Australians’ Beliefs, Values, and Attitudes towards Offenders with Intellectual Disability

by

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TABLE OF CONTENTS

ABSTRACT ...................................................................................................................... 11

CHAPTER ONE: OVERVIEW .............................................................................................. 15
   Background and Research Rationale ................................................................. 15
   Overview of Studies and Methodology ......................................................... 18

CHAPTER TWO: OFFENDERS WITH INTELLECTUAL DISABILITY IN AUSTRALIA:
   A NARRATIVE LITERATURE REVIEW OF RELEVANT STIGMA THEORY AND
   RESEARCH ...................................................................................................................... 23
   Section II ................................................................................................................... 46
   Stigma Theory and Social Categories ......................................................... 46
   Section III ................................................................................................................ 54
   Stigmatising Beliefs and Attitudes: Theory and Past Research Relevant to Offenders with
   Intellectual Disability ................................................................. 54
   Section IV ............................................................................................................... 88
   Research Rationale ............................................................................................. 88

CHAPTER THREE: RESEARCH RATIONALE, AIM, AND QUESTIONS ...................... 90
   General Research Aim ......................................................................................... 90
   Research Questions ............................................................................................. 91

CHAPTER FOUR: METHOD FOR FACTORIAL SURVEY 1 USED FOR STUDIES 1-4 -
   COMMUNITY MEMBERS’ BELIEFS AND ATTRIBUTIONS TOWARD CRIMINAL
   OFFENDERS AND PEOPLE WITH INTELLECTUAL DISABILITY ................................ 93
   Method ................................................................................................................... 93

CHAPTER FIVE: STUDY 1 – AUSTRALIANS’ BELIEFS ABOUT HUMAN RIGHTS 113
   Aims ....................................................................................................................... 113
   Data Treatment and Analysis Plan ............................................................... 113
   Results ................................................................................................................... 114
   Discussion ............................................................................................................. 122

CHAPTER SIX: STUDY 2 – ASSOCIATIONS BETWEEN AUSTRALIANS’ BELIEFS
   ABOUT HUMAN RIGHTS AND THEIR MORAL CONCERN FOR OFFENDERS AND
   PEOPLE WITH INTELLECTUAL DISABILITY AS SOCIAL CATEGORIES ............ 127
   Results ................................................................................................................... 129
   Discussion ............................................................................................................. 138

CHAPTER SEVEN: STUDY 3 – A COMPARISON OF AUSTRALIANS’
   STIGMATISING BELIEFS ABOUT THE MORAL, SOCIAL, AND ‘HUMAN’ STATUS
   OF OFFENDERS AND PEOPLE AN WITH INTELLECTUAL DISABILITY AS SOCIAL
   CATEGORIES ............................................................................................................... 146
   Aim and Hypotheses ........................................................................................... 146
   Data Treatment & Analysis Plan ..................................................................... 148
   Results ................................................................................................................... 150
   Discussion ............................................................................................................. 162

CHAPTER EIGHT: STUDY 4 – A COMPARISON OF AUSTRALIANS’ BELIEFS
   ABOUT THE CAUSES OF CRIMINAL OFFENDING FOR PEOPLE WITH AND
   WITHOUT AN INTELLECTUAL DISABILITY ........................................................... 183
   Aim and Hypotheses ........................................................................................... 183
   Data Treatment and Analysis Approach .................................................... 183
   Results ................................................................................................................... 186
   Discussion ............................................................................................................. 246
TABLES

Table 3.1 Relationship between Thesis’ Factorial Surveys, Studies, and Research Questions ................................................................. 91

Table 4.1 Australian Social Categories Presented to Participants in the Circle of Moral Concern Task .......................................................... 102

Table 5.1 Participant Demographics (N = 1055) ................................................................................................................................. 115

Table 5.2 Descriptive Statistics and Pearson Bivariate Correlations between Beliefs about Human Rights Items ........................................ 119

Table 5.3 Exploratory Factor Analyses for Beliefs about Human Rights Items (N = 1017) ........................................................................ 120

Table 5.4 Model Fit Indices for Confirmatory Factor Analysis of a Two-Factor Measure of Australians’ Beliefs about Human Rights (N = 1017) .................................................................................. 121

Table 6.1 Frequency and Median Rank Statistics for Participant Inclusion of Social Categories in their Circle of Moral Concern (N = 762) ................................................................. 132

Table 6.2 Bivariate Correlations between Beliefs about Human Rights, Age, and Moral Concern for Social Categories ........................................... 134

Table 6.3 Hierarchical Multiple Regression Model Associating Human Rights Beliefs with ................................................................................... 136

Table 6.4 Hierarchical Binary Logistic Regression Models Associating Human Rights Beliefs with Moral Concern for People with Intellectual Disability and Criminal Offenders (N = 743) .................................................................................. 137

Table 7.1 Participants Demographics and Between-Groups Comparisons (N = 928) ........................................................................ 152

Table 7.2 Descriptive and Internal Consistency Reliability Statistics for Social Status Measures ............................................................................... 153

Table 7.3 Descriptive and Internal Consistency Reliability Statistics for ‘Human’ Status Measures ........................................................................ 154

Table 7.4 Descriptive and Internal Consistency Reliability Statistics for Moral Status Measures ........................................................................ 155
Table 7.5 Bivariate Correlations between MANOVA Outcome Measures (Scales or Subscales) and Key Demographics ............................................................................. 160
Table 7.6 One-way MANOVA and ANOVA Results for Stigmatising Beliefs about People with an Intellectual Disability Compared to Criminal Offenders ...................... 161
Table 8.1 Participant Demographics (N = 853) ........................................................................... 188
Table 8.2 Overview of Categories and Themes for Causal Beliefs about Intellectual Disability (n = 211) ..................................................................................................... 189
Table 8.3 Overview of Themes and Subthemes for Causal Beliefs about Criminal Offending without an Intellectual Disability Specified (n = 215) ............................................ 205
Table 8.4 Overview of Themes and Subthemes for Causal Beliefs about Criminal Offending with an Intellectual Disability Specified (n = 214) .......................................................... 226
Table 10.1 Participant Demographics by Sample and Influential Social Group .......................... 290
Table 10.2 Descriptive Statistics for Beliefs about Appropriate Treatment Settings for Offenders with an Intellectual Disability by Influential Social Group .................. 291
Table 10.3 One-way ANOVA Results Comparing Influential Groups’ Beliefs about Prison and the Community as Appropriate Correctional Treatment Settings for Offenders with an Intellectual Disability ............................................................... 292
Table 10.4 Multiple Comparisons by Influential Social Group for Beliefs about Prison and the Community as Appropriate Correctional Treatment Settings for Offenders with an Intellectual Disability ............................................................... 292
Table 11.1 Descriptive Statistics for Criminal Justice Attributions towards an Offender by Influential Social Group and Disability Status, for Sexual Assault Criminal Offence Scenario (N = 212) ................................................................. 313
Table 11.2 Descriptive Statistics for Criminal Justice Attributions towards an Offender by Influential Social Group and Disability Status, for Physical Assault with a Weapon Criminal Offence Scenario (N = 211) ............................................................................. 314
Table 11.3 Descriptive Statistics for Criminal Justice Attributions towards an Offender by Influential Social Group and Disability Status, for Burglary Physical Assault with a Weapon (N = 230) ..................................................................................... 315
Table 11.4 Two-way ANOVA Results for Criminal Justice Attributions towards a Criminal Offender by Disability Status and Influential Social Group for Sexual Assault Criminal Offence Scenario......................................................................................................... 318

Table 11.5 Disability Status Group Comparison for Criminal Justice Attributions towards a Criminal Offender, for Sexual Assault Criminal Offence Scenario................................. 319

Table 11.6 Multiple Comparisons by Influential Social Group for Criminal Justice Attributions towards a Criminal Offender for Sexual Assault Criminal Offence Scenario...................................................................................................................... 319

Table 11.7 Two-way ANOVA Results for Criminal Justice Attributions towards a Criminal Offender by Disability Status and Influential Social Group for Criminal Offence Scenario, ‘Physical Assault with a Weapon’ .............................................................. 322

Table 11.8 Comparison by Disability Status for Criminal Justice Attributions towards a Criminal Offender for Criminal Offence Scenario, ‘Physical Assault with a Weapon’ .............................................................. 323

Table 11.9 Multiple Comparisons by Influential Social Group for Criminal Justice Attributions towards a Criminal Offender for Criminal Offence Scenario, ‘Physical Assault with a Weapon’ .............................................................................................. 323

Table 11.10 Two-way ANOVA Results for Criminal Justice Attributions towards a Criminal Offender by Disability Status and Influential Social Group for the Burglary Criminal Offence Scenario......................................................................................................... 326

Table 11.11 Comparison by Disability Status for Criminal Justice Attributions towards a Criminal Offender for the Burglary Criminal Offence Scenario ................................ 327

Table 11.12 Multiple Comparisons by Influential Social Group for Criminal Justice Attributions towards a Criminal Offender for the Burglary Criminal Offence Scenario ................................................................................................................................. 327

Table 14.1 Australian Social Categories Presented to Participants in the Circle of Moral Concern Task .............................................................................................................. 443

Table 14.2 Descriptive Statistics For, and Pearson Bivariate Correlations Between, Beliefs About Human Rights Items................................................................................................................. 447
Table 14.3 Exploratory Factor Analyses for Beliefs about Human Rights in Australia (N = 147) .......................................................................................................................... 449

Table 14.4 Qualitative Coding Criteria for Vignette 1 Themes and Subthemes: Causes of John’s Intellectual Disability .................................................................................................................... 452

Table 14.5 Qualitative Coding Criteria for Vignette 2 Themes and Subthemes: Causal Beliefs about John’s Criminal Offending without an Intellectual Disability Specified .......................................................................................................................... 456

Table 14.6 Qualitative Coding Criteria for Vignette 3 Themes and Subthemes: Causal Beliefs about John’s Criminal Offending with an Intellectual Disability Specified ... 462

Table 14.7 Exploratory Factor Analysis 1: Attitudes towards Community Treatment Setting for Offenders with Intellectual Disability .......................................................................................................................... 491

Table 14.8 Exploratory Factor Analysis 2: Attitudes towards Prison Treatment Setting for Offenders with Intellectual Disability .......................................................................................................................... 492

Table 14.9 Exploratory Factor Analysis 3: Attitudes towards Offender Reintegration .... 493

Table 14.10 Exploratory Factor Analysis 4: Willingness to Forgive an Offender .......... 493

FIGURES

Figure 4.1. Design overview of Factorial Survey 1 for Studies 1-4. .................................................. 98

Figure 8.1 A thematic map comparing causal beliefs about John’s criminal offending when an intellectual disability was, and was not, specified............................................................ 241

Figure 9.1 Design overview of Factorial Survey 2 for Studies 5 and 6. ............................... 271
ABSTRACT

People with mild and borderline intellectual disability (ID) are overrepresented in the Australian criminal justice system as offenders. Offenders with an ID tend to serve longer sentences for equivalent crimes compared to those without an ID, experience greater disadvantage within the criminal justice system, and often do not have access to psychoeducation and rehabilitation programs and settings that address their unique needs. Government and independent research indicates that offenders with an ID experience systemic discrimination, however research investigating interpersonal prejudice and discrimination towards this group by those who influence their criminal justice outcomes is negligible. This thesis aimed to examine Australians’ stigmatising beliefs and attitudes towards offenders with an ID.

Six studies using two multi-part, factorial survey methodologies were conducted. The first survey sampled Australian community members via social media and was used for Studies 1-4. The second survey sampled Australian community members, criminal justice professionals, disability professionals, and ‘dual’ professionals (experienced in both criminal justice and disability) via social media and professional networks, and was used for Study 5 and 6.

In Study 1 a measure was developed and validated assessing participants’ \((N = 1055)\) beliefs about human rights ideology and its protection of vulnerable individuals and social categories. The measure had two dimensions: Belief that supporting human rights is a moral imperative; and Belief that Australian society supports human rights.

Study 2 investigated whether Australians experience moral concern for criminal offenders and people with an ID, and how this relates to their belief in human rights. Participants \((N = 1055)\) completed a rank-order task to determine a
hierarchy of relative moral concern for 14 different social categories, including people with an ID and criminal offenders. Belief that human rights is a moral imperative was significantly and positively associated with number of social categories included in participants’ moral circle, as well as the inclusion of both people with an ID and criminal offenders.

Study 3 assessed and compared the stigmatising beliefs Australians hold about criminal offenders and people with an ID. Participants ($N = 928$) were randomly allocated to one of two social conditions (person with an ID or criminal offender). Participants attributed significantly greater experience, warmth, human nature, and moral credit and patience to people with an ID compared to criminal offenders, and attributed significantly greater competence, competitiveness, status, and moral responsibility to criminal offenders compared to people with an ID. Beliefs about their agency and human uniqueness did not differ.

In Study 4 Australians’ causal beliefs about people with an ID and criminal offenders with and without an ID were compared. Participants ($N = 853$) were randomly allocated to one of three vignette conditions and presented with the same narrative of a young adult male (‘John’) described as: 1) possessing a mild ID; 2) being recently sentenced for criminal assault and theft; and 3) possessing a mild ID and having been recently sentenced for criminal assault and theft. Participants provided open-ended written explanations as to what may have caused John’s ID (vignette 1) or his criminal offending (vignette 2 and 3). Inductive thematic analysis identified that: 1) causal beliefs about ID were largely focused on biogenetic and other uncontrollable biomedical causes; 2) causal beliefs about criminal offending when an ID was not specified primarily focused on both controllable and uncontrollable psychosocial factors; and 3) when an ID was specified, causal beliefs about criminal offending were primarily related to the ID and perceived the
offending behaviour as uncontrollable. Even when psychosocial causes were reported, these were situated within the biogenetic context of the offender’s ID, reducing their overall controllability. Cross-case analysis highlighted that explanations applied to criminal offending when an ID was not specified (e.g. mental illness, addiction and intoxication, desire to impress and attract a romantic partner) were not attributed to John when an ID was specified. Participants viewed the offender with an ID as possessing limited psychosocial dimensionality, and viewed the disability as having had a global impact on multiple domains of their life (not just criminal offending).

Using the second factorial survey, Study 5 compared the attitudes of lay people and professionals (criminal justice, disability, and ‘dual’ professionals) towards appropriate correctional treatment settings for offenders with an ID. Two original unidimensional measures were developed and validated for use by participants (N = 679). Each group agreed that the community setting was appropriate and the prison setting inappropriate, for the correctional treatment of offenders with an ID. Dual professionals expressed significantly less support for the prison setting than community members and criminal justice professionals, and expressed significantly more support for the community setting than community members and criminal justice professionals.

In Study 6 the attitudes of laypeople and professionals (criminal justice, disability, and ‘dual’ professionals) towards criminal justice outcomes for offenders with and without an ID were compared for different types of crime. Participants (N = 653) were randomly allocated to one of three vignettes depicting a criminal offender and crime type (sexual assault, physical assault with a weapon, burglary). Within each vignette subsample, participants were further randomly allocated to one of two conditions describing their criminal offender target as having/not having an ID. This
created three 4 x 2 factorial designs. There were no significant two-way interactions for the criminal justice attitude outcomes for each crime type. There were significant main effects of disability status on various criminal justice attributions by crime type, as well as significant main effects of group on criminal justice attributions by crime type. Overall, participants attributed less moral culpability and deservingness of imprisonment, and greater support for rehabilitation, reintegration, and forgiveness, for the offender with an ID (compared to no ID). Community members attributed stronger moral culpability and deservingness of imprisonment, and weaker support for rehabilitation, reintegration, and forgiveness of offenders, regardless of disability.

Conclusions

The thesis concludes that Australians stigmatise people with an ID and criminal offenders in different ways, which results in more positive (if patronising) attributions and attitudes towards people with an ID, and offenders with an ID, than offenders generally. Regardless of professional knowledge, overall Australians believe the community setting rather than the prison setting is more appropriate for the correctional treatment of offenders with an ID; and they hold more positive criminal justice attitudes towards offenders when an ID is specified. Laypeople hold more negative, less supportive criminal justice attitudes towards offenders regardless of ID; and dual professionals hold more positive, more supportive criminal justice attitudes towards offenders regardless of ID.
CHAPTER ONE: OVERVIEW

Background and Research Rationale

People with an ID and other cognitive disabilities such as acquired brain injuries (ABI) are overrepresented in the Australian criminal justice system as victims and offenders (Fisher, Baird, Currey, & Hodapp, 2016; Fogden, Thomas, Daffern, & Ogloff, 2016; Fougere, Thomas, & Daffern, 2013; Haysom, Indig, Moore, & Gaskin, 2014). The Australian government has recently acknowledged and is making efforts to reduce systemic discrimination towards people with disabilities such as ID via the National Disability Insurance Scheme Act (Commonwealth of Australia, 2013) and National Disability Strategy 2010-2020 (Commonwealth of Australia, 2011). Various Australian criminal justice departments by State and Territory have also acknowledged the overrepresentation of people with an ID in the correctional system. To address this, strategic frameworks have been developed which aim to improve assessment for cognitive impairment and other psychiatric disorders upon entry to custody, and provide specialised facilities, supports, and rehabilitation programs suitable for offenders with cognitive impairments such as ID and ABI (e.g., Embracing the Challenges - Corrections Victoria Disability Framework 2013-2015; Corrections Victoria, 2013).

