

Tattoo Taboo: An Examination of Stigma and Negative Attitudes Concerning Tattooed

Individuals within an Irish context

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### Abstract

**Aims:** The current study sought to provide a better understanding of stigma and negative attitudes towards tattooed individuals within an Irish context while also exploring gender differences. **Method:** A total of 298 participants completed an online questionnaire that included a modified version of the tattoo stigma victimization scale to accommodate and include both tattooed and non-tattooed participants. **Results:** The current study has only provided partial support for previous research in that while tattooed individuals did score higher as hypothesised, gender did not appear to be a significant predictor of stigma and negative attitudes. Additionally, the current study found an inverse result in comparison to prior literature in that males scored higher while compared to females in terms of stigma and negative attitude scores. **Conclusion:** Findings provide a greater understanding of stigma and negative attitude in terms of tattooed individuals as the current study addressed some limitations of previous research. Implications for this study and best practices for measuring and researching stigma and negative attitudes are discussed.

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### Literature review

*“Stigma is an attribute that is deeply discrediting that reduces someone from a whole and usual person to a tainted discounted one” --- Erving Goffman*

The act of tattooing as a form of self-expression, symbolism, and cultural identity is not a new phenomenon, the oldest known and identified tattoos date back to the Neolithic times and have a significant history in almost all countries around the world (Wolf, Robitaille, & Krutak, 2015). Charles Darwin wrote that there was no country in the world that did not practice tattooing of some form throughout history. He emphasized the importance of the many ethnographic discoveries made with preserved bodies by identifying common trends and symbols within the tattoos they possessed that related to a specific region of the world (Olson, 2010). As we progress through more recent history it becomes evident that tattoos begin to become the subject of condemnation. The individuals who possess them became the subject of negative attitudes particularly in western society, the presence of tattoos was directly associated with the lower class and became a symbol of resistance and rebellion (Wohlrab, Stahl, & Kappeler, 2007; Larsen & Patterson, 2014; Kluger, 2015). Throughout the 1960s and '70s tattoos signified a cultural taboo, they were associated with ostracized individuals, deviant behaviour, those who had been incarcerated, those with psychological disorders, and soldiers among others (Rees, 2016; Roggernkamp, Nicholls, & Pierre, 2017). The period subsequent to the '70s has been deemed a 'Tattoo Renaissance' following the substantial influx in popularity (Velliquette, Murraray, & Creyer, 1998). It is suggested that increased visibility within celebrity society and the invention of the electronic tattoo machine has had a significant result in shaping cultural norm and popularization of the tattoo (Rees, 2016). The invention of the tattoo machine increased the access of tattoos to the greater public (Rosenthal, 2016), from 1960 to 1995 there was a 1900% increase in the number of

## STIGMA NEGATIVE ATTITUDES AND TATTOOS

professional tattoo artists in the united states and approximately 40% of millennials today possessing one or more tattoos (Serup, Kluger, & Baumler, 2015; Ruffle & Wilson, 2018).

Attitudes are formed as a result of direct experience, persuasion of others and the influence of media. They have three components: affective, behavioural and cognitive (Stangor, 2014). The dominant component may differ from individual to individual, however, for many emotion is the primary determinant in attitudes. Emotional foundations such as sensory reactions, personal values, classical and operant conditioning, and semantic generalization form the basis of their attitudes (Larsen, Ommundsen, & Van der Veer, 2008). In general, these three components are consistent with each other, for example, an individual who works voluntarily for the environment is also likely to have a positive attitude toward the environment and is likely to hold a set of beliefs that sustain this position, their behaviour, attitude, and cognitions are all consistent (Stangor, 2014).

### **Deviant behaviour**

Despite the growing popularity of tattoos today evidence of negative attitudes can still be seen particularly in the area of crime and criminal justice. Friederike & Todorov, (2013) found that facial tattoos affect perceived guilt in a courtroom setting, this potentially demonstrates the stereotype that tattooed individuals are strongly linked to criminality and thus reflects sentencing by assuming guilt based on tattoo possession. Furthermore, Jennings & Fox, (2014) found that men with tattoos are typically perceived as criminals and those inclined to engage in criminal and deviant behaviour. Zeiler & Katsen, (2016) have replicated these findings but found a significant difference in how an individual perceived the tattoo, whether the participant found the tattoo in question to be aggressive or peaceful had a strong influence on their evaluation and attitude of tattoos in general. While in both instances participants generally held a negative attitude towards tattoos, participants possessed increased negative attitudes towards tattoos in which they deemed to be aggressive. Although

this may be a limitation, Gueguen, (2013) considered this in his study and found this effect was replicated, and results indicated that negative attitudes and stigma did appear to be increased for those individuals with a script tattoo over a butterfly tattoo. The butterfly tattoo was considered more visually appealing and associated with innocence and delicacy. Not only did these results demonstrate that negative attitudes still exist regarding individuals with tattoos but also how a person perceives body art affects how negatively they will feel towards it, personal perception of the tattoo negates only how negatively the individual will be perceived.

Furthermore, in a study examining predictors of criminal guilt, Friederike & Todorov, (2013) found that visible tattoos were found to affect judgements of a defendant's guilt in a courtroom context, if a tattoo was visible to the jury the defendant was more likely be perceived as guilty of the crime. Although, the study did find that only the type of crime the defendant allegedly committed affected the sentencing allocation. While possession of a tattoo was correlated with an initial perception of guilt concerning the defendant, it would not increase or decrease the sentencing time. Only the type of crime the defendant was perceived to have committed would influence the number of years a defendant was sentenced to prison. These findings suggest that possessing a tattoo alone significantly increases the likelihood of discrimination in the form of perceived guilt as a result of stigma and negative attitudes. These views found within the criminal justice system present much like those of the 60s and 70s in that the possession of tattoos relates heavily to those who engage in criminal behaviour.

