therefore, their data could not be included in the analyses. Consequently, results were obtained from a total of 272 participants (161 women and 111 men). Age ranges represented were as follows: under 30 ($n = 5$), 30 to 39 ($n = 59$), 40 to 49 ($n = 63$), 50 to 59 ($n = 81$), 60 to 69 ($n = 51$), 70 to 79 ($n = 12$), and 80 and over ($n = 1$). Most of the participants resided in the United States. Of the 272 participants, 110 (40.44%) psychologists had never worked with sex offenders; 161 (59.19%) psychologists had worked with sex offenders in some professional capacity. One person did not respond to this question.

**Materials and Procedure**

Participants received an e-mail requesting them to participate in an online survey that was expected to take no more than 10 min. If the participant chose to participate, he or she was directed to a survey on SurveyMonkey.com. Participants were presented with a detailed informed consent (see Appendix B) followed by the survey items. The survey consisted of three demographic questions (regarding age, gender, and geographic location) and 12 multiple-choice questions about professional experience (including professional role, years and type of experience, population served, and training experience; see Appendix C).

After they completed the demographic questions, the respondents were presented with the Attitudes Toward Sexual Offenders scale (ATS) developed by Hogue (1993). As noted above, the ATS was modified from the Attitudes Toward Prisoners scale (ATP) published by Melvin, Gramling, and Gardner in 1985. Hogue used the same 36 items and
most of the wording was replicated exactly. However, he replaced the word *prisoners* with the phrase *sex offenders* in each item.

Each item on the ATS is a statement about a sex offender, and the respondent must indicate the extent to which he or she agrees or disagrees using a 5-point Likert scale. Each of the responses is associated with a numerical value (from 1 to 5), and 19 of the items are reverse coded (T. E. Hogue, personal communication, November 19, 2009). The scores for the responses are totaled and a constant of 36 is subtracted, yielding a possible range of scores from 0 to 144 (see Appendix D). Higher scores indicate more positive attitudes than do lower scores. The ATS has been utilized in many studies since its development (Hogue, 2009). It has demonstrated excellent reliability (from .86 to .95) across several studies (Craig, 2005; Ferguson & Ireland, 2006) indicating that it is a powerful tool for measuring individuals’ attitudes toward sex offenders.
Results

In order to analyze the data, the data set was transferred to an Excel document and then to the Statistical Package for the Social Sciences (SPSS). Next, the total ATS score was computed for each participant. A one-way analysis of variance (ANOVA) was conducted to evaluate the relationship between participant gender and total ATS scores. Results from a Levene’s test indicated a significance level of .374, which was not significant; therefore, homogeneity of variances could be assumed. The results indicated no significant main effect for gender, $F (1, 270) = 2.694, p = .102$ (see Table 2).

<table>
<thead>
<tr>
<th>Table 2</th>
<th>Total ATS Score by Gender</th>
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</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Number of Participants ($N$)</td>
</tr>
<tr>
<td>Male</td>
<td>111</td>
</tr>
<tr>
<td>Female</td>
<td>161</td>
</tr>
</tbody>
</table>

A one-way ANOVA was conducted to determine whether psychologists’ client population (i.e., whether or not the psychologist worked professionally with sex offenders) had an impact on ATS scores. A total of 110 participants (40.44%) reported that they had not spent any time working with sex offenders. Conversely, 161 participants (59.19%) had spent time working with sex offenders (from less than 1 year to over 20 years). Results from a Levene’s test indicated a significance level of .109, which was not significant. Therefore, homogeneity of variances could be assumed. The results indicated that there was a significant main effect for client type, $F (1, 269) = 19.95, p < .05$. Psychologists who worked professionally with sex offenders had higher ATS scores ($M = 87.39, SD = 17.44$) and thus more positive attitudes than did psychologists who did
not work with sex offenders ($M = 78.22, SD = 15.27$). Partial $\eta^2$ equaled .07, indicating a medium effect size.

