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Sex Offender Treatment And Legal Policy Perception In Relation To Information Presentation Style

Kirsten Sierra Engel

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SEX OFFENDER TREATMENT AND LEGAL POLICY PERCEPTION
IN RELATION TO INFORMATION PRESENTATION STYLE

by

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Bachelor of Arts, Gustavus Adolphus College, 2011
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This dissertation, submitted by Kirsten S. Engel in partial fulfillment of the requirements for the Degree of Doctor of Philosophy from the University of North Dakota, has been read by the Faculty Advisory Committee under whom the work has been done and is hereby approved.


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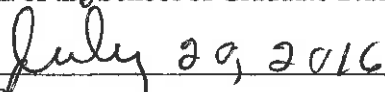

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Title Sex Offender Treatment and Legal Policy Perception in Relation to
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Kirsten Sierra Engel
06/06/2016

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ABSTRACT

Sex offender treatment, policy, and perception are greatly intertwined in the numerous policies in place. Current policies tend to reflect negative perceptions toward both sex offenders and treatment and an inaccurate view of the effectiveness of current sex offender policies. The source of these inaccurate views, however, is not entirely clear, with some researchers linking it to a simple lack of exposure to accurate information. Additionally, the broadly negative perceptions, emotions, and beliefs may be leading individuals to utilize more superficial routes of processing, as explained by the Elaboration Likelihood Model. Given the potential for the public's opinion to make a significant impact on the direction of future policies and treatment support, understanding what influences these perceptions could offer valuable information for the future.

Three hundred twenty-three UND students were randomly assigned to six groups receiving information on either sex offender treatment or policies using difference presentation styles to examine how presentation style and accurate information may influence their understanding and support of sex offender treatment and policies. Scales were created or used from existing measures that reflected attitudes toward sex offenders, sex offender treatment, knowledge or support of sex offender policies, and need for cognition. These scales were completed prior to and following the information sections to determine if the provided information influenced their understanding, perceptions, and support. A series of ANOVAs were conducted and significant main effects found such

that policy information led to greater policy support, those who were presented with information in a non-narrative, statistics based presentation style had a significant increase in policy awareness, support, and belief in policy effectiveness, and those that were high in need for cognition exhibiting a decrease in negative attitudes toward sex offenders. The findings indicate that providing accurate information about sex offenders, even in persuasive ways, may not change their beliefs, and that further research on those more intrinsically invested in research on this particular topic or with those more notably different in their route of processing may provide more conclusive information on how to persuade the public to believe the research instead of their long-standing inaccurate perceptions.

CHAPTER I

INTRODUCTION

Sexual offenses are a category of crimes that encompass a range of sexually driven behaviors that include physical force, coercion, or lack of consent, including crimes such as rape, indecent exposure, voyeurism, and child molestation (10 USC §920). The harm caused by these crimes may be life altering and damaging in many different ways for the victims and those close to them. Research studies have found a distinct link between child sexual abuse and a variety of disorders and life difficulties including PTSD, depression, suicide, poor academic performance, and continuation of the victim-perpetrator cycle (Paolucci, Genuis, & Violato, 2001). Because of the potentially serious damage caused by many of these crimes, many policies have been put in place over the past 20 years regarding sexual offenders (H.R. 3355, 1994; H.R. 2137, 1996; H.R. 3244, 2000; H.R. 4472, 2006). While the occurrence of sexual offenses has been decreasing since the early 1990s, the focus on sex offender specific policies has not reduced (United States Department of Justice, Federal Bureau of Investigation, 2013).

Sex Offender Policies

The federal policies implemented include the Jacob Wetterling Crimes Against Children Act and Sexually Violent Offender Registration Act (1994), Megan's Law (1996), and the Adam Walsh Child Protection and Safety Act (also known as the Sex Offender Registration and Notification Act or SORNA, 2006) as well as various state,

county, and city policies that include residency restriction, electronic monitoring, and civil commitment laws. The federal policies in place focus on requiring sex offender registration, providing sex offender information to the public, and developing a tier system that creates uniform registration requirements to simplify federal tracking (H.R. 3355, 1994; H.R. 2137, 1996; H.R. 4472, 2006; Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking). Residency restrictions and electronic monitoring have been implemented in some areas as supplements to the federal policies in efforts to prevent sex offenders from living in areas where children are frequently present and for accountability for their whereabouts (Bales, et al., 2010; Strutin, 2008). Civil commitment laws, currently enacted in 20 states and the District of Columbia, allow for the detainment of individuals who are considered sexually dangerous following their incarceration (Association for the Treatment of Sexual Abusers, 2010). It should also be noted that treatment for sex offenders, although practiced and studied, is only mentioned in civil commitment laws, not in federal policies.

Policy Effectiveness

Studies on the effectiveness of the policies currently in place have shown that they may not be working as intended as indicated by changes, or lack thereof, to sexual assault rates and sexual offender recidivism rates. Research on the impact of Megan's law in New Jersey conducted by Zgoba, Witt, Dalessandro, & Veysey (2008) evaluated the sex offense and re-offense rates 10 years before and after implementation of Megan's law. Since they were utilizing arrest rates as their measures of sexual offense and re-offense, their recidivism rates included both general recidivism and sexual offense specific recidivism. The researchers found a consistent downward trend in sexual offense

rates for the total time period evaluated. Examination of the sex offense trends at the state level shows a greater decrease in the sexual offense rate after implementation of Megan's law, however when broken down and evaluated at the county level, this trend is not consistently present, indicating that the trend is unlikely due to the policy change. Their evaluation of general recidivism rates followed a similar decreasing trend over the time studied, resulting in significant differences between the two groups that are not attributable to Megan's law as the trend began before implementation. However, examination of sexual offense specific recidivism found no significant difference before and after Megan's law and did not follow the downward trend found for general recidivism and sexual offenses. These findings indicate that the implementation of Megan's law has not reduced the sexual offenses or re-offenses as it was intended.

Similar studies on the impact of SORNA (Sex Offender Registration and Notification Act) also did not find significant differences between recidivism rates before and after implementation (Iowa Department of Human Rights Division of Criminal and Juvenile Justice Planning and Statistical Analysis Center, 2000; Tewksbury, Jennings, & Zgoba, A longitudinal examination of sex offender recidivism prior to and following the implementation of SORN, 2012). The study conducted by the Iowa Department of Human Rights used arrest records and data for sex offenders before and after the implementation of SORNA within the state of Iowa. The two groups consisted of sex offenders who had to register during the first year of implementation, and sex offenders prior to SORNA who committed offenses that would have required registration if committed after SORNA. Data from date of offense to 4.3 years later (the shortest length

of time available for the post-SORNA group) was used in order to match the groups. The results indicated no significant difference in general recidivism or sex offense specific recidivism between the two groups (Iowa Department of Human Rights Division of Criminal and Juvenile Justice Planning and Statistical Analysis Center, 2000).

A later study by Tewksbury and Jennings (2010) re-examined recidivism pre and post SORNA implementation utilizing a longer follow-up period of five years. This allowed them to study sex offenders 5 years pre and post SORNA implementation, giving a larger and more varied sample for analysis. Their findings indicated that there was not a difference in sexual offense recidivism before and after the implementation of SORNA in Iowa.

The study by Tewksbury, Jennings, & Zgoba (2012) utilized similar data from New Jersey, but expanding on their definition of recidivism. In this study, they examined broader criminal recidivism including all offenses that resulted in arrest or conviction in any state in addition to sexual recidivism. They also utilized a longer follow-up time period (eight years) than either of the previous studies. Their findings indicated that the implementation of SORNA did not significantly impact either general or sexual recidivism trajectories for convicted sex offenders. Evaluation of these results reveals that these policies have not reduced sexual offenses or been able to deter recidivism through monitoring and community notification.

In addition to these findings regarding federal policies, other research has focused on local policies regarding residency restrictions for sexual offenders. Research conducted by Duwe, Donnay, & Tewksbury (2008) evaluated the prospective effect of

residency restrictions by conducting a geographical analysis of where sexual re-offenses occurred. The researchers examined the location of all sexual offenses committed by a previously convicted sex offender over a 12 year time period to understand whether these offenses were occurring in the areas that would become restricted for sex offenders after the implementation of a residency restriction law. They found that, of the 224 sexual offenses that occurred in the state during that time period, none of the offenses occurred in a restricted area.

Another residency restriction study by Nobles, Levenson, and Youstin (2012) examined the impact of the implementation of a residency restriction law in Jacksonville, Florida. They found that implementation of residency restriction laws had no significant impact on sexual recidivism or sexual offenses, with no statistical difference in offense rates before or after implementation. The empirical evidence at this time indicates that these federal policies are ineffective. However, research on the use of electronic monitoring and civil commitment laws have shown some efficacy (Bales, et al., 2010; Duwe, 2014).

Electronic monitoring, either by radio frequency devices or global positioning systems (GPS) is a tool used to increase surveillance of convicted sex offenders once they have served their time and are released into the community. A study by Bales et al., (2010) in the state of Florida investigated the results of electronic monitoring on recidivism and parole/probation violation (i.e., “supervision failure”). This study evaluated a wide array of offenders, not just sexual offenders, comparing matched groups of offenders who were supervised using electronic monitoring and similar offenders who

were not supervised using electronic supervision. The findings indicate that those supervised using electronic monitoring had a 31% reduction in supervision failure. Despite these promising results, the use of electronic monitoring is quite controversial, with concerns being raised that its use may be unconstitutional or a violation of the offenders' rights (Crowe, Sydney, Bancroft, & Lawrence, 2002).

Crowe, Sydney, Bancroft, & Lawrence (2002) examined legal concerns that have been raised regarding the use of electronic monitoring for offenders. The authors discussed a number of constitutional amendments and relevant case examples to highlight the current standing and precedence for these different complaints. The constitutional amendments of concern include cruel and unusual punishment, unreasonable searches, double jeopardy, right against self-incrimination, due process, and equal protection. Although there appear to be some grounds for complaints of these violations, the authors also included examples of cases rulings showing that electronic monitoring did not violate the offenders' constitutional rights. Despite these case examples, the authors still note that these specific examples may not fit all situations that arise and that it does not guarantee that this type of monitoring is not a violation of offender rights (Crowe, Sydney, Bancroft, & Lawrence, 2002). This analysis of current legal precedence and constitutional amendments highlights the legal grey area occupied by this method and the great potential for rights violation.

Civil commitment laws are laws in place to keep the public safe by detaining those offenders who have been determined to be sexually dangerous beyond the time frame of initial incarceration. These laws focus on a mental health model with offenders

being sentenced to further treatment in state hospitals and treatment facilities (Janus & Walbeck, 2000). Civilly confined offenders are typically evaluated at regular intervals to establish their risk level and continued need for confinement, although the timeframe and requirements for release vary by state (Duwe, 2014; Janus & Walbeck, 2000). Duwe (2014) conducted a study analyzing the predicted recidivism rates of sex offenders in Minnesota. He utilized the data available for the 105 sex offenders civilly committed from 2004-2006 in addition to the sex offenders who were referred for civil commitment evaluation but were not civilly committed and sex offenders who were not referred and were released. Duwe (2014) evaluated available actuarial recidivism assessment data in addition to the available conviction records of those sex offenders who were released. This assessment data was used to predict a recidivism rate for those sex offenders who had been civilly committed. This data predicted that 9%, or 10 of the 105, of the sex offenders civilly committed would have reoffended within four years. This predicted amount indicates that civil commitment resulted in a 12% reduction in the overall sexual recidivism rate during this time period (Duwe, 2014). Despite the promising outcomes and inclusion of treatment, civil commitment laws have been criticized for unfairly prolonging detainment because of a lack of regular evaluations or vague evaluation criteria that allows for judgment calls in lieu of concrete evidence or assessment (Duwe, 2014; Janus & Walbeck, 2000). This lack of consistency, even in policies that have empirical support of their efficacy, highlights the need for greater understanding of clinical risk assessments as well as greater policy adherence to empirical findings.

