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# Perceptions Of Legal Policy And Sex Offender Treatment

Kirsten Sierra Engel

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PERCEPTIONS OF LEGAL POLICY AND SEX OFFENDER TREATMENT

by

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Bachelor of Arts, Gustavus Adolphus College, 2011

A Thesis

Submitted to the Graduate Faculty

of the

University of North Dakota

in partial fulfillment of the requirements

for the degree of

Master of Arts

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2013

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This thesis, submitted by Kirsten S. Engel in partial fulfillment of the requirements for the Degree of Master of Arts 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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Kirsten Sierra Engel  
11/20/13

## TABLE OF CONTENTS

LIST OF FIGURES .....	vi
LIST OF TABLES .....	vii
ACKNOWLEDGEMENTS .....	viii
ABSTRACT .....	ix
CHAPTER	
I. INTRODUCTION .....	1
II. METHOD .....	18
III. RESULTS .....	22
IV. DISCUSSION .....	30
APPENDIX .....	38
REFERENCES .....	43

## LIST OF FIGURES

Figure	Page
1. Understanding of Policy Scale, with Treatment Information Present.....	24
2. Support of Punitive Policies Scale Significant Two-Way Interaction.....	26

## LIST OF TABLES

Table	Page
1. Participant Characteristics as a Percentage of the Retained Sample.....	19
2. Mean Scores for Understanding of Policies (with Standard Deviations in Parentheses) .....	23
3. Mean Scores for Understanding of Policies, when Treatment Information is Present (with Standard Deviations in Parentheses).....	24
4. Mean Scores for Support of Punitive Policies, Policy by Statistics Interaction (with Standard Deviations in Parentheses) .....	25
5. Mean Scores for Treatment Support (with Standard Deviations in Parentheses).....	27
6. Mean PANSAS Positive Change Scores (with Standard Deviations in Parentheses) .....	29



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## ABSTRACT

Sex offender policy, treatment, and public perception are greatly intertwined in the numerous policies in place regarding sex offenders. These policies tend to reflect the underlying perceptions and myths about sex offenders than the reality of sexual offenses and treatment. These perceptions have also had a role in shaping psychological treatment of sex offenders through enacted policies and public support, or dissent, for community treatment centers, half-way houses, or residency restriction laws. With the sizeable potential impact of the public's perceptions of these issues, examination of their perceptions of sex offenders, sex offender policies, and sex offender treatment, and whether accurate information can change these perceptions, will offer valuable information for the future.

Two hundred sixty UND students were randomly assigned to 8 different groups receiving varying amounts of information on sex offender information, policies, and treatment to examine how receiving accurate information may influence their perceptions and understand of sex offenders and agreement with sex offender policies. Scales were created that reflected understanding of policies, policy effectiveness, treatment support, and support of punitive policies. There were significant main effects for policy information on understanding of policies and treatment support. Significant interactions were also found on the understanding of policies scale and support of punitive policies. There were also significant findings on the Positive and Negative Affect Scale for

statistics information indicating that providing statistics information to individuals may decrease positive affect. The findings indicate that providing individuals with information about current policies in place may be effective way to increase their understanding and support for policies and treatment methods, but the inclusion of other types of information (such as treatment information or statistics information) may lead to a more realistic assessment of their understanding.

## **CHAPTER I**

### **INTRODUCTION**

Over the past 20 years, numerous policies have been put in place regarding sex offender registration (H.R. 3355, 1994; H.R. 2137, 1996; H.R. 3244, 2000; H.R. 4472, 2006). Many of these policies have been developed with the explicit goals of informing the public about sex offenders in order to increase public safety through awareness, and to deter individuals from committing sexual offenses through fear of this judgment. Although one of the goals is public awareness, how much does the public really “know” about sex offenders, the policies in place, or the effectiveness of sex offender treatment? Past research has shown that people frequently overestimate sexual offender recidivism rates as well as other factors that may be related, such as whether the person committing the sexual offense was sexually abused as a child (Fortney, Levenson, Brannon, & Baker, 2007). Although individuals appear to have a vague understanding that there are policies in place requiring sex offenders to register, and that this information is available to the public online, they often may not possess a more nuanced understanding of the policies currently in place. Limited understanding of the empirical support for treatment, and lack of awareness of the findings that show that these policies are not effective may be skewing attitudes about treatment and policies. It appears that opinions of these policies and opinions of sex offenders are frequently based on myths and emotional reactions

instead of research and knowledge. It is important then to understand how accurate information may alter such prejudices and attitudes held by the public.

### **Sex Offender Statistics**

According to the 2010 National Crime Victimization Survey, there were 188,380 reported sexual assaults on people 12 and older in the United States (U.S. Department of Justice, 2011) . Of these sexual assaults, 73.6% percent were committed by a “nonstranger” – a category that includes intimate partners, friends or acquaintances, and relatives, whereas only 23.4% are attributed directly to strangers (U.S. Department of Justice, 2011). This number also increases for child victims, with a study conducted by the U.S. Department of Justice on sexual assault of young children finding that 86.2% of offenders were categorized as either a family member or an acquaintance (Snyder H. N., 2000). As this data illustrates, the majority of sexual offenses are committed by someone known to the victim. The vast majority of sex offenders are male (Federal Bureau of Investigation, 2011; Canadian Center for Justice Statistics, 1999) and offenses are committed across the age range, with one third of cases of childhood sexual abuse committed by fellow juveniles, and a marked decrease in sexual offending later in the upper age range (Federal Bureau of Investigation, 2011; U.S. Department of Justice, 2011). In 2010, 72% of sexual offenses were committed by a white person, 25% committed by a black person, and 2.7% committed by other races (Federal Bureau of Investigation, 2011). The offenses committed in order to receive the label of sex offender vary greatly from forcible rape and child molestation, to exhibitionism, voyeurism, and indecent exposure (U.S. Department of Justice, 2011). These crimes, although grouped together, are qualitatively different – with re-offense risk and associated risk factors

varying greatly (Langan & Levin, 2002; Langevin, et al., 2004). With this wide range of offenses and personal characteristics, it becomes clear that defining sex offenders as a distinct and specific category may be problematic for researchers, policy, and treatment.

### **Perception**

How sex offenders are perceived by others can have a significant impact on the severity of policies and the availability and use of treatment. Although sex offenders have acted illegally, people tend to hold more negative attitudes toward sex offenders than toward other types of offenders. These attitudes are exemplified by the development of laws and restrictions, such as the national sex offender registration law, and residency restrictions in different cities and states that are only in place for sex offenders. Levenson, Brannon, Fortney, and Baker (2007) evaluated public perceptions of sex offenders and found that community members held exaggerated negative views of sex offenders in line with common myths, such as sex offenders having serious mental illnesses and overestimation of the number of sexual assaults committed by strangers. The authors hypothesized that these inaccurate beliefs were the result of a lack of accurate information regarding sex offenders alongside frequent exposure to myths and exaggerations in the media. Rogers and Ferguson (2011) evaluated individual's attitudes toward sexual and nonsexual offenders when the crimes were matched for severity. The authors found that participants had a higher punishment attitude and lower rehabilitation attitude toward sexual offenders as compared to nonsexual offenders, indicating a perceptual distinction between sex offenders and other types of offenders (Rogers & Ferguson, 2011). These negative perceptions may also have an effect on decisions individuals make regarding sex offenders.

