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Professional Attitudes to Sex Offenders: Implications for Multiagency and Collaborative Working

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Abstract
Recent years have seen the development and implementation of a range of multi-disciplinary and partnership approaches to managing risk in known sex offenders, involving collaboration between justice and human services agencies. Potential barriers to the development of effective multidisciplinary practices arise when participating professionals hold different attitudes about those they are responsible for managing. This paper examines differences in attitudes towards sex offenders in two professional groups – police officers and allied health workers. The results suggest that police officers tend to hold more negative views than those who deliver treatment and support services. They are more likely to believe that offenders cannot change their behaviour and should be subject to more punitive sanctions. These findings are discussed in relation to judgements of both risk and dangerousness and associated decisions about the appropriate management of sex offenders in multi-agency and multi-disciplinary working forums.

Attitudes towards sex offenders, and sexual offending more broadly, have been identified as precipitating change in both legislation and public policy as well as having a profound impact on the ways in which known offenders are treated and managed (Levenson, Fortney, & Baker, 2010). It is now well-established that public attitudes towards sex offenders are consistently negative (e.g., Bogle & Chumney, 2006; Shackley, Weiner, Day, & Willis, 2013), often fuelled by distorted portrayals in the media which stereotype all sex offenders as predatory paedophiles (Brayford & Deering, 2012). Less is known, however, about the attitudes of those who work professionally with known sex offenders who live in the community.

Sex offenders have not always been viewed so harshly. In the 1960s, they were largely considered to have some kind of health impairment, prompting agencies to devise and deliver responses framed around treatment. By the 1980s media reports both in Australia and in other countries about sex offenders began to fuel an era of moral panic (Glaser, 1993). This led to the development of what might be referred to as a ‘law enforcement-deterrent based’ approach which, in response to public outrage and political pressure, is characterised by the implementation of a range of new measures such as offender registries and community notification schemes which are designed to protect the public and punish the offender. The approach relies upon a multi-faceted, multi-disciplinary and collaborative approach to managing risk, involving partnership working between justice and human services agencies and has developed in response to an increasing recognition that traditional unilateral or fragmented approaches are largely unsuccessful in addressing what is considered a complex public health issue (McSherry & Keyzer, 2011; RMA, 2013).

Partnerships can be understood as formal or informal arrangements between stakeholders including law enforcement, corrections, victim advocates, and treatment providers (see ATSA, 2013; Kemshall & McGuire, 2001). In many ways the UK and Scotland have led the field in the development of multi-agency risk assessment and management practices and in these countries well-articulated formal arrangements are now well-established. Introduced in England and Wales over 10 years ago, Multi-Agency Public Protection Arrangements (MAPPA) are statutory arrangements that place the onus on police, prisons, and probation to assess and manage the risk that eligible offenders present, requiring the cooperation of relevant agencies (social services, health, youth; see Kemshall & Wood, 2012). In Scotland, the Risk Management Authority has developed a Framework for Risk Assessment, Management and Evaluation (FRAME), a key objective of which is to “develop an agreed risk assessment and management framework that supports multi-agency practice through a shared understanding of roles and responsibilities, process and language of risk” (RMA, 2011, p. 10). In Australia, informal collaborative arrangements operate in most Australian jurisdictions, with management processes typically more formal for those offenders who are deemed to pose a very high risk to the community. There is substantial and growing interest in developing these models further (e.g., Grant et al., 2009; NSW Ombudsman, 2012).

Several studies (e.g., Barry, Loucks, & Kemshall, 2007; Fitzgibbon, 2012; Travis, 1997; Wood, 2007) have examined the effectiveness of multi-agency...
collaborations, revealing a number of organisational and philosophical barriers to their effective operation. Difficulties arise, for example, from an unclear delineation of roles, philosophy, and objectives (e.g., ‘turf wars’), compromised ability (e.g., incompatible data systems or an unwillingness to share information), discrepancies across agencies in case-management strategies, as well as a lack of coordination, duplication of effort, and cultural differences in how different agencies understand risk. These are all common problems in partnership working, which typically relate to issues associated with sharing power, trust, leadership, defining shared aims and communication (see Huxham & Vangen, 2000).

