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Initial Development of the Sex Offender Attitude Scale

A thesis

presented to

the faculty of the Department of Psychology

East Tennessee State University

In partial fulfillment

of the requirements for the degree

Master of Arts in Clinical Psychology

by

Brandon C. Bogle

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Dr. Jon Ellis

Dr. Andrea Clements

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ABSTRACT

Initial Development of the Sex Offender Attitude Scale

by

Brandon C. Bogle

As long as the public maintains staunch and unwarranted negative attitudes toward sex offenders, little hope remains for released sex offenders to successfully reintegrate into society. Therefore, it is in the interest of society that we understand the nature of views of sex offenders so that attempts can be made to promote maximal reintegration and preventing recidivism. To date no valid psychometric instrument exists that measures attitudes toward sex offenders. Therefore, the purpose of this project is to develop such an instrument that will accurately measure stigma associated with sex offenders. Unrotated Principal Components Factor Analysis revealed a single interpretable factor comprised of 17 of the original 27 items with factor loadings of .4 or greater. Chronbach's Alpha Reliability Procedure ($\alpha=.88$) indicates the SOAS is a valid instrument. The findings suggest possible uses of the SOAS in a variety of areas of sex offender rehabilitation, including treatment and reintegration programs.

DEDICATION

To Shantell and Amber, thank you for your untiring love, support, and understanding. To all the victims of sexual abuse, may we one day live in a world where sex offenses are only known as a historical reference.

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CHAPTER 1

INTRODUCTION

Negative attitudes toward sex offenders may make it more difficult for individuals who work with them in a therapeutic capacity (clinicians, social workers, and jailers) to help rehabilitate these individuals. However, there is no screening measure to determine how biased a clinician might be toward this population prior to his or her being hired to do so, and though it may seem so, simply agreeing to work with this population does not preclude being strongly biased against it. This is a reason a reliable and valid measure of attitudes toward sex offenders is needed, to understand the attitudes held by those who are in charge of the patient while incarcerated and in treatment. It is important to develop and refine a screening tool that will identify individuals who will work in these settings who score high on negative attitudinal factors. When they have been identified as being biased toward sex offenders they can be offered training to help them be more aware of their biases and become more objective, and hopefully by extension, more effective in their treatment.

As long as the public maintains staunchly negative attitudes toward sex offenders and demonstrates subsequent negative behavior toward them, there is little hope for released sex offenders to successfully reintegrate into society. If jailers and therapists are highly biased against sex offenders, it is unlikely they will be successful in reforming them. Therefore, it is in the interest of society that we understand the nature of attitudes toward sex offenders so that attempts can be made to promote maximal reintegration with the purpose of preventing recidivism. To date no valid psychometric instrument exists that measures attitudes toward sex offenders. Therefore, the purpose of this project is to develop such an instrument that will accurately measure stigma associated with sex offenders.

Currently in the United States, the standard procedure is that sex offenders are released into the community after incarceration. Given the likelihood they will experience rejection from the community, sex offenders have few social incentives to reform, which may contribute to an internal justification of future offenses. Additionally, societal rejection of a sex offender costs the community opportunities to monitor these individuals and possibly prevent recidivism.

Whether attitudes toward sex offenders can be changed to promote maximal reintegration into society with an eye toward preventing recidivism remains to be seen. The first step towards such an endeavor is to gain a baseline and better understanding of what these attitudes are and to what extent these ideas are held by the community. To facilitate measurement of attitudes a reliable and valid psychometric instrument should be developed, a goal toward which the present research is aimed. Only with such research can it be determined why people hold negative attitudes toward sex offenders, whether some are less prone to such attitudes than others, and how various reintegration interventions might be modified to be more effective in preventing recidivism.

In 1994 there were approximately 234,000 offenders convicted of rape or sexual assault under the care, custody, or control of corrections agencies; nearly 60% were under conditional supervision in the community (U.S. Department of Justice, 2003). The median age of convicted sex offenders' child victims was less than 13 years old while the median age of sexually assaulted rape victims was around 22 years. An estimated 24% of those serving time for rape and 19% of those serving time for sexual assault were on probation or parole at the time of the offense for which they were in state prison in 1991 (U.S. Department of Justice). Of a sample of 9,691 male sex offenders released from prisons in 15 states in 1994, 5.3% were rearrested for a new sex crime within 3 years of release. Of released sex offenders who allegedly committed

another sex crime, 40% are said to have perpetrated the new offense within a year or less from their prison discharge (U.S. Department of Justice).

Most people have a negative reaction to the mere thought of sexual offenses and hold negative attitudes toward the individuals who commit them (Fedoroff & Moran, 1997). Societies have implemented several mechanisms to deal with sex offenders, including imprisonment, treatment, and execution. The purposes of these mechanisms are to protect society by using threat of punishment to prevent offenses, removing offenders from society, preventing or reducing recidivism, and providing retribution in the form of punishment. The means used to accomplish these purposes vary greatly in terms of effectiveness in achieving their intended aims.

In our society we do not summarily execute or imprison sex offenders for life; instead, except in extreme cases or those involving additional crimes such as murder, less than life-long prison sentences in addition to or in lieu of mandated treatment are generally employed. Although these alternatives are less extreme than execution or life imprisonment, they also have complications such as creating barriers that impede maximal reintegration into society. Society has postimprisonment mechanisms to protect society but these are frequently ineffective. The societal barriers to reintegration for released sex offenders are at times so extreme that it can be argued that a conviction for a sex offense in the United States is equivalent to a life sentence. Released sex offenders are branded through mandatory reporting programs so as to make life much more difficult to navigate in many ways. While many feel such offenders are deserving of this type of branding and negative stereotyping and in a moral sense they may be, prior offenders may feel they have little reason to change in such a paradigm and the resulting social stigma may be used to justify additional offenses.

In every society any group that is not part of the dominant group can experience stigma. Members of groups based on race, gender, sexual orientation, mental illness, socioeconomic status, and many others experience stigma simply because of their inclusion in these groups that are less powerful and that contain a subset of members whose behaviors are usually negatively stereotyped by other groups and generalized to the entire group (Goffman, 1963). Sex offenders are no exception to this rule. In his 1963 seminal work, Goffman defined stigma as an attribute or distinguishing mark that is deeply discrediting to one's social identity, and he identified three historical types of stigma. The first type of stigma is known as abominations of the body, which consist of physical deformities and disabilities. The second type deals with individual character deficiencies seen as indicating a lack of self-control, unusual passions, dangerous and inflexibility in beliefs, and dishonesty. He offered a list of related activities or identities that included incarceration, mental illness, addiction, unemployment, suicide attempts, and radical political behavior. The third type was identified as a "tribal" stigma, related to racial, national, or religious identification (Goffman). Crocker, Major, and Steele (1998) defined stigma as the possession of or belief that someone possesses an attribute or characteristic that conveys a social identity that is devalued in a particular social context. Certainly status as a sex offender creates a powerfully stigmatized identity.

Though this has yet to be investigated empirically, identification as a sex offender by others may be a major factor determining whether or not a sex offender will reoffend. If sex offenders see themselves as offenders and believe others will always see them as offenders, they may have a fatalistic view and lack motivation to reform. If the individual is ostracized from the community and isolated or becomes the victim of vigilantism there may be little reason not to reoffend or to relocate without registering as a sex offender in the new location. Additionally,

strongly negative stigmatization may cause neighbors and others to avoid sex offenders in the community leaving the offenders isolated, which may produce feelings of rejection and which certainly reduces the number of people who might otherwise informally supervise offenders' behaviors in the community.