However, the National Disability Insurance Scheme Act continues to perpetuate structural discrimination against people with an ID by restricting access to necessary services and supports to individuals who are currently in custody in the criminal justice setting (refer to Section 7.23-7.25 of the National Disability Insurance Scheme [Supports for Participants] Rules 2013; Commonwealth of Australia, 2013). Furthermore, while strategic frameworks have been developed to address the limitations of the correctional system for offenders with cognitive impairments, limited investigation as to why people with an ID are overrepresented
in the criminal justice system as offenders has been reported by government bodies. A recent report by Human Rights Watch (HRW; 2018) highlights that offenders with an ID in Australia generally, and those who identify as Aboriginal and Torres Strait Islander specifically, continue to experience significant abuse and neglect within the criminal justice system related to the provision of disability-related supports, services, and safety. Research suggests that people with an ID experience trouble navigating the administrative and social processes of the criminal justice system, including communicating with police officers prior to being charged, and understanding legal proceedings during court proceedings prior to sentencing (Cockram, Jackson, & Underwood, 2009; Parsons & Sherwood, 2016; Salekin, Olley, & Hedge, 2010). Offenders with an ID tend to receive more severe sentences for crimes, receive overall longer sentences, and are more likely to reoffend compared to offenders without an ID (Cockram, 2005a, 2005b). They are also less likely to be released on probation after serving their minimum sentence due to their greater psychosocial needs in the community (including capacity for immediate employment and housing; Holland, Persson, McCleland, & Berends, 2007). Offenders with an ID tend to be housed in correctional facilities with higher security than deserved for their offences due to the limited psychiatric supports and facilities provided in lower-security correctional facilities (Cockram, 2005b; Holland & Persson, 2011).

Specialist facilities and programs suited to offenders with an ID are limited in Australia, so they may be housed in ‘mainstream’ correctional settings when specialist facilities are not available, placing them at increased risk of coercion, abuse, and neglect from other inmates and non-specialist prison staff (HRW, 2018). For their own protection, people with an ID are also likely to experience extended periods of solitary confinement in ‘protection units’ while in secure custody (HRW,
2018). In some States and Territories (specifically WA and NT), people with an ID can be held in indefinite detention without having been sentenced due to being deemed unfit to stand trial (Freckelton, 2014), leaving such people without a clear avenue for therapeutic treatment and support (relevant to their disability) and hence social justice. Given the overrepresentation of offenders with an ID in the Australian criminal justice system, and the systemic and interpersonal discrimination past researchers have identified they experience, it is essential to understand how and why this discrimination persists despite Australia’s commitment to human rights ideology and legislation. While there are several disciplinary routes by which this investigation could be conducted, one key route is to examine the social psychological mechanisms underlying this systemic and interpersonal discrimination using stigma theory and related constructs.

Beliefs and attitudes are core cognitions underlying stigma and discrimination. Community members and professionals in the criminal justice and disability sectors are influential social categories whose beliefs and attitudes towards offenders with an ID may contribute to their stigmatisation and experience of discrimination. Stigmatising beliefs and attitudes may contribute to performed behaviour by these influential social categories, be it the provision of professional care or treatment in the disability, correctional, or forensic disability setting, or the expression of citizens’ perspectives on sentencing practices, and the placement of treatment facilities for offenders with an ID in community settings. The stigmatising beliefs and attitudes of these influential social categories has received negligible attention in the forensic psychology, criminology, and social psychology empirical literature to date and requires empirical assessment.

In Chapter 2, a three-part narrative literature review is presented, describing and justifying offenders with intellectual disability (ID) as the target population of
interest for this thesis (Section I). Chapter 2 then describes the relevance of stigma theory and associated constructs to understanding offenders with an ID’s experience of structural discrimination (Section II), and describes theories and synthesises past research relevant to understanding stigma towards offenders and people with an ID, in lieu of similar research on stigma towards offenders with an ID (Section III).

Literature reviewed in Chapter 2 is drawn from a variety of disciplines relevant to the thesis topic, including social psychology, forensic psychology, criminology, sociology, disability studies, and philosophy. The Research Aim and Questions for this thesis are explained in detail in Chapter 3.

**Overview of Studies and Methodology**

Six studies, using two multi-part, factorial surveys (Lavrakas, 2008) were conducted. The first factorial survey sampled Australian community members via social media and was used for Studies 1-4 (Chapters 4-8). The second factorial survey sampled Australian community members, criminal justice professionals, disability professionals, and ‘dual’ professionals (experienced in both criminal justice and disability) via social media and professional networks, and was used for Study 5 and 6 (Chapters 9-11).

**Studies 1, 2, 3, and 4**

The self-report factorial survey used for Studies 1-4 was completed online by a sample ($N = 1055$, 52.7% female) of the general Australian adult population. The Method for Studies 1-4 is presented in Chapter 4. These studies addressed research questions 1-4. Studies 1-3 (Chapters 5-7) employed quantitative analysis methods, while Study 4 (Chapter 8) employed qualitative analysis methods.

Given the breadth and quantity of valuable responses derived from the first large survey of this thesis, I made the decision to present results of this survey as four separate studies so the unique research questions they each aim to address could
be adequately explored. A further factor influencing my decision to present this first survey and its results as four distinct studies is due to the nature of attrition in the survey. The study employed a convenience sampling approach, accessing the online general population using paid advertising and snowballing on social media sites, and participant enthusiasm for the study was strong. Of the initial sample \( (N = 1236) \), \( n = 56 \) were excluded on the basis of being non-citizens/permanent residents of Australia, and \( n = 125 \) were excluded due to early attrition, leaving \( N = 1055 \) participants having completed measures relevant to Study 1 and 2 after cleaning. Attrition \( (n = 127) \) reduced the sample for Study 3 to \( N = 928 \), while further attrition \( (n = 75) \) reduced the sample for Study 4 to \( N = 853 \).

Study 1 (Chapter 5) addresses research question 1 and reports the development and validation of a measure of beliefs about human rights relevant to the Australian context. Study 2 (Chapter 6) addresses research question 2. It reports on a rank-order task to determine a hierarchy of participants’ moral concern for different social categories, and regression analyses to assess associations between beliefs about human rights and attributions of moral concern.

Study 3 (Chapter 7) addresses research question 3, and reports between-groups comparison results for stigmatising beliefs about people with an ID compared to criminal offenders, as distinct social categories. Participants from Study 2 were randomly allocated to one of the two target social category conditions, and completed a series of measures assessing beliefs about the social status, ‘humanness’ and perceived mind, and moral status of their target group. Between-group comparisons were conducted to determine whether there were significant differences between the types of stigmatising beliefs participants held about their respective social categories.
Study 4 (Chapter 8) addresses research question 4, and reports inductive thematic analysis results exploring causal beliefs about ID, and offending when an ID is, and is not, specified. Participants from Study 3 were randomly allocated to one of three vignette conditions describing a variation of the social categories addressed in Study 2. While all vignettes presented the same narrative of a young adult male (‘John’) who was casually employed, sociable, and living with his parents, the first vignette described John as possessing a mild ID and did not refer to a criminal history, the second vignette described John as having been recently sentenced for criminal assault and theft (without referring an ID), and the third vignette described John as possessing a mild ID and having been recently sentenced for criminal assault and theft. Participants allocated to the first vignette condition were asked to explain what they thought may have caused John’s ID, while participants allocated to the second and third vignette conditions were asked to explain what they thought may have caused John to commit criminal offenses. Each set of vignette responses was first analysed independently using an inductive approach, and a cross-case analysis was made for vignette 2 and 3, applying themes derived from responses to vignette 1 to contextualise similarities and differences.

Studies 5 and 6

The factorial survey used for Studies 5 and 6 (Chapter 9-11) was completed online by Australian adults (N = 679, 71.6% female) from four subsamples: community members (n = 224); professionals experienced in the disability/social work sector (n = 184); professionals experienced in the corrections/criminal justice sector (n = 113); and professionals experienced across both sectors previously described (‘dual professionals’; n = 158). The Method for Studies 5 and 6 is presented in Chapter 8. These studies addressed research questions 5 and 6 using quantitative analysis methods.
Study 5 (Chapter 10) addresses research question 5, and reports the four subsamples’ comparative attitudes towards appropriate correctional treatment settings (i.e., prisons and within the community) for offenders with an ID. These attitudes were assessed by developing original quantitative measures for each setting. After validating each measure via exploratory and confirmatory factors analyses, one-way ANOVAs were conducted to assess mean differences between subsamples’ responses for each measure.

Study 6 (Chapter 11) addresses research question 6 and reports the four subsamples’ comparative attributions for six criminal justice constructs for offenders with, or without, an ID specified. An equal number of participants from each subsample of Study 5 were randomly allocated to one of three vignettes describing a crime (sexual assault, violent assault with a weapon, or burglary) committed by a male offender. In each vignette, participants from each subsample were further randomly allocated to one of two conditions where the offender either did, or did not, have an ID specified. After reading their vignette, participants then completed measures assessing their attributions towards criminal justice constructs for their respective offender (degree of moral culpability for the offence, deservingness of punishment via imprisonment, perceived value of rehabilitation, support for reintegration into the community, willingness to forgive once a sentence was served, and perceived influence of alcohol and/or other drugs on the offender’s criminal behaviour). After validating each criminal justice construct measure via exploratory and confirmatory factors analyses, five 4 (subsample) x 2 (disability status) ANOVAs were conducted per vignette to assess differences in attributions.

Overview of General Discussion and Conclusions
Chapter 12 provides a general discussion of the implications of findings from Study 1-6 with respect to influential social categories’ stigmatising beliefs and attitudes towards offenders with an ID. I describe a stigmatised portrait of offenders with an ID based on my research findings and contextualising this portrait with reference to contemporary stigma theory and its functions. I then speculate on how this portrait may perpetuate interpersonal and structural discrimination towards offenders with an ID, and explore the expression of benevolent stigma and hard paternalism as contributors to this. General limitations of the thesis’ research program and suggested future research directions are also discussed, followed by a concluding summary of the thesis’ findings and their contribution to the theoretical and empirical body of knowledge in the area.
CHAPTER TWO: OFFENDERS WITH INTELLECTUAL DISABILITY IN AUSTRALIA: A NARRATIVE LITERATURE REVIEW OF RELEVANT STIGMA THEORY AND RESEARCH

The aim of this narrative literature review is to provide an overview of the current status of offenders with an ID in Australia and to explore how stigmatising beliefs and attitudes may contribute to this. To address this aim, a review of offenders with an ID and critical issues associated with their overrepresentation in the criminal justice system will be presented (Section I), followed by a brief review of stigma theory and associated constructs (Section II), followed by a synthesis of relevant past research focused on people with an ID and criminal offenders in lieu of there being research on offenders with an ID in this area (Section III). A research rationale for the thesis’ research program will conclude this review (Section IV).

Section I

Offenders with Intellectual Disability: Overview and Critical Issues

Intellectual Disability

An ‘intellectual disability’ is a clinical label and diagnosis signifying a generalised neurodevelopmental disorder applied to individuals who are determined to have a very low intelligence quotient (IQ) of less than 70, with additional impairments in at least two areas of adaptive functioning that affect conceptual, social, and practical domains of daily functioning, with onset prior to adulthood, according to the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-V; American Psychiatric Association, 2013). In the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10; World Health Organisation, 2016), the diagnostic term ‘mental retardation’ and similar criteria as presented in the DSM-V is equivalent. Diagnosis of an ID requires
the use of psychometric tools such as intelligence tests (e.g., the Wechsler Adult Intelligence Scale) and clinical judgement, and is typically conducted by a psychiatrist or clinical psychologist. This disability affects 2-3% of the general global population (Global Burden of Disease Study 2013 Collaborators, 2015), and is typically diagnosed prior to adulthood in order to qualify as a ‘developmental’ disorder. Other common labels currently used to refer to ID as a developmental disorder in countries other than Australia include ‘general learning disability’ or just ‘learning disability’ (United Kingdom; Lyall, Holland, & Collins, 1995) and ‘mental retardation’ (United States of America) although the latter is being replaced by the term ‘ID’ in contemporary clinical and community usage (APA, 2013; Schalock et al., 2007). A ‘very low’ IQ is classed as < 70, although meeting this criterion alone is not sufficient to diagnose this disability given the margin for testing error and allocation of superficial weighting on test scores (APA, 2013), hence the use of clinical assessment to confirm that the score reflects adaptive impairments. Overall, deficits in intellectual functioning (i.e., reasoning, problem solving, planning, abstract thinking, judgement, and academic learning as well as learning from experience) and in adaptive functioning (i.e., reasoning in conceptual, social and practical domains) result in a failure to meet normative developmental and sociocultural standards for personal independence and social responsibility across settings (e.g., home, school, work, community (APA, 2013). Nearly 60% of people with an ID have severe communication limitations, which distinguishes ID from other major disability groups where severe limitations tend to focus more on self-care and/or mobility (Wen, 2008).

An ID diagnosis can vary in severity, with the majority of individuals (85.2%) diagnosed as having a ‘mild’ impairment (IQ 50-69), then ‘moderate’ (IQ 35-49, 9.6%), then ‘severe to profound’ (IQ < 35, 5.2%) (APA, 2013; Global Burden
of Disease Study 2013 Collaborators, 2015). Each severity rank by IQ range represents an associated decrease in adaptive functioning, which is often accompanied by comorbid sensory and/or physical developmental conditions and disorders (APA, 2013; Harris, 2005). Working memory, cognitive efficacy, and executive functioning may vary depending on diagnostic severity (APA, 2013). Most people with an ID fall within the ‘mild’ category.

As clinical diagnosis of ID utilises both standardised intelligence testing and clinical assessment of adaptive functioning, it may sometimes arise that a person’s IQ is at the lower end of the ‘below average’ range (IQ 70-85) and they also experience impaired adaptive functioning. In this case, a person might be informally categorised as having a ‘borderline’ intellectual functioning for purposes of clinical assessment and academic investigation (Peltopuro, Ahonen, Kaartinen, Seppala, & Narhi, 2014), in order to acknowledge that the psychosocial impairments associated with a formal ID diagnosis are also experienced by individuals just above diagnostic cut-off scores.

While ID, ABI (also referred to as ‘traumatic brain injury’), and ‘cognitive impairment’ are often assessed and discussed in tandem for adult populations in psychological and population health research, these terms are not interchangeable. Where ID is a developmental disorder and refers to a constellation of syndromes and disorders specifically impacting global cognitive and associated adaptive functioning prior to adulthood, ABI refers to an injury that can occur at any stage of life after birth (postnatal, childhood, older adulthood) and may impact either domain-specific or global cognitive and adaptive functioning (APA, 2013). Depending on the type and extent of the ABI, a young child or adolescent who receives an ABI may therefore not necessarily experience global cognitive impairment and associated developmental impairment. ‘Cognitive impairment’ or ‘cognitive disability’ is an
umbrella term that is applied when referring to any disorder/condition or set of disorders/conditions where neurocognitive function is impaired, regardless of the age at which it was acquired. For example, ‘cognitive disability’ has been used to simultaneously refer to people with an ID, ABI, and/or neurodegenerative disease such as dementia in past research (Baldry, Clarence, Dowse, & Troller, 2013; Mackay, 2015).

