

**Student No: 20206655**

**Module Code: PSTY4054**

## **University of Nottingham**

### Assessed Coursework Cover Sheet for Applied Psychology Postgraduate Courses

**Module Title:** Forensic Psychology Research Dissertation

**Coursework Title:** Juvenile Justice: Punitive Perspectives on Children,  
Sex Offences and the Age of Criminal Responsibility

**Word Count for Research Paper (excluding references and  
appendices): 5913**

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Type name: RHIANNON TAYLOR



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Juvenile Justice: Punitive Perspectives on  
Children, Sex Offences and the Age of Criminal  
Responsibility

Rhiannon Elizabeth Taylor - 20206655

Supervisors: Professor Kevin Browne and Dr Elizabeth Paddock

*Journal of Psychiatry, Psychology and Law*

Research thesis submitted in partial fulfilment of the requirements of the  
MSc (Hons) Forensic and Criminological Psychology degree

University of Nottingham  
School of Medicine

July 2020

### **Abstract**

There are social and legislative drives to investigate factors that may diminish criminal responsibility within juvenile sexual offenders, and whether they are publicly perceived to hold moral capacity on sexual deviancy.

The current study aimed to measure attitudes towards the criminal responsibility of juvenile sexual offenders; in relation to perpetrator age, intellectual disability and type of sexual coercion committed. This study also assessed associations between perceived criminal responsibility, attitudes towards treatment of sexual offenders, and understanding of UK age legislation. A sample of 206 UK adults found juveniles were more likely to be perceived of diminished criminal responsibility when involved in a sexual relationship with a peer of the same developmental age; diagnosed with an intellectual disability; and committing a non-contact offence. Overall attitudes towards the treatment of juvenile sexual offenders were positive, with significant associations between perceptions of treatment and perceptions of criminal responsibility. Understanding of UK age legislation demonstrated that participants had an overall poor understanding of the age of criminal responsibility – presenting no significant associations. Limitations and implications for evidence-based sex offender policies are discussed.

*Key words:* juvenile, sexual offender, criminal responsibility, age legislation

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**CHAPTER ONE: RESEARCH PROJECT PROPOSAL*****FACULTY OF MEDICINE & HEALTH SCIENCES RESEARCH ETHICS  
COMMITTEE*****Application form**

Application for approval of all studies involving **Healthy Human Participants only conducted by Staff and Students of the University of Nottingham which don't involve an invasive procedure**

**1 Title of Project:** Juvenile Justice: Punitive Perspectives on Children, Sex Offences and the Age of Criminal Responsibility

**Short title** Age of Criminal Responsibility: Juvenile Sex Offenders

**2 Names, Qualifications, Job Title, School/Divisional/Unit/Address, email of all Researchers:**

**Chief Academic/Supervisors:** *Professor Kevin Browne* – Director of Centre for Forensic and Family Psychology, Division of Psychiatry and Applied Psychology, School of Medicine - Room B25 Yang Fujia Building, Jubilee Campus, Wollaton Road, Nottingham, NG8 1BB. Email - Kevin.Browne@nottingham.ac.uk.

*Dr Elizabeth Paddock* – Assistant Professor in Forensic Psychology, Division of Psychiatry and Applied Psychology, School of Medicine - Room B24 Yang Fujia Building, Jubilee Campus, Wollaton Road, Nottingham, NG8 1BB. Email - Elizabeth.Paddock1@nottingham.ac.uk.

**Students name and course:** Rhiannon Elizabeth Taylor – MSc Forensic and Criminological Psychology. Centre of Forensic and Family Psychology, Division of Psychiatry and Applied Psychology, School of Medicine. Email - Rhiannon.taylor@nottingham.ac.uk.

**3 Type of Project:** The present study will employ a within-subjects design using a JISC online survey, using a combination of a 24-item vignette study, and 2 questionnaires: an age legislation scale and an Attitudes Towards the Treatment of Juvenile Sex Offenders (ATTSO) scale, to measure punitive attitudes towards the criminal responsibility of juvenile sex offenders in relation to perpetrator age, intellectual disability and type of sexual coercion variables.

**4 Location of study:** This research project will utilise an online survey to access participants. The questionnaire will be created and distributed using JISC software, posted on social networking sites Facebook, Twitter, Instagram and LinkedIn.

**5 Description and number of participants to be studied:**

The present study utilised the G\*Power software to compute a total number of 144 participants needed for this study. Participants must be aged 16 or over, and will aim to be 50% male, 50% female. These participants will be recruited through opportunistic sampling via social networking sites Instagram, Twitter, Facebook and LinkedIn.

**6 Summary of Experimental Protocol:**

**Background** – Alarming statistics on juvenile sex offending has demonstrated a significant public health concern within recent years: the NSPCC reported that 66% of contact abuse committed against children under the age of 16, was perpetrated by other minors (Radford et al., 2011). Nevertheless, one of the most strongly debated areas within criminal justice policy when legislating and treating sexual deviancy in children, lies in providing appropriate legal mechanisms to reflect the transition from the age of childhood innocence

through to maturity and full criminal responsibility (Urbas, 2000). However, significant research has indicated that juvenile sex offenders are a homogenous offender group with little legislative understanding on perpetrator responsibility and treatment. A common limitation within literature methodologies is that major studies have failed to investigate variables that may diminish criminal responsibility within juvenile sex crimes. Research has demonstrated that intellectual disabilities can lower moral reasoning development within a juvenile offender sample (Embregts et al., 2010; Clare & Murphy, 2011), with these cognitive deficits also evident in pre-adolescent sex offenders. Kohlberg's (1981) theory of moral development argues children haven't yet developed understanding of morality and consequence to obey authoritative figures – theoretically contradicting the UK legislation that children aged ten have full criminal responsibility. Lastly, research have presented significant differences between juvenile offenders who commit contact offences against those who possess child pornography – a report by Jespersen, Lalumi & Seto (2009) concluded that non-contact offenders are less likely to hold maladaptive beliefs about child sexuality, have decreased criminally inclined tendencies and possess greater behavioural control – contributing to a lower likelihood of committing contact offences against a child and lower recidivism rates.

**Research Aims** – The present study aims to measure punitive attitudes towards the criminal responsibility of juvenile sex offenders. The goals are two-fold. Firstly, the project will measure general attitudes towards juvenile responsibility within sexual scenarios in relation to perpetrator age, intellectual disability and type of sexual coercion committed. After this, the study will assess the positive or negative associations between attitudes towards juvenile criminal responsibility, treatment of juvenile sex offenders and understanding of UK age

legislation. Two key hypotheses will be examined: 1) participants will rate younger perpetrators, perpetrators with intellectual disabilities and non-contact offenders as the least criminally responsible. 2) there will be a positive association between those who view juvenile sex offenders as more criminally responsible, those who have a negative view of juvenile sex offender treatment and those with a decreased understanding of UK age legislation.

**Research Methods** – This study will utilize an online survey design aimed to recruit 144 participants aged 16 or over. A demographic questionnaire will be completed prior to participation, inclusive of information relating to participant's age, sex, race, intellectual disability, sexual abuse history, profession and educational level. The main study will be a 24- item vignette study describing consensual sexual situations between two minors and at least one of the relational variables being measured: (perpetrator age: 9,14 or 17; perpetrator intellectual disability; and contact or non-contact offences). Participants must then answer a short questionnaire asking the participant to rate the criminal responsibility of the perpetrator. They will then complete two self-report questionnaires: a UK age legislation survey, asking participants to give specific age answers to legal responsibilities, and an Attitudes towards Sex Offenders Scale (ATTSO) (Wnuk, Chapman & Jeglic, 2006), asking subjects to rate their attitudes towards the treatment and punishment of sexual deviancy.

**Statistical Analysis** – The present study aims to measure positive and negative associations between the study variables: participant demographics, attitude responses to the vignette study, ATTSO scale and UK age legislation study. Statistical analyses will be conducted on the categorical data using IBM SPSS, using chi-square and logistic regression.



**7 Lay Summary of project** (in lay words): (maximum 200 words) **Summaries which include language which is too technical for lay members of the Committee will be rejected.**

Juvenile sex offending has become a significant public health concern; causing societal disputes on the legal age of criminal responsibility – the age of ten within the UK. Nevertheless, research has demonstrated that this offending group differs to adult sexual offending, due to variables such as age and intellectual disability affecting moral reasoning development and psychosocial maturity. Consequently, the present study aims to measure punitive attitudes towards the criminal responsibility of juvenile sex offenders, in relation to perpetrator age, intellectual disability and type of sexual coercion committed. Secondly, the study will assess the associations between attitudes towards juvenile criminal responsibility, treatment of juvenile sex offenders and understanding of UK age legislation. The online study will recruit 144 participants aged 16 or over, to complete a 24-item vignette study depicting sexual situations between two minors and at least one of the relational variables being measured: (perpetrator age: 9,14 or 17; perpetrator intellectual disability; and contact or non-contact offences), and 3 self-report questionnaires – demographics, UK age legislation survey and an Attitudes Towards Sex Offenders Scale.

**8 Will written consent be obtained from all volunteers?**

Yes - all participants will read the full research aims and inclusion criteria on the online post before deciding if they would like to participate in the study. Prior to any data collection, they will read an information sheet outlining the study background, participant instructions, how long the study will last, any potentials

risks or benefits, their right to withdraw/withhold information and their right to confidentiality/anonymity. There will also be sources of information such as the contact details of the researchers and who to contact if there is a problem, so if subjects have any further questions they will be answered in order to for participants to give full informed consent. Participants must sign tick boxes on the informed consent form to indicate they have understood the nature and requirements of the study. All information and ethics forms prior to study participation will highlight that participation is completely voluntary and there is no coercion to participate.

### **9 Will an inconvenience allowance be offered**

An inconvenience allowance will not be offered to prospective participants to encourage study participation.

### **10 FUNDING**

No internal or external funding is required to carry out this research project.

### **11 Studies involving NHS Staff, organisations, Services**

#### **Does the study involve any premises, services staff who hold a contract with a hospital, Primary Healthcare or Social Care Trust?**

The present study does not involve any premises or services who hold a contract with a hospital, Primary Healthcare or Social Care Trust. However, staff that may work at these facilities may view the study invitation online and choose to participate.

**12 How will the subjects be chosen?**

The study will be distributed online via posts on various social networking sites, with subjects voluntarily choosing to participate. Anyone over the age of eighteen is eligible for participation.

**13 Describe how possible participants will be approached.**

Participants will view a social media post inviting them to participate within an online study – participation is voluntary.

**14 What sources of information will be included? i.e, pre-existing research database, student records, visits to other organisation, online resource**

No external sources of information will be included in this research project. All research data will be collected from participant responses.

**15 Whose permission will be sought to access this information (e.g. GP, consultant Head of Organisation)?**

No external permission will need to be sought.

**16 For interview/focus groups:**

No interviews or focus groups will be utilised within this research project.

**17 Data Storage and Data management**

All data collected from this study will be anonymous. Electronic data will be downloaded from the online survey onto a password-protected computer with access only to the principle researcher and supervisors.

**18 What ethical problems do you foresee in this project?**

Due to the sensitive nature of the study topic, there is a small risk of psychological harm to participants as they are asked to consider the criminal responsibility of perpetrators within a sexual scenario involving a child. To minimize this risk, all participants will receive an information sheet and give informed consent before they participate in the study. Upon completion of the study, subjects will receive a full debrief and directed to local counselling and wellbeing links should they require further support. Participant confidentiality and anonymity must also be controlled – the demographic questionnaire used in this study will not ask any identifying information about the participant – such as their name or date of birth. All data will remain anonymous.

**19 What are the possible limitations of the proposed design of this study?**

Due to the research project being distributed online, subjects who do not meet the age inclusion criteria and therefore ineligible for participation may lie and still take part, affecting the overall validity and generalizability of the study's outcome. Furthermore, using an online design means the researcher will not be able to measure participant engagement throughout the study.

**DECLARATION:** I will inform the Medical School Ethics Committee as soon as I hear the outcome of any application for funding for the proposed project and/or if there are any significant changes to this proposal. I have read the notes to the investigators and clearly understand my obligations as to the rights, welfare and dignity of the subjects to be studied, particularly with regard to the giving of information and the obtaining of consent.

**Signature of Lead Investigator:**

A handwritten signature in black ink, appearing to read 'E. Paddock', is written on a light yellow rectangular background.

**Date:** 10.01.2020

**Name and address for correspondence with applicant:**

Rhiannon Taylor  
Division of Psychiatry and Applied Psychology  
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Yang Fujia Building  
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### ***Research Proposal***

The study of punitive attitudes towards sexual offenders is a popular topic for empirical enquiry when measuring social views about the criminal justice system (Harper, Hogue & Bartels, 2017). The sexual victimisation of youth constitutes a disturbing assault on civilisation, and in recent years, has seen increased public interest in the incidence of the criminal sexual violation of children, by children (Finkelhor, Omrod & Chaffin, 2009). Whilst those who perpetrate sexual deviance against children are often societally perceived as adult paedophiles, it is important to recognise that a substantial portion of these offences are committed by other minors who do not fit a common public image.

Significant research literature supports this claim: amongst those known to the UK Criminal Justice System, young sex offenders comprise a large proportion of those reprimanded, warned or convicted of sexual offences (Morais et al., 2018). The NSPCC UK prevalence study found that 66% of the contact sexual abuse reported by children in their random population sample was perpetrated by other young people under the age of 18 (Radford et al., 2011). Furthermore, Home Office evidence within the last decade shows that a significant minority have suffered some form of unwanted sexual contact in their childhood – 20-50% of all recorded child sexual abuse is committed by other young people (Brooks-Gordon, Bilby & Wells, 2006). More alarmingly, in 82.7% of cases in a national prevalence study, nobody knew about these offences, suggesting recorded statistics on juvenile sexual crime is a significant underestimate (Vizard, 2013). These relatively high rates of sexual offending behaviours among youth indicate a public health concern, and provide evidence for the need for rigorous investigation of this offender population to inform both treatment and policy practices (Andrade, Vincent & Saleh, 2006).