The degree to which someone identifies with a label has been found to be predictive of his or her behavior (Callero, 1985). Therefore, it is important for sex offenders to receive effective treatment to help them gain a sense that they are more than offenders and indeed are actually responsible members of society who need to ensure that their behavior always remains within socially acceptable limits. Ideally, offenders who have successfully completed treatment should be integrated into society in a way that maximizes their sense of being citizens and therefore maximizes their motivation to reform and that keeps other citizens invested in their success and thus remain present to serve as informal monitors of behavior. However, society holds very negative attitudes toward prior offenders in general, and typically community members are unlikely to welcome sex offenders back into the citizenry (Fedoroff & Moran, 1997).

The current body of research on attitudes toward sex offenders is sparse; however, existing literature indicates the attitude of the general public towards sex offenders is highly negative (Nelson, Herlihy, & Oescher, 2002). In a 2006 report investigating gender differences in attitudes toward psychopathic sex offenders, Guy and Edens found no gender differences in perceivers' attitudes toward sex offenders who had offended against children. These attitudes were highly negative and both genders equally supported indefinite civil commitment for these individuals (Guy & Edens, 2006). In terms of consequences for sex offenders' transgressions, we now turn to take a look at the various responses of society to such crimes.

Punishment

In 2003, the U.S. Department of Justice's Bureau of Justice Statistics reported that the average prison sentence imposed on a sample of 9,700 sex offenders was 8 years. The offenders actually served an average of only 3.5 years of their sentences before being released (U.S. Department of Justice, 2003). In a 2008 report, the Minnesota Department of Corrections reported that of 2,817 incarcerated sex offenders; the average prison sentence was 140 months, or about 11.7 years. In 2004, the State of Washington Sentencing Guidelines Commission reported that the average length of imprisonment for sex offenders was 90.8 months (about 7.6 years) compared to 37.3 months for all other criminal offenders. Thus it is apparent that depending on the state, the type of offense under consideration, and qualifications for obtaining early release via parole the sentencing time and the time actually served by convicted sex offenders varies greatly.

Sex Offender Registry

In 1994, Megan Kanka, a 7-year-old girl, was raped and murdered by her neighbor, Jesse Timmendequas. Timmendequas had been previously convicted of two sex offenses against children and was living anonymously with two other sex offenders in Megan's community. After this event, New Jersey passed Megan's Law that mandates that all moderate and high risk sex offenders must register with the state for the rest of their lives. This registration includes: a recent photograph, a physical description of the offender, a description of the offense, the name of the offender's place of employment or schooling if applicable, and the offender's license plate description. Additionally, offenders must periodically update their address information (Trivits & Dickson, 2002). The mandates of Megan's Laws, as they have been commonly referred to in

other states as well, have implications that restrict the freedoms of these individuals for the remainder of their lives but that do not ensure future abstinence from reoffending.

In the wake of the original Megan's Law in 1994, a federal mandate known as the Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Program was passed. This legislation requires that all states institute a sex offender registry program for all convicted sex offenders (Trivits & Dickson, 2002). This law requires convicted sex offenders to update their residential information to local law enforcement for the rest of their lives if they have: 1) have more than one prior conviction for a sex crime against a minor or for a sexually violent crime, 2) have been convicted of an aggravated sexual offense, or, 3) if it is determined that they are a sexually violent predator.

It would seem on the surface that these notification measures would be sufficient to protect the community, but there are issues that complicate the matter. One major issue is that although this is a federal mandate, each state has a level of flexibility to determine the types of offenses and offender information to include, as well as determining the length of registration requirements which range from 10 years to life (Trivits & Dickson, 2002). Additionally, it is never stated in the original statute what criteria are used to determine whether a person is deemed to be a sexually violent predator.

The heterogeneity among states as to which characteristics of sex offenses warrant registration and community notification make it difficult for offenders to adhere to these statutes when moving from one jurisdiction to another. What is considered a sex offense in one state may not be considered an offense in another. For instance, consensual sex between members of a married couple in which one spouse is under age 18 can lead to jail time for the older spouse in

some states but not others. In cases like these, an activity that is legal in one place is illegal in another and ignorance of the law is no excuse.

Therefore, it is easy to see how it can become difficult to adhere to registration laws for some offenders and difficult to provide adequate community notification on the part of the state institutions. Additionally, there is little money set aside and thus few resource officers to monitor and force compliance of all sex offenders who may live in, move into, or move away from a particular state. Simply not registering is a way to evade detection at least for a while. Few law enforcement agencies possess the resources to effectively monitor every registered sex offender in their jurisdictions. For example, an investigation of 300 registered sex offenders in San Fernando, California revealed that only 80 of the offenders lived at the residence listed on their registration (Trivits & Dickson, 2002).

Civil Commitment

Legislation has been passed and upheld by the United States Supreme Court that allows for the commitment of violent sex offenders after their incarcerations. In 1995, a 9-year-old Miami boy named Jimmy Ryce was abducted, sodomized, murdered, and dismembered. In response Florida passed the Jimmy Ryce Act in 1998 that allowed for the possibility of postincarceration civil commitment of sexually violent predators.

The constitutionality of such civil commitment laws were brought into question and argued before the United States Supreme Court in *Kansas v. Hendricks* (Levenson & Morin, 2006). The court found that such civil commitments are constitutional if they are implemented per specific guidelines. In order to be civilly committed it must be determined that an offender displays: 1) a mental abnormality or personality disorder predisposing him to commit sexually violent offenses, *and*, 2) a likelihood of future sexual violence (Matson & Lieb, 1996).

The process of determining whether a person meets the criteria for being civilly committed is mandated by the U.S. Supreme Court but is conducted by the individual states in a multistep process (Matson & Lieb, 1996). For instance, in Florida the first step is a thorough review of the case files of every sex offender scheduled for release within a year by a multidisciplinary team administered by the Department of Children and Families. If the team determines that an inmate appears to be likely to reoffend, then he or she is referred to a licensed psychologist or psychiatrist for a face-to-face evaluation (Matson & Lieb).

If the evaluator determines the individual to be a threat, then a prosecutor in the offender's county of conviction will make a determination of whether there is enough evidence to file a case. In the event that there is sufficient evidence to file a case, a trial may be heard by a judge and jury to determine if the individual meets the criteria for a Sexually Violent Predator (SVP). When this happens, the SVP is indefinitely confined until he or she is no longer deemed to be a menace to the community as defined by the Jimmy Ryce Act and as determined by annual evaluations. As is the case with several aspects of sex offenders (definition of what constitutes an offense, variations in punishment, etc.) postincarceration civil commitment terms can be different depending on the state.

In a 2006 investigation of 450 sexual offenders who were evaluated for civil commitment according to the guidelines of the Jimmy Ryce Act, Levenson and Morin found that 90% of those recommended for commitment had clinically diagnosable sexual disorders, specifically pedophilia and paraphilias not otherwise specified (APA, 2000). Their results indicate that the system in Florida is accurately identifying individuals who they deem as potentially violent and at higher risk for committing sexually violent crimes.

However, there remain 10% of individuals who are not accurately identified by this process measures, which can have major implications for the system, the community, and the offenders in need of treatment. If individuals are misidentified as dangerous and subsequently civilly committed, then it is without justification, which may lead to further negative societal evaluation of the offender or increased resentment toward the system on the part of the offender.