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. This negative perception of sex offenders may lead to unfair treatment of sex offenders in, and out of, the legal system. In addition to these findings, the Elaboration Likelihood Model suggests that how “unattractive” sex offenders are as a subject may influence judgments and decision making.

The Elaboration Likelihood Model posits that individuals utilize either central or peripheral routes of processing when making decisions. Central routes of processing include careful and thoughtful scrutiny of information and arguments which take more effort. Peripheral routes of processing take little effort and do not involve extensive processing of arguments, instead relying on irrelevant cues as a shortcut for decision making. Individuals must be motivated to choose central processing, indicating that many decisions are left to peripheral processing. One factor that influences peripheral processing is the “attractiveness” of the subject or object of the decision (Petty, Cacioppo, & Schumann, 1983). Sex offenders are perceived quite negatively which would effectively place them as “unattractive” and increase the likelihood that a decision made through peripheral processing would not be in their favor.

Although the severity of sexual offenses and the damage inflicted upon victims should not be minimized or forgotten, the stigmatization and harsh view of sex offenders

as compared to even other types of offenders may lead to unnecessarily punitive measures and further isolation and stigmatization from society (Jeglic, Mercado, & Levenson, 2011). Although this statement may seem like an exaggeration, this effect has already been seen after the implementation of residency restrictions for sex offenders. Some states and communities have established residency restrictions that prevent registered sex offenders from living within a certain distance of places where children are frequently present, such as schools, parks, and daycare centers, with the stated goal of reducing childhood sexual abuse (Meloy, Miller, & Curtis, 2008). Although this is the goal, these policies were implemented without empirical backing and research has shown no decrease in sexual offenses in areas that have these residency restrictions (Duwe, Donnay, & Tewksbury, 2008; Zandbergen, Levenson, & Hart, 2010). In addition to the lack of a demonstrated effect on sexual offenses, these restrictions increase the difficulties faced by sex offenders in finding adequate housing (Levenson & Hern, 2007) and increase depression and feelings of hopelessness.

### **Recidivism**

With any crime that could cause harm to a victim, the main goal is reduction in the crime rate and preventing the individual from committing the crime again. It is arguable that community members want assurance that a person reentering their community will not perform the same harmful acts again. Because of this goal, a frequently used tool to evaluate sex offenders and treatment program efficacy is recidivism rates. Recidivism rates examine how many sex offenders commit additional criminal behaviors and can be used in research to establish a base line for comparison in order to measure either improvement or decline. Many studies have been done in an



attempt to establish the overall recidivism rate for sex offenders, with some varying results (Furby, Weinrott, & Blackshaw, 1989; Hall, 1995; Hanson & Bussiere, 1998; Langan & Levin, 2002; Langan, Schmitt, & Durose, 2003; Langevin, et al., 2004; Harris & Hanson, 2004; Arizona Department of Corrections, 2005). Although this data is important for evaluation, one major problem in comparing studies of this nature is the varying operational definitions of recidivism. Some studies may be extremely stringent on their qualifications, including self-reports of crimes even if they were no legal repercussions (Langevin, et al., 2004), additional arrests even if they did not lead to a conviction (Iowa Department of Human Rights Division of Criminal and Juvenile Justice Planning and Statistical Analysis Center, 2000), or, quite commonly, convictions of any criminal behavior (Eisenberg, 1997), even if it was not a sexual offense. Depending on the study's definition of recidivism, length of time for follow-up, and selected population, the numbers have varied quite dramatically. For example, a study conducted by the state of Texas Criminal Justice Policy Council revealed that, in a three year follow-up period, there was a 45% recidivism rate, but only 3% of those arrests were for sex offenses (Eisenberg, 1997). According to the Arizona Department of Corrections, 54,660 inmates released between 1990 and 1999 with a three year follow-up period, had a 9.7% sexual offense recidivism rate (2005). Additionally, a study conducted by the US Bureau of Justice Statistics found a 5.3% sexual recidivism rate over a three year follow-up period for 9,691 sex offenders released from state prisons in 1994 (Langan, Schmitt, & Durose, 2003). Meta-analyses conducted by different sources have been able to provide recidivism rates that take into account different populations and follow-up periods in order to provide an estimated base line.

Furby, Weinrott, and Blackshaw (1989) compared the results of 42 sex offender recidivism studies. The authors discussed the many problems with attempting to consolidate data across these many studies due to the large variations in sample size, follow-up time, definition of recidivism, and heterogeneity of offender characteristics and offenses. Because of these variations, the authors did not average the recidivism rates among the studies so as not to misrepresent the data. The recidivism rates from these studies varied from 0%-46.8% for sexual recidivism, and 0-85% for nonsexual recidivism. With rates that vary this highly, it becomes incredibly difficult to establish a base line for comparison.

A meta-analysis conducted by Hanson and Bussiere (1998) evaluated 61 follow-up studies in order to provide a synthesis of the rates and data collected in order to gain a better understanding of overall recidivism rates and what factors may predict higher rates of recidivism among sex offenders. The authors used studies from a variety of settings including correctional facilities, secured mental health facilities, private clinics, courts, and mixed settings. They reported an average sexual offense recidivism rate of 13.4% (n=23,393) with an average follow-up period of four to five years. They found that number of prior offenses, prior sexual offenses, and antisocial personality disorder had small to moderate correlations with recidivism. Failure to complete treatment was moderately correlated with sexual recidivism. Measures of sexual deviancy, such as sexual interest in children, were the strongest predictors of sexual offense recidivism, although sexual interest in rape did not appear to be correlated with recidivism. Although other small correlations were found, the authors appeared to doubt their accuracy as they

were obtained from a small number of studies (three or less) or had a small sample size (Hanson & Bussiere, 1998).

In 2004, Hanson and Morton-Bourgon conducted an update of this meta-analysis in order to supply current data for continued use and research and to re-evaluate the areas that are important to applied risk assessment, the areas that were considered controversial in the initial meta-analysis, or the areas that were empirically weak. Ninety-five follow-up studies were evaluated in this meta-analysis from a variety of settings as was done in the original meta-analysis. There was an extremely high variation in the follow-up time, which ranged from 12 to 330 months, with a mean of 73 months (SD=54.4). They reported a 13.7% sexual recidivism rate, a rate quite similar to the 13.4% found in the initial meta-analysis (Hanson & Bussiere, 1998). The strongest predictors of sexual recidivism were sexual deviancy and antisocial orientation (Hanson & Morton-Bourgon, 2004). The overall results of this meta-analysis appeared to replicate the findings of the initial meta-analysis, while providing increased information relating to risk assessment.

