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Effect of Gender on Attitudes Toward Female Sexual Offenders

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Walden University

College of Social and Behavioral Sciences

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Heidi Senethavilay

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Walden University
2018

Abstract

Effect of Gender on Attitudes Toward Female Sexual Offenders

by

Heidi M. Senethavilay

MA, Boise State University, 2005

BS, Boise State University, 2002

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

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Abstract

Mental health professionals may lack the necessary knowledge and competency to work with female sexual offenders. The purpose of this quasi-experimental study was to determine whether gender influences attitudes toward sexual offenders and their treatment outcomes among psychology and mental health graduate students. This study was grounded in a dual form of deductive theory; alpha and beta bias was the primary theory and constructivism was the secondary theory. Data were collected from 186 graduate students in mental health programs from multiple universities. The Community Attitudes Towards Sex Offenders and the Attitude Towards the Treatment of Sexual Offender assessments were used to measure attitudes toward sexual offenders and attitudes toward sexual offender treatment. Factorial ANOVAs revealed a main effect for offender gender, with more negative attitudes toward female sexual offenders and the treatment of female sexual offenders. A significant interaction effect was found between gender of participant and gender of offender. Attitudes toward female treatment were more negative, particularly with male participants. Considering that most sexual offender treatment programs and awareness programs are geared toward male offenders, findings may be used to develop more effective policy and treatment for female sexual offenders.

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Dedications

To my sons, Jaxon and Nolan, you two are my inspiration and motivation. I love you both more than you will ever know.

To my mother, your constant encouragement, support, love, and laughter will never be forgotten.

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Chapter 1: Introduction to the Study

An individual's perception of male and female sexual offenders and the effectiveness of sexual offender treatment can be influenced by multiple factors. These influences range from personal beliefs, biases, and experiences to professional expectations, trainings, and education (Conley, Hill, Church, Stoeckel, & Allen, 2011). An individual's perception can also be altered by media consumption. For instance, there appears to be an abundance of public exposure to sexual offenses considering the popularity of television series such as *Law and Order: Special Victims: Special Victims Unit* (Baer, 2000) and *Dateline NBC: To Catch a Predator* (Bartel, 2004). As individuals engage in media, education, and personal experiences, their attitude toward sexual offenders is exposed to considerable influence regardless of accuracy (D. L. Rogers & Ferguson, 2011). Also, the accuracy of the information regarding sex offender treatment is generally not readily disclosed outside of peer-reviewed research (Gannon et al., 2014). Even less information is provided about the complexities surrounding female sexual offenders and effective treatment for the female sexual offender population (Gannon et al., 2014). Influences and stereotypes are present within professional entities that work both directly and indirectly with both genders of sexual offenders (Conley et al., 2011). Additionally, stereotypes and assumptions regarding what sexual offenses females are capable of committing are found not only within the general public, but also among professional sex offender treatment providers and correctional agencies (Kleban & Jeglic, 2012; Malinen, Willis, & Johnston, 2014). As such, it is reasonable to assume that graduate students working toward degrees in mental health fields are also vulnerable to

media influence and stereotyping, particularly when female sexual offenders are involved.

The previous decade of research in sex offender treatment has drawn attention to the need for specialized programs for sexual offenders (Black et al., 2013; Gannon & Cortoni, 2010; Gannon et al., 2014; Levensen, Macgowan, Morin, & Cotter, 2009; Ward & Moreton, 2008). Common stereotypes, such as the belief that “stranger danger” is a larger threat than sexual abuse perpetrated by persons known to the victim, are another area highlighted within the literature (Butler, Goodman-Delahunty, & Lulham, 2012; Olver, Ashley, & Barlow, 2010; Sanghara & Wilson, 2006). Attitudes toward sexual offenders by the general public, government assistance workers, correctional staff, and policing agencies have also been reviewed (Grady, Howe, & Beneke, 2013; Payne, Tewksbury, & Mustaine, 2010; Sanghara & Wilson, 2006).

The goal of this research was to investigate whether attitudes toward sexual offenders among psychology graduate students vary based on the gender of the offender and the gender of the student. Additionally, this research addressed whether attitudes toward treatment outcomes differ based on gender of the offender and gender of the student. Therapists have the ability to inadvertently influence their clients as well as shape public policy and program funding (Butler et al., 2012; Craig, 2005; Engle, McFalls, & Gallagher, 2007). As such, this study was important considering the influence it may have on training modalities for future treatment providers. More specifically, this study could reveal stereotypes and attitudes that graduate students have toward sexual offenders, particularly female sexual offenders. Additionally, it could reveal students’

attitudes toward sexual offender treatment as it pertains to both female and male sexual offenders. These findings could facilitate additional research on how gender affects attitudes toward the development of a therapeutic alliance with both genders of sexual offenders.

Chapter 1 includes background information regarding the research that has been conducted on perceptions relating to sexual offender treatment outcomes and attitudes toward sexual offenders. The problem statement is presented as well as the purpose of this research. I also describe the quasi-experimental design and present the research questions and hypotheses.

Background

Attitudes of individuals are potentially influenced by a number of factors including environment, personal experiences, and media coverage (D. L. Rogers & Ferguson, 2011). Professionals in the sex offender treatment field are not exempt from such influences; Craig (2005) pointed out that, after intense trainings, professionals reported gaining more positive attitudes toward their clients and treatment success. However, gender of the treatment provider and gender of the offender have not been extensively studied.

According to the treatment literature reviewed, there appears to be cognitive processing variations between male and female sexual offenders (Beech, Bartels, & Dixon, 2012; Gannon & Alleyen, 2012; Gannon & Cortoni, 2010; Gannon, Rose, & Ward, 2008; Pflugradt & Allen, 2010). Some of the similarities are described as errors in thinking such as justifying inappropriate behaviors, blaming others, and/or not taking

responsibility for poor choices (Beech et al., 2012; Gannon & Alleyen, 2012). For instance, Beech et al. (2012) suggested that female and male sexual offenders process information similarly regarding sex with children via the belief that the child is not harmed because children are sexual beings. On the other hand, some researchers (Blanchard & Tabachnick, 2002; Gannon & Cortoni, 2010; Oliver, 2007) pointed out that most female sexual offenders were sexually abused as children and understand the pain of such trauma.

Within the sexual offender literature, the issue of entitlement has been theorized (Beech et al., 2012) such that some sexual offenders believe they are superior to others and are justified in doing whatever they want. However, many female sexual offenders often experience subjugation during offenses with their male partners (Gannon & Alleyen, 2012). Also, a vast amount of personal distress at the time of the offense has been reported by many female sexual offenders (Gannon & Alleyen, 2012). The opposing viewpoints of researchers (Gannon et al., 2014; Holtfreter & Wattanaporn, 2013; Levenson et al., 2009) regarding differences between male and female sexual offenders can also be found within sexual offender treatment program literature.

Researchers found that it is not uncommon for treatment facilitators to modify and revise curriculum to accommodate the female sexual offender population (Strickland, 2008). This revision process skews any resemblance of reliability and validity relating to best practices and evidence-based programs (Strickland, 2008; Vandiver, Cheeseman-Dial, & Worley, 2008). Additionally, unaddressed traumatic and emotional issues frequently surface via triggers from the treatment materials such as reflection on the

offender's own childhood sexual abuse (Gannon & Cortoni, 2010). More specifically, women's treatment needs are focused on cognitive and behavioral connections, underlying reasons for interests in deviant sexual activities, empathy, social and intimate relationships, coping mechanisms, codependency, and ongoing domestic abuses (Levensen et al., 2009; Ward & Moreton, 2008). Perhaps if these components were specifically addressed in female sexual treatment modalities, then treatment effectiveness could be increased. For instance, some female offenders are directed by a male significant other to sexually abuse, and the female complies in an effort to remain in an unhealthy relationship; males do not typically experience this phenomenon (Gannon et al., 2008; Gannon & Cortoni, 2010; Gannon et al., 2014; Holtfreter & Wattanaporn, 2013). As the debate surrounding differences between female and male sexual offenders and appropriate treatment modalities continues among professionals in the field, attitudes are shifting among those professionals regarding sexual offenders and sexual offender treatment success.

Attitudes toward sexual offenders appear to vary between professionals and the public (Church, Wakeman, Miller, Clememts, & Sun, 2008; Conley et al., 2011; Malinen et al., 2014). Attitudinal differences seem to stem from multiple factors including various media sources, personal experiences, education, and professional experiences (Malinen et al., 2014; Mellor & Deering, 2010). Within the professional arena, correctional and police officers appear to hold the most negative views of sexual offenders while social workers and counselors seem to have the most positive outlooks regarding sexual offenders (Church et al., 2008; Conley et al., 2011; Nelson, Herlihy, & Oescher, 2002). The type of offense appears to influence an individual's attitude toward sexual offenders (Ferguson &

Ireland, 2006). For instance, many study participants deemed the offender of a child rape case less morally sound than the offender of an adult rape case (Ferguson & Ireland, 2006; Kleban & Jeglic, 2012).

Regarding attitudes toward sex offender treatment success, perceptions vary between the public and professionals who facilitate sexual offender programs (Olver et al., 2010; P. Rogers, Hirst, & Davies, 2011). Studies (Olver et al., 2010; P. Rogers et al., 2011) indicated that individuals outside of the social work and counseling fields believe that the younger a victim is, the more severe the punishment should be for a sexual offender. Most participants in Olver et al.'s (2010) and P.P. Rogers et al.'s (2011) studies of attitudes toward sexual offender rehabilitation reported that sexual offenders should undergo sex offender treatment, but only if the treatment will be successful. A more thorough discussion of the Olver et al.'s (2010) and P. Rogers et al.'s (2011) research is provided in Chapter 2. Although gender of the participant was factored into the analysis for both studies, gender of the sexual offender was not addressed.

None of the researchers (Conley et al., 2011; Gakhal & Brown, 2011; Malinen et al., 2014) who measured attitudes toward sexual offenders examined the gender of both the participant and the sexual offender. However, Conley et al. (2011), Gakhal and Brown, (2011), and Malinen et al. (2014) indicated that women had more positive attitudes toward sexual offenders in general. The most recent research that addressed gender and measured attitudes toward sex offender treatment was conducted by Engle et al. (2007) and Wnuk, Chapman, and Jeglic,

(2006). Whether the gender of future treatment providers affects their attitudes toward sexual offenders and sexual offender treatment prognosis was not clear. As such, a study was needed to assess for gender of the participant, gender of the offender, as well as the influence of gender on treatment success to fill this gap in the literature.

Statement of the Problem

The stereotypical belief that only men are capable of being sexual offenders is frequently noted in the sexual abuse literature (Gannon & Cortoni, 2010; Gannon et al., 2014). Society struggles to comprehend that women, who are generally seen as nurturers, are capable of being sexual offenders (Gannon & Cortoni, 2010; Holtfreter & Wattanaporn, 2013). This misconception is problematic as psychology and counseling graduate students are preparing to work with clients without a thorough knowledge of potential gender biases they may bring to sessions with them. Unidentified gender bias could affect not only the therapeutic alliance with individual clients, but treatment success rates as well.

More researchers are highlighting the behaviors of female sexual offenders, and better treatment of sexual offenders is being discussed among professionals and students who are members of the Association for the Treatment of Sexual Abusers (ATSA), criminal justice agencies, and the public (Gannon & Alleyen, 2012; Gannon et al., 2014; Grady et al., 2013). Overcoming stereotypical gender dynamics is difficult for many individuals, and recognizing gender bias that may influence personal attitudes toward sexual offenders and sex offender treatment may be a struggle as well (Gakhal & Brown, 2011; Gannon & Alleyen, 2012; Gannon & Cortoni, 2010; Gannon et al., 2014).

Previous researchers had overlooked the possible attitudinal connection between the gender of the provider, gender of the offender, and attitudes regarding treatment prognosis. This was problematic as professionals in the field are expected to provide treatment to sexual offenders as well as set the standard for expectations of program development and program funding (Craig, 2005; Engle et al., 2007). Additionally, development of public policy is vested in recommendations by field experts (Craig, 2005; Engle et al., 2007; Kleban & Jeglic, 2012). Most sex offender research has focused on male offenders (Church et al., 2008; Conley et al., 2011; Gakhal & Brown, 2011; Gannon & Alleyen, 2012; Gannon & Cortoni, 2010; Gannon et al., 2014), and only a handful of studies have addressed the attitudes, offender gender, and treatment prognosis (Gannon et al., 2014; P.P. Rogers et al., 2011; Wnuk et al., 2006). The current study may provide a venue for social change within current educational training programs for graduate students regarding sex offender therapy and treatment by honing in on how attitudes are possibly affected by gender.

Purpose of the Study

The purpose of this quantitative, quasi-experimental study was to determine whether attitudes toward sexual offenders among psychology and counseling graduate students vary based on the gender of the offender and the gender of the student. I also investigated whether offender and student gender influences attitudes toward treatment success.

For this study, the independent variables were gender of the student participant and gender of the offender, and the dependent variables were attitude toward sex offenders and

attitudes toward treatment outcomes. The Attitude Towards the Treatment of Sexual Offenders (ATTSO) (Wnuk et al., 2006) scale was used to measure graduate students' attitudes toward sexual offender treatment. The Community Attitudes Towards Sex Offenders (CATSO) (Church et al., 2008) scale was used to measure graduate students' attitudes toward sexual offenders. A demographic questionnaire that addressed education level, experience with sexual offenders, and clinical experience was also used. A quasi-experimental design allowed for the gender variable to be thoroughly analyzed and integrated into the research findings after participants reported their opinions, views, and beliefs regarding sexual offenders and treatment success. This was the best option for this study considering that the surveys used were altered to reflect gender-specific questions. Also, I compared groups of independent variables (gender of the participant and gender of the sexual offender).

Research Questions and Hypotheses

Research Question 1: Do psychology graduate students' attitudes toward sexual offenders differ based on gender of the offender and gender of the student?

H₀1: Attitudes of psychology graduate students toward sexual offenders do not differ depending on offender gender and student gender as measured by the CATSO/CATFSO.

H_a1: Attitudes of psychology graduate students toward sexual offenders differ depending on offender gender and student gender as measured by the CATSO/CATFSO.

To analyze the data retrieved from the CATSO/CATFSO, I summed the factors to determine a total score. A 2x2 factorial ANOVA was run by grouping one predictor variable (student gender) and the second predictor variable (sexual offender gender) with the criterion variable (attitude).

Research Question 2: Do psychology graduate students' attitudes toward treatment outcomes success for sexual offenders differ based on gender of the offender and gender of the student?

H₀2: Attitudes of psychology graduate students toward treatment success of sexual offenders do not differ depending on offender gender and student gender as measured by the ATTSO/ATTFSO.

H_a2: Attitudes of psychology graduate students toward treatment success of sexual offenders differ depending on offender gender and student gender as measured by the ATTSO/ATTFSO.

To analyze the data retrieved from the ATTSO/ATTFSO, I summed the factors to determine a total score. A 2x2 factorial ANOVA was run by grouping one independent variable (student gender) and the second independent variable (sexual offender gender) with the criterion variable (attitude).

Theoretical Foundation

In this quasi-experimental quantitative study, I used a dual form of deductive theory by including alpha and beta bias as the primary theory and constructivism as the secondary theory to illustrate how female sexual offenders are often viewed as having a lesser harmful impact on their victims than their male counterparts (Gannon & Cortoni,

2010; Hare-Mustin & Marecek, 1987; Mellor & Deering, 2010). More specifically, these theories were relevant to this research design because people often assume that women are not capable of committing sexual offenses (Gannon & Cortoni, 2010). People often assume that sexual offense charges against women must be inaccurate, and punishment should not be the same as what a man would receive for the same offense (Gannon et al., 2014; Mellor & Deering, 2010). This view of female sexual offenders having a lesser impact on victims could result in treatment providers implementing strategies that are less effective (Gannon & Cortoni, 2010; Mellor & Deering, 2010). The alpha and beta bias component was important because it was used to describe how people assume that there are more differences between men and women (alpha bias) or fewer differences (beta bias) than what is accurate (Hare-Mustin & Marecek, 1987). People generally apply these biases to connect worldviews and meaning (Hare-Mustin & Marecek, 1987; Husserl, 1980; Rudestam & Newton, 2007). Hare-Mustin and Marecek (1987) pointed out that individuals often assume that there are more differences between men and women than the research suggests. Constructivism suggests that meanings are constructed by individuals via organizing and framing their experiences and perceptions (Hare-Mustin & Marecek, 1987). These theoretical foundations were appropriate for this study because gender bias can be viewed in different ways, including beta bias that minimizes the differences between men and women and alpha bias that exaggerates the differences (Hare-Mustin & Marecek, 1987).

Nature of the Study

The design of this study was quasi-experimental and the goal was to collect data pertaining to attitudes toward sexual offenders and their treatment outcomes among graduate students through the use of surveys. Gender was manipulated by changing the sexual offender questions on two of the surveys to reflect gender differences. For instance, the survey questions on the male versions included “he or him” to describe the sexual offender whereas the female versions included “she or her.” Both sets of surveys were the same except for these changes. The independent variables were gender of the participant and gender of the offender, and the dependent variables were attitude toward sex offenders and attitudes toward treatment success. The data were analyzed via factorial ANOVA’s on the ATTSO and CATSO. Demographic information was collected on education, gender, experience working with sexual offenders, and clinical experience. Gathering data regarding education level was necessary to focus on master’s or doctoral level students. Types of professional experience working with sexual offenders as well as clinical experience may have influenced the participants’ responses.

Definitions of Terms

Attitude: A positive, negative, or ambivalent way of viewing individuals, objects, ideas, or events (Eagly & Chaiken, 1998) that results in a feeling or way of thinking that is reflective in a person’s affect and/or behavior (Church et al., 2008).

Sexual offender: An individual who has engaged in sexually deviant and offensive behaviors (McCartan & Gunnison, 2010).

Treatment: A manner of treating to begin the process of psychological healing and/or understanding as implemented between two or more individuals, such as client/therapist and/or group therapy participants (Gannon et al., 2014).