### **Tattoos and healthcare**

The word stigma is of Greek origin and refers to the socially constructed relationship between an attribute and a stereotype (Goffman, 1963). Stigmas held by the general public towards a specific group of individuals can have harmful effects and can cause a change in



behaviour towards those groups (Corrigan & Watson, 2002). Stigma in the workplace however and particularly within a healthcare context can have harsher implications. The attitudes professional personnel hold can have detrimental effects. Stuppy, Armstrong, & Casals-Ariet, (1998) found that physicians and nurses exhibited less favourable attitudes towards patients with tattoos compared to non-tattooed patients. Their illness was perceived to be attributed to poor judgement or other risky behaviour that tattooed individuals are stereotypically associated with, especially within adolescents. In addition to impacting patient care, Westerfield, Stafford, & Gabel Speroni, (2012) found that stigma exists within professionals in healthcare especially within males towards their female counterparts. Tattooed males were perceived as more professional than their female counterparts who possessed a similar tattoo. Additionally, Zestcott & Stone, (2019) found that tattooed individuals are assigned more liability for their healthcare costs. Healthcare professionals similarly rated tattooed individuals as more responsible for their illness regardless of whether their illness was attributed to dispositional or situational causes. These findings highlight the claim that stigmas are strongest when an individual is perceived to be responsible for their situation (Broussard & Harton, 2017) and suggests that tattooed persons, especially adolescents, may be at risk of being negatively perceived when they seek health care.

### **Discrimination in the workplace**

As research indicates, there has been a history in western cultures of negative attitudes towards individuals with tattoos. It is important to understand whether these attitudes have changed in recent years or not. If not, these negative attitudes could have harmful future implications for the growing population of people who possess them. Negative attitudes, stereotyping, stigma and prejudice are all interrelated and often evolve into discrimination (Stuber, Meyer, & Link, 2008). Discrimination can be defined as the “prejudiced or prejudicial outlook, action or treatment” (Merriam-Webster, 2020). It is one of the most

harmful implications of possessing tattoos in a society that has deemed them to be undesirable. Discrimination is the behavioural response to stereotypes, negative attitude, prejudice and stigma and can affect all aspects of life, from forming personal relationships to managing professional life. Discrimination prevailing in the workplace could lead to individuals suffering in the form of poor ratings in job applications. Madera & Hebl, (2011) found individuals that who possessed tattoos on their faces were rated lower on job applications and the interviewer recalled less information about the interview. In addition to this, eye tracking was used to determine the participants' visual focus during the interview and if the focus on the tattoo had any effect on the rating. The results provided evidence that the applicants who were rated more negatively had the interviewer that focused on their facial tattoo throughout the interview. This is consistent with research stating that negative stimuli capture visual attention and provides an explanation as to why the tattooed individuals were rated lower and least remembered (Roskos-Ewoldsen & Fazio, 1992; Fox, Russo, Bowles, & Dutton, 2001; Veerapa, et al., 2020). However, recent research does show some conflicting evidence to suggest a slight positive change in the stigma that exists within the tattooed community. A recent survey demonstrated that employers willingly hired individuals with visible body art, this indicates that stereotypes are slowly evolving into acceptance and social norm, nonetheless, the results may also be a product of individualism (Mironski & Rao, 2019), it is also important to note that in the current study negative attitudes were still present and it is not to say that the act of being hired by an employer eradicates negative attitudes they may hold, the act of not being hired as a result of having tattoos correlates to discrimination and not negative attitudes. Furthermore, the sample was based on author recommendations by using a snowball technique of sampling which resulted in an overrepresentation of hotel employers thus inducing a lack of representativeness and generalization.

## **Gender**

In recent years tattoos have broken major gender and social class barriers (Botz-Bornstein, 2012), but research suggests that there is still a significant difference in attitudes towards men and women who possess tattoos and that stigma and negative attitudes towards female tattoo bearers remain (Bornstein, 2012). In particular media coverage surrounding tattoos has become particularly interested in the tattooing of female feminine bodies and popular media still follows the repetitive trope of questioning why women get tattooed (Ashworth, 2013). This demonstration of incomprehensibility may be linked to stereotypes of tattooed individuals being deviant, which in turn creates a cognitive dissonance as the stereotypical ideals' of women being soft-skinned and gentle are challenged (Kertzman, Kagan, Hegedish, Lapidus, & Weizman, 2019). Broussard & Harton, (2017) found that tattooed targets especially women are judged more negatively on their character attributes. Additionally, Hawkes, Senn, & Thorn, (2004) found that both men and women have more negative attitudes towards women with a visible tattoo than toward non-tattooed women. Tattoo size and whether or not the participant had a tattoo themselves were significant predictors of these negatively held attitudes. Additionally, the study found that participants with more conservative gender attitudes evaluated tattooed women more negatively. These findings highlight the impact of direct experiences and emotions on the formation of attitudes. Tattoos have been heavily considered a man's activity in the current media, representing strength, power, attractiveness and a masculine form of self-expression and therefore may still be considered to be a gender role violation for women today (Atkinson, 2002).

Since the 1920s tattoos have symbolised rebellion and increased sexuality in women, (Roggen-Kamp, Nicholis, & Pierre, 2017). Stigmas tend to be especially prevalent when an individual can be deemed responsible for their current situation, such as in the case of tattoos (Broussard & Harton, 2017). For example, findings support this claim in that women who are

subjected to domestic abuse are more stigmatized because they chose the person they wanted to get romantically involved with, and therefore can be held accountable for their current situation (Murray & Crowe, 2017). Parry, (1933) describes a rape case in the late 1920s in which two men were released without prosecution on the basis that they had been misled by the victim's butterfly tattoo on her leg. This is a very early example of the implications of the sexual objectification of tattooed women and the stigma caused by deeming an individual responsible for their situation, However, more contemporary research does seem to also follow this trend; Vik, (2020) found that the presence of a tattoo influences the feelings toward a rape victim and leads the jury to question the victim's credibility, have less sympathy, and render fewer guilty verdicts. The consequences of having tattoos differ between genders, with men mainly experiencing criminal associations and women experiencing implications in the form of over-sexualisation.

