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Attitudes Towards Intellectually Disabled Sex Offenders Regarding Treatment Efficacy, Responsibility, and Dangerousness

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Walden University

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Walden University
2020

Abstract

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Responsibility, and Dangerousness

by

Allison Westphal

MA, The Chicago School of Professional Psychology, 2013

BA, State University of New York at Fredonia, 2011

Dissertation Submitted in Partial Fulfillment

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Abstract

Intellectually disabled sex offenders (IDSOs) is a unique group of individuals who experience efforts that simultaneously attempt to integrate them into the community due to their intellectual disability (ID) diagnosis and are shunned due to their label as a sex offender. The present study contributed to the current literature by exploring the public attitudes towards IDSOs regarding dangerousness, criminal responsibility, and treatment efficacy. Using the lens of attribution theory, qualitative methods were used to explore these ideas through phenomenological design. Eight participants were interviewed, and data analyzed through coding and themes. Five themes were identified to include (a) dangerousness; (b) criminal responsibility, (c) treatment options, (d) proximity, and (e) motivation. The findings highlighted the complexity of public attitudes towards IDSOs and how opinion differs when the ID diagnosis is removed. Results may be used law enforcement and communities for positive social change regarding public policy, treatment providers, and care givers.

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Dedication

I would like to dedicate this work to my family for all of their love and support throughout this process. They have been patient, encouraging, and kind. I would not have had the opportunity to finish this journey without their unwavering support.

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I would also like to acknowledge my dissertation committee: Dr. Brandy Benson, who has provided me with valuable guidance, support, and encouragement throughout this process. I am grateful for your knowledge and patience that has led me to this point. I would also like to acknowledge Dr. Cellini for your coaching and instruction to help complete this dissertation. Your methodology advice was instrumental in assisting me in moving forward and completing this process.

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Chapter 1: Introduction to the Study

Introduction

Intellectually disabled sex offenders (IDSOs) are an unrecognized and underresearched population. Public attitudes and policy towards individuals with intellectual disabilities (IDs) focus on community integration and inclusion (Thorn, Pittman, Myers, & Slaughter, 2009). Comparatively, public attitudes towards sex offenders (SOs) are largely negative by nature (Gakhal & Brown, 2011; Willis, Malinen, & Johnston, 2013). Attitudes towards SOs are commonly driven by uninformed assumptions that are sensationalized by misrepresentation through the media (Socia & Harris, 2014). Independently, the respective groups face their own set of barriers in the community; however, there is little information available to understand the unique and stigmatized experience of IDSOs.

An overview of this study is presented in the following chapter. The background section addresses the gap in research pertaining to IDSOs and community perception. The problem statement reveals why the IDSO population requires further research. Attribution theory is identified as the theoretical framework for the study. Finally, definitions of key terms, assumptions, limitations, and the significance of the study are outlined.

Background

The existing research has allowed for a thorough examination of community attitudes on SOs and the intellectually disabled population, respectively. For example, the negative view of SOs in the community has led to an increase in mental health related

issues such as depression and anxiety which, in turn, can increase risk-related behavior (Jeglic, Mercado, & Levenson, 2012). Researchers have also indicated that individuals with ID are more likely to be ostracized from the general public, which can lead to mental health related issues (Dagnan & Waring, 2004). When looking at the ID and SO populations independently, they each face harmful consequences of public attitudes. Although little information is available pertaining specifically to public perception of IDSOs, studies have shown that public perception impacts the targeted population. As IDSOs hold multiple stigmas, there is a question as to how this may impact the individual (Gausel & Thorrisen, 2014). Overall, there appears to be a gap in the research in reference to public opinion of IDSOs. The results of this study can provide information to policy makers and treatment providers to better understand public perception, potential misunderstandings, and how perception impacts the development of laws and the individuals targeted. I conducted this study to explore the impact IDSOs have on public perception. Furthermore, this information could provide significant knowledge to treatment providers to assist in creating appropriate treatment modalities to an underserved population.

Problem Statement

SOs have been greatly stigmatized in the current social/cultural climate. In general, research has shown that the term sex offender elicits negative emotions and attitudes from public opinion (Harris & Socia, 2014). Public perception of SOs, as compared to nonsexual offenders (NSOs), posits that they require more punitive measures, have higher rates of recidivism, and are less likely to be rehabilitated (Rogers

& Ferguson, 2011). To illustrate this point, research has shown that the public assumes upwards of 75% of all SOs will reoffend in their lifetime (Levenson, Brannon, Fortney, & Baker, 2007; Olver & Barlow, 2010). These attitudes, although largely popular among cultural belief, neglect the existing research that identifies the alternative to be true: SOs do not reoffend at a higher rate as compared to NSOs. Calleja (2015) conducted a study comparing juvenile SOs and NSOs. Calleja found that juvenile SOs had a significantly lower recidivism rate than their non-SO counterparts. Similarly, Hanson and Borton-Bourgon (2005) examined recidivism rates of adult SOs 6-year postincarceration. They discovered that only 13.7% of SOs reoffended with a sexual offense postincarceration, and only 14.3% reoffended with nonsexual, violent offenses (Hanson & Borton-Bourgon, 2005). Recidivism rates for SOs remain relatively low in contrast to the popular belief, rising to only 24% when measured 15-year postincarceration (Hanson & Borton-Bourgon, 2005). Comparatively, the National Institute of Justice (2014) found that recidivism rates for property offenders occurred at 82.1% and drug offenders occurred at 76.9%.

Public perception of treatment efficacy further illustrates misconceptions regarding sex offender stigma. Mancini and Budd (2015) found that parents with children 17 years or younger were less likely to believe in treatment efforts targeted toward rehabilitating SOs. They were also less inclined to believe in the veracity of the research on which the treatment was based (Mancini & Budd, 2015).

ID is also noted to carry a stigma that negatively impacts the lives of the individuals with this diagnosis. Researchers have suggested that people are less likely to

engage in social relationships with individuals with IDs, possibly due to a social discomfort surrounding this population (Dagnan & Waring, 2004; Scior, 2011). Additionally, there is a belief that mental health issues and psychological distress are inherently linked to ID (Dagnan & Waring, 2004; Mak & Ho, 2007). Furthermore, the belief that individuals with ID cannot make informed choices poses a significant barrier to self-determination and decision-making (Ditchman, Kosyluk, Lee, & Jones, 2016).

Evidence has revealed that the diagnosis of ID, in conjunction with the label of “offender,” invites a stigma that is unique to the individual who holds both descriptions. Gausel and Thorrisen (2014) introduced the idea of multiple stigmas, where the intellectually disabled individual is also considered an inmate. These individuals are members of two independently stigmatized groups that merge to a new category: the IDSO. There is limited research that addresses specifically at how the additional diagnosis of ID impacts public perception of the SO in terms of perceived level of dangerousness. Researchers have articulated that identification with this new category of IDSO will marginalize the individual from society to an even greater degree (Gausel & Thorrisen, 2014). For example, the IDSO would no longer fit with the SO category nor the ID category. Therefore, they are not only marginalized from the general population, but from both singularly labeled categories.

Despite the apparent bias against SOs, some factors have been found to mitigate the public’s opinion. For example, SOs who were classified with a learning disability were viewed by the courts as holding less responsibility for their crime than those where a learning disability was not formally diagnosed but implied by the scenario (Prince-

Jones & Barrowcliff, 2010). Moreover, SOs diagnosed with a learning disability were, more often than other SOs, sentenced to vocational and rehabilitative programs, as they were assumed to have a lesser ability to understand the nature of the offense (Burke, Dykens, & Hodapp, 2012; Prince-Jones & Barrowcliff, 2010). Ali, Ghosh, Strydom, and Hassiotis (2016) found that intellectually disabled offenders were more likely to be placed on remand and less likely to be sentenced than nonintellectually disabled offenders. With the addition of a juvenile status, intellectually disabled offenders are also likely to be given more lenient judgements (Najdowski, Bottoms, & Vargas, 2009).

It is evident that intellectual disabilities impact the manner in which offenders are viewed and sentenced. While the classification of learning disability appears to mitigate the stigmatization that is associated with SOs, limited research has addressed if the classification of ID influences public opinion in regard to their perception of offender dangerousness, criminal responsibility, and treatment efficacy.

