UNIVERSITY OF OKLAHOMA GRADUATE COLLEGE

FACTORS PREDICTING PSYCHOLOGISTS' SELF-EFFICACY FOR WORKING WITH FEMALE SEXUAL OFFENDERS

A DISSERTATION

SUBMITTED TO THE GRADUATE FACULTY

in partial fulfillment of the requirements for the

Degree of

DOCTOR OF PHILOSOPHY

BY

AMY GRIFFITH Norman, Oklahoma 2010

FACTORS PREDICTING PSYCHOLOGISTS' SELF-EFFICACY FOR WORKING WITH FEMALE SEXUAL OFFENDERS

A DISSERTATION APPROVED FOR THE DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

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Acknowledgements

"Pursue the authentic – decide first what is authentic, then go after it with all your heart." My "pursuit" of obtaining my graduate degree has been as much about self-exploration and building true relationships as it has been about learning to help clients do the same. During these past seven years, I have changed and grown more – into who I uniquely am – than in all of my life. Thus, for me, this doctoral degree represents so much more than an academic endeavor or an educational achievement; this was a life-changing process, one to which an amazing group of people contributed and to whom I would like to express my infinite appreciation.

First, to my advisor, Dr. Rockey Robbins: thank you for sharing and cultivating my love of literature to better understand the human experience and my work with others. You encouraged me to look at things more conceptually, provided space for my creativity, and believed in my writing. Most importantly, your relentless confidence in my personal and professional abilities inspired my beliefs in myself.

To my committee, Dr. Barbara Greene, Dr. Nicole Judice-Campbell, Dr. Paula McWhirter, and Dr. Cal Stoltenberg: thank you for going where I needed to go, when I needed to go there. Your guidance, support, insights, great opinions, and faith in my research have honed my ability to think critically and broadly, as well as given me confidence about my future professional identity. You all made the culmination of my program an incredibly enjoyable experience.

To the entire faculty: my experiences with each of you have been some of the most meaningful, challenging, and validating of my life. Thank you for providing the therapeutic, ethical, and intellectual foundation for my present and forthcoming career.

To my cohort: each of you, in your own distinct and special way, shared this journey with me, and helped me pursue the authentic. Adam, Gina, Hayley, Ryan, Sadie, and Suzan: I cannot imagine my life without you, nor can I imagine where I would be now without your love and support. I look forward to lifelong personal and professional relationships with all of you. Thank you for being my "chosen" family (whether you knew you were or not!). I love you all.

To Ruby and Dan: thank you for delicious dinners, good wine, stimulating conversations, your back patio, your felines, and your friendship.

To Dr. Sharla Robbins: thank you for your physical, emotional, and spiritual support, your empathic and gentle guidance, when I needed it most.

I would also like to thank all of the individuals with whom I have had the privilege to work therapeutically, who illustrate the most absolute nature of positive, healing change through the most adverse of situations, and for whom my research interests strive to provide benefit.

To Juniper Pearl: thank you for being such a good girl.

Finally, I would like to thank Errol. For everything. I look forward to experiencing all of life's "adventures" with you...and pursuing them with all of my heart.

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Abstract

The literature pertaining to females who sexually offend remains underdeveloped. This study examined the influence of clinical experience, sexist attitudes toward women, attitudes toward female sexual offenders, and attitudes toward female-perpetrated sexual abuse on psychologists' perceived selfefficacy for working with this population. Differences in psychologists' attitudes toward female sex offenders versus female sexual offending behaviors were also explored. One hundred and fifty-seven mental health professionals participated in the study. Participants completed a demographic form, a work experience scale, the Ambivalent Sexism Inventory (ASI), the Attitudes toward Female Sexual Offenders (ATFSO) scale, the Professional Attitudes Regarding the Female Sexual Abuse of Children (PARFSAC) scale, and a self-efficacy scale (SES). Work experience, sexist attitudes, and attitudes toward female sexual offenders emerged as statistically significant predictors of perceived selfefficacy scores. Attitudes toward female-perpetrated sexual abuse were not found to predict counselor self-efficacy. Significant differences in scores on the attitudinal scales suggested that psychologists reported less positive attitudes toward female sex offenders than toward female-perpetrated sexual abuse behaviors. Overall, psychologists with greater work experience, higher sexist beliefs toward women, and more positive attitudes toward female sexual offenders reported greater confidence in working with this population.

CHAPTER I: Introduction

Given the increased media attention on incidences of female teacher "relationships" with young students, the idea that women are capable of committing illegal sexual acts is becoming less foreign. What is perhaps less commonly accepted is the notion that women can perpetrate sexual offenses that extend in severity beyond that of the teacher-student scenario, and that these offenses can have as detrimental an impact on victims as sexual abuse by men. This author's relevant clinical experience was acquired in a community in which "sex offender treatment" was described as therapeutic interventions with court-ordered *males* who sexually offended. Female clients with a history of sexual offenses or who were court-ordered for treatment were typically assigned to an inexperienced therapist, and often no interventions directed at their offending behaviors were addressed. No empirically-validated treatment programs were utilized, because none existed, and no supervision was provided, because no other psychologists had experience with this client population. Furthermore, referrals were unfeasible because the rural community necessitated that offenders remain in the area for legal and/or financial reasons. As a future psychologist guided by the prevailing scientistpractitioner model, it was difficult to perceive that effective, ethical, and empirically-based treatment for female sexual offenders was being provided to these clients under those constraints.

To elucidate the problem, this researcher wondered what factors might influence psychologists' beliefs that they are providing efficacious sex offender

treatment for women. More specifically, as attitudes can influence personal reactions, policies, and legislative decision making, knowledge of how attitudes are shaped is important. If attitudes about female sexual offenders among professionals are based on stereotypes, myths, or misinformation, subsequent policies, judicial, and treatment decisions may not accurately reflect societal needs. Mental health providers are typically the final destination for persons investigated for or convicted of a sexual offense, as adjudicated by a judge or as strongly recommended by a child welfare agency. Whether treatment is performed in a correctional or community-based setting, the therapist's perceptions about women in general, female-perpetrated child sexual abuse, and the female offender herself would likely have an impact on treatment outcome. Further, previous clinical experience with females who sexually offend would seem to affect one's perception that they could initially provide effective treatment. Thus, this study will explore how psychologists' level of work experience, gender-biased or sexist beliefs, and attitudes toward female sex offenders and female-perpetrated sexual abuse predict psychologists' subsequent perceptions of self-efficacy for working with female sex offenders. The goal of this study is to promote further support for the need to increase awareness and education about female sexual offending behaviors among mental health providers and to encourage the development of more effective treatment programs for this seemingly under-served population.

CHAPTER II: Literature Review

The idea that a female is capable of committing a sexual offense is appalling to many people in the general population. Perhaps even more unbelievable is the notion that a woman could sexually abuse a child. In reality, how pervasive is the problem? According to the Federal Bureau of Investigation (FBI, 2004) report of crime in the United States, 1.5% of all women arrested in 2004 were charged with forcible rape, and 8.4% for other sex offenses (excluding forcible rape and prostitution). Though these crime statistics indicate that women comprise less than 10% of all persons arrested for sexual offenses, arrest trends from the past several years show an increase of 75% in forcible rape and a 12% increase in other sex offenses among adolescent and adult females (FBI, 2004). Further, while Bureau of Justice statistics indicate that females represent up to 6% of rapes or sexual assaults by an individual acting alone, female offenders are also implicated in up to 40% of sex crimes involving multiple offenders (BJS, 2006). Approximately 20% of male victims and 5% of female victims of sexual abuse reported being victimized by a female, but due to significant underreporting of sexual abuse by both males and females at the time of occurrence, retrospective studies have revealed a much wider range of victims whose perpetrators were female (Denov, 2003). Schwartz and Cellini (1995) found that up to 63% of female victims and as many as 27% of male victims of sexual abuse report having been sexually victimized by a female. Given these figures, what factors contribute to the underreporting? Accordingly, what factors contribute to the lack of empirical research and treatment guidelines?

The statistics notwithstanding, some professionals still doubt the extent to which females can commit sexual offenses. In fact, some states still do not acknowledge that females are capable of committing sex offenses and the wording of their laws reflects this. Defining rape in the legal context as that which can only be committed by penetration of "the perpetrator's penis" explicitly implies that women cannot perpetrate certain acts of sexual violence toward others and be charged legally with rape (Denov, 2003). Further, statutes stating that females can only be "held guilty" of rape when "she aids a male" in committing the offense minimizes the responsibility that women have in perpetrating acts of sexual abuse alone, without any co-offender (Denov, 2003). The United States Department of Justice (USDOJ, 2005) provides somewhat ambiguous definitions of sex offender and sex offense for use in state sex offender registration and notification programs; however, the federal statutes do utilize gender neutral language. A sex offender is described as someone who has been convicted of "offenses involving sexual molestation or sexual exploitation of children, and persons convicted of rape and rape-like offenses (regardless of the age of the victim)" or a "sexually violent offense" (USDOJ, 2005). The first definition refers to state offenses that equal or exceed the following range of offenses: kidnapping/false imprisonment of a minor (except by a parent), criminal sexual conduct toward a minor, solicitation of a minor to engage in sexual conduct, use of a minor in a sexual performance, solicitation

of a minor to practice prostitution, any conduct that by its nature is a sexual offense against a minor, or production or distribution of child pornography. The definition of "sexually violent offense" refers to any criminal offense that is equal to or exceeds the range of offenses encompassed by aggravated sexual abuse or sexual abuse with the intent to commit aggravated sexual abuse or sexual abuse (USDOJ, 2005). For the context of this study, the language regarding sex offenders and offenses will correspond to that used by the United States Department of Justice (2005).

Legal terminology aside, clinical definitions of abuse are also problematic, especially when considering the range of acts that could be interpreted as abusive to a child. Ambiguous perceptions and definitions of key constructs, such as what constitutes a sexual offense or abuse by a female, make it difficult to inform health and legal professionals about how to approach the issue. Sexually abusive behaviors may be overt, as are often more associated with male-perpetrated abuse, but they can also be covert and occur under the conceptualization that they are normal, caring, and loving parenting behaviors. Thus, with females, the sexual abuse might be disguised as innocent, non-sexual acts of maternal nurturing (Rosencrans, 1997). Researchers have described several invasive and arguably harmful behaviors which might not be so readily obvious to a professional involved in identifying abusive situations, including: pre-occupation with a child's bodily functions, obsessive interest in child's body and physical/sexual development, administration of excessive enemas or laxatives, unusual cleansing rituals of

child's genitalia, lack of respect of child's right to privacy (watching child dress, bathe), deliberate exposure of female's/mother's naked body to child, inappropriate emotional intimacy with a child, inappropriate conversations about sex, and private and graphic sexual information provided to a child (Deering & Mellor, 2007; Rosencrans, 1997). All of these behaviors, outside of a caregiving context, could be easily viewed as abusive. Yet, how many mental health providers would actually view these behaviors as abuse? Should these behaviors be reported, according to the mandated reporting laws? How many females who commit these behaviors would receive legal sanctions? Our society is so accustomed to recognizing and reporting the more overt behaviors involving direct physical contact, it would be difficult to know how to proceed given a more covertly abusive situation by a female, if one is even able to acknowledge it as abusive. Consequently, if a mental health provider is faced with a client who describes a sexually questionable situation or is referred for treatment for a sexual offense, how would their personal beliefs impact the therapeutic process, focus of treatment, and outcomes?

In her comparison of studies examining female sexual offenders, Denov (2003) suggested that many researchers use definitions of abuse which vary widely in their inclusiveness and severity of offenses. For example, legal terminology does not address the issue of consent or less coercive behaviors, while much of the literature's use of sexual offense terminology does not explicitly state that the sexual behavior is illegal, further illustrating the difficulty of obtaining consistent definitions of sexual abuse and accurately identifying

sexual offenders. Distinctions between constructs were also difficult to discern among the empirical studies. Attitudes toward the offender, attitudes toward the sexual abuse, and attitudes toward the victims of abuse--concepts which encompass the whole of the female sexual offending spectrum—assessed public and professional attitudes using similar scenarios, scales, and questionnaire items.