Not only do attitudes differ in comparison to men and women with tattoos but implications for the possession of tattoos alter too. For women, tattoos have sexual implications, this is a gender-specific limitation of possessing tattoos that do not appear to apply to men (Swami & Furnham, 2008; Heckerl, 2020). To extend this claim to present-day empirical research, Gueguen (2013) found that men judge tattooed women to be more promiscuous and open to sexual activity. These results were based on the time it took for a man to approach a woman on the beach who had tattoos versus one who did not have a tattoo and found that men approached tattooed women quicker. Degelman, (2002) found that tattoos signified to men that a female was less competent and intelligent. This may attribute to the readiness at which men approached the tattooed women in the hopes they are more easily influenced. It is also possible that the tattoo symbolized rebellion and independence to the men and therefore approaches as they infer the women are single rather than the negative connotations surrounding tattoos and promiscuity that research previously explains. There is

an evident general trend of negative attitudes and stigma towards tattooed individuals in both recent and dated research, but it appears there is a significant difference between the type of stigma and negative attitudes that are attributed to males, versus that attributed to females.

Trends show that men are more at risk of being stigmatized criminally while women are more at risk of being stigmatized sexually and socially.

### **The current study**

The purpose of this review was to examine if Stigma and Negative attitude (SNA) still exist today regarding individuals with tattoos and to establish the impact SNA may still have on the current society. It is hypothesised based on the existing literature that the study will provide evidence of negative attitudes and stigma. The impact of SNA existing in various contexts such as healthcare, in the criminal justice system, and within the general public can have serious implications. While previous studies have analysed these from a criminal, and healthcare perspective the current study will be addressing SNA with regards to the general public and the typical workplace. Although it appears SNA does not exist in the same capacity as early history, internalised as opposed to externalised, they appear to stem from culturally ingrained stereotypes that we are not always aware of rather than explicit and vocalised as they were in the past.

The existing literature on tattoos lacks in-depth studies regarding gender differences involving male and female participants and the effect of perceived gender roles on SNA. To address this gap in literature the current study aims to determine whether gender predicts SNA and whether there will be a difference in SNA levels between males and females. The literature provides evidence that stigma exists in both men and women although in different variations, women being significantly more stigmatized and associated with higher negative attitudes, hyper-sexualisation, and sexual objectification while men appear to suffer from criminal and professional prejudices.

Apropos of previous research it is hypothesised that:

(1) There will be significant gender differences in levels of negative attitude and stigma towards individuals with tattoos, with tattooed females being more stigmatized and experiencing higher levels of negative attitudes.

(2) There will be a significant difference in stigma and negative attitudes between groups; 1. Tattooed 2. Non-tattooed, with tattooed individuals being more stigmatized and experiencing higher levels of negative attitudes.

(3) Both being female and having at least one tattoo will be a significant predictor of stigma and negative attitude.

## Method

### Participants

Two Hundred and Ninety-eight individuals participated in the current study. Participants were recruited through a combination of convenience and snowball sampling, by word of mouth and postings to various social media sites including, Facebook, Twitter, Reddit and Instagram. The posted link included a list of criteria needed to take part in the current study including being 18 years or older, having accessible internet access for the duration of the study, being a current resident in Ireland and giving written consent. As a result of recruiting with this method, the sample is large and varies in age. A Recommended sample size of 82 participants was calculated by using the formula offered by Tabachnick & Fidell, (2007)  $N \geq 50 + 8m$ . The current sample succeeds this number with a total of 298 participants. The initial sample consisted of 301 individuals; however, 3 participants were removed as they indicated they were 17 years old despite ticking the box stating otherwise. The final sample then comprised of 298 participants, of the 298 individuals that accessed this study 62.8% (187) were female, 33.9% were male (101) and 3.4% (10) did not identify their gender.

### Measures

**Demographics.** Participants were asked to indicate their gender (male, female, other, prefer not to answer) the 'other' and 'prefer not to answer' categories were grouped for statistical analysis purposes. Participants were also asked to provide their age in numeric form.

### Materials

The current study was conducted in an online context, in the form of a questionnaire. The survey was generated using googles free online software 'Google forms' which allows individuals to create personalised questionnaires and share them between different media platforms to acquire participants.

**Tattoo stigma victimization scale (TSVS).** Attitude and Stigma were both measured using the tattoo stigma victimisation scale (Dickson, Dukes, Smith, & Strapko, 2014), a 15-item measure in the format of a five-point Likert scale with some individual one answer numeric responses. Participants completed the 15-item measure ( $\alpha = .98$ ) assessing stigma towards individuals with a tattoo. Higher scores on this measure indicated more stigmatised attitudes towards tattooed individuals. The scale was modified to fit both non-tattooed and tattooed individuals as it was originally developed as a means of measuring attitudes and stigma within a sample of college students that had one or more tattoos. Participants read 14 statements and rated them on a five-point Likert scale from 0 (strongly disagree) or (very unlikely) to five (highly agree) or (extremely likely). The format nor number or direction of the questions was changed. The tattoo stigma victimisation scale has demonstrated empirical reliability and validity in the original study (Dickson, Dukes, Smith, & Strapko, 2014) and over time (Broussard & Harton, 2017). Higher scores indicate higher levels of stigma and negative attitude. The overall TSVS score has internal consistency and reliability with an alpha of .9. In the current study, the Cronbach alpha coefficient for the TSVS was .95.

