

Introduction

- People often draw causal conclusions from ambiguous evidence that does not support such conclusions (Nunes et al. 2017)
- The purpose of our study is to explore the conclusions and recommendations about the effectiveness of sexual offender treatment that professionals draw from ambiguous research evidence

Research Questions

- Are stronger conclusions and recommendations made by people who are more involved in treatment of sexual offenders (e.g., delivering programs full-time) than those who are less involved (e.g., exclusively doing risk assessments or research)?
- If so, is it specific to research on sexual offender treatment?
 - Consistent with a specific confirmation or self-protective bias
- Or is it also observed for research in other areas?
 - Consistent with more general differences in research experience and knowledge

Methods

- 61 participants (56% male) recruited from ATSA listserv
- Most identified themselves as practitioners (89%) and living in the USA (85%). Most reported doing sexual offender treatment (90%) and risk assessments (75%). Fewer (30%) reported doing research.

Sexual offender treatment study vs. cancer drug study

- Randomly assigned to read a brief description of a study either on sexual offender treatment ($n = 30$) or a cancer drug ($n = 31$). Aside from the topic, both study descriptions were very similar, with the same methodological shortcomings that preclude any conclusions regarding the effectiveness of the intervention

Less vs. more involvement in treatment of sexual offenders

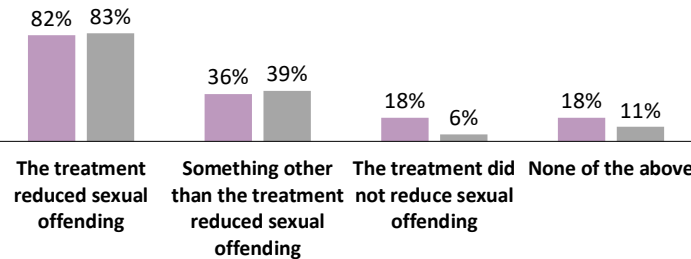
- Median split on self-reported time/week spent on treatment-related activities aimed at reducing sexual re-offending
 - Less = 15 hours/week or less ($n = 28$)
 - More = 16 hours/week or more ($n = 33$)
- Participants were asked about their interpretations and recommendations based on the study description they read

Results

Which of the following are reasonable interpretations of the results of this study (select all that apply)?

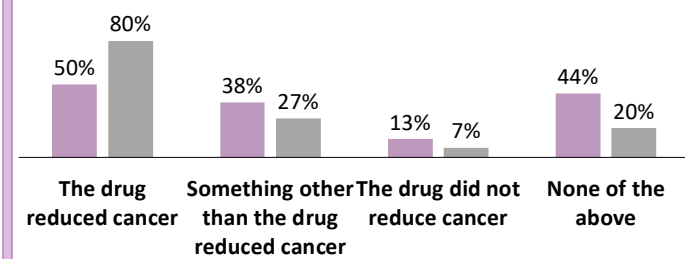
Sexual Offender Treatment Study Condition

- Less involvement in treatment of sexual offenders
- More involvement in treatment of sexual offenders



Cancer Drug Study Condition

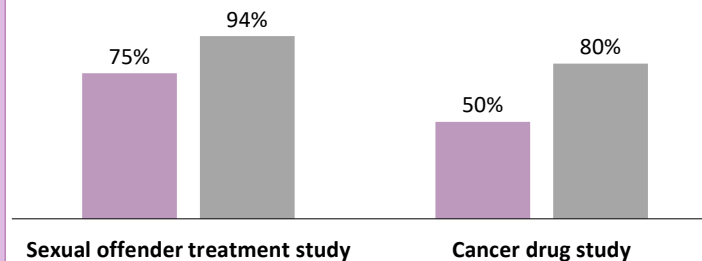
- Less involvement in treatment of sexual offenders
- More involvement in treatment of sexual offenders



Based on this study, would you recommend this treatment/drug be delivered/prescribed?

% Yes

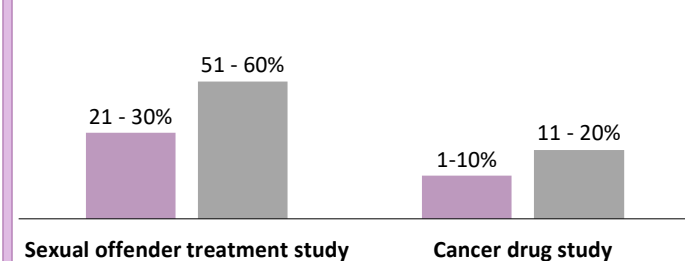
- Less involvement in treatment of sexual offenders
- More involvement in treatment of sexual offenders



Based on this study, how much of the budget would you recommend be spent to deliver this treatment/drug?

Median % of the Budget Recommended

- Less involvement in treatment of sexual offenders
- More involvement in treatment of sexual offenders



Discussion

- Stronger recommendations were made by participants with more involvement in treatment of sexual offenders than those with less involvement
- But the difference between the treatment involvement groups was not greater for the sexual offender treatment study condition than the cancer drug study condition
- Results **not** consistent with the notion that those more involved in treatment of sexual offenders have a bias specific to research on treatment of sexual offenders
- Rather, results suggest those more involved in treatment had a more general tendency to draw stronger conclusions from ambiguous evidence, possibly reflecting less research experience and knowledge

Limitations

- Small sample size and sampling procedure limit confidence in the stability and representativeness of the results

Future directions

- More access to basic research training to raise awareness about research methodology, limitations, and potential biases

Fedotova, A. & Nunes, K. L. (2018, October). *Interpretations of research on sexual offender treatment*. Poster presented at the 37th Annual Research and Treatment Conference of the Association for the Treatment of Sexual Abusers, Vancouver, British Columbia, Canada. Annafedotova@cmail.carleton.ca