Validating the Attitudes toward Sex Offenders Scale

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VALIDATING THE ATTITUDES TOWARD SEX OFFENDERS SCALE

by

Charmeka Whitehead

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Doctor of Philosophy
Department of Counselor Education and Counseling Psychology

Western Michigan University
Kalamazoo, Michigan
December 2009
This study investigated the reliability and validity of the Attitudes Toward Sex Offenders Scale (ATS) measurement by assessing attitudes of counselors in training towards juvenile sex offenders. The specific aims of this study were to determine (a) internal consistency of the ATS, (b) construct validity of the ATS based on exploratory factor analysis, and (c) the degree to which this instrument has convergent and discriminate validity. The intellectual merit of this study was to provide appropriate scale validation of the ATS so that it might be used to assess attitudes of mental health professionals who work with juvenile sex offenders. The latter is important because the attitudes held by a counseling psychologist may determine his or her willingness and effectiveness in working with this population, as attitudes cause behavior (Johnson, Hughes, & Ireland, 2007). Subjects in this study were 298 master’s level counselors in training who attended universities in the Midwestern and Southern United States. The findings of this study were very promising and suggest that the ATS is a psychometrically sound instrument. Thus, this instrument may be used for practical purposes (e.g., training and assessment) by mental health professionals.
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Date July 14, 2009

WE HEREBY APPROVE THE DISSERTATION SUBMITTED BY

Charmeeka Whitehead

ENTITLED Validating the Attitudes Toward Sex Offenders Scale

AS PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE

DEGREE OF Doctor of Philosophy

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Date December 17, 2009

Dean of The Graduate College
DEDICATION

This dissertation is dedicated to the loving memory of my grandparents, Mrs. Nettie and Mr. Leroy Hawkins. You both passed before you were able to see me obtain this degree, but I want to thank you for the life lessons you taught me. Granddaddy, thank you for the life lesson of never giving up, your fighting spirit, and your strong-willed nature. You demonstrated strength for our family and you taught me how to be strong. Grandmama, thank you for always making me feel so special, whether it was through a home-cooked spaghetti dinner or just through the time you invested in me; you did so much in developing my self-esteem and my character. Who would have ever thought the granddaughter of a construction worker with only a high school diploma from the deep south of Baton Rouge, Louisiana would one day have a Ph.D. Both of you did more for me than you will ever know, and for that I say thank you.
ACKNOWLEDGMENTS

No undertaking of this scope would have been possible if it were not for the grace and favor that God has blessed me with. I am grateful and humbled that God has seen fit to give me the discernment, knowledge, and skills in order to be able to complete a doctoral degree. My hope is that I may use the gift that God has blessed me with for Kingdom Agenda and that he might always get the glory through my work (1 Peter 4:10 NIV). I am also thankful that God has ordered my steps and put people in my path that have nurtured and helped my professional and interpersonal development.

Appreciation is extended first to Dr. Lonnie Duncan, my advisor and dissertation chairperson. I am indebted to Dr. Duncan because he was my greatest advocate throughout this process. I consider him a mentor and I highly value his judgment and feedback. I truly appreciate your guidance, encouragement, and inspiration.

A tremendous amount of gratitude is also extended to Dr. Joseph Morris, who was instrumental in my interpersonal development throughout this process. I am appreciative to you for giving me critical feedback that has matured and perfected me as a person. I appreciate your directness and honesty in giving me feedback that was much needed. I am also thankful for the opportunities (i.e., GEAR-UP and conference presentations) you have extended to me throughout my doctoral studies.

In addition, I thank the following: Jose Ramirez and Karen Rosales, for all your consultation and statistical expertise with conducting the analysis of the data. Jose, I
much enjoyed our long statistical meetings at Panera Bread and I appreciate the
graciousness and dedication you showed towards me. Additionally, I would like to thank
Julie Davis for your consultation and the assistance you provided to me in order to help
me in completing this advanced degree. To Donald Knight, thanks for creating a culture
around the CECP program that encouraged the “Brownies” to stick together. Donald, I
appreciate the guidance you gave me my first couple of years in the program. It was also
inspiration to see another “Brownie” matriculating through the program.

On a more personal level, appreciation is extended to my parents, Brenda and
Clarence Whitehead, for instilling within the importance of an education. As a young
child, I remember having to do educational tasks like read the Detroit newspaper and
write reports on the articles I read in order to get an allowance. I also remember my
mother being at every academic, choir, and sports-related event I ever had. Thank you
both for giving me a strong foundation; without this foundation I would not have ever
made it this far. To my siblings, Barika Pace and Shaun Whitehead, thank you for being
an encouragement to me. I have always seen both of you doing great things and that
inspires me to do great things as well. I have been blessed with the best siblings in the
whole world. In additional, I am grateful for having the world’s cutest nephew, Alexander
Jonathan Pace (i.e., A.J., 17 months), being able to leave academia and come home and
play with you is always rewarding and a reinforcer for me. I am also appreciative to
special friends of my family, Hattie Knoxs and Arthurlene Pipkens; thank you for your
words of encouragement and support.
Acknowledgments—Continued

A special thanks is also extended to my local church family, Mt. Zion Baptist Church. I am thankful to Pastor Addis Moore, who would always have a relevant Word that gave me motivation to continue matriculating through this degree. A special thank you is also extended to Rev. James Harris (Mt. Zion Baptist) for pushing me to step outside of my comfort zone and for giving me opportunities to use my gifts and talents to minister to young people. Lastly, I would like to extend deep appreciation to Pastor Thomas and Elizabeth Webb, who, when I was working on my master’s at Pennsylvania State University, showed me through their sincere actions what it means to be “Christ-like.” It was through the Webb’s ministry that it became clear to me what it means to be like Christ and I tried to reflect this in my relationships at Western Michigan University. In closing, I can only say that God has blessed me and I am obligated to give back because so many people have sowed into my life. To those who follow me, I encourage you also to remember the words of Luke: “When someone has been given much, much will be required in return; and when someone has been entrusted with much, even more will be required” (Luke 12: 48b NLT).

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CHAPTER I

INTRODUCTION

Background of the Problem

Sexual assault is a growing societal problem amongst adolescents. Research has shown that 20% of all rapes and 30% of child molestation are committed by youth who are 18 years or younger (Shaw, 2000). This same research indicates that 14% of aggravated sexual assaults and 27% of child sexual homicides are committed by those under age 18 years (Pratt, Patel, Greydanus, Dannison, Walcott, & Sloane, 2001). The number of these youth who continue to reoffend is also noteworthy. It is estimated that approximately 10-15% of juvenile sex offenders also offend as adults (Waite, Keller, McGarvey, Wieckowski, Pinkerton, & Brown, 2005). Evidence has also shown that, as adults, these youth progress to commit more serious offenses (Epps, 1994), which is even more significant given that sexual crimes sometimes go unreported.

Sexual assault is a societal problem because each individual within society directly or indirectly pays the cost of sexual violence (Barbaree, Marshall, & McCormick, 1998; Hanson & Bussiere, 1998; Peter, Wyatt, & Finkelhor, 1986). Members of society may directly pay the cost as victims. Victims and their family members have to deal with emotional trauma that comes from the assault. Indirectly, Prentky and Burgess (1992) found that the treatment and incarceration of these offenders can cost as high as $168,000
per individual per year. Nationwide it has been estimated that sexual assault cost an estimated $261.25 billion per year (Post, Mezey, Maxwell, & Wilbert, 2002).

As a result of the nature and overarching impact of juvenile sexual assault, society has developed a negative attitude toward sex offenders. This viewpoint can be found within religious, legal, and scientific literature. For example, the majority of the public’s attitude toward sex offenders is that they should be imprisoned and receive treatment. However, according to Turoff (2001), the public does not want treatment to occur within the community but rather within correctional facilities. Similarly, these offenders are not readily accepted back into community life upon release. The rejection and negative views of this population is prevalent within society. A possible explanation of these attitudes may be because sex crimes directly involve an act against another person as opposed to other crimes (e.g., breaking and entry or vandalism).

Further impacting these societal attitudes is the fact that the research acknowledges that juvenile sex offenders can be a difficult population to work with (Epps, 1994; Marshall et al., 2005). Many therapists who worked with these youth began to recognize a connection between the client-offender’s high level of resistance and the court’s mandated mental health treatment policies. Thus, the therapist is charged with the responsibility of guiding the development of social skills, altering deviant sexual cycles, setting limits, and helping to bring about change in behaviors. While a lofty task, rehabilitating these youth is an important task because it will help in preventing them from reoffending. In addition, treatment can help reintegrate them into society.

The attitudes held by a counseling psychologist may also determine his or her willingness to work with this population, as attitudes cause behavior (Johnson, Hughes, &
Ireland, 2007). Hence, for the counseling professional, effective treatment requires the resolution of personal issues that may result in a countertransference reaction (Carone & LaFleur, 2000; Peaslee, 1995). The ability to work effectively with this population also entails the capacity to view the client as both a victim and an offender. In so doing, the psychologist can understand the clients’ narratives of their own victimizations, while also working with the offenders take responsibility for their crimes. Lastly, the therapist capacity to establish a working alliance that is filled with empathy and acceptance is key to effective treatment (Peaslee, 1995).

The ability to work effectively with this population ultimately depends on the counselor’s attitude toward juvenile sex offenders. Counselors who experience countertransference or a negative reaction toward an offender may ultimately hinder the likelihood of providing effective treatment. Research has shown that if an individual perceives an offender as being more remorseful for his or her actions, this directly affects one’s judgments concerning rehabilitation, response to treatment, and reoffending (Proeve & Howells, 2006).

The counselor’s attitude toward working with a particular client may ultimately dictate the counselor’s prognosis of client treatment and services offered (Rudisill, 1997; Scaletta, 1995). Additional research has illustrated that an individual’s stereotypic beliefs will influence how they remember and interpret an event (Hogue & Peebles, 1997; Maynard & Wiederman, 1997). More recent research has also found that our attitudes impact how we process information. It has been found that individuals will search for and select information that supports their beliefs rather than disconfirm their beliefs (Bohner & Wanke, 2002).
As the juvenile justice system continues to mandate juvenile sex offenders to receive treatment in outpatient placement centers, such as group homes and half-way houses, counseling psychologists are being relied upon more often to provide treatment to this population. Eastman (2004) stated that the number of treatment centers for sex offenders has gone from 22 programs in 1982 to over 1,000 programs in 1995. This astonishing increase in placement facilities has provided more opportunities for counseling psychologists to work with this population.

Polson and McCullom (1995) noted that 10 years ago counselors would be less likely to have to evaluate their own feelings about juvenile sex offenders because chances were very likely they would not encounter this type of client. Conversely, this reality has changed and counseling psychologists are having to review their attitudes toward working with juvenile sex offenders because more of these offenders are receiving mandated outpatient counseling. The chance of a psychologist having a sex offender on his or her caseload has greatly increased.

