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Investigating Attitude Change Through Psychoeducational Interventions

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INTERVENTION

Investigating Attitude Change Through Psychoeducational Interventions

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Abstract

Public perception of individuals charged with sexual offenses tends to be both negative and misinformed, leading to popular support for non-evidence based harsh and punitive sentencing. These fear-based attitudes are often more impactful than research in influencing public policy or legislation regarding individuals charged with sexual offenses. Kleban and Jeglic (2012) observed that discussion-based psychoeducation about individuals charged with sexual offenses resulted in significantly fewer negative attitudes about this offending population. The current study replicated these results with the addition of a Public Service Announcement (PSA) intervention featuring an interactive psychoeducational video addressing myths and misperceptions about individuals charged with sexual offenses, and further examined the endurance of attitude change over time. Male and female (N=537) undergraduate students over the age of 18 from John Jay College's Research Experience Program were recruited for this study. Based on the current findings, discussion based psychoeducational intervention is the most effective intervention to influence change in attitude toward this population and future studies may use this intervention to test its impact on attitude change in less unique populations that are more easily generalizable to society.

Keywords: attitude change, sex offense, sex offenders, psychoeducation

Investigating Attitude Change Through Psychoeducational Interventions

In 2014, the United Nations Office on Drugs and Crime reported 2.5 million cases of sexual assault worldwide, with countries reporting a ratio of 100 cases per every 100,000 people. This pervasive public health issue lacks regard for national borders as the Center for Disease Control and Prevention (2018) estimates that one in three women and one in six men have already experienced some form of sexual violence within their lifetime. Past research examining public perception towards individuals charged with sexual offenses has demonstrated that attitudes toward this group are primarily negative (Federoff & Moran, 1997; Levenson, Brannon, Fortney, & Baker, 2007; Lotke, 1996). These pervasively negative attitudes are further exacerbated by the tendency of the media to focus on the most severe cases, resulting in an inaccurate and unrepresentative generalization of this offender population's behavior as a whole (Malinen, Willis, & Johnston, 2013). Current legislation places precedence on penalty rather than rehabilitation (Levenson et al., 2007), and proliferation of distorted information leads to the adoption of policy that seeks to ameliorate the concerns of the public, rather than effectively address safety (Cohen & Jeglic 2007; Craun, Kemsmitz, & Butler 2011; Levenson, D'Amora, & Hern, 2007; Maguire & Singer 2011; Mancini, Shields, Mears, & Beavers, 2010; Sample & Bray, 2006; Zgoba, 2004).

Over the last several decades, numerous laws have been enacted targeting those who have committed sexual offenses including sex offender registration and notification, residence restrictions and post sentence civil commitment for those individuals deemed sexually violent predators (Calkins, Jeglic, Beattey, Zeidman, & Perillo, 2014). One of the laws, the Sex Offender Registration and Notification Act (SORNA), requires individuals charged with sexual offenses to register as a sex offender and keep their registration current in each jurisdiction in which they

reside, work, or go to school and make periodic in-person appearances to verify and update their registration information. All information provided is currently available to the public. Under SORNA, the minimum time on the registry was changed for certain offenders, continuing to support the idea that more time on the registry and disseminating this information to the public will lower recidivism (United States Department of Justice, 2016). The findings of Connor and Tewksbury (2017) actually suggest that legislation like SORNA does not lead to increases in public safety or decreases in recidivism.

Influence of Myths on Public Policy

In combination, media and policy facilitate the development and maintenance of cultural myths about individuals charged with sexual offenses (Galeste, Fradella, & Vogel, 2012; Zilney & Zilney, 2009). These myths include beliefs that individuals charged with these offenses are unresponsive to treatment, recidivate at high rates, and suffer from severe mental illness (Ben-Yehuda, 2009; Levenson et al., 2007). Even in the face of research illustrating the ineffectiveness of current legislation, and inaccuracies of these public attitudes (Bureau of Justice, 2003; Hanson & Mourton-Bourgon, 2004); myths about individuals charged with sexual offenses persist. The perpetuation of these myths poses negative complications for public policy, as law makers are less likely to support legislation regarding sex offender treatment and rehabilitation that their constituents do not approve of.

The legislative consequences of these myth-based public attitudes and beliefs have become apparent through empirical research examining the impact of public opinion on policymakers' decision making. According to a 2008 study, the perception of public demand for effective legislation, not fact, is the driving force behind most sex offender laws (Sample & Kadleck, 2008). Legislators in this and other studies reported that their public safety efforts often

respond directly to public outcries for harsher or more punitive laws addressing sex offenders, indicating that these laws rely on public sentiment towards sex offenders (Velazquez, 2008; Meloy, Curtis, & Boatwright, 2013). As described, these sentiments tend to be formulated from myths and stereotypes propagated by media coverage of horrific yet statistically rare sex crimes, rather than based in empiricism. The public pressure to take forceful action to reduce victimization pushes policymakers towards laws that will appease myth-based fears and reinforce the negative attitudes pursuant to these fears.