In the cases of misidentified individuals, it is possible to foresee this type of injustice as providing justification to the individual to reoffend once released as a form of misguided retribution or as simply fulfilling the role she or he assumes society expects of her or him. Although this relationship has not been formally investigated, it seems that plausible that mistakes like these could foster a sense of intense anger and an environment that promotes recidivism as a means of retribution. For the truly dangerous individuals who are not civilly committed there is an increase in the danger posed to the community and these offenders are set up for failure because they are not ready to be returned back to society. Additionally, Becker and Murphy (1998) found that mandatory sex offender commitment laws will only effectively reduce a small number of further offenses.

Treatment

The etiology of sex offenses is unknown and as such several schools of thought about the etiology of sex offenses reflect the treatments that have been historically offered. Initially, it was believed that sex offenders had a mental illness that could be cured and early treatments were based on Freudian psychoanalytic techniques that focused on resolving underlying issues such as castration anxiety, the Oedipus complex, and infantile sexuality. However, there has been scant support for these theories and treatments and thus their use has virtually disappeared (Becker & Murphy, 1998).

Biological factors such as dysfunctions in the temporal lobe and neurotransmitters have been investigated in relation to sexual offending (Marshall, Jones, Ward, Johnston, & Barbaree, 1991). Additionally, certain pharmacological treatments, specifically antiandrogens and antidepressants, have demonstrated efficacy in reducing recidivism (Becker & Murphy, 1998). In extreme cases, castration, either surgical or chemical, has been implemented which dramatically reduces an offender's amount of testosterone. Surprisingly, however, in a study of 39 sex offenders who voluntarily submitted to castration, 31% reported to still being able to engage in sexual activity, speaking to the inability to completely incapacitate offenders' abilities to reoffend (Becker & Murphy, 1998). Additionally, Marshall (1991) found that Cognitive Behavioral Therapy with Relapse Prevention (CBT-RP) is most effective when combined with antiandrogens (Marshall et al.). The combined treatment resulted in an 8% decrease in recidivism rates in comparison to the nontreatment group, 19% for antiandrogen treatment and 27% for the combined treatment.

The most common and preferred form of treatment is a combination of cognitive behavioral therapy combined with a relapse prevention focus in a group setting in which offenders are held accountable for their actions and encouraged to take ownership of offenses (Bauman & Kopp, 2006). Generally these sessions are very confrontational and can foster a sense of reluctance on the part of the offender. The relapse prevention model posits that treatment doesn't cure offenders but treatment is designed to help the offender to prevent relapse by identifying internal and external factors including cognitive and behavioral patterns that lead to offending. Offenders are assisted in developing self-management strategies and obtaining external monitoring, both formal and informal via family members, probation officers, or other members of the community (Becker & Murphy, 1998).

However, recent research by Bauman and Kopp (2006) proposed integrating a humanistic approach to the treatment of sex offenders. This method creates an environment that is supportive of sex offenders and facilitates them seeing themselves as more than their offenses. Their results indicate a greater reduction in recidivism in that they have had no patient relapse over a 5-year period; however, they did not report the number of participants (Bauman & Kopp, 2006).

A few other points need to be considered in the context of sex offender treatment. Becker and Murphy (1998) conclude that treatment is only effective in reducing recidivism if the community understands that effective treatment is multifaceted and supports its implementation. While not all victims of sexual abuse will become abusers, some inevitably will, and early intervention and treatment of child and adolescent victims may prevent the likelihood of this occurrence. Additionally, it is beneficial for sex offender treatment programs, especially prison-based programs, to offer postincarceration treatment support, which may add a relapse prevention component as described by Marshall et al. (1991).

Recidivism

Possibly one of the leading causes of negative attitudes toward sex offenders may be due to the perception that offenders reoffend more than other types of offenders. There seems to be a sense of hopelessness in regard to likelihood of sex offenders abstaining from recidivism. Research has shown that a common belief is that sex offenders are maniacs who lack self-control and therefore cannot resist the temptation to reoffend (Fedoroff & Moran, 1997). However, recent reports have indicated that sex offenders have a much lower recidivism rate (15%) when compared to criminal offenders (43%) in general (State of Washington Sentencing Guidelines

Commission, 2004). However, the literature is sparse in the area of differential rates of recidivism.

Stigma and Attitudes

It has been demonstrated that a variety of misconceptions are widely held about sex offenders (Johnston, Ward, & Hudson, 1997; Schwartz & Cellini, 1995). In their seminal study, Fedoroff and Moran (1997) offered an exhaustive literature review of these fallacies. They identified and examined nine commonly held beliefs, which they termed “myths”, about sex offenders, first discussing each belief in depth and then addressing findings that dispel each generalization. Following are each of these myths, which if believed serve to foster negative stereotypes toward sex offenders, despite the fact that evidence at least partially disputes them.

Myth 1: All sex offenders are socially deprived men. Tardif, Auclair, Jacob, and Carpentier (2005) reported an increasing number of female sex offenders over the past several years, and pointed out that although there is a high incidence of social maladjustment, childhood deprivation, impulsivity, and personality disorders among sexual offenders, this is not true for this population as a whole. It was noted that social deprivation as such has no confirmed bearing on the behavior of many sexual offenders, as many offenders were raised in positive socially nurturing environments (Tardif et al.).

It has been reported that females account for less than 10% of all arrests for sex offenses, specifically 1% of forcible rapes and 6% of other sex offenses (Center for Sex Offender Management, 2007). Although the proportion of sex offenses committed by women is much less than men, the fact that women commit sex offenses disputes this myth. Additionally, recent reports of female schoolteachers who have committed sexual offenses with minors have gained national and worldwide notoriety as exceptions to this belief. Mary Kay Letourneau spent several

years in prison for having sex with a former student, 21 years her junior. However, Debra Lafave had charges dropped for statutory rape stemming from sexual encounters with a student who was 11 years younger and she ended up serving only a few months of house arrest. Both women are now registered sex offenders within their respective states.

Interestingly, in the case of Debra Lafave, interactive television programs indicated many people did not view this offense as negatively as other offenses. This evidence lends credence to the view that scenario of an older female schoolteacher having sex with pubescent males as being not offensive, and in some cases, as a fortunate event for the victim. Clearly, work needs to be done to better understand what types of offenses, offenders, and victims yield what types of reactions from members of the public.

Myth 2: Sex offenders are the result of childhood abuse. Groth, Burgess, and Holmstrom (1977) reported that a background of sexual victimization is more common for offenders than for nonoffenders and went on to point out that for offenders who were victimized as children, their sexual assaults on others were often similar to their own traumatic childhood abuse experiences. However, this is not the case for all sex offenders, and as many as three fourths of convicted sexual offenders do not report a history of childhood sexual abuse (Groth et al.). It should be noted that a history of sexual abuse may predispose some victims to become offenders in the future, but these experiences do not guarantee such an outcome.

Myth 3: Sex offenders should not masturbate. This myth is based on the assumption that thinking about or engaging in fantasy-based sexual behavior will increase the likelihood of reoffending. Johnston et al. (1997) found evidence that indicated masturbation has a cathartic effect for some sexual offenders, and that the suppression of such behaviors may actually intensify the desire to sexually offend. Langevin, Lang, and Curnoe (1998) also found evidence

against the idea that sexual offenses are significantly related to deviant sexual fantasies or even to sexual desires in general.

Masturbation for sex offenders may offer a safe way for these individuals to relieve their sexual urges and possibly provide a reduction in likelihood that one will reoffend. There is no evidence to support the fact that masturbation will increase an offender's likelihood of reoffense. Acceptance of this myth may stem from society's desire to punish offenders by not allowing them to be sexual beings.