Police and allied health workers are increasingly required to work collaboratively, but differ greatly in terms of their professional aims, culture, language and procedures (Huxham & Vangen, 2013). The way in which professionals representing these agencies carry out their duties is likely to be influenced by the philosophy and culture associated with their profession and the demands and requirements of their role. They are also bound by their own biases and stereotypes which may be influenced by both personal experience and attitudes (Sanghara & Wilson, 2006). The aim of this study is to establish the extent to which professional attitudes towards sex offenders differ between these two groups and to consider how this may impact on effective partnership working.

There has been some previous work on this topic. An early study by Hogue (1993) examined the attitudes of police officers, correctional officers, probation officers, and psychologists using the Attitudes Toward Sex Offenders scale. A clear distinction between the groups emerged with police holding the most negative views, followed by correctional officers (both with and without involvement in sex offender treatment). Rehabilitation workers (probation officers and psychologists) held the least negative attitudes. It was concluded that those with greater and more direct contact with sex offenders (i.e., those who provided treatment) held the least negative attitudes. This pattern of results has since been replicated. For instance, a recent study by Ware, Galouzis, Hart, and Allen (2012) compared the attitudes of professionals directly involved in the rehabilitation of sex offenders (psychologists and probation/parole officers) with those not directly involved (custodial/compliance officers) and found that the former had more positive attitudes toward sex offenders. A number of other studies have identified that the amount of direct experience professionals have with sex offenders directly relates to their views and attitudes (Ferguson & Ireland, 2006; Fortney, Baker & Levenson, 2009; Hogue & Peebles, 1997; Lea, Auburn & Kibblewhite, 1999; Willis, Levenson & Ward, 2010). There has, however, been few studies which have compared the difference between the attitudes of police officers who are responsible for the management of registered sex offenders with those of allied health professionals who provide support and treatment services. In the light of a study by Levenson, Fortney, and Baker (2010) which concluded that criminal justice personal are more supportive of community notification policies for sex offenders than mental health professionals, it is to be expected that police officers will hold more negative attitudes. The different philosophical principles that underlie the policing (law and order) and human service (social justice, problem solving, empowerment, liberation, empathy) disciplines, the tasks required by staff from these professions (control vs care), and the differences in the type and amount of contact (e.g., direct, indirect) required to carry out their duties lends further support for this hypothesis. And yet, marked differences in attitudes between professionals who are engaged in partnership or collaborative working practices are likely to influence the extent to which multi-agency offender management models are successfully implemented.

Another line of research has investigated individual, rather than occupational, differences in attitudes toward sex offenders. The results of these studies have not, however, always been consistent. For example, some studies have shown no gender differences in attitudes (e.g., Johnson, Hughes & Ireland, 2007; Kjelsberg & Loos, 2008), whereas others have concluded that men generally hold more negative attitudes (e.g., Ferguson & Ireland, 2006). There are also studies which have found that women hold more negative attitudes (although the effect sizes are small; Willis, Malinen, & Johnston, 2013). A clearer picture emerges in relation to educational attainment. The Willis et al. (2013) study showed that those who are more highly educated held less negative attitudes and less stereotypes towards sex offenders, were more likely to accept them into their community, and predicted that they would re-offend at a lower rate than those who were less well-educated.

This study aims to examine differences between two different groups of professionals, allied health workers and police officers, who are expected to work in partnership when managing sex offenders in the Australian community. There have been few investigations of this issue since the original work of Hogue (1993); a study which was conducted a long time before the advent of partnership and multi-agency working practices. Based on the findings of studies conducted in other jurisdictions which have identified occupational differences in attitudes above, we predict that allied health workers (AHW) will have less negative perceptions of sex offenders than police officers who are responsible for the monitoring and supervision of registered sex offenders.
**Method**

**Participants**

Eighteen allied health workers and seventeen police officers participated in the study on the basis of their known involvement with assessing or treating registered sex offenders, or in providing support services. All volunteered to participate in the study. The AHW group comprised of psychologists (n=6), case workers (n=3), a teacher (n=1), and case managers (n=8). AHW were aged between 33 years and 69 years (M=55.3, SD=10.1) and had between 1.5 years and 40 years’ experience (M=13.7, SD=11.7). Approximately two-thirds held a post-graduate qualification (64%) and the majority (88%) had received some type of specialised training in sex offender management or treatment. Demographic data for police participants were not available.