Further, this legislation enhances the stigma surrounding individuals charged with sexual offenses (Furst & Evans, 2013). Individuals charged with sexual offenses may interpret public stigma as possible evidence that they are incapable of treatment or rehabilitation. Previous research has found that offenders recognition of this stigma leads them to internalize consequences such as shame, and hopelessness as well as adopt this stigma as an identity (Tewksbury, 2012), which only bolsters fearful and antipathetic attitudes towards them (Furst & Evans, 2013). Given that empirical data has demonstrated the responsiveness of individuals charged with sexual offenses to treatment, it is of critical importance to understand the cognitive basis of these negative attitudes. Treatment for sex offenders has been shown to lower re-offense rates by up to 8% compared to those who do not receive treatment. Treatment programs can contribute to community safety because those who attend and cooperate with program conditions are less likely to reoffend than those who reject intervention. Additionally, research has indicated that sex offenders who do not receive treatment are at an increased risk for general and sexual re-offenses. Other research indicates that cognitive-behavioral therapy and systemic treatment were associated with decreases in sexual recidivism from 10.1 to 13.6 % (Schmucker & Lösel, 2015). Public education about the factual information about individuals charged with sexual offenses is

crucial to effecting improvements in rehabilitation programs and addressing public safety concerns.

Attitudes Towards Individuals Convicted of a Sexual Offense

Myths and misconceptions stemming from sex offender laws only serve to exacerbate punitive attitudes toward this offending population. For example, despite the fear of recidivism, and commonly held assumption that sex offenders will go on to reoffend, those who commit sexual offenses actually have lower recidivism rates than other types of offenders. For example, reconviction data suggests that most sex offenders do not reoffend (Centre for Sex Offender Management, 2010). Re-offense rates do vary among the types of sex offenders, but overall, sex offenders have a lower likelihood of reoffending than the general criminal population (Gallagher, Wilson, Hirschfield, Coggeshall, & MacKenzie, 2000; Marshall & Pithers 1994; Polizzi, MacKenzie, & Hickman, 1999; Schmucker & Lösel, 2015). In fact, research has shown that child molesters had a 13% re-offense rate for sexual crimes over a 5-year period and individuals convicted of rape had a 19% re-offense rate for sex crimes over a 5-year period (Hanson & Bussiere, 1998). A 2012 Department of Justice study looked at a group of convicted sex offenders five and ten years after release from prison. Only 5% committed another sexual offense within 5 years of release and only 10% committed another sexual offense within 10 years of release (DOJ, 2012).

Public surveys addressing opinions towards individuals charged with a sexual offense have demonstrated that they are one of the most feared and abhorred offender populations and that some believe that rehabilitation of this offender group is highly unlikely (CSOM, 2010). In a 2007 national poll of American citizens, it was found that offenders charged with sexual offenses are currently feared more than terrorists (Human Rights Watch, 2007). When compared to other

offender types, individuals charged with sexual offenses elicit greater public feelings of hate, anger, and fear (Quinn et al., 2004). Responses to a survey administered by Levenson and colleagues (2007) revealed that respondents consistently endorsed the belief that 75% of offenders who have committed a sexual offense recidivate upon release from incarceration which is significantly higher than the estimated 13-14% found in meta-analyses (Hanson & Bourgon, 2004). Moreover, research demonstrates that non-sexual offenders have consistently higher recidivism rates than individuals charged with sexual offenses after release from prison. While these results are encouraging for sex offender rehabilitation prognosis, the public majority largely remains unaware.

Attitude Change

Previous studies have examined how the presentation of counter-attitudinal information may have the potential to induce attitude change. Research conducted by Rydell, McConnell, Strain, Claypool, and Hugenberg (2007) demonstrated the response differences in explicit attitudes (attitudes that individuals are aware of and can consciously control the expression of) and implicit attitudes (attitudes that are not consciously accessible and thus their expression cannot be controlled) when exposed to counter-attitudinal (CA) information. Results suggest that explicit attitudes vary in response to small amounts of CA information via a fast-learning system of evaluation, whereas implicit attitudes change gradually upon exposure to CA information that is sufficient to counteract the initial implicit attitudes. Thus, as conscious attitudes are more accessible, they are more susceptible to the influence of counter attitudinal information faster, than unconscious attitudes out of our control which may require increased information over a longer duration of time to change.

Further results found by an experiment conducted by Rudman, Ashmore, and Gary (2001) indicate that changing both explicit and implicit attitudes may be feasible. Upon exposure to a curriculum designed to promote respect for diversity, students demonstrated a significant decrease in explicit and implicit stereotypes and prejudice. Similar findings have been reported from many studies, and research by Echterhoff, Higgins, and Groll (2005) has demonstrated the influence that a speaker may have on his/herself as well as message recipients particularly by means of “audience tuning.” In an experiment participants were instructed to describe a person on based on a short essay that consisted of evaluatively ambiguous behaviors, and informed that the audience was tasked with identifying the target person on the basis of their message description of him. Prior to producing their message, participants were informed that their audience either liked or disliked the target person—inciting the speaker’s tendency to engage in audience tuning. The speaker created evaluatively positive messages for an audience with a positive attitude and evaluatively negative messages for an audience with a negative attitude.