Juvenile sex offending is often poorly understood by society and the legal system, who perceives perpetrators as younger versions of adult sex offenders that society have been fortunate enough to catch early in their offending (Ryan & Otonichar, 2016). One of the most strongly debated areas of criminal justice policy when legislating and treating sexual deviancy lies in providing appropriate legal mechanisms to reflect the transition from the age of childhood innocence through to maturity and full criminal responsibility (Urbas, 2000). In regards to juvenile policy, legal systems under the justice approach face the task of assessing children's normative moral competencies and assigning one age level as the onset of their potential criminal responsibility – the age of ten within England and Wales (Delmage, 2013). As a result, the last two decades have seen a movement towards harsher adult legal sanctions against juvenile sex offenders. The increased length and severity of legal interventions for young sex offenders appear to have resulted from two assumptions: 1) juvenile sex offenders have more in common with adult sex offenders than with other juvenile delinquents; and 2) in the absence of sex offender-specific treatment, juvenile sex offenders are at exceptionally high risk of reoffending (Letourneau and Miner, 2005).

Nevertheless, scientific data does not support these claims. Whilst research has demonstrated several similarities between juvenile and adult sex offenders, a number of empirical studies argue that juvenile sex offenders differ in the nature of the sexual acts; the etiology of the behaviour; deviant sexual arousal patterns; the choice of victim and the duration of contact with victims (Lussier & Blokland, 2014; Viljoen, McLachlan & Vincent, 2010). A longitudinal study comparing the recidivism patterns of a cohort of 249 juvenile sex offenders found that only 6.8% of offenders were convicted of a new sexual

offence following a five-year release from secured custody (Caldwell, 2007). As a result, identifying this offender sample as a homogenous delinquent group has significant research, diagnostic and treatment utility.

From a legislative viewpoint, it can therefore be argued that youth convicted of sexual offences may lack psychosocial maturity and understanding to be committed of full criminal responsibility. Nevertheless, a common limitation within the literature methodologies is that major studies have failed to investigate variables that may diminish criminal responsibility within juvenile sex crimes – creating a significant gap in the research literature.

Such an argument has significant theoretical implications for understanding whether individuals with intellectual disabilities can make moral judgements on deviant behaviour. Empirical research has concluded that the moral development of adolescent participants with intellectual disabilities is unequal to their peers without disabilities, with findings demonstrating a consistent theoretical relationship between decreased cognitive abilities and lowered moral reasoning development (Embregts et al., 2010; Langdon, Clare & Murphy, 2011; Lindsay et al., 2006). This theory was supported within a juvenile sex offender sample – a study by Van Vugt et al., (2011) examined the moral judgement of perpetrators with and without intellectual disabilities, and concluded that offenders with lower cognitive development significantly differed in their moral judgements of general life, sexual and own abuse victim situations.

These cognitive deficits in moral judgement are also evident in child sex offenders. Kohlberg's (1981) theory of moral development argues that stage 3 – interpersonal orientation, and stage 4 – social system orientation, becomes the



modal moral judgement stage during mid adolescence (Gibbs, Basinger, Grime & Snarey, 2007). During this stage, individuals behave morally in order to gain societal approval and judge the morality of a behaviour by evaluating its consequence on interpersonal relationships, whilst learning to obey authorities to maintain society (Van Vught & Stams, 2008). This theoretically contradicts UK age legislation, that argues children have full moral judgement to be held criminally responsible from the age of ten.

Lastly, research has suggested that there is a significant difference between juvenile offenders who commit contact sexual offences, and those who possess child pornography. A comparative study by Jung et al., (2013) determined that juvenile child pornography offenders differ from child molesters in terms of victim empathy, offence-supportive attitudes and cognitive distortions. Significant literature has reported consistent results: meta-analyses by Babchishin, Hanson and VanZuylen, (2015) and Bates and Metcalf (2007) reported that child pornography offenders have increased levels of victim empathy alongside decreased cognitive distortions, whilst juvenile contact offender data has reported a greater number of cognitive and victim empathy distortions as a result of increased deficits in the antisocial cognitions pathway (Walters, Deming & Elliott., 2009). Existing literature further demonstrates that child pornography offenders are less likely to hold maladaptive beliefs related to child sexuality, have decreased criminally inclined tendencies and possess greater behavioural control – contributing to a lower likelihood of committing contact offences against a child and lower general recidivism rates (Jespersion, Lalumière & Seto, 2009).

Consequently, juvenile sex offending is a significant public health concern

with limited research into legislative attitudes towards offending and perpetrator responsibility. The present study therefore aims to measure punitive attitudes towards the criminal responsibility of juvenile sex offenders. The goals are two-fold. Firstly, the project will measure general attitudes towards juvenile responsibility within sexual scenarios in relation to perpetrator age, intellectual disability and type of sexual coercion committed. Secondly, the study will assess the associations between attitudes towards juvenile criminal responsibility, treatment of juvenile sex offenders and understanding of UK age legislation. Two key hypotheses will be examined: 1) participants will rate younger perpetrators, perpetrators with intellectual disabilities and non-contact offenders as the least criminally responsible. 2) There will be a positive association between those who view juvenile sex offenders as more criminally responsible, those who have a negative view of juvenile sex offender treatment and those with a decreased understanding of UK age legislation.

## **Method**

### **Participants**

Given an estimated medium effect size of 0.3, a power of 0.8, and a significance of 0.05, the study required a minimum of 144 participants. Participants must be aged 16 or over, and will aim to be 50% male, 50% female. These participants will be recruited through opportunistic sampling via social networking sites (Champion, 2002).

### **Design**

A within-subjects vignette study will be employed using a JISC online survey, to determine whether the relational variables of perpetrator age, intellectual disability and type of sexual coercion affect punitive attitudes

towards the criminal responsibility of juvenile sex offenders. Measures obtained from an online questionnaire are advantageous due to their easy accessibility to target populations, producing larger-scale samples and more representative data (Riva, Teruzzi & Anolli, 2003).

## **Materials**

**Demographic Questionnaire.** The questionnaire is inclusive of information relating to participant's sex, age, race, intellectual disability, sexual abuse history, profession and educational level. This is significant to gauge whether a representative sample, for which findings can be generalizable, will be obtained.

**Case Vignettes.** Participants will be given 24 short vignettes describing a hypothetical case of sexual assault between two minors. Each scenario will describe a consensual relationship - with the victim as female, the perpetrator as male. Consent and gender remained constant variables, as significant evidence demonstrated that male perpetrators make up 98.8% of sexual offence arrests (Tewksbury, 2004), and that 50% of US adolescents had consented to sexual intercourse before the legal age of consent, contributing towards at least 7.5 million incidents of statutory rape annually (Oberman, 2000). Each vignette depicted at least one of the independent variables: age of perpetrator (9, 14 or 17), participant intellectual disability, and type of sexual coercion - (non-contact or contact offences). The names and ethnicity of the two minors was withheld. To avoid bias, the presentation to participants will be randomised. Examples of vignettes are provided in the appendix.

**Vignette Questionnaire.** Each of the 24 vignettes will be followed by a short questionnaire, assessing their punitive perceptions of the depicted scenario. Specifically, participants will be asked: 'Should the police investigate this scenario if it was brought to their attention?' and 'Do you believe the male perpetrator should be held criminally responsible for this scenario if it was investigated by police?'. Answers will be assessed on a Likert scale ranging from 1 '*strongly disagree*', to 5 '*strongly agree*'. 0 marked a non-response from the participant.

**Age Legislation Study.** This survey has been created for the present study to measure participant understanding of age legislation within the UK. Nine scale items asked participants for a specific age answer of what they believed legal ages of responsibilities were within the UK. An example item is 'What is the legal age to consent to sexual relations within the UK?'

**Attitudes Towards Juvenile Sex Offender Treatment Scale.** This questionnaire is a modified version of Wnuk, Chapman and Jeglic's (2006) Attitudes Towards Sex Offender Treatment Scale. This is a 35-item, self-report questionnaire that asks respondents to rate their attitudes towards the treatment of sex offenders using a 5-point Likert scale, ranging from 1 ('strongly disagree') to 5 ('strongly agree'). As the present study is examining attitudes towards juvenile sex offenders, scale items were adapted: an original example item of 'Psychotherapy will not work with sex offenders' was therefore changed to 'Psychotherapy will not work with juvenile sex offenders'. Preliminary analyses indicated that this scale is a reliable measure of attitudes towards sex offenders within an undergraduate sample, with a Cronbach's alpha reliability of 0.88, demonstrating strong internal consistency (Wnuk, Chapman & Jeglic, 2006). This

scale has a score range of 35 to 175 – scores above 105 demonstrate more punitive attitudes towards sex offender treatment, scores under reflecting a positive view.

### **Procedure**

Prior to study participation, all subjects will read an information sheet and provide informed consent. Participants will then complete the demographics questionnaire, before reading 24 vignette scenarios describing sexual deviance involving two minors that varied in regards to the independent variables (age, intellectual disability and type of sexual coercion). After each scenario, they will complete the two vignette questionnaire items. Participants will then be instructed to complete the UK age legislation study and ATTSO scale, before being fully debriefed at study completion.

### **Analysis**

Data collection for this project will aim to be completed by May 2020. The present study aims to measure positive and negative associations between the study variables: participant demographics, attitude responses to the vignette study, attitude responses to the ATTSO scale and responses to UK age legislation study. Statistical analyses will be conducted on the categorical data using IBM SPSS (Version 26), using Repeated Measures ANOVA and Pearson Correlation Coefficients.

**CHAPTER TWO: LETTER OF ETHICAL APPROVAL**
**Faculty of Medicine and Health Sciences  
Research Ethics Committee**

Faculty Hub  
Room E41, E Floor, Medical School  
Queen's Medical Centre Campus  
Nottingham University Hospitals  
Nottingham, NG7 2UH

Email: [FMHS-ResearchEthics@nottingham.ac.uk](mailto:FMHS-ResearchEthics@nottingham.ac.uk)

27 March 2020

**Professor Kevin Browne**

Director, Centre for Forensic and Family Psychology  
Division of Psychiatry and Applied Psychology  
School of Medicine  
Room B25 Yang Fujia Building  
Jubilee Campus  
Wollaton Road  
Nottingham  
NG8 1BB

Dear Professor Browne

<b>Ethics Reference No:</b> 464-2001 – <b>please always quote</b>	
<b>Study Title:</b> Juvenile Justice: Punitive Perspectives on Children, Sex Offences and the Age of Criminal Responsibility	
Chief Investigator/Supervisor: Professor Kevin Browne, Director of Centre for Forensic and Family Psychology, Psychiatry and Applied Psychology, School of Medicine	
<b>Lead Investigators/student:</b> Rhiannon Taylor MSc Forensic and Criminological Psychology, Centre for Forensic and Family Psychology, School of Medicine	
<b>Other Key Investigators:</b> Dr Lizzie Paddock, Assistant Professor, Centre for Forensic and Family Psychology, Psychiatry and Applied Psychology, School of Medicine.	
<b>Proposed Start Date:</b> 01/03/2020	<b>Proposed End Date:</b> 31/05/2020

Thank you for submitting a revised application with the changes requested by the Committee and the following documents were received:

- FMHS REC Application form and supporting documents version 2: 26.03.2020

These have been reviewed and are satisfactory and the project has been given a favourable opinion.

A favourable opinion has been given on the understanding that:

1. The protocol is followed and the Committee is informed of any changes using of notice of amendment form (please request a form).
2. The Chair is informed of any serious or unexpected event.
3. An End of Project Progress Report is completed and returned when the study has finished (Please request a form).

Yours Sincerely

**Dr John Williams, Associate Professor in Anaesthesia and Pain Medicine**  
Chair, Faculty of Medicine & Health Sciences Research Ethics Committee

### **CHAPTER THREE: RESEARCH PAPER**

The study of punitive attitudes towards sexual offenders is a popular topic for empirical enquiry when measuring social views about the Criminal Justice System (Harper, Hogue & Bartels, 2017). The sexual victimization of youth constitutes a disturbing assault on civilization, and in recent years, has seen increased public interest in the incidence of the criminal sexual violation of children, by children (Finkelhor, Omrod & Chaffin, 2009). Whilst those who perpetrate sexual deviance against children are often societally perceived as adult paedophiles, it is important to recognise that a substantial portion of these offences are committed by other minors who do not fit a common public image.

Significant literature supports this claim; juvenile sex offenders comprise a large proportion of those reprimanded, warned or convicted of sexual offences (Morais et al., 2018). An NSPCC study found that 66% of contact sexual abuse reported by children in their random-population sample was perpetrated by other young people under the age of 18 (Radford et al., 2011). Furthermore, Home Office evidence from the last decade shows that a significant minority have suffered some form of unwanted sexual contact in their childhood – 20-50% of all recorded child sexual abuse is committed by other young people (Brooks-Gordon, Bilby & Wells, 2006). Alarming, in 82.7% of cases within a national study, nobody knew about these offences, suggesting recorded statistics on juvenile sexual crime is a significant underestimate (Vizard, 2013). These relatively high rates of sexual offending among youth indicate a public health concern, and evidence the need for rigorous investigation of this offender population to inform both treatment and policy practices (Andrade, Vincent & Saleh, 2006).

### **Legislation of Juvenile Sexual Offenders**

Juvenile sexual offending is often poorly understood by society and the legal system, who perceives perpetrators as younger versions of adult sex offenders that society have been fortunate enough to catch early in offending (Ryan & Otonichar, 2016). One of the most strongly debated areas of criminal justice policy when legislating sexual deviancy lies in providing appropriate legal mechanisms reflecting the transition from childhood innocence through to maturity and full criminal responsibility (Urbas, 2000). In regards to juvenile policy, justice systems are tasked with assessing children's normative moral competencies and assigning one age-level as the onset of their potential criminal responsibility – the age of ten within England and Wales (Delmage, 2013). Consequently, the last two decades have seen a movement towards increased length and severity of legal interventions for young sex offenders, resulting from two assumptions: 1) juvenile sex offenders have more in common with adult sex offenders than other juvenile delinquents; and 2) in the absence of sex offender-specific treatment, perpetrators are at exceptionally high-risk of reoffending (Letourneau & Miner, 2005).

