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PUBLIC PERCEPTIONS OF ADVERSE CHILDHOOD EXPERIENCES:

SENTENCING, HARM, AND THE ABUSE EXCUSE

BY

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Bachelor of Arts in History and Justice Studies, University of New Hampshire, 2018

THESIS

Submitted to the University of New Hampshire

in Partial Fulfillment of

the Requirements for the Degree of

Master of Arts

in

Justice Studies

September 2019

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DEDICATION

This thesis is dedicated to the survivors of domestic, sexual, and childhood abuse I have encountered through my AmeriCorps service year at YWCA NH Crisis Services. It is your resilience that gives me inspiration and hope.

ACKNOWLEDGEMENTS

First, I am deeply grateful for the University of New Hampshire Graduate School Summer Teaching Assistant Fellowship (STAF) which afforded me the opportunity to extend my thesis research into the summer months.

Next, my research would have been impossible without the mentorship of my thesis adviser Professor David Finkelhor, who supported me at every stage of this project and nurtured my intellectual curiosity throughout graduate school. My sincere thanks also go to Professor Donna Perkins who went above and beyond her duties as a defense committee member to answer my seemingly endless questions about statistical methods and SPSS. I am also grateful for Professor Ellen Cohn who served on my defense committee and gave ample feedback that allowed me to bring the quality of this thesis to the next level. Deb Briand gave me invaluable guidance with all the logistics associated with a thesis project, from booking a room for my oral defense to reminding me about important deadlines so that I could stay on track.

Finally, I could not have completed this significant project without the support of those personally close to me. I am deeply grateful for the relationships I have formed with those in my master's cohort as we worked through the victories and challenges of graduate school together. My heartfelt thanks go to Nick for his unwavering encouragement and unintentional pep-talks and to Grace for our complex conversations about victimization and surviving that colored my research with meaning. And to my supportive Mom and Dad - thank you for being my biggest fans from that happy first day of kindergarten to those exhausting final weeks of graduate school. I hope this thesis makes you proud when you read it.

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ABSTRACT

PUBLIC PERCEPTIONS OF ADVERSE CHILDHOOD EXPERIENCES:
SENTENCING, HARM, AND THE ABUSE EXCUSE

By

Crystal M. Napoli

University of New Hampshire

The ten Adverse Childhood Experiences (ACEs) have been shown to have an association with future health outcomes and criminal conduct (Felitti et al., 1998; Cannon, Davis, Hsi, & Bochte, 2016). While some scholars and practitioners seek to use these findings to formulate a more “trauma-informed” orientation towards criminal behavior, others are skeptical towards this perceived expansion of the “abuse excuse” into the criminal justice domain. This study used a multi-methodological design to explore attitudes towards offenders who have experienced the ACEs. The researcher distributed a survey containing fictional vignettes to 302 participants. The results revealed that participants gave more lenient sentences to offenders who experienced physical neglect and more punitive sentences to offenders who experienced divorce in the childhood home when compared to the sentences given to offenders with no described ACE history (i.e., the control vignette). These findings were consistent between both male and female offenders. However, participants also gave more lenient sentences to female offenders who experienced sexual abuse when compared to the sentences given to female offenders with no

described ACE history, whereas no significant relation between childhood sexual abuse and lenient sentences for male offenders was found. Participants rated sexual abuse as the most harmful and divorce as the least harmful ACE. Next, qualitative data from 6 voluntary semi-structured follow-up interviews indicated that nonprofessionals have highly nuanced views about the ACE outcomes as well as the intersection between childhood adversity and criminal justice. These findings suggest that an ACE's perceived harmfulness is not a reliable predictor of lenience or punitiveness in sentencing for individuals who have experienced that ACE, and that sentencing decisions are made within a more complicated system that involves other factors such as the gender of the offender. Moreover, this study complicates the "abuse excuse" assumption which suggests that people may change their punitive orientation towards criminal behaviors once information about an offender's adverse childhood history is disclosed; only some ACEs have a relation with lenient sentencing, some (like divorce) have a relation with punitive sentencing, while other ACEs did not significantly change sentencing attitudes at all.

Introduction

Erik and Lyle Menendez were two boys who grew up in a wealthy Beverly Hills neighborhood, but their family's sprawling villa was not the charming oasis that it seemed. The boys' mother Kitty suffered from depression, alcoholism, and drug addiction, and the boys claimed that they were abused sexually, physically, and emotionally by both of their parents. When the Menendez brothers brutally murdered their mother and father with a shotgun in 1989, the nation was fascinated with the true crime case. The initial juries deliberated about the abuse claims and how this impacted the brothers' culpability, but they ultimately were both convicted of first-degree murder and sentenced to life without parole (Worthen, 2019). Nevertheless, the "abuse excuse" debate was reinvigorated in the public discourse. To what extent does childhood trauma affect lifetime outcomes for an adult? Does an offender's history of childhood adversity have any place in the courtroom?

Negative events that children experience and/or witness such as abuse, neglect, and household dysfunction can influence future wellbeing, victimization, and criminal behavior (Felitti et al., 1998). The Adverse Childhood Experiences (ACEs) framework emerged from the key study from CDC-Kaiser Permanente (1998) and gained recognition as a concept linking 10 specific childhood adversities (physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, substance use in home, mental illness in home, mother treated violently, incarcerated relative, and divorce) to future health outcomes. Evidence also indicates that ACEs impact future violence perpetration and victimization as well as lifelong opportunity. While some scholars and practitioners seek to frame the ACEs as a public health issue, others are skeptical towards the perceived expansion of the "abuse excuse".

When any given social ailment is reframed as a public health issue, there are usually implications for the criminal justice system. Take the opioid epidemic for example – as drug dependency began to be framed as a treatable medical condition rather than a criminal choice, professionals and nonprofessionals alike began to change their attitudes towards health and criminal justice responses to substance abuse (Cornish, 2017). If the ACEs continue to be developed within a medical/health framework, there are similarly notable implications for the United States criminal justice system.

People with high ACE scores are frequently found in the United States' incarceration system (Strange, 2014). As health and criminal justice organizations alike launch local and national initiatives to address childhood adversity using the ACE model, it is more important than ever to explore public perceptions of the harmfulness of 10 ACEs both independently and together. However, little is known about public attitudes towards those offenders who have experienced the ACEs. Moreover, public attitudes towards the ACE framework itself is under researched.

This multimethodological study aims to fill this gap in the literature. A total of 302 participants completed a survey in which they responded to fictional vignettes about offending individuals who have experienced the ACEs. They also rated the harmfulness of each ACE independently. After the survey results were quantitatively analyzed, 6 individuals participated in voluntary semi-structured follow-up interviews that yielded qualitative data about public perceptions of the ACEs and the “abuse excuse.”

This paper has implications for programs working to address the ACEs, poly-victimization, and family violence. In many cases, these programs depend on the financial and democratic support of nonprofessionals who fund and vote for program implementation. This

study explores the current public opinions surrounding the ACEs and the “abuse excuse” that must be addressed in order to improve organizational/program sustainability. The paper will also illuminate gaps in public knowledge regarding the ACEs and will therefore contribute to a larger body of literature surrounding community education as it pertains to childhood adversity.

Literature Review

The ACEs as an Emerging Public Health Framework

The original CDC-Kaiser ACE study was groundbreaking in that was among the larger and earlier studies to find a link the 10 Adverse Childhood Experiences and health complications later in life (Felitti et al., 1998). CDC-Kaiser found that the ACEs operate in a graded dose-response, meaning that as ACE score (number of ACEs a child has experienced) increases, so does the risk for health complications. Some of the health outcomes linked to ACEs include pulmonary disease, fetal death, liver disease, ischemic heart disease, and sexually transmitted diseases (Felitti et al., 1998).

Another study that focused on health outcomes was Kelly-Irving et al. (2013). The researchers explored the relation between the ACEs and premature mortality. Using the longitudinal National Childhood Development Study which examined a British cohort of all men ($n = 7,816$) and women ($n = 7,405$) born during one week in 1958, the researchers used the cohort’s ACE information according to the data collected at ages 7, 11, and 16 as well as death outcomes measured by death certificates. When controlling for mediating factors at age 23 (like social class, educational level, psychological malaise, alcohol and tobacco consumption, and Body Mass Index), there remained an association between ACE scores and premature death. More specifically, women who had experienced one ACE had a 66% increased risk and women who had experienced two or more ACEs had an 80% increased risk of premature death.

Similarly, men who experienced two or more ACEs had a 57% increased risk of premature death (Kelly-Irving et al., 2013). These findings demonstrate that the ACEs are predictors of health outcomes as severe as death.

Perhaps the most astonishing findings about the ACEs come from those studies that explore the prevalence of the ACEs in the general population (CDC, 2009; 2010). The CDC published a report in 2009 that analyzed data from 26,229 adults in five states who responded to telephone interviews containing the 2009 ACE module of the Behavioral Risk Factor Surveillance System (BRFSS; CDC, 2009). The report found that approximately 59.4% of respondents reported experiencing at least one ACE and 8.7% reported experiencing 5 or more. The most commonly reported ACE was substance abuse in the household at 29.1% of respondents, and the least commonly reported ACE was having an incarcerated family member at 7.2% of respondents (CDC, 2009). While there were some differences in reporting along generational, gender, racial, and ethnic lines, the study indicated that the ACEs are largely a universal phenomenon.

In 2010, more states opted to add the ACE module on the BRFSS. The phone surveys revealed the prevalence of the ACEs for the 53,784 participants sampled from Washington, DC, and 10 states. While 40.7% of total respondents reported having no ACEs, 23.6% reported having 1 and 14.3% reported having more than 4 (CDC, 2010). For the entire participant sample, different types of abuse were reported at different rates (emotional abuse at 35%, physical abuse at 15.9%, sexual abuse at 10.9%) as was true for household dysfunction (domestic violence at 14.9%, substance abuse at 25.1%, mental illness 16.3%, parental separation or divorce at 22.8%, and incarcerated household member at 5.7%; CDC). When the results were divided into men (N = 21,245) and women (N = 32,539) respondents, many of the ACE prevalence rates remained

comparable. However, there were some exceptions. For example, there were gender differences for reported rates of sexual abuse (men at 6.4% and women at 15.2%), household substance abuse (men at 22.9% and women at 27.2%), and household mental illness (men at 13.3% and women at 19.3%).

While the ACEs have been traditionally associated with health outcomes, they also have been shown to be predictors of social ailments. For example, physical dating violence (PDV) is one phenomenon shown to have such an association. Miller et al. (2011) examined the data from the National Comorbidity Survey Replication (NCS-R), during which non-clinician field interviewers conducted computer-assisted in-person interviews. Miller et al. (2011) took a subset sample of 5,130 adult survey respondents who first began dating before 21 years of age. The researchers coded the data into ACE categories to determine their association with PDV. They found that many of the ACE types were significantly correlated with PDV perpetration or victimization. More specifically, a greater percentage of ACE types were associated with PDV victimization (33.3% of ACE types) when compared to PDV perpetration (16.7% of ACE types). PDV in dating relationships was positively correlated with several ACEs, including but not limited to sexual abuse, mental illness, and domestic violence (Miller et al. 2011). This finding indicates that the ACE framework has implications for more outcomes than the original study explored.

The ACEs as an Incomplete Framework

While the ACE framework is gaining recognition and many researchers have provided evidence that supports the model (Felitti et al., 1998; Kelly-Irving et al., 2013; CDC, 2009; CDC, 2010), one ought to exercise caution about accepting that framework without critique. Two major critiques can be made about the ACE framework.