Myth 4: Sex offenders have too much testosterone. Despite the fact that the majority of sex offenders are men, it cannot be ignored that female sex offenders do not have testosterone levels that even equate to those of most nonoffending men (Tardif et al., 2004). Younger adolescents and children who commit sexual offenses do not have more testosterone than fully grown adult males who are not offenders. Additionally, Fedoroff and Moran (1997) reported that men and women sex offenders had lower testosterone on average than members of the general population. So, the case may be that the reverse of this myth is true.

Myth 5: Sex offenders cannot be cured. A large body of research exists on the treatments offered to and sometimes mandated for sex offenders as a means of reducing recidivism. Much of the research conducted prior to 1990 indicates relapse rates for sex offenders as high as 48% (Gibbens & Soothill, 1981). Such reports have been subject to scrutiny due to the definition of relapse used, which sometimes was so broad as to include any time a sex offender may have walked in close proximity to an elementary school. Further complicating this issue is the fact that there remain such wide-ranging definitions of sex offenses. Activities that are legal in one jurisdiction may be illegal in another.

Recent studies, however, have reported success rates of up to 85% for offenders who receive group therapy in combination with an antiandrogen drug therapy (Schwartz & Cellini, 1995). However, as has been previously discussed, testosterone levels do not necessarily have a bearing on the likelihood of committing sexual offenses. This may speak to a possible placebo effect when used in combination therapy, or it may be that the relationship between androgens and sexual behavior is too complex to yield straightforward conclusions. Further investigation of this possible phenomenon should be examined.

Myth 6: Sex offenders always lie to stay out of treatment. In general, a majority of sex offenders do lie about their offences, but studies have shown that not all lie to stay out of treatment. In one study, Fedoroff (1995) found that of a sample of sexual offenders who chose a combination of treatment options including pharmacotherapy and psychotherapy 59% did not drop out of treatment or relapse into offending. Choosing and fully participating in a treatment program implies a degree of honesty about one's history as a sex offender. Gannon and Polaschek (2005) explored this problem and refuted the notion that child sexual offenders fake good in order to avoid treatment. In fact, Hanson, Berlin, Malin, Fedoroff, and McGuire (1992) found that 20% of sexual offenders in an inpatient ward admitted to having exaggerated their sexually deviant desires and behaviors in order to obtain treatment. Contrary to common beliefs, many sex offenders are remorseful for their actions and do not want to reoffend.

Myth 7: All sex offenders are sex maniacs. While sex drive is an important element of sexual behavior, it is not the sole determinant. In fact, the opposite may be the case. Stellar (1954) offered a definition and possible explanation about "biological drives" that have since been labeled as "motivated behaviors" by modern theorists. The most studied of these behaviors are eating, drinking, sleeping, sexual orgasm, and nurturing (child care). In general, the stronger

the drive, the more powerful the accompanying drive is to stop the activity once the goal has been achieved. An important exception to this is sexual drives.

Unlike the desire to sleep, which becomes increasingly powerful until it reaches the point at which it is irresistible, the drive to engage in sexual activity plateaus and then decreases if deprivation continues? Sexual orgasm is satiating and produces a cathartic effect and does so for all people at least temporarily. Taken together, this theory supports the idea that all humans are sexual beings and the cathartic state achieved by sexual release is no more desired by sexual offenders than nonoffenders.

Furthermore, research has indicated that sex is not the greatest motivating factor in all sex offenses. Rape is generally believed by researchers to be more about power than it is about the actual sexual experience. Groth, Burgess, and Holmstrom (1977) studied accounts of rapes from both the victims and perpetrators and found that the issues of anger, power, and sexuality are contributing factors to the perpetration of a rape. However, they are not all proportionally involved in every instance. They identified the offenses as power rape or anger rape where sexuality was used to express power and anger respectively. In none of the 225 accounts of rape was sex the main motivational factor, but rather the rape itself was used as a tool to express nonsexual constructs of power and anger. Additionally, Scully and Marolla (1985) interviewed 114 incarcerated rapists between the ages of 18-60 and found that some of the rapes were used as a means of punishment, revenge, power, or as a “bonus” to a burglary.

This is not to say that sex is not a motivating part of the offense but rather that it often plays a subordinate role in the commission of at least a large portion of rapes. Additionally, younger adolescents or mentally underdeveloped adults may engage in these activities out of curiosity more than for sexual gratification. Although there are individuals who commit sex

offenses that could be labeled as "sex maniacs", these are likely the exception rather than the rule. However, this myth is widely held and contributes to the fear of an out of control individual who attacks indiscriminately.

Myth 8: Public notification of sex offender release protects the community. Several protective mechanisms implemented by society are sex offender registry systems, notification of sex offender release back into the community, and postincarceration commitment. Each of these would appear to offer an effective means of protection to the community, but each has severe limitations.

These three areas are open to a great deal of subjectivity and allow for inconsistencies that can cause problems for the community and for the offenders. As has been stated previously, these mechanisms (registry systems, notification of sex offender release, and postincarceration commitment) work only if the offender abides by them and reports correct information. However, these individuals may not adhere to such protocols for various reasons. This myth is based on the assumption that if offenders are being monitored, they will not have the opportunity to reoffend (Fedoroff & Moran, 1997). However, this is not the case when notification of release from a correctional facility is issued. Sex offenders are often nomadic in nature, which leads to unstable employment and residential transience. Additionally, the lack of strict enforcement of notification laws in certain locations allows sex offenders to move with relative ease to areas where their activity will go unchecked.

Another contradiction to this myth is that the most common form of sexual assault is incest, and often other members of the family know about the abuse. Family members, however, often do not take preventive action, which means that other people simply knowing that offenses are occurring does not necessarily protect the victims (Fedoroff & Moran, 1997). It has been

reported that up to 80% of child sexual assault victims are offended upon by someone the family knows (Matson & Lieb, 1996).

In a 4-year follow-up study of public notification of 213 released sex offenders, Zevitz (2006) found that there was no statistically significant difference in recidivism rates between high notification and low notification groups. Additionally, being extensively monitored did not significantly reduce the likelihood of returning to prison. Thus, it is not fully known if monitoring is effective at all in reducing recidivism as this is just a single study. Future research into this area is warranted and results could help inform legislation.

Myth 9: Sex Offenders are all the same. Recent studies have shown that there are numerous differences among sex offenders, particularly in the existence of subsets of the offender community. For instance, reports of sexual offenses by women, which were once thought to be quite obscure, are increasingly becoming more prevalent (Langevin, Glancy, Curnoe, & Bain, 1999). Other subsets of the sex offender category include adolescent, geriatric, and developmentally handicapped offenders in addition to physicians, attorneys, and teachers; speaking to the heterogeneity of the sex offender population.

Statement of the Problem

Given the stigmatizing status of sex offenders, the likelihood that community members would infuse themselves into the lives of exoffenders is low. This situation has pragmatic implications in that this reduced contact results in a reduction of informal monitoring of behavior by community members. This leaves monitoring of sex offenders to parole officers and selfmonitoring of offenders. Additionally, the reduction in community involvement may increase an offender's feelings of ostracization and reduce motivation to not reoffend. Herein lies a

promising opportunity to help offenders reintegrate more successfully by increasing acceptance of them in society.

Little information is available as to what aspects of sex offenders are most stigmatizing or to what degree negative stereotypes toward sex offenders vary. With more stories of sex abuse infiltrating society via newscasts, movies, the proliferation of true crime novels, and popular television shows, the attitudes and misconceptions about these crimes and offenders may be changing. These attitudes may be becoming more negative due to the perception that there is a growing incidence of such offenses or less negative due to a general habituation as a result of overexposure to the subject matter. However, without a reliable and valid instrument to measure attitudes toward sex offenders, these types of trends cannot be determined. This is one reason for developing a measure to gauge the attitudes of the general public toward sex offenders.