Purpose Statement

The purpose of this research was to identify community attitudes towards IDSOs. To determine this information, I gathered and compared public opinions of the IDSO and the non-IDSO. Variables of interest included perceptions of criminal responsibility, perceived dangerousness, and treatment efficacy on preventing recidivism.

Framework

Attribution theory guided the theoretical framework of this study. There are three different elements that contribute to attribution: (a) behavior must be observed, (b) behavior must be intentional, and (c) behavior is caused by internal or external factors

(McLeod, 2012). Weiner (1974) argued that attribution theory focuses on achievement-based perceptions. Attribution is associated with four factors, which include the individual's ability, luck, effort, and the difficulty of the task (Weiner 1974). Moreover, these attributions are categorized by considering various characteristics such as locus of control, stability, and controllability (Forsterling, 2013). For example, if someone were to be successful at a given task, they may attribute it to an internal achievement, based on their own skill. Alternatively, a rival's success at the same task is more often credited to external sources, such as luck or coincidence. Further detail of how this theory is applied to this study is provided in Chapter 2.

Research Questions

Research Question (RQ)1: How does the diagnosis of ID influence public perception of treatment efficacy with SOs?

RQ2: How does the diagnosis of ID influence public perception of dangerousness with SOs?

RQ3: How does the diagnosis of ID influence public perception of criminal responsibility with SOs?

Nature of the Study

The nature of this study was a qualitative phenomenological approach. Qualitative research is often used when evaluating public perceptions. Due to the limited research in this area, findings were exploratory in an effort to understand the relationship between perceived dangerousness, views on treatment efficacy, and criminal responsibility of the IDSO.

Definitions

For the purposes of this study, the following definitions were applied:

Dangerousness: Dangerousness is defined as “an individual’s propensity to cause serious physical injury or lasting psychological harm” (Baker, 1993, p. 528).

Intellectual disability (ID): The DSM-5 indicates that the following criteria must be met to give a diagnosis of ID:

1. Impairment or deficits in intellectual function to include reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and experiential learning.
2. Impairment or deficits in adaptive functioning to include skills needed to live independently such as communication, social skills, independence at home or in the community, and school or work settings.
3. Onset begins in childhood (American Psychiatric Association, 2013).

Sex offender (SO): An SO is defined as someone who has been convicted of a sex crime (Seto, 2008).

Assumptions

I assumed that the participants who volunteered for the study did so willingly. I further assumed that the participants answered all questions honestly and completed the demographic questionnaire. Moreover, I assumed that the interview questions chosen for this study were appropriate for measuring the designated variables.

Scope and Delimitations

The scope of this study included adult community members of the Greater Chautauqua County, NY area, and was not limited by demographics. The participants were selected based on their willingness to engage in a semistructured in-person interview. Findings may be viewed as a starting point for further research into attitudes towards IDSOs.

Limitations

The existing research pertaining to IDSOs is dated and sparse in selection, which served as a limitation to the study. Additionally, my presence during the interview process may have influenced the participants' responses (Anderson, 2010). Furthermore, social desirability and response bias may influence participants' responses about their attitudes and perception toward sensitive social issues (Gittelman et al., 2015). As a result, interview responses may contain a skewed representation of beliefs as participants may have wished to be viewed in a more favorable manner as opposed to anonymous responders who are thought to answer more honestly (Gittelman et al., 2015). To minimize this threat to validity, participants were informed that there were no right or wrong answers and were encouraged to answer with their honest opinions. By including a normalizing statement, it is believed that honest participation increases (Gittelman et al., 2015).

Significance

This study has the potential to affect positive social change by informing public perceptions with respect to the treatment, responsibility, and dangerousness of IDSOs.

The scope of this study was unique in that I expanded upon previous research that outlined the public perception of SOs by integrating the IDSO population. While researchers have suggested that these individuals are more often assigned vocational and rehabilitative sentences in lieu of punitive measures (Burke et al., 2012), I hoped to gain a better understanding of how the public perceives these measures effectively rehabilitate IDSOs. Findings may provide education to the public regarding this specific population and dispel inaccurate assumptions about risk and dangerousness. This is important as research has shown that public policy often aligns public attitude (Burstein, 2003). Lawmakers have a duty to ensure that the proposed laws are effective and fairly developed for the targeted population. Finally, this study can inform treatment providers if public perception of these IDSOs influences potential obstacles associated with community integration. As a result, the findings from this study can assist in developing more effective and individualized treatment modalities to rehabilitate this underserved population.

Summary

The limited research on the public perception of IDSOs necessitates further inquiry to comprehend the phenomenon. The need to explore this topic can assist in a better understanding of the effectiveness of public policy and contribute to create targeted treatment modalities to best treat IDSOs. To understand public opinion, prior researchers have overlooked IDSOs. In Chapter 2, I provide a comprehensive look at the available literature and discuss the relevant ideas associated with the problem, purpose, and theoretical framework of the current study.

Chapter 2: Literature Review

Introduction

IDSOs function under multiple stigmas that fall on opposite sides of the spectrum. The ID population has been championed to better integrate into the community, and advocacy groups have formed to ensure that civil rights and decision-making capacities are protected (Thorn et al., 2009). On the other hand, SOs are held to policy and law that specifically inhibit them from integrating into communities via SO registration and residential restrictions (Ackerman, Sacks, & Osier, 2013). While these policies are important for both populations, the IDSO population functions under two different ideologies that have conflicting standards. There is limited scholarly research that has addressed public perception of the IDSO whereby to inform the development of public policy. In this qualitative study, community attitudes towards IDSOs were examined with respect to perceived dangerousness, treatment efficacy, and criminal responsibility. A small group of participants from the community was interviewed for the purpose of collecting data about their opinions and attitudes towards IDSOs.

In the following chapter, a complete review of the past and current research is explored in reference to information pertaining to IDSOs. The theoretical framework is presented to lay the foundation of the study, and a comprehensive summary of the existing literature will follow.

Theoretical Foundation

Attribution theory was used as the theoretical framework of the current study. As stated in Chapter 1, the three aspects of this theory are (a) behavior must be observed, (b)

behavior must be intentional, and (c) behavior is caused by internal or external factors (McLeod, 2012). Ability, luck, effort, and the difficulty of the task are the four factors that influence the attribution concept. When categorizing attribution, locus of control, stability, and controllability are considered (Forsterling, 2013). As attribution theory focuses on achievement-based perception (Weiner, 1974), if an individual were to find success in their given task, they would contribute their success to their own skill. Moreover, if a rival were to find success at the same task, success may be credited to instances of luck or coincidence.

It may be perceived that SOs possess an internal locus of responsibility whereby they have the capacity to exercise full control over their behaviors. Within this concept is the idea that people believe that character traits are unlikely to be changed (McLeod, 2012). When understanding the traits of an individual, the public may assume that SOs are a product of their own faulty internal attributes. Furthermore, the public may also believe that treatment will be ineffectual based on factors that they assume to be inherent and characterological to the individual.

In an analysis of dangerousness of IDSOs, if attribution theory holds, the public may believe that an individual will always be dangerous regardless of resources or practices that are put into place to reduce the chance of risk and recidivism. To apply this theory to the ID offender, IDSOs may be perceived to have a less control over their behaviors as compared to their non-ID counterparts. Thus, the public may be more permissive towards IDSOs and feel they are less responsible for their crimes. This theory

speaks to how the public may gather their information and influence their individually held perceptions of IDSOs, their level of dangerousness, and their response to treatment.

Literature Search Strategies

The literature review for the current study included online articles retrieved from databases and the use of textbooks. Attempts were made to use contemporary articles (i.e., published within the last 5 years); however, due to the limited availability of current research, this was expanded to all relevant studies. All articles selected were from peer-reviewed publications and relative to the study of public perception of IDSOs. The EBSCO database was used to gather scholarly literature related to the topic. This allowed for access to PsycINFO, PsycARTICLES, PsycBOOKS, and SocINDEX. Key terms that were used included *sex offender*, *intellectual disability*, *learning disability*, *sex crime*, *public opinion*, *public perception*, *treatment efficacy*, *recidivism*, *dangerousness*, *criminal responsibility*, *media and sex offenders*, and *demographics and sex offender perception*.

