California Sex Offenders' Motivation to Treatment In Response to Current Policies

Cory Rizzuto

A Dissertation Submitted to the Faculty of
The Chicago School of Professional Psychology
In Partial Fulfillment of the Requirements
For the Degree of Doctor of Psychology

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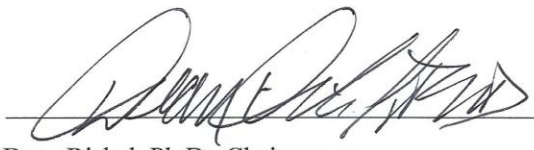

Dean Rishel, Ph.D., Chairperson

Debra Warner, Psy.D., Reader

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Abstract

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Individuals convicted of a sexual offense are required to register in a nationwide database. Once registered, these individuals are mandated to follow specific policies and enter the treatment. Mandating policies and treatment for these offenders demonstrates a desire for prevention; however, it is important that coinciding measures work in conjunction with the prevention of the repeat sexual offenses. This study examines the relationship between the offenders' attitudes toward current mandated sex offender policies and their motivation to complete their mandated treatment program using the arousal theory and the expectancy-value theory within the cognitive theory of motivation.

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Chapter 1: Nature of the Study

Background of the Problem

When sexual offenders are released from prison, they must immediately follow a number of mandated policies, many of which claim to protect the general population. One major critique of such policies is that the policies themselves do not prevent behaviors. For instance, theft has been outlawed for centuries, yet people have kept stealing. Sexual offenders are often mandated to follow specific guidelines along with other criteria in order to meet the terms of their probation, or in some cases, parole.

Problem Statement

Sex offenders' attitudes toward treatment and mandated policies can either accelerate or hinder their rehabilitation. If a sex offender's attitude toward currently mandated policies affects his or her motivation to treatment negatively, these mandated policies could hinder their treatment process. Conversely, if offenders view mandated policies in a positive manner, they may have a higher level of motivation to participate in and complete their treatment. Studying the attitudes of sex offenders may provide an opportunity to determine whether these policies affect their motivation to obtain treatment.

Research Question

Will sex offenders with more positive attitudes toward federally-mandated policies have a higher level of motivation to participate in the court-ordered treatment?

Application of Results

The aim of federally-mandated sex offender policies and treatment requirements is to ensure public safety. While individual mandates may increase public safety, their interaction may decrease motivation to obtain treatment. By understanding possible effects of policies on offenders' levels of motivation, the federal government can reassess the usefulness of specific federal mandates in order to promote higher levels of motivation toward treatment. By creating and enforcing policies that would be more meaningful, the offender may maintain motivation to complete treatment while the public remains protected.

Theoretical Framework

The current study is based on the arousal theory and the expectancy-value theory within the cognitive theory of motivation. The arousal theory proposes that human beings seek to increase rather than decrease their levels of stimulation (Carbonneau, Vallerand, & Lafreniere, 2012). When human beings are challenged, whether physically or mentally, there is often a rush of endorphins to the brain, resulting in feelings of pleasure (Carbonneau et al., 2012). According to the Yerkes-Dodson law, a variant of the arousal theory, humans function according to an optimum level or arousal (Carbonneau et al., 2012). If individuals receive too

much arousal, or too little arousal, as in the case of mandated sexual offenders, there is the possibility that they will be unable to perform at their optimal levels.

The expectancy-value theory within the cognitive theory of motivation posits that expectation guides behavior (Carbonneau et al., 2012). Individuals will not only behave in a way that they think will produce a positive outcome, but will also create preconceived notions based on their experiences (Carbonneau et al., 2012). This theory discusses individuals' responses to novel information about a given topic by establishing a belief about said topic. Preexisting beliefs can be, and often are, modified by new information (Carbonneau et al., 2012). A value is then assigned to each attribute on which the belief is based, followed closely by an expectation. Preexisting experiences and values effectively shape an individual's expectation of the new topic, idea, or stimulus (Carbonneau et al., 2012). If an individual views mandated policies in a positive light, mandated treatment may be viewed in the same manner (Carbonneau et al., 2012).

Definitions

Civil commitment . "Civil commitment" refers to the practice of using legal forms as aspect of mental health law to commit an individual to a psychiatric facility (Marshall, Eccles, & Barbaree, 2012).

Cognitive. The term "cognitive" denotes being of, relating to, being, or involving conscious intellectual activity (as thinking, reasoning, or remembering; Merriam-Webster, 2011).

Recidivism. Habitual relapse into criminal behavior is known as recidivism (Marquest, Wiederanders, Day, Nelson, & Van Ommeren, 2005).

Sexually violent predator. A sexually violent predator is a person who is convicted of or charged with a sexually violent offense. A sexually violent predator must be diagnosed with a mental abnormality or personality disorder that makes the person a danger to the health and safety of others if not confined in a secure facility (Worling, 2012).

Outline of Remaining Chapters

This dissertation is comprised of five chapters. Chapter 1 provides an overview of the study. Chapter 2 reviews relevant literature on sexual offenders, federally mandated policies, treatment mandates, different approaches to treatment, and motivation to treatment. Chapter 3 discusses the study's methodology, research hypotheses, and plan of analysis. Chapter 4 presents the results of the analyses. Chapter 5 concludes with a discussion of the findings of this study, possible implications in both theory and practice, limitations of this study, and possible avenues of future research.

Chapter 2: Review of Related Literature

The attitude an individual harbors prior, during, and after treatment can greatly influence the efficacy of any given treatment. When working with sexual offenders, it is important to consider the implications of a negative attitude for the treatment. Many of these individuals pose a risk to the safety of those around them, and if these individuals are not receiving adequate treatment, the danger posed to public may increase. When treating sexual offenders, it is important to consider their attitudes toward current policies, as well as human sexuality, and the way it pertains to deviant behaviors. By understanding how these individuals develop and how they react to current legislation, professionals can develop specific treatment plans that would better suit the needs of sexual offenders. By having a treatment plan tailored for sexual offenders, their attitudes toward treatment could improve, increasing treatment success rates and affecting a treatment's efficacy positively.

More effective treatment methods may result in a decreased rate of recidivism. According to Nieto (2004), sexual offenders participating in outpatient treatment programs maintained an 18% recidivism rate over a period of four years, as compared to a 43% recidivism rate for non-participatory offenders (Nieto, 2004). This decreased recidivism rate can substantially affect the number of reported cases of sexual abuse. For many individuals, sexual abuse does not leave only immediate effects. The victims can carry the feelings of

guilt or shame for a large portion of their lives. Additionally, sexual abuse can have lasting effects on the psychological development of the victim (Clark, 2001).

Creating a more effective method for treating sexual offenders does not simply affect the offenders themselves. By lowering the recidivism rate, public safety increases. As public safety increases, there could be a decline in the sexual abuse of children, adolescents, and adults. Offering sexual offenders treatment that would be more effective can help ensure the continued safety of the nation's communities as a whole.

Sexual Offender Statistics

According to the United States Justice Department (2010), 97% of all offenders serving sentences for sexual offenses will be eventually released to the general public (Dru Sjodin National Sex Offender Public Website [NSOPW], 2010). Most of these offenders spend only two years in prison, with 67% being sentenced to 18 months or less (NSOPW, 2010). It should be noted that the sentencing for sexual offenses is typically longer compared to other crimes (NSOPW, 2010). In 2006, the state of Washington estimated that 3,330 of the states' 18,000 inmates had sex crimes as their most serious offense or served a sentence for some sexual offense (Washington State Department of Corrections, 2012). These statistics demonstrate that a large number of sexual offenders will be released into society within a few years of committing their offenses. This short amount of time in prison demonstrates a need for community treatment. This could be the key element in rehabilitating these individuals.

Recidivism Rates

The United States Department of Justice reported 5.3% recidivism rates among registered sexual offenders released in 2005 (Lösel & Schmucker, 2005). Essentially, out of every 19 sexual offenders released from incarceration, only one was later arrested for another sexual offense (Marques et al., 2005). The Department of Justice also reported that on average, 68% of released non-sexual offenders are rearrested for any crime (both sexual and non-sexual) while 43% of the released sex offenders were rearrested for any crime, with a conviction rate of 24% (Marques et al., 2005). Recently, the U.S. government has gathered a collection of official studies conducted between 1983 and 2010 from each of the 50 states (Lösel & Schmucker, 2005). A majority of the studies reported data that supports the studies conducted by the Department of Justice. Within these studies, the average rate of recidivism of sexual offenders committing new sex crimes is approximately 9% (U.S. Department of Justice, 2008). The Office of Justice Programs of the U.S. Department of Justice in New York reported lower recidivism rate for sexual offenders compared to all other crimes, except murder (U.S. Department of Justice, 2008).