**Measure**

The Community Attitudes Toward Sex Offenders (CATSO) is an 18-item instrument designed to measure beliefs and attitudes towards sex offenders and sex offender policies (see Church et al., 2008). It allows for the capture of common stereotypic attitudes towards sex offenders (e.g., sex offenders have high rates of sexual activity, most sex offenders keep to themselves). Respondents are required to indicate how much they agree or disagree with each statement using a Likert-type response scale. Higher scores represent more negative attitudes towards sex offenders (three items are reverse scored). Factor analyses reveal a four-pattern factor matrix with strong cohesion between the factors: Social isolation, Capacity to change, Blame attribution and Deviancy. Strong internal consistency between factors has been demonstrated (Cronbach's alpha = .74 n Church et al., 2008; Cronbach's alpha = .76 in Willis et al., 2013).

**Results**

As hypothesised, significant group differences were observed in attitudes toward sex offenders, with police (M=45.7, SD=5.8) generally holding more negative views than AHW (M=37.6, SD=8.2) (F=10.82, p<.005) as assessed by the total CATSO score. When compared on the basis of the four factors identified by Church et al. (2008), police scores were significantly higher than AHW in relation to three of the four factors, Capacity to change, Blame attribution, and Deviancy, with moderate to large effect sizes (see Table 1).

‘Differences in response to individual CATSO items were then examined (see Table 2). Using a more conservative significant level of .01 to protect against Type 1 errors, differences on three items were observed. Police participants generally more strongly endorsed the statements that sex offenders cannot change their behaviour and have high rates of sexual activity, and were supportive of increasing the length of incarceration.

Although data on the gender of police participants were not available, it was possible to compare the scores of male (n=7) and female (n=11) allied health workers. Males held more negative views than females in terms of total CATSO score (F=6.69; p=0.02; d=1.22), and on two of the factors, Capacity to change (F=5.68; p=0.03; $\eta^2$=0.26; d=1.13) and Blame attribution (F=4.81; p=0.04; d=1.02).

**Table 1**

<table>
<thead>
<tr>
<th>Factor items</th>
<th>Description</th>
<th>M (SD)</th>
<th>F</th>
<th>p</th>
<th>Mean difference</th>
<th>SE difference</th>
<th>Cohen's d</th>
</tr>
</thead>
<tbody>
<tr>
<td>6, 7, 8, 14, 16</td>
<td>Social isolation</td>
<td>11.78 (3.35)</td>
<td>1.45</td>
<td>0.24</td>
<td>-1.47</td>
<td>1.23</td>
<td>0.41</td>
</tr>
<tr>
<td>1, 2, 11, 12, 18</td>
<td>Capacity to change</td>
<td>8.89 (2.70)</td>
<td>15.56</td>
<td>.00**</td>
<td>-3.05</td>
<td>0.77</td>
<td>1.37</td>
</tr>
<tr>
<td>4, 9, 13, 15, 17</td>
<td>Blame attribution</td>
<td>10.72 (3.16)</td>
<td>4.46</td>
<td>.042*</td>
<td>-1.75</td>
<td>0.82</td>
<td>0.78</td>
</tr>
<tr>
<td>3, 5, 10</td>
<td>Deviancy</td>
<td>6.22 (2.21)</td>
<td>7.37</td>
<td>.010**</td>
<td>-1.84</td>
<td>0.67</td>
<td>0.93</td>
</tr>
</tbody>
</table>

Note. AHW – Allied Health Workers; *p<.05; **p<.01
### Table 2
**Differences Between Allied Health And Police Professionals in CATSO Item Ratings.**