Nevertheless, research does not support these claims. Whilst literature has demonstrated several similarities between juvenile and adult sex offenders, a number of empirical studies argue juvenile sex offenders differ in the nature of the sexual acts, the etiology of the behaviour, deviant sexual arousal patterns, choice of victim and duration of contact with victims (Lussier & Blokland, 2014; Viljoin, McLachlan & Vincent, 2010). A longitudinal study comparing recidivism patterns of a cohort of 249 juvenile sex offenders demonstrated only 6.8% of offenders were convicted of a new sexual offence following a five-year release



from custody (Caldwell, 2007). Therefore, identifying this offender sample as a heterogenous delinquent group has significant research, diagnostic and treatment utility.

### **Perceptions of Sexual Offender Treatment**

Research consistently reveals that the media's presentation of sexual offenders has become a prime information source for raising crime awareness, and typically presents stereotyped and biased portrayal of offenders by focusing on violent/serious crimes and portraying offenders as "dangerous predators" that are likely to re-offend (Gakhal & Brown, 2011). This may negatively reinforce feelings of repulsion and hostility towards sex offenders within both public and political opinion, increasing perceptions that sexual offenders cannot be successfully re-integrated into the community after incarceration (Harris & Socia, 2016; Malinen, Willis & Johnston, 2014).

Public attitudes towards sex offender treatment programmes have become more prevalent within the last decade. A study by Levenson et al., (2007), concluded that overall public attitudes towards the effectiveness of sex offender treatment were positive, however 71% of the sample believed that treatment alongside a custodial sentence was most effective in reducing recidivism - rather than a community programme. Research argues these attitudes are reinforced by fears of creating dangerous communities, developing suitable deterrents for sexual crime with incarceration, and holding consistent views with the Just Deserts theory (Carlsmith, Darley & Robinson, 2002): where the level of punishment reflects the severity of the crime.

This view is supported by empirical research assessing attitudes towards child sexual offenders: literature by Dietz and Sissman (1984) found that a significant majority of jurors within a mock child-abuse case recommended harsher sentences than those given for first-degree murder, and voted their certainty of perpetrator's guilt based exclusively on case media reports. Furthermore, a study by Sanghara and Wilson (2006) investigated public attitudes towards media stereotypes of different sexual offenders, and found participants with the least knowledge about child abuse legislation were more likely to endorse media-advocated sexual offender stereotypes. Therefore, whilst literature investigating public perceptions of juvenile sexual offenders remains limited, it suggests that public perceptions of juvenile sexual offender treatment may be more encouraged, as children do not fit common stereotypes of a child abuser portrayed within the media.

## **Factors Affecting Punitive Attitudes towards Juvenile Sexual Offenders**

### **Victim and Perpetrator Age**

The age in which a juvenile perpetrator commits sexual crimes outlines a significant grey area within research and legislation, often evident within a legitimate adult-minor sexual relationship involving an under-age girl and a slightly older boy (Phillips, 1999). Such political arguments have already been presented within other cultures: in South Africa, the Constitutional Court argues adolescents have a right to engage in healthy sexual behaviour as a part of normative development from adolescence to adulthood (Essack, Toohey & Strode, 2016), arguing that criminalising consensual sex between adolescents aged 12-15 violates rights to privacy, bodily integrity and dignity. Whilst research on the impact of victim age on sex offender attitudes remains limited, a report by

Barbaree and Marshall (2006) demonstrated that attitudes towards juvenile sexual offenders have often been minimised as offenders “playing games” with their victims, and that the offending was consensual. Furthermore, Rogers, Josey and Davies (2007) found that male child sexual abusers were publically found more blame-worthy when victim were depicted as ten-year old children, compared to when depicted to be 15-years old and legally near adulthood (Rogers, Hurst & Davies, 2011).

It would therefore be beneficial to investigate perceptions towards juvenile sexual offenders, and whether these attitudes influence the categorisation of offences as sexual abuse, exploration or legitimate sex (Smette, Stefansen & Mossige, 2009).

### **Psychosocial Maturity**

From a legislative viewpoint, it can be argued that youth convicted of sexual offences may lack psychosocial maturity and understanding to be committed of full criminal responsibility. Nevertheless, common literature limitations fail to investigate variables that may diminish criminal responsibility within juvenile sex crimes – creating a significant research gap.

Such arguments have significant implications for understanding whether individuals with intellectual disabilities can make moral judgements on deviant behaviour. Research concludes that the moral development of adolescent participants with intellectual disabilities is unequal to peers without disabilities, with findings demonstrating consistent theoretical relationships between decreased cognitive abilities and lowered moral reasoning development (Embregts et al., 2010; Langdon, Clare & Murphy, 2011; Lindsay et al., 2006). This theory was supported within a juvenile sex offender sample – Van Vugt et al., (2011)

examined the moral judgement of perpetrators with and without intellectual disabilities, concluding offenders with lower cognitive development significantly differed in their moral judgements of general life, sexual and own abuse victim situations.

These deficits in moral judgement are also evident within child sex offenders. Kohlberg's (1981) Theory of Moral Development argues that stage three – interpersonal orientation, and stage four – social system orientation, become the modal moral judgement stage during mid-adolescence (Gibbs, Basinger, Grime & Snarey, 2007). During this stage, children behave morally in order to gain societal approval and judge the morality of behaviours by evaluating consequences on interpersonal relationships, whilst learning to obey societal authorities (Van Vught & Starms, 2008). This theoretically contradicts UK age legislation that argues children have full moral judgement to hold criminal responsibility from the age of ten.

### **Offence Type**

Lastly, research has suggested that there is a significant difference between juvenile offenders who commit contact sexual offences, and those who possess child pornography. A comparative study by Jung et al., (2013) determined that juvenile child pornography offenders differ from child molesters in terms of victim empathy, offence-supportive attitudes and cognitive distortions. Significant literature has reported consistent results: meta-analyses by Babchishin, Hanson and VanZuylen (2015), and Bates and Metcalf (2007) reported that child pornography offenders have increased levels of victim empathy alongside decreased cognitive distortions, whilst juvenile contact

offender data has reported a greater number of cognitive and victim empathy distortions as a result of increased deficits in the antisocial cognitions pathway (Walter, Deming & Elliott, 2009). Literature further demonstrates that child pornography offenders are less likely to hold maladaptive beliefs related to child sexuality, have decreased criminally-inclined tendencies and possess greater behavioural control - contributing to a lower likelihood of committing contact offences against a child and lower general recidivism rates (Jespersen & Lalumière & Seto, 2009).

It therefore remains a clear methodological limitation that studies have not regarded differences that may exist between one type of offender (a rapist) and another (a child pornography accessor) (Roberts et al., 2003). A study by Mears et al., (2008) aimed to fill this research gap, demonstrating that whilst 97% of their sample believed a custodial sentence was appropriate for the sexual assault of a child, only 68% supported the same sanction for individuals convicted of accessing child pornography, suggesting that perceptions of contact offences against a child push for harsher legislation and treatment.

### **Present Study**

Consequently, juvenile sex offending is a significant public health concern with limited research into legislative attitudes towards offending and perpetrator responsibility. The present study therefore aims to measure punitive attitudes towards the criminal responsibility of juvenile sex offenders. The goals are two-fold. Firstly, the project will measure general attitudes towards juvenile responsibility within sexual scenarios in relation to perpetrator age, intellectual disability and type of sexual coercion committed. Secondly, the study will assess the associations between attitudes towards juvenile criminal responsibility,

treatment of juvenile sex offenders and understanding of UK age legislation. Two key hypotheses will be examined: 1) participants will rate younger perpetrators, perpetrators with intellectual disabilities and non-contact offenders as the least criminally responsible. 2) There will be a positive association between those who view juvenile sex offenders as more criminally responsible, those who have a negative view of juvenile sex offender treatment and those with a decreased understanding of UK age legislation.

## **Method**

### **Participants**

Given an estimated medium effect size of 0.3, a power of 0.8, and a significance of 0.05, the study required a minimum of 144 participants. The study sample consisted of 206 adults (135 females (65.5%) 70 males (34.0%)), with a mean age of 29.4 ( $SD = 10.5$ ). One participant chose not to disclose their sex. Participants were recruited via opportunistic sampling, by an online survey posted on various social networking sites (Champion, 2002).

The majority of the ethnic origin of the sample was White (88.9%), 3.8% Black, 3.8% Mixed Race, and 3.4% Other. The sample was well educated, with 61.2% of the sample holding a university degree or higher. 20% of the sample reported having an occupation within a legal or healthcare setting.

Additionally, 31.4% of the sample reported experiencing sexual coercion from another person, with their age at the time of victimization ranging between three and thirty years old. Of these, 24.6% had been victimised by an intimate partner, 15.4% from a family member, 24.6% from a friend, 1.5% from a neighbour, 4.6% from a peer, 13.8% from a stranger, and 10.8% other. 4.9%

of the sample had been diagnosed with a learning disability.

## **Design**

A within-subjects vignette study was employed using a JISC online survey, to determine whether the relational variables of perpetrator age, intellectual disability and type of sexual coercion affect punitive attitudes towards the criminal responsibility of juvenile sex offenders. Using hypothetical scenarios are effective in eliciting participant's perceptions and attitudes of complex societal issues, and through experimental manipulation, factors underlying such views can be investigated (Schoenberg & Ravdal, 2000).

## **Materials**

Study materials, including vignettes, item questionnaires and psychometric measures are presented within Appendix B.

**Demographic Questionnaire.** This questionnaire was inclusive of information relating to participant's sex, age, race, intellectual disability, profession and educational level. This was significant to gauge whether a representative sample was obtained.

**Case Vignettes.** Participants were given 24 short vignettes describing hypothetical sexual assaults between two minors. Each scenario described a consensual relationship – with the victim as female, the perpetrator as male. Consent and gender remained constant variables, as evidence indicated that male perpetrators make up 98.8% of sexual offence arrests (Tewksbury, 2004), and that 50% of US adolescents had consented to sexual intercourse before the legal age of consent, contributing towards at least 7.5 million incidents of

statutory rape annually (Oberman, 2000). Each vignette depicted at least one independent variable: the type of sexual coercion (non-contact or contact offences), perpetrator intellectual disability, and age of perpetrator (9, 14 or 17) – age ranges deemed likely to match participant's cognitive prototypes of child, adolescent and adult sexual offenders.

The names and ethnicity of the two minors was withheld. To avoid bias, presentation to participants was randomised.

**Vignette Questionnaire.** Each vignette was followed by a short questionnaire assessing participant's perceptions of the scenario. Specifically, participants were asked: 'Should the police investigate this scenario if it was brought to their attention?' and 'Do you believe the male perpetrator should be held criminally responsible for this scenario if it was investigated by police?' Answers were assessed on a Likert scale ranging from 1 '*strongly disagree*', to 5 '*strongly agree*'.

**Age Legislation Study.** This survey was created for the present study to measure understanding of age legislation within the UK. Nine scale items asked participants what they believed British legal ages of responsibilities were. An example item is 'What is the legal age to consent to sexual relations within the UK?'

At the end of this questionnaire, participants were asked if they had ever experienced a form of sexual coercion from another person. If they reported 'yes', they were directed to further questions asking for their age at the time of victimization, and to indicate their relationship to the perpetrator at the time of offence.



**Attitudes Towards Juvenile Sex Offender Treatment Scale.** This questionnaire is a modified version of Wnuk, Chapman and Jeglic's (2006) Attitudes Towards Sex Offender Treatment Scale. This is a 35-item, self-report questionnaire that asked respondents to rate their attitudes towards the treatment of sex offenders using a 5-point Likert scale, ranging from 1 ('strongly disagree') to 5 ('strongly agree'). As the present study examined attitudes towards juvenile sex offenders, scale items were adapted: an original item of 'Psychotherapy will not work with sex offenders' was therefore changed to 'Psychotherapy will not work with juvenile sex offenders'. Preliminary analyses indicated this scale is a reliable measure of attitudes towards sex offenders, with a Cronbach's alpha reliability of 0.88 demonstrating strong internal consistency (Wnuk, Chapman & Jeglic, 2006). This scale has a score range of 35 to 175 – scores above 105 demonstrate more punitive attitudes towards sex offender treatment, scores under reflecting a positive view.

### **Procedure**

Prior to participation, all subjects read an information sheet and provided informed consent. Participants then completed the demographics questionnaire, before reading 24 vignettes describing juvenile sexual deviance in regards to the independent variables (age, intellectual disability and type of sexual coercion). After each scenario, they completed the two vignette questionnaire items. Participants were then instructed to complete the UK age legislation study and ATTSO scale, before being fully debriefed at study completion. Ethical forms are presented within Appendix A.

## Analysis

Punitive attitudes towards juvenile criminal responsibility within vignette scenarios in relation to perpetrator age, intellectual disability and offence type were examined using repeated-measures ANOVA's. Associations between participant's attitudes of perpetrator criminal responsibility, understanding of UK age legislation and attitudes towards the treatment of juvenile sex offenders were measured using Pearson correlation coefficients. In cases where individual items on a continuous scale were missing – accounting for more than 20% of the total numbers on the scale – deletion was used and these cases were not included for analyses (four cases).