The scale is divided into five sections, tattoo abundance, stigma victimization, perceived societal stigma, removal likelihood (if applicable), willingness to show tattoos, and measured variables (see Appendix I).

### **Design**

This study used a quantitative approach with a within-subjects cross-sectional design examining SNA towards individuals with tattoos. The dependent variables are attitudes and stigma, both measured using the semantic differential measure Likert scale known as the tattoo stigma victimization scale, these will also be the criterion variables in the multiple regression analysis. The independent variables are gender and possession of a tattoo, these will be the predictor variables in the multiple regression analysis.



## **Procedure**

The study was conducted in an online context and takes approximately five minutes to complete. This time is based on the number of items the scale comprises of and the difficulty of each question, in this case, a 15-item scale. At the beginning of the questionnaire, the participant is greeted with a brief synopsis of the current study including information regarding how their data is stored, the anonymity of the study, approximately how long it will take to complete, and information regarding consent explaining that is necessary to continue the study (See Appendix II). The questionnaire begins with ticking two boxes indicating the participant is 18 years or older and that they are giving consent to participate in the study (see appendix III). The participant is then greeted with demographic and personal questions such as age, sex, and possession of tattoos which is then followed by the modified tattoo stigma victimisation scale (See appendix IV). The scale measures the participant's attitude and stigma towards tattoos as well as their direct and indirect experience of SNA concerning tattoos. The participants were required to use the five-point Likert type scale to rate their level of agreement or disagreement with the statement. As the questionnaire is relatively short the participants did not receive any allocated breaks, however, given the format of the questionnaire, the participants could pause at any time if needed as there was no time limit on participation. When the participant has completed the survey, they will be brought to an additional page indicating so. A short de-briefing was provided on this final page and it contained the primary researcher's details if any further information is required and additional resources if the nature of the questionnaire has affected the participant (see appendix V).

This research study was approved by the national college of Irelands ethics committee and is in with their ethical guidelines concerning the use of human participants. In spite of the fact that no harm was expected to be experienced by participants from this investigation, the

debriefing form included helpline numbers if any participant experienced psychological discomfort as a result of the questioning material.

### Results

Descriptive statistics for demographic variables are presented in table 1 for both gender and possession of tattoos. 33.9% (N=101) of participants were male and 62.8% (N=187) represented females. 62.4% (N=186) of participants had at least one tattoo and 37.6% (N=112) had no tattoos. 79.1% (N=148) of females would choose to cover their tattoos in certain situations in comparison to 82.2% of males (N=83).

**Table 1.**

*Frequencies for the current sample for each categorical variable (N=298)*

Variable	Frequency	Valid %
<b>Gender</b>		
Male	101	33.9
Female	187	62.8
<b>Possession of tattoos</b>		
Yes	186	62.4
No	112	37.6

The mean age of the participants was 24 years (SD 7.34; Range 17-62 years). Additionally, 188 (62.5%) of participants had one or more tattoos and 113 (37.5%) had none. Means (M) and standard deviations (SD) for all continuous variables are reported in Table 2. A significant result ( $p < .05$ ) of the Kolmogorov-Smirnov statistic was found for all continuous variables indicating that the data is non-normally distributed, and inspection of the histograms show that the data are positively skewed. In line with the central limit theorem, the current sample size is large enough to assume that the sample means are well

approximated by a normal distribution and as such the distribution scores will be treated as normal.

**Table 2.**

*descriptive statistics for continuous variables Age and Tattoo Stigma Victimization*

Variable	<i>M</i> [95% CI]	<i>SD</i>	Range
Age	24.5 (23.66-25.34)	7.36	47
Tattoo Stigma Victimization	59.80 (58.53-61.08)	11.20	65

To examine the three hypotheses, two independent samples t-tests and a multiple regression analysis were conducted. The independent samples t-tests were conducted to compare results between group 1. Tattooed vs non-tattooed individuals and 2. Male and Female. A multiple regression analysis was also conducted to analyse the strongest predictor of the dependent variable stigma and negative attitude. Preliminary analyses were conducted to provide simple summaries of the sample and the measures, normality tests confirmed normal distribution.

### **Hypothesis 1**

An independent samples t-test was conducted to compare levels of SNA regarding tattooed individuals between males and females. Preliminary analyses were conducted to ensure no violations of the assumptions of normality, linearity, and homoscedasticity. Inspection of the scatterplot identified one outlier with a standardized residual of greater than 3.3 however this score was deemed to be a valid response with the possible score range and so was included in analysis. There was a significant difference in scores, with males ( $M=61.51$ ,  $SD=11.76$ ) scoring significantly higher than females ( $M=58.75$ ,  $SD=10.89$ ),  $t(286) = -1.991$ ,  $p = .047$ , two-tailed. The Magnitude of the differences in the means (mean difference =  $-2.75$ , 95% CI:  $-.03$  to  $.03$ ) was small (Cohen's  $d = .24$ ).

## Hypothesis 2

A second independent samples t-test was conducted to compare levels of SNA between groups of participants with and without tattoos. There was a significant difference between scores, with tattooed individuals ( $M=64.21$ ,  $SD = 10.52$ )  $t(279) = 10.83$ ,  $p = .00$ , two-tailed scoring significantly higher than non-tattooed individuals ( $M= 52.49$ ,  $SD=8.03$ ). The magnitude of the differences in the means (mean difference= 11.72, 95% CI: 9.44 to 13.99) was large (Cohen's  $d= 1.21$ ). Results of this analysis can be seen in table 3

**Table 3**

*Independent samples t-test comparing group differences in stigma and negative attitude levels*

	M	SD	N	t	df	p	95% CI	Cohen's d
Male	61.51	11.76	101					
Female	58.75	10.89	187	-1.99	286	.257	-5.47, 0.31	.24
Tattoos	64.21	10.52	186	10.83	279	.002	9.59, 13.85	1.21
No Tattoos	52.49	8.03	112					

## Hypothesis 3

Multiple regression analysis was performed to determine how well SNA could be explained by the two variables including gender and possession of a tattoo. Preliminary analyses were conducted to ensure no violation of the assumptions of normality, linearity, and homoscedasticity. The correlations between the predictor variables and the criterion

variable included in the study were examined (see table 4 for full details). One of the two predictor variables were significantly correlated with the criterion variable  $r = -.50$  (possession of tattoos). The correlation between the predictor variables was also assessed with  $r$  value =  $-.04$ . Tests for multicollinearity also indicated that all Tolerance and VIF values were in an acceptable range. These results indicate that there was no violation of the assumption of multicollinearity and that the data was suitable for examination through multiple linear regression analysis.

