Person-First Language: Does it Matter When Describing Persons Who Sexually Offend?

Harleen Cheema

MacEwan University

Edmonton, Alberta

Thesis submitted in partial fulfillment of the

requirements for the degree of

Bachelor of Arts (Honours)

in Psychology

Abstract

Negative community attitudes towards persons who have sexually offended may be detrimental

to community reintegration. Poor community reintegration is a problem as it is linked to various

factors that increase the likelihood that a released person convicted of a sexual offense will

commit another crime in the future. Past literature has found that the 'sex offender' label serves

to exacerbate negative perceptions through perpetuating stereotypes that include 'all persons who

sexually offend are dangerous and incurable.' Person-first language has begun to replace labels

as a means to put the person before the behaviour and lessen the immediate negative response.

The aim of this study was to test whether person-first language could result in less negative

perceptions made about a fictitious person being released into the community following a

conviction for sexual offending. Two hundred and ninety one Canadian participants read one of

eight randomly assigned public announcement vignettes and then proceeded to answer questions

regarding their perceptions of persons who sexually offend. The results indicate that the

Canadian participants continued to endorse negative perceptions of the population irrespective of

the label used, suggesting that the labels were not perceived differently. However, when a

person-first label was compared to 'rapist,' and 'pedophile,' participants reported less negative

perceptions pertaining to treatment amenability.   Implications for how information is

disseminated by the media to the public will be discussed.

Acknowledgements

First and foremost, I would like to thank my supervisor, Dr. Sandy Jung, for her patience and support over the entire two year long thesis process. Without her expertise, guidance, and ultimately—her desire to see me succeed, I would have never been able to accomplish this project. I could not have had a better mentor and supervisor.

Additionally I would like to acknowledge the Research Office for supporting the completion of my research through an internal research grant awarded to Dr. Jung.

Person-First Language: Does it Matter When Describing Persons Who Sexually Offend?

In the media, the image of persons who sexually offend to the public is saturated with highly sensationalized depictions of a high-risk, incurable, predatory person (Galeste, Fradella, & Vogel, 2012). The perpetuation and acceptance of these myths run contrary to empirical knowledge about perpetrators of sexual violence (Levenson, Brannon, Fortney, & Baker, 2007a). These inaccurate and highly sensationalized portrayals in the media have been paired with the use of the 'sex offender' label such that the label has begun to elicit this unitary depiction of the population (Galeste et al., 2012; Levenson et al., 2007a; Sample & Bray, 2006). Despite the significant variation amongst perpetrators of sexual violence on behaviours, motivations, and risks to re-offend, the general public and legislators continue to see them as a homogenous group (Levenson et al., 2007a; Magers, Jennings, Tewksbury, & Miller, 2009; Sample & Bray, 2006).

Some researchers have raised concern regarding the use of the 'sex offender' label in media, public policy, and research (Harris & Socia, 2016; Levenson et al., 2007a; Malinen, Willis, & Johnston, 2014). More specifically, the concern lies in that the public and decision-makers are being biased by the associations paired with the visual form of the label and making decisions based on snap-judgments, rather than making informed decisions about the population (Harris & Socia, 2016; Malinen et al., 2014). That is, persons are not actively processing information to guide decision-making, but rather the label is exerting an influence and leading decisions into a certain direction. Public opinion research has found evidence to support that attitudes can differ based on the type of labels used (Denver, Pickett, & Bushway, 2017; Granello & Gibbs, 2016; Harris & Socia, 2016; Imhoff, 2015; Reynaert & Gelman, 2007). Moving forward, it is critical to ensure legislators and other persons with authority are making informed-decisions in relation to treatment and management decisions of persons who have

sexually offended. The public has authority through what they choose to support, thus it is integral to ensure that they also make informed-decisions. Current 'protective' legislations in place are not always reflective of empirically informed decisions that help to reduce re-offending in the community (Levenson et al., 2007a). Conversely, these policies may make it more difficult for such persons to reintegrate into the community, and as such, they may increase the likelihood of re-offense due to the functional barriers that impact social, economic, and psychological factors in a released person's life (Clark, 2008; Levenson & Cotter, 2005; Levenson, D'Amora, & Hern, 2007b; Tewksbury & Lees, 2006).

Within the context of promoting community safety through empirically informed policy, the current study aims to evaluate the differences in public beliefs and opinions about perpetrators of sexual offenses as a function of the type of label used. More specifically, this study compares person-first language to various 'sex offender' labels to examine if certain language yields more informed-decision making than the others.

Person-First Language in the Mental Health Field

The use of person-first language emerged out of the concern that labels promote bias, devaluation, and negative attitudes towards labeled persons (APA, 2010). The Americans with Disabilities Act of 1990 developed guidelines for the proper use of person-first language in recognition that using labels to define people resulted in greater stigma across medical, legal, and social domains (McCoy & DeCecco, 2011; Russell, Mammen, & Russell, 2005). It is more commonly acceptable to use postmodified nouns such as, 'person with schizophrenia,' as a means to emphasize that the person should not be wholly defined by his or her condition. The *Publication Manual of the American Psychological Association* (APA, 2010) recommends the use of possessive, postmodified nouns over premodified, or noun-labels such as, 'schizophrenic.'

The purpose is to minimize overgeneralizations such that specific events are not interpreted as general characteristics about the labeled person (APA, 2010).

A way to conceptualize the above is through the linguistic approach, which highlights the importance of language in regards to understanding stigmatization. It puts forth the idea that moral judgments about stigmatized persons are related to the type of language used in describing them (Coyle, 2013). There are two types of moral judgments—act-based or centrally-based. (Ulhmann, Pizarro, & Diermeier, 2015). In an act-based moral judgment, a person commits a good or bad act, whereas in a centrally-based moral judgment, the person committing the act is good or bad (Ulhmann et al., 2015). That is, the act comes to be used to define a central quality of the person. Similarly, the justification to employ person-first language, or postmodified nouns, stems from separating the person from the condition where the condition is no longer the sole defining characteristic of the person (APA, 2010; Jensen et al., 2013). Findings from Reynaert and Gelmans' (2007) study supports the notion that noun-based labels connote an enduring or permanent condition. The researchers examined the effect of linguistic form (noun, adjective, and possessive phrases) on judgments of mental illness and physical illness. Using a 3 (linguistic form: 'is a,' 'is,' and 'has') x 2 (types of illness: mental or physical) factorial design, 24 undergraduate participants were asked to judge the permanence of an illness. To control for past associations (such as, schizophrenia equating dangerousness), the study used only novel illnesses such that the study only emphasized the form of the phrase, rather than the content. In the mental illness condition, the noun-phrase, 'is a,' was perceived by students as more permanent when compared to adjective and possessive phrases. The importance of these findings is that language alone can change judgments.

An overwhelming amount of evidence supports the presence of the damaging effects of stigmatizing labels in regards to employment, housing, and recovery outcomes (Hipes, Lucas, & Phelan, 2016; Oliveria, Esteves, & Carvalho, 2015; Salem et al., 2015; Wahl, 1999). The perception of dangerousness and capability to commit violence has been correlated with a desire for social distance (Corrigan, Watson, Rowan, & Kubiak, 2003; Link et al., 1999). Fortunately, there is evidence to suggest that when person-first language is used in place of a noun-based label, there are differences in stigma. For example, Granello and Gibbs (2016) administered the Community Attitudes Towards the Mentally Ill (CAMI) to undergraduate students ($N = 26$), adults in a community sample ($N = 211$), and counselors ($N = 269$). Half of the participants were administered the survey using 'the mentally ill' (noun-label) and the other half of the participants completed a version using, 'people with mental illness' (person-first label). Overall, across all of the three samples, participants in the person-first conditions reported lesser stigmatizing attitudes than those in the noun-label condition.   This study provides further evidence in support of attitudes differing on account of a label.

Person-First Language and the Criminal Label

Despite the evidence in support of the damaging effects of a stigmatizing label in mental health and research settings, correctional settings continue to rely on labeling as a means of social control, rather than promoting rehabilitation. The most notable form of social control is the use of community notifications for persons who have sexually offended. The rationale behind social control is that it makes a labeled person easier to pay attention to, and thus, easier to control (Beatty, 1997; Meyers, 1996). Within labeling theory, early theorists and more recent studies found an association between the application of a deviant label and further deviancy and

criminality (Becker, 1963; Bernburg & Krohn, 2003; Bernburg, Krohn, & Rivera, 2006; Goffman, 1963).

The contemporary focus on the criminal label stems from the acknowledgement that stigmatization of deviant persons can hinder social and economic opportunities (Austin, 2001; Bernburg & Krohn, 2003; Clear, Rose, & Ryder, 2001; Pager & Quillian, 2005; Western, Kling, & Weiman, 2001). Additionally, the presence of employment post-release has been associated with a decreased likelihood for reoffending (Laub & Sampson, 2003; Tripodi, Kim, & Bender, 2010). For example, Tripodi et al. (2010) found that employed persons with a criminal record spent a significantly longer time out of incarceration compared to those without employment. As such, there has been increased advocacy for policies that combat criminal record discrimination as seen under the Equal Employment Opportunity Commission (EEOC) enforcement of Title VII, and the creation of Ban-the-Box (BTB) laws, which mandate the consideration of a candidate before a criminal record inquiry (Adriel, 2013; Smith, 2014).

A further attempt to mitigate the social and economic impact of stigma, the criminal justice system is beginning to adopt the use of person-first language. For example, the U.S. Department of Justice (DOJ) has adopted the use of person-first language through phrases such as, "person with a felony conviction," rather than noun-labels such as, 'criminal,' or 'felon.' Unfortunately, the literature on person-first language applied to a criminal setting is limited. Using a survey format, Denver, Pickett, and Bushway (2017) assigned 996 U.S. adults into either a person-first (i.e., people convicted of crimes) or crime-first (i.e., convicted criminals) condition. Participants were asked to estimate the recidivism rate of persons with three different conviction types (violent, drug, and property). The study also included a second part to examine the role of a criminal record in influencing exclusion and rejection. In study two, 1540 different

U.S. adult participants read a hiring situation and were asked to rate how much they would support or oppose an employer denying an applicant based on the presence of a criminal record. Consistent with past literature (Corrigan et al., 2003; Denver et al., 2017; Link, Cullen, Frank, & Wozniak, 1987; Link et al., 1999; Martin, Pescosolido, & Tuch, 2000), perceived recidivism risk and perceptions of violence was found to be strongly associated with increased social distance and rejection from the general public. Across both studies, persons with a violent conviction were reported as being much more likely to recidivate, and respondents were more supportive of excluding such persons from employment. Additionally, a labeling effect was found where crime-first language exacerbated the perception of recidivism for persons with a violent conviction (Denver et al., 2017).

Public Opinion Research and Consequences of the 'Sex Offender' Label

The media often puts forth a sensationalized and biased depiction of persons who sexually offend as being a homogeneous, high-risk, and incurable population (Galeste et al., 2012). Public opinion research confirms that the majority of the public holds the misconception that collectively, persons who sexually offend are at a high risk to re-offend and are not amenable to treatment (Levenson et al., 2007a). These beliefs are contrary to the literature. Compared to perpetrators of other criminal behaviours, persons who sexually offend have lesser criminal histories and lower rates of recidivism (Sample & Bray, 2003). Additionally, particular treatment programs appear efficacious in reducing long- and short-term recidivism for moderate to high-risk perpetrators of sexual violence (Duwe & Goldman, 2009; Olver, Wong, & Nicholaichuk, 2008). The consequence of the belief that all persons who sexually offend are dangerous and untreatable yields reduced support for treatment efforts, but increased support for punitive actions (Malinen et al., 2014; Mancini & Budd, 2016; Sample & Kadleck, 2008).

Negative community attitudes towards perpetrators of sexual violence have been associated with greater support for restrictive policies that are more punitive, hinder access to treatment, and impair effective community reintegration (Malinen et al., 2014; Sample & Kadleck, 2008). Survey research demonstrates high levels of support for public policies that entail enhanced monitoring, restrictions, and sentencing (Levenson et al., 2007a; Mears, Mancini, Gertz, & Bratton, 2008). A more concerning finding is that respondents reported continued support for such policies even in the absence of reported effectiveness in reducing future offending behaviour (Levenson et al., 2007a). Additionally, surveys that did not frame perpetrators of sexual offenses as a homogenous group found that support for particular policies can depend on situational and offender characteristics (Kernsmith, Craun, & Foster, 2009). For example, Kernsmith et al. (2009) found that sexual abuse against children had the highest support for registration (97% support), compared to statutory rape, which had the lowest at 65%. Regarding sentencing, Mears et al. (2008) found differences between the public's support of incarceration between different forms of sexual offenses. There was the greatest agreement with over 90% of respondents supporting incarceration for sexual assault against a minor or an adult. However, there was less agreement between indecent exposure and child pornography. Regardless, offenses against a child were agreed upon as most deserving of incarceration (Mears et al., 2008). The importance of these findings is that it suggests that public opinions can change or be expanded upon depending on how information is expressed.

Past literature has found a relationship between poor community reintegration and an increased risk for future offending among released persons who have sexually offended (Hanson & Morton-Bourgon, 2005). Alternatively, the opportunity to receive effective treatment, access stable housing, have employment opportunities, and make positive relationships have all been

associated with lessening future re-offending behaviour (Hanson & Morton-Bourgon, 2005; Willis, Levenson, & Ward, 2010). Unfortunately, the sensationalized and biased media depictions of persons who sexually offend as a homogeneous, high-risk, and incurable population creates a barrier to community reintegration through negatively influencing public perceptions, and thus legislative decision-making (Galeste et al., 2012; Levenson et al., 2007a; Mager et al., 2009; Malinen et al., 2014).

Furthermore, protective legislations, such as sex offender registries or housing restrictions aim to keep society safer through controlling, monitoring, and restricting behaviours of persons with a history of sexual offending living in the community (Sample & Kadleck, 2008; Willis et al., 2010). Many of the registration and notification laws are based on the assumption that all perpetrators of sexual violence are the same (Levenson et al., 2007a; Sample & Bray, 2006). However, persons who sexually offend are not a homogeneous population and research demonstrates great variability amongst characteristics for each 'type' of offender (Magers et al., 2009).

Overall, the utility such policies in reducing re-offending in the community does not have empirical support. Rather, such policies may make it more difficult for such persons to reintegrate into community and thus increase the likelihood of re-offense. For example, restrictive policies have been associated with increasing isolation, financial distress, emotional stress, and decreasing stability (Levenson & Cotter, 2005; Tewksbury & Lees, 2006). Additionally, stigmatization and negative stereotype endorsement has been shown to lead to active discriminatory behaviour through an unwillingness to rent a house to or employ persons labeled a sexual offender (Clark, 2007; Levenson et al., 2007b).