A one-way ANOVA was conducted to determine if the length of time that psychologists had worked with sex offenders had an impact on their ATS scores. Participants responded as follows regarding the length of time they had worked with sex offenders: no prior experience (i.e., 0 years; $n = 110, 40.59\%$), less than 1 year of experience ($n = 20, 12.42\%$), 1 to 5 years of experience ($n = 53, 32.92\%$), 6 to 10 years of experience ($n = 31, 19.25\%$), 11 to 20 years of experience ($n = 30, 18.63\%$), or over 20 years of experience ($n = 27, 16.77\%$). Results from a Levene’s test indicated a significant level of .525, which was not significant, and therefore homogeneity of variances was assumed. The results indicated a significant main effect for length of time working with sex offenders, $F(5, 265) = 6.005, p < .05$ (see Table 3). Partial $\eta^2$ equaled .102, indicating a medium effect size.

<table>
<thead>
<tr>
<th>Years Working with Sex Offenders</th>
<th>Number of Participants ($n$)</th>
<th>Mean ($M$)</th>
<th>Standard Deviation (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>110</td>
<td>78.21</td>
<td>15.27</td>
</tr>
<tr>
<td>Less than 1</td>
<td>20</td>
<td>82.30</td>
<td>13.36</td>
</tr>
<tr>
<td>1 to 5</td>
<td>53</td>
<td>84.47</td>
<td>16.83</td>
</tr>
<tr>
<td>6 to 10</td>
<td>31</td>
<td>90.77</td>
<td>17.52</td>
</tr>
<tr>
<td>11 to 20</td>
<td>30</td>
<td>93.77</td>
<td>16.13</td>
</tr>
<tr>
<td>Over 20</td>
<td>27</td>
<td>85.89</td>
<td>20.73</td>
</tr>
</tbody>
</table>

Scheffe’s test was utilized to control for errors when post-hoc comparisons were made because homogeneity of variances could be assumed. There were significant differences in ATS scores between those individuals who had never worked with sex offenders ($M = 78.21, SD = 15.27$) and participants who had worked with sex offenders
for either 6 to 10 years ($M = 90.77, SD = 17.52$) or 11 to 20 years ($M = 93.77, SD = 16.13$). The latter two groups therefore had more positive attitudes towards sex offenders than did psychologists who had never worked with sex offenders. ATS scores for participants who had worked with sex offenders for up to 5 years and over 20 years were lower than scores for psychologist who had worked with sex offenders between 6 and 20 years. Therefore, there was no significant difference between their scores and those who did not work with sex offenders. Overall, participants’ scores increased the more time they spent working with sex offenders. However, once they had worked with sex offenders for over 20 years, their scores decreased, indicating less positive attitudes toward sex offenders.

A one-way ANOVA was conducted to determine if the type of work that psychologists did with sex offenders (i.e., treatment or assessment) had an impact on their ATS scores. A total of 83 participants (55.70%) indicated that their primary role when working with sex offenders was assessment and 53 participants (35.57%) indicated that their primary role was treatment. Fourteen individuals (9.40%) viewed their primary role to be something other than treatment or assessment, and these responses varied significantly; thus, these responses were not included in analysis. Results from a Levene’s test indicated a significant level of .667, which was not significant. Therefore, homogeneity of variances was assumed. Although psychologists who primarily conducted assessments had lower ATS scores ($M = 85.28, SD = 17.34$) than did psychologists whose main roles were treatment ($M = 90.85, SD = 17.24$), the difference was not significant, $F (2,146) = 1.840, p = .163$. 
A one-way ANOVA was conducted to determine if the amount of training about sex offenders that psychologists received had an impact on their ATS scores. Eighty five participants (31.37%) had not had any training (31.37%), 71 participants (26.20%) had received between 1 and 10 hr of training, 24 participants (8.86%) received between 11 and 20 hr of training, 19 participants (7.01%) received 21 to 30 hr of training, and 72 participants (26.47%) had received over 30 hr of training. Results from a Levene’s test indicated a significant level of .529, which was not significant; therefore, homogeneity of variances was assumed. The results indicated a significant main effect for training, $F(4, 266) = 6.407, p < .05$. Partial $\eta^2$ equaled .088, indicating a medium effect size.