**Table 4**

*Correlations between the variables included in the model*

Variable	1.	2.	3.	4.
1. Stigma and negative attitude	-			
2. Gender	.11**			
3. Possession of tattoos	-.50***	-.04		

*Note: \* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$*

Since no a priori hypotheses had been made to determine the order of entry of the predictor variables, a direct method was used for the analysis. The two predictor variables explained 26.7% of the variance in stigma and negative attitude ( $F(2, 295) = 53.80, P < .001$ ). Only one of the two variables uniquely predicted SNA to a statistically significant level, possession of tattoos: Having at least one tattoo ( $\beta = -.050, p = < .001$ ) (see table 5 for full details)

**Table 5***Multiple regression model predicting stigmas and negative attitude scores*

Variable	R <sup>2</sup>	B	SE	$\beta$	<i>t</i>	<i>p</i>
<b>Model</b>	<b>.26</b>					
Gender		1.95	1.00	.09	1.94	0.52
Possession of tattoos		- 11.62	1.15	-.50	- 10.09	.00***

*Note: \*\*\*  $p < .00$* 

### Discussion

In the current study, the association between stigma, negative attitude and tattoos was explored. The study was conducted in an online setting and despite the freedom this gives in terms of examining the research question cross-culturally the study was limited to only Irish residents. The purpose of this study was to gain a better understanding of SNA towards tattoos today, with their rapidly increasing popularity and evidently negative past it's important to discern if attitudes are changing as expeditiously as tattoos are being consumed. While several variables may influence levels of SNA the study sought to control for two variables the literature has identified as being associated with SNA: possession of tattoos and gender. Through this research, three hypotheses were formulated to address the current aims.

The first study aimed to determine whether there would be significant gender differences in SNA levels, specifically hypothesizing from prior literature that tattooed females would experience more SNA. While differences for gender did exist, the results did not support the hypothesis and found an inverse result. Unexpectedly, scores for Males were significantly

higher than Females. The results of the second study support H2; results showed that tattooed individuals were more stigmatized and experienced higher levels of a negative attitude than non-tattooed individuals. The third hypothesis was only partially supported by the results, possession of at least one tattoo was the only variable found to uniquely predict SNA levels, Gender was not a significant predictor of SNA.

### **Hypothesis 1**

The present results of the first study are inconsistent with previous literature (Hawkes et al. 2004; Bornstein, 2012; Broussard & Harton, 2017) and potentially represent a slight change in attitudes in terms of gender norms surrounding tattoos. The results indicated that being male did significantly increase levels of SNA. Despite prior research placing heavy emphasis on females experiencing increased SNA in comparison to males, the current study finds an inverse effect. In my view, the most compelling explanation for the present set of findings is that much of the literature to date that has focused entirely on gender differences, specifically finding that females are subjected to higher levels of SNA have excluded male participants entirely (Hawkes, Senn, & Thorn, 2004; Swami & Furnham, 2008; Bornstein, 2012; Murray & Crowe, 2017). The current study addressed this limitation by including judgments and experiences of both male and female, this likely attributed to the current results regarding gender differences. These findings may also be explained by research that demonstrates females are more likely to get tattoos in places they cannot be seen easily and thus being subjected to less stigma (Manuel & Sheehan, 2007). This theory is consistent with the results of the current study that show 79.1% (N= 148) of females would choose to cover their tattoos in certain situations in comparison to males 82.2% (N=83). Not only do the results demonstrate that women are more likely to get tattoos in places that are easily covered but also that females have a stronger willingness to cover up in certain situations. Much of the gender studies regarding tattoos would explain this by demonstrating the female

awareness of unwanted sexual implications of their tattoos and judgments regarding their physical characteristics (Gueguen, 2013; Broussard & Harton, 2017; Roggen-Kamp, Nicholis, & Pierre, 2017).

### **Hypothesis 2**

The results of the second study supported the claim that SNA is still present to a statistically significant level regarding tattoos. The second hypothesis was supported in that SNA levels were significantly greater for the group that possessed at least one tattoo in comparison to the non-tattooed group. This pattern of results is consistent with the previous literature despite the dramatic and growing increase in the consumption of tattoos.

Much of the research displays that stigma occurs as a result of groups or individuals deviating from what is considered 'mainstream' such as Jennings & Fox, (2014) demonstrating that individuals with tattoos are associated with criminal and deviant behaviour. However, this effect still exists in the current study despite tattoos being considered to most a cultural norm for western society. The existence of stigma and negative attitudes today despite their popularity may be explained by the 'kernel of truth' hypothesis that states stereotypes, stigma, and negative attitudes despite being an exaggerated generalization of a group are at their strongest when they contain a certain degree of truth based on observation (American Psychological Association, 2020). While it is evident that tattoos are consistently gaining in popularity since the 70s, media and entertainment consumption to have seen an immense influx. An analysis of 72 popular media articles demonstrates that tattooing is frequently associated with deviance and framed as an unhealthy and problematic practice (Adams, 2009). Often public perceptions are influenced by television shows and movies that depict mental illnesses as dangerous, unproductive and troublesome and these characters usually possess multiple tattoos or piercings. This increased accessibility to online technology allows these incorrect representations to become general



knowledge to the public, and individuals are exposed to masses of stereotypes that may influence the kernel of truth hypothesis.