Risk Assessment

Numerous studies have been conducted to understand the risk factors for sexual offending, such as sexual deviancy and antisocial orientation, as well as strong indicators of recidivism (Hanson & Bussiere, 1998; Hanson & Morton-Bourgon, 2004; Harris & Hanson, 2004). In addition to these studies, assessment measures and methods have been investigated to determine the best practices for assessing risk accurately (Lovins, Lowencamp, & Latessa, 2009; Lowencamp, Latessa, & Holsinger, 2006; McGrath, Lasher, & Cumming, 2011). Although these risk factors have been studied, the current policies in place do not reflect these findings. For example, a study conducted by Zgoba et al. (2012) examined recidivism, risk assessment data, and SORNA tier levels to identify the predictive validity of the tier system. The researchers found that higher tier level was not related to increased recidivism risk and that those in the highest tier (tier 3) were less likely to recidivate than those in tier 2. Additionally, the risk assessments were positively associated with recidivism, indicating that empirically supported risk assessments are more accurate predictors of recidivism than the risk levels assigned by current policies (Zgoba, et al., 2012). Given the incorrect assumptions the public may hold of the link between sex offender “levels” and recidivism, it is arguable that other inaccuracies and stereotypes might also become part of the policy-making process.

Perceptions about Sex Offenders

A major obstacle in the development of sexual offender policies is the reliance of both the general public and lawmakers on inaccurate stereotypes of sexual offenses and sexual offenders. A study by Levenson, Brannon, Fortney, and Baker (2007) found that a

general population sample held exaggerated negative views of sex offenders in line with commonly held myths. These views encompassed a number of areas, including the belief that most sexual offenses are committed by strangers, that sex offender recidivism rates are significantly higher than they actually are, and that even sex offenders who receive treatment will go on to commit more sexual offenses. The authors of this study hypothesized that these inaccurate views are the result of a lack of accurate information alongside frequent exposure to myths and exaggerations in the media's presentation of sexual offenses. Additionally, lawmakers appear to be relying on these same stereotypes in order to make their decisions about policies (Levenson, Brannon, Fortney, & Baker, 2007).

A study of legislators in Illinois by Sample and Kadleck (2008) found that even those making the policies reported beliefs about sex offenders in line with stereotypes and overwhelmingly relied on the media to bring new crimes to their attention. Another study conducted by Lynch (2002) analyzed debates among U.S. lawmakers about federal legislation put in place during the 90s, such as the Jacob Wetterling Act. Lynch (2002) found that the language used in these debates consisted of themes of disgust, contagion, and boundary violations in line with the assumptions and emotional reactions found in the commonly held myths.

Treatment Myths

In line with the negative perception of sex offenders, perceptions and understanding of the effectiveness of sex offender treatment are similarly negative (Levenson, Brannon, Fortney, & Baker, 2007; McCorkle, 1993; Payne, Tewksbury, &

Mustaine, 2010). A study by Levenson, Brannon, Fortney, and Baker (2007) examined public perception toward sex offenders and community protection policies, including treatment. The authors found that 50% of respondents agreed with the statement, “Sex offenders who receive specialized psychological treatment will reoffend.” This indicates that half of the participants from a community sample believed that sex offender treatment will not effectively reduce or deter recidivism. A study by Payne, Tewksbury, & Mustaine (2010) examined attitudes about the rehabilitation of sex offenders and what may be influencing these attitudes. In their study they found that 52% of participants agreed or strongly agreed with the statement, “It is impossible to rehabilitate or reform a sex offender.” An additional 12% indicated they did not know whether it was possible. This finding highlights the common perception that treatment for sex offenders is not effective or, to borrow the wording of Payne, Tewksbury, and Mustaine (2010), that it is “impossible”.

Clinical Treatment of Sex Offenders

Despite the existing perception that treatment does not work, a growing body of research indicates that it can be an effective tool to help reduce recidivism (Hanson R. K., et al., 2002; Hoke, McGrath, & Vojtisek, 1998; Maletzky & Steinhauser, 2002). The meta-analysis conducted by Hall (1995) evaluated the results of 12 different sex offender treatment studies. This meta-analysis utilized a broad definition of recidivism that included not only additional legal charges, but also self-reports of offending behavior, although not all studies included in the meta-analysis utilized this self-report. The studies

included were primarily adults (11 of 12) and included a wide range of sexual offenses, including violent and nonviolent offenses.

Hall found a small, but meaningful, effect size ($r = .12$) for treatment group recidivism rate (19%) versus no treatment comparison group recidivism rate (27%) (1995). The author believed that the small effect size is likely due to the heterogeneity of the studies on factors such as length of follow-up time, participant pathology, recidivism base rates, and type of treatment used. Treatment effect was found to be greater for studies with a follow-up time period of greater than five years, which may indicate both the long term recidivism increase as well as the long-lasting impact of treatment. There was also a greater treatment effect in outpatient studies as compared to institutionalized samples, which may be due to the increased psychopathology and high risk population included in an institutional setting. The included studies with low recidivism base rates had small treatment effects while the studies with high recidivism base rates had the largest effect sizes, indicating that low base rates may be preventing treatment effects from reaching statistical significance. Additionally, there was not a significant difference in effect size between cognitive-behavioral and hormonal treatment types, but there was significant refusal (33-66%) and drop-out rates (50%) for hormonal treatment as compared to cognitive-behavioral treatment (30% each). Although the effect size is considered to be small, evaluation of the difference in the recidivism rates reveals that the difference resulted in almost 30% fewer sexual offenses.

A study by Hoke, McGrath, & Vojtisek (1998) was conducted to add to the body of research with particular attention being paid to utilization of sound methodology and

more current treatment methods. Many studies were not included in previous meta-analyses (Hall, 1995) because of small sample sizes, lack of comparison or control groups, or lack of adequate recidivism data. This study compared 122 sex offenders in a Vermont county who participated in cognitive-behavioral treatment, non-specialized (i.e. some type of group or individual therapy that may or may not have sex offender specific focus) treatment, or no treatment. Although random assignment was not possible, offenders were allowed to choose their treatment type and their reasoning for these choices were noted in order to help control for selection bias. Recidivism data was collected for the 12 years following initial assignment to treatment groups including sexual, violent, and probation violation recidivism. The results indicated that those receiving specialized cognitive-behavioral treatment had significantly lower sexual recidivism rates than either the non-specialized treatment or no treatment groups. There was no significant difference found between the non-specialized treatment and no treatment groups (Hoke, McGrath, & Vojtisek, 1998). These findings support the utilization of cognitive-behavioral therapy as an effective method of sex offender recidivism reduction. These findings also highlight nicely the importance of the type of treatment being utilized with sex offenders and the difference between receiving any treatment and receiving effective treatment.

Hanson et al. (2002) conducted a meta-analysis evaluating the results of 43 studies on sex offender treatment. The authors found a significant treatment effect ($OR=.81$) with treatment groups exhibiting a sexual recidivism rate of 12.3% and 16.8% for comparison groups over an average 46-month follow-up time period. A significant

treatment effect (OR=.56) was also found for general recidivism rates with treatment group recidivism rate of 27.9% and 39.2% for comparison groups. In addition to the general treatment findings, they also found a significant treatment effect (OR=.60) for studies that used cognitive-behavioral or systemic therapies such that their sexual recidivism rate was 9.9% versus the 17.4% for comparison groups. These findings build on the support in place for sex offender treatment, as well as highlighting the use of appropriate, effective therapies increasing the desired effects.

Another study on CBT treatment conducted by Maletzky & Steinhauser (2002) evaluated 7,275 sexual offenders over a 25-year follow-up time period. Their analyses reiterated the significant findings for cognitive-behavioral treatment found by Hanson et al. (2002) and Hoke, McGrath, and Vojtisek (1998). Their analyses of sexual offense “failure” rates – a rate that included not just criminal charges but also offender self-report – revealed a 10.1% recidivism rate after five years for those offenders who received cognitive-behavior treatment (Maletzky & Steinhauser, 2002). Additionally, the long follow-up period of their study allowed them to evaluate recidivism rates over time, revealing that recidivism levels off between 10 and 15 years for those who received treatment. Data such as this creates a compelling argument against registration time periods that are greater than 15 years, as recidivism, as measured in this study, is found in the vast majority of cases before that time frame.

As noted in these previous studies, cognitive-behavior treatment for sex offenders has garnered empirical support for its ability to effectively reduce sex offender recidivism (Hanson R. K., et al., 2002; Hoke, McGrath, & Vojtisek, 1998; Maletzky & Steinhauser,

2002). Recent developments in sex offender treatment has focused on applying cognitive-behavior treatment in a framework that addresses individual risk factors, criminogenic needs, and skills deficits that have been empirically associated with re-offense risks. This model of treatment, known as the Risk-Need-Responsivity (RNR) model, developed by Andrews, Bonta, & Hoge (1990) has been shown to effectively reduce sexual recidivism (Hanson, Bourgon, Helmus, & Hodgson, 2009). A meta-analysis conducted by Hanson, Bourgon, Helmus, and Hodgson (2009) found that sexual recidivism was significantly lower ($M=10.9\%$) for treatment groups than comparison groups ($M=19.2\%$), and finding larger treatment effect sizes for those studies that adhered to the RNR model of treatment. Use of the RNR model has been increasing because of its effectiveness, but its focus on risk assessment before treatment does not fit with the current sex offender risk levels that have been legally established in the United States (Bonta & Andrews, 2007) based on the negative and skewed perceptions held by the public (Levenson, Brannon, Fortney, & Baker, 2007) and lawmakers (Sample & Kadleck, 2008).

Social Psychological Theories of Persuasion

The negative perceptions included in the commonly held myths may influence the decisions individuals and legislators make regarding sex offenders. The Elaboration Likelihood Model would indicate that the use peripheral processing may be at work for sex offender information due to the “unattractive” nature of sex offenders. The Elaboration Likelihood Model of persuasion describes how attitudes and decisions are made as part of a dual process theory (Petty & Caccioppo, 1986). The two processing routes are the central and peripheral routes. Central routes of processing involve effortful

and thoughtful scrutiny of arguments and provided information. On the other hand, peripheral routes of processing rely on irrelevant cues as a shortcut for their decision making that takes little effort and minimal processing of the argument. One such factor that influences processing choice is the “attractiveness” of the subject (Petty, Cacioppo, & Schumann, 1983). Since sexual offenses and sex offenders are perceived negatively, the topic is most likely viewed as “unattractive” increasing the use of peripheral processing and decisions made not in their favor.

This use of peripheral processing would indicate that, in general, individuals pay greater attention to peripheral cues (such as attractiveness) instead of thinking critically about the information presented (Petty, Cacioppo, & Schumann, 1983). A number of these cues may then be influencing the individuals’ decisions and beliefs about sex offenders more greatly than in situations where central processing is used. With this in mind, it may be more important to evaluate the peripheral and central processing factors at play and identify what and how these influence these beliefs and decisions in order to better understand how to increase accurate understanding and knowledge about sex offender treatment and policies.

Persuasion is the term used to describe influence. In social psychology, the study of persuasion has frequently focused on the how and the why of this influence in order to better understand the factors that lead individuals to their decisions or beliefs. Studies of persuasion have found a variety of factors related to decision making (Asch, 1956; Bond & Smith, 1996; Harkins & Petty, 1987; Hoeken, 2001; Krahmer, Van Dorst, &

Ummelen, 2004; Lien & Chen, 2013). Some of these factors are relevant to perceptions of and decisions made in policies regarding sex offenses.