Development and Validation of the ATS

With the rise in juvenile sex crimes, the number of counseling psychologists who work with this population have increased. With the realization that attitudes impact services rendered, there has been increased attention on understanding the attitudes of those who work with juvenile sex offenders. One instrument that has sought to assess attitudes of these professionals is the Attitude Toward Sex Offenders (ATS) scale. The ATS was adapted from Melvin, Gramling, and Gardner’s (1985) Attitudes Toward Prisoner Scale (ATP). The ATP consists of 36 items that measure the attitudes of criminal
justice workers and mental health professionals toward prisoners. The instrument was normed on university students attending school within the United States. There are 19 statements that are negatively framed (e.g., sex offenders never change) and 17 that are positively framed (e.g., sex offenders have feelings like the rest of us).

Since Melvin et al.'s (1985) development of this instrument, several studies have shown test-retest reliability, internal consistency, and construct validity. Originally test-retest reliability was established by Melvin et al. (1985) by administering the ATP to 40 psychology students and providing a retest two weeks later. Internal consistency was obtained by taking two samples and correlating the sum of the odd and even scores and then correlating $r$ with the Spearman-Brown formula. Reliability of the scores obtained by Melvin et al. was conformed through the use of Cronbach's alpha which established reliability at .92. Additional research by Gramling (1979) also supported high split-half reliability with a sample of 56 correctional officers of the Mississippi State Penitentiary ($r = .84, p < .01$). Social desirability was cross-checked by administering the ATP with the Marlow-Crowne Social Desirability Scale, which found that reporting on the ATP was not highly related to respondents reporting in a socially desirable manner.

The development of the ATS came in 1993 when Hogue revised the ATP by substituting the word prisoner in the ATP with the word sex offender. The overall structure of the ATP remains intact, minus the word change. Thus, the ATS, like the ATP, is still a 36-item survey consisting of a Likert scale that allows for respondents to rate their attitudes on various items from strongly disagree to strongly agree. The method by which the ATS is scored involves conversion of negative scores which results in high
scores being representative of positive attitudes toward sex offenders. The ATS has recently been used in several dissertations and research articles (Nelson, 2001).

Despite its increased usage in literature, there still remains a strong need for further validation because researchers have often used this scale without using appropriate statistical means to validate it (Hogue, 1993; Nelson, 2001). Conversely, what researchers have often done has been to administer the instrument to various populations (i.e., sex offenders, law enforcement, and correctional officers) and merely compared mean scores between the ATP and the ATS. However, none of the latter is rigorous enough to state that the ATS has merit as an assessment tool of attitudes toward sex offenders. The original items of the ATP scale were subjected to much more statistically rigorous procedures than comparison of mean scores. Conversely, there is no literature that states that this level of extensive validation work was ever done on the ATS.

Moreover, validation of the ATS is needed for multiple reasons. Initially, if an instrument is constructed but not validated, erroneous conclusions are more likely to be drawn, which in turn can influence decisions made regarding treatment (Borg & Gall, 1983). Additionally, the ATS needs to be validated because of the population it targets. Simply, the dislike for sex offenders, along with the distinct nature of the crimes they commit, makes them a unique population. Specifically, while the ATP provides a validated measure of attitudes toward general prisoners, translating this formulaic scale to sex offenders may not be a certainty. As aforementioned, sex offenders are often ostracized by mental health professionals, society, and the prison system. Thus, it is reasonable to assume that when asked to assess attitudes on prisoners versus attitudes on sex offenders, the results may not be interconnected.
Purpose of Study

Intellectual merit can be defined as the contribution that the research makes to the existing knowledge base. The intellectual merit of the present study is that it is an exploratory study because, to the researcher’s knowledge, there has not been any research that specifically validates the use of the ATS. Upon evaluating the research, it is also clear that research on attitudes toward working with sex offenders in general is sparse. The research that does exist focuses primarily on adult offenders (Hogue, 1993; Lea, Auburn, & Kibblewhite, 1999; Martinez, Flores, & Rosenfeld, 2007). Thus, the decision was made to focus on juvenile sex offenders as it relates to validation of the ATS. The decision to focus in on this population was made because juvenile sex offenders are developmentally different than adults in regards to their moral, social, and cognitive development and they are often underresearched.

However, in order to assess attitudes toward juvenile sex offenders, it is crucial that the measurement used is valid. To date, the ATS is the only instrument that has been constructed to assess attitudes toward working with sex offenders. Thus, the specific aim of this study is to determine (a) internal consistency of the ATS, and (b) constructed validity of the ATS based on exploratory factor analysis. The latter will be done with juvenile sex offenders in mind. The assessment of attitudes toward juvenile sex offenders was done by substituting the words sex offender with juvenile sex offender on the ATS.

This study is important for several reasons. First as Vandiver (2002) points out, an essential component of scale validation is validation with another population through the examination of the psychometrics of the scale within that population. In addition, this
study is important because an accurate assessment of attitudes is needed to understand how counseling psychologists experience and think about juvenile sex offenders. These lived experiences are of extreme importance because they may negatively impact the therapeutic alliance, which can in turn have dangerous effects. Epps (1994) asserts the latter may result in these adolescents being reintegrated into society just as dangerous as when they were first adjudicated. Lastly, the ATS has the potential to more completely help in understanding attitudes toward juvenile sex offenders. Through use of the ATS, it is also possible to assess the ranges of expression of attitudes and recognize the crucial components of attitudes. Thus, through validation of the ATS, counseling psychologists will enhance their ability to provide the best services to this unique population.

Reliability and Validity Considerations

A key component in the validation of the ATS is examining this instrument’s reliability. Reliability is the extent to which measurement is done consistently, and some have argued that it is the foundation on which other psychometric properties rest (Shaw, 1999). Without reliability, validity of an instrument will be void. As Heppner, Kivlighan, and Wampold (1992) proposed, reliability is the variance of scores that is a result of true difference among participants. Without reliability being established for the ATS, it is impossible to determine if the results of the Hogue (1993) study are truly reflective of individual differences in attitudes or merely a product of measurement error. Hence, an important goal of this study is the assessment of both internal consistency and test-retest reliability with the population on which the ATP scale was originally normalized (i.e., American students).
Another important issue to address is one of internal validity, which concerns the notion of consistently measuring of the variables the instrument seeks to examine. An experiment is said to possess internal validity if it properly demonstrates a causal relation between two variables (Shaw, 1999). Just as significant as interval validity is construct validity; this refers to whether a scale measures the unobservable social construct that is proposed to be measured. In essence, has the ATS captured the constructs intended to measure? With the latter question in mind, it is important to note that individuals may not always have a precise understanding of their attitudes or why they feel as they do. Individuals may never or may rarely experience a test such as the ATS that requires them to examine their attitudes toward juvenile sex offenders. Thus, survey questions of the ATS must be clearly conveyed so that participants can respond accurately.

The issue of social desirability is another salient issue that must be taken into consideration when validating the ATS. Reporting on moral and ethical judgments may be confounded with social desirability (Tooke & Ickes, 1988). Hence, validation work of the ATS must also evaluate the degree to which there may be an appreciable relationship between the respondent answering in socially desirable ways and attitudes measured by the ATS.

In this study, the following research questions are being asked:

1. How reliable is the ATS in measuring attitudes toward juvenile sex offenders?
2. How different is the ATS from measuring similar constructs (i.e., discriminate validity)?
3. How similar is the ATS to scales measuring similar constructs (i.e., convergent validity)?
To answer these questions, four goals will be achieved in this study:

Goal 1: To establish a reliability coefficient of at least .70 among the entire scale (DeVellis, 1991).

Goal 2: To establish the ATS construct validity by utilizing the statistical method of exploratory factor analysis (Devellis, 1991).

Goal 3: To establish discriminate validity of the scale by comparing it to the ATP.

Goal 4: To establish convergent validity of the scale by comparing its scores to the ATS (adult stem version).

Key Terminology

The following terms will be used throughout the manuscript:

*Attitude* – The degree to which an individual perceives persons, objects, or issues positively or negatively (Nelson, 2001).

*Counselor in training* – A graduate student within an academic setting (i.e., college or university) who is learning counseling psychology skills with the hopes of pursuing a career within the mental health profession.

*Juvenile Sex Offender* – An individual under the age of 18 who has been convicted of a sexual offense. A sexual offense may be penetration, exhibitionism, rape, and/or molestation.

*Penetration* – Infiltration of any body orifice for a sexual purpose (Pratt et al., 2001).

*Exhibitionism* – The crime of displaying or attracting attention to one’s genital area (Pratt et al., 2001).
Rape – An assault by a person involving sexual intercourse with or penetration of another person without that person’s consent (OJJDP, 2001).

Molestation – The crime of sexual acts with children up to the age of 18. This may include touching of genital private parts, disclosure of genitalia, taking of pornographic pictures, rape, or encouragement of sexual acts with the molester or with other children. Molestation also applies to incest by a relative with a minor family member, and any unwanted sexual acts with adults short of rape (OJJDP, 2001).

Treatment – A structured attempt to change the behavior and thought processes of an offender, which involves the use of empirically valid therapeutic techniques (Epps, 1994).
CHAPTER II

LITERATURE REVIEW

A review of pertinent literature will be examined in Chapter II, followed by the methodology and procedure section of Chapter III. Data analysis will be provided in Chapter IV, and discussion and recommendations will be elaborated on in Chapter V.

Review of Pertinent Literature

Within this chapter, the literature is divided into three major sections. The first section provides a general introduction to the juvenile sex offender population. This section will look at the typology of juvenile sex offenders. In addition, key individual characteristics of this population will be put forth. The aim of the second section is to review treatment modalities and outcomes for sex offenders. Lastly, important characteristics, consequences, and attitudes of counselors working with these adolescents is explored.

Caveat

Upon reviewing the literature, it is of monumental importance that one keeps in perspective that the subjects who participated in the studies listed below represent only one strata of juvenile sex offender. The majority of the samples cited in the literature represent juvenile offenders who were of low socioeconomic status, primarily Caucasian, and were incarcerated in state correctional facilities. For example, Ronis and Borduin
(2007) found that 67% of their adjudicated sample was Caucasian, and 50% were of lower socioeconomic status. While overall Caucasians make up the vast majority of the juvenile sex offender population, it is important to note that the data that are reflected in the literature may be skewed on other levels (Office of Juvenile Justice and Delinquency Prevention [OJJDP], 2001). For instance, given that the majority of the research surveyed only adjudicated or court-involved youth, the studies that are presented here are devoid of those individuals who are able to subconvent the court system (i.e., they are not prosecuted). The vast majority of the studies presented below are also devoid of those who have the luxury and are court-ordered to receiving treatment in facilities that are often not surveyed by researchers (e.g., private practice agencies). The disproportionate number of these youth in confinement is probably directly related to early stages of case processing. For example, many of these youths, because they are of lower socioeconomic status, may not be able to afford defense attorneys and other advocacy services that may help them navigate the court system. Hence, when reviewing the literature, it is important to understand that the majority of the literature is primarily talking about lower socioeconomic Caucasian youth who are incarcerated within state facility programs.

Typologies of Sex Offenders

In order to understand juvenile sex offenders, it is imperative to comprehend the clinical features or elements that make this population distinct. Sex offenders often suffer from a variety of deep psychological issues, which impact their offending. As it is discussed by Flora (2001), these deep psychological issues may include anxiety, denial, interrelationship difficulties with the opposite sex, manipulation, cognitive and social
impairments, problems with communication and with personal boundaries, low self-esteem, and denial of feelings. Consequently, the offender may become sexually aggressive as a result of these stressors that come from the overwhelming psychological problems.

