

# Perceptions of sex offenders with intellectual disability: A comparison of forensic staff and the general public

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**Background:** Existing literature suggests that individuals with intellectual disability are not always held accountable for their actions and forensic staff are unlikely to report their sexually harmful behaviour.

**Method:** This research explores how categorization of an offender as having intellectual disability and the framing of an offence as planned or opportunistic, impacts upon ratings of risk, blame and intent by forensic staff and the general public. The impact of pre-existing attitudes towards sex offenders upon these ratings was also considered.

**Results:** Differences are identified between participants' ratings when the offender is categorized as having an intellectual disability. More positive attitudes are associated with lower ratings of several factors.

**Conclusions:** Individuals with overly positive attitudes towards sex offenders could underestimate the risk posed by sex offenders with intellectual disability. These results are important to consider alongside the NHS Transforming Care Agenda.

## KEYWORDS

attitudes towards sex offenders, ATS intellectual disability, sex offenders with an intellectual disability

## 1 | INTRODUCTION

### 1.1 | Sexual offending and intellectual disability

In the UK criminal justice system (CJS), early identification and diversion from court and prison systems is recommended for individuals with intellectual disability (ID). The Bradley report (Bradley, 2009) emphasizes the need for tailored treatment pathways for individuals with intellectual disability which may include hospitals, community treatment or specialist units. Many units within the community are specifically designed to support individuals who display behaviours that challenge, which may otherwise be deemed a criminal offence.

The "Transforming Care Agenda" (NHS England, 2015) aims to discharge individuals with intellectual disability from secure services to the community by developing suitable healthcare services which are tailor-made to meet to the needs of this group whilst also effectively managing their risk. This group will include a proportion of

individuals who have sexually offended previously or are at risk of sexually offending in the future.

### 1.2 | Attitudes towards sex offenders

Sexual offending has been at the forefront of public awareness recently following the exposure of several high profile cases. This media coverage and the changes implemented by the Transforming Care Agenda represent a time of social change and a unique climate in which to study attitudes towards this group.

Effective treatment and reintegration of sex offenders (SO) have been suggested to be impacted by the way they are perceived and treated by both mental health professionals and the general public (Marshall et al., 2003). Attitudes towards SO are often more negative than towards general offenders (Craig, 2005; Hogue, 1993; Weekes, Pelletier, & Beaudette, 1995), with individuals reporting

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“fear, disgust, and moral outrage” towards SO (Oliver & Barlow, 2010, p. 832).

The Attitudes Towards Sex Offenders Scale (ATS) was developed by Hogue (1993) to explore if attitudes varied within different forensic occupations; he found that police and prison officers held comparatively more negative attitudes towards SO than psychology and probation staff. Subsequent research has also suggested that forensic staff hold more positive attitudes towards SO than the general public, (Ferguson & Ireland, 2006; Johnson, Hughes, & Ireland, 2007; Kjelsberg & Loos, 2008; Sanghara & Wilson, 2006).

Research within this area has mainly been conducted in relation to sex offenders as one homogenous group, and sex offenders with intellectual disability (SOID) have received little research attention. Historically, people with intellectual disability were labelled as mentally ill and several misconceptions were held regarding this population, for example, intellectual disability is always noticeable and intellectual disability is always inherited (Antonak, Fiedler, & Mulick, 1989; Guskin, 1963; Jaffe, 1966). Research has also indicated that derogatory language is used in relation to this group (Siperstein, Pociask, & Collins, 2010) and attitudes towards parenting in individuals with intellectual disability can be negative (Siperstein, Parker, Bardon, & Widaman, 2007).

There is a dearth of studies examining general public attitudes towards offenders with intellectual disability. Darakai, Day, and Graffam (2017) examined general public attitudes towards the employment of ex-offenders with intellectual disability and identified that the presence of mild intellectual disability did not significantly effect attitudes towards ex-offender employment.