Scheffe’s test was utilized to control for errors when post-hoc comparisons were made because homogeneity of variances could be assumed. There was a significant difference between the means of total ATS scores for individuals who did not have any training ($M = 79.47, SD = 16.93$) and participants who had over 30 hr of training ($M = 91.90, SD = 17.24$). There was also a significant difference between the means of total ATS scores for individual who had 1 to 10 hr of training ($M = 81.03, SD = 14.56$) and those who had over 30 hr of training (see Table 4). There were no significant differences between any other training groups.

<table>
<thead>
<tr>
<th>Amount of Training (hr)</th>
<th>Number of Participants ($n$)</th>
<th>Mean ($M$)</th>
<th>Standard Deviation ($SD$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>85</td>
<td>79.47</td>
<td>16.93</td>
</tr>
<tr>
<td>1 to 10</td>
<td>71</td>
<td>81.03</td>
<td>14.56</td>
</tr>
<tr>
<td>11 to 20</td>
<td>24</td>
<td>81.41</td>
<td>18.87</td>
</tr>
<tr>
<td>21 to 30</td>
<td>19</td>
<td>84.05</td>
<td>15.75</td>
</tr>
<tr>
<td>Over 30</td>
<td>72</td>
<td>91.90</td>
<td>17.24</td>
</tr>
</tbody>
</table>

Table 4
Total ATS Score by Training Received
A one-way ANOVA was conducted to determine whether psychologists’ geographic location had an impact on their ATS scores as an exploratory analysis. One participant did not complete this item and therefore there were a total of 271 responses for this item. Participant location in the United States was distributed as follows: West \((n = 92, 33.95\%)\), South \((n = 73, 26.94\%)\), Midwest \((n = 28, 10.33\%)\), or East \((n = 78, 28.78\%)\). Results from a Levene’s test indicated a significance level of \(.709\), which was not significant. Therefore, homogeneity of variances was assumed. The results indicated a significant main effect for location, \(F(3, 267) = 2.852, p < .05\) (see Table 5). Partial \(\eta^2\) equaled \(.031\), indicating a small effect size. Scheffe’s test was utilized to control for errors when post-hoc comparisons were made because homogeneity of variances could be assumed. However, there were no significant differences between ATS scores for any two specific locations.

<table>
<thead>
<tr>
<th>Location</th>
<th>Number of Participants ((n))</th>
<th>Mean ((M))</th>
<th>Standard Deviation ((SD))</th>
</tr>
</thead>
<tbody>
<tr>
<td>West</td>
<td>92</td>
<td>86.93</td>
<td>16.57</td>
</tr>
<tr>
<td>South</td>
<td>73</td>
<td>80.86</td>
<td>16.44</td>
</tr>
<tr>
<td>Midwest</td>
<td>28</td>
<td>87.61</td>
<td>19.64</td>
</tr>
<tr>
<td>East</td>
<td>78</td>
<td>81.17</td>
<td>17.08</td>
</tr>
</tbody>
</table>

Results from this research were compared with findings cited in previous research in which the ATS was used in order to determine how psychologists’ ratings compared to those of other groups. The mean ATS score for all psychologists in this sample was 83.72 \((SD = 17.16)\). This score is consistent with Cichon’s (2005) findings of an overall ATS score of 81.99 for psychologists only (see Table 6). Most other researchers using the ATS have included psychologists in groups with other professionals, and thus the
current results could not be compared directly to results for other samples of psychologists. For example, Green McGowan (2004) demonstrated that forensic mental health professionals had slightly higher ATS scores at 87.99 than did the current sample of psychologists. However, nonforensic mental health professionals had lower scores at 75.64. Results for psychologists alone could not be compared.