Treatment success: Completion of a sexual offender treatment program (Gannon et al., 2014).

Assumptions

I assumed that the individuals who volunteered to participate in this study did so willingly and honestly by adhering to the prerequisites of participation. I also assumed that the participants would not bias the study. I assumed that the participants would complete the demographics questionnaire and complete both instruments, the ATTSO and the CATSO, honestly. Additionally, I assumed that the instruments chosen for this study, the ATTSO and the CATSO, would be appropriate for measuring the designated variables.

Scope and Delimitations

The scope of this study was limited to graduate students who are currently enrolled in psychology, counseling, mental health, or social work courses at various universities. Delimitations that identify the nonexperimental boundaries of this study included graduate level participants who were willing to complete all of the questionnaires. This study was limited to the possible attitudinal connection between the participant's gender, gender of the offender, and attitudes regarding treatment prognosis. Findings may be viewed as generalizable considering that graduate students from multiple universities participated in this study from numerous backgrounds and locations around the world.

Limitations

A possible threat to internal validity was social desirability response bias as it frequently emerges during surveys regarding beliefs and attitudes toward sensitive social issues (Gittelman et al., 2015). As such, the survey responses may not be a true representation of the attitudes of participants because they may have answered the questions based on what they thought the correct answer should be rather than how they truly believe. Gittleman et al. (2015) pointed out that interview-style survey participants tend to project their responses in a more favorable light whereas online anonymous survey responders tend to be more honest. To minimize the potential social desirability bias limitation, I noted in the survey instructions that numerous types of responses had been recorded in previous studies and there were no right or wrong answers. Participants were then asked to answer the online anonymous survey questions based on their personal opinions and experiences. According to Gittleman et al., providing a statement that normalizes various responses fosters more honest participation.

Another potential threat to validity was altering the survey questions to reflect gender specificity as it could have possibly skewed the validity. This threat was considered minimal, however, considering that Wnuk et al. (2006) and Church et al. (2008) both slightly altered Hoag's (1993) original Attitudes Toward Sexual Offenders (ATO) scale to measure attitudes toward sexual offenders within their own populations without skewing validity. As such, this quasi-experimental study had acceptable validity considering that the survey participants were from the graduate student population.

Significance

This study contributed to the sexual offender treatment research, specifically as applied to attitude, gender, and treatment of female sexual offenders. Previously missing from the reviewed literature was information that covers gender and attitude held by psychology graduate students toward the gender of sex offenders and whether such attitudes affect sex offender treatment application. Considering the potential influence that therapists have not only on clients but also in shaping public policy and program funding, missing such pertinent data was problematic (Craig, 2005; Engle et al., 2007; Kleban & Jeglic, 2012). This study provided a venue for additional studies that address the role attitude may play in developing a therapeutic alliance with a sex offender as a client. By revealing how attitudes are influenced by topics such as sexual offenders, these findings may add to the professional literature (Church et al., 2008; Conley et al., 2011; Gakhal & Brown, 2011). Examining participant gender as well as offender gender was critical as research confirms that men and women are socialized differently and tend to process information and situations differently (Gannon & Cortoni, 2010; Gannon et al., 2014). For instance, women are generally socialized to be caretakers and focus on developing and maintaining relationships, whereas men are typically socialized to be in control and emotionally distant (Denov, 2004; Gannon et al., 2014). Also of significance is the reduction and/or elimination of harm to potential victims by sexual offenders returning to or remaining in communities without appropriate treatment. A review of the literature indicated a minimal amount of information pertaining to appropriate gender-specific sex offender treatment application (Gannon & Cortoni, 2010; Gannon et al., 2014; Gannon et al., 2010). Chapter 2

provides a more detailed explanation of the issues surrounding treatment for female sexual offenders.

Social Change

Regarding stereotypes and attitudes, researchers have designed studies based on assumptions that professionals in the sex offender field would have more concrete knowledge about sexual offenders than individuals from the general public (Sanghara & Wilson, 2006). Payne et al. (2010) looked at how victimization, demographics, and communities shape individuals' beliefs and attitudes about sex offender rehabilitation. Payne et al. found that the general public presumes that professionals in the field set the attitudinal tone by developing standards for training and public policy regarding sexual offender treatment. The current study has social change potential by focusing on the attitudes of future treatment providers regarding the gender of the offender and how gender may predict treatment success. Gender of the participant was also considered to identify how (or if) attitudes differ regarding gender toward sexual offenders. The overarching goal of the study was to promote more informed training and policy development. The study could have ethical implications via appropriate treatment application as future psychologists and counselors are preparing to work with female sexual offenders. This study also has implications for positive social change by bringing to light gender as an appropriate sexual offender treatment issue that has not been adequately addressed in the literature.

Summary

The purpose of this study was to investigate whether attitudes toward sexual offenders among psychology and counseling graduate students vary based on the gender of the offender and the gender of the student. Additionally, I examined whether gender of the offender and gender of the student differ regarding attitudes toward treatment outcomes. Findings may promote more informed treatment applications through best practices of evidence -based trainings and education. This study was necessary because the most recent research that addressed attitudes toward sexual offenders and treatment prognosis while assessing for offender gender was completed in 2006 by Wnuk et al. This study differed from the research conducted by Wnuk et al. as data were gathered from mental health graduate students as opposed to participants from a general public research pool. Information gathered from graduate students was important as these individuals will likely have the opportunity to provide treatment for the sexual offender population. In Chapter 2, I review the literature pertinent to the study topic.

Chapter 2: Literature Review

At some point in a mental health provider's career, the individual may be asked to provide services for a convicted sexual offender. Whether the individual is prepared and trained for such a task is important, but also of importance is the attitude of the clinician as attitude influences the therapeutic alliance, approach, and treatment outcome (Denov, 2004; Gakhal & Brown, 2011; Mellor & Deering, 2010; Nelson et al., 2002). At the time of the study, the attitudes of graduate psychology, mental health, social work, and counseling students toward male and female sexual offenders were unknown. Having such information is significant given that many graduate students are training to become clinical providers for these individuals. It was beneficial to investigate how attitude toward the sex offender population affects the training of graduate students.

This research was intended to promote understanding of possible attitude differences among graduate psychology, mental health, social work, and counseling students regarding men and women who have committed sexual offenses. Considering the potential relation between treatment and recidivism as it pertains to sex offenders, it was reasonable to conduct a quasi-experimental study that could help future treatment providers become aware of their attitudes toward providing services for this population (Sahl & Reid Keene, 2012; Strickland, 2008). A question that needed to be answered was the following: What attitudes do current psychology, mental health, social work, and counseling graduate students hold in relation to sex offender treatment and could these attitudes be a help or a hindrance to the practice of sex offender treatment?

To address this larger question, I posed the first specific research question: Do

general attitudes toward sexual offenders differ based on gender of the offender and gender of the participant? The second specific research question was as follows: Do attitudes toward treatment outcomes for sexual offenders differ based on gender of the offender and gender of the participant? Answers to these questions could assist in the prevention of further sexual abuse of victims through better treatment programs for offenders (Gannon & Cortoni, 2010; Gannon & Rose, 2008; Levensen et al., 2009; Strickland, 2008). Another consideration was that treatment provider attitudes tend to shape public policy (Payne et al., 2010). For instance, if therapists do not believe that treatment success is feasible, then policymakers will likely not fund rehabilitation programs (Payne et al., 2010). Therefore, attitudes toward sexual offenders and attitudes toward sexual offender treatment should be considered when developing ethical policies.

Various mental health professionals have been assessed regarding attitudes toward sexual offenders including professional counselors, psychologists, and social workers (Conley et al., 2011; Denov, 2004; Gannon & Cortoni, 2010; Levensen et al., 2009; Mellor & Deering, 2010). The attitudes of undergraduate students, police, and correctional staff have also been assessed (Church et al., 2008; Denov, 2004; Gakhal & Brown, 2011; Gannon & Cortoni, 2010; Lea, Auburn, & Kibblewhite, 1999; Oliver, 2007; Sahl & Reid Keene, 2012; Strickland, 2008; Wijkman, Bijleveld, & Hendriks, 2010). Additionally, differences of attitudes as a function of participant demographics have been reviewed (Willis, Malinen, & Johnston, 2013). However, graduate psychology students had not been assessed regarding their views, understandings, and perceptions of the gender of sex offenders and their attitudes toward providing sex offender treatment.

In reviewing the literature on schemas presented by female and male sex offenders, various components surfaced including similarities as well as differences (Beech et al., 2012; Gannon & Alleyen, 2012; Gannon & Cortoni, 2010; Gannon et al., 2008). Specific characteristics pertaining to offenders were examined and perceptions relating to the amount of harm done to victims were also investigated (Denov, 2004). Traditionally, the public consensus has revolved around women as victims and men as perpetrators (Denov, 2004; Gannon & Cortoni, 2010; Mellor & Deering, 2010). As Mellor and Deering (2010) pointed out, a problem with this consensus is that professionals in the counseling field may discount the possible trauma generated from female sexual abusers. Applicable treatment methods, including gender-specific modalities, were examined and common treatment issues were explored (Gannon & Cortoni, 2010; Oliver, 2006). The current literature review also addresses program effectiveness regarding proper implementation, instructor competency, and appropriate client applicability methods. In addition, I review the effects of attitudes toward sex offenders by numerous entities (see Church et al., 2008; Conley et al., 2011; Mellor & Deering, 2010). Finally, I look at how the media influences attitudes, perceptions, and public policies and how changes in attitudes of professionals could be implemented to promote better treatment outcomes (see Craig, 2005; Kleban & Jeglic, 2012).

Literature Search Strategy

I gathered sources for the literature review via Psyc Info, Academic Premier Databases, ERIC, Google Scholar, Association for the Treatment of Sexual Abusers (ATSA) website, and peerreviewed journals. Articles and dissertations published from

1985 through 2016 were included in the review. Key words used to search the journal articles were *sex offenders, sex offender treatment, female sexual offenders, characteristics of sex offenders, stereotypes, sexual abuse, gender bias, women who molest, attitudes, alpha bias, beta bias, and attitudes towards sex offenders*. Additional key words searched were *alpha and beta bias, deductive theory, and constructivism*. *Mental Measurement Yearbooks* provided information on applicable testing instruments.

Theoretical Framework

I used a dual form of deductive theory including alpha and beta bias as the primary theory and constructivism as the secondary theory to describe how female sexual offenders are often viewed as having a lesser harmful impact on their victims than their male counterparts, thereby possibly resulting in less effective treatment applications (see Gannon & Cortoni, 2010; Mellor & Deering, 2010). People often assume that men and women differ more than the research indicates, which results in alpha bias (Hare-Mustin & Marecek, 1987). On the other hand, beta bias is present when women and men are believed to differ less than what is accurate (Hare-Mustin & Marecek, 1987). To better understand the concept of alpha and beta bias, the root of the theory (bias) was closely examined. Instead than viewing bias as a mistake, I chose to define bias as a social construct that effects specific aspects of reality and ignores or overlooks other aspects (see Hare-Mustin & Marecek, 1987). The issue of gender bias can appear in multiple settings, including graduate level classrooms.

Complementary to alpha and beta bias, constructivism infers that individuals are not simply observing their surroundings, but rather creating reality by organizing and

framing their experiences and perceptions by actively constructing meaning (Hare-Mustin & Marecek, 1987). The constructivist approach focuses on the issue of gender as irresolvable (Hare-Mustin & Marecek, 1987). More specifically, Hare-Mustin and Marecek (1987) suggested that gender bias can be viewed in two ways: alpha bias, which exaggerates the differences between genders, and beta bias, which minimizes the differences. Alpha and beta bias theory, viewed through the lens of constructivism, was applicable to this study comparing the gender of the participants and the gender of the sexual offender.

Constructivism was used by Mellor and Deering (2010) to support the hypothesis that most child protection workers and psychology professionals hold skewed beliefs regarding sexual offenders. The participants in Mellor and Deering's study indicated that they had not received gender-specific sex offender training and based their responses on their own worldviews. Similarly, Nelson et al. (2002) examined counselor attitudes toward sex offenders and found that participant responses were based on personal viewpoints rather than empirical research or evidence-based training.

Although phenomenology was used to frame the stereotypes and attitudes about child sexual abusers studied by Sanghara and Wilson (2006), these researchers designed their study based on the assumption that professionals in the field would have better knowledge about sex offenders than the general public. Payne et al. found that the general public looks toward the professionals who provide the treatment to set the attitudinal tone. Recognizing the possibility of alpha and beta bias among treatment providers is critical.

The current study included both alpha and beta bias and constructivist theoretical frameworks by hypothesizing that, similar to the research findings regarding students, psychologists, forensic personnel, counselors, and social workers (Church et al., 2008; Conley et al., 2011; Denov, 2004; Gannon & Cortoni, 2010; Gakhal & Brown, 2011; Hare-Mustin & Marecek, 1987; Lea et al., 1999; Levensen et al., 2009; Mellor & Deering, 2010; Oliver, 2006; Sahl & Reid Keene, 2012; Strickland, 2008; Wijkman et al., 2010), psychology graduate students would also view female sex offenders differently than male sex offenders for similar offenses. The hypothesis that graduate students would view female sexual offenders differently was based on Hare-Mustin and Marecek's (1987) findings that individuals often struggle to separate perceived societal gender roles. Congruent findings regarding attitudes among graduate students could possibly lead to identifying deficits in existing training programs, thereby precipitating an opportunity for social change. The dual theories of alpha and beta bias (primary) and constructivism (secondary) were the theoretical framework best suited for this study.

Sexual Offenders

With the popularity of television series such as *Law and Order: Special Victims Unit* (Baer, 2000) and *Dateline NBC: To Catch a Predator* (Bartel, 2004), the public has media exposure to both fictional and nonfictional accounts of sex offenders that shape individuals' beliefs regarding sex offenders. The accuracy of impressions and attitudes developed via media depictions of sex offender behavior is not only highly questionable, but also creates stereotypes (Gannon & Cortoni, 2010; D. L. Rogers & Ferguson, 2011; Sanghara & Wilson, 2006). A problem with stereotyping is that it creates a venue for

potential abusers to go undetected (Sanghara & Wilson, 2006) as well as possibly deterring offenders from obtaining treatment (Craig, 2005). For instance, the stereotypical “stranger danger” rhetoric is problematic as most victims know their abuser (Gannon & Cortoni, 2010; Sanghara & Wilson, 2006). Research indicated that 75-84% of child sexual abusers are family members, friends of the family, acquaintances, child care providers, or neighbors (Sanghara & Wilson, 2006). Images of dirty old men in trench coats are conjured up by stranger danger rhetoric rather than the babysitter who is actually implementing the abuse (Denov, 2006; Gannon & Cortoni, 2010). This lack of awareness highlights the need for more competencies via evidence-based research.

Schema Similarities Between Male and Female Sexual Offenders

Through comparison of male and female offenders, a foundation can emerge for understanding the motives for sexual offender behaviors. Distorted thought processes appear to be a common component among offenders (Beech et al., 2012; Gannon & Alleyen, 2012; Gannon & Cortoni, 2010; Gannon et al., 2008; Pflugradt & Allen, 2010). Faulty cognitions include entitlement and a belief that no real harm is done to a victim (Beech et al., 2012; Gannon & Alleyen, 2012). Another similarity among both genders, particularly for individuals with pedophilia, is lack of a healthy attachment (Beech et al., 2012). On the other hand, differences appear to be that female offenders tend to have the presence of subjugation or allowing another to have excessive control (Gannon & Alleyen, 2012).

Beech et al. (2012) suggested that female sexual offenders display distorted schemas that are similar to male sexual offenders regarding sex with children. More

specifically, Beech et al. reported that many pedophiles view children as sexual beings and believe that virtually no harm can be inflicted on the child. Opposite this view, Gannon and Cortoni (2010) pointed out that most female offenders were sexually abused as children and therefore are aware of the trauma such behaviors can inflict. Beech et al. also noted that some pedophiles believe they cannot control their behaviors. Another schema presented by Beech et al. is the pedophilic belief that children are less threatening than adults, thereby making sex with them appropriate.

Entitlement is another distorted schema in that the offender believes he or she is superior to others and therefore is entitled to do what he or she wants (Beech et al., 2012). However, Gannon and Alleyen (2012) argued that although some similarities are present, women tend to have the presence of subjugation (allowing another person excessive control), ensuring another person's needs are met before their own. Gannon and Alleyen also noted that women often experience high levels of personal distress at the time of their offense. Some researchers argued that male and female cognitions are very similar (Beech et al., 2012) whereas others disagreed (Gannon & Alleyen, 2012; Gannon & Cortoni, 2010; Gannon et al., 2008).

In terms of treatment, researchers pointed out that cognitive behavioral approaches are effective in addressing distorted beliefs and thought processes (Beech et al., 2012; Gannon & Cortoni, 2010). However, programs that are time limited are not as effective as groups that are ongoing because cognitive processes do not develop overnight and cannot be changed quickly (Gannon & Cortoni, 2010). Beech et al. (2012)

reported that good life models appear to be more effective than prevention-based models as offenders reported obtaining better attitudes and motivation to change.

A final consideration discussed by Beech et al. (2012) is the issue of insecure attachment style displayed by many sexual offenders of minors. Individuals with insecure attachment tend to have more distorted beliefs than those with secure attachment styles (Beech et al., 2012; Gannon & Alleyen, 2012; Gannon & Cortoni, 2010; Gannon et al., 2008; Pflugradt & Allen, 2010). As such, it is recommended by several researchers (Beech et al., 2012; Gannon & Alleyen, 2012; Gannon & Cortoni, 2010; Gannon et al., 2008) that underlying issues stemming from an abusive childhood be addressed in an effort to alter distorted schemas. Another component that seems to parallel both genders and categories of offenders is the inability to establish a satisfying adult relationship (Frost, Ware, & Boer, 2009; Marshall, Anderson & Fernandez, 1999; Marshall et al., 2005; Ward, 2002; Ward & Marshall, 2004).