Some areas of persuasion that are relevant to sex offender policies would be the use of narrative information presentation, the use of anecdotal presentation versus statistical presentation, the influence of having the source of information have “expertise”, and the influence of having multiple sources reiterating the same information. A meta-analysis by Hoeken (2001) examining studies that compared statistical, anecdotal, and causal evidence as persuasion found that many of the studies’ findings contradicted each other. Despite these contradictions, the author found that statistical information tended to be more persuasive than anecdotal information and causal information, although participants typically perceived anecdotal information to be less persuasive than it actually was. These findings indicate that individuals may not be able to accurately assess how persuasive an argument style is and that there may be more factors in place influencing the differing findings for the different studies that were examined.

A study on the use of narrative advertisements by Lien & Chen (2013) found that when ads utilized narrative formats the strength of the argument was less important when compared to advertisements that utilized a non-narrative format. The authors hypothesized that this difference is based on the utilization of episodic memory structure for narratives which relies more heavily on emotional processing than central processing and reasoning. Narrative structure, therefore, is a method of persuasion that would seem especially applicable to information that is already utilizing a peripheral processing route.

Anecdotal information is information that is presented as a personal story instead of specific facts or statistics. This information style has been labeled in research as a weak argument style, as individuals thoroughly processing the information do not see these as strong arguments (Slater, 2002). However, much like narratives, anecdotes may rely on personal, emotional, connections and peripheral cues to verify/solidify the information provided and thus may be more convincing in situations where peripheral processing is already utilized. Providing an anecdotal narrative as an information source has the potential to be more convincing for those already utilizing peripheral processing for the information subject.

A study by Krahmer, Van Dorst, & Ummelen (2004) found that the inclusion of a reputable source increased the persuasiveness of information found on a website. This indicates that individuals are most likely using peripheral information to influence their beliefs instead of just processing the material presented. The implications of this study are that a source that is deemed more “credible” could lead individuals to change their beliefs based on what is said by the source when not utilizing central processing.

Additionally, a study by Harkins & Petty (1987) found that providing multiple sources for the same information leads to greater support or belief in that information as compared to having a single source. This may be caused by an understanding that scientific study and theories are based on replication, or, more likely, due to the effects of group conformity found in many social psychology studies. If the individual believes that many people agree on a certain topic, they are more likely to conform to the group consensus than against it, even if they may have previously believed otherwise due to an

inherent belief that the group must know more or have information leading to their agreement that the individual does not have (Asch, 1956; Bond & Smith, 1996).

Accordingly, providing individuals with information from multiple sources may increase the persuasiveness of the argument.

Purpose

Sex offender treatment efficacy is a complex issue. Sex offenders are a heterogeneous group with offenses and risk factors varying greatly among members of this legally defined group (Hanson & Bussiere, 1998; Hanson & Morton-Bourgon, 2004; Levenson & D'Amora, 2007). Despite this complexity, assessment measures and techniques have been developed and can be utilized to more accurately predict and identify high risk sex offenders (Lovins, Lowencamp, & Latessa, 2009; Lowencamp, Latessa, & Holsinger, 2006; McGrath, Lasher, & Cumming, 2011). Additionally, these assessments help to identify the potential efficacy of treatment with individual offenders as well as identify factors to utilize in treatment. Although gains have been made in this area, it is still important to note, like most treatments, sex offender treatment is not 100% effective and has been found to not be very effective with some types of offenders and risk factors. However, it has been found to be effective at reducing recidivism and is thus a worthwhile avenue in order to reduce the number of sexual offenses committed each year. Despite the empirical support for its use, there are currently no federal statutes that mention treatment, and the only mention in some state statutes is in relation to civil commitment, not treatment for rehabilitation. Additionally, the public's perception of sex offender treatment remains highly negative and leery of its efficacy.

The current study investigated how to best inform the public about sex offender treatment in order for them to gain a better understanding of the complex issue and a more accurate perception of the efficacy of treatment. However, getting the general voting and taxpaying public to understand the nuances in order to change their previously established negative opinion (Levenson, Brannon, Fortney, & Baker, 2007; McCorkle, 1993; Payne, Tewksbury, & Mustaine, 2010) of sex offender treatment is not a clear cut or easy task. Simplifying the realities of sex offender treatment may leave some individuals feeling misled (i.e., if told sex offender treatment works, but then found out it does not prevent all recidivism) and most likely would not represent the facts very accurately. However, it would likely not be successful to try to provide individuals with all the nuanced information because they would not read or process all the information fully and would continue to hold their same beliefs despite valiant efforts to provide them with updated and accurate information. It would appear that some middle ground is necessary in order to provide the public with this information accurately, while attempting to prevent their dismissal of the information as confusing or unnecessary statistics. Additionally, it would be beneficial to gain empirical evidence as to what influences beliefs about treatment and policy in order to utilize an effective communication style to convey this information to provide the best possible outcome and better understand how to inform the public in the future. For example, if the general public is utilizing peripheral routes of processing for sex offender information as hypothesized, narrative anecdotal and expert would be more persuasive than they would be if central processing routes were utilized. If central processing routes are utilized, then

statistical information would most likely be the most persuasive presentation style. In order to clarify which is most effective for this specific type of information, participants viewed information sections with different presentation styles.

Participants in the study were randomly assigned to groups that viewed different presentations (narrative anecdotal, expert, or statistical) of information about either sex offender treatment or policy. Participants completed measures before the information sections to measure their need for cognition and their current perceptions of sex offender treatment and policy. It is hypothesized that those who received information about sex offender treatment will be more supportive of treatment than those who received no information (Levenson, Brannon, Fortney, & Baker, 2007; Payne, Tewksbury, & Mustaine, 2010). It is also hypothesized that those given information about specific aspects of current sex offender policy would be less supportive of current policies than those given no information (Duwe, Donnay, & Tewksbury, 2008; Tewksbury, Jennings, & Zgoba, A longitudinal examination of sex offender recidivism prior to and following the implementation of SORN, 2012; Zgoba, Witt, Dalessandro, & Veysey, 2008). Those who received the expert presentation of the information would be more supportive of treatment and policies, with those who received anecdotal narrative information being less supportive and those receiving statistical information being the least supportive (Hoeken, 2001; Lien & Chen, 2013). However, it is also hypothesized that those who are high in need for cognition would be more supportive than those low in need for cognition of treatment and policies when receiving the statistical information, followed by expert,

and least supportive when given narrative anecdotal presentation of the information (Hoeken, 2001; Petty & Caccioppo, 1986).

CHAPTER II

METHOD

Participants

Participants were women and men ($N=323$) recruited from the undergraduate participant pool at the University of North Dakota and were given course credit as compensation for their time. Three hundred, ninety-seven participants were randomly assigned to one of 6 groups based on a 2 (policy vs. treatment information) X 3 (presentation: anecdotal, expert, or statistical) factorial design. Seventy-four of the 397 participants either did not complete the study or did not pass the manipulation checks put in place in each information section. Remaining participants were 262 women and 61 men (19% male), which is slightly lower, although comparable to, the 23% male national distribution for undergraduate psychology students (Snyder & Dillow, Digest of education statistics 2013 (NCES 2015-011), 2015). Participants ranged in age from 17-51 with a mean age of 19.69 (see Table 1). The racial/ethnic distribution was 91% White, 5.6% Native American, 2.8% African American/Black, 1.9% Hispanic, 1.2% Asian, and 0.6% prefer not to say, with 4.3% of participants selected multiple categories, indicating a biracial or multiracial identity and accounting for why these percentages do not equal 100%. This distribution is very similar to the distribution reported by the U.S. Census Bureau for the state of North Dakota, indicating that this sample is representative of the population of the region (2016). Endorsed political affiliations ranged from “Very

Liberal” to “Very Conservative”, with most participants (41%) endorsing “Middle of the Road” affiliation. The sexual orientation distribution was 96% Heterosexual, 1.9% Bisexual, 0.6% Gay, 0.3% Lesbian, 0.6% Other, and 0.6% prefer not to say. Participants were asked if they have ever been the victim of a sex crime, which was endorsed by 8.4% of the participants. They were also asked if they know anyone accused of a sexual offense, which was endorsed by 38.4% of the participants.

Table 1. Participant Characteristics as a Percentage of the Retained Sample.

Characteristic	Percent of Participants (<i>N</i> = 323)
Gender	
Female	81.1
Male	18.9
Age	
17-20	78.6
21-23	17.1
24-41	3.7
Not Reported	0.6
Race/Ethnicity	
White	90.0
Native American Indian	3.5
Asian	2.7
Black	1.2
Other	1.2
Prefer Not to Say	0.8
Political Affiliation	
Somewhat-Very Liberal	26.6
Middle of the Road	41.2
Somewhat-Very Conservative	32.2
Sexual Orientation	
Heterosexual	96
Bisexual	1.9
Gay	0.6
Lesbian	0.3
Other	0.6
Prefer not to say	0.6

Information Material

The information sections provided contained the same general information, just presented in different ways. For example, in the treatment information groups, the narrative anecdotal presentation included a blog post from an individual describing their sibling's experience with a sex offender treatment program. The expert presentation included a blog post from a self-identified expert in the field with appropriate credentials (i.e., Dr. A. Johnson, Ph.D., LP, Former President of the Association for the Treatment of Sexual Abusers) with no first name or pronouns used to assume or identify gender. The statistical presentation included information from a meta-analysis on sex offender treatment in a table format so that participants saw the general outcomes and results of the many studies examined. All the information sections focused on accurately presenting what current empirical evidence is available for the information area, such that limitations are mentioned.

Measures

Demographic questionnaire. Participants completed a self-report measure that collects information such as age, gender, ethnicity, political affiliation, sexual orientation, education level, and personal familiarity with sexual offenders.

Need for Cognition. The *Need for Cognition Scale* (Cacioppo, Petty, & Kao, 1984) was included to assess the participants' tendency to engage in and enjoy critical thinking in order to determine if this cognitive style impacts how influential the different information presentation styles are. This questionnaire consists of 18-items which are all statements relating to how much satisfaction the individual gains from thinking (ex. "I

find satisfaction in deliberating hard and for long hours.”). Participants are asked to rate their agreement with these statements on a nine point Likert scale, ranging from “very strong agreement” to “very strong disagreement”. Research on the Need for Cognition Scale indicates strong reliability with a .90 theta (Cacioppo, Petty, & Kao, 1984). The range of scores possible was from 18-171, with an obtained range of 22-157. The obtained median score was 94, which is quite similar to the mean of the possible range (94.5). A median split was utilized to separate participants into high and low Need for Cognition groups, with those obtaining scores greater than 94 in the high Need for Cognition group and those with scores of 94 or less in the low Need for Cognition group. Once split into these two levels, Need for Cognition’s influence was analyzed using a series of Analyses of variance (ANOVAs) with Need for Cognition included as one of the independent variables alongside information type and presentation style.

Perception of sex offender treatment. Participants completed a questionnaire containing statements that pertain to their perceptions of the effectiveness of treatment for sex offenders. The measure used was the Attitudes Toward the Treatment of Sex Offenders Scale (ATTSO: Wnuk, Chapman, & Jeglic, 2006). Research on the ATTSO found alpha estimates ranging from 0.78 – 0.88 indicating that both the items and their underlying factors have adequate to strong internal consistency (Wnuk, Chapman, & Jeglic, 2006). Use of this measure should provide information on participants’ attitudes toward the use and effectiveness of sex offender treatment programs and whether any information provided to them has had an effect on these attitudes or their support of treatment. The ATTSO consists of a total score measuring overall attitude toward

treatment of sex offenders as well as three subscales. The three scales are “Incapacitation”, “Treatment Ineffectiveness”, and “Mandated Treatment” (Wnuk, Chapman, & Jeglic, 2006). Use of this measure should provide information on participants’ attitudes toward sex offenders and their understanding of sex offender demographics in order to assess whether information about sex offender policies or sex offend treatment has an effect on their perception.

Support of sex offender policies. Participants completed a questionnaire asking about their level of support for specific sex offender related policy (ex. “I support the current tiered registration policy”) and general support of sex offender policies (“I support current sex offender policies in place”). Participants indicated their level of agreement with these statements ranging from “Strongly Disagree” to “Strongly Agree”. This measure provided information on the participants’ support of specific and general policies to indicate how the information sections may influence this support.