In 2007, the State Bureau of Investigation in North Carolina made significant changes to its sex-offender registration system, including new search criteria that include an "offender status" search (enabling an explicit search for convicted sex-offense recidivists in the sex-offender database; Lösel & Schmucker, 2005). Manual searches (by county) using the new criteria yield some of the lowest recidivism rates ever disseminated by any law-enforcement establishment (Lösel & Schmucker, 2005). In the entire state of North Carolina, there are

only 71 recidivists shown on the registry, including incarcerated offenders (Lösel & Schmucker, 2005). Per-county results for offenders with "registered" status (in comparison with offenders with "recidivist" status) on the North Carolina registry produce convicted recidivist percentages which range from zero to less than 1% (Lösel & Schmucker, 2005).

Of sex offenders who were rearrested, 40% committed the new offense within one year or less upon being released from prison (U.S. Department of Justice, 2008)). According to the U.S. Department of Justice (2008), 2.5% of released rapists and 1.2% of those who served time for a homicide were rearrested within three years of their initial release. In 1994, 5.3% of the 9,691 male sex offenders released from prison (513) were rearrested for a new sex crime within three years of release (U.S. Department of Justice, 2008). According to the U.S. Department of Justice (2008), in 1991, an estimated 19% of offenders served time for sexual assault and 24% of those serving time for rape had been on parole or probation at the time they offended.

Victim rates

According to the Dru Sjodin National Sex Offender Public Website (NSOPW; 2010), over 56,000 cases of child sexual abuse were reported in 2007 alone. Child sexual abuse can be defined as "any form of sexual activity imposed upon a child by an adult or other child in a position of power, authority, or influence" (NSOPW, 2010). Child sexual abuse may involve touching the intimate parts of a child's body, enticing or forcing the child to engage in sexual relations, as well as engaging in non-touching offenses (NSOPW, 2010). Non-

touching offense may consist of obscene phone calls or taking pornographic pictures or videos of a child (NSOPW, 2010). It is estimated that one in three girls and one in seven boys will be sexually abused at some point in their childhood (NSOPW, 2010). Of these reported cases, it is estimated that 93% of the children involved knew the person committing the abuse (NSOPW, 2010). Some of these perpetrators may be acquaintances; however, as many as 47% of these perpetrators are family or extended family (NSOPW, 2010). While the number of cases reported in 2007 was over 56,000, it is believed that as little as 30% of victims actually report the abuse to the authorities (Harris & Hanson, 2009).

It is estimated that 1.8 million adolescents in the U.S. are victims of sexual assault (NSOPW, 2010). Furthermore, 33% of victims are between the ages of 12 and 17 (NSOPW, 2010). Of these juvenile victims, 82% are female (NSOPW, 2010). According to the U.S. Department of Justice (2010), teens 16 to 19 years of age were 3.5 times more likely to be victims of rape, attempted rape, or sexual assault as compared to the general population. Of these reported sexual assaults, 69% occurred in the residence of the victim, the offender, or another individual (NSOPW, 2010). Nearly 20% of female high school students report being physically and/or sexually abused by a dating partner (NSOPW, 2010).
Approximately 13% of Internet users have received or will receive unwanted sexual solicitation; of these users, 30% reported being victims of aggressive solicitation, with solicitors making or attempting to make contact with the youth offline (NSOPW, 2010).

According to the National Violence Against Women Survey (NVAWS), 18% of surveyed women and 3% of surveyed men reported experiencing rape at some point in their

life (NSOPW, 2010). Of the women surveyed, 19% of minority women reported being raped at some point in their life (NSOPW, 2010). Additionally, 18% of non-minority women (Caucasian women) reported a rape at some point in their lives (NSOPW, 2010). Overall, 54% of women and 71% of men reported first being raped before their 18th birthday (NSOPW, 2010). In addition, 29% of female and 17% of male respondents reported that they were 18 to 24 years old when they first experienced rape (NSOPW, 2010). The remaining 17% of women and 12% of men reported first experiencing rape after the age of 25 (NSOPW, 2010). According to the NVAWS, most female respondents reported first being raped after the age of 18 (NSOPW, 2010).

Effects of Sexual Abuse

Adults who experience sexual abuse trauma in childhood often display many of the symptoms of posttraumatic stress disorder (PTSD; Clark, 2001). Vietnam veterans, as well as individuals who experienced severe trauma, tend to report the same symptoms (Clark, 2001). Repeated childhood abuse, specifically sexual abuse, leads to severe symptoms that are believed to alter the chemical structure of the brain (Clark, 2001).

Posttraumatic stress in children. Psychological symptoms of posttraumatic stress in children occurring from infancy to adolescence differ slightly when compared to symptoms presented by adults (Clark, 2001). Trauma has large and lasting effects on the victim's developmental processes (Clark, 2001). These effects are believed to lead to numerous

maladaptive behaviors in adolescence (Clark, 2001). If these behaviors are not addressed and corrected, it is likely that they will continue to occur as the individual reaches adulthood (Cloitre et al., 2010). For many women, maladaptive behaviors stemming from psychological defenses constructed in childhood arise in therapeutic or inpatient treatment (Clark, 2001). Sexual abuse of young boys appears to have much more detrimental effects as they mature into adults. Males who reported physical or sexual abuse were more likely to receive a diagnosis of antisocial personality disorder (Maikovich-Fong & Jaffee, 2010). It should be noted that a large number of inmates are diagnosed with antisocial personality disorder, many of whom report instances of sexual abuse as children (Maikovich-Fong & Jaffee, 2010).

Maikovich-Fong and Jaffee (2010) described the complexity of this issue as it relates to research. While these individuals have experienced similar types of trauma, they are often not included in research because they are not considered a clinical population. This can greatly limit the progression of research on this specific area. As stated previously, individuals who have been abused sexually are often more likely to engage in antisocial behaviors, which many times consists of substance abuse as well as other self-destructive behavior (Clark, 2001).

Immediate symptoms of abuse. Sexual abuse in childhood may be associated with numerous maladaptive behaviors, and previous studies demonstrated the profound effect of abuse on the child's behaviors shortly after abuse occurs (Clark, 2001). According to Clark (2010), children who have been abused sexually often daydream, fantasize, experience

behavioral changes, or have nightmares linked to the traumatic event. These traumatic events are often linked to sudden auditory or visual stimuli through which victims recall the events of abuse (Clark, 2001). Children between the ages of three and four do not become amnesic with regard to their experiences of abuse (Clark, 2001). Instead, children who experience abuse often have a vivid recollection of the abusive event (Maikovich-Fong & Jaffee, 2010). If the appropriate treatment is not offered to the child, normal developmental stages can be interrupted (Maikovich-Fong & Jaffee, 2010). Additionally, maladaptive coping skills may be incorporated into subsequent developmental stages, which may hinder the functioning of these individuals as they mature into adulthood (Clark, 2001). According to Maikovich-Fong and Jaffee (2010), preexisting levels of anxiety that are directly related to trauma can be linked to hyper-arousal or developmental retardation. According to Clark (2010), children who have experienced trauma tend to become overspecialized and over differentiated in such a way that it provides immediate survival value, but it unfortunately detours further learning and balanced growth.

Psychological defense in response to abuse. Among children who were molested, PTSD was the highest-ranking psychiatric disturbance (Clark, 2010). For children who reported physical abuse, PTSD ranked fourth, while in cases of natural disasters, PTSD ranked seventh out of disturbances (Clark, 2010). Children who endure this type of abuse often make use of extreme defenses at a very early age (Maikovich-Fong & Jaffee, 2010). These children use both somatic and psychological defenses (Clark, 2010). This results in a

system of psychological defenses that are determined to be immature (Clark, 2010). These immature defenses are used continually to compensate for the lack of adult care and protection (Clark, 2010). These children also endure fragmentation in memory, knowledge, bodily experiences, and emotional states, which can negatively influence identity development (Clark, 2010).

Attitude and Motivation toward Treatment

Regardless of how attitudes toward treatment develop, they are often highly predictive of treatment outcome (Cabassa, Lester, & Zayas, 2007). Clients who advocate change are generally more likely to achieve it (Walker, Stephens, Rowland, & Roffman, 2011). Unfavorable attitudes toward treatment or fear of mental health services are commonly associated with the avoidance of psychological services, as well as an unwillingness to seek help (Wigoder, 2009). Findings by Cepeda-Benito and Short (1998) demonstrated that favorable attitudes toward psychotherapy were positively associated with likelihood of seeking help, regardless of the reasons for seeking it. The expectations of the client may also result in negative outcomes. It is common for clients to lack a clear understanding of some of the negative outcomes of therapy, yet they fear they could happen (Schulte, 2007). Schulte (2007) argued that even though these fears may not be extremely strong, their mere existence can influence the therapeutic process.