First, many social scientists and psychologists believe that the 10 ACEs are likely not an exhaustive list of those adversities that could harm a child. Researchers have attempted to revise the ACE framework so that it is inclusive to more diverse adverse experiences that are linked to similar outcomes. For example, a 2012 study conducted by Finkelhor, Shattuck, Turner, and Hamby aimed to refine the Adverse Childhood Experience scale by reassessing which existing and potential items ought to be included. The researchers surveyed a nationally representative sample of 2,030 children and adolescents to gather information about childhood adversities and current distress symptoms via phone interviews. Several key findings emerged. First, while the ACE scale was still significantly correlated with distress, an adapted ACE scale that dropped less highly correlated items (mother treated violently, incarcerated relative, household substance use, divorce) and added previously unincluded items (peer victimization, exposure to community violence, socioeconomic status, someone close had a bad accident or illness) was more strongly associated with distress than the original ACE scale. Although this model was slightly different from the original ACE model because it did not trace the ACEs (original or adapted) to long term health outcomes, it provided interesting findings: previously excluded items ought to be included on the ACE model, and some of the original ACE items may be absorbed by the collinearity phenomenon because we do not know what the mechanisms of those adversities are (Finkelhor, Shattuck, Turner, & Hamby, 2012).

These critiques are important for proponents of the ACE framework to address. Those who stick too closely to the original study will likely exclude other childhood adversities that are even stronger predictors of poor lifetime outcomes when compared to some of the adversities that are officially included on the original model.

The second critique is a bit more conceptual. Although the ACE study is considered by many to be groundbreaking, some aspects of it are not entirely new; social scientists have long studied childhood adversity and linked these experiences to poor lifetime outcomes (Finkelhor, Shattuck, Turner, & Hamby, 2012). I argue that the ACE study has gained notoriety because of its framing technique. Rather than speaking about childhood adversity as a rights issue, a safety issue, or a parenting issue, the ACE framework has attempted to *shift public discourse* to discuss childhood adversity as a public health issue – evidenced simply by the extent to which the Center for Disease Control advocates for the ACE framework. Because proponents of the ACEs are attempting to change public discourse in this way, it is more important than ever to examine what the public attitudes towards the ACEs *actually are* – especially if initiatives using the ACE model are meant to be sustainable and effective.

The ACEs and Incarceration in the United States

Although scholars may be interested in studying the intersections between the ACEs and incarceration, there are several considerations scholars must address. The first major consideration involves the importance of distinguishing between the ACEs and more general childhood adversities within the literature. The ACEs are a list of 10 specific adversities included in the CDC's framework that operate in a graded-dose response in relation to poor lifetime outcomes (Felitti et al., 1998), whereas other childhood adversities may be included or excluded from the ACE framework and may have their own relations to various lifetime outcomes. While some literature focuses on the ACEs and incarceration, other literature focuses on childhood adversities and incarceration.

Additionally, as Johnson and Easterling (2012) warn, it can be difficult to untangle the relation between incarceration and its effects on children. Researchers who attempt to draw clear

lines between parental incarceration and children's experiences face many challenges in overcoming selection bias (Johnson & Easterling, 2012). It is difficult to determine whether a child's circumstance is due to a parent's incarceration itself or the secondary factors associated with incarceration (factors that place that parent at greater risk of incarceration or factors that co-occur with current or past experiences of incarceration or parole). Therefore, significant methodological and conceptual efforts must be made to ensure that these types of studies are credible. Since 2012, though, some researchers have taken up Johnson and Easterling's challenge.

One such study was conducted by Turney in 2014 and found parental incarceration as a childhood adversity to be a significant predictor of health ailments in children over time. Stress served as the theoretical cornerstone of this study, with more specific stress types being stress proliferation and intergenerational stress. Stress proliferation is when one stressor like incarceration leads to an array of secondary stressors, such as insecure housing, finance, and relationships. Intergenerational stress involves the transmission of either primary or secondary stressors to impacted children, influencing their experiences and well-being. By using the data from the 2011-2012 National Survey of Children's Health (NSCH), Turney conducted quantitative analyses to explore the link between parental incarceration and 16 different health factors. Turney found that while controlling secondary factors related to incarceration (e.g., socio-economic status, household members with mental health issues, etc.), parental incarceration was independently associated with a greater likelihood of children's learning disability, ADD/ADHD, developmental delays, behavioral or conduct problems, or speech/language problems (Turney, 2014). This study showed that child health disadvantage is a

complication associated with parental incarceration. This study did not explicitly study the ACEs, but instead studied one experience that is included within the ACE framework.

While having an incarcerated relative is an ACE, the ACEs may also fuel the incarceration system. While most researchers have not yet applied the official ACE framework to incarceration research, many researchers have focused on types of adversities such as abuse and household dysfunction (Thornberry, Huizinga & Loeber, 1995; McCord, 1996; Maschi, Morgen, Hatcher, Rosato, & Violette, 2009; Ou & Reynolds, 2010; Klika, Herrenkohl, & Lee, 2013) that happen to be included within the ACE framework.

Relating to the juvenile justice system, Maschi, Morgen, Hatcher, Rosato, and Violette (2009) explored the relation between childhood maltreatment and behavioral issues in children. The researchers grouped behaviors as internalizing behavior problems (i.e., mild to severe anxiety, depression, or suicidal behavior) and externalizing behavior problems (i.e., aggression, delinquency, rule-breaking behavior). Researchers analyzed data from a longitudinal study with 300 youths (56% maltreated) and showed that initial internalizing behaviors had a mediating effect on externalizing behaviors. Therefore, the study found an association between childhood adversity and both internalized and externalized behaviors; however, the association with externalizing behavior was mediated through internalizing behavior. Maschi et al. (2009) explained that although internalizing behaviors are widely interpreted by social workers to be indicative of a history of trauma, externalized behaviors are rarely met with the same attitude from institutions; rather, many children are punished by the juvenile justice system. Gaining a better understanding of childhood adversity effects on externalizing behavior problems provides promise for intervention efforts. More importantly, however, it shows us that at least some experiences that are included in the ACE framework (i.e. child maltreatment) have serious

psychological and behavioral effects, both of which could lead to involvement with the juvenile justice system.

While some studies examined childhood adversities and juvenile incarceration without using the ACE framework (Maschi et al., 2013), others used the ACE framework to guide their research (Cannon, Davis, Hsi, & Bochte, 2016). In collaboration with the New Mexico Sentencing Commission, Cannon, Davis, His, and Bochte (2016) analyzed the initial psychological evaluations of all 220 male and female juveniles who were committed to the CYFD's Juvenile Justice Facility in 2011. After coding these evaluations for the 10 ACEs as described by Felitti et al. (1998), the researchers found that 86% of the incarcerated New Mexico juveniles experienced four or more ACEs compared to the 14.3% of respondents in the general population who reported experienced four or more ACEs (Cannon et al., 2016; CDC, 2010). Female incarcerated juveniles in the sample were significantly more likely to have experienced sexual and physical abuse when compared to their male counterparts (Cannon et al., 2016). This study demonstrates that people with ACEs are disproportionately represented in the juvenile justice system.

Although some childhood adversities seem to have relations with juvenile justice system involvement, the connection between juvenile incarceration and adult incarceration is less clear. Moffitt's (1993) developmental taxonomy involving life-course-persistent and adolescence-limited antisocial behaviors is relevant to this discussion. Moffitt established this taxonomy to reconcile two phenomena related to antisocial behavior: first, that antisocial behavior shows continuity over age, and second, that prevalence rates are notably higher during adolescence (Moffitt, 1993). Moffitt argues that there are two categories of individuals who express antisocial behaviors. The first and largest group demonstrates antisocial behaviors mostly during

adolescence (“adolescence-limited”) while the second, smaller group exhibits anti-social behaviors throughout the lifetime (“life-course-persistent”; Moffitt, 1993). Moreover, those with deleterious experiences in childhood including but not limited to the experiences described in the ACE framework may become a life-course-persistent offender (Moffitt, 1993). This distinction is an important one to make and extend to this paper’s line of research; while some individuals with a history of childhood adversity may end up in the juvenile justice system, not all of them will continue on to be involved with the adult criminal justice system.

However, some individuals with a history of childhood adversity – perhaps those within the life-course-persistent classification – may be incarcerated in the adult system (Moffitt, 1993; Thornberry, Huizinga & Loeber, 1995; Klika, Herrenkohl, & Lee, 2013; McCord, 1996; Ou & Reynolds, 2010). Research shows that those who enter the juvenile justice system are also likely to enter the adult criminal justice system. Research as early as Hamparian, Davis, Jacobson, and McGraw (1985) showed that 58% of juveniles with a criminal history were later arrested for a crime as adults. Just a few years later, another study had consistent findings. Farrington (1998) found that 50% of the juveniles involved in the study who were convicted of a violent crime committed another violent crime as an adult. For those life-course-persistent offenders, juvenile justice system involvement is associated with adult criminal justice system involvement (Moffitt, 1993; Farrington, 1998). Adverse Childhood Experiences may predicate both.

While some childhood adversities seem to be predictors of behaviors that lead to juvenile justice involvement (Maschi et al. 2009) and juvenile justice involvement can be a predictor of adult criminal justice involvement for lifetime-persistent offenders (Moffitt, 1993; Hamparian et al., 1985; Farrington, 1998), some childhood adversities such as abuse (Thornberry, Huizinga & Loeber, 1995; Klika, Herrenkohl, & Lee, 2013) and household dysfunction (McCord, 1996; Ou

& Reynolds, 2010) have been shown to have relations with adult criminality. Relating to abuse, even when controlling for variables such as race, gender, and age, a history of child abuse victimization was shown to be a statistically significant predictor of violent crime perpetration as an adult (Thornberry, Huizinga & Loeber, 1995). More recently, Klika, Herrenkohl, and Lee (2013) found that antisocial behaviors in adolescence as well as criminality in adulthood are both associated with physical and sexual child abuse victimization histories.

Abuse is not the only category that happens to be in the ACE framework and is linked to adult criminality; household dysfunction is as well. McCord (1996) found that children with fathers who were convicted of a violent crime were more likely themselves to be convicted of a violent offense later in life. Similarly, other parental attributes (i.e., parental attitudes, style, expectations, and criminality) as well as family conflict are statistically associated with juvenile or adult offending (McCord, 1996). Ou and Reynolds (2010) also found parental involvement in children's school life to be associated with incarceration during adulthood. Parental involvement and stability decrease children's educational risks in that low household stability increases the likelihood of children becoming transient students (i.e., transferring schools often). Further, children who are transient students are more likely to become adult offenders than non-transient students (Lochner & Moretti, 2004).

Aside from the demonstrated association between certain childhood adversities and offending, some researchers wonder about the ACE prevalence rate for incarcerated individuals (Sharp, 2014). Sharp (2014) explored this phenomenon when she researched the experiences of Oklahoma's female prison population by specifically focusing on the 10 ACEs and adult abuse. She found that incarcerated women were more likely than incarcerated men to report histories of physical or sexual abuse, domestic violence, and dysfunctional family dynamics when they were

children. Sharp also found that more than half of the sampled prisoners came from families where one or both parents were violent towards other family members, more than two-thirds experienced physical and/or sexual abuse as children, and four-fifths experienced intimate partner violence or rape as adults (Sharp, 2014). When compared to the nationwide prevalence rates (CDC, 2009; CDC, 2010), it seems that people with Adverse Childhood Experiences are disproportionately represented within the United States' incarcerated population.

While the relation between incarceration and childhood adversity is well-established in the literature, the recommendations for intervention are less clear. The National Institute of Justice (NIJ, 2016) reports that 67.8% of adults reoffend within 3 years of release and 76.6% reoffend within 5 years of release. These recidivism rates indicate that incarcerated offenders are not being successfully rehabilitated. While some nontraditional options such as drug court and mental health court have emerged across the country to address this issue (National Association of Drug Court Professionals, 2019; New Hampshire Judicial Branch, n.d.), a question relevant to this research study remains: what do we do with offenders who are survivors of childhood adversity? Should there be a process that differentiates those offenders with high ACE scores from those offenders with little to no ACE history? This line of inquiry leads us to another topic in the literature: culpability.