Harris and Hanson (2004) conducted a meta-analysis of sex offender recidivism using data compiled from 10 studies of recidivism from a variety of settings. They analyzed the data contained in the studies which varied in follow-up time and created recidivism rate estimates for different time periods based on the data available in the studies. They found overall sexual recidivism rates of 14% for five year follow-up, 20% for ten year follow-up, and 24% for 15 year follow-up. The five year follow-up rate is quite similar to the rate found by Hanson and Bussiere (1998) and Hanson and Morton-Bourgon (2004) in their meta-analyses. Although these rates were calculated using data that did include at least some studies that had long term follow-up, these estimates must

be evaluated with caution because they are estimates derived and calculated from study data, not entirely data themselves.

In comparison, a longitudinal study conducted by Langevin et al. (2004) found a vastly different recidivism rate. Using a sample of 320 sex offenders and retrospectively examining their available criminal records and available hospital (including mental health) reports they found a 25 year follow-up sexual recidivism rate of 61.1%. The authors of this study estimate the actual rate to be even higher due to the established difference between convictions and self-reports and actual offense rates. This rate varies greatly from those reported by Hanson & Bussiere, Hanson & Morton-Bourgon, and those reported by various state and federal government agencies. At least part of this difference can be attributed to their definition of recidivism including endorsement on a self-report measure asking if they had committed a sex crime that went undetected or unreported and any number of offenses greater than 1 counting as recidivism, even if the offender was charged for both at the same time. Although this definition was used in order to establish a more realistic rate for future comparison, it also makes current comparisons between sex offense recidivism and other criminal recidivism rates and between this study and other studies of recidivism unmanageable.

Examination of this data reveals the inconsistency in the available data relating to sex offender recidivism. Despite the lack of consistency in sexual recidivism rates, understanding sex offender recidivism is important to compare sexual offenders to other types of offenders as well as to determine if treatment has been effective. Studies comparing sexual recidivism rates to general recidivism rates have found that sexual recidivism rates are lower (Langan & Levin, 2002; New York State Division of Probation

and Correctional Alternatives, 2007). Studies that examine treatment efficacy for sexual offenders utilize recidivism rates to establish the benefits of treatment for sex offenders (Hall, 1995; Hanson, et al., 2002; Maletzky & Steinhauser, 2002).

## **Treatment**

Hall (1995) examined the results of 12 different studies of recidivism rates after treatment of sexual offenders in a meta-analysis. The definition for recidivism used in this meta-analysis was “sexually aggressive behavior after a treatment period” in order to include data relating to additional legal charges for sexual offenses and, in some of the studies, self-reports of offending behavior that may not have led to further charges (Hall, 1995, p.802). Although it was not consistent across all studies, this inclusion of self-report is helpful to try to estimate a more realistic recidivism rate than that obtained through legal charges alone. The majority (11 of 12) of the studies involved adult males, with only one study involving adolescents. The studies included involved a wide range of sexual offenses including offenses such as exhibitionism and voyeurism, in addition to assault and rape.

There was a small effect size found ( $r = .12$ ) for treatment versus comparison groups, with the overall recidivism rate at 19% for treatment versus 27% for no treatment. Hall (1995) believes that the small effect size stems from heterogeneous effect sizes across the studies, at least in part due to differences in recidivism base rates, length of follow-up time, participant pathology, and type of treatment used. In studies with low recidivism base rates, the treatment effect was small, whereas studies with high base rates had the largest effect sizes, indicating that treatment effects may not result in a statistically significant reduction in recidivism when the recidivism base rate is low. The

treatment effect was greater for studies with a follow-up period of greater than five years when compared to those that were less than five years, a finding that may indicate recidivism risk lasts much longer than five years. There was a greater treatment effect for studies done on outpatient samples versus institutionalized samples, a finding that may be due to the increased psychopathology and risk associated with inclusion in an institutional setting. Although there was not a significant difference between the effect sizes of hormonal and cognitive-behavioral treatments, it is important to note that there were significant refusal (33-66%) and drop-out rates (50%) for hormonal treatment as compared to cognitive-behavioral treatment (30% each). Although the effect size was small, the difference in recidivism rates for treatment versus no treatment groups resulted in almost 30% fewer sexual offenses, a rate that is hopeful and beneficial when considering the decreases in victim harm, trauma, and cost to society.

A meta-analysis conducted by Hanson et al. (2002) evaluated the results of 43 studies comparing recidivism rates of sex offenders who have or have not received treatment. They found a significant treatment effect ( $OR=.81$ ) with a sexual recidivism rate of 12.3% for treatment groups and 16.8% for comparison groups over an average 46-month follow-up time. They also found a significant treatment effect ( $OR=.56$ ) for general recidivism rates with a treatment group average of 27.9% compared to 39.2% for the comparison groups. They also found a significant treatment effect ( $OR=.60$ ) for studies that used Cognitive Behavioral or Systemic therapy such that the sexual recidivism rate was 9.9% for treatment groups and 17.4% for comparison groups. The results of this meta-analysis highlight the continued finding of significant effects for sex

offender treatment, as well as support for utilizing current therapeutic techniques when treating sex offenders.

A study by Maletzky & Steinhauser (2002) reiterated the significant results for CBT treatment found by Hanson et al. They found that the “failure” rate – a rate that included self-report of relapses – was 10.1% after five year follow-up. Additionally, they found that, although recidivism does appear to increase some beyond the five years that researchers typically measure, it appears to level off after between 10 and 15 years. This result indicates that those who recidivate after receiving treatment are most likely to do it within 15 years. Data such as this is a compelling argument against exhausting resources maintaining registration for sex offenders for more than 15 years.

The Risk-Need-Responsivity (RNR) model of assessment and treatment of offenders, developed by Andrews, Bonta, & Hoge (1990) applies CBT in a framework to address individual factors such as risk levels, criminogenic needs, and skills deficits that have been empirically associated with re-offense risks. This treatment method has been shown to effectively reduce sexual recidivism (Hanson, Bourgon, Helmus, & Hodgson, 2009). Use of this model has been increasing, but its focus on risk assessment before treatment does not match with the current sex offender “levels” for registration or residency restrictions that have been legally established in the United States (Bonta & Andrews, 2007).

## **Policies**

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 (H.R. 3355, 1994). This Act was named for Jacob Wetterling, an eleven year old who was kidnapped by a masked man with a gun while riding his bike home. Jacob's fate remains unknown as he or his remains have not been found and the individual who abducted him has never been determined (The Charley Project, 2009). Despite the uncertainty and lack of reliable information surrounding this well-known case, his name has been attached to a bill that tracks sex offenders, thus implying that a sex offender was responsible for the abduction.

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 (Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking). 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 (Glaberson, 1996).

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 (Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and



Tracking). This act was named for Adam Walsh, a 6 year old boy who was abducted from a department store and brutally murdered (Holland, 2008). 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. It would appear that policy makers have relied less on research and more on anecdotal evidence in creating their policies, as exemplified by the common names of many of these policies.