According to a press release obtained from the American Psychological Association (2001), a "central characteristic of any abuse is the dominant position of an adult that allows him or her to force or coerce a child into sexual activity." APA goes on to describe the range of behaviors involving physical contact, but also states that "child sexual abuse is not solely restricted" to this and sexual abuse could also "include noncontact abuse, such as exposure, voyeurism, and child pornography" (APA, 2001). The Child Abuse Prevention and Treatment Act (CAPTA) is the Federal legislation which provides the minimum standards that States must incorporate in their statutory definitions of child abuse and neglect (Child Welfare Information Gateway, 2007). Sexual abuse is dually defined as the "employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct" or the "rape, and in cases of caretaker or interfamilial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children" (Child Welfare Information Gateway, 2007). Neither definition

provides an exhaustive range of behaviors that could be considered sexually abusive, but for the purposes of this study they will be used to define the construct of child sexual abuse.

After review of the empirical literature, it was also discovered that defining the constructs for this study would not be so facile, since they were not consistently distinguished in studies. Authors purported to assess constructs ranging from attitudes toward female-perpetrated child sexual abuse to perceptions of victims of female-perpetrated child sexual abuse to comparing attitudes toward male and female perpetrators of sexual abuse. All of these constructs were related to the broader construct of female sexual offending, and the similar questions used to assess them give pause that the research methods used are in fact measuring what they presume to measure. For example, in a study using scenarios to assess the impact of perpetrator gender on police officers' perceptions of male- or female-perpetrated child sexual abuse, the authors (Kite & Tyson, 2004) asked questions such as, "How serious do you consider this incident to be?" to assess the perceived seriousness of the abuse scenario and "What psychological impact do you think this incident would have on the child?" to assess trauma. Other questions asked for percentage of responsibility attributed to the perpetrator, the child, and the parents of the child. In another study assessing perceptions of blame and credibility toward *victims* of child sexual abuse, Davies, Rogers, and Whiteleg (2009) asked postscenario questions such as "How seriously do you think the police should take the event?", "How much do you think (the child's) life will be negatively affected

by the event?", "How much do you think (the child) will be traumatized after what happened?", "How much is (the perpetrator) to blame for what happened?", and "How responsible is (the perpetrator) for this event?" These questions were subsequently used to make inferences about attitudes toward the perpetrator of the sexually abusive scenarios.

The questions in both of the aforementioned studies appear nearly the same, but they purport to measure different aspects of the female sexual offending dynamic, i.e., perceptions of sexual abuse and perceptions of victims and perpetrators of sexual abuse, respectively. In other words, one study focused on measuring attitudes toward the *behavior* involved in the abusive situation, while the other study focused on measuring attitudes toward the *person* involved in the abusive situation. The difficulty of distinguishing between constructs in this area of research suggests that female sexual offending is still largely uncharted territory and would benefit from greater understanding through subsequent empirical exploration.

Public Attitudes toward Sex Offenders

Regarding sex offenders in general, there seem to be differing attitudes among various groups of people. One study (Fuselier et al., 2002) used a quantitative inventory to explore attitudes toward offenders among an undergraduate college population compared to members of the Association for the Treatment of Sexual Abusers (ATSA). Results showed that compared to professionals, students were more likely to view perpetrators of child sexual abuse as social misfits, strangers, or the stereotyped image of a "dirty old man"

(Fuselier et al., 2002, p. 278) and also viewed perpetrators as functioning at a lower interpersonal level. ATSA members were less likely than college students to perceive sex offenders as gay, uneducated, and using force to commit their crimes (Fuselier et al., 2002, p. 272).

Another study (Valliant et al., 1994) investigated whether first or third year female students in a university psychology program would have different attitudes toward sex offenders due to longer enrollment, and compared these perceptions to the students' level of emotional adjustment. Using standardized assessments to measure personality and surveys to assess their attitudes toward sex offenders, researchers discovered that students with more seniority in college exhibited different personality traits but similar attitudes regarding sex offenders as first-year students, with both groups advocating lifetime treatment and harsh sentences (Valliant et al., 1994).

O'Donohue et al. (1998) explored attitudes of undergraduate students and educators, and found that participants judged a scenario depicting an allegation of abuse as more credible when the alleged perpetrator was male than when female. The authors found a small, but non-significant interaction between participant and perpetrator gender, so their hypothesis that raters might exhibit more sympathy toward alleged perpetrators of their own gender when deciding if they were guilty of child sexual abuse was not supported. The authors suggested that the interaction between gender of subjects and gender of the perpetrator was due mainly to male subjects being more skeptical of children's credibility when the perpetrator in the vignette was female. Female

participants did not show this effect. All of these studies suggest a need for greater public education about sexual offenders and their characteristics, since perceptions of sex offenders appear to be based on stereotypes rather than reality.

Attitudes toward Sex Offenders in the Judicial System

Several studies examining attitudes toward sexual offenders have been conducted in a judicial context to assess legal responsibility and severity, and sentencing decisions. Judges, for example, are responsible for presiding over sex offense cases and making decisions about the type and length of sentence that a sex offender will receive, as well as prescribing treatment recommendations. Many of these studies (Bumby & Maddox, 1999; Ferguson & Ireland, 2006; Hetherton & Beardsall, 1998; Johansson-Love & Fremouw, 2006; Vandiver & Teske, Jr., 2006) have implied that female sex offenders receive differential treatment during the judicial process as compared to male sex offenders.

Fanetti et al. (2008) used a sample of college students to represent a mock jury and explore decision-making regarding alleged cases of child sexual abuse. Participants responded to vignettes involving a teacher, an adult neighbor, and a parent which were varied to reflect different gender combinations of child and perpetrator. Results indicated that female mock jurors rated all scenarios of abuse as more suspicious than males, and that both male and female mock jurors were more suspicious of alleged male perpetrators than alleged female perpetrators. However, when victims of

parental abuse were male, participants judged father and mother perpetrators equally likely of guilt.

To date, few studies have specifically examined judges' attitudes toward the sex offenders who appear before them in their courtrooms. Bumby and Maddox (1999) found that judges reported via quantitative surveys that sexual offense cases in general are more difficult over which to preside from a legal, personally emotional, and public scrutiny standpoint. Judges in this study also held different views about sex offenders than sex offender management professionals, and advocated for controversial legislative issues such as mandatory registration and civil commitment of "sexual predators" (Bumby & Maddox, 1999, p. 311). Judges in this study reported limited resources regarding treatment options and availability as problems with the manner in which the legal system handles sex offenders. Interestingly, when asked directly through questionnaire items, judges generally recognized the comparable impact of victimization by either female or male offenders, as well as the need for delivering equivalent sentencing decisions.

Conversely, a study comparing juvenile male and female sex offender judicial processing characteristics (Vandiver & Teske, 2006) found that females were significantly more likely to receive lower sentences for the same sex offense also committed by males. In other words, judges who were faced with actual cases of female sexual offending in their courtrooms behaved differently than they claimed attitudinally (Bumby & Maddox, 1999). For example, both males and females were equally likely to be charged with aggravated sexual

assault and receive the same sentence type (either probation or residential treatment). However, the sentence length differed, with juvenile female sex offenders more likely to receive a sentence length of less than five years, and males more often received sentences that were longer than five years. Same crime, same charge, same sentence, different sentence duration.

In their study of the impact of gender on juror decision-making, Duke and Desforges (2007) discovered that jurors who read sexual abuse cases which manipulated perpetrator gender rated male perpetrators as more responsible for the abuse incident, and victims of male perpetrators were judged as experiencing more severe short-term effects of abuse. A critique of the female sex offender research over the last 15 years suggested that future studies should evaluate the differential attitudes toward females and males regarding sentencing and treatment, as current literature has failed to do so (Johansson-Love & Fremouw, 2006).

Professional Attitudes toward Sex Offenders

There are a multitude of professionals who might come into contact with a sexual offender through their work responsibilities, and it follows that their attitudes might influence how they deal with this population. This section focuses on attitudes toward sexual offenders among professionals who investigate allegations of child sexual abuse and health providers who are deeply involved in the identification of abuse and/or treatment of offenders once they have been identified. Hogue (1993) found that professionals who provided treatment to sex offenders in a correctional setting (probation officers,

psychologists, and treatment-providing prison officers) reported more positive attitudes toward the offenders than police and prison officers who did not provide treatment. This research suggests that more personal and routine interaction with this population may result in more positive, or realistic, views toward sexual offenders in general.

A study by Ferguson and Ireland (2006) used a measure of attitudes toward sex offenders to compare attitudes of college students and staff members who worked in various forensic settings. The authors found that male participants viewed sex offenders more negatively than female participants.

Also, forensic staff viewed sex offenders more positively than undergraduate students, who did not perceive sex offenders as "normal" or as individuals who can be rehabilitated (p. 16). Working in a forensic setting, having been a victim of sexual abuse, or being close to a victim of sexual abuse yielded more favorable attitudes toward sex offenders. In other words, exposure to sex offenders through personal or vicarious experience influenced attitudes resulting in decreased reliance on stereotypes of sex offenders.

Nelson et al. (2002) also used a measure of attitudes toward sex offenders to assess these perceptions among counselors. The authors found that professional counselors had relatively positive attitudes toward sex offenders, in that their mean scores were significantly different from the midpoint of the Likert scale. Counseling experience with sex offenders, current caseload of sex offender clients, and feelings of preparation from training to counsel sex offenders were positively correlated with scores on the attitudes

toward sex offenders measure, though the relationships were weak. Consistent with other findings (Ferguson & Ireland, 2006), personal victimization from a sexual offense, or being close to someone who was a victim of such a crime was associated with more positive attitudes toward sex offenders. Though the mean scores fell in a positive direction, they weren't excessively positive, which the authors suggested might reflect the influence of the counselors' professional training.

In their comparison of police, child welfare workers, and community mental health professionals in Canada, Trute et al (1996) found that, though all groups viewed perpetrators of incest (all male) as being more criminal than mentally ill, mental health professionals tended to attribute a perpetrator's actions more to mental pathology that warranted treatment than police officers or child welfare personnel. This would appear to suggest that mental health workers view perpetrators of child sexual abuse more favorably in terms of being more amenable to treatment.

Another incest study which utilized counselors as its sample (Adams & Betz, 1993) revealed a somewhat different view toward parents who sexually offended against their children. Mothers who sexually abused their children were judged as harshly as offender fathers by the counselors in this study, and male survivors were viewed similarly as female survivors. Counselors made no judgments about the incest having a homosexual versus heterosexual dynamic. Male counselors, however, were more likely to report that the incest reported by the child was fantasy or not true.

Professional Attitudes toward Child Sexual Abuse

Since many researchers distinguished between attitudes toward perpetrators of sexual abuse and attitudes toward sexual abuse specifically, this section will focus on the latter construct among those who encounter sexually abusive situations in their occupational context. Kite and Tyson (2004) sampled male and female Australian police officers who responded to questionnaires following a vignette describing an incident of child sexual abuse, with either a male or female perpetrator. Police officers were asked to rate their perceptions of the seriousness of the situation, the action they would take, and the perceived impact of the situation on the child involved. The gender of the officers did not influence their perceptions about any of the aforementioned three factors. Perpetrator gender, however, did influence these factors, with a gender bias in favor of female perpetrators. Police officers viewed the femaleperpetrated sexual abuse scenario as significantly less serious, requiring less action, and having less traumatic or negative impact on the child involved than the male-perpetrated abuse scenario.

Hetherton and Beardsall (1998) explored responses from social workers and police involved in investigating child sexual abuse allegations regarding the perceived seriousness of a case of sexual abuse perpetrated by a male or female. Attitudes toward women's gender roles and sexualized behavior toward children were also examined to predict decisions about female-perpetrated abuse. Though participants perceived female-perpetrated child sexual abuse as a serious issue that justified intervention, many investigating

personnel did not consider female-perpetrated sexual abuse to be as serious as male-perpetrated sexual abuse, suggesting that victims of female-perpetrated sexual abuse might be less likely to receive protection and treatment compared to male-perpetrated sexual abuse, and that child sexual abuse by females is less harmful than abuse by males.

In another study (Eisenberg et al., 1987), health professionals in various fields of involvement in the detection and management of suspected child sexual abuse responded to questions about their perceptions of abusive situations. Most respondents felt that both male and female children would be equally affected by the abuse, however one-third believed that a female child would be more affected. Further, when asked to rank a list of familial relationships involving incest in order of seriousness to the child, parent-child relationships were rated as more harmful than sibling relationships, and male perpetrators were rated as more harmful to children than female perpetrators. The sibling relationship of sister as perpetrator, sister as victim was viewed as the least harmful of all possible parent-child relationship combinations.

