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Exploring public attitudes towards sex and grievous bodily harm offenders who have experienced childhood abuse

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¹ Note: This work was conducted as part of a dissertation project at Birmingham City University. Both authors were at this institution when the work was carried out

The complexity of public attitudes towards people with offence histories is underestimated, with research highlighting a magnitude of influential factors on an increasingly punitive public (Maruna et al., 2004). Negative media portrayals, age and gender have all been identified as factors, with attitudes towards middle aged males with a history of offending being the most negative (Bergeron & McKelvie, 2004; Gakhal & Brown, 2011; Thompson et al., 2011). More specifically, negative attitudes are often directed towards people who have committed sexual offences, with mass media focusing on this particular group (Harper et al., 2017; King & Roberts, 2017; Tewksbury et al., 2006). Therefore, it has been acknowledged that more investigation is needed into public attitudes towards other crimes, such as Grievous Bodily Harm (GBH). Public attitudes towards people with a history of offending generally also requires further investigation. This is imperative, considering the power members of the public hold in shaping sentencing policies and decisions (Frost, 2010).

Research has consistently identified links between childhood maltreatment and later offending, with the cycle of violence hypothesis suggesting that victimized children are more vulnerable to developing externalising behaviours in adolescence and adulthood (Widom, 1989). Abuse in childhood is often linked to later offending and antisocial behaviours (Dargis et al., 2016; Mersky et al., 2012; Wallinius et al, 2016). This is especially important to consider as 84.1% of male Welsh prisoners reported having experienced an Adverse Childhood Experience (ACE), such as physical or sexual abuse, before the age of 18 (Ford et al, 2019). Interestingly, public attitudes towards people who offend are mixed when participants become aware of an offenders' abusive childhood. Sometimes this information can lead to public leniency (Bell-Holleran et al., 2016; Haegerich & Bottoms, 2000; Najdowski et al., 2009; Stalans & Henry, 1994) whereas in other instances, this knowledge can increase negative attitudes (Butler & Jacquin, 2014; Fabian, 2003; 2009). Attribution

Theory can help to explain these findings (Crisp & Turner, 2014; Shaver, 1985; Weiner, 2006). Attributing childhood maltreatment as the cause of adulthood offending can generate leniency (Stevenson et al., 2015). Individuals may attribute the cause of crime as being out of their control, consequently generating a less punitive attitude towards people who offend (Carroll, 1978; Carroll & Payne, 1977; Graham et al., 1997; Najdowski & Bottoms, 2012). Therefore, it is important to see whether leniency would occur for people who have a history of childhood abuse who have engaged in sex and GBH offences (Graham et al., 1997; Najdowski et al., 2009).

A wealth of research explores attitudes towards people with a history of sexual offending, which has gained a substantial amount of attention from the media, academia, community members and the Criminal Justice System (Nhan et al., 2012). Media portrayals of this group of people are mostly negative, and with the media being the main platform to increase public awareness of such offences, this can influence the public to hold more negative attitudes (Gakhal & Brown, 2011). The concept of prejudice helps explain these negative attitudes. Boag and Carnelley (2012) identified that prejudice and discriminatory behaviour from community and student populations occurred mostly towards people who have a history of sexual offending and murder, with high levels of negativity surrounding people who commit sexual offences. Prejudiced attitudes are often directed towards interventions for those with sexual convictions, with the public believing that people who commit sexual offences are likely to reoffend, and that there are not any benefits to treatment (Levenson et al., 2007; Sample & Bray, 2006). Fortney et al. (2007) further identified several prejudiced public attitudes towards interventions for those with sexual convictions. Seventy four percent of their community member sample believed that people with a history of sexual offending would reoffend, and 51% believed that treatment does not prevent recidivism.

However, data was only collected from one county in Florida. Florida is considered a punitive state, and supports the death penalty (Slobogin, 2009). This may limit how representative the findings are to a wider population. However, the findings demonstrate how individuals hold prejudiced attitudes towards those who commit sexual offences, although research is yet to compare this to GBH. Existing research has attempted to investigate crime type bias, concluding that violent crimes are viewed more negatively than property crimes (Roberts et al., 2009; Spiranovic et al, 2012). Although, no research to date explicitly investigates attitudes towards GBH, nor has it been compared to sex offences.