Preventing Abuse and Supporting Survivors

Most sexual abuse prevention programs are developed to assist victims (Oliver, 2007). Very few prevention programs focus on reaching out to adolescents and adults who are at-risk for sexually offensive behaviors (Blanchard & Tabachnick, 2002; Oliver, 2007). Even fewer prevention programs, if any, hone in on potential female sexual offenders. For instance, in an effort to reduce rape myth ideologies, programs and slogans such as “No means No” are displayed at various college campuses (Oliver, 2007). Such programs are geared toward the male psyche rather than being gender neutral (Blanchard & Tabachnick, 2002; Denov, 2004).

According to Oliver (2007), many female offenders abuse children while babysitting. This unreported information was provided by participants in the Oliver (2007) study wherein female college students were asked if they had ever involved a child in sexual activity. Approximately 3% of the participants revealed that between the ages of 10 and 14, they had abused much younger children out of “curiosity” (Oliver, 2007). Of the 3% of participants who revealed the abusive behavior, a few (a more specific amount was not noted) reported that they inappropriately fantasize about children and masturbate to those fantasies (Oliver, 2007).

Considering that most female sexual offenders are victims of childhood sexual abuse, perhaps prevention could come in the form of better support for survivors of such abuse (Blanchard & Tabachnick, 2002; Gannon & Cortoni, 2010; Oliver, 2007). Prevention and/or intervention could also take place by addressing distorted thought processes, including reducing deviant sexual fantasies that involve children (Gannon & Cortoni, 2010; Oliver, 2007). Educating the public about the misconception that women do not or are not capable of sexually offending is another possible way to prevent abuse (Gannon & Cortoni, 2010; Oliver, 2007).

Perceptions of Harm Done by Male Versus Female Offenders

Research indicates that many sexual crimes committed by females have been viewed as less problematic than those committed by males (Oliver, 2006; Pflugradt & Allen, 2010; Sahl & Reid Keene, 2012; Strickland, 2008). More specifically, Denov (2004) reports that society believes that the harm done by female offenders, both psychologically and physically, is not as pervasive as harm inflicted by males who

engage in the same offenses. This consensus spans from criminal justice personnel to social work specialists (Denov, 2004). Such a belief could play into the lack of need to address the issues presented by the female sexual offender population. More importantly, this indifferent viewpoint essentially allows female offenders to remain a danger to children by not holding them accountable for her their behaviors (Denov, 2004; Gannon & Cortoni, 2010).

Emerging research is starting to debunk the nonchalant belief that female sex offenses are less harmful than male offenses (Pflugradt & Allen, 2010). Results from the Denov (2004) study revealed that victims who had been abused by both males and females reported that the experience was far more traumatic when a female was the abuser because it disrupts trust and creates a sense of betrayal. One of the participants indicated that the experience left her believing that there was no such thing as a “safe place” (Denov, 2004, p. 9). Another participant stated that the molestation by her mother and grandmother was far more psychologically damaging than the sexual encounters she was forced to have with her father (Denov, 2004). Although there was not a definitive explanation as to why this was more psychologically damaging for this particular participant, another participant in the Denov study did relay some pertinent information. The female participant reported that she had been sexually abused by a male babysitter and then a few years later by a female babysitter. Psychologically, the abuse sustained by the female abuser was more severe as the participant struggles to comprehend and conceptualize the betrayal of a female sexually assaulting another female (Denov, 2004; Gannon & Cortoni, 2010).

As reported by the Denov (2004) study participants ($n=14$), the long-term aftermath was rage and depression for 64%, suicidal ideation for 79%, 39% engaged in self-harm, and 100% relayed a mistrust of women as well as interpersonal relationship issues. Many of the victims expressed their rage by way of violent sexual fantasies and homicidal ideations against their perpetrator(s) and other women. All of the participants revealed problems with self-concept, self-esteem, and identity, each of which they believe tied back to the abuse inflicted by a female (Denov, 2004).

Additional problems revealed by Denov's (2004) research participants is discomfort with sex, and 86% of the participants feared they would become the molester. Some victims revealed they had abused children some; of these individuals, some were convicted and others were not caught (Denov, 2004; Gannon & Cortoni, 2010). A few of the participants chose not to have children and engaged in medical procedures to ensure that conception was not possible. Overall, Denov (2004) stated that 93% of the victims of female offenders, particularly mother-child abuses, experience psychological and physiological dysfunction throughout their lives. As such, the idea that female sexual offenders are not as harmful as male offenders is vastly inaccurate (Denov, 2004; Gannon & Cortoni, 2010; Oliver, 2007; Sahl & Reid Keene, 2012; Strickland, 2008; Wijkman et al., 2010).

In terms of victim experiences, a major difference between female and male offenders is the sense of betrayal is paramount when the abuser is a female because females are viewed as protectors and nurturers (Denov, 2004; Gannon & Cortoni, 2010; Oliver, 2006; Sahl & Reid Keene, 2012; Strickland, 2008;). A drawback of the Denov

(2004) research is that the sample was gathered from clinical locations and therefore the results may be skewed toward extreme cases. As a better understanding of victim experiences comes to light, the question of what motivates an offender emerges.

Differences in Motives

Research indicates that females are the perpetrators in approximately 3 to 13% of child sexual abuse cases (Gannon & Alleyen, 2012; Gannon & Cortoni, 2010; Kaufman, Wallace, Johnson, & Reeder, 1995). Kaufman et al. (1995) looked at the differences in male and female motives via victim reports. The authors' (Kaufman et al., 1995) reasoning for this method of data gathering was that offenders often under-report their behaviors. With regards to the offenses, two notable differences emerged: females engaged significantly more often in the use of foreign objects and in allowing other adults to sexually abuse the child (Gannon & Alleyen, 2012; Kaufman et al., 1995). Forcing a child to watch pornography and live sexual activities is also slightly higher for females (Gannon & Cortoni, 2010; Kaufman et al., 1995). It is also reported that none of the females utilized bribery whereas 11% of males implemented bribery (Kaufman et al., 1995).

Fundamentally, the motivational differences may be that males seek pleasurable gratification whereas females, particularly those who allow others to abuse the child, are seeking acceptance, intimacy, and emotional satisfaction (Gannon & Alleyen, 2012; Gannon & Cortoni, 2010; Gannon et al., 2008; Kaufman et al., 1995). Based on the examples given, these different sets of motives may lend justification for separate treatment modalities for male and female sexual offenders. On the other hand, it is also

pointed out that females with a male co-defendant could more easily hide their motives by fully blaming the co-defendant (Gannon & Alleyen, 2012; Gannon & Cortoni, 2010).

Pflugradt and Allen (2010) investigated and compared neuropsychological functioning of male and female sex offenders via a battery of psychological test results. The researchers found that males tend to score higher on impulsivity and poor response inhibition sections than female sex offenders (Pflugradt & Allen, 2010). Based on such finding, this indicates that most female sexual offenses are not the outcome of impulsivity but rather the result of planning and preparing for a goal directed event. Pflugradt and Allen (2010) also report that the mechanisms for the offensive behaviors are different in that deviancy in males appears to be connected to cognitive deficits, but female motives are influenced by other dynamics. As such, exploration solidifying the characteristics of female sex offenders is necessary.

Characteristics of the Female Offender

In most cultures, the socialization process of females revolves around relationships, caretaking, and connection whereas males tend to be socialized toward aggression, emotional disconnect, and independence (Strickland, 2008). As such, it is assumed that female decision making also revolves around care giving, selflessness, and relationship connectedness. These beliefs make it difficult for society to grasp the concept that women are capable of instigating and performing sexually abusive acts (Strickland, 2008).

Numerous mental health issues tend to plague the female sexual offender population including co-dependency, low self-esteem, emotional immaturity, lack of

boundaries, sexual dysfunction, and anger (McCartan & Gunnison, 2010; Oliver, 2006; Strickland, 2008; Wijkman et al., 2010). Additionally, most of these complications stem from histories of physical, sexual, and/or emotional abuse, domestic violence, substance abuse, and social isolation (Gannon & Cortoni, 2010; McCartan & Gunnison, 2010; Oliver, 2006; Strickland, 2008).

Adolescent Female Sexual Offenders

Adolescent female sexual offenders appear to offend differently than adult females (Oliver, 2006). Oliver notes that adolescent females tend to target younger children regardless of gender. The abuse typically occurs while the adolescent is babysitting and the abuser is usually related to the victim (Gannon & Alleyen, 2012; Oliver, 2006). Additionally, adolescent female offenders are more likely to have been sexually abused by multiple perpetrators with the use of force not being uncommon (Gannon & Alleyen, 2012; Oliver, 2006). These girls are typically raised in homes where domestic violence and substance abuse are rampant (O'Ciardha & Ward, 2013; Oliver, 2007). In an effort to cope, these young females develop a highly sexualized presentation of themselves (O'Ciardha & Ward, 2013; Oliver, 2007). Furthermore, many (exact percentage was not provided) of the female adolescent participants of the Oliver (2007) study reported that a female (s) had also previously molested them.

Severity of Abuse Makes a Difference

Strickland (2008) looked at differences between female offenders who have committed sexual crimes and female offenders who have not committed sexual offences. Researchers Oliver (2007) and Strickland (2008) suggest that severity of childhood

sexual abuse makes a significant difference. Of the female sex offender participants in both the Oliver (2007) study and the Strickland (2008) study, the majority of participants experienced extremely traumatic physical and sexual abuse, in addition to deprivation. Deprivation came in the form of lack of food, health care, and extremely poor living conditions. In addition, it appeared as though many of the sexual offenders were raised in violent households in which healthy boundaries and guidelines were nonexistent (Oliver, 2007; Strickland, 2008). Similarities of both groups of male and female adolescents revealed that the two groups were similar in age, had poor self-concept, contemplated suicide, as well as experienced similar levels of depression and anxiety (Oliver, 2007).

A difference between male and female sex offenders is the extent of sexual abuse prior to age six which Oliver (2007) found to be severe and occurred repeatedly for most of the females. Additionally, female sex offenders are far more likely to be diagnosed with Post Traumatic Stress Disorder in addition to having attempted suicide (Oliver, 2007). Oliver also pointed out that female sexual offenders are more frequently the victims of incest than male offenders.

In brain development, normal neural development is disrupted by trauma (Strickland, 2008). As such, coping skills are fragmented and the progression of communication skills, relationship skills, a healthy personality, and self-worth are compromised. Numerous dysfunctions are associated with childhood trauma including post-traumatic stress disorder, personality disorders, substance abuse, psychopathology, intellectual deficits, aggression, and depression (Strickland, 2008; Turner, Miller, & Henderson, 2008).

Considering the number of potential psychological issues that can be generated from childhood abuses, one could theorize that deviant interests in children may also stem from such experiences (Strickland, 2008; Turner et al., 2008). Turner et al. indicate that an argument could also be made that lack of self-worth and social inadequacies contribute to the individual's inability to make healthy decisions regarding appropriate partners. As such, it appears as though male sexual offenders are more commonly linked to psychopathology whereas female sexual offenders are more frequently linked to avoidant personality disorders (Strickland, 2008). In light of these gender characteristic differences, it is recommended that female sexual offenders receive treatment specific to their background, symptomology, and behaviors (Gannon et al., 2014).

One drawback of the Strickland (2008) study was that it did not mention the number of female sexual offenders who did not have a history of childhood abuse. However, Freeman and Sandler (2008) and Wijkman et al. (2010) support Strickland's findings that female offenders tend to have more psychological issues stemming from victimization than males. Other notable differences mentioned by Freeman and Sandler (2008) and Wijkman et al. (2010) were that females report experiencing severe physical abuse in addition to having a deprived relationship with family members, particularly their parents.

Specific Typologies

Specific characteristic typologies of female sex offenders are often discussed within offender research. These characteristics included females who prefer and target infants and/or young children, those who target adolescents, and those who sexually

abuse with partners (Gannon & Alleyen, 2012; O’Ciardha & Ward, 2012; Oliver, 2007). More specifically, the first type of female sexual offender is the predisposed individual who, as a child, sustained severe sexual abuse by multiple individuals. These females typically found it difficult to build healthy relationships with age appropriate males during their adolescence and also engaged in self-harm. As such, this type of offender engages in sexually abusive behaviors alone and attributes the acts to built-up frustration and anger regarding how they cope with their own abuse (O’Ciardha & Ward, 2012; Oliver, 2007). Gannon et al. (2014) relay that predisposed women often initiate abuse on their own family members and tend to struggle with emotional instability and low self-esteem.

The second type of offender is the educator/lover individual who targets teen males who the offender believes she has fallen in love with. This offender sees nothing wrong with the relationship as it appears consensual and views the victim as her equal (O’Ciardha & Ward, 2012; Oliver, 2006; Wijkman et al., 2010). Additionally, Gannon et al. (2014) convey that the targeted adolescents are not consistently male as female teens are also victimized by this type of individual. Furthermore, the teacher/lover offender tends to harbor anger and views adolescents as being highly sexualized (Gannon et al., 2014).

Finally, the third is the coerced by a male partner offender type. This offender tends to be very passive in her intimate relationships and fears being alone. As such, these individuals tend to gravitate toward dominating males that abuse them psychologically, sexually, and physically (Gannon & Alleyen, 2012; O’Ciardha & Ward,

2012). On the other hand, Gannon et al. (2014) point out the importance of differentiating women offenders who are influenced by male partners and women who willingly participate or accompany a male partner. Also identified in the coerced offender type are passive mothers as these women passively accept or allow/facilitate the abuse of their own children (Gannon et al., 2014).

In review, considering offender characteristics, addressing the underlying issues may be necessary for treatment (Gannon & Alleyen, 2012; O’Ciardha & Ward, 2012; Oliver, 2007;). Turner et al. (2008) make a similar statement within their research in that female sex offenders do not fit into the male sex offender profiles developed by criminal justice researchers. On the other hand, researchers Beech et al. (2012) argue that sex offender schemas are more alike than different. Gannon et al. (2014) warn that mental health professionals need to be mindful so as not to overly simplify a case that is more complicated by applying an inappropriate typology theory. Warning of such oversimplification is also noted by Denov (2004) as her research revealed compounded issues within each case studied and each victim interviewed.

Gannon and Alleyen (2012) mentioned that females tend to be experience high levels of personal distress at the time of their sexual offense. However, they (Gannon & Alleyen, 2012) do not provide measurements of what “high levels” mean, nor do they provide comparative data regarding male sex offenders within their research. Similarly, Wijkman et al. (2010) did not make any systematic comparisons between male and female sex offenders within their study that touched on character differences between genders. Nonetheless, the Wijkman et al. (2010) study did provide a thorough description

and analysis of each case review which contributed to female sex offender research.

Regarding the Turner et al. (2008) study, although these researchers were able to obtain a relatively large amount of archival data of female sex offender cases to review ($n=90$), all of the individuals were connected to the same sex offender program.

Treatment of Sexual Offenders

Many efforts have been implemented in the development of effective treatment programs for male sex offenders, but females receive less effective treatment options (Gannon & Cortoni, 2010; Gannon et al., 2008). Researchers (Gannon et al., 2008; Gannon & Cortoni, 2010 ; Gannon et al., 2014;; Holtfreter & Wattanaporn, 2013;) have further relayed that evidence-based treatment models revolve around theory and research, and such peer reviewed research is minimal, thus questioning the applicability, effectiveness, and overall appropriateness of utilizing models normed on male offenders. This conundrum is not surprising as Messina, Burdon, Hagopian, and Prendergast (2006) point out that in general, correctional-based programs for women are not developed for women specifically. Instead, curriculum from a male-generated group is typically modified to accommodate the female correctional population. By implementing such modification practices, individual characteristics and specific treatment needs are not typically taken into account (Gannon et al., 2014, Gannon & Cortoni, 2010; Messina et al., 2006).

Minimal Research

Researchers Messina et al. (2006) relay that there is a minimal amount of studies that hone in on specific treatment needs of men and even less research available

regarding women. As such, modifications could be problematic considering the bivariate results of the Messina et al. (2006) study that investigated differences between male and female offenders' histories prior to incarceration. These researchers found that women offenders more often struggle with substance, physical, and sexual abuse as well as impaired psychological functioning and poor employment histories (Messina et al., 2006). In contrast, the researchers found that male offenders are more prone to histories of greater criminal justice involvement prior to incarceration (Messina et al., 2006).

The therapeutic community and substance abuse topic was briefly discussed because compared to sex offender programs, as minimal as it appears, more substance dependence research is available that looks at the differences between males and female treatment needs (Messina et al., 2006). These researchers (Messina et al., 2006) looked at study results involving a total of 1600 male and 1700 female offenders participating in therapeutic community programs over a five-year period. Taking into account the results of the Messina et al. (2006) research, perhaps a theory regarding appropriate program application needs to be developed, conceivably by examining a female sex offender program as suggested and studied by Gannon et al. (2008). The Gannon et al. research team investigated choices and thought processes of offenders which have become known within the corrections field as the "offender offense chain" (p. 358).

An offender offense chain refers to a series of thoughts generated from a flawed belief system that ultimately results in an offensive behavior (Pflugradt & Allen, 2010). For instance, the relapse prevention model (commonly used in sex offender treatment for males, Gannon et al., 2008) is based on a chain of events stemming from choice points

that start with a stressful situation leading to a (poor) coping response, then (inappropriate) feelings, then fantasies, then planning, and finally acting out. For treatment to be considered evidence-based, data must be gathered directly from female offenders (Gannon et al., 2008; Gannon & Cortoni, 2010).

In an effort to develop a female-sensitive treatment model, Gannon et al. (2008) utilized the grounded-theory approach to interview female sex offenders and then categorize the findings into three phases of background components. These phases were developed from data presented via offense chains relayed by the offenders. More specifically, these phases were based on background factors which included childhood and lifestyle, the pre-offense period, and the offense and post-offense period (Gannon et al., 2008). The results of the Gannon et al (2008) study provided enough pertinent data for the researchers to develop the Descriptive Model of Female Sexual Offending (DMFSO).