While the literature has attributed these characteristics to juvenile sex offenders, classification or grouping of this population is lacking within the literature. However, in an effort to provide treatment to this population, several typologies of sex offenders have been proposed. In 1980, O'Brien and Bera developed seven typologies, which sought to provide explanation of the offenses and depict the offenders. The seven types are the Naïve Experiment, the Undersocialized Child Exploiters, the Pseudosocialized Child Exploiter, the Sexual Aggressive Youth, the Sexual Compulsive Youth, the Disturbed Impulsive Youth Type, and the Group-Influenced Offender. The “Naïve Experimenter” is usually sexually inexperienced and engages in only one or two offenses. The offenses of the Naive Experimenter are usually nonviolent or exploratory. The “Undersocialized Child Exploiters” are often characterized as having poor social skills but often manipulate younger children into sexually inappropriate situations. These offenders often come from homes that are disengaging and seek to exploit children to gain the intimacy and the self-importance that they lack from their home environment. The “Pseudosocialized Child Exploiter” is characterized as lacking social skills and an extensive peer group. These individuals have a long history of sexual aggression without getting caught. Their sexual aggression is often motivated by sexual pressure by means of exploitation and rationalization. These individuals have little remorse. “Sexual Aggressive Youth” are characterized as a product of an abusive and chaotic home
environment. These individuals have a history of antisocial behavior and poor impulse control. Drug abuse is also common amongst this population. These youth are often motivated by the need to have power and control over their victim. Through their offenses, violence, anger, and humiliation of the victim are key themes. Furthermore, “Sexual Compulsive Youth” frequently come from families that are rigidly enmeshed and emotionally reserved. These individuals usually engage in voyeurism or exhibitionism. Their behavior is usually repetitive, compulsive, and motivated by anxiety. The “Disturbed Impulsive Youth Type” is described as being psychologically disturbed, especially in their thought processes. Their offenses are unpredictable and bizarre. “Group-Influenced Offenders” have no prior antisocial history and come from nondysfunctional families. These individuals’ offenses are done to gain acceptance and approval from their peer groups.

While the O’Brien and Bera typology classification system may help clinicians in gaining an understanding of juvenile sex offenders, there are some limits to using this classification system. As Awad and Saunders (1991) point out, more than 50% of adolescent sex offenders commit various types of criminal sexual acts, thus making it difficult to neatly classify offenders into only one category. Additionally, proper classification of the offender may be problematic because sex offenders are often manipulative and not forthcoming regarding their offenses. Consequently, the latter may result in inaccurate classification, which in turn may result in ineffectively addressing the therapeutic needs of the offender. In summary, this proposed classification system lacks reliability and validity (OJJDP, 2001). The lack of empirical support may be attributed to the fact that there is a paucity of research on developing the typology for this population.
However, the research that does exist is promising. Knight and Prentky (1993) found support for four of O’Brien and Bera’s classification types in their own research with adult offenders who had initially offended when they were adolescents.

It is important to also acknowledge that even though there are limitations to the O’Brien and Bera (1986) typology, it is still used as a point of reference to provide assistance to those who work with juvenile sex offenders. This classification system can be used to provide an explanation behind the offense. In addition, it can be considered when making decisions on placement and treatment needs. However, there is a need for more research to gain a more valid classification system.

Through a meta-analysis of 140 samples with 16,000 juvenile offenders, Graves (1996) was able to find support for the *pedophilic*, *sexual assault*, and *undifferentiated types*. The “pedophilic” is described as lacking social esteem and isolated from the outside world. These youth often molest children significantly younger than themselves (at least 3 or more years younger). The “sexual assault type” was described as victimizing peers or older friends. The group with the most social and psychological problems was the “undifferentiated group.” This group commits a wide variety of offenses and their victims range in age. In spite of the extensiveness of this meta-analysis, empirical validation is also lacking for this classification system. As it is pointed out by the OJJDP (2001), in general the typologies proposed within the literature are so new or not well supported that all findings are preliminary.
Individual Characteristics

Just as there is not a consensus regarding the classification of these youth, there is also not a consensus regarding the general characteristics of juvenile sex offenders. As the OJJDP (2001) states, the literature on this topic is in an infancy stage. However, what follows is a review of some of the individual characteristics of this population.

Type of Offenses

In general, the majority of male juvenile sex offenders target female children who are younger than themselves (Pratt et al., 2001). As it is highlighted by the OJJDP (2001), their victims are often relatives or children with whom they have easy contact (e.g., neighborhood children). As Pratt et al. (2001) affirmed in their literature review, most incest occurs within the offender’s home and when the offender is providing babysitting services.

Typically, juvenile sex offender crimes are less violent than adult sex offender crimes, as these offenders typically gain compliance through intimidation and/or manipulation instead of physical violence. Davis and Leitenberg (1987) found that 40% of their adult sample expressed some level of aggression in their offense(s). Research shows that when juvenile sex offenders do commit violent crimes, the victim is usually an adult or someone from their peer group (OJJDP, 2001).

The crimes that are committed by these youth range from contact to noncontact sexual misconduct. Noncontact sexual offenses may include voyeurism (e.g., watching a person who is nude), exhibitionism (display or drawing attention to one’s genitals), and
obscene phone calls (Pratt et al., 2001). Contact sexual offenses include penetration to any part of the victim’s body in order to gain sexual gratification. It was estimated that more than 50% of a sample of juvenile offenders in Maine reported that their sexual offense involved a penetrative or contact act (i.e., oral, vaginal, or anal penetration).

Past Abuse

The prevalence of juvenile sex offenders being physically and sexually abused prior to their committing their offense(s) is widely cited within the literature. In fact, Becker and Hunter (1997) found that juvenile sex offenders who have been sexually abused themselves range from 40 to 80%, and those that have been physically abused range from 25 to 50%. While it is important to note that physical and sexual abuse does not necessarily predict if someone will offend, what is clear is that many juvenile sex offenders have been the victim before they become the victimizer.

However, several studies have investigated the possible link between the experiences of childhood maltreatment and offending patterns. Becker and Hunter (1997) found that youth who had experienced childhood abuse tended to commit their first offense when they were younger. Also, there seems to be a trend linking the time frame between the child’s abuse and disclosure and the family support the offender receives after disclosure. Cooper, Murphy, and Haynes (1996) found that, as compared with those youth who had not been abused, abused offenders committed their offense 1.6 years earlier, had twice the number of offenses, and were less likely to limit their offenses to only family member or acquaintances.
Family Environment

In addition to the physical and sexual abuse that frequently occurs within the homes of juvenile offenders, other issues often plague these homes. Many of these youth come from families that are disorganized and not intact, despite research showing that between 30-78% of juvenile sex offenders are from two-parent homes (Becker, 1998; Kahn & Chambers, 1991) While coming from a single-parent home does not necessarily make a home dysfunctional, high levels of family instability, violence, and disorganization can occur within the homes of these youth, which in turn puts these youth at greater risk for becoming court-involved. As such, research has shown that juvenile sex offenders often live in environments that are dominated by negative communication styles. Morenz and Becker (1995) found that parent-child interactions are highlighted by interruptions and aggressive statements. Related to communication style, Smith and Israel (1987) found that parent-child relations were typically physically and emotionally distant.

Prior researchers have found that the parents of these offenders often have more mental health problems (Miner, Siekert, & Ackland, 1997; OJJDP, 2001), such as substance abuse and criminal histories. The OJJDP also reported that sexual pathology is also an issue faced by these parents. This sexual pathology may cause the parent(s) within the home to sexually abuse their children and/or expose them to X-rated videos and/or magazines. Weinrott (1996) found that in turn these issues may contribute to the sexually abusive behaviors of juvenile sex offenders. Frequent contact with the juvenile court system, a pattern of impulsive, psychopathic, antisocial, and truant behavior have also been associated with juvenile offending behavior (Zakireh, Ronis, & Knight, 2008).
Life Skills and Personal Relationships

The research concerning the life skills of this population has documented the fact that many of these adolescents lack social skills that are important to living a healthy and productive life (OJJDP, 2001). As Miner and Crimmins (1995) pointed out, many of these youth have few peer relationships, are negative toward school, and can be socially isolated. As compared with nonoffenders, these adolescents have difficulty with the boundaries of others and with conforming to societal norms. Other social skills that are lacking within this population are empathy and a lack of perspective taking (OJJDP, 2001). In addition, a person's erroneous thinking and cognitive distortion about sexual behavior have been correlated with offending behavior.

There are perhaps several explanations as to why juvenile sex offenders lack social skills in developing interpersonal relationships. One explanation is connected with the family environment. Given that these youth often come from dysfunctional homes, it is hypothesized that the home environment does not model socially appropriate behavior or appropriate interpersonal relationships, thus the adolescent is unable to develop these skills (Lombardo & DiGiorgio-Miller, 1988). Another hypothesis proposed within the literature contends that, because these youth have been locked up within the juvenile-court system, often for an extensive amount of time, they have not developed the necessary life skills.
As a group, juvenile sex offenders experience poor academic performance (OJJDP, 2001). A significant factor that may contribute to this finding is that research has shown that sex offenders have lower intellectual and cognitive abilities. Atcheson and Williams (as cited in Ferrara & McDonald, 1996) found that sex offenders have lower IQ scores and greater variability on standardized subtests when compared with adolescents who commit non-sex-related crimes. Furthermore, the same study also found that 25.2% of juvenile sex offenders had IQ scores below 80, as compared with the 11.1% of adolescents who commit non-sex-related crimes.

It was found that adolescents who commit more inappropriate sexual crimes had even lower IQ scores (McCurry et al., 1998). The latter was extremely true for molesters and rapists. McCurry et al. (1998) proposed that these youth committed more serious crimes because of deficits in their verbal cognitive functions. It was noted that deficits in this area may impact impulsivity and judgment, thus resulting in their committing more inappropriate offenses.

Neurological research has also sought to explain these deficits. Lewis, Shanok, and Pincus (1982) administered sleep electronencephalograhps (EEGs) to sex offenders and juveniles who had committed other crimes. The results of this comparative study found that sex offenders and those who committed nonsexual crimes both had neurological impairments, such as severely abnormal EEGs and grand mal seizures. The findings of this study are supported by other research (Ferrara & McDonald, 1996).
Other contributing factors to the poor academic performance of sex offenders may be low parent involvement/support and truancy. Furthermore, learning disabilities may also impact academic performance. Langevin Marentette, and Rosati (1996) found that 53% of their sample of 162 male offenders had experienced learning difficulties. However, the research concerning the role of learning disabilities and juvenile sex offenders is sparse and there is need for further investigation.

Mental Health Issues

The diagnosis of conduct disorder and reports of antisocial behavior are commonly attributed to juvenile sex offenders (OJJDP, 2001). Kavoussi, Kaplan, and Becker (1988) found that 48% of their sample met the diagnostic criteria for conduct disorder, in which a key characteristic is violating the rights of others and social norms. Higher rates of this diagnosis are often found among those adolescents who commit or attempt rape on adult women.