Person-First Language, the 'Sex Offender' Label, and Decision Making

In adhering to the APA guidelines that encourages the use of neutral terminology, and following in line with the changes made in other fields of psychology, the use of noun-labels, such as 'sex offender' or 'pedophile,' is becoming less acceptable. For example, the flagship journal, *Sexual Abuse* of the Association for the Treatment of Sexual Abusers (ATSA) is trying to discourage the use of such crime-first language in manuscript submissions. Preferred terminology includes, 'individuals who commit sexual offenses,' or, 'persons who have engaged in sexually abusive behaviour.' There is acknowledgement that the use of stigmatizing labels has the ability to increase future crime, which is counter to the goal of preventing future harmful behaviours (Chiricos, Barrick, Bales, & Bontrager, 2007).

Research on the effects of the 'sex offender' label is new and the literature is scarce. However, there is evidence to support that the label reinforces the negative misconceptions about perpetrators of sexual violence (Harris & Socia, 2016).   Stronger punitive attitudes have been associated with how closely an individual matches the 'sex offender' schema: the stereotypically incurable, predatory, and highly dangerous offender (Galeste et al., 2012; Harris & Socia, 2016; Levenson et al., 2007a). Stigmatizing labels are thought to lead to heuristically based decision making. A heuristic is a cognitive short cut that allows for quick, intuitive judgments based on past associations. An example of the availability heuristic (Tversky & Kahneman, 1973) is that, due to the media's fixation on high-profile sexual offenses, the term 'sex offender' is readily associated with the constructed stereotypical image (King & Roberts, 2015). Additionally, the representativeness heuristic (Tversky & Kahneman, 1974), describes that judgments are made based on how similar something is to what they have experienced before. The media perpetuates the image of a population that is collectively high-risk and untreatable (Galeste et al., 2012). Therefore, it is likely that the public uses this knowledge to make judgments about the whole

population. The last relevant heuristic is the affect heuristic (Slovic, Finucane, Peters, &

MacGregor, 2007), which refers to judgments based on prior emotional associations. The 'sex

offender' label elicits emotional reactions of fear or disgust that can influence the public's

perceptions about them (Galeste et al., 2012).

Person-first language is intended to obstruct the snap judgment that the 'sex offender'

label evokes, and as such, allows for more informed and neutral decision making that takes into

consideration the diversity within and between groups of persons who sexually offend (Harris &

Socia, 2016; Magers et al., 2009). Research has found that punitive attitudes can differ as a

function of the type of label used. Harris and Socia (2016) found that when participants were

asked to rank their agreement on a series of statements about persons who sexually offended,

those in the 'sex offender' and 'juvenile sex offender' label conditions supported more punitive

laws such as registries and residency restrictions, compared to the neutral, 'person who

committed crimes of a sexual nature' condition. Imhoff (2015) found a similar trend, where there

were more punitive attitudes associated with 'paedophile,' than descriptive language without a

label such as, 'people with a sexual interest in children.'

Additionally, research has found that the public views the paraphilia of sexual sadism, or

pedophilia as being synonymous with acts of sexual violence (e.g., rape or child molestation),

but the sexual interest can be present in the absence of offending behaviour (Feelgood & Hoyer,

2008; Imhoff, 2015; Jahnke, Imhoff, & Hoyer, 2015; Kirsch & Becker, 2007). Regardless of

this, pedophilia in the absence of any criminal behaviour is associated with similar levels of

stigmatizing and punitive attitudes (Imhoff, 2015). What these studies demonstrate is that past

research on public opinions towards perpetrators of sexual violence may be less influenced by

the sexual offense acts themselves, but rather more influenced by the labels used to describe the individual.

Current Research

Broadly, this study will look at stigmatizing labels used to describe perpetrators of sexual offenses. The field of mental health has adopted the use of person-first language because it has been argued that its use would lessen the stigma and discrimination towards persons with mental illness (APA, 2010; 3et al., 2015; Reynaert et al., 2007). Going off the similar premise of separating the individual from their illness, this study will see if separating the individual from their criminal act will have the same outcome of reducing stigma and discrimination. This study aims to test stigma-reduction through comparing the impact of person-first language compared to the, 'sex offender' label on the public's perceptions towards those that have offended sexually. Person-first language is intended to obstruct the snap judgments that the, 'sex offender' schema evokes, such as the stereotype that all persons that commit sexual offenses are the same. This is known as the myth of homogeneity, which suggests that all individuals that offend sexually are untreatable and at a high risk to reoffend (Galeste et al., 2012; Levenson et al., 2007a)

The overarching question that this study asks is, will the change to person-first language allow for more in the moment informed decision-making? This is an important question to ask; because language used in policy-making may be exerting a bias towards punitive responses in the public, thus warranting a change in language. The goal of this research is to ultimately allow for more efficient community reintegration through harbouring greater societal support for treatment. Society would benefit from greater community reintegration because reintegration works towards reducing future offending and thus, the number of victims.

To answer this question, an online crowdsourcing website, Crowdflower was used to recruit 260 members of the Canadian adult population, who were administered online surveys. Public announcement vignettes were used for the experimental manipulation to examine the influence of differing labels compared to their person-first counterparts on decisions that underlie: willingness to associate with an individual released into their community, perceived social normality, perceived treatment amenability, dangerousness, and endorsement of punishment. The labels will specifically included, 'sex offender,' 'pedophile', 'child-molester', 'sexual sadist', and 'rapist'. The experiment is a 2 (age of victim: child or adult) by 4 (label: person-first, diagnostic, offense-specific or offense-general label) factorial design. The variety of sexual offense labels allowed for a broader comparison of the unique impact of person-fist language beyond just comparing it to the 'sex offender' label.

It is hypothesized that participants in the person-first conditions will respond less punitively and in a less stereotypically consistent manner because it does not evoke the 'sex offender' schema (Harris & Socia, 2016). Furthermore, it is hypothesized that there will be a difference between diagnostic labels compared to offense-specific labels based on how congruent they are with the 'sex offender' schema. Alternatively, participants in the offense-general (e.g., 'sex offender') conditions will respond in ways consistent of stereotypical depictions of persons who have committed sexual offenses. The offense-general conditions are considered a control condition to see whether there is a deviation from stereotypically consistent responding. The study also hypothesizes that participants in the child victim conditions will respond more negatively overall, regardless of condition. This is supported by past literature that has found that offenses against children are viewed a lot more negatively compared to against adult victims (Feelgood & Hoyer, 2008; Imhoff, 2015).

Method

Sample

Recruitment of participants was conducted in Canada. There were two recruitment samples in the study that were collected one after the other. The first sample was an undergraduate student sample from a Canadian university. The second sample is a community sample from a crowdsourcing platform.

Participants

Pilot sample (undergraduate student sample). This sample was used to pilot the survey before administration to the broader Canadian population. The undergraduate sample was obtained using an online recruitment system called SONA, which recruited 81 undergraduate students from the university's research pool. Students enrolled in introductory psychology that chose to complete the study received 2%, which was applied to their overall grade as a part of their research participation mark. All student participants had to be at least 18 years of age and enrolled in the introductory psychology course. Participants who signed up to complete the study were directed online to Qualtrics where they accessed the consent form and the study. Seventy-five (92.6%) of the participants were between the ages of 18 to 23 years of age, and 5 participants (6.2%) were between 24 to 35 years of age.   No formal analyses were run on this sample. Results and feedback were used to modify the final survey

Community sample. Three hundred and sixty participants were recruited through crowdsourcing specifically, Crowdflower (www.crowdflower.com). Crowdflower is a newer online research platform similar to MTurk (www.mturk.com) where participants are recruited to complete human intelligence tasks for monetary compensation. In a study comparing Crowdflower to MTurk and another research platform, Crowdflower participants provided the

best response rates, but were less attentive to the questions as measured by failed attention check questions (Peer, Brandimarte, Samat, & Acquisti, 2017). Additionally, Crowdflower demonstrated the highest ethnic diversity and participants tend to be more naïve regarding knowledge about experimental methods compared to MTurk (Peer et al., 2017). However, Crowdflower still demonstrates adequate data quality that is valid (De Winter, Dodou, & Happee, 2015; Peer et al., 2017).

Eligibility to participate in the study included those who were 18 years or older, living in Canada, and English speaking. Similar to the student sample, participants were lead to the survey on Qualtrics from the Crowdflower website. Participants were required to read and agree to the consent form displayed on Qualtrics before proceeding to complete the survey. All participants were paid $0.50 for completing the experiment.

Several participants were removed for a number of reasons resulting in the final sample of 291 participants comprising the final adult community sample. First, 22 participants were removed based on incomplete survey completion, multiple survey completions, and/or being an outlier for survey duration. Secondly, 47 participants were removed based on inconsistent answers on the manipulation checks, which suggested that the vignette newspaper might not have been properly read. For example, participants were removed if they reported that the offense in the vignette was a physical assault, the perpetrator was a murderer, and/or the victim age was incorrect. If participants were in the person-first label condition and they incorrectly reported that the person in the newspaper was a 'sex offender' were not removed as long as all of the other questions were correctly. Similarly, participants in the 'sex offender' label conditions were not removed if they reported that the person in the newspaper was a 'person who committed a sexual offense' as long as all other questions were correct.

The overall sample consisted of 148 (50.9%) males, 141 (48.5%) females, and 2 (0.6%) undisclosed with an average age of 32.8 years ($SD = 9.59$). Majority of the participants reported being from the Prairies, which encompasses Alberta, Manitoba, and Saskatchewan ($n = 122$; 41.9%). Following that, 60 (20.6%) of the participants reported living in Central Canada (Ontario and Quebec), 38 (13.1%) in the West Coast (British Colombia), 24 (8.2%) in Atlantic Canada (New Brunswick, Prince Edward Island, Nova Scotia, and Newfoundland Labradour), and 8 (2.7%) in Northern Canada (Yukon, Northwest Territories, and Nunavut). Only 52 (17.9%) of the participants did not report completing some form of post-secondary education, or being in the process of completing it. Of the remaining participants 85 (29.2%) reported either being in the process of or completing a trades or college diploma; 101 (34.7%) reported either being in the process of or completing a bachelors degree; and 40 (13.7%) reported either being in the process of or completing either a masters or doctoral degree. There were almost equal numbers of participants that were and were not parents; 154 (52.9%) reported being a parent and 133 (45.7%) reported not being a parent. Regarding past experience with sexual abuse, 35 (12.0%) participants reported having experienced it themselves, 79 (27.1%) knew someone else who experienced it, and 61 (21.0%) reported having known someone who had committed a sexual offense.

Materials

Participants from both of the recruitment samples were administered the same self-report questionnaires and dependent measures. The whole study is comprised of four parts. The first part of the study included three different questionnaires measuring individual attitudes and beliefs towards persons who sexually offended. The presentation of these three self-report questionnaires was counter-balanced. The second part required participants to read a newspaper

depicting the release of a fictitious perpetrator of a sexual offense into the community.

Participants were randomly assigned to one of the eight conditions, where the label describing

the perpetrator, and the age of the victim differed. In the third part of the study, participants

were asked to complete the four sets of dependent measures related to the individual in the

newspaper. In the final part of the study, participants were asked to provide autobiographical

information (see Appendix C), and questions about the study to check on the effect of the

manipulation used in the study ensuring participants were answering in reference to the vignette.

Measures. The following measures were used to assess individual perceptions towards

persons who have sexually offended. The first two were modified to serve as dependent

variables as will be described later.

CATSO. The Community Attitudes Towards Sex Offenders Scale (CATSO; Church,

Wakeman, Miller, Clements, & Sun, 2008) is an 18-item self-report questionnaire on a 6-point

Likert response scale. The CATSO was developed to assess community member's attitudes

towards persons who sexually offend. A higher score is indicative of more negative attitudes.

The CATSO includes four scales: (1) Social isolation factor assesses the negative stereotype

endorsement of persons who commit sexual offenses as being social recluses lacking social

skills; (2) capacity to change factor assesses endorsement of persons who sexually offend as

being unable to control their sexual impulses and as such are deserving of more severe

punishment and a greater infringement on their civil rights; (3) severity/dangerousness factor is

the perception of the sexually offending population as predatory, manipulative, and forceful; and

(4) deviancy factor is the perception that persons who commit sexual offenses are hypersexual.

ATTSO. The Attitudes Towards the Treatment of Sex Offenders (ATTSO; Wnuk,

Chapman, & Jeglic, 2006) is a 35-item self-report questionnaire with a 5-point Likert response

scale developed to assess attitudes towards the effectiveness of treatment. Wnuk et al. (2006)

conducted an exploratory factor analysis of the original 35 items and removed 16 poorly

performing items. The final 15 questions formed three factors: (1) Attitudes of incapacitation;

(2) treatment ineffectiveness; and (3) mandated treatment. Beliefs that persons who have

sexually offended should not be treated (incapacitation) and that treatment does not work

(treatment ineffectiveness) correlate well together ($R^2 = 0.67$). However, these factors do not

correlate with mandated treatment ($R^2 = -0.07$), which suggests that beliefs of incapacitation and

treatment ineffectiveness are not associated with mandated treatment for sexual offenses (Wnuk

et al., 2006)..

     IT-HN. The Implicit Theory about Human Nature Scale (IT-HN; Dweck, Chiu, & Hong,

1995) contains three items and uses a 6-point Likert response scale to categorize individuals as

either an entity theorist, or an incremental theorist. An average score of 3.0 or below is

indicative of having an entitlist mindset on human nature, and a score of 4.0 or higher is

indicative of an incrementalist mindset of human nature. That is, entity theorists believe that

human attributes are more fixed, compared to incremental theorists that hold a malleable

perception of human attributes. Entity theorists are more likely to make stereotypical trait

judgments compared to persons holding an incrementalist view (Levy, Stroessner, & Dweck,

1998). See Appendix A for full questionnaire.

     Vignettes and Dependent Measures. Participants were asked to read one of the eight

newspaper community notification vignettes in order to examine the role of various labels on

judgments of treatment amenability, risk of recidivism, and social distance. All participants were

randomly assigned into one of the 8 conditions: 4 (label: person-first or diagnostic or offense or

sex offender) x 2 (age of victim: adult or child). See Table 1 for all of the conditions and

Appendix B for all sample vignettes. All vignettes described the release of a male sexual violence perpetrator into the community. The vignette included two key manipulations that were dependent on the condition of the participant. First, the label used to describe the perpetrator occurs both in the headline and the body of the newspaper article. The second manipulation is the age of the victim, which was included in the body of the news article. The rest of the content in the news article was constant across conditions. Additionally, there was very minimal information about the offense itself such that the differences produced could be attributed to the label, rather than the content.