Impact of Professional Experience on Attitudes

Few studies have examined the relationship between a professional's personal or work experience with sex offenders, child sexual abuse and subsequent attitudes toward sexual offenders. Reiterating the work by several previously discussed studies (Ferguson & Ireland, 2006; Fuselier et al., 2002; Hogue, 1993; Trute et al., 1996) in this area, professionals who have more personal or habitual interaction with sex offenders may exhibit more positive or

realistic views toward this population in general or view them as more amenable to treatment.

Regarding the relationship between professional experience and attitudes toward female sexual offenders, an investigation of cases from child welfare agencies in Canada (Peter, 2009) revealed that differences were observed among workers who investigated female versus male-perpetrated sexual abuse allegations and subsequently referred them to child welfare agencies. Though workers who investigated female-perpetrated abuse situations were less educated, in that they did not have a formal degree, they had significantly more years of experience than workers who investigated male-perpetrated abuse. The agencies with more female-perpetrated abuse referrals were also smaller, with more caseloads.

Sanghara and Wilson (2006) explored whether professionals involved in the treatment of sex offenders endorsed fewer stereotypes of sex offenders than a less experienced group of teachers. Results indicated that experienced professionals endorsed negative stereotypes less frequently than teachers, they had more positive attitudes toward sex offenders, and expressed greater knowledge of child abuse than the comparatively inexperienced teachers. Additionally, attitudes toward sexual offenders were significantly mediated by the effect of knowledge of child abuse among the two groups, but not for stereotype endorsement. Thus, the greater one's knowledge of child abuse, the less stereotypical one may be about potential child sexual offenders. Since a common stereotype about child sexual abuse is that it is a male-only problem,

the results of this study suggest that professionals might be more likely to acknowledge a female as being capable of committing acts of sexual abuse.

Attitudes toward Person or Behavior?

Quickly shifting discussion back to professional attitudes toward sexual offenders, Lea et al. (1999) used semi-structured interviews to explore experiences and perceptions of police officers, prison officers, probation officers, and psychologists in their qualitative exploration of the attitudes of these professionals toward sex offenders. Professionals interviewed held simultaneous positive (empathy) and negative (hatred, disgust) attitudes toward the sex offenders with whom they worked. They also found the most negative attitudes were held by police officers, who reported having the least amount of experience with this population. Perhaps most interestingly, professionals who worked with sex offenders in some capacity continually described a dilemma the authors termed the "professional-personal dialectic" (p. 113). Professionals indicated that they experienced a

"fundamental tension between the need...to develop a relationship with the sex offender in the course of their professional duty while simultaneously negotiating the desire not to develop a relationship with the sex offender because of a personal abhorrence of [his or her] criminal activity." (p. 113)

Further, in order to effectively work with offenders in a therapeutic context, more experienced professionals described their increasing ability to separate the person from his or her behavior in their approach, or "see the person" apart

from the offending (p. 115). The authors reported that professionals' strategy of empathizing with the sex offender while concurrently not condoning his or her actions facilitated the working relationship with the offender without counter-transference issues or personal feelings about the crimes the offender had committed.

Extending beyond work with sexual offenders, therapists adopt the aforementioned approach often in therapy when clients present with issues or worldviews that might conflict with their own or create extreme feelings for them, such as with a client engaging in illegal activities, expressing racist or homophobic beliefs, or issues that might not align with a therapist's religious values. Therapists are encouraged (at least in this author's graduate training program) to create an accepting atmosphere for the client while not necessarily personally accepting his or her specific behaviors or beliefs. Thus, mental health professionals might also be capable of viewing sexual offenders and the sexual abuse they perpetrate differently.

To summarize the previous literature review sections, it appears that professionals who routinely work with sexual offenders hold more favorable views toward them. Specifically, mental health professionals generally view sex offenders more positively than other professionals, and believe that sex offenders are more amenable to treatment. Trends were noted in many studies regarding biased attitudes toward female sexual offenders in a favorable direction, with male-perpetrated sexual abuse viewed as more serious and harmful, more necessary for investigation and prosecution, more punishable,

and more negatively impactful on the victim. Attitudinal research in this area implies that females who also commit sexual offenses should not be held as accountable for their behaviors as men, and that their offenses do not warrant equivalent sanctions. Professionals who work with sexual offenders might experience their professional obligations conflicting with personal disgust for a sexual offender's crime(s), but they adopt strategies to separate the person from the behavior.

Expectancy Violation Theory

Using a concept from the Social Psychology literature, expectancy violation theory, a useful theoretical perspective emerges regarding perceptions of female sexual offenders and female-perpetrated sexual abuse. This section will introduce expectancy violation theory as a possible framework for conceptualizing the constructs examined for this study.

Expectancies represent sets of anticipated behaviors in social situations (Burgoon, 1993). Expectancies may relate to general norms applied to most everyone, or specific norms, as in behavioral expectancies for a particular person or activity. Behavior enacted by an individual can either meet or violate another person's expectancies. When an expectancy violation is recognized, one attempts to interpret and evaluate the violation, which may result in a negative or positive evaluation. Thus, our perceptions of others will be influenced by our expectations of their behavior (Jussim et al., 1987). In the context of this study, females who commit sexual offenses might violate the

expectations of people who expect female sexual behaviors to conform to more stereotypical norms.

No studies have been conducted exploring female sexual offenders or female-perpetrated sexual abuse using expectancy violation theory, however some studies exist investigating issues of female sexuality. Mongeau and Carey (1996) examined expectancy violation in date-initiation situations. Their results suggested that males entered female-initiated first dates with greater sexual expectations, and that all participants evaluated date initiators as more sociable, more liberal, and less physically attractive than the person asked on the date.

An exploration of sexual harassment scenarios revealed that reactions to sexual harassment complaints were less favorable when the complainant was male than when the complainant was female (Madera et al., 2007). Men who reported sexual harassment complaints were believed less, liked less, and punished more than women. The believability and likeability of female compared to male complainants was greater when complainants were physically attractive (Madera et al., 2007). The results of this study suggest that the idea of males as victims is also a violation of expectancies.

In another study of sexual harassment, Marin and Guadagno (1999) also utilized scenarios to examine effects of labeling and reporting on perceptions of sexual harassment victims. The authors found that both female and male participants attributed greater blame to the women who labeled the incident as sexual harassment and viewed them as less feminine. In other words, women

who labeled or reported sexual harassment violated participants' norms for what constitutes an appropriate response to male-initiated sexual aggression. Instead of reacting passively and compliant, a woman who asserts sexual harassment is in violation of her assumed gender role.

The Role of Sexist Beliefs and Gender Role Attitudes

Another proposed theoretical perspective to lend explanation for the biased attitudes toward female sexual offenders and female-perpetrated sexual abuse reflected in the empirical literature is the notion of ambivalent sexism (Glick & Fiske, 1996). Since women can be stereotyped both negatively (e.g., women are inferior to men) and positively (e.g., women are more moral than men), Glick and Fiske (1996) conceptualized sexism as being composed of two extremes rather than one factor: hostile and benevolent sexism. Hostile sexism refers to viewing or treating women in an openly negative and disparaging way, such as by failing to hire a more qualified woman over a less qualified man or making insulting remarks about women. Benevolent sexist attitudes, on the other hand, view women in stereotypically restricted roles which are positive from the perceiver's perspective. People with more benevolent sexist views of women believe that women are pure, and in need of help and protection from men. Both of these ideologies perpetuate inequalities between men and women (Glick & Fiske, 1996). Fitzpatrick et al. (2004) distinguish between traditional and nontraditional gender roles: traditional beliefs perceive women and men as opposite units with different roles where the man is active and the female is passive. Thus, men are socialized to be more dominant, aggressive,

and sexually initiating and women are socialized to be more cooperative, compliant, and sexually passive. Conversely, nontraditional (or non-sexist) gender roles suggest that men and women are viewed as equal. Facets of conservative ideology are strongly predictive of hostile and benevolent sexist attitudes (Christopher & Mull, 2006). What makes ambivalent sexism ambivalent, according to Glick and Fiske (1996) is that individuals can hold beliefs about women in both the hostile and benevolent extremes. Thus, hostile sexism punishes women who fail to conform to stereotypical and acceptable female roles, while benevolent sexism rewards women when they do conform to these roles.

Relating hostile and benevolent ideologies to the current study, female sexual offenders and the idea of female-perpetrated sexual abuse contradict traditional views about women's sexual behaviors. While males are socialized to be more promiscuous, aggressive and overcome resistance, females are encouraged not to initiate sexual encounters, to be less interested in sex, more gentle, and adopt more maternal roles (Hetherton, 1999). Further, as women are traditionally more acceptable as victims of sexual exploitation, they are presumed to have greater empathy for the harm that could result from the abuse of children and avoid being abusive (Hetherton, 1999).

In her book chapter on women's survivor stories, Elliott (1993) illustrated that even victims of abuse struggle with the idea that a woman could be responsible for their victimization, stating that a woman should "...be the first person you go to if you're hurt, the first person to cuddle you. She should clothe

you, feed you, and give you physical love and care, as well as emotional support" (p. 125). Conversely, "macho" or aggressive behavior from men is somewhat expected (Denov, 2003).

One might argue that sexual victimization by women may actually be perceived as a positive experience. Societal norms, however, endorse or even glorify sexual encounters (e.g. between older females and younger males) as relationships or fantasies, which creates uncertainty about the extent to which "victims" are free to acknowledge any feelings of discomfort or negative effects (Elliot, 1993). Thus, pressures to conform to the interpretation that sexual activities with women are pleasurable (especially for males) might prohibit the disclosure that it was otherwise (Hetherton, 1999).

Gender role beliefs were found to have an impact on the attitudes of many involved in the child sexual abuses investigation and decision-making process. At least three studies reviewed discovered that sexual abuse committed by a female perpetrator was viewed as less harmful and less serious than abuse by men (Hetherton & Beardsall, 1998; Denov, 2003; and Kite & Tyson, 2004). Among professionals who investigate allegations of sexual abuse, responses by police officers and social workers were more ambivalent toward female offenders and police officers were less likely to make arrests, file criminal charges, or obtain help for the victims if the accused offender was female (Hetherton & Beardsall, 1998). Dollar et al. (2004) also discovered gender role stereotypes present among participants in their examination of teacher/student sexual relations, finding that when a female teacher was

involved in the allegations of abuse, men were more likely to think that it was a positive sexual experience for the student and recommend a lower prison sentence.

Tennfjord (2006) explored whether a conservative and patriarchal view of women predicts liberal attitudes toward sexual contact with children among a population of prisoners, Christian adults, and the general population in Norway. The author's findings revealed that, overall, women were more disapproving of sexual contact between adults and children compared to men. Among prisoners, having a modern view of women was highly related to attitudes against the abuse of children. In fact, the largest predictor of attitudes toward child sexual abuse was views of women among the sample of prisoners. This relationship was not found for Christian adults and the general population.

Other studies have found a relationship between sexist attitudes and evaluations of criminal behavior in females. Viki et al. (2005) found that benevolent, but not hostile, sexism was related to negative evaluations of a specific female offender in Australia. The authors suggested that the relationship between benevolent sexist attitudes and the negative evaluation of the female offender was mediated by participants' perceptions that the female offender violated her traditional gender role stereotype. Herzog and Oreg (2008) also explored differences in the level of seriousness judgments of crimes committed by female offenders. Their results indicated that hostile and benevolent sexism impacted respondents' ratings of severity of the crime and harshness of sentences assigned to offenders.

Gender roles for females might have shifted somewhat in the last several years to allow more sexually permissive behaviors of both sexes, however, traditional perceptions of females still exist regarding sexual behaviors.

Because female sexual offenders appear to contradict these traditional gender role norms, perceptions toward them by society would likely be affected as well. A study that examined sex differences in self-reported sexual behaviors (Alexander & Fisher, 2003) discovered that when placed in a condition in which participants believed lying could be detected, women reported just as many sexual behaviors (masturbation, viewing hardcore & softcore erotica) as men did, especially those that are normally considered more acceptable for males than females. Though they engaged in similar behaviors as men, women were reluctant to acknowledge deviation from traditionally expected female gender roles when asked about sexual behaviors in a more anonymous condition (Alexander & Fisher, 2003).