Other behavioral problems that are often found within this population include impulsivity. The problem of impulsivity may account for the sex offender’s inability to regulate his sexual feelings, thus causing him to inappropriately act on these feelings. High levels of depression were also common in juvenile sex offenders. Higher rates of depression are found especially among those youth who have been sexually or physically abused as children (Becker & Hunter, 1997). As it is explained by Lombardo and DiGiorgio-Miller (1988), depression amongst this population often manifests itself in the form of low self-esteem or self-worth, because the individual feels hopeless about being able to change his or her behavior.
Overall there is limited research for the finding that juvenile sex offenders or their families have major psychopathology (OJJDP, 2001). Thus, much of the findings on this topic are preliminary, and further research is needed to elaborate on the prevalence and nature of mental health disorders amongst this population.

Other Common Themes

There are two additional themes concerning juvenile sex offenders. Among these themes is the feeling of disempowerment. A large number of sex offenders have been victimized themselves. Attached to this victimization is the sense that they felt powerlessness during their abuse. In turn, it may be that these youth begin victimizing others because it gives them a sense of control and power. As Lombardo and DiGiorgio-Miller (1988) argue, this powerlessness is also connected to offenders’ idea that that they are predestined to offend. The youth may feel caught in a cycle of abuse with no way to break the cycle. Thus, it is essential for these youth to be empowered with the understanding that they are the ones who ultimately choose if they will continue offending. Changing their mindset or way of thinking to one that is more self-determining is essential.

Another common theme is for offenders to see their victim as an object and not a person. Through objectifying their victim(s), the offender is able to deny the fact that he has hurt someone because an object does not live or feel (Lombardo & DiGiorgio-Miller, 1988). Helping these youth to move beyond seeing their victim(s) as an object but as person entails heightening the empathy of the offenders.
Through a review of all of these characteristics, it becomes apparent that there is a multiplicity of factors that counselors will have to address when working with juvenile sex offenders. In essence, juvenile sex offenders emerge in relation to and as a result of their family environment, social, and cultural experiences and have distinct characteristics that need to be taken into consideration when providing treatment.

Treatment Approaches

As a result of the range of emotional, behavioral, and developmental problems these youth often face, research supports the use of multimodal treatment methods. As the American Academy of Child and Adolescent Psychiatry (AACAP) points out, the treatment of juvenile sex offenders is geared toward helping these adolescents achieve the following objectives (Shaw, 1999):

- Confront denial
- Minimize deviant sexual arousal
- Promote the development of appropriate sexual interest
- Facilitate empathy for the victim
- Increase social and interpersonal skills
- Encourage value clarification
- Correct cognitive distortions
- Teach how to identify deviant sexual arousal triggers

The means by which these treatment goals are often reached is through cognitive behavioral therapy, relapse prevention, and psychopharmacological interventions.
Cognitive–Behavioral Therapy

The premise of the cognitive behavioral approach is that the offender has adopted a maladaptive set of beliefs, attitudes, and expectations concerning sexual behaviors. It is also contended that this acquisition of deviant behavior has been learned, observed, or directly experienced, and change will require a different way of thinking and responding (Vieth, 2001). Thus, the objective of the cognitive behavioral model is to help juvenile sex offenders correct these thinking errors. This model of treatment addresses the lack of empathy, objectification of the victim, misguided views on sex, and notions that that violence is generally acceptable (Vieth, 2001).

Through the use of didactical group workbook and homework assignments, the focus is on helping offenders understand their deviant sexual cycle, the nature of their offense, and sex offender characteristics (OOJDP, 2001). Specific modules may be on cognitive restructuring where an effort is made toward correcting irrational beliefs that sustain sexually deviant behavior and replacing them with realistic and culturally appropriate beliefs. Another component of the cognitive behavioral therapy may be autobiographical awareness. It is within these interventions that the offender begins to understand his pattern of sexual deviances and how this pattern evolved.

Relapse Prevention

The basis of relapse prevention is that antecedents to sexual offenses can be identified before there is a reoccurrence of the behavior. This approach was originally used as an intervention for substance abusers; however, it is increasingly being used with
sex offenders. In fact, it was found that 90% of treatment programs in the United States used relapse prevention (OJJDP, 2001). The process of treatment involves the evaluation and definition of each antecedent event that led up to the sexual assault (OJJDP, 2001). The adolescent is asked to recount explicit details surrounding his or her act of sexual violence. The purpose of exploring the unique emotional and cognitive precursors to the assault is to help the offender identity triggers. Next, the offender must develop coping strategies for dealing with these situations. In addition, self-monitoring contracts may be established with youth and their family members that will help in avoiding high-risk situations.

Thus far, researchers have identified factors such as boredom, social or sexual embarrassment, anger, loneliness, conflict, and negative mood with sexual deviant behavior (Proulx, McKibben, & Lusignan, 1996). As a result of relapse prevention, the hope is that from identifying these triggers the offender will develop coping mechanism that will help in disrupting the sexual assault cycle.

*Psychopharmacological Therapy*

There are several antidepressants known as Selective Serotonin Reuptake Inhibitors (SSRIs), which have been found to be effective in decreasing sexual arousal and sexual preoccupation (Shaw, 1999). These drugs have also been attributed with controlling impulsive and compulsive behavior. The drug Fluoxetine has been widely studied and is reported to reduce sexual obsessions (Kafka & Prentky, 1992). In a study by Greenberg and Bradford (1997), it was found that paraphiliacs who were treated with SSRIs had significant decreases in the paraphiliac fantasies.
Anti-androgenic is another medication that is thought to be beneficial to sex offenders because it is responsible for decreasing androgen, which ultimately decreases one's sex drive, fantasies, and sexual desires. However, unique side effects have been associated with this drug. These side effects include delayed onset of puberty, hypersomnia, fatigue, depression, gastrointestinal upset, sleep disturbance, and weight gain (Shaw, 1999).

In addition, as Vieth (2001) points out, problems concerning informed consent and medicinal supervision make it difficult to use any form of medication with juvenile offenders. In addition, because adolescents often experience fluctuations in hormones that may influence the impact of the drug, this may make it less ideal to use this treatment with juvenile sex offenders.

Group or Individual Therapy

Through reviewing the literature, it is apparent that group settings are the preferred format for providing treatment. Group therapy provides an environment that makes it less likely for minimization, denial, and rationalization of sexual behavior to occur (OJJDP, 2001). Within the context of sex offender groups, accountability is emphasized in that peers confront and challenge one another when denial or minimization occurs. In addition, group therapy offers support and feelings of comfort for youth who often feel isolated (Cashwell & Caruso, 1997). Thus, peer pressure and support becomes an empowering means to change behavior. The research has also shown that counselors within groups can serve as role models by teaching responsibility, social skills, and moral behavior (Lakey, 1994).
Conversely, while individual therapy is a traditional means of providing treatment when working with sex offenders, several disadvantages arise. As the American Academy of Child and Adolescent Psychiatry (1999) points out, individual therapy often makes it easier for a therapist to be manipulated, for sexual secrets to be maintained, and for less of an opportunity to learn from others. However, it is important to note that there are some advantages to individual therapy, such as a greater sense of confidentiality, a greater opportunity to develop trust in the counseling process, and a greater chance that offenders will continue with therapy. (Shaw, 2000).

Treatment Outcome

The operational definition of recidivism can vary. As the Center for Sex Offender Management (OJJDP, 2001) points out, recidivism can be measured by looking at new arrests, new convictions, or new commitments to custody, and while each of these scales is a valid measurement of recidivism, each one measures something different. For example, using new arrests as the criteria may result in higher estimates of recidivism rates, because individuals who are arrested may not be convicted of a crime. Thus, reporting of recidivism rates of juvenile sex offenders may vary.

In addition, research on juvenile sex offenders is lacking. The research that does exist has estimated the rate of recidivism varying from 7-13% for those youth who have received some form of treatment (Alexander, 1999; Becker, 1990). Additional research has found that juvenile sex offenders often reenter the system for nonsexual crimes. For example, Letourneau and Armstrong (2008) found that 83% of their sample reentered the justice system for offenses that were misdemeanors (e.g., driving violations).
Consequently, any estimate of recidivism should be viewed with caution, because rates differ based on the operational definition being used. In addition, rates vary based on the different types of offenses (Furby, Weinrott, & Blackshaw, 1989).

What's Important When Working With Juvenile Sex Offenders

Research has suggested that, prior to providing mental health treatment to sex offenders, it is important that counselors engage in a self-evaluation process by which they examine their openness to work with this population. Nelson (2001) suggested that counselors should examine their willingness to treat the individual, personal biases, and their belief that treatment is an appropriate solution.

Counselors must have a breadth of understanding of the developmental issues of offenders and be well prepared to work with this population. Nelson (2001) declared that the clinical experience is the essence of being qualified to work with sex offenders. Obtaining practicum and/or paid work experience that provides a solid foundation of personality, cognitive, and social development is important for the new counselor. Given that a juvenile offender may have developmental delays or abnormalities in behavior, it is important that one has a grasp of developmental topics. Understanding the developmental state of the youth is significant, because it may dictate what interventions to use and setting realistic expectations for these youth.

Conversely, upon beginning working with this population, counselors in training may not be provided with certain training experience and skills that are keys to work with juvenile sex offenders, such as discussions regarding sexual deviance, deviant cycling patterns, and the criminal justice system (Shaw, 1999).
How a counselor obtains experiences to work with this population may come from a variety of sources. Obtaining this knowledge may come from outside training and job-related experience. This experience may be also obtained through working in juvenile detention facilities, half-way houses, and nontraditional residential treatment settings. As Nelson (2001) points out, the actual number of clients one sees gives an estimate of clinical experience.

In line with Rogers' (1951) ideology, the personal attributes that are needed by counselors include empathy, unconditional positive regard, and genuineness. The counselor must be able to maintain these conditions even when sorting through ambiguity, resistance, and dishonesty on the part of the client. The ability to display these characteristics, by putting aside personal feelings and opinions, must be maintained during the explicit and gruesome recounts of the victimization story. The capability to deal with negativity that may come from working with this population is also important. It is essential this task is accomplished because this objectivity affects the individual's likelihood to make sound decisions and provide efficient treatment (Shaw, 1999).

As a result of the difficult nature of this population, professionals should also exhibit the ability to be assertive, cope with stress, and use confrontation to help the client make therapeutic changes (Shaw, 1999).

A counselor's degree of comfortableness with his or her own sexuality and the sexuality of others is key for the client to change (Nelson, 2001). The logical rational is that if one is not comfortable discussing sexually related topics, then it may be impossible to conduct dialogue with offenders whose crimes are sex-related. Other significant traits include the ability to confront adolescents about deviant sexual behavior, to not display
shock when talking about sex-related topics, and to be able to use appropriate sexually related jargon.

Professional Attitudes Toward Working With Juvenile Sex Offenders

Attitudes within the counseling profession vary regarding the degree to which counselors view sex offenders as negative or positive. Lea et al. (1999) found that the extent to which the counselor has contact and specialized training impacts attitudes. However, it could be argued that the general tendency is for counselors’ attitudes to be more victim-oriented. Harnett (1997) found that perpetrators of sexual crimes are often perceived as more dangerous than perpetrators of physical assault, thus leading counselors and others to be more focused on the victim’s right and advocacy.