### **Hypothesis 3**

While the first hypothesis demonstrated that males scored higher for experiencing levels of SNA in comparison to females, it is not to say being male alone would be a significant predictor of SNA, for this reason is why the regression analysis was carried out. The analysis found that gender was not a significant predictor of SNA. The third hypothesis was only partially supported and while gender was not a significant predictor of SNA possession of at least one tattoo was. While it was disappointing to see no change in SNA between the tattooed and non-tattooed group, this is in line with the existing literature and potential reasons for this are explained in the discussion regarding the second hypothesis.

The results are inconsistent and unsupported by previous claims that greater undesirability would be elicited towards females and being female alone would be a significant predictor of SNA (Swami & Furnham, 2008). One interpretation of these findings could be explained by a previously stated idea that when considering the role of gender in SNA of tattooed individuals major studies fail to include an almost equal number of males and females or exclude male participants entirely (Hawkes, Senn, & Thorn, 2004; Swami & Furnham, 2008; Bornstein, 2012; Murray & Crowe, 2017). However, the most compelling explanation for the current set of findings appears to be the product of a shift in patriarchal beliefs, and culture more tolerant of androgyny (Wolhlab, Stahl, & Krappeler, 2007). Millennials represent a major attitude shift especially when concerning gender equality and sexual orientation and have been at the forefront of major campaigns that raise prevalent issues of social concern (Milkman, 2017). Examples can be seen here in Ireland with the young generation being the forefront for the marriage equality referendums, LGBTQ+ Pride campaigns, the divorce referendum and the abortion referendum. The emergence of this

socially progressive generation likely has an impact on the perception of gender roles and attitudes towards individuals with tattoos in Ireland that may attribute to the results of the current study that parallel previous findings.

### **Practical implications**

Taken together the results indicate that tattooed individuals are at an increased risk for experiencing stigma and negative attitudes. The current study shows that not only are individuals with tattoos subjected to higher levels of SNA in comparison to the non-tattooed group but that having at least one tattoo was a significant predictor of SNA. This combination of findings provides some support for the conceptual premise that SNA still exists in today's Irish society. The results of the current study have far-reaching implications for the growing population of tattooed individuals.

The most obvious implication of these findings can be seen in the hiring process, these negative stereotypes have harsh implications for acquiring jobs as the previous literature suggests (Madera & Hebl, 2011). Still today many major companies hold a 'no visible tattoo' policy, these negative connotations are often reinforced by company appearance and professionalism standards. The literature has provided evidence that even in instances in which jobs do not hold such policies members of staff such as nurses too hold harmful views of their tattooed colleagues as incompetent and unprofessional (Westerfield, Stafford, & Gabel Speroni, 2012). These policies that are regularly implemented may serve as confirmation bias and add to the stigma that these individuals are a group to be cautious of, associated with criminals, unprofessionalism and outcasts incapable of maintaining a job.

### **Limitations and future research**

One strength of the current study includes its involvement of both male and female participants as previous studies fail to do, while this limitation of previous studies has been addressed it is important to provide further research that includes both male and female

participants to determine if this was the reason for the inverse gender result obtained in the current study. There are at least two potential limitations concerning the results of the current study. A first limitation concerns the use of the tattoo stigma victimisation scale. While the scale had a high Cronbach's alpha to suggest its reliability, it is still relatively new and generally used in conjunction with the Martian stigma against tattoos survey (MSATS) (Dickson L., Dukes, Smith, & Strapko, 2014). The validity of the adapted version of this scale has not yet been established. Further independent use of the adapted version of this scale in future research is required to determine its internal consistency and validity.

Secondly, this study used a self-report measure to determine levels of SNA. This methodology is known to evoke a social desirability bias that may result in individuals marking themselves lower or higher consciously or unconsciously on questions of sensitivity such as likelihood to cover tattoos. It would be useful to extend the current findings by examining attitudes employing an Implicit Associations Test (IAT) to decrease the likelihood of a social desirability bias effect. Additionally, the use of a self-report measure in the form of a 5-point Likert scale introduced a level of subjectivity to the participant's responses. The introduction of the IAT to future studies would alleviate this limitation however, previous studies have suggested introducing the Likert scale with an increased number of points to address this (Cummins & Gullone, 2000; Leung, 2011).

Lastly, the study only examined the effects of tattoo stigma across gender, to understand more about tattoo stigma it may be helpful to include age in future studies. Stuppy et al., (1998) demonstrated that tattooed adolescents are rated less positively than tattooed adults, Additionally Houghton & Durkin, (2010) found in a study of children and stereotypes that children acquire a negative attitude of tattooed people as delinquent from as young as six years old. To understand why the current study found inverse results to previous research it may be important to examine the attitudes of children and adolescents as well as adults to

determine if attitudes are changing as a new and progressive generation is emerging. To progress further from this study, future research would benefit from a longitudinal or experimental design to address many of these limitations. For example, if an experimental design was employed social desirability bias and subjective interpretation of participant responses would be greatly reduced.

Despite these limitations, the present study has enhanced our understanding of the relationship between tattoos, stigma, and gender. The present research contributes to a growing body of evidence suggesting that despite their popularity individuals with tattoos are stigmatised and associated with negative attitudes regardless of gender.