Once participants finished reading the vignette, they were administered a series of dependent measures. All dependent measures were counter-balanced, except for the Likert-response scale questionnaire, which came after all the others. This was done to keep question-formatting similar in order to avoid confusion amongst participants. The Likert-response scale questionnaire includes twenty-four questions pertaining to both social distance and treatment amenability. The justification for this was to keep similar questionnaire formats together. A random number generator was used to order the questions for this specific questionnaire. See Appendix C for all dependent measures. The following describes each component of the dependent measures.

Social distance and anticipatory behaviour. Participants were administered an 11-item social distance scale originally taken from Bogardus' (1925) Social Distance Scales but modified by Malinen et al. (2014). It was designed to measure the extent to which participants would be willing to have a released perpetrator of sexual violence as a neighbour, colleague, boss, acquaintance, a member of church/sports club/community group, close friend, partner in marriage, and son-in-law. Three additional questions measured anticipatory behaviour regarding

whether the participant would employ, rent a house to, or introduce the individual to their social

group. The questions were formatted in a way that the participant was answering the questions

in reference to the individual depicted in the vignette, rather than a generic 'sex offender'.

Participants responded on a horizontal 100-point scale ranging from definitely not to definitely

yes. This is different from the original measure used by Malinen et al. (2014), which went from

most definitely to definitely not. This change was justified to keep the pattern of 'no' to 'yes' as

seen throughout the other questionnaires. Therefore, unlike the original, higher scores are

indicative of more positive attitudes.

Additionally, seven questions from the Social Distance subscale from the Attitudes

Toward Sex Offenders scale – short version (ATS-21; Hogue, in press) was added to the final

version to provide another way of assessing social distance. This was done because the number

of participants that answered the social distance questions was low. Social distance in the ATS-

21 is defined by how socially distant persons who have sexually offended appear to the public

(Hogue, in press). The ATS-21 is a shortened version of the original 36-item ATS (Hogue,

1993). Original items were scored using a 5-point Likert response scale, ranging from 1

(strongly disagree) to 5 (strongly agree), with higher scores indicating more positive attitudes.

Like all other vignette questions—questions in the ATS were modified to address the individual

depicted in the vignette, rather than referring to the entire population of persons who have

sexually offended. A further deviation from the original questionnaire is that it was changed to a

6-point Likert response scale so it could be incorporated with the modified questions assessing

treatment amenability. This was done to keep the responses consistent across the dependent

measures. This subscale was summed independent to the treatment amenability questions in the

questionnaire to produce a single social distance score. Higher scores are indicative of more positive attitudes towards social distance.

Recidivism. Participants were asked to rate how likely that the individual depicted in the newspaper would reoffend again 1) with the same crime and, 2) with any crime. They used a rating scale that ranged from 0% to 100%. A higher reported percentage is indicative of a stronger belief that the individual will reoffend when released in the community. High reported recidivism is related to perceptions of greater dangerousness.

Punitive action vs. rehabilitation. On a scale from 1-10, participants were asked three questions related to sentencing and management of the individual depicted in the newspaper vignette. The first question asked participants if they would have proposed a sentence that was more rehabilitative (0), punitive (10), or equal parts (5). The pilot study originally went from punishment (0) to rehabilitation (10), but the order was reversed such that the higher number indicated greater punitive endorsements. The second question asked participants to report the level of supervision the individual should receive upon being released into the community (0: none at all, 5: moderate, 10: close monitoring). The last question asked participants to rate the intensity of treatment (low, moderate, high) the individual should undergo while in the community. A higher whole-scale score indicates stronger punitive beliefs about the perpetrator.

Treatment amenability. Seventeen items were taken from the CATSO (Church et al., 2008) and the ATTSO (ATTSO; Wnuk, Chapman, & Jeglic, 2006) to specifically address participant's perceptions on how well the individual depicted in the vignette will respond to treatment. The wordings of the questions were modified to reference the person in the vignette, rather than persons who have sexually offended as a whole. Specifically, the 'capacity to change' subscale from the CATSO and the 'treatment ineffectiveness,' and 'incapacitation' from

the ATTSO were modified. Based on feedback from the pilot study, the structure of the

questionnaire was changed from a 5-point Likert response scale, to a 6-point Likert response

scale. This made the questionnaire a forced-choice response by removing the 'undecided'

option. Participants in the pilot study with undergraduate students expressed reluctance to

respond to questions because of the lack of information about the individual in the vignette. This

resulted in many participants choosing 'undecided.' Thus, the justification to change the

structure to forced choice was grounded in the hope that it would at least give indication of the

direction of the response. Higher scores on this questionnaire were indicative of the participant's

belief that the individual in the vignette is untreatable.

Procedure

Ethical approval for the study was obtained from the institutional research ethics board

(see Appendix E). The informed consent process for both of the samples was embedded within

the Qualtrics survey software (see Appendix F for the adult sample's consent form). All

participants were required to read through the consent form and would be unable to proceed

without agreeing. If a participant did not wish to continue the survey, by choosing the 'no'

option, the participant would be redirected to a special version of the debrief form (see Appendix

F). Some deception was necessary; participants were initially told that the study was simply

looking at Canadian attitudes towards persons who have committed sexual abuse and sentencing

decisions. As described in the participant section above, the student sample received 2% credit

for their course work and the community sample received $0.50 for participating. As per ethical

guidelines, compensation was not made contingent on completion of the survey and participants

who did not consent were still compensated. Once a participant reached the end of the survey,

they were asked for demographic information (see Appendix D) and shown a debriefing page,

which disclosed the true purpose of the study to the participants (see Appendix F). Participants

were provided with further information on how to contact the researchers and provided with

resources if they experienced any psychological discomforts.

Results

To test the central hypothesis that person-first language will yield significantly less

negative and punitive responses, two-way analyses of variance (ANOVA) were conducted for all

dependent measures. The variables of interest in the present study included willingness to

associate, belief in treatment non-amenability, perceived dangerousness, and sentencing severity.

The two independent variables included the type of language used to describe the person and age

of victim. Tukey's HSD post-hoc tests were used to examine any significant main effects and

interactions involving more than two conditions. A p-value of 0.05 was used to determine

significance.

Correlations Among Measures

Intercorrelations using Pearson Correlation Coefficients were calculated among all pre-

manipulation measures and dependent measures (see Table 2). The CATSO and ATTSO scales

were used as individual difference measures to assess baseline attitudes regarding sexual

offenses. As expected, total full-scale scores were significantly correlated. Subscale scores all

significantly correlated with the scale total scores and among each other, all with the exception

of Treatment Ineffectiveness, which did not significantly correlate with the CATSO total score.

Significant intercorrelations ranged from $r = -.160$ to $r = .751$.

The Implicit Theory of Human Nature scale (IT-HN) significantly correlated with the

full-scale scores for the CATSO, ATTSO, and treatment non-amenability, but was only

significantly correlated with the Incapacitation subscales of the ATTSO and treatment non-

amenability. Additionally, IT-HN was found to significantly correlate with social distance, perceived dangerousness, and sentence severity.

The two social distance variables of willingness to associate with the perpetrator and perceived social normality (social distance scale of the ATS) of the perpetrator were positively correlated ($r = .382$). The two variables differed slightly in their correlations with the individual measures and the dependent variables. Willingness to associate was only significantly correlated with the CATSO full-scale score ($r = .182$). However, social normality was significantly correlated with all of the individual measures, excluding the CATSO. Willingness to associate was not correlated with any of the variables related to perceived treatment non-amenability. However, perceived non-amenability to treatment was correlated with perceived social normality, which showed that the less socially normal the individual was perceived, the more negatively participants viewed variables around treatment (ranging from $r = -.156$ to $-.388$). Both the social distance variables were significantly negatively correlated with estimates of recidivism and sentencing severity, such that higher perceptions of dangerousness (sexual and general recidivism) and the need for more punitive action was correlated with a lower willingness to associate and a lesser perceived social normality (ranging from $r = -.285$ to $-.475$).

Treatment amenability was significantly positively correlated with nearly all measures demonstrating that the more the individual in the vignette was perceived as being non-amenable to treatment, the more likely he was seen to have an incapacity to change his sexual impulses, be less effective in treatment, be more dangerous, and require more severe sentencing. All of the subscales were significantly positively correlated except for the perception that the individual could control his impulses and the effectiveness of treatment. Correlations ranged from $r = .214$ to $.485$. Incapacity to change and sentencing severity were positively correlated ($r = .169$). That

is, the more a participant believes the individual is unable to control his sexual impulses, the

more severe the sentencing decisions are. The endorsement that persons who have sexually

offended should not be treated (incapacitation) was significantly correlated with nearly all

measures except for willingness to associate and sentencing.

As expected, significant positive correlations were found among perceptions of

dangerousness measured by predictions of sexual and general recidivism ($r = .550$).

Additionally, perceived dangerousness was significantly positively correlated with sentencing

severity ($r = .648$ to $.448$). Baseline beliefs of whether persons who have sexually offended

should be treated did not significantly correlate with estimates of general recidivism, but they did

with sexual recidivism. The strongest correlates with sentencing severity were perceived

dangerousness. However, individual and dependent measures of incapacitation and baseline

beliefs in treatment ineffectiveness did not correlate with sentencing severity.

Effect of Victim Age and Labeling of Perpetrator

To test the central hypothesis that person-first language will yield significantly less

negative and punitive responses, two-way analyses of variance (ANOVA) were conducted for

all dependent measures. The two independent variables included the type of language used to

describe the person and the age of the victim. The Tukey's HSD post-hoc tests were used to

examine any significant main effects and interactions involving more than two conditions. A p-

value of 0.05 was used to determine significance.

Social Distance. Social distance was assessed using two separate measures. On the

Social Distance Scale, participants, on average, reported a low willingness to associate ($M =$

285.3; $SD = 251.48$). Means and standard deviations are listed on Table 3 for each condition. It

was hypothesized that person-first conditions would result in a greater reported willingness to

associate. Contrary to this expectation and seen on Table 4, participants did not significantly

differ on their willingness to associate as a function of label or victim age. On the second

measure, participants on average reported that the individual in the vignette appeared moderately

socially normal ($M = 18.6$, $SD = 6.10$), as seen per Table 3. However, results were inconsistent

with the expectation that person-first conditions would view the individual as more socially

normal and as seen on Table 4, participants did not significantly differ as a function of label or

victim age.

Treatment Amenability. The full-scale measuring treatment non-amenability consisted

of three subscales measuring the incapacity to control sexual impulses (incapacity to change),

treatment ineffectiveness, and incapacitation. As per Table 4, there was no main effect for label

across all three variables. However, there were significant main effects for victim age on

treatment non-amenability, incapacity to change, and treatment ineffectiveness. Contrary to the

expectation, perpetrators against adult victims were perceived more negatively than perpetrators

against child victims. Perpetrators with an adult victim ($M = 59.8$, $SD = 10.94$) were reported as

overall more unable to benefit from treatment than perpetrators with a child victim ($M = 56.6$, SD

$= 8.94$), $F (1, 283) = 5.425$, $p = .009$. More specifically, participants reported that perpetrators

against adult victims ($M = 17.7$, $SD = 3.75$) were more unable to control their sexual impulses

compared to perpetrators against child victims $M = 16.8$, $SD = 3.67$) $F (1, 283) = 4.148$, $p = .043$.

Similarly, treatment was viewed as being more ineffective for perpetrators against an adult

victim ($M = 14.7$, $SD = 3.92$) than perpetrators against a child victim ($M = 13.7$, $SD = 3.31$) $F (1,$

$283) = 4.511$, $p = .035$.

Interaction effects were found for treatment non-amenability and incapacity to change, as

seen on Table 4. For treatment non-amenability, there was a significant main effect of label for

adult victims, F (3, 142) = 2.689, p = .049, but not for child victims, F (3, 141) = 1.703, p = .169.

However, post-hoc analyses did not reveal any significant paired comparisons. For incapacity to

change, there was no significant main effect of label for adult victims, F (3, 142) = .997, p =

.396. For child victim conditions, the post-hoc analyses revealed that labels appear to be

affecting the child victim conditions differently than adult victim conditions. When examining

the perpetrators with child victims, there was a significant main effect of label, F (3, 141) =

3.220, p = .025. Specifically, the diagnostic label of 'pedophile' (M = 17.8, SD = 3.51) was seen

as being more unable to control their sexual impulses than the 'sex offender' label condition (M

= 15.4, SD = 4.15), t (3) = 2.446, p = .027.

Estimates of Recidivism. Participants were asked to rate how likely they believed the

individual in the vignette would 1) sexually reoffend and 2) reoffend at all. The 'sex offender'

label and persons offending against a child victim were anticipated to have the highest reported

likelihood to reoffend sexually and generally. However, no one condition was reported as being

significantly more dangerous than the others, as seen on Table 4. Overall, participants on

average reported a 59.6% (SD = 21.9%) chance that the vignette perpetrator would reoffend

sexually and a 54.6% (SD = 23.42%) chance he would reoffend in general. Means and standard

deviations for each condition are listed on Table 3.

Punitive Action vs. Rehabilitation. It was hypothesized that the person-first conditions

would advocate for rehabilitation. However, contrary to this expectation and seen on Table 4,

participants did not significantly differ on purposed severity of sentence as a function of label or

victim age. Overall, participants were responding moderately (M = 18.6, SD = 6.10), which

reflected a tendency to be equal in their preference for rehabilitation and punishment.

is reflective of equal parts rehabilitation and punishment.

Follow-Up Analyses

It was hypothesized that there would be a main effect for both label and victim age. Contrary to this expectation, no significant differences were found for label in the above two-way ANOVAs. This warranted further examination of labels. Follow-up analyses were conducted to examine the person-first language conditions compared to the other conditions. Independent t-tests (*t*) were used to compare the person-first condition to each of the stigmatizing labels ('sex offender,' 'diagnostic,' and, 'offense-specific') across all of the dependent variables. In addition, independent t-tests were conducted where we split the sample by victim age; hence, two separate analyses were also carried out. A p-value of 0.05 was used for the following analyses.

Person-First vs. 'Sex Offender' Label. Independent t-tests were conducted on the same nine dependent variables, comparing person-first and 'sex offender' labels. As seen on Table 5, no significant differences emerged for any of the scales or subscales. Specific person-first labels compared to 'sex offender' labels organized by victim age continued to yield no significant differences.