A Female-Specific Model

Some significant features of the DMFSO focus on key characteristics of female offenders in which negative developmental experiences are profound. The most common experiences include severe emotional, physical, and/or sexual abuses joined by poor family dynamics (Gannon et al., 2008; McCartan & Gunnison, 2010). Researchers (Gannon et al., 2008; McCartan & Gunnison, 2010) point out that in terms of development, females appear to experience abuses more frequently and severely than male sexual offenders. According to Gannon et al. (2008), 91% of female sexual offenders from their research sample ($n=20$) experienced domestic abuse, either during

childhood and/or adulthood, prior to offending. These explanations could account for the low self-esteem and mental health issues often experienced by female sex offenders. A particularly interesting and somewhat profound point was noted within the Gannon and Cortoni (2010) research in that only 1% to 2% of females re-offend sexually. Given this small percentage, the question of treatment appropriateness becomes even more vital.

Role of Domestic Violence

The researchers who developed the DMFSO program (Gannon et al., 2008) relay that 91% of the sample participants were subjected to domestic violence prior to the start of their offending. This connection between domestically violent relationships and sexual offending does not appear to have been explored in male-based research, but is frequently present in female studies (Gannon & Cortoni, 2010; Gannon, et al., 2008; McCartan & Gunnison, 2010). Additionally, researchers theorize that this relationship contributes to the vulnerability and grooming of a female partner to sexually offend (Gannon & Cortoni, 2010; Gannon et al., 2008).

The DMFSO program is designed to hone in on the events that transpired from one year up to just before the offense occurred, and what transpired after the abuse. Also addressed are the thoughts and feelings of the participant before during and after the offense (Gannon & Cortoni, 2010; Gannon et al., 2014). By identifying these cognitions and behaviors via the DMFSO model, Gannon et al. (2014) reported that three specific patterns or pathways have been identified and experienced by studying the 36 female sexual offenders that participated in the research study. The patterns were labeled by the

researchers (Gannon et al., 2014) as Explicit-Approach, Directed-Avoidant, and Implicit Disorganized.

The Explicit-Approach pathway is comprised of women who had specific goals in mind regarding their offensive behavior (such as intimacy, revenge, sexual gratification, financial gain, etc.) and planned the abusive acts. Half (50%) of the participants in the Gannon et al. study (2014) were in this category. The Directed-Avoidant pathway encompassed women who did not necessarily want to participate in the abuse but were directed to by a coercive - and frequently abusive male. Almost 29% of the study participants fit into this category. And finally, The Implicit-Disorganized pathway consists of female offenders who react impulsively to a presented opportunity. Approximately 22% of the research participants were in this category. The researchers (Gannon et al., 2014) point out that the women categorized in the Direct-Avoidant pathway displayed two main motives – either 1) fear of their male partner or 2) desire to please their male partner in an effort to boost intimacy.

Levels of formal education appear to make a difference regarding various pathways identified in the DMFSO program as women with higher levels of education were categorized in the Explicit-Approach pathway more often than any other pathway (Gannon & Cortoni, 2010; Gannon et al., 2014). Females who fit the criteria for the Direct-Avoidant pathway appeared to have more victims than either of the other pathways. When it comes to crimes in general however, women who were categorized within the Implicit-Disorganized and Explicit-Approach pathways had more general crimes than women in the Directed-Avoidance pathway (Gannon & Cortoni, 2010;

Gannon et al., 2014;). Regardless of the category a female sexual offender may fit in, Oliver (2006) reports that the majority of these women minimize the effects their behaviors have had on child victims. It is theorized by Gannon et al. (2014) that minimization is often implemented in an effort to cope with the guilt and/or shame the offender feels.

Based on the range of factors associated with female offenders, the clinical component of the DMFSO was added in an effort to identify and address critical areas where individualized treatment is necessary (Gannon & Cortoni, 2010; Gannon et al., 2008; Gannon et al., 2014). Overall strong points of this particular model are that because it is normed on females and developed for this specific population, it may assist women in understanding how their offensive behaviors transpired, what the risk factors were, and provide an understanding of why treatment is necessary (Gannon et al., 2008). That being said, the lack of a larger available sample size resulted in certain limitations of the DMFSO study, particularly for females who offended against adults and females who offended without a partner.

Treatment Program Effectiveness

Grady et al. (2013) suggest that sexual offenders who participate in and complete a treatment program are less likely to commit another sexual offense. However, anywhere from 15% to 86% of offenders who start a sexual abuse treatment program fail to complete it (Grady et al., 2013). Non-completion occurs for various reasons including demographics, criminal history, substance addictions, personality disorders, and other mental health complications (Grady et al., 2013).

Within the criminal population, some programs for sexual offender treatment appear to be more beneficial than others. Correctional programs that focus on behaviors that can be changed such as flawed impulse control, choice of peers, and antisocial attitudes tend to have a higher success rate than other programs (Daggett et al., 2008; Gannon & Cortoni, 2010; Renado, Martinez-Catena, & Andres-Pueyo, 2012). Each of these factors is directly related to criminal behaviors (Daggett et al., 2008). Another key to an effective treatment program is proper implementation which includes competent facilitators, program intensity, and duration. Research has shown that programs that are not facilitated properly or as intended are much less effective or not effective at all (Daggett et al., 2008; Gannon & Cortoni, 2010; Serran, Fernandez, Marshall, & Mann, 2003). Additionally, program participants need to meet the criteria, meaning that it is a fruitless effort to place low-risk offenders in a high-risk program and vice versa (Daggett et al., 2008). Finally, facilitators must take into account learning styles and cognitive abilities of the recipients. Otherwise known as the risk-needs responsively model, an effective program must focus on the participants' specific needs, applicable instruction, and competent therapists – all factors that have resulted in the best outcomes (Daggett et al., 2008; Gannon & Cortoni, 2010; Redondo, Martinez-Catena, & Andres-Pueyo, 2012).

Utilizing the Violence Risk Scale-Sexual Offender Version (VRS-SO) and the Static 99R, researchers Olver, Nicholaichuk, Kingston, and Wong (2014) investigated components of male sex offender programs across five regions of the Correctional Services of Canada that were found to be therapeutically effective in generating change among participants. The sample consisted of 676 male offenders who had received sex

offender treatment approximately six years prior to the date the research was conducted (Olver et al., 2014). Effective elements consisted of targeting dynamic risk factors, matching level of risk to the intensity of treatment, and tailoring treatment services to suit the specific characteristics and needs of the individual (Olver et al., 2014). Highlighted key changes included reduction of distorted thought process, increase in victim empathy and awareness, increase in self-esteem, and reduction in loneliness (Olver et al., 2014). However, regardless of how well designed a treatment program appears to be, if the client is not ready to change then therapeutic efforts will essentially be fruitless (Prescott & Wilson, 2012).

Psychotherapy and treatment researchers (Marshall et al., 2008; Prescott & Wilson, 2012; Prochaska & DiClemente, 1982; Sheehan & Ware, 2012) relay that there are five stages of change that an individual must pass through in order for substantial change to emerge. These stages consist of precontemplation, contemplation, preparation, action, and maintenance (Prochaska & DiClemente, 1982). Researchers Prescott and Wilson (2012) point out that although the stages of change seem to flow sequentially, individuals often struggle to truly embrace being ready, willing, and able to follow through with and maintain personal change. This reluctance is significant even for sexual offenders mandated to treatment wherein noncompliance can result in re-incarceration or additional prison time (Prescott & Wilson, 2012). A client's aversion to change is also a challenge for treatment providers as many therapists facilitate group with the assumption that all participants are at least in the preparation stage when some clients are barely in the precontemplation stage (Marshall et al., 2008; Prescott & Wilson, 2012).

Researchers Sheehan and Ware (2012) mentioned that sometimes sex offenders need to participate in a preparatory program before they are ready to commit to a treatment group. According to Sheehan and his colleague, approximately 50% of sex offenders referred to treatment within institutions in England and Wales refuse to participate (2012). The dilemma of whether or not a participant fully grasps and applies the treatment concepts in an effort to change as opposed to simply “going through the motions” is also a noted concern of Sheehan and Ware (2012).

A sign that an offender is undergoing changes within their psychosocial functioning is an indicator that the therapeutic program they are participating in is effective (Rowan-Szal, Joe, Simpson, Greener, & Vance, 2009). Positive changes include decreasing thinking errors, curbing risk-taking behaviors, and increasing appropriate social functioning. Developing better decision-making skills and learning to effectively managing emotions are other indications of increased psychosocial functioning which is critical for a successful treatment outcome (Rowan-Szal et al., 2009).

Group Dynamics

Group members need to feel they are part of a cohesive group in order for group therapy to be a truly therapeutic experience (Frost et al., 2009). More specifically, participants who connect with other members and establish a bond or feeling of belonging tend to have a greater trust and respect for their fellow members' insight and opinions. However, in order to establish these ideals, a series of group phases must be passed through (Frost et al., 2009). These phases include a forming stage, a conflict stage,

a norming stage, a productive stage, and a termination or transition stage (Frost et al., 2009).

The forming stage is comprised of members attempting to alleviate heightened anxiety and dependence on the facilitator while also attempting to generate meaning. The conflict stage is characterized by power and control struggles among members as they establish themselves as members. The conflict phase leads into the norming phase as members set aside their differences and work towards cohesive objectives. The norming phase is generally the stage in which participants are ready to fully accept responsibility and are geared for personal change. Ideally, this group mindset leads the members into the productive stage wherein essential therapeutic work and changes can transpire. And then finally, termination of the group or a transition of the members can commence (Frost et al., 2009). Regardless of how cohesive a group's members are, if the facilitator is not competent then the therapeutic climate will suffer (Frost et al., 2009; Serran et al., 2003).

Competent Therapists

Many components affect the overall effectiveness of psychotherapeutic treatment including how the client perceives the therapist, the therapeutic style and skill set, and the therapeutic alliance (Serran et al., 2003). Thus, it is reasonable to consider the effects of these components on treatment outcomes. Looking at numerous male sex offender treatment programs via meta-analysis, researchers have found that treatment overall was beneficial; however, in cases of failure, the reason was often attributed to therapist-related issues (Butler et al., 2012; Serran et al., 2003). More specifically, positive treatment outcomes were associated with empathy, kindness, rewards, and therapist

directives whereas a confrontational style was far less effective (Serran et al., 2003).

Instruction and positive reinforcement significantly reduced blaming of the victim while empathy and caring reduced denial and minimization of the offense (Serran et al., 2003).

Showing respect for the client, particularly a sex offender, is another critical component for helping to ensure a positive treatment outcome. Sexual offenders who dropped out of treatment early indicated that they had done so due to feeling disrespected by the therapist (Daggett et al., 2008; Serran et al., 2003). Researchers Serran et al. note that individuals who do not feel valued or accepted by the therapist tend to feel shame, which stifles change. If, on the other hand, an individual believes his/her behavior is the focus of the problem – separating the behavior from the person - experiencing guilt and positive change is then feasible (Butler et al., 2012; Serran et al., 2003). Additionally, offenders are more likely to practice new positive skills rather than focus on altering negative behaviors (Butler et al., 2012; Serran et al., 2003). Essentially, positive outcomes are intricately connected to the framing and presentation of information.

When providing treatment in a correctional facility, not only do therapists need to be clinically competent, but they also need extensive training in order to be prepared for the unique dynamics that a prison setting offers. For instance, Schneider, Bosley, Ferguson, and Main (2006) discussed the manipulation and seductive behaviors that inmates will often utilize towards staff as a way of leveling the power struggle, per se, as individuals have minimal power while incarcerated. A lapse in judgment can be destructive to not only the therapist but to the program as well (Schneider et al., 2006). Allen and Bosta (1981) discuss several types of manipulation techniques, referred to as

“the games that cons play,” that offenders often engage in order to “get one over” on staff. As such, it is recommended that prior to encountering offenders; staff fully understands the potential for manipulation within the environment that they have chosen to provide services (Schneider et al., 2006). It could hinder the therapeutic alliance for a therapist to be so concerned about manipulation thus impeding the treatment process.

Working within a correctional environment has its own set of challenges for therapists and clinicians such as navigating through security issues, count times, institutional lock-downs, controlled movement, and anti-program viewpoints by some custody-oriented staff (Schneider et al., 2006). Generally, in order for an offender to attend a treatment group and/or individual therapy, a program provider must coordinate with custody personnel before services can take place. A coordinated effort can be disrupted if a problem arises somewhere else on the prison grounds or if the offender has a work assignment wherein the supervisor decides that the worker is “too valuable” to be released for treatment (Schneider et al., 2006). Another challenge noted by Schneider et al. (2006) is an officer(s) not releasing an offender from the unit in a timely manner or at all. Such repetitive challenges can be exasperating for therapists which can lead to burnout and high clinical staff turn-over rates. For prison administrators, high-turnover is frustrating as fully trained and competent therapists resign, new program staff must be recruited and trained. This issue not only disrupts programming and treatment for the offender but is also time consuming and financially burdensome for administrators (Schneider et al., 2006).

Additional Impediments to the Process

Other impediments to the therapeutic process is negatively confronting and challenging an individual's thought processes rather than providing a supportive attitude. People with low self-esteem tend to respond poorly to harsh confrontation (Butler et al., 2012; Serran et al., 2003). This therapeutic technique is particularly problematic when used with female sex offenders as this population tends to have very low self-esteem, and yet a confrontational approach has notoriously been utilized in sex offender treatment modalities (Levensen et al., 2009; Serran et al., 2003). Researchers Rowan-Szal et al. (2009) also pointed out that confrontational styles of treatment tend to exacerbate symptoms of depression, low self-esteem, and PTSD. These complications lend the question of whether or not a gender-specific approach would be more appropriate.

Currently, a cognitive behavioral therapeutic approach is most commonly used in treating sex offenders (Black et al., 2011; Butler et al., 2012; Redondo et al., 2012; Rowan-Szal et al., 2009). Butler et al. (2012) recommended that a strengths-based approach be utilized when providing treatment to sexual offenders and Black et al. (2013) suggested utilizing mindfulness techniques in conjunction with CBT. Both approaches can help to enhance self-esteem which in turn allows the offender to take responsibility for his or her behavior (Black et al., 2013; Butler et al., 2012; Serran et al., 2003). A motivational therapeutic method encourages offenders to develop their own goals and methods of achieving them, thus fostering ownership (Miller & Rose, 2010). This concept conflicts with the ideal of focusing on cognitive distortions and discrepancies

which tend to be the foundation of many sex offender programs (Serran et al., 2003). An offender's own prior victimization also exacerbates treatment complications.

Ward and Moreton (2008) theorized that sex offender treatment should include examining unaddressed issues stemming from abuse and neglect. More specifically, research (Gannon & Cortoni, 2010; Gannon et al., 2008) has been conducted that explores the need for moral repair, the importance of validation, and confronting the issues regarding the offender as the victim. This latter issue is critical as many offenders who have been victimized often do not empathize with their victims (Ward & Moreton, 2008). Moreover, it is not uncommon for offenders to resent their victims due to the offender being punished and forced into treatment when their own abuser was not held accountable (Gannon & Cortoni, 2010). Thus, in addition to being held accountable for their offending behaviors, individuals must address their own traumatic issues (Gannon & Cortoni, 2010; Serran et al., 2003; Ward & Moreton, 2008)

For many female sex offenders, exposure to sexual abuse at an early age assisted in forming the belief that inappropriate relationships and lack of boundaries are normal (Ward & Moreton, 2008). In other words, the closer an abuser is to the victim, the more likely the victim will grow up to be the victimizer (Ward & Moreton, 2008). Distorted norms allow an individual to justify harming another person and a moral repair approach, as discussed in the next section, may be the most viable option in such a case.

Moral Repair

To address the complex issue of the victim becoming the victimizer, researchers Ward and Moreton (2008) and Gannon et al. (2008) recommended a therapeutic approach

that involves moral repair. Ideally, this approach would include placing responsibility where it belongs, victim awareness, education on social and moral norms, creating and restoring trust and hope, and if feasible, repairing the relationship between abuser and victim (Gannon & Cortoni, 2010; Gannon et al., 2008; Ward & Moreton, 2008). The dilemma of punishing the individual and yet acknowledging that the individual is also a victim is complicated. For instance, if the offender is provided treatment based on pragmatics then his/her therapeutic needs are not met. On the other hand, if only trauma treatment is offered then the providing entity appears “soft on crime” and it appears as though the offender is not being held responsible. As such, perhaps a program with both human-rights and strengths-based treatment strategies is the most reasonable option (Ward & Moreton, 2008).

A current treatment modality that includes both human-rights entitlements and strengths-based accountability is the Good Lives Plan (GPL) (Gannon & Cortoni, 2010; Gannon et al., 2008; Thakker & Ward, 2010). Theoretically, the GPL allows for the repair of psychological trauma while promoting instruction in pro-social and acceptable behaviors (Thakker & Ward, 2010; Ward & Moreton, 2008). This identification of a practical treatment model is a strength of the Ward and Moreton (2008) study. It appears that sexual abuse experienced by abusers as child victims is perhaps a more in-depth problem than one realizes, particularly if the abuser is female.

Researchers Frost et al. (2009) also suggested that sex offender treatment move beyond CBT-formatted group therapy (i.e. relapse prevention) wherein members are expected to hold each other accountable and instead, move more towards the Good Lives

model of change. Researchers (Frost et al., 2009; Thakker & Ward, 2010) pointed out that relapse prevention models of change focus on distorted thought process and thinking errors and hone in on avoiding risky situations. However, risk prevention models tend to overlook the importance of building social and relational skills necessary for a fulfilling life (Frost et al., 2009; Thakker & Ward, 2010). Furthermore, Frost et al. (2009) relayed that both theory of content and theory of process must be present for a rehabilitation program to be sufficient. Additionally, they note that rehabilitative goals, as well as developing a means to obtain those goals, are therapeutically necessary (Frost et al., 2009). Researchers Thakker and Ward (2010) recommended that a blending of the relapse prevention and good lives models occur for program quality assurance rather than completely abandoning the relapse prevention model.