To address the possibility of altering these negative attitudes through psychoeducational intervention, Kleban & Jeglic (2012) conducted a study that tested three methods of information dissemination designed to promote factual beliefs about sex offenders. Participants were presented with some common sex offender myths and were then shown the errors in these myths through the presentation of research-driven data. Findings indicated that the participants who were asked to engage in a short discussion about the information demonstrated fewer negative biases about sex offenders than those who merely read or listened to the information. Importantly, comparisons of ATS scores of individuals who read a psychoeducation module about sex offenders and those who read about a control topic differed significantly, with control subjects endorsing more myths and indicating stronger negative attitudes (Kleban & Jeglic,

2012). The results of this study suggest the effectiveness of psychoeducational intervention in changing attitudes and introduced a line of prospective research regarding other modes of information dissemination, the behavioral correlates of attitude change, as well as the strength of attitude change over time.

Interactive psychoeducation has been demonstrated to be effective in correcting myths and altering negative attitudes towards individuals charged with sex offenses (Kleban & Jeglic, 2012), however, the public outreach of such interventions is limited due to the physical, in-person requirement of discussion-based psychoeducation. The efficacy of psychoeducation videos has been demonstrated in past studies reporting increased medication compliance and quality of life among patients with schizophrenia who were shown psychoeducation films about schizophrenia, and re-evaluated 6 months later for insight into illness, compliance, and quality of life (Bond & Anderson, 2015; von Maffei, Gorges, Kissling, et al., 2015; Öz & Tambag, 2013).

Psychoeducational Intervention Effects on Behavior Change

Given the pervasive nature of these myths about sex offenders, a necessary avenue of investigation pertains to the real-life impact of how these negative attitudes may influence behavior. Few studies, if any, have examined the direct impact of negative attitudes towards individuals charged with sexual offenses on juror decision making. Butler (2006) used the Attitudes Towards Sex Offenders Scale (ATS; Hogue, 1993) to predict sentencing decisions based on participants' pre-existing negative attitudes as assessed by the ATS. Researchers accurately predicted 65% of sentencing decisions from participants' ATS scores, which may suggest that these attitudinal biases are strong enough to diminish the effect of evidence presentation and argument during trials. Pre-existing attitudes and biases have been empirically demonstrated to impact juror decision making in a variety of trials, including those involving

terrorism (Tait, 2013), domestic violence (Maeder, Mossiere, & Cheung, 2013), the insanity defense (Poulson, Brondino, Brown, & Braithwaite, 1998) and death penalty (Poulson, Braithwaite, Brondino, & Wuensch, 1997). Studies suggest that many jurors begin with preconceived notions of guilt to the extent that some engage in selective listening and attention during courtroom proceedings and as a result, are more readily able to recall information that is congruent with pre-conceived judgments (Kunda, 1990; Kunda & Sinclair, 1999; Trope & Bassok, 1982, 1983).

Interactive psychoeducation has not only been demonstrated to be effective in inducing attitude changes, but research has shown it has the potential to result in behavioral changes. In fact, Colom et al. (2005) examined the efficacy of psychoeducation in the management of Bipolar patients with comorbid personality disorder. Following two years of follow up-intervention, 67% of patients who completed psychoeducational treatment fulfilled criteria for relapse of symptoms, compared to a relapse rate of 100% for the control patients. Similarly, Calvo et al. (2015) examined the efficacy of a longitudinal randomized controlled trial based on a psychoeducational, problem-solving, structured group intervention for adolescents with early-onset psychosis and their families. An evaluation two years later revealed that In the psychoeducation group, 13% of patients had visited the emergency department, compared with 50% of control participants, and that significant improvement in Positive and Negative Syndrome Scale (PANSS) general symptoms was observed in the PE group when compared to the control group. The findings of this research suggest that psychoeducational models may have the potential to influence behavior over time.

Study Overview

The current study extends the work of Kleban and Jeglic (2012) by assessing the effectiveness of a psychoeducational video to effect attitude change regarding those who have committed sexual offenses. Further, this study will examine whether changes in attitudes toward this population can endure over time. Thus, it is anticipated that the interactive condition and the psychoeducational video will demonstrate the most significant attitude change and that based upon previous research (Bond & Anderson, 2015; Colom, Vieta, Sanchez-Moreno et al., 2004; Calvo, Moreno, Ruiz-Sancho, et al., 2015) these changes will endure over time

This project aimed to determine if a single-exposure to an interactive, Public Service Announcement (PSA) style psychoeducation video discussing and empirically disproved offender myths distributed online through the REP program at John Jay College to a large participant group has a similarly significant effect on attitude change to the results described in Kleban and Jeglic's (2012) study. This study aimed to pilot distribution of an interactive PSA video. It was hypothesized that 1) PSA psychoeducational intervention would result in lower scores on Attitudes Toward Sex Offenders Scale (ATS), Attitudes Toward Treatment of Sex Offenders Scale (ATTSO), and Community Attitudes Toward Sex Offenders Scale (CATSO); 2) PSA psychoeducational intervention will result in positive behaviors toward sex offenders as measured by voting scenarios; and 3) endurance of attitude change over time will be dependent on type of psychoeducational intervention to which the participant was originally exposed. Specifically, more interactional forms of psychoeducation, for example, discussion and PSA conditions, will result in longer-lasting positive attitude change.

Methods

Participants

Five hundred and thirty-seven undergraduate students from an urban Northeastern college participated in the study in exchange for course credit. Students in the in-person condition were randomly assigned into one of four groups: Reading (N=86), PowerPoint (N=70), Discussion (N=77), and Control (N=59). For the psychoeducational video, students (N=245) were invited to follow an emailed link to a video created for the purposes of this study. Participants were male and female over the age of 18 and speak fluent English; 62 responses were excluded due to ineligibility or missing data.