Similarly, to research considering attitudes towards mainstream SO, several studies have examined forensic staff attitudes towards SOID. Yool, Langdon, and Garner (2003) identified that conservative attitudes were held by forensic staff in a medium secure unit towards sexual intercourse, homosexual relationships and the involvement of individuals with intellectual disability in decisions about their own sexuality. For SOID, female staff held conservative attitudes towards the expression of sexuality through the use of pornography. McKenzie et al. (2001) also identified negative attitudes towards SOID in a group of social care and health staff working alongside this group. Taylor, Keddie, and Lee (2003) explored staff attitudes to SOID during a two and a half day training workshop and identified that staff with less experience demonstrated more negative attitudes prior to the training, compared to experienced staff.

A more recent study by Walker (2011) used an adapted version of the ATS which asked forensic staff to consider the questions in relation to a SOID. The author found that overall, staff had positive attitudes towards this group, but more negative attitudes were displayed by unqualified staff compared with qualified staff, which is consistent with Taylor et al. (2003) pre-training findings. In addition, the sample collectively expressed more negative emotional reactions to SOID. Highlighted issues with the study were the low sample size arising from a low response rate within the staff sample and

the incorrect use of the ATS scale as an outcome measure. However, these findings have implications in terms of improving the training received by less experienced staff.

### 1.3 | Attitudes towards the accountability of individuals with intellectual disability

In addition to attitudes towards SOID, there has been research which highlights how these individuals are perceived in terms of their responsibility for offending. Gibbons, Sawin, and Gibbons (1979) described the “Patronization effect,” where individuals with intellectual disability are not assigned full credit for their successes or fully blamed for their behaviour. These conclusions were drawn based on participants’ tendency to attribute blame to external influences rather than internal influences when the target was labelled as “learning disabled.” However, because of the age of the study, the label “mental retardation” was adopted—a term that has been associated with stereotypes and negative attitudes and could therefore impact upon participants’ attitudes (Gibbons, Gibbons & Kassin, 1981; Jaffe, 1966).

Price-Jones and Barrowcliff (2010) identified that hypothetical offenders who were labelled as “learning disabled” were rated by participants as less competent and not as liable for a hypothetical sexual offence compared with offenders without this label. This suggests that offenders with intellectual disability are considered distinct to mainstream offenders in terms of the level of responsibility they have for an offence and provides some support for the patronization effect.

A study by Brown, Stein, and Turk (1995) concluded that staff working with individuals with intellectual disability often minimize their offending behaviour, and further research suggests that staff are often unwilling to involve the police (Lyall, Holland, & Collins, 1995). This could be indicative of the findings above—offenders with intellectual disability in services are not attributed full responsibility for their offending. Day (1993) suggested this might be a result of offenders with intellectual disability being viewed as sexually naïve and vulnerable. If staff believe that offenders with intellectual disability have a limited understanding that their sexual behaviour is inappropriate, they could deem them as less responsible for it than offenders without intellectual disability and are therefore not as likely to highlight their offending behaviour or report it to the police. Additionally, as offenders with intellectual disability are generally diverted from the CJS in the United Kingdom, staff may not see the value in reporting the behaviour as it could lead to no action being taken by the police.

However, if SOID are seen as not responsible for their offending, and forensic staff are unwilling to involve the police, it could be hypothesized that one of the reasons for this is that they are considered to be a lower risk. If forensic staff are under estimating their risk or not recognizing risk-related behaviours, this could lead to SOID being moved to lower levels of security, having fewer appropriate restrictions in place or being exposed to risky situations more often, thus placing the public and forensic staff at greater risk. In addition,

if staff do not report attempted or actual sexual offences committed by individuals with intellectual disability, this could result in the recidivism rates appearing artificially low.

Although some research indicates that offenders with intellectual disability often have longer stays in forensic units due to more severe symptoms and a lower level of resources (Lunsky et al., 2011), the current NHS "Transforming care agenda" focuses on moving individuals with intellectual disability (including those with forensic needs) into the community and as such, attitudes towards this group and how they are perceived in terms of their risk is an important area to explore.