Overall, when compared to groups that did not include psychologists, the total ATS score from the current study was notably higher than scores obtained from samples of police officers (Hogue, 1993; Green McGowan, 2004), college students (Kjelsberg & Loos, 2008), and the general public (Green McGowan, 2004; see Table 6). Of note, most prior research was conducted in the United States and the United Kingdom, and significant differences based on location were not evident.

Although other researchers have used the ATS, the methods employed in those studies to determine a total ATS score were unclear, unknown, or different from the original method. Specifically, not all researchers subtracted a constant of 36 from the sum of all items or did not indicate that they completed this step in their description of the analysis (e.g., Johnson et al., 2007; Nelson et al., 2002). Because scores in the present study were derived using Hogue’s method, they cannot be accurately compared to studies in which other methods were used to calculate the overall score. In all of the studies used for comparison with the present study (listed in Table 6) the constant was subtracted.
### Table 6

*Mean ATS Scores in Research Studies*

<table>
<thead>
<tr>
<th>Study</th>
<th>Country</th>
<th>Participant Type</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present Study</td>
<td>US</td>
<td>Psychologists</td>
<td>272</td>
<td>83.72</td>
<td>17.16</td>
</tr>
<tr>
<td>Craig (2005)</td>
<td>UK</td>
<td>Residential Hostel Workers/ Probation Officers</td>
<td>59</td>
<td>76.44</td>
<td>12.95</td>
</tr>
<tr>
<td>Hogue (1993)</td>
<td>UK</td>
<td>Probation Officers/ Psychologists</td>
<td>11</td>
<td>90.7</td>
<td>11.64</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prison Officers (treatment)</td>
<td>50</td>
<td>80.0</td>
<td>13.13</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prison Officers (no treatment)</td>
<td>21</td>
<td>71.5</td>
<td>17.34</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Police Officers</td>
<td>33</td>
<td>62.6</td>
<td>17.47</td>
</tr>
<tr>
<td>Kjelsberg &amp; Loos (2008)</td>
<td>Norway</td>
<td>Prison Officers</td>
<td>a-</td>
<td>80</td>
<td>18.70</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other Prison Employees</td>
<td>a-</td>
<td>92</td>
<td>15.60</td>
</tr>
<tr>
<td></td>
<td></td>
<td>College Students</td>
<td>412</td>
<td>74</td>
<td>18.20</td>
</tr>
<tr>
<td>McGowan (2003)</td>
<td>US</td>
<td>Forensic Mental Health</td>
<td>50</td>
<td>87.88</td>
<td>b-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nonforensic Mental Health</td>
<td>50</td>
<td>75.64</td>
<td>b-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>General Public</td>
<td>50</td>
<td>63.50</td>
<td>b-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Law Enforcement</td>
<td>50</td>
<td>58.98</td>
<td>b-</td>
</tr>
</tbody>
</table>

*a* The number of participants in each group was not included and could not be calculated based on the information in the article.

*b* The SD was not included and could not be calculated based on the information available in the article.
Discussion

The purpose of this study was to determine psychologists’ attitudes toward sex offenders and identify any factors that might impact these attitudes. Overall, the results of this study were consistent with results from some prior studies and conflicted with other results. Specifically, current results indicated no significant differences in attitudes toward sex offenders based on participant gender and did not support the hypothesis for gender differences. Kjelsberg and Loos (2008) did not find any differences in ATS scores based on gender in a sample of prison employees in Norway. However, among mental health professionals in the United States, ATS scores have varied as a function of gender, with women demonstrating more positive attitudes toward sex offenders than men in some research (Green McGowan, 2004) and men having more positive attitudes toward sex offenders than women had in other research (Cichon, 2005). These conflicting findings could be related to other participant differences, such as their exact professional role, previous experiences, or location.