In addition to these national policies directed toward sex offenders, states, counties, municipalities, and cities have been enacting residency restriction laws for sex offenders that limit where convicted sex offenders can live and work (Strutin, 2008). Although these laws vary slightly depending on location, they prevent a convicted sex offender from living or working within a specific distance (between 500 and 2,000 feet) of places where children are frequently present including schools, playgrounds, parks, daycare centers, school bus stops, and even churches.

Although sex offender specific policies have been implemented to decrease sexual offenses and recidivism rates, research on the impact of such policies indicates that these goals have not been met. A study conducted by Tewksbury, Jennings, and Zgoba (2012) examined the recidivism rates of sex offenders in New Jersey prior to and following the implementation of SORNA. They found no significant difference in sexual or general recidivism rates between sex offenders before and sex offenders after SORNA. Similar research conducted by the Iowa Department of Human Rights in 2000 after registry laws were implemented also found no statistical difference in recidivism rates before and after

registration. Research on the impact of Megan's law in New Jersey by Zgoba, Witt, Dalessandro, & Veysey (2008) also found no significant decrease in recidivism following the policy implementation. In addition to findings relating to these federal policies, other research has focused on the impact of residency restrictions. Research conducted by Duwe, Donnay, & Tewksbury (2008) evaluated the prospective effect of residency restrictions by conducting a geographical analysis of where sexual offenses after registration occurred finding that none of the 224 sexual offenses occurred near those target locations. Another residency restriction study by Nobles, Levenson, and Youstin (2012) found that implementation of residency restriction laws had no significant impact on sexual recidivism or sexual offenses. The empirical findings would indicate that these laws have not been successful and, in some cases, caused more harm than good.

Research on the how these policies affect sex offenders has found that these laws may harm more than they help. Tewksbury & Lees (2007) found that sex offenders view registration laws as valuable as a form of community notification, but they do not see it as a valuable deterrent. They also view its lack of adequate distinction among offenders required to register as unfair. Studies have found that offenders who perceive sanctions as unfair, ineffective, or not well administered are more likely to commit crimes as a result of their beliefs (Petersilia & Deschenes, 1994; Sherman, 1993; Sherman & Berk, 1984). Additionally, Jeglic, Mercado, & Levenson (2011) found that sex offenders who reported being negatively affected by community notification laws or residency restrictions reported higher levels of depression and hopelessness, indicating that these laws may destabilize offenders and reduce their ability to reintegrate into society. These increased levels of hopelessness may also have a negative impact on treatment outcomes (Kuyken,

2004) indicating that these policies have the potential to mitigate other positive interventions.

### **Purpose**

Given the myths and misconceptions surrounding sex offenders and sex offenses, it is likely that policy support is not entirely based on factual information. These decisions may be influenced by the emotional reaction many people experience in connection with these topics as well as by their perception of sex offenders as an “unattractive” subject matter influencing their peripheral processing. Additionally, misunderstanding of the policies themselves and misinformation about treatment efficacy may be contributing to greater support of these policies than if constituents were made aware of the statistics and facts surrounding related information such as recidivism rates and the effectiveness of treatment. The current study investigated knowledge and support for various sex offender policies, perceptions of sex offenders, and attitude toward the treatment of sex offenders. This study included an examination of how providing factual information in these areas and emotionality may affect support of policy, perception, and treatment. Therefore, it was hypothesized that those provided with information about sex offenders and sex offenses would have a more accurate perception of sex offenders and sex offenses. This expected to change perception because of the purported increase in central processing brought on by exposure to the information section. Those provided with information about current policies were expected to have higher levels of support for policies than those who were not provided the information. More information about the policies, without information about sex offenders and sex offenses, was expected to lead to a less accurate, more negative view of sex offenders. These results were expected

because of the suggested use of peripheral processing of this information. It was hypothesized that those provided with information about sex offender treatment effectiveness would be less supportive of current policies and have a more positive perception of sex offenders. Additionally, participants who experienced increased negative emotions were expected to perceive sex offenders less positively and be more supportive of current policies.

## CHAPTER II

### METHOD

#### Participants

Participants were women and men (N=260) recruited from the undergraduate participant pool at the University of North Dakota and were given course credit as compensation for their time. Two hundred, eighty-one participants were randomly assigned to one of 8 groups based on a 2 (statistics information: present vs. absent) X 2 (treatment information: present vs. absent) X 2 (policy information: present vs. absent) factorial design. Twenty-one of the 281 participants either finished participation before the completion of the study, or did not pass the manipulation checks put in place in each information section. Remaining participants were 168 women, 90 men, and 2 who “prefer not to say” (see Table 1). The gender distribution for this sample is in line with the national distribution for undergraduate psychology students (Snyder & Dillow, 2012). Participants ranged in age from 18-42 with a mean age of 19.96. The ethnic distribution of the sample was 90% White, 3.5% Native American, 2.7% Asian, 1.2% African American/Black, 0.8% Hispanic, and 2% who “other” or “prefer not to say”. This ethnic distribution is very similar to the distribution reported by the U.S. Census Bureau for the state of North Dakota, indicating that this sample adequately represents the population of the region (2013).

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

Characteristic	Participants (n = 260)
Gender	
Female	64.6
Male	34.6
Other/Prefer Not to Say	0.8
Age	
18-20	72.7
21-23	21.9
24-42	2.7
Not Reported	2.7
Current Year in College	
Freshman	45.8
Sophomore	26.5
Junior	19.6
Senior	7.7
Not Reported	0
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

## Measures

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

**Emotional state.** The *Positive and Negative Affect Scale* (PANAS; Watson, Clark, & Tellegan, 1988) was included to establish participants' emotional state before and after reading the information and answering questions about sexual offenders. The

PANAS is a widely established measure of current mood state that has a positive affect dimension and a negative affect dimension. Each dimension consists of 10 adjectives (ex. alert, excited, distressed, and hostile) that participants rated on a five point Likert scale how much they currently feel that way, ranging from “very slightly” to “extremely”. Research on the PANAS shows adequate construct and convergent validity and alpha reliabilities that are .89 for the positive affect dimension and .85 for the negative affect dimension when measuring how participants feel at that moment (Watson, Clark, & Tellegan, 1988). The purpose of this measure was to establish if participants’ emotional state changed after reading information and questions about sex offenders to assess whether some of their responding was due to emotional reactions.

**Perceptions of sex offenders.** Participants completed questionnaire containing statements that pertain to sex offender perceptions, understanding of specific sex offender policies, support of specific policies, support of punitive measures, and effectiveness of treatment. Use of this measure provides information pertaining to participants’ perceptions, understanding, and attitudes and whether any of the information provided to them has an effect on these areas.

### **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). Since the study was conducted on an outside program, no identifying information was collected and the data was anonymous.