Historically and cross-culturally, causes of ID have been poorly understood. European religious accounts from the Middle Ages, for example, indicate that ID was thought to occur due to the supernatural influence of malevolent spirits, while legal accounts from this era describe differing brain disorders (i.e., ‘natural fools’, or those with an ID, compared to ‘lunatics’, or those with mental illness; Harris, 2005). As medical and legal knowledge has evolved, particularly since the Enlightenment of the 1700s and development of psychiatry as a discipline during the 1800s, explanations for ID grounded in the physical world (such as family heritability and hypothyroidism) became more commonplace (Harris, 2005). The contemporary medical and research professions now attribute ID to a multiplicity of causes including genetic predisposition, chromosomal abnormalities (e.g., resulting in a recognisable classified constellation of symptoms such as Down Syndrome), prenatal nutrient deprivation and exposure to infections and toxins, as well as postnatal nutrient deprivation, exposure to infections and toxins, and carers’ neglect to foster basic cognitive and social development, as well as accidental and non-accidental injury leading to brain damage (APA, 2013; Eluvathingal et al., 2006; Global Burden of Disease Study 2013 Collaborators, 2015; Harris, 2005).

According to the Balaratnasingam and Roy (2015), the most common causes of ID across 188 countries in 2013 were idiopathic ID, neonatal complications such as encephalopathy due to asphyxia and trauma, chromosomal abnormalities and
syndromes such as Down’s syndrome and Foetal Alcohol Syndrome Disorder (FASD), cerebrovascular disease and infectious illness such as stroke or meningitis, respectively, and alcohol use disorders. Kaufman, Ayub, and Vincent (2010) also note that postnatal exposure to environmental factors such as certain teratogens or radiation can cause ID, as can severe head trauma or injury causing lack of oxygen to the brain. Similarly to Balaratnasingam and Roy (2015), however, the Global Burden of Disease Study 2013 Collaborators (2015) and Rauch et al. (2006) concluded that about 60% of ID cases were due to unknown causes.

Overall, this myriad of potential causes impresses that the umbrella label ‘intellectual disability’ represents a common set of chronic symptoms relevant to intellectual and social functioning, but not necessarily a single underlying cause. ID, particularly congenital ID, often presents in tandem with other neurodevelopmental disorders such as Autism Spectrum, Attention Deficit Hyperactive Disorder (ADHD), and epilepsy (Bhaumik, Tyrer, McGrother, & Ganghadaran, 2008; Cervantes & Matson, 2015; Robertson, Hatton, Emerson, & Baines, 2015; Shaaya, Grocott, Laing, & Thibert, 2016; Wen, 2008), and with congenital disorders specific to sensory and/or communication impairments (Carvill, 2001) and impaired motor ability (Gabis, Tsubary, Leon, Ashkenasi, & Shefer, 2015). People with an ID are also more likely to experience physical health problems such as a predisposition to cardiovascular system defects (Sobey et al., 2015).

In addition to increased risk for physical health and other neurodevelopmental disorder comorbidities, people with an ID experience higher rates of comorbid mental illness. A systematic review by Einfeld, Ellis, and Emerson (2011) found that 30-50% of children and adolescents with an ID had a comorbid mental illness, compared to 8-18% of children and adolescents without this disability; overall those with an ID had a relative risk for mental illness of up to 4.5
times higher than the general population. In a UK sample of adults with an ID who had recently accessed specialist support services, 33% had a comorbid psychiatric disorder (including affective, psychotic, anxiety, and behaviour disorders along with ASD and epilepsy; Bhaumik et al., 2008). In another UK sample of adults with an ID, 37% were found to be prescribed at least one type of psychotropic medication (primarily antipsychotics and antidepressants) to manage a psychiatric illness or ‘challenging’ behaviour (Bowring, Totsika, Hastings, Toogood, & McMahon, 2017).

Interestingly, a review of the literature on mental illness in people with an ID, in the Australian context, found that while Federal and State/Territory level governments acknowledged the mental health of Australians was an issue of national concern and had contributed policies and funding to address this, there was negligible provision made for people with an ID within these reforms (Torr, 2013).

The term ‘challenging behaviour’ (sometimes referred to as ‘problem behaviour’) appears to be a euphemism used to describe a range of socially non-normal behaviours common to people with an ID, particularly those with ASD (Hove & Havik, 2010). Challenging behaviours are broadly defined as being either socially inappropriate (such as screaming, hugging strangers, or inappropriate sexual behaviour), stereotypic (such as rocking, humming), or potentially injurious to the person with an ID (such as head-hitting) or to those around them (such as aggressively lashing out), without necessarily being ‘disordered’. Instead, challenging behaviours are explained within the context of the ID and its severity, and interpreted as expressions of low inhibition, frustration, confusion, stress/distress, and/or anger (Douds & Bantwal, 2011). Despite the position that challenging behaviour is not serious enough to be classified as disordered, past research indicates a positive correlation between challenging behaviours and psychiatric disorder (Grey, Pollard, McClean, McCauley, & Hastings, 2010), as well
as off-label prescription of antipsychotic medication to help manage aggressive challenging behaviour (Bowring et al., 2017), despite there being little evidence that anti-psychotics actually decrease challenging behaviours (Tyrer et al., 2008). Challenging behaviours can be dangerous to the self or others, but are typically managed within the primary care setting by informal carers or professional disability or psychiatric support staff; however. This can leave the distinction between challenging and potentially criminal behaviour ambiguous, since the only difference may be whether the person with an ID is engaged in the criminal justice system for their dangerous behaviour (Reed, Russell, Xenitidis, & Murphy, 2004).

An ID specific to a certain syndrome can often be inferred via a set of visible physical traits, as in the case of people with Down Syndrome and FASD, who present with unique and noticeable facial and structural characteristics specific to the cause of their ID (APA, 2013). However, not all IDs have an associated phenotypic expression, so that a person’s ID is not always identified or even suspected until formal psychological assessment during childhood or adulthood. Early identification of a child’s ID, and severity of the disability, allows provision of specialised education and social supports to ensure approaches to teaching communication, numeracy, and socialisation account for anticipated barriers. Specialised education and access to appropriate school services has been shown to reduce socialisation and communication barriers common to children with an ID (Adeniyi & Omigbodun, 2016; Jonte & Doris, 2017; Plavnick, Kaid, & MacFarland, 2015; Strogilos, Tragoulia, & Kaila, 2015; Zion & Jenvey, 2006), and improve their numeracy skills (Hsu et al., 2016). In addition to specialised school-based education, speech therapy provided during childhood and adulthood can be used to improve verbal communication and comprehension skills (Terband, Coppens-Hofman, Reffeltrath, & Maassen, 2017). As adults, and depending on the severity of their impairment and
hence their language skills, people with an ID may prefer to access ‘plain English’ texts when reading, to use sign language (e.g., Auslan), and to use images to facilitate communication with others. People with an ID may also require or prefer the assistance of a trusted support person in some or all social and legal situations, depending on the severity of their disability. Depending on the severity of their disability, adults with an ID may prefer or require support for daily living and continue to live with their family indefinitely or live in a residential community. However, this is not always the case and some adults with an ID will choose to live in a group home or independently, with or without the assistance of disability and/or family supports. It is important to understand that the diversity of causes underlying ID, the range of severity and hence impact on adaptive functioning, range and likelihood of comorbidities, degree of social inclusion, and access to formal education, health, and social support services, means that the impact of the ID on an individual’s needs and how they navigate this is highly idiosyncratic.

As recently as the 1970s, and regardless of degree of disability, people with an ID were commonly forced to live in institutional settings where they were prone to neglect and abuse (Furey, 1989). Disability rights movements of the 1980s (an extension of associated human and civil rights movements during the mid to late 20th century) included advocacy by people with an ID and their families to reduce systemic discrimination (Cooper, 1999). Furthermore, governments perceive fiscal incentives to replace institutional services and accommodations with community-based living and private services for people with a variety of psychiatric and physical disabilities (Commonwealth of Australia, 2011; Dowse, 2009). This transition in legislation, policy, and associated infrastructure has encouraged and enforced autonomy, independence, and person-centred supports and services, and general social inclusion for people with an ID and their families. While many people with an
ID now live in the community setting, some with complex needs, inadequate supports via family, and/or serious challenging or offending behaviour, remain in institutional settings (Beadle-Brown, Mansell, & Kozma, 2007). Systemic and interpersonal discrimination towards people with an ID has decreased with time or has at least grown less overt, yet discrimination remains common in all domains relevant to civic and political engagement and contribution, including education, employment, health, housing, reproduction and parenting, and participation in leisure such as sports and the Arts (Commonwealth of Australia, 2009). Underscoring this discrimination is the overrepresentation of people with an ID in the criminal justice system in Australia and internationally as both victims and offenders, which has been attributed to a variety of systemic and psychosocial barriers. Although estimates vary across studies, about 9% of the Australian (Queensland) prison population have been identified as having an ID, despite only 2-3% of the general Australian population having an ID (Australian Institute of Health and Welfare, 2008; Dias et al., 2013a; Dias et al., 2013b).

**The Criminal Justice System and Criminal Offenders in Australia**

A criminal offender is defined as someone who has been charged with committing one or more crimes by Federal or State/Territory police, according to relevant legislation, and has either been sentenced or is awaiting sentencing for their crime. Daly and Sarre (2016) highlight that the criminal justice system in Australia (and other Western nations such as the UK and America) is best defined as ‘a loosely coupled collection of interdependent agencies, each having bureaucratic interests, and each having specific functions (which can be in conflict with other agencies) that are subject to legal regulations, for which agency workers have great discretion in making decisions when responding (or not responding) to harms defined as criminal by the state, and where value conflicts exist within and across agencies and in the
general population about the exact meaning of ‘justice’” (p.7). In short, the criminal justice system includes three broad ‘arms’ (investigative, adjudicative, and correctional) which involve a variety of professionals with varying agendas (e.g., police officers, prosecutors, defence lawyers and victim support groups, magistrates and judges, community and prison corrections officers, and therapeutic/rehabilitative professionals; Daly & Sarre, 2016). The purpose of these three arms is to determine the degree of criminal responsibility, or guilt, of an offender with reference to the impact of the offending behaviour (‘physical element’), the intention or ‘will’ underlying the offending behaviour (‘fault element’), and the general capacity of the offender for criminal responsibility (‘voluntariness’ and ‘capacity’), to ensure the offender receives their ‘just deserts’ according to the Commonwealth Criminal Code (Commonwealth Attorney-General’s Department, 2002).

The purpose of sentencing can vary but typically aims to meet one or more of the following four outcomes via punishment: individual deterrence; general deterrence; rehabilitation; and/or incapacitation (Daly & Sarre, 2016). Individual deterrence (also termed specific or special deterrence) aims to dissuade or deter an offender from committing a crime in the future; general deterrence aims to dissuade or deter members of the broader community from committing a crime in the future; rehabilitation aims to change the attitudes or behaviour of offenders so they do not commit crime in the future; and incapacitation aims to protect community members from certain offenders who may pose a threat to their welfare and safety (Daly & Sarre, 2016).

Sentencing in Australia is generally retributive in the sense that the punishment harshness must be proportionate to the harm occasioned by the criminal act; for example, shoplifting is considered a less serious offence than robbery, and so shoplifting should receive a less harsh punishment than for robbery. A retributive
justification for punishment means that a crime must be censured and that a
punishment (penalty or sanction) should reflect the degree of blameworthiness that
we attach to the act (Daly & Sarre, 2016).

In Australia for 2016-2017, 413,894 people were charged with at least one
criminal offence (ABS, 2018b). During this period, the most common principal
offences nationally were: illicit drug offences (20%); acts intended to cause injury
(i.e., non-fatal, non-sexual; 19%); theft (19%); public order offences (15%); and
offences against justice (6%; ABS, 2018b). Acts intended to cause injury were the
most common principal crime among men, while theft was most common among
women, and overall men were three times as likely to be charged with an offence
than women (ABS, 2018b). The median age for offenders nationally was 29 years,
while the median age for prisoners was 35 years (ABS, 2017, 2018b).

As of 2017, 41,202 Australian adults were imprisoned, with nearly a third of
these (31%) not yet sentenced (ABS, 2017). The most common offences for
prisoners were: acts intended to cause injury (23%); illicit drug offences (15%);
sexual assault (12%); and unlawful entry with intent (10%; (ABS, 2017). While
Aboriginal and Torres Strait Islander people represent about 2% of the Australian
population, they accounted for over a quarter (27%) of the Australian prisoner
population in 2017 (ABS, 2017). Furthermore, 92% of all prisoners were men, and at
least half of prisoners across States/Territories had been previously imprisoned
(ABS, 2017). Imprisonment can include being held in a medium or maximum
security facility where the prisoner is confined by a secure physical barrier (79% of
prisoners), or can include being housed in an ‘open custody’ minimum security
custodial facility where the prisoner is not confined by a secure physical barrier
(21% of prisoners) (ABS, 2018a). In addition to the imprisoned offender population,
an additional 69,155 sentenced offenders were completing community-based corrections orders in 2017 (ABS, 2018a).

Offenders in the Australian criminal justice system experience a range of socioeconomic and psychosocial impairments, both prior to engaging in the system and sometimes as a result of involvement in the system (e.g., imprisonment). For example, a third (32%) of prison entrants had an education level below Year 10, nearly half (48%) were unemployed during the month prior to imprisonment, a quarter (25%) were homeless in the month prior to imprisonment, and nearly a third (31%) expected to be homeless upon release from prison (AIHW, 2015). Furthermore, half (49%) of prison entrants reported having ever been told by a mental health professional that they have a mental health disorder (including substance abuse disorder), over a quarter (27%) of prison entrants reported currently taking medication for a mental health disorder, nearly a quarter (23%) of prison entrants reported having previously intentionally harmed themselves, and 7% were at risk of suicide upon entry (AIHW, 2015). The overrepresentation of mental illness in the Australian criminal justice system is consistent with offender demographics in other Western countries (Fazel & Danesh, 2002). Interestingly, while nearly a third of prisoners (30%) were identified as having a disability upon entry, only 2% of entrants’ disabilities were identified as creating profound or severe core activity limitations (AIHW, 2015). Substance use disorder and abuse is also common in the Australian offender population. For example, over half (58%) of prison discharges reported high risk alcohol use according to the AUDIT-C prior to their most recent incarceration, over two-thirds (67%) had used illicit drugs in the year prior to incarceration, and 45% had previously used injected drugs (AIHW, 2015).

Many prisoners report an improvement in their mental and physical health outcomes as a result of their imprisonment (AIHW, 2015), which is attributed to
their access to assessment, therapeutic and correctional treatment, and routine in the institutional setting. However, sentence completion and release back into the community can lead to a return of physical and mental health conditions (Winter et al., 2016). Complicating this is systemic and interpersonal discrimination on the basis of being labelled as an ‘ex-offender’ (Renton, 2013; Winnick & Bodkin, 2008). If offenders have been held in secure custodial settings, they must become reoriented to the freedom of community living (Renton, 2013), including avoidance of social and environmental factors associated with their previous offending and potential AOD use (Winter et al., 2016). Ex-offenders may also need to rebuild trust with the community (friends and family), and may be faced with systemic and interpersonal stigma and discrimination when applying for employment, housing, or financial assistance given the need to disclose prior criminal offences (Winnick & Bodkin, 2008). Experience of discrimination due to a tarnished public identity (public stigma) can result in the internalisation of stigmatising beliefs and attitudes (self-stigma), further impacting psychosocial health and ability to fully reintegrate into the community and desist from further offending.

**Offenders with Intellectual Disability**

In studies on ID offender prevalence, assessment, recidivism, and correctional treatment and management outcomes, definitional criteria can vary. While ID is technically defined and diagnosed with reference to an IQ of 70 (two standard deviations below the average) in addition to adaptive functioning deficits (APA, 2013), studies may loosen this criteria depending on their research aims or the criteria used by the health or government departments for whom the research is commissioned; for example, the sample assessed by Lindsay et al. (2010) included ID individuals as having an IQ of less than 75 (IQ 70 +/- 2 standard errors. For studies assessing borderline ID as well as ID, criteria for inclusion may go as high as
People with a mild ID are more likely to offend than those with a moderate or severe ID (Savage & Bouck, 2017). International research on the prevalence of offenders with an ID in Western countries has thus been shown to range from 0%-45% (Lindsay, 2002), suggesting that given the methodological differences between prevalence studies, firm conclusions on the actual prevalence of offenders with an ID in custody in Western nations can not be drawn. Highlighting this inconsistency in prevalence rates, the average estimate from a systematic review of prevalence studies featuring 12,000 prisoners from Australia, United Kingdoms, United States, New Zealand, and Dubai estimated around 2.9% of prisoners had an ID (Fazel, Xenitidis, & Powell, 2008); however, in a Norwegian study, 10% of the prison population was estimated to have an ID (IQ<70), and one-third to have an IQ below 85 (Søndenaa et al., 2008).