## 1.4 | Current research

This research will firstly replicate part of the methodology of previous studies (e.g., Ferguson & Ireland, 2006; Johnson et al., 2007; Kjelsberg & Loos, 2008; Sanghara & Wilson, 2006) by investigating the difference between attitudes towards SO in forensic staff and a sample of the general public. To further explore the perceptions held regarding SOID, the research will consider if participants rate SOID as more or less of a risk compared to sex offenders without intellectual disability, if they attribute blame and intent to them for their offending, and how the framing of an offence as planned or opportunistic impacts upon these ratings. Hogue and Peebles (1997) identified that when offenders were depicted as acting with intent, they were sentenced more punitively, and rated as more to blame, more responsible and more deserving of punishment. Research also indicates that impulsivity is a risk factor for offending (Barratt, 1994), and that impulsivity may be linked to sexual offending in those with intellectual disability (Caparulo, 1991; Glaser & Deane, 1999; Hayes, 1991). Therefore, this research will aim to explore if framing the offence as impulsive for both offender types impacts on participants' perceptions of an offender.

This study will also explore the association between participants' general attitudes towards SO (as measured by the ATS) and their judgements of a sex offender's intention to commit an offence, the extent they are to blame, and their level of risk.

## 1.5 | Hypotheses

1. Forensic staff will have more positive attitudes towards SO than the general public.
2. SOID will be seen as lower risk than SO without intellectual disability.
3. SOID will have less blame and intent attributed for their offences than sex offenders without intellectual disability.
4. The general public will rate both types of SO risk, blame and intent as higher than forensic staff.
5. When the offence is framed as planned, participants will rate levels of risk, blame and intent as higher.
6. More positive attitudes towards SO will be associated with lower ratings of risk, blame and intent.

## 2 | METHOD

### 2.1 | Design

A between-groups design compared two sample populations: the general public and forensic staff. For each sample participants were assigned to one of four further groups. In each group, participants completed the ATS (Hogue, 1993) and then read one of four vignettes depicting a SO. These vignettes differed based upon intellectual disability status; the offender was portrayed as either having an intellectual disability or not. The vignettes also differed on offence planning, which was either planned or opportunistic. An example vignette is below:

*Jason has a learning disability and is detained within a secure facility. As a child Jason struggled to progress at school and was sent to a school designed for children with special needs. As an adult Jason requires support to complete day to day tasks. He lacks independence because of an inability to take care of himself. Jason sometimes struggles to communicate with other people. He feels what he says often isn't understood and he regularly does not understand what is being said to him. Jason's learning disability is classed as moderate and he has an I.Q. score of 50. Jason is also a sexual offender and is detained due to a sexual assault against a child. Jason planned his offence over a number of months, in order to gain access to his victim.*

### 2.2 | Materials

An information sheet and consent form included information regarding the task. The ATS (Hogue, 1993) was used to measure participants' attitudes towards sex offenders. The ATS is a 36-item questionnaire using a five-point Likert-type scale, and it has been shown to be a reliable measure of attitudes towards sex offenders with a Cronbach's Alpha of .92 (Nelson, Herlihy, & Oescher, 2002) and a test-retest reliability after 2 weeks of  $r = .82$ . Discriminant reliability has also been demonstrated by considering the comparative results of police officers, prison officers and sex offenders (Hogue, 1993). Higher scores on the ATS are indicative of more positive attitudes.

The vignettes and questions were both developed by considering previous vignette studies within this area (e.g., Ferguson & Ireland, 2006). The Adaptive Behaviour Assessment System (Harrison & Oakland, 2015) was used to inform the creation of a vignette depicting a SOID. A debrief sheet was also used which provided contact information for the researchers, and also provided advice on accessing further support. The eight questions were as follows:

1. How likely do you think it is that Jason will commit another sexual offence in the future?

	Sample Size	Age range (Mean, SD)	Males	Females
General Public	90	18–69 (35.48, 11.34)	39	51
Forensic Staff	87	20–58 (36.83, 10.64)	38	49
Total	177	18–69 (36.14, 10.99)	77	100

**TABLE 1** Demographic characteristics of the sample

**TABLE 2** Percentage of different occupation types within the forensic staff sample

Occupation Type	Percentage
Support Worker	55.68
Nurse	25
Psychologist	6.81
Trainee Forensic Psychologist	2.27
Police Officer	2.27
Assistant Psychologist	2.27
Teaching Assistant within forensic settings	3.4
Probation Officer	1.15
Allied Health Professional	1.15

- How likely do you think it is that Jason will commit another offence in the future? (not a sexual offence)?
- How much of a sexual risk does Jason pose towards adults?
- How much of a sexual risk does Jason pose towards children?
- How likely do you think it is that the staff involved in Jason's care will be at risk of a physical assault?
- If Jason was moved into the community how comfortable would you be with that decision?
- Jason is to blame for sexually assaulting the child
- Jason intended to sexually assault the child.