Sentencing, Culpability, and the “Abuse Excuse”

While there is an extensive body of literature focused on unconscious influences in sentencing decisions, there have been very few researchers who have empirically examined sentencing of offenders for which the “abuse excuse” is introduced into court. I could not find any peer-reviewed journal articles that attempted to use the ACE model in this way. Most of the

scholarly work exploring culpability and the abuse excuse were philosophical and theoretical, although there were a handful of empirical studies that were at least tangentially related.

Researchers have long been interested in studying factors that influence sentencing decisions. Goodman-Delahunty and Sporer (2010) wrote an extensive review of the literature on unconscious influences in sentencing decisions and grouped the literature into four categories: influences pertaining to the judge, the offender, the “unforeseeable” consequences of the offense, and facts that establish context. Related to characteristics of the judge, one study involving 27,000 cases revealed that female judges gave harsher sentencing to offenders who committed violent or property crimes when compared to their male judge counterparts (Myers & Talarico, 1987) and a meta-analysis revealed that a judge’s authoritarian attitude accounted for approximately 5% of the sentencing variation (Sporer & Goodman-Delahunty, 2009; Goodman-Delahunty & Sporer, 2010).

Qualities of the offender tend to also affect a judge’s sentencing decisions (Goodman-Delahunty & Sporer, 2010). For example, female offenders tended to be given more lenient sentences compared to male offenders even when holding for criminal history, racial identity, and offense severity as demonstrated by an archival analysis of nearly 25,000 cases (Steffensmeier, & Demuth, 2006). “Baby-faced” offenders have been shown to be perceived by judges as having diminished culpability for intentional criminal conduct but increased culpability for negligent criminal conduct (Zebrowitz & McDonald, 1991). Defendants who are physically attractive tend to receive more lenient sentences from mock-jurors for crimes such as theft and rape (Mazzella & Feingold, 1994). Additionally, offenders who appear to be emotional in court tend to receive fewer convictions and more lenient sentences whereas less emotional offenders

tend to be viewed as more culpable and receive the opposite (Heath, Grannemann, & Peacock, 2004; Goodman-Delahunty & Sporer, 2010).

While the aforementioned studies in this section focus on qualities of the judge or the offender, none of them explore the extent to which knowledge about a defendant's history with childhood adversity or trauma affects perceptions of that defendant's culpability. However, several researchers have explored the topic through a variety of approaches (Barnett, Brodsky, & Price, 2007; Menaker & Miller, 2013).

Barnett, Brodsky, and Price (2007) surveyed a diverse sample of undergraduate students to explore the impact of different types of mitigating evidence on sentencing attitudes towards an offender in a capital case. The survey prompted the participants with the ten types of mitigating evidence the researchers were interested in exploring (mentally retarded, mentally ill, no prior criminal history, head injury, schizophrenic, physically abused, sexually abused, attended church, alcoholic/addict, drunk/under the influence at time of crime) and asked the participants if they would give a more lenient sentence, keep the sentence the same, give a harsher sentence, or if they did not know (Barnett et al., 2007). The researchers found that the participants gave more lenient sentences to defendants who were mentally retarded (64% of participants), defendants who had been hospitalized with a mental illness (41%), defendants who had no prior criminal record (40%), defendants who had major head injuries (37%), defendants who were schizophrenic (35%); defendants who were physically abused as a child (21%); and defendants who had been sexually abused as a child (20%; Barnett et al., 2007). Although this study did not use the ACE framework, sexual and physical abuse are considered to be ACEs by the CDC, ultimately making these findings relevant to the current study.

Another empirical study conducted by Menaker and Miller (2013) involved a vignette study that was distributed to 300 undergraduate students. The vignettes were about a fictional juvenile female prostitute, with the researchers manipulating variables that were hypothesized to affect her culpability positively or negatively (i.e., she frequents the dangerous part of town, dresses provocatively, has a history of victimization, is coerced by her pimp). The results showed that respondents with higher sexism scores tended to have stronger negative evaluations of the juvenile female prostitute. However, respondents who received information about a prostituted youth's victimization history tended to have more empathetic responses and thought that history mitigated her culpability (Menaker & Miller, 2013). This study demonstrated that juveniles' victimization history may impact their perceived culpability.

However, experts disagree about the extent to which past or current victimization history should be included for consideration. Prominently, Harvard Law Professor Alan Dershowitz published a book titled *The Abuse Excuse and other Cop-Outs, Sob Stories, and Evasions of Responsibility*. The book was a collection of essays that the former defense attorney wrote about many high-profile cases such as the Menendez brothers, Lorena Bobbit, O.J. Simpson, and Tonya Harding. He explained that many of these perpetrators of violence have argued that they should not be held legally responsible because they, too, are victims of violence – whether that be interpersonal violence, a traumatic event from childhood, or ethnic hatred (Dershowitz, 1995). He warned that this introduction of abuse testimony in high-profile cases could lead to the abuse excuse's proliferation, potentially undermining democracy and order – both of which emphasize individual responsibility and choice (Dershowitz, 1995). The book and his related published newspaper editorials received much attention, ultimately launching the “abuse excuse” concept into the media spotlight.

Others entirely reject the “abuse excuse” and find it to be an alarmist narrative that is excitedly carried forth by the media. Arenella, a law professor from UCLA, explained that academics like Alan Dershowitz legitimize the public’s alarmism on the “abuse excuse” issue by calling it an “epidemic,” even though realistically very few cases are impacted by abuse evidence in any significant way. Arenella argued that there is no such thing as the “abuse excuse” within criminal law, and the next closest thing – pleading insanity – is rarely successful even in cases when there is extensive evidence of mental illness or a traumatic childhood (Arenella, 1996).

While many legal professionals and scholars have made the case against the “abuse excuse,” others have argued that including an offender’s childhood history for consideration in legal proceedings has numerous benefits. For example, Bagaric, Wolf, and Isham (2019) explained that although the Federal Sentencing Guidelines state that childhood circumstances ought not to be considered, many judges have exercised their discretion when dealing with offenders who are also survivors of childhood trauma. Bagaric et al. recommend a sentencing discount policy of 25% for those offenders who are survivors of childhood sexual and physical abuse to remedy this discrepancy. They grounded this recommended policy in the literature that suggests that childhood sexual or physical victimization is associated with offending. Although they suggest the same association exists for neglect, the authors decided that this policy should not be applied to survivors of neglect, as neglect was “amorphous” and difficult to establish (Bagaric et al., 2019).

Ultimately, if our society wishes to address this issue, we must first address intimately held cultural beliefs about survivors’ childhood trauma. While some research exists that addresses the admission of offending individuals’ abuse history in capital cases (Barnett et al., 2007), the 1,489,363 offenders who were held in U.S. prisons in 2017 were not all charged with

capital murder (Bureau of Justice Statistics, 2019). More research needs to be conducted that examines public attitudes towards offenders with high ACE scores who commit other crimes – especially those crimes that account for larger portions of the incarcerated population. For example, the Department of Justice explains that “nearly half of federal prisoners were serving a sentence for a drug-trafficking offense at the end of fiscal year 2017” (Bureau of Justice Statistics, 2019). Yet very little is known about public attitudes towards those offenders who commit more common crimes (like dealing drugs) and have high ACE scores. The current study aims to address this gap in the literature.

Method

Participants

This study involved students ($N = 302$) from the University of New Hampshire who were over 18 years old. The students were mostly recruited from several large introductory courses on campus as well as some small advanced classes through a combination of the researcher’s classroom visits and online postings through the school’s academic software. The participants were recruited on a voluntary basis as there was no compensation offered for participation in this study. However, some professors elected to offer extra credit to students for their participation in the survey or interview.

As Table 1 indicates, most participants were white, female, and knew little to nothing about Adverse Childhood Experiences at the time of the survey. Additionally, 95% of the participants fell into the age range of 18-22 years old, with the remaining 5% being 23 or older.

Of the 302 initial participants, 6 also completed a voluntary follow-up interview with the researcher, with 4 of the interviewees identifying as female and 2 of the interviewees identifying as male.

Table 1
Gender, Race, and Knowledge of ACEs of Survey Participants

	<i>n</i>	<i>%</i>
<u>Total</u>	249	100
<u>Gender</u>		
Male	81	32.5
Female	168	67.5
<u>Race</u>		
White	217	87.1
Hispanic	5	2.0
Black	2	.8
Asian	14	5.6
Undisclosed	1	.4
Multiple	10	4.0
<u>Knowledge of ACES</u>		
A lot	2	.8
A moderate amount	26	10.4
A little	98	39.4
Nothing	123	49.4

Procedure

Quantitative. The survey portion of this study was collected anonymously through Qualtrics software. Participants were given computer-generated IDs. The survey first collected basic demographic information such as gender, race, age range, and knowledge of Adverse Childhood Experiences (from “nothing” to “a lot”).

Next, participants responded to vignettes (see Appendix B). The vignettes followed a specific outline: a 23 year old adult was found guilty of a drug trafficking crime, the adult was either a male or female, the adult had previously experienced an Adverse Childhood Experience which was briefly described, and the judge recommends a sentencing range of 3 to 7 years. The first vignette was a control vignette to gauge baseline attitudes towards sentencing in which only the gender variable (female or male) was manipulated and no Adverse Childhood Experience

was mentioned. There were two control vignettes and participants were each randomly assigned one of the two.

For the remaining vignettes, *both* gender of the offender (female or male) and the type of Adverse Childhood Experience the offender experienced as a child were manipulated as variables. Again, the participants were asked to choose a sentence for the offending individual within that range (3-7 years). Because there were two genders and 10 Adverse Childhood Experiences, there were 20 total experimental vignettes (see Table 2). Each participant was assigned 7 experimental vignettes at random to keep the survey length manageable. Throughout the vignette study, type of crime, age of the convicted individual, and suggested sentencing range were held constant.

For the third and final section of the survey, participants were presented with a table with the ten ACEs and were asked to independently rank each of the ten Adverse Childhood Experiences' harmfulness to a child on a 5-point Likert scale.

After the survey period closed, the researcher engaged in additional procedures to manage the data. For example, some participants seemed incentivized to complete the survey very quickly (perhaps if they wanted to quickly earn extra credit). The researcher determined that the quickest possible time to complete the survey was 2 minutes and 45 seconds. The researcher used SPSS's "select cases" feature to exclude those response sets that had a duration of less than 2 minutes and 45 seconds, thereby dropping the overall N from 302 to 249 for the vignette analyses. Additionally, some respondents submitted incomplete responses for the third portion of the survey that required the participants to rate each ACE's harmfulness. For that portion of the analysis, 4 incomplete data sets were also dropped, resulting in an N of 245.

Table 2
Vignette Factor Matrix

Factor	Factor Number	Factor Levels
Gender	2	Male, Female
ACE	10	Physical abuse, emotional abuse, sexual abuse, physical neglect, emotional neglect, mental illness in the home, incarcerated relative, domestic violence, substance use in the home, divorce

Qualitative. The researcher conducted inductive semi-structured interviews ($N = 6$) shortly after the survey period was closed, which took no longer than 30 minutes. The researcher asked open-ended questions to the interviewees to examine how much they know about the Adverse Childhood Experiences, their first impressions of the framework, what they think about the ten ACEs as a group, how harmful they think the ACEs might be to a child, some short term and long term consequences of the ACEs, and whether or not they think an individual's ACE history should be considered within the legal system. The researcher also provided a handout with the 10 ACEs listed in infographic form to stimulate discussion. (see Appendix B)

The interviews were recorded on an audio device and then later de-identified and transcribed. The researcher then initiated a qualitative data analysis procedure. For the first cycle of coding, the researcher used manual and descriptive coding (sometimes referred to as “topic coding”) to analyze the transcribed interviews. For the second cycle of analysis, the researcher used pattern coding to develop theoretical constructs from the data as described by Saldaña, (2016). As a “continuum or range” phenomenon emerged from this descriptive coding and pattern coding, the researcher also used axial coding to reassemble some of the data into a model that was inclusive to many of the qualitative data points (Saldaña, 2016).

