

A Quantitative Analysis of Gender Impact in Judgements of Offenders with Mental Illnesses

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TITLE: A Quantitative Analysis of Gender Impact in Judgements of Offenders with Mental Illnesses

ABSTRACT:

The purpose of this research is to examine the effect gender has on the public perceptions of offenders with mental health issues. We aim to understand how OMIs are viewed by the public so future information and practices can be implemented to further educate on the topic of mental illness. Research has shown that mental health education can be a pivotal part of reducing risk and crime among the mentally ill population.

This study applies a quantitative design using vignettes. There were four scenarios, two as controls, and two experimental variables to examine how responses differed depending on gender and mental health. 20 statements then followed each vignette and participants were asked to share how much they aligned their opinions with each statement on a 5-point Likert scale. The sample was comprised of 80 participants.

The findings of this study largely support the relevant literature on the topic of gender and mental illness in offenders. Overall, the public was the least supportive of female offenders with mental illness, followed by male offenders with mental illness, then male offenders, and lastly the most support was directed towards female offenders. Therefore, the present study's initial hypotheses are also supported in that female offenders will garner a more sympathetic reaction than their male counterparts. However, if female offenders have mental health issues, they are viewed more negatively than males.

For future replication of this study, the authors consider a larger and more gender-balanced sample size would increase the ecological validity of the findings. Despite this, the findings of this study do fall in line with the relevant literature. Therefore, suggesting perhaps that the gender of the sample does not affect the overall outcome of the results.

- Education regarding mental health for the public should be implemented as research has found this effective in de-stigmatising and helping to create protective factors to reduce offending.
- More training is needed for professionals within the criminal justice system, including police personnel, to ensure they are better equipped to consider the needs and behaviours of mentally ill individuals.
- We suggest that mental health awareness should be taught as part of the education system in the UK to help de-stigmatise and share helpful resources.
- The prison system in the UK needs to be able to provide better treatment programmes for inmates with mental health issues as research shows this is the most effective form of treatment at reducing recidivism.

The social implications of this study are that it aims to understand perceptions of mental illness, gender and offending and therefore use the conclusions drawn to inform what is needed to improve perceptions if necessary. De-stigmatising and acknowledging mental illness can allow for better access to appropriate treatment. Facilitating reintegration back into society, and therefore

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3 increasing peer support which has been shown to reduce reoffending rates within the mentally ill
4 population.
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6 There are very few research studies looking at the impact of both gender and mental illness on how
7 offenders are perceived. Most relevant research tends to either pick one or the other and therefore
8 the present study is unique. Additionally, most established research looks at the perception of a
9 specific population. Whereas the present study has used a small but broad UK participant sample
10 which is likely to be more generalisable. Finally, the results of this research have been able to both
11 meet the aims of the study and accept the proposed hypotheses.
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Introduction

In 2019, only 26% of individuals in the UK who went through the criminal justice system were female, with 74% being male (Ministry of Justice, 2020). Female defendants were charged with less severe offences overall, and the average prison sentence for a female inmate was 11.3 months, versus 19.7 months for males. Indicating a gender gap within the UK criminal justice system in line with previous literature (Crew 1991; Crocker, 2009).

Daly (1994) states the law tends to be harder on men, suggesting this could be due to a chivalrous hypothesis. This hypothesis is rooted in patriarchal society assumptions, whereby men hold power and women are perceived as fragile. Crew's (1991) theory regarding paternalism, which refers to attitudes held by men where women are viewed as needing protection, similarly supports this. Suggesting the criminal justice system may treat women with more leniency due to traditional patriarchal perceptions (Islam & Khatun, 2013). Further indicating that women could be given lesser sentences due to being viewed by those in power as needing to be protected from prison conditions.

The role of gender in sentencing has been investigated widely (Doerner & Demuth, 2014; Pina Sanchez & Harris, 2020). Females tend to face significantly lower odds of being sentenced to a prison term in both the United States (Doerner & Demuth, 2014) and United Kingdom (Pina Sanchez & Harris, 2020). It should also be noted that it was found this leniency in treatment was not affected by their racial background (Spohn & Beichner, 2000) but instead gender is the strongest factor in sentencing time (Pina Sanchez & Harris, 2020). The exception to this leniency is found when female offenders are convicted of high-severity offences, such as murder (Nagel & Hagan, 1983).