Person-First vs. Diagnostic Label. Independent t-tests were conducted on the same nine dependent variables, comparing person-first and diagnostic labels (i.e. pedophile and sexual sadist). As seen on Table 6, no significant differences emerged for any of the scales or subscales. Consistent with the above, person-first label with an adult victim did not significantly differ when compared to 'sexual sadist' across all conditions. However, a comparison on the labels with a child victim, 'a person convicted of a sexual offense against a child' (*M* = 54.9, *SD* = 9.59) was perceived less negatively such that the 'pedophile' was rated as being significantly more non-amenable to treatment (*M* = 59.4, *SD* = 8.50), *t* (71) = -2.116, *p* = .038. No other

variables were found to differ significantly between participants presented with the person-first label and 'pedophile' label.

Person-First vs. Offense-Specific. Independent t-tests were conducted on the same nine dependent variables, comparing person-first and offense-specific labels (i.e. child molester and rapist). As seen on Table 7, the analyses revealed that vignettes using a person-first label ($M =$ 56.2, $SD = 9.44$) were reported as being significantly less unreceptive to treatment compared to vignettes using an offense-specific label ($M = 60.1$, $SD = 9.83$), $t (146) = -2.46$, $p = .015$. Additionally, treatment was reported as being less ineffective in the person-first conditions ($M =$ 13.3, $SD = 3.40$) compared to the offense-specific labels ($M = 14.7$, $SD = 3.66$), $t (146) = -2.44$, $p = .016$. No other variables were found to differ significantly between participants presented with the person-first label and the offense-specific labels.

When specifically comparing the two labels by the age of the victim, a significant difference emerged when comparing the adult victim conditions. 'A person convicted of a sexual offense against an adult' ($M = 57.7$, $SD = 9.17$) was perceived as being less unreceptive to treatment compared to a 'rapist' ($M = 63.79$, $SD = 10.72$), $t (70) = -2.568$, $p = .012$. Similarly, treatment was perceived as being less ineffective for the person-first label ($M = 13.7$, $SD = 3.50$) compared to 'rapist' ($M = 16.0$, $SD = 3.80$). No other variables differed significantly between participants presented with the person-first label or the 'rapist' label.

Discussion

The present study examined the perceptions of Canadian community members on different labels describing an individual who sexually offended. Specifically, we compared perceptions of person-first language with other stigmatizing labels with regards to judgements about a fictitious person being released into the community following a sex offense conviction.

This study also compared differences in public perceptions towards persons who sexually offended against a child versus an adult victim.

Perceptions of Persons Who Have Sexually Offended as a Function of Label

First, we predicted that participants exposed to person-first conditions would make less punitive decisions and perceptions more inconsistent with the 'sex offender schema'—the incurable, dangerous, high-risk offender (Galeste et al., 2012). Punitive decisions were measured by sentencing decisions, while perceptions consistent with stereotypes were measured by willingness to associate, perceived normality, treatment amenability, and perceptions of dangerousness.

Our primary analyses did not support our hypothesis. Participants in the person-first label conditions did not show a greater willingness to associate with the individual, perceive social normality, believe that the individual would be more amenable to treatment, give reasonable estimates of risk to reoffend, nor endorse rehabilitation when compared to those who were exposed to other common labels used to describe the individual who sexually offended. The person-first labels did not elicit more neutral responding amongst the participants as compared to the 'sex offender,' 'diagnostic,' or 'offense-specific' labels. The analysis of all the variables revealed that participants responded in largely similar ways to each other, irrespective of the label condition. Participants across all conditions reported an equally low willingness to associate with the individual in the vignette; reported that the individual depicted was somewhat socially abnormal; were skeptical about the efficacy of treatment; believed the person was at a high likelihood to reoffend; and that slightly more punishment than rehabilitation was needed.

Follow-up analyses were carried out to provide a simple comparison between person-first labels with each of the other labels. The findings provide partial support to the primary

hypothesis. Person-first labels appeared to elicit more neutral responding around treatment amenability when compared individually to specific sexual offense labels. Follow-up analyses attempted to address the possibility that the large number of conditions may have clouded any paired differences among the four labels. Participants perceived a 'person convicted of a sexual offense' against an adult as being more receptive to treatment, and reported that a treatment program would be more efficacious as compared to a 'rapist.' Additionally, participants perceived 'a person convicted of a sexual offense' against a child as being more receptive to treatment as compared to a 'pedophile.'

The pattern of responding among participants is consistent with general literature on public perceptions of sexual offending but inconsistent with the literature on language and sexual offending. This suggests that participants continue to endorse the myth of homogeneity, viewing that the entire population of persons who sexually offend are the same across offender characteristics such as the likelihood to reoffend again in the future and that the population is equally unable to be treated (Galeste et al., 2012; Katz-Schiavone et al., 2008; Levenson et al., 2007a; Magers et al., 2009). In regards to reoffending, there is a lot of variability in the perceived rate of recidivism as a function of the type of sexual offense the person commits and the likelihood for recidivism is substantially lower than what the public estimates (Levenson et al., 2007a; Miethe et al., 2006; Olver & Barlow, 2012). For an average follow-up period of 5 years general recidivism among persons who have sexually offended was estimated at 36.9% and it is even less for sexual recidivism, 13.7% (Hanson & Morton-Bourgon, 2004). The type of label used to describe the individual in the vignette did not foster a deviation from this misconception. Participants irrespective of condition grossly overestimated the vignette perpetrator's likelihood to reoffend sexually (59.6%) and generally (54.6%) while in the

community (Levenson et al. 2007a; Olver & Barlow, 2012). If participants continued to endorse

the belief that the population is equally dangerous, then it makes sense that all of the participants

reported a low willingness to associate, reported the person was more socially distant from

themselves, and continued to endorse punishment. Perceptions of social normality were

correlated with recidivism measures, demonstrating that the more dangerous the vignette

perpetrator appeared, the more socially distant the individual in the vignette appeared. This

partially supports past literature that found that perceptions of dangerousness were strongly

associated with increased social distance and rejection from the general public (Corrigian et al.,

2003; Denver et al., 2017; Link et al., 1987; Martin et al., 2000). It is important to note that

contrary to expectation, willingness to associate was not correlated with any other measure

except for the CATSO. This could mean that the measure does not measure what it purports to

assess, or that participants did not respond to it in the intended manner. Additionally, estimates

of recidivism were strongly correlated with sentencing decisions such that the more dangerous

the person was perceived, the more punitively participants responded. This is consistent with the

trend in the literature whereby perceptions of dangerousness lead to increased support for

punitive actions (Malinen et al., 2014; Mancini & Budd, 2016; Sample & Kadleck, 2008).

The lack of findings for the effect of the language used to describe the person in the

vignette suggests that there may be other factors that are more important to consider than the

label used when targeting exaggerated estimates of recidivism. The specific finding that person-

first labels yielded less negative perceptions regarding treatment amenability when compared to

specific labels corroborates the pattern found by Harris and Socia (2014) and Imhoff (2015).

Harris and Socia (2016) compared 'people who have committed crimes of a sexual nature' to

'sex offender,' and demonstrated that the 'sex offender' label lead to stronger support for

punitive policies compared to the bias-free label. Meanwhile, Imhoff (2015) found that 'a person with a sexual interest in children' was responded to less punitively than 'pedophile.' Although the current study found no differences on how punitively participants responded as a function of label, in the specific context of treatment amenability the neutral label did yield less negative responses compared to 'rapist' and 'pedophile.'

There are a few explanations as to why this study yielded such inconsistent results. First, the person-first label was expected to yield less negative responses because it was assumed that it did not trigger the same heuristics as the 'sex offender' label. The 'sex offender' label was meant to be a control condition whereby all other conditions could be compared to because of its explicit pairings with sensationalized misconceptions perpetuated by the media (Galeste et al., 2012). Contrary to expectation, participants in the offense-specific and diagnostic label conditions did not respond differently to the 'sex offender' label conditions despite Kernsmith et al. (2009) and Mears et al.'s (2008) finding that public opinions and support for certain policies differ when specific labels are used. Rather, participants across all label conditions responded very similarly. This could mean that all of the labels are triggering a heuristic response including the person-first label suggesting that they are being paired with the same sensationalized depictions perpetuated in the media as the 'sex offender' label (King & Roberts, 2017). The cognitive mechanisms underlying heuristics are unknown and it is difficult to explain the direction of the findings. For example, the problem could be methodological such that something about the questions are prompting a more rational thought process that is not influenced by labels. The treatment amenability measure is qualitatively different from the other measures because it used a Likert response scale instead of a sliding scale. Harris and Socia (2016) and Imhoff (2015) both used likert response scales for all of their questions, suggesting

that perhaps the sliding scales could be disrupting the automatic responding required for heuristic decision making.

Rather than concluding that the person-first label is no different from any other commonly used label to describe persons who have sexually offended, a second reason could be that the label is important only in certain contexts. Harris and Socia (2016) and Imhoff (2015) only evaluated differences on the endorsement of punishment as a function of the label used. As such, the impact of labels within the context of sexual offending is limited. The misconception of homogeneity, as previously mentioned, asserts that the public views the population as an equally high risk to re-offend (Levenson et al., 2007a). Consistent with the misconception, participants continued to overestimate recidivism but the person-first label showed a deviation from the misconception when compared to 'rapist' and 'pedophile.'

The lack of differences on the present study's sentencing decisions measure is most likely attributed to methodological issues as the two other studies found support in this specific domain. The two studies specifically looked at the endorsement of punishment as a function of the label used. Harris and Socia (2016) looked at differences in participant's support for certain policies and Imhoff (2015) used a questionnaire to assess punitive attitudes. The current study measures this construct through using four questions that asked participants to make sentencing recommendations on a sliding scale. No analyses were run on the information yielded from the pilot study, but participants were asked what to improve about the study. Participants reported that they would have wished for more information because they did not feel like they were comfortable making such decisions without more information. This is interesting because Harris and Socia (2016) also looked at decision-making but it was confined to the context of whether a participant would support or not support various policies. Thus, it could be that the type of

question being asked was not the correct one to explore the impact of labels because it may have

been too complex.

Another methodological issue that could account for the lack of findings is that the

measures used to assess individual differences in attitudes towards persons who have sexually

offended both used the 'sex offender' label within its questions. Participants completed both the

CATSO and the ATTSO prior to being exposed to the experimental manipulation, thus

muddying the results. An explanation as to why no significant differences emerged across the

dependent variables could be attributed to the 'sex offender' label being more salient than the

manipulation due to its repetitive use. Because the 'sex offender' label is associated with

perpetuating the myth of homogeneity it could be a reason for why all participants responded in a

manner that was consistent with this misconception (Galeste et al., 2012).

Perceptions of Persons Who Sexually Offended Against a Child versus an Adult Victim

The present study also hypothesized that participants exposed to a vignette involving a

sexual offense against a child would report a lower willingness to associate, a lesser perceived

social normality, a lower efficacy in treatment amenability, a more exaggerated estimate of risk

to reoffend, and a higher endorsement for punishment as compared to participants exposed to a

sexual offense against an adult victim. Contrary our predictions, perceptions were equally

negative as there was no significant differences found between responses towards sexual

offenses against a child or an adult victim, except on treatment amenability. Overall, the

perpetrator with an adult victim was perceived as less amenable to treatment and less able to

control their sexual impulses, and treatment programs were reported as being less effective,

compared to the perpetrator with a child victim. The direction of this difference does not

coincide with past literature that demonstrates that sexual offenses against children are perceived

more negatively and responded to more punitively compared to sexual offenses against adults

(Feelgood & Hoyer, 2008; Imhoff, 2015; Kernsmith et al., 2009; Mears et al., 2008).

These results can be understood within the context of the participant's continued

endorsement of the misconception that all persons who sexually offend are the same. Although,

sexual offenses against children have most often been seen to elicit more negative reactions, the

empirical literature has shown that persons who sexually offend against adults actually have

higher rates of recidivism than persons who offend against children (Feelgood & Hoyer, 2008;

Kernsmith et al., 2009; Mears et al., 2008; Miethe et al., 2006). Participants held equally

negative perceptions for both offenses against adults and children, except for treatment

amenability. Thus, participants continue to respond in a pattern that suggests that they do not see

the population as heterogeneous. However, it could be a methodological issue such that the

saliency of the victim age was not apparent because it was mentioned once in the body of the

paragraph.

Analyses revealed that labels appear to be impacting participant's perceptions regarding

treatment amenability differently within child conditions. The comparison between 'a person

convicted of a sexual offense' against a child compared to 'pedophile' replicates the trend found

in Imhoff's (2015) study whereby 'a person with a sexual interest in children' was viewed less

negatively than 'paedophile.' Similarly, a post-hoc analysis on treatment amenability revealed

that a 'sex offender' who perpetrated against a child would be more able to control his sexual

impulses compared to a 'pedophile.' Unlike Imhoff's (2015) study, the present study framed all

labels within an offending context, even though pedophilia itself is not mutually exclusive with

offending behaviour (Jahnke et al., 2015; Kirsch & Becker, 2007). This can be seen as a

deviation from the endorsement of the myth of homogeneity suggesting that the label may be

important in the context of offenses against children. However, both the person-first label and the 'sex offender' label yielded less negative perceptions about treatment amenability than 'pedophile,' suggesting that a less descriptive label is more important. A potential explanation as to why the label 'pedophile' resulted in the most negative perceptions surrounding treatment could be explained by it having a 'dual label,' thus twice the stigma because the information conveys that the individual has both a diagnosis and is a 'criminal.' This can be seen in a study by Mezey, Youngman, Kretzschmar and White (2016) who found higher stigmatization among forensic patients compared to non-forensic psychiatric patients. Similarly, diagnosis and criminality seem to exacerbate negative perceptions than merely a diagnosis alone.

Implications

The importance of community reintegration for persons who have sexually offended cannot be emphasized enough because of the relationship between poor reintegration and the increased risk for future re-offending (Hanson & Morton-Bourgon, 2005). Furthermore, the public is an important factor related to community reintegration because their negative attitudes and perceptions are associated with high levels of support for punitive and restrictive policies (Levenston et al., 2007a; Mears et al., 2008). 'The Protective' legislations such as community notification laws and residency registrations designed to make the community safer have no empirical support to suggest that they are effective in reducing sexual recidivism (Tewksbury & Jennings, 2010). Rather, these 'protective' legislations are associated with social and economic destabilization, which is linked to increasing the risk for recidivism (Clark, 2007; Levenson & Cotter, 2005; Levenson et al., 2007b, Sample & Kadleck, 2008; Tewksbury & Lees, 2006). Regardless, there is continued public support for these legislations that are not grounded in empirical evidence (Levenson et al., 2007a).