## Results

### Attitudes of Criminal Responsibility

**Table 1:** Means, standard deviations and 95% confidence interval of means in parentheses of the overall attitudes towards perpetrator criminal responsibility rated within the age conditions

Age Conditions (Victim and Perpetrator)	Mean (SD)	95% Confidence Interval of Mean
9 and 9	2.55 (0.87)	2.43-2.67
9 and 14	3.78 (0.73)	3.68-3.88
9 and 17	4.38 (0.60)	4.30-4.46
14 and 14	2.62 (0.77)	2.51-2.72
14 and 17	3.50 (0.80)	3.40-3.61
17 and 17	2.21 (0.66)	2.12-2.23

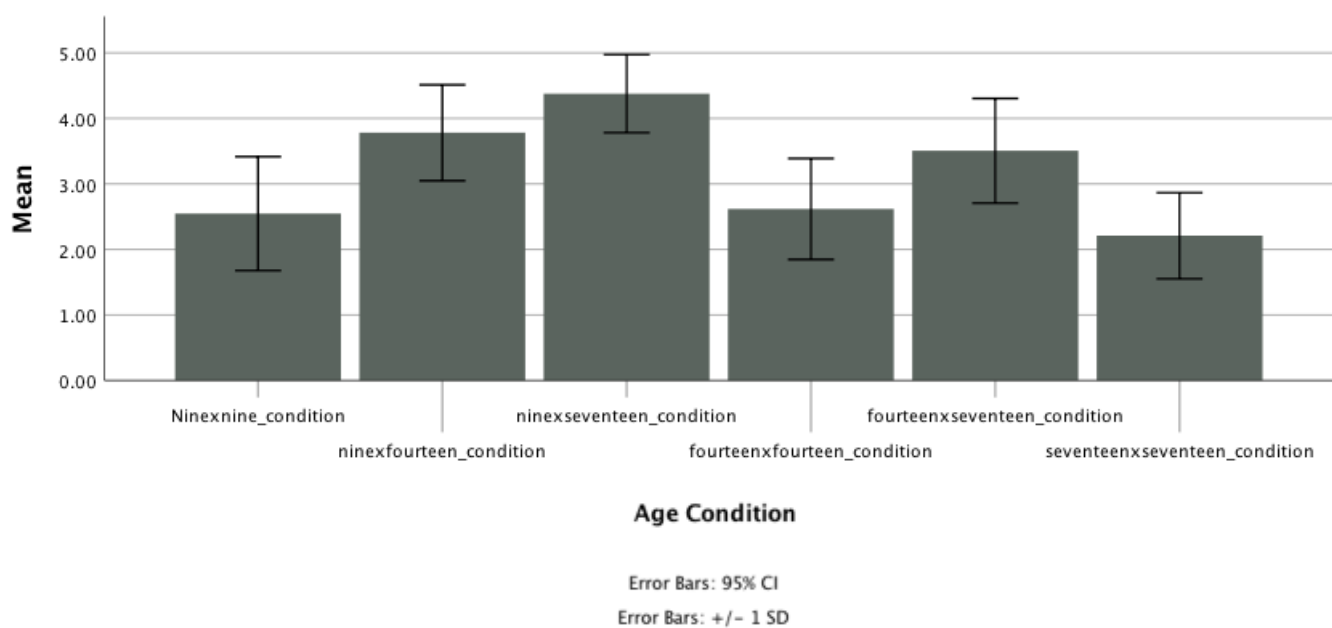
A one-way repeated measures ANOVA with a Greenhouse-Geisser correction was conducted to compare the effect of age conditions (9-9, 9-14, 9-17, 14-14, 14-17, and 17-17) on the vignette scores of perpetrator criminal

responsibility. Descriptive statistics are presented within Table 1.

This test determined that attitudes towards criminal responsibility were statistically significant between the perpetrator age conditions ( $F(3.878, 794.904) = 439.312, p < 0.001$ ). A post-hoc pairwise comparison using the Bonferroni correction showed that there was significant difference between all age conditions ( $p < 0.001$ ), except the 9-9 and 14-14 conditions ( $p = 1.00$ ). A review of the overall means demonstrates that the perpetrator was deemed the least criminally responsible within the 17-17, 9-9 and 14-14 age conditions, with the 9-17 age condition rated most highly (see Figure 1).

A further one-way repeated measures ANOVA with a Greenhouse-Geisser correction was conducted to compare the effect of offence-type and intellectual disability conditions on the vignette scores of perpetrator criminal responsibility. Descriptive statistics are presented within Table 2.

**Figure 1:** Overall mean and standard deviation scores for attitudes towards criminal responsibility within the perpetrator age conditions

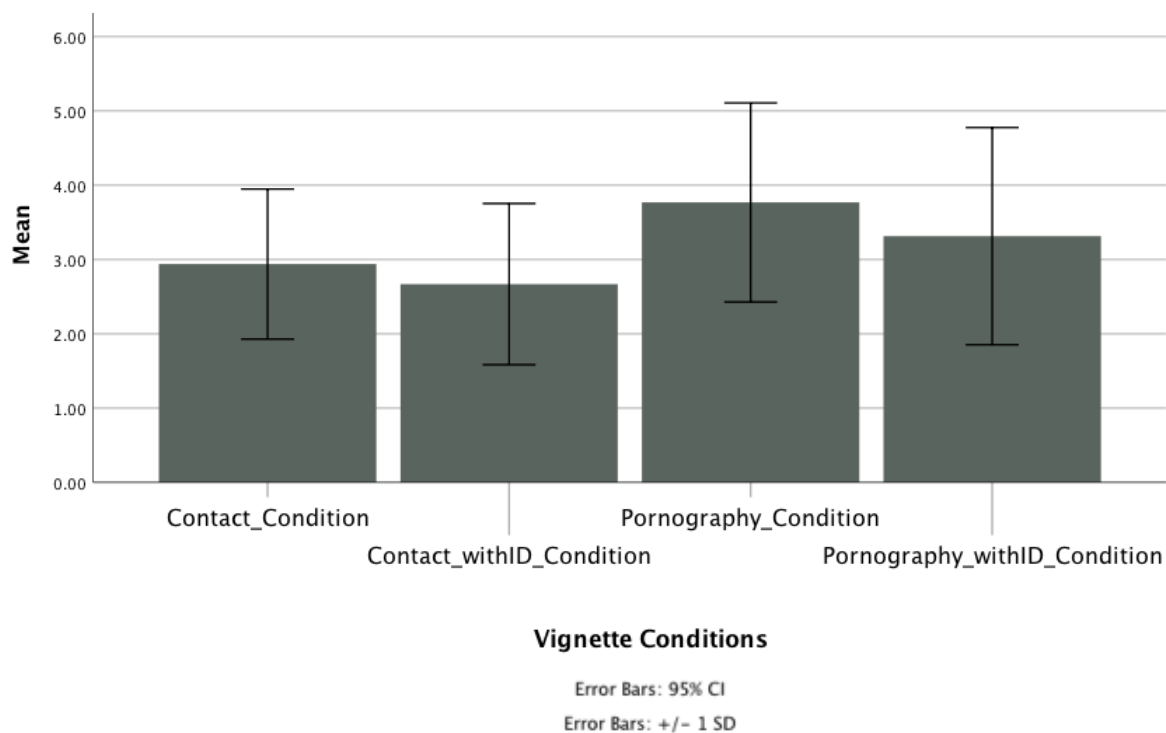


**Table 2:** Means, standard deviations and 95% confidence interval of means in parentheses of the overall attitudes towards perpetrator criminal responsibility rated within the offence-type and intellectual disability conditions

Vignette Conditions	Mean (SD)	95% Confidence Interval of Mean
Contact Offence	2.94 (0.50)	2.87-3.00
Contact Offence with Intellectual Disability	2.67 (0.54)	2.59-2.74
Pornography Offence	3.77 (0.67)	3.68-3.86
Pornography Offence with Intellectual Disability	3.31 (0.73)	3.21-3.41

This test determined that attitudes towards criminal responsibility were statistically significant between the offence type and intellectual disability conditions ( $F(2.571, 527.019) = 321.133, p < 0.001$ ). A post-hoc pairwise comparison using the Bonferroni correction showed that there was significant difference between all four vignette conditions ( $p < 0.001$ ), with attitudes towards perpetrator criminal responsibility reducing by 0.27 within the contact offence and 0.46 within the pornography offence when the perpetrator was depicted having an intellectual disability. A review of the overall means demonstrates that the perpetrator was deemed the most criminally responsible when committing a non-contact offence (see Figure 2).

**Figure 2:** Overall mean and standard deviation scores for attitudes towards criminal responsibility within the offence-type and intellectual disability conditions



A chi-square test of independence was calculated comparing the frequency of criminal responsibility attitudes between those who had experienced sexual coercion and those who had not. No significant interactions were found. A further chi-square test of independence was calculated comparing frequency of criminal responsibility attitudes for participants who had understanding of the UK criminal age of responsibility, and those who did not. This was again non-significant. Frequency data is presented within Table 3.

**Table 3:** Frequency and Percentage of Participants Who Scored the Perpetrator as Criminally Responsible within each Vignette Condition

<b>Vignette Conditions</b>		<b>N</b>	<b>%</b>
9-9	Contact Offence	32	15.53
	Contact Offence with Intellectual Disability	33	16.02
	Pornography Offence	58	28.16
	Pornography Offence with Intellectual Disability	44	21.36
9-14	Contact Offence	155	75.24
	Contact Offence with Intellectual Disability	94	45.63
	Pornography Offence	183	88.83
	Pornography Offence with Intellectual Disability	133	64.56
9-17	Contact Offence	191	92.72
	Contact Offence with Intellectual Disability	162	78.64
	Pornography Offence	195	94.66
	Pornography Offence with Intellectual Disability	166	80.58
14-14	Contact Offence	19	9.22
	Contact Offence with Intellectual Disability	15	7.28
	Pornography Offence	120	58.25
	Pornography Offence with Intellectual Disability	84	40.78
14-17	Contact Offence	126	61.17
	Contact Offence with Intellectual Disability	54	26.21
	Pornography Offence	172	83.50
	Pornography Offence with Intellectual Disability	123	59.71
17-17	Contact Offence	0	0
	Contact Offence with Intellectual Disability	0	0
	Pornography Offence	87	42.23
	Pornography Offence with Intellectual Disability	63	30.58

### Associations between Study Variables

The mean score for the ATTSO scale was 90.3 ( $SD = 14.7$ ), demonstrating that overall, participants viewed the treatment of juvenile sexual offenders as positive. However, these total scores were only slightly below the mid-score, suggesting most respondents were undecided in regard to treatment amenability. Descriptive statistics for the ATTSO Scale are presented in Table 4.

Group differences were analysed using independent sample *t*-tests. Participants viewed the treatment for juvenile sexual offenders as slightly more favourably if they knew the age of criminal responsibility ( $M = 88.3$ ,  $SD = 15.2$ ), compared to those who didn't ( $M = 91.4$ ,  $SD = 14.4$ ). There was no significant

difference between conditions;  $t(182) = 1.72, p = .086$ .

Similarly, participants who had been a victim of sexual coercion also view the treatment of juvenile sexual offenders as less punitive ( $M = 87.4, SD = 13.6$ ) compared to those who reported no victimisation ( $M = 91.3, SD = 15.1$ ). However, no significant differences were found between these conditions;  $t(204) = 1.48, p = .140$ .

ATTSO items 1, 2 and 10 were reverse-coded (a). As presented in Table 4, over half of participants believe that juvenile sex offenders will not re-offend, and 65% believe offenders can be treated. Making treatment mandatory for juvenile offenders was widely accepted within the sample (89%), even if this meant going against the offender's will (86.9%) and using tax-payer money (71.4%). Nevertheless, over half of the sample were unsure if treatment programmes were effective in rehabilitating offenders. Most poignantly, 71% of participants believed that juvenile sexual offenders deserve another chance.

Results from the Age Legislation study are presented within Table 5. The overall scale mean was 5.06 ( $SD = 1.40$ ). Descriptive statistics demonstrate that the UK sexual legislation was highly understood within the sample, with 94.6% indicating the correct age of sexual consent, and 88.3% demonstrating understanding of the age-legislation to access or produce pornography. Nevertheless, the age of criminal responsibility was one of the most poorly-scored items within this scale, with only 36.4% of the sample correctly identifying the age of ten. However, this scale had poor internal reliability with an alpha coefficient below 0.7, so results of this measure should be treated with caution (Loewenthal, 2018).