Perception of SOs

In modern society, the term SO elicits a particularly strong emotional response. The public narratives are often associated with individuals who are high-risk, dangerous, and beyond rehabilitation (Schiavone, Levenson, & Ackerman, 2008). In review of sex offender policies, it is believed that the public and policy makers view SOs as a homogeneous group, ignoring different offense types, motivations, and risk of reoffending behavior (Levenson et al., 2007; Sample & Bray, 2006). Due to these

circumstances, it is unsurprising that the public perception of SOs is riddled with skewed realities and stereotypes.

Sex Offender Management

Previous literature has illustrated that public views of SOs are founded on inaccurate information (Quinn, Forsyth, & Mullen-Quinn, 2004). In a survey of public opinion, the majority of people believe that SOs are high risk for reoffending compared to NSOs (Schiavone et al., 2008). Levenson et al. (2007) reported that the public believes that SOs recidivate 3 times more than what statistical evidence suggests. These findings are consistent through various other countries that include Australia (Shackley, Weiner, Day, & Willis, 2014), the United Kingdom (Brown, Deakin, & Spencer, 2008), and New Zealand (Thakker, 2012). Furthermore, people are more likely to believe that sexual assaults occur more frequently than research has discovered (Levenson et al., 2007). Public attitudes further contradict the existing literature with respect to SOs, violence, and use of force. Although public opinion assumes that SOs are more likely to use violence and force against their victims, extant literature posits that SOs are more likely to use coercion against targets (Fuselier, Durham, & Wurtele, 2002). It is evident that the public holds significantly more extreme views of the SO population than is supported by objective research.

Survey studies have also illustrated that, when coupled with these general beliefs regarding SOs, the public is heavily in favor of stricter policies that include identity disclosure on the Internet, bans on social media use, and restrictions on residential placement (Harris & Socia, 2014; Levenson et al., 2007). A 2005 survey conducted in

Florida revealed that 76.3% of participants were in favor of community notification policy for all SOs (Mears, Mancini, Gertz, & Bratton, 2008). Further, Budd and Mancini (2017) found that the public overwhelmingly believes that GPS and electronic monitoring systems are effective in managing SOs. This belief appears to be so entrenched into public perception with respect to SO management that the public asserted they would continue to employ GPS and electronic monitoring even if evidence suggested ineffectiveness (Levenson et al., 2007).

The majority of individuals share the attitude that SOs are a moral threat to their communities (Armstrong, Miller, & Griffin, 2015). Bumby and Maddox (1999) discovered that judges found it more difficult to preside over SO cases, not only from a personal standpoint but also due to public pressure and scrutiny. As a result of public attitudes, SOs navigating the criminal justice system and community reentry face biases and policies that can significantly impact their ability to receive a fair trial and find success after incarceration.

As reported, there are misconceptions influencing public attitude that is reflected in the research of SO recidivism and dangerousness. The research has revealed that recidivism rates for SOs are significantly lower than the public perception, suggesting that SOs are less likely to engage in another sex offense than what is believed by community attitudes (DeLuca et al., 2018). As a result of these misconceptions, the public is often driven by fear-based assumptions instead of factual information. With false information as a guide, public policy may be inappropriate to address the issues.

This can be dangerous as it may lead to missed opportunities to effectively manage SOs through the criminal justice process and reentry into the community.

Treatment Efficacy

A significant number of studies have addressed the differing opinions held about the most effective methods to manage SO rehabilitation. The correctional system continues to examine best practices to protect the public from continued offending behaviors. These efforts include identifying appropriate sentence lengths, enrollment in various treatment programs, and appropriate postrelease monitoring. Public attitudes reflect that people are likely to favor punitive measures as they believe SOs are not responsive to treatment methods (Deville & Le Grand, 2015; Mancini & Budd, 2014). The thought that SOs are untreatable is a widely accepted belief that often provides harmful rhetoric for politicians and community members who wish to increase punitive measures (Quinn et al., 2004).

Overall, there is conflicting evidence supporting the success of SO treatment. The Sex Offender Treatment and Evaluation Project did not yield a significant difference in recidivism when comparing SOs who completed treatment and those who did not receive treatment (Marques, Wiederanders, Day, Nelson, & van Ommeren, 2005). Moreover, some researchers believe that treatment providers are better able to identify high-risk behaviors but are less likely to change them (Hanson et al., 2002). Kim, Benekos, and Merlo (2016) conducted a meta-analysis of literature surrounding treatment efficacy of SOs, and they found that it warrants optimism. Overall, recent research has revealed that treatment programs have been effective in contributing to community safety as those who

attend the program are less likely to reoffend more so than those who reject treatment (Craissati, South, & Bierer, 2009). Contrary to popular belief, community notification laws and electronic monitoring do little to reduce recidivism on their own; however, when rehabilitative interventions are used to supplement these devices, risk of recidivism decreases (Gendreau, Goggin, Cullen, & Andrews, 2000; Levenson & D'Amora, 2007). This finding presents a promise that when treatment is tailored to offense-specific interventions and provides comprehensive programs, treatment programs can be considered optimistically effective.

Perception of Intellectually Disabled Individuals

An ID indicates limitations in present functioning identified prior to the age of 18. Limitations refer to below average intellectual function, including deficits in two or more adaptive skill areas such as self-care, communication, home living, community use, social skills, self-direction, functional academics, leisure and work, and health and safety. This is measured by the Adaptive Behavior Assessment System (ABAS) (Duvall & Morris, 2006). The prevalence of ID has been found to affect approximately 1% of the general population (Maulik, Mascarenhas, Mathers, Dua, & Saxena, 2011). Lindsay (2002) reviewed various studies to better understand the prevalence of IDSOs among adjudicated sexual offenders. Statistics varied from 2.6% to 35% of the measured SO population. Although prevalence rates of IDSOs remain unclear, these individuals are present, and potentially over represented, among the offending community and possess distinct characteristics compared to non-IDSOs.

Individuals with ID are frequent recipients of public attitudes that significantly impact community living (Siperstein, Norins, & Mohler, 2007). Negative public perceptions contribute to increased social distance and a decrease in the willingness to engage in social relationships with individuals with ID (Abraham, Gregory, Wolf, & Pemberton, 2002). Furthermore, Dagnan and Waring (2004) found that negative public stigma increases the likelihood of psychological distress and mental health problems. In reviewing literature from the 1990s, it appears that the public held predominately negative views of the ID population and sought for policies that limited their ability to be integrated into the community (Antonak & Harth, 1994). However, public opinions towards individuals with intellectual disabilities have evolved due to treatment approaches, social change, and how disabilities are classified (Ouellette-Kuntz et al., 2010). One of the most significant changes resulted from the deinstitutionalization and reintegration of individuals with ID and legislation addressing civil rights of individuals with developmental disabilities (Schwartz & Rabinovitz, 2001; The Developmental Disabilities Assistance and Bill of Rights Act of 2000, 2017). Moreover, research suggests that increased education about IDs is associated with more positive perspectives towards individuals with ID (Morin et al., 2013).

The classification of an individual also appears to impact the manner in which a person is viewed. Scior, Connolly and William (2013) presented a case vignette that was either diagnostically indicated or unlabeled. They found that social distance was reduced and indicated a more positive emotional reaction to the person when the individual

viewed had a diagnostic label of ID. This suggests that the label of “ID” can potentially mitigate stigmas associated with other labels, such as “sex offender”.

Deviant Behavior

Literature suggests that individuals with ID are not always held accountable for their deviant behavior. Gibbons, Sawin, and Gibbons (1979) discussed how those with ID never receive full credit for achievements or are fully held responsible for their behavior. This is further demonstrated by research that found that participants believed someone was less competent or liable for their behavior when the term “learning disabled” was applied (Prince-Jones & Barrowcliff, 2010). Professionals working with individuals with ID are believed to minimize offending behavior and are less likely to involve the police if an incident occurs (Brown, Stein, & Turk, 1995; Lyall, Holland, & Collins, 1995). Therefore, an ID may have some mitigating factors when understanding sexual offending.

Individuals with ID are at greater risk for becoming involved with the criminal justice system and have higher recidivism rates than the general population (Lindsay, 2011; Camilleri & Quinsey, 2011; Heaton & Murphy 2013). The extant research has yet to identify if increased involvement is due to above-average antisocial behavior or if the challenges with cognitive functioning and emotional regulation are more likely to be viewed as criminal behavior by law enforcement (Holland, Clare, & Mukhopadhyay, 2002). The increased recidivism rates may be attributed to the environment of someone with ID. Typically, this includes increased supervision by care takers, family, and neighbors as compared to someone without ID (Lindsay & Michie, 2013). With more

opportunities for behavioral observation, the chance of witnessing problematic behavior increases and may result in higher recidivism rates.