Nevertheless, this gender gap within the criminal justice system could be also a result of women committing fewer crimes than men (Heidensohn, 1996). Archer (2000) found in

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2
3 domestic violence cases women are more likely to use physical aggression. However, as men
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5 are often stronger, they are more likely to inflict injury when they do exhibit physical
6
7 aggression. Resulting in common but potentially false statistics suggesting that men commit
8
9 more crimes as their victims often have worse injuries.
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13 When looking at public perceptions of offenders, it has been repeatedly proven that
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15 gender plays a role in prejudice and leniency (Doerner & Demuth, 2014; Pina Sanchez &
16
17 Harris, 2020). Women who commit crimes tend to be seen as social problems as opposed to
18
19 criminal challenges like their male counterparts (Crocker, 2009).
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23 Together with gender, mental health affects public perceptions of offenders. Mental
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25 health has been defined by the World Health Organisation (2001) as a state of well-being
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27 whereby an individual can acknowledge their abilities, cope with everyday stresses and work
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29 productively within their community. People who are diagnosed with mental disorders are
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31 often stigmatised and discriminated against (Corrigan & Watson, 2002; McKenna et al.,
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33 2007). Stigma is a pre-conceived, prejudiced idea of someone else based on a specific
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35 circumstance, quality, or individual (Oxford University Press, 2022b). This can often lead to
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37 discrimination as negative labels and stereotypes frequently follow stigmas, which are easily
38
39 spread throughout a society, decreasing status of individuals (Ozturk, 2021). Media has been
40
41 repeatedly shown to have an impact on stigmas formed around mental illness. According to a
42
43 study by McKenna et al. (2007), news reports on offenders with mental illness (OMIs) who
44
45 have committed homicides tend to have sensationalized titles and photos. Causing the public
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47 to develop incorrect and negative perceptions or stigmas about these individuals.
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52
53 Corrigan and Watson (2002) conducted a study on the impact of stigmas on
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55 individuals with mental illness. They found that stereotypes, prejudice, and discrimination
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3 often resulted in individuals being overlooked for employment, denied assistance, and
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5 excluded from social activities.
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9 Roach (2012) investigated police perceptions of mentally ill individuals and found
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11 officers were more likely to detain and record individuals as being more dangerous or violent
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13 if signs of a mental illness were evident. Individuals with symptoms of schizophrenia were
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15 recorded as being more dangerous than those without a prior mental health diagnosis.
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17 Whiting et al. (2022) provide evidence to justify this decision as their findings suggest
18
19 individuals with schizophrenia spectrum disorders present a higher risk of perpetrating
20
21 violence. However, many studies disagree with this and argue that the risk of violence is not
22
23 directly affected by mental illness but instead, the accompanying risk factors such as social
24
25 interactions and vulnerability (Rueve & Welton, 2008; Elbogen et al., 2016). Rueve and
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27 Welton (2008) concluded that when mentally ill individuals are appropriately treated in terms
28
29 of treatment and attitude, they pose no greater risk of violence than the general population.
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31 However, due to the sensationalising in the media and lack of education about the associated
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33 risk factors, the negative stigmas remain (McKenna et al., 2007). Farina et al. (1992) found
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35 the public tends to hold opinions that segregating people with mental disorders is the best
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37 treatment plan, particularly for serious psychiatric disorders.
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44 A report by the Royal College of Psychiatrists (2021) found that 10% of the prison
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46 population in England and Wales should have been sentenced differently on account of their
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48 mental health. Approximately 8000 prisoners missed out on treatment due to a lack of
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50 resources. Furthermore, a significant proportion of women who committed homicide in
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52 England and Wales had a history of mental illness and were more likely to be experiencing
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54 symptoms of mental illness at the time of their offence (Flynn et al., 2011). Suggesting that
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56 better interventions are needed before offending, particularly when the individual is already
57
58 known to mental health services, to prevent the risk of crime.
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2
3 Bakken and Visher (2018) looked at mental health and gender of individuals leaving
4 prison. They found individuals with less social support and often less stable mental health,
5
6 were more likely to re-offend and be re-incarcerated. More mental health support is needed
7
8 within and surrounding the criminal justice system to lower recidivism rates and effectively
9
10 support individuals who commit offences. This would provide opportunities for mentally ill
11
12 individuals to access treatment and help rather than continuing to re-offend.
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18 Most people who enter the criminal justice system have some form of mental health
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20 problem (Walvisch, 2018). In the UK, nearly half of all men in the prison system and
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22 approximately 70% of women have some form of mental illness (Criminal Justice Joint
23
24 Inspection, 2021). Additionally, over 70% of all prisoners meet criteria for two or more
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26 mental health diagnoses (Centre for Mental Health, 2021). This can also either lessen or
27
28 increase the severity of an individual's sentence (Royal College of Psychiatrists, 2021). On
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30 top of this, studies have found individuals with mental illnesses, particularly serious
31
32 psychiatric disorders such as schizophrenia and bipolar disorders, are approximately three
33
34 times more likely to be reincarcerated than those without (Baillargeon et al., 2009).
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39 Although the reason behind this is unknown, research has suggested it could be down
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41 to the social isolation many individuals with mental illness face. Mullen (2006) argues that
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43 the schizophrenic population exhibits more frequent violent behaviour. It's suggested
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45 schizophrenic individuals have more exposure to criminogenic risk factors, a combination of
46
47 behavioural issues, substance abuse, and lack of peer support. Meaning, schizophrenic
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49 offenders may be more likely to be reincarcerated due to their inability to break the offending
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51 cycle. Skeem et al. (2014) support the idea that increased risk factors cause high recidivism
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53 levels within OMIs; namely unmanaged behavioural issues and lack of social support. It was
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55 found that individuals with mental illness were, therefore, more likely to re-offend due to
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57 their risk factors being heightened after incarceration (Bolaños et al., 2020).
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3 The government has recently published new sentencing guidelines regarding mentally
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5 ill individuals (Sentencing Council, 2020). These guidelines now require judges to ask
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7 themselves several questions before sentencing; including, 'Did [the individual] seek help
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9 and fail to receive appropriate treatment or care?' This new structure was created to make
10
11 sentencing fairer and less regimented for those that need other forms of rehabilitation, such as
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13 mental health care (BBC News, 2019). Previously, no formal advice was given to judges on
14
15 how to best deal and consider OMIs (Dearden, 2020). Additionally, research has found OMIs
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17 are less likely to be given access to mental health care than non-offending individuals with
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19 mental illness (Grounds, 2019).
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25 Crocker et al. (2009) investigated gender differences experienced by OMIs through
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27 situations with police. They found mentally ill men were twice as likely as mentally ill
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29 women to commit a violent offence, and women with mental disorders were five times more
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31 likely to be charged with an offence than their non-disordered counterparts. However, this
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33 study only used data from a midsized town in Canada and as a result, the findings are
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35 unlikely to be generalisable to the rest of the world. Also, databases regarding court
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37 sentencing were used as opposed to primary data. Yourstone et al. (2008) were able to
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39 consistently conclude an offender's gender strongly interacts with sentencing and the
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41 likelihood of being declared legally insane, specifically, women were more likely (Yourstone,
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43 2008 & Yourstone et al., 2008). In contrast, Xie (2000) found that females were much more
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45 likely to be convicted of violent crimes. This study, however, only used participants from
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47 Japan and therefore is unlikely to be generalisable to the UK due to cultural differences.
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49 Japanese culture adopts a far more androgynous approach compared to the UK, which has led
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51 to a decrease in patriarchal roles and stereotypical male v female characteristics, which may
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53 explain the different statistics (Snyder, 2010).
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Consequently, although looking at a similar avenue, the purpose of this research study is to understand public perceptions of OMI's and the effect gender may play on this, so future information and practices can be implemented to further educate on the topic of mental illness. The limited literature available regarding this topic suggests that with a more knowledgeable public, mentally ill individuals would be able to access better support systems and seek appropriate treatments (Thompson, 2010). Therefore, significantly reducing recidivism and reincarceration rates (Corrigan et al., 2012; Lastra & Fruht, 2020).