Gender-Informed Treatment

Researchers Gannon et al. (2014) pointed out that a therapist's professional ability could be hindered by utilizing a male-derived theoretical approach to develop a treatment plan for a woman. This approach is less than ideal as women tend to commit sexually based offences for reasons and circumstances different from males (Gannon et al., 2014). The most common factors reported by female sex offenders are childhood and adulthood victimizations, mental health complications (such as dissociative disorders), and dependency issues (Gannon & Cortoni, 2010; Gannon et al., 2014.) The development of typologies has assisted professionals in understanding the underlying needs of female sexual offenders. These typologies include women offenders that are categorized as

predisposed, male-coerced, and teacher-lover, all of which have a common foundation of low self-esteem (Gannon & Cortoni, 2010; Gannon et al., 2014.)

In review, we see that standardized sex offender treatment may not necessarily be applicable towards all sexual offenders as minimal research has been conducted regarding gender specific treatment modalities and outcomes (Gannon & Cortoni, 2010; Gannon et al., 2014). Numerous issues, including incompetent therapists, offenders not ready for change, and uncooperative correctional/custody staff, can all hinder the therapeutic process (Daggett et al., 2008; Serran et al., 2003). This could be problematic as Grady et al. (2013) points out that anywhere from 15% to 86% of individuals who start a sexual abuse treatment program do not complete it. As far as effective treatment programs, a combination of cognitive behavioral therapy in conjunction with other modalities, such as the Good Lives Plan model appears to be promising (Thakker & Ward, 2010; Ward & Moreton, 2008). Essentially, programs that focus on behaviors that can be changed such as poor impulse control, choice of peers, and antisocial attitudes have the highest reported success rates as each of these factors is directly related to criminal behaviors (Daggett et al., 2008; Gannon & Cortoni, 2010). Also, critical to an effective program is proficient facilitators, program length, and intensity (Daggett et al., 2008; Gannon & Cortoni, 2010; Thakker & Ward, 2010; Ward & Moreton, 2008). However, the attitude of the facilitator is noted as a key factor for many offenders who dropped out of individual therapy and/or group treatment (Daggett et al. 2008; Serran et al., 2003).

Messina et al. (2006) discussed how at the time of their offense, women sex offenders are generally victims of childhood sexual abuse, tend to be experiencing a significant amount of psychological distress, lack employment, and struggling with substance abuse. According to Messina et al. (2006), given these factors, gender specific programs should be developed to accommodate women's specific needs (Messina et al., 2006). However, their research (Messina et al., 2006) did not expand on how those mentioned factors (poor employment history, substance abuse, and childhood abuse) affect male sexual offenders in comparison. Frost et al. (2009) and Seran et al. (2003) discussed what was necessary for an optimal therapeutic group experience (forming stage, a conflict stage, a norming stage, a productive stage, and a termination or transition stage), however, it was not mentioned if a specific component was more suitable for a specific gender.

Attitudes Toward Sex Offenders

Attitudes towards sex offenders appear to differ across professions and public perceptions. Therapeutic and social work professionals tend to view sex offenders more favorably than law enforcement, correctional employees, and the public (Church et al., 2008; Conley et al., 2011; Mellor & Deering, 2010). The differences in attitudes appear to stem from experience working with the sex offender population, personal experiences, media sources, education, and training. The public seems to have the least favorable attitude towards offenders (Olver et al., 2010; P. Rogers et al., 2011). Factors that influence attitudes include offence types, specifically abuses towards children (Malinen et al., 2014), as well as myths and stereotypes generated by media outlets (Ferguson &

Ireland, 2006). The most common myth is that of ‘Stranger Danger’ as approximately 75 percent of child sexual abuse is committed by an individual known to the victim (Sanghara & Wilson, 2006).

Attitudes of Professionals

Although there is not an abundant amount of studies available regarding this topic, research suggests that counseling professionals tend to have more favorable views of sex offenders than the general public and criminal justice professionals (Church et al., 2008; Conley et al., 2011; Mellor & Deering, 2010; Nelson et al., 2002; P. Rogers et al., 2011). In utilizing the Attitudes Towards Sex Offenders Scales within the professional forensic scope, researchers Church et al. (2008) and Conley et al. (2011) point out that police and correctional officers held the least favorable views of sex offenders. Church et al. (2008) note that counselors who were close to a victim or that had sustained sexual abuse themselves perceive offenders more positively. As such, it appears that attitude is influenced by experience and knowledge (Church et al., 2008; Conley et al., 2011; Nelson et al., 2002). Conley et al. (2011) shared that 82 percent of their study sample (N = 307) agreed that rehabilitative therapy/treatment was an important component for sex offenders to engage in while incarcerated and/or on probation.

However, public perception appears to greatly differ from individuals who directly work with the sex offender population. Olver et al. (2010) administered the Paulhus scale: Balances Inventory of Desirable Responding (PDS), the NEO Personality Inventory-Revised (NEO-PI-R), as well as an attitude towards sex offenders survey that the authors developed to bachelor level students attending college in Canada. Their

research (Olver et al., 2010) revealed that 59 percent of the participants (n=78) support punishment such as surgical castration and extensive prison sentences over therapy as a means to control inappropriate sexual behaviors. The caveat in the Olver et al. (2010) results was that the majority of the participants supported intensive treatment over longer sentences as long as the treatment was proven to be effective.

In another public perception study wherein 235 community members were surveyed, P. Rogers et al. (2011) investigated attitudes towards sex offender treatment, sex offenders, and sex offender rehabilitation by teasing out the respondents' gender, the victim's age, and perpetrators offence by providing 3 different vignettes and administering four applicable questionnaires. The participant (n-235) questionnaires consisted of a demographics survey, the ATTSO, the CATSO, and the Public Attitudes Toward Sex Offender Rehabilitation scale (PATSOR) (P. Rogers et al., 2011). The results indicated that both male and female participants believed that the younger the victim, the harsher the punishment should be for the offender. Both genders also agreed that most sex offenders will reoffend. However, women participants were slightly more open to the positive effects of treatment both during incarceration and within the community (P. Rogers et al., 2011).

Researchers Shackley, Weiner, Day, and Willis (2013) also utilized the CATSO for their study as well as a demographics survey in an effort to hone in on public attitudes towards sex offenders in Australia (n=552). Their results indicated that individuals with higher levels of education held more positive views of sex offenders than individuals with less education (Shackley et al., 2014).

Influence of Offense Type

Another element that tends to influence attitudes towards sexual offenders is the specific type of offence committed. Researchers Ferguson and Ireland (2006) implemented a study where participants (N = 139) were provided with four different vignettes and then asked to complete the Attitudes Towards Sex Offenders (ATS) scales. The sample consisted of undergraduate students and individuals working in the criminal justice field. The vignettes consisted of two molestation cases of a 10-year-old girl wherein one was incest and the other was stranger related. The other two vignettes were adult female rape cases wherein the male offender was an acquaintance in one vignette and unknown to the victim in the other. Ferguson and Ireland (2006) found that forensic staff had better attitudes towards sex offenders than undergraduate students. In breaking down the results into participant gender, it appears that there was no significant difference between the rape vignettes. However, the men viewed the molestation cases less favorably than the rape cases. As for the women, a difference in offense type was not a factor in their attitudes. Furthermore, women appeared to hold more positive attitudes regarding treatment effectiveness for sexual offenders than males (Ferguson & Ireland, 2006).

Myths and Stereotyping

Research suggests that general stereotyping of sexual offenders is that they are viewed as more violent, unsafe, aggressive, unpredictable, dangerous, unreasonable, feeble, frightened and incapable of change as compared to other offenders (Craig, 2005). Gakhal and Brown (2011) point out that the less an individual knows about sexual

offenders, the more likely it is that he/she will present with the aforementioned stereotypical beliefs. Sex offenders who offend against children are often deemed more immoral than those whose victims are adults (Craig, 2005; Ferguson & Ireland, 2006).

There are six main stereotypes of child sexual abusers noted by Sanghara and Wilson (2006) two of which include the mildly cognitively impaired child molester and the middle aged “dirty old man” who is desperate for sex and is driven to molest older girls and/or teens because he lacks an appropriate partner. The third stereotype is the man who struggles with adult female relationships and as such turns to children for companionship, and a fourth is the molester who is obsessed with pornography; strip clubs; and sex shops. The fifth stereotype is the stranger, which is also noted as the most common myth as approximately 75% of child sexual abuse is perpetrated by a person the victim knows (Sanghara & Wilson, 2006). The sixth is the mentally ill sex offender wherein during a psychotic episode the offense is committed. Sanghara and Wilson (2006) point out that only 5% of molesters are diagnosed with a clinical psychosis. Missing from the Sanghara and Wilson’s (2006) study is the stereotype that sex offenders are presented and assumed to be males and not females (Gakhal & Brown, 2011; Mellor & Deering, 2010).

Research has also indicated that the perception of the general public is that sexual abuse perpetrated by females is not nearly as harmful as when it is committed by a male (Denov, 2004; Gakhal & Brown, 2011; Mellor & Deering, 2010). Additionally, Mellor and Deering point out that professionals in the counseling field often discount the possible trauma generated from female sexual abusers. Traditionally, the gender scripted

belief among individuals has revolved around women as victims and males as perpetrators – not vice versa (Denov, 2004; Mellor & Deering, 2010). The media may have a role in facilitating this less harmful belief as the “Mrs. Robinson” double standard of older women engaging in inappropriate sexual behaviors with underage boys often appears encouraged (Denov, 2004; Gakhal & Brown, 2011; Gannon & Cortoni, 2010).

Media Influence

The public’s main source of sex offender data is generated and presented from the media (Malinen et al., 2014). Such an information source is often inaccurate as it is not peer reviewed and often sensationalizes specific cases, thus leading to myths regarding sexual offenses (Malinen et al., 2014; Thakker & Ward, 2010). Misinformation delivered by the media can exacerbate fears and prejudices people have resulting in unintentional consequences such as lack of treatment and support resources within the community – thus hindering reentry efforts such as housing and employment (Malinen et al., 2014).

Research has also shown that incarcerating sex offenders for extensive periods of time does not necessarily reduce the risk of recidivism; however, treatment does assist in reducing recidivism (Kleban & Jeglic, 2012; Levenson et al., 2009). Nonetheless, most media sources do not convey this message in their rhetoric. Consequently, messages are relayed that all sex offenders will recommit sexual crimes and the only way to treat such an offender is to lock him or her up for decades (Kleban & Jeglic, 2012). Kleban and Jeglic assessed the attitudes of undergraduate students ($n = 291$) in an effort to find out if psychoeducation could influence individual’s attitudes towards sex offenders.

Participants were administered both the Attitude Toward Sex Offender Scale (ATSO)

(Hogue, 1993) and the Attitude Toward Treatment of Sex Offenders (ATTSO) (Wnuk et al., 2006). The psychoeducational approach was utilized in an effort to not only educate individuals regarding treatment, but to help them better understand the unnecessary costs of incarceration. The results indicated the majority of the participants believed that approximately 75% of sex offenders will reoffend (Kleban & Jeglic, 2012). Research has shown that approximately 15% of male offenders will reoffend (Levenson et al. 2009). Overall, their results indicated that brief psychoeducation can be effective in changing attitudes towards sex offenders. A drawback of the Kleban and Jeglic (2012) study is that since the questions were administered online, there is lack of evidence as to whether or not the participants actually read the psychoeducational module prior to answering the study questions.

Impact of Sex Offender Training and Education

Presenting sex offender specific education and trainings to paraprofessionals and professionals appears to result in a more positive attitude toward working with sexual offenders (Craig, 2005). A more positive attitude means the individual experiences an increased belief that treatment can help as well as feeling more qualified to work with the sex offender population. A study was conducted by Craig (2005) wherein participants ($n=74$) were given the Attitudes Towards Sex Offenders (ATS) scales, the Attitudes Towards Prisoners (ATP) and the Working with Offenders Questionnaire (WOQ) prior to training and again after the two and one-half-day training. The outcome showed that via knowledge gained by social service workers (such as mental health providers, social workers and nurses) a more positive attitude toward providing services for the sex

offender population is generated. The Craig (2005) study results also suggested that police and correctional officers developed a slightly more positive attitude towards SOs regarding treatment outcomes.

Engle et al. (2007) explored the professional opinions of the Association for the Treatment of Sexual Abusers (ATSA) and members revealed a far less optimistic outlook regarding violent sexual offenders and recidivism. A confidential survey that utilized a Likert scale format for measuring data was mailed to the ATSA members and 540 individuals (52%) responded. The results indicate that 50.3% of the participants strongly agree that it is not safe to release some violent sexual predators back into the community even after treatment. It was also shown that 48.9% of the study participants agreed that they experience concerns regarding legal and moral ramifications if a client of theirs re-offends. The largest strength of the Engle et al. (2007) study is the number of participants that completed the questionnaire ($n = 540$), which contributes significantly to the validity of the outcomes.

In review of this section, attitudes of sex offenders fluctuate across public perceptions and professional experiences. Sex offender specific training can have an impact on attitudes and perceptions (Craig, 2005; Engle et al., 2007). Some of the most common stereotypes regarding sex offenders are the mildly cognitively impaired child molester, the middle-aged “dirty old man” who is desperate for sex and lacks an appropriate partner, the man who struggles with adult female relationships and as such turns to children for companionship, the man who is obsessed with pornography, the stranger (noted as the most common), and the psychotic sex offender (Sanghara &

Wilson, 2006). Missing from the list of stereotypes is that women are not as harmful as males regarding sexual abuse (Denov, 2004; Gannon & Cortoni, 2010; Gannon et al., 2008). Also reviewed is how the attitudes of professionals in the treatment field can influence public policies and potential funding for various programs (Craig, 2005).

Unrepresented within the Sanghara and Wilson (2006) study is potential attitude differences toward child sexual abusers that have a higher social status. More specifically, Sanghara and Wilson mention that the sex offenders referenced within their study were incarcerated and not residing within the community. The omission of non-incarcerated sex offenders may have affected the responses of their participants by presenting only the worst cases within the vignettes. Craig (2005) implemented a two-day intensive training workshop held for 85 resident hostel and probation officers regarding the therapeutic aspects of sex offender treatment programs. Although it appears the attitudes of the professionals towards sex offenders was positively altered, female sex offenders were not discussed within Craig's (2005) study. Similarly, D. L. Rogers and Ferguson (2011) did not account for female sex offenders within their study regarding attitudes toward punishment and rehabilitation of sexual offenders.

Summary and Conclusions

This chapter reviewed arguments revolving around schema differences between male and female sex offenders as well as honing in on characteristic differences (Beech et al., 2012; Gannon & Alleyen, 2012; Gannon & Cortoni, 2010; Gannon et al., 2008). Severity of sustained childhood sexual abuse is discussed as a possible motivational difference between females and males (Oliver, 2006; Strickland, 2008). Considering the

connections that research has made regarding underlying issues related to each characteristic type, perhaps treatment that addresses these specific typologies needs is necessary (Gannon & Alleyen, 2012; Oliver, 2006; O’Ciardha & Ward, 2012). Turner et al. (2008) make a similar statement within their research in that female sex offenders do not fit into the male sex offender profiles developed by criminal justice researchers.

The DMFSO program appears to be one of the few that are gender specific and hone in on needs exclusive to women (Gannon & Cortoni, 2010; Gannon et al., 2008; Gannon et al., 2014). Facets of the DMFSO identify three key pathways which include Explicit-Approach, Directed-Avoidant, and Implicit Disorganized (Gannon et al., 2014). Female specific characteristics are divided into three main categories including the predisposed offender, the educator/lover, and the coerced-by-a-partner offender type (Gannon et al., 2014; Strickland, 2008). The common thread between all noted offender types and schemas for female sexual offenders is childhood sexual abuse and repeated victimization (Gannon et al., 2014; Wijkman et al., 2010).

Attitudes towards sex offenders appear to differ across professions and public perceptions. Counseling professionals tend to view sex offenders more favorably than law enforcement, correctional employees, and the public (Church et al., 2008; Conley et al., 2011; Mellor & Deering, 2010). Attitude differences appear to stem from professional experience, personal experiences, media, level of education, and training (Church et al., 2008; Conley et al., 2011; Mellor & Deering, 2010). Many factors influence attitudes including offense types, specifically abuses towards children (Malinen et al., 2014), as

well as myths and stereotypes which are notoriously produced by media outlets (Ferguson & Ireland, 2006).

The missing link in the literature is research completed specifically on the attitudes held by graduate students towards the gender of sex offenders and whether or not such attitudes affect sex offender treatment application. This is important considering the possible influence that therapists can have in shaping public policy and program funding (Craig, 2005; Engle et al., 2007). Additionally, attitude greatly impacts the therapeutic alliance between therapist and client (Marshall et al., 2008; Prescott & Wilson, 2012). It is also reasonable to consider the attitudinal differences regarding offender gender and the possible effect that would have on therapy.

Also worth noting is the lack of literature regarding whether or not it is appropriate to apply sex offender treatment modalities normed on male offenders to women. This could be an area for future research as similarities and differences between the characteristics of male and female sex offenders has been thoroughly reviewed and discussed in the literature, but actual treatment application has not. Many researchers have touched on the female sex offender treatment dilemma, but very few have truly delved into the topic (Gannon & Alleyen, 2012; Gannon & Cortoni, 2010; Gannon et al., 2008; Turner et al., 2008). A reason that is frequently cited for this deficit is low sample sizes (Gannon & Alleyen, 2012; Turner et al., 2008,). On the opposite side of the coin, other researchers (Beech et al., 2012) argue that sex offender schemas are more alike than different.

The next chapter focuses on methodology and procedures. It also offers a review of the target population as well as the sample population. And lastly, Chapter 3 provides a foundation for a reproduction of this study to be implemented for future research.

Chapter 3: Research Method

This chapter includes an explanation of the design, sample, instruments, data analysis, and ethical considerations of this study. The purpose of this quantitative, quasi-experimental study was to determine whether attitudes toward sexual offenders among psychology and counseling graduate students vary based on the gender of the offender and the gender of the student. I also investigated whether offender and student gender influences attitudes toward treatment outcomes.