While prevalence rates of offenders with an ID vary from study to study due to the assessment tools used, definitional criteria of ID, and demographic differences across jurisdictions, there is general consensus among researchers that offenders with an ID (and other cognitive impairments such as ABI) are over represented in Western criminal justice systems, including Australia (Vanny, Levy, & Hayes, 2008). In an Australian study with a sample of 843 offenders with an ID, the majority were identified as having a borderline (33%) or mild (44%) ID, with the remaining 23% having a moderate, severe, or unspecified ID (Cockram, 2005b). Australian offenders with an ID, compared to general population offenders, are more likely to be male, Indigenous, have less than 10 years formal schooling, unstable accommodation immediately prior to imprisonment, low employment, a history of juvenile detention, poor self-assessed health status, depression, and polysubstance use and dependence (Bhandari, Dooren, Eastgate, Lennox, & Kinner, 2015; Dias, Ware, Kinner, & Lennox (2013). These psychosocial comorbidies place offenders
with an ID and their additional need for support at risk of being over looked or mistaken for other disorders when interacting with the criminal justice system (Baldry et al., 2013).

Like many adolescents and young adults, people with an ID from a lower socioeconomic background and with lower school engagement tend to engage in more risk-taking and offending behaviour, a predictor of adult criminal offending (Savage & Bouck, 2017). Compared to the general population, individuals with an ID also tend to have higher rates (up to 50%) of comorbid psychiatric disorder and mental health problems, increasing their likely engagement with the criminal justice system (O’Brien, 2002; Vanny, Levy, & Hayes, 2008). Baldry et al. (2013) found that adult offenders with a cognitive impairment, or cognitive impairment and a comorbid mental illness, had their first encounter with police at a younger age (i.e., 15 years old) than those without a diagnosis (i.e., 18 years old). They also found that, regardless of mental illness, those with a cognitive impairment were more likely to have had a previous psychiatric admission compared to those with no cognitive impairment (Baldry et al., 2013).

Cockram (2005a) assessed recidivism of Australian male offenders with an ID and found that those with an ID had a significantly higher rearrest rate compared to general population offenders. While there is a small to medium positive correlation between assessed risk severity and level of service/security provision for ID offenders (for example, being placed in a generic community or specialist forensic program, or a low, medium, or high security prison), this effect is weaker than expected (Lindsay et al., 2010). The implication is that there are a number of lower-risk ID offenders in higher-risk facilities, and vice versa. For example, an Australian longitudinal study over 11-years by Cockram (2005b) found that a third of offenders with an ID who were charged with a criminal offence were given a
custodial sentence, compared to 13% of offenders without an ID, and that 16% of offenders with an ID who were first-time offenders were given custodial sentences, compared to 7% of general population offenders. Cockram (2005b) also found that while the security level of allocated custody settings did not differ by ID status for first time offenders, by the time of exit from custody offenders with an ID more likely to have been moved to medium and maximum security facilities than general population offenders.

Explanations for these sentencing differences are complex. Cockram (2005b) suggests that the first time offences of offenders with an ID were significantly more serious (‘offences against persons’) compared to general population first time offenders (‘other assault’), and that offenders with an ID were more likely to be recidivists, encouraging sentencing magistrates and judges to order harsher punishments for repeated (if ‘lesser’) crimes. However, Cockram (2005b) also suggests that an ID may not be initially clear to police upon questioning and arrest, resulting in situational confusion, leading questioning, and more serious charges than would be accorded were the ID recognised and appropriate supports provided prior to charges being laid. Research by Talbot and Jacobson (2010) in the UK found that in addition to initial police questioning, defendants with an ID experience trouble understanding their court proceedings and own trials, and may agree with suggestions throughout to cover their confusion. Finally, Cockram (2005b) suggests that the move from minimum to medium or maximum security facilities for people with an ID is likely due to the need for ‘protection units’ for people with an ID in mainstream custodial settings, which are typically found in higher security settings. This explanation is supported by Glaser and Deane (1999) in another Australian (VIC) sample of offenders with an ID, and Lindsay et al. (2010) in a Scottish sample of offenders with an ID. Cockram’s (2005b) explanation is also supported by reports
indicating that offenders with an ID are at greater risk of coercion, exploitation, and abuse by other prisoners due to forced association and trouble interpreting social cues (HRW, 2018), which may lead to the use of protective units for prisoners with an ID and hence transfer to higher security facilities.

Correctional staff’s inadequate training and limited experience with people with an ID and mental illness can also lead to misinterpretation and mismanagement of challenging behaviour and/or crisis situations, including the use of, and dependence on, protection units to manage these or to punish the offender (HRW, 2018). While intended to be for the protection of the individual offender from the prison population, or for the protection of the prison population from the individual, ‘protection units’ can in practice be a form of solitary confinement (up to 22 hours a day; HRW, 2018). Criminal justice professionals’ stigmatising beliefs towards offenders with an ID and mental illness, and accompanying negative attitudes and behaviours, were identified by HRW (2018) as underlying the systemic abuse and discrimination of these vulnerable offenders. Stigmatising beliefs and attitudes identified in this report were extensive, and were attributed to or expressed by police staff, prison health staff such as nurses, and correctional officers. In fact, therapeutic staff (psychologists and psychiatrists) working in the prison settings appeared to be most critical of other criminal justice professionals’ stigmatising behaviours towards offenders with an ID and psychosocial disability. As one prison-based psychiatrist said (HRW, 2018):

I haven’t seen anyone with an ID who hasn’t gotten worse in prison. They are often punished by staff when struggling to communicate or when seeking help. The staff don’t get that people with an ID don’t understand what’s happening. Staff take things personally and then act out in anger against the prisoner.
Forensic orders are an alternative to mainstream sentencing and custodial approaches, specifically for people with an ID and/or mental illness. A forensic order is made at the discretion of the sentencing magistrate or judge, and may vary in the level of custodial security required (e.g., community or inpatient, with or without the consent of the alleged offender; Carroll et al., 2009). Forensic orders are typically applied when a person is deemed unfit to stand trial, such as people with an ID or experiencing a serious mental health episode (Carroll et al., 2009). A forensic order may allow the offender to continue living in the community if risk to the community is low, but may be involuntarily detained in a psychiatric or specialist forensic disability setting if risk to the community or themselves is high. Depending on the alleged offender, forensic orders may also include completion of intervention and rehabilitation programs for substance abuse or other antisocial behaviours (Carroll et al., 2009). As the extent of ID and other cognitive impairments in the Australian offender population becomes clearer, in addition to the high rate of offenders with serious psychological disorder, forensic orders and investment in forensic disability settings has taken on greater relevance within the Australian criminal justice system.

Critical Issues Relevant to Offenders with Intellectual Disability

Offenders with an ID are a vulnerable, high-needs group who are overrepresented in prisons, internationally and within Australia (Hayes, Shakell, Mottram, & Lancaster, 2007; Herrington, 2009; Vanny et al., 2009). During the last 20 years or so, research has focused on the problem of prevalence and recidivism rates among ID offenders, with efforts made to address shortcomings in prevention and rehabilitation (Lindsay, 2002; Lindsay, Elliot, & Astell, 2004; Taylor & Lindsay, 2010). This research direction is attributed to the growing emphasis in Western society on human rights and its influence on standards of practice in forensic
psychology (Birgden & Perlin, 2008; Ward, 2008). Both people with an ID, and
criminal offenders, are distinct populations in Australia who experience significant
disadvantage relevant to socioeconomic status and social opportunity and are more
likely to be dependent on social welfare supports and services. Both populations
(along with people with disability more broadly) are recognised by the United
Nations (UN) as vulnerable to structural discrimination, neglect, and abuse on the
basis of their respective disadvantage, and historically limited opportunity for civil
and political engagement.

People with an ID have fared poorly under legislation and social policy until
the late 20th century, which has emphasised segregated and/or limited education and
employment, institutional care, unpaid labour, forced sterilisation and/or gender
segregation, and restraints on expression of self-determination (Malacrida, 2006;
Manning, 2009; Monk, 2010; Vann & Siska, 2006; Wehmeyer, 2013). However,
Australia’s support for the human rights agenda of the United Nations, beginning
with the Universal Declaration of Human Rights (UN General Assembly, 1948) and
ratification of its associated Covenants, followed by the Declaration on the Rights of
Mentally Retarded Persons (UN General Assembly, 1971), the Declaration on the
Rights of Disabled Persons (UN General Assembly, 1975), and the ratification of the
Convention on the Rights of Persons with Disabilities (UN General Assembly, 2006)
in 2008, highlight an evolution in Australian society’s beliefs, values, and attitudes
towards people with disability generally. Support for UN ideals and ratification of
these UN legislative tools has led to numerous changes in Commonwealth, State, and
Territory legislation and policy relevant to people with disability generally and ID
specifically, most recent of which is the National Disability Insurance Scheme Act
2013 (Commonwealth of Australia, 2013) and the National Disability Strategy 2010-
2020 (Commonwealth of Australia, 2011) policy framework, which aim to improve
social and economic participation of people with disability and their carers by increasing autonomy and access to funding and services.

Criminal offenders (particularly prisoners) have also fared poorly under Australian and international legislation well into the 20th century, subjected to forced confessions, torture, forced labour, and intra-institutional abuse by correctional staff and other inmates, in addition to the deprivation of civil liberties that is meant to constitute their total punishment (UN General Assembly, 1951, 1990). While the UN has sought to address systemic abuse of criminal offenders via the Universal Declaration of Human Rights (UN General Assembly, 1948) and associated Covenants, and has specifically sought to restrict torture against prisoners of war via international legislation such as the Geneva Conventions (UN General Assembly, 1949), it is notable that there is currently no international human rights legislation (i.e., a Convention or Covenant) protecting prisoners and offenders more broadly, once sentenced. The UN’s Standard Minimum Rules for the Treatment of Prisoners (UN General Assembly, 1951) and the Basic Rules for the Treatment of Prisoners (UN General Assembly, 1990) are both non-binding frameworks for ideal practice, rather than international legislation that UN member States vow to adhere to and implement at the national level. As such, the Standard Guidelines for Corrections in Australia (Australian Institute of Criminology [AIC], 2012) and Australian Offender Program and Facilitation Standards (Corrective Services Administrators’ Council, 2013) are similarly non-binding national policies rather than legislation which guide how offenders are to be treated in accordance with international and Australian human rights standards, and Australian criminal justice legislation. These policies provide a flexible framework by which to guide correctional institutions and professionals regarding the appropriate correctional treatment and management of offenders in custody, including those with disability and other vulnerabilities.
These correctional policies include a great deal of hedging language which leaves decisions about access to supports and services for offenders with special needs (such as offenders with an ID) to the discretion of individual correctional institutions and their staff. For example, in reference to offenders with complex needs (section 5.10), the *Standard Guidelines for Corrections in Australia* (AIC, 2012) states: “Offenders with a disability should be provided with assistance and with programmes, which address their individual needs and their offending behaviours *where possible*” (p. 12, emphasis added). Similar hedging is used throughout these policies to imply addressing these needs is preferable but not necessary. Overall, the ambiguity of Australia’s national correctional policy standards regarding the rights and management of offenders with disability, in addition to non-specialist correctional staff making decisions regarding the needs of people with an ID, along with fiscal pressures on correctional facilities and their provision of resources and services, means that once offenders with an ID are in custody they may be at risk of further disadvantage and associated harm within the correctional setting. State and Territory-level correctional departments are aware of, and seem genuinely concerned about, barriers to the support and management of offenders with disability generally, and ID specifically; a range of policy frameworks and strategies have been developed to address this, such as the *Corrections Victoria Disability Framework 2010-2012* and 2013-2015 policies (Corrections Victoria, 2009, 2012). Such policies specify the value and creation of diversion pathways, the development of specialist facilities and programs, allocation of specialist resources and supports, staff training, and collaboration of disability and mental health stakeholders and services with correctional services. Furthermore, such policies draw on empirical research to address these issues, such as problems associated with staff characteristics and specialist training (Clarkson, Murphy, Coldwell, & Dawson,
2009), the need for specialist facilities and services (Ogloff, 2010), tailoring assessment tools to ID offenders (Camilleri & Quinsey, 2011), and tailoring and evaluating the effectiveness of rehabilitative programs for offenders with an ID (Ford, Rose, & Thrift, 2009; Taylor, Novaco, Gillmer, Robertson, & Thorne, 2005).

However, there is limited discourse on the role of professionals’ beliefs, values, and attitudes towards offenders with an ID specifically (or disability generally) and how this may impact service delivery and outcomes. More specifically, stigma and discrimination within corrections towards offenders with an ID is not explicitly addressed by correctional reports and policies, despite evidence of human rights violations towards offenders with an ID (HRW, 2018).

In addition to professionals’ potential stigma and discrimination towards offenders with an ID with regard to their criminal justice experiences, community members’ beliefs, attitudes, and behaviours regarding offenders with an ID has been given negligible attention by academic research and governmental reports. Community members, or citizens, are the primary and secondary victims of criminal offenders, as well as the friends and family members of criminal offenders. They have personal positive and negative relationships with offenders, and the sentencing and correctional treatment an offender receives can have complex repercussions for associated community members. Apart from community members with a personal connection to an offender, all citizens have the ability to formally and informally influence the detection and reporting of crime, along with policy, legislation, sentencing, and services and resources impacting the custodial, rehabilitative, and reintegration experiences of offenders. Community members (in addition to politicians and media organisations) are often overlooked as influential social groups in the criminal justice process of offender sentencing and punishment, rehabilitation, and reintegration (Daly & Sarre, 2017).
In summary, offenders with an ID are a particularly vulnerable social group. As independent social groups, people with an ID and criminal offenders have historically experienced serious systemic and interpersonal discrimination, including neglect and abuse in institutional settings. As human rights ideology and values have influenced Australian policy and legislation, human rights violations of people with an ID as well as criminal offenders are being acknowledged and addressed. The increasing visibility of disability in Australian society, as well as strong social policy and legislative initiatives to improve the social and economic opportunities of people with disability, suggests increasingly positive social values towards people with disability generally (and perhaps those with an ID specifically) by Australians. Conversely, the nature of criminal offenders as moral transgressors receiving their ‘just deserts’ via sentencing (as punishment), the ambiguity of correctional policy regarding how resources and services are to be allocated and under what conditions, fiscal and political pressures, and the limited visibility of Australian offenders’ correctional experiences particularly while in custody, means that the human rights violations of offenders and associated social processes are not scrutinised and addressed with similar intensity. All offenders have the right to protection of their human rights, but people with an ID are particularly vulnerable to coercion, neglect, and abuse within the social context of correctional custody, in addition to requiring specialist supports to manage comorbidities related to communication and physical and mental health that correctional institutional settings may be unable, or unwilling, to provide. Why offenders with an ID continue to experience systemic discrimination is a multi-faceted issue that requires further empirical investigation. One lens by which to explore this is through the use of social psychological theories and constructs relevant to social stigma.
Section II

Stigma Theory and Social Categories

Stigma theory refers to a broad set of theories and models developed within sociological and social psychological disciplines to explain interpersonal and structural discrimination towards an individual or social category on the basis of a perceived stereotypical physical, psychological, or cultural feature. These theories and associated empirical research typically involve the evaluation of the stigmatiser’s negative beliefs, attitudes, affective responses, personal or social values, causal attributions, and expectations regarding the nature and associated threat of the stigmatised social category (Allport, 1954; Fiske, Cuddy, Glick, & Xu, 2002; Goffman, 1963; Jones et al., 1984; Kurzban & Leary, 2001; Link & Phelan, 2001; Sherif, 1958; Tajfel, 1970; Tajfel & Turner, 1979; Weiner, Perry, & Magnuson, 1988; Yang et al., 2007); and/or the evaluation of how the stigmatised person or group responds to and copes with their awareness of these negative evaluations and attributions, and associated discrimination (Goffman, 1963; Jones et al., 1984; Link, Cullen, Struening, Shrout, & Dohrnrenwend, 1989; Link & Phelan, 2001; Major & O’Brien, 2005; Yang et al., 2007). This section of the narrative literature review, a general overview of contemporary stigma theory will be presented after first defining the stigma theory-specific constructs of social categories and stereotypes.