The media is a primary source for the public regarding information about persons who have committed a sexual offense (Galeste et al., 2012). The media representations of persons who sexually offend are extremely problematic as they continue to perpetuate that the population is extremely dangerous and unable to be treated, which can be seen as creating a moral panic (Cohen, 1972; Fox, 2013; Galeste et al., 2012; Sandler, Freedman, & Socia, 2008; Zgoba, 2004). Moral panic is an exaggerated feeling of danger by the public in response to high profile and sensationalized media portrayals that give the impression that rare forms of sexual assault such as stranger-perpetrated sexual assaults are common and pose an imminent risk to the public (Cohen, 1972; Fox, 2013; Zgoba, 2004). Understanding moral panic can come to explain how participants in Levenson et al.'s (2007a) study continued support for particular policies despite being told that they do not work. It also puts into context how the public continues to drastically overestimate recidivism despite the rates for sexual recidivism being low (Levenson et al., 2007; Olver & Barlow, 2012; Sample & Bray, 2003). In regards to rehabilitation, despite the majority held belief, there is evidence to suggest that certain forms of treatment programs have the potential to be efficacious in reduce long- and short-term recidivism for medium to high risk persons who sexually offend (Duwe & Goldman, 2009; Olver et al., 2008).

The results from this study bring attention to important implications related to how information pertaining to risk and rehabilitation should be disseminated to the public by the media. Addressing how information is disseminated to the public is critical as public opinion can be seen as driving the ill-informed legislations that harm community reintegration (Sample & Kadleck, 2008; Zgoba, 2004). The study did not find that person-first language changes the public's perceptions of dangerousness. However, labels are only one aspect related to how information is communication. Thus, it could be that the content itself is playing a greater

importance in perceptions of dangerousness, rather than the label. For example, Malinen et al.

(2014) compared informative, fear-inducing, and typical media reporting in addition to no

portrayal across a series of measures assessing attitudes towards persons who have sexually

offended. Specifically related to perceived dangerousness, the study revealed a significant

decrease in the estimate of recidivism when comparing informative portrayals (48.59%), to

participants that received no report (62.97%), and a typical portrayal (71.93%). However, a

drawback of this study is that the portrayals differ not only in regards to content but also the label

used. The typical media portrayal uses a stigmatizing label such as, 'sexual predator' and the

information portrayal uses 'man convicted of sexually offending' (Malinen et al., 2014).

Although this makes it so it is not possible to isolate the effect of the label and the effect of the

content, it still suggests that how information is presented may be an important factor to

consider when addressing the issue of stigma towards persons who have sexually offended.

Content may be more important for perceptions of dangerousness among the public. However,

the current study found that when person-first labels yielded less negative perceptions regarding

treatment amenability when compared to certain labels. This could suggest specificity in the

utility of person-first language or other neutral, non-labeling terms in reducing stigma.

Limitations and Directions for Future Research

The study provides partial support that the language used to describe persons who have

sexually offended can impact certain perceptions made by the public, there are several

limitations that impact the generalizability of the results. First, the study does not specifically

assess how community attitudes towards persons who have sexually offended changed as a

function of the label used. Rather, it only looks at how Canadian adults respond to one

individual being released following a conviction for a sexual offense. There is no indication

regarding how a participant will respond to another news story about a different person. For the same reasons, the results cannot speak to how the same participants would make decisions related to persons who have sexually offended in formal setting such as juror decision-making or policy-support. Participants were asked questions about how they would respond to the specific individual and to make judgments about the specific person's future behaviour. A future study could assess responses of participants following the exposure to a number of different vignettes and then asked generalized questions.

Second, the interpretation of the results is limited by the influence of the 'sex offender' label presented to participants in the individual measures prior to being exposed to the manipulation. Researchers have raised the concern about attitudinal measures such as the CATSO and the ATTSO in assessing public attitudes towards persons who have sexually offended because they all use the 'sex offender' label in the questions (Harris & Socia, 2016; Willis, 2018). It could be that the inclusion of the unmodified attitudinal measures may have washed out the saliency of the manipulation and exerted some negative influence on subsequent responding. A part of this problem is that the results of the study could be more reflective of how participants respond to the 'sex offender' label rather than person-first labels, or any other label used to describe persons who sexually offend. This assumption is not unprecedented because upon analysis of the post-manipulation check questions, participants in the 'sex offender' label conditions and person-first label conditions often used the labels interchangeably. An analysis of covariance (ANCOVA) will be conducted in the future in order to understand whether the individual measures did have an impact on future responding in any way. Regardless, future studies should employ caution when using attitudinal measures that use labeling language.

Methodologically, there are important limitations to take into consideration that could have impacted the quality and generalizability of the data. Although the use of online crowdsourcing allowed for a more diverse sample than given by a university sample, the quality of data and the representativeness of the present sample is still in question. In regards to how representative the sample is of the Canadian population, the participants were not evenly distributed across all provinces and the majority of participants were well educated. There are further concerns because the sample was recruited using an online crowdsourcing platform. All of the participants were recruited from the classifications that designate greater experience with surveys as to try to ensure a higher quality of answers. A problem with greater experience with taking surveys is found in Rand et al.'s (2014) study where they found that participants recruited from MTurk were less likely to respond intuitively to questions due to their high levels of experience with research surveys. Although Peer et al. (2017) found that Crowdflower users were more naïve to research compared to MTurk; the effectiveness of the manipulation is still in question. The manipulation relied on the assumption that participants would respond using heuristically based, or snap judgments based on the label and the age of the victim.

As a consequence, it cannot be determined whether participants did not show a difference between person-first labels and the 'sex offender' label because of 1) a lack of attention, which is a common issue with using online studies or 2) the two labels convey the same information when heuristics are not considered. A stricter criterion for the removal of participants will be applied later to this study as more participants are gathered such that the uncertainty related to the interchangeable use of the two labels may be explained. However, for future research that will look at the effect of labels within the scope of heuristics. Recruiting a naïve subject pool with less experience with research may be an important consideration to acquiring an effect.

An important future direction for research is within the framework of moral panic whereby the media influences the public, and public responses come to influence the decisions of policy-makers (Fox, 2013; Sandler et al., 2008; Zgoba, 2004). The results of the present study are not reflective of how professionals would respond. Research has found that professionals differ in their responses and perceptions towards persons who have sexually offended compared to the public (Ferguson & Ireland, 2006; Hood, Shute, Feilzer, & Wilcox, 2002; Weekes, Pelletier, & Beaudette, 1995). Therefore, it is also important for future studies to assess the impact of labels and/or differences in information presentation to professionals working alongside or with sexually offending populations.

Conclusion

In summary, person-first language did not lead to significantly different changes in negative perceptions when compared to other labels commonly used to describe persons who have sexually offended. There was partial support suggesting that person-first labels may be the most relevant in certain contexts such as questions related to treatment amenability of persons who have sexually offended. However, the majority of the results indicate that there are other contributing factors that need to be explored as a means to reduce stigmatization. This study is unable to close the argument between the usage of the 'sex offender' label and person-first language. This argument is framed within the larger context of asking the question: does the label matter? The debate between premodified and postmodified nouns in the mental health literature has concluded that it does matter (Granello & Gibbs, 2016). However, the body of empirical research on person-first language within a forensic context has a long way to go before any definitive conclusions can be made (Harris & Socia, 2016; Imhoff, 2015). There is resistance among academics towards the application of person-first language towards persons

who have sexually offended because of how cumbersome it is. In light of the literature

demonstrating the barriers for community reintegration due to negative community perceptions,

in conjunction with the preliminary evidence demonstrating the utility of person-first language in

changing these negative perceptions—it is no longer justifiable to ignore how language may

impact stigma towards this population. The present study brings attention to the complexities of

communication that justify the further exploration of how language and the presentation of

information can be used to mitigate stigmatization.

References

Adriel, G. (2013). The kobayashi maru of ex-offender employment: Rewriting the rules and thinking outside current 'Ban the Box' legislation. *Temple Law Review, 85*(4), 921-950.

American Psychological Association (2010). *Publication Manual of the American Psychological Association* (6th ed.). Washington, DC: American Psychological Association.

Austin, J. (2001). Prisoner reentry: Current trends, practices and issues. *Crime and Delinquency, 47*, 314-334.

Beatty, D. (1997). Community notification—It's the right thing to do. *Corrections Today, 59*, 20.

Becker, H. (1963). *Outsiders: Studies in the Sociology of Deviance.* New York, NY: Free Press.

Bernburg, J. G., & Krohn, M. D. (2003). Labeling, life chances, and adult crime: The direct and indirect effects of official intervention in adolescence on crime in early adulthood. *Criminology, 41*, 1287-1317.

Bernburg, J. G., Krohn, M. D., & Rivera, C. J. (2006). Official labeling, criminal embeddedness, and subsequent delinquency: A longitudinal test of labeling theory. *Journal of Research in Crime and Delinquency, 43*, 67-88.

Chiricos, T., Barrick, K., Bales, W., & Bontrager, S. (2007). Labeling of convicted felons and its consequences for recidivism. *Criminology*, *45*, 547-582.

Clark, L. M. (2007). Landlord attitudes toward renting to released offenders. *Federal Probation*, *71*, 20-30.

Clear, T., Rose, D. R., & Ryder, J. (2001). Incarceration and the community: The problem of removing and returning offenders. *Crime and Delinquency, 47,* 335-351.

Cohen, S. (1973). *Folk Devils and Moral Panic: The Creation of the Mods and Rockers.*

London: Routledge.

Corrigan, F. E., Watson, A., Rowan, D., & Kubiak, M. A. (2003). An attribution model of public

discrimination towards persons with mental illness. *Journal of Health and Social*

Behaviour, 44, 162-179.

Coyle, M. J. (2013). *Talking Criminal Justice: Language and the Just Society.* New York, NY:

Routledge.

Denver, M., Pickett, J. T., & Bushway, S. D. (2017). The language of stigmatization and the

mark of violence: Experimental evidence on the social construction and use of criminal

record stigma. *Criminology, 55*, 664-690.

Duwe, G., & Goldman, R. (2009). The impact of prison-based treatment on sex offender

recidivism: Evidence from Minnesota. *Sexual Abuse: A Journal of Research and*

Treatment, *21*, 279-307.

De Winter, J. C. F., Kyriakidis, M., Dodou, D., & Happee, R. (2015). Using Crowdflower to

study the relationship between self-reported violations and traffic accidents. *Procedia*

Manufacturing, 3, 2518-2525.

Feelgood, S., & Hoyer, J. (2008). Child molester or paedophile? Sociological versus

psychopathological classifications of sexual offenders against children. *Journal of Sexual*

Aggression, *14*, 33-43.

Ferguson, K., & Ireland, C. A. (2006). Attitudes towards sex offenders and the influence of

offence type: A comparison of staff working in a forensic setting and students. *The British*

Journal of Forensic Practice, 8, 10-19.

Fox, K. J. (2013). Incurable sex offenders, lousy judges & the media: Moral panic sustenance in

the age of new media. *American Journal of Criminal Justice, 38,* 160-181.

Galeste, M. A., Fradella, H. F., & Vogel, B. (2012). Sex offender myths in print media:

Separating fact from fiction in U.S. newspapers. *Western Criminology Review, 13,* 4-24.

Goffman, E. (1963). *Stigma: Notes on the Management of a Spoiled Identity.* Englewood Cliffs,

NJ: Prentice Hall.

Granello, D. H., & Gibbs, T. A. (2016). The power of language and labels: "the mentally ill"

versus "people with mental illnesses." *Journal of Counseling & Development, 94,* 31-94.

Hanson, R. K., & Morton-Bourgon, K. E. (2005). The characteristics of persistent sexual

offenders: A meta-analysis of recidivism studies. *Journal of Consulting and Clinical

Psychology*, *73*, 1154-1163.

Harris, A. J., & Socia, K. M. (2016). What's in a name? Evaluating the effects of the "sex

offender" label on public beliefs and opinions. *Sexual Abuse: A Journal of Research and

Treatment*, *28*, 660-678.

Hipes, C., Lucas, J., Phelan, J. C. (2016). The Stigma of mental illness in the labor market.

Social Science Research, 56, 16-25.

Hogue, T. E. (1993). Attitudes towards prisoners and sex offenders. In N. C. Clark & G.

Stephenson (Eds.), *DCLP occasional papers: Sexual offenders* (pp. 27-32). Leicester:

British Psychological Society.

Hogue, T. E. (in press). Development of a 21 item short version (ATS-21) of the attitudes to

sexual offenders (ATS) scale.

Hood, R., Shute, S., Feilzer, M., & Wilcox, A. (2002). Sex offenders emerging from long-term imprisonment: A study of their long-term reconviction rates and of parole board members' judgements of their risk. *British Journal of Criminology, 42,* 371-394.

Imhoff, R. (2015). Punitive attitudes against pedophiles or persons with sexual interest in children: Does the label matter? *Archives of Sexual Behaviour*, 44*,* 35-44.

Jahnke, S., Imhoff, R., Hoyer, J. (2015). Stigmatization of people with pedophilia: Two comparative surveys. *Archives of Sexual Behaviour*, *44*, 21-34.

Jensen, M. E., Pease, E. A., Lambert, K., Hickman, D. R., Robinson, O., McCoy, K. T., & … King, J. K. (2013). Championing person-first language: A call to psychiatric mental health nurses. *Journal of the American Psychiatric Nurses Association*, *19*, 146-151.

Katz-Schiavone, S., Levenson, J. S., Ackerman, A. R. (2008). Myths and facts about sexual violence: Public perceptions and implications for prevention. *Journal of Criminal Justice and Popular Culture, 15,* 679-695.

Kernsmith, P. D., Craun, S. W., & Foster, J. (2009). Public attitudes toward sexual offenders and sex offender registration. *Journal of Child Sexual Abuse*, *18*, 290-301.

King, L. L., & Roberts, J. J. (2017). The complexity of public attitudes toward sex crimes. *Victims & Offenders: An International Journal of Evidence-based Research and Practice, 12,* 71-89.

Kirsch, L. G., & Becker, J. V. (2007). Emotional deficits in psychopathy and sexual sadism: Implications for violent and sadistic behaviour. *Clinical Psychology Review*, *27*, 904-922.