**Table 4:** Frequency and Percentages of Participant's ATTSO Responses

<b>ATTSO Item</b>	<b>Disagree (%)</b>	<b>Undecided (%)</b>	<b>Agree (%)</b>
I believe that juvenile sex offenders can be treated. <sup>a</sup>	23 (11.2)	49 (23.8)	134 (65)
Treatment programs for juvenile sex offenders are effective. <sup>a</sup>	23 (11.2)	118 (57.3)	65 (31.5)
It is better to treat juvenile sex offenders because most of them will be released.	12 (5.8)	24 (11.7)	170 (82.5)
Most juvenile sex offenders will not respond to treatment.	101 (49)	82 (39.8)	23 (11.2)
People who want to work with juvenile sex offenders are crazy.	183 (88.8)	17 (8.3)	6 (2.9)
Psychotherapy will not work with juvenile sex offenders.	133 (64.6)	62 (30.1)	11 (5.3)
I believe that all juvenile sex offenders should be castrated.	174 (84.5)	27 (13.1)	5 (2.4)
Regardless of treatment, all juvenile sex offenders will eventually re-offend.	123 (59.7)	60 (29.1)	23 (11.2)
Treating juvenile sex offenders is a futile endeavour	150 (72.8)	42 (20.4)	14 (6.8)
Juvenile sex offenders can be helped using the proper technique. <sup>a</sup>	8 (3.9)	49 (23.8)	149 (72.3)
Treatment doesn't work, juvenile sex offenders should be incarcerated for life.	161 (78.2)	31 (15)	14 (6.8)
Only certain types of juvenile sex offenders will respond to treatment.	36 (17.5)	63 (30.6)	107 (51.9)
Right now, there are no treatments that work for juvenile sex offenders.	92 (44.7)	102 (49.5)	12 (5.8)
It is important that all juvenile sex offenders being released receive treatment.	7 (3.4)	9 (4.4)	190 (92.2)
We need to urge our politicians to make sex offender treatment mandatory for juvenile offenders.	4 (1.9)	18 (8.8)	184 (89.3)
All juvenile sex offenders should go for treatment, even if they don't want to.	9 (4.4)	18 (8.7)	179 (86.9)
Juvenile sex offenders who deny their crime will not benefit from treatment.	69 (33.5)	57 (27.7)	80 (38.8)
Treatment only works if the juvenile sex offender wants to be there.	48 (23.3)	53 (25.7)	105 (51)
Juvenile sex offenders don't deserve another chance.	148 (71.8)	38 (18.4)	20 (9.8)
Tax money should not be used to treat juvenile sex offenders.	147 (71.4)	31 (15)	28 (13.6)
Juvenile sex offenders don't need treatment since they chose to commit their crimes.	177 (86)	18 (8.7)	11 (5.3)
A juvenile sex offenders whose crime is rape, offends because they are violent.	92 (44.6)	71 (34.5)	43 (20.9)
Treatment is only necessary for juvenile sex offenders whose victims are children.	181 (87.9)	16 (7.8)	9 (4.3)
Treatment funding should be focused on the victims, not on the juvenile offenders.	90 (43.7)	55 (26.7)	61 (29.6)
Juvenile sex offenders should receive capital punishment.	152 (73.8)	37 (18)	17 (8.2)
Juvenile sex offenders should never be released.	150 (72.8)	45 (21.8)	11 (5.4)
Juvenile sex offenders should serve over ten years in prison for their crime.	87 (42.2)	72 (35)	47 (22.8)
The prison sentence juvenile sex offenders serve is enough, treatment is not necessary.	180 (87.4)	23 (11.2)	3 (1.4)
Treatment is not necessary, as everyone in the community knows who the juvenile sex offender is.	195 (94.6)	9 (4.4)	2 (1)
Civilly committing juvenile sex offenders to treatment facilities is a violation of their rights.	160 (77.7)	36 (17.5)	10 (4.8)
Treatment should be conducted during incarceration.	23 (11.2)	35 (17)	148 (71.8)
Juvenile sex offenders are the worst kind of young offender.	83 (40.3)	68 (33)	55 (26.7)
Juvenile sex offenders should not be released back into the community.	133 (64.5)	56 (27.2)	17 (8.3)
A juvenile sex offender is like any other offender, no special treatment is necessary.	140 (68)	40 (19.4)	26 (12.6)
Treatment of juvenile sex offenders should be completed within a year.	102 (49.5)	68 (33)	36 (17.5)



**Table 5:** Frequency and Percentage of Participants Who Demonstrated Understanding of UK Age Legislations

<b>UK Age Legislation</b>	<b>N</b>	<b>%</b>
Age of Political Voting	186	90.29
Age of Smoking Tobacco	86	41.75
Age of Criminal Responsibility	75	36.41
Age to Hold a Driving License	159	77.18
Age to Register a Social Media Account	104	50.49
Age to be Left Home Alone	9	4.37
Age to Supervise Younger Children Alone	47	22.82
Age to Consent to Sexual Relations	195	94.66
Age to Access or Produce Pornography	182	88.35

Finally, two Pearson's correlation co-efficient tests were administered to measure associations between participant's attitudes towards perpetrator criminal responsibility, understanding of UK age legislation and attitudes towards the treatment of juvenile sexual offenders. Correlation matrixes for punitive responses to the age condition and offence-type vignettes, overall scores for the Age Legislation Scale and overall scores for the ATTSO scale are presented within Table 6 and 7.

In these results, the Pearson correlations demonstrated no significant associations between the Age Legislation Scale and vignette responses of criminal responsibility. However, there were significant associations between the ATTSO Scale and vignette responses. As presented within Tables 6 and 7, there are weak positive linear relationships between the overall ATTSO scores and both the age condition vignettes (9-9, 9-14, 9-17, 14-14 and 17-17), and all four offence-type condition vignettes. This indicates that if a participant holds more punitive attitudes towards juvenile sex offenders, they are more likely to score the perpetrator as more criminally responsible within these conditions. Scatter plots for ATTSO responses within vignette age and offence-type conditions are presented within Appendix C.

**Table 6:** Pearson Correlation coefficients among scores of the age condition vignettes, the Age Legislation Scale and the ATTSO Scale

<b>Study Variables</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
Age Legislation Scale	-							
ATTSO Scale	-0.21	-						
9-9 Condition	-0.19	.222**	-					
9-14 Condition	.118	.326**	.465**	-				
9-17 Condition	.062	.181**	.280**	.710**	-			
14-14 Condition	.078	.236**	.470**	.410**	.313**	-		
14-17 Condition	.119	.133	.226**	.495**	.520**	.497**	-	
17-17 Condition	.000	.140*	.413**	.186**	.134	.573**	.301**	-

\*\* . Correlation is significant at the 0.1 level (2-tailed).

\* . Correlation is significant at the 0.5 level (2-tailed).

**Table 7:** Pearson Correlation coefficients among scores of the offence-type condition vignettes, the Age Legislation Scale and the ATTSO Scale

<b>Study Variables</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
Age Legislation Scale	-					
ATTSO Scale	-.021	-				
Contact Condition	.061	.271**	-			
Contact with Intellectual Disability Condition	.100	.369**	.651**	-		
Pornography Condition	.108	.159**	.648**	.505**	-	
Pornography with Intellectual Disability Condition	.023	.233**	.604**	.631**	.749**	-

\*\* . Correlation is significant at the 0.1 level (2-tailed).

\* . Correlation is significant at the 0.5 level (2-tailed).

## **Discussion**

The current study aimed to examine attitudes towards the criminal responsibility of juvenile sexual offenders in relation to perpetrator age, intellectual disability and type of sexual coercion committed. It also explored whether attitudes towards juvenile criminal responsibility were positively associated with understanding of UK age legislation and attitudes towards the treatment of juvenile sexual offenders. Overall, results broadly conformed to these predictions. Findings for each factor are discussed individually.

### **Perpetrator Age**

As predicted, the findings of the age conditions presented significant effects on perceptions of juvenile criminal responsibility, with younger perpetrators within the same-age conditions (9-9 and 14-14) perceived the least criminally responsible. Findings remain consistent with those within previous literature, where public attitudes towards juvenile sexual crimes were often minimised as offenders "playing games" and exploring their sexuality – a normative development from adolescence to adulthood (Barbaree & Marshall, 2006).

This trend continued with the 17-17 age condition perceived as the least criminally responsible, reflecting findings from Rogers, Hurst and Davies (2011), who found male perpetrators were viewed as less blameworthy when both victims and perpetrators were depicted near the legal age of adulthood – despite both parties being under the legal age to access or produce pornography.

Additionally, participants rated perpetrators as most criminally responsible within vignette conditions depicting a 17-year old perpetrator with a fourteen or

nine-year old victim, demonstrating incremental increases in penal responses when a victim's age falls through adolescence to a pre-pubescent child. These results replicate the victim-age effect presented within previous literature (Rogers et al., 2007), in which perpetrators over the age of sixteen are more likely to be perceived as exploiting a child for sexual gratification when intimacy ensues with a minor under the age of legal consent. Traditionally, males have been socialised to be initiators of sexual encounters and actively push sexual intimacy, whilst females are socialised to be the guardians of their sexuality (Humphreys, 2007). Byers (1996) argued these traditional sexual scripts remain a useful framework for understanding how coercion is perceived within heterosexual relationships. This Social Scripting Theory could explain the significant difference in punitive responses between the 14-14 and 14-17 age condition; when perceiving a sexual relationship involving a young adult and a minor, internalised gender roles perceive the female victim as sexually immature and a vulnerable victim of sexual coercion, compared to a consensual participant of explorative sexual behaviour when with an adolescent peer of the same age.

### **Intellectual Disability**

It was hypothesised that intellectually-disabled (ID) individuals are perceived to lack psychosocial maturity and understanding to be committed of full criminal responsibility. Research by Elderton and Jones (2011) has suggested that there is a societal denial of sexual identities to adults with learning disabilities. Sexuality is considered a complex social construction and is conferred to societal status or group membership: given that those with ID are likely to possess lower societal status, their sexuality has often been suppressed as a result (Yool et al., 2003). Findings support this hypothesis; multi-variate

analyses demonstrate significant main effects on perceptions on criminal responsibility between perpetrators with an ID against offenders who did not. Frequency data indicates perpetrators over the age of criminal responsibility received significantly fewer punitive responses when presented with an ID, across both contact and non-contact sexual offences. This supports literature that argued that the moral development of adolescent participants with intellectual disabilities is unequal to their peers without disabilities, with findings demonstrating consistent theoretical relationships between decreased cognitive abilities and lowered moral reasoning (Langdon, Clare & Murphy, 2011). These conservative perceptions may be exacerbated by an individual's preconceptions about sexual maturity; viewing the juvenile offender in terms of their perceived developmental age rather than chronological – a concept defined as 'developmental suspension' (Fairbairn, Rowley & Bowen, 2013).

These results support the application of Kohlberg's (1981) Theory of Moral Development to juvenile delinquency, with research widely accepting that younger perpetrators typically reason at lower moral levels (Immature Stages 1 and 2), than their non-delinquent peers (Romeral, Fernández & Fraguera, 2018). This has significant implications for the legislation against juvenile offenders with neuro-psychological impairments, as literature by Timms and Goreczny (2002) argue a lack of clinical differences between ID and non-ID juveniles who display harmful sexual behaviour. Whilst an outdated study, researchers demonstrated that both populations suffer from a range of complex cognitive and behavioural deficits, including denial, immature social skills, lack of assertiveness, high criticism, obsessive deviant sexual fantasies, poor empathy and poor impulse control.

Whilst determining the prevalence of ID within a sexual offender population is fraught with methodological challenges due to variability in research settings (e.g. secure settings versus community), assessment measures and diagnostic criteria (Lindsay, Hastings & Beech, 2011) – ID appears over-represented within the sexual offender population, with estimates of up to 50% of all young people displaying harmful sexual behaviour experiencing significant educational difficulties (Almond & Giles, 2008). Nevertheless, sexual deviancy exhibited by individuals with ID are less likely to be reported and prosecuted (Cohen & Harvey, 2016), despite juvenile sexual offenders with ID being four times more likely to re-offend compared to the general population (Riser et al., 2013).

### **Offence-Type**

Whilst existing literature have largely failed to investigate societal perceptions of contact and non-contact child sexual offenders, research by Mears et al., (2008) demonstrated that attitudes supporting custodial sentences within a community sample significantly decreased when a perpetrator was convicted of accessing child pornography, compared to the sexual assault of a child. However, the present study failed to replicate these findings, with results indicating perpetrators were deemed most criminally responsible when committing a non-contact offence. Consequently, the experimental hypothesis was not supported.

These findings may have contradicted previous literature as a result of the apparent ubiquity of child pornography on the internet, its widespread access and the increased promulgation of laws promoting incarceration as a deterrent.

This is supported by Mears et al., (2008) who measured support of child pornography public policies, concluding that 89% of a public sample supported the incarceration of individuals who were convicted of accessing, producing or distributing computer-generated sexual images of children.

This study may have failed to replicate findings as a result of vignette wording – some vignettes depicted an individual participating in sexual acts alongside also producing illegal pornographic images of child abuse. Whilst participants were instructed that scenarios depicted a consensual sexual relationship, it may have been unclear whether the victim was aware that her sexual act was being filmed. This may have caused increased punitive responses as a result of legislative introductions of policies against ‘revenge porn’ – where individuals create and distribute pornographic material of another without their knowledge or permission. Research measuring attitudes towards this form of technologically-facilitated sexual violence found that up to 97% of the participant sample supported criminalisation of convicted offenders – with feminist legal theorists arguing that policy attitude and reform is beginning to reflect and develop legal change within a patriarchal system that previously did not challenge dominant social views that subordinate women (Lageson, McElrath, & Palmer, 2019).

### **Associations between Study Variables**

Results indicated no significant associations between participant understanding of UK age legislation and punitive responses towards juvenile criminal responsibility. However, participants viewed the treatment of juvenile sexual offenders as slightly more favourably if they knew the age of criminal responsibility - consistent with previous research that found that participants

who demonstrated more knowledge on criminal and sexual legislation also held less punitive views towards sexual offenders and their treatment (Kleban & Jeglic, 2012).

Pearson correlations presented positive linear associations between the ATTSO Scale and the punitive vignette responses of juvenile criminal responsibility – therefore the second research hypothesis was only partially supported. Results demonstrated that overall attitudes towards juvenile sexual offender treatment were more favourable, with clear focus on making treatment programmes mandatory to aid successful rehabilitation and reintegration back into society. These findings support the incremental implicit theories of sexual offending – where individuals advocate less punitive sentencing judgements when the offender does not compeer with media-advocated child sexual offender stereotypes (Harper and Bartels, 2016).

Given the plethora of legislative activity aimed at sexual crimes, the juxtaposition of attitudes towards juvenile and adult offenders in terms of public protection policies and custodial sentencing determines juveniles are viewed as a heterogenous delinquent group - that whilst responsible for their crimes, should not be held accountable within the fullest extent of criminal law.

Most surprisingly, participants that had experienced sexual victimisation reported less punitive attitudes towards juvenile sexual offender treatment than the general public - consistent with previous literature measuring attitudes towards survivors of child sexual abuse (Sahlstrom & Jeglic, 2006). The emotional bond between victims of sexual abuse and those who perpetrated abuse against them are similar to that of the powerful bi-directional relationship central to Stockholm Syndrome (Graham, 1994). Children may be particularly



susceptible to the development of Stockholm Syndrome –Jülich (2005) argues that child sexual abuse is often enabled by a pre-existing emotional bond, where victims rely on perpetrators to provide basic needs. This is supported within the present sample, with 64.6% of participants who reported sexual coercion indicating they were victimised by an attachment figure such as a family member, intimate partner or friend. As children have not yet formulated their individual needs or perspectives, they develop schemata about the world, particularly towards inappropriate sexual relationships, through the perspective of care-givers – and therefore may be less likely to view perpetrators as evil and worthy of overly punitive punishment.