Materials

Attitudes Toward Sex Offenders, (ATSO; Hogue, 1993). The ATSO is a 36-item self-report scale about individual attitudes towards sex offenders. Responses to the ATSO are given on a five-point Likert scale with agreement level ascending by number (1: disagree strongly, to 5: agree strongly). Scores range from 36 to 180, with higher scores indicating increasingly negative attitudes. Internal consistency was calculated using Cronbach's coefficient. Results indicated poor internal consistency ($\alpha=0.538$).

Community Attitude Toward Treatment of Sex Offenders, (CATSO; Church et al., 2008). The CATSO is an 18-item scale developed to provide a measure for assessing attitudes regarding sex offenders across populations. CATSO scores range from 18-90 with higher scores indicating more negative attitudes. The CATSO assesses four attitudinal components towards sex offenders, including Social Isolation, Capacity to Change, Severity/Dangerousness, and Deviancy. Responses to the CATSO are given on a five-point Likert scale with agreement level ascending by number (1: disagree strongly, to 5: agree strongly). Results indicated a questionable level of internal consistency ($\alpha=0.686$).

Attitude Toward Treatment of Sex Offenders, (ATTSO; Wnuk, Chapman, & Jeglic,

2006). The ATTSO is a 35-item self-report survey about an individual's attitudes towards the treatment of sex offenders. Responses to the ATTSO are given on a five-point Likert scale with agreement level ascending by number (1: disagree strongly, to 5: agree strongly). Scores range from 35 to 175, with higher scores indicating increasingly negative attitudes. The development of the scale was based on a sample of undergraduate students. Internal consistency was calculated using Cronbach's coefficient. Results indicated adequate internal consistency ($\alpha=0.757$).

Vignettes. Respondents were asked to indicate whether they disagreed or agreed with 10 legislative proposals related to sex offenders (See Appendix A). Vignette scores ranged from 10-20, with higher scores indicating increasingly negative attitudes. These proposals are based on current active sex offender laws. Students were given a brief paragraph describing the proposal before being asked whether they agreed or disagreed with this proposed law. The inclusion of these vignettes was to demonstrate how psychoeducational intervention may influence changes in behavior over time.

Procedure

For the in-person conditions (reading, PowerPoint, discussion or control – detailed below) group assignment was determined by using an online random number generator. After signing an informed consent form, participants were asked to either read, listen to a presentation, or take part in a discussion regarding the topics lasting approximately 20-30 minutes. Following this intervention, researchers distributed the survey containing the ATSO, CATSO, ATTSO, and 10 vignettes. Participants were asked to write the last four digits of their telephone numbers as identification codes for follow-up. Three graduate students from the Forensic Psychology MA

program lead the hour-long standardized sessions. Participants in all conditions received a debriefing form at the end of the session.

Reading Group. Participants in the reading group received a written version of the Sex Offender Psychoeducation Module based on information from CSOM which described myths and misperceptions about sex offender crimes, recidivism rates, and characteristics, as well as statistics regarding the successful implementation of sex offender treatment programs and community-based programs to rehabilitate sex offenders. This written module was the same as that used in Kleban & Jeglic (2012).

Presentation Group. These participants were shown a presentation (PowerPoint) version of the Sex Offender Psychoeducation Module given by the research assistant and given a written copy of the presentation to follow along. They were informed that the written module was merely an aide to the presentation, and that reading it is not required yet they may find it useful to follow along during the presentation. The presentation was given by a MA level student in the forensic psychology program.

Discussion Group. Participants in the discussion group were given copies of the Sex Offender Psychoeducation Module and were shown the same presentation as participants in the presentation group, with the additional caveat that following the presentation, they would be asked to engage in a discussion about the information covered in the module. The purpose of the ten-minute discussion group was to provide a time in which participants could ask questions, offer opinions, and share experiences. The RA running the session led the discussion by participants asking for thoughts after the presentation, and if necessary, initiating conversation using standardized prompts.

Control Group. The procedure in the control condition was identical to the discussion condition aside from the fact that the content for the presentation and discussion consisted of information about substance abuse. They received the same instructions as the Powerpoint group, with the additional instruction that following the presentation, they would be asked to engage in a 10-minute group discussion about the information covered in the module. The purpose of the discussion group was explained as a session during which participants could ask questions, offer opinions, and share experiences. The presenter invited discussion by asking for thoughts after the presentation, and if necessary, initiating conversation by asking for questions, personal experiences, prior opinions about drug addiction,

PSA Group. Students in the PSA group received a link to a video created by the Sex Offender Research Lab (SORL) at John Jay and John Jay Online Service for the purposes of this study. Once they read an on-line consent and agreed to participate, participants were presented with an interactive video featuring student members of SORL posing questions based on the CSOM psychoeducation module, which address common myths and misperceptions. Participants had the opportunity to select a multiple-choice answer to the question. After their response is recorded, they saw the remainder of the video featuring an expert in the field who answered the questions by providing empirical information explaining the erroneous nature of these myths and misperceptions. Following completion of the video, participants were instructed to follow a link and complete an online version of the surveys, then were given the debriefing form.