Data from the policy related questionnaire was analyzed by creating scales by groupings similar to those previously found to be significant in an exploratory factor analysis conducted when these items were used during a previous perception study. However, some items were removed or changed since that time due to overlap with items included in the CATSO and ATTSO, leading to the use of six scales to represent the data collected. The scales are “Policy Awareness” which consisted of 6 items ($\alpha=.82$), “General Policy Support” which consisted of eight items ($\alpha=.79$), “Support of Punitive Policies” which consisted of 13 items ($\alpha=.87$), “Policy Effectiveness” which consisted of 4 items ($\alpha=.49$), “Evidence-based Policy Support” which consisted of 3 items ($\alpha=.69$),

and “Sex Offender Fear” which consisted of 3 items ($\alpha=.85$). A list of the items included in each scale is included in Appendix A. Once these scales were established, a series of analyses of variance (ANOVAs) were conducted using a 2 (information: treatment vs. policy) x3 (presentation style: narrative anecdotal vs. expert vs. statistical) design with the created scales as dependent variables.

Procedure

The study was listed online on the psychology department’s online research system (SONA) with other ongoing research studies. Participants viewed the informed consent on SONA and provided their consent by continuing on with the study by following the link to begin the study on an external site (Qualtrics).

All participants first completed the demographic questionnaire, the perceptions and opinion questionnaires, and the need for cognition measure. Participants were then randomly assigned to the different information groups. Each participant received one of the varying information types (treatment vs. policy) in one of the presentation styles (narrative anecdotal, expert, statistical) such that there were six possible groups. Once participants completed reading the information sections, they were asked to answer some simple, multiple choice questions about the sections they just viewed as manipulation checks in order to ensure their reading and comprehension of the provided information. An example question is, “Did you just read about sex offender laws and policies?” with the given options of “yes” or “no.” If they did not correctly answer these questions, they were directed back to the information section. If after multiple attempts (attempts given varied by question, however they were always given as many attempts as there were

answer options; e.g. a question with three multiple choice answers would have three attempts) they did not answer the manipulation check correctly, they were directed to the end of the survey without completing any dependent variable questionnaires in order to minimize inclusion of participants who did not actually experience the intended manipulation. Once they completed these questions correctly, the participants then completed the perceptions and opinion questionnaires for a second time.

Participants completed the ATTSO and CATSO to gain an understanding of how these different types of information may have impacted their attitude toward sex offenders and sex offender treatment. Additional questionnaires focused on their agreement with current policies (that do not include treatment). After they completed these questionnaires, the participants viewed a debriefing statement and the research session was concluded. Participants were compensated for their time with course credit.

CHAPTER III

RESULTS

Following the procedures listed by Mertler and Vannatta (2010) data was visually inspected to assess for missing or unusual data. Data was removed for participants who did not reach the dependent variable portion of the questionnaire, either due to quitting or not passing the manipulation checks in place. Following those procedures, data was removed for 74 participants.

Attitudes Toward the Treatment of Sex Offenders

The Attitudes Toward the Treatment of Sex Offenders Scale (ATTSO) was used to provide information on participants' attitudes toward the use and effectiveness of sex offender treatment programs and whether information provided to them has had an effect on these attitudes or their support of treatment (Wnuk, Chapman, & Jeglic, 2006). The ATTSO consists of a total score measuring overall attitude toward treatment of sex offenders as well as three subscales. The three scales are "Incapacitation", "Treatment Ineffectiveness", and "Mandated Treatment" (Wnuk, Chapman, & Jeglic, 2006). A series of analyses of variance (ANOVAs) were conducted using a 2 (information: treatment vs. policy) x 3 (presentation style: narrative anecdotal vs. expert vs. statistical) x 2 (need for cognition: high vs. low) design with the total and subscales as dependent variables. A MANOVA was not conducted, despite conceptual overlap between measures, due to inspection of the individual items to reduce overlap between the measures and noteworthy and apparent differences between the content of the different measures (e.g. sex offender *policy* vs sex offender *treatment*).

Total Attitude Toward Treatment of Sex Offenders. An ANOVA was conducted to compare the effects of information type, presentation style and need for cognition on overall attitude toward treatment of sex offenders (ATTSO total). The possible range for ATTSO total scores was from 15-75 on both the pre and post information questionnaires. A change score was calculated in order to evaluate the effect the information and presentation styles had on sex offender treatment attitudes during the course of the study. The possible range for the change scores were from -50 to 50, with negative scores indicating a decrease in positive attitude, with an obtained range from -16 to 17. There was no significant main effect for information, $F(1, 309) = 1.09, p = .30, \eta_p^2 = .004$, no significant main effect for presentation style, $F < 1$, and no main effect for need for cognition $F(1, 309) = 1.66, p = .20, \eta_p^2 = .005$. There were no significant interactions $F < 1$.

Incapacitation. An ANOVA was conducted to compare the effects of information type, presentation style, and need for cognition on attitudes toward incapacitation as a form of treatment. The possible range for Incapacitation scores was from 8 to 40 on both the pre and post information questionnaires. A change score was calculated in order to evaluate the variables' effect on incapacitation attitudes during the course of the study. The possible range for the change scores were from -32 to 32, with negative scores indicating a decrease in support of incapacitation, with an obtained range from -10 to 13. There was no significant main effect for information, $F < 1$, no significant main effect for presentation style, $F < 1$, and no main effect for need for cognition $F < 1$. There were no significant interactions, $F < 1$.

Treatment Ineffectiveness. An ANOVA was conducted to compare the effects of information type, presentation style, and need for cognition on the attitude that sex offender treatment is ineffective. The possible range for treatment ineffectiveness scores was from 4 to 20 on both the pre and post information questionnaires. A change score was calculated in order to evaluate the variables' effect on treatment ineffectiveness attitudes during the course of the study. The possible range for the change scores were from -16 to 16, with negative scores indicating a decrease in the attitude that treatment is ineffective for sex offenders, with an obtained range from -8 to 6. The Levene's test of equality of error variance $F(11, 309) = 2.41, p = .007$ was significant, indicating unequal error variance across groups. When significant, it is recommended that the more conservative significance value of $p < .01$ be used (Pallant, 2013). The main effect for information approached significance, $F(1, 309) = 4.19, p = .042, \eta_p^2 = .013$, with those receiving treatment information ($M = -.97, SD = 2.21$) having a greater decrease in the attitude that treatment is ineffective than those receiving policy information ($M = -.51, SD = 1.84$). There was no significant main effect for presentation style, $F < 1$ and no main effect for need for cognition, $F(1, 309) = 1.88, p = .17, \eta_p^2 = .006$. There was no significant interaction between presentation style and need for cognition, $F < 1$, no significant interaction between information type and need for cognition, $F < 1$, no significant interaction between information type and presentation style, $F(2, 309) = 2.52, p = .08, \eta_p^2 = .016$, and no significant three-way interaction effect, $F < 1$.

Mandated Treatment. An ANOVA was conducted to compare the effects of information type, presentation style, and need for cognition on attitudes toward mandated

treatment. The possible range for Mandated Treatment scores was from 3 to 15 on both the pre and post information questionnaires. A change score was calculated in order to evaluate the variables' effect on mandated treatment attitudes during the course of the study. The possible range for the change scores were from -12 to 12, with negative scores indicating a decrease in support of mandated treatment, with an obtained range from -10 to 4. The Levene's test of equality of error variance $F(11, 309) = 2.41, p = .007$ was significant, so a cutoff p-value of .01 was again used. There was no significant main effect for information, $F < 1$, no significant main effect for presentation style, $F < 1$, and no main effect for need for cognition $F < 1$. There was no significant interaction between presentation style and need for cognition, $F(2, 309) = 3.16, p = .04, \eta_p^2 = .02$, no significant interaction between information type and need for cognition, $F(1, 309) < 1$, no significant interaction between information type and presentation style, $F(2, 309) < 1$, and no significant three-way interaction effect, $F < 1$.

Community Attitudes Toward Sex Offenders

The Community Attitudes Toward Sex Offenders (CATSO) scale was used to provide information on participants' attitudes and perceptions of sex offenders (Church II, Wakeman, Miller, Clements, & Sun, 2008). Use of this measure should provide information on participants' attitudes toward sex offenders and their understanding of sex offender demographics in order to assess whether information about sex offender policies or sex offender treatment has an effect on their perception. The CATSO consists of a total score measuring overall attitude toward sex offenders as well as four subscales. The four scales are "Social Isolation", "Capacity to Change", "Severity", and "Deviancy" (Church

II, Wakeman, Miller, Clements, & Sun, 2008). A series of analyses of variance (ANOVAs) were conducted using a 2 (information: treatment vs. policy) x 3 (presentation style: narrative anecdotal vs. expert vs. statistical) x 2 (need for cognition: high vs. low) design with the total and subscales as dependent variables.

Total Community Attitudes Toward Sex Offenders. An ANOVA was conducted to compare the effects of information type, presentation style, and need for cognition on overall attitudes toward sex offenders (CATSO total). The possible range for CATSO total scores was from 18-108 on both the pre and post information questionnaires. A change score was calculated in order to evaluate variables' effect on sex offender attitudes during the course of the study. The possible range for the change scores were from -90 to 90, with negative scores indicating a decrease in negative attitude, with an obtained range from -30 to 28. There was no significant main effect for information, $F < 1$ and no significant main effect for presentation style, $F(2, 308) = 1.34$, $p = .26$, $\eta_p^2 = .009$. There was a significant main effect for need for cognition, $F(1, 308) = 5.309$, $p = .022$, $\eta_p^2 = .017$ such that those high in need for cognition ($M = -1.775$, $SD = 5.513$) had a greater reduction in negative attitudes toward sex offenders than those low in need for cognition ($M = -.075$, $SD = 7.073$). There were no significant interactions $F < 1$.

Social Isolation. An ANOVA was conducted to compare the effects of information type, presentation style, and need for cognition on an attitude of sex offenders being "loners" or lacking social connections. The possible range for social isolation scores was from 5-30 on both the pre and post information questionnaires. A change score was calculated in order to evaluate the variables' effect on sex offender

social isolation attitudes during the course of the study. The possible range for the change scores were from -25 to 25, with negative scores indicating a decrease in the attitude that sex offenders are isolated, with an obtained range from -11 to 14. There was no significant main effect for information, $F < 1$, no significant main effect for presentation style, $F < 1$, and no main effect for need for cognition $F < 1$. There were no significant interaction effects $F < 1$.

Capacity to Change. An ANOVA was conducted to compare the effects of information type, presentation style, and need for cognition on the attitude that sex offenders are incapable of change. The possible range for capacity to change scores was from 5-30 on both the pre and post information questionnaires. A change score was calculated in order to evaluate the variables' effect on sex offender capacity to change during the course of the study. The possible range for the change scores were from -25 to 25, with negative scores indicating a decrease in the attitude that sex offenders are unable to change, with an obtained range from -17 to 12. There was no significant main effect for information, $F(1, 308) = 1.08, p = .30, \eta_p^2 = .004$ and no main effect for need for cognition $F(1, 308) = 3.15, p = .08, \eta_p^2 = .01$. There was a significant main effect for presentation style, $F(2, 308) = 3.21, p = .042, \eta_p^2 = .02$ (see Table 2 for mean scores) such that those who received information by an anecdotal presentation style ($M = -1.411, SD = 2.759$) had a greater reduction in the attitude that sex offenders are unable to change than those who received information in a statistics presentation style ($M = -.409, SD = 3.101$). There was not a significant difference between anecdotal presentation style and expert presentation style ($M = -.600, SD = 3.069$) or between statistics presentation style and

expert presentation style. There was no significant interaction between presentation style and need for cognition, $F < 1$, no significant interaction between information type and need for cognition, $F < 1$, no significant interaction between information type and presentation style, $F(2, 308) = 1.19, p = .31, \eta_p^2 = .008$, and no significant three-way interaction effect, $F < 1$.