Measures

Sentencing. Participants responded to the vignette portion of the study by selecting a sentence for the male or female individual. They could choose a sentence for the offending individual (3, 4, 5, 6, or 7 years) within the range that the fictional judge recommended (3-7 years). After the survey period was closed and the researcher downloaded the data into SPSS, the sentences were recoded into a range from 1 to 5 (3=1, 4=2, 5=3, 6=4, 7=5).

Harm perception. Participants were asked “How harmful do you think each of the following experiences are to a child?” and were presented with the 10 ACEs (listed as “child experiences physical abuse”, “child experiences emotional abuse”, “child witnesses domestic violence in the home”, etc.). They then could select a harm level on a 5-point Likert scale (1 = not at all harmful, 2 = a little harmful, 3 = somewhat harmful, 4 = moderately harmful, 5 = very harmful).

Results

Quantitative. For the first set of analyses, several paired samples t-tests were performed in order to test whether the sentence participants gave to a male or a female (depending on the vignette) who committed a drug crime with knowledge about that male’s or that female’s ACE history differed from the sentence participants gave a male or a female who committed a drug crime with no knowledge of that male’s or female’s ACE history. The researcher compared the mean sentence participants gave in the control vignette to the mean sentence participants gave for each of the ten adverse childhood experiences vignettes for both a male and a female, which resulted in ten male paired samples t-test in total and ten female paired samples t-tests in total. For each analysis, N was equal to the number of participants who were randomly assigned both the male or female control vignette and the corresponding male or female ACE vignette.

Only two comparisons between the male control vignette and the male ACE vignette were statistically significant. Participants gave males who experienced physical neglect significantly shorter sentences ($M = 1.50$; $SD = 8.83$; $N = 38$) than males in the vignette in which no knowledge of the male's ACE history is given (i.e., the control vignette; $M = 1.79$; $SD = 0.99$; $N = 38$; $t(37) = 2.32$, $p < .05$). They also gave males who experienced divorce in their childhood home significantly longer sentences ($M = 2.00$; $SD = 1.17$; $N = 49$) than males in the control vignette ($M = 1.90$; $SD = 1.10$; $N = 49$; $t(48) = -2.02$, $p < .05$). No other ACE vignettes differed significantly from the control vignettes in terms of the sentence the participants gave males in the vignettes. Table 3 shows paired t-test results for control male versus each individual male ACE vignette.

For the female vignettes, only three comparisons between the control vignette and the ACE vignette were statistically significant. Participants gave females who experienced sexual abuse as a child significantly shorter sentences ($M = 1.39$; $SD = 0.68$; $N = 46$) than females in the control vignette ($M = 1.83$; $SD = 0.88$; $N = 46$; $t(45) = 4.76$, $p < .001$). Similar to the male vignettes, they also gave females who experienced physical neglect shorter sentences ($M = 1.67$; $SD = .982$; $N = 55$) than females in the control vignette ($M = 1.89$; $SD = 1.03$; $N = 55$; $t(54) = 2.06$, $p < .05$) and they gave females who experienced divorce in their childhood home significantly longer sentences ($M = 1.84$; $SD = 0.99$; $N = 51$) than females in the control vignette ($M = 1.63$; $SD = 0.82$; $N = 51$; $t(50) = -2.11$, $p < .05$). No other ACE vignettes differed significantly from the control vignettes in terms of the sentence the participants gave females in the vignettes. Table 4 shows paired samples t-test results for control female versus each individual female ACE vignette.

Table 3
Descriptive Statistics and t-test Results for Male Sentencing by Adverse Childhood Experience

Outcome	Control		ACE		n	95% CI for Mean Difference		t	df
	M	SD	M	SD					
Physical Abuse	2.00	1.15	1.81	1.13	42	-.02	.40	1.84	41
Sexual Abuse	1.68	.94	1.49	.84	37	-.08	.46	1.42	36
Emotional Abuse	1.85	.90	1.69	.98	39	-.13	.44	1.10	38
Physical Neglect	1.79	.99	1.50	.83	38	.04	.54	2.32*	37
Emotional Neglect	1.95	1.13	1.97	1.21	37	-.44	.39	-.13	36
Mental Illness	1.73	1.09	1.75	1.10	40	-.35	.30	-.16	39
Incarcerated Relative	1.70	.99	1.86	1.08	37	-.38	.05	-1.53	36
Domestic Violence	1.90	1.02	1.69	1.10	39	-.09	.50	1.43	38
Substance Use	1.83	1.12	1.61	.95	41	-.09	.53	1.42	40
Divorce	1.80	1.10	2.00	1.17	49	-.41	-.001	-2.02*	48

*p < .05

Table 4
Descriptive Statistics and t-test Results for Female Sentencing by Adverse Childhood Experience

Outcome	Control		ACE		n	95% CI for Mean Difference		t	df
	M	SD	M	SD					
Physical Abuse	1.72	.85	1.57	.80	47	-.02	.32	1.73	46
Sexual Abuse	1.83	.88	1.39	.68	46	.25	.62	4.76***	45
Emotional Abuse	1.48	.75	1.53	.75	40	-.21	.11	-.63	39
Physical Neglect	1.89	1.03	1.67	.98	55	.01	.43	2.06*	54
Emotional Neglect	1.85	.99	2.04	1.01	54	-.38	.01	-1.87	53
Mental Illness	1.89	1.09	1.72	.93	47	-.06	.40	1.48	46
Incarcerated Relative	1.86	1.21	1.88	1.01	43	-.31	.27	-.16	42
Domestic Violence	1.89	1.03	1.76	1.07	45	-.06	.32	1.43	44
Substance Use	1.82	1.19	1.87	1.25	45	-.28	.19	-.39	44
Divorce	1.63	.82	1.84	.99	51	-.42	-.01	-2.11*	50

*p < .05, ***p < .001

For the second set of the quantitative analyses, I was interested in examining possible reasons why certain Adverse Childhood Experiences affected the sentencing decisions of the study participants. I hypothesized that the reasons why sexual abuse and physical neglect were associated with shorter sentences while divorce was associated with longer sentences was due to their perceived harmfulness. Moreover, I specifically made the following *a priori* hypotheses:

*H*₁: Participants will rate sexual abuse as more harmful than the other nine Adverse Childhood Experiences.

*H*₂: Participants will rate physical neglect as more harmful than the other eight Adverse Childhood Experiences (excluding sexual abuse).

*H*₃: Participants will rate divorce as less harmful than the other nine Adverse Childhood Experiences.

The researcher conducted three sets of paired sample t-tests to examine how survey participants rated the harmfulness of each statistically significant ACE of interest in the first set of analyses (i.e., sexual abuse, physical neglect, and divorce) to each other individual ACE.

To test the first hypothesis, the mean harmfulness score of sexual abuse was compared to the mean harmfulness score of each of the other ACEs in nine paired sample t-tests. The analyses revealed that participants rated sexual abuse more harmful ($M = 4.92$; $SD = .283$; $N = 245$) than every other ACE: physical abuse ($M = 4.72$; $SD = .57$; $N = 245$; $t(244) = 5.63$, $p < .001$), emotional abuse ($M = 4.40$; $SD = .73$; $N = 245$; $t(244) = 11.24$, $p < .001$), physical neglect ($M = 4.30$; $SD = .84$; $N = 245$; $t(244) = 12.00$, $p < .001$), emotional neglect ($M = 4.11$; $SD = .86$; $N = 245$; $t(244) = 14.41$, $p < .001$), mental illness ($M = 3.77$; $SD = .87$; $N = 245$; $t(244) = 20.13$, $p < .001$), incarcerated relative ($M = 3.80$; $SD = .83$; $N = 245$; $t(244) = 20.82$, $p < .001$), domestic violence ($M = 4.39$; $SD = .69$; $N = 245$; $t(244) = 11.99$, $p < .001$), substance use ($M =$

4.11; $SD = .84$; $N = 245$; $t(244) = 15.16$, $p < .001$), and divorce ($M = 2.80$; $SD = .91$; $N = 245$; $t(244) = 34.97$, $p < .001$) (see Table 5).

Next, the mean harmfulness score of physical neglect was compared to the mean harmfulness score of all eight other ACEs (excluding sexual abuse). This revealed that the participants perceived physical neglect ($M = 4.30$; $SD = .84$; $N = 245$) as more harmful than five other ACEs: emotional neglect ($M = 4.11$; $SD = .86$; $N = 245$; $t(244) = 3.82$, $p < .001$), mental illness ($M = 3.77$; $SD = .87$; $N = 245$; $t(244) = 8.25$, $p < .001$), incarcerated relative ($M = 3.80$; $SD = .83$; $N = 245$; $t(244) = 7.60$, $p < .001$), substance use ($M = 4.11$; $SD = .84$; $N = 245$; $t(244) = 3.06$, $p < .01$), and divorce ($M = 2.80$; $SD = .91$; $N = 245$; $t(244) = 21.47$, $p < .001$). However, physical neglect was not rated as significantly more harmful when compared to domestic violence, physical abuse, or emotional abuse (see Table 6). The evidence from these analyses does not fully support the second hypothesis.

Finally, the third hypothesis was tested by conducting nine paired-sample t-tests between divorce and the other nine ACEs to see if divorce was rated as the least harmful ACE. The analyses showed that participants gave divorce the lowest mean harmfulness score when compared to the other nine ACEs: physical abuse ($M = 4.72$; $SD = .57$; $N = 245$; $t(244) = -29.99$, $p < .001$), emotional abuse ($M = 4.40$; $SD = .73$; $N = 245$; $t(244) = -25.50$, $p < .001$), sexual abuse ($M = 4.92$; $SD = .28$; $N = 245$; $t(244) = -34.97$, $p < .001$), physical neglect ($M = 4.30$; $SD = .84$; $N = 245$; $t(244) = -21.22$, $p < .001$), emotional neglect ($M = 4.11$; $SD = .86$; $N = 245$; $t(244) = -20.76$, $p < .001$), mental illness ($M = 3.77$; $SD = .87$; $N = 245$; $t(244) = -15.15$, $p < .001$), incarcerated relative ($M = 3.80$; $SD = .83$; $N = 245$; $t(244) = -16.12$, $p < .001$), domestic violence ($M = 4.39$; $SD = .69$; $N = 245$; $t(244) = -26.13$, $p < .001$), and substance use ($M = 4.11$; $SD = .84$; $N = 245$; $t(244) = -20.59$, $p < .001$) (see Table 7).