Psychologists’ professional experience was also examined. Psychologists who identified themselves as working primarily with sex offenders had more positive attitudes toward sex offenders than did those who do not work primarily with sex offenders, which supported the hypothesis. These findings are consistent with other studies. For example, Nelson et al.’s (2002) results indicated that counselors who worked with sex offenders had more positive attitudes toward sex offenders than did counselors who did not work with sex offenders. Green McGowan (2004) found that mental health professionals who worked in forensic settings had more favorable attitudes toward sex offenders than those who did not work in forensic settings.
The length of time that psychologists spent working with sex offenders was related to ATS scores in the current study. Specifically, psychologists’ attitudes toward sex offenders were increasingly positive the more time they had spent working with sex offenders (ranging from no interaction to 20 years of experience). However, psychologists who had worked with sex offenders for over 20 years showed less positive attitudes than did psychologists who had worked with sex offenders for 6 to 20 years. ATS scores for psychologists who had been working with sex offenders for over 20 years resembled those for psychologists who had been working with sex offenders for 1 to 5 years. Authors of other known studies have not reported on differences in the length of time individuals professionally interacted with sex offenders and the impact this has on attitudes toward sex offenders (Cichon, 2005; Green McGowan, 2004), and thus it was not possible to compare the current results to those of other studies.

Finally, there were no significant differences in ATS scores based on the primary role of the psychologist. Those who conducted primarily assessment of sex offenders had similar attitudes to those whose main role was treatment for sex offenders. This finding does not support my hypothesis that psychologists who assess sex offenders would have more negative attitudes than would those who treat sex offenders.

The hypothesis that the amount of sex offender training received by psychologists would have an impact on attitudes toward sex offenders was confirmed. Individuals who had received over 30 hr of training (which was the highest amount the participant could endorse) had significantly more positive attitudes toward sex offenders than did psychologists with either no training or fewer than 10 hr of training. It is possible that these results were confounded by other factors, such as the population with whom the
psychologist primarily worked. That is, those who had received training may have been more likely to be working with sex offenders than were those who did not receive training.

Other researchers have examined whether the amount of sex offender training respondents had received was associated with ATS scores, with mixed results. Some researchers used the same approach as was used in this study by solely having the participant indicate how much training they had received. As a result, respondents reported a range of hours of training and a wide variety of training experiences covering varying topics related to sex offenders. For example, Cichon (2005) noted that female psychologists with a lot of training had significantly more positive attitudes toward sex offenders than did female psychologists without training. However, for male psychologists there were no significant differences in attitudes toward sex offenders based on the amount of training received. Rather than just asking participants how much prior training they have had, other researchers have included a program designed to train participants in working with sex offenders and assessed for differences in ATS scores before and after the training program. In these cases, participants have all been exposed to the same training format and content. Results from these studies have varied. Specifically, Kjelsberg and Loos (2008) did not find a change in ATS scores after a two-day training. However, Hogue (1995) found that participants’ attitudes toward sex offenders were more positive after a three-week training program than they were before the training. This discrepancy was likely due, at least in part, to the content and length of the training sessions.
Study results also revealed that, overall, there were significant differences based on participant location. More positive attitudes were identified in the western and midwestern United States than in the eastern and southern United States. However, differences between individual regions were not statistically significant in pairwise comparisons. Other known studies in the United States have not reported on participant location.

The mean ATS score for all participants in this study was compared to ATS scores in other studies. These studies differed from the current study in two main respects. First, many studies did not include psychologists in the professional group. Also, some studies were conducted in other countries, including Norway and England. However, ATS scores in this study were similar to ATS scores for groups that included mental health professionals in other studies, which is consistent with the hypothesis. The mean ATS score in this study was 83.72, which is comparable to prior reported values for psychologists in the United States of 81.99 (Cichon, 2005). This score is also similar to scores for psychologists and probation officers in England, whose mean ATS score was 90.7 (Hogue, 1993). Thus, it appears that psychologists’ attitudes toward sex offenders are similar across studies. As expected, psychologists’ attitudes were more positive toward sex offenders than were attitudes of other groups, including the general public (Green McGowan, 2004), prison employees (Kjelsberg & Loos, 2008) and law enforcement (Hogue, 1993; Green McGowan, 2004).