Current social policies reflect efforts to increase community inclusion and independence for individuals with ID.. Furthermore, policies are being created to ensure this population can assert their individual rights and access the resources created to increase community inclusion (WHO, 2007). This is in direct opposition to policies created to monitor and manage the sexual offending population (Harris & Socia, 2014; Levenson, et al., 2007). The dichotomy presented needs further research to explore how these two stigmatized groups, who received vastly different treatment under law and policy, react when combined under a single identifier of IDSO.

Sexual Offending and the Media

The media has a significant role in shaping how the public views' SOs. Several studies have identified the media as grossly exaggerating sex offender myths and distorting information (Proctor, Badzinski, & Johnson, 2002; Harper & Hogue, 2014). In a review of 323 Los Angeles Times articles over a 25-year span, it was found that news reports were written to sensationalize crime. In this review, stories about child victims contained more violent and graphic descriptions. Furthermore, these articles were used to push the predatory nature of the offender and alluded to severe legal punishment and violent revenge. Stories including adult victims were mostly about females who were portrayed to hold a degree of responsibility in their assault (DiBennardo, 2018). The coverage of these sex crimes skews the narrative and perpetuates the myths surrounded SOs and sex crimes.

Summary

Research regarding the public perception of SOs and intellectually disabled individuals is vast, but little research explores the IDSO population. There is a need to explore this phenomenon to gain a better understanding of how public attitudes may affect these individuals as well as an impact the development of social policies governing the management of this population. IDSOs are members of a unique social position where they are simultaneously isolated and integrated in the community. It is important to understand how the concurrent rejection and integration of this group impacts therapeutic treatment, community management, and policy regards IDSOs. The objective of this qualitative study is to explore public attitudes of community members in Chautauqua County, New York. This research will contribute to the current literature that has yet to review the public opinion of IDSOs. The results of this study can inform public opinion with respect to individuals holding multiple stigmas. This knowledge can be used to inform policy-makers of the unique situation in which IDSOs exist as well as inform treatment providers of potential obstacles this population faces to better provide appropriate treatment. The following chapter will discuss the methodology for the study.

Chapter 3: Research Method

Introduction

The purpose of this research was to identify community attitudes of IDSOs. To determine this information, I gathered and compared public perceptions of the IDSO with respect to criminal responsibility, dangerousness, and treatment efficacy on preventing recidivism. In this chapter, I discuss the research methodology. I further include the research question, design and rationale, the role of the researcher, participant selection, instrumentation, and the data and analysis plan. Ethical considerations are also discussed.

Research Design and Rationale

This study was conducted to gain an understanding of public attitudes towards IDSOs. While there is ample information available regarding attitudes towards SOs and members of the ID population, there is little information available regarding the public view of IDSOs. A qualitative study is appropriate when working with underresearched topics to provide a foundation for future research (Creswell & Poth, 2018)

A phenomenological design was chosen to explore the research question: How does the diagnosis of ID influence public perception of treatment efficacy, dangerousness, and criminal responsibility with SOs? One assumption of phenomenological inquiry is that participants mutually understand and share similar views pertaining to the phenomenon (Larkin, Shaw, & Flowers, 2019). The rationale for using a qualitative phenomenology approach is that it allowed participants to share their opinions and perceptions about IDSOs. Furthermore, this method of research allowed me to identify emerging themes about the phenomenon itself (see Larkin et al., 2019).

Qualitative phenomenology allowed me to make connections to complex perceptions regarding how the terms ID and SO influence thoughts and opinions. For the present study, the common phenomenon being explored was IDSOs.

Role of the Researcher

As the data collection method for this study was semistructured interviews, it was important that I did not influence the participants in their answers (see Creswell & Poth, 2018). The role of the researcher in qualitative studies includes discussing their ability to maintain an unbiased approach to the data collection process (Creswell & Poth, 2018). I did not have power or authority over the participants of the study in any way. My role in this study was to gather information through the form of an interview regarding participant attitudes towards IDSOs regarding treatment efficacy, criminal responsibility, and dangerousness. Each participant was informed of the selection and interview process, data analysis plan, and how the information would be reported. The confidentiality and security of the collected information were explained to each participant.

Methodology

Participant Selection Logic

The population of this study consisted of adult community members who were willing to engage in the study; participants were not limited by industry or career. According to Guest, Bunch, and Johnson (2006), phenomenological studies, in general, include eight to 12 participants. The researchers found that saturation occurs within six to 12 interviews for themes (Guest et al., 2006). With this information, eight participants were chosen and interviewed.

The sampling strategy used in this study was quota sampling. This is a nonprobability sampling technique that allows the sample to represent the population of the phenomenon being studied (Tansey, 2007). In the present study, the aim was to gain a general understanding of public opinion that is not qualified by a particular demographic. While a demographic survey was completed by each participant, this was to review potential demographic characteristics that can be used for future research. To effectively reach the selected population, potential participants were chosen through community outreach with in-person interactions at a centralized location. This allowed for a diverse grouping of participants.

Instrumentation

The instrumentation used in this study was interviewing as it provided the best alignment with the research question. The interview process provided the opportunity for participants to explore attitudes towards IDSOs in response to a predetermined set of questions. The interview model was chosen as it afforded me the opportunity to explore attitudes towards IDSOs in an in-depth manner. Furthermore, due to the sensitive topic being explored, it was an effective way to ensure that participants were more comfortable in providing their responses. It also allowed for opportunities to clarify ambiguities and follow up with incomplete answers (see Creswell & Poth, 2018).

Data Collection

I was the sole person who collected and managed the data through the data collection process. Participants were contacted in-person to set up a meeting time. The location of the interview varied based on the participants' preference and availability.

The primary method of data collection included in-person semistructured interviews consisting of open-ended questions. The interview was documented through both handwritten transcripts and audio recordings. The length and duration of interviews varied based on the availability of the participant and the schedule. Interviews were held until saturation occurred.

Data Analysis Plan

The data analysis plan that was used for this phenomenological study was a modified version of the Van Kaam method of the interpretation phenomenological approach created by Moustakas (1994). Qualitative methods use a data collection system that employs whole data instead of preplanned steps in the analysis (Merriam & Tisdell, 2015). The analysis process occurs concurrently during data collection. The analysis began after the first interview; furthermore, the collection process and analysis continued until saturation occurred. The epoche technique was also used prior to analyzing the data. This is the process where the researcher considers their own personal biases and expectations in relation to the investigated phenomenon (Patton, 2014).

Once all data were transcribed, the data were sorted using Moustakas's modified Van Kaam method. The first step to the analysis is horizontalization, meaning the researcher reviews the data and looks for "significant statements" that assist in providing insight into how participants experience the investigated phenomenon (Moustakas, 1994). The researcher then creates clusters of meaning from the statements identified previously and develops them into themes. These are then used to draft a narrative of what the participants experienced. The researcher then documents the common experiences

expressed by the participants. It includes a description that the audience can read to better understand the studied phenomenon (Moustaskas, 1994).

Issues of Trustworthiness

In an effort to establish the quality of research and ensure empirical findings, trustworthiness in qualitative research needs researchers to establish reliability and validity (Patton, 2014). Lincoln and Guba (1985) discussed four criteria, including credibility, transferability, confirmability, and dependability. By using this model, the current study demonstrates sound research and results.

Credibility

In qualitative research, credibility is the idea that the amount of data collected is an accurate reflection on the topic of study (Lincoln & Guba, 1985). Triangulation and prolonged engagement with participants are the primary method for establishing credibility (Lincoln & Guba, 1985). In the current research, credibility was achieved by providing each participant with the transcript of the interview to ensure accurate reporting. Negative cases, examining outliers in the responses, was another concept that was used to ensure credibility (see Lincoln & Guba, 1985). By looking at outliers in comparison to other interviews, it provided an opportunity to ensure that each interview was conducted in a similar manner, and responses could be solely attributed to participant opinion.