Methodology

This study applies a quantitative design using vignettes to understand how gender affects perceptions of offenders suffering from mental health problems. Three hypotheses were studied:

- (1) Female offenders will receive a more sympathetic reaction compared to males, and therefore a lesser sentence.
- (2) Females with mental health issues will be viewed in a harsher light than their male counterparts.
- (3) Offenders with mental health issues will overall be given a less sympathetic reaction than other offenders.

Design

This research study uses primary quantitative data. Independent variables are gender of offender and mental health of the offender. Dependent variables are the outcome for the offender. There was a total of four scenarios; two as a control variable, and two experimental variables to see how responses differed depending on gender and mental health. The

scenarios were (1) Male offender has no signs of having bad mental health, (2) Female offender has no signs of having bad mental health, (3) Male offender shows obvious signs of having mental health issues and (4) Female offender shows obvious signs of having mental health issues. The 'obvious signs' of mental illness in each scenario included reports of the offender talking to themselves, demonstrating erratic behaviour, and descriptions of the delusions surrounding the offence. To control for extraneous variables, the offence in each scenario was murder. This is because different offences may provoke different emotional reactions and levels of understanding of the circumstances. This project was granted ethical approval, no. ETH2122-1893, by the Health, Psychology, and Social Care Ethics Committee at the University of Derby.