The present study aimed to address these gaps in the literature, providing insight into whether knowledge of an offender's childhood history generates leniency from the public as well as whether sex offences are viewed more negatively than GBH.

Method

Design

This study utilised a quantitative, between-subjects design. The independent variables were knowledge of an offender's childhood maltreatment (either aware or unaware) and crime type (sex offence or GBH). The dependant variable was attitudes towards those who offend.

Participants

Overall, 148 participants were recruited for the study via opportunity sampling. Participants were recruited from a research participation scheme, and social media platforms including Instagram, Facebook and Twitter. The mean age of participants was 26 years old (range = 18-72 years old, SD = 14.15), although nine participants did not provide their age. The sample comprised of 22 males and 126 females. To take part in the study, participants

were required to be eligible for jury service, (i.e., being aged between 18 and 75 years old, and being on the electoral roll in the UK) (Juries Act, 1974). Exclusion criteria required participants to not be victims or personally know victims of sexual offences, abuse, and grievous bodily harm as they may have experienced psychological harm or distress during the study.

Materials

Vignette

Participants were presented with one of four fictional vignettes. There were four vignettes in total; (1) sex offence and child abuse, (2) sex offence and no child abuse, (3) GBH offence and child abuse, (4) GBH offence and no child abuse.

Attitudes to those who offend

Items relevant to the vignettes were selected from the Attitudes Towards the Treatment of Sex Offenders scale (ATTSO; Wnuk et al, 2006), which is used to assess attitudes towards people with a history of sexual offending. These were adapted to fit the specific study vignettes. Overall, 18 items from the original 35 item pool were selected for the study, which were scored on a five-point Likert scale (1=Strongly Agree, 5= Strongly Disagree). The full list of items used can be seen in Table 1.

[Insert Table 1 here]

Procedure

The study was conducted remotely and online, using the Qualtrics survey platform. Participants who saw the online recruitment advertisement clicked on the weblink where they were taken to the participant information sheet. After reading the participant information

sheet, if they wanted to take part in the questionnaire, participants then clicked through to the consent form, which was completed to ensure that full informed consent was provided. Those who consented were asked for their name and gender, as well as an anonymous code which would be used should they want their data withdrawn. Following this, participants were randomly allocated to one of the four conditions. After reading the vignette, they were asked to answer the questions about their attitudes towards the person offending. Once the questionnaire was completed, participants were thanked for their participation, were fully debriefed and made aware of their right to withdraw. They were also made aware of helplines to contact, due to the sensitive topics within the study. This study was ethically approved in accordance with BPS guidelines.

Results

Exploratory Factor Analysis (EFA)

The ATTSO was previously validated using the original 35 item pool. However, as only 18 of those 35 items were suitable for this study, an Exploratory Factor Analysis (EFA) was therefore conducted to identify underlying subscales and poorly performing items on the chosen 18 items.

Tabachnick and Fidell (2012) recommend that items that do not correlate with one another at .30 or higher should be removed because they do not measure the proposed construct. As it was predicted that all factors would be correlated, oblique factor rotation was selected. This was later confirmed to be the correct choice as all items within the correlation matrix correlated with one another at .30 or higher. Therefore, they were all retained for the analysis. The KMO value for the data set was .91, above the value .50, indicating the sample

size obtained was adequate (Field, 2018; Kaiser & Rice, 1974). Bartlett's Test of Sphericity was also significant ($X^2 = 1294.83$, $DF = 153$, $p < .001$), indicating the correlations between the items were large, further indicating that EFA was an appropriate choice for the questionnaire.

In order to identify a factor within the questionnaire, an eigenvalue greater than one is required (Kaiser, 1960). Within the questionnaire, there were three eigenvalues greater than one present, indicating there were three factors. Following the recommendations of Field (2018) items were retained if they had factor loadings of .40 or higher. As Factor 3 contained only one item, this was dropped, resulting in a two-factor structure for the questionnaire (see Table 2 for the full factor structure).