The belief systems of professionals working with victims of child sexual abuse or offenders may contribute to their acknowledgement that sexual abuse by women occurs. Alarmingly, the literature on mental health professionals' work with victims of female-perpetrated sexual abuse is fraught with dismissive responses to allegations of abuse by clients (Denov, 2003; Elliot, 193; Hetherton, 1999; Longdon, 1993; Wilkins, 1990). Accounts of sexual abuse by women were described as physical impossibilities, fabrications, and fantasies, and some professionals responded with denial or disbelief. The implications of potentially sexist attitudes toward female sexual offenders and female-

perpetrated sexual abuse seem obvious in the context of impact on victims of the abuse.

Adams and Betz (1993) found in their study of counselors' attitudes toward incest that counselors with more liberal or profeminist beliefs about gender roles reported more supportive attitudes toward incest survivors; they were less likely to blame victims for the incest, saw the effects of incest as more serious, had a broader definition of incest, were more likely to believe the victim, and attributed less responsibility to the child. Adams and Betz (1993) noted that more liberal gender role beliefs were negatively correlated with years of counseling experience.

Finally, it seems important to note that males are not solely responsible for sexist attitudes toward women with regard to female sexual offending.

Women not only contribute to sexist attitudes, but Kasl (1990) suggested that women are also defensive about female sexual abuse because by admitting its existence, idealized myths about the innocence of women (thus, about themselves) are destroyed. The denial of women as capable of committing sexual offenses disempowers females and devalues the personal accountability that women can, as equally as men, hold for their actions. Further, females who sexually offend are less likely to receive treatment for their offending behaviors if their offenses go unacknowledged, especially by treatment providers.

Counselor Self-Efficacy

The majority of empirical literature related to the issue of females who sexually abuse begins with a commentary about the dearth of research in the area. Additionally, studies on male-perpetrated child sexual abuse far outweigh those pertaining to abuse by females. The research studies that do exist consistently compare female to males, and focus mostly on etiology of offending behavior, differences or similarities in developmental and behavioral characteristics of abuse between males and females, and treatment issues for female sex offenders. The heterogeneity of the population also limits the extent to which the results of many studies can be generalized to all women who commit sexual offenses. Treatment models are typically based on programs developed for incarcerated adult male pedophiles, and since no conclusive typologies have yet been developed for female offenders, many professionals disagree on how to sufficiently provide treatment for women who sexually offend (Vandiver & Kercher, 2004). Also, a significantly higher proportion of females report having been sexually abused themselves when compared to males, so it seems that a different dynamic exists between the relationship of prior abuse history and offending behaviors for women (Miccio-Fonseca, 2000). So, how do psychologists manage these issues when providing treatment for this client population? What kind of treatment do they provide? How effective, competent, and ethical do they feel about the treatment they provide?

Albert Bandura's social cognitive theory (1986) provides a general framework for understanding the relationships between the constructs of

interest in this study and a psychologist's degree of self-efficacy. According to Bandura (2004), people have little incentive to act or persevere in the face of difficulties unless they believe they are able to produce desired effects by their actions. Regardless of other factors which serve as motivators, people "are rooted in the core belief that one has the power to effect changes by one's actions" (Bandura, 2004, p. 622). This notion seems especially pertinent when considering the perception of one's ability to provide treatment for female sexual offenders. Bandura (1991) suggested that successful performance of a behavior is dependent on the acquisition of required skills as well as high self-efficacy beliefs.

Bandura's theories about the role of self-efficacy in effective behavioral performance have been adapted to counselor self-efficacy. Counselor self-efficacy has been defined as a counselor's "beliefs, or judgments, about her or his capabilities to effectively counsel a client in the near future." (Larson & Daniels, 1998, p. 180). To specify further, client-specific counselor self-efficacy is related to, yet somewhat distinct from general counselor self-efficacy in that it refers to the perceived ability to perform counseling behaviors with specific types of clients, versus clients in general. Past research (Stoltenberg, 1998; Leach, et al., 1997) has suggested that counseling self-efficacy may vary by domain. For example, a counselor may feel confident in treating clients who are depressed, but not clients with child abuse issues. Client-specific counselor self-efficacy may offer a more useful way to measure counselor self-efficacy within the context of a particular counseling relationship (Lent et al., 2006). As

female sex offenders represent a distinctly unique client population, this study focuses on exploring psychologists' perceived ability to work within this domain.

The role of clinician experience appears to be an important factor when examining counselor self-efficacy in general, as well as for specific client domains. In general, several findings have been presented in the research literature for the relationship between greater experience and increased perceptions of competence and confidence held by trainees and established counselors (Barnes, 2004; Lent et al., 2003; Leach et al., 1997; Larson et al., 1992). Larson and Daniels (1988) demonstrated that counselors' overall judgment of their counseling skills and of their ability to handle particular situations with clients increased with experience. Stoltenberg, McNeill, and Delworth (1998) also indicated that perceptions of novice counselors' competence increased with training and experience.

The relevant clinical experience a psychologist has in a particular domain area might also affect subsequent perceptions of self-efficacy for working in that domain. Leach et al. (1997) found that counseling trainees with more experience working with sexually abused clients (i.e., a difficult client issue) reported higher levels of counselor self-efficacy than those with less experience. Rodriguez (2002) also suggested that counselors' acquired work experience may impact the confidence they have in their clinical judgments and competency for working with a specific client issue, and suggested that professionals with greater experience in the area of child abuse and neglect indicated more confidence in reporting their suspicions of child abuse.

No published studies have done so, yet an unpublished dissertation study examined counselor self-efficacy in relation to working with sexual perpetrators. Young (2009) examined mental health professionals' attitudes toward intimate partner violence perpetrators. Counseling self-efficacy, age, gender, education level, personal and professional experience with intimate partner violence, type of abuse, and gender of perpetrator were explored as predictors. Results indicated that attitudes toward intimate partner violence perpetrator scores were significantly explained by counseling self-efficacy and gender of the participant. Specifically, males in this study tended to have higher self-efficacy scores and a more positive attitude toward intimate partner violence than female participants. Approximately half of participants reported having received no training on the topic of intimate partner violence during their academic careers, while the majority reported experience working with cases professionally. These findings highlighted the need for improved graduate training programs to help future professionals understand how counseling selfefficacy and attitudes toward perpetrators impact counseling treatment for this population. This study examined similar relationships among attitudes toward females who commit sexual offenses and sexually abusive behaviors, in conjunction with other constructs, and impact on counselor self-efficacy.

To reflect on a previous point, Stoltenberg (1998) questioned the precision of utilizing a general measure of counselor self-efficacy, and instead proposed that counselor self-efficacy is best measured as it pertains to different domains. For example, psychologists might view themselves as confident

when working with depressed or anxious clients, but doubt their efficacy when working with clients who have suffered abuse. Consequently, this study assessed counselor self-efficacy for working with female sexual offenders utilizing a measure that specifically addressed confidence working in this clinical domain.

The Present Study

Upon review of the existing empirical literature, most studies examining attitudes toward sex offenders (male, female, or both) and gender role beliefs have been conducted on a college student population. To date, no studies have explored the relationship between sexist attitudes, work experience, and attitudes toward female sex offenders specifically, among any population. Further, the majority of the studies have not included questionnaires specifically designed to assess attitudes toward sex offenders or attitudes about sexual abuse of children. Instead, scenarios and vignettes, or inventories constructed by the investigators were used. The authors of many of the studies merely speculated about the effect of gender ideology or gender stereotypes on perceptions toward sex offenders, and did not include a gender role beliefs or gender stereotypes scale to assess their hypotheses regarding how participants' attitudes toward sex offenders in general, female versus male sex offenders, or judicial and professional attitudes might be influenced by gender role norms. This discovery was somewhat surprising, since most of the literature regarding gender roles and views about sex offenders suggested that a bias toward female sex offenders might be present in society (Bumby &

Maddox, 1999; Ferguson & Ireland, 2006; Johansson-Love & Fremouw, 2006; Vandiver & Teske, Jr., 2006), among a college student population (Dollar, et al., 2004; Ferguson & Ireland, 2006; Fuselier et al., 2002; Valliant et al., 1994), as well as a professional and/or a mental health provider population (Adams & Betz, 1993; Eisenberg et al., 1987; Hetherton & Beardsall, 1998; Kite & Tyson, 2004). Research pertaining to sexism and ratings of crime seriousness in general suggested a difference in ratings of female- versus male-perpetrated offenses. It follows that differences might be found for sexual offenders as well. As suggested by Johansson-Love and Fremouw (2006), research of the future should address the proposed biased attitudes toward female sex offenders among the general population, judges, and other relevant professionals to cultivate a greater understanding behind the rationale of differing perceptions. Additionally, aside from the qualitative study from Lea et al. (1999), no quantitative studies have been conducted exploring the potential differences in mental health professionals' attitudes toward sex offenders and sexual offenses. As all prior research compared males to females, this study examined the effects of these constructs on self-efficacy for working with female sex offenders only.

The present study attempted to narrow the gap in the literature by exploring how factors including sexist beliefs about women, work experience and training, and attitudes toward female sex offenders and female-perpetrated sexual abuse predict perceived self-efficacy and competence about working with female sexual offenders among psychologists. Limited information is

available regarding how psychologists or counselors perceive their ability to work effectively with sexual offenders, as well as the factors that contribute to their perceived competence with this population. Research in this area reflects a biased perspective of female sexual offenders among the general population, with more positive views of female versus male perpetrators, and abuse by females viewed as less serious and harmful to victims. Sexist or gender role beliefs have been introduced as a potential factor influencing attitudes toward female sex offenders and female sexual abuse. Subsequently, psychologists may be unaware of this and other factors that might predict their attitudes toward female sex offenders and the potential effects on their perceptions of how effectively they can treat this population in their occupational setting. Among professionals, work experience has also been suggested as a related factor in how counselors or those involved in investigating allegations of sexual abuse perceive sexual abuse by females, in addition to predicting perceived self-efficacy in working with specific client populations. No studies have examined these variables among psychologists in relation to one another. The overarching goal of this study was to expand upon the preliminary foundation of research literature and help mental health professionals understand more about their own perceptions of female sexual offenders and female sexual abuse, and how these perceptions facilitate their ability to work with this population.

Research Questions

In light of the reviewed literature, two research questions were addressed regarding factors influencing the perceived self-efficacy of

psychologists toward treating women who have committed sexual offending or abusive behaviors. Research has suggested that counselors and other professionals who work with sex offenders have more favorable attitudes, and perceive treatment as an appropriate consequence (Ferguson & Ireland, 2006; Fuselier et al., 2002; Hogue, 1993; Trute et al., 1996). Treatment providers of sex offenders have also been shown to be more knowledgeable about child sexual abuse in general (Sanghara & Wilson, 2006), thus their attitudes toward female-perpetrated sexual abuse might also be more realistic. Other research has been inconclusive, with some studies reflecting more positive views of female perpetrators and others reflecting more negative beliefs (MacDonald & Chesney-Lind, 2001). Sexist beliefs about women have been suggested as a related factor influencing attitudes toward female offenders and female sexual abuse. All of these factors might affect how psychologists perceive their ability to provide effective treatment for a woman who has committed sexual offenses. Thus, the intent was to explore whether participants' level of employment or training experience with sexual offenders, their endorsement of sexist beliefs, and their attitudes toward female sexual offenders and female-perpetrated sexual abuse were related to their perceived ability to work with a female sexual offender in the future.

RQ1. To what extent are psychologists' experience working with sex offenders (as measured by scores on a work experience scale), sexist beliefs (as measured by scores on the ASI), attitudes toward female sexual offenders (as measured by scores on the ATFSO

scale) and female sexual abuse of children (as measured by scores on the PARFSAC scale) related to their perceived self-efficacy (as measured by scores on a self-efficacy scale) in working with female sexual offenders?

A final research question examined whether attitudes toward female sex offenders and attitudes toward female-perpetrated sexual abuse differ among psychologists. As Lea et al. (1999) described professionals' ability to separate offenders from their offenses in order to establish effective working relationships, this researcher sought to explore if this effect can be measured quantitatively. Additionally, this question was intended to provide insight into whether these two constructs were measurably different from one another among the sample selected for this study.

RQ2. Do attitudes toward female sexual offenders (as measured by scores on the ATFSO scale) and perceptions about female sexual abuse of children (as measured by scores on the PARFSAC scale) differ among mental health professionals?