Sample

The study largely used online convenience sampling through social media and then to further expand the reach of the study, snowball sampling was used with participants being encouraged to share the study on their social media. This meant participants from a wide range of backgrounds and professions were able to take part. The inclusion criteria were individuals over 18 years old and residing in the UK. The study closed with 80 complete data sets. The 27 incomplete datasets were understood as a withdrawal from the study. The sample was gender skewed, as 80% of the participants are female. Furthermore, the ages ranged from 18 to 54 years old, with the median and mean ages falling within the 25-34 age group. The sample power for this project was estimated using a post hoc g*power calculation (Faul et al., 2007). This analysis assumed an alpha of 0.05 for a 2X2 ANOVA design. A medium effect size of 0.4 (Cohen's f) was assumed, according to Cohen (1992), and this was calculated that by obtaining 80 participants, there was a 0.612 probability of producing significant results.

Procedure

After informed consent was given, participants were able to access the questionnaire in Qualtrics. The first section of the survey presented demographic items, such as age and gender. Then, four vignettes were presented depicting a crime taking place at the hands of someone either showing obvious signs of mental health problems or not. These scenarios were based on crimes reported in newspapers and were then adapted and standardised for the use of the study. A series of 20 statements then followed on from these scenarios and participants were asked to provide their opinions, as well as how much they aligned themselves with the provided statements; on a scale of 1-5; where 1 is 'strongly agree' and 5 is 'strongly disagree'. These statements regarded gender, the outcome of offences and opinions regarding mental health and the criminal justice system. They were adapted from the following scales.

- a) Police and Community Attitudes towards Offenders with Mental Illness scale (Glendinning & O'Keeffe, 2015). A 40-item scale (PACAMI-O) holds a very good internal reliability of $\alpha=.929$. 11 statements were used from this scale.
- b) Public attitudes towards offenders with mental illness scale (PATOMI) was created by Walkden et al. (2021). It contains 28 items and has very good internal reliability of $\alpha=.92$. 4 statements were adapted from this scale.
- c) 5 statements were created by the researchers.

The new scale was found to hold a 'good' internal consistency of $\alpha = .693$. The main purpose of this new scale is to ensure participant satisfaction with the survey by limiting the number of items. The data was collected using an online survey software, Qualtrics, and then downloaded and inputted into SPSS for analysis.

Results

Analyses were conducted using SPSS IBM Statistics 27. Normality assumptions were not met, thus non-parametric analyses were carried out. Although our data was continuous, it was not normally distributed.

Cronbach's alpha was calculated to assess the internal consistency of the scale, $\alpha=.693$. Daud et al. (2018) argue this means the scale has a 'good' internal consistency. Each statement on the questionnaire scale was answered with a 5-point Likert scale (1 being the most negative opinion for a participant to hold for each offender). Three items on the scale had to be reverse coded; these were statements 4, 6 and 7.

For each scenario, total participant scores were calculated. The higher a participant scored on a scenario, the more leniently they viewed that offender. The maximum score a participant could have achieved was 100, and the minimum was 20. Following this, the means and standard deviations for each of the total scenario scores were calculated and compared (Table I).

Table I. Table showing the overall means and standard deviations for each scenario.

(Insert table I here)

Overall, participants scored higher on the female offender scenario (scenario 2) than they did on the male offender scenario (scenario 1). Indicating that more leniency was given in response to a female offender than a male. However, participants scored lower on scenario 4, regarding a female OMI, than they did on scenario 3, depicting a male OMI. Showing participants had less sympathy for the female with mental health issues than they did for the male. Moreover, on average, participants scored lower in both scenarios 3 and 4 than in 1 and

2, suggesting a more negative opinion of OMIs overall. Individual analyses were carried out to assess for any significant relationships or differences between the groups of data.

The Friedman test was chosen due to its similarity to ANOVA, and ability to assess differences between groups of continuous data within a non-parametric data set. Assumptions were assessed for this test and the data was found to meet all requirements.

A Friedman test was run to investigate any significant differences between male offender scores (scenario 1), female offender scores (scenario 2) and male offender with mental health issues scores (scenario 3). There were no statistically significant differences in scenario 1 scores to scenario 2 or 3, $\chi^2(2)=2.847$, $p=.241$ (Table II).