All participants first completed the PANAS form A and the demographic questionnaire. Once those were completed, participants were randomly assigned to one of eight information groups. Each participant either received no information or received information for the three information sections, such that there were eight groups with varying levels of information from no information in any area, to information for all three areas. Once participants completed reading the information sections, they were asked a couple of simple multiple choice questions as manipulation checks in order to ensure their reading and comprehension of the information section. An example question was, “Did you read about residency restrictions for sex offenders?” 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 they did not answer the manipulation check correctly, they were directed to the end of the survey. Once they moved past the manipulation checks, they completed the perception questionnaire. They then completed the PANAS form B and were asked to answer the provided open-ended questions. After they completed these questionnaires, the participants viewed a debriefing statement and the research session was concluded. After collection was completed, data was downloaded from the website directly into SPSS, minimizing potential errors in data entry or coding of responses.



## **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 21 participants.

#### **Perception Scales**

Data was analyzed by creating scales via exploratory factor analysis to reflect participant perceptions and understanding of policy, statistics, and treatment of sex offenders. Evaluation of the factor analysis revealed 4 significant components which appeared to reflect these variables. The scales were “Understanding of Current Policies” which consisted of 16 items ( $\alpha=.94$ ), “Support of Punitive Policies” which consisted of 11 items ( $\alpha=.89$ ), “Policy Effectiveness” which consisted of 5 items ( $\alpha=.84$ ), and “Treatment Support” which consisted of 2 items ( $\alpha=.82$ ). 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 (policy: information vs. none) x 2 (sex offender/sex offense information vs. none) x 2 (treatment: information vs. none) factorial design with the created scales as dependent variables.

**Understanding of Policies.** An ANOVA was conducted to compare the effect of information type on understanding of policies, a scale that reflects both awareness of policies and support of current policies. The possible range for understanding of policies scores was from 0-5, with an obtained range of 0.24-4.59. There was a significant main effect for policy information,  $F(1, 252) = 328.51, p < .001, \eta_p^2 = .566$  (See Table 2 for mean scores) such that those who received policy information ( $M = 3.12, SD = .87$ ) reported significantly greater understanding than those who did not receive policy information ( $M = 1.36, SD = .69$ ). This main effect was qualified by a three-way interaction for policy information by statistics information by treatment information,  $F(1, 252) = 4.237, p = .041, \eta_p^2 = .017$ . Simple effects analysis revealed a significant interaction only in the treatment information present condition, with an interaction between policy information and statistics  $F(1, 109) = 6.164, p = 0.015, \eta_p^2 = .054$ . This interaction was such that when individuals received statistics information and treatment information ( $M = 1.07, SD = .51$ ) they reported less understanding than even those who just received treatment information ( $M = 1.58, SD = .77$ ), but when policy information was included, those who received all three types of information ( $M = 3.15, SD = .90$ ) reported more understanding than those who received treatment information and policy information only (see Table 3 for mean scores and Figure 1 for illustration of interaction).

Table 2. Mean Scores for Understanding of Policies (with Standard Deviations in Parentheses).

Information Type	Mean Score when Present	Mean Score when Absent
Policy	3.12 (.87)	1.36 (.69)
Statistics	2.10 (1.22)	2.09 (1.12)
Treatment	2.12 (1.19)	2.07 (1.14)

Table 3. Mean Scores for Understanding of Policies, when Treatment Information is Present (with Standard Deviations in Parentheses).

Statistics Information	Policy Information	
	Present	Absent
Present	3.15 (.90)	1.07 (.51)
Absent	2.89 (1.05)	1.58 (.77)

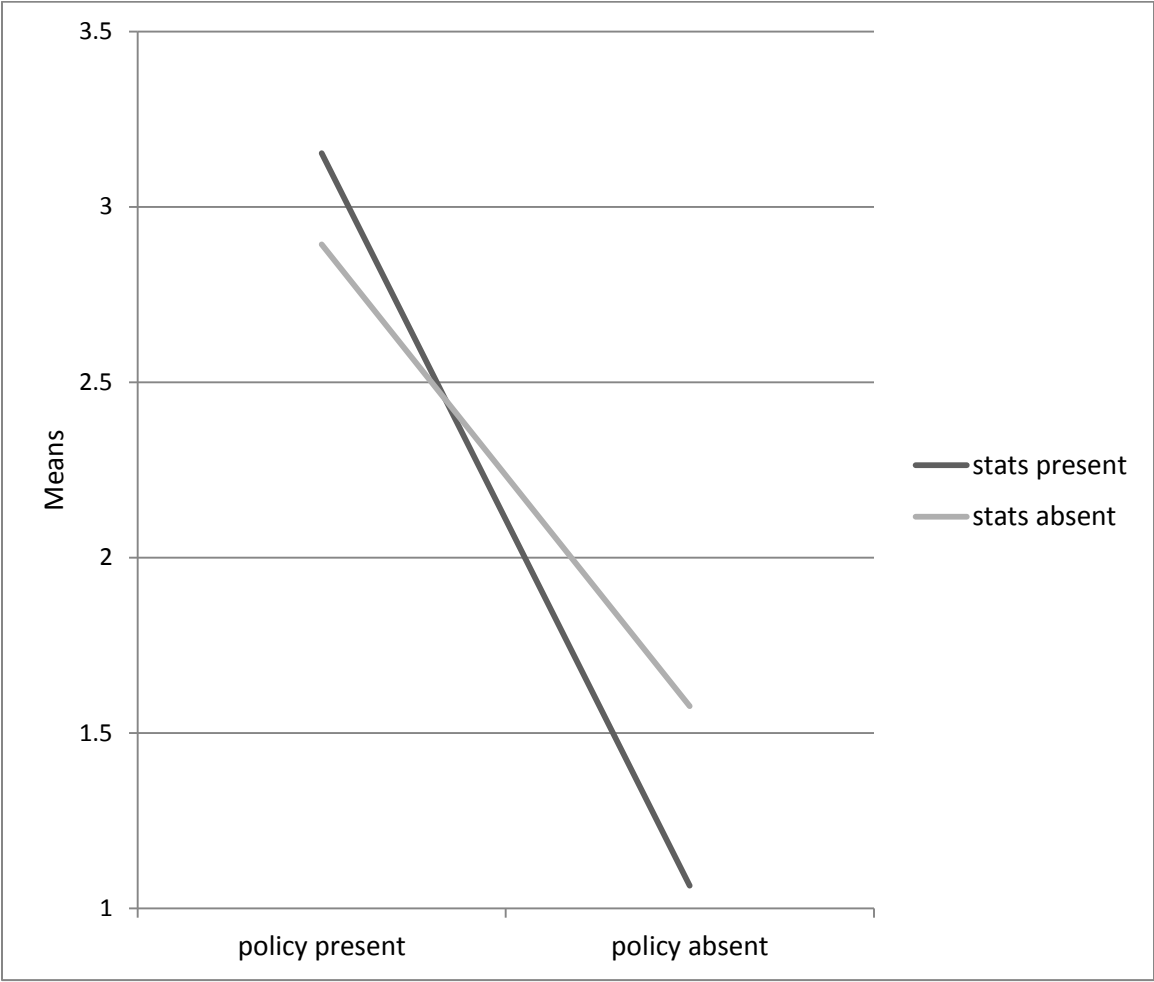


Figure 1. Understanding of Policy Scale, with Treatment Information Present.