Client motivation and its effect on treatment. It is important to remember that a clinician can teach coping techniques to the client, but it is the sole responsibility of the client to implement these techniques. According to Cabassa, Lester, and Zayas (2007), the perceptions of mental illness and attitudes, and knowledge of mental health treatments influence an individual's strategies for seeking assistance and managing presenting issues. Individuals who are knowledgeable in mental health treatment, as well as those with a positive attitude toward therapy, often yield a much higher success rate compared to those who view mental health treatment negatively (Cabassa et al., 2007). In addition to attitudes toward treatment, erroneous views held by the client may also diminish the effectiveness of the treatment (Wolfe, Kay-Lambkin, Bowman, & Childs, 2013).

Research also shows that clients expect treatment to be significantly shorter than do clinicians (Barrett, Chua, Crits-Christoph, & Gibbons, 2008). If a client has unrealistic expectations of the length of the treatment, their level of motivation might diminish over time. When a client expects treatment time to be significantly shorter than it actually is, it is reasonable for him/her to perceive treatment as ineffective, which can diminish his/her motivation.

The perception of the roles of both the client and clinician are also an important factor in motivation toward treatment. Clients with a negative treatment outlook often have inaccurate perceptions of both their role and the role of the clinician (Miller, 2009). According to Bradley, Mcgrath, Brannen, and Bagnell (2010), perceived levels of social support from family and friends may be invaluable in encouraging help seeking. Individuals

who feel isolated may not be motivated to seek help, and those receiving assistance may have little motivation to complete the treatment successfully.

Within the forensic population, motivation toward treatment is of the utmost importance. A meta-analytic review of correctional treatment literature demonstrates that offender rehabilitation yields many positive outcomes (Simourd & Olver, 2011). One of the many positive outcomes produced by rehabilitation is a decrease in recidivism (Simourd & Olver, 2011). Shturman, Simourd, Haghbin, and Redulva (2005) also found a positive relationship between client motivation and treatment retention and treatment outcome through a meta-analytic review of correctional treatment literature. Individuals who were positively motivated to complete treatment were less likely to recidivate (Shturman, Simourd, Haghbin, & Rudaleva, 2005).

Simourd and Olver (2011) also noted that the relationship between motivation and treatment outcome is similar in general psychotherapy literature. This suggests that factors linked to changes in behavior are unrelated to any unique qualities of criminal offenders. Motivation of offenders in mandated treatment assumes a central role; unfortunately, offenders are often unmotivated to attend the treatment or participate in rehabilitative initiatives at a level that correctional stakeholders would like (Simourd & Olver, 2011).

While maintaining motivation toward treatment is a prime concern, treatment models should be tailored to the unique qualities of the clients. The guiding management and treatment model in corrections considers risk, need, and responsivity (Simourd & Olver, 2011). The principle of risk matches rehabilitation services to the level of risk of each client;

therefore, the lower risk cases require less intensive service compared to high-risk cases (Simourd & Olver, 2011). The need principle focuses on matching the targets of rehabilitation service to the criminogenic needs clients (Simourd & Olver, 2011).

Registration Laws

History of registration. It was not until the twentieth century that society began to see a differentiation of sexual offenders from individuals convicted of non-sexual crimes (Hinds & Daly, 2001). In the 1930s and 1940s, the passage of sexual psychopath laws was a milestone in segregating sexual offenders and their crimes from non-sexual offenses (Hinds & Daly, 2001). Sexual psychopath laws targeted individuals who were considered "sexually dangerous." Sexually dangerous individuals were believed to be suffering from a mental abnormality; thus, they were treated physically and when considered cured, they would be released back to the society (Hinds & Daly, 2001). The sexual psychopath laws seem to link sexual offences with a sense of danger. Unfortunately, this idea of danger was not derived from the risk of physical harm, but the risk of reoffending. In this sense, individuals who habitually committed property offenses would be considered dangerous. Danger first became associated with violent and sexual offenses in the 1930s. At this point, the personality of the offender began to gain the attention of the judicial system.

The earliest laws aimed at punishing sexual offenders, specifically rapists, were passed in late 1970s (Peart, 2005). However, the first registration law was passed in 1989, following the sexual assault of a 7-year-old boy in Tocoma, Washington (Prentky, 1996).

This registration law was named the Community Protection Act, and it was the first piece of legislature to define many of the requirements that would categorize an individual as a sexual offender. Following the abduction of 11-year-old Jacob Wetterling, Congress began creating legislation mandating that every state in the United States require all sexual offenders to register with law enforcement agencies to track their movement (Farkas & Zevitz, 2000). In 1994, the completion of the Jacob Wetterling Act defined state registration laws more clearly. During this time, many other states had begun developing some form of state registration or notification. The widely known "Megan's Law" amended the Wetterling Act in 1996, after the murder of Megan Kanka. These laws now required states to have specific procedures in place in order to notify the public of sexual offenders living in or around their communities.

Principal features of registration laws. The Jacob Wetterling Act of 1994 formalized registration of sex offenders in centralized databases. Sex offender registries are commonly maintained by a state agency. In most cases, local law enforcement is responsible for not only collecting information on registered offenders, but also for forwarding this information to the administering agency. Typically, the information obtained by local law enforcement contains an offender's name, address, social security number, date of birth, place of employment, vehicle registration number, criminal history, fingerprints, and a photo of the registered offender. Additionally, eight states collect blood samples for the purpose of DNA identification (Matson & Lieb, 1996). The timeframe for initial registration varies,

depending on the state in which the offender is registering. Some states require registration prior to an offender's release, while other states require registration within one year of release. The most common registration timeframe is within 30 days of release. While most states require a registry duration of over 10 years, 16 states require lifetime registration in some cases. Most states that require lifetime registration also allow the offender to petition the courts to be relieved of this duty (Matson & Lieb, 1996).

In order for these policies to ensure "public safety," these registries must be current and updated regularly (Tewksbury & Lees, 2006). A major flaw in the registration process is that most registries are only updated when the offender notifies law enforcement of a change of residence. However, seven states require annual address verification. New Jersey, in particular, requires verification every 90 days (Matson & Lieb, 1996). In an effort to maintain current information of registrants, noncompliance by any state may result in a 10% reduction in Byrne Grant funding (Tewksbury & Lees, 2006).

Community notification. In addition to sex offender registries, community notification is also used to increase public awareness of sex offenders. Community notification varies by jurisdiction, and it is carried out to various extents based on the sex crimes committed by the offender and the community itself (Tewksbury & Lees, 2006). The extent to which individuals are informed depends on the form of notification a particular jurisdiction uses. For high-risk offenders, active notification is generally used to notify citizens without their specific request (Tewksbury & Lees, 2006). According to Tewksbury

(2006), active notification may involve a number of different methods, including newspaper ads, the Internet, and police visits. Medium-level risk offenders commonly utilize limited disclosure, which involves notification of select institutions, such as schools (Tewksbury & Lees, 2006). For low-level offenders, passive notification is generally used (Levenson & D'Amora, 2007). In order to receive information on low-level offenders, citizens must request it. Sex offender registration and notification encompasses four main foci: statistical profiles of registered offenders, assessments of recidivism, evaluations of the registry information, and assessments of collateral consequences (Levenson & D'Amora, 2007).

Geographic restrictions. In addition to notification requirements, many jurisdictions restrict areas in which sexual offenders may reside. A federal appeals court upheld an Iowa state law in 2002 barring sexual offenders from residing within 2000 feet from any school or daycare (Wakefield, 2006). Subsequently, Iowa cities and towns began creating their own restricted areas around playgrounds, public pools, parks, and bus stops (Wakefield, 2006). These actions inadvertently made small towns entirely off limits to sexual offenders. This regulation forced many registered offenders to relocate. In one case, a 30-year-old sex offender, who was convicted of assault with intent to commit sexual abuse at the age of 17, was forced to leave his home, his wife, and his three children (Wakefield, 2006). Wakefield (2006) pointed out a Senate Democratic leader's comment on this particular issue: "If the result is sex offenders leaving Iowa, we think that's good news."

Though these individuals have completed their sentencing, they are often chastised. The effects of registration appear to be more punitive than they are preventative. Dvotak (2005) noted a similar instance in Miami Beach, where restricting sex offenders from coming within 2,500 feet of parks, daycare centers, and schools made nearly the entire city off limits to registered offenders. Similar laws exist in 18 states, with government officials pushing for similar laws to be instated in more regions (Davey, 2006).