What is striking is that, upon reviewing the literature, there is no research that looks at factors that shape the attitudes of the counselors in training in working with juvenile sex offenders. Much of the research that exists evaluates the attitudes of social works, correctional officers, probation, and police officers (Johnson et al., 2007). However, because counselors in training are developing a different skill set, their attitudes and openness to work with these clients may be different. Thus, no concise conclusion can be drawn regarding what factors are related to attitudes held by counselors in training concerning juvenile sex offenders.

Misconceptions

There are several assumptions regarding the sex offender population that may serve to negatively impact attitudes toward this population. One of the largest
misconceptions is that there is a high recidivism rate among sex offenders. The latter assumption is inaccurate, and reporting of high recidivism rates is often based on adult offenders, not adolescents (Kenny, Keogh, & Seidler, 2001). In fact, once juvenile sex offenders have received treatment, their rate of recidivism is as low as 7% (Alexander, 1999).

Another misconception in the field is that juvenile sex offenders are a more dangerous population. Contrary to belief, the available data indicate those who work with juvenile sex offenders report that sex offenders who receive treatment are less likely to go on to commit a sexually violent act. Prior researchers have suggested that rates of nonsexual recidivism are generally higher than sexual recidivism rates, ranging from 25 to 50% (Becker, 1990, Kahn & Chambers, 1991). Moreover, when compared to nonoffenders, if a juvenile sex offender commits a crime once having received treatment, his or her crimes tend to be less violent in nature as compared to nonoffenders (Kahn & Chambers, 1991).

Finally, juvenile sex offenders are often viewed as criminals who lurk in bushes waiting to victimize random strangers. However, the vast majority of offenders’ victims are their relatives (Kahn & Chambers, 1991). Although the above findings do not justify the behavior of juvenile sex offenders, it can put the general public somewhat at ease because the probability of becoming a victim of a sex crime is actually less than one might expect. Hence, it is apparent that there are several misconceptions that counseling psychologists and the general public may have about juvenile sex offenders. It is possible that these misconceptions are what may contribute to the negative attitudes about sex offenders.
Race as a Crucial Factor

Although juvenile sex offenders of color represent a small subset of the overall population, it is still important to note that race plays a crucial factor in how offenders are viewed by mental health professionals and the court system. Juvenile racial minorities are more likely to be arrested and referred to prosecution (Kupchik & Harvey, 2007; Leiber & Jamieson, 1995). Additional research has shown that juvenile sex offenders of color are often viewed by decision makers as being more blameworthy as compared to White offenders (Bridges & Steen, 1998; Kupchik & Harvey, 2007). Several factors may explain why youth of color, particularly African American and Hispanic youth, are perceived more negatively. One of these factors is the lack of access to resources, such as aggressive and well-organized attorneys that can advocate and represent these adolescents (Kupchik & Harvey, 2007).

However, another important factor is the long-standing systemic racism and prejudice that has been inflicted on people of color by Whites. It is believed that there is an inherent tendency for some Whites to perceive people of color as more deviant and negative. Smith and Alpert (2007) explain that Whites are socially conditioned to respond to people of color through the use of bias responses and stereotypes. Often these stereotypes are used when Whites work with racial minorities. For example, mental health professionals may inaccurately draw a connection between their biases about a racial minority youth and his or her criminality. It is well documented that the bias of Whites toward minority groups is related to social identity theory (Tajfel & Turner, 1979). Social identity theory maintains that Whites seek to bolster their self-esteem and
position within society by favoring their own group by creating positive identities of that
group, hence creating negative identities of others groups (Smith & Alpert, 2007; Tajfel
& Turner, 1979).

Relating the above information to juvenile sex offenders who are racial minorities,
it is imperative that mental health professionals understand that their attitudes may be
influenced by the racial identity of the offender. Hence, race is a factor that definitely
impacts the formulation of attitudes and the treatment process.

Conclusion

Overall, sex offenders have distinct characteristics that may make them more
difficult. Moreover, based on the above review, there is limited knowledge regarding
attitudes of counselors in training toward working with sex offenders. It is pertinent that
research be conducted on this topic, because attitudes ultimately can affect the quality of
services provided and, rather, these youth are reintegrated back into society as less of a
danger. In addition, as the demand for counseling psychologists to provide treatment to
this population increases, it will become even more essential for the profession to engage
in a critical review of our attitudes toward juvenile sex offenders. However, the latter
cannot be done without the validation of a scale that can measure these attitudes. The
researcher of this study seeks to add to the literature by conducting validation work that
will allow us to assess the perception of those who may provide treatment to this
population.
CHAPTER III

METHODOLOGY

This study was designed to assess the psychometric properties of the ATS with juvenile sex offenders. A group of master's level counselors in training were surveyed and psychometric properties of the ATS were tested. A discussion regarding the research design, hypothesis, participants, sampling procedures, and data analysis is further included in this chapter.

Purpose of the Study

The purpose of this study was to determine the reliability and validity of the ATS measurement by assessing attitudes of counselors in training toward juvenile sex offenders. The specific aims of this study were to determine (a) internal consistency of the ATS, (b) construct validity of the ATS based on exploratory factor analysis, and (c) the degree to which this instrument has convergent and discriminate validity.

Subjects

Subjects in this study were 298 master’s level counselors who attended universities in the Midwestern and Southern United States. Fowler (1988) found that sample sizes of 150-200 were an ideal size for precision for confidence ranges. In essence, after this point there are only modest gains obtained by increasing sample size.
Participants were recruited from several psychology courses and represented a variety of university programs, such as counseling psychology (29%), school counseling (23%), community counseling (20%), mental health (14%), college counseling (3%), marriage and family (2%), human resource development (2%), and rehabilitation counseling (1%).

The subjects in the study consisted of 298 subjects which were comprised of 248 women (82%) and 50 men (17%). The majority of the sample was Caucasian (72%) and reported belonging to a middle class background (69%). The majority of the sample also never worked with sex offenders (76%) versus 22% who had worked with this population. Of those that endorsed working with sex offenders, most reported only having 1 to 6 months of experience. Further demographics on gender, race, social economic status, experiences working with the population, and other important characteristic of the sample are detailed in Table 1.

The selected universities had a focus on psychopathology, assessment, counseling, theoretical orientation, and practical field experiences. The program encourages students to offer services in a variety of mental health settings and is designed for students seeking limited licensure as a psychologist within the respective state in which the university is located.

Procedures

Participation in this study was voluntary. Preceding dissertation committee approval, necessary paper work was submitted to the Human Subjects Institutional Review Board requesting approval to conduct the present study (Appendix A). Upon
Table 1

*Demographic Breakdown of the Sample*

<table>
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<th>Demographic Characteristic</th>
<th>Percentage</th>
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<td><strong>Ethnicity</strong></td>
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<td>Asian or Pacific Islander</td>
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<td>Masters in marriage and family</td>
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<td>Masters in rehabilitation counseling</td>
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<td>Masters in human resource development</td>
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<td>26+ hours</td>
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<td>Yes</td>
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</tr>
<tr>
<td>No</td>
<td>76</td>
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<table>
<thead>
<tr>
<th>How many years have your worked with sex offenders?</th>
<th></th>
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<td>6</td>
</tr>
<tr>
<td>7-12 months</td>
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</table>
permission, a cover letter was developed explaining the nature of the study. Permission to change the words *sex offender* to *juvenile sex offender* was also obtained through contacting Hogue (1993), the original developer of the ATS. The investigator solicited master’s level counselors in training by gaining permission of faculty members. General advertisement of the study took place at a medium-size Midwestern and Southern university.

The investigator approached faculty members and requested 10 to 15 minutes of their class time to announce the study, answer any questions that the master’s level counselors might have, and pass out surveys to interested counselors. Counselors in training were asked to complete the ATP (Appendix C), and a demographic questionnaire (Appendix D). Counselors in training were also asked to complete two versions of the ATS. One version had “juvenile sex offender” as the stem for all questions (Appendix E), and the other version had “adult sex offender” as the stem for all questions (Appendix F).

**Instruments**

The ATS was developed from the ATP and is a social distance measure that applies to attitudes toward working with sex offenders. Hence, the higher ATS score, the more positive one’s attitude toward sex offenders. The ATP has shown test-retest reliability, and validity work has been done on the ATP; however, the ATS has not been validated. The only validation that has been done with the scale involved administering it to several different groups and comparing means (Nelson, 2001). The latter does little to determine if an instrument is actually valid, because there is more rigorous statistical analysis that must be done (e.g., test for discriminate and convergent validity).
Data Analysis Plan

Upon receiving completed surveys, all data were organized and entered into SPSS for Windows. The coding scheme that was adopted for this study was as follows: males were coded “1” and females “2” for gender. The ATS was originated from the ATP and both contain 36 items with each item rated 1 to 5. The only difference is that the ATP specifically looks at prisoners, while the ATS looks directly at the sex offender population. All scales (i.e., ATS juvenile stem version, ATS adult stem version, and the ATP) were designed so that there are 19 items that had to be reversed scored. These items were questions 1, 3, 6, 9, 10, 12, 13, 14, 16, 17, 19, 22, 24, 25, 27, 29, 30, 31, and 35. Once reverse scoring was completed, SPSS was used to obtain a total score of all items, and a constant of 36 was removed to make the possible scale score range from 0 to 144. High scores on the ATS indicate more positive attitudes toward sex offenders.

In order to appropriately describe participants, descriptive statistics were used to capture their characteristics and inferential statistics were used to test the hypotheses.

The Present Study’s Goals and Hypotheses

Hypothesis 1: Scores obtained on the scale (i.e., ATS juvenile stem version) will result in a minimum coefficient alpha of 0.70.

An objective of this study was to establish an internal consistency estimate of at least .70 based on guidelines for scale development and on the scores obtained on the ATS (Devillis, 1991). Internal consistency of the ATS was assessed using Cronbach’s coefficient alpha. Devellis (1991) states that alpha is the proportion of a scale’s total...
variance that is related to a common source. Alpha serves as an unbiased estimator of reliability only if the components are essentially equal. Under the latter conditions, the components can have different means and variances; however, their covariance should be equal. Within the notion of internal consistency is the understanding that scores on similar items are related, but each item contributes some unique information as well.

**Hypothesis 2:** Factors will emerge out of exploratory factor analysis that represent the aspects of the dimension of attitudes toward juvenile sex offenders.

Construct validity is defined as the degree to which a test can be shown to measure a hypothetical construct (i.e., a construct that cannot be directly observed). Hence, hypothesis 2 is to establish the ATS’s construct validity by utilizing exploratory factor analyses (Devillis, 1991). Factor analysis attempts to explain the correlation among variables in terms of entities called factors (Tinsley & Brown, 2000). The latter means that scores on each variable share information contained in the other. The objective of exploratory factor analysis is to summarize correlations between variables (Tinsley & Brown, 2000). Within this study, factor analysis is being used to measure construct validity in hopes of understanding the degree to which the hypothetical constructs measured share information with one another. This type of analysis allows for an unbiased evaluation of the factor structure because factors emerge devoid of theoretical explanation (Devillis, 1991).