Purpose of the Study

The objective of this quasi-experimental study was to determine whether attitudes toward sexual offenders among psychology graduate students differ based on the gender of the offender and the gender of the student. Additionally, I investigated whether offender gender and student gender are related to attitudes toward treatment success. The gap in the literature was lack of research on attitudes held by psychology graduate students toward the gender of sex offenders and whether such attitudes influence sex offender treatment application. This research was necessary considering the potential influence that therapists have not only on clients but also in shaping public policy and program funding (Craig, 2005; Engle et al., 2007). Findings from this study highlighted the need for additional studies that address the role of attitude and gender on developing a therapeutic alliance with a client who is a sex offender. The current findings added to the professional literature by revealing how attitudes are influenced by topics such as sexual offenders (see Church et al., 2008; Conley et al., 2011; Gakhal & Brown, 2011).

Research Design and Rationale

The research plan included a quantitative design that entailed completion of standardized surveys and provision of demographic data by psychology graduate students. The quasi-experimental design was intended to examine the attitudes of psychology graduate students toward sexual offenders and treatment success. The independent variables were gender of the participant and gender of the offender, and the dependent variables were attitudes toward sex offenders and treatment success.

A quasi-experimental design was deemed appropriate for this study because participants reported their views, opinions, and beliefs pertaining to sexual offenders and treatment success. Surveys were modified by changing to the terms *him/he* and *her/she* to *male* and *female*. Rather than assigning participants to a particular group where their experiences were manipulated, I collected participant scores on the ATTSO (Wnuk et al., 2006) and the CATSO (Church et al., 2008) to measure their attitudes toward sexual offenders and treatment success, respectively. Although studying attitudes toward sexual offenders and treatment success was not unprecedented, measuring the attitudes of psychology graduate students studying to become therapists was original. It was important to collect data regarding the gender and attitude of psychology graduate students who could potentially provide treatment to sexual offenders as their attitude and gender could influence their perceptions of offenders and treatment outcomes depending on the gender of the sex offender. The findings of this study may facilitate social change through influence on training programs and policies. Church et al. (2008), Wnuk et al. (2006), and P. Rogers et al. (2011) recommended additional research on attitudes of individuals toward sexual offenders as

attitudes tend to shape public expectations and policy. This study added to the sex offender treatment research.

Methodology

Population

The population targeted for this study was graduate-level psychology, social work, mental health, and counseling students currently enrolled in mental health classes at universities around the world.

Sampling and Sampling Procedures

The sample was drawn from a large panel of respondents through a sample provider that compensated respondents via a point system redeemable for cash and prizes. This population was selected for the following reasons: (a) they were accessible, (b) they were of age to provide consent, (c) they were training to provide psychological treatment services, (d) they were able to comprehend and complete the questionnaires, and (e) they were from a diverse background of ethnicities, experiences, and ages.

Students age 18 or older who were enrolled as graduate students in psychology, mental health, social work, or counseling fields qualified to be included in this study. Individuals who were not enrolled in graduate-level psychology, mental health, social work, or counseling classes or who were under the age of 18 were excluded from the study.

G*power software was used to determine the sample size. Consistent with the Church et al. (2008) and Wnuk et al. (2006) studies, I used a medium effect size (.25) with alpha at .05 and a power of .80 to determine a minimum of 180 participants; however, a goal of at least 220 participants was set to account for any missing data. The use of a

medium effect size for study was reasonable as evidenced by the Kis and Konan's (2014) meta-analysis of 126 studies that addressed gender differences and viewpoints.

Furthermore, Hanson and Broom (2005) stated that in a meta-analysis, the effect size should be the same as in the studies being analyzed. Most of the research in the area of gender differences appeared to include a medium effect size (Kis & Konan, 2014).

Procedure

I used an online panel of respondents through a third-party sample provider. Each participant was directed to the survey hosting company, SurveyMonkey. On the first page of SurveyMonkey, the participant was presented with consent-to-participate information and was advised that by clicking "Agree" he or she consented to participate. Once consent was provided, the participant began the demographic questionnaire used to collect basic information regarding gender, education, work experiences, and experience as a clinician. In addition to providing demographic information, each participant was randomly assigned two surveys that presented either a female sexual offender or a male sexual offender. To exit the study, the participant clicked "Submit" and was directed to a "Thank you for participating" page. If a participant chose to exit the study prior to completing it, he or she exited the same way by clicking "Submit" at the end of survey.

Instruments

Demographic information. The demographic questionnaire (see Appendix A) was used to gather basic information regarding gender, education, work experiences, and experience as a clinician. It was important to collect demographic data other than gender to ensure that the appropriate level of education was indicated. Also of importance were

employment-related experiences as well as clinical experience as those can influence a participant's views and perceptions. Participation involved completing the demographic questionnaire and two surveys. Follow-up participation was not necessary.

Community Attitudes Towards Sex Offenders Scale (CATSO). The CATSO (Church et al., 2008; see Appendix B) is an 18-item scale used to measure perceptions and stereotypes of sex offenders. The CATSO was chosen because it incorporates Hoag's (1993) original Attitudes Towards Sex Offenders (ATS) scale (see Church et al., 2008; Conley et al., 2011; Gakhal & Brown, 2011). The CATSO was important because the goal of this study was to collect data pertinent to attitudes toward sexual offenders, and to collect gender-specific data regarding sexual offenders. The CATSO was developed by manipulating language within the ATS to collect data pertaining to attitudes toward sexual offenders within the community without the validity of the measures being affected (Church et al., 2008). I manipulated language within the questionnaires to reflect gender specificity and to provide relevant data without altering validity. Participants were asked to rate their beliefs on a Likert scale ranging from 1 ("Disagree Strongly") to 5 ("Agree Strongly"). The CATSO has an alpha of .74, with an internal consistency ranging between .80 and .43, which deemed it appropriate for assessing large groups of people (Church et al., 2008). The CATSO includes four factors: social isolation, capacity to change, severity/dangerousness, and deviancy. The CATSO was normed using 347 undergraduate psychology students at a large southern university (Church et al., 2008). Cronbach's alpha was used to determine the CATSO's internal consistency (Church et al., 2008). Those measures indicated the following: social isolation .80, capacity to

change .80, severity/dangerousness .70, and deviancy .43. These measures resulted in a total CATSO score of .74 (Church et al., 2008). In scoring the CATSO, the larger the score, the more negatively the item was viewed. More specifically, higher scores represented beliefs that sexual offenders are not very capable of change, are very dangerous, are focused only on sexual activities, commit only serious crimes, and prefer to be alone (Church et al., 2008). The overall score was used in this study by summing the scores from the 4 subscales and using the total score to provide an attitude ranking of the individual. Permission to use the CATSO was granted by Dr. Wesley Church (see Appendix C).

Attitudes Toward the Treatment of Sex Offenders Scale (ATTSO). The ATTSO (Wnuk et al., 2006; see Appendix D) is a 35-question scale used to measure public and professional attitudes regarding incapacitation, treatment ineffectiveness, and mandated treatment of sexual offenders (Wnuk et al., 2006). The ATTSO was normed by using 170 undergraduate psychology students who completed a series of questionnaires pertaining to their attitudes toward the treatment of offenders. The participants were enrolled at a large university located in upstate New York. The internal consistency was calculated using Cronbach's alpha in addition to an exploratory factor analysis and ranged between .86 and .78 (Wnuk et al., 2006). By implementing a factor analysis, the scales were found to be statistically valid and reliable and accurate in measuring three factors: attitudes of incapacitation, treatment ineffectiveness, and mandated treatment (Wnuk et al., 2006, p. 41). The ATTSO includes a Likert rating scale of 1 ("Disagree Strongly") through 5 ("Agree Strongly"). The sum of the raw scores was converted into

the full scale score. This means that the higher the full scale score, the more negatively the participant's attitude is toward treatment. The full scale score was used for this study. Permission to use the ATTSO was granted by Dr. Elizabeth Jeglic (see Appendix E).

Modifications to the CATSO and ATTSO. Because neither the CATSO nor the ATTSO are gender specific, to measure attitudes specifically toward female offenders, both assessments were modified by adding the word *female* to represent a female offender. The CATSO became the Community Attitudes Toward Female Sex Offenders (CATFSO), and the ATTSO became the Attitudes Toward the Treatment of Female Sex Offenders (ATTFSO). Altering these instruments to reflect gender specificity was previously implemented by Gakhal and Brown (2011) for their study comparing the attitudes of the general public, forensic professionals, and students toward female sex offenders. Gakhal and Brown (2011) altered Hoag's (1993) ATS to serve their needs by adding the term *female*, thereby making the ATS the Attitudes Towards Female Sex Offenders Scale (ATFS). Given this precedent, it was reasonable to modify the CATSO and ATTSO to gather data that specifically pertained to attitudes toward female sex offenders. A sample question from the CATFSO is "A lot of female sex offenders use their victims to create pornography." A sample question from the ATTFSO is "Psychotherapy will not work with female sex offenders."

Data Analysis

Because the relationship between the two categorical independent variables (gender of offender, gender of student) and a continuous dependent variable (attitudes toward offenders and treatment) were being examined, factorial ANOVAs were used. A

factorial ANOVA is used to compare means across two or more predictor variables to determine whether a combination of predictor variables predicts the value of a criterion variable (Gravetter & Wallnau, 2010). The instruments being used were conducive for a factorial ANOVA. Additionally, the research questions and hypotheses warranted such an analysis. More specifically, four categorical factors were analyzed: male/male, male/female, female/male, and female/female. This procedure provided four grouping variables and five means.

Research Questions and Hypotheses

Research Question 1: Do general attitudes toward sexual offenders differ based on gender of the offender and gender of the participant?

H₀1: Attitudes of psychology graduate students toward sexual offenders do not vary depending on offender gender and student gender as measured by the CATSO/CATFSO.

H_a1: Attitudes of psychology graduate students toward sexual offenders vary depending on offender gender and student gender as measured by the CATSO/CATFSO.

To analyze the data retrieved from the CATSO/CATFSO, I summed the factors to determine the total score. I then ran a 2x2 factorial ANOVA by grouping one independent variable (student gender) and the second independent variable (sexual offender gender) with the dependent variable (attitude).

Research Question 2: Do attitudes toward treatment outcomes for sexual offenders differ based on gender of the offender and gender of the student?

H₀2: Attitudes of psychology graduate students toward treatment success of sexual offenders do not vary depending on offender gender and student gender as measured by the ATTSO/ATTFSO.

H_a2: Attitudes of psychology graduate students toward treatment success of sexual offenders do vary depending on offender gender and student gender as measured by the ATTSO/ATTFSO.

To analyze the data retrieved from the ATTSO/ATTFSO, the factors were summed, and the total score was utilized. A (2x2) factorial ANOVA was again ran by grouping one independent variable (student gender) and the second independent variable (sexual offender gender), with the dependent variable (attitude).

Threats to Validity

Considering that the participants have been selected specifically for their advanced education status, a possible risk to internal validity was social desirability responses within the participant pool. More specifically, a response bias may have appeared as a participant may have answered the questions based on what he or she thought the correct answer should have been rather than what they truly believed. In an effort to mitigate this potential problem, Gittleman et al. (2015) suggested noting within the survey instructions that there tends to be a variation in responses and as such there are no correct answers. Mentioning a variation to the response statement tends to encourage individuals to respond more honestly (Gittleman et al., 2015). Additionally, altering the

assessment questions to reflect gender specificity could have possibly skewed the validity. However, this quasi-experimental study has sufficient validity considering that the sample was a representation of the target population, meaning that the results can be automatically generalized back to the graduate student population.

Ethical Considerations

Considering the nature of this study, careful consideration was given to the possible effects it could have on the participants. Each participant had access to view the nature of the study prior to volunteering to participate via the study advertisement. Participation in this study was voluntary. There were no consequences for students who chose not to participate in this research. Additionally, consent to participate was provided that entailed the nature of the study, procedures for participation, the voluntary nature of the study, anonymity, risks and benefits of participating, as well as a way to contact the me and my advisor regarding questions pertaining to the study. The internal review board (IRB) approval number was 05-02-17-0184022

The informed consent message clearly stated that anonymity would be maintained as I do not know the identities of each participant. Potential participants were notified that they were not obligated to participate and were free to cease participation at any time during the study without consequence. There were no physical risks or benefits for study participation. However, there was potential for emotional upset as the participants contemplated feelings and beliefs regarding sexual offenders. The informed consent information suggested that participants contact their university's student assistance program for further assistance if deemed necessary by the participant. Informed consent

was obtained when the participant agreed to participate and acknowledged he/she understood the potential risks and benefits of the online study prior to obtaining the study documents. The collected data is now stored on a securely encrypted computer.

Summary

The purpose of this study was to examine attitudes towards sexual offenders and treatment among psychology graduate students. Specifically, it was hypothesized that student gender and offender gender would influence attitudes towards sexual offenders and their treatment outcomes. The sample came from a large panel of graduate student respondents through a sample provider which compensated respondents via a point system redeemable for cash and prizes. Data was collected via a demographics questionnaire, the CATSO / CATFSO, and the ATTSO / ATTFSO. A factorial ANOVA was conducted to analyze the data. Ethical considerations were addressed as participants had access to review the nature of the study in the informed consent message prior to volunteering to participate in this research. Chapter 4 discloses the results of this study.

Chapter 4: Results

The purpose of this quantitative, quasi-experimental study was to determine whether gender influences attitudes toward female sexual offenders and their treatment. Research Question 1 asked the following: Do general attitudes toward sexual offenders differ based on gender of the offender and gender of the participant? The alternative hypothesis for this question was attitudes of psychology graduate students toward sexual offenders vary depending on offender gender and student gender as measured by the CATSO/CATFSO. The second research question was the following: Do attitudes toward treatment outcomes for sexual offenders differ based on gender of the offender and gender of the student? The alternative hypothesis for the second research question was attitudes of psychology graduate students toward treatment success of sexual offenders vary depending on offender gender and student gender as measured by the ATTSO/ATTFSO. The two hypotheses were tested using statistical techniques that are described in the following sections.

Data Collection

Data collection began the first week in June 2017 via the participant pool of a large online university. A minimum of 180 qualifying surveys was needed for findings to be considered valid and reliable. Toward the end of July 2017, only three responses had been collected. It was apparent that respondents were going to be needed outside of the participant pool to reach the minimum sample within a reasonable amount of time. A new plan for recruitment was developed and presented to the IRB that included hiring an independent contractor who had access to numerous respondent panels. The IRB

approved the change in data collection procedure and, on September 4, 2017, the requirement of over 180 qualifying surveys was satisfied.

A total of 1,351 respondents participated in the study, of whom 187 met all of the selection criteria. Out of the total number of respondents, 227 (16.80%) were male and 1124 (83.20%) were female. Out of the qualifying sample, 27.27% (51) were male and 72.73% (136) were female. The qualifying sample was representative of the target population, which consisted of graduate students enrolled in psychology, counseling, social work, or mental health courses.

Demographic information pertained only to the qualified sample. The ages of the participants ranged from 18 to 29 (55.08%), 30 to 39 (31.55%), 40 to 49 (6.42%), 50 to 59 (2.14%), 60 to 69 (4.28%), and over 70 (.53%). Regarding level of education, 98 respondents (52.41%) had a bachelor's degree and were enrolled in master's level courses, 63 (33.69%) had a master's degree and were enrolled in doctoral level courses, and 26 (13.9%) had a doctoral degree and were enrolled in additional graduate courses. Regarding current clinical licenses, 53 (28.34%) respondents reported holding licenses that ranged from drug and alcohol certifications to licensed medical doctors.

The amount of clinical experience participants reported ranged from 0 to 12 months (44.39%), 1 to 2 years (24%), 3 to 5 (14.97%), and more than 5 (16.04 %). Respondents who reported clinical experience (n = 86, 45.99%) described the clientele they had experience working with: at risk foster youth, school age children, forensics, families in a religious nonprofit, LGBT, adults, sexual offenders, substance abusers, alcoholics, and clients with relationship/sexual issues.

Participants were directed toward either the male or female versions of the CATSO and ATTSO based on whether the last digit of their phone number was an even number (female offender version) or an odd number (male offender version). A total of 110 respondents (58.82%) answered the female sexual offender questionnaire, and 77 (41.18%) answered the male sexual offender questionnaire. This uneven distribution was interesting given that the original sample of respondents showed a more equal distribution of 49% receiving male questionnaires and 51% receiving female questionnaires.

Because the data were not normal, skewness occurred as the variance was too different, as shown by the Shapiro-Wilk test of normality with the ATTSO $p = .0005$ and the CATSO $p = .001$. For an ANOVA to be conducted, the population values of each group should be normally distributed. Another problem was that the variance of the population values of each group was not equal and outliers should be rare. The final criteria for conducting an ANOVA were met in that the observations were independent within and across groups. The violations of assumptions of normality and homoscedasticity required the data to be transformed via a statistical procedure known as back-transformation (\lg_{10}) by raising 10 to the power of the log transformed variable mean. For simplicity purposes, the transformed ATTSO data were renamed TrATTSO, and the CATSO data were renamed TrCATSO in the data set. After the \lg_{10} transformation, the Levene's test for equality of variances was run and the results did not indicate a violation for either the TrATTSO $F(3, 178) = 2.134, p = .098$ or the

TrCATTSO $F(3, 181) = 1.417, p = .239$. A 2x2 factorial ANOVA was then run to analyze the data.

Results

The research questions and hypotheses for this 2x2 factorial quasi-experimental study were as follows:

Research Question 1: Do general attitudes toward sexual offenders differ based on gender of the offender and gender of the participant?

H₀1: Attitudes of psychology graduate students toward sexual offenders do not vary depending on offender gender and student gender as measured by the CATSO/CATFSO.

H_a1: Attitudes of psychology graduate students toward sexual offenders vary depending on offender gender and student gender as measured by the CATSO/CATFSO.

An examination of the data comparing male and female participants' attitudes toward sexual offenders indicated that overall, participants had a more negative attitude toward female sexual offenders. Additionally, the male participants viewed female sexual offenders more negatively than female participants, as shown in Table 1. Higher mean scores indicate more negative attitudes.