Laub, J. H., & Sampson, R. J. (2003). *Shared beginnings, divergent lives: Delinquent boys to age 70.* Cambridge, MA: Harvard University Press.

Levenson, J. S., Brannon, Y. N., Fortney, T., & Baker, J. (2007a). Public perceptions about sex

offenders and community protection policies. *Analysis of Social Issues and Public Policy*

(ASAP), *7*, 137-161.

Levenson, J. S., & Cotter, L. P. (2005). The effect of Megan's law on Sex Offender

Reintegration. *Journal of Contemporary Criminal Justice, 21,* 49-66.

Levenson, J. S., D'Amora, D. A., & Hern, A. L. (2007b). Megan's law and its impact on

community re-entry for sex offenders. *Behavioral Sciences and the Law*, *25*, 587-602.

Link, B. G., Cullen, F. T., Frank, J., & Wozniak, J. F. (1987). The social rejection of former

mental patients: Understanding why labels matter. *American Journal of Sociology, 92*,

1461-1500.

Link, B. G., Phelan, J. C., Bresnahan, M., Stueve, A., & Pescosolido, B. A. (1999). Public

conceptions of mental illness: Labels, causes, dangerousness, and social distance.

American Journal of Public Health, *89*, 1328-1333.

Magers, M., Jennings, W. G., Tewksbury, R., & Miller, J. M. (2009). An exploration of the sex

offender specialization and violence nexus. *Southwest Journal of Criminal Justice*, *6*, 133-

144.

Malinen, S., Willis, G. M., & Johnston, L. (2014). Might informative media reporting of sexual

offending influence community members' attitudes towards sex offenders? *Psychology,*

Crime, & Law, *20*, 535-552.

Mancini, C., & Budd, K. M. (2016). Is the public convinced that "nothing works?": Predictors of

treatment support for sex offenders among Americans. *Crime and Delinquency*, *62*, 777-

799.

Martin, J. K., Pescosolido, B. A., & Tuch, S. A. (2000). Of fear and loathing: The role of

    disturbing behavior, labels, and causal attributions in shaping public attitudes towards

    people with mental illness. *Journal of Health and Social Behavior*, *41*, 208-223.

McCoy, V. A., & DeCecco, P. G. (2011). Person-first language training needed in higher

    education. In *Ideas and research you can use: VISTAS 2011*. Retrieved from:

    http://www.counseling.org/resources/library/vistas/2011-v-online/Article_05.pdf

Mears, D. P., Mancini, C., Gertz, M., & Braton, J. (2008). Sex crimes, children, and pornography

    public views and public policy. *Crime and Delinquency*, *54*, 532-559.

Meyers, J. E. B. (1996). Societal self-defense: New laws to protect children from sexual abuse.

    Child Abuse and Neglect, 20, 225-258.

Mezey, G., Youngman, H., Kretzschmar, I., & White, S. (2016). Stigma and discrimination in

    mentally disordered offender patients—a comparison with non-forensic population. *The*

    Journal of Forensic Psychiatry and Psychology, 27, 517-529.

Miethe, T. D., Olson, J., & Mitchell, O. (2006). Specialization and persistence in the arrest

    histories of sex offenders: A comparative analysis of alternative measures and offense

    types. *Journal of Research in Crime and Delinquency, 43,* 204-229.

Olver, M. E., & Barlow, A. A. (2010). Public attitudes towards sex offenders and their

    relationship to personality traits and demographic characteristics. *Behavioral Sciences and*

    the Law, 28, 832-849.

Olver, M.E., Wong, S., & Nickolaichuk, T. P. (2008). Outcome evaluation of a high-intensity

    inpatient sex offender treatment program. *Journal of Interpersonal Violence*, *24*, 522-536.

Oliveria, S. E. H., Esteves, F., & Carvalho, H. (2015). Clinical profiles of stigma experiences,

    self-esteem and social relationships among people with schizophrenia, depressive, and

    bipolar disorders. *Psychiatry Research, 229*, 167-173.

Pager, D., & Quillian, L. (2005). Walking the talk: What employers say versus what they do.

    American Sociological Review, 70, 355-380.

Peer, E., Samat, S., Brandimarte, L., & Acquisti, A. (2017). Beyond the Turk: Alternative

    platforms for crowdsourcing behavioral research. *Journal of Experimental Social*

    Psychology, 70, 153-163.

Rand, D. G., Peysakhovich, A., Kraft-Todd, G. T., Newman, G. E., Wurzbacher, O., Nowak, M.

    A., & Greene, J. D. (2014). Social heuristics shape intuitive cooperation. *Nature*

    Communications, 5, 1-12.

Reynaert, C. C., & Gelman, S. A. (2007). The influences of language form and conventional

    wording on judgments of illness. *Journal of Psycholinguistic Research*, *36*, 119-125.

Russell, S., Mammen, P., & Russell, P. S. S. (2005). Emerging trends in accepting the term

    intellectual disability in the world disability literature. *Journal of Intellectual Disabilities,*

    9, 187-192.

Salem, L., Crocker, A. G., Charette, Y., Seto, M. C., Nicholls, T. L., & Cote, G. (2015).

    Supportive housing and forensic patient outcomes. *Law and Human Behaviour, 39*, 311-

    320.

Sander, J. C., Freeman, N. J., Socia, K. M. (2008). Does a watched pot boil? A time-series

    analysis of New York State's sex offender registration and notification law. *Psychology,*

    Public Policy, and Law, 14, 284-302.

Sample, L. L., & Bray, T. M. (2003). Are sex offenders dangerous? *Criminology and Public Policy*, *3*, 59-82.

Sample, L. L., & Bray, T. M. (2006). Are sex offenders different? An examination of rearrest patterns. *Criminal Justice Policy Review, 17,* 83-102.

Sample, L. L., & Kadleck, C. (2008). Sex offender laws: Legislators' accounts of the need for policy. *Criminal Justice Policy Review*, *19*, 40-62.

Sample, L. L., & Kadleck, C. (2008). Sex offender laws: Legislators' accounts of the need for policy. *Criminal Justice Policy Review*, *19*, 40-62.

Slovic, P., Finucane, M. L., Peters, E., & MacGregor, D. G. (2007). The affect heuristic. *European Journal of Operational Research*, *177*, 1333-1352.

Smith, J. J. (2014). Banning the box but keeping the discrimination?: Disparate impact and employers' overreliance on criminal background checks. *Harvard Civil Rights-Civil Liberties Law Review, 49*, 197-228.

Taylor, S. M., & Dear, M. J. (1981). Scaling community attitudes toward the mentally ill. *Schizophrenia Bulletin*, *7*, 225-240.

Tewksbury, R., & Jennings, W. G. (2010). Assessing the impact of sex offender registration and community notification on sex-offending trajectories. *Criminal Justice and Behavior, 37,* 570-582.

Tewksbury, R., & Lees, M. (2006). Perceptions of sex offender registration: Collateral consequences and community experiences. *Sociological Spectrum*, *26*, 309-334.

Tripodi, S. J., Kim, J. S., & Bender, K. (2010). Is employment associated with reduced recidivism? The complex relationship between employment and crime. *International Journal of Offender Therapy an Comparative Criminology, 54*, 706-720.

Tversky, A., & Kahneman, D. (1973). Availability: A heuristic for judging frequency and

   probability. *Cognitive Psychology*, *5*, 207-232.

Tversky, A., & Kahneman, D. (1974). Judgments under uncertainty: Heuristics and biases.

   Science, *185*, 1124-1131.

Uhlmann, E. L., Pizarro, D. A., & Diermeier, D. (2015). A person-centered approach to moral

   judgment. *Perspectives on Psychological Science*, *10*, 72-81.

Wahl, O. F. (1999). *Telling is risky business*. Piscataway (NJ): Rutgers University Press.

Weekes, J. R., Pelletier, G., & Beaudette, D. (1995). Correctional officers: How do they perceive

   sex offenders? *International Journal of Offender Therapy of Personality and Social

   Psychology, 32,* 316-324.

Western, B., Kling, J. R., & Weiman, D. F. (2001). The labour market: Consequences of

   incarceration. *Crime and Delinquency, 47*, 410-427.

Willis, G. M., Levenson, J. S., & Ward, T. (2010). Desistance and attitudes towards sex

   offenders: Facilitation or hindrance? *Journal of Family Violence*, *25*, 546-556.

Zgoba, K. M. (2004). Spin doctors and moral crusaders: The moral panic behind child safety

   legislation. *Criminology and Public Policy, 6,* 507-534.

Table 1

Experimental Conditions

	Person-First	Diagnostic	Offense-Specific	Offense-General
Adult	Person who has committed a sexual offense against an adult	Sexual sadist	Rapist	Sex offender
Child	Person who has committed a sexual offense against a child	Pedophile	Child molester	Sex offender

Table 2

Intercorrelations Among Study Variables.

		1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	CATSO	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2	Incapacity Change	.578**	-	-	-	-	-	-	-	-	-	-	-	-	-
3	ATTSO	.254**	.578**	-	-	-	-	-	-	-	-	-	-	-	-
4	Ineffectiveness	-.002	-.160**	.271**	-	-	-	-	-	-	-	-	-	-	-
5	Incapacitation	.433**	.484**	.751**	-.194**	-	-	-	-	-	-	-	-	-	-
6	Implicit Theories	-.139*	-.227	-.294**	-.009	-.259**	-	-	-	-	-	-	-	-	-
7	Social Distance	.182**	-.104	-.110	.029	.011	.095	-	-	-	-	-	-	-	-
8	ATS Social Distance	.035	-.287**	-.209**	.286**	-.238**	.190**	.382**	-	-	-	-	-	-	-
9	Treatment Non-Amen	.343**	.499**	.378**	-.245**	.522**	-.270**	-.109	-.388**	-	-	-	-	-	-
10	Incapacity Change	.055	.109	.080	-.060	-.072	.031	-.054	-.156**	.485**	-	-	-	-	-
11	Ineffectiveness	.142*	.375**	.225**	-.276**	.364**	-.208	-.081	-.310**	.671**	.039	-	-	-	-
12	Incapacitation	.413**	.491**	.406**	-.186**	.597**	-.312**	-.091	-.331**	.877**	.154**	.446**	-	-	-
13	Sexual Recidivism	.009	.296**	.246**	-.109	.161**	-.253**	-.475**	-.428**	.266**	.159**	.184**	.214**	-	-
14	General Recidivism	-.022	.172**	.121*	-.095	.023	-.161**	-.285**	-.336**	.240**	.142*	.175**	.188**	.550**	-
15	Sentencing	-.173**	.189**	.177**	-.032	-.025	-.117*	-.340**	-.352**	.131*	.169**	.145*	.025	.648**	.448**

Note: Range of *N* = 289 to 291. Pearson Correlation Coefficients are reported. Indented variables are subscales. CATSO = Community Attitudes Towards Sexual Offenders scale. ATTSO = Attitudes Towards the Treatment of Sex Offenders scale. ATS Social Distance = Social distance items modified from the Attitudes Towards Sex Offenders scale.
* $p < 0.01$
* $p < 0.05$

Table 3
Means and Standard Deviations of Dependent Measure Scores Across Experimental Conditions.

Dependent Measures	Person First		"Sex Offender"		Offense Specific		Diagnostic	
	Child (n = 38)	Adult (n = 33)	Child (n = 34)	Adult (n = 37)	Child (n =38)	Adult (n = 39)	Child (n = 35)	Adult (n = 37)
Social Distance Scale	224.8 (199.63)	316.5 (310.37)	228.76 (247.51)	300.5 (257.53)	309.6 (254.90)	244.4 (227.12)	335.3 (244.59)	328.4 (261.17)
Social Distance (ATS)	23.5 (5.40)	24.3 (6.09)	23.9 (6.16)	24.3 (5.63)	25.4 (4.90)	24.3 (6.25)	23.3 (6.25)	25.6 (5.57)
Treatment Non-Amenability	54.9 (9.59)	57.7 (9.17)	56.0 (10.07)	59.6 (10.62)	56.2 (7.14)	63.8 (10.72)	59.4 (8.50)	57.7 (12.14)
Incapacity to Change	16.5 (3.60)	17.2 (3.77)	15.4 (4.15)	18.34 (3.23)	17.4 (3.09)	18.0 (3.10)	17.8 (3.51)	17.1 (4.74)
Ineffectiveness	13.0 (3.34)	13.7 (3.50)	14.21 (3.74)	14.7 (4.07)	13.4 (3.00)	16.0 (3.80)	14.4 (3.12)	14.2 (4.02)
Incapacitation	25.4 (6.92)	26.8 (6.06)	26.38 (6.70)	26.57 (7.59)	25.5 (4.59)	29.7 (7.06)	27.2 (5.71)	26.5 (7.57)
Recidivism (sexual)	65.8 (16.52)	61.3 (25.94)	58.7 (19.57)	59.5 (21.48)	58.7 (21.08)	58.8 (24.86)	54.7 (21.52)	59.1 (23.77)
Recidivism (general)	54.8 (23.00)	58.3 (23.69)	56.4 (24.82)	47.8 (21.10)	55.7 (22.07)	56.8 (22.85)	52.5 (22.69)	55.3 (27.50)
Sentencing Scale	19.2 (5.76)	18.6 (5.61)	18.9 (6.32)	18.6 (6.07)	18.5 (5.7)	19.1 (7.18)	17.9 (6.72)	18.2 (5.76)

Note: Means and standard deviations (in parenthesis) are listed. N = 287 to 291. Social Distance Scale (0 – 1000) where lower scores indicate a lesser desire to associate with perpetrator. Social Distance from the ATS (7 – 42) where lower scores indicate a greater socially distance from perpetrator. Treatment Amenability (17 – 102) consists of 3 subscales: Capacity to Change (5 – 30), Treatment Ineffectiveness (4 -24), and Incapacitation (8 – 48). Higher scores on the Treatment Amenability scale and subscales indicate negative perceptions about the person's treatability, capacity to change, treatment effectiveness, and need for incapacitation. Recidivism (0% - 100%) where higher scores indicate a greater probability that the person will reoffend. Sentencing Scale (3 – 30) where higher scores indicates stronger punitive beliefs about the perpetrator.

Table 4

Analysis of Variance for the Dependent Measures by Label and Age.