Transferability

The practice of transferability is used to enhance external validity, meaning the findings in one study can apply to others (Lincoln & Guba, 1985). In the present study,

the data were well documented and detailed to provide transferability. By providing these descriptions and documentation, the study may be an opportunity to expand the context of the research to other settings/populations.

Dependability

Dependability in qualitative research ensures that the data are representative of the topic of study (Lincoln & Guba, 1985). In the current study, interviews were recorded to ensure accurate documentation of participant responses. Furthermore, interview questions were specifically drafted in an effort to measure the exact variables of the study.

Confirmability

Confirmability is defined as the overall objective nature of the study. To establish confirmability in the current study, I discussed any potential perspectives and biases that could contribute to the results of the study, also known as reflexivity (see Lincoln & Guba, 1985). I functioned as the researcher and primary instrument for data collection. As someone who has worked with IDSOs, my experience with these individuals had the potential to impact the interviews. However, as someone who has had over 10 years of interviewing experience, I also have significant experience in managing my verbal and nonverbal communication to portray an unbiased reporter. Triangulation can also be used by studying participant verbal and nonverbal responses to strengthen the confirmability of the study (Lincoln & Guba, 1985).

Ethical Procedures

It is essential that any ethical concerns that arise during the study are addressed appropriately (Creswell & Poth, 2018). The current study required approval through Walden University's Institutional Review Board. The approval number for this study is 02-21-20-0619732. While there was no immediate risk, the interview questions asked participants their opinion of IDSOs, a potentially sensitive topic.

Confidentiality

When engaging in human subject research, it is important to ensure the researcher's and participants' relationship is ethical. Creswell and Poth (2018) identified that the ethical treatment of participants ensures their privacy and confidentiality during the study and is critical for success. In qualitative research, confidentiality is the main obligation and protects participants from negative consequences through the use of confidentiality agreements (Patton, 2014). For the present study, all participants were given confidentiality agreements to review and sign where I was the only person able to identify the participant. A coding system was used to identify each participant to protect their identity. During the interview session, the participants were given full privacy and guaranteed anonymity.

Informed Consent

An informed consent document was provided to all participants which included the general purpose of the research study. Furthermore, the participants were informed that they could discontinue their participation at any time. Participants signed the informed

consent form to participant in the study. All participants' identifying information, including informed consent documents, was coded to ensure anonymity.

Treatment of Data

The data collected for this study was used for this researcher's dissertation. All information was kept in a secure location during the dissertation process. All electronic recordings will be destroyed after a 5-year period, and all paper copies and interview transcripts will be destroyed after the completion of this dissertation.

Summary

This chapter presented the methodology of this qualitative phenomenological study in an effort to explore, describe, and understand public perception of the IDSO (Patton, 2014). The phenomenological qualitative design permits the researcher to explore individual beliefs and perceptions of dangerousness, treatment efficacy, and criminal responsibility with IDSOs. The sample size will consist of eight participants who are members of the Chautauqua County community, over the age of 18. The semi-structured interviews will be conducted in-person and all ethical considerations were followed. The data was transcribed from audio recordings of the interview. Moustakas' (1994) modified Van Kaam's method will be used to analyze the data. This chapter also includes the design and method of the study, role of the researcher, and issues of trustworthiness. Chapter 4 presents the findings of the study by exploring group demographics and evidence of trustworthiness.

Chapter 4: Results

Introduction

The purpose of this qualitative study was to explore attitudes towards IDSOs regarding dangerousness, treatment efficacy, and criminal responsibility. The three research questions posed to include the following:

1. How does the diagnosis of ID influence public perception of treatment efficacy with SOs?
2. How does the diagnosis of ID influence public perception of dangerousness with SOs?
3. How does the diagnosis of ID influence public perception of criminal responsibility with SOs?

I begin Chapter 4 with a brief review of the purpose of the current research and the research questions. The setting of the study is explored, and the demographic characteristics of the eight participants are shared. The data collection process is discussed, followed by evidence of trustworthiness. The results of the study, emerging theme, and a summary conclude the chapter.

Setting

I used quota sampling to complete this phenomenological study of attitudes towards IDSOs. The sample size for this study was eight participants as saturation occurred at this level. The sample consisted of five females and three males from one county in New York State. The research participants gave in-depth, semistructured interviews to determine their lived experiences regarding their attitudes towards IDSOs.

The study was voluntary, and the eligible participants were prescreened based upon inclusion and exclusion criteria. Before data collection began, I obtained the participant's consent and explained the nature of the interview and the purpose of the project.

Participants gave written consent after reviewing the consent form.

Participant samples were obtained from a social media post. Participants were asked to contact me if they were interested in participating in the study. Demographic information for each participant was provided by a demographic questionnaire each participant completed before the interview portion of the data collection process. Each participant willingly shared their information.

Demographics

Of the eight participants, three were male; five were female. Five of the participants were between the ages of 25 and 34, one participant was between the ages of 35 and 44, one participant was between the ages of 45 and 54, and one participant was between the ages of 55 and 64. Seven participants identified their race as White, and one participant identified as Black. One of the participants indicated a high school diploma, two participants indicated some college, one participant indicated a bachelor's degree, and four participants indicated that they held graduate degrees. Three participants indicated that they had zero experience with the ID population, two participants indicated they had 1 to 3 years of experience with the ID population, one participant indicated 4 to 9 years of experience with the ID population, and two participants indicated 10 or more years of experience with the intellectually disabled population. Table 1 shows the participant demographics.

Table 1

Participant Demographics

Coded Name	Age	Race	Gender	Education	Experience w/ ID population
P1	25-34	White	Female	Graduate Degree	10 or more years
P2	35-44	White	Female	Some College	10 or more years
P3	25-34	White	Male	Graduate Degree	No experience
P4	25-34	White	Female	Graduate Degree	1-3 years
P5	25-34	White	Male	Some College	1-3 years
P6	25-34	White	Female	Graduate Degree	4-9 years
P7	55-64	White	Male	Bachelor's Degree	No experience
P8	45-54	Black	Female	High School	No experience

Data Collection

Interested participants contacted me through the information found on the social media post. A time was set up to meet for in-person interviews for the participants who met the inclusion criteria of the study. The data collection period for this study occurred from February 2020 to March 2020. Participant interviews were conducted at a location and time that was convenient for each participant. Participants were asked to complete a brief demographic questionnaire and a brief semistructured interview. The duration of the interviews was between 20 and 30 minutes. Participant 4 (P4) had the shortest interview (21 minutes) while Participant 8 (P8) had the longest interview (about 30 minutes). Each interview occurred without interruption. The interviews were recorded on the voice memo feature of an iPhone, then transferred to a laptop. The participants gave their

consent to audio record the interview. Written transcription of the interviews was also stored on the laptop that was password protected. I was the only person with access to these files. The interviews were transcribed, and participants were given the opportunity to review these transcripts for accuracy. There were no variations to the data collection process that was previously detailed in Chapter 3.

Data Analysis

The data from this research study were organized and analyzed using the modified Van Kaam method for phenomenological data, as described by Moustakas (1994). Due to the potential for bias, the epoche method was used to ensure my biases and preconceptions were accounted for. This was completed using a journal where I organized my thoughts as they related to the study.

In an effort to become fully immersed in the data, the audio was played while viewing the transcriptions of the interviews. Furthermore, the Moustakas method of horizontalization was used to group similar statements across interviews. The next step in the data analysis process was to reduce and eliminate statements that were unnecessary. Once the list of statements was reviewed and edited to ensure that each statement was relevant, clusters of meaning were created to help group each statement into a theme to explore the phenomenon. Five themes were established. The next step of the data analysis process was the identification of the invariant constituents and themes. Each statement and the corresponding theme were checked against the transcription of the interview. The following questions were considered: (a) Are the invariant constituent and theme present in the transcription? (b) If they are not explicitly expressed, are they compatible? and (c)

If they are not explicit or compatible, they are not relevant and should be eliminated (Moustakas, 1994). The modified Van Kaam method was then used to construct an individual textural and structural description of the experience. This included direct examples from each of the interviews. Lastly, the data were synthesized to ensure that all participants were represented as a whole regarding their attitudes towards IDSOs.

Trustworthiness

Credibility

In an effort to ensure credibility, each participant was provided a copy of their transcript to review to verify accurate reporting. Furthermore, credibility is established by looking at outliers. Three of the five themes had at least one response that was classified as an outlier, indicating that each interview was conducted similarly, and statements can be attributed to participant opinion.