Wakefield (2006) noted another similar case in Cedar Rapids, Iowa. Twenty-six registered offenders were forced to live in a rural motel in the middle of the country simply because of the 2,000-foot radius regulations. Many of Iowa's largest cities are virtually uninhabitable for registered offenders, forcing them to live in large groups outside of city limits or many times in their cars/trucks (Wakefield, 2006). Many of these offenders have simply vanished. The number of unreported offenders nearly tripled in the six months after this regulation was instated (Davey, 2006).

In 2005, Levenson and Carter surveyed 135 Florida-based registered sex offenders, asking about their perceptions of residence restriction regulations. Most responders stated that housing restrictions increased their sense of isolation. Responders also indicated that they did not perceive housing restrictions as a beneficial tool for risk management; conversely, these individuals reported that such restrictions might actually trigger reoffending (Levenson & Cotter, 2005).

While it is difficult enough for the average sex offender to find housing, it may be nearly impossible for a civilly committed sexual predator to find housing. Brian DeVries, the

first graduate of California's treatment program for violent sexual offenders, wound up living in a trailer at the correctional training facility (Wakefield, 2006). More than 100 Santa Clara property owners refused to rent to Mr. DeVries; thus, a judge ultimately ordered him to live at the correctional training facility.

There are many flaws in these residency restrictions, one being that these regulations are required of all registered offenders, regardless of the offense. While it is not common, some individuals arrested for soliciting prostitution have subsequently been forced to register because the judge felt that they engaged in an act of prostitution as the result of sexual compulsion or for sexual gratification. Additionally, individuals charged with public urination are subsequently charged with indecent exposure. Many states require individuals with multiple indecent exposure arrests to register as sex offenders. While these cases of registration are not due to any form of sexual assault, housing restrictions still apply.

Possible dangers of public notification. Though community notification laws were created to ensure public safety, many argue that they only incite anger or fear. Finn (1997) conducted a survey of 45 probation and parole sex offender specialists from numerous counties in Oregon who supervised 2,160 sex offenders to assess any possible risks from community notification. Nearly 10% of registered offenders experienced some form of harassment. Such harassment included name-calling, graffiti, picketing, and property vandalism. Two notable cases of retaliation were reported in this survey. One offender was assaulted with a handgun while another offender was threatened with having his house

burned down. One probation officer in Oregon recalled an example of harassment when a member of the community had written angry words on an offender's automobile windows.

Respondents of Finn's survey also reported that harassment declined over time. The decline in the frequency of harassment over time may be due to the community's decline in anxiety. As the community becomes acclimated to the offender, their anxiety begins to subside, leading to less frequent harassment. The anxiety experienced by the community is likely due to a common misconception of sexual offenders and sexual offenses. In order to combat such anxiety, residents are often informed during community meetings that they are more likely to be abused by an unregistered relative than by a stranger. Additionally, several agencies inform community members that any acts of harassment will be prosecuted vigorously (Finn, 1997).

Misconceptions of sexual offenses. Registration and notification laws appear to assume that "strangers" commit sexual offenses. The idea behind notification laws is to inform the community about a registered sex offender living in their neighborhood, allowing community members to protect themselves and their families. According to the U.S. Department of Justice, 86% of sexual assault cases reported to law enforcement were committed by someone known to the victim (Bonczar & Glaze, 2011). These offenders are commonly friends or acquaintances of the victim or their family. The U.S. Department of Justice reported that 73% of victims who are 18 years of age or older, and 93% of victims under the age of 17 were assaulted by someone they know (Bonczar & Glaze, 2011). When

the victim was a child, 59% of offenders were acquaintances and 34% were family members (Bonczar & Glaze, 2011).

According to the Minnesota Department of Corrections (2007), numerous studies have shown that sex offenders tend to establish contact with their victims through their relationship with another individual. In most cases, this individual is an adult. Repeat sex offenders often use romantic relationships with women in order to gain access to the women's children (Minnesota Department of Corrections, 2007). Babysitting is another possible way for offenders to gain access to intended victims (Minnesota Department of Corrections, 2007).

Possible negative consequences of registration. Studies have not been able to find statistically significant differences between sex offenders subjected and not subjected to notification. According to Levenson (2005), sexually violent predator statutes are successful in presenting an illusion of public safety, while in reality they are driven by fear, anger, and revulsion. While registration and notification laws do not appear to reduce recidivism, it is speculated that many these policies may actually increase reoffending. Sex offenders are generally considered deviants who are detested by their communities, making their reintegration into society nearly impossible (Wakefield, 2006). The inability to find employment, make new acquaintances, participate in many social activities, and essentially start a new life may make it difficult for offenders to let go off their criminal past and move forward (Wakefield, 2006). According to Wakefield (2006), the continual shaming and

stigmatization of these offenders may result in anger and further deviance. Simply put, a registered sex offender may eventually feel that the title "sex offender" is a part of their identity.

In order to gauge the opinions of registered sex offenders more accurately, Levenson and Cotter (2005) questioned 183 registered sex offenders in Florida about how registration and notification affected them. One-third of the respondents reported devastating events, such as threats/harassment, property damage, or loss of a home or job (Levenson & Cotter, 2005). The vast majority of respondents identified numerous negative events, such as isolation, loss of relationships, fear, hopelessness, and embarrassment (Levenson & Cotter, 2005). These offenders also noted that not only did they believe that Internet registry was ineffective in protecting the public, but over one third of the registered offenders reported some incorrect information in their internet registry information (Levenson & Cotter, 2005).

Civil Commitment

Specific sexually violent predator statutes target high-risk sex offenders who have completed their sentence and are preparing to be released from prison (Lieb, 2006). These statutes determine an offender's eligibility for civil commitment. While the logic of civilly committing such individuals is sound, many argue that it is a violation of one's constitutional rights. Sexually violent predator statutes were passed with the idea that rehabilitation would be the main priority. According to these statutes, confinement would be limited, since

treatment would be provided and the "patient" (no longer labeled a prisoner) would be released when they were no longer deemed dangerous or mentally ill (Lieb, 2006).

Ethical concerns related to civil commitment. The harsh reality is that these offenders are rarely released. The primary purpose of these laws appears to be to incarcerate these individuals in an effort to prevent future sexual violence. In short, as long as the offender is locked up, he cannot hurt anyone. Many argue that instead of focusing on the treatment, these programs intend to punish and isolate the offender. According to Wakefield (2006), many states offer no treatment programs for offenders. Although treatment prior to commitment would be beneficial, prisoners often hesitate to partake in prison-based treatment since they are fully aware that disclosure of prior offenses can be used against them in subsequent civil commitment hearings (Wakefield, 2006). After prisoners are committed, they may be labeled as violent sexual predators. They may be told that they have a mental abnormality and are not in control of their behavior (Wakefield, 2006). Telling patients that they are a certain way and are not in control of themselves can severely undermine the potential of any treatment that is offered to them. Additionally, in some cases, the state used the treatment records of committed individuals during release hearings to argue against release (Wakefield, 2006).

Cost of civil commitment. An additional feature of these programs is the cost for the public. Wakefield (2006) noted that a commitment trial may cost up to $100,000, and

estimated that programs in Illinois could cost $1,007,719,300 over the course of ten years. These projections do not include additional factors, such as regular hearings to reexamine the committed individual to determine if they should remain committed.

GPS Monitoring

The use of an electronic Global Positioning Systems (GPS) to track sex offenders is rapidly emerging as a means of enhancing surveillance of offenders living in society. According to Delson (2006), GPS surveillance was first utilized with New Mexico offenders in 1984. These GPS transmitters are often worn as an ankle bracelet. They monitor the offenders' movement and location by way of a computer system. These GPS systems often work in a passive manner, meaning that a report is sent to a supervising officer at predetermined intervals. When the GPS system is activated, it sends continuous reports and automatically alerts the supervising officer if the offender has entered a restricted area (Delson, 2006).

GPS tracking can be very beneficial for avoiding recidivism. GPS monitoring provides the offender with accountability. By wearing a GPS tracking unit, offenders are constantly aware that their movement is monitored, and because they are aware that someone is watching them, they are much more conscious of their actions. According to Delson (2006), GPS monitoring may help motivate an offender to inhibit impulsive behaviors, which in turn, will help them avoid criminal activity. While GPS systems do not necessarily protect

the public by preventing crime, they may assist in empowering offenders to change their behavior (Delson, 2006).

Treatment

Studies examining the efficacy of treatment for sex offenders are scarce. Additionally, they entail diverse methodologies and therapeutic interventions (Marques et al., 2005). Currently, treatment methods consist of surgical procedures, pharmacological treatment, or cognitive/behavioral interventions (Lösel & Schmucker, 2005).