Accordingly, the following hypotheses were offered:

H1: Professional experience working with sex offenders (as measured by scores on a work experience scale), sexist beliefs (as measured by scores on the ASI), attitudes toward female sexual offenders (as measured by scores on the ATFSO scale) and female sexual abuse of children (as measured by scores on the PARFSAC scale) will predict psychologists' perceived self-efficacy (as measured by

scores on a self-efficacy scale) for working with female sexual offenders.

H2: Attitudes toward female sexual offenders (as measured by scores on the ATFSO scale) and perceptions about female sexual abuse of children (as measured by scores on the PARFSAC scale) will differ among psychologists.

CHAPTER III: Method

Participants

Participants eligible for this study were psychologists between the ages of 18 and 64 years. A total of 157 self-identified psychologists were included in the sample. An additional 121 individuals initially consented to the survey, however 9 participants were excluded for reporting their age as over 64 years old, and the remaining participants discontinued the survey before completing enough for data analysis. Further discussion of the handling of missing data is detailed in the results.

The utilized sample of 157 psychologists consisted of 104 females (66%) and 53 males (34%). Participants ranged in age from 27 to 64 years (M = 43.76; SD = 11.21). The majority of participants reported their race or ethnicity as Caucasian/White (87%; n=137), while 4.5% (n=7) identified as Native American/American Indian. Participants who reported their ethnicity as African American, Asian American, or Hispanic/Latino had an equal number of participants per group (2.5%; n=4). One participant (0.6%) identified as "other." Participants were distributed across the United States with the majority, 49 (31%) from Oklahoma, followed by 24 (15%) from Florida, 17 (11%) from Kansas, 13 (8%) from California, 7 (5%) from Texas and New York, respectively. The remaining 25% of participants reported being from 20 other states, including 2 participants (1%) from Canada.

The vast majority (96%; n=150) of participants reported having a Doctorate (Ph.D., Psy.D., or Ed.D.) as their highest degree achieved, while 6

participants (4%) reported having a Master's Degree, and 1 participant (0.6%) reported to have achieved a combination (Ph.D.-J.D., Ph.D.-M.D.) degree. The majority of participants indicated that they worked in a private practice setting or as a consultant (33%; n=51), a University or College setting (21%; n=33), or for the United States Department of Veteran's Affairs (13%; n=20). The remaining 33% (n=53) of participants reported work settings including Corrections/Forensics, Community Mental Health and/or Outpatient agency, Medical Center/Hospital/School, Indian Health Service, Psychiatric Hospital, School (K-12), Air Force, or other specified government, outpatient, private, or non-profit agencies, in descending order of frequency. Approximately half of the sample reported working in an urban area (47%; n=74), 26% (n=40) reported their work setting as suburban, and 22% (n=35) stated they worked in a rural setting. Two participants (1%) reported working on a reservation or tribal land, and the remaining 6 participants (4%) reported their work setting as a "college town" or "small town," and "mixed."

Instruments

Basic demographic information was obtained from a questionnaire developed by this researcher, which included items exploring participant characteristics such as gender, ethnicity, educational degree, employment setting (correctional facility, private practice, etc.), and employment community (urban, rural, suburban, etc.).

In addition, this study utilized five instruments, with 4 instruments serving as predictors and the final instrument as the criterion: a work experience

questionnaire (WE), the Ambivalent Sexism Inventory (ASI, Glick & Fiske, 1996), the Attitudes toward Female Sex Offenders (ATFSO, Hogue, 1993), the Professional Attitudes Regarding Female Sexual Abuse of Children (PARFSAC, Trute et al., 1992), and a modified pre-existing self-efficacy scale (SES, Greene and Miller, 1996). Relevant information related to the format of the instruments and their respective psychometric properties are discussed in detail below.

Work Experience Scale. Participants' clinical experience with female sexual offenders was assessed through eight items developed by this author, adapted from demographic items used in a previous study (Nelson et al., 2002). The first four questions examined the extent to which participants have worked with sexual offenders, weekly caseload of sex offenders as clients, extent of training for working with sexual offenders, and the extent any training prepared participants for working with sex offenders. While the first four items asked about sexual offenders in the general sense, the final four items were repeated with "female sex offenders" specified, distinguishing between work experience with males and females. The scale used a 1 (None) to 7 (To a great extent) response range, with higher scores indicating greater work experience with female sex offenders or sex offenders in general. Nelson et al. (2002) developed the first four items utilized in this study to serve as demographic items for their study and reported each item in terms of its mean and standard deviation, rather than a reliability coefficient. For this study, the eight items were summed into a total score. A Cronbach's alpha of .91 was obtained for the overall scale (WE), indicating good internal consistency and validity. The

subscales also appeared to have adequate reliability, with Cronbach alpha coefficients of .90 for work experience with sex offenders (WESO) and .87 for work experience with female sex offenders (WEFSO), respectively.

Ambivalent Sexism Inventory. The Ambivalent Sexism Inventory (ASI; Glick & Fiske, 1996) is a 22-item scale designed to assess hostile and benevolent sexist attitudes (11 items each). Research has suggested that the ASI is also reflective of conservative, or more traditional, gender role beliefs about women (Christopher & Mull, 2006). The ASI may be used by calculating the 2 subscales (Hostile and Benevolent Sexism) separately, or as an overall measure of sexism which represents the combination of these ambivalent sexist attitudes toward women (Glick & Fiske, 1996). For this study, the ASI was utilized as an overall measure of sexism, with a total scale score. The scale for this study used a 1 (Strongly disagree) to 7 (Strongly agree) response range. Example items included: "Women seek to gain power by getting control over men." (Hostile sexism) and "Women should be cherished and protected by men." (Benevolent sexism). Scores for each item were summed, then the total raw score was divided by the number of items on the scale to reflect an "average" of all scale items. High scores on the ASI represent higher hostile or benevolent sexist beliefs (Glick & Fiske, 1996). The overall scale was highly reliable across six of Glick and Fiske's (1996) studies, with Alpha reliability coefficients ranging from .83 to .92. For this study, a Cronbach's alpha of .87 was obtained.

Attitudes toward Female Sexual Offenders. A measure modified from a pre-existing scale measuring Attitudes toward Sex Offenders (ATS; Hogue, 1993) was used to obtain participants' perceptions of female sexual offenders. The original ATS (Hogue, 1993) was adapted from the Attitudes toward Prisoners (ATP; Melvin et al., 1985) scale, originally developed as a 36-item scale to assess general attitudes toward prisoners by those working in the criminal justice system. The scale uses a 7-point Likert-scale ranging from 1 (Strongly Disagree) to 7 (Strongly Agree), with a score range of 7-252. Higher scores indicated more positive attitudes toward prisoners. Though Craig (2005) obtained a reliability coefficient of .85 for his study using the ATP, the sample used for validation was narrow and limited only to criminal justice personnel. The ATS was developed by Hogue (1993), replacing all references to "prisoners" in the ATP with a reference to "sex offenders." Nelson et al. (2002) obtained a reliability coefficient of .92 for their study using the ATS, and Hogue (1995) indicated that the Cronbach's alpha for his study showed high overall internal consistency for the 36-item scale ($\alpha = .94$). For the present study, the Attitudes toward Female Sex Offenders (ATFSO) scale was further modified by adding a gender qualifier (female) to items in front of the reference "sex offender." For instance, the item "Only a few sex offenders are really dangerous," became "Only a few female sex offenders are really dangerous." Similar to the ATS from which this questionnaire was derived, the response format was a 7-point Likert scale with higher scores on the ATFSO indicating more positive attitudes toward female sex offenders (i.e., more human, less

judgmental, less prejudicial), and lower scores indicating more negative attitudes. After reversing the scores for the negatively-worded items, the scores for all items were summed, yielding a total score for this scale. A Cronbach's alpha of .92 was obtained for this study, reflecting good internal consistency.

Professional Attitudes Regarding the Female Sexual Abuse of
Children. Another measure modified from a pre-existing scale was used to
explore attitudes toward female-perpetrated child sexual abuse. This scale was
selected in conjunction with the ATFSO to also examine whether attitudes
toward the offenders among mental health professionals would differ from
attitudes toward child sexual abuse.

The Professional Attitudes Regarding the Sexual Abuse of Children (PARSAC; Trute, et al., 1992) scale was developed from a population of professionals engaged in the investigation and treatment of child sexual abuse (police, child welfare, and community mental health), and is a 14-item questionnaire. The Professional Attitudes Regarding the Female Sexual Abuse of Children (PARFSAC) was modified from the original version by adding a gender qualifier to each item, resulting in the content of the scale reflecting attitudes toward the female sexual abuse of children. For example, the PARSAC item, "Most child sexual abuse victims are not emotionally affected by the abuse" became "Most female-perpetrated child sexual abuse victims are not emotionally affected by the abuse." The scale used a 1 (Strongly disagree) to 7 (Strongly agree) response range, with higher scores indicating more of a tendency to view female child sexual abuse as widespread with important

psychological impact on victims, more of a treatment versus punishment stance on abuse, and recognition that anyone can perpetrate sexual abuse against a child (Trute et al., 1992). After reverse-scoring appropriate items, all items were summed, yielding a total score for this scale. Trute et al., (1992) reported a Cronbach's alpha of .71. Hubbartt and Singg (2001) also reported acceptable internal reliability coefficients in their study using the PARSAC. This study obtained a Cronbach's alpha of .42, indicating low internal consistency for the PARFSAC.

It should be noted that the original authors of the PARSAC did not include comprehensive information regarding the development and scoring procedures of the scale in their published study. Attempts by this author to obtain this information were unsuccessful. Accordingly, the Likert scale used to anchor the individual scale items and scoring methods were improvised by this researcher. Further, Trute et al., (1992) reported that a factor analysis of the PARSAC resulted in three main factors, which they described as three distinct subscales. The domains described included: beliefs in regard to extensiveness and seriousness of the issue of child sexual abuse (by females, for this study), treatment versus punishment priority, and beliefs regarding the identity of those who perpetrate child sexual abuse. An ancillary factor analysis performed by this researcher on the PARFSAC also revealed three main factor loadings, however, the items contained on each factor did not coincide with the domains described by the original authors, and had no discernible coherent themes.

Self-efficacy Scale. A measure modified from a pre-existing scale was used to assess psychologists' perceived ability to work with female sexual offenders, as well as their perceived ability to learn about working with this population. The Self-Efficacy Scale (SES; Greene & Miller, 1996) is a 10-item scale that was modified to assess perceived ability to work with or learn how to work with female sexual offenders. The scale used a 1 (Strongly disagree) to 7 (Strongly agree) response range. The first six items measured participants' perceptions of their current ability to work effectively with female sex offenders, while the final four items asked about participants' perceived ability to learn how to work with female sex offenders, which resulted in two subscales (Selfefficacy, SE; and Self-efficacy to Learn, SEL). Example items included: "I am confident about my ability to work successfully with female sex offenders," and "I am certain I can master the competencies needed to work well with female sex offenders." The pre-modified scale was highly reliable in several published studies, with reported Cronbach alpha reliability coefficients of .93 and .93 respectively (Miller et al., 1996). The scores for all items were summed, yielding a total score for this scale. Higher scores on each subscale represent a higher perceived ability to work with or learn to work with female sexual offenders. A reliability coefficient of .92 was obtained for the overall scale, with Cronbach alpha coefficients of .97 and .95 for the Self-efficacy (SE) and Selfefficacy to Learn (SEL) subscales, respectively.

For data analysis, the total raw scores for each instrument were divided by the number of items on the instrument [except the ASI, which was already converted to average total scores, per scoring procedures (Glick & Fiske, 1996)] to convert the raw total score back to the 7-point scale used to respond to all items of the questionnaire. This allowed for increased interpretability of the means and standard deviations of scores.

Procedures

After obtaining approval from the Institutional Review Board, participants were recruited by email solicitation of licensed psychologists in Oklahoma, online listserv solicitation from psychological associations at the state level (California, Kansas, Texas, New York, and Florida), and email solicitation from psychologists known to this author. Participants were asked to forward the survey link to other psychologists who might also have been willing to participate in the study. Thus, response rates are unavailable due to anonymity of professionals and the requests to forward the research opportunity to other potential participants. The intent of multiple recruitment sources was to obtain a larger, perhaps more diverse sample with respect to occupational setting and urban versus rural communities. Approximately 100-150 participants were required to yield adequate power for statistical analyses (Mertens, 2005).