Table 5
Descriptive Statistics and t-test Results for Perceived Harm of Sexual Abuse (SA) vs All Other ACEs

Outcome	SA Harm		ACE Harm		n	95% CI for Mean Difference		t	df
	M	SD	M	SD					
Physical Abuse	4.92	.28	4.72	.57	245	.13	.27	5.64***	244
Emotional Abuse	4.92	.28	4.40	.73	245	.43	.61	11.24***	244
Physical Neglect	4.92	.28	4.30	.84	245	.52	.72	12.00***	244
Emotional Neglect	4.92	.28	4.11	.86	245	.70	.92	14.41***	244
Mental Illness	4.92	.28	3.77	.87	245	1.04	1.26	20.13***	244
Incarcerated Relative	4.92	.28	3.80	.83	245	1.02	1.23	20.82***	244
Domestic Violence	4.92	.28	4.39	.69	245	.44	.62	11.99***	244
Substance Use	4.92	.28	4.11	.84	245	.70	.91	15.16***	244
Divorce	4.92	.28	2.80	.91	245	2.01	2.25	34.97***	244

***p < .001

Table 6
Descriptive Statistics and t-test Results for Perceived Harm of Physical Neglect (PN) vs All Other ACEs

Outcome	PN Harm		ACE Harm		n	95% CI for Mean Difference		t	df
	M	SD	M	SD					
Physical Abuse	4.30	.84	4.72	.57	245	-.52	-.32	-8.58	244
Emotional Abuse	4.30	.84	4.40	.73	245	-.20	.00	-1.88	244
Emotional Neglect	4.30	.84	4.11	.86	245	.09	.28	3.82***	244
Mental Illness	4.30	.84	3.77	.87	245	.40	.66	8.25***	244
Incarcerated Relative	4.30	.84	3.80	.83	245	.38	.64	7.60***	244
Domestic Violence	4.30	.84	4.39	.69	245	-.20	.02	-1.66	244
Substance Use	4.30	.84	4.11	.84	245	.07	.31	3.06**	244
Divorce	4.30	.84	2.80	.91	245	1.37	1.65	21.47***	247

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

Table 7
Descriptive Statistics and t-test Results for Perceived Harm of Divorce (DIV) vs All Other ACEs

Outcome	DIV Harm		ACE Harm		n	95% CI for Mean Difference		t	df
	M	SD	M	SD					
Physical Abuse	2.80	.91	4.72	.57	245	-2.05	-1.80	-29.99***	244
Emotional Abuse	2.80	.91	4.40	.73	245	-1.73	-1.48	-25.50***	244
Sexual Abuse	2.80	.91	4.92	.28	245	-2.25	-2.01	-34.97***	244
Physical Neglect	2.80	.91	4.30	.84	245	-1.65	-1.37	-21.22***	244
Emotional Neglect	2.80	.91	4.11	.86	245	-1.44	-1.19	-20.76***	244
Mental Illness	2.80	.91	3.77	.87	245	-1.10	-.85	-15.15***	244
Incarcerated Relative	2.80	.91	3.80	.83	245	-1.12	-.88	-16.12***	244
Domestic Violence	2.80	.91	4.39	.69	245	-1.72	-1.48	-26.13***	244
Substance Use	2.80	.91	4.11	.84	245	-1.45	-1.19	-20.59***	244

***p < .001

Qualitative.

Theme 1: Personal experience and popular culture shapes perceptions of childhood adversity. The interviewees overall had very little knowledge and experience with the Adverse Childhood Experiences framework, except for one interviewee who explained that her mother works in the mental health field and frequently encounters people with ACEs while on the job. Although the interviewees were very much unfamiliar with the framework, their comments were not purely theoretical; the participants often linked their claims back to a knowledge base they possessed on the matter of childhood adversity that was shaped by both personal experience and pop culture. For example, several interviewees disclosed their own personal history of Adverse Childhood Experiences or shared about their experience of being in close social proximity to someone who had experienced the Adverse Childhood Experiences as evidenced by one participant's responses "I had a grandmother who had a mental illness and she briefly abused the

medications she was taking and doesn't [abuse medications] anymore because we caught her . . . I come from divorced parents and I feel fine... everything's not black and white." Another participant stated, "My ex-girlfriend – her parents would always argue with each other and in our relationship... she really liked to argue, and I think that's a negative effect of her parents." Finally, a third participant mentioned, "One of my best friends grew up sexually abused by a relative and that was hard for me as well."

These comments and other comments indicated that most of the participants have grown up directly or indirectly encountering Adverse Childhood Experiences. Moreover, the comments demonstrate that people are actively integrating their own past experiences with their contemporary assessment of the severity and effects of ACEs as they pertain to other people's experiences.

However, there were other interviewees who did not reference personal experiences and instead chose to reference both fiction and nonfiction narratives in popular culture in order to make sense of the Adverse Childhood Experiences. One individual stated, "I think having mental illness as a caregiver might lead the parent to emotionally abuse or neglect their child. I'm not sure if you have seen *The Act* – it's about a real-life story about a mother who has Munchausen syndrome by proxy... she is abusive and tells [the daughter, Gypsy] that she has illnesses, gives her medications, isolates her... and then Gypsy runs off with the boyfriend and kills her mom." A different participant mentioned a second television show when they explained, "Well, in *13 Reasons Why*, Hannah Baker had really great parents but was bullied in school which lead her to commit suicide, so peer influences on a child are very impactful."

While one of these TV shows is fictional and another is a television adaptation of a true story, they both seem to have been meaningfully integrated into the interviewees' concepts of

childhood adversity. Whether intentional or not, the stories being told on the television are shaping the way people think about Adverse Childhood Experiences. Not one interviewee went an entire interview without referencing personal or popular culture experiences as evidence, ultimately indicating that an individual's attitudes and perceptions of Adverse Childhood Experiences are likely to be shaped in some way by their own preexisting concepts of the matter.

Theme 2: People tend to discuss childhood adversity with more breadth and dimension than what is offered by the current ACE framework. When participants were handed the infographic (see Appendix C) that showed the 10 ACEs, they were invited to share their first impressions about the framework. Several participants shared that they felt some childhood adversities were missing from the framework. One participant asked, "What if you were incarcerated as a juvenile? I feel that would adversely affect you." That same participant later stated, "I haven't been bullied, but I would think that would be really harmful growing up because that could affect self-esteem which could lead to drug use or eating disorders." A second participant mentioned a unique adversity some individuals may face based on their gender: "Some of my friends are Chinese, and a lot of times the parents look down on [my friends that are] girls. That is important." A third participant mentioned several additional adversities that were excluded from the ACE framework, such as "some other things like being a refugee that are thought to present challenges to a child." This participant also suggested that "it also might be worthwhile to look into under household dysfunction like serious economic issues like poverty."

Participants often felt that some significant experience was left out of the framework, rendering the ACE framework incomplete from their perspectives. Additionally, it is important to note that for some individuals, the experiences they cited as missing from the framework were sometimes brought to mind because of personal experience. This was true for one participant

who acknowledged that although she was not bullied herself, she thought it would be harmful and another participant who referenced Chinese friends. In this way, some of the qualitative themes interact.

While some participants found the ACE framework to be lacking key harmful experiences, others were surprised with some of the experiences that *were* included. One individual thought that the ACE framework had one experience that divorce simply did not belong with the rest by stating “I mean the one I do notice is divorce, which I don’t think should be on here... I think divorce just makes people emotionally damaged when it comes to interacting with people.”

While other participants also shared their skepticism about the divorce ACE being included within the framework, they tended to have more nuanced views on the matter that also shaped the way they viewed other types of ACEs as well. For example, one participant explained “I think some [ACEs] have more of a spectrum than others. Like divorce, divorce is a very big spectrum... Sometimes the finalization of a divorce can be a good thing compared to the alternative. But for like sexual abuse, the range is from really bad to egregious compared to divorce where it might be from really bad to a good thing.” Similarly, another interviewee said, “I would think the household dysfunction ones are not as powerful as the abuse and neglect categories. Like, a divorce might not always be really traumatic, whereas abuse and neglect are more likely than not always going to be traumatic.”

Here, you can see that participants are comparing the 10 ACEs to each other in terms of severity, as well as considering the variation of experiences *within* each of the 10 ACEs. Numerous participants questioned the fact that the ACE framework does not seem to consider the severity or frequency of the ACE.

Aside from variation between and within the ACE categories, participants revealed another important element to consider: the impact that an ACE may have on a child is also likely determined by factors such as a child's personality and the presence of competent adults in that child's life. One participant explained this idea when they first said, "Part of it is going to come from the child and just who they are as a person. Because even if a child witnesses something, if a child has a stronger personality then it might not affect them... Like their biology, there's things that might change how affectable a child might be," and later continued on to say, "Participant A: I think crime can be affected by these things because it depends on the child – they can work themselves out of it, but I think if they are malleable to the people around them, I could see them falling in the path of crime."

Other interviewees focused less on the child's personality and more on the competency of the adults in an individual child's life. For example, one participant stated, "So, say the mother had schizophrenia but the father is normal, he can calmly explain to the child to help them grow up with that," indicating that parents can mediate some of the adversities in a child's life. Similarly, another interviewee explained, "Say a kid went into a kind of bad home in the foster system but some kid went into a good home in the foster system, they might have been through the same things, but they are probably going to end up different along the way." This comment demonstrates that people may find the child's social and family context important to consider when determining the impact of the ACEs.

Nonprofessionals tend to view the ACEs as complex experiences that impact every child in a very different way. The impact any given adversity has on a child is shaped by that child's personality and their "malleability." Additionally, parents have some agency in terms of their abilities to mediate adversity to support their children. Even if a child's situation is not ideal and

they are removed from the home, there is still a chance that they could be placed with a foster family that could mediate the adversities as well. Ultimately, there is much variation in this regard.

Theme 3: People tend to believe that childhood adversity can result in negative or positive outcomes for a child. Just as the participants felt that there was tremendous variation in experience for each listed ACE, some also felt that there was variation in what the short term and long-term outcomes might be for those who have experienced the ACEs. While the original ACE study tended to focus more on physiological ailments associated with higher ACE scores, the participants tended to focus on slightly different types of outcomes. One participant said, “Incarcerated relative... it seems as though a child might feel distrustful or disenchanted with the law, because they feel it’s unfair.” Another participant mentioned that “Sexual abuse can give you a lot of issues with reclaiming your sexuality, like it can make you hypersexual or afraid of sex.” A third participant said “I think substance abuse in the home if you’re a kid [would be bad] because you won’t be able to really understand it... like you never are secure knowing how your parents will act because they do different things when they are using.”

While most participants focused on their perceptions of the more negative social and psychological ramifications of Adverse Childhood Experiences, some were also able to at least conceptually connect these events to poor lifetime and longer-term outcomes as well. One interviewee explained, “Neglect is also long term – if you have an absent parent you might not know about what it’s like to have an active parent. I think emotional neglect would affect you for a long time because you might not know how to parent later on... you might not be able to form relationships later on.” A second participant also focused on the potential negative long-term effects by explaining, “If both parents are substance abusers for example, the child is probably

set up for failure unless some like grandmother comes in and saves the day. Unless that happens, they are probably not going to become functioning members of society.” This second quote is especially interesting because it evokes both the second and third themes. On one hand, the interviewee is recognizing that there is *variation* within those who experience substance abuse in the home. Is one parent abusing substances? Are both parents? Is there a grandmother involved who can “save the day”? Moreover, it alludes to this idea that without intervention, the ACEs can lead to poor lifetime outcomes.

On the other hand, several participants stated that the outcomes for individuals with high ACE scores might not be that bad. In fact, it could even be considered a positive thing! As one interviewee explained, “Any of these things might be a good thing if they are channeled correctly. They can serve as motivators to help others or write or make art or something or change laws... it can also lead to the creation of advocates who want to change that cycle.” Another interview participant similarly explained, “Yeah so like with mental illness, if one parent has a debilitating mental illness but the other is totally healthy and can kind of mediate that information and experiences with the child, the child might even come out better for it.”

This idea that ACEs can positively impact children and their futures clearly has several dimensions to it according to these two quotes. One participant used the word “channeled” which insinuates that the child has some responsibility; either they can “channel” the adversity, or let it harm them for years to come. This is a bit different from another participant’s comment, which explains that, with a competent adult figure in the child’s life, adversity could be mediated in an effective way. The participant explains that proper mediation could allow for the child to come out stronger on the other side of adversity.

The qualitative evidence shows that participants tended to view the ACE framework as not nuanced enough to capture the full range of adversities and outcomes a child can face. The researcher found that the nuances described by the interviewees suggested that a more complex model needed to be developed. The flowchart in Figure 1 shows the relationships between different qualitative data points from Themes 1, 2, and 3 that I discovered through pattern and axial coding.