Surgical interventions. Surgical treatments for sexual offenders have not been widely administered. In recent times, these procedures have become exceedingly rare due to various ethical issues. For example, male offenders who undergo surgical treatment voluntarily are often castrated. This involves the removal of (in most cases) healthy testes. The primary issue with surgical techniques is the ablation of healthy tissue, which often results in a number of side effects, including nausea, thrombosis, and gynecomastia (Marques et al., 2005). In addition to the number of side effects, these procedures are nearly always irreversible (Marques et al., 2005). According to Marques, Wiederanders, Day, Nelson, and Van Ommeren (2005), a study that followed 900 sexual offenders after surgical treatment reported a 1% reconviction rate in the 30 years following surgery. Similarly, low reconviction rates have been reported in other studies; however, some of these studies

reported that 33% of the participants went on to commit non-sexual violent offences (Marques et al., 2005).

Stereotaxic hypothalamotomy is another surgical technique that is rarely used (Rice et al., 2011). This technique has been widely criticized both for the lack of credibility of the underlying scientific model, and on ethical grounds (Rice et al., 2011). Stereotaxic hypothalamotomy involves removal of parts of the hypothalamus in order to disrupt testosterone production, as well as decrease impulsive behaviors and sexual arousal (Rice et al., 2011). This procedure is widely scrutinized due to the lack of knowledge of neuroendocrine mechanisms (Rice et al., 2011). Additionally, this procedure has shown a significant rate of failure and residual adverse conditions (Rice et al., 2011).

Pharmacological treatment. Many studies have examined the benefits of pharmacological interventions for sex offenders. Medications used can range from anti-androgens to serotonergic drugs (Turner, Basdekis-Jozsa, & Briken, 2013). Rice et al. (2011) discussed an evaluation study of the anti-androgen Depo-Provera and its effects on the treatment. Anti-androgen drugs are a group of medications which are designed to counteract the effects of male sex hormones (androgens; Rice et al., 2011). According to Rice et al. (2011), treatment with Depo-Provera radically lowered the sexual interest of male patients and assisted in therapeutic engagement. However, Depo-Provera has been linked to many side effects, including depression, fatigue, blood clots, blood pressure changes, weight gain,

decrease in sperm count, testicular atrophy, and cancer in laboratory animals (Rice et al., 2011).

Turner, Basdekis-Jozsa, and Briken (2013) discussed a control trial of the anti-androgen Medroxy-Progesterone Acetate. According to the study, 15% of the Medroxy-Progesterone Acetate users re-offended, as compared to 68% of those not taking the medication (Turner et al., 2013). Anti-libidinal medication can be beneficial, assuming the offenders have been fully informed and are given the ability to withdraw from taking the medication (Turner et al., 2013). As beneficial as this medication may be, it is unlikely that medication alone will provide adequate treatment for all sex offenders (Turner et al., 2013). Additionally, the list of adverse side effects may outweigh the potential benefits (Turner et al., 2013). According to Ho and Ross (2012), sexual gratification may be a secondary motive for committing such offenses. Reducing the libido of such offenders may not prevent offenders from re-offending. Additionally, these medications are effective only if they are administered continually. If an offender discontinues medication treatments, libido reduction will begin to subside.

Psychological treatment. According Marshall, Eccles, and Barbaree (2012), psychological treatment for sex offenders can be used for different purposes. Psychological treatment can be used to help the offender gain insight into the offending behavior and its acquisition (Marshall et al., 2012). The treatment may also help control or eliminate influences that sustain the offending pattern (Marshall et al., 2012). Lastly, treatment can be

used to help prevent relapse/re-offending in high-risk situations (Ho & Ross, 2012). Current literature reflects a consensus among professionals in the field that all three areas of treatment are of equal importance (Ho & Ross, 2012). According to Marques et al. (2005), criminogenic needs, which likely contribute to reoffending if left untreated, include: difficulty recognizing personal risk factors, weak commitment to avoiding re-offending, an impulsive or antisocial lifestyle, emotional loneliness, poor emotional control, deviant sexual arousal/sexual pre-occupation, limited/inappropriate reactions to victim distress, cognitive distortions that support offending, deficits in (personal/interpersonal) problem solving skills for risk factors, difficulty generating/enacting coping strategies for personal risk factors, limited/inappropriate intimacy skills, and history of drug/alcohol abuse.

Treatment approaches. A number of different approaches to treatment exist. These approaches might include skills-based interventions, behavior modification, or insight/motivation-orientated interventions (Glaser, 2011). Current literature discusses the importance of incorporating different treatment methods over a number of treatment targets in order to meet the individual treatment needs/risk factors of offenders (Glaser, 2011). Evidence suggests that the previously mentioned dynamic risk factors do not act individually, but interact with one another (Marshall et al., 2012). Therefore, an individual's angry mood can exacerbate deviant sexual arousal while cognitive distortions can exacerbate angry mood (Marshall et al., 2012). In recent times, the focus of treatment has shifted toward a more structured cognitive behavioral approach (Glaser, 2011). This approach tends to focus on a

range of risk factors of future offending (Glaser, 2011). The cognitive behavioral model has adopted relapse prevention techniques from drug and alcohol research to develop individually tailored programs that have been applied to sex offender intervention (Glaser, 2011).

Little research has demonstrated positive effects of psychotherapy with sexual offenders as a sole means of treatment (Harking et al., 2012). This strategy has increasingly given way to cognitive behavioral approaches (Harking et al., 2012). These approaches, which take a purely behavioral stance, may include masturbatory reconditioning, covert sensitization, and satiation therapy (Harking et al., 2012). Unfortunately, efficacy of such therapeutic interventions is both conflicting and equivocal (Harking et al., 2012). Early studies of satiation therapy with sexual offenders reported reduction in patterns of deviant arousal (Worling, 2012). According to Worling (2012), satiation therapy may reduce deviant sexual interest, in addition to proving useful when aversion therapy fails.

Most cognitive behavioral programs utilize a multi-modal approach (Worling, 2012). A multi-modal approach is a useful framework that can help assess risk and treatment need more accurately (Worling, 2012). Precursors and consequences of sexual offending can be identified at different levels of functioning (Worling, 2012). Such levels of functioning include: attitudes, relationships, behaviors, physical state, cognition, emotion, and sexual arousal before and after offending (Marques et al., 2005). A full picture of the offending cycle can be obtained normally from police reports, interviews, behavioral observations, and psychological assessments (Marques et al., 2005).

According to Marques et al. (2005), successful interventions target the offender's denial and minimization, sexual motivation, perceived harm to their victim, and their need for treatment. Additionally, psychometric assessments, individual and group discussions, and self-management can be implemented with an aim to modify the cognitive distortions associated with sexual deviant behavior (Marques et al., 2005). Many treatment programs also address a lack of empathy as an important trait of sexual offenders.

Treatment delivery. The treatment of sex offenders is often delivered through group or individual sessions (Mann, 2009). Current literature posits that group work with sexual offenders can be a highly effective method of treatment (Mann, 2009). Mann (2009) claimed that group sessions are advantageous in terms of potential cost-benefits of both time and money. Group sessions also offer interaction with others to facilitate growth and change (Mann, 2009). While this interaction is often healthy, the dynamics between participants have a strong influence on what each member learns from group (Levenson, Prescott, and D'Amora, 2010). For example, offenders who share similar difficulties may effectively challenge the thoughts or behaviors of other offenders.

Group therapy reflects on the group members' reaction to and perceptions of an outside perspective. This may assist the offenders in addressing unresolved anger, guilt, or anxiety (Mann, 2009). By addressing these unresolved issues, the client can progress toward more socially acceptable behaviors. Group therapy also offers a supportive and nurturing

environment, offering the offender a place to discuss and practice new skills, as well as cognitive patterns developed during treatment (Mann, 2009).

Levenson, Prescott, and D'Amora (2010) discussed possible motivational benefits from group participation, as it requires a sense of public acknowledgment of a presenting problem. Many clinicians believe that a purely individual approach, to some degree, replicates the secret nature through which these maladaptive thoughts and behaviors were developed. While group therapy can be beneficial for many sexual offenders, offenders who demonstrate high levels of hostility, denial, and manipulation may disrupt the group dynamics (Levenson et al., 2010).

Chapter 3: Methodology

To reiterate, this study aims to determine the effects that positive attitudes may have on levels of motivation. Specifically, the current study seeks to discover if currently registered sexual offenders with positive attitudes toward federally mandated policies have a higher level of motivation for treatment. This chapter discusses the methodology, research hypothesis, and plan of analysis utilized to achieve these objectives.