Follow up. Participants were contacted three months after initial trials using the email address they provided asked to complete an electronic version of the survey. Four separate email reminders were sent—an initial email at the time of the three-month follow up, and three

reminder emails. Upon completion of the three-month follow-up, participants were rewarded a \$5 Starbucks gift card.

Results

CATSO

Overall, groups had a moderate level of negativity toward those who committed a sexual offense ($M=46.29$, $SD=6.121$), as seen in Table 1. To assess differences between groups a one-way between subjects ANOVA was conducted to compare the effect of the group condition on the CATSO score as seen in Table 2. There was a significant effect of the condition on the CATSO score for all five groups at the $p<.05$ level, $F(4, 531)=3.496$, $p=.008$. A post hoc Tukey test showed that the discussion group resulted in significantly lower CATSO scores ($M=44.42$, $p=.006$) than the PSA group level (47.13). In fact, the discussion condition had the lowest CATSO score suggesting this group demonstrated more positive attitudes ($M=44.42$, $SD=6.473$), while the PSA condition had the highest CATSO score, suggesting this group demonstrated more negative attitudes ($M=47.13$, $SD=5.919$), when considering all five conditions.

ATTSO

Overall, groups had a moderate level of negative attitudes ($M=100.20$, $SD=10.458$) as measured by the ATTSO (see Table 1). A one-way between subjects ANOVA was conducted to compare the effect of the group condition on the ATTSO score. There was not a significant effect of the condition on the ATTSO score for all five groups at the $p<.05$ level, $F(4, 531)=0.759$, $p=.552$. ATTSO scores were highest for the Reading condition ($M=101.02$, $SD=11.006$), and lowest for the PowerPoint condition ($M=98.36$, $SD=10.48$).

ATS

Overall, groups had a moderate level of negative attitudes ($M=103.10$, $SD=16.302$) on the ATS (Table 1). A one-way between subjects ANOVA was conducted to compare the effect of the group condition on the ATS score. There was not a significant effect of the condition on the ATTSO score for all five groups at the $p<.05$ level, $F(4, 531)=0.458$, $p=.767$. ATS scores were highest for the PowerPoint condition ($M=105.23$, $SD=17.003$), and lowest for the Reading condition ($M=102.20$, $SD=16.254$).

Vignettes

A one-way between subjects ANOVA was conducted to compare the effect of the group condition on the vignette score. There was not a significant effect of the condition on the vignette score for all five groups at the $p<.05$ level, $F(4, 531)=.715$, $p=.582$. Overall, groups had a moderate level of negative attitudes ($M=15.51$, $SD=2.634$). Scores were highest for the Reading condition ($M=15.83$, $SD=2.357$), and lowest for the Discussion condition ($M=15.32$, $SD=3.338$).

Three-month follow-up

The follow up response rate at three months was 14.7%. See Table 3 for scores at the 3 month follow up. A between groups One Way Analysis of Variance was conducted to compare differences in mean scores across all five conditions: Reading ($N=29$), PowerPoint ($N=11$), Discussion ($N=16$), Control ($N=12$), and PSA ($N=11$). There was no significant score across conditions for the CATSO [$F(4, 74)=0.535$, $p=.710$], ATTSO [$F(4, 74)=0.343$, $p=0.848$], ATS [$F(4, 74)=0.748$, $p=.562$], or vignettes, [$F(4, 74)=1.866$, $p=.125$]. Paired samples t-tests were computed to assess changes in overall scores over time (See Table 4). Of those who completed the follow up measures in their entirety ($N=62$), 55 participants demonstrated a change in attitude in at least one of the four measures. Most notably, a significant increase was observed in the CATSO score between initial administration ($M=43.55$, $SD=6.245$) and follow up ($M=63.19$,

SD=5.527); $t(61)=-14.638$, $p<.001$. A significant change was also observed between first administration of the ATS ($M=108.39$, $SD=7.881$) and follow up administration ($M=103.32$, $SD=8.008$); $t(61)=3.326$, $p=.001$. Additionally, significant change was also observed between first administration of the vignettes ($M=15.42$, $SD=3.904$) and follow up administration ($M=17.94$, $SD=2.469$); $t(61)=-5.075$, $p<.01$.

Discussion

The present study aimed to replicate and expand the findings Kleban and Jeglic's (2012) study by testing the effectiveness of a psychoeducational video in impacting attitude and behaviors toward those who had committed a sexual offense. Specifically, we wanted to investigate whether an on-line psychoeducational video could be as effective as an interactive discussion in changing attitudes toward those who had committed a sexual offense, how this translated to behavior and whether such changes endured over time.

As anticipated based upon the findings of Kleban and Jeglic (2012), the discussion condition resulted in significantly more positive attitudes toward those who committed sexual offenses when compared to the other conditions, suggesting that discussion is the most effective intervention to influence a change in attitudes toward this population. This is in line with previous literature on attitude change such as that of Johnson (1991) who proposed that an argument is the most influential and has the ability to maximize persuasion through the use of strong arguments, moderately fear-provoking messages, and involvement of the message recipients on an outcome-relevant basis (Johnson, 1991). Further, as suggested by Ecterhoff and Higgins (2013), through the presentation of facts about sex offenders (audience tuning) may have reduced biased negative attitudes towards sex offenders. Participants during the discussion may have also influenced their peers' attitudes. As posited by Kleban and Jeglic (2012) the written

and presentation conditions met the first two criteria successfully, yet it may be the discussion conditions involvement of the message recipients that made it the most effective.