[Insert Table 2 here]

Preliminary Analysis

Data was collected from 150 participants in total. However, two participants provided partial responses and were subsequently excluded from further analyses. A resulting 148 participants were carried through as the final sample. Skewness and kurtosis values were examined to identify a normal distribution. These ranged between -.07 and 1.36 for skewness and -.52 and 1.91 for kurtosis. Skewness and kurtosis values between +2 and -2 are considered acceptable, so normality was assumed (George & Mallery, 2010).

Prior to analysis, the means and standard deviations were also observed for preliminary differences (see Table 3).

[Insert Table 3 here]

To further test whether a history of abuse and crime type impacted public perceptions of treatment and perceptions of punishment, a 2 (aware of childhood maltreatment, unaware of childhood maltreatment) x 2 (sex offence, grievous bodily harm) between subjects MANOVA was conducted on the data. Box's Test of Equality of Covariance Matrices was significant, $p = .016$. However, as the sample sizes were equal across the groups, this value can be ignored, meaning that the assumption of homogeneity in covariance matrices can be assumed (Field, 2018). Levene's tests revealed that the variances for perceptions of treatment were equal, $F(3, 144) = 1.71, p = .167$, and the variances for perceptions of punishment were not equal, $F(3, 144) = 3.75, p = .013$. As Levene's test is sensitive to sample size, and as the sample sizes were equal, the Levene's test can be ignored and the MANOVA can be carried out (Field, 2018).

Using the Pillai's Trace, there was a statistically significant effect of crime type on the perceptions of treatment and perceptions of punishment scores, $V = .25, F(2, 143) = 23.41, p < .001, n_p^2 = .25$. There was a non-significant effect of a history of abuse on the perceptions of treatment and perceptions of punishment scores, $V = .01, F = (2, 143) = .37, p = .692, n_p^2 = .01$, and there was a non-significant effect of the interaction of crime type a history of abuse on the perceptions of treatment and perceptions of punishment scores, $V = .002, F(2, 143) = .13, p = .883, n_p^2 = .002$.

Separate univariate ANOVAs on the outcome variables revealed a statistically significant effect of crime type on the perceptions of treatment, $F(1, 143) = 13.12, p < .001, n_p^2 = .08$, and a significant effect of crime type on the perceptions of punishment, $F(1, 143) =$

45.78, $p < .001$, $n_p^2 = .24$. For both perceptions of treatment and perceptions of punishment, people with a history of sex offences were viewed more negatively than those with GBH offence histories.

Discussion

The present study aimed to investigate the impact of (1) history of childhood abuse and (2) crime type on public attitudes towards those with a history of offending. The overall findings indicated that attitudes were unaffected when made aware of a person's abusive childhood history and people who had committed sexual offences were viewed more negatively than those who had committed GBH. Each of these findings are discussed in turn.

History of Childhood Abuse

The study revealed that an awareness of an individual's abusive childhood history did not have an impact upon public attitudes. This suggests that for GBH and sexual offences, childhood maltreatment does not generate leniency from the public. This finding is interesting, and contradictory with previous research within the area that has shown public attitudes to either increase leniency or negativity when they are made aware of an offender's abusive childhood (e.g., Bell-Holleran et al., 2016; Butler & Jacquin, 2014). However, the present study did not specify the type of childhood abuse that the individual depicted in the vignette had experienced, only that was 'child abuse'. In other studies in the area, this has not been the case. For example, Bell Holleran et al. (2016) found that all types of childhood abuse may effect jury decision making. Amongst a sample of older participants, with an average age of 43 years old, this effect was strongest however, for a history of childhood sexual abuse, highlighting the notion that different forms of abuse may elicit different attitudes. As these findings may have implications for practice, for example during jury decision making and sentencing, future research within this area is required, specifying the

type of childhood abuse that has been experienced to see if this has an impact on public attitudes in relation to specific crimes.