Problem Statement

A sex offender's attitude toward treatment and mandated policies can either accelerate or hinder their rehabilitation. If sex offenders' attitudes toward current mandated policies affect their motivation for treatment negatively, these mandated policies could hinder an offender's treatment process. Conversely, if offenders view mandated policies in a positive manner, they may have a higher level of motivation to participate in and complete their treatment. Studying the attitudes of these sex offenders can help determine whether such policies affect their motivation for treatment.

Hypothesis

The current study hypothesized that offenders' motivation for treatment would be directly related to their attitudes toward mandated policies. Offenders with a positive attitude toward mandated policies were postulated to have a higher level of motivation for treatment. The current study also hypothesized that offenders' level of motivation would relate directly to their attitudes toward policies based on the arousal theory and the expectancy-value theory within the cognitive theory of motivation. If offenders feel little or no arousal in response to following mandated policies, they could be unable to perform at optimal levels; this could lead to a decrease in motivation toward treatment. Additionally, the expectancy- value theory of motivation posits that individuals may form preconceived notions based on their experiences. If individuals perceive mandated policies as beneficial, they will expect treatment to be a positive experience; thus the current study hypothesized that this would result in a higher level of motivation among this population. The targeted level of statistical significance was .05. This level of statistical significance was used to account for respondents' moods when answering the presented surveys.

Research Design

Method. The current study utilized a correlational design to systematically investigate the relationship between two variables (attitude towards current policies and motivation to treatment), without determining any cause or effect. Additionally, this study employed a chi-square test of independence to determine whether the two variables (attitude

toward current policies and motivation for treatment) showed a significant association. The association between the offenders' attitudes toward mandated policies and their motivation for treatment were examined to reflect the degree to which these two variables were related. As offenders' attitudes toward current policies became more positive, it was postulated that their level of motivation for treatment would also be positive.

Operational definitions of research variables. Mandated policies by which the offenders must abide are instituted at the federal and state level. Such policies may include: the area in which the offender is allowed live, the required number of times the offender must update their personal information into the sex offender database, successful completion of a therapeutic program, as well as the length of time an offender must remain registered as a sexual offender, in addition to a number of other mandated policies. The offender's attitude toward current mandated policies can be defined as the level at which they believe these mandated policies to be useful. This variable is an ordinal variable measured by items with which the respondent can agree or disagree. These items are measured on a 7-point Likert scale, ranging from 1 (*not useful*) to 7 (*very useful*). The offenders' level of motivation toward mandated treatment can be defined as the level at which the offender is motivated to participate in their treatment program. This variable is also an ordinal variable comprising items measured on a 7-point Likert scale from 1 (*not motivated*) to 7 (*very motivated*).

Procedure

Participants were briefed on the nature and the purpose (to view the current attitudes regarding treatment and policies) of the current study, and were asked to discuss all issues of the informed consent. All participants were fully informed that their answers would remain confidential and each was required to sign informed consent documentation. This subsection provides a detailed description of all the steps.

Participants. The population sample selected for the current study was comprised of 50 adult registered sexual offenders attending a mandated outpatient program. They were recruited on a voluntary basis. The race, age, gender, criminal history, and history of sexual offenses of the participants was gathered to obtain demographic data; however, this data was not used to determine qualification for the study.

Instrumentation. The current study used a number of items adapted from the Correctional Treatment Motivation Scale (Versions 1 and 2) developed by Bacharz (2008). These items were intended to measure levels of motivation among individuals participating in a court-mandated treatment program. Levels were measured on a 7-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Items on the survey included statements such as: "There is something about me that needs to change," and "Therapy is helpful." At the time the current study was conducted, The Correctional Treatment

Motivation Scale (Versions 1 and 2) had not yet been piloted, and no figures were provided by the test maker.

The current study also employed a survey developed by the author to measure participants' views on the usefulness of current sex offender policies. These survey items were measured on a 7-point Likert scale ranging from 1 (*not useful*) to 7 (*very useful*). Since the author developed this scale, it may not be as reliable or valid as other measures. Special consideration was taken when analyzing the data obtained from this measure. Both of these instruments were in pen-and-paper format.

Data processing. The hypothesis of the current study proposed a significant association between the offenders' attitudes toward mandated policies and their motivation for treatment. Specifically, it was hypothesized that if the offender's attitude toward mandated policies was positive, their motivation for treatment would also be positive. This hypothesis was tested with a Chi-Square Test of Independence to analyze any significant association between two ordinal variables (attitude and motivation).

Limitations

One possible limitation of the current study is that it examined only a limited number of types of sexual offenders. Sex offenders may fall into several categories; thus, because the current study surveyed only some of those categories, it may not have accurately portrayed the attitudes of the general sex offender population. Additionally, there are believed to be

over 700,000 registered sex offenders in the United States. Surveying only 50 sex offenders may not have accurately portrayed the attitudes of the larger population. This study examined only sexual offenders registered in the state of California. If the attitudes and motivation of sex offenders differ by region, this study's findings will pertain only to one specific region in the United States.

Additionally, this study utilized surveys that had not been piloted. Research in this area of study is limited; therefore, only a limited number of research instruments are readily available. The instruments utilized within this study have not been normed, and therefore cannot be viewed as valid or reliable. Since these instruments have not been piloted, interpretation must be done with caution. Special consideration was taken when analyzing the data obtained from the current study's measures.

Another potential limitation was that all of the current study's respondents were residents of Orange County. In comparison to neighboring counties, Orange County can be viewed as more conservative. Offenders living in more conservative areas may experience less encouragement from their community to modify their behaviors. Registered offenders living in Orange County may develop a greater sense of perceived scrutiny by the general public and their therapists. This may have greatly influenced the participants' responses to specific questions within the surveys. It is entirely possible that many responses obtained in the current study, specifically those pertaining to motivation to complete a treatment program, were presented as more positive than they actually were.

Another possible limitation of this study was the likelihood of over-reporting of positive attitudes and motivation due to perceived fear of punishment. Participants in the current study were all mandated to complete a treatment program as a condition of parole. Due to fear of violating parole and returning to prison, some respondents may have attempted to appear in a more favorable light.

Ethical Assurances

Participants were asked to complete two questionnaires consisting of 25 questions, in addition to a brief demographic survey containing no personally identifiable information. The completion of these surveys took approximately 20 minutes. Participants volunteered for the study, and were free to withdraw and discontinue their participation at any time without penalty. Participants were briefed on the nature and purpose of the study as well as any potential risks or benefits of participation. The risks of participating in the current study were minimal. However, participants may have felt emotional discomfort when answering questions about their personal beliefs regarding mandated treatment they were receiving. There were no direct benefits to the participants in this study. However, it is hoped that participation would assist in developing more effective policies and treatment methods. Any information that was obtained in connection with the study that could identify participants will remain confidential and will be disclosed only with the respondent's permission or as required by law.

Chapter Summary

This quantitative study attempted to survey currently registered sexual offenders mandated to treatment who were recruited on a volunteer basis, without compensation. It utilized a chi square analysis to examine whether the offenders with positive attitudes toward mandated policies had higher levels of motivation to treatment. Participants were briefed on the nature of the study. They were given the opportunity to withdraw from the study at any point, and their responses will remain confidential.

Chapter 4: Results

Data Screening

Forty-three participants responded to the current study's survey. The data were transferred into Predictive Analytic Software (PASW) 18.0 for the analysis. After being screened for missing data and univariate outliers, it was determined that the database contained no missing data. Data were screened for univariate outliers on the scales of interest: motivation scores and attitudes scores. Standardized values were created for each scaled score, and cases were examined for values that fell above 3.29 and values that fell below -3.29 (Tabachnick & Fidell, 2007); no univariate outliers were found. The responses from all 43 participants were used in the final data analysis.

Descriptive Statistics

The vast majority of participants were males (42; 98%), with the exception of one female (2%). Most participants were White/Caucasian (18; 42%), followed by nine Hispanic participants (21%). The two scales of interest were dichotomized (low scores versus high scores), with mean scores of less than 4.0 being considered low, and mean scores of 4.0 or greater being considered high. Regarding scores on attitudes, 22 participants (51%) had high scores and 21 participants (49%) had low scores. Concerning scores on motivation, 37

participants (86%) had high scores and six participants (14%) had low scores. Frequencies and percentages for participants' demographics are presented in Table 1.

Table 1: Frequencies and Percentages of Participants' Demographics

Demographics	*N*	%
Gender		
Male	42	98
Female	1	2
Ethnicity		
Asian/Pacific Islander	8	19
Black/African American	6	14
Hispanic	9	21
Multi-racial	1	2
White/Caucasian	18	42
Rather not disclose	1	2
Attitudes		
Low	21	49
High	22	51
Motivation		
Low	6	14
High	37	86

Note: Percentages may not total 100 due to rounding error.