However, contrary to expectation, those in the psychoeducation video condition actually had the most negative attitudes toward sexual offenses, even lower than the control condition. One possible explanation for this could be that participants did not complete or pay attention to the PSA, and simply completed the survey, thus lacking the informative benefits of the intervention.

Contrary to our hypotheses, no differences between condition were found on overall attitudes toward those who committed sexual offenses or attitudes toward the treatment of those who committed sexual offenses (ATTSO). While Kleban and Jeglic (2012) found a significant change in attitudes towards the treatment of sex offenders among participants who received the intervention versus those who did not, this change was only observed in the eight of the 35 items on the ATTSO showed a significant difference between the control and the experimental conditions and revealed a general theme relating to the effectiveness of treatment with sex offenders. Thus, the findings of the current study was not surprising considering that the findings of past research examining public opinions of sex offenders was indicative of a predominant belief that sex offender treatment is unlikely to be effective, and that close to 75% of sex offenders will re-offend (Levenson et al., 2007). The following questions on the ATTSO revealed high levels of punitive attitudes: 24) *“People who want to work with sex offenders are crazy,”* 42) *“Treatment is only necessary for offenders whose victims are children,”* and 47) *“The prison sentence sex offenders serve is enough, treatment is not necessary.”* Specifically, the reading condition revealed the most punitive ATTSO scores, and the power point presentation revealed the least punitive attitudes.

In this study, we also investigated whether psychoeducation could impact voting behavior. However, we did not find any differences across condition on support for sex offender policies, with the majority of participants reporting low support for these policies regardless of intervention. This suggests that current social issues related to sexual harassment (#MeToo movement) and the widespread and consistent media attention to the movement, particularly the imposition of legal consequences for the accused, may have increased punitive attitudes towards sex offenders. Finally, in an extension of Kleban and Jeglic (2012), we sought to examine whether these attitude changes endured over time. Overall, there were significant decreases in attitudes supportive of those who committed sexual offenses across time and differences observed at initial evaluation were no longer present at follow-up. This suggests that the ability to alter attitudes through the application of counter-attitudinal information (Rydell et al, 2007) may require more frequent intervention. Moreover, attitudes towards sex offenders may have a stronger implicit basis, and thus the application of counter-attitudinal information may require a longer, more engaging intervention to elicit any enduring change.

Limitations and Future Research

This study was not without limitation. First, the use of undergraduates limits the generalizability of the findings as the attitudes and behaviors of younger, educated, urban individuals at a criminal justice college may not be reflective of society at large. Future research may seek to use a wider participant pool, allowing for a more diverse representation of attitudes towards sex offenders.

The second limitation pertains to the longitudinal nature of this study. Participation in the follow-up portion was low which decreases statistical power and thus the ability to identify any significant effects of psychoeducational intervention type on attitude change. This may be due to

student loss of interest, or cessation of academic career. Nonetheless, upon exploratory analysis, paired t test analysis demonstrated a significant change in the ATS, and behavioral vignettes, which suggests that psychoeducational interventions do have the potential to change attitudes. Further, internal consistency was found to be poor for the ATTSO ($\alpha=0.538$) and questionable for the CATSO ($\alpha=0.686$), which suggests that participants may not have taken the time needed to read the questions as previous studies have demonstrated more robust psychometric properties of the scales (Corabian & Hogan, 2015). Future studies may wish to provide a larger incentive for follow up, or provide an additional incentive following the three-month follow up. Future studies may also consider utilization of a larger sample size and alternate means of follow-up.

The third limitation pertains to the psychoeducation video. While the video was professionally produced, those involved were not experts in marketing and thus it is possible that the video could be better design to effect change. It is also feasible that participants did not fully engage with the video and thereby limiting its possible effectiveness as we did not have a measure of how long they watched the video if at all. However, this is an example of efficacy research or ecological validity (i.e. how something functions in real-life) and thus perhaps it suggests that such a method of educating the public would not be effective as people would not adequately engage with the video to effect attitude and behavior change.

Finally, there was not a basis of comparison for participant attitudes prior to the initial intervention, so we are unclear how much each individual's attitudes and opinions changed. However, since there was random assignment to group we can infer that this was equally distributed across groups and thus should not impact findings.

Conclusion

Taken together, the findings of the current study may suggest that active discussion participation has the potential to alter public attitudes about highly stigmatized offender groups or topics. An increase in CATSO scores at follow up suggests that presentation of counter attitudinal may need to occur on a consistent basis and take into account how coverage of media issues may yield increasingly negative attitudes. As posited by Kleban and Jeglic (2012), identification of the most effective arena and population to present information to will be necessary.

The results of the present study suggest that it may be possible to change public attitudes towards the treatment of sex offenders over time using a brief psychoeducational intervention. While results of the inclusion of a PSA condition did not yield any significant change in attitudes, the results suggest that public attitudes may be responsive to interventions that prioritize the suggestions of Johnson (1991), maximizing recipient involvement and that such interventions may have implications for impacting change for policy and legislation regarding sex offender treatment.