Social Categories and Stereotypes

A ‘social category’ is a theoretical construct relevant to social perception and intergroup relations, popularised by social psychologist and social identity theorist Tajfel (1981). A social category can be defined as the schematic classification of people based on similar minimal characteristics such as a demographic, trait, appearance, disorder, behaviour, etc. A social category differs from a social group, in that individuals within a social group are aware of, and interact with, one another
whereas a social category is an abstract and imposed concept of group belonging, where individuals may not necessarily know one another. Social categorisation is imposed by individuals and society onto other individuals, although individuals may also categorise themselves, leading to self-attribution of a social identity (i.e., identification with a preferred social category or ‘ingroup’ (Tajfel, 1981). In this thesis, the term ‘social category’ will be applied when referring to potentially stigmatised (i.e., people with an ID, criminal offenders, offenders with an ID) or stigmatising (i.e., community members, and professionals experienced in the criminal justice and/or disability sectors) populations and samples. Previous references to ‘social groups’ in this thesis should be interpreted retrospectively as referring to ‘social categories’, using lay terms.

A ‘prototype’ is a typical example or cognitive representation of an individual from a social category, encapsulating attributes necessary to belong to said social category, and around which all other probable and possible attributes are organised, forming a social category ‘schema’ (Tajfel, 1981). When a category prototype is representative of humans rather than some other material object (e.g., furniture), a prototype is called a ‘stereotype’ (Tajfel, 1981). An individual’s prototypical representation of who belongs to a social category may thus be informed in varying degrees by a stereotype, which is a culturally shared representation of a social category and is positively or negatively valanced to varying degrees depending on the quality of the attributes defining the stereotype (Tajfel, 1981). At an interpersonal level, negative stereotypes can interact with prejudicial beliefs and attitudes and motivate discriminative behaviours, and at an intergroup level negative stereotypes can motivate exclusion, oppression, and aggression. On a societal level negative stereotypes can lead to structural discrimination via policies and legislations encouraging social exclusion, restriction, and containment, absent or restricted
allocation of material and social resources, and provide a basis for social, punitive, and political scapegoating, aggression, and abuse. One has only to reflect on the objective of the human and civil rights movements, and associated legislated changes, in Western nations during the 19th and 20th centuries to appreciate how stereotypes and associated prejudice can impact interpersonal and intergroup relations, and be perpetuated by legislation and institutional norms. People who belong to a social category for which there is a strongly negative stereotype are often referred to as being ‘stigmatised’ (Goffman, 1963). People who criminally offend and people with an ID have historically belonged to two distinctly stigmatised social categories, resulting in their social containment via institutionalisation, social exclusion, neglect, and abuse, as detailed in Section I of this literature review.

**Stigma Theory**

Two seminal theorists contributing to contemporary theory of stigma are Allport (1954) and his *The Nature of Prejudice*, and Goffman (1963) and his *Stigma: Notes on the Management of Spoiled Identity*. Allport’s (1954) social psychological approach argued that prejudice developed as a result of heuristic, categorical thinking and resulted in negative, often baseless, attitudes towards a target group or individual. Goffman’s (1963) sociological approach argued that stigma develops when an individual is perceived by themselves, and/or by others, to have failed to meet a normative social standard of behaviour or appearance, and hence have discredited their social identity. Goffman argued stigma was a consequence of social categorisation, denoting ‘an attribute that is deeply discrediting’ and which reduces the possessor of the stigma in the mind of the perceiver ‘from a whole and usual person to a tainted, discounted one’ (Goffman, 1963, p.11), and concluded that ‘by definition…we believe the person with a stigma is not quite human’ (Goffman, 1963, p.14). Extending on Goffman’s broad definition of stigma, Jones et al. (1984)
formally defined a stigma as a mark (attribute) linking a person to a set of undesirable characteristics (stereotype). Link and Phelan (2001) extended this definition further to include four components: (1) distinguishing and labelling differences (social categorisation); (2) association of the human difference with negative attributes (negative stereotyping); (3) separation of ‘us’ from ‘them’ (prejudice, dehumanisation); and (4) status loss and discrimination (structural and interpersonal discrimination). They formally (if broadly) defined stigma as ‘stigma exists when labelling, stereotyping, separation, status loss, and discrimination occur together in a power situation that allows them’ (Link & Phelan, 2001, p.377).

Goffman (1963) proposed three types of stigmatising characteristics by which an individual could be categorised and subsequently negatively stereotyped: physical traits, particularly evidence of disease or illness such as deformity; psychological or personality traits, such as mental illness, addiction, criminality, or non-normative sexual preferences; and tribal stigmas such as affiliation with a minority nationality, race, or religion. Of these three types of stigmatising characteristics, Goffman proposed a person might either be ‘discredited’ or ‘discreditable’, in the sense that certain stigmatising characteristics (such as deformity or skin colour) were immediately discrediting due to their obviousness, while other characteristics such as mental illness or criminality could remain ‘invisible’ unless revealed on purpose or by accident. Goffman (1963) also proposed that in addition to the ‘stigmatised’ and the ‘normals’ (those attributing stigma), there were ‘wise’ groups or individuals who sincerely accepted the stigmatised in roles as friends, family, and/or supporters. Contemporary research positions individuals who are ‘wise’ to stigma as having insight and empathy for the stigmatised person, due to repeated and positive exposure (such as friends and family) or expert knowledge of the stigmatising characteristic and its psychosocial implications for the stigmatised (such as specialist
health professionals). These people are sometimes framed as ‘de-stigmatisers’, as formal or informal allies and advocates for stigmatised social categories (Conti, Morrison, & Pantaleo, 2013).

In addition to Allport’s and Goffman’s theories, contemporary models of ‘stigma’ and ‘prejudice’ share significant similarities, so much so that a review of 18 conceptual models of various stigma and prejudice theories found these construct terms could be used interchangeably (Phelan et al., 2008). While Phelan et al. (2008) acknowledged there was variation within and between the model categories assessed, the overlap between these was greater. Overall, they found that stigma theory tended to focus on the target social group’s experience of ostracism, including their identity, stereotyping, and emotional responses to this, while prejudice theory tended to focus on the perpetrator of ostracism and their negative attitudes towards the target. Where prejudice theory tended to focus on the target’s race, stigma theory was broader in its application to people with disease or disability, or to deviant identities or behaviours; Phelan et al., 2008). As the target social category of the current thesis includes people with both disabilities (i.e., ID) and ‘deviant’, norm violating behaviours and identities (i.e., offenders), I made the decision to use the language of stigma theory to explore the social cognitive constructs and processes underlying discrimination towards offenders with an ID. However, as there is considerable overlap between stigma and prejudice conceptual models in terms of the constructs themselves, in addition to their causes and consequences, conceptual models relevant to either theoretical domain will be drawn on throughout the current thesis, as necessary.

Based on their review of stigma and prejudice models, Phelan et al. (2008) developed a typology of stigma including three broad functions: (1) domination with an agenda of exploitation, or ‘keeping people down’ (e.g., people with low socioeconomic status, slaves); (2) enforcement of social norms, especially regarding
morality, or ‘keeping people in’ (e.g., criminal behaviours, ‘deviant’ behaviours such as homosexuality); and (3) avoidance of disease, or ‘keeping people away’ (e.g., physical and mental illness, intellectual disability, and associated ‘non-aesthetic’ characteristics). Where the domination/exploitation and enforcement of social norms are proposed to have psychological and social functions, avoidance of disease is proposed to have an evolutionary function (Phelan et al., 2008). These three functions exert ‘stigma power’, implicit and normalised structural and interpersonal social processes that serve the interests of stigmatisers at the expense of the stigmatised (Link & Phelan, 2014). This typology is generally consistent with, if more broad than, the typology proposed by Kurzban and Leary (2001), which argues these same three functions are purely evolutionary. Overall, Phelen et al.’s (2008) three functions serve stigma power, which operates both within and contributes to a cultural system by creating and perpetuating negative beliefs and attitudes towards stigmatised groups and individuals, by encouraging the internalisation of these negative cognitions by stigmatised groups and individuals, and by normalising discriminative policies and practices which keep stigmatised groups down, in, and/or away to serve the interests of stigmatising groups and individuals (Link & Phelan, 2014).

Once stigmatised via categorisation, labelling, and stereotyping, the stigmatised person may experience negative emotions, interactional discomfort, social rejection and other forms of discrimination, status loss and other associated social limitations, in addition to stigma management and coping by the target individual or group (Phelan et al., 2008). The experiences of different target groups may become ‘homogenised’, so that primary stigma functions become interchangeable with and reinforced by secondary stigma functions. For example, criminal offenders (a large proportion of whom use AOD) might initially be
stigmatised for their AOD use and associated antisocial behaviours via norm enforcement, and further stigmatised through functional dominance/exploitation to provide free or low-cost labour once institutionalised for AOD-related crimes. Given their institutionalisation and perceived moral transgressions, offenders may be further stigmatised through disease avoidance, having been stereotyped as ‘disordered’, unintelligent, and perhaps morally contagious. Similarly, people with an ID might initially experience stigmatisation via the disease avoidance function, but be further stigmatised via dominance/exploitation in being used to provide free or low-wage labour, and furthermore by norm enforcement, by being penalised for disability-specific behaviours or appearance.

Individual and social responses to stigmatised individuals are influenced by four key factors: the visibility and ‘evidentness’ of the stigmatising attribute; perceived threat associated with the stigmatising attribute; sympathy arousal due to the stigmatising attribute; and perceived responsibility of the stigmatised individual for their stigmatising attribute (Katz, 2014). Depending on the type of stigmatising attribute, the individual and associated social category may be perceived to varying degrees as being ‘deviant’ (i.e., deeply flawed human beings) and/or ‘disadvantaged’ (i.e., either by the disabling nature of their attribute, by the social and economic discrimination the attribute entails, or both). This dual perspective engenders contradictory feelings of antipathy and compassion towards stigmatised individuals, resulting in attitudinal ambivalence towards them (Goffman, 1963; Katz, 2014). Attitudinal ambivalence can be defined as holding both positive (i.e., friendly, sympathetic, accepting) and negative (i.e., hostile, denigrating, rejecting) dispositions towards some group or social category. The more equal the relative strengths of these positive and negative dispositions, the stronger the attitudinal ambivalence. Attitudinal ambivalence towards an individual or social category is theorised to
result in ambivalence-induced behavioural amplification, either prosocial (e.g., the formation of charitable organisations assisting stigmatised groups, altruistic and unasked for assistance offered to stigmatised strangers) or antisocial (e.g., physical punishment, scapegoating; Goffman, 1968; Katz, 2014).

An underexplored aspect of stigma in the social psychology literature is paternalism, and how this manifests as stigmatising beliefs and attitudes, and discriminative behaviours. Both Goffman (1963) and Katz (2014) describe a variety of ways in which stigma is expressed by the ‘normal’ towards a stigmatised person or social category, depending on beliefs about the causes and appearance (or invisibility) of the stigmatising attribute; with blame, disgust, sympathy, pity, anger, embarrassment, empathy, etc. Charitable acts, unasked for assistance, presuming limitations, expressing pity or sympathy about the stigmatising attribute, and generally treating the person or social category as child-like, simple, and dependent, are expressions of soft paternalism.

While some past research on specific stigmatised social categories has explored this (e.g., ‘benevolent sexism’ towards women, ‘benevolent discrimination’ towards people with mental illness; Becker & Wright, 2001; Ilic et al., 2013), the most relevant model to apply to explore this aspect of stigma is Fiske and colleagues’ (Fiske, Cuddy, & Glick, 2007; Fiske, Cuddy, Glick, & Xu, 2012) stereotype content model, specifically paternalistic prejudice (as opposed to contemptuous, envious, described in Section III.
Section III

Stigmatising Beliefs and Attitudes: Theory and Past Research Relevant to Offenders with Intellectual Disability

Stigma (generally synonymous with prejudice) has been operationalised and measured in numerous ways in the social psychological, sociological, and criminological literature. The most common approach to operationalising stigma has been via the beliefs, attitudes, and behavioural intentions of community members or other stigmatising social categories towards a target stigmatised social category. These three constructs generally reflect the affective, cognitive, and conative elements of Fishbein and Ajzen’s (1975) Theory of Reasoned Action, which in its simplest form proposes that beliefs (including subjective norms) inform attitudes, which inform behavioural intentions, which in turn influence actual behaviour. Fishbein and Ajzen (1975) define beliefs as the information someone has about an object, where a belief links an attribute to an object. A belief can thus be conceptualised as an ontological relationship between an object and attribute, framing the relative existence of these to one another. Fishbein and Ajzen (1975) state that the object of a belief may be ‘a person, a group of people, an institution, a behaviour, a policy, an event, etc., and the associated attribute may be any object, trait, property, quality, characteristic, outcome, of event’ (p.12). Beliefs are therefore subjective, ontological claims (i.e., opinions) an individual makes about their world and everything in it. Fishbein and Ajzen (1975) propose that beliefs are dimensional, varying in strength (strong to weak) and valency (belief to disbelief).

Some beliefs go beyond associating the existence of an object with an attribute, and posit a causal relation between an object and attribute. These causal beliefs are referred to as ‘causal attributions’ (Weiner, 1985, 1986). However, the term ‘attribution’ is also often used in a general way to refer to the act of cognitively
linking an attribute to an object, regardless of whether this link is perceived to be causal. Fishbein and Ajzen (1975) define an attitude as the amount of affect for or against some object, and note that ‘affect refers to a person’s feelings towards and evaluation of some object, person, issue, or event’ (p.11-12). This affective evaluation, as for beliefs, is conceptualised as bipolar (good to bad, like to dislike) and dimensional (weak to strong). Behavioural intentions are defined by Fishbein and Ajzen (1975) as a unique form of belief, where the object is always one’s self and the attribute is always one’s future behaviour (p.12).

In this thesis, beliefs and attitudes (not intentions or behaviour) will be the focus of study. I also emphasise that while Fishbein and Ajzen’s (1975) Theory of Reasoned Action is seminal, this model was cited only to define the foundational constructs of belief and attitudes; the Theory of Reasoned Action (or affiliated theories) will not be considered further in this review of theory and past research.

A common approach to operationalising and measuring stigmatising beliefs and attitudes towards people with an ID and offenders is via desired social distance from the stigmatised target group (Abrams, Housten, Van de Vyer, & Vasilijevic, 2015; Antonak & Livneh, 1995; Link, Phelan, & Bresnahan, 1999; Oullette-Kuntz, Burge, Brown, & Arseault, 2010; Scior, Connolly, & Williams, 2013a; Werner, Corrigan, Ditchman, & Sokol, 2012). ‘Social distance’ generally captures how much a respondent socially accepts or includes a stigmatised social category. However, the social distance construct is descriptive rather than explanatory in terms of what it can tell researchers about the processes associated with stigmatising beliefs and attitudes.

Other social psychological theories and measures that can be applied to explore and explain stigma include Fiske and colleagues’ (Fiske et al., 2002, 2007) stereotype content model and measure, Gray and colleagues’ theory and measure of mind perception (Gray, Gray, & Wegner, 2007a) as well as moral typecasting (Gray
& Wegner, 2009; Gray, Young, & Waytz, 2012), Haslam and colleagues’ theory of dehumanisation (Haslam, Bain, Douge, Lee, & Bastian, 2005; Haslam, Bastian, & Bissett, 2004; Haslam, Loughnan, Kashima, & Bain, 2008), Weiner’s (1985, 1986) theory of causal attributions, and Laham’s (2009) circle of moral concern task. Furthermore, there are a variety of criminological constructs for which potentially stigmatising attitudes have been assessed in past research, relevant to moral culpability, punishment, rehabilitation, reintegration, and forgiveness of offenders (e.g., Crosby, 1995; Ghetti & Redlich, 2001; McCorkle, 1993; Rogers & Ferguson, 2011).

**Stereotype content theory.** Stereotype content theory (Fiske et al., 2002, 2007) allows the assessment and prediction of relative stereotypic beliefs and associated prejudicial attitudes towards different social categories. This model assesses attributions of warmth and competence, based on beliefs about the social category’s social status and social competitiveness, respectively. According to Fiske and colleagues, these constructs capture the evaluations we make of potentially threatening or helpful social groups and individuals, and have a heuristic function that leads us to either attribute ingroup or outgroup status to others, in addition to helpful or harmful social behaviours. Warmth includes traits that are related to perceived intent, including friendliness, helpfulness, sincerity, trustworthiness and morality; competence includes traits that are related to perceived ability, including intelligence, skill, creativity and efficacy (Fiske et al., 2007). Warmth and competence are predicted by the perceived social status and competitiveness of a social category (Cuddy et al., 2008).