**Support of Punitive Policies.** An ANOVA was conducted to compare the effect of information type on support of punitive policies. This scale reflected support for policies and treatments that display a more retaliatory nature. The possible range for understanding of policies was from 0-5, with an obtained range of 0.64 – 5. No significant main effects were found, although a statistically significant interaction was found between policy information and statistics information  $F(1, 252) = 4.54, p = .034, \eta_p^2 = .018$  such that when both policy information and statistics information are present ( $M = 3.53, SD = .90$ ) reported support for punitive policies is higher than if they are presented with policy information only ( $M = 3.37, SD = .85$ ) or statistics information only ( $M = 3.27, SD = .84$ ), and nearly the same as when individuals are presented with no information at all ( $M = 3.56, SD = .81$ ) (see Table 4 for mean scores, Figure 2 for illustration of interaction).

Table 4. Mean Scores for Support of Punitive Policies, Policy by Statistics Interaction (with Standard Deviations in Parentheses).

Statistics Information	Policy Information	
	Present	Absent
Present	3.53 (.90)	3.27 (.84)
Absent	3.37 (.85)	3.56 (.81)

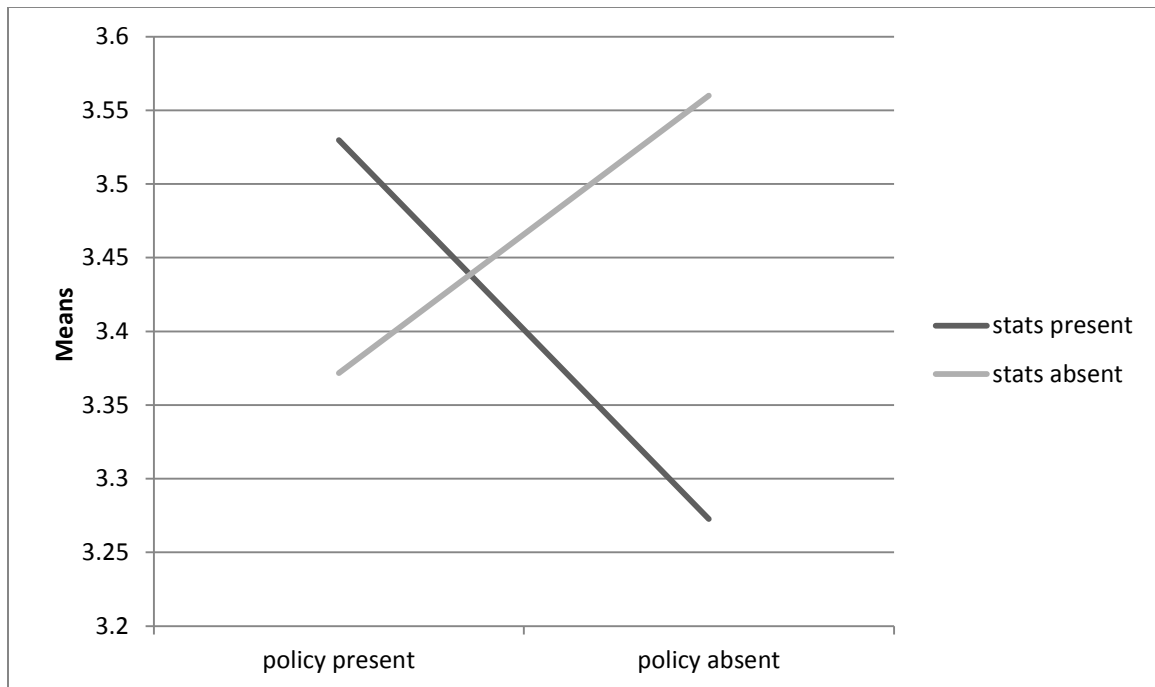


Figure 2. Support of Punitive Policies Scale Significant Two-Way Interaction.

**Policy Effectiveness.** The policy effectiveness scale represents support of more generic sex offender policy related techniques (i.e. “electronic monitoring”) that may or may not be included in the specific policies included in the understanding of policies scale. No significant main or interaction effects were found in the ANOVA conducted to compare the effect of information type on policy effectiveness.

**Treatment Support.** An ANOVA was conducted to compare the effect of information type on treatment support. The possible range for treatment support was from 0-5, with an obtained range of the same. There was a significant main effect for policy information,  $F(1, 252) = 4.198$ ,  $p = .042$ ,  $\eta_p^2 = .016$  (see Table 5 for mean scores), such that those who received policy information ( $M = 3.29$ ,  $SD = 1.14$ ) reported more

treatment support than those who did not receive policy information ( $M = 2.97$ ,  $SD = 1.10$ ).

Table 5. Mean Scores for Treatment Support (with Standard Deviations in Parentheses).

Information Type	Mean Score when Present	Mean Score when Absent
Policy	3.29 (1.14)	2.97 (1.10)
Statistics	3.27 (1.12)	2.97 (1.11)
Treatment	3.24 (1.16)	3.00 (1.09)

### Positive and Negative Affect Scale

The Positive and Negative Affect Scale (PANAS) was included to establish participants' emotional state before and after reading the information and answering questions about sexual offenders. Since the participants were given the PANAS before and after receiving information, a change score was created in order to reflect differences caused by this information. Initial paired-sample T-tests were conducted to establish if a significant difference was present when comparing PANAS scores before and after receiving information. The PANAS consists of both positive affect scores and negative affect scores, resulting in two separate ways to effectively measure a significant change in affect. An increase in negative emotions, as worded in the hypothesis, may show up as either a significant increase in negative affect, or a significant decrease in positive affect. There was no significant difference between PANAS negative scores before ( $M = 3.16$ ,  $SD = 3.27$ ) and after ( $M = 3.27$ ,  $SD = 3.80$ ),  $t(259) = -.520$ ,  $p = .604$  (two-tailed) receiving any information There was a significant difference between PANAS positive

scores before ( $M = 9.45$ ,  $SD = 4.47$ ) and after ( $M = 6.37$ ,  $SD = 4.06$ ),  $t(259) = 12.13$ ,  $p < .001$  (two-tailed) receiving any information such that participants positive affect decreased after answering questions about sex offenders. In order to explore what may be influencing these changes, a series of ANOVAs were conducted.