Table II. Results of the Friedman test comparing scenarios 1, 2 and 3 scores, and scenarios 2, 1 and 4 scores.

(Insert table II here)

A Spearman's rank-order correlation was then run to determine the relationship between participant scenario 1 scores (male offender) to scenario 2 scores (female offender). Spearman's rank-order correlation aims to evaluate the strength and direction of a relationship between two variables. A strong, positive correlation was found between scenario 1 and 2 scores (Table III), which was statistically significant ($r_s(78)=.844$, $p < .001$). Indicating that individual participants were likely to view male and female offenders similarly. Therefore, if one participant showed more sympathy for a female offender, they were likely to show a similar level to the male offender in the context of the wider participant scores.

Additionally, a second Spearman's rank-order correlation was run to determine the relationship between scenario 1 and scenario 3 (male offender with mental health issues). This correlation also found a strong, positive relationship (Table III) which was statistically

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3 significant ($r_s(78)=.714, p < .001$). Highlighting that participants were likely to hold
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5 proportionately similar views towards male offenders and male OMIs.
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8 Table III. Spearman's Correlation between scores on scenarios 1 and 2, 1 and 3, 2 and 4, and
9 3 and 4.
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12 *(Insert table III here)*
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15 A Friedman test was run to determine any statistically significant difference between
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17 female offender scenario scores (scenario 2), male offender scenario scores (scenario 1), and
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19 female offender with mental health issues scores (scenario 4). This test was chosen as it's an
20
21 effective, non-parametric method of comparing 3 or more groups together and determining
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23 any significant differences between them. A statistically significant difference in overall
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25 scores between scenarios 1, 2 and 4 was found, $\chi^2(2)=6.628, p=.036$ (See Table II).
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30 A post hoc analysis with Wilcoxon signed-rank tests was conducted with a Bonferroni
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32 correction applied. This was used to investigate each pairwise combination within our three
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34 groups, whilst also adjusting the p-values through Bonferroni to decrease the risk of a type 1
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36 error. This test resulted (Table IV) in two significant differences being found and the
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38 significance level being set at $p < .004$ for both. Median scores for scenarios 1, 2 and 4 were
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40 63 (58, 71.5), 65 (58, 71), and 62 (56.25, 68) respectively. There was no statistically
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42 significant difference found between scenario 2 (female offender) and scenario 1 (male
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44 offender), $Z=-.385, p=.701$ (Table IV). However, there were statistically significant
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46 reductions in scenario 4 scores versus scenario 1 scores ($Z=-2.498, p=.012$), and the same
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48 with scenario 4 and 2 scores ($Z=-3.245, p=.001$).
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53 These results suggest participants showed no statistical individual difference in their
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55 opinions of male and female offenders, within the context of their respective data sets.
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57 However, female OMIs were viewed with significantly less leniency when compared to both
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59 male offenders and female offenders without mental health issues.
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Table IV. Wilcoxon post hoc test showing differences between scores on scenarios 2, 1 and 4.

(Insert table IV here)

A second Spearman's rank-order correlation was then run to determine the relationship between participant's scores in scenario 2 (female offender) to scenario 4 (female offender with mental health issues). A strong, positive correlation was found (See Table III) between scenarios 2 and 4, which was statistically significant ($r_s(78)=.769$, $p < .001$). This means the higher a participant scored on scenario 2, the more likely they were to score higher on scenario 4. Demonstrating proportionately the same amount of leniency for both female offenders, regardless of their mental health, within the context of the data.

An additional Spearman's rank-order correlation was then run to determine the relationship between participant scores in scenario 3 (male mentally ill offender) and scenario 4 (female mentally ill offender). A strong, positive correlation was found (See Table III), which was statistically significant ($r_s(78)=.892$, $p < .001$). This means participants who scored highly on scenario 3, were more likely to score highly on scenario 4. Suggesting a proportionately similar perception of both male and female OMIs in context with the data.

Following this, a simple linear regression was calculated to see if it was possible to predict scenario 4 scores (female offender with mental health issues) based on scenario 3 scores (male offender with mental health issues). Assumptions were assessed for linear relationships, homoscedasticity, independence of observations and residuals and all were met (DW=1.969). A significant regression equation was found ($F(1,78)=387.191$, $p < .001$), with an R^2 of .832 (Table V). Meaning that the scores produced from scenario 3 can be used to predict scores in scenario 4. Suggesting that opinions regarding OMIs are linked, regardless of gender.