## 2.3 | Participants

The sample of forensic staff all worked within a private, forensic hospital for men with a primary diagnosis of intellectual disability. Demographic characteristics are detailed in Table 1.

Staff were recruited via email and word of mouth during working hours. The general public sample was recruited via email, word of mouth and postings on social media sites. No incentives were offered for taking part. Men and women over 18 years of age were included within the sample. Occupation was included within the demographic questions to categorize participants into the forensic staff or general public (FS/GP) sample. See Table 2 for a breakdown of specific occupation types.

Using G\*Power 3 (Faul, Erdfelder, Lang, & Buchner, 2007) for ANOVA with eight groups, power set at 80% (as recommended for behavioural studies, Cohen, 1988), power analyses were conducted for both a medium ( $f = 0.25$ ) and large ( $f = 0.4$ ) effect size. Analyses

indicated that to detect a medium effect size would have required 270 participants and to detect a large effect size would have required 111 participants in total. In total, 177 participants were recruited and randomly allocated into the following groups intellectual disability/planned ( $n = 40$ ); No intellectual disability/opportunistic ( $n = 50$ ); intellectual disability/opportunistic ( $n = 45$ ); No intellectual disability/planned ( $n = 42$ ).

The National Readership Survey (2016) social class system was used to compare the social class of the forensic and general public samples based on occupation. It was reasoned that using participants from very different social classes might have been an extraneous variable that could impact on identified differences in attitudes. The general public sample was more evenly distributed between the five classes, with the highest percentage of participants fitting the “middle class” category (25%) and the second highest fitting within the “working class” category (22.92%). The majority of the forensic staff sample fell within the “working class” category (55.68%), and the second most common category was “lower middle class” (28.42%).

## 2.4 | Procedure

The survey was constructed using a Web-based programmed and participants were randomly allocated to a group. The survey firstly presented an information sheet, consent form and then the questions from the ATS. Following completion of the ATS, one of the four vignettes was presented to participants, depicting the details of a SO and his offence. Participants were then asked the eight questions regarding the vignette. Lastly, participants were presented with debrief information and contact details of the researchers.

## 2.5 | Ethical considerations

Ethical approval for the study was gained from a UK Russell Group University ethics committee. An executive summary was also submitted to the chief executive of the private hospital from which the forensic staff sample was collected, and written permission to access the staff sample was granted.

## 3 | RESULTS

### 3.1 | Statistical analysis

The data were screened for normality. Histograms and Q–Q plots displayed a normal distribution. In addition, skewness and kurtosis

for all nine variables were close to zero, with the exception of the kurtosis score for the variable "Jason is to blame for sexually assaulting the child," which was  $-1.02$ . The Kolmogorov–Smirnov (K–S) test of normality was significant, indicating the data were significantly different from a normal distribution. However, as recommended by Field (2013), the K–S test should not be interpreted in isolation, as it is likely to overestimate any small deviations from a normal distribution, particularly in large samples. Therefore, as a result of the graphical representations of the data as normally distributed, it was considered appropriate to use parametric analyses. Cronbach's alpha for the ATS was 0.95, representing a high level of internal consistency.

To assess if ATS scores differed between forensic staff and the general public, and between sexes, an ANOVA was conducted. The difference between forensic staff and the general public was significant,  $F(1,1) = 15.81$ ,  $p < .001$ , with forensic staff having higher ATS scores ( $M = 80.47$ ,  $SD = 22.0$ ) than the general public ( $M = 67.41$ ,  $SD = 20.1$ ). There was no significant difference between male and female participants' ATS scores. A MANOVA was conducted to assess the impact of the three independent variables (FS/GP, intellectual disability, and offence planning) on the eight dependent variables. All three were significant, and a significant interaction was identified between intellectual disability and offence planning. See Table 3 (reported F ratios are Pillai's trace).