### **Conclusion**

Overall, there is consistent evidence that individuals with tattoos are associated with higher levels of stigma and negative attitude and our study further substantiates the existing literature in this regard. However, the research did not support prior literature to suggest that females would be more stigmatised and subjected to higher levels of negative attitudes in compassion to males, surprisingly males scored higher in this regard. While males scored higher in compassion than females the third hypothesis was not supported in that gender overall would be a significant predictor of SNA. Future studies may benefit from employing an experimental design and using implicit association measures. Additionally, adding supplemental demographic variables that may increase levels of SNA such as age may add to the understanding of tattoo stigma. Stigma and negative attitudes are complex constructs and will continue to change. It is therefore important to regularly update knowledge and research regarding this topic not only within psychological research but to the general public, employers, criminal justice professionals and medical professionals due to the harmful implications such as discrimination (Watson & Corrigan, 2002).

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## Appendices

## Appendix I

1. How many tattoos do you have? \_\_\_\_\_
2. About what percent of your body is tattooed? \_\_\_\_\_

**Stigma victimization**

3. To what extent have you suffered stigma or discrimination as a result of your tattoo(s)? Not at all (1), A little (2), Some (3), A great deal (4), A very great deal (5).
4. To what extent has being tattooed prevented you from doing something that you would have done if you did not have any tattoos? (Response categories as above.)

**Perceived societal stigma**

5. How much more stigma do people with visible tattoos suffer than non-tattooed people? None (1), A little (2), A moderate amount (3), Much more (4), Very much more (5).
6. How much more discrimination do people with visible tattoos suffer than non-tattooed people? (Response categories as above.)

**Removal likelihood**

7. If tattoo removal became as inexpensive and only as painful as getting a tattoo, how likely would you be to have a tattoo removed in the future? Not at all likely (1), Not likely (2), Somewhat likely (3), Likely (4), Very likely (5).
8. How likely are you to have a tattoo removed in the future? (Response categories as above.)

**Willingness to show tattoos**

9. I freely show my tattoo(s) to friends. Strongly Disagree (1), Disagree (2), Neutral (3) Agree (4), Strongly Agree (5).
10. I freely show my tattoos in public. (Response categories as above.)

**Measured variables**

11. Commitment to current tattoos: If I had to do it all over again I would still get my tattoo(s). Strongly Disagree (1), Disagree (2), Neutral (3) Agree (4), Strongly Agree (5).
12. Sometimes conceal tattoo: Is there any time you would conceal/have concealed a tattoo you would normally leave visible? (Ex. A job interview, first date, etc.) No (0), Yes (1).
13. Future tattoo likelihood: How likely are you to get another tattoo in the future? Not at all likely (1), Not likely (2), Somewhat likely (3), Likely (4), Very likely (5).
14. What is your gender? Male coded 0, Female coded 1.
15. Age: How old are you? \_\_\_\_\_ years.

## Appendix II

**Title of the study:** an examination of negative attitudes and stigma towards individuals with tattoos. I would like to invite you to take part in my research study. Before you decide, I would like you to understand why the research is being done and what it would involve for you. Please take time to read all the information below before taking part. talk to others about the study if you wish and please do ask us if anything is unclear or if you would like more information.

### **What is the purpose of the study?**

With tattoos rapidly increasing in popularity it's important to understand their implications if any, in various aspects of life ranging from getting a job to forming relationships. Past research does indicate that tattoos affect people's perception of others and is shown to create negative attitudes and stigma. Stigma and negative attitudes often lead to discrimination, this is why it is important to fully understand today's perception and compare it to recent history.

### **Do I have to take part?**

Participation is completely voluntary; it is up to you to decide to join the study. You have the right to withdraw at any time during the study and all information we receive is anonymous. You are required to give your consent before the study begins.

### **What will happen if I take part? what do I have to do?**

If you decide to take part, you will be directed to the next page in which you are required to give consent by ticking the required boxes. The study is in a questionnaire format and will only take approximately 5 minutes to complete. There are a series of 20 questions it may not be necessary for you to answer all 20 so you must read the questions carefully. The questions only require you to agree or disagree with a statement or answer yes or no to a question. When the questionnaire is complete you will be presented with a debriefing section with further information

### **What are the benefits of taking part in this study?**

We cannot promise that this study will provide any immediate benefits to you, however, the information we get from this study will help to develop a better understanding of stigma and negative attitudes surrounding tattoos.

**Risks.** The topic of stigma and discrimination can be sensitive and lead to discomfort, to address the risk of distress, additional information will be provided in the debriefing section such as the primary researcher's contact details and other helplines.

**Confidentiality**

All information you provide is anonymous and all data will be collected through google docs and stored confidentially and securely. google docs does not collect information such as your email address or your name. No one will be able to identify you or your answers.

**Where can I go to get more information?**

For any further information, please contact the lead researcher:

Grace Killeen

X18466526@student.ncirl.ie

or my thesis advisor:

April.Hargreaves@ncirl.ie

National College of Ireland

Mayor Street, IFSC

Appendix III

Section 2 of 2

## informed consent

Description (optional)