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item</th>
<th>M (SD) Police</th>
<th>F</th>
<th>p</th>
<th>Cohen’s d</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>AHW</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>With support and therapy, someone who committed a sexual offence can learn to change their behaviours.</td>
<td>1.61 (0.61)</td>
<td>2.53</td>
<td>9.18</td>
<td>.05</td>
</tr>
<tr>
<td>2</td>
<td>People who commit sex offences should lose their civil rights (e.g., voting, privacy).</td>
<td>1.50 (0.62)</td>
<td>1.94</td>
<td>4.91</td>
<td>.034</td>
</tr>
<tr>
<td>3</td>
<td>People who commit sex offences want to have sex more than the average person.</td>
<td>1.89 (0.96)</td>
<td>2.41</td>
<td>3.97</td>
<td>.06</td>
</tr>
<tr>
<td>4</td>
<td>Male sex offenders should be punished more severely than female sex offenders.</td>
<td>1.72 (1.02)</td>
<td>1.53</td>
<td>0.49</td>
<td>.49</td>
</tr>
<tr>
<td>5</td>
<td>Sexual fondling (inappropriate, unwarranted touch) is not as bad as rape.</td>
<td>2.06 (1.31)</td>
<td>2.71</td>
<td>2.52</td>
<td>.12</td>
</tr>
<tr>
<td>6</td>
<td>Sex offenders prefer to stay home alone rather than be around lots of people.</td>
<td>2.61 (0.98)</td>
<td>2.47</td>
<td>0.19</td>
<td>.67</td>
</tr>
<tr>
<td>7</td>
<td>Most sex offenders do not have close friends.</td>
<td>2.83 (1.15)</td>
<td>2.82</td>
<td>0.001</td>
<td>.98</td>
</tr>
<tr>
<td>8</td>
<td>Sex offenders have difficulty making friends even if they try real hard.</td>
<td>2.28 (0.90)</td>
<td>2.82</td>
<td>3.30</td>
<td>.08</td>
</tr>
<tr>
<td>9</td>
<td>The prison sentence sex offenders receive are much too long when compared to the sentence lengths for other crimes.</td>
<td>3.06 (1.00)</td>
<td>4.18</td>
<td>18.67</td>
<td>.00**</td>
</tr>
<tr>
<td>10</td>
<td>Sex offenders have high rates of sexual activity</td>
<td>2.28 (0.75)</td>
<td>2.94</td>
<td>10.12</td>
<td>.003**</td>
</tr>
<tr>
<td>11</td>
<td>Trying to rehabilitate a sex offender is a waste of time</td>
<td>1.78 (1.26)</td>
<td>2.00</td>
<td>0.43</td>
<td>.52</td>
</tr>
<tr>
<td>12</td>
<td>Sex offenders should wear tracking devices so their location can be pinpointed at any time.</td>
<td>2.44 (1.25)</td>
<td>3.47</td>
<td>9.3</td>
<td>.005**</td>
</tr>
</tbody>
</table>

<p>| | | | |</p>
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</thead>
<tbody>
<tr>
<td>13</td>
<td>Only a few sex offenders are dangerous#.</td>
<td>2.61 (1.50)</td>
<td>3.35 (1.06)</td>
</tr>
<tr>
<td>14</td>
<td>Most sex offenders are unmarried men.</td>
<td>1.78 (0.81)</td>
<td>2.31 (0.95)</td>
</tr>
<tr>
<td>15</td>
<td>Someone who uses emotional control when committing a sex offence is not as bad as someone who uses physical control when committing a sex offence.</td>
<td>1.56 (0.78)</td>
<td>1.71 (0.47)</td>
</tr>
<tr>
<td>16</td>
<td>Most sex offenders keep to themselves.</td>
<td>2.28 (1.02)</td>
<td>2.71 (0.85)</td>
</tr>
<tr>
<td>17</td>
<td>A sex offence committed against someone the perpetrator knows is less serious than a sex offence committed against a stranger.</td>
<td>1.78 (1.17)</td>
<td>1.71 (0.59)</td>
</tr>
<tr>
<td>18</td>
<td>Convicted sex offenders should never be released from prison.</td>
<td>1.56 (0.98)</td>
<td>2.00 (0.35)</td>
</tr>
</tbody>
</table>