It is evident that some sex offenses are viewed more negatively than others, but it is not empirically known what aspects of sex offenses are viewed as most negative. There are several unique variables in each sex offense including the genders and ages of the victim and perpetrator, the type of offense (e.g., touching, oral, or penetration), whether or not the victim consented, the social status and physical attractiveness of both, among others. However, these nuances have not yet been investigated to determine which combinations contribute to the most negative ratings of sex offenders. Hopefully, the results of such studies will identify the unique aspects of sex offenses that are most negative in the eyes of the public and this information may help to inform public policy in terms of differential punishment or registry requirements, clinicians in terms of differential treatments, and the public in terms of differentiating types of offenders and offense such that some offenders may be better integrated into society postincarceration and posttreatment.

It is important to reiterate that maximal reintegration into the community is likely key to preventing recidivism and more effectively providing protection to the community. It has been speculated that the reason Bauman and Kopp's (2006) humanistic treatment methods are so effective is that they strive to cultivate a therapeutic alliance with their sex offender patients. As misconceptions about offenders are commonly held by the population in general, it is reasonable to expect they are also held by many individuals who will work with offenders in penal and therapeutic settings. Anecdotally, many graduate students in training for the mental health professions state that they predict they will have a strong aversion to working with sex offenders. If those meant to treat the sex offender are also biased against him or her, it does not bode well for the therapeutic alliance and it may cause a lack of rigor or dedication to the treatment process by those who are supposed to help treat the offender.

The relationship of stigma to the perpetuation of sex offender recidivism is unknown. The first step to determining this relationship is to measure stigma toward sex offenders validly and reliably. The purpose of this study is to develop such an instrument that will validly and reliably measure attitudes toward sex offenders.

CHAPTER 2

METHOD

Participants

Participants of this project were 684 undergraduate psychology students of East Tennessee State University, a moderately sized university in the southeastern United States. Participants had a mean age of 20.57 years ($SD = 4.76$ years) and 229 (33.48%) were male and 455 were female (66.52%) were female. Each participant was awarded moderate extra credit that can be applied to one or more psychology courses. Participants were recruited via the Psychology Department's online participant management system.

The Sona Systems participant pool is used to conduct research, solicit participation, and award extra credit points in courses as compensation for participants' time. Sona Systems is software designed specifically for use with human subjects and is entirely compliant with general and standard IRB and HIPPA regulations (<http://www.sona-systems.com/compliance.asp>). Participants who are enrolled in courses for which research participation is allowed for extra credit, create an account, select the course(s) in which they are enrolled, and may then view studies that are available for their participation. When a study is conducted online, a participant's identity is never revealed to a researcher as a random computer-generated tracking number is used as the only identity marker that is available to the researcher (allowing communication, confirmation of participation, and awarding of credit without participant identification). Surveys were presented in random order to participants.

Procedure

The pool of items that made up the original Sex Offender Attitude Scale (SOAS) was initially created by a research team consisting of psychology faculty, graduate, and undergraduate students, based on the general myths about sex offenders revealed in the literature

and listed above (Fedoroff & Moran, 1997; Johnston, et al., 1997; Schwartz & Cellini, 1995). Each myth listed by Fedoroff and Moran (1997) was used verbatim as a survey item and as the basis for the development of two additional related survey items. Additional SOAS items were agreed upon by a consensus of the research team in terms of expanding upon and encompassing aspects that were the essence of the myth on which they were based. For instance, Myth number one stated, “All sex offenders are socially deprived men.” The research team created additional items related to this statement.

Thus, the SOAS consisted of an initial set of 27 items designed to assess attitudes about sex offenders (see Table 1 for all items). Response choices were placed on a Likert scale with anchors of 1 = Strongly Disagree and 7 = Strongly Agree, with higher scores indicating greater endorsement of negative attitudes toward sex offenders (see Appendix A for all SOAS items). The goal was to assess via factor analysis the strongest pool of items and thus to use the empirical results to hone the measure and reduce its length. An item factor loading cut off of .40 on any interpretable factor was set as the criterion for individual item retention. Internal reliability estimates were computed once the final items were selected. Using the Sona System, invitations were sent to participants who completed Part I of the study, asking them to participate in Part II, which contained the same SOAS items. As the time at which participants choose to complete the measure a second time could not be controlled within the Sona System, an average test-retest period was computed for all Time 1 to Time 2 intervals. During Time 1, participants were also asked to complete a larger survey comprised of scenarios depicting varying types of sex offenses.

No literature was found to suggest what personality factors might be related to the assigning of greater or lesser stigma to sex offenders. Thus, additional exploratory surveys to be

used for the present research included the 60-item Big Five Factor Inventory (International Personality Item Pool, IPIP, 2001, <http://ipip.ori.org/ipip/>) (measuring Openness to Experience, Conscientiousness, Extraversion, Agreeableness, and Neuroticism), and was scored on a five-point Likert scale with response options: 1 = Completely Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, and 5 = Completely Agree (see Appendix B). Additionally, the 7-item Social Desirability Scale (Dula, Lehman, Geller, & Chumney, 2009) was administered and was scored on a seven-point Likert scale with response options: 1 = Strongly Disagree, 2 = Disagree, 3 = Mildly Disagree, 4 = Neutral, 5 = Mildly Agree, 6 = Agree, and 7 = Strongly Agree (see Appendix C). Lastly, a short demographic questionnaire was administered to assess gender, age, socioeconomic status, and ethnicity (see Appendix D). All items were presented in random order.

Hypotheses

Hypothesis 1: Given that there was a strict focus of the item development process on myths related to sex offenders, it was hypothesized that no more than two interpretable factors would emerge during factor analysis. An Unrotated Principal Components Factor Analysis method was employed, with Eigenvalues greater than 1.0 used as the cutoff for factor identification and Scree Plot examination to aid interpretation.

Hypothesis 2: It was hypothesized that after a subset of items was chosen using factor analytic results as a guide, that the resulting scale(s) would have relatively high internal reliability coefficients (e.g., $> .80$). The Chronbach's Alpha Coefficient was computed for the selected items to test this hypothesis.

Hypothesis 3: Given the likely staunch nature of the negative views people generally hold toward sex offenders, it was hypothesized that test-retest stability coefficients would be relatively

high, regardless of time lag (e.g., $> .80$). A Pearson Product-Moment Correlation Coefficient was computed for Time 1 and Time 2 SOAS scores to test this prediction.

Hypothesis 4: Based on the likely pervasiveness of negative views generally held toward sex offenders, it was hypothesized that there would be no significant gender differences in scores on the resulting SOAS measure. A t-test of mean SOAS scale score differences between male and female participants was computed to test this hypothesis.

Exploratory correlations between SOAS scale scores and Big Five-Factor Inventory scale scores are also presented below. However, no formal hypothesis were made with regard to direction or magnitude of correlation coefficients. Exploratory correlations between SOAS scale scores and Social Desirability are also reported, though again no formal hypotheses were made with regard to direction or magnitude of the resulting coefficients.