**Analyses of Variance.** A 2 (policy: information vs. none) x 2 (sex offender/sex offense information vs. none) x 2 (treatment: information vs. none) ANOVA was conducted with the PANAS positive change score as the dependent variable. There was a significant main effect for statistics information  $F(1, 252) = 4.155$ ,  $p = 0.043$ ,  $\eta_p^2 = 0.016$  (see Table 6 for mean scores) such that those who received statistics information ( $M = -3.73$ ,  $SD = 4.34$ ) had a larger decrease in positive affect than those who did not receive statistics information ( $M = -2.59$ ,  $SD = 3.85$ ). A one-way ANOVA was conducted using information amount (0, 1, 2, or 3 pieces of information) as the independent variable and the PANAS positive change scores as the dependent variable. There was no statistically significant difference found for information amount. A series of ANOVAs were conducted to establish whether there was a difference in the scale scores in high versus low change in PANAS positive change scores, with the high/low split occurring at the median ( $-3.00$ ). There were no statistically significant differences in scale scores for high versus low PANAS positive change scores.

Table 6. Mean PANSAS Positive Change Scores (with Standard Deviations in Parentheses).

Information Type	Mean Score when Present	Mean Score when Absent
Policy	-3.14 (4.53)	-3.05 (3.77)
Statistics	-3.73 (4.34)	-2.59 (3.85)
Treatment	-3.17 (4.48)	-3.02 (3.79)

*Note:* PANAS Positive Change Scores: Difference of PANAS Positive scores from time 1 (before information) to time 2 (after information and questionnaires).



## **CHAPTER IV**

### **DISCUSSION**

The present study predicted that those presented with information about sex offenders and sexual offenses will have a more accurate perception of sex offenders and sexual offenses. This hypothesis was tested by providing some participants with information on sex offenders and sexual offenses (labeled statistic information) and evaluating how their scores on certain scales (primarily the support of treatment and support of punitive policies scales) reflected their underlying perception. The support of treatment scale is being evaluated as a measurement of a more realistic, positive view of sex offenders as it indicates an opinion that sex offenders have the capacity for growth and change. Conversely, the support of punitive policies scale is an indicator of holding a negative, more pessimistic view of sex offenders as endorsement of these scale items reflects more punishment than justice for these crimes.

There were no significant findings for the support of treatment scale, indicating that those provided with statistics information did not endorse support for treatment of sex offenders more or less than those receiving other types of information, including no information. Support of treatment is seen as an indication of a more positive perception of sex offenders, signifying that those who received statistics information did not perceive sex offenders more positively than those who did not receive that information, 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. Findings from the current study contradict this previous hypothesis, as individuals who were provided with accurate information about sex offenders and sexual offense (statistics information) did not have different perceptions than those who did not receive this information. This indicates that there may be more factors influencing negative perception than just lack of information.

When participants received both statistics information and policy information, results showed that they hold more negative views of sex offenders, as indicated by their increased support of punitive policies. Conversely, in the absence of policy information, those who receive statistics information had significantly lower support of punitive policies than those who received both or the uninformed group. This interaction indicates that statistics information on its own may result in a slight decrease in negative perception, but in combination with other types of information it may have little to no effect on decreasing their negative perception. It also indicates that those who received just policy information may hold a more negative view, although their negative perception is not statistically different from those who received no information, indicating that policy information on its own does not increase negative perceptions, refuting our hypothesis that policy information without sex offender information will lead to a more negative view of sex offenders. This similar perception may be due to the possibility that the origins of the policies and the policy techniques confirm the already held sex offender myths and biases (Fedoroff & Moran, 1997; Levenson, Brannon, Fortney, & Baker, 2007), keeping negative perceptions stagnant. On the other hand, the

statistics information refutes many of these myths with accurate facts about sex offenders, which may be influencing their perception Overall, these results indicated that providing individuals with statistics information may produce, at best, mixed results for potential changes in perception of sex offenders and sexual offenses and providing policy information should not result in a significant change.

It was also hypothesized that those provided with information about current policies will have higher levels of support for policies than those without policy information. This hypothesis was supported by a significant main effect for policy information and a significant three-way interaction for policy information by statistics information by treatment information. The main effects of policy information on the understanding of policies scale indicates that providing individuals with accurate, concise policy information does increase familiarity with and support of current policies. This increase indicates that policy support by the general public is not due to a lack of concrete understanding of the details and implications of the policies, but may actually be strengthened by this perceived understanding.

Additionally, the 3-way interaction indicates that having a great deal of information (policy, statistics, and treatment) is marginally better than having just some (treatment and policy), but when policy information is not included in the presented information, a larger amount of information (treatment and statistics) actually leads to self-report of less understanding of the current policies than with statistics information only. This interaction may reflect that individuals who are presented with a larger amount of information about sex offenders may be more aware of their lack of policy-specific

information than those with less information, but when policy information is present additional information only increases reported understanding. This interaction may be due to utilization of either central or peripheral routes of processing, depending of the type and amount of information present (Petty, Cacioppo, & Schumann, 1983).

The Elaboration Likelihood Model theorized by Petty and Cacioppo (1986) indicates that utilization of peripheral routes of processing take little effort and rely on shortcuts and irrelevant cues for decision making, while central routes include careful and thoughtful scrutiny of information and arguments. Those receiving statistics information only may be utilizing peripheral processing to determine their understanding, conflating their exposure to some sex offender information as relevant to all sex offender information, leading to greater self-reports of understanding, despite the absence of policy information. Conversely, those who received more information on different sex offender topics (statistics and treatment information) may be utilizing central processing, carefully scrutinizing the information they were presented with, leading them to recognize and report their lack of policy understanding. This awareness, or lack thereof, of level of understanding is worth acknowledging because of its potential implications for those enacting and upholding these policies. Policy makers who wish to obtain vast support for their policies may utilize this knowledge by providing voters with minimal sex offender information in order to activate feelings of understanding. On the other hand, those wishing to promote actually understanding and obtain an accurate portrayal of public understanding may provide individuals with more information.

Although the significant results on the understanding of policies scale confirms one hypothesis, the lack of significant results for policy effectiveness may appear contradictory as this lack of significance may be viewed as lack of policy support. However, it may also be an indication of lack of support for these more generic policy techniques included in the policy effectiveness scale, rather than lack of support for the policies as seen as larger, more complex entities. For example, individuals may not see “community education” as effective as a stand-alone policy, but may believe it is effective as a part of a more complex policy that has other components. This lack of significance may actually reflect participants’ recognition of the complexity of policies in place and the need for a multifaceted approach to addressing sexual offenses.