Follow-up ANOVAs (displayed in Table 4) indicated a significant effect of FS/GP on three dependent variables. Participants in the general public group were significantly more likely to agree that Jason was a risk of committing another non-sexual offence in the future ( $M = 3.17$ ,  $SD = 0.73$ ), compared with the forensic staff group ( $M = 2.81$ ,  $SD = 1.05$ ). Participants in the general public group were significantly more likely to agree that Jason posed a sexual risk toward adults ( $M = 2.47$ ,  $SD = 0.91$ ), compared with the forensic staff group ( $M = 2.15$ ,  $SD = 0.99$ ). Participants in the general public group were also significantly more likely to agree that Jason was to blame for his offence ( $M = 4.17$ ,  $SD = 0.74$ ) compared with the forensic staff group ( $M = 3.9$ ,  $SD = 0.84$ ).

Follow-up ANOVAs indicated a significant effect of intellectual disability on two dependent variables. Participants were significantly more likely to agree that Jason was to blame for the sexual assault in the no intellectual disability condition ( $M = 4.23$ ,  $SD = 0.65$ ), compared with the intellectual disability condition ( $M = 3.84$ ,  $SD = 0.88$ ), and they were significantly more likely to agree that the staff involved in Jason's care were at risk of a physical assault in the intellectual disability condition ( $M = 2.77$ ,  $SD = 1$ ), compared with the no intellectual disability condition ( $M = 2.36$ ,  $SD = 0.75$ ).

Follow-up ANOVAs indicated a significant effect of offence planning on one dependent variable. Participants were significantly more likely to agree that Jason intended to sexually assault the child when the offence was planned ( $M = 4.13$ ,  $SD = 1.06$ ), compared to when the offence was opportunistic ( $M = 3.64$ ,  $SD = 0.83$ ).

The interaction effect between intellectual disability and offence planning was found to be significant for three of the

**TABLE 3** Results of MANOVA on the eight dependent variables

Variable	MANOVA F (8,162)
FS/GP	2.92**
Intellectual disability/Non-intellectual disability	3.39***
Planning	2.88**
IDxPlanning	3.21**

\* $p < .05$ , \*\* $p < .01$  \*\*\* $p < .001$ .

dependent variables. For the first significant dependent variable "how likely do you think it is that Jason will commit another sexual offence in the future?" means indicated that participants' ratings of this question were higher when the offence was planned, but that this was only true in the no intellectual disability condition ( $M = 4.17$ ,  $SD = 0.91$ ), compared with the intellectual disability condition ( $M = 3.8$ ,  $SD = 0.94$ ). In the intellectual disability condition, this question was rated similarly for both planned and opportunistic offences.

For the second significant dependent variable "If Jason was moved into the community, how comfortable would you be with this decision?" means indicated that participants' ratings of this question were higher when the offence was planned, but that this was only true in the intellectual disability condition ( $M = 2.38$ ,  $SD = 0.93$ ).

For the third significant dependent variable, "Jason intended to sexually assault the child," means indicated that participants' ratings of this question were higher when the offence was planned, but that this was only true in the intellectual disability condition ( $M = 4.34$ ,  $SD = 0.69$ ).

### 3.2 | Impact of the ATS

To assess the extent the above effects might have been linked to participant's pre-existing attitudes towards sex offenders, linear regressions were conducted to assess the relative predictive power of ATS scores on the dependent variables. A correlation matrix indicated significant correlations between seven of the dependent variables with the ATS, and therefore, seven separate linear regressions were conducted on the following variables:

1. How likely do you think it is that Jason will commit another sexual offence in the future?
2. How likely do you think it is that Jason will commit another offence in the future? (not a sexual offence)
3. How much of a sexual risk does Jason pose towards adults?
4. How much of a sexual risk does Jason pose towards children?
5. How likely do you think it is that the staff involved in Jason's care will be at risk of a physical assault?
6. If Jason was moved into the community how comfortable would you be with that decision?
7. Jason is to blame for sexually assaulting the child