**Hypothesis 3:** Scores on measures of the ATP will have a low correlation (diverges from) scores on the ATS.

An aim of this study was also to establish the discriminate validity of the ATS by comparing it to the ATP. The rationale for comparing the ATS to the ATP was that one
would expect different results on the ATS as compared to the ATP because they access attitudes toward different populations. For the purpose of this study, nonsignificance is defined as the existence of less than 10% variance between the ATS and the discriminate measure (DeVellis, 1991). Individuals high on the discriminate measure will be less apt to endorse items reflected on the ATS. Discriminate analysis contends that the ATS should be opposite of another scale that attempts to measure other hypothetical constructs. For example, if a scale measures attitudes toward sex offenders, then the expected discriminant analysis should yield opposite or different results of another scale administered that does not look at attitudes toward sex offenders.

**Hypothesis 4:** Scores on measures of the ATS juvenile stem version will be similar to (convergent with) the ATS adult stem version.

In addition, a goal of this study was to establish the ATS convergent validity by comparing its scores to measures on a version of the ATS that has “adult sex offender” as the stem for all questions. To further elaborate, the ATS with juvenile sex offender as the stem for each question was be given (e.g., “Juvenile sex offenders are sneaky”), along with a version of the ATS that has adult sex offenders as the stem for all questions (e.g., Adult sex offenders are sneaky”). Convergent validity is defined as the degree to which there is a strong relationship between measures of a same construct. Hence, it was believed that both versions of the ATS (i.e., juvenile and adult stem versions) would show a strong relationship because individuals would hold similar attitudes toward juvenile and adult sex offenders.
CHAPTER IV

RESULTS

Preliminary Analysis

The Attitudes Toward Sex Offender Scale (ATS; Hogue, 1993) was designed to measure an individual’s beliefs about sex offenders. Hypotheses 1 and 2 were used to explore the psychometric properties and factor structures of the ATS. In accordance with the recommendations proposed by Tabachnick and Fidell (2006), data screening procedures were followed. The latter included checking for multicollinearity, normality, and homogeneity of variance. The researcher found no statistically significant results, which suggests that the screening process confirmed that the overall quality of the data was good. Means and standard deviation were also computed for the scale being validated (i.e., attitude of juvenile sex offender juvenile stem version) (see Table 2). A correlation matrix of all instruments and factors was also computed and all items were found to be highly correlated (see Table 3).

Primary Analysis

Hypothesis 1: Scores obtained on the scale (i.e., ATS juvenile stem) will result in a minimum coefficient alpha of 0.70. The reliability coefficient for the overall 36-item ATS was .919. This suggests that the items of the ATS are consistently measuring a
Table 2

ATS (Juvenile Stem) Scale Mean Scores Across Overall Population and Male Versus Female

<table>
<thead>
<tr>
<th>Overall ATS (juvenile stem version) scale</th>
<th>Level of trust of a juvenile sex offender</th>
<th>Personal qualities of juvenile sex offenders and appreciation of their feelings</th>
<th>Similarities of juvenile sex offenders to others and an understanding of how their environment may make them different from others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>86.1 (16.1/293)</td>
<td>27.3 (5.77/292)</td>
<td>36.8 (4.47/295)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>23.2 (3.12/296)</td>
</tr>
<tr>
<td>Men</td>
<td>85.2 (16.9/50)</td>
<td>27.5 (5.86/50)</td>
<td>36.5 (4.57/51)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>23.0 (3.13/51)</td>
</tr>
<tr>
<td>Women</td>
<td>86.3 (16.0/242)</td>
<td>27.3 (5.7/243)</td>
<td>36.9 (4.45/243)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>23.2 (3.13/244)</td>
</tr>
</tbody>
</table>

Table 3

Correlation Matrix of All Instruments and Factors

<table>
<thead>
<tr>
<th>Instrument</th>
<th>ATS</th>
<th>ATSJ</th>
<th>ATP</th>
<th>ATSJF1</th>
<th>ATSJF2</th>
<th>ATSJF3</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATS</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATSJ</td>
<td>.846**</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATP</td>
<td>.741**</td>
<td>.784**</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATSJF1</td>
<td>.778**</td>
<td>.830**</td>
<td>.614**</td>
<td>1.000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATSJF2</td>
<td>.603**</td>
<td>.801**</td>
<td>.650**</td>
<td>.466**</td>
<td>1.000</td>
<td></td>
</tr>
<tr>
<td>ATSJF3</td>
<td>.506**</td>
<td>.703**</td>
<td>.548**</td>
<td>.389**</td>
<td>.564**</td>
<td>1.000</td>
</tr>
</tbody>
</table>

Note. ATS = Attitude Toward Sex Offender (Adult Stem) Scale; ATSJ = Attitude Toward Sex Offender (Juvenile Stem) Scale; ATP = Attitude Toward Prisoner Scale; ATSJF1 = Factor one of the Attitude Toward Juvenile Sex Offender Scale; ATSJF2 = Factor two of the Attitudes Toward Juvenile Sex Offender Scale; ATSJF3 = Factor three of the Attitudes Toward Juvenile Sex Offender Scale.
unidimensional construct. The coefficient suggests that the internal reliability of the ATS was adequate. Thus, Hypothesis 1 was supported.

Hypothesis 2: Factors will emerge out of exploratory factor analysis that represent the aspects of the dimension of attitudes toward juvenile sex offenders. Exploratory factor analysis was used to test the construct validity of the ATS. An exploratory analysis was used because the researcher approached the analysis devoid of any theoretical expectations. This type of analysis permits an unbiased examination of the factor structure (Devellis, 1991). Before running a factor analysis, a check for adequacy and sphericity was done; this was done to ensure that the data were suitable for a factor analysis. Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO) provided a ratio of the sum of squared correlation to the sum of squared correlations plus the sum of squared partial correlations, thus allowing one to determine if the partial correlation among variables is small. In essence, utilizing the Kaiser-Meyer-Olkin Measure of sampling adequacy procedures provides a rationale that allows one to determine if the partial correlation among variables is small.

An acceptable value of .60 and above is considered appropriate for testing factorability (Johnson & Way, 2001). In the present study, Kaiser-Meyer-Olkin Test of Sampling Adequacy (KMO) produced a value of .917, which exceeded the recommended value of 0.6 (Pallant, 2001).

Barlett’s Test of Sphericity was also a means of determining whether the correlation matrix was factorable. This test compared the correlation matrix to an identity matrix. The identity is a correlation matrix with 1.0 on the principal diagonal and zeros in all other correlations. Bartlett’s Test of Sphericity tests the hypothesis that the
correlations in a correlation matrix are zero (Tabachnick & Fidell, 2006). In the present study, the Bartlett’s Test of Sphericity was significant (4115.245, p < 0.0001), thus suggesting that one or more of the correlations in the intercorrelations matrix should be found to be statistically significant. Through examining the preliminary assessment of factorability, it was determined that the data were suitable for factor analysis. Hence, a factor analysis was conducted to assess the ultimate structure of the ATS juvenile stem version.

An initial examination of the eigenvalues suggested the ATS juvenile stem version was comprised of eight factors. However, an examination of the scree plot suggested that there were roughly three or four factors. The data were subsequently forced into three factors and then rotated. A varimax rotation was used in order to minimize factor complexity and maximize variance with each factor. Upon forcing the data into three factors and rotating, the factor solution became more interpretable and a better fit of the loadings to the actual components was provided, and support for three factors was confirmed. The three-factor structure accounted for 41% of the total variance. Given that the ATS juvenile stem is a rather large instrument (i.e., 36 items), the amount of variance explained by the three factors is sufficient because it would be expected that the other items of the instrument would also explain some of the variance. Moreover, this explanation of the total variance supports the notion of parsimony of the data, which argues that when testing a hypothesis, preference for the least complex explanation for an observation should be used.

A principal component analysis (PCA) was conducted limiting to only three factor and items loading at .45 were retained. The latter resulted in 26 (of the 36 questions) of
the ATS being include in the factor structure. The factors were labeled (a) Level of trust
of a juvenile sex offender, (b) Personal qualities of juvenile sex offenders and
appreciation of their feelings, and (c) Similarities of juvenile sex offenders to others and
an understanding of how their environment may make them different from others. Factor
1 accounted for 29.29% of the variance, while Factor 2 accounted for 7.594% of the data,
and Factor 3 accounted for 4.502% percent of the data. Comrey and Lee (1992) stated that
25% of overlapping variance of the factors is considered good. Hence, items that
accounted for 25% of overlapping variance were retained. This selection criterion permits
the elimination of items that reflected the construct for which they are written. All items
except one loaded high on only one factor of the factors. The three factors are outlined in
Table 2:

1. Factor 1 comprised 10 items that reflected the degree to which an individual
would readily allow themselves or loved one to be vulnerable to and open to association
and interaction with a juvenile sex offender. This factor was proven to have internal
reliability with an alpha coefficient of .83. The item to total correlation were all positive.

2. Factor 2 was comprised of 10 items that represented the personal attributes of
juvenile sex offenders and an appreciation of their feelings. This factor also proved to
have high internal reliability producing an alpha coefficient of .85. The item to total
correlation were all positive.

3. Lastly, factor 3, which was comprised of six items, showed the respondents’
belief that juvenile offenders are similar to others in society and that environmental
factors they are exposed to may make them divergent from others. Internal reliability for
this item was also found to be high. Factor 3 reliability produced an alpha coefficient of
.70. Items to total were also all positive correlations. The three factors are depicted in Tables 4-6. Please refer to Table 7 for questions that did not load on any factor.

Table 4

Factor 1: Level of Trust of a Juvenile Sex Offender

<table>
<thead>
<tr>
<th>Item</th>
<th>Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is not wise to trust a juvenile sex offender too far.</td>
<td>.65</td>
</tr>
<tr>
<td>There are some juvenile sex offenders I would trust with my life.</td>
<td>.64</td>
</tr>
<tr>
<td>I would never want one of my children dating a ex-juvenile sex offender.</td>
<td>.63</td>
</tr>
<tr>
<td>I would like associating with some juvenile sex offenders.</td>
<td>.63</td>
</tr>
<tr>
<td>Give a juvenile sex offender an inch and they’ll take a mile.</td>
<td>.59</td>
</tr>
<tr>
<td>I wouldn’t mind living next door to a treated juvenile sex offender.</td>
<td>.58</td>
</tr>
<tr>
<td>You have to be constantly on your guard with juvenile sex offender.</td>
<td>.57</td>
</tr>
<tr>
<td>You never know when a juvenile sex offender is telling the truth.</td>
<td>.55</td>
</tr>
<tr>
<td>Only a few juvenile sex offenders are really dangerous.</td>
<td>.49</td>
</tr>
<tr>
<td>I think I would like a lot of juvenile sex offenders.</td>
<td>.48</td>
</tr>
</tbody>
</table>

Note. Factor 1: Level of trust of a juvenile sex offender. Eigenvalue = 10.54; 29.29% of the variance.

Hypothesis 3: Scores on the ATP will show that this instrument is not similar to (diverges from) the ATS (juvenile stem version) because it theoretically should not be similar. The ATP and the ATS were found to have a high correlation with one another \(r = .784\) suggesting that operationally the instruments are in fact similar to one another. Thus, hypothesis 3 was not supported. Please refer to Table 3.
Hypothesis 4: Scores on measures of the ATS juvenile stem version will be similar to (convergent with) the ATS adult stem version. It was hypothesized that the two instruments would be highly correlated. The correlation between the ATS (juvenile) and ATS (adult) were positively correlated and high in magnitude ($r = .846$). Thus, there was support for hypothesis 4. Please refer to Table 3.