Table 2. Mean Scores on Capacity to Change Scale for Presentation Style (with Standard Deviations in Parentheses).

Information Type	Mean Score
Anecdotal	-1.411 (2.759)
Expert	-.600 (3.069)
Statistics	-.409 (3.101)

Severity. An ANOVA was conducted to compare the effects of information type, presentation style and need for cognition on an attitude of sex offenses being more severe and sex offenders more dangerous. The possible range for severity scores was from 5-30 on both the pre and post information questionnaires. A change score was calculated in order to evaluate the variables' effect on sex offender severity attitudes during the course of the study. The possible range for the change scores were from -25 to 25, with negative scores indicating a decrease in the attitude that sex offenders are more dangerous, with an obtained range from -12 to 8. There was no significant main effect for information, $F < 1$, no significant main effect for presentation style, $F(2, 308) = 1.72, p = .18, \eta_p^2 = .01$, and no significant main effect for need for cognition $F(1, 308) = 1.99, p = .16, \eta_p^2 = .006$. There was no significant interaction between presentation style and need for cognition, $F(2, 308) = 1.10, p = .34, \eta_p^2 = .007$, no significant interaction between

information type and need for cognition, $F < 1$, no significant interaction between information type and presentation style, $F < 1$, and no significant three-way interaction effect, $F < 1$.

Deviancy. An ANOVA was conducted to compare the effects of information type, presentation style, and need for cognition on an attitude of sex offenders being more sexually deviant. The possible range for deviancy scores was from 3-18 on both the pre and post information questionnaires. A change score was calculated in order to evaluate the variables' effect on sex offender deviancy attitudes during the course of the study. The possible range for the change scores were from -15 to 15, with negative scores indicating a decrease in the attitude that sex offenders are more sexually deviant, with an obtained range from -8 to 7. There was no significant main effect for information, $F(1, 308) = 1.95, p = .16, \eta_p^2 = .006$, and no significant main effect for presentation style, $F < 1$. There was a significant main effect for need for cognition, $F(1, 308) = 4.69, p = .03, \eta_p^2 = .015$ such that those high in need for cognition ($M = -1.27, SD = 2.42$) had a greater reduction in the attitude that sex offenders are sexually deviant than those low in need for cognition ($M = -.70, SD = 2.34$). There was no significant interaction between presentation style and need for cognition, $F(2, 308) = 1.66, p = .19, \eta_p^2 = .01$, no significant interaction between information type and need for cognition, $F(1, 308) = 3.07, p = .08, \eta_p^2 = .01$, no significant interaction between information type and presentation style, $F < 1$, and no significant three-way interaction effect, $F < 1$.

Perception Scales

Data from the policy related questionnaire was analyzed by creating scales by groupings similar to those previously found to be significant in an exploratory factor analysis conducted when these items were used during a previous perception study. However, some items were removed or changed since that time due to overlap with items included in the CATSO and ATTSO, leading to the use of six scales to represent the data collected. The scales are “Policy Awareness” which consisted of 6 items ($\alpha=.82$), “General Policy Support” which consisted of eight items ($\alpha=.79$), “Support of Punitive Policies” which consisted of 13 items ($\alpha=.87$), “Policy Effectiveness” which consisted of 4 items ($\alpha=.49$), “Evidence-based Policy Support” which consisted of 3 items ($\alpha=.69$), and “Sex Offender Fear” which consisted of 3 items ($\alpha=.85$). A list of the items included in each scale is included in Appendix A. Once these scales were established, a series of analyses of variance (ANOVAs) were conducted using a 2 (information: treatment vs. policy) x 3 (presentation style: narrative anecdotal vs. expert vs. statistical) x 2 (need for cognition: high vs. low) design with the created scales as dependent variables.

Policy Awareness. An ANOVA was conducted to compare the effects of information type, presentation style, and need for cognition on specific policy awareness. The possible range for policy awareness scores was from 6-36 on both the pre and post information questionnaires. A change score was calculated in order to evaluate the variables’ effect on policy awareness during the course of the study. The possible range for the change scores were from 30 to -30, with negative scores indicating a decrease in policy awareness, with an obtained range from -11 to 27. The Levene’s test of equality of error variance $F(11, 310) = 2.920, p=.001$ was again significant, so a cutoff p-value of

.01 was used. There was a significant main effect for information $F(1, 310) = 29.36$, $p < .001$, $\eta_p^2 = .087$, such that those who received policy information ($M = 2.93$, $SD = 4.81$) had a significantly greater increase in their reported awareness of specific policies than those presented with treatment information ($M = .69$, $SD = 4.37$). There was also a significant main effect for presentation style, $F(2, 310) = 18.54$, $p < .001$, $\eta_p^2 = .107$, such that when information was presented in a statistics presentation style, ($M = 3.79$, $SD = 5.58$) there was a significant increase in policy awareness when compared to both expert ($M = .83$, $SD = 4.25$) and anecdotal ($M = 1.05$, $SD = 3.83$) presentations, with no significant difference between expert and anecdotal. There was no main effect for need for cognition $F < 1$. These main effects were qualified by a significant interaction between information and presentation style, $F(2, 310) = 6.41$, $p = .002$, $\eta_p^2 = .04$. Simple effects analyses revealed significant group differences for presentation style when policy information was presented, $F(2, 151) = 21.02$, $p < .001$, such that those who viewed information in a statistics presentation style ($M = 6.70$, $SD = 5.23$) reported a significantly greater increase in policy awareness than those who received the information in an expert presentation style ($M = 1.53$, $SD = 4.36$) or anecdotal presentation ($M = 1.69$, $SD = 3.29$). There was not a significant difference between expert presentation style and anecdotal presentation style (See Table 3 for mean scores, Figure 1 for illustration of interaction). There was no significant interaction between presentation style and need for cognition, $F < 1$, and no significant interaction between information type and need for cognition, $F(1, 310) = 1.98$, $p = .16$, $\eta_p^2 = .006$. The three-way interaction effect approached significance, $F(2, 310) = 4.29$, $p = .015$, $\eta_p^2 = .027$.

Table 3. Mean Change Scores for Policy Awareness, Information Type by Presentation Style Interaction (with Standard Deviations in Parentheses).

Presentation Style	Information Type	
	Policy	Treatment
Anecdotal	1.691 (3.288)	.448 (4.227)
Expert	1.525 (4.360)	.105 (4.039)
Statistics	6.700 (5.254)	1.585 (4.777)

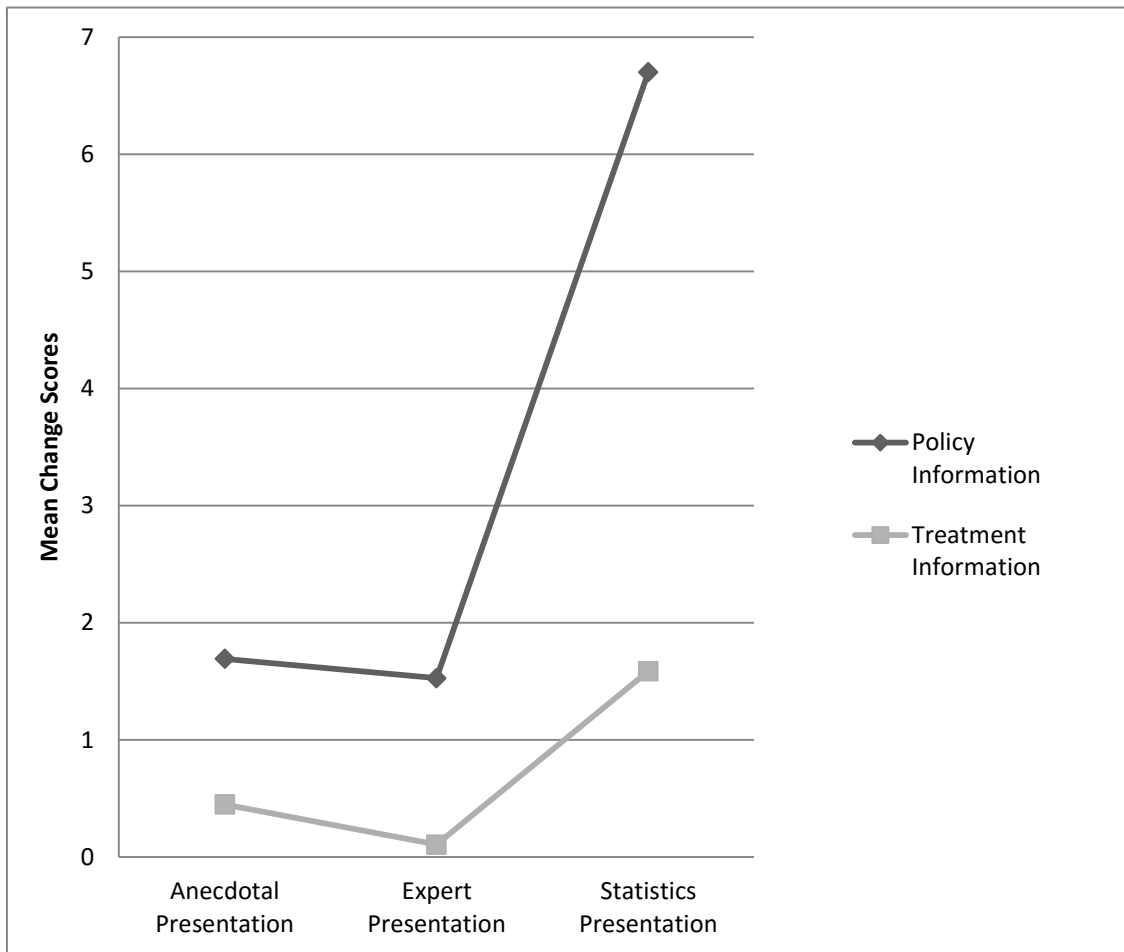


Figure 1. Policy Awareness Scale Significant Two-Way Interaction.

General Policy Support. An ANOVA was conducted to compare the effects of information type, presentation style, and need for cognition on support of specific

policies and parts of specific policies (e.g. community notification). The possible range for policy support scores was from 8-48 on both the pre and post information questionnaires. A change score was calculated in order to evaluate the variables' effect on policy awareness during the course of the study. The possible range for the change scores were from -40 to 40, with negative scores indicating a decrease in policy support, with an obtained range from -23 to 31. The Levene's test of equality of error variance $F(11, 310) = 6.99, p < .001$ was again significant, so a cutoff p-value of .01 was used. There was a significant main effect for information, $F(1, 310) = 18.37, p < .001, \eta_p^2 = .056$ such that those who received policy information ($M = 3.44, SD = 7.26$) had a greater increase in general policy support than those who received treatment information ($M = .54, SD = 6.73$). There was also a significant main effect for presentation style, $F(2, 310) = 16.53, p < .001, \eta_p^2 = .096$, such that those receiving information presented in a table summarizing data from various studies (statistics presentation) had a greater increase in general policy support ($M = 5.12, SD = 9.60$) than either those receiving information presented from an "expert" ($M = .89, SD = 5.11$) or those receiving information presented in an anecdotal way ($M = .36, SD = 5.57$). There was no significant main effect for need for cognition, $F < 1$. There was no significant interaction between presentation style and need for cognition, $F < 1$, no significant interaction between information type and need for cognition, $F < 1$, no significant interaction between information type and presentation style, $F(1, 310) = 1.21, p = .30, \eta_p^2 = .008$, and no significant three-way interaction effect, $F < 1$.