Dependent Measures	Main Effect		Interaction
	Label	Victim Age	Label x Victim Age
Social Distance Scale	1.076 (.360)	0.593 (.442)	1.523 (.209)
Social Distance (from ATS)	0.289 (.833)	0.129 (.720)	1.629 (.183)
Treatment Non-Amenability	1.847 (.139)	6.979 (.009)*	2.722 (.045)*
Incapacity to Change	1.021 (.384)	4.148 (.043)*	3.175 (.025)*
Treatment Ineffectiveness	2.024 (.111)	4.511 (.035)*	2.241 (.084)
Incapacitation	0.702 (.552)	2.742 (.099)	2.007 (.113)
Recidivism	1.150 (.329)	0.006 (.940)	0.482 (.695)
Recidivism (general)	0.589 (.636)	0.012 (.914)	1.026 (.382)
Sentencing Scale	0.247 (.863)	0.000 (.994)	0.146 (.932)

Note: *F*-values listed. Range of N = 287 to 291. * $p < 0.05$.

Table 5

Independent T-Test Analyses Across Dependent Variables Comparing Person-First and 'Sex Offender' Labels.

Dependent Measures	Means and Standard Deviation		*t*(p)
	Person-First	'Sex Offender'	
Social Distance Scale	268.7 (250.71)	266.7 (252.12)	0.45 (.964)
Social Distance (from ATS)	23.9 (5.70)	24.1 (5.85)	-0.276 (.783)
Treatment Non-Amenability	56.2 (9.44)	57.9 (10.44)	-0.995 (.321)
Incapacity to Change	16.8 (3.67)	16.9 (3.96)	-0.132 (.895)
Treatment Ineffectiveness	13.3 (3.40)	14.5 (3.89)	-1.882 (.062)
Incapacitation	26.1 (6.52)	26.5 (7.13)	-0.368 (.713)
Recidivism (sexual)	63.7 (21.30)	59.1 (20.45)	1.305 (.194)
Recidivism (general)	56.3 (23.20)	51.9 (23.20)	1.134 (.259)
Sentencing Scale	18.9 (5.65)	18.7 (6.15)	0.183 (.855)

Note: Mean scores and standard deviations (in parenthesis) are listed. Person-first range of *n* = 69 to 71. 'Sex offender' range of *n* = 70 to 71. Social Distance Scale (0 – 1000) where lower scores indicate a lesser desire to associate with perpetrator. Social Distance from the ATS (7 – 42) where lower scores indicate a greater socially distance from perpetrator. Treatment Amenability (17 – 102) consists of 3 subscales: Capacity to Change (5 – 30), Treatment Ineffectiveness (4 -24), and Incapacitation (8 – 48). Higher scores on the Treatment Amenability scale and subscales indicate negative perceptions about the person's treatability, capacity to change, treatment effectiveness, and need for incapacitation. Recidivism (0% - 100%) where higher scores indicate a greater probability that the person will reoffend. Sentencing Scale (3 – 30) where higher scores indicates stronger punitive beliefs about the perpetrator. ATS = Attitudes Towards Sex Offender Scale.

Table 6

Independent T-Test Analyses Across Dependent Variables Comparing Person-First and Diagnostic Labels.

Dependent Measures	Means and Standard Deviation		*t*(p)
	Person-First	Diagnostic	
Social Distance Scale	268.7 (250.71)	331.7 (251.58)	-1.456 (.148)
Social Distance (from ATS)	23.9 (5.70)	24.8 (5.25)	-0.973 (.332)
Treatment Non-Amenability	56.2 (9.44)	58.5 (10.50)	-1.396 (.165)
Incapacity to Change	16.8 (3.67)	17.4 (4.18)	-0.890 (.375)
Treatment Ineffectiveness	13.3 (3.40)	14.3 (3.58)	-1.680 (.095)
Incapacitation	26.1 (6.52)	26.8 (6.69)	-0.690 (.491)
Recidivism (sexual)	63.7 (21.30)	57.0 (22.67)	1.830 (.069)
Recidivism (general)	56.3 (23.20)	53.9 (25.14)	.589 (.557)
Sentencing Scale	18.9 (5.65)	18.1 (6.20)	0.819 (.414)

Note: Mean scores and standard deviations (in parenthesis) are listed. Person-first range of *n* = 69 to 71. 'Sex offender' range of *n* = 71 to 72. Social Distance Scale (0 – 1000) where lower scores indicate a lesser desire to associate with perpetrator. Social Distance from the ATS (7 – 42) where lower scores indicate a greater socially distance from perpetrator. Treatment Amenability (17 – 102) consists of 3 subscales: Capacity to Change (5 – 30), Treatment Ineffectiveness (4 -24), and Incapacitation (8 – 48). Higher scores on the Treatment Amenability scale and subscales indicate negative perceptions about the person's treatability, capacity to change, treatment effectiveness, and need for incapacitation. Recidivism (0% - 100%) where higher scores indicate a greater probability that the person will reoffend. Sentencing Scale (3 – 30) where higher scores indicates stronger punitive beliefs about the perpetrator. ATS = Attitudes Towards Sex Offender Scale.

Table 7

Independent T-Test Analyses Across Dependent Variables Comparing Person-First and 'Offense-Specific' Labels.

| Dependent Measures | Means and Standard Deviation | | *t*(p) |
	Person-First	Offense-Specific	
Social Distance Scale	268.7 (250.71)	276.6 (241.86)	-0.191 (.849)
Social Distance (from ATS)	23.9 (5.70)	24.3 (5.69)	-0.511 (.610)
Treatment Non-Amenability	56.2 (9.44)	60.1 (9.83)	-2.455 (.015)*
Incapacity to Change	16.8 (3.67)	17.7 (3.09)	-1.610 (.110)
Treatment Ineffectiveness	13.3 (3.40)	14.7 (3.66)	-2.437 (.016)*
Incapacitation	26.1 (6.52)	26.6 (6.31)	-1.497 (.136)
Recidivism (sexual)	63.7 (21.30)	58.8 (22.92)	1.356 (.177)
Recidivism (general)	56.3 (23.20)	56.3 (22.32)	0.023 (.981)
Sentencing Scale	18.9 (5.65)	18.8 (6.45)	0.314 (.892)

Note: Mean scores and standard deviations (in parenthesis) are listed. Person-first range of *n* = 69 to 71. 'Offense-specific' *n* = 77. **p* < 0.05. Social Distance Scale (0 – 1000) where lower scores indicate a lesser desire to associate with perpetrator. Social Distance from the ATS (7 – 42) where lower scores indicate a greater socially distance from perpetrator. Treatment Amenability (17 – 102) consists of 3 subscales: Capacity to Change (5 – 30), Treatment Ineffectiveness (4 -24), and Incapacitation (8 – 48). Higher scores on the Treatment Amenability scale and subscales indicate negative perceptions about the person's treatability, capacity to change, treatment effectiveness, and need for incapacitation. Recidivism (0% - 100%) where higher scores indicate a greater probability that the person will reoffend. Sentencing Scale (3 – 30) where higher scores indicates stronger punitive beliefs about the perpetrator. ATS = Attitudes Towards Sex Offender Scale.

Appendix A

Questionnaires: Individual Measures

CATSO

No.	Item	Factor
1*	With support and therapy, someone who committed a sexual offense can learn to change their behaviour	Capacity to change
2	People who commit sex offenses should lose their civil rights (e.g., voting and privacy)	Capacity to change
3	People who commit sex offenses want to have sex more often than the average person	Deviancy
4	Male sex offenders should be punished more severely than female sex offenders	Severity/Dangerousness
5	Sexual fondling (inappropriate unwarranted touch) is not as bad as rape	Deviancy
6	Sex offenders prefer to stay home alone rather than be around lots of people	Social isolation
7	Most sex offenders do not have close friends	Social isolation
8	Sex offenders have difficulty making friends even if they try real hard	Social isolation
9*	The prison sentences sex offenders receive are much too long when compared with the sentence lengths for other crimes	Severity/Dangerousness
10	Sex offenders have high rates of sexual activity	Deviancy
11	Trying to rehabilitate a sex offender is a waste of time	Capacity to change
12	Sex offenders should wear tracking devices so their location can be pinpointed at any time	Capacity to change
13*	Only a few sex offenders are dangerous	Severity/Dangerousness
14	Most sex offenders are unmarried men	Social isolation
15	Someone who uses emotional control when committing a sex offense is not as bad as someone who uses physical control when committing a sex offense	Severity/Dangerousness
16	Most sex offenders keep to themselves	Social isolation
17	A sex offense committed against someone the perpetrator knows is less serious than a sex offense committed against a stranger	Severity/Dangerousness
18	Convicted sex offenders should never be released from prison	Capacity to change

Scoring instructions: Each item is responded to on a 6-point Likert response scale from 1-6 (Strongly disagree – Disagree – Probably disagree – Probably agree – Agree – Strongly agree). Add up scores for both whole-scale and individual factor scores. Items marked with an asterisk are reverse scored.

Appendix A

ATTSO

No.	Item	Factor
1	I believe that sex offenders can be treated.	Treatment ineffectiveness
2	Treatment programs for sex offenders are effective.	Treatment ineffectiveness
3	People who want to work with sex offenders are crazy.	Incapacitation
4	Psychotherapy will not work with sex offenders.	Treatment ineffectiveness
5	Regardless of treatment, all sex offenders will eventually reoffend.	Incapacitation
6	Sex offenders can be helped using the proper techniques.	Treatment ineffectiveness
7	Treatment doesn't work, sex offenders should be incarcerated for life.	Incapacitation
8	It is important that all sex offenders being released receive treatment.	Mandated treatment
9	We need to urge our politicians to make sex offender treatment mandatory.	Mandated treatment
10	All sex offenders should go for treatment even if they don't want to.	Mandated treatment
11	Sex offenders don't deserve another chance.	Incapacitation
12	Sex offenders don't need treatment since they chose to commit the crime(s).	Incapacitation
13	Sex offenders should be executed.	Incapacitation
14	Sex offenders should never be released.	Incapacitation
15	Sex offenders should not be released back into the community.	Incapacitation

Scoring instructions: Each item is responded to on a 5-point Likert response scale from 1-5 (Disagree strongly – Disagree – Undecided – Agree – Agree strongly). Add up scores for both whole-scale and individual factor scores.

ITHN

No.	Item
1	The kind of person someone is something very basic about them and it can't be changed very much.
2	People can do things differently, but the important parts of who they are can't really be changed.
3	Everyone is a certain kind of person and there is not much that can be done to really change that.

Scoring instructions: Each item is responded to on a 6-point Likert response scale from 1-6 (Strongly disagree – Disagree – Mostly disagree – Mostly agree – Agree – Strongly agree). Average scores for the whole-scale. An average score of 3.0 and above is indicative of an entilist mindset and a score of 4.0 or higher is indicative of an incrementalist mindset.

Appendix B

Sample Vignette

Person-First Label Conditions.

'Sex offender' Label Conditions.

Sex offender to be released poses risk to reoffend, police warn

Published on: March 12, 2017 | Last Updated: March 12, 2017 7:35 PM MDT

2 Comments   ✉   f   🐦   in   A A   🖨 Print | License article

Police are warning the public about a sex offender that poses a risk to offend again in the community.

In the interest of public safety, [   ] Police Service is issuing the following warning: [   ], 25, is set to be released from the [   ] Penitentiary after serving two years for a conviction of sexual assault against a child victim.

He is considered by police to pose a risk of reoffending in the community.

[   ] will be residing in [   ] but will be monitored closely by a specialized police unit.

Sex offender to be released poses risk to reoffend, police warn

Published on: March 12, 2017 | Last Updated: March 12, 2017 7:35 PM MDT

2 Comments   ✉   f   🐦   in   A A   🖨 Print | License article

Police are warning the public about a sex offender that poses a risk to offend again in the community.

In the interest of public safety, [   ] Police Service is issuing the following warning: [   ], 25, is set to be released from the [   ] Penitentiary after serving two years for a conviction of sexual assault against an adult victim.

He is considered by police to pose a risk of reoffending in the community.

[   ] will be residing in [   ] but will be monitored closely by a specialized police unit.

Offense-Specific Label Conditions.

Diagnostic Label Conditions.

Appendix C

Questionnaires: Dependent Variables

Dependent Variable: Social Distance
Following this individual's release, would you have them as your…
1. Your neighbour?
2. Your colleague?
3. Your acquaintance?

Following this individual's release, would you have them as a…
1. Member in your church/sports/club/community group?
2. Close friend?
3. Partner in marriage/civil union?
4. Son in law?
Scoring instructions: Add up for a whole-scale score

Dependent Variable: Anticipatory Behaviour
Would you … this individual?
1. Employ
2. Rent a house to
3. Introduce to your social group?
Scoring instructions: Add up for a whole-scale score.

Dependent Variable: Recidivism
1. What is the percentage likelihood (0%-100%) that this individual will commit the *same* crime after he is released into the community?
2. What is the percentage likelihood (0-100% that this individual will commit *any* crime after he is released into the community?
Scoring instructions: Each is scored separately to give an estimate for sexual recidivism and general recidivism.

Dependent Variable: Sentencing
1. In your opinion, what sentence would you have recommended for this person in the news article? (0: Rehabilitation – 5: Equal parts punishment and rehabilitation – 10: Punishment)
2. Recommend the level of management and supervision this person should receive while in the community. (0: No monitoring at all – 5: Moderate/average monitoring –10: Close monitoring).
3. Recommend the level of rehabilitation this person should receive while in the community. (0: Low intensity – 5: Moderate intensity – 10: High intensity).
Scoring instructions: Add up scores for whole-scale.

Appendix C

Questionnaires: Dependent Variables

Dependent Variable: Treatment amenability and social distance #2

No.	Item	Factor
16.*	With support and therapy, he can learn to change his behaviour.	Capacity to change
1.	He should lose his civil rights (e.g., voting and privacy).	Capacity to change
12.	Trying to rehabilitate him is a waste of time.	Capacity to change
17.	He should wear tracking devices so his location can be pinpointed at any time.	Capacity to change
15.	He should never be released from prison.	Capacity to change
23.*	I believe that he can be treated.	Treatment ineffectiveness
8.*	Treatment programs for him would be effective.	Treatment ineffectiveness
20.	Psychotherapy will not work for him.	Treatment ineffectiveness
9.*	He can be helped using proper techniques.	Treatment ineffectiveness
4.	People who want to work with him are crazy.	Incapacitation
2.	Regardless of treatment, he will eventually reoffend.	Incapacitation
11.	Treatment doesn't work, he should be incarcerated for life.	Incapacitation
18.	He doesn't deserve another chance.	Incapacitation
3.	He doesn't need treatment since he chose to commit the crime.	Incapacitation
21.	He should be executed.	Incapacitation
5.	He should never be released.	Incapacitation
14.	He should not be released back into the community.	Incapacitation
7.	He is no better or worse than other people.	Social distance
10.	He is a victim of circumstance and deserves help.	Social distance
22.	He needs affection and praise just like anybody else.	Social

		distance
13.	He has feelings like the rest of us.	Social distance
6.	If you give him your respect, he'll give you the same.	Social distance
19.	I think I would like him.	Social distance
24.	If he did well in prison, he should be let out on parole.	Social distance

Scoring instructions: Each item is responded to on a 6-point Likert response scale from 1-6 (Strongly disagree – Disagree – Probably disagree – Probably agree – Agree – Strongly agree). Add up capacity to change, treatment ineffectiveness, and mandated treatment for a whole-scale score for treatment amenability. Add up scores for social distance questions for a whole-scale score. Add up individual factor scores. Items marked with an asterisk are reverse scored.