Table 5

*Factor 2 – Personal Qualities of Juvenile Sex Offenders and Appreciation of Their Feelings*

<table>
<thead>
<tr>
<th>Item</th>
<th>Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most juvenile sex offenders are too lazy to earn an honest living.</td>
<td>.75</td>
</tr>
<tr>
<td>Juvenile sex offenders are just plain mean at heart.</td>
<td>.70</td>
</tr>
<tr>
<td>Most juvenile sex offenders are stupid.</td>
<td>.69</td>
</tr>
<tr>
<td>Juvenile sex offenders respect only brute force.</td>
<td>.68</td>
</tr>
<tr>
<td>Juvenile sex offenders are always trying to get something out of somebody.</td>
<td>.64</td>
</tr>
<tr>
<td>Juvenile sex offenders only think about themselves.</td>
<td>.60</td>
</tr>
<tr>
<td>In general, juvenile sex offenders are basically bad people.</td>
<td>.59</td>
</tr>
<tr>
<td>You should not expect too much from a juvenile sex offender.</td>
<td>.47</td>
</tr>
<tr>
<td>Trying to rehabilitate juvenile offender is a waste of time and money.</td>
<td>.45</td>
</tr>
<tr>
<td>Some juvenile sex offenders are pretty nice people.</td>
<td>.45</td>
</tr>
</tbody>
</table>

*Note.* Factor 2: Personal qualities of juvenile sex offenders and appreciation of their feelings. Eigenvalue = 2.734; 7.594 of the variance.
Table 6

**Factor 3 – Similarities of Juvenile Sex Offenders to Others and an Understanding of How Their Environment May Make Them Different From Others**

<table>
<thead>
<tr>
<th>Item</th>
<th>Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juvenile sex offenders have feelings like the rest of us.</td>
<td>.65</td>
</tr>
<tr>
<td>Most juvenile sex offenders are victims of circumstances and serve to be helped.</td>
<td>.64</td>
</tr>
<tr>
<td>Juvenile sex offenders need affection and praise just like anybody else.</td>
<td>.55</td>
</tr>
<tr>
<td>Bad prison conditions just make juvenile sex offenders more bitter.</td>
<td>.53</td>
</tr>
<tr>
<td>Most juvenile sex offenders have the capacity for love.</td>
<td>.52</td>
</tr>
<tr>
<td>If you give a juvenile sex offender your respect, he’ll give you the same.</td>
<td>.50</td>
</tr>
</tbody>
</table>

*Note.* Factor 3: Similarities of sex offender to others and an understanding of environmental factors that may make them divergent from others. Eigenvalue = 1.621; 4.50% of the variance.

Table 7

**Questions That Did Not Load on Any Factor**

<table>
<thead>
<tr>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juvenile sex offenders should be under strict, harsh discipline.</td>
</tr>
<tr>
<td>Juvenile sex offenders will listen to reason.</td>
</tr>
<tr>
<td>The values of most juvenile sex offenders are about the same as the rest of us.</td>
</tr>
<tr>
<td>If juvenile sex offender do well in prison, they should be let out on parole.</td>
</tr>
<tr>
<td>Juvenile sex offenders are different from most people.</td>
</tr>
<tr>
<td>Juvenile sex offenders are immoral.</td>
</tr>
<tr>
<td>In general, juvenile sex offenders think and act alike.</td>
</tr>
<tr>
<td>Juvenile sex offenders are no better or worse than other people.</td>
</tr>
<tr>
<td>Most juvenile sex offender can be rehabilitated.</td>
</tr>
<tr>
<td>Juvenile sex offenders never change.</td>
</tr>
</tbody>
</table>
CHAPTER V

DISCUSSION

This study was designed to evaluate the factor structure, reliability, and validity of the Attitudes Toward Sex Offender (ATS, juvenile stem version). In light of the limited scale validation work that has been done on the ATS, this study sought to provide validation work that could support its utilization. In regards to validity, the convergent and discriminate validity of the scale was examined. The latter was done to ensure that the ATS was an adequate measure of attitudes toward juvenile sex offenders.

It was believed that the ATS (juvenile stem) would produce adequate estimates of internal consistency. The reliability coefficient for the overall 36-item ATS was .919. The later results are similar to the ATP (i.e., the instrument from which the ATS was derived). The ATP has been found to show consistently high internal reliability (Hogue, 1993). Moreover, the reliability estimates of the three factors were also found to have internal reliability. Factor 1 produced a Cronbach alpha of .83, Factor 2 alpha was .85, and Factor 3 was .70. Overall, because of these findings, the ATS appears to be a relatively sound instrument, further suggesting that the instrument has internal consistency. However, only 24 of the 36 items loaded. The latter might mean that the items that did not load may need to be rewritten or eliminated from the instrument because of their inconsistency. Another possible alternative may be that the items that did not load may not apply to juvenile sex offenders. Further investigating and analysis of the items that did not load are warranted.
It was hypothesized that factors would emerge out of exploratory factor analysis that would represent the dimension of attitudes toward juvenile sex offenders. As hypothesized, three factors emerged from the analysis. The use of a three-factor structure is consistent with Johnson et al. (2007) study, which found support for three factors through their exploratory factor analysis. However, in the Johnson et al. study, the factors outlined were interpersonal/appreciation of feelings, similarities of offenders/willingness to engage, and rehabilitation/justification of behavior. One reason for this difference in factor structure might be that the present study reformatted the ATS to included “juvenile sex offender” as the stem for all questions, which may have impacted the factors that emerged. It is also quite possible that the perceptions of the population that the current researcher was studying (i.e., master’s level college student) is quite different than Johnson et al.’s population of probationary police officers and the general population. The difference in where the factors loaded could be further explored in future research. Prospective research may also attempt to evaluate the reliability of these results across the same populations. For example, it may be of interest to replicate this study with other master’s level counseling students to see if the results hold constant.

One of the purposes of this study was also to examine the discriminate validity of the ATS. It was hypothesized that the ATS and the ATP would be divergent from one another. The original theoretical premises for the ATS and the ATP being divergent was based in the literature: sex offenders are treated worse and viewed more negatively than any other prison population (Turoff, 2001). However, the results showed that the two measures were in fact highly correlated.
Through further analysis, there are some explanations of the lack of support for this hypothesis. An initial explanation may lie with the population completing the ATS instrument. Master’s level counselors are often taught to view behavior from a clinical and pathological standpoint. Hence, the students that completed these instruments may have viewed the behavior of both populations (prisoners and juvenile sex offenders) as clinically significant because they are trained with this mindset. Beyond the mindset of the participants, a limited professional knowledge of the population may have influenced attitudes toward such offenders. The majority of the respondents did not have much direct experience/training working with juvenile sex offenders. Past research has linked receiving training and direct experience with sex offenders to a shift in attitudes and perspectives on the population (Johnson et al., 2007). In essence, training on the unique characteristics and challenges of working with sex offenders may have caused participants to report differently on their attitudes.

As hypothesized, the ATS (juvenile stem version) and the ATS (adult stem version) were found to have convergent validity. The correlation between the two measures was $r = .846$. A strong relationship was found and suggested that respondents hold similar beliefs toward both juvenile and adult sex offenders.

Implications for Research

Attitudes formation toward a particular group can be complex and multidimensional. For example, it is believed by researchers that emotions work in conjunction with cognitive processing (Breckler & Wiggin, 1992). If the latter is true, we not only need to look at one’s cognitions about juvenile sex offenders, but we also need
to look at the affect or emotion domain of the individual, and where these emotions are derived. Therefore, it is important to identify other variables and factors that may account for variance in attitudes toward juvenile offenders because the ATS is not an exhaustive measure. There may be need for further development of the ATS, which may include revising the instrument in order to tap into other dimensions that impact attitudes toward sex offenders.

To date, there is limited research on the factors that go into shaping one’s attitude toward this population. While the evidence appears favorable regarding using this instrument, validation of this version of the ATS is relatively new and in need of further development. As LaFleur, Rowe, and Leach (2002) point out, empirical research on a topic can provide reconceptualization of terms. Thus, one direction for further research on the development of the ATS may be rooted in further research and theory of the dimensions that influence attitudes toward juvenile sex offenders. As Vandiver (2002) points out, through good research and theory development, revisions of a scale can make the scale even more viable and the constructs more measurable. Although the ATS has been found to be a relatively valid instrument, further research could make it an even more useful and comprehensive tool to assess attitudes.

The present research was the first time that the ATS had been adopted to specifically look at juvenile sex offenders. Given that this is the first time this revision has been made and administered to a sample, it may be of interest to examine the psychometric properties of the ATS juvenile stem with other participant populations. For example, the respondents to the questions in this study were master’s level counseling students. It may be of interest to administer this instrument across various professional
groups (e.g., social workers, police officers, and practicing therapists). Through examining the ATS juvenile stem with other populations, a base can be established for its use with divergent samples. Through studying the ATS with other populations, discriminate validity could also be tested to see if the ATS is in fact correlated with the ATP, as this study found.

Moreover, the present study was an initial attempt to explore the factor structure of the ATS. Further analysis may focus on providing an even more thorough description of the items and factorial analysis of the ATS. The use of confirmatory factor analysis could identify a model that best fits the ATS. The latter research could provide strength, support, and consistency of the three-factor structure model that was found in the present study.

Moreover, the gender make-up and race of the sample could be viewed as a limitation and direction for future research. Within the present study 82% (248) of the respondents were female versus 17% (50) who were male. The vast majority of the sample was also made up of primarily White Americans 72% (217). Although these figures reflect the overall enrollment pattern and the make-up of professional workers (i.e., most counselors are white females), the sample demographics raise questions about the possible impact on the findings. For example, cultural and racial identity have been found to impact attitudes, thus having a large White American female sample may have led to a more homogenous perspective. Future studies need to examine the psychometric properties of the ATS in independent samples of men and women of varying race identities.
Lastly, future convergent and discriminate validity analyses are needed with the ATS using other measures of attitudes. However, because few measures exist that specifically look at attitudes toward this population, different approaches may be undertaken to test convergent and discriminate validity.

Implications for Practice

As the number of juvenile sex offenders continues to rise, chances are that counselors and other mental health professionals more likely will be required to provide services to this population (Eastman, 2004). Conversely, the research has shown that attitudes toward sex offenders tend to be relatively negative. In fact, effective treatment requires the resolution of personal issues that may result in a countertransference reaction (Carone & LaFleur, 2000; Peaslee, 1995). So, as more agencies begin to treat juvenile sex offenders, many mental health professionals will be called upon to develop and implement programs that are geared toward assessing the attitudes toward working this population. Moreover, as research shows that training impacts and alters attitudes toward sex offenders (Johnson et al., 2007), mental health professionals may also be called upon to design and implement training programs. Through the scale validation that has been done on the ATS, it can be used as a pre- and post-measure in evaluation of such programs and initiatives.