Theme 4: People have highly nuanced views about the ACEs and the criminal justice system. When posed with the question “should an offender’s ACE history be taken into consideration within the legal system?” the responses were quite diverse. Many of the interviewees wrestled with the complex themes of rehabilitation, justice, trauma, and fairness as they discussed the relationship between childhood adversity and the criminal justice system.

Some participants explained that offenders with childhood trauma ought to be connected with services that address the deeper issue. For example, one participant stated, “I don’t necessarily think that the sentence for the crime should be reduced but it should be handled differently like they should also go see a therapist or talk to somebody to work through this.” Another participant responded with “I do think it should be taken into consideration at some point in the process... not just for sentencing for example, but in terms of the resources we connect that person to like halfway houses or rehabs.” Finally, a third participant indicated “I think you still have to own up to what you did but I think you should also get the opportunity to work through what you went through. If you actually have these issues from your past, sitting in jail is not going to stop your problems. They will be in jail and they’ll be like ‘well I’m still damaged so...’”

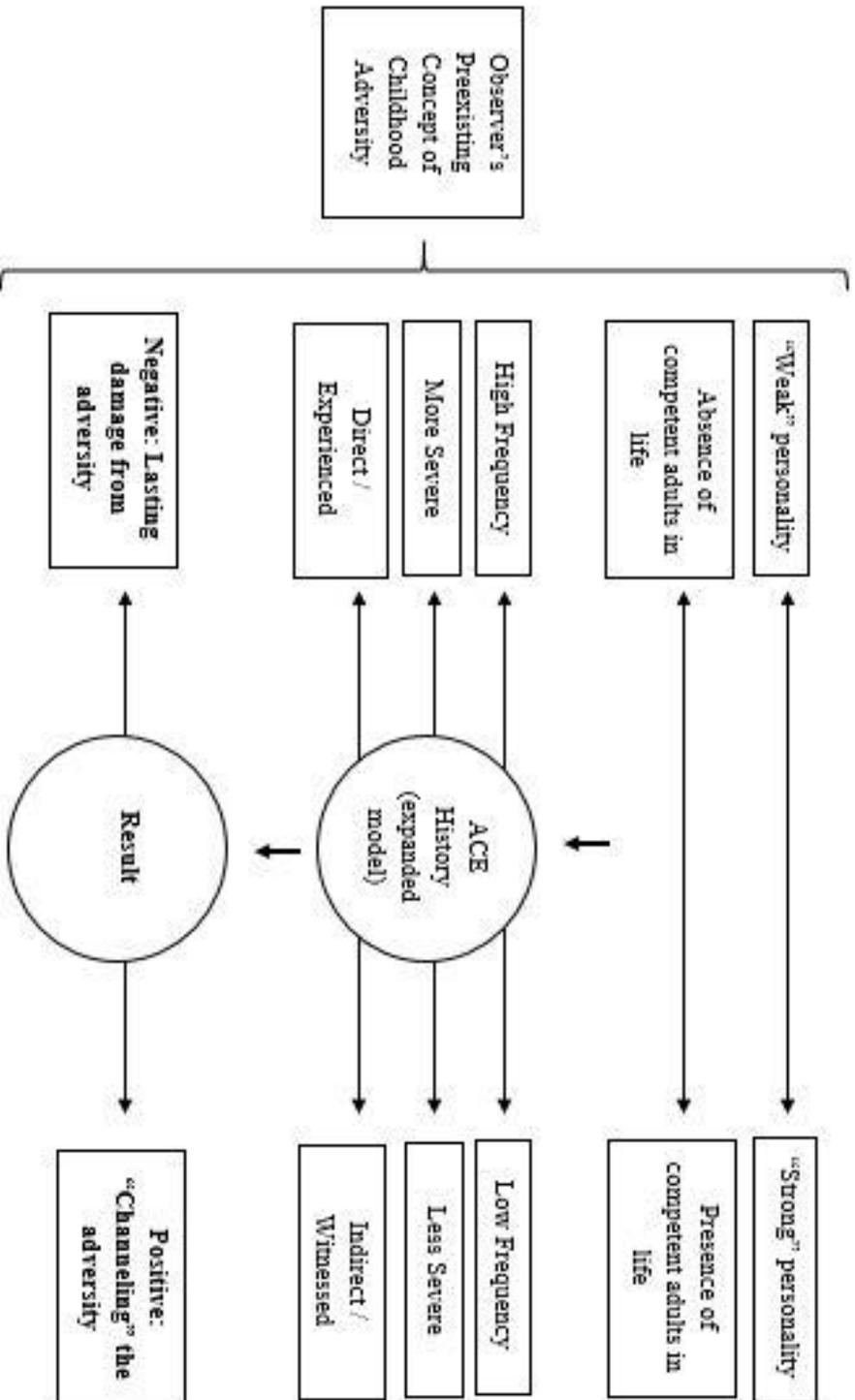


Figure 1 : Concept Model for Themes 1, 2, and 3

These three participants did not focus in on sentencing or the punishment itself, but instead focused on the rehabilitative aspects that could be incorporated into the sentence or into the programming post-release. The comments from one participant are particularly interesting, because this individual is framing rehabilitation as an “opportunity” that incarcerated folks “should” have and explains that sitting in jail is not going to fix the root of the problem. All three of these interviewees briefly mentioned either sentencing or “own[ing] up to what you did,” indicating that punishment itself still has a role in addressing all offenders including those with childhood trauma.

At other points in the interview, interviewees seemed to focus in on another theme which involved the concept of fairness. For example, one participant stated, “If they’re healthy physically and in all the ways they are supposed to be to me if a person was beaten as a child but grows up to beat their wife or child – it is still wrong.” Another participant suggested “Why is it fair that someone gets a longer sentence just because they didn’t experience abuse? Like I’m sure it doesn’t matter to that family who lost someone to a murder whether it was a person who experienced abuse or not.”

These two participants have slightly different perspectives on this issue, but they both value fairness. The first values fairness to the recent victims; although a person with a history of childhood physical abuse (“beaten as a child”) is a victim, their victimization history does not change the fact that there are individuals who have been more recently victimized (“wife or child”). The second shares the sentiments about fairness to victims when they argue that murder is murder. The outcome is still the same for the surviving family, so the case should not be treated any differently because there is history of childhood trauma there as well. Additionally, the second participant focuses on fairness in sentencing between offenders. Rather than focusing

on the population that experienced the ACEs, the participant highlights the population that has *not*, to essentially argue that those who were not victimized as children would be potentially missing out on some benefit (like a shorter sentence) later on in life.

Another participant warned against simply integrating ACEs into the criminal justice conversation. As this interviewee believes, there needs to be a causal (if possible) connection between the childhood adversity and the current crime. That participant stated “You would really have to look at motivations if you could figure them out. For example, if they were sexually abused and were incapable of working or going to college and turned to drugs in a way to cope or survive economically then I feel like that should be considered.” On one hand, this comment from this participant expresses her own perceptions about the short- and long-term outcomes associated with the ACEs. However, the participant also provides an example regarding how the short- and long-term outcomes could narrow down the given options any individual might have until criminal behavior seems like a viable option for that individual.

Aside from the questions as to whether and how ACEs should be considered in a legal situation, interviewees expressed several concerns about the logistics associated with such a precedence. For example, one participant stated that “A lot of kids have parents who are divorced and the number of people who have mental illnesses is high so the chance that one of your parents has mental illness is high too... Most kids would have one of these, and I think crime and a higher ACE score are maybe related.” Another participant added that “If you were going to pick which ACEs allow for those different choices, I would say sexual, physical, and emotional abuse, and maybe substance use in the home. Because other ones like neglect are harder to actually show – like how to you show that you were really neglected?” In addition, another participant stated “And there’s already problems with unequal sentencing when you look

at race for example, it just seems like it might just add to that . . . You don't want to create an incentive to say this happened to you.”

The concerns about the logistics are plentiful. First, as one participant points out, the prevalence of the ACEs is quite high and therefore the number of people whose ACE history would have to be taken into consideration is significant, especially when the research shows that ACE scores and criminal behavior might be related. Another participant later explained that for lesser known ACEs, evidence can be a challenge. Finally, a third participant explains that there are already so many discrepancies in sentencing based on race for example that adding more discretion to the justice system even if it is surrounding childhood adversity might pose yet another challenge. Then, there is the perceived challenge of incentivizing disclosures.

While many participants expressed that it was difficult to weigh the concepts of fairness, punishment, and rehabilitation together to determine what legal process ought to be used for those with high ACE scores, some individuals managed to integrate the concepts into a cohesive idea. For example, one participant stated “While it's a terrible act that should never be forgiven or let go, they should consider it in the punishment phase. Because I believe that the goal of the justice system should be restorative – getting the person back into being the normal person and into society that they are. We should be looking for these things as reasons for behavior – not excuses, but reasons.”

While some participants were worried about the legal system's ability to carry out justice if it were to take an offender's ACE history into consideration, other participants thought it would be valuable to examine an offender's ACE history. For example, one participant made an important distinction when she explained that the ACEs are “not excuses, but reasons.”

Essentially, this participant believes that the ACEs do not diminish an offender's responsibility for a crime, but they instead may provide some context for those criminal actions.

Discussion

This study aimed to explore public sentencing attitudes towards offending individuals who have experienced the ACEs and how these attitudes relate to the perceived harmfulness of each ACE. The study ultimately revealed that people tended to give shorter sentences to females who experienced sexual abuse and both females and males who experienced physical neglect. On the other hand, people tended to give longer sentences to females and males who experienced divorce in the childhood home. It is important to unpack these findings independently.

First, the finding about sexual abuse is interesting because even though females received shorter sentences if they were survivors of sexual abuse, males did not. It is difficult to determine why this gender discrepancy existed in the data, especially because sexual abuse was rated as the most harmful of the 10 ACEs. However, I believe there are several possible explanations for this.

The first possible explanation is that people view sexual abuse to be more harmful to a woman than a man. Although this study simply asked about the harmfulness of each ACE to a child with no gender differentiation, other studies have shown that childhood sexual abuse victimization tends to be viewed differently when the victim is a male. In a qualitative study using interviews with service providers, one provider remarked, "Societal attitudes [are] that men are not supposed to be victims. Men are supposed to be able to protect themselves. Man, being a victim and being a man is almost like, uh, a contradiction in terms" (Sivagurunathan, Orchard, & Evans, 2019). Perhaps this social attitude involving masculinity and victimization has penetrated the current study as males with sexual victimization history did not receive shorter sentences. Conversely, instead of asking the question "why was knowledge of the offender's history of

sexual abuse a *nonsignificant* predictor for participants' perception of the appropriate sentence for a male offender?" we could ask "why was knowledge of the offender's history of sexual abuse a *significant* predictor for participants' perceptions of the appropriate sentence for a female offender?" The chivalry and evil woman hypotheses may offer some explanation. For example, a study by Tillyer, Hartley and Ward (2015) demonstrated that in federal narcotics cases, women with lower criminal histories tend to get more lenient treatment while women with more developed criminal histories tend to get harsher treatment when compared to their male counterparts with similar criminal histories. Although the criminal histories of both the male and female offenders was not the focus of the current study's vignettes, the difference between sentencing attitudes towards women and men who experienced childhood sexual abuse is very interesting.

The next unexpected finding was that people tended to give shorter sentences to those offenders who experienced physical neglect during childhood. This finding was particularly interesting because physical neglect was not rated to be more harmful than domestic violence, physical abuse, and emotional abuse – three childhood adversities that were not associated with significantly shorter sentences. While this finding is perplexing, there are a few potential explanations.