**TABLE 4** Results of ANOVA

Questions	1	2	3	4	5	6	7	8
Variable	F(1,1)	F(1,1)	F(1,1)	F(1,1)	F(1,1)	F(1,1)	F(1,1)	F(1,1)
FS/GP	1.33	6.49*	5.8*	0.848	0.281	0.49	3.102	5.20*
Intellectual disability/ Non-intellectual disability	0.814	2.96	1.49	0.07	9.26***	0.271	.249	11.39***
Planning	3.69	0.311	3.12	2.27	0.822	1.21	12.04***	0.022
IDxPlan	8.95**	0.21	3.55	0.036	3.44	3.98*	4.08*	0.218

\* $p < .05$  \*\* $p < .01$  \*\*\* $p < .001$ .

To correct for multiple comparisons, an adjusted significance level of 0.007 was used. The results of these regression analyses can be viewed in Table 5.

All seven models were significant. The relationship was negative for all questions, with the exception of question six, showing that higher ATS scores (indicating more positive attitudes) correlated with lower ratings on all six questions. More specifically, higher ATS scores were associated with lower ratings of the offender's risk of sexual recidivism, risk of general recidivism, risk towards adults, risk towards children, risk of assault towards staff and level of blame for the offence. For question six, the relationship was positive, indicating that higher ATS scores were associated with higher ratings of this question, indicating increased comfort at the decision to move the offender into the community.

## 4 | DISCUSSION

Forensic staff were found to have more positive attitudes than the general public, supporting hypothesis one and previous research within this area (e.g., Ferguson & Ireland, 2006; Gakhal & Brown, 2011; Higgins & Ireland, 2009; Johnson et al., 2007; Kjelsberg & Loos, 2008; Sanghara & Wilson, 2006).

When the SO was portrayed as having intellectual disability, participants were more likely to agree that the staff involved in the offender's care were at risk of a physical assault. Therefore, hypothesis two was not supported as SOID was actually rated a higher risk in terms of physical assault, and no differences were identified

between the other questions which focused on risk. This may be a result of participants' view of SOID as more impulsive, and therefore not fully in control of their actions.

Participants also attributed less blame to SOID compared with sex offenders without intellectual disability; this result provides only partial support for hypothesis 3 as there was no significant effect of intellectual disability on participants' ratings of intent. They could have reasoned that for SOID a lack of control stems from deficits in reasoning and decision making, and they are therefore not fully to blame for their behaviour. Perceiving SOID as less to blame than SO without intellectual disability is consistent with the legal system's justification for reduced liability for some individuals with intellectual disability. This result could also have been influenced by the fact that offenders with intellectual disability are generally diverted from the CJS and participants may reason this is because they are less to blame for their offences than SO without intellectual disability. This result does suggest that the intellectual functioning of a SO has an impact upon participants' attitudes, and therefore, if discussions surrounding this were included within the media's coverage of cases of sexual offending, attitudes towards these cases may be more informed. These findings also support Price-Jones and Barrowcliff (2010), who found that participants rated offenders who were labelled as learning disabled not as liable for a hypothetical sexual offence.

The results indicate some differences between forensic staff and the general public, with the latter group more likely to consider the offender a sexual risk to adults, more to blame for the offence, and at a greater risk of committing a non-sexual offence in the future,

DV	Model F (df)	$r^2$	B	Standard Error B	$\beta$
1	12.42 (1,175)**	.066	-0.01	0.003	-.26
2	18.8 (1,175)**	.097	-0.01	0.003	-4.34
3	28.8 (1,175)**	.141	-0.02	0.003	-.38
4	9.39 (1,175)*	.051	-0.01	0.002	-.23
5	18.8 (1,175)**	.096	-0.013	0.003	-4.3
6	76.7 (1,175)**	.31	0.023	0.003	8.76
7	8.63 (1,175)*	.047	-0.01	0.003	-2.94

\* $p < .01$  \*\* $p < .001$ .

**TABLE 5** Results of linear regressions to assess the impact of the ATS on the dependent variables



providing partial support for hypothesis four. These findings could indicate a tendency for the general public to think of SO as generalist offenders. This may be indicative of the general public basing their beliefs on media reports which tend to overexaggerate the risk posed by SO.