Crime Type

The research literature has found negativity towards those who commit sexual offences within the general population. Within this study, people who had committed sexual offences were viewed more negatively than those who had committed GBH. Given that media portrayals elicit fear and emphasise negativity towards people who commit sex offences, this finding was expected (Gakhal & Brown, 2011; Nhan et al., 2012; Zilney & Zilney, 2009). Previous research has also found a general attitudinal bias towards people depending on the crime that they have committed, with people who have engaged in violent crime being viewed more negatively than those who have engaged in property crimes (Bergeron & McKelvie, 2004; Roberts et al., 2009). The findings from the current study support this crime type bias, suggesting that people who commit sexual crimes are viewed harsher than those that commit GBH crimes. Spiranovic et al. (2012) further support this notion as participants from the general public considered punishment to be more important than rehabilitation for people who commit serious offences. The current study's findings support this, as participants had negative attitudes towards treatment for those who commit sexual offences.

A general prejudice towards those who have a history of sex offences can also explain the findings from the current study. Levenson et al. (2007) found members of the public to hold prejudiced beliefs about people that commit sexual crimes, including the belief that they are likely to reoffend and that there are not any benefits to treatments. Within the present study, perceptions of treatment for the sexual offence scenario were viewed most negatively. This prejudicial attitude towards people with a history of sexual offending generates stigma, which in turn elicits negative attitudes from the public (Crilly, 2017; Harris & Socia, 2016).

Such beliefs can also make individuals sceptical about accepting these individuals back into their community, therefore generating more negative attitudes towards people with a history of sexual offending (Harper et al., 2017).

Implications

The findings from this study have implications for research and practice. From an academic research perspective, they firstly highlight the lack of research around attitudes towards GBH. GBH is widely recognised yet hardly researched in comparison to other crimes. More insight into this crime can aid a better understanding of how it is perceived during jury decision making and for public attitudes more generally. Encouraging further investigations into public attitudes is important, considering sentencing policies require public support (Roberts, 2007).

From a practical perspective, the findings have applications for the jury system. Providing they are eligible, any member of the public can be called for jury service, where they are required to make an informed decision of a defendant's verdict based on evidence, law and other information relevant to the case (Bornstein & Greene, 2011). However, attitudes are often consciously or subconsciously influenced by other factors (Irwin & Real, 2010). As the present study's findings suggest, factors such as crime type can elicit bias amongst members of the public, and some crimes may be viewed more negatively than others. Based on the study findings, it can be concluded that defendants in trials for sexual offences will generally be viewed more negatively than those on trial for GBH offences. The type of offence cannot be concealed in court due to the requirement for jurors to hear a case in detail before making their verdict. However, the present study highlights the need to control negative media portrayals and pre-trial publicity of defendants, which may reduce the negative stigma associated with particular offence types (i.e. sexual offences).

The findings also demonstrate the need for the general public to be educated on the treatment of people who have committed crimes. The present study found that individuals may be unaware of the treatments available for people who offend, questioning their efficacy. The scale used in the present study contained various statements that assessed participants' attitudes around the treatments of people who have a history of sex and GBH offences. However, some participants reported that they were unaware of what the treatments were, resulting in using the undecided response to answer most of the statements. Increasing education and awareness of the rehabilitation programmes available for those with a history of sexual related offending may allow the public to be more willing to consider them as treatable and support rehabilitation (Fortney et al., 2007). This will allow them to be viewed equally to those who have committed crimes such as GBH and as a result, reduce public punitive attitudes, releasing pressure off the CJS to incarcerate such individuals (Nhan et al., 2012). Fortney et al. (2007) identified how the public hold prejudiced attitudes towards people with a history of sexual offending, particularly negative punitive attitudes. This means that, if called for jury service involving this particular crime, the prejudicial attitudes people hold may influence their decisions. The CJS may want to explore ways to reduce public prejudice, such as implementing community meetings where members of the public meet with those who have been through offender treatment programmes in their local area.