One possible explanation is that people could believe that physical neglect can affect a child's physical health, and participants focused on physical health as an important factor in determining an offending adult's culpability. Take the previously-cited comment from one participant who said "If they're healthy physically and in all the ways they are supposed to be to me if a person was beaten as a child but grows up to beat their wife or child – it is still wrong."

This individual is considering “health” in the sentencing decision, and physical neglect is one of the few ACEs that can be tied more intuitively to physical health.

Another potential explanation could be related to issues with the physical neglect vignette. First, it could be that the example of physical neglect described in the vignette for the sentencing exercise was different (perhaps more severe) than the physical neglect participants imagined when prompted only with the words “child experiences physical neglect.” It is plausible that this difference could account for the physical neglect discrepancy between the second and third parts of the survey. Moreover, it could be that the immediate outcomes for the each ACE in the vignettes were not held constant throughout the study; some vignettes mentioned that the child had behavioral problems in school while others mentioned that the child had to visit the hospital (see Appendix B). Participants may have given more lenient sentences to those offenders who experienced physical neglect because the immediate outcome (the child’s hospital visit) may have seemed severe. On the other hand, physical *abuse* had an equally severe immediate outcome to physical neglect (hospital visit) and did *not* change sentencing attitudes when compared to the control vignette. Future research may shed light on this complication.

Perhaps the most startling finding was that people tended to give longer sentences to those offenders who experienced divorce in the childhood home when compared to those offenders without any childhood history disclosed. While we know from the second part of the quantitative analyses that divorce is viewed as the least harmful ACE, it is surprising that people were *punitive* towards those who experienced divorce in the childhood home.

Even though this finding was puzzling, the qualitative data offers some potential explanations. For example, participants often questioned whether divorce even was an adversity, as demonstrated by comments such as “I come from divorced parents and I feel fine” and

“Sometimes the finalization of a divorce can be a good thing compared to the alternative.”

Perhaps when survey participants were presented with divorce in a randomized set of other vignettes that covered ACEs that were perceived to be more severe like sexual abuse, they increased the sentences for the divorce vignettes because they did not find those experiences comparable. However, this only explains why offenders with divorce had longer sentences when compared to offenders with all other ACEs. Future researchers may want to examine why knowledge of an offender’s experience with divorce as a child resulted in longer sentences being meted out.

From looking at the data, I think there are two main possible explanations for this phenomenon. The first is that study participants seemed to believe that the ACEs could lead to either positive (“channeling” the adversities) or negative (“damage” from the adversities) outcomes. While the participants discussed many factors that could lead to positive or negative outcomes, they specifically discussed factors such as the child’s personality and severity of the ACE. This idea places some responsibility on the child to overcome his or her own adversities. If divorce is believed to be the least severe or harmful ACE, it is possible that people could view the poor lifetime outcome (being a drug trafficker) as a failure of that adult to overcome his or her own adversities. Perhaps this failure within the United States’ “bootstrap” culture is greeted by punitive attitudes. Relatedly, it is possible that the admission into the defense’s case of the one ACE that is perceived to be the most common and least harmful activates the public disapproval surrounding the usage of the “abuse excuse.”

Aside from the specific findings about sentencing, there are broader findings within the results of this study. One such finding is that an ACE’s perceived harmfulness is not a perfect predictor of the punitive or lenient attitudes people might have towards an offending individual

who experienced that ACE in childhood. While people rated the harmfulness of sexual abuse and divorce in a way that was consistent with their sentencing attitudes towards the offenders who experienced those childhood adversities, the other ACEs (including physical neglect) tended to have less consistent relations between perceived harmfulness and sentencing attitudes. Some ACEs were viewed as more harmful than physical neglect but were not significant predictors of sentencing in the vignette portion of the study in that participants did not give statistically significant lower sentences in vignettes in which the offender experienced those perceived harmful ACEs compared to the sentence the participants gave in the control vignette.

If an ACE's rated harmfulness is not a reliable predictor of lenience or punitiveness in sentencing for individuals who have experienced that ACE, then sentencing decisions are made within a more complicated system in which many factors can shape sentencing attitudes towards an offending individual. Although we already know gender can significantly impact sentencing attitudes both from the literature (Tillyer, Hartley, & Ward, 2015) and the finding about sexual abuse in this study, other factors such as the frequency and severity of the ACEs were brought up by the interviewees as factors that would matter in their consideration of the issue. Future research may want to manipulate severity and duration of ACEs in similar vignettes in order to examine its possible influence on sentencing.

A second key finding of this study is that it does not take a professional or scholar to notice that the ACE framework might be incomplete. Study participants identified relevant experiences that seemed to be missing from the framework and they were concerned that the ACE model does not weight the frequency or severity of the listed experiences. This critique has some merit, as the ACE's groundbreaking "graded dose response" model typically only allows an individual to count each type of ACE once within his or her ACE score (i.e., a child who was

assaulted once and a child who was assaulted 5 times would screen in for the same sexual abuse category with no differentiation). For the ACE framework to make sense to nonprofessionals (and some professionals alike), proponents of the ACE framework will need to address these questions about the model.

At the same time, none of the interviewees mentioned the health outcomes that have been found to be associated with the ACE study (Felitti et al., 1998; Kelly-Irving et al., 2013), indicating that public knowledge on this issue is still lacking. However, interviewees seemed to identify *positive* outcomes that can be associated with the ACEs under the “right” conditions (i.e. child has a “strong” personality, child has competent caregivers in his or her life). Although I did not anticipate this finding, this idea that individuals may channel the ACEs to contribute positively to society fits the wounded healer archetype described by Evans and Evans (2019). Evans and Evans (2019) compared online survey respondents’ ACE scores with their scores towards Public Service Motivation (PSM) and while many of the results were mostly inconclusive due to nonsignificance, the researchers found a significant inverse relationship between ACE score and PSM based specifically on public policy. At this time, it is difficult to say whether people with high ACE scores “channel” that adversity into public service. This finding along with the lack of current interviewee knowledge about the lifetime health outcomes associated with ACEs indicate a potential need for community education on the ACE topic.

Some practical implications from this study are interesting to consider. For example, this study has implications for defense attorneys. While defense attorneys sometimes admit childhood experiences as mitigating evidence in their trials, it is helpful to know which ACEs have been shown to lead to lenient responses and which experiences (like divorce) have been shown to lead to punitive responses.

Despite the interesting findings outlined above, there are some limitations to this study. One limitation of this study was its vignette design which required the researcher to pick an example of each ACE to describe in detail for each vignette. This means that survey participants technically were responding to an *example* of an ACE which is by definition a narrower concept than the relevant ACE category. With the introduction of details in each ACE description, participants may have more specific responses to particular details, thereby leading to more idiosyncratic results. Another limitation of the study was the sample size. Although the survey sample N was about 250, the interview N was quite small at 6 interviewees. Moreover, this study involved a convenience sample in which the participants were limited to those voluntary respondents who were young adults from a northeastern university. We do not know if the findings in this study would be true for people sampled from a different population.

Overall, these limitations do not detract from the validity of this study but instead call for this study's replication on a larger scale and with a more diverse population. Other recommendations for future research along this line include exploring the relationship between respondent demographics (e.g., political orientation, race, age, gender, etc.) and sentencing attitudes or perception on the harmfulness of the ACEs. Similarly, researchers may want to explore legal professionals' attitudes and perceptions towards the ACEs rather than examining nonprofessionals' attitudes and perceptions.

Another interesting adaptation of this research study could be using the vignette design to manipulate variables other than type of ACE and gender, such as severity of ACE, frequency of ACE, number of ACEs a person experienced (i.e. "graded dose" effect), type or severity of crime committed, or the individual's age at time of offense. Along this line, vignettes that evoke the cyclical idea some of the interviewees mentioned could be interesting for researchers to explore;

for example, researchers could write vignettes in which the type of ACE and type of current offense seem congruent (i.e. physical abuse and interpersonal violence, sexual abuse and a sexual offense, etc.) and explore nonprofessionals' attitudes towards those vignettes.

Another dimension of this study that could be modified in future research is the outcome variable. In this study, the outcome variables were sentencing length and perceived harmfulness. However, the study might be improved by expanding the response options for participants to the vignettes beyond sentencing. This adaptation would allow researchers to see what nonprofessionals might recommend for each offender on a more complex spectrum that includes both punishment and rehabilitation. How do nonprofessionals imagine balancing those two concepts in a just way in the age of the "abuse excuse"? Finally, future research ought to explore nonprofessionals' sentiments towards the public health framing strategy itself. Do people prefer to think of the ACEs as a rights issue, or do they find a medicalized framework sponsored by the CDC to be more compelling? This will help practitioners and scholars develop framing methods on the child adversity issue.

Conclusion

As the Adverse Childhood Experiences framework continues to reach more nonprofessionals in their daily lives, it will be important for ACE advocates to address the identified deficiencies of the framework such as the exclusion of other harmful childhood adversities and the variation of experiences that can occur within each ACE category. While the participants did emphasize the importance of rehabilitating offenders with traumatic childhoods, the findings in this study challenge the "abuse excuse" narrative; while an offender's history with certain ACEs was associated with more lenient sentencing, offenders who experienced other ACEs like divorce faced with more punitive sentencing attitudes. As far as nonprofessional

sentiment is concerned, there is no simple “abuse excuse” that absolves an offender from taking responsibility for a crime. Instead, attitudes towards offenders are shaped within a complicated system that involves many other factors such as the gender of the offender. Additionally, this study illuminated gaps in the public’s knowledge about the harmfulness of the ACEs and identified cultural and personal factors that childhood trauma specialists must address in order to build support for the public health perspective.

LIST OF REFERENCES

- Arenella, P. (1996). Demystifying the abuse excuse: Is there one? *Harvard Journal of Law and Public Policy*, 19(3).
- Bagaric, M., Wolf, G., & Isham, P. (2019). Trauma and sentencing: The case for mitigating penalty for childhood physical and sexual abuse. *Stanford Law & Policy Review*, 30(1), 1-59.
- Barnett, M. E., Brodsky, S. L., & Price, J. R. (2007). Differential Impact of Mitigating Evidence in Capital Case Sentencing. *Journal of Forensic Psychology Practice*, 7(1), 39-45.
doi:10.1300/j158v07n01_04
- Bureau of Justice Statistics. (2019, April). Prisoners in 2017. Retrieved June 15, 2019, from https://www.bjs.gov/content/pub/pdf/p17_sum.pdf
- Cannon, Y., Davis, G., Hsi, A., & Bochte, A. (2016). Adverse childhood experiences in the New Mexico juvenile justice population. *New Mexico Sentencing Commission*. Retrieved from <http://nmsc.unm.edu/reports/2016/adverse-childhood-experiences-in-the-new-mexico-juvenile-justice-population.pdf>
- Center for Disease Control and Prevention. Adverse childhood experiences reported by adults — five states, 2009. (2010). *Morbidity and Mortality Weekly Report*, 59 (49), 1609-1613.
Retrieved from <http://www.jstor.org.libproxy.unh.edu/stable/23319677>
- Center for Disease Control and Prevention. About Behavioral Risk Factor Surveillance System ACE data. CDC-Kaiser ACE Study. *Violence Prevention: Child Abuse and Neglect*. Retrieved from https://www.cdc.gov/violenceprevention/acestudy/ace_brfss.html
- Center for Disease Control and Prevention. About the CDC-Kaiser ACE study. *Violence Prevention: Child Abuse and Neglect*. Retrieved from