Strengths and Limitations of the Current Study

Strengths of this study include the homogeneity of the sample; all participants were licensed psychologists. The sample size was also sufficiently large to yield
meaningful results. Further, the fact that the study included both psychologists who work with sex offenders and those who do not is beneficial and more representative of a true group of psychologists. Additionally, the research was based on a measure that has been utilized across several other studies and that has shown good reliability and validity. Further, in this study I compared attitudes from a predominantly American sample with those from other countries, demonstrating that there is some consistency among attitudes across nations.

However, there were also limitations to this study. Specifically, most psychologists were recruited by identifying their e-mail addresses from individual state psychological associations’ websites. Therefore, the majority of the sample was comprised of individuals who chose to post either their e-mail address or website on the state psychological association’s website of which they are a member. This means that individuals who do not belong to a state psychological association and those who did not include e-mail or web addresses did not receive a survey. Further, not all of the state psychological associations have online lists of their members available to the public. Another limitation is that sex offenders were grouped together when in fact there are many different types of sexual offenders. It is possible that psychologists could have more positive or negative attitudes of sex offenders based on characteristics of the sex offender, the victim, or the type of crime.

Considering the last limitation, further research should be done using the ATS scale for specific types of sex offenders and offenses. For example, psychologists might have different attitudes towards offenders against children than they would toward offenders against adults. Alternatively, they may have different views of juvenile and
adult sex offenders. In addition, attitudes toward sex offenders should be measured for a wide variety of professionals who encounter sex offenders as part of their occupation. Specifically, it would be beneficial to know about attitudes of lawyers, judges, and probation officers toward different types of sexual offenders. Additionally, students who are in professional training programs in which they might work with sex offenders have attitudes about this group that might impact their ability to provide unbiased services. Therefore, their attitudes should also be explored. Finally, some results of this study were contradictory to other studies. Therefore, further research should be done related directly to these factors (such as gender) in order to gain more insight into the discrepancies.

Conclusions

In conclusion, the results of this study indicate that psychologists’ attitudes toward sex offenders vary based on location, professional experience, and training opportunities. However, not all aspects of these factors have a significant impact on attitudes toward sex offenders. These results can have implications for psychologists and their practice. Specifically, psychologists who did not work with sex offenders had more negative attitudes toward sex offenders; therefore, training in this population may be useful and beneficial for psychologists who have not worked with sex offenders professionally, particularly if they want to work with this population. The influence that specific factors can have on psychologists’ attitudes is only just being explored. As noted earlier, there is the potential for other factors, such as experience and training, to also have an impact on attitudes toward sex offenders. Therefore, psychologists should be
aware of their own biases and limitations in providing appropriate treatment to sex offenders.
References


Appendix A: Recruitment E-mail

My name is Samantha Simon and I am a graduate student at Pacific University’s School of Professional Psychology. I am conducting a survey for my thesis regarding licensed mental health professionals’ attitudes toward sex offenders under the supervision of Genevieve Arnaut, Psy.D., Ph.D. This research consists of an online survey that should take no more than 15 minutes. At the end of the survey you can enter a drawing to win a $50 gift certificate to amazon.com. If you are a licensed mental health professional and interested in participating please click on the link below to take you to the survey site. This research has been approved by Pacific University’s IRB (IRB # 003-10). Participation is voluntary and you can discontinue the survey at any time.

If you know of anyone who might be interested in completing this survey, please forward it to them. Thank you for your time.

https://www.surveymonkey.com/s/ATS

Sincerely,
Samantha Simon, M.A.