Support of Punitive Policies. An ANOVA was conducted to compare the effects of information type, presentation style, and need for cognition on support of punitive policies (e.g. chemical castration). The possible range for punitive policy support scores was from 13-78 on both the pre and post information questionnaires. A change score was calculated in order to evaluate the variables' effect on punitive policy support during the course of the study. The possible range for the change scores were from -65 to 65, with negative scores indicating a decrease in punitive policy support, with an obtained range from -48 to 48. There was no significant main effect for information, $F < 1$, no significant main effect for presentation style, $F(2, 310) = 1.91, p = .15, \eta_p^2 = .012$, and no main effect for need for cognition $F(1, 310) = 2.38, p = .12, \eta_p^2 = .008$. There was no significant interaction between presentation style and need for cognition, $F < 1$, no significant interaction between information type and need for cognition, $F < 1$, no significant interaction between information type and presentation style, $F(2, 310) = 1.46, p = .23, \eta_p^2 = .009$, and no significant three-way interaction effect, $F(2, 310) = 1.32, p = .27, \eta_p^2 = .008$.

Policy Effectiveness. An ANOVA was conducted to compare the effects of information type, presentation style, and need for cognition on belief in the effectiveness of current policies. The possible range for policy effectiveness scores was from 4-24 on both the pre and post information questionnaires. A change score was calculated in order to evaluate the variables' effect on policy effectiveness beliefs during the course of the study. The possible range for the change scores were from -20 to 20, with negative scores indicating a decrease in belief in policy effectiveness, with an obtained range from -4 to

3. The Levene's test of equality of error variance $F(11, 310) = 2.63, p = .003$ was again significant, so a cutoff p-value of .01 was used. There was a significant main effect for information, $F(1, 310) = 10.91, p = .001, \eta_p^2 = .034$ such that those who received policy information ($M = .25, SD = .93$) had a greater increase in belief of policy effectiveness than those who received treatment information ($M = -.04, SD = .85$). There was also a significant main effect for presentation style, $F(2, 310) = 5.46, p = .005, \eta_p^2 = .034$, such that those receiving information presented in a table summarizing data from various studies (statistics presentation) had a greater increase in belief of policy effectiveness ($M = .31, SD = 1.10$) than either those receiving information presented from an "expert" ($M = .03, SD = .73$) or those receiving information presented in an anecdotal way ($M = .00, SD = .85$). There was no significant main effect for need for cognition, $F(2, 310) < 1$. There was no significant interaction between presentation style and need for cognition, $F < 1$, no significant interaction between information type and need for cognition, $F(1, 310) = 2.02, p = .16, \eta_p^2 = .006$, although the interaction between information type and presentation style, $F(1, 310) = 4.52, p = .02, \eta_p^2 = .026$ and the three-way interaction effect, $F(2, 310) = 2.74, p = .07, \eta_p^2 = .017$ approached significance.

Evidenced-based Policy Support. An ANOVA was conducted to compare the effects of information type, presentation style, and need for cognition on support of a research basis for policies (e.g. "If research evidence indicated that strategies other than strategies like community notification, residency restriction, and electronic monitoring were useful, I would support policy created on the basis of this evidence."). The possible range for evidenced-based policy support scores was from 3-18 on both the pre and post

information questionnaires. A change score was calculated in order to evaluate the variables' effect on research-based policy support during the course of the study. The possible range for the change scores were from -15 to 15, with negative scores indicating a decrease in support of research-based policy support, with an obtained range from -9 to 6. There was a significant main effect for information, $F(1, 310) = 7.19, p = .008, \eta_p^2 = .023$ such that those who received policy information ($M = -.64, SD = 2.44$) had a greater decrease in support of evidenced-based policies than those who received treatment information ($M = .00, SD = 2.09$). There was no significant main effect for presentation style, $F < 1$, and no significant main effect for need for cognition, $F < 1$. There was no significant interaction between presentation style and need for cognition, $F < 1$, no significant interaction between information type and need for cognition, $F < 1$, no significant interaction between information type and presentation style, $F(1, 310) = 2.85, p = .06, \eta_p^2 = .018$, and no significant three-way interaction effect, $F < 1$.

Sex Offender Fear. An ANOVA was conducted to compare the effects of information type, presentation style, and need for cognition on sex offender related negative emotions (e.g. "If I knew a sex offender lived in my neighborhood, I would fear for my safety"). The possible range for sex offender fear scores was from 3-18 on both the pre and post information questionnaires. A change score was calculated in order to evaluate the variables' effect on sex offender fear during the course of the study. The possible range for the change scores were from -15 to 15, with negative scores indicating a decrease in punitive policy support, with an obtained range from 9 to 9. There was no significant main effect for information, $F(1, 310) = 2.53, p = .11, \eta_p^2 = .008$, no significant

main effect for presentation style, $F < 1$, and no main effect for need for cognition $F < 1$. There was no significant interaction between presentation style and need for cognition, $F < 1$, no significant interaction between information type and need for cognition, $F < 1$, no significant interaction between information type and presentation style, $F(2, 310) = 2.34, p = .10, \eta_p^2 = .015$, and no significant three-way interaction effect, $F < 1$.

CHAPTER IV

DISCUSSION

The present study predicted that those who received information about sex offender treatment would be more supportive of treatment than those who received no information. This hypothesis was tested by providing some participants with treatment information and evaluating how their scores on certain scales, primarily the Attitude Toward the Treatment of Sex Offenders (ATTSO) scales, reflected their support. Within the ATTSO, there was a total, which measured overall attitude toward treatment, as well as three subscales looking at specific types of treatment attitudes. The three subscales were Incapacitation, Treatment Ineffectiveness, and Mandated Treatment.

There were no significant findings for the ATTSO total scale or subscales, indicating that providing individuals with information on treatment efficacy does not increase treatment support and effectively retaining the null hypothesis. Previous research conducted by Levenson, Brannon, Fortney, and Baker (2007), found that individuals in a general public sample held inaccurate and negative perceptions of sex offenders. They attributed this finding to the public being “poorly informed” about sex offenders. These results, although not in accordance with the stated hypothesis, demonstrates that lack of treatment support is likely not due to a lack of information, but may be due to other factors.

It was hypothesized that those given information about specific aspects of current sex offender policy would be less supportive of current policies than those given no information (Duwe, Donnay, & Tewksbury, 2008; Tewksbury, Jennings, & Zgoba, 2012; Zgoba, Witt, Dalessandro, & Veysey, 2008). As previously elaborated, the information

sections contained facts about the current policies in place (such as the three tier system) and information on their effectiveness, based on empirical studies. The policy information sections explained that, overall, research has found most policies to be ineffective. Those who received policy information did endorse greater policy awareness, indicating that information about the policies in place was retained. However, those who received policy information had a significantly greater increase in policy support and a greater decrease in evidenced-based policy support, which is not in line with the stated hypothesis.

This increase in policy support could be due to a number of reasons including a lack of close reading of the policy information or the influence of their emotional reaction on their decision making. Although a lack of close reading may be contributing to this increase, there was not a significant difference found for those high in need for cognition versus low in need for cognition or a significant interaction effect, indicating that, even those who have a tendency or desire to engage in critical thinking were not less supportive of the policies. This indicates that it may not entirely be due to a lack of close reading, as it would be assumed that those high in need for cognition would be likely to engage in close reading and critical thinking about these topics.

Participants may also have been responding based on their emotional state. Research has shown that emotional state has a significant effect on how individuals make decisions (Damasio, 1991; 1994; Isen & Patrick, 1983). More specifically, negative emotions, such as fear, have been shown to elicit more pessimistic judgments of future events (Lerner & Keltner, 2000). Alongside the established negative perception held

toward sex offenders, this information may indicate that decisions made regarding sex offenders may be more pessimistic or extreme than what logically should occur. In a previous study, emotional state was evaluated to determine its influence on decision making related to sex offender and policies. Results of that study found no significant difference among those who reported experiencing negative emotions and those who experienced positive emotions, indicating that emotional state did not influence the results (Engel, 2013).

Another possible explanation could be the population used and their motivation for completing the study. The participants in this study were all from a psychology department research pool completing the survey for course credit. In the interest of saving their own time for other pursuits they may be less likely to take the study “seriously” (Dickhaut, Livingstone, & Watson, 1972; Liyanarachchi, 2007). In order to address this possible issue, future studies may want to include more challenging manipulation checks to measure their motivation or include other components to increase their “buy-in” to the particular study and the research process. The use of a community sample instead of a college sample would likely also address this issue as a community sample would likely have greater concern about public policies and have more intrinsic investment in the topic than college students completing the study for credit.

It was hypothesized that those who received the expert presentation of the information would be more supportive of treatment and policies, with those who received anecdotal narrative information being less supportive and those receiving statistical information being the least supportive (Hoeken, 2001; Lien & Chen, 2013). Evaluation of

treatment related measures, which consists of the ATTSO and its subscales, did not demonstrate any increase in treatment support related to presentation styles, effectively retaining the null hypothesis as it relates to treatment support. Although not directly related to either treatment or policy, there was a significant finding for the Capacity to Change scale on the CATSO. This scale asks questions related to both policy (e.g. “Convicted sex offenders should never be released from prison”) and treatment (e.g. “With support and therapy, someone who committed a sexual offense can learn to change their behavior”). Results showed that those participants who read an anecdotal presentation demonstrated a significantly greater increase in this attitude than those receiving either expert or statistics presentation, with no significant difference between those two presentation styles. To evaluate policy support, it was necessary to evaluate scales created from the perception scales.

The three scales evaluated were General Policy Support, Policy Awareness, and Policy Effectiveness. Policy Awareness, although not a direct measure of policy support, provide information on participants’ attention to certain key words and information in the information sections, with the expected outcome that increased awareness of these certain policies is an indication that they are obtaining more knowledge from the information sections. To that point, those receiving policy information had a significant increase in policy awareness. There was also a significant interaction effect between information type and presentation style such that, when presented with policy information, those presented with information by statistics presentation had a significantly higher increase in policy awareness than either expert presentation style or anecdotal, with no significant

difference between expert and anecdotal. This pattern of greater statistics information over expert or anecdotal was found for Policy Effectiveness and General Policy Support scales as well. This overall pattern of significantly higher statistics presentation is not in line with the hypothesized findings related to the Elaboration Likelihood Model and with previous literature on how presentation style impacts persuasion (Lien & Chen, 2013) and the increase in policy support is directly counter to our desired results.

Although not in line with the hypothesized findings, this hypothesis was based on the Elaboration Likelihood Model and theorization that participants would be engaging in peripheral processing routes instead of central processing routes due to the emotionally charged topic (Petty, Cacioppo, & Schumann, 1983; Petty & Cacioppo, 1986). These results may be due to participants engaging in central processing routes and increased persuasion in line with Krahmer, Van Dorst, & Ummlen's (2004) findings on persuasive use of reputable sources or Harkins and Petty's (1987) findings on increased persuasion when using multiple sources. These results could also be an indication that individuals were still using peripheral processing and relying on visual cues of reputability and authority, such as the presence of tables and extensive citations for the statistics presentations, resulting in an increase in their awareness, as well as an increase in their support of these policies, which counters the information actually provided in the sections.

As a way to determine whether central or peripheral processing was utilized by participants, Need for Cognition was used as a measure of central processing. It was also hypothesized that those who are high in need for cognition would be more supportive

than those low in need for cognition of treatment and policies when receiving the statistical information, followed by expert, and least supportive when given narrative. Evaluation of treatment and policy related measures revealed no significant effects for need for cognition or any significant interactions effectively retaining the null hypothesis as it relates to treatment support. Although there was not a significant effect for need for cognition, this pattern of significance for presentation styles was found for Policy Awareness, General Policy Support, and Policy Effectiveness Scales, indicating that the participants may have engaged in tactics typically used by those high in need for cognition when evaluating policy information resulting in the response pattern more in line with that of those high need for cognition. Another possible explanation of these findings is that the median split used to divide those high in need for cognition from those low in need for cognition may not have effectively captured a difference in central vs. peripheral processing routes, as hoped by the established hypotheses. Additionally, those high in need for cognition, exhibited a significant decrease in negative attitude toward sex offenders as measured by the CATSO and a decrease in the belief that sex offenders are sexually deviant. Although these are not directly related to policy or treatment, this significant finding demonstrates that those high in need for cognition may evaluate information about sex offenders and adjust some of their beliefs based new information, not just past beliefs or emotions.