Table V. Showing F scores for linear regression between scenario 3 and 4 scores.

(Insert table V here)

Participants predicted scenario 3 scores equal to $6.074 + .910$ (scenario 4 scores) when scenario 4 scores are measured (Table VI). Scenario 3 scores increased by .910 for each added point calculated on scenario 4 scores. However, as the constant coefficient was 6.074, the results remain consistent with the fact that participants were less lenient towards female OMIs.

Table VI. Showing B scores for linear regression between scenario 3 and 4 scores.

(Insert table VI here)

Overall, the results of this study indicated that individual participant data could be measured approximately the same across the different scenarios. However, by understanding this data proportionately within the context of the four different scenarios, overall trends can be found. Specifically, the public perceives female OMIs more negatively overall than any other group and that female offenders without mental illness are viewed with more lenience than their male counterparts.

Discussion

This study's results fall in line with the relevant literature in this field (Crocker et al., 2009 & Roach, 2012). Overall, the public showed the least leniency towards female OMIs, followed by males with mental health issues, then male offenders, and lastly, the most sympathy was directed towards the female offender. These results, therefore, support the initial hypothesis that female offenders will garner a more sympathetic reaction from the public overall than their male counterparts. However, if females have mental health issues, they are then viewed more negatively than males (Crocker et al., 2009).

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3 Spohn and Beichner (2000) found women faced significantly lower odds of
4 incarceration than men and are also more often subject to more lenient treatment.
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6
7 Theoretically, female offenders are perceived as a societal problem, rather than a criminal
8 one (Crocker, 2009). It could be argued that this disparity is due to societal gender roles and
9 attributes. Females are often associated with tenderness, as opposed to males being associated
10 with impulsiveness (Helgeson, 2012). These attributes are embedded in societal structures;
11 thus, the public may be more sympathetic towards female offenders due to unconscious
12 interpretation of gender attributes. For example, female sex offenders are rarely viewed to be
13 as 'evil' as male sex offenders (Zack et al., 2016). Often aided by their presentation in the
14 media, as a female teacher-lover trope rather than the male, devilish offender (Frei, 2008) but
15 also stems from the traditional societal view of a woman. These reasons likely explain why
16 the current study found the public gave more leniency towards female offenders than any
17 other type of offender.
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34 Similarly, gender has been identified to be the strongest factor in affecting the length
35 of time individuals are sentenced (Pina Sanchez & Harris, 2020). In our current study,
36 participants who showed higher levels of leniency for female offenders were more likely to
37 also show higher levels of leniency for female OMIs. Despite this similarity on an individual
38 level, overall, there was a significant difference in the amount of sympathy shown to female
39 offenders with or without mental illness, supporting the proposed hypothesis. Our study
40 found a marginal difference between average mentally stable male and female offender
41 scores. Thus, this difference should be interpreted with caution. A bigger sample size would
42 potentially allow us to explore the reliability of these findings, and further confirmation and
43 contribution to the literature on the topic.
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57 Furthermore, these findings confirmed the hypothesis that female OMIs are viewed
58 more harshly than male OMIs. Participants perceived female OMIs the most negatively out of
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3 all four scenarios. Crocker et al. (2009) found that although mentally ill men were twice as
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5 likely to commit violent acts as mentally ill females, female OMIs are five times more likely
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7 to be charged with an offence than other female offenders. The idealisation of female
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9 attributes contrasted with female individuals who commit an offence could explain the lack
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11 of leniency. When women are convicted of high-severity offences, such as murder, they are
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13 viewed harsher than male offenders (Nagel & Hagan, 1983). All the scenarios used in this
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15 study involved the offender committing a murder, thus this could explain the reason behind
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17 the little leniency shown towards female OMIs versus male OMIs. In contrast, Becker et al.
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19 (2011) compared male and female offenders with serious mental illness (SMI) re-arrest rates
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21 and found gender, specifically being male, was a significant predictor of reoffending and
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23 subsequent re-incarceration. Suggested to be due to differences in treatment by police and
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25 public upon their release from prison. Therefore, inferring the public view and treating male
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27 offenders with SMI significantly worse than female offenders with SMI.
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34 The regression analysis showed that the male OMI scores did not increase as quickly
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36 as female OMI scores despite male OMI scores being plotted significantly higher overall.
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38 This means that participants may show an initial bias towards female OMIs but that perhaps
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40 mental illness interacts with this perception more so than gender. Further findings support
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42 this theory as our study found OMIs were shown less sympathy overall than non-mentally ill
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44 offenders. Significant differences in scores were also found between both male scenarios and
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46 both female scenarios. Therefore, in this context, we can remove gender as a factor and
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48 specifically look at the mental health of the offender.
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53 Farina et al. (1992) found the public generally held the opinion that offenders with
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55 mental illness (OMIs) should be treated by segregating them from society, to ensure the rest
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57 of society is kept safe. Roach (2012) investigated police perceptions of OMIs and found
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59 police officers were more likely to label individuals as dangerous or violent if they were
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3 showing obvious signs of mental illness. Thompson (2010) argued that by educating the
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5 public and criminal justice professionals about mental health, overall crime and recidivism
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7 rates would drop considerably. Stewart and Gobeil (2015) found that offenders, specifically
8
9 females, responded the most effectively to treatment programmes within the prison system,
10
11 particularly regarding substance abuse. As addiction is a form of mental illness and a
12
13 reoffending risk factor, this emphasises how important it is that criminal justice professionals
14
15 are educated on how to support and deliver these treatment programmes, therefore drastically
16
17 reducing recidivism rates.
18
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21