Table 1

Mean CATSO Scores by Offender Gender and Participant Gender

Offender gender	Participant gender	Mean	Std. deviation	N
Male	Male	1.7858	.07374	15
	Female	1.8099	.06084	73
	Total	1.8058	.06341	88
Female	Male	1.8261	.04500	35
	Female	1.8208	.06410	62
	Total	1.8227	.05774	97
Total	Female	1.8149	.06237	135
	Total	1.8147	.06093	185

A two-way analysis of variance was conducted on the influence of the two independent variables (gender of participants, gender of sexual offender) on attitudes toward sexual offenders as measured by the TrCATSO. Gender for both variables included two levels (male, female). The main effect for participants' gender yielded an F ratio of $F(1,662) = .772, p = .381$ indicating a nonstatistically significant difference between genders (male/male $M = 1.78, SD .073$; male/female $M = 1.80, DF.060$, female/male $M = 1.82, SD .045$, and female/female $M = 1.82, SD .064$).

The main effect for sexual offender gender yielded an F ratio of $F(1, 021) = 5.73$, $p = .018$, indicating that the effect for attitude was statistically significant. This meant that female sexual offenders were judged more negatively than male sexual offenders. The main effect for participant gender yielded an F ratio of $F(1, 181) = .772$, $p = .381$, indicating that the effect for participant gender was not significant. These main effects were not qualified by an interaction between participant gender and offender gender, $F(1, 007) = 1.87$, $p = .17$, $\eta_p^2 = .010$. Results are shown in Table 2.

Table 2

Summary 2x2 ANOVA Table for Attitudes Toward Sexual Offenders - TrCATSO

Source	Type III sum of squares	df	Mean square	F	Sig.	Partial eta squared
Corrected Model	.021 ^a	3	.007	1.919	.128	.031
Intercept	419.425	1	419.425	114654.289	.000	.998
Offend_gen	.021	1	.021	5.731	.018	.031
Part_gen	.003	1	.003	.772	.381	.004
Offend_gen * Part_gen	.007	1	.007	1.870	.173	.010
Error	.662	181	.004			
Total	609.890	185				
Corrected Total	.683	184				

a. R Squared = .031 (Adjusted R Squared = .015)

Research Question 2: Do attitudes toward treatment outcomes for sexual offenders differ based on gender of the offender and gender of the student?

H₀2: Attitudes of psychology graduate students toward treatment success of sexual offenders do not vary depending on offender gender and student gender as measured by the ATTSO/ATTFSO.

H_a2: Attitudes of psychology graduate students toward treatment success of sexual offenders vary depending on offender gender and student gender as measured by the ATTSO/ATTFSO.

An examination of the data comparing male and female participants' attitudes toward the treatment of sexual offenders indicated that, overall, participants had a more negative attitude toward female sexual offender treatment. Additionally, male participants viewed female sexual offenders more negatively than female participants, as shown in Table 3. Higher mean scores indicate more negative attitudes. Additionally, although slight, the interaction effect was significant ($p = .007$) between gender of participants and sexual offender treatment gender specificity, as shown in Table 4.

Table 3

Mean ATTSO scores by Offender Gender and Participant Gender

Offender gender	Participant gender	Mean	Std. deviation	N
Male	male	1.9963	.08668	15
	female	1.9927	.07743	71
	Total	1.9933	.07859	86
Female	male	2.0846	.09071	35
	female	2.0019	.08056	61
	Total	2.0320	.09300	96
Total	male	2.0581	.09762	50
	female	1.9969	.07872	132
	Total	2.0137	.08841	182

A two-way analysis of variance was also conducted on the influence of two independent variables (gender of participant gender of sexual offender) on attitudes toward the treatment of sexual offenders as measured by the TrATTSO. Gender for both variables included two levels (male, female). The main effect for participant gender yielded an F ratio of $F(1,178) = 8.85, p = .003$, which was statistically significant. This meant that male participants held more negative attitudes toward the treatment of sexual offenders than female participants ($\eta^2 .047$).

The main effect for sexual offender gender was also significant, $F(1,1194) = 11.291, p = .001$, indicating that treatment for female sexual offenders was viewed more

negatively than treatment for male sexual offenders ($n^2.060$). Additionally, the interaction effect between offender gender and participant gender with regard to attitudes toward treatment outcome was significant, $F(1, 1.194) = .7429, p = .007$. Although small, the effect size ($n^2.040$) indicated that not only were male participants more negative overall in their attitudes about treatment of sexual offenders, they were particularly negative with regard to female sexual offenders. Results are shown in Table 4.

Table 4

Summary 2x2 ANOVA Table for Attitudes Toward Treatment of Sexual Offenders - TrATTSO

Source	Type III sum of Squares	df	Mean Square	F	Sig.	Partial eta squared
Corrected Model	.221 ^a	3	.074	10.968	.000	.156
Intercept	518.731	1	518.731	77326.770	.000	.998
Offend_gen	.076	1	.076	11.291	.001	.060
Part_gen	.059	1	.059	8.854	.003	.047
Offend_gen* Part_gen	.050	1	.050	7.429	.007	.040
Error	1.194	178	.007			
Total	739.445	182				
Corrected Total	1.415	181				

a. R Squared = .156 (Adjusted R Squared = .142)

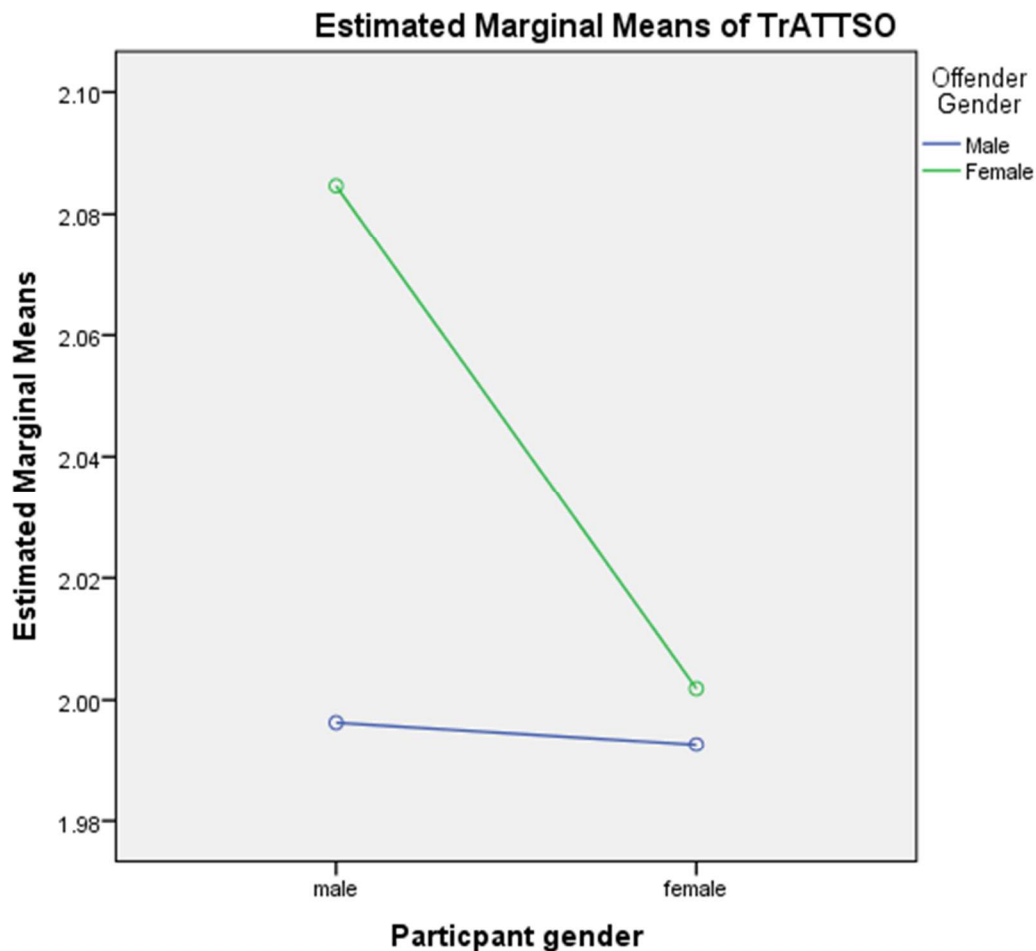


Figure 1. Interaction between participant gender and sexual offender gender in attitudes of treatment of sexual offenders.

Summary

The purpose of the study was to determine whether attitudes toward sexual offenders and their treatment was impacted by the gender of the offender and the gender of the study participant. Problems regarding assumptions of normality, homoscedasticity, and variance of population resulted in the necessity for the data to be transformed. More specifically, violations of the Levene's test of equality of variance indicated that the data

was not normally distributed and was subsequently transformed using the \log_{10} procedure.

With regard to attitudes toward sexual offenders, a main effect was found for offender gender, with more negative attitudes toward female offenders. No significant main effect was found for participant gender, nor was there a significant interaction between participants' gender and offender gender.

However, regarding attitudes toward treatment of sexual offenders, a main effect was found for offender gender, with more negative attitudes toward female offenders. An additional significant main effect was found for participant gender, with males holding more negative treatment outcome attitudes. Finally, a significant interaction was observed, with male participants holding the most negative attitudes about treatment outcomes with female offenders. In Chapter 5, a discussion of how the results of this study compare to previous research in this field will be presented as well as how these findings can affect social change.

Chapter 5

The purpose of this quantitative, quasi-experimental study was to determine whether attitudes toward sexual offenders among psychology, counseling, social work, and mental health graduate students vary based on the gender of the offender and the gender of the student. Whether offender and student gender influences attitudes toward treatment success was also investigated. The nature of this study was quasi-experimental, and the goal was to collect data pertaining to attitudes toward sexual offenders and their treatment outcomes among participants through the use of surveys. Gender was manipulated by changing the sexual offender questions on two of the surveys to reflect gender differences. For instance, the survey questions on the male versions included “he or him” to describe the sexual offender whereas the female versions included “she or her.” The independent variables were gender of the participant and gender of the offender, and the dependent variables were the attitude toward sex offenders and attitudes toward treatment success. This study was conducted because of an existing gap in the literature regarding whether gender influences attitudes toward sexual offenders among mental health trainees. The study was needed because unidentified gender bias could affect the therapeutic alliance with individual clients as well as their treatment success.

The key findings of this study were that general attitudes toward sexual offenders differed based on the gender of the offender and gender of the participant. More specifically, attitudes of psychology participants towards sexual offenders varied depending on the gender of the offender as measured by the CATSO/CATFSO. The results of this study indicated that participants viewed female sexual offenders more

negatively than male sexual offenders. However, there was no main effect for participant gender, and there was no interaction effect between participant and offender gender.

Another key finding was that attitudes toward treatment outcomes for sexual offenders differed based on offender gender and participant gender as measured by the ATTSO/ATTFSO. The results showed that both male and female participants viewed treatment of female sexual offenders more harshly than treatment for male sexual offenders, and that male participants held the most negative attitude regarding treatment outcomes for female sexual offenders.

Interpretation of the Findings

The results of this study were consistent with the findings of previous research in that, overall, female sexual offenders were viewed more negatively (Gannon et al., 2008; Gannon & Cortoni, 2010; Gannon et al., 2014; Holtfreter & Wattanaporn, 2013). Findings from the current study also indicated that women had less negative attitudes toward sexual offenders in general, which was consistent with previous research (Conley et al. 2011; Gakhal & Brown, 2011; Malinen et al. 2014). This result was also similar to Gannon and Cortoni's (2010) findings that treatment of female sexual offenders is generally viewed negatively, and is likely applied inappropriately. More specifically, female sexual offender treatment is likely applied inappropriately because most sexual offender treatment is developed using research normed on male offenders (Gannon & Cortoni, 2010; Gannon et al., 2014). This inappropriate application of treatment is problematic considering that Turner et al. (2008) pointed out that female sexual offenders do not fit into the profiles of male sexual offenders.

The current study's statistically nonsignificant findings of male and female participants' negative attitudes differed from the P. Rogers et al. (2011) study, which indicated that, overall, female participants viewed sexual offenders more negatively than male participants. Interestingly, P. Rogers et al.'s results were not statistically significant either. This may be due to P. Rogers et al.'s exclusion of female sexual offenders within the questionnaires. Unfortunately, most of the reviewed research that pertained to attitudes toward sexual offenders did not include female sexual offenders.

This study was developed in part based on Hare-Mustin and Marecek's (1987) theoretical construct of alpha and beta bias, and the results supported the presence of alpha bias considering the overly negative attitude toward female sexual offenders. These findings were consistent with previous research that indicated that individuals often struggle with the concept that women are capable of sexual offenses (Denov, 2006). When confronted with the concept of sexual offenses by women, individuals tend to judge the female offender more harshly than they would if the same offense were committed by a man (Gannon et al., 2008; Gannon & Cortoni, 2010; Gannon et al., 2014; Holtfreter & Wattanaporn, 2013). Attitudes toward treatment success for female sexual offenders were also influenced by alpha bias for similar reasons because individuals struggle with the notion that women capable of sexual abuse can benefit from treatment.

The findings of this study were also consistent with constructivist theory, which indicates that individuals construct their understanding and knowledge based on experiences and reflecting on those experiences. The support for constructivism can be found in the results coinciding with previous research suggesting that people tend to

judge sexual offenders, particularly female sexual offenders, differently than other offenders based on what they may have experienced or have been lead to believe via media or other information sources (Baer, 2000; Bartel, 2004; Conley et al., 2011). Constructivism was further supported considering that the participants for this study were graduate students enrolled in mental health courses, and the findings were consistent with results from similar research on undergraduate students enrolled in various disciplines (Olver et al., 2010; P. Rogers et al., 2011).

Limitations of the Study

A potential limitation of this study was self-reported data because there was a possibility that participants were not honest with their responses. Another limitation was possible response bias in that the participants may have answered the questions based on what they thought the answers should be rather than what they actually believed (Gittelman et al., 2015). A total of 1,351 respondents participated in the study; however, only 187 met all of the eligibility requirements. Out of the final sample, 51 respondents (27.27%) were male and 136 (72.73%) were female. From the sample, 110 respondents (58.82%) answered the female sexual offender questionnaire, and 77 (41.18%) answered the male sexual offender questionnaire. This unequal gender distribution contributed to the data being skewed and possibly interfered with generalizability. The difference between the initial sample and the qualifying sample could be attributed to the recruitment process considering that the sample was drawn from a large panel of respondents through a sample provider, which compensates respondents via a point system redeemable for cash and prizes. Individuals who were not enrolled in graduate-

level psychology, mental health, social work, or counseling classes, or who were under the age of 18, were excluded. The participant gender differences may have occurred because there may be more females are enrolled in mental health graduate courses.

Another potential limitation was the design and the procedure of administering the measures. More specifically, the measures and procedures cannot be used to determine a causal relationship between the independent and dependant variables, thereby raising additional concerns about generalizability. Furthermore, groups were compared based on gender via a quasi-experimental design rather than on manipulated independent variables. The possibility of unmeasured and/or uncontrolled explanatory variables as a potential source for between-group differences may have existed, possibly influencing validity and reliability. An additional limitation was the inclusion of only two self-identified participant gender options (male and female) rather than including a third option (transgender or gender nonconforming).

Recommendations for Further Research

The results of this study provided a foundation for additional gender bias studies that may address the role of attitude in developing a therapeutic alliance with a female sexual offender client. It would be important to gain an understanding of sexual offender treatment from the female offender's perspective based on her experiences with various therapists. At the time of the current study, a study addressing the effects of therapist gender bias on female sexual offenders had not been located. Whether unintentional gender bias interferes with sexual offender treatment effectiveness should be investigated.

Another topic for further review is that most sexual abuse awareness campaigns are geared toward the male psyche as opposed to being gender neutral (Blanchard & Tabachnick, 2002; Denov, 2004; Oliver, 2007). The results of the current study indicated that participants judge female sexual offenders more severely, yet this finding is not congruent with public campaigns. Perhaps a change, or at least a review, of public policy is necessary based on the results of this study.

Future researchers may strive for more equal gender distribution among participants considering that the participant gender difference for this study was profound, with 227 (16.80%) male and 1,124 (83.20%) female respondents. Additionally, research designed to identify why more females than males are able, or willing, to participate in particular types of research may be beneficial to researchers across disciplines. A final recommendation is to add qualitative interviews, which may provide better insight regarding the background and experiences of each participant. This could be beneficial because a participant's own words could provide data as to possible factors that influence attitudes toward female sexual offenders.

Implications

The results of this study indicated that psychology participants view female sexual offenders more negatively than male sexual offenders. These findings revealed that alpha gender bias exists among students preparing to work in the mental health field. This is problematic as mental health professionals need to be better prepared to work with female sexual offenders. A therapist who is appropriately trained regarding gender bias could produce better treatment outcomes and promote policy changes.

The findings of this study have impact potential on multiple levels, including individual, organizational, and societal levels via changes in policy. Being aware of possible gender bias is crucial considering that therapists interact with their patients on a personal level. This individual interaction provides therapists with experience and knowledge of key issues that sexual offenders encounter. However, if the therapist is experiencing unintentional gender bias, then his or her effectiveness as a therapist may be jeopardized. Considering that the findings of this study coincide with previous research, educating peers, stakeholders, and other entities about gender bias toward female sexual offenders could prove to be beneficial at an organizational level.

This study was grounded in a dual form of deductive theory by including alpha and beta bias as the primary theory and constructivism as the secondary theory to describe how female sexual offenders are often viewed differently than their male counterparts, thereby possibly resulting in less effective treatment applications (see Gannon & Cortoni, 2010; Mellor & Deering, 2010). The theoretical implications of this study's results aligned with the alpha bias theory as the results indicated that participants have a more negative attitude toward female sexual offenders as well as the treatment of female sexual offenders. The support for constructivism was also evident as the results coincided with previous research implying that individuals tend to view female sexual offenders differently than other offenders based on what they may have experienced or how they may have been influenced by media or other information sources (Baer, 2000; Bartel, 2004; Conley et al., 2011). The two theoretical constructs of alpha and beta theory

and constructivism aligned with the results of this study and can be considered a reasonable foundation for interpretation of this phenomenon.