Although efforts have been made through this study to understand what information and presentation styles influence perceptions and understanding of policy and treatment, further research is needed to establish additional support for the findings

of this study, as well as to further explore additional influences. This study demonstrated that providing individuals with information about sex offender policies or treatment does not result in changes in their opinions that accurately reflect the ineffectiveness of policies and the effectiveness of treatment. These findings add to the evidence highlighting the complex nature of sex offender policies and treatment support. However, there were promising results that those high in need for cognition demonstrated some decrease in negative attitudes toward sex offenders and use of statistics information increases their awareness. Limitations of this study include the use of an extrinsically motivated participant pool, the use of a median split to determine the high and low need for cognition groups, and the absence of reported alternatives to current policies. As previously mentioned, the use of a more intrinsically motivated group, such as a community sample, in future studies would address this limitation and provide results that more broadly generalize. In order to address the lack of findings related to high vs. low need for cognition, future studies may want to split the sample into three groups (high, medium, low) in order to determine if there is a difference between those on the extreme ends, instead of both groups including a high number of participants near the mean. Another possible issue with the current study may be the distinctions among the different presentation styles. In an effort to ensure that the information was equal among the different presentation styles, the anecdotal presentation style was kept brief and may not have represented the narrative style as closely as needed to lead to a significantly different effect. Additionally, individuals may have been swayed to increase their support in current policies through the policy information sections due to an absence of

alternative options. Because no alternatives to current policies were explained in the information sections, they may have viewed decreasing support for the current policies as effectively increasing their support for no punishment for sex offenders or a complete absence of policies. Future studies would benefit from explicit statements to the contrary or the provision of some possible alternatives, such as policies that have been shown to be effective for sex offenders in other countries.

The overall findings of this study illustrate the complicated nature of sex offender policies and treatment and that understanding and making changes to the system in place will not be as straightforward as just informing the public. Continuing to add to the established body of research and efforts to parse out this complicated issue will be beneficial to those concerned with the both the ethical and financial implications of our current justice system. The ethical implications of some of the policies in place (such as civil commitment and electronic monitoring) have already begun to be questioned so garnering public support for alternative policies will likely be important to resolve future ethical complaints. Additionally, current policies incur significant cost, as software and employees are needed to manage the sex offender registry and track sex offender whereabouts. Research into alternatives that effectively decrease recidivism may also reveal options that decrease cost to states and their taxpayers.

APPENDICES

Appendix A Information Sections

Anecdotal Policy Information

I had an interesting conversation a few weeks ago with some friends about sex offender laws and policies in place. During this conversation it came up that my friend's brother is a registered sex offender, so she knows a lot about these laws and shared information with me that I hadn't been aware of before. She told me that there are a number of laws and policies that relate to sexual offenses, but the ones that related to her brother's case were the Jacob Wetterling Act, Megan's Law, and the Adam Walsh Act. Policy Information

The first of these laws was the Jacob Wetterling Act that was put in place in 1994. This act was named after Jacob Wetterling, an eleven year old who was kidnapped by a masked man with a gun while riding his bike home. Jacob's remains were not found, so they do not know what happened to him or who is responsible. This act was for states to better be able to track sex offenders by requiring convicted sex offenders to register and verify their current name and address with local police, with sex offenders having to register every year for at least 10 years, and sexually violent predators having to register every three months for the rest of their lives.

A couple years later the Jacob Wetterling Act was amended with Megan's Law. Megan's Law was created in honor of Megan Kanka, a 7 year old girl who was raped and murdered by her neighbor, a twice convicted sex offender. Megan's Law required states to make sex offender registry information, including names, photographs, and addresses, available to the public on the internet and other forms of community notification. My friend told me that these laws are the reason the public is able to have access to information about sex offenders, like where they live or work. She also told me that studies have shown that having this information available to the public doesn't do anything to keep sex offenders from offending.

The Adam Walsh Child Protection and Safety Act of 2006 (also known as the Sex Offender Registration and Notification Act or SORNA) was signed into federal law in 2006. As a federal law, it had to be followed in all states to make sure there was consistency from state to state. This act was named for Adam Walsh, a 6 year old boy who was kidnapped from a department store and brutally murdered. The police only recovered partial remains and never found out who did it. The goal of this act was to make tracking and supervision of sex offenders easier by having the same registration requirements from state to state.

In this policy was a 3-tier system for registration that is based on the selected level of the crime committed. My friend told me this is where they get the "level 1, 2, or 3" labels for

sex offenders. She told me that her brother was originally a level 1 sex offender, the lowest level, based on the crime he committed. Tier 1 requires registration for 15 year with address verification every year, tier 2 requires registration for 25 year with address verification every 6 months, and tier 3 requires lifetime registration with address verification every 3 months. Although the levels are based on the crimes, they weren't really based on research about the risk of re-offense for certain crimes and she said they don't match the real risk levels. She also told me that an offender can move up a tier by committing another crime, even if it isn't a sex offenses, which is what happened to her brother. After he was on the registry, her brother was arrested for possession of drug paraphernalia and was moved up to a level 2 sex offender. Studies have also found that that this act hasn't changed the number of sexual offenses committed or the amount of re-offenses that happen.

She also told us about how some places have laws in place that restrict where a sex offender can live, such as near schools and parks where children spend a lot of time. These laws are in place to keep offenders from abusing children, even though it applies to all offenders, not just those who target children. My friend told me how her brother was going to move for a job, but then he found out that the city he would be moving to had these restrictions which would have left him living far away from his job in a high crime area, even though it's been 13 years since his offense. She said he ended up turning down the job because of these laws which left him feeling pretty hopeless. She explained that she feels as though these laws did not help her brother, but have made it harder for him to make positive choices and changes in his life and stay on track. She knows what he did was wrong, but that he served his time and doesn't deserve to continue to be punished.

Expert Anecdotal Policy Information

Sex Offender Policy Information

Dr. A. Johnson, Ph.D., LP, Former President of the Center for Sex Offender Management

I frequently hear misunderstandings about what laws are in place for sex offenders, what it means to register, and what the different registration levels mean. Over the past twenty years, a number of policies have been implemented with the stated goal of reducing sexual offenses by increasing public safety and awareness. The first of these laws was the Jacob Wetterling Crimes against Children Act and Sexually Violent Offender Registration Act that was enacted as part of the Violent Crime Control and Law Enforcement Act of 1994. This Act established procedures for states to use to track sex offenders by requiring convicted sex offenders to register and verify their current name and address with local police, with sex offenders having to register annually for at least 10 years, and those classified as sexually violent predators having to register quarterly for the rest of their life.

Megan's Law was a 1996 amendment to the Jacob Wetterling Crimes against Children Act and Sexually Violent Offender Registration Act. Megan's Law required states to make sex offender registry information, including names, photographs, and addresses, available to the public via the internet and other forms of community notification. Studies have shown that having this information available to the public does not deter sex offenders from offending or reduce re-offense rates.

The Adam Walsh Child Protection and Safety Act of 2006 (also known as the Sex Offender Registration and Notification Act or SORNA) was signed into federal law in 2006. This act mandated specific registration requirements at the state level in order to simplify federal tracking of sex offenders in an effort to increase overall supervision of convicted sex offenders. This act has had considerable impact on overall sex offender registration and notification as it was required to be implemented in all, or large part, by all states by 2010. Included in this policy was a 3-tier system for registration that is based on the designated level of the crime committed. The designated tier level for individual crimes were not developed based on research evidence of the re-offense risk for those crimes. Tier 1 requires registration for 15 year with address verification every year, tier 2 requires registration for 25 year with address verification every 6 months, and tier 3 requires lifetime registration with address verification every 3 months. An offender can move up a tier by committing another crime, regardless of the nature of the crime (i.e., it does not have to be sexually motivated). Although registration was required for sex offenders after the implementation of these laws, research on their efficacy has shown that this registration has not resulted in a significant decrease in sexual offending.

Some states and communities have established residency restrictions that prevent registered sex offenders from living within a certain distance of places, such as schools and parks, where children are frequently present. These restrictions are established with the stated goal of reducing childhood sexual abuse. Although this is the goal, these policies were implemented without research backing and research has shown no decrease in sexual offenses in areas that have implemented these restrictions. In addition to the lack of a demonstrated impact on sexual offenses, these restrictions increase the difficulties faced by sex offenders. Many cannot find housing due to these restrictions and have higher rates of depression and feelings of hopelessness.

Duwe, G., Donnay, W., & Tewksbury, R. (2008). Does residential proximity matter? A geographic analysis of sex offense recidivism. *Criminal Justice And Behavior*, 35(4), 484-504.

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Statistics Policy Information

Jacob Wetterling Crimes Against Children and Sexually Violent Offender

Registration Act, 1994: This Act established procedures for states to use to track sex offenders by requiring convicted sex offenders to register and verify their current name and address with local police, with sex offenders having to register annually for at least 10 years, and those classified as sexually violent predators having to register quarterly for the rest of their life.

Megan's Law, 1996 Amendment to the Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act: Megan's Law required states to make sex offender registry information, including names, photographs, and addresses, available to the public via the internet and other forms of community notification.

Sex Offender Registration and Notification Act (SORNA), 2006: This act mandated specific registration requirements at the state level in order to simplify federal tracking of sex offenders in an effort to increase overall supervision of convicted sex offenders. This act has had considerable impact on overall sex offender registration and notification as it was required to be implemented in all, or large part, by all states by 2010. Included in this

policy was a 3-tier system for registration that is based on the designated level of the crime committed. Tier 1 requires registration for 15 year with address verification every year, tier 2 requires registration for 25 year with address verification every 6 months, and tier 3 requires lifetime registration with address verification every 3 months. An offender can move up a tier by committing another crime, regardless of the nature of the crime (i.e., it does not have to be sexually motivated).

Residency Restriction Laws: Some states and communities have established residency restrictions that prevent registered sex offenders from living within a certain distance of places, such as schools and parks, where children are frequently present.

RESULTS OF SEX OFFENDER POLICY STUDIES		
Study	Policy Studied	Sex Offense Specific Results
Zgoba, Witt, Dalessandro, & Veysey (2008) New Jersey Study	Megan's Law	Post-implementation state level downward trend in sexual offenses, although trend disappeared when analyzed at county level.
Iowa Department of Human Rights Division of Criminal and Juvenile Justice Planning and Statistical Analysis Center (2000)	SORNA (Sex Offender Registration and Notification)	Results indicated no significant difference in sexual re-offenses 4.3 years after initial offense charges.
Tewksbury, Jennings, & Zgoba (2010), Iowa	SORNA (Sex Offender Registration and Notification)	Results indicated no significant difference in sexual re-offenses 5 years before and after policy implementation.
Tewksbury, Jennings, & Zgoba (2012), New Jersey	SORNA (Sex Offender Registration and Notification)	Results indicated no significant difference in sexual re-offenses 8 years before and after policy implementation.
Duwe, Donnay, & Tewksbury (2008), Minnesota	Residency Restriction Laws	Evaluated geographical locations of sex offenses committed over a 12 year period and found that none of the offenses were committed in areas affected by residency restriction laws,

		indicating that these laws would not have prevented or deterred these sexual offenses.
Nobles, Levenson, and Youstin (2012), Jacksonville, FL	Residency Restriction Laws	Found no statistical differences in offense rates before or after implementation of local residency restriction laws.
Duwe (2014), Minnesota	Civil Commitment	Analyzed actuarial data related to civilly committed sex offenders and found that civil commitment resulted in a 12% reduction in overall sexual recidivism rates during that time period
Bales, W., Mann, K., Blomberg, T., Gaes, G., Barrick, K., Dhungana, K., & McManus, B. (2010), Florida	Electronic monitoring	Found a 31% reduction in supervision failure (i.e. reoffenses or parole/probation violations) across all offenders (not just sex offenders) when supervised using electronic monitoring.
Overall, research has shown that the sex offender policies in place do not reduce sexual re-offense rates or deter sexual assault.		