CHAPTER 3

RESULTS

Hypothesis 1. To address hypothesis 1, that no more than two interpretable factors would emerge using primary components factor analysis, the initial 27-items of the SOAS were analyzed using an Unrotated Principal Components Factor Analysis. The hypothesis was supported in that only one interpretable factor emerged. Eigenvalue cut offs were set at 1.0 for a factor to be considered for interpretation. While seven factors met this criterion, only one factor stood out clearly. The first factor had an Eigenvalue of 6.31, accounting for 23.39% of the total variance in the data. The second factor Eigenvalue was 2.61, accounting for 9.71% of the variance. However, the third factor was too close in its Eigenvalue (2.37, 8.80% of the variance) to distinguish it clearly from the second factor in terms of variance accounted for, and this was the case with all subsequent factors (see Figure 1 for the Scree Plot of all factors identified).

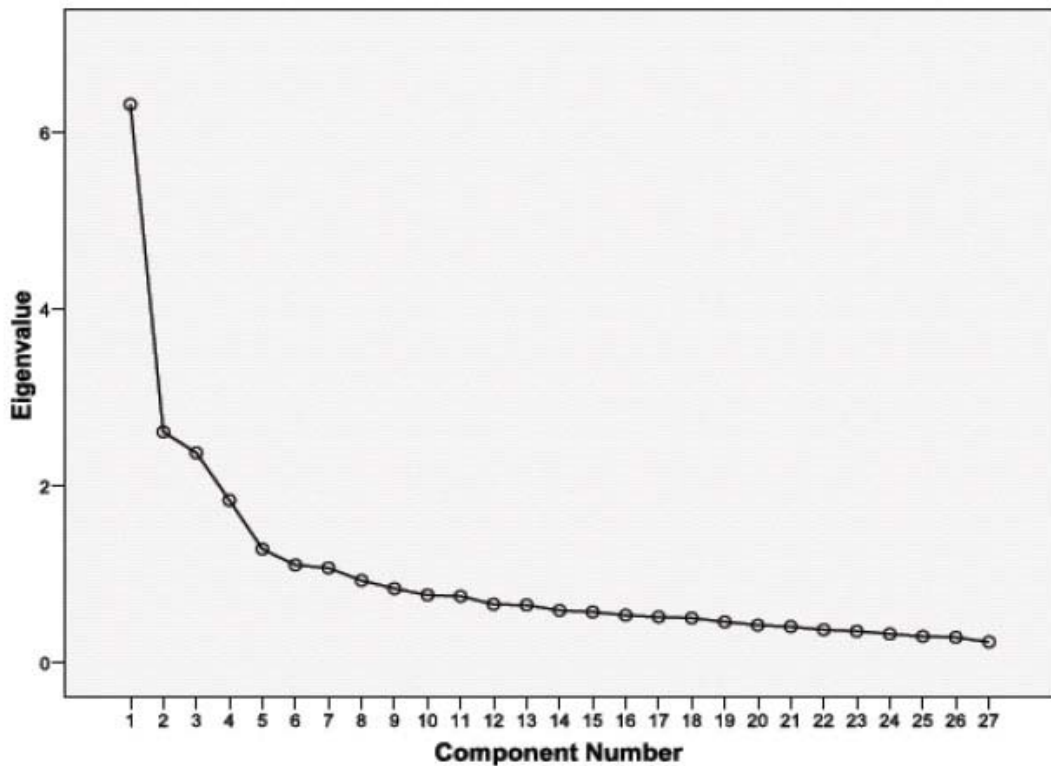


Figure 1. Scree Plot of Factors

Using the cutoff of .40 for individual item factor loadings, 17 of the original 27 items were retained for the first factor, which was interpreted as general negative stigma toward sex offenders (see Appendix A for items and individual item factor loadings on the first three factors). Items meeting this cutoff score from the original scale included item numbers: 6, 8, 9, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 22, 24, 26, and 27.

Lending further credibility to the decision to interpret only the first factor was the fact that in the second factor, only seven items met the criterion of a factor loading of .40, and all but one of these items were represented in the first factor, though three of the six had loadings on the second factor that were opposite the first factor. The third factor had five items that met the .40 loading standard and that were not accounted for by the first factor, but whereas three items clearly had a clear 'social' component, another item dealt with personality disorder and the other with an offender having experienced childhood abuse. These latter two items obscured the clarity of the first three, and that coupled with the lack of a distinctly interpretable second factor, led to the rejection of a third factor in the final selection of scale items. Subsequent factors had only two items with factor loadings above .40, except for the fifth factor, which had four items, two of which were accounted for by the first factor.

Thus, 17 items were interpreted on the first factor as representing a general negative attitude toward sex offenders. The items were all positively loaded on the first factor, suggesting that they all should be scored in the same direction. As higher Likert responses indicated stronger agreement with the relatively negative statements about sex offenders, the items were simply totaled to yield an overall SOAS score indicative of a general attitude toward sex offenders, with higher scores indicative of more negative and more pervasive attitudes toward sex offenders.

Hypothesis 2.: To address the second hypothesis, that the resulting scale(s) would have relatively high internal reliability, where the alpha coefficient(s) would be greater than .80, the Sex Offender Attitude Scale was subjected to a Chronbach's Alpha Reliability Procedure. As $\alpha=.88$, the hypothesis was supported. The fact that this particular group of items showed a relatively strong internal relationship with one another lends further evidence that the decision to interpret the first factor was reasonable as the items were clearly grouped in a meaningful manner by the factor analytic procedure.

Hypothesis 3. To address the third hypothesis, that test-retest stability coefficients would be relatively high (e.g., $> .80$), regardless of time lag between Time 1 and Time 2 administrations, the SOAS scores from Time 1 and Time 2 were correlated. Of those who took the SOAS in the original data set, all were contacted via email and invited to participate again in a shorter version of the research. A total of 90 of the 684 participants took the measure again. These 90 participants had a mean age of 22.42 years ($SD = 6.51$ years, Range = 18-55 years) with a mean time difference of 38.89 days ($SD = 32.99$ days, Range = 1-136 days). However, out of these, 58 participants completed the second administration of the SOAS between the previously established cut offs of 14 and 56 days (2-8 weeks). For these participants, the mean age was 22.88 years ($SD = 7.50$ years, ranging from 18 to 55) and 39 were females (67.2%) and 19 were males (32.8%). The mean number of days between Time 1 and Time 2 administrations was 30.55 days, respectively ($SD = 11.70$ days, Range = 15 to 56 days). The hypothesis was not supported as the Pearson Product-Moment Correlation procedure yielded a moderate, though statistically significant positive correlation, $r = .702$, $p < .001$. Within the Time 1 and Time 2 samples, both administrations of the SOAS yielded alpha coefficients greater than .80 (Time 1 $\alpha=.86$ and Time 2 $\alpha=.89$).

Hypothesis 4. To address the final hypothesis, an Independent Samples t-test was conducted to determine whether there were statistically significant differences on SOAS scores between males (SOAS $M = 58.84$, $SD = 13.76$, $N = 217$) and females ($M = 59.69$, $SD = 15.20$, $N = 413$). The hypothesis was supported as there were no statistically significant differences between male and female participant scores on the SOAS, $t(628) = -.686$, $p = .493$.

Exploratory Analyses. Exploratory correlations between SOAS scale scores and Big Five-Factor Inventory scale scores yielded statistically significant positive correlations between the SOAS total scores and Neuroticism ($r = .10$, $p < .05$) and Social Desirability ($r = .20$, $p < .001$) and statistically significant negative correlations between the SOAS total scores and Openness ($r = -.24$, $p < .001$) and Agreeableness ($r = -.19$, $p < .001$). These analyses did not yield statistically significant correlations between SOAS total scores and Extraversion ($r = -.06$, $p = .142$) and Conscientiousness ($r = .01$, $p = .773$). See Table 1 for inter-scale correlations.