Transferability

Each step of the data collection process and materials used were well documented. The participant recruitment efforts have been noted, and the interview questions have been recorded for future research to use and expand upon the current findings.

Dependability

All interviews were recorded and transcribed to ensure accurate understanding of participant responses. The interview questions were drafted to specifically target the phenomenon of study in the current research.

Confirmability

To establish confirmability, the epoche method was used to understand my perspective on attitudes towards IDSOs. I kept a journal with notes and thoughts regarding the topic in an effort to mitigate the influence personal biases might have on the results or interviews of the study. Coupled with my interviewing experience and the use of triangulation, confirmability was established.

Results

For the current research, attitudes towards IDSOs was learned through the participants' accounts of their opinions on the subject. Themes emerged during the interview process that answered three research questions:

1. How does the diagnosis of ID influence public perception of treatment efficacy with SOs?
2. How does the diagnosis of ID influence public perception of dangerousness with SOs?
3. How does the diagnosis of ID influence public perception of criminal responsibility with SOs?

Themes were generated when five or more participants expressed similar opinions. The resulting themes include, (a) dangerousness, (b) criminal responsibility, (c) treatment options, (d) proximity, and (e) motivation. Specific quotation from each participant will explain each theme.

Discrepant Cases

During the data analysis process, there were three discrepant cases when it came to the theme of dangerousness. These cases include: P1 (Participant 1) and P2 (Participant 2) who stated that nonIDSOs are more dangerous; and P5 (Participant 5) who reported that it would depend on alternative factors (i.e. physical comorbidities). All other participants stated that each offender is equally as dangerous as the other. The theme of criminal responsibility saw one discrepant case from P7 (Participant 7) who believed that IDSOs understand consent and can accept criminal responsibility. All other participants reported that they feel IDSOs may not fully understand the meaning of consent. The theme of motivation also saw one discrepant case from P7 who reported that they felt the motivation for IDSOs was to cause harm to another person. All other participants reported that they felt it was for personal reasons (i.e. personal gratification, attention seeking).

Theme 1: Dangerousness

Each participant discussed about the difference between SOs and IDSOs and if they were considered dangerous. Five of the eight participants reported that they felt that each type of offender was equally as dangerous, and the label of ID did not influence the level of dangerousness.

- P3 (Participant 3): “I guess the main difference is that one has an ID that may hinder their ability to understand the situation or process it. I think they both can cause the same amount of damage. I think that people who aren’t intellectually

disabled may have other factors that make them dangerous. I don't know if that makes them more or less dangerous than someone is an intellectually disabled."

- P4 (Participant 4): "An intellectually disabled sex offender is somebody who is going to get away with it in my opinion. I would say that there is not a distinct difference. I don't think it is black and white because there are levels of ID and in my personal and profession experience with intellectual disabilities a lot of times people understand a lot more that what is given to their credit. I think either offender could be dangerous."
- P6 (Participant 6): "Well I think a sex offender could be anyone regardless of their cognitive abilities. An intellectually disabled sex offender is someone with limited or lower IQ...impaired cognitive ability. I don't think one is more dangerous than the other. I think a sex offender is a sex offender. I could also see the other side. I could justify it both ways."
- P7: "The only obvious difference would be level of intellect. Their behaviors seem to be similar and equally dangerous and probably from the same motivation."
- P8 (Participant 8): "Anyone who commits sex crimes is dangerous. I don't think there is a difference between intellectually disabled or non-intellectually disabled offenders."

Theme 2: Criminal Responsibility

Each participant was asked if they felt IDSOs understood the concept of consent and if they understood if they were causing someone harm. Seven of the eight

participants indicated that IDSOs may struggle to understand the concept of consent. P1, P3, P5, and P6 all reported that comprehension of mutual consent may depend on the level of ID. Seven of the participants also reported that the IDSO may also have trouble distinguishing if they were causing harm.

- P1: “I don’t think they understand consent. Especially if they ...depending on the level they are at. I don’t know if they would understand if they are hurting someone.”
- P2: “I would hope they understood someone giving consent. I think that could still be confusing for them. You would think they understood someone causing them harm. I would hope so especially if someone is crying or they are saying no, I would like think that they would know that they were harming somebody, but that I hard to say.”
- P3: “For consent, I think that it would depend on their level of ID. I think some may be aware, higher functioning people. I think some may be aware they are causing harm. Possibly some lower functions may understand, but it depends.”
- P4: “I think a lot of times intellectually disabled people have a harder time understanding typical conversations so if it’s not a black or white yes or no... if someone is wishy washy with them or they want to hold hands but don’t want to kiss I think that could be difficult for them to understand. I think they sometimes understand when they are causing harm.”

- P5: “I think that maybe well I don’t know if they could understand consent. It would probably depend on the level of ID. They probably do not understand they are causing harm.”
- P6: “I think every case and circumstance would be a little different. Sometimes yes I think they could be, other times depending on the person they might not be. I think it depends on their ability to process information. Their reasoning skills and take a situation and break it down with deductive reasoning skills, they have to be able to think beyond themselves. I don’t think they understand if they are hurting someone. I think that their understanding and processing of situations are different. They do things impulsively because that is what makes sense to them even though they have no idea how the other person is going to react to it.”
- P8: “They may not have the ability to understand what consent is. Someone would probably have to be super clear, like coming right out and saying no. Even then, they might not understand what that means. I don’t know if they would understand if they are harming someone either.”

Theme 3: Treatment Options

All participants were asked if they felt IDSOs could benefit from rehabilitative efforts. All eight of the participants reported that rehabilitation could be beneficial. Most participants felt that counseling would be an appropriate intervention to use with these individuals.

- P1: “I think if they had the right supports in place they wouldn’t reoffend. I think counseling is a good option.”

- P2: “It’s worth the try. Probably group session would be more beneficial. I think it helps with a lot of issues, alcoholics and then if you have you know a sponsor or whatever they can maybe talk with their counselor about their options.”
- P3: “Absolutely I think that any structure in any scenario would be good for someone who is intellectually disabled or “normal” people in the same boat. I think structure is very important, but I think someone who understands these people who can provide a way to manage their emotion may be the most effective way to manage dangerousness.”
- P4: “I think involvement in normal or typical activities normalizes behavior. It gives you a better idea of what everyone else is doing. I think counseling is beneficial. Any kind of work task gives you purpose and motivates you. I think counseling is the best place to start to determine where they stand and their ability to comprehend the information.”
- P5: “I would say it depends on the person. I mean obviously anything that gives someone a sense of meaning is good. Employment or whatever can make someone feel like a contributing member of society and distract themselves from temptations. Anything positively oriented is good. Counseling is more likely to be beneficial.”
- P6: “I think first and foremost they need to understand and be taught what needs to happen to not repeat the crime. Church is great but unless they are specifically working on the skills to not engage in harmful behavior. I think maybe putting them in situations like group counseling sessions would be the best. I think

keeping them busy would keep them distracted but they need to learn right from wrong.”

- P7: “Possibly for those can replace their damaged parts of themselves with the positive parts that are introduced. But only if they fully accept these treatments and are able to throw away their illness completely. I believe these people to have anger so if there was a way to alleviate anger in these types of individuals that could perhaps help the situation.”
- P8: “Anyone should be given the chance to turn it all around. I think if these people were given a chance, they could make changes to be better people. Therapy might be a good option.”

Theme 4: Proximity

All participants indicated that they would take some level of precautions if an IDSO lived in their neighborhood. P1 reported that it would be important to have supports in place. P3, P4, P5, P6, and P8 all reported that they would be careful because of their family. All participants indicated that they would have some level of concern with an IDSO in their community, but reported that the presence of appropriate supports (i.e. caretakers, group living, probation) and if they had a family would influence their opinion. Proximity appears to the offender appeared to have an influence over their general opinions of IDSOs.

- P1: “I think to me as long as they have the right things in place for the person, I wouldn’t be bothered by it. If they had the right supports in place in the community, I wouldn’t be bothered by it.”