Graduate Student
Pacific University
School of Professional Psychology
Hillsboro, OR 97123
Appendix B: Informed Consent

**Study Personnel:** Principal Investigator: Samantha Simon, M.A.; Pacific University, School of Professional Psychology; simo9202@pacificu.edu
Faculty Advisor: Genevieve Arnaut, Psy.D, Ph.D.; Pacific University, School of Professional Psychology; arnaut@pacificu.edu; 503-352-2613

**Study Location and Dates:** The study will be implemented following Pacific University IRB approval and is expected to be completed by August 2010. Because all study information will be collected via surveymonkey.com, participants are able to complete the survey at the time and location of their convenience.

**Study Invitation and Purpose:** You are invited to participate in a study on mental health professionals attitudes toward sex offenders. This study is being conducted by Samantha Simon (Principal Investigator, Student) and Genevieve Arnaut, PsyD, PhD (Faculty Advisor). The purpose of the study is to gain a better understanding of the attitudes of mental health professionals toward sex offenders.

**Study Materials and Procedures:** In this study you will be asked to complete a brief demographic survey and answer items regarding your amount of experience working with sex offenders. Upon completion, you will be asked to complete the Attitudes Towards Sex Offenders Survey (Hogue, 1993). It should take approximately 20 minutes to complete the survey.

**Participant Characteristics and Exclusionary Criteria:** To participate, you must be a licensed mental health professional over 18 years old. You do not need to work with a particular population to be eligible for participation. However, if you are not a licensed mental health professional, please exit the survey.

**Anticipated Risks and Steps Taken to Avoid Them:** Your participation in this study involves no foreseeable risks. None of the survey items should cause any type of discomfort. However, if you do experience any discomfort please discontinue the survey immediately. If you experience continued discomfort as a result of the study items please contact Genevieve Arnaut, Psy.D., Ph.D., at (503) 352-2613 and the Pacific University Institutional Review Board at (503) 352-1478.

**Anticipated Direct Benefits to Participants:** There are no direct benefits for your participation. However, your participation will provide much needed information regarding mental health professionals’ attitudes toward sex offenders.

**Participant Payment:** You will not receive any payment for your participation. However, if you choose to do so, you can enter a drawing to win one of three $50 amazon.com gift certificates.

**Medical Care and Compensation in the Event of Accidental Injury:** During your participation in this project it is important to understand that you are not a Pacific University clinic patient or client, nor will you be receiving complete medical care as a result of your participation in this study. If you are injured during your participation in...
this study and it is not due to negligence by Pacific University, the researchers, or any organization associated with the research, you should not expect to receive compensation
Adverse Event Reporting Plan: Your participation in this study involves no foreseeable risks. None of the survey items should cause any type of discomfort. However, if you do experience any discomfort please discontinue the survey immediately. If you experience continued discomfort as a result of the study items please contact Genevieve Arnaut, Psy.D., Ph.D., at (503) 352-2613 and the Pacific University Institutional Review Board at (503) 352-1478. In the case of a minor adverse reaction reasonably attributable to participation in the study (e.g., minor discomfort), the investigators will notify the IRB by the next normal working day. In the case of more serious adverse events that occur during or for a reasonable period following the study (e.g., ongoing discomfort), the investigators will notify the IRB within 24 hours.

Promise of Privacy: All of your answers will be kept confidential and the survey is anonymous, as you are not requested to provide any identifying information as part of the survey. Additionally, IP addresses will not be collected through surveymonkey.com. If you choose to provide your contact information (name and e-mail address) to enter the drawing for an amazon.com gift certificate, this information will not be associated with your responses to the survey items.

Voluntary Nature of the Study: Your decision whether or not to participate will not affect your current or future relations with Pacific University. If you decide to participate, you are free to not answer any question or withdraw at any time without any consequences. However, based on the survey design, if you withdraw early you will not be able to enter into the drawing to receive an amazon.com gift certificate.

Contacts and Questions: The researcher(s) will be happy to answer any questions you may have at any time during the course of the study. Complete contact information for the researchers is noted on the first page of this form. If the study in question is a student project, please contact the faculty advisor. If you are not satisfied with the answers you receive, please call Pacific University’s Institutional Review Board, at (503) 352-1478 to discuss your questions or concerns further. All concerns and questions will be kept in confidence.