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Table 1 Initial Scores By Condition

	<i>N</i>	ATS		ATTSO		CATSO		Behavior	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Reading	86	102.20	16.25	101.02	11.01	46.35	6.04	15.80	2.36
Powerpoint	70	105.23	17.00	98.36	10.48	45.29	6.47	15.49	2.98
Discussion	77	103.43	16.32	99.83	10.81	44.42	6.47	15.32	3.34
Control	59	103.71	15.58	100.34	9.84	46.34	5.62	15.80	2.24
PSA	244	102.56	16.11	100.52	10.31	47.13	5.92	15.39	2.46

Table 2 One-Way ANOVA Between Groups

Measure	<i>df</i>	<i>SS</i>	<i>F</i>	<i>p</i>
Behavior	4	19.88	0.72	0.582
ATS	4	488.34	0.46	0.767
ATTSO	4	332.69	0.76	0.552
CATSO	4	514.21	3.50	0.008*

* $p < .05$

Table 3 Scores By Condition At Three-months

	<i>N</i>	ATS		ATTSO		CATSO		Behavior	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Reading	20	108.70	6.93	96.90	7.83	64.80	4.71	17.85	2.16
Powerpoint	13	108.69	8.36	97.85	11.96	64.54	5.27	19.46	2.63
Discussion	14	104.21	7.20	98.50	8.48	62.24	5.26	16.93	2.30
Control	6	111.50	3.78	99.33	13.43	62.33	7.09	18.17	3.31
PSA	9	111.67	10.55	103.11	4.11	59.11	5.75	17.33	1.87

Table 4 Paired Sample t-tests

Measure	<i>df</i>	<i>t</i>	<i>p</i>
Behavior	61	-0.62	0.898
ATS	61	3.33	0.001*
ATTSO	61	-5.08	0.536
CATSO	61	-14.37	0.00*

**p<.05*

Appendix A.

Sex Offender Myths and Facts

Myth: “Most sexual assaults are committed by strangers.”

Fact: Results from a survey conducted by the U.S. Department of Justice in 2011 indicated that most sexual assaults are committed by someone known to the victim or the victim’s family. This is true regardless of whether the victim is a child or an adult. Only 25% of all sexual assaults are committed by strangers and these federal statistics have shown that 60% of sex offenders perpetrating child sexual assault are known to the child; 30% are direct family members; and 10% are strangers.

Myth: “The majority of sexual offenders are caught, convicted, and in prison.”

Fact: In fact, only a fraction of those who commit sexual assaults are apprehended and convicted for their crimes. Research has shown that sex offenses account for less than 1% of all arrests. Most convicted sex offenders are eventually released to the community under probation or parole supervision.

Myth: “Most sex offenders reoffend.”

Fact: Reconviction data suggests that most sex offenders do not reoffend. Re-offense rates do vary among the types of sex offenders, but overall, sex offenders have a lower likelihood of reoffending than the general criminal population. In fact, research has shown that child molesters had a 13% re-offense rate for sexual crimes over a 5-year period and individuals convicted of rape had a 19% re-offense rate for sex crimes over a 5-year period. A 2012 DOJ study looked at a group of convicted sex offenders 5 and 10 years after release from prison. Only 5% committed another sexual offense within 5 years of release and only 10% committed another sexual offense within 10 years of release.

Myth: “Sexual offense rates are higher than ever and continue to climb.”

Fact: Actually, despite increased publicity about sex crimes, the rate of reported sexual assault has decreased slightly in recent years. According to the Crimes Against Children Research Center, there was a 62% decline in sexual abuse against children from 1992 to 2010. The FBI’s Uniform Crime Reporting has shown negligible fluctuations in reported sexual assaults over the past five year

Myth: “Children who are sexually assaulted will sexually assault others when they grow up.”

Fact: Statistics show that most sex offenders were not sexually assaulted as children. And most children who are sexually assaulted do not sexually assault others. One study found that less than 30% of sex offenders reported being sexually abused as

children under polygraph, while other studies have contradicted these findings by reporting no links between childhood sexual abuse and adult sexual offending. Importantly, there is no causal relationship between being sexually abused as a child and committing a sexual offense as an adult. Certain adverse childhood experiences have been associated with adult sexual offending, including emotional and physical abuse during childhood, exposure to pornography at an early age, and exposure to family violence.

Myth: “Treatment for sex offenders is ineffective.”

Fact: Treatment for sex offenders has been shown to lower re-offense rates by up to 8% compared to those who do not receive treatment. Treatment programs can contribute to community safety because those who attend and cooperate with program conditions are less likely to reoffend than those who reject intervention. Additionally research has indicated that sex offenders who do not receive treatment are at an increased risk for general and sexual re-offense. Other research indicates that cognitive-behavioral therapy and systemic treatment were associated with decreases in sexual recidivism from 9.9 to 17.4 %.

Myth: “The cost of treating and managing sex offenders in the community is too high—they belong behind bars.”

Fact: A full year of intensive supervision and treatment in the community can range from \$5,000 to \$15,000 per offender, depending on the treatment modality. The average cost for incarcerating an offender is significantly higher, at approximately \$22,000 per offender, per year, excluding treatment costs.

Appendix B.