Note. AHW – Allied Health Workers; #Reverse scored item; **p<.01

Discussion

This study adds to the body of evidence that now exists which establishes that attitudes towards sex offenders differ among professionals from different occupational groups. In particular, it demonstrates that those tasked with the supervision and control of sex offenders, such as police officers, are likely to hold somewhat more negative views than those who deliver treatment and support services (i.e., allied health workers). The significance of these findings in an Australian context, relate to the ongoing development of multi-agency and partnership working practices. Although the number and type of agencies required for the case management of sex offenders varies depending on the risk, needs and circumstances of the offender, multi-disciplinary meetings (see RMA, 2006) are now routinely used to collect and share information, assess current risk and make predictions of future risk. A number of commentators have noted that professionals are left to draw upon their own professional and personal experience to determine whether an individual is dangerous, and it is in this context that attitudes become salient (see Ruschena, 2003). Attitudes towards sexual offenders are likely to have an influence on judgements about both risk and dangerousness and associated decisions about appropriate management. For example, the definition of terms such as ‘high’, ‘medium’ or ‘low’ risk differs considerably in practice (Barry et al., 2007), allowing attitudes towards offenders to influence the ways in which they are managed. In short, differences in the attitudes of those who participate in multi-agency case management present a problem/barrier for the development of trust and effective interagency working.

In an effort to co-ordinate or even standardise practice in this area, a number of researchers have recommended developing ethics based codes of practice, guidelines and organisational policies (Billet, Oven, Clemens, & Seddon 2007; Gill & Jordan, 2012), as is the case with the MAPPA and FRAME initiatives in the UK. However, written policies alone are likely to be insufficient to ensure successful functioning of partnerships. Huxham and Vangen’s (2013) practice-orientated collaboration theory identifies the importance of developing mechanisms to build and manage trust, develop clarity of purpose and managing ambiguity and complexity in practice. The development of shared attitudes within risk management teams appears to be one means by which this might be achieved. Thus, whilst continued professional development and training regarding multi-agency communication is often recommended as a means of improving practice in this area (see Gill & Jordan, 2012; Nash & Walker, 2009), the results of this study suggests that attention should also be paid to how workers’ attitudes play a role in
group cohesion (see also Huxham & Hibbert, 2008). There is some evidence that attitudes towards sex offenders can change with training (see Ware, Galouzis, Hart, & Allen, 2012; Willis, Levenson & Ward, 2010), especially when factual information about recidivism rates, the heterogeneity of sex offenders, the signs and symptoms of sexual abuse, and the common types of grooming behaviours used by perpetrators is presented (Levenson, Brannon, Fortney, & Baker, 2007). An evaluation of a training course offered to police officers in one Australian jurisdiction concluded that training led to lower attributions of victim responsibility and higher perceptions of likely case authorisation (Darwinkel, Powell, & Tidmarsh, 2013). Such studies confirm research that has established that exposure to accurate information can facilitate attitudinal changes about important social issues (Chamlin & Cochran, 2005), and provide support for the suggestion that changes in attitudes can be associated with changes in behaviour. In this context a balance needs to be achieved between the provision of this type of information and strategies that support the maintenance of professional identities and agency philosophies in a way that allows them to engage effectively within multi-agency practices. Finally, it is important to note that professionals dealing with sexual offenders are subject to their own personal biases and stereotypes (e.g., Collins & Nee, 2010) and within-group differences in attitude are likely to exist. The indication that male allied health workers hold more negative attitudes towards offenders than their female counterparts suggests that there is a need for some caution before stereotyping the views of different occupational groups.

In conclusion, we would observe that although joint working has become the norm in many areas of social policy, it is not straightforward to achieve high quality service delivery in practice. Understanding more about the ways in which the attitudes of professionals influence sex offender management may be helpful in improving the quality of these partnerships. Although this is a small study, which is limited in both scope and depth, it does highlight the need to understand more about the attitudes of different professional groups if what Huxham and Vangen (2013) describe as ‘collaborative advantage’ can be realised.

**References**

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