### **Limitations**

There are several limitations to the current study. The first is the issue of the participant sample. The sample was predominantly white females, and therefore not representative of full public opinion – lowering the study's ecological validity and generalisability. In the future, larger ethnic-group sampling should be employed to understand whether participant ethnicity impacts attitudes towards victims or juvenile perpetrators who are of different ethnicities. Subsequent literature should aim to further understanding of the role of victim characteristics on attributions of juvenile criminal responsibility, particularly with female and minority offenders. It would also be beneficial to measure the different emotional and cognitive responses to crime that help develop the formation of these punitive attitudes, including media consumption and subjective fear of this offender-type.

Furthermore, as this study employed a convenience sample, adults may arguably have felt more inclined to participate within the research if they already

had previous experience of juvenile sexual offenders, either through victimisation or through working within legal or clinical settings. Research demonstrates that those working within forensic professions hold more intense attitudes about sexual offending than the general public (Connor & Tewksbury, 2017). As there is no way to determine the extent of a participant's knowledge of sexual offending prior to study participation, this may decrease the study's reliability and produce biased results – limiting application of current findings to the realm of applied forensic practice.

### **Recommendations**

The present study offers several practical implications from a victim and offender perspective. As public attitudes are less punitive towards juvenile sexual offenders and push for mandated rehabilitation to identify and treat maladaptive sexual behaviours early within offending; legislative emphasis should be placed on programme development and post-incarceration conditions that ameliorate adverse reactions and foster positive community reintegration as an alternative to community notification (Kernsmith, Craun & Foster, 2009).

Moreover, with juvenile sexual offending more likely to occur through attachment development to other adolescent peers, furthering understanding of public perceptions of juvenile criminal responsibility is significant for the development of educational endeavours that increase awareness of this type of juvenile offending, and develop preventative strategies for families to reduce risks from known offenders. Additionally, the development of community programmes to educate adolescents on offending, recidivism patterns and behaviours that can increase the risk of victimisation may be more effective in preventing future coercion.

## **Conclusion**

The present study extends previous literature examining punitive attitudes towards the criminal responsibility of juvenile sex offenders and their subsequent treatment. Results demonstrate a generalised tendency to minimise juvenile delinquency as consensual explorative sexual behaviour, demonstrating a relationship between perceptions of adolescent sexual deviancy and reduced moral reasoning development, as described by Kohlberg (1981). This highlights important questions within both research and legislation on a juvenile's criminal accountability; with these adolescents not yet developmentally mature to consent to sexual relations, but apprehended to hold capacity to make moral judgements on delinquency under UK law. With public attitudes strongly supporting the rehabilitation of maladaptive sexual behaviour in adolescents, legislative focus should arguably be placed on mandated education and treatment, rather than specific-restriction policies (Rosselli & Jeglic, 2017).

## **CHAPTER FOUR: EXECUTIVE SUMMARY**

Current research investigated attitudes towards factors that may diminish criminal responsibility within juvenile sexual offenders. This report aims to present the implications of their research participation to Victim Support, supporting educational programmes to develop preventative strategies for families to reduce the risk of this juvenile offending.

### ***Research Rationale***

Juvenile sexual offending has maintained a significant public health concern within recent years: The NSPCC reported that 66% of contact abuse committed against children under the age of sixteen was perpetrated by other minors (Radford et al., 2011). One of the most strongly debated areas within criminal justice policy when legislating and treating sexual deviancy within children, lies in providing appropriate legal mechanisms to reflect the transition from the age of childhood innocence through to maturity and full criminal responsibility (Urbas, 2000). Nevertheless, significant research has demonstrated that juvenile sexual offenders are an individual offender group compared to adult counterparts – however major studies have failed to investigate whether younger perpetrators are perceived to hold criminal accountability for their actions, and what characteristics influence these attitudes.

Kohlberg's (1981) Theory of Moral Development argues children don't develop understanding of moral and authoritative consequences until later adolescence – theoretically contradicting UK legislation that children hold full criminal responsibility from the age of ten. Impaired cognitive deficits and intellectual disabilities can therefore lower moral reasoning development within a

juvenile sexual offender sample (Clare & Murphy, 2011), with estimates of up to 50% of all young people who display harmful sexual behaviour experiencing significant educational difficulties (Almond & Giles, 2008). Lastly, offenders may be perceived as more criminally responsible according to the type of sexual coercion committed – a report by Jespersen, Lalumu and Seto (2009) concluded that non-contact offenders are less likely to hold deviant beliefs about child sexuality, have less criminally-inclined tendencies and possess greater behavioural control – contributing to a lower likelihood of committing contact offences against a child and lower re-offending rates.

### **Research Aims**

The current study aimed to measure punitive attitudes towards the criminal responsibility of juvenile sexual offenders, in relation to perpetrator age, intellectual disability and type of sexual coercion committed. This study also assessed associations between punitive attitudes towards juvenile criminal responsibility, treatment of juvenile sexual offenders, and understanding of UK age legislation. Two key hypotheses were examined: 1) Participants will rate younger perpetrators, those with intellectual disabilities and non-contact offenders as least criminally responsible. 2) There will be positive associations between those who view juvenile sex offender treatment negatively and those with a decreased understanding of UK age legislation.

### **Method**

206 UK participants (135 females, 70 males) were invited to complete an online questionnaire; scoring the criminal responsibility of perpetrators within 24 sexual scenarios depicting at least one of the research variables: type of sexual

coercion (*contact or non-contact*), perpetrator intellectual disability, and age (9, 14 or 17). Participants then completed scales acknowledging their understanding of UK age legislation, and attitudes towards the treatment of juvenile sexual offenders (*ATTSO Scale* - Wnuk, Chapman & Jeglic, 2006). To explore the relationship between these variables, repeated-measures Analyses of Variance (ANOVA) were utilised to measure cause-effect relationships between the variables within three or more participant conditions (the six perpetrator age conditions and four offence-type conditions). A Pearson Correlation Coefficient test then investigated the relationship between scores of criminal responsibility with understanding of UK age legislation and attitudes towards treatment of juvenile sexual offenders, by measuring the strength of associations between two variables.

### **Findings**

Findings partially supported the research hypotheses. Data analysis demonstrated that juveniles were more likely to be perceived of diminished criminal responsibility when involved in an adolescent sexual relationship with a peer of the same developmental age; diagnosed with an intellectual disability; and committing a non-contact offence.

Overall attitudes towards the treatment of juvenile sexual offenders were positive, with significant associations between attitudes towards treatment and perceptions of criminal responsibility. These scores demonstrated that overall, participants viewed the legislation of perpetrators slightly more favourably if they knew the criminal age of responsibility or had been victimised by sexual coercion. Understanding of UK age legislation demonstrated that participants

had an overall poor understanding of the age of criminal responsibility – this presented no significant associations.

### ***Implications and Recommendations***

Findings demonstrate that perpetrators offending within under-age sexual relationships with peers were more likely to be perceived as consensually exploring their sexuality – a normative development from adolescence to adulthood (Barbaree & Marshall, 2006). Furthermore, findings support the ‘developmental suspension’ concept – where perpetrators with intellectual disabilities were more likely to be perceived as their developmental age rather than chronological (Fairbairn, Rowley & Bowen, 2013). This has significant implications, as individuals with an intellectual disability were found to be less likely to be reported and prosecuted of a sexual crime within previous research, despite being four-times more likely to re-offend than the general population (Riser et al., 2016).

Finally, participants viewed perpetrators committing non-contact offences as more criminally responsible – perhaps as a result of the introduction of ‘revenge-porn’ policies against individuals creating and distributing pornographic material without consent. This arguably demonstrates that policy attitudes are beginning to reflect and develop legal change to challenge dominant social views that subordinate women (Lageson, McElrath, & Palmer, 2019).

As public attitudes are positive towards juvenile offenders and push for mandated rehabilitation to treat maladaptive sexual behaviours early within offending; legislative emphasis should be placed on the development of post-incarceration conditions that ameliorate adverse reactions and foster positive

community reintegration as an alternative to community notification (Kernsmith, Craun & Foster, 2009).

Moreover, with juvenile sexual offending more likely to occur through attachment development to other adolescent peers, furthering understanding of public perceptions of juvenile criminal responsibility is significant for the development of educational endeavours that increase awareness of this type of juvenile offending, developing preventative strategies for families to reduce risks from known offenders. Additionally, the development of community programmes to educate adolescents on offending, recidivism patterns and behaviours that can increase the risk of victimisation may be more effective in preventing future coercion.



**CHAPTER FIVE: PRESENTATION SLIDES**

**JUVENILE JUSTICE: PUNITIVE PERSPECTIVES ON CHILDREN, SEX OFFENCES AND THE AGE OF CRIMINAL RESPONSIBILITY**

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**RESEARCH AIMS AND RATIONALE**

- The age of criminal responsibility within England and Wales is 10 years old.
- 66% of the contact sexual abuse reported by children to the NSPCC was perpetrated by other young people under the age of 18 (Radford et al., 2011).
- There is a social and legislative drive to investigate factors that may diminish criminal responsibility within juvenile sex offenders, and whether they are perceived to hold moral capacity on sexual deviancy.

**AIM ONE**  
Measure the criminal responsibility of juvenile sex offenders in relation to perpetrator age (9, 14 or 17), intellectual disability and type of sexual coercion committed (contact or non-contact).

**AIM TWO**  
Explore associations between punitive attitudes of criminal responsibility, attitudes towards the treatment of juvenile sex offenders and understanding of UK age legislation.

**METHOD**

A within-subjects design was employed using JISC online surveys.

206 adults (135 females, 70 males) were recruited. The sample was mostly of white ethnicity (88.9%).

Participants gave informed consent, completed a demographics questionnaire and then rated the criminal responsibility of perpetrators within 24 vignette scenarios depicting at least one IV: *type of sexual coercion, perpetrator age and intellectual disability*.

Participants then completed the Age Legislation study and the Attitudes Towards Treatment of Sex Offenders Scale (ATTSO Scale - Wnuk, Chapman and Jeglic, 2006), before being de-briefed.

**RESULTS**

**HYPOTHESIS ONE – Partially Supported**

Perpetrators deemed least criminally responsible within same-age conditions (9-9, 14-14, 17-17), when the perpetrator had an intellectual disability, and when a non-contact offence was committed.

**HYPOTHESIS TWO – Partially Supported**

There were weak positive linear relationships between ATTSO responses and criminal responsibility attitudes in both the age and offence-type conditions. There were no significant associations for participant's age legislation understanding.

**IMPLICATIONS AND DIRECTIONS**

Minimisation of juvenile sexual crime, younger offenders viewed less criminally responsible than adult offenders (Rogers, Hurst & Davies, 2011).

Support for mandated rehabilitation and foster positive re-integration into society – rather than community notification.

Employ larger ethnic sampling; focus on role of victim characteristics of criminal responsibility, e.g. *female and minority offenders*.

Support educational programmes to develop preventative strategies for families to reduce risks of offending.

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## **CHAPTER SIX: REFLECTIVE REPORT**

This research thesis is the result of a year-long project supervised by Professor Kevin Browne and Dr Elizabeth Paddock. This reflective report will be built according to Gibb's (1988) Reflective Cycle, a paradigm that gives structure to learning from experiences through description, feelings, analysis and action plan.

### **Conceptualisation and Design of Study**

Upon my first supervision on the 08/10/2020, my initial research concept aiming to study the implications of racial stereotypes on criminal responsibility attitudes was rejected for being an area of research that was already well studied. Professor Kevin Browne suggested I continue to study attitudes towards criminal responsibility within a more under-researched area – and proposed that I measured attitudes towards perceptions of the legal age of criminality within juvenile sexual offenders. This idea was more relevant to my research interests within Forensic Child Psychology, and allowed me to extend previous work completed by Professor Kevin Browne in an area of his expertise that would hopefully have many practical implications on treatment and legislative policies.

An initial draft was developed with Professor Browne to study participant conditions of age, intellectual disability, type of sexual coercion committed and gender (male or female perpetrators). However, the addition of adding gender as another condition variable meant there would need to be a total of 48 vignettes included within the research design. In my second supervision on the 12/11/2020, where I met with my supervisors to review the research materials and rationale, it was decided that gender would remain a constant variable as a

result of research demonstrating that male participants are more likely to be arrested and convicted of committing a sexual crime. Whilst I have to credit Professor Browne for conceptualising this design study, I was grateful for the opportunity to work alongside him and find psychometric scales that would fit the design. As I researched the topic further, it quickly became a research area I would like to pursue upon finishing this course, and having the opportunity to utilise my research skills to practically apply to working within youth offending teams. Through this work, I have also developed my own understanding of important forensic topics, including the application of public opinion to protection policies, and legislation and treatment of offenders with intellectual disabilities.

### **Data Collection**

Prior to data collection, I remained confident that I would be able to recruit participants online easily and within large quantities – and would be able to begin analyses on my collected data within a couple of weeks. The reality, unfortunately, was much more difficult. Perhaps as a result of the length of my study (participation took approximately twenty minutes) or the taboo subject of juvenile sexual offending and the scenarios the participants were required to read – participation was quite low, with almost 800 people clicking on my survey but failing to complete it. The number of participants recruited by fellow colleagues became a daily topic of conversation, and I began to worry that my participant sample was too small to generalise to overall public attitudes. Disappointingly, I was also only able to recruit ten individuals who had been diagnosed with a learning disability, which was a participant demographic I was hoping to measure to investigate differences in attitude towards juvenile offenders with cognitive impairments within a population that also had a learning

disability, and those who did not. Upon reflection, this may have been because my participation information sheet spanned across two pages, and required participants to read 24 pages of sexual scenarios, presenting as a challenge for participants with educational difficulties.