<https://www.cdc.gov/violenceprevention/acestudy/about.html>

- Cornish, Audrie. (2017). Some states say declaring an emergency has helped in the opioid fight. *All Things Considered (NPR)*. Retrieved from <http://search.ebscohost.com.unh.idm.oclc.org/login.aspx?direct=true&db=nfh&AN=6XN201708092002&site=ehost-live>
- Dershowitz, A. M. (1995). *The abuse excuse: And other cop-outs, sob stories, and evasions of responsibility*. Boston: Little Brown.
- Evans, C., & Evans, G. R. (2019). Adverse Childhood Experiences as a Determinant of Public Service Motivation. *Public Personnel Management*, 48(2), 123-146.
doi:10.1177/0091026018801043
- Farrington, D. (1998). Predictors, causes, and correlates of male youth violence. *Crime and Justice*, 24, 421-475. Retrieved from <http://www.jstor.org.libproxy.unh.edu/stable/1147589>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V... & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, 14(4), 245-258. doi:10.1016/s0749-3797(98)00017-8
- Finkelhor, D., Shattuck, A., Turner, H., & Hamby, S. (2012). Improving the adverse childhood experiences scale. *PsycEXTRA Dataset*. doi:10.1037/e621642012-122
- Goodman-Delahunty, J., & Sporer, S. L. (2010). Unconscious influences in sentencing decisions: A research review of psychological sources of disparity. *Australian Journal of Forensic Sciences*, 42(1), 19-36. doi:10.1080/00450610903391440

- Hamparian, D, Davis, J, Jacobson & McGraw, R. (1985). *The young criminal years of the violent few*. Washington, D.C. Office of Juvenile Justice and Delinquency Prevention
- Heath, W. P., Grannemann, B. D., & Peacock, M. A. (2004). How the defendant's emotion level affects mock jurors' decisions when presentation mode and evidence strength are varied. *Journal of Applied Social Psychology, 34*(3), 624-664. doi:10.1111/j.1559-1816.2004.tb02563.
- Johnson, E., & Easterling, B. (2012). Understanding unique effects of parental incarceration on children: Challenges, progress, and recommendations. *Journal of Marriage and Family, 74*(2), 342-356. Retrieved from <http://www.jstor.org.libproxy.unh.edu/stable/41507275>
- Kelly-Irving, M., Lepage, B., Dedieu, D., Bartley, M., Blane, D., Grosclaude, P., & Delpierre, C. (2013). Adverse childhood experiences and premature all-cause mortality. *European Journal of Epidemiology, 28*(9), 721-734. Retrieved from <http://www.jstor.org.libproxy.unh.edu/stable/43774898>
- Klika, J. B., Herrenkohl, T. I., & Lee, J. O. (2013). School factors as moderators of the relationship between physical child abuse and pathways of antisocial behavior. *Journal of interpersonal violence, 28*(4), 852-867.
- Mazzella, R., & Feingold, A. (1994). The effects of physical attractiveness, race, socioeconomic status, and gender of defendants and victims on judgments of mock jurors: A meta-analysis. *Journal of Applied Social Psychology, 24*(15), 1315-1338. doi:10.1111/j.1559-1816.1994.tb01552.x
- Maschi, T., Morgen, K., Hatcher, S., Rosato, N., & Violette, N. (2009). Maltreated children's

- thoughts and emotions as behavioral predictors: evidence for social work action. *Social Work*, 54(2), 135-143. Retrieved from <http://www.jstor.org.libproxy.unh.edu/stable/23719284>
- Miller, E., Breslau, J., Chung, W., Green, J., McLaughlin, K., & Kessler, R. (2011). Adverse childhood experiences and risk of physical violence in adolescent dating relationships. *Journal of Epidemiology and Community Health (1979-)*, 65(11), 1006-1013. Retrieved from <http://www.jstor.org.libproxy.unh.edu/stable/23052153>
- Moffitt, T. E. (1993). Adolescence-limited and life-course-persistent antisocial behavior: A developmental taxonomy. *Psychological Review*, 100(4), 674-701.
- Myers, M. A., & Talarico, S. M. (1987). The Context of Time. *The Social Contexts of Criminal Sentencing Research in Criminology*, 127-169. doi:10.1007/978-1-4612-4732-6_5
- National Association of Drug Court Professionals. (2019) Treatment courts work. Retrieved from <https://www.nadcp.org/treatment-courts-work/>
- New Hampshire Judicial Branch. (n.d.) Drug and mental health courts. Retrieved from <https://www.courts.state.nh.us/drugcourts/>
- Ou, S. R., & Reynolds, A. J. (2010). Childhood predictors of young adult male crime. *Children and Youth Services Review*, (8). 1097.
- Saldaña, J. (2016). *The coding manual for qualitative researchers*. Los Angeles, CA: SAGE.
- Sharp, S. (2014). Mean women or mean Lives? Adverse childhood experiences and adult abuse of women prisoners. In *Mean lives, mean laws: Oklahoma's women prisoners* (pp. 46-64). Rutgers University Press. Retrieved from <http://www.jstor.org.libproxy.unh.edu/stable/j.ctt9qh1hw.8>
- Sivagurunathan, M., Orchard, T., Macdermid, J. C., & Evans, M. (2019). Barriers and facilitators

affecting self-disclosure among male survivors of child sexual abuse: The service providers' perspective. *Child Abuse & Neglect*, 88, 455-465.

doi:10.1016/j.chiabu.2018.08.015

Sporer, S. L., & Goodman-Delahunty, J. (2009). Disparities in sentencing decisions. In *Social psychology of punishment of crime* (pp. 379-401). Chichester, UK: Wiley-Blackwell.

Starecheski, L. (2015, March 02). Take the ACE quiz - and learn what it does and doesn't

mean. Retrieved from [https://www.npr.org/sections/health-](https://www.npr.org/sections/health-shots/2015/03/02/387007941/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean)

[shots/2015/03/02/387007941/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean](https://www.npr.org/sections/health-shots/2015/03/02/387007941/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean)

Steffensmeier, D., & Demuth, S. (2006). Does gender modify the effects of race–ethnicity on criminal sanctioning? Sentences for male and female white, black, and hispanic

defendants. *Journal of Quantitative Criminology*, 22(3), 241-261. doi:10.1007/s10940-

006-9010-2

Thornberry, T., Huizinga, D., Loeber, R. (1995). *The prevention of serious delinquency and violence: implications from the program of research on the cause and correlates of delinquency*. Serious, Violent, and Chronic Juvenile Offenders.

Tillyer, R., Hartley, R. D., & Ward, J. T. (2015). Differential treatment of female defendants:

Does criminal history moderate the effect of gender on sentence length in federal

narcotics cases? *Criminal Justice & Behavior*, 42(7), 703–721. [https://doi-](https://doi-org.unh.idm.oclc.org/10.1177/0093854814560624)

[org.unh.idm.oclc.org/10.1177/0093854814560624](https://doi-org.unh.idm.oclc.org/10.1177/0093854814560624)

Turney, K. (2014). Stress proliferation across generations? Examining the relationship

parental incarceration and childhood health. *Journal of Health and Social*

Behavior, 55(3), 302-319. Retrieved from

<http://www.jstor.org.libproxy.unh.edu/stable/43186901>

Worthen, M. (2019, June 24). The Menendez brothers case: New E doc interviews Erik Menendez. Retrieved from <https://www.biography.com/news/menendez-brothers-murder-case-facts>

Zebrowitz, L. A., & McDonald, S. M. (1991). The impact of litigants' baby-facedness and attractiveness on adjudications in small claims courts. *Law and Human Behavior*, *15*(6), 603-623. doi:10.1007/bf01065855

APPENDIX A

University of New Hampshire

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21-Mar-2019

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IRB #: 8053

Study: Public Perceptions of People with Adverse Childhood Experiences: Punishment or Compassion?

Approval Date: 21-Mar-2019

The Institutional Review Board for the Protection of Human Subjects in Research (IRB) has reviewed and approved the protocol for your study as Exempt as described in Title 45, Code of Federal Regulations (CFR), Part 46, Subsection 104(d). Approval is granted to conduct your study as described in your protocol.

Researchers who conduct studies involving human subjects have responsibilities as outlined in the attached document, *Responsibilities of Directors of Research Studies Involving Human Subjects*. (This document is also available at <http://unh.edu/research/irb-application-resources>.) Please read this document carefully before commencing your work involving human subjects.

Note: IRB approval is separate from UNH Purchasing approval of any proposed methods of paying study participants. Before making any payments to study participants, researchers should consult with their BSC or UNH Purchasing to ensure they are complying with institutional requirements. If such institutional requirements are not consistent with the confidentiality or anonymity assurances in the IRB-approved protocol and consent documents, the researcher may need to request a modification from the IRB.

Upon completion of your study, please complete the enclosed Exempt Study Final Report form and return it to this office along with a report of your findings.

If you have questions or concerns about your study or this approval, please feel free to contact Melissa McGee at 603-862-2005 or melissa.mcgee@unh.edu. Please refer to the IRB # above in all correspondence related to this study. The IRB wishes you success with your research.

For the IRB,



Julie F. Simpson
Director

cc: File
Finkelhor, David

APPENDIX B

Vignette Format

- I. Johnny/Suzie is a 23-year-old man/woman. He/she was arrested for possessing prescription drugs with intent to distribute.
- II. (Using either “Johnny” or “Suzie” for names)
 - a. During the trial, Johnny’s defense attorney explains that when Johnny was a child, he was sometimes punched and kicked by his father. One time, Johnny had to go to the hospital for injuries related to the physical abuse.
 - b. During the trial, Suzie’s defense attorney explains that when Suzie was a child, she was sometimes forced to perform oral sex on her stepfather. Because of the sexual abuse, Suzie had behavioral problems in school.
 - c. During the trial, Johnny’s defense attorney explains that when Johnny was a child, his mother sometimes told him he was worthless, isolated him from friends he tried to make, and called him names. Because of the emotional abuse, Johnny had behavioral problems in school.
 - d. During the trial, Suzie’s defense attorney explains that when Suzie was a child, her parents often neglected her basic needs by failing to feed her regularly or bring her to the doctors when she was sick. As a result of the neglect, Suzie had to go to the hospital for malnutrition and related illnesses.
 - e. During the trial, Johnny’s defense attorney explains that when Johnny was a child, his mother was diagnosed with depression and she often struggled to get out of bed. Once, Johnny’s mother went to the hospital for a month because she self-harmed. Because of the mental illness in the home, Johnny had behavioral problems in school.
 - f. During the trial, Suzie’s defense attorney explains that when Suzie was a child, her father went to prison and was absent from her life for several years. Because of the sudden absence of her father, Suzie had behavioral problems in school.
 - g. During the trial, Johnny’s defense attorney explains that when Johnny was a child, his father sometimes shoved and punched his mother. The police came to the house on several occasions, and his mother had to go to the hospital once for related injuries. After witnessing domestic violence in the home, Johnny had behavioral problems in school.
 - h. During the trial, Suzie’s defense attorney explains that when Suzie was a child, her mother abused drugs in the home. Suzie saw her mother use drugs and pass out several times, and her mother had to go to the hospital once for an overdose. Soon after witnessing substance abuse in the home, Suzie had behavioral problems in school.
 - i. During the trial, Johnny’s defense attorney explains that when Johnny was a child, his parents got a divorce. Johnny saw his parents verbally argue during this time. Johnny also struggled from having to split his time between two households. Soon after the divorce, Johnny had behavioral problems in school.

- j. During the trial, Suzie's defense attorney explains that when Suzie was a child, her parents worked a lot and rarely paid her much attention. Whenever Suzie needed to talk to a parent about something important, her parents were emotionally unavailable. Because of the emotional neglect, Suzie had behavioral problems in school.
- III. The judge in charge of Johnny/Suzie's case recommends a sentencing range of 3 to 7 years based on details of the current crime and Johnny/Suzie's criminal record. What sentence should the judge give Johnny/Suzie?

3 years

4 years

5 years

6 years

7 years

APPENDIX C

Adverse Childhood Experiences Infographic (Starecheski, 2015)