An Internet-based survey designed for this study was administered for data collection, and a link to the url for the survey was placed in the email and listserv recruitment messages. The survey included the Work Experience questionnaire (8 items), ASI (22 items), the ATFSO (36 items), the PARFSAC (14 items), the SES (10 items) and demographic questions (gender, age, ethnicity, work setting, etc.). After being directed to the study website,

participants were presented with the consent form (see Appendix A), which included information about the voluntary nature of the study and contact information for the principal researcher. Following their consent and agreement to participate in the study, participants were presented first with demographic questions, followed by the Work Experience scale, the ASI, the ATFSO scale, the PARFSAC scale, and the SES. The online survey required approximately 15-20 minutes of the participants' time to complete, and professionals were free to exit the online survey at any time during the process. Following their completion of all instruments, participants were thanked for their involvement. Data was collected between January and March of 2010.

Data Analysis

This study hypothesized that psychologists' work experience, sexist attitudes, attitudes toward female sex offenders, and attitudes toward female-perpetrated sexual abuse would predict subsequent perceptions of self-efficacy for working with female sex offenders. A multiple regression model (Cohen & Cohen, 1983) was employed to predict psychologists' perceived self-efficacy in working with female offenders from a linear combination of psychologists' level of experience working with male sexual offenders and female sex offenders, their sexist beliefs, and their perceptions about (a) female sexual offenders and (b) female-perpetrated child sexual abuse. Level of work experience (WE, overall), and scores on the ASI, ATFSO, and PARFSAC were the predictor variables and participant scores on the SES (overall) served as the criterion variable. Also hypothesized was that participants would differ on their scores of

the ATFSO and PARFSAC, suggesting different attitudes toward female offenders and female-perpetrated abuse. This hypothesis was addressed using a paired samples t-test. The level of statistical significance used in this procedure was p = 0.05, as this is the generally accepted level in social sciences research.

CHAPTER IV: Results

A total of 278 participants initially consented to participate in this study. However, 121 of these cases were excluded due to various amounts of missing data which limited their utility in data analysis. Pattern analysis of the missing data revealed that participants appeared to discontinue the survey at page changes, with significant "drop-out" as the items progressed. This resulted in whole instruments not being completed. Preliminary analyses were conducted in which missing data was handled through pairwise deletion. Thus, cases were omitted only when data was missing on the variables of interest in the analysis. The resulting sample was comprised of 173 participants, only 16 more than the 157 participants who fully completed the survey items. To achieve a "cleaner" analysis, this author concluded that only participants who completed the entire survey would be included for data analysis.

Descriptive statistics were used to examine means and standard deviations for the variables of interest in the study and are presented in Table 1. Testing of preliminary assumptions revealed no serious violations for normality, linearity, univariate and multivariate outliers, and homogeneity of variance-covariance for the majority of the variables. The normality assumption for the subscale of work experience with female sex offenders (WEFSO) was not met; however this was to be expected given the low prevalence of treatment with female sex offenders and the specificity of the client population. In other words, it was expected that this predictor would be positively skewed considering the paucity of treatment programs for female sex offenders, thus the majority of

psychologists would likely not have had work experience with female sex offenders. Steps taken to transform the data (Tabachnick and Fidell, 2001) revealed no significant changes in the analysis, thus the original values for work experience with female sex offenders were retained for the primary analyses.

Bivariate correlational analyses were used to check for interrelationships between the variables of interest in this study, as well as between the demographic variables and the criterion variable. Pearson product-moment correlations between the variables are displayed in Table 1. Correlations between predictor variables were moderate, with the strongest correlation between ATFSO and PARFSAC scores (r = .36, p < .001), suggesting no evidence of multicollinearity. Further, no significant relationships emerged between the criterion variable and the demographic variables, with the exception of a significant correlation between sex and SES, but they were not highly related (r = .16, p = .02).

To test the first hypothesis, the role of work experience, sexism, attitudes toward female sex offenders, and attitudes toward female-perpetrated sexual abuse in predicting psychologists' perceived self-efficacy for working with female sex offenders was examined using a single simultaneous multiple regression model. Four predictor variables were included in the analysis for the prediction of counseling self-efficacy (SES): WE total score, ASI total score, ATFSO total score, and PARFSAC total score (Table 2).

As shown in Table 2, the overall regression model was significant, F(4,156) = 30.96, p < .001, $R^2 = .45$, Adj. $R^2 = .43$, indicating that the predictor

variables accounted for 43% of the variance in the model. Examining the individual beta coefficients revealed that scores on the WE scale contributed most to SES variance, t(156) = 9.30, p < .001; $\beta = .58$. Scores on the ATFSO also contributed significantly to variance in SES scores, t(156) = 3.59, p < .001; $\beta = .25$. Finally, scores on the ASI also emerged as a statistically significant predictor of SES in the overall model, t(156) = 1.99, p = .05; $\beta = .13$, while PARFSAC scores did not significantly contribute to the overall model, t(156) = .25, p = ns; $\beta = .02$. In summary, the first hypothesis for this study was supported. Psychologists' perceived self-efficacy for working with female sex offenders was significantly predicted by the combination of work experience with sex offenders and female sex offenders, attitudes toward female-perpetrated abuse, with the latter construct being the only non-significant individual predictor.

For the second hypothesis, results from the paired samples t-test revealed a significant difference between ATFSO scores (M = 4.68, SD = 0.72) and PARFSAC scores (M = 5.38, SD = 0.48), with psychologists' scores indicating less positive attitudes toward female sex offenders than toward female-perpetrated sexual abuse behaviors [t(156) = -12.51, p < .001]. Though results from the paired samples t-test reveal support for the second hypothesis, it is difficult to interpret how meaningful or strong this difference actually is due to the unreliability of the PARFSAC instrument.

Ancillary Analyses

To further explore the nature of the predictive relationships between variables on SES, five additional linear multiple regression analyses were performed. The second model for this study included WE scores, ASI scores, and ATFSO scores for prediction of SES scores. Scores on the PARFSAC were excluded from the regression model because the instrument was determined to have low internal consistency, and its relationship with SES was not significant. Results indicated (as shown in Table 2) that this regression model was also significant, F(3,156) = 41.52, p < .001, $R^2 = .45$, Adj. $R^2 = .44$, indicating that the set of predictor variables minus the PARFSAC accounted for 44% of the variance in the model, a 1% increase from the original model. Again, examining the individual beta coefficients revealed that scores on the WE scale contributed most to SES variance, t(156) = 9.35, p < .001; $\beta = .58$, followed by scores on the ATFSO, t(156) = 3.83, p < .001; $\beta = .25$, and scores on the ASI, t(156) = 1.99, p = .05; $\beta = .13$. In effect, the regression model was not significantly altered by excluding the PARFSAC as a predictor.

For the third and fourth models, the two subscales of the SES were compared using a paired samples t-test. A significant difference emerged between scores on items assessing psychologists' perceived ability to work with female sex offenders (SE; M = 2.45, SD = 1.41) and scores on items assessing psychologists' perceived ability to learn how to work effectively with female sex offenders (SEL; M = 4.93, SD = 1.55). Mean differences in scores on the two subscales of SES suggested that psychologists perceived they were

significantly more capable to learn how to work competently with female sex offenders than they felt able to work with them presently, t(156) = -18.65, p < .001. The two distinct subscale scores were then regressed with the three predictor variables of WE, ASI, and ATFSO to determine which model accounted for the most variance in overall self-efficacy for working with female sex offenders. For Model 3, SE served as the criterion variable, while SEL served as the criterion variable for Model 4.

As shown in Table 3, both models were significant, however one model clearly emerged as a better fit for explaining the predictive relationships between the variables. For Model 3, the predictors accounted for 53% of the variance in the subscale SE, F(3,156) = 59.58, p < .001, $R^2 = .54$, Adj. $R^2 = .53$. By contrast, Model 4 explained 13% of the variance in the subscale SEL, F(3,156) = 8.87, p < .001, $R^2 = .15$, Adj. $R^2 = .13$. Further, WE emerged as the most significant contributor to SE [t(156) = 12.29, p < .001; $\beta = .69$], while ATFSO was the most significant predictor of SEL [t(156) = 3.87, p < .001; $\beta = .32$], followed by WE [t(156) = 2.42, p < .001; $\beta = .19$]. ASI emerged as a significant predictor only of SE [t(156) = 2.21, p = .03; $\beta = .13$].

For the fifth and sixth models, the two subscales of the predictor WE were compared using a paired samples t-test. A significant difference emerged between scores on items assessing psychologists' work experience with sex offenders in general (WESO; M = 2.51, SD = 1.39) and scores on items assessing psychologists' experience working with female sex offenders specifically (WEFSO; M = 1.55, SD = .90). Mean differences in scores on the

two subscales of WE suggested that psychologists had significantly more clinical experience working with male sex offenders than female sexual offenders, t(156) = 11.69, p < .001. These two distinct subscale scores were then utilized in conjunction with the other two predictor variables of ASI and ATFSO to determine if the specific type of work experience accounted for more variance in SE (Model 5) and SEL (Model 6) than in the previous analyses.

Similar to previous analyses, both models were significant, however both were unaffected by the utilization of the two subscales for work experience versus the overall score. For Model 5, the predictors again accounted for 53% of the variance in the subscale SE, while Model 6 still explained 13% of the variance in the subscale SEL. WESO [t(156) = 5.20, p < .001; $\beta = .39$] and WEFSO [t(156) = 5.05, p < .001; $\beta = .38$] emerged as equivalent and the most significant contributors to SE. Comparable contributions of ATFSO [t(156) = 2.16, p = .03; $\beta = .13$] and ASI [t(156) = 2.24, p = .03; $\beta = .13$] followed, and ASI was again only a significant predictor for SE. Unlike previous analyses, however, the impact of the two separate subscales decreased for SEL, and did not significantly predict psychologists' perceptions about their ability to learn how to work with female sexual offenders. Thus, ATFSO was the only significant predictor of SEL [t(156) = 3.89, p < .001; $\beta = .32$].

To conclude, the model with the most explanatory value for this study utilized the combination of work experience with sex offenders and female sex offenders, attitudes toward female sex offenders, and sexist attitudes toward

women to predict psychologists' current perceived self-efficacy for working with female sex offenders.

CHAPTER V: Discussion

This exploratory study sought to examine the impact of various factors on psychologists' perceived ability to work with female sex offenders. The factors of interest included: work experience with female and male sex offenders, sexist attitudes toward women, attitudes toward female sexual offenders, and attitudes toward female-perpetrated sexual abuse. Differences between attitudes toward female sexual offenders versus female-perpetrating sexual abuse behaviors were also explored.

Overall, results indicated that the factors examined for this study predictably account for a significant portion of psychologists' perceptions of their self-efficacy for working with female sex offenders, though the effect was not significant for one of the examined variables. Previous work experience with sex offenders and/or female sexual offenders, sexist attitudes, and attitudes toward female sexual offenders all significantly contributed to self-efficacy scores. Attitudes toward female-perpetrated sexual abuse, however, did not significantly predict psychologists' self-efficacy for working with female sexual offenders for the sample in this study. Discussion will consequently focus primarily on variables which provided the most significant explanatory value.

Work Experience

Not surprisingly, the individual contribution of clinical experience working with sex offenders or specifically with female sex offenders had the most predictive impact on psychologists' perceived ability to work with female sex offenders. Though this relationship has not been explicitly explored in existing

empirical literature, this finding corresponds to previous studies suggesting a positive relationship between professional experience and perceived ability for counseling other client populations (Rodriguez, 2002; Larson et al., 1998; Leach et al., 1997). Previous treatment experience, supervision, and consultation with colleagues or the research literature might provide psychologists with a guiding framework for how they might more confidently approach treatment with female sex offenders as future clients. Sex offender treatment is also fraught with legal and social ramifications with which inexperienced clinicians might feel uncomfortable and perceive themselves to be ineffective. For example, therapists must collaborate with probation officers, judicial personnel, and submit judgments about the client's progress for court. If noncompliant with treatment, therapists might feel uneasy about the client's possible imprisonment. Finally, therapists might feel responsible if any potential victims result from unsuccessful treatment.