Table 1.
Intercorrelation Matrix for All Scales

Scales	SOAS Total	Openness	Conscient.	Extraversion	Agreeable.	Neuroticism	Social Desirability
SOAS Total	---	-.24**	.01	-.06	-.19**	.10*	.20**
Openness	-.24**	---	.03	.06	.17**	-.08*	-.04
Conscient.	.01	.03	---	.29**	.39**	-.39**	.14**
Extraversion	-.06	.06	.29**	---	.31**	-.36**	.01
Agreeable.	-.19**	.17**	.39**	.31**	---	-.43**	.09*
Neuroticism	.10*	-.08*	-.39**	-.36**	-.43**	---	-.35**
Social Desirability	.20**	-.04	.14**	.01	.09*	-.35**	---

Note: * = $p \leq .05$, ** = $p \leq .01$

CHAPTER 4

DISCUSSION

The purpose of this project was to create a brief instrument to reliably measure attitudes toward sex offenders. The results indicate that the final version of the Sex Offender Attitude Scale (SOAS) is such an instrument. Early evidence suggests it is likely to be a valid measure as well. Three of the four hypotheses were supported with results that provide strong evidence for the reliability and validity of the measure.

Hypothesis 1 predicted that unrotated principal components factor analysis would yield no more than two interpretable factors in the SOAS. The results of factor analytic procedure identified one interpretable factor comprised of 17 of the original 27 items. To be retained in the scale, items had to have a cutoff score of .4 or greater, which was determined a priori. Upon examination of these items, it seems that they have a common theme of negativity and hopelessness about sex offenders. No other interpretable factors emerged from factor analytic statistical procedures.

Hypothesis 2 predicted that the resulting scale will have relatively high internal of Chronbach's alpha reliability coefficients of greater than .80. The hypothesis was supported as the SOAS had a Chronbach's alpha of .88. These results are evidence that the SOAS is a reliable psychometric instrument with which to measure attitudes toward sex offenders.

Hypothesis 3 predicted that test-retest stability coefficients would be relatively high regardless of time lag (e.g., > .80). This hypothesis was not supported as the results from the Pearson Product-Moment Correlation between Time 1 and Time 2 yielded a moderate correlation with $r = .39$ ($p < .001$). Although each administration produced high levels of internal reliability as demonstrated by Chronbach's Alpha coefficients of $\alpha = .86$ and $\alpha = .89$, respectively, the

correlation between both administrations was moderate. Squaring the correlation coefficient suggests that scores at Time 1 and Time 2 share only about 15% of their total variance. This seems to indicate that attitudes toward sex offenders can change over time or that these attitudes may be better conceptualized as more state-based as opposed to trait-based.

Interestingly, in the Time 1 administration, a large set of items unrelated to this study attempted to get participants to rate the perverseness, severity, level of punishment deserved, and commonness of a systematic listing of sexual offenses. This may have served to inadvertently prime participants to exhibit more negative attitudes toward sex offenders. The fact that the measures were displayed in random order meant that a great many of the participants would have seen these items prior to filling out the SOAS at Time 1. Because the scores at Time 1 were higher than at Time 2, this is an unexpected piece of evidence supporting the validity of the measure, and it also supports the interpretation that attitudes toward sex offenders are more state-like than trait-like. Inspections of the SOAS mean scores and a post hoc Paired Samples *t*-test of scores indicated that the Time 1 mean (56.88, SD = 14.94) was higher than the Time 2 mean (52.67, SD = 13.59), and this difference was statistically significant, $t(57)=2.891$, $p = .005$. This may indicate the influence the scenario questions in administration one as a confounding variable.

An interesting aside that may also help explain the lack of a stronger test-retest correlation is that the stability of the SOAS was comparable to the stability of well-established Big Five personality traits within this same sample. As the Big Five scales measure what are considered to be definitive personality traits (McCrae & Costa, 2004), it is curious that analysis revealed within this same sample, the Extraversion subscale had a test-retest correlation coefficient of $r = .33$, $p = .007$, actually lower than the SOAS. The other Big Five test-retest

indices as follows: Neuroticism ($r = .67, p < .001$), Openness ($r = .65, p < .001$), Agreeableness ($r = .50, p < .001$), and Conscientiousness ($r = .53, p < .001$). The stability of the Big Five personality constructs has been well established (McCrae & Costa, 2004;) and in this sample none of the Big Five Time 1-Time 2 correlation coefficients reached .80 or greater, which may mean that standard for the SOAS was set too high.

A caveat to this interpretation is that the Big Five-Factor Inventory used was not the one developed by McCrae and Costa (2004) but rather one developed and tested by researchers associated with the International Personality Item Pool (2001). Thus, it may be that the Big Five-Factor Inventory used in this research tapped slightly differing constructs from those in the more well-established literature. Future research might undertake to use the McCrae and Costa measure and to determine its relation to the SOAS, its test-retest coefficients within the same population, and its relation to the IPIP measures purported to assess the same constructs.

Although the hypothesis was not supported, it does offer up hope for combating stigma in the service of better integration of paroled offenders because if attitudes can show such variation in a relatively short span of time, then individuals who have highly negative attitudes toward sex offenders may be amenable to changing their beliefs. Clinically, this has implications as to how the SOAS might be used as a screening tool for the selection of, and inform the training of, individuals who may work with offenders in a rehabilitative capacity.

Hypothesis 4 predicted that due to the pervasiveness of negative attitudes toward sex offenders that there would be no statistically significant difference between male and female participants scores on the revised SOAS. This hypothesis was supported as results from an Independent Samples t-test showed no significant differences between male and female

participant scores on the SOAS. Both males and females endorsed negative attitudes toward sex offenders as was expected.

Exploratory analyses were conducted to investigate the relationship between the Sex Offender Attitude Scale and personality factors by way of the Big Five personality measure and a brief measure of social desirability. No hypotheses were developed a priori as there have been no published studies investigating these relationships. The results of Pearson Product-Moment Correlation statistical procedures yielded statistically significant positive correlations between the SOAS total scores and Neuroticism ($r = .10$, $p = .011$) and Social Desirability ($r = .20$, $p < .001$). These relationships make intuitive sense because individuals who are neurotic may be more stigmatizing because they are on edge and may be less tolerant of individuals who participate in activities they deem as negative. The positive correlation between SOAS and social desirability indicates that individuals believe it is socially acceptable and desirable to endorse negative attitudes toward sex offenders. However, it is necessary to note that while significant these were relatively weak relationships.

Additionally, the results indicate statistically significant negative correlations between the SOAS total scores and the Big Five Factors of Openness ($r = -.24$, $p < .001$) and Agreeableness ($r = -.19$, $p < .001$). These results also make intuitive sense in that individuals who score high in measures of Openness and Agreeableness may be more forgiving or less rigid in evaluation of individuals (sex offenders) or activities (sex offenses) about which others may feel strongly negative. These results provide some limited evidence of convergent and divergent validity, as it is reasonable in retrospect to assume that the SOAS should be positively correlated with measures such as Neuroticism and Social Desirability and negatively correlated with measures such as Openness and Agreeableness. While the SOAS has strong face validity, additional work

must be undertaken to completely ensure that it is indeed a highly valid measure of negative attitudes toward sex offenders. Statistical analyses revealed no statistically significant differences on SOAS scores were found between gender, income, or ethnicity.