The framing of the offence impacted upon only one dependent variable, with participants significantly more likely to agree that the offender intended to sexually assault the child when the offence was planned, but this was only true for SOID. This could be linked to the perceived level of understanding: for offenders without intellectual disability, participants may reason that the offender would understand his actions and therefore have intent to sexually assault the victim regardless of whether the offence was planned or opportunistic. However, for SOID, participants may reason that an opportunistic offence could occur because of a lack of behavioural control, and thus reason there was a lower level of intent; if the SOID's offence was planned, this may serve as evidence of intent.

When the offence was planned, participants were also more likely to agree the offender was at risk of committing another sexual offence, but this was only true in the non-intellectual disability condition. This could represent participants' misconceptions regarding risk, as an impulsive and unstable lifestyle is a risk factor for sexual recidivism (Structured Assessment of Risk and Need: Thornton, 2002). Therefore, opportunistic offenders may actually be more likely to sexually reoffend than SO who plan their offences.

In addition, participants were more likely to indicate they were comfortable with the offender moving into the community when the offence was planned compared with opportunistic, but this was only true for SOID. One possible explanation for this could be that participants may feel safer around a SO whose offence was planned, as they would feel more able to spot signs that they or others were in danger.

Particularly for SOID, participants might reason that the planning of such an offence may be more obvious and unsophisticated, thus providing more opportunity to recognize and prevent it. An opportunistic offender may seem more of a threat as their offences may seem unpredictable, and therefore more difficult to prevent. However, considering the stereotypes held by the general public regarding SO (Sanghara & Wilson, 2006) they may not have the knowledge needed to accurately identify behaviours involved in a planned offence, such as grooming.

Hypothesis six was supported; positive attitudes were associated with lower ratings on all five questions related to risk. Although positive attitudes towards offenders may be useful for promoting the successful reintegration of SO into the community, if positive attitudes are linked with judging offenders as a lower risk than they actually are, this could put the public and staff working within forensic settings at risk if SOID are given more community access or exposed to risky situations.

Positive attitudes were also associated with lower attribution of blame to the offender; this could impact upon jury decision making, with jurors with positive attitudes more likely to give favourable

judgements. Hogue and Peebles (1997) identified more negative attitudes were associated with holding the offender more to blame for what had happened, and with recommending more punitive sentencing options.

## 5 | LIMITATIONS OF RESEARCH

The forensic staff sample contained a mixture of occupation types. Previous research has suggested that there is variation in attitudes between forensic staff types (e.g., Higgins & Ireland, 2009; Hogue, 1993). The sample contained predominantly support workers, a small number of psychologists and no psychiatrists. Although support worker's views about offenders will inform decisions, psychiatrists and psychologists will be the people who make the final decisions about risk and discharge; their views about risk may be very different to support worker's and not as easily influenced by their pre-existing attitudes towards sex offenders. The social class of the general public sample was also more evenly distributed between class categories and so may have been more representative than the forensic staff sample which was mostly categorized as working class. These differences between social classes within the samples could have affected identified differences in attitudes, and future research could explore the impact of social class as an additional factor.

## 6 | FUTURE RESEARCH

It would also be beneficial for future research to explore each of the factors considered within this study in more detail. Qualitative research designs may prove fruitful to assess the reasons behind participants' ratings. For example, participants' rationale for feeling more comfortable with an offender moving back into the community when his offence was planned and he was categorized as a SOID.

## 7 | CONCLUSIONS

The research indicated that SOID were held less to blame for their offending than sex offenders without intellectual disability and that planning of an offence was viewed as evidence of higher levels of an offender's intent. More positive attitudes were associated with lower ratings of risk, blame and intent. Several relationships were identified which may suggest that individual's hold misconceptions about how the characteristics of a SO and their offence impacts upon their level of risk. These findings are important to consider alongside the current changes implemented by the NHS Transforming Care Agenda to ensure the actual risks posed by SOID are carefully managed during discharge into community settings, and that overly positive attitudes do not increase the risk to staff members or the general public.

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