Varied degrees and combinations of warmth and competence lead to emotional attributions (e.g., admiration, contempt, envy, and pity) and accompanying favourable, neutral, or prejudicial intergroup and interpersonal attitudes and
behaviours (Cuddy et al., 2007). One’s ingroup and allies are typically attributed high status and non-competitiveness, and hence high competence and warmth, and are viewed with admiration and pride. Outgroups consisting of high-status, competitive groups such as positively stereotyped racial minorities (e.g., ‘intelligent Asians’), wealthy people, and non-traditional groups (feminists) are viewed as high in competence but low in warmth and are subject to envious prejudice and emotions such as jealousy. Outgroups such as elderly people, people with disability, and traditional minority groups (e.g., housewives) are viewed as having low social status and being non-competitive, and hence are attributed high warmth but low competence, and are subject to paternalistic prejudice (including pity and sympathy). Finally, outgroups such as welfare recipients and poor people are viewed as low status but socially competitive, and are attributed low competence and low warmth. This outgroup is subject to contemptuous prejudice, associated with emotions of contempt, disgust, anger and resentment (Fiske et al., 2002).

According to the stereotype content model, people with an ID may be subject to paternalistic prejudice due to being viewed as warm (trustworthy, sociable, moral) but non-competitive in the economic and social domains, leaving them deserving of pity and support. Conversely, criminal offenders may be subject to contemptuous prejudice, where they are viewed as ‘cold’ (Fiske, 2015) and hence hostile and immoral, and able to implement this antisociality, making them a potential threat. They may also be seen as competitive (‘parasitic’ upon the economy and society) and to have low status, so that they are not only threatening but ‘disgusting’ compared to one’s self and outgroup (Fiske, 2015). It is possible that when evaluating offenders with an ID, one or the other attributional combination and hence prejudice-type would win – most likely that attributed to criminal offenders. Given that stereotyping and stereotype content is a heuristic device, the application of a
further heuristic such as the negativity bias could occur; here, the negative qualities (‘coldness’, relatively higher competence) attributed to criminals would be more salient and given greater value than those positive and non-threatening qualities attributed to people with an ID (warmth, relatively lower competence).

In their research examining predictive associations between stereotyped social perceptions, emotions, and behavioural responses (the behaviour from intergroup affect and stereotypes [BIAS] model), Cuddy et al., (2007) found that perceived warmth was positively associated with emotions of pity for the target social category (implying paternalistic prejudice), which was in turn positively associated with tendencies toward active facilitation of support for that category. However, perceived warmth was negatively associated with feelings of contempt for the social category, which was in turn positively associated with tendencies to actively harm that social category. Perceptions of low competence were negatively associated with both feelings of contempt and pity for target social categories, which were in turn positively associated with tendencies toward passive harm of social categories. Cuddy et al. (2007) reasoned that pity (such as that attributed to the warm but non-competent people with an ID) is an ambivalent emotion comprising both compassion and sadness, and is based on viewing the target’s situation as uncontrollable. Pity elicits both active facilitation of support, such as assistance and advocacy (due to compassion) but also passive harm, such as inaction and neglect (by creating desire to avoid the perceived suffering of the target person or group).

Cuddy et al. (2007) further reasoned that contempt and associated disgust (such as that theoretically attributed to cold and non-competent, or moderately competent, social outcasts like criminal offenders) are directed at individuals and groups whose negative outcomes, or at least their onset, are perceived to have been controllable by the target individual or group. Contempt/disgust elicits passive harm
by leading to ostracising and paternalistic behaviours, and elicits active harm by creating a motivation to forcefully expel the object of disgust from one’s interests and awareness. Hodson and Costello (2007) found that interpersonal disgust predicted negative attitudes toward low-status deviant social categories (e.g., poor people, drug addicts).

**Relevant past research applying stereotype content.** Studies applying stereotype content theory to understand stigma towards people with an ID and offenders as social categories has been limited, and indirect, to date. Sadler, Meagor, and Kaye (2012), employed the stereotype content model and a small North American sample to examine public stigma towards ‘people with mental illness’ relative to other social categories, and towards specific subtypes of this social category. They reasoned that disorders known for their perceived unpredictability and dangerousness (schizophrenia, drug addiction) and ‘at risk’ groups likely to have a mental illness (homeless people, violent criminals) would be considered less warm than other subgroups; however, if an illness was not associated with a threat to personal safety (mood disorder, ID), warmth would be perceived as higher. They found that participants rated people with an ID (belonging to the mental illness social subcategory ‘neurocognitive deficit’) as being high in warmth and low in competence, while violent criminal offenders (belonging to the mental illness social subcategory ‘antisocial’) were rated as low in warmth and moderate in competence.

Rohmer and Louvet (2012) found that participants attributed lower warmth to people with a disability when they were implicitly, compared to explicitly, assessed. They reasoned that people might feel compelled to attribute high warmth to people with a disability (a positive quality) due to socially desirable responding when explicitly assessed, but that attributions of warmth would be lower when implicitly assessed and response pressures were removed. Overall, ratings of competence were
lower for people with a disability compared to those without a disability, but this rating was lowest when assessed implicitly versus explicitly.

Côté-Lussier (2016) is one of the few researchers to apply the stereotype content model to understand stigma towards criminal offenders. Using a United Kingdom university sample, Côté-Lussier (2016) found that the emotion of ‘contempt’ experienced in response to low competence/low warmth social categories, was better conceptualised as ‘anger’ and ‘uneasiness’ when applied to criminal offenders specifically, as a low competence/low warmth social subcategory. Participants’ feelings of anger toward offenders as a social category was positively associated with both passive and active harm, while their feelings of uneasiness were associated with passive harm only. Emotions of anger and uneasiness were each independently predictive of increasingly severe punitive intentions. Côté-Lussier (2016) also hypothesised (but did not test) that mixed-stereotype social categories (e.g., high warmth/low competence groups such as people with an ID) would evoke ambivalent punitive intentions. Their findings highlight that when evaluating offenders with an ID’s deservingness of punishment for antisocial behaviours, stigmatisers may err on the side of punitive (rather than non-punitive) intention.

**Dehumanisation theory.** Haslam and colleagues’ (Haslam et al., 2005; Haslam et al., 2004; Haslam et al., 2008) theory of dehumanisation also appeals to stereotyping as an explanation for stigma and discrimination. Their theory proposes that there are two dimensions according to which we attribute ‘humanness’ to other individuals and groups, called Human Uniqueness and Human Nature. Human Uniqueness distinguishes humans from other animals, while Human Nature attributes are those which are essentially or typically ‘human’, being viewed as natural, innate, and affective, distinguishing humans from objects and machines. Human Uniqueness is characterised by attributes such as civility, refinement, moral sensibility (and
related forms of cultural learning), as well as higher cognition and developmental maturity. When people are perceived to lack these attributes, they are viewed as uncultured, coarse, lacking in self-control, unintelligent or irrational, and childlike, immature, or backward. Their behaviour is perceived to be less thoughtful than the behaviour of others, and consequently more driven by motives, wants, appetites, and instincts (in short, more animalistic; Haslam et al., 2008). Human Nature is characterised by emotionality, warmth, openness, agency (desire and vitality), and depth; when people or groups are perceived to lack these attributes, they would instead be seen as inert, cold, rigid, passive, and superficial –mechanised rather than human (Haslam et al., 2008).

Haslam et al. (2008) argues that the types of qualities attributed to those with human uniqueness and human nature mirror those of Gray et al. (2007a) mind perception dimensions of agency and experience, respectively, and that mind perception plays a role in dehumanisation via ‘dementalisation’ along these two mind perception dimensions (Haslam & Loughnan, 2014). Haslam and Loughnan (2014) also argue that Fiske and colleagues’ stereotype content model can be used to explain dehumanisation. When a social category is attributed high competence and warmth, it is admired and attributed full and positive human nature and uniqueness; when attributions are mixed (e.g., high warmth and low competence), a degree of dehumanisation may occur (e.g., the denial of human uniqueness and hence cultural and communicative sophistication to people with an ID, as suggested in the current study). Groups stereotyped as low in both warmth and competence, such as criminal offenders in the current study, may be subject to dehumanisation by being animalised (impulsive, unintelligent, irrational) and mechanised (cold and unempathetic).

Relevant past research applying dehumanisation theory. While dehumanisation is not a new construct in the social sciences, its theorisation and
investigation as a psychological process is relatively recent. The limited past research on dehumanisation of people with an ID and offenders has generally focused on animalistic dehumanisation (via human uniqueness attributions). For example, Capozza, Di Bernardo, Falvo, Vianello, and Calò (2016) found an Italian community sample attributed more non-uniquely human qualities (reminiscent of animal traits), than uniquely human qualities, to people with an ID as a target social category. People with an ID were attributed more impulsiveness and instinct than reasoning and morality. They were also attributed more primary (e.g., pain, pleasure) than secondary (e.g., hope, remorse) emotions, although these attributed emotions were significantly more positive than negative. Overall, these attributions did not differ based on the extent of the person with an ID’s impairment (Capozza et al., 2016).

There are no studies to date assessing mechanistic dehumanisation (via human nature attributions) for people with an ID, and only one assessing this for criminal offenders. This latter study by Zhang, Chan, Teng, and Zhang (2015) examined mechanistic dehumanisation of a thief social target by a Chinese university sample. They found that priming low (versus high) interpersonal security predicted increased mechanistic dehumanisation, which in turn predicted increased preference for harsh sentencing. Turning to research on animalistic dehumanisation, a United Kingdom sample was used to assess the relationship between animalistic dehumanisation with attitudes towards the sentencing and punishment of sex offenders, and found this dehumanisation was strongly negatively associated with attitude towards rehabilitation, and moderately positively correlated with attitude towards sentencing (Viki, Fullerton, Raggett, Tait, & Wiltshire, 2012). Labelling a sex offender specifically as a ‘child molester’ rather than generic ‘rapist’ strengthened the positive association between dehumanisation and intention for social exclusion of the offender, and there was a strong positive association between
dehumanisation and violent intentions toward sex offenders labelled as ‘pedophiles’ (Viki et al., 2012). Another rare study assessing animalistic dehumanisation of offenders found that of three prison staff groups (execution staff, support staff to deathrow inmate and family members, and staff not involved in the execution process), the execution team demonstrated the strongest dehumanisation and denial of personal responsibility regarding deathrow inmates, while the support staff demonstrated the least dehumanisation (Osofsky, Bandura, & Zimbardo, 2005).

**Theory of mind perception.** Another social psychology theory that appeals to stereotypes to explain prejudice is Gray et al.’s (2007a) theory of mind perception. This proposes that people perceive others’ degree of mind along two dimensions: ‘experience’ (capacity for sentience, including physiological sensations and emotional experiences), and ‘agency’ (capacity for intention and actions, associated with higher order memory functions, reasoning, self-control, communication, and morality). Gray et al. (2007a) found that as perceived experience and agency increased (with adult humans, including one’s self, at the zenith of both of these dimensions), the target being evaluated was attributed greater value. This value was demonstrated via greater liking for the target, wanting to save it from destruction, wanting to make it happy, and perceiving it as having a soul (Gray et al., 2007a). However, they also found that a target’s perceived deservingness of punishment was strongly positively associated with agency and only weakly positively associated with experience, while desire to avoid harming the target was strongly positively associated with experience and weakly positively associated with agency (Gray et al., 2007). They concluded that perceived agency is associated with perceived moral agency, while perceived experience is associated with perceived moral patience, including protection of rights and privileges (Gray et al., 2007a). Gray et al. (2007a)
found that people typically rate themselves and other adults ‘of sound mind’ as being high on both dimensions.

**Relevant past research applying mind perception theory.** Application of mind perception theory to both people with an ID and offenders has been limited, as for stereotype content. The few studies which address these social categories, do so in the context of experimental research social psychology. For example, Gray and Wegner’s (2009) theoretical modelling found that, compared to ‘a fully able adult’, people with an ID were rated significantly lower on both experience and agency.

Focusing on the relationship between mind perception and attributions regrading moral transgressions, Khamitov, Rotman, and Piazza (2016) found that when a target was perceived to be criminally ‘harmful’ (i.e., a violent thief), they were attributed lower cognitive agency than both neutral and benevolent targets. This was negatively associated with their perceived moral patiency (e.g., protection of their interests). Furthermore, Khamitov et al. (2016) found that the ‘rationality’ of the criminal influenced attributions of their cognitive agency, and hence their moral patiency; when the criminal’s behaviour was deemed low in rationality (i.e., crime was committed because it felt ‘fun’) rather than high in rationality (i.e., crime was committed due to destitution), the criminal target was attributed less cognitive agency, and in turn, less moral patiency.

**Moral typecasting theory.** Moral typecasting (Gray & Wegner, 2009; Gray et al., 2012) is an extension of Gray and colleagues’ theory of mind perception (Gray et al., 2007a) and to some extent compliments both Haslam and colleagues’ dehumanisation account, and Fiske and colleagues stereotype content account, of how we morally evaluate others. Gray et al. (2012) argue that mind perception (specifically perceived experience and agency) is fundamental to the moral status we ascribe to others, and hence the moral judgements we make about them. We ascribe
mental agency and experience to others based on their perceived capacity for intention/planning, and sensation/emotion, respectively. If they are perceived to have the capacity for intention/planning, then they are perceived to be a ‘moral agent’ with the capacity for moral responsibilities and hence for blame. If they are perceived to have the capacity for sensation/emotion, then they are perceived to be a ‘moral patient’ (victim) with the capacity for pain and hence moral rights (Gray et al., 2012). In short, attributions of mind (degrees of mental experience and agency) leads to dyadic moral typecasting (as either moral agents or patients). This typecasting then has implications for how we evaluate the moral responsibilities and rights of target individuals and groups, as well as deservingness of punishment for immoral actions (or inactions), praise for moral actions, and protection against immoral actions (or inactions; Gray & Wegner, 2009; Gray et al., 2012). According to Gray and Wegner (2009), relative moral agents are attributed both greater moral responsibility for doing harm (as an expression of negative moral agency) and greater moral credit for doing good (as an expression of positive moral agency) than relative moral patients; conversely, relative moral patients are attributed greater moral patiency when victimised (i.e., affected by injustice, deserving of protection) than moral agents.

**Relevant past research applying moral typecasting theory.** Again, there is little research focusing on criminal offenders and people with an ID, specifically, in research applying moral typecasting theory. However, the limited past research highlights this theory (along with mind perception) may provide a sound framework by which to understand the implications of stigma stereotypes for moral attributions. For example, when exploring their theoretical model, Gray and Wegner (2009) found that ‘normal adults’ were attributed significantly higher moral responsibility than people with an ID. Attribution of higher agency is related to capacity for
consequential reasoning – that is, intention along with the capacity to understand the degree of suffering that will be inflicted by the intended action (Gray et al., 2012). Gray and Wegner (2009) found that attributions of moral patiency were significantly higher for people with an ID than for ‘normal adults’, regardless of whether the experience underlying this patiency was positively or negatively valenced (i.e., perceived pleasure or pain). They also found that attribution of moral credit (positively-valenced moral agency) was significantly higher for ‘normal adults’ than for people with an ID, just as they’d found that moral responsibility (negatively-valenced moral responsibility) was significantly higher for ‘normal adults’ than for people with an ID.

Miller and Borgida (2016) similarly found that when an immoral actor was presented as having previously criminally offended, they were attributed both higher agency and greater deservingness of punishment (indicative of perceived moral blame and hence responsibility) than a similarly immoral actor without a history of offending. In contrast to Miller and Borgida’s (2016) findings, Khamitov et al. (2016) found that harmful agents (specifically those who commit crime) were denied more mental agency than neutral or benevolent moral agents, which in turn was associated with reduced moral agency (both positive and negative).

Gray and Wegner (2009) also found that perceived moral patiency may be causally linked to attributed moral agency. When their participants were primed to perceive targets with relatively higher versus lower degrees of moral patiency, and were then told their target had committed a crime (car theft), the thief with lower antecedent moral patiency was judged to have higher moral agency after having committed the crime.

**Causal attribution theory.** According to Weiner’s (1985, 1986) attribution theory, an attribution is a causal belief about, or explanation for, an event or
behaviour. Making attributions for our own and others’ behaviours and outcomes helps to shape our own emotional and behavioural responses to these events and outcomes. Beliefs about the causes of a stigmatising characteristic influence stigmatisers’ emotions and potentially behaviours towards individuals from the stigmatised social category. Causal attributions are classified on three basic dimensions: locus; stability; and controllability. Individuals tend to classify causes of important events or outcomes as either internal or external to them (locus), stable or unstable over time (stability), and as controllable or uncontrollable (controllability). Two additional dimensions Weiner (1985, 1986) suggests might be used to classify causal attributions include whether they are perceived to be global (versus specific) and intentional (versus unintentional).