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Anecdotal Treatment Information

I know that some people won't like the story I have to tell, but I feel like it is important to share my experience on here to help other people understand. A long time ago, my brother was convicted as a sex offender. The whole family was shocked and hurt by this news. He was guilty of the crime, and did spend some time in prison because of it. While on probation, he was recommended to a treatment program. He was reluctant to start treatment at first because, like most people, he didn't think it would help him. Once he started, my brother told me that the treatment program had a wide range of offenders, some really severe and others that I didn't realize were even sexual offenses. Because of these differences, they all had different specific treatment goals and targets. Although not

everyone worked hard in the treatment program or successfully completed it, my brother and many of those in the program with him did well in treatment. He successfully completed treatment, and in the 11 years since, has not committed any other sexual offenses. Although he still has to register as a sex offender, my brother has changed. Occasionally we talk about what happened and he tells me that he wishes he could go back and undo what he had done. He understands how he hurt his victim and doesn't want to hurt another person like that again. He told me that the treatment program he went through helped provide him with the knowledge and skills to help him not offend again and to deal with the difficulties he's faced now that he's labeled as a sex offender. I wanted to share this here to help people understand that, although what he did was bad and illegal, my brother, and other sex offenders, can be helped.

Expert Anecdotal Treatment Information

Sex Offender Treatment

Dr. A. Johnson, Ph.D., LP, Former President of the Association for the Treatment of Sexual Abusers

Lately in the news I have heard more and more commentary on the hopeless state of sex offenders. These people imply that offenders will always reoffend and cannot be helped. As someone who has spent a great deal of their career working to help these individuals, I am disappointed and angered when I hear this type of sentiment. What is missed in these attitudes is the fact that research has shown that the vast majority of sex offenders will not reoffend. That sex offenders are less likely to reoffend than other types of criminals (e.g. theft, drug crimes, assault, etc.).

It also undermines the significant work that has been put into developing treatments for sex offenders. Research has shown that current treatment techniques, such as Cognitive-Behavioral Therapy, do effectively reduce sex offender re-offense rates, when successfully completed. No treatment is 100% effective, and sex offender treatment is no different, but we have found ways to decrease re-offenses and decrease the risk factors in the lives of many offenders. I hope that one day this can be well understood by the public, instead of the abundant myths that are perpetuated by the media.

Statistics Treatment Information

RESULTS OF SEX OFFENDER TREATMENT* STUDIES**				
Study	Number of Years of Follow- up	Sexual recidivism rates		Results Summary
		Treatment	Comparison	
Alberta Hospital	5	.04	.08	Five years after treatment, the rate of sexual re-offending was lower for those who received treatment compared to those who did not.
Allam (1998, 1999)	1	.03	.08	One year after treatment, the rate of sexual re-offending was lower for those who received treatment compared to those who did not.
Bakker, Hudson, Wales, & Riley (1999)	8	.09	.19	Eight years after treatment, the rate of sexual re-offending was lower for those who received treatment compared to those who did not.
Barnes & Peterson (1997)	3	.03	.09	Three years after treatment, the rate of sexual re-offending lower for those who received treatment compared to those who did not.
Berlin et al. (1991)	5	.05	.15	Five years after treatment, the rate of sexual re-offending was lower for those who received treatment compared to those who did not.
Borduin et al. (1990, 2000)	8	.13	.42	Eight years after treatment, the rate of sexual re-offending was lower for those who received treatment compared to those who

				did not.
Bremer (1992)	---	.18	.11	The rate of sexual re-offending was higher for those who received treatment compared to those who did not.
Clearwater	5	.13	.24	Five years after treatment, the rate of sexual re-offending was approximately lower for those who received treatment compared to those who did not.
CS/RESORS (1991)	3	.05	.04	Three years after treatment, the rate of sexual re-offending was higher for those who received treatment compared to those who did not.
Dwyer	8	.06	.16	Eight years after treatment, the rate of sexual re-offending was lower for those who received treatment compared to those who did not.
Florida	1	.05	.05	One year after treatment, the rate of sexual re-offending was equal between for those who received treatment compared to those who did not.
Guarino-Ghezzi & Kimball (1998)	1	.00	.04	One year after treatment, the rate of sexual re-offending was lower for those who received treatment compared to those who did not.
Hall (1995a)	1	.00	.17	One year after treatment, the rate of sexual re-offending was lower for those who received treatment compared to those who did not.
Hanson, Steffy, & Gauthier (1992, 1993)	16	.37	.33	Sixteen years after treatment, the rate of sexual re-offending was higher for those who received treatment compared to those who

				did not.
Huot (1999)	7	.16	.19	Seven years after treatment, the rate of sexual re-offending was lower for those who received treatment compared to those who did not.
Kramer (1985)	--	.05	.32	The rate of sexual re-offending was lower for those who received treatment compared to those who did not.
Lab et al. (1993)	2	.02	.04	Two years after treatment, the rate of sexual re-offending was lower for those who received treatment compared to those who did not.
Lindsay	--	.00	.57	The rate of sexual re-offending was lower for those who received treatment compared to those who did not.
La Macaza	3	.06	.21	Three years after treatment, the rate of sexual re-offending was lower for those who received treatment compared to those who did not.
Marques	5	.16	.16	Five years after treatment, the rate of sexual re-offending was equal between those who received treatment compared to those who did not.
Marshall & Barbaree (1988)	4	.13	.34	Four years after treatment, the rate of sexual re-offending was lower for those who received treatment compared to those who did not.
Marshall et al. (1991)	7	.24	.35	Seven years after treatment, the rate of sexual re-offending was

				lower for those who received treatment compared to those who did not.
McGrath et al. (1998)	5	.01	.16	Five years after treatment, the rate of sexual re-offending was lower for those who received treatment compared to those who did not.
McGuire (2000)	--	.00	.07	The rate of sexual re-offending was lower for those who received treatment compared to those who did not.
Missouri	4	.05	.13	Four years after treatment, the rate of sexual re-offending was lower for those who received treatment compared to those who did not.
Perkins (1987)	--	.32	.17	The rate of sexual re-offending was higher for those who received treatment compared to those who did not.
JJ Peters	--	.14	.07	The rate of sexual re-offending was higher for those who received treatment compared to those who did not.
Pinel	6	.25	.24	Six years after treatment, the rate of sexual re-offending was higher for those who received treatment compared to those who did not.
Procter (1996)	4	.07	.15	Four years after treatment, the rate of sexual re-offending was lower for those who received treatment compared to those who did not.
Rattenbury (1986)	6	.22	.14	Six years after treatment, the rate of sexual re-offending was

				higher for those who received treatment compared to those who did not.
Rice et al. (1991)	6	.51	.28	Six years after treatment, the rate of sexual re-offending was higher for those who received treatment compared to those who did not.
RHC Pacific	2	.08	.00	Two years after treatment, the rate of sexual re-offending was higher for those who received treatment compared to those who did not.
RTC Ontario (1976/1989)	5	.26	.32	Five years after treatment, the rate of sexual re-offending was higher for those who received treatment compared to those who did not.
Saskatchewan	2	.12	.03	Two years after treatment, the rate of sexual re-offending was higher for those who received treatment compared to those who did not.
Twin Rivers	3	.02	.08	Three years after treatment, the rate of sexual re-offending was lower for those who received treatment compared to those who did not.
Warkworth	3	.06	.06	Three years after treatment, the rate of sexual re-offending was equal between those who received treatment compared to those who did not.
Washington	7	.11	.14	Seven years after treatment, the rate of sexual re-offending was lower for those who received treatment compared to those who

				did not.
Worling & Curwen (1998)	--	.12	.13	The rate of sexual re-offending was lower for those who received treatment compared to those who did not.
AVERAGE	3 years, 10 months	12.3%	16.8%	Overall, the results from these studies reveal that those groups who received treatment had lower re-offending rates as compared to those who did not receive treatment, indicating that treatment is an effective method of re-offense reduction.

Appendix B Scale Items

Policy Awareness Scale Items

Please indicate the extent to which you are aware of each act using the following scale:

0	1	2	3	4	5
Never	Heard	Somewhat	Aware of	Know	Understand
Heard of it	of it	aware of	specific	the policy	all aspects of
the		specific	aspects		policy and its
intent		aspects			

1. Jacob Wetterling Act of 1994
2. Sexually Violent Offender Registration Act of 1994
3. Violent Crime Control and Law Enforcement Act of 1994
4. Megans' Law of 1996
5. Adam Walsh Child Protection and Safety Law of 2006
6. Sex Offender Registration and Notification Act of 2006

General Policy Support

Please indicate the extent to which you support the following policies:

0	1	2	3	4	5
Strongly	Disagree	Somewhat	Somewhat	Agree	Strongly
disagree		disagree	agree		agree

1. Jacob Wetterling Act of 1994
2. Sexually Violent Offender Registration Act of 1994

3. Violent Crime Control and Law Enforcement Act of 1994
4. Megan's Law of 1996
5. Adam Walsh Child Protection and Safety Law of 2006
6. Sex Offender Registration and Notification Act of 2006

Please indicate the extent to which you support the following ideas related to sex offender policy:

0	1	2	3	4	5
Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree

1. The community should be made aware of a sex offender's home address when he or she moves into that community.
2. Sex offenders should be registered based on their offense in a 3-tier system.

Support of Punitive Policies

Please indicate the extent to which you support the following ideas related to sex offender policy:

0	1	2	3	4	5
Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree

1. Police officials and probation officers should be notified when a sex offender is released from prison, whether they are in their jurisdiction or not.
2. Sexually violent offenders should be required to register as a sex offender for life.
3. Juvenile offenders convicted of a statutory rape should be required to register as a sex offender for life.
4. The community should be made aware of all aspects of a sex offender's life (home address, work address, where they attend school, physical description/photo, etc.) when he or she moves into that community.
5. Internet registration should be required of all sex offenders regardless of age or offense.

6. Once registered as a sex offender, it should be very difficult to impossible to have someone's name removed from the list regardless of age or offense.
7. Non-parental kidnapping of a child (regardless of sexual intent) should be a register-able offense) should be included with their registration information.
8. A registered sex offender's entire criminal history (not just the register-able offense) should be included with their registration information.
9. Sex offenders should have residence restrictions (e.g. can't live near schools or parks), regardless of whether or not the offense included a child victim, upon release from prison or treatment.
10. Sex offenders should be kept in prison because treatment programs do not work for them.

Do you think the following strategies are effective in reducing sexual offenses:

0	1	2	3	4	5
Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree

1. Restricting where sex offenders live
2. Chemical castration

Please answer the following using the scale provided:

0	1	2	3	4	5
Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree

1. I believe that all sex offenders should be forced to register and be subject to community notification regardless of age or offense.

Policy Effectiveness

Do you think the following strategies are effective in reducing sexual offenses:

0	1	2	3	4	5
Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree

1. Community notification (e.g. registered on internet sites)
2. Community education
3. Prison
4. Electronic Monitoring

Evidence-based Policy Support

Please answer the following using the scale provided:

0	1	2	3	4	5
Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree

1. I believe there is research evidence to support the use of strategies like community notification and residency restriction.
2. I would support strategies like community notification, residency restriction, and electronic monitoring even if there were no research evidence showing that they reduce sexual offenses.
3. If research evidence indicated that strategies other than strategies like community notification, residency restriction, and electronic monitoring were useful, I would support policy created on the basis of this evidence.

Sex Offender Fear

Please answer the following using the scale provided:

0	1	2	3	4	5
Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree

1. If I knew a sex offender lived in my neighborhood I would fear for the safety of my children or other children in the neighborhood.
2. If I knew a sex offender lived in my neighborhood, I would be angry.
3. If I knew a sex offender lived in my neighborhood, I would fear for my safety.

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