Control Reading

Myth: Drug addiction is voluntary behaviour

Fact: A person starts out as an occasional drug user, and that is a voluntary decision; but as times passes, something happens, and that person goes from being a voluntary drug user to being a compulsive drug user. Why? Because over time, continued use of addictive drugs changes your brain at times in dramatic, toxic ways, at others in more subtle ways, but virtually always in ways that result in compulsive and even uncontrollable drug use

Myth: More than anything else, drug addiction is a character flaw

Fact: Drug addiction is a brain disease. Every type of drug of abuse has its own individual mechanism for changing how the brain functions; but regardless of which drug a person is addicted to, many of the effects it has on the brain are similar: they range from changes in the molecules and cells that make up the brain, to mood changes, to changes in memory processes and in such motor skills as walking and talking. These changes have a huge influence on all aspects of a person's behaviour. The drug becomes the single most powerful motivator in a drug abuser's existence. He or she will do almost anything for the drug. This comes about because drug use has changed the individual's brain and its functioning in critical ways

Myth: You have to want drug treatment for it to be effective

Fact: Virtually no one wants drug treatment. Two of the primary reasons people seek drug treatment are because the court ordered them to do so, or because loved ones urged them to seek treatment. Many scientific studies have shown convincingly that those who enter drug treatment programs in which they face "high pressure" to confront and attempt to surmount their addiction do comparatively better in treatment, regardless of the reason they sought treatment in the first place

Myth: Treatment for drug addiction should be a one-shot deal

Fact: Like many other illnesses, drug addiction typically is a chronic disorder. To be sure, some people can quit drug use "cold turkey", or they can quit after receiving treatment just one time at a rehabilitation facility, but most of those who abuse drugs require longer-term treatment and, in many instances, repeated treatments

Myth: We should strive to find a "magic bullet" to treat all forms of drug abuse

Fact: There is no "one-size-fits-all" form of drug treatment, much less a magic bullet that suddenly will cure addiction. Different people have different drug abuse-related

problems, and they respond very differently to similar forms of treatment, even when they're abusing the same drug. As a result, drug addicts need an array of treatments and services tailored to address their unique needs

Myth: People don't need treatment. They can stop using drugs if they really want to

Fact: It is extremely difficult for people addicted to drugs to achieve and maintain long-term abstinence. Research shows that long-term drug use actually changes a person's brain function, causing them to crave the drug even more, making it increasingly difficult for the person to quit. Especially for adolescents, intervening and stopping substance abuse early is important, as children become addicted to drugs much faster than adults and risk greater physical, mental and psychological harm from illicit drug use

Appendix C.

Voting Scenarios

1. The Sexual Assault Response Team at Boston University is setting up a student information session to discuss how students can protect themselves from stranger assaults. Some members of the team want to adjust the session content to address date rape instead of stranger assaults. Do you agree with these students (focus on date rape prevention) or disagree (focus on stranger assault prevention)?

___Agree ___Disagree

2. A prison in Huntsville, Texas has received a federal grant of \$100,000.00. Prison administrators plan to use the funds to expand the prison housing unit, which will allow for more prisoners. However, the prison infirmary is lobbying to use the grant to fund a sex offender treatment program for sex offenders with high re-offense rates. Do you agree with the hospital administrators (use the money for a treatment program) or disagree (use the money to expand housing)?

___Agree ___Disagree

3. A Neighborhood Watch Association in Greenwich, CT has discovered that a new member of the neighborhood was once incarcerated for a sexual offense against an adult. The watch has cited sex offender re-offense rates as a reason to request extra police drive-bys in the neighborhood after dark. Do you agree with this request (extra police presence) or disagree

___Agree ___Disagree

4. The state of Illinois has banned individuals convicted of a sexual offense from working as an ice cream truck driver. Officials are considering lifting this ban and allowing individuals convicted of a sex offense to work as ice cream truck drivers. Do you agree (lift the ban) or disagree (keep the ban)?

___Agree ___Disagree

5. The state of Wisconsin has banned individuals convicted of a sexual offense from working as motorcycle instructors. Officials are considering lifting the ban. Do you agree (lift the ban) or disagree (keep the ban)?

___Agree ___Disagree

6. The state of Alaska has banned individuals convicted of a sexual offense from working as sport fishing guides on the Kenai River. Lobbyists have proposed lifting this ban and allowing individuals convicted of sex offenses to work as sport fishing guides. Do you agree (lift the ban) or disagree (keep the ban)?

___Agree ___Disagree

7. The state of Pennsylvania has banned individuals convicted of ANY offense from working as wrestling promoters. Recently, a bill has been introduced to lift this ban and allow individuals

convicted of ANY offense to work as wrestling promoters. Do you agree (lift the ban) or disagree (keep the ban)?

___Agree ___Disagree

8. The state of New York has received a proposal to revoke the ban on individuals convicted of ANY offense from working as DMV employees. Do you agree (lift the ban and allow individuals convicted of ANY offenses to work at the DMV) or disagree (keep the ban).

___Agree ___Disagree

9. The Tennessee Department of Corrections has proposed reorganizing their parole and probation program to require mandatory community integration training and treatment for sex offenders in addition to requiring community notification (i.e. requiring police departments to notify a parolee's community that he is a sex offender). Do you agree with the proposed reorganization (add community integration and treatment) or disagree (maintain community notification and forego treatment).

___Agree. ___Disagree

10. The state of Wisconsin has banned individuals convicted of a sexual offense from working as behavioral analysts. Officials are considering lifting the ban. Do you agree (lift the ban) or disagree (keep the ban)?

___Agree ___Disagree