Additionally, professionals might feel efficacious because they actually have clinical experience providing treatment for female sexual offenders, but also perhaps because they have an *interest* in doing so. Though level of interest was not specifically measured for this study, inexperienced clinicians might report high ability to learn beliefs because they would like the opportunity to work with this client population. Further, when the individual subscales of work experience were examined, professional experience working with female sex offenders was not significantly related to whether psychologists believed they could learn how to work effectively with this client population. In other

words, professionals felt, at the present moment, that they might not be effective at providing treatment services for female sex offenders, but they felt quite effective about their ability to acquire the knowledge to do so. This finding was interesting, in light of the aforementioned lack of research, existing treatment programs, and supervision opportunities.

Treatment for sexual offenders, especially female sexual offenders, is a particular and challenging counseling domain. Many practicing psychologists might choose to avoid engaging in sex offender treatment, which may be easier to do than with other client issues. Greater professional experience with this client population resulted in higher reported levels of counseling self-efficacy, as suggested by researchers for other domains of counseling experience (Stoltenberg, 1998; Leach et al., 1997). Likewise, psychologists with little to no experience treating sexual offenders (male or female) reported low self-efficacy for working with this population, perhaps regardless of their perceived ability in other areas of therapy. Due to the scarcity of established treatment programs and research literature related to female sex offender therapy, psychologists have few resources on which to rely, even if one wanted to gain experience in this area. An experienced, competent supervisor or colleague with whom to consult might also prove difficult to find. Perhaps, as the issue of femaleperpetrated sexual abuse is increasingly acknowledged and given media attention, thus enhancing public and professional recognition, the development of a cogent, empirically-supported treatment approach will be more actively

pursued. Psychologists might then feel more efficacious about choosing to provide treatment for females who sexually offend.

Sexist Attitudes Toward Women

Though sexist attitudes toward women significantly contributed to psychologists' self-efficacy for working with female sex offenders, this construct held the least explanatory value of all predictors in the model. As sexist attitudes increased, self-efficacy for working with female sex offenders also increased. However, as an individual predictor, sexist attitudes did not have a significant relationship with self-efficacy. Given the lack of research examining this relationship, the findings from this study may serve as an initial link between the two constructs. Thus, this researcher can only speculate about the nature of the relationship between sexist attitudes toward women and subsequent self-efficacy beliefs among psychologists. Female sexual abusers might be viewed by some psychologists as a subordinate group, perhaps because they violated their prescriptive gender role by offending sexually or because their femaleness suggests that their offenses are less severe than those committed by males. Thus, paternalistic attitudes toward this type of client, from both male and female psychologists, might facilitate inflated beliefs about perceived counseling abilities. Psychologists who hold greater sexist attitudes toward women might also perceive themselves to be superior to certain people in general and overestimate their effectiveness for treating those whom they feel are incapable of helping themselves.

Also notable is that sexist attitudes toward women were moderately correlated with attitudes toward female sex offenders and attitudes toward female-perpetrated sexual abuse. In fact, the more sexist psychologists reported their beliefs to be, the more negative their attitudes were toward female sexual offenders. It is quite possible that the interrelationships of these constructs contributed to the significance of the overall model, rather than sexist attitudes as an individual predictor. The relationship between sexist or patriarchal gender role beliefs and attitudes toward female sex offenders or female-perpetrated sexual abuse is not yet conclusively established, but is gaining credibility in the empirical literature (Hetherton & Beardsall, 1998; Denov, 2003; Dollar et al., 2004; and Kite & Tyson, 2004).

Attitudes toward Female Sex Offenders

The relationship between attitudes toward female sex offenders and psychologists' self-efficacy for working with female sex offenders is yet another new discovery stemming from this study. No previous studies have explored this relationship. For this sample, as attitudes toward female sexual offenders became more positive, subsequent perceptions about psychologists' ability to work with them also increased. Using humanistic principles to speculate about this finding, perhaps psychologists who are more able to exhibit unconditional positive regard (acceptance and lack of judgment) for female clients who have sexually offended also have enhanced perceptions about their ability to work with them therapeutically. Psychologists who facilitate a therapeutic alliance infused with trust, belief in the client's ability to change, and empathic listening

also create a foundation for the client's ability to trust in the therapeutic process and openly engage in treatment (Rogers, 1961; Wampold, 2001). This therapeutic environment is a prerequisite for working with any type of client (Rogers, 1961). Likewise, psychologists who do not view female sex offenders as human as other clients, capable of growth and able to lead productive lives, also likely cannot imagine being able to effectively work with, let alone having a mutual, connected relationship with a woman who has committed a sexual offense.

Ancillary analyses revealed that the variable of attitudes toward female sex offenders was the largest significant predictor of psychologists' beliefs about their ability to *learn how* to work effectively with female sex offenders, while work experience was less related. Overall, this finding suggests that psychologists, regardless of work experience, make judgments about their perceived ability to learn to work with female sex offenders partially based on how they view female sexual offenders. In other words, the more positive attitudes one has about female sex offenders, the more likely one will perceive themselves able to learn how to competently work with them.

Attitudes toward Female-Perpetrated Sexual Abuse

Results from this study revealed that attitudes toward female-perpetrated sexual abuse did not significantly predict psychologists' self-efficacy for working with female sexual offenders. Though these two constructs have also not been previously explored, the finding from this study limits meaningful interpretations. For example, the instrument utilized for this study was found to be unreliable,

with low internal consistency. Further, the individual items appeared to have questionable content validity, in that they measured several, multi-dimensional constructs related to female-perpetrated sexual abuse within a single scale. As psychologists' attitudes toward female offenders were, in fact, predictive of their beliefs about working effectively with them, it follows that attitudes toward female-perpetrated sexual abuse would also impact self-efficacy. Development of a more stable, unidimensional instrument might facilitate examination of this relationship in the future.

Female Sex Offenders versus Female Sex Offending Behaviors

The second hypothesis for this study attempted to quantitatively assess psychologists' ability to separate female sex offenders from their offenses (in order to establish effective working relationships), as described qualitatively by Lea et al. (1999). Results suggest that psychologists did respond differently to instruments measuring attitudes toward female sex offenders and attitudes toward female-perpetrated sexual abuse. As discussed previously, though psychologists indicated having less positive attitudes toward female sex offenders than toward female-perpetrated sexual abuse behaviors, this finding should be interpreted with caution since the latter instrument was inconsistent. Tentatively, this author speculates that the significant differences found in scores on the two instruments support previous contentions that the overarching construct of female sexual abuse is multifaceted and difficult to define quantitatively with a single instrument.

Limitations

The results of this study should be considered within the context of the methodological limitations associated with its design. First, the study utilized participants' self reports and perceptions of their own beliefs and behaviors. As a result, findings might have been affected by participants' desire to respond in ways that they thought would be perceived as ethical or desirable, without considering their genuine attitudes or beliefs. Secondly, the recruitment methods utilized for this study might limit generalizability of the results. This researcher did not solicit participants specifically from treatment-providing organizations, and no question was included on the questionnaire asking whether participants provide treatment of any kind. All state psychological association members might not necessarily be treatment providers.

Conclusions about the actual prevalence of clinical experience with female sex offenders from this sample might be limited.

Finally, the instruments utilized to explore the relationships between the variables of interest in this study are problematic. For example, the instrument measuring attitudes toward female sexual offenders (ATFSO) was modified from a scale developed for criminal justice personnel who work with offenders in a correctional setting, when treatment for sex offenders more often occurs in a community-based setting. Several studies have since used the ATFSO (Craig, 2005; Ferguson & Ireland, 2006; Hogue, 1993) but with few samples of mental health professionals who might work directly with sex offenders. A factor analysis of the ATFSO's underlying dimensions could be performed with a

sample of psychologists to determine if the original construct is maintained for non-criminal justice populations. Resulting factors for mental health providers might be quite different than for criminal justice personnel.

As discussed in previous sections, the scale used to assess psychologists' attitudes toward female-perpetrated sexual abuse (PARFSAC) challenged the results of this study. Multiple factors were found in the original instrument (Trute et al., 1992), but these were not replicated for this sample. The initial factors included: beliefs that sexual abuse by females was a widespread and serious issue, beliefs about punishment or treatment as a preferred intervention, and beliefs regarding the identity of those who were capable of perpetrating child sexual abuse. Review of these factors suggests that the PARFSAC is a multidimensional scale, the constructs of which do not necessarily reflect the issue of female-perpetrated sexual abuse specifically. The development of reliable and consistent scales which measure a single dimension of this construct area would promote increased interpretability and utility.

Implications, Contributions, and Future Directions

This study contributes to the empirical literature in the under-researched area of female sexual offending and views about the provision of treatment for this challenging client population. Professional clinical experience, sexist attitudes toward women, and attitudinal impact of psychologists on their perceived counseling self-efficacy were examined in the context of female sexual offenders, which is a novel combination of factors among previous

research studies. Overall, results from this study introduced previously unexplored significant relationships that might contribute to psychologists' beliefs about their ability to work with female sex offenders competently and effectively. Thus, this study is merely the first step on a new path of research exploration into this area.

In addition to the suggestions for further study that have been discussed throughout this section, future research should include exploration of demographic and therapist characteristics in relation to the variables of interest in this study to gain a richer understanding of what impacts counselor self-efficacy for working with female sex offenders. For instance, though sex was not a significant predictor in the model for this study, a small relationship did emerge with self-efficacy, and female participants reported feeling less efficacious for working with female sex offenders than male participants. The relationship between sexist attitudes and self-efficacy for treating female sex offenders should also continue, as well as how sexism might mediate attitudes toward female sex offenders or female sexual abuse behaviors.

The continued development of instruments to measure attitudes toward female-perpetrated sexual abuse and female sex offenders would be beneficial to facilitate distinctions between the constructs of attitudes toward the person and attitudes toward sexual offending behavior. This distinction might be accentuated more specifically among mental health providers than criminal justice or general populations because of the nature of the potential corresponding relationship (i.e., therapeutic versus correctional). In turn, the

interpretation and understanding of research studies performed in this general topic area would be enhanced because the constructs would be more succinctly defined. For this study, this author attempted to distinguish between and clarify the definitions of two of the various constructs used in female sex offender research. Differences were found for this sample of psychologists between measure of attitudes toward female offenders and female offending behaviors. Though these results should be interpreted cautiously, researchers might want to consider utilizing unidimensional instruments which measure constructs that are more explicitly defined.

Another area of contribution and future inquiry is that, thus far, no studies have been done on perceived counseling ability with the difficult client population of female sexual offenders. Indeed, the research base on female sex offenders is small, and psychologists have few resources to consult regarding the provision of treatment for this population. Though still considered a relatively rare issue, the prevalence of females referred for treatment of sexual offending behaviors is likely to increase as professional awareness also increases. As subsequent victim reporting and criminal adjudication also increase, it is likely that any psychologist could face treating a female sex offender client. This author agrees with other researchers (Gannon & Rose, 2008) who have cautioned therapists about their assumptions, treatment methods, and training associated with female sex offenders because of the limited research available.

To conclude, it seems that the common thread intertwining the relationships in this study is the acknowledgement that female sexual offenders exist; that is, the awareness that women are capable of committing serious and harmful acts of sexual abuse. Professionals interviewed in a previous research study (Bunting, 2007) reportedly lacked an acceptance that women may initiate sexual abuse, or participate at an equal level compared to men. Which factors contribute to this recognition (or lack thereof) remain unclear, thus continued empirical exploration of this particular area would be enlightening. Until this research is presented, the findings of this study encourage mindfulness of the preconceptions (and possible misconceptions) all mental health professionals bring to the treatment setting. The multicultural perspective (Sue & Sue, 2008) encourages therapists to monitor their reactions to and question their beliefs about clients. As a consequence of our social conditioning, psychologists also have biases about which they might be unaware that might affect treatment outcome. This notion also applies to therapeutic work with difficult clients, such as female sexual offenders. In this case, patriarchal attitudes about women might prohibit psychologists from viewing women as capable of behaving in a fully human way, which includes engaging in sexually abusive behaviors. Psychologists should be willing to understand and overcome the biases, assumptions, and prejudicial attitudes they might have about females who sexually offend in order to most effectively provide them treatment.

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Appendix A

Table 1

Means, standard deviations, and intercorrelations for all variables.