It was hypothesized that those provided with information about sex offender treatment effectiveness would be less supportive of current policies and have a more positive perception of sexual offenders. These perceptions are evaluated using the understanding of policies and policy effectiveness scales to measure policy support and the treatment support and support of punitive policies scales to measure their positive and negative perceptions of sex offenders. There was no significant main effect for treatment information on the policy effectiveness or understanding of policies scales, but there was a significant three-way interaction on the understanding of policies scale, as previously mentioned. In relation to the present, treatment-related hypothesis, this interaction may hold some different meaning. Although the lack of a significant main effect for treatment would indicate that our hypothesis was incorrect, the interaction may also indicate that treatment information, when presented with statistics information, may lead to less support of current policies. Although treatment information on its own may not

significantly change support, the inclusion of multiple types of sex offender information may, once again, lead to central, instead of peripheral, processing of the information, increasing the critical scrutiny of the information provided and the significance of reporting familiarity and support of the policies in place. There were no significant effects for treatment information on support of punitive policies scale or treatment support scale indicating that treatment information on its own may not influence perception of sex offenders. This may indicate that views on treatment are seen as distinct and separate from views on sex offenders. Individuals may understand and support sex offender treatment while still holding negative views of sex offenders and the sexual offenses they commit.

It was hypothesized that participants who are experiencing increased negative emotions will perceive sex offenders less positively and will be more supportive of current policies. Participants who received statistics information had a significantly higher change in positive affect score when compared to those who did not receive statistics information, such that they had a larger decrease in positive affect. This may indicate that statistics information may be the only type of information to significantly impact participants' emotions. This decrease in positive affect after receiving information about sex offenders and sexual offenses that contradict the myths and understandings the general public holds about sex offenders and sexual offenses may be best explained by cognitive dissonance. According to Cognitive Dissonance Theory, this experience of cognitive dissonance can either be reduced by a change in beliefs, or by a reinforcement of the original beliefs through means such as rejection of the new information or seeking support from others who share the original beliefs (Festinger, 1957). If a change in beliefs

had occurred, an increase in positive perception or a decrease in negative perception would be expected for those who received statistics information. This apparent lack of belief change would indicate that presentation of statistics information may lead to reinforcement of original perceptions. This may only be occurring for statistics information because this type of information most clearly contradicts common sex offender myths, whereas treatment information only addressed treatment success and policy information most likely confirmed some sex offender myths.

As those who received statistics information were the only ones with significant decreases in positive affect, examination of perception and policy in relation to the statistics information group should reveal if emotions influenced these areas as hypothesized. As previously mentioned, statistics information was not significantly different on the treatment support or support of punitive policies scales, indicating that they did not perceive sex offenders less positively. There was also no significant difference for statistics information on the understanding of policies and policy effectiveness scales indicating that those with a decrease in positive affect were not more supportive of current policies.

There are a number of limitations, both broad and specific, that may have influenced the results. One broad limitation is the use of college students as subjects, instead of general public participants. According to the United States Census Bureau, only 27.76% of the United States population has a Bachelor's degree or higher, indicating that college students still do not represent the majority of the U.S. population (2012). Although the ethnic distribution of the participants was similar to the region the

population was selected from, this distribution is not similar to the general population of the United States as found in the latest Census (Humes, Jones, & Ramirez, 2011).

Replication of the findings of this study with a community sample would strengthen the claims of this study reflecting the perceptions of the general public.

One of the specific limitations of this study was the placement of the second PANAS after the questionnaire, resulting in all participants being exposed to the different sex offender related topics, even if they did not have the related information sections. This placement makes it difficult to ascertain whether the changes or lack of differences in emotional responses were due to the information received, or the questionnaire. This placement was chosen so that those who received no information were not taking the before PANAS and after PANAS back to back, but in the future it may be beneficial to have those individuals read unrelated information to provide some temporal separation between the before PANAS and after PANAS without the confounding questionnaire included.

Although efforts have been made through this study to understand what information influences perceptions and understanding, 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 concise, specific policy information leads to an increase in self-reported understanding of these policies without an increase in negative perception of sex offenders. Other significant findings illustrated the complex nature of what influences individuals' perceptions of their own understandings, with indications that engaging participants in central



processing may lead individuals to more accurately account for their level of understanding. This study also demonstrated that cognitive dissonance may be occurring, as indicated by affect changes, with the potential effect of reinforcing previously held perceptions of sex offenders. Further research on this change in affect may clarify whether reinforcement is happening and the potential repercussions.

The results of this study have important implications for the public as well as policy makers. Although further research is needed, it appears that providing the public with concise policy information does increase their understanding, indicating that lack of understanding is most likely due to lack of exposure, either by choice or lack of resources, to this type of information. Additionally, providing the public with accurate facts and statistics about sexual offenses and sex offenders alongside this policy information may help to decrease negative perceptions. Providing the public with more opportunities to view this would most likely increase their understanding of the policies while providing them with a realistic understanding of sex offenders, creating more informed voters and citizens.

## **APPENDIX**

**Appendix A  
Scale Items**

**Understanding of Current Policies Scale Items**

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

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

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

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

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Am not familiar with policy</b>	<b>Do not support</b>	<b>Do not completely support</b>	<b>Neutral</b>	<b>Mostly support</b>	<b>Completely support</b>

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

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

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Strongly disagree</b>	<b>Disagree</b>	<b>Somewhat disagree</b>	<b>Somewhat agree</b>	<b>Agree</b>	<b>Strongly agree</b>

1. The community should be made aware of a sex offender's home address when he or she moves into that community.
2. I agree with current sex offender policies.
3. The sex offender policies in place decrease sexual offenses.

**How effective do you believe the following policies are in reducing sexual offenses?**

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Not at all effective</b>	<b>Not very</b>	<b>Somewhat ineffective</b>	<b>Somewhat effective</b>	<b>Very</b>	<b>Absolutely effective</b>

1. Community notification (e.g., registered on internet site)

#### **Support of Punitive Policies Scale Items**

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

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Strongly disagree</b>	<b>Disagree</b>	<b>Somewhat disagree</b>	<b>Somewhat agree</b>	<b>Agree</b>	<b>Strongly agree</b>

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. All sex offenders should be required to register as a sex offender for life.
4. Juvenile offenders convicted of statutory rape should be required to register as a sex offender for life.
5. 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.
6. Internet registration should be required of all sex offenders regardless of age or offense.
7. Nonparental kidnapping of a child (regardless of sexual intent) should be a register-able offense.
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. The sex offender policies in place are not harsh enough.

**How effective do you believe the following policies are in reducing sexual offenses?**

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Not at all effective</b>	<b>Not very</b>	<b>Somewhat ineffective</b>	<b>Somewhat effective</b>	<b>Very</b>	<b>Absolutely effective</b>

1. Restricting where sex offenders live

**Policy Effectiveness Scale Items**

**How effective do you believe the following policies are in reducing sexual offenses?**

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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<b>Not at all effective</b>	<b>Not very</b>	<b>Somewhat ineffective</b>	<b>Somewhat effective</b>	<b>Very</b>	<b>Absolutely effective</b>
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1. Treatment in prison
2. Treatment in the community
3. Community education
4. Prison
5. Electronic monitoring

**Treatment Support Scale Items**

**How effective do you believe the following policies are in reducing sexual offenses?**

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Not at all effective</b>	<b>Not very</b>	<b>Somewhat ineffective</b>	<b>Somewhat effective</b>	<b>Very</b>	<b>Absolutely effective</b>

1. Treatment in prison
2. Treatment in the community

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