I had two supervisions during this period, the first on the 10/03/2020, where my questionnaire was reviewed after being developed within JISC – as I had some initial problems setting up the study as this software was unfamiliar to me. Once this online survey was cleared for data collection, another supervision was organised on the 24/04/2020 to review my participant sample and specific sites I could post on to boost participant numbers, including Dr Paddock sharing the study with professionals within the youth offending team, which provided valuable participant information to analyse.

It was also quite personally distressing how such a large proportion (31.4%) of my participant sample reported victimisation of sexual coercion. Upon initial conceptualisation of the study, I was hesitant to include this part of my questionnaire – believing there would be little, if any, participants who would report coercion. I found it incredibly sad that for those participants that had disclosed this abuse, over thirty had experienced victimisation under the legal age of consent – with the youngest just three years old.

It definitely highlighted how prevalent this form of victimisation is – and motivated me even further to work with perpetrators and victims of sexual and emotional trauma. It has also inspired me to continue studies within this research area – perhaps conducting an investigation into the implications of attitudes towards sexual crime and offenders from the perspective of those who have been victimised.

## **Data Analysis**

Data analysis is an area of research that I really lack confidence in, and something that I had a lot of anxiety about prior to collecting data. Within supervision on the 12/11/2020, I discussed these concerns with my supervisor, and we initially proposed that I would need to run chi-square tests and a logistic regression – both statistical tests I had ran for my undergraduate dissertation and I was familiar with. I had two supervision meetings throughout the data analysis period, the first on the 22/05/2020, where I spoke to my supervisor Dr Paddock on how to clean and set up the data correctly within SPSS. However, post-meeting I realised that the amount of variables I was aiming to measure did not meet the assumptions of either a chi-square or a logistic regression test, and I began to panic that I would need to re-code my dataset differently to be able to analyse. A second supervision was scheduled for 02/06/2020, and as I waited to speak to supervisors again of my worries, I began to get increasingly anxious that I would not be able to complete the analysis for the deadline. Upon my second supervision, my other supervisor Professor Browne joined the call, and confirmed that the two original tests within the proposal were not suitable to analyse the data, and that a form of Analysis of Variance was required. As there was a lot of confusion on how to analyse the data with so many participant conditions, it was decided that I would need to seek some external support from an additional university supervisor. Consequently, I became even more panicked that my study had too complex of a design to be analysed appropriately, and I ended up crying after the meeting over fears that I was going to fail the overall project – and ultimately, the course.

However, I sent off a summary of my research design and hypotheses to Dr Kate Green, who directed me into creating a 6x-age condition and a 4x-offence-type condition group using participant's overall means, to run a repeated-measures ANOVA. Whilst this was a less familiar statistical test, I was able to research, run and interpret this test fairly quickly, which was a huge relief. Dr Green also advised that I should run a multivariate analyses using the ATTSO scale as a co-variate to research my second hypotheses, however I learnt upon researching this test that as my conditions were not independent (as it was a repeated measures design), a test of Multi-Level Mixed Models (Random-Effects Models) was advised instead. However, as I was now approaching two weeks until the deadline, I decided to instead utilise a Pearson Correlation Coefficient test to present associations between the study variables to test my second hypothesis.

Overall, the report's data analysis section took almost a month to complete, and was a period where I struggled with feelings of failure/incompetency. For future projects, I will be certain to check the assumptions of my proposed statistical tests prior to data analysis, and whilst I wish I had had more time to research an ANCOVA and the Multi-Level Mixed model further, I cannot thank Dr Green enough for her advice on how to complete my data analysis – without this I would not have been able to finish this thesis.

### **Write-Up**

Because of my difficulties with data analysis, I was behind on writing up. However, once the results section was completed, I found the initial writing up on my literature review and discussion enjoyable and incredibly interesting

making practice links between Kohlberg's (1981) Theory of Moral Development and how this translates to UK age legislation. Nevertheless, because the study had so many variables that had been measured, it was a struggle to discuss each relationship within the 6000 word-frame. It was also increasingly difficult to find relevant research papers published within the last five years – with little research conducted on attitudes towards juvenile sexual offending, and none towards juvenile sexual offenders with intellectual disabilities.

Furthermore, the COVID-19 pandemic occurred at the beginning of the dissertation write-up, and meant that all supervisions and communications with supervisors were placed online and university classes suspended prematurely. The outbreak had a significant impact on my personal life, and alongside my university work I continued to work a part-time role as a support worker within a secure mental health facility, caring for patients who had tested positive for the virus despite the hospital having minimal personal protective equipment. Sadly, during the final months of write-up of my dissertation my auntie passed away, and I was not allowed to visit her in hospital or attend her funeral due to social distancing rules. This had a detrimental impact on my mental health, and I began to suffer with increased anxiety and panic attacks whilst working on the ward about bringing the virus home to my family, and concern for the health of my grandparents and mum, who are considered high-risk.

The strain of the outbreak began to greatly impact my ability to complete university work at home – and I would find myself struggling to sleep at night because of the stress and uncertainty. I began to have difficulty focusing on university work and my motivation to complete the thesis decreased, with my

research seeming so insignificant to the real-world problems that were occurring.

Nevertheless, my anxieties towards completing the thesis to a good standard were greatly helped through the support from the University of Nottingham Forensic Psychology cohort, who have remained in contact almost every day to offer advice and reassurance to fellow colleagues. My worries have also been helped significantly by my supervisors, who would take time out of each supervision meeting to check up on how I was doing and provided invaluable encouragement that I could complete the thesis, even when I distrusted my own abilities.

Upon reflection, the time period of collecting, analysing and writing up the data was something I really struggled with emotionally, and in future, I will make sure that I recognise and seek support to decrease the impact on my university work. Nevertheless, I am proud of myself and my peers for persevering through despite what we may have been going through within our personal lives - and I hope the quality of my work is reflective of this effort.

Overall, the experience of planning, conducting and writing a post-graduate thesis has been a great challenge, but one that has developed me as both a professional and an individual and has taught me the importance of perseverance and reflection. It has allowed me to gain skills that I can utilise and evolve as I now embark as an Assistant Psychologist within a locked-rehabilitation service, where I aim to continue my learning and development of clinical research, to hopefully one day achieve my dream of studying and practising Forensic Psychology at a doctorate level.



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## **Appendices**

### **Appendix A - Ethical Forms**

#### **PARTICIPANT INFORMATION SHEET**

You are invited to participate in a study conducted at the University of Nottingham School of Medicine, Division of Psychiatry and Applied Psychology (Jubilee Campus, Wollaton Road, Nottingham, NG8 1BB).

Project Title: **Juvenile Justice: Punitive Perspectives on Children, Sex Offences and the Age of Criminal Responsibility**

Researcher/Student: Rhiannon Taylor - Rhiannon.taylor@nottingham.ac.uk.  
Supervisors: Professor Kevin Browne - kevin.browne@nottingham.ac.uk, and Dr Elizabeth Paddock - Elizabeth.paddock1@nottingham.ac.uk.  
Ethics Reference Number: 464-2001

#### **WHAT IS THE PURPOSE OF THIS STUDY?**

Previous research by the NSPCC reported that in 2011, 66% of contact abuse committed against young people under the legal age of consent, was perpetrated by other children. The present study therefore aims to measure attitudes towards juvenile sex offenders, their treatment, and UK age legislation - in regards to age, intellectual disability and type of sexual coercion committed.

#### **WHY HAVE I BEEN INVITED?**

You have been invited to take part in this study as you are over the age of 18, and a UK citizen. Please read through this information before agreeing to participate by clicking the 'next' box below. You may ask any questions before taking part by contacting the researchers (details above).

#### **DO I HAVE TO TAKE PART?**

Participation in this study is completely voluntary, and you will be asked to indicate your consent to participate on the following page. You can change your mind about being involved in this study at any time, or decline to answer a particular question. You can stop at any point during the questionnaire before completion, by pressing the 'Exit' button or closing the browser. Your answers will only be uploaded after you have clicked the 'Submit' button at the end of the final questionnaire.

#### **WHAT WILL YOU NEED TO DO?**

If you choose to take part, you will need to read 24 stories describing intimate situations involving a young person, answering a short set of questions relating to your own opinions and knowledge. You will be asked to complete a short demographics questionnaire about your sex, age, disability and religion. You will then complete a questionnaire that will measure your understanding of what is legal in the UK, and a final questionnaire that will explore your own attitudes towards the treatment of juvenile sex offenders.

#### **HOW LONG WILL THE STUDY LAST?**

On average, the study should last approximately 15-20 minutes, and you will only be required to participate in this one session.

**ARE THERE ANY RISKS OF TAKING PART?**

Whilst there are no specific risks to this study over and above those experienced in everyday life, public attitudes towards sex offences committed by children may cause some distress due to the sensitivity of the topic and personal experiences. For this reason after you have submitted the questionnaire you will be presented with a study debrief with details of where you can seek help if you have been affected by the issues raised. You can also contact the researchers (details above).

As with any online related activity the risk of a breach is always possible. We will do everything possible to ensure your answers in this study remain anonymous. We will minimize any risks by using Jisc Online surveys which is a tool designed for handling data for Academic Research, Education and Public sector organizations for further information please see <https://www.onlinesurveys.ac.uk/security/>.

**ARE THERE ANY BENEFITS OF TAKING PART?**

Although there are no direct benefits of taking part to you, it is hoped you will learn something new about the topic and gain satisfaction that by participating you are contributing to understanding the general public's perceptions of child sex offenders and what is legal in the UK.

**HOW WILL YOUR DATA BE USED?**

Your answers will be completely anonymous (we will not ask for your name). Your IP address will not be stored. However, we will ask you one question about your sex, age, disability and sexual history. Once you have completed and submitted the questionnaire, we will not be able to see who it is from and for this reason it will not be possible to withdraw the data. Your anonymous data (research data) will be stored in a password-protected file sitting on restricted access servers at the University of Nottingham under the terms of its data protection policy after which it will be disposed of securely (after 7 years).

This questionnaire is for a Masters project and the answers received from all participants will be combined in a password protected database ready for analysis. The results will be written up as a post-graduate research dissertation for the MSc Forensic and Criminological Psychology programme at the University of Nottingham. The project will be completed by July 2020. They may also be used in academic publications and presentations. The overall anonymised data from this study may be shared for use in future research and teaching (with research ethics approval).

If you contact us to ask questions we will receive your e-mail address but this will be received separately from your completed questionnaire and it will not be possible to link the two sets of data. Your e-mail address will be stored separately and only for as long as needed to resolve your queries.

**Who will have access to your data?**

The University of Nottingham is the data controller (legally responsible for data security) and the Supervisor of this study (named above) is the data custodian (manages access to the data) and as such will determine how your data is used in the study. Your research and personal data will be used for the purposes of the research only. Research is a task that we perform in the public interest. The only personal data we will receive is your e-mail if you contact us to ask further questions or raise a concern. Further information about how the



University manages your personal data is available from: <https://www.nottingham.ac.uk/utilities/privacy.aspx/> Responsible members of the University of Nottingham and funders may be given access to data for monitoring and/or audit of the study to ensure we are complying with guidelines, or as otherwise required by law.

**What if there is a Problem?**

If you have any further questions or concerns about this study, please email the researcher or the Supervisors list above. The researcher should acknowledge your concern and give you an indication of how they will deal with it. If you wish to complain formally, please contact the FMHS Research Ethics Committee Administrator, E-mail: [FMHS-ResearchEthics@nottingham.ac.uk](mailto:FMHS-ResearchEthics@nottingham.ac.uk). Please quote: FMHS REC ref no 494-2002.

I have read and understood the above information, I confirm that I am 18 years old or older and by clicking the NEXT button to begin the online questionnaire, I indicate my willingness to voluntarily take part in the study.

**PARTICIPANT CONSENT FORM****Rhiannon Taylor – Rhiannon.taylor@nottingham.ac.uk****BRIEF SUMMARY OF PROJECT**

I am conducting a study and I would like to invite you to take part in an online questionnaire lasting 15 minutes, about young people and the age of consent. You will answer questions based on scenarios of intimacy between young people age within the UK and your own experiences. Please be reassured that taking part is completely voluntary. You have the right to withdraw at any time during the study. All information you provide to us will be kept anonymously. Data will be stored on a password-protected computer server. You can use the above email if you have any further questions.

**Please complete the questions below to indicate that you understand and agree to the following conditions.**

- I confirm that I have read and understood the information sheet for this study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
- I understand that anonymous data will be collected for the purpose of the study including one question about my sex, age, disability and sexual history, and these will be treated as confidential.
- I understand that my participation is voluntary and that I am free to withdraw at any time without giving reason, without consequence.
- I understand that my data is anonymous and will be stored securely on a computer. I understand that it will only be used by the staff involved in the study.
- I understand that I do not have to answer all the questions if I do not feel comfortable.
- I consent to take part in the study.

## DEBRIEF FORM

### THANK YOU FOR YOUR PARTICIPATION WITHIN THIS STUDY.

#### SUMMARY:

The aim of this study was to investigate public perceptions of young people who sex offend and the understanding of the UK age of consent. The study rationale was to explore factors of age, intellectual disability and type of sexual coercion that may affect perceptions of abuse.

#### FURTHER GUIDANCE:

If you have found the discussed topic within this study distressing, there are many external organisations that can provide further support. Victim support offers guidance and support to those affected by sexual abuse – if you are in England and Wales, you can access support on their Freephone 08 08 16 89 111, online chat or email. If you are a Scottish resident, you can contact the helpline on 0800 160 1985, or to find your nearest victim support team, visit their website: <https://www.victimsupport.org.uk>. If you are under the age of nineteen, you can access counsellor support from the NSPCC Childline, through their Freephone 0800 1111, or 1-2-1 chat or email via their website: <https://www.childline.org.uk>. Lastly, the Sexual Abuse Referral Centres (SARC), are a specialist medical and forensic service for anyone that has experienced sexual assault, that provides medical care and forensic examination free of charge to women, men, young people and children. To find your nearest SARC, visit: <https://www.nhs.uk/Service-Search/Rape%20and%20sexual%20assault%20referral%20centres/LocationSearch/364>.