22 Pre-2020, no formal advice was given to judges on how to consider OMIs (Dearden,
23
24 2020) and now that this has been established, judges have reported feeling more confident in
25
26 making sure mentally ill individuals have their rights and needs appropriately assessed while
27
28 balancing protecting the public and bringing justice for the victims (Sentencing Council,
29
30 2020). Worthington and Rossetti (2020) followed a similar method to the present study, with
31
32 vignettes depicting crimes and varying the offender's mental health, and discovered that in
33
34 more recent years public perceptions of offenders with intellectual disabilities (IDs) have
35
36 become more positive. They deemed this change was due to NHS and government initiatives
37
38 spreading awareness and successfully reintegrating these individuals back into society.
39
40 Through these strategies, further reoffending would be prevented by providing better support
41
42 and understanding of offenders with IDs, with less restrictive environments and more secure
43
44 social networks acting as protective factors.
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50 Lastra and Fruht (2020) also found that through educating the public on mental
51
52 illness, the stigmas faced by individuals with mental health issues were conceptionally
53
54 decriminalised. Thus, allowing for people with mental illness to access the help they need
55
56 more easily, and have an increased sense of social support from peers (Bakken and Visher,
57
58 2018) which in turn will decrease recidivism rates and provide an accessible path out of the
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1
2
3 offending lifestyle. Lowenkamp et al. (2006) found offenders who aren't given any mental
4
5 health treatment during or after incarceration often have higher recidivism rates.
6
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8 This, therefore, combined with the results of the present study, which show the public
9
10 perceive OMIs more negatively than other offenders, shows the dire need for the public and
11
12 criminal justice professionals to be educated on mental illness.
13
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15
16 We suggest all police personnel and prison officers would strongly benefit from
17
18 undergoing mental health awareness courses, so they are better equipped to deal with and
19
20 consider the needs and behaviours of OMIs. Consequently, reducing the negative criminal
21
22 stigma surrounding these individuals, as well as better equipping police officers to help rather
23
24 than hinder individuals from accessing the help they need to end the reoffending cycle.
25
26
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28 Moreover, studies have praised the idea of providing the public with more accessible
29
30 and easier-to-digest resources surrounding mental health awareness as an effective method of
31
32 destigmatising and humanising mental health (Spagnolo et al., 2008). Especially, how to get
33
34 struggling individuals the help they need, or simply share success stories from rehabilitated
35
36 OMIs. Addison and Thorpe (2004) found members of the public who knew someone with
37
38 mental health problems, were significantly less negative and judgemental towards OMIs. In
39
40 addition, these individuals were also significantly less likely to view mentally ill individuals
41
42 as a threat and support rehabilitation treatment as opposed to re-incarceration.
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47 Research supports this idea and the data shows educating the public is an effective
48
49 form of de-stigmatisation (Corrigan et al., 2012; Rüsçh et al., 2005). Proven efficient when
50
51 incorporated into the education system and children's classrooms (Rickwood et al., 2012).
52
53 Thus, adopting mental health education within the curriculum would educate the next
54
55 generation of adults to hold less discrimination towards those struggling with mental health.
56
57 Education could also allow a smoother transition for offenders when leaving prison. This is
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1
2
3 because reintegration is more likely if mental health is less stigmatised. Bolaños et al. (2020)
4
5 argued one of the main reasons OMI's have such high recidivism rates is that their risk factors
6
7 are elevated due to social isolation. In addition, offenders who receive no further treatment
8
9 past incarceration have higher recidivism rates (Andrews & Dowden, 2005; Lowenkamp et
10
11 al., 2006). Therefore, an educated public would provide OMI's with easier access to peer
12
13 support, help to get onto treatment programmes, and subsequently reduce the overall risk of
14
15 reoffending.
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20 ***Limitations***