Participants' ages ranged from 20- to 69-years-old, with the mean (*M*) = 38.42 and standard deviation (*SD*) = 13.10. Attitudes scores were computed from the mean responses to the 13-item Correctional Treatment Motivation Scale (modified). Attitude scores ranged from 1.55 to 5.64, with *M* = 4.01 and *SD* = 1.05. Motivation scores were computed from the mean responses to the 11-item Attitudes toward Federal Mandated Policies. Motivation scores ranged from 2.46 to 6.85, with *M* = 5.46 and *SD* = 1.03. Means and standard deviations for participant ages, attitude scores, and motivation scores are presented in Table 2.

Table 2: Means and Standard Deviations for Participants' Ages, Attitude Scores, and Motivation Scores

Variable	*M*	*SD*
Age	38.42	13.10
Attitudes scores	4.01	1.05
Motivation scores	5.46	1.03

Preliminary Analysis

Internal consistency was conducted to establish reliability of the composite scores of interest. Internal consistency determines whether the scores computed by the survey instrument are meaningful, significant, useful, and have a purpose, or in other words, are

reliable. The Cronbach's alpha test of reliability provides mean correlation (presented as alpha coefficients) between each pair of items and the number of items in a scale (Brace, Kemp, & Snelgar, 2006). According to George and Mallery (2010), alpha coefficients range from unacceptable to excellent, where > .9 = *Excellent*, > .8 = *Good*, > .7 = *Acceptable*, > .6 = *Questionable*, > .5 = *Poor*, < .5 = *Unacceptable*. Cronbach's alpha reliability of motivation scores and attitude scores indicated good to excellent reliability (see Table 3).

Table 3: Cronbach's Alpha Reliability for Attitudes Scores and Motivation Scores

Score	No. of items	Cronbach's α
Attitudes	11	.82
Motivation	13	.91

Hypothesis

Will offenders with a positive attitude toward mandated federal policies have higher levels of motivation?

$H_0$1: There is no statistically significant relationship between attitudes and motivation.

Ha1: There is a statistically significant relationship between attitudes and motivation.

To examine hypothesis one, a chi square test of independence was proposed to determine whether a statistically significant relationship exists between levels of attitude

(high versus low) and levels of motivation (high versus low). Prior to conducting the analyses, the assumption of expected frequencies was assessed, with at least 80% of the cells not having expected frequencies of five or more; thus, the assumption was not met. Due to this assumption violation, Fisher's exact probability was reported. The results of Fisher's exact probability were statistically significant, $p = .009$, suggesting a statistically significant relationship between the levels of motivation and the levels of attitudes. The null hypothesis proposing no statistically significant relationship between attitudes and motivation can be rejected. The results of Fisher's exact probability Test between levels of motivation (high vs. low) and levels of attitudes (high vs. low) are presented in Table 4.

Table 4: Fisher's Exact Probability between Levels of Attitudes (High vs. Low) and Levels of Motivation (High vs. Low)

	Attitudes		
Motivation	Low	High	*P*
Low	6 [2.9]	0 [3.1]	.009
High	15 [18.1]	22 [18.9]	

Note. Numbers in brackets represent expected values.

Ancillary Analysis

A Pearson's correlation was conducted between attitudes and motivation. Correlation associations were evaluated by the guidelines suggested by Cohen (1988), with *r* between .10 to .29 indicating a small association, *r* between.30 to .49 indicating a medium association, and *r* between .50 to 1.00 indicating a large association. The result of the correlation analysis was significant, $r(43) = .37$, $p = .015$, suggesting a medium, positive association. This suggests that an increase in attitudes scores is associated with an increase in motivation scores. The result of the correlation is presented in Table 5.

Table 5: Pearson Correlation between Motivation Scores and Attitudes Scores

Variable	Motivation scores
Attitudes scores	.37*

Note. * $p < .05$, ** $p < .01$.

Discussion

Chapter 4 presented the results of the data obtained from two sets of surveys: (1) The Attitudes Toward Federal Mandated Policies Questionnaire, and (2) The Correctional Treatment Motivation Scale (modified; Bacharz, 2008). The Fisher's exact probability test demonstrated a significant positive correlation between attitudes toward current federal policies and motivation to treatment (supporting H1). These results are presented in Table 4.

Subsequently, a Pearson's correlation analysis was used to determine whether a statistically significant association exists between attitudes and motivation. Correlation associations were evaluated using the guidelines suggested by Cohen (1988). The result of the correlation analysis was significant, suggesting a medium, positive association. According to this analysis, as attitudes scores increase, motivation scores also tend to increase (see Table 5).

Chapter 5: Summary, Conclusions, and Recommendations

Introduction

This chapter discusses the results of the current study within the framework of the literature reviewed in Chapter 2. This discussion will review and discuss the proposed hypothesis, in addition to the current study's implications and limitations. This chapter also includes suggestions for future research.

Summary of the Study

The current study examined the attitudes and motivation of registered sexual offenders mandated to treatment. The sample consisted of currently registered sexual offenders who were court ordered to receive treatment. Participants volunteered to complete a questionnaire packet containing the following items: a brief demographic survey for demographics purposes, the Attitudes toward Federal Mandated Policies Questionnaire, and a modified version of the Correctional Treatment Motivation Scale (Bacharz, 2008).

Hypothesis

The following hypothesis guided the current study:

Ha1: A statistically significant relationship is expected to exist between attitudes toward current federally mandated policies and motivation to treatment. Offenders with a positive attitude toward mandated federal policies will have higher levels of motivation to treatment.

The hypothesis was intended to explore the relationship between sexual offenders' attitudes toward mandated polices and their effect on sexual offenders' motivation to complete their treatment program. The results of the study supported this hypothesis. The analysis revealed a statistically significant relationship between motivation and attitudes. This further demonstrates the presence of the expectancy-value theory within the cognitive theory of motivation, as presented by Carbonneau, Vallerand, and Lafreniere (2012). It is possible that the respondents maintained a preconceived notion regarding treatment based on their experiences and views of mandated policies. These respondents viewed federal mandates in a positive manner, which likely influenced their development of motivation for treatment.

The results of the current study were similar to those found by Hsu, Cai, and Li (2010). These researchers posited that attitudinal and motivational patterns are part of an individual's behavioral habits that impact thinking, decision making, and behaving by helping one manage his or her experiences (Hsu, Cai, & Li, 2010). One's experiences are managed by filtering the constant stimuli occurring around individuals through either admitting or blocking information, and translating the admitted information into one's sense

of reality (Hsu et al., 2010). Therefore information which is associated with positive experiences is more likely to be admitted, resulting in attitudinal and motivational patterns which reinforce associated behaviors (Hsu et al., 2010). Conversely, information associated with negative experiences is likely to be blocked, thus reinforcing the previous experiences as well as detouring the development of positive attitudes (Hsu et al., 2010).

Hussein (2011) produced similar results while examining motivation to learn a new language. According to Hussein (2011), an individual's motivation to learn a new language is dependent on both the needs of the learner as well as the learner's attitudes toward the second language and the second language community. The learner will have greater motivation if there is a need to learn the language in order to achieve a goal, or if there is a desire to communicate with a speaker of the second language and learn about the country where this language is spoken. Hussein (2011) found that participants with a negative attitude toward the country or speakers of the foreign language demonstrated little to no motivation to learn the foreign language.

Further analysis of the respondents' raw scores was completed using a Pearson correlation to examine statistically significant relationship between attitudes and motivation. The results of the correlation analysis were significant, suggesting a medium, positive association. This analysis demonstrated that within the group of respondents, as their attitudes scores increased, their motivation scores had the tendency to increase as well.

Recommendations

The current study included data from two sex offender outpatient treatment programs. It focused on the relationship between positive attitudes regarding mandated policies and motivation for treatment. The findings offer several recommendations for future research. These recommendations are discussed below.

Recommendations for future research. This study gathered information from registered sexual offenders currently mandated to receive treatment. The goal was to measure their attitudes toward current policies and motivation to complete their treatment programs. The following recommendations derived from the limitations of the study should be considered to expand the research on registered sexual offenders' attitudes.

Given the limited number of respondents within the current study, similar studies should include larger samples. Using a larger sample of respondents could more accurately portray the attitudes of the population of sexual offenders. In addition, all registered offenders participating in the current study reside in Orange County, California. A more exhaustive study may examine the attitudes of registered offenders across the country. The state, county, or even the city within which the registrant resides may influence their views of policies and treatment. Offenders living in areas in which they are continually vilified may have less favorable views of policies and treatment. Conversely, if registrants reside in a region that is much more encouraging and supportive, they may in turn harbor more positive attitudes regarding mandated policies and treatment.