Perceived controllability of the cause of a negative outcome (such as a disability) can affect whether an individual is stigmatised for that outcome. The more controllable the outcome is perceived to be, the more responsibility and blame are attributed to the individual; if a negative outcome is perceived to be uncontrollable (that is, the disability has been caused by an agent or event other than the individual), then less (or no) responsibility and blame are attributed (Crandall, 2000). Weiner’s (1985, 1986) model predicts that perceived controllability of a person’s negative outcome influences the perceiver’s emotional responses (i.e., anger if controllable, pity or sympathy if uncontrollable) to the target individual or social category. Similarly, perceived stability affects perceived degree of optimism that the negative outcome will be resolved (i.e., optimism if unstable or temporary, and pessimism if stable and enduring).

*Relevant past research applying causal attribution theory.* Past research on causal beliefs about ID has highlighted that Western populations (e.g., Australians, United Kingdom) tend to hold causal beliefs about ID and psychiatric illnesses
consistent with the dominant Western medical model, which specifies the interaction of biological and environmental factors as the cause of ID (May, Rapee, Coello, Momartin, & Aroche, 2014; Scior & Furnham, 2011). Cross-cultural research shows that non-Western populations can hold more superstitious or supernatural beliefs about the causes of ID and other disabilities (May et al., 2014; Mesfin, 1999; Mulatu, 1999). Supernatural causal beliefs about ID (and other disabilities and illnesses) typically focus on divine or supernatural justice, trial, punishment, possession or contamination (Kisanji, 1995; Scior & Furnham, 2011).

Panek and Jungers (2008) assessed United States university students’ causal attributions for ID. They found that participants held the most positive attitudes towards people with an ID when their disability was perceived to be uncontrollable, caused by genetics (i.e., Down Syndrome), and held the most negative attitudes when the disability was perceived to be controllable, self-inflicted (i.e., brain damage due to drinking cleaning fluid as a child). They also found that participants attributed greater responsibility for the disability to the target with self-inflicted ID than the target with Down Syndrome, while responsibility attributions did not differ between the target with Down Syndrome and another whose ID was inflicted by another person (i.e., Fetal Alcohol Syndrome Disorder).

A recent extension of attribution theory, mostly within the context of stigma research towards those with psychiatric disorder, is perceived dangerousness (degree of instability, potential for violence) of the stigmatised target (Corrigan, Markowitz, Watson, Rowan, & Kubiak, 2003). Corrigan et al. (2003) theorised, and found, that beliefs about the instability and uncontrollability of mental illness increases perceived dangerousness of the person or group, which in turn increases fear and avoidance of the person or group. Araten-Bergman and Werner (2017) applied this extension of attribution theory to assess social workers’ attributions towards people
with an ID with comorbid mental illness, and similarly found that stereotypic attributions of dangerousness predicted discriminative behaviour (i.e., avoidance).

Scior and colleagues’ research has focused on causal attributions towards people with an ID and associated stigma (e.g., Coles & Scior, 2012; Scior & Furnham, 2011). Scior and Furnham’s (2011) development of a quantitative measure to assess peoples’ literacy about ID (including their causal beliefs) identified four factors for peoples’ causal beliefs (Adversity, Biomedical, Environmental, and Fate/Supernatural). Coles and Scior (2012) also conducted a mixed method study including qualitative research involving focus group interviews conducted exploring causal beliefs about, and attitudes towards, people with an ID. They found that while some participants correctly identified biological causes of ID, they as frequently misidentified certain social influences such as migrant acculturation, prolonged separation from parents, and past trauma as causes of ID. Scior and colleagues have conducted significant cross-cultural research exploring the universality of causal beliefs about ID, and psychiatric disorders (Scior, Hamid, Mahfoudhi, Abdulla, 2013b; Scior, Potts, & Furnham, 2013c).

Research on causal beliefs about criminal offending has been limited within recent research, perhaps because this has been a rich area of (stigmatising) study historically. Looking to the later part of the 20th century, Erskine (1974) found the American public held the following causal beliefs about crime based on compiled poll data: parental upbringing and the breakdown of family life; bad environment; leniency in laws and the criminal justice system; drugs; mental illness; permissiveness in society; and poverty/unemployment. Erskine’s research was conducted during the 1970’s, used an American sample, and included reference to both general and specific criminal scenarios (suggesting sociohistorical factors within American during this era likely influenced participant responses). Carroll
(1978) research examining causal attributions by American expert parole decision makers and university students towards criminal offenders’ and their behaviour. Carroll (1978) identified drug and alcohol abuse as the most frequently reported causal attribution, followed by long term greed or spontaneous desire for money, victim precipitation, intoxication, peer influence, lack of control, mental illness/problems, and domestic problems. In developing a quantitative measure of sentencing attributions and goals, however, Carroll, Perkowitz, Lurigio, and Weaver (1987) consolidated their past research on causal attributions for offending into three dimensions: Social Causation (crime comes from family problems, criminal associations, drugs); Economic Causation (crime comes from societal conditions of poverty and inequality); and Individual Causation (crime comes from lazy, irresponsible, and uncaring individuals). Similar research by Furnham and Henderson (1983), and an associated validated measure by Hollin and Howells (1987), identified causal attributions for young peoples’ criminal offending as due to defective education, mental instability, temptation, excitement, alienation, and parenting.

Carroll (1978) proposed that causal attributions made towards offenders arose via an interaction of case information (provided in court notes or via media) with the attitudes and knowledge of the individual attributor. He further proposed that causal attributions may use similar structure to schemas, where pieces of information provided to the individual are then applied to one’s schema for criminal offending, with resultant causal attributions reflecting perceived antecedents within the schema (e.g., case information triggers a ‘drug habit’ schema, which contains assumptions about the target’s social and criminal history, suggestions for correctional treatment, and predictions of future behaviour). Carroll (1978) found that offenders whose crimes were attributed to internal (e.g., mental illness, addiction, intoxication, greed)
and intentional (e.g., premeditated violence or theft) factors were attributed the greatest criminal responsibility by an American university student sample. Internal causes were also associated with less liking for the offender, higher ratings of crime severity, and advising punishment via imprisonment and a longer term of imprisonment by this sample. In comparison to a panel of parole experts, students’ attributions were higher for all of these outcomes. Carroll (1978) also found that offenders who were attributed stable, enduring causes for their offending (e.g., pathological personality traits, chronic socioeconomic disadvantage) by students were considered more likely to reoffend, were attributed higher criminality and criminal responsibility, and advised imprisonment for incapacitation and a longer prison sentence.

Carroll et al. (1987) similarly found that causal factors attributed to the individual positively predicted punitive sentencing goals and negatively predicted rehabilitative goals, while both social and economic causal attributions predicted rehabilitative sentencing goals. For context, and with reference to Weiner (1985, 1986) attribution theory, Carroll et al. (1987) categorised these causal dimensions in the following ways: social causation was external, unstable, and unintentional; economic causation was external, stable, and unintentional; and individual causation was internal, stable, and intentional.

Carroll’s (1978, 1987) findings are supported by more recent studies in this area. For example, Sims (2003) found that causal attributions focused on structural inequalities and pressure (such as poverty and poor education) were significantly associated with support for rehabilitation, while causal attributions focusing on social modelling (such as parent and peer influence) were associated with support for punishment. Interestingly, Sims (2003) showed that participants held causal beliefs
that the criminal justice system’s leniency, in addition to offenders not fearing consequences, predicted increased support for punishment.

Research focused specifically on causal attributions toward criminal offenders also found that when participants were primed to believe in biogenetic causes for the crime of manslaughter, the offender was perceived to be more deserving of legal defence due to diminished capacity and insanity, but more likely to criminally reoffend, relative to an ‘environmental cause’ prime and control group (Cheung & Heine, 2015), and consistent with Kvaale, Haslam, & Gottdiener’s (2013) meta-analysis’ findings concerning perceived dangerousness.

In a study by Cheung and Heine (2015), when participants were primed to believe in biogenetic causes for the crime of manslaughter (relative to environmental causes or a control where no cause was primed), the cause of the crime was perceived to be less controllable, more stable, more internal, and the target was attributed less perceived intent to kill and, in one of three studies, less criminal responsibility. Cheung and Heine (2015) also found that participants perceived the biogenetic cause for offending as being more specific (versus global) compared to the environmental cause prime; this means that participants saw the genetic predisposition to violence, specified in the stimulus prime, as being context-specific to interpersonal provocation and so only specific to interpersonal violence. It is important to note that while a biogenetic causal prime was applied, it was limited in the sense that it was relevant only to a single behavioural predisposition – aggression.

**Moral concern for vulnerable social categories.** Either explicitly or implicitly, the theories previously reviewed have acknowledged that stigmatising beliefs and attitudes involve evaluations of the stigmatised individual or group’s value, which impacts whether we feel concern and/or contempt for them. These
theories highlight that underlying stigmatising beliefs and attitudes is whether and how we hold moral concern for a stigmatised social category. As such, I will briefly describe past theory on moral concern and personal values, and how past research has examined moral concern for vulnerable social categories with reference to self-transcendental personal values.

‘Moral concern’ is a philosophical term which has been of recent interest as a construct within social (moral) psychology, and refers to those entities in the world for whom we deem worthy of moral consideration (Laham, 2009). How moral worth is attributed may vary, but typically relates to the perceived intrinsic value of the entity (e.g., sentience, homo sapiens status, elite physical, cognitive, and cultural traits and abilities). Moral concern is distinct from personal values as a construct, but the personal values one holds may influence the entities to which moral concern is attributed.

Values are emotion-laden beliefs about perceived desirable goals (Rohan, 2000; Schwartz, 2006). They are prescriptive in the sense that, when activated implicitly or explicitly, they act as standards or criteria which guide how we evaluate, approach, and react to actions and events, laws and policies, and entities such as people, social groups, and organisations (Rohan, 2000; Schwartz, 2006; Schwartz, 2009). The value construct is distinct from other constructs such as social norms and attitudes, because values are abstract and trans-situational, whereas attitudes and norms generally refer to specific actions, objects, and situations (Schwartz, 2006). Values are a motivational construct; our decision-making and behaviour is influenced by the values to which we give highest priority (Schwartz, 2006). When our decision-making and/or behaviour fails to accord with our value priorities, values-conflict can ensue.
Schwartz’s theory of universal values, developed over two decades, is now the most researched and applied value system and model to date (Rohan, 2000; Schwartz, 2006). Schwartz (2006) defines values as emotion-laden beliefs that are ‘desirable, trans-situational goals, varying in importance, that serve as guiding principles in people’s lives’ (p.39). The starting point for this values theory is that there are three universal requirements of the human condition: the needs of individuals as biological organisms; the rudimentary requirements of coordinated social interaction; and the survival and welfare needs of groups. Ten motivational value types, which comprehensively cover all values proposed by earlier value theorists, cross-culturally, and across religions and philosophies, were identified to meet these three needs. These include: self-direction, stimulation, hedonism, achievement, power, security, conformity, tradition, benevolence, and universalism.

Attitudes are also considered to be ‘value-expressive’, in that an individual’s attitudes generally accord with their value priorities (Feather & McKee, 2008; Rohan, 2000; Rokeach, 1973; Rokeach & Ball-Rokeach, 1989). For example, value-expressiveness was found to explain attitude stability and resistance to change in an American sample, who failed to alter their position despite the provision of increased knowledge about the implications of capital punishment (Vollum & Buffington-Vollum, 2010). Conservation priorities of power and security have also been consistently positively correlated with racial prejudice, and negatively correlated with the self-transcendence value priorities, universalism and benevolence (Feather & McKee, 2008). McKee and Feather (2008) found that revenge attitudes were positively related to power value priorities, and negatively related to universalism and benevolence value priorities; and that vengeance attitudes were negatively related to support for rehabilitation goals, and positively related to support for retribution and incapacitation goals.
Rohan (2000) defines an ideology as ‘a rhetorical association or set of associations between things, people, actions, or activities, and best possible living [which] contain either implicit or explicit reference to value priorities’ (p.270). In this sense, ideologies are constructions which are applied to the self or to others, in order to feel the ‘whole context’ for events has been explained. When used to explain phenomena and to self-justify, the ideology used might compliment personal value priorities, or social value priorities. Human rights is an ideology which imposes a liberal, egalitarian, democratic framework onto the world, and complements those whose personal values fall into the self-transcendence dimension (including benevolence and universalism values) of Schwartz’ orthogonal values model. In the current sociohistorical context of Western legislation, human rights ideology and its associated values encourage individuals and societies to hold moral concern for all individuals and social categories, regardless of physical and cultural differences and abilities.

Relevant past research applying personal values and moral concern.

Popular existing human rights measures include the Human Rights Survey (HRQ; Diaz –Veizades, Widaman, Little, & Gibbs, 1995) and the Attitudes Toward Human Rights Inventory (ATHRI; Getz, 1985), which both focus on assessing individuals’ understanding of and support for the specific moral and civil rights articles described in the Universal Declaration of Human Rights (1948), and other libertarian United Nations and United States legislation. However, these measures don’t assess individuals’ beliefs about human rights as an open-ended ‘fuzzy’ construct, allowing participants to impose their own understanding of what ‘human rights’ are, and their value, with respect to themselves, others, and their society. Human rights are a dominant Western ideology, including in Australia; however, the nature of ‘rights’ as metaphysical and legal constructs is an area of specialist knowledge. Citizens can
endorse human rights based on a layperson’s conception of these, and if assessing beliefs about human rights and their application to vulnerable groups, it seems sensible to assess these as citizens understand them subjectively.

Stavrova, Köneke, and Schlösser (2016) found that individuals tended to evaluate their own attitudes towards sociopolitical issues of personal importance as being more supportive than those of others’. This is a self-enhancement bias called the ‘better than average’ effect, where individuals tend to attribute ‘better’ traits, qualities, and abilities to themselves than others (Guenther & Alicke, 2010; Sedikides & Gregg, 2008). A study by Dunbar, Blanco, Sullaway, and Horcajo (2004) hypothesised a negative association between age and attitudes towards social minorities in the context of human rights, but found these were not significantly associated. Diaz-Veizades et al. (1995) found that women endorsed all HRQ factors (Social Security, Civilian Constraint, Equality, and Privacy) more strongly than men using an American student sample, although this difference was relatively small in magnitude. Crowson and deBacker (2008) found that men were more likely than women to support restrictions on human rights (using the Human Rights-Civil Liberties Scale – Revised; HR – CL-R), also using an American student sample; however, Swami et al. (2012) used the unrevised HR-CL to assess attitudes towards human rights in a German community sample and found no significant difference between men and women for these beliefs.

McFarland, Webb, and Brown (2012) similarly found small to moderate, positive bivariate associations between support for human rights and ‘identification with all humanity’ (which assesses the extent to which participants ‘have concern for’ and ‘want to help, when in need’ the following narrow, to broad, social categories – ‘Americans’, ‘People in my community’, and ‘People all over the world’). McFarland et al. also found that identification with all humanity was a
significant predictor of human rights support in multivariate models. Drawing on Haslam and colleague’s (Haslam, Bastian, & Bissett, 2004; Haslam, Loughnan, Kashima, & Bain, 2008) two-dimensional theory of dehumanisation (characterised by ‘Human Uniqueness’ and ‘Human Nature’), Bastian et al. (2011) assessed university students’ moral attributions toward 24 social categories and found that stronger attributions of Human Nature were strongly, positively associated with attributions of moral patiency (i.e., moral value, the right to be assisted and protected from harm).

Some past research draws on Schwartz’ theory of universal values to explain individual differences in support for human rights. Past studies associate self-transcendence values (benevolence, universalism) with the egalitarian ideology of human rights policy and legislation generally. Applying the theory of universal values (Schwartz, 1992, 1994) to a cross-cultural sample of 21 countries, Schwartz (2007) identified the personal value of universalism (which represents the goals of tolerance and seeking the welfare of all humankind) to predict moral inclusiveness towards racial and cultural minorities (immigrants), and to predict prosocial behaviour. Using a United States panel sample, Hackett, Omoto, and Matthews (2015) also found that personal self-transcendence values (i.e., Universalism, Benevolence; Schwartz, 1992, 1994) positively predicted concern for human rights, and that this relationship was mediated by a ‘psychological sense of global community’.

Passini (2016) expanded on this association between personal values and moral inclusion via a structural equation model, showing that moral inclusion intentions predicted self-transcendent values (encouraging independence of thought and action and receptiveness to change), whereas priming one’s moral identity predicted conservation values (submissive self-restriction, preservation of traditional
practices and protection of the status quo). These values are complimentary according to Schwartz’ two-dimensional orthogonal model (with self-transcendence opposed to self-enhancement, and conservation opposed to openness to experience; Schwartz, 1992, 1994). Interestingly, Passini’s (2016) results contradict those of Reed and Aquino (2003), who found that a highly self-important moral identity was associated with a more expansive circle of moral concern.