Limitations

No research study is without limitations and this project is no exception. This study was limited by a relatively homogenous sample, comprised of undergraduate students from a moderately sized university in the southeastern United States. Additionally, this study relies on self-report data, which may result in several issues inherent to self-report measures such as the tendency toward social desirable responding (though in the case of the SOAS, it does not appear that socially desirable responding suppresses, but rather enhances expression of negative attitudes toward sex offenders), fatigue effects from filling out sets of surveys, and response sets or lack of dedication to the task of filling out surveys in a genuine manner.

Future Directions

Due to the lack of empirical work in the literature, this field of study is in need of further exploration. Future research should focus more specifically on the variables that affect an individual's attitudes toward sex offenders and their offenses. Investigation is warranted to determine the specific nuances of offenses that may have a moderating effect on attitudes toward sex offenders. These should include profiles of the offender and victim, including age, gender, ethnicity, social status, physical attractiveness, etc. Additionally, differing aspects of offenses should be investigated including offense type, consent status, and location of offense.

Despite the aforementioned limitations, the findings of the present research are promising in terms of suggesting that there are possible uses for the SOAS measure in a variety of areas of sex offender rehabilitation including treatment and reintegration programs. The actual future uses

of the Sex Offender Attitude Scale are yet to be determined, and further validity studies are necessary, but early evidence indicates that it be used as a screening measure for individuals who will work with sex offenders in any capacity, especially in rehabilitative environments.

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APPENDIXES

APPENDIX A

Original Sex Offender Attitude Scale Pool of 27 Items with Factor Loadings

Sex Offender Attitude Scale Item	First Factor Loading	Second Factor Loading	Third Factor Loading
1. Sex offenders are all socially deprived men.	.33	.33	.57
2. Sex offenders are socially maladapted.	.19	.22	.69
3. Most sex offenders have some form of personality disorder.	.30	.33	.56
4. Most often, people who commit sex offences are socially just like everyone else.	-.12	.13	-.46
5. Sex offenders are the result of childhood abuse.	.35	.13	.46
6. People who were sexually abused as children will inevitably be abusers themselves.**	.54	.09	.26
7. Childhood sex abuse has no bearing on whether a person will become a sex offender.	.18	.29	-.34
8. If a sexually abused child grows up to be an offender they will offend in the same way.**	.46	.03	.29
9. Sex offenders shouldn't masturbate.**	.44	.09	-.37
10. Masturbation is a safe means for sex offenders to relieve their urges.	-.05	.05	.33
11. Masturbation, for sex offenders, only adds fuel to the fire.**	.43	.04	-.30
12. Sex offenders have too much testosterone.**	.54	.22	-.01
13. Castration is the cure for sex offenders.**	.52	-.30	-.22
14. Drug therapy is an effective therapy for sex offenders.	.18	.23	-.01
15. A sex offender is destined to reoffend regardless of how much treatment they have.**	.65	-.49	-.07
16. Sex offenders can't be cured.**	.63	-.47	-.09
17. Sex offenders always lie to stay out of treatment.**	.72	-.35	-.00
18. Sex offenders do not want to stop offending.**	.70	-.26	-.04
19. Sex offenders are sex maniacs.**	.61	-.04	.05
20. Anyone who commits a sex crime is simply too horny.**	.66	.19	-.12
21. Sex offenders just need a willing partner who will have sex with them more.**	.48	.46	-.15
22. All sex crimes are purely for the sex.**	.61	.47	-.16
23. Public notification of sex offender release protects the community.	.23	-.35	.19
24. As long as sex offenders are under surveillance, they will not commit any more offenses.**	.46	.48	-.10
25. Once someone does their time for their crime they should not be under scrutiny.	.14	.67	-.18
26. Sex offenders are all the same.**	.71	.17	-.13
27. Once a sex offender, always a sex offender.**	.65	-.43	-.02

**indicates retained item

APPENDIX B

The Big Five Factor Inventory

1. I am not a worrier.
2. I like to have a lot of people around me.
3. I don't like to waste my time daydreaming.
4. I try to be courteous to everyone I meet.
5. I keep my belongings neat and clean.
6. I often feel inferior to others.
7. I laugh easily.
8. Once I find the right way to do something, I stick to it.
9. I often get into arguments with my family and co-workers.
10. I am pretty good about pacing myself to get things done one time.
11. When I'm under a great deal of stress, I feel like I am going to pieces.
12. I don't consider myself "light-hearted".
13. I am intrigued by the patterns I find in art and nature.
14. Some people think I am selfish and egotistical.
15. I am not a very methodological person.
16. I rarely feel lonely or blue.
17. I really enjoy talking to people.
18. Letting students hear controversial speakers can only lead to confusion and mislead them.
19. I would rather co-operate with others than compete with them.
20. I try to perform all tasks assigned to me, conscientiously.
21. I often feel tense or jittery.
22. I like to be where the action is.
23. Poetry has little or no effect on me.
24. I tend to be cynical and skeptical of others' interests.
25. I have a clear set of goals and work toward them in an orderly fashion.
26. Sometimes I feel completely worthless.
27. I usually prefer to do things alone.
28. I often try new foreign foods.

29. I believe that most people will take advantage of you if you let them.
30. I waste a lot of time before settling down to work.
31. I rarely feel fearful or anxious.
32. I often feel as if I am bursting with energy.
33. I seldom notice the moods or feelings that different environments produce.
34. Most people I know like me.
35. I work hard to accomplish my goals.
36. I often get angry at the way people treat me.
37. I am a cheerful, high-spirited person.
38. I believe we should look to our religious authorities for decisions on moral issues.
39. Some people think of me as cold and calculating.
40. When I make a commitment I can always be counted on to follow through.
41. Too often when things go wrong, I get discouraged and feel like giving up.
42. I am not a cheerful optimist.
43. Sometimes when I am reading poetry or looking at a work of art, I feel a chill or wave of excitement.
44. I am hard-headed and tough-minded in my attitudes.
45. Sometimes I am not as dependable or reliable as I should be.
46. I am seldom depressed.
47. My life is fast paced.
48. I have little interest in speculating on the universe or human condition.
49. I generally try to be thoughtful and considerate.
50. I am a productive person who always gets the job done.
51. I often feel helpless and want someone to solve my problems.
52. I am a very active person.
53. I have a lot of intellectual curiosity.
54. If I don't like people, I let them know it.
55. I never seem to be able to get organized.
56. At times I have been so ashamed I just want to hide.
57. I would rather go my own way than be a leader of others.
58. I often enjoy playing with theories or abstract ideas.

59. If necessary, I am willing to manipulate people to get what I want.

60. I strive for excellence in everything I do.

APPENDIX C

Social Desirability Scale

1. I am never jealous of other people.
2. I never complain when things don't go my way.
3. I never have a bad day.
4. I never criticize others behind their backs.
5. I get angry every now and then.
6. Those people who are closest to me sometimes get upset with me.
7. I sometimes do things I regret later.

APPENDIX D

Demographic Questionnaire

Age: Free Response

Sex: 1=Male 2=Female

Ethnicity:

1=Black/African American

6=Middle Eastern

2=White/Caucasian

7=Native American Indian

3=Hispanic

8=African

4=Biracial

9=European

5=Multiracial

10=Other

Estimated Annual Income:

1=Below \$20,000

4=\$60,000-\$80,000

2=\$20,000-\$40,000

5=\$80,000-\$100,000

3=\$40,000-\$60,000

6=Over \$100,000

Marital Status:

1= Single (never married, not dating steady/monogamously)

2=Dating Steady/Monogamously

3=Married

4=Married, but Separated

5=Divorced

6=Widowed

Religious Affiliation: Free Response