Statement of Consent: I have read and understand the above. All my questions have been answered. I am 18 years of age or over and agree to participate in the study. I have been offered a copy of this form to keep for my records. Since this is an online survey signatures cannot be obtained. By clicking “NEXT” I understand that I am agreeing to participate in this study. If I choose to stop participating at any time I can exit from the website at any time.
Appendix C: Survey

Mental Health Professionals’ Attitudes toward Adult Sex Offenders

1. What is your gender?
   (a) Male
   (b) Female
   (c) Other

2. What is your age?
   (a) 20-29
   (b) 30-39
   (c) 40-49
   (d) 50-59
   (e) 60-69
   (f) 70-79
   (g) 80-89

3. What geographic region are you from?
   (a) West
   (b) South
   (c) Midwest
   (d) Northeast

4. What is your current professional role?
   (a) Licensed Social Worker
   (b) Licensed Psychologist
   (c) Licensed Psychiatrist
   (d) Other licensed mental health professional
       Please Specify:______________________________

5. How long have you been a licensed mental health professional?
   (a) Under 1 year
   (b) 1-5 years
   (c) 5-10 years
   (d) 10-20 years
   (e) More than 20 years
6. Indicate the population with whom you primarily work:
   (a) Adults
   (b) Adolescents and/or children
   (c) Equal numbers of adults and adolescents/children
   (d) Families

7. Which best describes your current work setting?
   (a) Private Practice
   (b) Community Mental Health
   (c) Nonprofit Organization
   (d) Educational System
   (e) Hospital
   (f) Prison System
   (g) Other Please Specify: _________________________

8. What percentage of your clients have been victims of sexual abuse?
   (a) None
   (b) Under 25%
   (c) 25-50%
   (d) 50-75%
   (e) Over 75%

9. Indicate how many years you have worked with correctional/forensic populations:
   (a) None
   (b) Less than 1 year
   (c) 1-5 years
   (d) 6-10 years
   (e) 10-20 years
   (f) Over 20 years

10. Do you consider yourself to specialize in working with forensic and/or correctional populations?
    (a) Yes
    (b) No

11. Approximately how many years have you worked with sex offenders?
    (a) None
    (b) Less than 1 year
12. Approximately how many adult sex offenders have you worked with professionally (including therapy, assessment, medication management, and other forms of work)?
   (a) None
   (b) 1-5
   (c) 5-10
   (d) 10-20
   (e) 20-50
   (f) More than 50

13. Approximately how many adolescent sex offenders have you worked with professionally (including therapy, assessment, medication management, and other forms of work)?
   (a) None
   (b) 1-5
   (c) 5-10
   (d) 10-20
   (e) 20-50
   (f) More than 50

14. Indicate how much training you have received specific to working with sex offenders:
   (a) None
   (b) 1-10 hours
   (c) 10-20 hours
   (d) 20-30 hours
   (e) Over 30 hours

**Answer the following 2 questions only if you do work with sex offenders.**

15. Do you think that you have received adequate training to work with sex offenders?
   (a) Yes
   (b) No

16. In the work you do with sex offenders, what is your primary role?
   (a) Assessment
(b) Treatment/ Therapy  
(c) Medication Management  
(d) Other  Please Specify: ______________________

**Answer the following question only if you do not work with sex offenders.**

17. Indicate which statement best fits with your opinion:
   (a) “I would never work with sex offenders.”  
   (b) “I would work with sex offenders if I had to, but it is not something I really want to do.”  
   (c) “I don’t have any strong desire to either work with or not work with sex offenders.”  
   (d) “I have some interest in working with sex offenders.”  
   (e) “I really want to work with sex offenders.”

**Attitudes Toward Sex Offenders Scale (ATS)**

The ATS scale and scoring information have been removed for online publication of this thesis.