Limitations and Future Research

Although this study produces interesting findings, it is not without limitations. The first involves the lack of participant knowledge around treatments. Based on their responses to the attitudes scale, some participants were unaware of treatments, resulting in an undecided response for the statements. This suggests that more awareness of treatment programmes may elicit different results. Education could be delivered to the public through the education

system and social media campaigns. This could then be evaluated to see if education around treatment programmes has an impact on attitudes toward people with an offending history.

Secondly, the sample were predominantly female. The disparity in gender suggests that the generalisability of this study's findings may not be as applicable to a male population. Obtaining equal amounts of male and female participants would increase the study's generalisability.

Conclusion

This study further contributes to research surrounding the impact of offender history and crime type bias. The findings suggest that awareness of defendant abuse does not influence more lenient attitudes in the case of individuals with a history of sex and GBH offending. The findings also highlight that sex offences are viewed more negatively than GBH by the public.

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Table 1:

Items used to assess attitudes towards offenders

Question
I believe that sex offenders can be treated
Treatment programmes for sex offenders are effective.
It is better to treat sex offenders because most of them will be released.
Most sex offenders will not respond to treatment.
People who want to work with sex offenders are crazy.
Psychotherapy will not work with sex offenders.
Regardless of treatment, all sex offenders will eventually reoffend
Treating sex offenders is a futile endeavour
Sex offenders can be helped using the proper techniques.
Treatment doesn't work, sex offenders should be incarcerated for life
Right now, there are no treatments that work for sex offenders.
Sex offenders don't deserve another chance
Treatment doesn't work, sex offenders should be incarcerated for life.
Right now, there are no treatments that work for sex offenders.
Sex offenders don't deserve another chance.
Tax money should not be used to treat sex offenders.
Sex offenders should be executed.
Sex offenders should never be released.
The prison sentence sex offenders serve is enough, treatment is not necessary.
Sex offenders are the worst kind of offenders.
Sex offenders should not be released back into the community.

Note: For the GBH condition, the phrase ‘sex offender’ was replaced with ‘those who commit grievous bodily harm’.

Table 2

Factor structure for the questionnaire assessing attitudes towards offenders

	Factor Loading
Factor 1: Perceptions of treatment (Cronbach's alpha)	
Sex offenders can be helped using the proper techniques.	-.810
I believe that sex offenders can be treated.	-.650
Regardless of treatment, all sex offenders will eventually reoffend.	.569
It is better to treat sex offenders because most of them will be released.	-.523
People who want to work with sex offenders are crazy.	.513
Treating sex offenders is a futile endeavour.	.487
Psychotherapy will not work with sex offenders.	.482
Tax money should not be used to treat sex offenders.	.466
The prison sentence sex offenders serve is enough, treatment is not necessary.	.462
Treatment programmes for sex offenders are effective.	-.442
Most sex offenders will not respond to treatment.	.426
<i>Eigenvalue</i>	
<i>% variance explained</i>	42.71
Factor 2: Perceptions of punishment	
Sex offenders should not be released back into the community.	.912
Sex offenders should never be released.	.781
Treatment doesn't work, sex offenders should be incarcerated for life.	.765
Sex offenders don't deserve another chance.	.656
Sex offenders are the worst kind of offenders.	.655
Sex offenders should be executed.	.587
<i>Eigenvalue</i>	
<i>% of variance explained</i>	7.72

Note: Items with (-) negative factor loadings were reverse coded.

EXPLORING PUBLIC ATTITUDES TOWARDS SEX AND GREVIOUS BODILY HARM OFFENDERS WHO HAVE EXPERIENCED CHILDHOOD ABUSE.

Table 3

Means and Standard Deviations of ATTSO scores for Offender History and Crime Type

	Sex offence				GBH			
	Aware		Unaware		Aware		Unaware	
	n	M (SD)	n	M (SD)	n	M (SD)	n	M (SD)
Perceptions of treatment	37	28.30 (7.42)	37	27.92 (5.27)	38	25.21 (4.49)	36	24.28 (4.98)
Perceptions of punishment	37	16.19 (5.17)	37	15.95 (4.98)	38	11.68 (3.50)	36	10.72 (3.57)