21
22 For future replication of this study, the authors consider a larger and more gender-
23
24 balanced sample size would increase the ecological validity of the findings. Participants in
25
26 this sample were mainly female and this could explain the higher sympathy towards female
27
28 offenders. However, despite this, the findings are supported by the literature, suggesting
29
30 perhaps that the gender of the sample does not affect the overall outcome. In addition, in
31
32 post-analysis, it was found that by removing the statement 'More money and time should
33
34 have been spent on the care and treatment of this offender to prevent crime', the internal
35
36 consistency of the scale used improved from $\alpha=.693$ to $\alpha=.729$. Therefore, although
37
38 Glendinning and O'Keeffe (2015) found this statement to be an important part of the scale,
39
40 our data concludes that it decreases the reliability of the new, combined scale with it
41
42 included. Although the present study does not assess the specific negative stigmas faced by
43
44 mentally-ill individuals, we recommend that this would be beneficial for future research to
45
46 create a wider understanding of the problems faced because of negative perceptions.
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54 ***Conclusion***

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56 This research aimed to identify if the gender of an offender with mental health issues
57
58 affects their perception by the public. Based on a quantitative analysis, it can be concluded
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3 both the gender of an offender and their mental health, can affect how they are perceived by
4
5 the public. The results indicate OMIs are perceived most negatively overall, specifically
6
7 female OMIs were given the least sympathy. Whereas, in offenders with no mental illness,
8
9 the public perceived females more positively than males. These results are likely due to how
10
11 society views women, as less criminogenic and dangerous than men. However, when gender
12
13 is coupled with mental health, females are viewed more negatively because they are more
14
15 likely to be viewed as 'difficult' and therefore incarcerated more often.
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21 These findings demonstrate the imperative need for more mental health awareness
22
23 and education to be given to both the public and criminal justice professionals. Studies have
24
25 shown this is an effective form of reducing recidivism amongst OMIs, through better and
26
27 more accessible mental health treatment and diminishing the effects of negative stigmas upon
28
29 release. This research supports the theory that both male and female offenders are treated
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31 worse when showing obvious signs of mental illness, and specifically that the public views
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33 female offenders significantly more positively than female OMIs.
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Tables:*Table I:*

	Scenario 1	Scenario 2	Scenario 3	Scenario 4
Mean	64.31	64.75	63.21	62.76
Standard Deviation	8.537	8.352	9.639	9.659

*Table II:**Test*

<i>Statistics</i>	<i>Scenario1*2*3</i>	<i>Scenario2*1*4</i>
Chi-Square	2.847	6.628
df	2	2
Sig.	.241	.036

a. Friedman Test

*Table III:**Correlations*

		TotalScore S2	TotalScore S3	TotalScore S4
Spearman's rho	TotalScore_S1	Correlation Coefficient	.844**	.714**
		Sig. (2-tailed)	.000	.000
		N	80	80
TotalScore_S2		Correlation Coefficient		.769**
		Sig. (2-tailed)		.000
		N		80
TotalScore_S3		Correlation Coefficient		.892**
		Sig. (2-tailed)		.000
		N		80

** . Correlation is significant at the 0.01 level (2-tailed).

Table IV:

Test Statistics^a

	TotalScore_S2	TotalScore_	TotalScore_
	-	S4 -	S4 -
	TotalScore_S1	TotalScore_	TotalScore_
		S2	S1
Z	-.385 ^b	-3.245 ^c	-2.498 ^c
Sig. (2-tailed)	.701	.001	.012

a. Wilcoxon Signed Ranks Test

b. Based on negative ranks.

c. Based on positive ranks.

Table V:

ANOVA

Model	df	F	Sig.
1 Regression	1	387.191	.000 ^b
Residual	78		

a. Dependent Variable: TotalScore_S3

b. Predictors: (Constant), TotalScore_S4

Table VI:

Coefficients

Model		Unstandardized	
		Coefficients	Sig.
	B		
1	(Constant)	6.074	.042
	TotalScore S4	.910	.000

a. Dependent Variable: TotalScore_S3