Appendix D

Questionnaires: Autobiographical Information

1. How old are you (in years)?
    a. 18-23 years
    b. 24-29 years
    c. 30-35 years
    d. 36-42 years
    e. 43-55 years
    f. 56-65 years
    g. 66-75 years
    h. 76-85 years
    i. 85+ years

2. What is your gender? Male   Female   Rather not say

3. In what province/territory is your primary residence?
    a. British Colombia
    b. Alberta
    c. Saskatchewan
    d. Manitoba
    e. Ontario
    f. New Brunswick
    g. Newfoundland
    h. Nova Scotia
    i. Prince Edward Island
    j. Quebec
    k. Northwest Territories
    l. Nunavut
    m. Yukon
    n. Outside of Canada: United States
    o. Other: Please specify _____.

4. What is your highest level of educational attainment?
    a. Some High School
    b. High School diploma
    c. Trades or college diploma
    d. Bachelors degree
    e. Bachelors degree with honours
    f. Masters or Doctoral degree

5. Are you a parent? Yes   No
6. Has anyone close to you ever been sexually abused? Yes No Rather not say
7. Have you ever known someone who has been convicted of a sexual offense? Yes No   Rather not say

Appendix E

MacEwan UNIVERSITY | RESEARCH ETHICS BOARD

Date: June 14, 2017

Principal Investigator: Sandy Jung

REB Reference No.: 16-17-089

Study Title: Evaluating the utility of person-first language to reduce bias and stigma towards perpetrators of sexual offenses

Subject: Outcome of REB Review: **APPROVED**

Approval Expiry Date: June 13, 2018

After reviewing your application, the above research project has been granted ethical approval. For multi-year projects, approval may be extended following submission of the annual renewal request before this approval expires. Once the study has expired, you will be required to resubmit a new application. In accordance with the Tri-Council Guidelines (TCPS-2) and the MacEwan University Policy C5052: *Ethical Review of Research with Human Participants*, any proposed changes to the study must be submitted to the MacEwan University's REB for approval prior to implementation. All relevant forms may be found on our website: MacEwan.ca/REB.

At this point, you are also reminded of your obligation to advise the REB of any unanticipated issues or events that occur during the approval period (as per C5052: 4.6.1).

Additionally, if your project activities involve acquiring information through an institution, organization or other group, you should be aware that these bodies may have their own ethics requirements, or additional requirements beyond REB review, for allowing access to their sites (e.g. to prospective participants) and to the use of their resources (e.g. email or space). As your project does not involve critical inquiry about organizations or institutions (TCPS-2, article 3.6), it is your responsibility to formally collaborate with the relevant body to seek permission to proceed with the project.

Please do not hesitate to contact me if you have any questions or concerns.

Kind regards,

Cheryl Pollard, RN, Ph.D.
Chair, Research Ethics Board
email: pollardc4@macewan.ca
phone: 780-633-3232

MacEwan.ca

Appendix F

Consent Form

Project Title: Attitudes about sentencing and managing persons who have sexually offended.

Researcher(s):
Sandy Jung, Ph.D., R.Psych., MacEwan University, 780.497.4597, sandy.jung@macewan.ca
Harleen Cheema, 4th year undergraduate Psychology Honours student, MacEwan University, 780-993-9413, cheemah7@mymacewan.ca

Purpose of the Research:
- The purpose of this research is to understand how community members view persons who sexually offend.

Procedures:
You will be asked:
- About your opinions and attitudes towards persons who sexually offend,
- To read a newspaper article about a person who committed a sexual offense,
- To answer questions about this person, and
- To answer a few questions about yourself.
This study will take approximately 25 minutes.

Potential Risks:
- There are minimal risks for participation in the study. Because the news article and the questions are about sexual offending, some people may find that it makes them feel uncomfortable.

Potential Benefits:
- It is hoped that this research helps us gain new knowledge. Your participation helps us better understand how the public views people who sexually offend.
- You may not benefit personally from being in this research study, but you may get a better understanding about how psychological research is conducted.

Compensation:
- You will receive $0.50 for participating in the study, which will be paid through Crowdflower.

Confidentiality/Anonymity:
- The responses you provide in this study are anonymous. Your name will not appear anywhere on this survey, and there will be no questions that require you to provide identifying information.
- Upon submitting your data you will not be able to withdraw your responses, as we will not be able to match you to your data.
- Participants will not be identified in any reports or publications about this study.
- Your responses will be part of a data file that will be anonymous (again, no names or emails will be associated with the data).
- Data will be stored on secure, password-protected computers, and will be kept indefinitely.

- Although every effort will be made to keep research records private, there may be times where federal law requires the disclosure of such records, including personal information. This is very unlikely, but if disclosure is ever required, MacEwan University will take steps allowable by law to protect the privacy of personal information.
- Data for this online survey is collected through Qualtrics, with servers located in Ireland, and is subject to Irish privacy and security laws.
- IP tracking for Qualtrics will be disabled, but Crowdflower's servers may record incoming IP addresses of the computer that you use to access the survey, but the company asserts that no connection is made between your data and your computer's IP address.
- The security and privacy policy for Qualtrics can be found at: http://www.qualtrics.com
- The security and privacy policy for Crowdflower can be found at https://www.crowdflower.com

Right to withdraw:

- Your participation is voluntary, and you may answer only those questions that you are comfortable with.
- You may withdraw from the research project for any reason, at any time, without explanation or penalty of any sort.
- Please note that, should you withdraw after your data has been added to the aggregate data set, you cannot request that your data be removed, as the data collected is anonymous.

Questions or Concerns:

- If you have any questions or concerns, or if you would like to obtain the overall findings from this study, please contact either of the researchers. We will also provide our contact information at the end of the study as well.
- This project has been approved on ethical grounds by the MacEwan University Research Ethics Board (REB) on June 14 2017. Any questions regarding your rights as a participant may be addressed to the REB at 780-633-3274 or REB@macewan.ca.

Documenting Consent:

By checking the following box, I indicate that I have read and understand the description provided and consent to participate in the research project.

Debrief – No consent.

Thank you for your participation and understand that you did not consent to partake in the study. However, we would like to tell you more about the study.

In recent years, there has been a push to change the way we label and talk about certain groups of people. For example, in the field of mental health, it is no longer correct to call someone a 'schizophrenic.' Instead, you would say, 'person who has schizophrenia,' this is an example of person-first language. Person-first language is used to avoid bias, stigma, dehumanization, and acknowledge individuality.

You may be asking yourself, "why would we want to reduce stigmatization towards sex offenders?" The simplest answer is that it can help make society safer through decreasing the chances that someone released for committing a sexual offense will reoffend again in the future. Stopping future reoffending behaviour is the ultimate goal of such research, because that means fewer people will be hurt in the future.

Stigmatizing community attitudes and misinformed perceptions are what many of the policies targeting persons who sexually offend are based upon. For example, placing housing restrictions on offenders was developed based on opinions rather than scientific evidence. This is a problem because these highly restrictive policies are actually making re-offending behaviour more likely to happen, rather than preventing it. Such policies result in increased isolation that make it very difficult for an individual to successfully reintegrate into the community. Successful reintegration through things such as stable housing and employment has been linked to decreasing the likelihood of future re-offenses.

The stereotype that all 'sex offenders' are untreatable and at a high risk to re-offend has not been supported by the research literature. In reality, compared to other types of criminals, persons who have committed sexual offenses are the less likely to reoffend again in the future. Also, treatment has been found to decrease the chances that someone will reoffend again in the future. Another problem is that there is a publicly held belief that all persons who sexually offend are exactly the same—that is, untreatable and a high-risk. Again, research has found that persons who sexually offend have a lot of differences between them. All of these misconceptions have come to be associated with the label 'sex offender.' So, when you read this label, you make a snap judgment that is based on what comes to your mind first—that is, the stereotypical image of what a person who sexually offends comes to mind. This snap judgment becomes a problem in situations where you are asked to make a decision about whether or not you want to support a certain policy. If you automatically believe that all persons who sexually offend are a danger to the community and cannot be treated, you will likely support the elimination of funding for treatment programs or support the implementation of a highly restrictive policy.

Person-first language is intended to obstruct our tendency to make snap judgments about persons who commit a sexual offense. This will hopefully allow for the chance to make a more informed decision. Through understanding that people are different and not stereotyping them, you will likely approach certain questions in a more neutral manner and base your answers on relevant

information. Understanding factors that may impact successful community reintegration is important in preventing future criminal behaviour. These are the goals of this research.

Should you have any questions regarding the study, you may contact one of the primary researchers:

- Dr. Sandy Jung, 780.497.4597, sandy.jung@macewan.ca; or
- Harleen Cheema, cheemah7@mymacewan.ca.

If you are interested in learning about the findings from our study, we will be happy to share with you the results of our study after we have obtained and analyzed all of our data (approximately April 2018). If you have any questions or concerns regarding the ethics of this study, you may contact the Research Ethics Board at REB@macewan.ca. If you have more questions about the assessment, treatment, and management of persons who sexually offend, the following weblinks provide relevant sources of information:

- Association for the Treatment of Sexual Abusers: http://www.atsa.com
- Center for Sex Offender Management: http://www.csom.org
- Public Safety Canada: https://www.publicsafety.gc.ca
- California Coalition on Sexual Offending: https://ccoso.org/library

Your well-being is important to us. If you feel you have endured any psychological distress or distress to your emotional well-being, please feel free to contact and/or visit any of the below services:

- Canadian Mental Health Association: http://www.cmha.ca
- Stop It Now: http://stopitnow.org

Thank you again for your participation, we greatly appreciate it.

Harleen Cheema and Sandy Jung

Debrief -- Consent

Thank you for your participation. We would like to tell you more about the study you just participated in. The true purpose of this study is to investigate the impact of stigmatizing labels compared to more neutral, person-first language on the public's attitudes towards those who have sexually offended.

In recent years, there has been a push to change the way we label and talk about certain groups of people. For example, in the field of mental health, it is not longer correct to call someone a 'schizophrenic.' Instead, you would say, 'person who has schizophrenia,' this is an example of person-first language. Person-first language is used to avoid bias, stigma, dehumanization, and acknowledge individuality.

You may be asking yourself, "why would we want to reduce stigmatization towards sex offenders?" The simplest answer is that it can help make society safer through decreasing the chances that someone released for committing a sexual offense will reoffend again in the future. Stopping future reoffending behaviour is the ultimate goal of such research, because that means fewer people will be hurt in the future.

Stigmatizing community attitudes and misinformed perceptions are what many of the policies targeting persons who sexually offend are based upon. For example, placing housing restrictions on offenders was developed based on opinions rather than scientific evidence. This is a problem because these highly restrictive policies are actually making re-offending behaviour more likely to happen, rather than preventing it. Such policies result in increased isolation that make it very difficult for an individual to successfully reintegrate into the community. Successful reintegration through things such as stable housing and employment has been linked to decreasing the likelihood of future re-offenses.

The stereotype that all 'sex offenders' are untreatable and at a high risk to re-offend has not been supported by the research literature. In reality, compared to other types of criminals, persons who have committed sexual offenses are the less likely to reoffend again in the future. Also, treatment has been found to decrease the chances that someone will reoffend again in the future. Another problem is that there is a publicly held belief that all persons who sexually offend are exactly the same—that is, untreatable and a high-risk. Again, research has found that persons who sexually offend have a lot of differences between them. All of these misconceptions have come to be associated with the label 'sex offender.' So, when you read this label, you make a snap judgment that is based on what comes to your mind first—that is, the stereotypical image of what a person who sexually offends comes to mind. This snap judgment becomes a problem in situations where you are asked to make a decision about whether or not you want to support a certain policy. If you automatically believe that all persons who sexually offend are a danger to the community and cannot be treated, you will likely support the elimination of funding for treatment programs or support the implementation of a highly restrictive policy.

Person-first language is intended to obstruct our tendency to make snap judgments about persons who commit a sexual offense. This will hopefully allow for the chance to make a more informed decision. Through understanding that people are different and not stereotyping them, you will

likely approach certain questions in a more neutral manner and base your answers on relevant information. Understanding factors that may impact successful community reintegration is important in preventing future criminal behaviour.

During this study, you completed some questionnaires and then proceeded to read a newspaper article of a public announcement about a person being released into the community after serving a sentence for a sexual assault. Because this study is looking at the effects of labels, depending on the research condition you were in, you were either in a stigmatizing or a not stigmatizing label condition. There were 8 possible conditions you could have been in.

You were made to believe that the newspaper was about the release of a real person in some province in Canada. However, the newspaper was fake and written by one of the researchers. Additionally, you were told that the study was looking at differences in community attitudes towards persons who sexually offend, and how sentencing and management decisions differ. We were unable to tell you the true purpose of the study because we wanted to get your response based on how the person was presented to you in the article.

As mentioned before, the information you have provided today will be kept anonymous. Therefore, we will be unable to link you to any of the responses you have provided.

Should you have any questions regarding the study, you may contact one of the primary researchers:
Dr. Sandy Jung, 780.497.4597, sandy.jung@macewan.ca; or
Harleen Cheema, cheemah7@mymacewan.ca.

If you are interested in learning about the findings from our study, we will be happy to share with you the results of our study after we have obtained and analyzed all of our data (approximately April 2018). If you have any questions or concerns regarding the ethics of this study, you may contact the Research Ethics Board at REB@macewan.ca. If you have more questions about the assessment, treatment, and management of persons who sexually offend, the following weblinks provide relevant sources of information:
http://www.atsa.com/
http://www.csom.org/links/index.html
https://www.publicsafety.gc.ca/index-en.aspx
https://ccoso.org/library

Your well-being is important to us. If you feel you have endured any emotional distress while participating in this study, we have provided the following links for you:
http://www.cmha.ca/
http://stopitnow.org/

Thank you again for your participation, we greatly appreciate it.