- P2: “Um actually you know since I have recently started working with that population, I am much more comfortable. If you said it to me awhile back, I would have been much more uncomfortable and keeping my children away. But after working with the population I am much more comfortable around the intellectually disabled sex offender.”
- P3: “Probably similar if any sex offender lived in the neighborhood. There is always a slight unease. Especially having a family. Being considered not so much for myself but for my family and their safety. But at the same time, it would be the same I would be considered one way or another.”
- P4: I wouldn’t feel any different if either offender lived in the neighborhood. I guess I would steer clear of a deep interpersonal relationship, but I would be friendly until there was a reason not to be. I would probably keep my children away.
- P5: “I would say it can depend on the situation. Like if they live in a group home setting where precautions are in place. If I had kids, I would be far more concerned. I mean generally not incredibly concerned less concerned if they were intellectually disabled.”
- P6: “I don’t think it would bother me. I think that we put safe protections in place for my family and children. We know right from wrong and we can put protections in place as a family. I maybe wouldn’t let my children be alone outside, but I wouldn’t if there wasn’t an intellectually disabled sex offender in the neighborhood.”

- P7: “I would not like it. I would become defensive and depending upon observations I may take actions to have that situation removed. I would become protective and watchful.”
- P8: “I think with any type of person living in the neighborhood and they have a history of sexual offending, some precaution is necessary. So, I think I would have some hesitation about allowing my children outside unsupervised. The world is a different place nowadays.”

Theme 5: Motivation

Seven of the eight participants indicated that they felt that the motivation for sexual offending among IDSOs was for personal reasons such as gratification, attention seeking, and satisfaction of urges.

- P1: “I think it could be linked to a lot of things. I think it could be peer pressure, it could be that is what they have seen in their lives and it’s a repetitive behavior in their life, they have seen others do it so they do it also.”
- P2: “Attention seeking.”
- P3: “I think it is a satisfaction of urges, bodily urges, emotional urges, that they...they are just trying to fill that need.”
- P4: “There is an immediate reward whether they feel powerful or physical feelings associated with sex.”
- P5: “It could be something they want”
- P6: “Personal gratification”

- P8: “I think that a lot of the time it is because they are trying to fulfill an urge of some sort. I think it could be physical or emotional in some way. They probably don’t understand how to meet those needs in any other way.”

Composite Description

The last step of the modified Van Kaam method of phenomenological data analysis involves a composite description of the attitude towards IDSOs, using a synthesis of the themes generated from the data collection process (Moutakas, 1994). The goal was to provide a comprehensive understanding of attitudes towards IDSOs. The following statement is the composite description.

All participants felt that there was a distinct difference between a sex offender and the intellectually disabled sex offender. They reported that the main difference between the two types of individuals was the level of intelligence. Additionally, most participants felt that there were no distinct character differences between the intellectually disabled sex offender and a general sex offender. They reported that they both could be equally dangerous and depending on other factors aside from the ID diagnosis. Some of these other factors were identified as psychiatric diagnoses and lack of social supports. Furthermore, most participants reported that they felt that IDSOs would have a difficult time understanding the concept of consent. Some participants indicated that it may depend on the severity of the ID, while others reported that it may depend on the clarity of the person providing the consent. Similarly, most participants reported that they did not feel that the intellectually disabled sex offender would understand if they were harming another person.

When discussing treatment options for IDSOs, all the participants reported that they felt that rehabilitative efforts would be beneficial. Most indicated that some form of counseling would be appropriate. Participants cited that these offenders need structure in their lives in order to abstain from reoffending. Identified structural supports included potential employment, church, and group homes.

Each participant articulated that they would have varying levels of precaution if an intellectually disabled sex offender lived in their neighborhood. Five of the participants indicated that if they had children or other family, they would use some precautions. P2 reported that they would not have any concerns as they are more comfortable with the population due to experience working with them. P7 reported that they would “become defensive.”

When discussing the motivation of an intellectually disabled sex offender’s criminal behavior, almost all the participants reported that they felt it was for personal reasons. Some participants reported that it was to meet a physical or emotional need (P3, P4, P5, P6, and P8). P1 reported that it could be because of peer pressure, or because they were mimicking behaviors, they had seen before. P2 reported that it could be for attention-seeking purposes. The discrepant case from P7 indicated, “they are acting out to inflict pain and damage as a way to make them feel better about themselves because they have probably been victimized in some similar way in the past.”

Summary

The purpose of the study was to explore attitudes towards IDSOs regarding dangerousness, criminal responsibility, and treatment efficacy. The eight participants’

answered interview questions to provide descriptions of their attitudes to answer three research questions of this study.

In chapter 4, I discussed the setting, data collection method and analysis, evidence of trustworthiness, and the results, including identified emerging themes of this study. I included direct quotations from the participants who articulated an in-depth understanding of their opinions and experience. The data was analyzed by hand coding with no use of computer software for qualitative analysis. The modified Van Kaam method was used where five themes were identified: (a) dangerousness, (b) criminal responsibility, (c) treatment options, (d) proximity, and (e) motivation.

In the next chapter, the nature and purpose of this study will be revisited. A comprehensive interpretation of the findings will be articulated with consideration to the peer-reviewed literature, as outlined in chapter 2. The limitations of the study will be discussed, and recommendations for future research will be shared. Lastly, the implication for social change and theoretical implications will be discussed.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this study was to explore community attitudes towards IDSOs regarding dangerousness, treatment efficacy, and criminal responsibility. Evidence suggests that traditional SOs are thought to be a dangerous and moral threat to communities (Armstrong et al., 2015). Additionally, public policies are making significant efforts to increase the ability for individuals with IDs to integrate into their communities (World Health Organization, 2007). Due to the opposing views of SOs and individuals with ID, there is little evidence to suggest how the community views IDSOs. Furthermore, this study is important as an in-depth review of the literature further revealed that public policy is often informed by public opinion, regardless of empirical evidence.

A qualitative, phenomenological approach was used to explore three research questions:

1. How does the diagnosis of ID influence public perception of treatment efficacy with SOs?
2. How does the diagnosis of ID influence public perception of dangerousness with SOs?
3. How does the diagnosis of ID influence public perception of criminal responsibility with SOs?

These questions were explored through a semistructured interview format where eight participants, sourced through quota sampling, were asked to answer questions related to

criminal responsibility, treatment efficacy, and dangerousness of the IDSO. A demographic questionnaire was also completed. The data analysis process included the modified Van Kaam method where themes emerged in an analysis of each participant's answers. In this chapter, I interpret the findings and limitations of the study. Recommendations, implications, and the influence of positive social change are also discussed.

Interpretation of Findings

The participants shared their lived experiences by discussing their attitudes towards IDSOs. The findings revealed that most participants had a more positive view of IDSOs as compared to their non-IDSO counterparts. The five themes that emerged include the following: (a) dangerousness, (b) criminal responsibility, (c) treatment options, (d) proximity, and (e) motivation.

Dangerousness is Unmitigated by the ID Diagnosis

Participants reported that IDSOs were equally as dangerous as non-IDSOs, indicating that the ID label did not mitigate the perception of SOs. Previous research indicated that the public felt that SOs offended at a much higher rate than actual statistics report (Levenson et al., 2007; Schiavone et al., 2008). Furthermore, research regarding individuals with ID found that they were perceived as less responsible for their criminal behavior (Gibbons et al., 1979). Sexual offending behavior is thought to be an attribute that a person can control; thus, they are at fault for their actions. When reviewing the results of this study, ID did not mitigate how participants viewed the dangerousness of IDSOs and compared to non-IDSOs. Therefore, when both ID and SO are shared by the

same individual, the SO label is considered dominant when assigning attributes in regard to dangerousness.

The current study revealed that proximity of the IDSO was an important factor to consider when participants discussed their safety, particularly when they spoke about their family. As interviewees considered their personal community, questions of familial safety and boundaries were discussed. It appears that when interviewees were asked less objective and more personal questions, opinions of IDSOs were more negative in nature. This indicates that when personal safety is in question, the mitigating factors on the ID diagnosis do little to overrule the public views of SOs

Motivation was another emerging theme discussed in this study. The participants reported that they felt that motivation was purely for self-gratification, including to fill physical and/or emotional needs. Thus, the ID diagnosis appears to influence the way public attitudes view to motivation of the offender.