All data collected from this study will be kept anonymous. We hope you enjoyed participating in this study.

#### ANY FURTHER QUESTIONS?

If you have any further questions, please feel free to contact either the researcher or supervisor through the following email addresses: Rhiannon Taylor – [Rhiannon.taylor@nottingham.ac.uk](mailto:Rhiannon.taylor@nottingham.ac.uk), Professor Kevin Browne – [kevin.browne@nottingham.ac.uk](mailto:kevin.browne@nottingham.ac.uk) or Dr Elizabeth Paddock – [Elizabeth.paddock1@nottingham.ac.uk](mailto:Elizabeth.paddock1@nottingham.ac.uk). If you are unhappy at any point in this study, or if there is a problem, please contact the Nottingham Ethics Committee directly at [ethics@UniofNottm.onmicrosoft.com](mailto:ethics@UniofNottm.onmicrosoft.com).

#### PARTICIPANT INFORMATION:

During the study you have just completed, you were asked to state the following legal ages of responsibility within the UK, to measure public understanding of age legislation. The correct answers were:

- The legal age in which to place a political vote within the UK is **18 years old**.
- The legal age in which to smoke cigarettes within the UK is **16 years old**.
- The legal age of criminal responsibility within England and Wales is **10 years old**, and in Scotland, is **8 years old**.
- The legal age to hold a driving license within the UK is **17 years old**.
- The legal age to register for a social media account is **13 years**

**old.**

- **There is no legal age** within the UK to be left at home without parental supervision, but the recommended age by the NSPCC is **11 years old**.
- **There is no legal age** within the UK to be left at home to look after a younger child without parental supervision, but the recommended age by the NSPCC is **14 years old**.
- The legal age to consent to sexual relations within the UK is **16 years old**. (The homosexual age of consent within the United Kingdom was set at 21 in the Sexual Offences Act of 1967, then lowered to 18 in the Criminal Justice and Public Order Act 1994, and finally lowered to 16 in England, Scotland and Wales in the Sexual Offences Act 2001).
- The legal age to access explicit and pornographic images and videos online within the UK is **18 years old**. (It is a crime within the UK to take, receive or send explicit pictures if you are under the age of 18, this is classed as producing and possessing child pornography under the Protection of the Children Act 1978).

Source: Childline - NSPCC, (2019). *Your Rights*. Retrieved from: <https://www.childline.org.uk/info-advice/bullying-abuse-safety/your-rights/your-rights/>.

**Appendix B – Study Materials:****A) Demographics Questionnaire**

1. Please indicate your gender:

Male  Female  Prefer not to say

2. Please state your age:

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3. Have you ever been diagnosed with a learning disability?

Yes  No  Prefer Not to Say

4. Please indicate your ethnic origin:

White  Black  Mixed Race  Other

5. If you selected Other, please specify:

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6. Please state your highest education level:

No formal education  GCSE's  A-Levels

Vocational Training  University Degree  Masters Degree

Doctorate/PHD  Other

**B) Vignette Study**

You will be asked to read the following **24** vignettes describing a **CONSENSUAL** sexual relationship involving a minor. There are no right or wrong answers. Using your personal opinion and knowledge of UK age legislation surrounding consensual sex, please rate your opinion to the following questions after reading each vignette:

- 1) *Should the police investigate this scenario if it was brought to their attention?*
- 2) *Do you believe the male perpetrator should be held criminally responsible for this scenario if it was investigated by the police?*

1. A nine-year old female and a fourteen-year old male are left unsupervised upstairs by their parents, who are family friends. The male has been diagnosed with an intellectual disability, with a lower IQ and developmental rate than his peers. The female spills juice down herself, wetting and staining her clothes. The male offers to help the female clean up, and begins to undress and wash the female. Alone in the bathroom, he then begins to touch the chest and genitals of the female and invites her to touch him intimately.
2. A fourteen-year old female and a fourteen-year old male have been in an intimate relationship for the last six months. When he and his female partner become intimate, he begins to video record and photograph the female engaging in sexual acts on his mobile phone.
3. A nine-year old male and a nine-year old female are playing a game of doctors and nurses. In the game, the male plays the doctor and asks the female to be his patient - then asks her to remove her clothes so he can begin to treat her. He then begins to touch the genitals of the girl. When swapping roles, he invites the female to touch him in the same place.
4. A fourteen-year old female and a fourteen-year old male have been in a relationship for the last six months. The relationship has recently become intimate, and the male and female regularly engage in sexual intercourse.
5. A seventeen-year old female and a seventeen-year old male have been in a relationship for the last six months. The relationship has recently become intimate, and the male and female regularly engage in sexual intercourse.
6. A nine-year old female and a fourteen-year old male are left unsupervised by their parents, who are family friends. The female spills juice down herself, wetting and staining her clothes. The male offers to help the female clean up, and begins to undress and wash the female. Alone in the bathroom, he begins to photograph topless photos of the female on his

mobile phone.

7. A fourteen-year old female and a fourteen-year old male have been in a relationship for the last six months. The male has been diagnosed with an intellectual disability, with a lower IQ and developmental rate than his peers. The relationship has recently become intimate, and the male and female regularly engage in sexual intercourse.
8. A fourteen-year old female and a seventeen-year old male have been in an intimate relationship for the last six months. When he and his female partner become intimate, he begins to record and photograph the female engaging in sexual acts on his mobile phone.
9. A nine-year old female and a nine-year old male are pretending to star in a fashion show - the female plays the model, the male a photo journalist. As the female models each outfit, the male photographs on his mobile phone camera. Between each outfit change of the show, the male begins to photograph naked pictures of the female whilst she undresses.
10. A nine-year old female and a seventeen-year old male are left alone upstairs unsupervised by their parents, who are family friends. The male has been diagnosed with an intellectual disability, with a lower IQ and developmental rate than his peers. The female spills juice down herself, wetting and staining her clothes. The male offers to help the female clean up, and begins to undress and wash the female. Alone in the bathroom, he then begins to touch the chest and genitals of the female and invites her to touch him intimately.
11. A seventeen-year old female and a seventeen-year old male have been in an intimate relationship for the last six months. When he and his female partner become intimate, he begins to video record and photograph the female engaging in sexual acts on his mobile phone.
12. A nine-year old male and a nine-year old female are playing a game of doctors and nurses. The nine-year old male has been diagnosed with an intellectual disability, with a lower IQ and developmental rate than his peers. In the game, the male plays a doctor and asks the female to be his patient - then asks her to remove her clothes so he can begin to treat her. He then begins to touch the genitals of the girl. When swapping roles, he invites the female to touch him in the same place.
13. A fourteen-year old female and a fourteen-year old male have been in an intimate relationship for the last six months. The male has been diagnosed with an intellectual disability, with a lower IQ and developmental rate than his peers. When he and his female partner

become intimate, he begins to video record and photograph the female engaging in sexual acts on his mobile phone.

14. A fourteen-year old female and a seventeen-year old male have been in a relationship for the last six months. The relationship has recently become intimate, and the male and female regularly engage in sexual intercourse.
15. A nine-year old female and a fourteen-year old male are left unsupervised upstairs by their parents, who are family friends. The male has been diagnosed with an intellectual disability, with a lower IQ and developmental rate than his peers. The female spills juice down herself, wetting and staining her clothes. The male offers to help the female clean up, and begins to undress and wash the female. Alone in the bathroom, he begins to photograph topless photos of the female on his mobile phone.
16. A nine-year old male and a nine-year old female are pretending to star in a fashion show - the female plays the fashion model, the male a photo journalist. The male has been diagnosed with an intellectual disability, with a lower IQ and developmental rate than his peers. As the female models each outfit, the male photographs her on his mobile phone camera. Between each outfit change of the show, the male begins to take naked photos of the female whilst she undresses.
17. A seventeen-year old female and a seventeen-year old male have been in a relationship for the last six months. The male has been diagnosed with an intellectual disability, with a lower IQ and developmental rate than his peers. The relationship has recently become intimate, and the male and female regularly engage in sexual intercourse.
18. A nine-year old female and a seventeen-year old male are left unsupervised by their parents, who are family friends. The female spills juice down herself, wetting and staining her clothes. The male offers to help the female clean up, and begins to undress and wash the female. Alone in the bathroom, he then begins to touch the chest and genitals of the female, and invites her to touch him intimately.
19. A fourteen-year old female and a seventeen-year old male have been in an intimate relationship for the last six months. The male has been diagnosed with an intellectual disability, with a lower IQ and developmental rate than his peers. When he and his female partner become intimate, he begins to video record and photograph the female engaging in sexual acts on his mobile phone.
20. A nine-year old female and a fourteen-year old male are left



unsupervised upstairs by their parents, who are family friends. The female spills juice down herself, wetting and staining her clothes. The male offers to help the female clean up, and begins to undress the female and scrub the stain off. Alone in the bathroom, he then begins to touch the chest and genitals of the female and invites her to touch him intimately.

21. A fourteen-year old female and a seventeen-year old male have been in an intimate relationship for the last six months. The male has been diagnosed with an intellectual disability, with a lower IQ and developmental rate than his peers. The relationship has recently become intimate, and the male and female regularly engage in sexual intercourse.
22. A nine-year old female and a seventeen-year old male are left unsupervised upstairs by their parents, who are family friends. The female spills juice down herself, wetting and staining her clothes. The male offers to help the female clean up, and begins to undress and wash the female. Alone in the bathroom, he begins to photograph topless photos of the female on his mobile phone.
23. A seventeen-year old female and a seventeen-year old male have been in an intimate relationship for the last six months. The male has been diagnosed with an intellectual disability, with a lower IQ and developmental rate than his peers. When he and his female partner become intimate, he begins to video record and photograph the female engaging in sexual acts on his mobile phone.
24. A nine-year old female and a seventeen-year old male are left unsupervised upstairs by their parents, who are family friends. The male has been diagnosed with an intellectual disability, with a lower IQ and developmental rate than his peers. The female spills juice down herself, wetting and staining her clothes. The male offers to help the female clean up, and begins to undress and wash the female. Alone in the bathroom, he begins to photograph topless photos of the female on his mobile phone.

**C) Age Legislation Study**

**Please read the following questionnaire items and state what you believe to be the legal ages of responsibility within the UK:**

Q1) What is the legal age in which to place a political vote within the UK?

Q2) What is the legal age in which you can smoke in the UK?

Q3) What is the legal age of criminal responsibility in England and Wales?

Q4) What is the legal age in which to hold a driving license?

Q5) What is the legal age in which to register a social media account?

Q6) What is the recommended age to be left alone at home without parental supervision?

Q7) What is the recommended age to be left alone at home to look after a younger child without parental supervision?

Q8) What is the legal age to consent to sexual relations within the UK?

Q9) What is the legal age to access or produce explicit and pornographic images and videos online within the UK?

Q10. A) Have you ever experienced any sexual coercion from another person?

Yes  No  Prefer not to say

B) If yes, please indicate your age at the time:

\_\_\_\_\_

C) If yes, please indicate by whom:

Family  Intimate Partner  Stranger  Friend  Neighbour   
Peer  Other

**D) Attitudes towards Juvenile Sex Offender Treatment Scale****(ATTSO; Wnuk, Chapman & Jelic, 2006).**

The statements listed below describe different attitudes towards the treatment of juvenile sex offenders. There are no right or wrong answers, only opinions. You are asked to express your feelings about each statement by indicating whether you:

**1. Strongly disagree 2. Disagree 3. Undecided 4. Agree 5. Strongly agree**

1. I believe that juvenile sex offenders can be treated
2. Treatment programs for juvenile sex offenders are effective
3. It is better to treat juvenile sex offenders because most of them will be released
4. Most juvenile sex offenders will not respond to treatment
5. People who want to work with juvenile sex offenders are crazy
6. Psychotherapy will not work with juvenile sex offenders
7. I believe that all juvenile sex offenders should be castrated
8. Regardless of treatment, all juvenile sex offenders will eventually reoffend
9. Treating juvenile sex offenders is a futile endeavour
10. Juvenile Sex offenders can be helped using the proper technique
11. Treatment doesn't work, juvenile sex offenders should be incarcerated for life
12. Only certain types of juvenile sex offenders will respond to treatment
13. Right now, there are no treatments that work for juvenile sex offenders
14. It is important that all juvenile sex offenders being released receive treatment
15. We need to urge our politicians to make sex offender treatment mandatory for juvenile offenders
16. All juvenile sex offenders should go for treatment even if they don't want to
17. Juvenile sex offenders who deny their crime will not benefit from treatment
18. Treatment only works if the juvenile sex offenders wants to be there
19. Juvenile sex offenders don't deserve another chance
20. Tax money should not be used to treat juvenile sex offenders
21. Juvenile sex offenders don't need treatment since they chose to commit their crimes
22. A juvenile sex offender whose crime is rape offends because they are violent
23. Treatment is only necessary for juvenile offenders whose victims are children
24. Treatment funding should be focused on the victims, not on the juvenile offenders
25. Juvenile sex offenders should be executed
26. Juvenile sex offenders should never be released
27. Most juvenile sex offenders serve over ten years in prison for their crime
28. The prison sentence juvenile sex offenders serve is enough, treatment is not necessary
29. Treatment is not necessary because everyone in the community knows who the juvenile sex offender is
30. Civilly committing juvenile sex offenders to treatment facilities is a violation of their rights
31. Treatment should be conducted during incarceration
32. Juvenile sex offenders are the worst kind of offenders
33. Juvenile sex offenders should not be released back into the community
34. A juvenile sex offender is like any other offender, no special treatment is necessary
35. Treatment of juvenile sex offenders should be completed within a year

**Appendix C – Correlation Coefficient Scatterplots:**