Given that the ATS appears to be psychometrically sound, the ATS may be a useful instrument to given to supervisors, counselors, probation and parole officers, and victims’ advocates in order to decide whether they should counsel sex offenders or be selected to worked with this population. Given that the factor analysis revealed that the
instrument looks at crucial components such as trust, appreciation of sex offenders feelings, and one’s likelihood of seeing them as similar to others, it may be that if someone scores low on this measure (i.e., they have a negative attitudes), he or she is not suitable for working with this population.
REFERENCES


Appendix A

Human Subjects Institutional Review Board
Letter of Approval
Date: May 12, 2008

To: Lonnie Duncan, Principal Investigator
   Charmeka Whitehead, Student Investigator for dissertation

From: Amy Naugle, Ph.D., Chair

Re: HSIRB Project Number: 08-02-22

This letter will serve as confirmation that your research project entitled “Validation of the Attitudes towards Sex Offender Scale” has been approved under the exempt category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note that you may only conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: May 12, 2009
Appendix B

Permission to Use the ATS
Dear Charmeka

Thank you for your inquiry about the ATS back in December. I am very sorry but somehow this got overlooked in the run up to Christmas and it is only now that I have realised this! In particular you might want to look at the Nelson article.

I have attached to this e-mail, copies of the ATS, scoring and a number of relevant articles for your reference. It is important when scoring the ATS to ensure that you remove a constant of 36 so that the scores range from 0-144. A number of studies (Radley; Johnson et al, also Nelson – I think) have not done this so you need to consider this in your reading of ATS research.

I am happy for you to use the ATS as long as you reference it appropriately but would be interested in what you are doing and what you find as I am trying to keep track of how the ATS has been used.

All the best in your research.

Todd

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+44 (0)1522 837391
mailto:thogue@lincoln.ac.uk
Appendix C

Attitude Toward Prisoner Scale
**ATP SCALE**

The statements listed below describe different attitudes toward prisoners in jails and prisons 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.

<table>
<thead>
<tr>
<th>Rating Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>Disagree</td>
</tr>
<tr>
<td>Strongly</td>
</tr>
</tbody>
</table>

1. Prisoners are different from most people.
2. Only a few prisoners are really dangerous.
3. Prisoners never change.
4. Most prisoners are victims of circumstance and deserve to be helped.
5. Prisoners have feelings like the rest of us.
6. It is not wise to trust a prisoner too far.
7. I think I would like a lot of prisoners.
8. Bad prison conditions just make a prisoner more bitter.
9. Give a prisoner an inch and he'll take a mile.
10. Most prisoners are stupid.
11. Prisoners need affection and praise just like anybody else.
12. You should not expect too much from a prisoner.
13. Trying to rehabilitate prisoners is a waste of time and money.
14. You never know when a prisoner is telling the truth.
15. Prisoners are no better or worse than other people.
16. You have to be constantly on your guard with prisoners.
17. In general, prisoners think and act alike.
18. If you give a prisoner your respect, he'll give you the same.
19. Prisoners only think about themselves.
20. There are some prisoners I would trust with my life.
21. Prisoners will listen to reason.
22. Most prisoners are too lazy to earn an honest living.
23. I wouldn't mind living next door to an ex-prisoner.
24. Prisoners are just plain mean at heart.
25. Prisoners are always trying to get something out of somebody.
26. The values of most prisoners are about the same as the rest of us.
27. I would never want one of my children dating an ex-prisoner.
28. Most prisoners have the capacity for love.
29. Prisoners are just plain immoral.
30. Prisoners should be under strict, harsh discipline.
31. In general, prisoners are basically bad people.
32. Most prisoners can be rehabilitated.
33. Some prisoners are pretty nice people.
34. I would like associating with some prisoners.
35. Prisoners respect only brute force.
36. If a person does well in prison, he should be let out on parole.
Appendix D

Demographic Questionnaire
Demographic Questionnaire

Please answer the following questions by checking the appropriate box. Do not record your name on this or any other answer sheet in the packet. None of the information you provide will be connect to you as an individual.

1. Sex
   ____ Male      ____ Female

2. Age
   ____ years

3. Race/Ethnicity (Please circle number and specify ethnicity as appropriate)
   1. **American Indian or Alaskan Native**
      (A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation)
      Specify tribal affiliation: ________________________________

   2. **Asian or Pacific Islander**
      (A person having origins in any of the original peoples of the Far East, South Asia, the Indian subcontinent, or the Pacific islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.)
      Specify ethnicity: ________________________________

   3. **African-American/Black - not of Hispanic origin**
      (A person having origins in any of the black racial groups of Africa. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins – see Hispanic).
      Specify ethnicity: ________________________________

   4. **Hispanic**
      (A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins.)
      Specify ethnicity ________________________________

   5. **White, not of Hispanic origin**
      (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins) Specify ethnicity
      ________________________________

   6. **Bi-racial/ Multi-racial**
      Specify ethnicity ________________________________

4. Are you a US citizen: ____ Yes      ____ No
5. Social Class (Please circle)
   1. lower class
   2. lower middle class
   3. middle class
   4. upper middle class
   5. upper class

6. Indicate the kind of community you grew up in:
   ___ Rural ___ Urban ___ Suburban
   ___ Other - -> Please specify: ______________________

7. This community was regarded as a predominantly:
   ___ Lower socio-economic (class)/community.
   ___ Middle socio-economic (class)/community.
   ___ Upper socio-economic (class)/community.

8. Current Marital/Relationship Status (Please circle the one that best describes you.)
   1. Divorced
   2. Married
   3. Partnered
   4. Married/Separated
   5. Partnered/Separated
   6. Single
   7. Widowed
   8. Other – Specify ______________________

9. Religious Affiliation (Please circle)
   1. Agnosticism
   2. Atheism
   3. Buddhism
   4. Christianity
   5. Hinduism
   6. Islam
   7. Judaism
   8. Sikhism
   9. Other (specify: ___________ )
10. Education: Please circle degree that you are currently working on
   1. masters in community counseling
   2. masters in counseling psychology
   3. masters in marriage and family
   4. masters in school counseling
   5. masters in rehabilitation counseling
   6. masters in human resource development
   7. masters in college counseling
   8. doctoral degree

11. How many credits have you earned toward your degree?
   1. 1-5
   2. 6-10
   3. 11-15
   4. 16-20
   5. 21-25
   6. 26+

12. How many Clients have you seen thus far in your training?
   1. None
   2. 0-5
   3. 6-10
   4. 11-15
   5. 16-20
   6. 21-25
   7. 26-30
   8. 30 or more

13. Have you ever worked with sex offenders?
    ___ Yes    ___ No

14. If you answered yes to question, please state the time frame: ___ Months  ___ Years
Appendix E

Attitudes Toward Sex Offenders (Juvenile Stem Version)
SECTION 1
You are asked to express your feelings about each of the following 36 statements by indicating the extent to which you agree with each item. To respond, circle the number to the right of each item that describes the extent to which you agree with the statement. There are no right or wrong answers.

<table>
<thead>
<tr>
<th>Rating Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Strongly Disagree</td>
</tr>
</tbody>
</table>

1. Juvenile sex offenders are different from most people.  
   1 2 3 4 5

2. Only a few juvenile sex offenders are dangerous.  
   1 2 3 4 5

3. Juvenile sex offenders never change.  
   1 2 3 4 5

4. Most juvenile sex offenders are victims of circumstance and deserve to be helped.  
   1 2 3 4 5

5. Juvenile sex offenders have feelings like the rest of us.  
   1 2 3 4 5

6. It is not wise to trust a juvenile sex offender too far.  
   1 2 3 4 5

7. I think I would like a lot of juvenile sex offenders.  
   1 2 3 4 5

8. Bad prison conditions just make a juvenile sex offender more bitter.  
   1 2 3 4 5
9. Give juvenile sex offenders an inch and they'll take a mile.

10. Most juvenile sex offenders are stupid.

11. Juvenile sex offenders need affection and praise just like anybody else.

12. You should not expect too much from a juvenile sex offender.

13. Trying to rehabilitate juvenile sex offenders is a waste of time and money.

14. You never know when a juvenile sex offender is telling the truth.

15. Juvenile sex offenders are not better or worse than other people.

16. You have to be constantly on your guard with juvenile sex offenders.

17. In general, juvenile sex offenders think and act alike.

18. If you give juvenile sex offenders your respect, they give you the same.

19. Juvenile sex offenders only think about themselves.
<table>
<thead>
<tr>
<th>No.</th>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>There are some juvenile sex offenders I would trust with my life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>21</td>
<td>Juvenile sex offenders will listen to reason.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>22</td>
<td>Most juvenile sex offenders are too lazy to earn an honest living.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>23</td>
<td>I wouldn’t mind living next door to a treated juvenile sex offender.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>24</td>
<td>Juvenile sex offenders are just plain mean at heart.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>25</td>
<td>Juvenile sex offenders are always trying to get something out of somebody.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>26</td>
<td>The values of most juvenile sex offenders are about the same as the rest of us.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>27</td>
<td>I would never want one of my children dating an ex-juvenile sex offender.</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
</tr>
<tr>
<td>28</td>
<td>Most juvenile sex offenders have the capacity for love.</td>
<td>1</td>
<td>2</td>
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<td>5</td>
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<tr>
<td>29</td>
<td>Juvenile sex offenders are immoral.</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
</tr>
<tr>
<td>30</td>
<td>Juvenile sex offenders should be under strict, harsh discipline.</td>
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</table>
31. In general, juvenile sex offenders are basically bad people.

32. Most juvenile sex offenders can be rehabilitated.

33. Some juvenile sex offenders are pretty nice people.

34. I would like associating with some juvenile sex offenders.

35. Juvenile sex offenders respect only brute force.

36. If juvenile sex offenders do well in prison, they should be let out on parole.
Appendix F

Attitudes Toward Sex Offenders (Adult Stem Version)
Attitudes Toward Sex Offenders Scale (ATS)

This questionnaire consists of two sections. The first is a scale describing attitudes toward sex offenders. The second is a series of items focusing on general personal information and demographics. There are no identification marks on this survey; your responses are anonymous so please answer each and every item truthfully. When you've finished, please return the survey in the enclosed, self-addressed envelope.

SECTION 1
You are asked to express your feelings about each of the following 36 statements by indicating the extent to which you agree with each item. To respond, circle the number to the right of each item that describes the extent to which you agree with the statement. There are no right or wrong answers.

Rating Scale

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<td>A</td>
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<tr>
<td>SA</td>
<td></td>
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1. Sex offenders are different from most people.
2. Only a few sex offenders are really dangerous.
3. Sex offenders never change.
4. Most sex offenders are victims of circumstances and deserve to be helped.
5. Sex offenders have feelings like the rest of us.
6. It is not wise to trust a sex offender too far.
7. I think I would like a lot of sex offenders.
8. Bad prison conditions just make a sex offender more bitter.
9. Give sex offenders an inch and they'll take a mile.
10. Most sex offenders are stupid.
11. Sex offenders need affection and praise just like anybody else.
12. You should not expect too much from a sex offender.
13. Trying to rehabilitate sex offenders is a waste of time and money.
<table>
<thead>
<tr>
<th>SD</th>
<th>D</th>
<th>UND</th>
<th>A</th>
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<td>23. I wouldn't mind living next door to an ex-sex offender.</td>
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<td>35. Sex offenders respect only brute force.</td>
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</tr>
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<td>36. If sex offenders do well in prison, they should be let out on parole.</td>
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