do you wish to participate \*

Yes

No

please tick here to indicate you are 18 years or older \*

yes I am 18 years or older

## Appendix IV

1. Do you have any tattoos?  
(yes) (no)
2. If answered YES to the previous question, how many? \_\_\_\_\_
3. Have you or anyone you know personally suffered stigma or discrimination as a result of having tattoos? (yes myself) (yes someone I know personally) (No)
4. If YES to the previous question, to what extent? Not at all (1), A little (2), Some (3), A great deal (4), A very great deal (5).
5. how much more stigma do people with visible tattoos suffer than non-tattooed people? None (1), A little (2), A moderate amount (3), Much more (4), Very much more (5).
6. How much more discrimination do people with visible tattoos suffer than non-tattooed people? None (1), A little (2), A moderate amount (3), Much more (4), Very much more (5).
7. to what extent has being tattoos prevented you from doing something that you would have done if you didn't have tattoos? None (1), a little (2), a moderate amount (3), a great deal (4), a very great deal (5).
8. Only answer if you HAVE tattoos: If tattoo removal was inexpensive and only as painful as getting a tattoo, how likely would you be to REMOVE a tattoo in the future? ( 1), Not likely (2), Somewhat likely (3), Likely (4), Very likely (5).
9. only answer if you DO NOT have tattoos: If tattoo removal was inexpensive and only as painful as getting a tattoo how likely would you be to get a tattoo in the future?
- 10.If I had/currently have tattoos I would freely show my friends. Strongly Disagree (1), Disagree (2), Neutral (3) Agree (4), Strongly Agree (5).
- 11.If I had/ currently have tattoos I would freely show them in public. Strongly Disagree (1), Disagree (2), Neutral (3) Agree (4), Strongly Agree (5).
12. Answer only if you HAVE tattoos: " if I had to do it all over again, I would still get my tattoos". Strongly Disagree (1), Disagree (2), Neutral (3) Agree (4), Strongly Agree (5).
13. If I had tattoos or currently have tattoos I would conceal them in certain situations ( Ex. job interview, first date etc) (Yes) (No)
14. How likely are you to get a tattoo in the future? (1), Not likely (2), Somewhat likely (3), Likely (4), Very likely (5).

## Appendix IIV

Thank you for participating in this survey, this section will provide you with full details of the study in which you participated. The purpose of this study was to examine the impact if any of stigma and negative attitudes on those individuals who possess tattoos. The study is also investigating the difference in stigma and negative attitudes across age, gender, and those with and without tattoos. Attitudes are subjective and there are no right and wrong answers.

You were required to complete a questionnaire of your own perception of tattoos. This task was the same for all participants involved. I expected that based on previous research that there will be a significant difference in personal stigma and negatively held attitudes between the younger and older generation, between men and women, and between those who possess tattoos and those who do not.

Thank you again for participating. If there is any further information you require concerning this study do not hesitate to contact the researchers. If you are concerned about discrimination and stigma, I have provided contact details for additional resources below.

Grace Killeen

X1846656@student.ncirl.ie

Irish Human Rights and Equality Commission (IHREC):

IHREC

16-22 Green Street

Dublin 7

D07 CR20

01 858300 Is available from Monday- Friday 9.30am-6 pm

Email at any time: [info@ihrec.ie](mailto:info@ihrec.ie)

Appendix IIIV

SPSS Statistics File Edit View Data Transform Analyze Graphs Utilities Extensions Window Help

SPSS data set for stigma.sav2.sav [DataSet1] - IBM SPSS Statistics Data Editor

Visible: 17 of 17 Variables

	gender	Age	Do you have any tattoos?	If answered YES to the previous question how many stigmas/criminations	If YES to the previous question to what extent	How much more stigma with tattoos	How much more discrimination with tattoos	tattoos previously from	have tattoos and removal	don't have tattoos and getting some removed	tattoos removed
273	1	22	0	3	2	1	5	5	2	2	.
274	1	21	1	.	1	4	5	5	.	.	3
275	1	20	0	3	2	.	3	3	1	1	.
276	1	19	0	1	2	1	3	2	1	1	.
277	1	29	1	.	2	.	3	3	1	.	4
278	1	21	0	1	2	.	4	3	3	1	.
279	1	19	1	.	1	3	4	3	.	.	2
280	1	22	0	9	3	3	4	2	5	4	5
281	1	40	1	.	2	.	1	1	.	.	5
282	1	29	0	21	0	4	3	3	5	2	.
283	1	32	0	1	1	2	2	2	1	1	.
284	1	44	1	.	1	4	4	4	.	.	3
285	1	21	0	2	1	3	5	3	2	2	.
286	1	25	1	.	2	.	4	4	1	.	1
287	1	22	0	4	2	.	4	4	2	4	.
288	1	49	0	5	3	3	3	3	1	1	.
289	2	23	0	2	1	3	2	2	3	1	.
290	2	22	1	.	2	.	4	4	.	.	4
291	2	20	0	1	1	3	5	3	2	3	.
292	2	23	0	2	2	.	4	4	1	1	.
293	2	22	0	9	3	3	4	3	3	4	.
294	2	21	0	4	2	.	4	3	2	1	.
295	2	19	0	17	0	4	5	5	5	2	.
296	2	26	0	5	2	1	4	4	1	1	.
297	2	18	1	.	2	.	4	3	.	.	4

Data View Variable View

IBM SPSS Statistics Processor is ready Unicode:ON

SPSS Statistics File Edit View Data Transform Insert Format Analyze Graphs Utilities Extensions Window Help

Output3- final descriptives.spv [Document2] - IBM SPSS Statistics Viewer

[DataSet1] /Users/gracekilleen/SPSS data set for stigma.sav

### Descriptive Statistics

	Mean	Std. Deviation	N
Totalscore	59.8087	11.20157	298
Do you have any tattoos?	.38	.485	298
Are you:	.41	.556	298

### Correlations

		Totalscore	Do you have any tattoos?	Are you:
Pearson Correlation	Totalscore	1.000	-.508	.119
	Do you have any tattoos?	-.508	1.000	-.043
	Are you:	.119	-.043	1.000
Sig. (1-tailed)	Totalscore	.	.000	.020
	Do you have any tattoos?	.000	.	.228
	Are you:	.020	.228	.
N	Totalscore	298	298	298
	Do you have any tattoos?	298	298	298
	Are you:	298	298	298

### Variables Entered/Removed<sup>a</sup>

Model	Variables Entered	Variables Removed	Method
1	Are you:, Do you have any tattoos? <sup>b</sup>	.	Enter

a. Dependent Variable: Totalscore  
b. All requested variables entered.

IBM SPSS Statistics Processor is ready Unicode:ON