Ethnicity was not included as an individual variable in the current study because federally mandated policies and treatment are universal, regardless of the offender's culture or ethnicity. A more comprehensive view of the offender's attitude may be generated by accounting for ethnic status. For example, in many European countries, including France, Greece, Denmark, and Sweden, a minor can consent to sex at the age of 15. An individual who has been acculturated to these European regulations, or taught these values throughout their development, may not share the same ideals as an offender acculturated to U.S. regulations. In these cases, it is possible that these offenders may have a more negative attitude toward U.S. sex offender policies.

The current study measured responses from both male and female respondents. While Tewksbury (2004) found that female sex offenders experience frequent consequences resulting from registry programs similar to male offenders, there may be great differences in the perception of federal mandates. Female sex offenders may have different needs as compared to their male counterparts with regard to motivation for treatment. While a male offender's motivation to treatment may be explained through the cognitive theory of motivation, the female offender's motivation to treatment may be explained through a different theoretical construct, such as: the incentive theory of motivation, the arousal theory of motivation, or the drive theory of motivation, among numerous others. Further research involving female participants in this area of study may yield a greater understanding of what constructs of motivation are present within female offenders.

The results of the current study are confined within limits, which were set by a pre-determined collection of Likert-based questions. Future research examining sexual offender attitudes and motivation would benefit from the inclusion of open-ended assessments in order to define these concepts, as well as their relation to one another, more accurately. Additionally, the questionnaires utilized in this study cannot be viewed as reliable or valid. Future studies would benefit from utilizing methods which have been piloted and can provide reliable and valid measures for this population.

Lastly, all participants of the current study were mandated to receive treatment during the time the questionnaires were administered. It is possible that participants of the study may have provided responses in which they presented themselves in a more positive light. This may have been due to a perceived fear that negative responses may result in a negative impact on the participants' treatment. Future studies may benefit from gathering participants who are mandated to follow sex offender policies, but who are not concurrently mandated to receive treatment.

Implications

The current research study was conducted to explore the relationship between the policies a sexual offender must incorporate in their daily life and their motivation to complete their mandated treatment program. This research supported the hypothesis proposing a correlation between offenders' attitudes toward the mandated policies to which they must adhere on a daily basis with their motivation to participate in and complete their mandated

treatment program. The results of this study will enhance the process of the formation of these mandated policies and contribute to the re-evaluation of existing policies, which may be more punitive in nature, rather than actually ensuring the safety of the public.

The findings from this research may be used to assist policy makers in devising mandates that not only ensure public safety and wellbeing, but also attempt to limit the negative attitudes of the offender. For example, registered offenders are prohibited from living within a certain proximity to schools, parks, or bus stops. Many cities have initiated the construction of numerous city parks in an attempt to effectively eliminate registered offenders from residing in their city. If offenders are continually reminded that they are offenders, they might start identifying themselves as offenders. If offenders see themselves as sexual offenders and nothing more, it could be expected that they would have little to no motivation to complete their treatment programs. While this does not mean that sex offender policies should be abolished, it is important to consider the benefits of each policy, and more importantly, to consider whether they are based simply on rage and fear.

When creating any policy, it is important to consider that no policy, no regulation, and no law can effectively prevent someone from committing a crime. These policies are retroactive in nature. If the public expects registered offenders to participate in and complete a treatment program, then an environment that is conducive to this goal must be created. Unfortunately, no politician has the desire to appear "soft" on sexual offenses. Accordingly, the most common reaction is to create numerous, highly restrictive policies. While the end

goal of these policies is to rehabilitate offenders and potentially prevent further sexual offenses, instating highly restrictive policies may be counterintuitive to reaching this goal.

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Appendix A

Demographic Questionnaire

Instructions: Please answer the following questions to the best of your ability

Check the answer that best classifies your race.

__ Arab
__ Asian/Pacific Islander
__ Black/African American
__ White/Caucasian
__ Hispanic
__ Indigenous/Aboriginal
__ Latino
__ Multiracial
__ Other Please explain: _____
__ Rather not disclose

Age: _____

Gender: __ Male __ Female

Please discuss any and all past crimes committed (not related to sexual offenses).

_____

_____

_____

_____

_____

_____

Please discuss any and all past sexual offenses.

_____

_____

_____

_____

_____

_____

Appendix B

Attitudes Toward Federal Mandated Policies Questionnaire

Instructions: please complete the following questions regarding how you CURRENTLY FEEL about mandated sex offender policies. Circle the response that best describes your CURRENT FEELINGS.

1. **I should have to register as a convicted sex offender.**

1 2 3 4 5 6 7

Strongly Disagree Disagree Slightly Disagree No Opinion Slightly Agree Agree Strongly Agree

2. **Law enforcement has the right to verify my address on a yearly basis.**

1 2 3 4 5 6 7

Strongly Disagree Disagree Slightly Disagree No Opinion Slightly Agree Agree Strongly Agree

3. **The public has the right to view my picture, home address, crime, and other personal information.**

1 2 3 4 5 6 7

Strongly Disagree Disagree Slightly Disagree No Opinion Slightly Agree Agree Strongly Agree

4. **My personal information should be listed on the internet, in newspapers, or distributed in pamphlets.**

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	No Opinion	Slightly Agree	Agree	Strongly Agree

5. **I should be required to register as a sex offender for an extended period of time, including life-long registration.**

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	No Opinion	Slightly Agree	Agree	Strongly Agree

6. **Some sex offenders are more dangerous than others and should be treated as such.**

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	No Opinion	Slightly Agree	Agree	Strongly Agree

7. **Some sex offenders need civil commitment.**

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	No Opinion	Slightly Agree	Agree	Strongly Agree

8. **Sex offenders who have previously served their time should still be required to abide by current policies.**

1 2 3 4 5 6 7

Strongly Disagree Disagree Slightly Disagree No Opinion Slightly Agree Agree Strongly Agree

9. **Registered sex offenders should not be able to live within 2,000 feet of any school and park.**

1 2 3 4 5 6 7

Strongly Disagree Disagree Slightly Disagree No Opinion Slightly Agree Agree Strongly Agree

10. **Sex offenders should be monitored by a GPS system.**

1 2 3 4 5 6 7

Strongly Disagree Disagree Slightly Disagree No Opinion Slightly Agree Agree Strongly Agree

11. **Some sex offenders should be in prison for life.**

1 2 3 4 5 6 7

Strongly Disagree Disagree Slightly Disagree No Opinion Slightly Agree Agree Strongly Agree

Appendix C

Correctional Treatment Motivation Scale (modified)

Instructions: please complete the following questions regarding how you CURRENTLY FEEL about treatment. Circle the response that best describes your CURRENT FEELINGS

1. **I feel that I need treatment**

1 2 3 4 5 6 7

Strongly Disagree Disagree Slightly Disagree No Opinion Slightly Agree Agree Strongly Agree

2. **The treatment program I'm in is helpful.**

1 2 3 4 5 6 7

Strongly Disagree Disagree Slightly Disagree No Opinion Slightly Agree Agree Strongly Agree

3. **I'm in therapy because I need to change**

1 2 3 4 5 6 7

Strongly Disagree Disagree Slightly Disagree No Opinion Slightly Agree Agree Strongly Agree

4. **Some types of therapy might be able to help me.**

1 2 3 4 5 6 7

Strongly Disagree Disagree Slightly Disagree No Opinion Slightly Agree Agree Strongly Agree

5. **There is something about me that needs to change.**

1 2 3 4 5 6 7

Strongly Disagree Disagree Slightly Disagree No Opinion Slightly Agree Agree Strongly Agree

6. **Therapy is helpful for many people.**

1 2 3 4 5 6 7

Strongly Disagree Disagree Slightly Disagree No Opinion Slightly Agree Agree Strongly Agree

7. **Therapy can help many people handle their problems.**

1 2 3 4 5 6 7

Strongly Disagree Disagree Slightly Disagree No Opinion Slightly Agree Agree Strongly Agree

8. **Given the option I would voluntarily be in therapy.**

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	No Opinion	Slightly Agree	Agree	Strongly Agree

9. **I want to be in therapy.**

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	No Opinion	Slightly Agree	Agree	Strongly Agree

10. **Everyone could use therapy at some time in their life.**

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	No Opinion	Slightly Agree	Agree	Strongly Agree

11. **People who choose therapy are not weak/helpless.**

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	No Opinion	Slightly Agree	Agree	Strongly Agree

12. **In sessions, I tell my counselor/therapist the truth.**

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	No Opinion	Slightly Agree	Agree	Strongly Agree

13. **I'm in therapy because I want to change things about myself.**

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	No Opinion	Slightly Agree	Agree	Strongly Agree