Considering that the findings of this research coincided with previous research that female sexual offenders are viewed more harshly than male sexual offenders, attention needs to be focused on gender-specific guidelines in treatment programs and training programs. This is particularly important when considering that the participants of this study were psychology, mental health, counseling, and social work graduate students, the population that is preparing to provide services to female sexual offenders. In support of enhancing training programs, previous research (Daggett et al., 2008; Serran et al., 2003) indicated that sexual offenders who dropped out of treatment early did so because they felt disrespected by the therapist. Offenders who do not feel valued or accepted by the therapist tend to feel shame, which stifles change (Serran et al., 2003). Underlying issues for individuals dropping out of sexual offender treatment and feelings of not being accepted or valued are concerns that need be addressed in training programs. Furthermore, as this study revealed, sexual offender gender bias needs to be acknowledged and addressed in training programs as many current training applications could be considered inappropriate for not identifying and addressing the issue of gender bias.

Another concern is most sexual offender treatment modalities and curricula are normed on male offenders (Gannon et al., 2014; Gannon & Cortoni, 2010). The results of this study showed that this is problematic because there is a gender bias toward female sexual offenders. Additional issues may present when male-normed modalities are

applied to female sexual offenders considering that the needs often differ between male and female sexual offenders (Gannon et al., 2014; Gannon & Cortoni, 2010).

Additionally, there is minimal empirical research indicating the effectiveness of applying a sexual offender treatment modality to women that was normed on male sexual offenders.

Conclusions

The results of this study revealed that both male and female participants view female sexual offenders more harshly than male sexual offenders. Male and female participants also held more negative attitudes toward the potential treatment outcomes of female sexual offenders than male sexual offenders. Further, male participants held a more negative attitude toward female sexual offender treatment than female participants. Findings revealed that gender bias is apparent regarding attitudes toward female sexual offenders and treatment for them, coinciding with the alpha bias theory and constructivism.

Throughout this study, efforts were made to add to the existing research on female sexual offenders and the treatment of female sexual offenders. Results indicating gender bias in attitudes toward female sexual offenders and their treatment may be used in training programs and treatment organizations to develop more effective policy and training of professionals who work with female sexual offenders (Gannon & Alleyen, 2012; Gannon & Cortoni, 2010). The intention was to enlighten stakeholders and researchers on the importance of understanding the unintended possibility of gender bias of those preparing to work with female sexual offenders.

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Appendix A: General Demographic Questionnaire

1. What is your gender or gender you most closely identify with?
 - Male
 - Female

2. What is your age?
 - 18-29
 - 30-39
 - 40-49
 - 50-59
 - 60-69
 - 70 years and over

3. What is your highest level of college education completed?
 - Associate's Degree
 - Bachelor's Degree
 - Bachelor's Degree plus some Master's level courses
 - Master's Degree plus doctoral level courses
 - Doctoral Degree plus additional graduate courses

4. What clinical licenses and/or certifications do you currently hold?

5. How much counseling and clinical work experience do you have?
 - 0-12 months
 - 1-2 years
 - 3-5 years
 - More than 5 years

6. If you have counseling and clinical work experience, please describe the clientele you have experience in working with (e.g. mostly males, LGBT, offender, adolescent, etc.)

7. Does your telephone number end in an even number or an odd number? If it ends in an even number, please click EVEN. If it ends in an odd number, please click ODD.

Appendix B: Scales and Scoring

Community Attitudes Toward Sex Offenders-R (CATSO-R)
Items and Scoring

Directions: Below are 18 statements about male sex offenders and sex offenses. Please select the corresponding number from the rating scale given below for the answer that best describes the way you feel or what you believe. Most of the statements below are difficult to prove or verify in an absolute sense, and many are specifically about your opinion based on what you may have heard, read, or learned; thus, we are less interested in the “right” or “wrong” answers, and more interested in your beliefs and opinions regarding sex offenders. Even if you have no general knowledge about the issue, please provide an answer to each question.

Strongly Disagree	Disagree	Probably Disagree	Probably Agree	Agree	Strongly Agree
1	2	3	4	5	6

1. With support and therapy, someone who committed a sexual offense can learn to change their behavior.
2. People who commit sex offenses should lose their civil rights (e.g. voting and privacy).
3. People who commit sex offenses want to have sex more often than the average person.
4. Male sex offenders should be punished more severely than female sex offenders.
5. A lot of sex offenders use their victims to create pornography.
6. Male sex offenders prefer to stay home alone rather than be around lots of people.
7. Most sex offenders do not have close friends.
8. Male sex offenders have difficulty making friends even if they try real hard.
9. The prison sentences sex offenders receive are much too long when compared to the sentence lengths for other crimes.
10. Male sex offenders have high rates of sexual activity.
11. Trying to rehabilitate a sex offender is a waste of time.
12. Male sex offenders should wear tracking devices so their location can be pinpointed at any time.
13. Only a few male sex offenders are dangerous.
14. Most sex offenders are unmarried men.
15. Someone who uses emotional control when committing a sex offense is not as bad as someone who uses physical control when committing a sex offense.
16. Most male sex offenders keep to themselves.
17. A sex offense committed against someone the perpetrator knows is less serious than a sex offense committed against a stranger.
18. Convicted male sex offenders should never be released from prison.

Factor 1 (Social Isolation):	6, 7, 8,
14, 16	
Factor 2 (Capacity to Change):	1*, 2,
11, 12, 18	
Factor 3 (Severity/Dangerousness):	4*, 9*,
13*, 15*, 17*	
Factor 4 (Deviancy):	3, 5, 10
* these items must be reverse scored when computing factor scores	

Add all 4 factors together to get a total score; higher scores represent more negative attitudes

Community Attitudes Toward Female Sex Offenders-R (CATFSO-R)
Items and Scoring

Directions: Below are 18 statements about female sex offenders and sex offenses. Please select the corresponding number from the rating scale given below for the answer that best describes the way you feel or what you believe. Most of the statements below are difficult to prove or verify in an absolute sense, and many are specifically about your opinion based on what you may have heard, read, or learned; thus, we are less interested in the “right” or “wrong” answers, and more interested in your beliefs and opinions regarding sex offenders. Even if you have no general knowledge about the issue, please provide an answer to each question.

Strongly Disagree	Disagree	Probably Disagree	Probably Agree	Agree	Strongly Agree
1	2	3	4	5	6

1. With support and therapy, someone who committed a sexual offense can learn to change their behavior.
2. Females who commit sex offenses should lose their civil rights (e.g. voting and privacy).
3. Females who commit sex offenses want to have sex more often than the average person.
4. Male sex offenders should be punished more severely than female sex offenders.
5. A lot of female sex offenders use their victims to create pornography.
6. Female sex offenders prefer to stay home alone rather than be around lots of people.
7. Most female sex offenders do not have close friends.
8. Female sex offenders have difficulty making friends even if they try real hard.
9. The prison sentences female sex offenders receive are much too long when compared to the sentence lengths for other crimes.
10. Female sex offenders have high rates of sexual activity.
11. Trying to rehabilitate a female sex offender is a waste of time.
12. Female sex offenders should wear tracking devices so their location can be pinpointed at any time.
13. Only a few female sex offenders are dangerous.
14. Most female sex offenders are unmarried women.
15. Someone who uses emotional control when committing a sex offense is not as bad as someone who uses physical control when committing a sex offense.
16. Most female sex offenders keep to themselves.
17. A sex offense committed against someone the perpetrator knows is less serious than a sex offense committed against a stranger.
18. Convicted female sex offenders should never be released from prison.

	117
Factor 1 (Social Isolation): 14, 16	6, 7, 8,
Factor 2 (Capacity to Change): 11, 12, 18	1*, 2,
Factor 3 (Severity/Dangerousness): 13*, 15*, 17*	4*, 9*,
Factor 4 (Deviancy):	3, 5, 10
* these items must be reverse scored when computing factor scores	

Add all 4 factors together to get a total score; higher scores represent more negative attitudes

Appendix C: Permission Letters

Greetings Dr. Church,
 I'm Heidi Senethavilay, a doctoral student that is currently writing a dissertation with the topic of "Attitudes towards providing sex offenders treatment among graduate psychology students: does the offenders's gender make a difference?" and I am interested in utilizing both the CATSO and the ATTSO for my research. If possible, could you please advise as to where I can obtain the or purchase these instruments for my research? Thank you for your time and efforts on this request.

Best Regards,

Heidi Senethavilay, M.A.
 Clinical Psychology Ph.D. Student
heidi.senethavilay@waldenu.edu



Wesley Church <wesleyc@lsu.edu>

Mar
21

to me

If you send me a reminder on Friday I can send the CATSO to you. I have no information on the ATTSO.

Regards,

Wesley T. Church II
 Director and J. Franklin Bayhi Endowed Professor
 Louisiana State University
 School of Social Work

Powered by Cricket Wireless



Heidi Senethavilay <heidi.senethavilay@waldenu.edu>

Mar
25

to Wesley, wesleyc

Greetings Dr. Church,

Thank you for responding to my request. As you requested, I am sending the reminder email...

Thanks so much!



Wesley Church <wesleyc@lsu.edu>

Mar
25

to me

Heidi,

I am not at the office at this time and I leave town again Monday, not to return until the 1st. I will see what I can do.



Heidi Senethavilay <heidi.senethavilay@waldenu.edu>

Mar
31

to Wesley

Hello Dr. Church,

Thanks again for getting back to me. Just a reminder about possibly sending me info regarding the CATSO when you return to the office tomorrow.

Thanks so much!



Wesley Church <wesleyc@lsu.edu>

Apr
1

to me

Good luck

Wesley T. Church II, Ph.D., L.M.S.W.

Director and J. Franklin Bayhi Endowed Professor

Social Work

Louisiana State University

305 Huey P. Long Field House, Baton Rouge, LA 70803

office [225-578-1351](tel:225-578-1351)

wesleyc@lsu.edu | lsu.edu | <http://www.socialwork.lsu.edu/>

From: Heidi Senethavilay [mailto:heidi.senethavilay@waldenu.edu]
Sent: Thursday, March 31, 2016 2:31 PM
To: Wesley Church <wesleyc@lsu.edu>

Attachments area



Heidi Senethavilay <heidi.senethavilay@waldenu.edu>

Apr
1

to Wesley

Thank you so much Dr. Church!
Best,
Heidi Senethavilay

Appendix D: ATTSO Scale

ATTSO SCALE

(Attitudes Towards the Treatment of Sexual Offenders)

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

Rating Scale

1 – Disagree Strongly, **2** – Disagree, **3** – Undecided, **4** – Agree, **5** – Agree Strongly

- ___ 1. I believe that male sex offenders can be treated.
- ___ 2. Treatment programs for male sex offenders are effective.
- ___ 3. It is better to treat male sex offenders because most of them will be released.
- ___ 4. Most male sex offenders will not respond to treatment.
- ___ 5. People who want to work with male sex offenders are crazy.
- ___ 6. Psychotherapy will not work with male sex offenders.
- ___ 7. I believe that all male sex offenders should be chemically castrated.
- ___ 8. Regardless of treatment, all male sex offenders will eventually reoffend.
- ___ 9. Treating male sex offenders is a futile endeavor.
- ___ 10. Male sex offenders can be helped using the proper techniques.
- ___ 11. Treatment doesn't work, male sex offenders should be incarcerated for life.
- ___ 12. Only certain types of male sex offenders will respond to treatment.
- ___ 13. Right now, there are no treatments that work for male sex offenders.
- ___ 14. It is important that that all male sex offenders being released receive treatment.
- ___ 15. We need to urge our politicians to make male sex offender treatment mandatory.
- ___ 16. All male sex offenders should go for treatment even if they don't want to.
- ___ 17. Male sex offenders who deny their crime will not benefit from treatment.
- ___ 18. Treatment only works if the male sex offender wants to be there.
- ___ 19. Male sex offenders don't deserve another chance.
- ___ 20. Tax money should not be used to treat male sex offenders.
- ___ 21. Male sex offenders don't need treatment since they chose to commit the crime(s).
- ___ 22. A male sex offender whose crime is rape offends because he is violent.
- ___ 23. Treatment is only necessary for male offenders whose victims are children.
- ___ 24. Treatment funding should be focused on the victims, not on the male offenders.
- ___ 25. Male sex offenders should be executed.
- ___ 26. Male sex offenders should never be released.
- ___ 27. Most sex offenders serve over 10 years in prison for their crime.
- ___ 28. The prison sentence male sex offenders serve is enough, treatment is not necessary.
- ___ 29. Treatment is not necessary because everyone in the community knows who the male sex offenders are.
- ___ 30. Civilly committing male sex offenders to treatment facilities is a violation of their rights.
- ___ 31. Treatment should be conducted during incarceration.
- ___ 32. Male sex offenders are the worst kind of offenders.
- ___ 33. Male sex offenders should not be released back into the community.
- ___ 34. A male sex offender is like any other offender, no special treatment is necessary.

___ 35. Treatment of male sex offenders should be completed within a year.

ATTFSO SCALE
(Attitudes Towards the Treatment of Female Sexual Offenders)

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

Rating Scale

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

- ___ 1 I believe that female sex offenders can be treated..
- ___ 2. Treatment programs for female sex offenders are effective.
- ___ 3. It is better to treat female sex offenders because most of them will be released.
- ___ 4. Most female sex offenders will not respond to treatment.
- ___ 5. People who want to work with female sex offenders are crazy.
- ___ 6. Psychotherapy will not work with female sex offenders.
- ___ 7. I believe that all female sex offenders should be chemically castrated.
- ___ 8. Regardless of treatment, all female sex offenders will eventually reoffend.
- ___ 9. Treating female sex offenders is a futile endeavor.
- ___ 10. Female sex offenders can be helped using the proper techniques.
- ___ 11. Treatment doesn't work, female sex offenders should be incarcerated for life.
- ___ 12. Only certain types of female sex offenders will respond to treatment.
- ___ 13. Right now, there are no treatments that work for female sex offenders.
- ___ 14. It is important that that all female sex offenders being released receive treatment.
- ___ 15. We need to urge our politicians to make female sex offender treatment mandatory.
- ___ 16. All female sex offenders should go for treatment even if they don't want to.
- ___ 17. Female sex offenders who deny their crime will not benefit from treatment.
- ___ 18. Treatment only works if the female sex offender wants to be there.
- ___ 19. Female sex offenders don't deserve another chance.
- ___ 20. Tax money should not be used to treat female sex offenders.
- ___ 21. Female sex offenders don't need treatment since they chose to commit the crime(s).
- ___ 22. A female sex offender whose crime is rape offends because he is violent.
- ___ 23. Treatment is only necessary for female offenders whose victims are children.
- ___ 24. Treatment funding should be focused on the victims, not on the female offenders.
- ___ 25. Female sex offenders should be executed.
- ___ 26. Female sex offenders should never be released.
- ___ 27. Most sex offenders serve over 10 years in prison for their crime.
- ___ 28. The prison sentence female sex offenders serve is enough, treatment is not necessary.
- ___ 29. Treatment is not necessary because everyone in the community knows who the female sex offenders are.
- ___ 30. Civilly committing female sex offenders to treatment facilities is a violation of their rights.
- ___ 31. Treatment should be conducted during incarceration.
- ___ 32. Female sex offenders are the worst kind of offenders.

- 33. Female sex offenders should not be released back into the community.
- 34. A female sex offender is like any other offender, no special treatment is necessary.
- 35. Treatment of female sex offenders should be completed within a year.

Appendix E: Additional Permission Letters

Greetings Dr. Jeglic,

I'm Heidi Senethavilay, a doctoral student that is currently writing a dissertation with the topic of "Attitudes towards providing sex offenders treatment among graduate psychology students: does the offenders's gender make a difference?" and I am interested in utilizing the ATTSO for my research. I saw that the scales were provided in the 2006 Development of the ATTSO article you co-authored. Would there be any concerns of my utilizing this instrument for my research? Would additional information regarding the ATTSO be necessary for proper implementation? Thank you for your time and efforts on this request.

*Wnuk, D.** , Chapman, J.E. , **Jeglic, E. L.** (2006). Development and refinement of a scale to measure attitudes toward sex offender treatment. *Journal of Offender Rehabilitation*, 43(3), 35-47.*

Best Regards,

Heidi Senethavilay, M.A.
Clinical Psychology Ph.D. Student
heidi.senethavilay@waldenu.edu



Elizabeth Jeglic <ejeglic@comcast.net>

Apr
6

to me

Hi Heidi,

Please feel free to use it – all the information should be included in the article – if you have additional questions feel free to reach out.

Elizabeth

Elizabeth L. Jeglic Ph.D.
Professor
Department of Psychology
John Jay College of Criminal Justice
524 West 59th Street Rm 10.63.19
New York, New York 10019
Phone: [212-484-1195](tel:212-484-1195)
ejeglic@jjay.cuny.edu

From: Heidi Senethavilay [mailto:heidi.senethavilay@waldenu.edu]
Sent: Wednesday, April 06, 2016 7:05 PM
To: ejeglic@jjay.cuny.edu
Cc: Tracy Marsh <tracy.marsh@waldenu.edu>
Subject: Use of the ATTSO

Greetings Dr. Jeglic,

I'm Heidi Senethavilay, a doctoral student that is currently writing a dissertation with the topic of "Attitudes towards providing sex offenders treatment among graduate psychology students: does the offenders's gender make a difference?" and I am interested in utilizing the ATTSO for my research. I saw that the scales were provided in the 2006 Development of the ATTSO article you co-authored. Would there be any concerns of my utilizing this instrument for my research? Would additional information regarding the ATTSO be necessary for proper implementation? Thank you for your time and efforts on this request.

1. *Wnuk, D.** , Chapman, J.E. , Jeglic, E. L. (2006). Development and refinement of a scale to measure attitudes toward sex offender treatment. Journal of Offender Rehabilitation, 43(3), 35-47.*



Heidi Senethavilay <heidi.senethavilay@waldenu.edu>

Apr
6

to Elizabeth, Tracy

Thank you so much Dr. Jeglic! Your generosity and prompt response are most appreciated!

Best Regards,

Heidi Senethavilay, M.A.
Clinical Psychology Ph.D. Student
heidi.senethavilay@waldenu.edu