IDSOs and Criminal Responsibility

Previous research indicated that SOs were thought to understand their criminal behavior and should take full responsibility for their actions. Participants in the current study reported that they believed that IDSOs may have a difficult time understanding that they are engaging in criminal behavior. Participants reported that IDSOs may not understand they are causing harm to another person or that the relationship is not consensual. This indicates that the ID diagnosis may mitigate the public's understanding of criminal responsibility. Previous research supports this finding with the idea that individuals with ID are less liable for their criminal behavior and are not held fully

responsible for their achievements or wrong doings (Gibbons et al., 1979; Prince-Jones & Barrowcliff, 2010). When discussing criminal responsibility, the ID diagnosis is the dominate factor when assigning attributes.

A Case for Rehabilitative Efforts

Previous researchers found that there are many different opinions on the best way to effectively manage SO rehabilitation. The public believes that SOs should face punitive measures as opposed to rehabilitation as the believe SOs are unresponsive to treatment (Devilly & Le Grand, 2015; Mancini & Budd, 2014). In this study, I found that the public believes that IDSOs should be given an opportunity to explore treatment options. Participants unanimously agreed that counseling efforts and access to community resources would be beneficial towards reducing recidivism and increase public safety. This indicates that the ID diagnosis mitigates thoughts on punitive SO management techniques.

Limitations of the Study

In the current study, some limitations were revealed and should be addressed for future research. For the first limitation, the sample population was limited to mostly White participants, and one Black participant. It would be beneficial to expand the diversity of the participants (i.e., Hispanic and Asian participants) to understand if demographic characteristic impact attitudes. The second limitation found was the size of the sample. A larger sample size would yield a more comprehensive picture to the phenomenon being studied. The third limitation found was due to the inability to ensure that all answers were honestly reported through the use of interviews. The interview

process may have found participants as nervous or unsure when answering questions related to IDSOs. Efforts were made to ensure that appropriate reporting occurred by sending transcripts to the participants to review for accuracy; however, this may not have impacted the honesty of the answers. The fourth limitation was the use of quota sampling. By using this method, the sample was not chosen using random selection. This makes it impossible to account for the potential for sampling error. Furthermore, it is difficult to generalize findings to a larger population.

Recommendations

Recommendations for future research include focusing on building upon the foundation this study has built. In a review of the previous literature, I found a limited number of research articles discussing public perception of the IDSO; thus, any future research would be appropriate to expand upon the understanding of this subject. In this study, I focused on eight participants in one county of New York. Future research should look to expand to different locations with a more diverse sample size. Hearing experiences of other participants located from other areas may offer diversified responses to the qualitative interviews gathered in this study.

Future research should also look to incorporate responses from specific professions as I found correlated responses to the amount of experience the participant had with the ID population. Lastly, future research may wish to expand upon interview-based questions by creating a quantitative measure to assist in measuring community perceptions of the IDSO. This would allow for generalizable results and reaching a broader participant base.

Implications

Implications for Public Policy

Understanding how the public views IDSOs is a step in understanding how policies can be formed to help these individuals achieve success while also maintaining public safety. Researchers have found that public attitudes influence public policies. If the public holds stigmatized views, the policies put forth may not address the actual needs of the population they aim to serve. In this study, I have begun to share some understanding of the IDSO. The information learned from this study can help provide policy makers a better understanding for how the public feels and how policy may need to address IDSOs from a different perspective than non-IDSOs.

Implications for Treatment Providers

This study provides a brief understanding of how the public views IDSOs. In a treatment setting, this may provide treatment providers with a better understanding of what potential obstacles these individuals may face. For example, if an IDSO moves into a neighborhood where the community has limited exposure to the ID population, they may be met with more unfavorable views from their immediate community; thus, the potential for more conflict may be present. Overall, treatment providers would be able to address obstacles associated with public perception as well as policies that may be a detriment to the therapeutic process.

Implication for Care Givers

In this study, I recognized that those with more experience with IDSOs were more likely to have favorable views associated with these individuals. This study can assist

care givers in the understanding of misinformation that is present and how it may impact the individuals for whom they provide care. It may be helpful that they understand these views and can assist in the reduction of recidivism and enhancement of positive, healthy living to enhance individual, family, and community well-being.

Conclusion

The IDSO represents a group of people who are simultaneously ostracized for being labeled an SO and followed community integration plans due to their ID diagnosis. The IDSO is expected to adhere to rules and regulations put in place for the SO community as well as take into consideration the community integration resources available to them as someone with the ID diagnosis. As public opinion largely influences policy reform, it is important to explore the public attitudes towards the IDSO and compare this to the established policies to help manage these individuals. I found that there were significant differences between the public opinion of IDSOs and non-IDSOs. This information can be used to inform treatment providers and policy makers. It can also be used to help educate the public to ensure that individuals with IDSOs and communities have the resources they need to feel safe and be treated fairly.

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Appendix A: Scenarios and Interview Questions

This interview will be used to explore attitudes towards SOs. The questions are tailored to gain an understanding of what level these individuals' may understand their crimes, how dangerous they are thought to be, and if treatment is a successful option to help manage SOs. These questions also seek to understand the psychological characteristics that may be attributed to the sex offender population. There are no right or wrong answers. All questions are based on your own thoughts and opinions. These scenarios serve to provide background information for the following interview questions.

Scenario 1: Kevin is a 30-year-old male who was convicted of sexual assault. The other individual was someone whom Kevin would consider a friend, and it occurred at a mutual friend's house. He stated that he believed the other person agreed to engage in sexual activity, and they had engaged in sexual relations prior to this event. The other individual stated that she told Kevin "no," but Kevin did not respond to her rejections. Kevin was found guilty of sexual assault and was sentenced to 36 months in prison. Upon his release, Kevin is required to register on the state sex offender registry.

Scenario 2: Luke is a 30-year-old male who was convicted of sexual assault. The other person was someone who Luke described as a friend, and it occurred at a mutual friend's house. Luke was diagnosed with an ID when he was younger, and he attended special education classes throughout his school career. Those close to him have described him as friendly and kind, but that he often requires people around him to reexplain what they say

in a way that helps him understand. It sometimes takes Luke a little longer to process what people say before he responds. Luke stated that the other person was always friendly to him, and he believed that she was interested in him. The other individual reported that she has known Luke for many years, and their relationship has always been pleasant. The night Luke encountered her, she reported that he overpowered her and appeared to not listen or respond to her rejection of his advances. He was found guilty of sexual assault and sentenced to 36 months in prison. Upon his release, Luke is required to register on the state sex offender registry.

1. What comes to mind when you think of SOs?
 - a. Are there certain behaviors or characteristics that stand out?
 1. Examples (impulsivity, lacking empathy, selfishness)
2. Where do you typically gather your information about SOs (i.e. personal experience, news articles, etc.)?
3. Please describe the differences between SOs and IDSOs.
 - a. Do you feel one type of offender is more dangerous than the other?
 - a. If so, what characteristics contribute to this belief?
4. Please describe how you would feel if an IDSO lived in your neighborhood.
5. For the purpose of this interview, dangerousness is described as “an individual’s propensity to cause serious physical injury or lasting psychological harm.” As stated in the scenario above, an example of dangerousness would be sexual assault. Do you feel IDSOs are considered dangerous?
 - a. Probing Questions

- a. What characteristics/behaviors contribute to this belief?
6. Do you believe that IDSOs will reoffend when living in the community?
 - a. Probing Questions
 - a. What do you believe puts IDSOs at risk for reoffending?
 - b. What do you believe prevents IDSOs from reoffending?

7. Do you believe that IDSOs would benefit from rehabilitative efforts?

Rehabilitative efforts include group/individual counseling; engaging in gainful employment; attending community support groups (i.e. church); or learning new skills such as meditation, tai chi, yoga, etc. Why or why not?

- a. Probing Question
 - a. Do you feel there are certain treatment efforts (SEE ABOVE EXAMPLES) that would be more successful than others?
8. Do you believe that IDSOs understand if someone is giving consent to engage in sexual activities?
 - a. Probing Questions
 - a. Do you feel IDSOs understand that they are causing harm to another person?
 - b. What do you believe is the motivation for IDSOs when they engage in criminal behavior?

Appendix B: Social Media Post

I am a student researcher for Walden University and am looking for participants for my doctoral research study. The study is seeking participants years 18 and older to participate in a brief interview. If you wish to be a part of this study, please contact Allison Westphal at XXX@waldenu.edu or call XXX.