Variable	М	SD	1	2	3	4	5
1. WE	2.03	1.05	.91				
2. ASI	2.36	0.75	01	.87			
3. ATFSO	4.68	0.72	.21*	36**	.92		
4. PARFSAC	2.62	0.48	.03	.34**	36**	.42	
5. SES	3.44	1.21	.63**	.03	.33**	05	.92

Note. Reliability coefficients are on the diagonal. WE = Work Experience Scale, higher scores (range = 1-7) indicate greater work experience with female sex offenders and sex offenders in general. ASI = Ambivalent Sexism Inventory, higher scores (range = 1-7) indicate greater sexist beliefs. ATFSO = Attitudes toward Female Sex Offenders, higher scores (range = 1-7) indicate more positive attitudes. PARFSAC = Professional Attitudes toward Female Sexual Abuse of Children, higher scores (range = 1-7) indicate beliefs of greater pervasiveness and seriousness of abuse, more treatment versus punishment, and greater recognition of who commits abuse. SES = Self-Efficacy Scale, higher scores (range = 1-7) indicate higher perceived abilities to work with female sex offenders.

^{*} p < 0.01; **p < 0.001

Table 2

Linear multiple regression analyses for variables predicting perceived selfefficacy for working with and learning how to work with female sex offenders
(overall model).

Variable	R^2	$Adj. R^2$	F	df	В	SE B	ß
Model 1	.45	.43	30.96**	(4, 156)			
WE					.67	.07	.58**
ASI					.21	.11	.13*
ATFSO					.42	.12	.25**
PARFSAC					04	.17	02
Model 2	.45	.44	41.52**	(3, 156)			
WE					.66	.07	.58**
ASI					.21	.10	.13*
ATFSO					.43	.11	.25**

Note. WE = Work Experience Scale, ASI = Ambivalent Sexism Inventory, ATFSO = Attitudes toward Female Sex Offenders, PARFSAC = Professional Attitudes toward Female Sexual Abuse of Children.

^{*} *p* < 0.01; ***p* < 0.001

Table 3

Linear multiple regression analysis for variables predicting perceived ability to work with female sex offenders (Model 3), and perceived ability to learn how to work with female sex offenders (Model 4).

Variable	R^2	$Adj. R^2$	F	df	В	SE B	ß
Model 3	.54	.53	59.58**	(3, 156)			
WE					.92	.08	.69**
ASI					.24	.11	.13*
ATFSO					.28	.12	.13*
Model 4	.15	.13	8.87**	(3, 156)			
WE					.27	.11	.19*
ASI					.15	.16	.08
ATFSO					.68	.18	.32**

Note. WE = Work Experience Scale, *ASI* = Ambivalent Sexism Inventory, *ATFSO* = Attitudes toward Female Sex Offenders.

^{*} *p* < 0.05; ***p* < 0.001

Appendix B

Work Experience Scale (adapted from Nelson et al., 2002)

		Ra	ting Scale	е		
1	2	3	4	5	6	7
None						To a great extent

- 1. In your professional role, please indicate the extent to which you have worked with sex offenders.
- 2. To what extent are sex offenders a part of your typical caseload?
- 3. Please indicate the extent of training you have received for working with sex offenders.
- 4. To what extent do you believe this training has prepared you for working with sex offenders?
- 5. In your professional role, please indicate the extent to which you have worked with FEMALE sex offenders.
- 6. To what extent are FEMALE sex offenders a part of your typical caseload?
- 7. Please indicate the extent of training you have received for working with FEMALE sex offenders.
- 8. To what extent do you believe this training has prepared you for working with FEMALE sex offenders?

Appendix C

Ambivalent Sexism Inventory (ASI; Glick & Fiske, 1996)

RATING SCALE: 1 2 3 4 5 6 7 Disagree Strongly Agree Strongly

- 1. No matter how accomplished he is, a man is not truly complete as a person unless he has the love of a woman.
- 2. Many women are actually seeking special favors, such as hiring policies that favor them over men, under the guise of asking for "equality."
- 3. In a disaster, women should not necessarily be rescued before men.
- 4. Most women interpret innocent remarks or acts as being sexist.
- 5. Women are too easily offended.
- 6. People are often truly happy in life without being romantically involved with a member of the other sex.
- 7. Feminists are not seeking for women to have more power than men.
- 8. Many women have a quality of purity that few men possess.
- 9. Women should be cherished and protected by men.
- 10. Most women fail to appreciate fully all that men do for them.
- 11. Women seek to gain power by getting control over men.
- 12. Every man ought to have a woman whom he adores.
- 13. Men are complete without women.
- 14. Women exaggerate problems they have at work.
- 15. Once a woman gets a man to commit to her, she usually tries to put him on a tight leash.
- 16. When women lose to men in a fair competition, they typically complain about being discriminated against.
- 17. A good woman should be set on a pedestal by her man.

- 18. There are actually very few women who get a kick out of teasing men by seeming sexually available and then refusing male advances.
- 19. Women, compared to men, tend to have a superior moral sensibility.
- 20. Men should be willing to sacrifice their own well-being in order to provide financially for the women in their lives.
- 21. Feminists are making entirely reasonable demands of men.
- 22. Women, as compared to men, tend to have a more refined sense of culture and good taste.

Appendix D

Attitudes toward Female Sex Offenders Scale (ATFSO; Melvin et al. and Hogue, 1985, 1988)

The statements listed below describe different attitudes toward female sex offenders. There are no right or wrong answers, only opinions. Please express your feelings about each statement by indicating the extent of your agreement ranging from (1) Strongly Disagree to (7) Strongly Agree.

- 1. Female sex offenders are different from most people.
- 2. Only a few female sex offenders are really dangerous.
- 3. Female sex offenders never change.
- 4. Most female sex offenders are victims of circumstance and deserve to be helped.
- 5. Female sex offenders have feelings like the rest of us.
- 6. It is not wise to trust a female sex offender too far.
- 7. I think I would like a lot of female sex offenders.
- 8. Bad prison conditions just make a female sex offender worse.
- 9. Give a female sex offender an inch and she'll take a mile.
- 10. Most female sex offenders have lower cognitive functioning.
- 11. Female sex offenders need affection and praise just like anybody else.
- 12. You should not expect too much from a female sex offender.
- 13. Trying to rehabilitate female sex offenders is a waste of time and money.
- 14. You never know when a female sex offender is telling the truth.
- 15. Female sex offenders are no better or worse than other people.
- 16. You have to be constantly on your guard with female sex offenders.

- 17. In general, female sex offenders think and act alike.
- 18. If you give a female sex offender your respect, she'll give you the same.
- 19. Female sex offenders only think about themselves.
- 20. There are some female sex offenders I would trust with my life.
- 21. Female sex offenders will listen to reason.
- 22. Most female sex offenders are too lazy to earn an honest living.
- 23. I wouldn't mind living in a neighborhood with a registered female sex offender.
- 24. Female sex offenders are just plain mean at heart.
- 25. Female sex offenders are always trying to get something out of somebody.
- 26. The values of most female sex offenders are about the same as the rest of us.
- 27. I would never want my child to date a woman who has a criminal record of sex offenses.
- 28. Most female sex offenders have the capacity for love.
- 29. Female sex offenders are just plain immoral.
- 30. Female sex offenders should be under strict, harsh discipline.
- 31. In general, female sex offenders are basically bad people.
- 32. Most female sex offenders can be rehabilitated.
- 33. Some female sex offenders are pretty nice people.
- 34. I would like associating with some female sex offenders.
- 35. Female sex offenders respect only brute force.
- 36. If a female sex offender does well in prison, she should be let out on parole.

Appendix E

Professional Attitudes Regarding the Female Sexual Abuse of Children (Trute et al., 1992)

Rating Scale

1 2 3 4 5 6 7

Strongly Disagree Strongly Agree

- 1. The most effective intervention for female child sex offenders is psychotherapy or counseling rather than jail.
- 2. Most female-perpetrated child sexual abuse victims are not emotionally affected by the abuse.
- 3. Incarceration will not deter females from sexually abusing children.
- 4. Female adults with mental retardation are prone to becoming child molesters.
- 5. Only disturbed or dysfunctional families would have trouble believing a child who discloses sexual abuse by a female.
- 6. Longer jail terms are needed for female-perpetrated child sexual abuse crimes.
- 7. A female showing a child pornography should not be considered as sexual abuse.
- 8. Lesbians are more likely than others to molest children.
- 9. Female-perpetrated child sexual abuse occurs in many families in our community.
- 10. Women rarely sexually molest children.
- 11. The media has blown female-perpetrated sexual abuse out of proportion.
- 12. Disclosure of only one incident of fondling by a female does not require police intervention.
- 13. Female adolescents should be jailed for sexually abusing children.
- 14. Not all cases of female-perpetrated child sexual abuse need to be reported to the authorities.

Appendix F

Self-Efficacy Scale (Greene & Miller, 1996)

Read each statement and indicate how much you agree that the statement is true of you in the context of working with female sex offenders. Use the 7-point scale below to indicate your responses. Choose the response corresponding to your answer.

1 2 3 4 5 6 7
Not at all true of me Very true of me

- 1. I am confident about my ability to work successfully with female sex offenders.
- 2. Compared to others in the profession, I think I possess the knowledge and skills required to work successfully with female sex offenders.
- 3. I am certain I can competently work with female sex offenders.
- 4. I am confident that I possess the knowledge and skills required to work with female sex offenders.
- 5. Compared to others in the profession, I think I am competent working with female sex offenders.
- 6. I am confident that I can use the strategies and skills required to work successfully with female sex offenders.
- 7. I am certain I can learn how to competently work with female sex offenders.
- 8. Compared to others in the profession, I think I can learn the knowledge and skills required to work successfully with female sex offenders.
- 9. I am certain I can master the competencies needed to work well with female sex offenders.
- 10. Compared to others in the profession, I think I have the potential to be competent working with female sex offenders.

Appendix G

INFORMATION FOR CONSENT TO PARTICIPATE IN A RESEARCH STUDY

My name is Amy Griffith, M.Ed. and I am a doctoral candidate in the Counseling Psychology Program in the Educational Psychology department at the University of the Oklahoma. I am requesting that you volunteer to participate in a research study about work experience and training, attitudes toward sexual abuse and perpetrators of sexual abuse, and perceived self-efficacy for working with a specific client population. If you are a psychologist between the ages of 18 and 64 years old, you are eligible to participate in this study. Please read this information sheet and contact me to ask any questions that you may have before agreeing to take part in this study.

Purpose of the Research Study: The purpose of this study is to explore the relationship between personal beliefs, work experience, perceptions of sexual offenders and sexual abuse, and professional self-efficacy. The goal of this study is to promote psychologists' awareness about beliefs or attitudes that may be unnoticed, which will possibly lead to enhanced work and perceived professional self-efficacy with challenging client populations. Your participation in this study is greatly appreciated.

Procedures: If you agree to be in this study, you will be presented with a survey and asked to rate the degree to which you agree with various statements about your beliefs and attitudes. Your responses will be anonymous. In other words, your responses will not be linked to your identity.

Risks and Benefits of Being in the Study: There are little risks associated with participating in this study. The stress brought about by completing this survey is likely no greater than the stress you encounter in your everyday life. If you find any of these questions stressful or prefer not to respond, you have the option of skipping the item or exiting the survey completely. There will be no penalty for doing so. However, the most knowledge will be gained from your responses when you answer the items completely and truthfully. You will likely not gain any direct benefits from participating in the study.

Compensation: You will not be compensated for your time and participation in this study.

Voluntary Nature of the Study: Participation in this study is voluntary. Your decision whether or not to participate will not result in penalty. If you decide to participate, you are free not to answer any question or discontinue participation at any time without penalty.

Length of Participation: The survey is expected to take about 20 minutes to complete.

Confidentiality: This study is anonymous. In published reports, there will be no information included that will make it possible to identify you as a research participant.

Contacts and Questions: If you have concerns or complaints about the research, please contact the researcher Amy Griffith at agriffith@ou.edu or (405) 613-6746. Her advisor, Rockey Robbins, Ph.D., can also be reached at rockey@ou.edu or (405) 325-5974. If you have any questions, concerns, or complaints about the research and wish to talk to someone other than the individuals on the research team, or if you cannot reach the research team, you may contact the University of Oklahoma – Norman Campus Institutional Review Board (OU-NC IRB) at (405) 325-8110 or irb@ou.edu.

If you experience emotional distress from this study, psychological treatment is available. However, you or your insurance company will be expected to pay the usual charge from this treatment. The University of Oklahoma Norman Campus has set aside no funds to compensate you in the event of injury.

You should print out and keep a copy of this information sheet for your records.

By clicking "I agree", you are agreeing to participate in this study.