One’s circle of moral concern is a philosophical concept developed by Singer (Singer, 1981, 2011) and translated to social psychology by Laham (2009) and others (Crimston, Hornsey, Bain, & Bastian, 2018). ‘Moral circle’ refers to how expansive a person’s sense of moral concern is for others, and at which point beings are distinguished as being ‘inside’ or ‘outside’ the circle of moral concern. While the boundaries of an individual’s moral concern can be assessed in several ways, one simple approach is to present participants with a set of target social categories and invite them to include (or exclude) whichever social categories they feel more (or less) moral concern for (Bastian, Costello, Loughnan, & Hodson, 2012; Laham, 2009).

**Criminal Justice Attitudes**

Theories and past research reviewed in Section III, until this point, have focused on social psychological approaches to understanding stigma towards people with an ID and criminal offenders. The rest of this section will review criminological research on attitudes towards the sentencing and correctional treatment of criminal offenders. It should be noted that the past research to be subsequently reviewed is largely atheoretical, apart from being contextualised within a punitive criminal justice paradigm, and drawing on generic approaches to measuring attitudes. Specific criminal justice constructs of interest, and associated attitudinal research, includes
perceived moral culpability for criminal behaviour (including attributions of blame and responsibility), punishment (via sentencing), rehabilitation (form and effectiveness), reintegration, and willingness to forgive an offence.

Moral agents are framed by moral typecasting theory as being responsible for their actions, both positive and negative; positive actions deserve praise, immoral actions (including criminal behaviours) deserve punishment (Gray & Wegner, 2009; Gray et al., 2012). Past research suggests that higher attribution of moral responsibility for actions is associated with stronger attitudes towards punishment via imprisonment (Khamitov et al., 2016; Miller & Borgida, 2016; Robbins & Litton, 2018). Bastian, Denson, & Haslam (2013) similarly identified that ‘moral outrage’ (associated with the emotions anger, disgust, and contempt) underlay attributions of moral responsibility and blame towards offenders of different crime types, and predicted attitudes towards punishment severity. Notably, a study by Murray, Thomson, Cooke, and Charles (2011) sampling UK community members and criminal justice experts found that experts (including clinical and forensic psychologists, psychiatrists, and forensic practitioners – all professions likely to work in forensic disability roles) attributed significantly less criminal responsibility to offenders than laypeople, regardless of offence (murder, assault, theft).

Roberts and Indermaur (2007) identified a number of demographic and individual differences associated with punitive attitudes in Australian community members that may generalise to the IS groups in this study (i.e., being male, older, and working-class, holding a right-wing political orientation, relying on commercial television as the main source of news, lower education and lower self-reported knowledge of the criminal justice system). Of these, lower levels of education and self-reported knowledge of the criminal justice system contributed the most variance in predicting punitiveness and general dissatisfaction with criminal justice processes.
Roberts and Indermaur (2007) concluded that inaccurate perceptions of crime (i.e., incidence, sentencing, and expectations of correctional treatment outcomes) led community members to hold more punitive attitudes towards offenders. White and Knowles (2013) similarly found that lower education level, older age, as well as higher legal authoritarianism and the belief that the offending behaviour was caused by the individual’s character predicted greater punitiveness.

Roberts et al. (2007) argued that community members tend to focus on and allocate punishment on the basis of the perceived harm resulting from an offender’s behaviour, rather than the offender’s moral culpability regarding engagement in the behaviour. Crimes against the person and property crimes are typically rated as more and less severe, respectively, by community samples due to perceived degree of harm experienced by the victim, which impacts attitudes towards the punitiveness of sentencing goals (Samuel & Moulds, 1986). Roberts and Geotys (1989) found that American community members’ and students’ ideal criminal sentence length correlated only with perceived severity of the offence (where sexual assault and manslaughter were considered more serious). They proposed this was due to the samples’ ‘just deserts’ approach to sentencing goals and outcomes.

Tajalli, De Soto, and Dozier (2013) compared American university students’ punitive attitudes towards a variety of offenders who had committed person, property, and drug offences, and found that participants were least concerned by offenders who were burglars or charged with drug possession.

Regarding punishment attitudes towards more severe types of offending, Kjelsberg et al. (2007) found three-quarters of their Norwegian university student sample believed that crimes should be punished more severely, particularly sexual offences; and Kjelsberg and Loos (2008) found 78% and 92% of prison employees and university students, respectively, thought punishment of sexual offences in
Norway was ‘too mild’. Similar research assessing community attitudes towards sentencing in Canada found that most participants perceived sentencing to be too lenient overall, and in particular towards sexual offenders and offenders using weapons (Roberts et al., 2007). Rogers and Ferguson (2011) similarly found that American university students attributed greater punitiveness towards sexual offences compared to non-sexual offences. Of note, Kjelsberg et al. (2007) and Kjelsberg and Loos (2008) also found that prison officers held more negative, punitive attitudes towards sexual offenders and prisoners, respectively, compared to other prison employees such as administrators and therapeutic staff.

Hogue and Peebles (1997) found that when participants were primed to perceive a sexual offender’s rape as premeditated (compared to unpremeditated), they were more likely to hold more punitive attitudes towards their correctional treatment (i.e., to recommend jail rather than probation). In a sample of Australian community members, White and Knowles (2013) also found that participant attributions of individual (rather than social) causation for a crime predicted attitudes favouring punishment over rehabilitation. Sexual offenders are among the most stigmatised of criminal offender categories, inciting vigilantism (from social exclusion to murder) both within the prison setting by other prisoners, and in the community by community members (Cubellis, Evans, & Fera, 2018; Grossi, 2017). Viki et al. (2012) applied the two-dimensional theory of dehumanisation to explore stigmatising attitudes towards the punishment of sex offenders, and found that greater dehumanisation of sexual offenders predicted support for longer sentence lengths in addition to their exclusion from society and their violent ill-treatment in a mixed sample of UK university students and community members.

Past research on attitudes towards rehabilitation of offenders is less prolific than research about punishment. Grossi (2017) found community members and
student samples tend to hold negative beliefs and attitudes about sexual offender’s capacity for change and likely recidivism. Research assessing Australian community members’ attitudes towards the rehabilitation of offenders is limited, but there are a few key studies of note. White and Knowles (2013) found that Australians’ attitudes towards punishment and rehabilitation were moderately negatively related. While they found no demographic factors to be significantly associated with rehabilitation attitudes, individual differences predicting greater support for rehabilitation included a higher belief that offending was caused by economic factors, lower belief that it was caused by individual factors, and higher confidence in the criminal justice system. McKee and Feather (2008) explored how Australian university students’ personal values and social attitudes were associated with offender sentencing goals (including rehabilitation). They found that personal values associated with self-enhancement (power, self-direction, hedonism) and the social beliefs of social dominance orientation, right wing authoritarianism, and desire for revenge were associated with less support for rehabilitation, while self-transcendence values (universalism, benevolence) were associated with more support for rehabilitation.

Roberts and Gebotys (1989) found that while American community members’ punitiveness was positively correlated with the perceived seriousness of a crime (e.g., participants were highly punitive for sexual assault), attitudes towards an offenders’ rehabilitation were not. Interestingly, these same participants reported that incapacitation, general deterrence, and ‘just deserts’ were all desirable outcomes of serious offenders’ sentencing (compared to minor offences such as theft and minor assault), while rehabilitation was not; and that likelihood of the serious offender’s rehabilitation was significantly lower compared to the likelihood of rehabilitating a minor offender (such as a thief).
Viki et al. (2012) found that greater dehumanisation of sex offenders predicted lower perceived potential for their rehabilitation in a mixed sample of UK students and community members. Comparing American university students’ rehabilitation attitudes towards sexual and non-sexual offenders, Rogers and Ferguson (2011) found that participants held more negative attitudes towards the rehabilitation of sexual offenders compared to non-sexual offenders. This complemented their finding that participants held more punitive attitudes towards sex offenders than non-sex offenders. Leverentz (2011) similarly found that punitiveness towards, and belief in the redeemability of, offenders was strongly, negatively correlated across four American samples. Of note, Tajalli et al. (2013) found that American students reported more vengeful attitudes towards sexual offenders.

Community support for the reintegration and general social inclusion of ex-offenders, including re-entry initiatives designed to assist with provision of housing, employment and training, and health, has been identified by both offenders and professionals as fundamental to successful reintegration and desistance from crime (Davis, Bahr, & Ward, 2013; Grossi, 2017). Past Australian and international research suggests community members hold complex attitudes towards offender reintegration which, while positive overall, tend towards a preference for self-interest and personal security over ex-offenders’ social welfare (Garland, Wodahl, & Saxon, 2017a; Garland, Wodahl, & Schuhmann, 2013; Grossi, 2017; O’Sullivan, Holderness, Hong, Bright, & Kemp, 2017). In one of the few Australian studies examining attitudes towards the reintegration and ‘redeemability’ of offenders, O’Sullivan et al. (2017) found that there were no specific demographic characteristics predicting Australians’ beliefs about reintegration overall. However, there were participant characteristics significantly associated with one or more of the three dimensions of O’Sullivan et al.’s (2017) measure (i.e., Human Capital,
Possibility of Change, and Agency). Specifically, participants experienced in law enforcement or in human services, or who had been arrested or victimised in the past, were more supportive of offenders’ possibility of change compared to those not exposed to these factors, and experience in law enforcement also significantly predicted the belief that exercising personal agency is necessary for offender reintegration.

Factors associated with reintegration beliefs and attitudes appear inconsistent across studies, however. When examining attitudes towards transitional programs and housing for ex-prisoners generally, Garland, Wodahl, and Smith (2017b) found that being female and believing in a punitive God predicted significantly less support for transitional programs and housing, while education and willingness to forgive the offenders were significantly associated with increased support for these initiatives. However, though Garland et al. (2017a) anticipated individual factors such as age, gender, political orientation, and being a parent would impact general attitudes towards neighbourhood transitional housing, they found the only predictors of this were global support for re-entry initiatives (increasing support for this by 60%) and having an imprisoned family member (increasing support by 100%). They found no significant predictors for support for neighbourhood transitional housing for sex offenders, but did find that as education level increased, support for this housing for violent offenders doubled. Also examining American community members’ attitudes towards ex-offenders and their re-entry, Rade, Desmarais, and Burnette (2017) found that having a growth mindset predicted positive attitudes towards ex-offenders, which in turn predicted support for their reintegration. Interesting, significant covariates increasing this mediation effect included being female and less religiosity, results respectively contrasting with and consistent with Garland et al. (2017b).
Garland et al. (2013) examined American community members’ attitudes towards prisoner re-entry initiatives within the theoretical framework of values conflict. They found that while the majority of community members (up to 90%) were supportive of various re-entry initiatives relevant to education, housing, and health to support offenders’ reintegration into the community (consistent with valuing social justice and welfare values), support dropped as low as 24% when financial initiatives were framed as dependent on community members’ own investment or sacrifice (e.g., paying higher taxes). Support for transitional housing initiatives dropped to 25% and 10% for general offenders and violent offenders, respectively, when this was specified as being in participants’ own neighbourhood, reflecting a social distance stigma described as ‘not in my backyard’, or NIMBY (Garland et al., 2017a; Garland et al., 2013). This decrease in support for re-entry initiatives thus occurred when participants’ competing security-based values were triggered, including a continued sense of retribution for more serious crimes, and concern for self-interest and safety. These results were replicated by Garland et al. (2017a), whose American sample reported 10% and 9% support for transitional housing for violent and sexual offenders, respectively, when located in their neighbourhood. Interestingly, both Garland et al. (2013) and Garland et al. (2017a) found stronger support for neighbourhood transitional housing for drug offenders (19-25%), suggesting less social distance towards this offender group and relatively stronger support for re-entry initiatives in their favour.

Although forgiveness features heavily as a construct and process of interest in restorative justice discourse, the research to date examining forgiveness in the naturalistic context of criminal offending is limited. Instead, forgiveness research tends to focus on non-criminal transgressions. In an Australian sample of community members, Koutsos, Wertheim, and Kornblum (2008) found that lower neuroticism,
higher agreeableness and spirituality, and a stronger disposition towards forgiveness in general, were predictive of willingness to forgive a specific (non-criminal) offence. The value of the relationship with the offender to the victim, as well as the offender making apologies and demonstrating remorse for the offence, also predict greater willingness to forgive (Koutsos et al., 2008). Donnoli and Wertheim (2012) similarly found that Australians were more willing to forgive a specific, non-criminal offence when the ‘victim’ possessed higher trait empathy and believed the offender was remorseful, and were less willing to forgive when the transgression was perceived to be more serious and that the transgressor would likely reoffend.

In their mixed-method study victims’ attitudes towards forgiving their sexual or physical attacker, Cooney, Allan, Allan, McKillop, and Drake (2011) similarly found that willingness to forgive was contingent on the offender making a sincere apology to the victim for their crime, and that primary victims perceived forgiveness to benefit themselves by encouraging their own acceptance and coping with being victimised; in this way, forgiving their attacker could be empowering. Interestingly, primary victims in Cooney et al.’s (2011) study often reported they were able to engage in perspective-taking to aid forgiveness of their attacker, unlike secondary victims. Quantitative analyses for Cooney et al. (2011) showed that primary victims were significantly more willing to forgive their attacker than secondary victims (reporting 68% and 23% willingness to forgive, respectively). Unlike for secondary victims, there was also a significant association between primary victims and belief that forgiveness was personally beneficial.

Strelan and Prooijen (2013) found that a sample of Australian university students were more willing to forgive hypothetical transgressors when the opportunity to first punish the transgressor was provided (compared to not). They reasoned that punishing a transgressor satisfies a sense of justice having been done
(the offender receives their ‘just deserts’), which facilitates forgiveness. An indirect effect of punishment on forgiveness via the just deserts motive (but not a revenge motive) was found for participants when asked to recall an actual transgressor they may have punished (Strelan & Prooijen, 2013).

Beliefs and Attitudes towards Offenders with Intellectual Disability

While there are researchers advocating for, and describing organisational and legalistic frameworks to, address structural discrimination towards offenders with forensic disabilities such as ID (Birgden, 2016), only one study could be found assessing criminal justice professionals’ attitudes toward people with an ID in the criminal justice system. Interviewing 28 criminal justice professionals (magistrates, forensic and psychiatric nurses, and judges), Cant and Standen (2007) identified three key themes. The first focused on concern that people with an ID would not be correctly identified upon entering or once in the criminal justice system; the second advocated that the system be flexible in its approach to offenders with an ID; and the third advocated that offenders with an ID receive equal correctional treatment to all other offenders. These themes highlight the dissonant perspectives of these criminal justice professions, and invite further research regarding this.

This disparate section of the literature review has sought to compile and review social psychological theories and past research by social psychologists and criminologists, with the aim to provide context and direction for the thesis’ research program.
Section IV

Research Rationale

This review of past research highlights that people with mild and borderline ID are overrepresented as offenders in the Australian criminal justice system. They also tend to be given a higher rate of custodial sentences, housed in higher security facilities than prescribed by their sentence, and serve overall longer sentences, compared to offenders without an ID. This review further found that while some Justice Departments at the State/Territory level have developed specific policies and protocols to facilitate appropriate pathways through, and treatment within, the criminal justice system for offenders with an ID, other States/Territories were yet to formalise similar policies, protocols, and services. Of concern, questionable legislation allowing indefinite detention of people with an ID charged with a criminal offence remains in place in some States/Territories but not others. A range of psychosocial disadvantages, compounded by interpersonal and structural discrimination unique to their involvement in the criminal justice system, was identified as a suspected, underlying contributor to these outcomes.

A broad review of stigma theory found that the constructs ‘stigma’ and ‘prejudice’, and associated measures, could be treated as interchangeable when exploring and conducting research on the stigmatisation of vulnerable groups. Key theorists Goffman, Allport, and Link and colleagues highlighted that in examining stigma, the ‘stigmatised’ as well as the ‘stigmatiser’ must be considered in the stigmatising process, as stigma involves the implicit and explicit exercise of social power by the stigmatiser over the stigmatised. Further review of stigma-relevant constructs (stereotyping, beliefs, causal attribution, and attitudes) towards criminal offenders and people with an ID as distinct social categories highlighted that these social categories appear to be differently stigmatised, yet both vulnerable to
discrimination by individuals and various social systems. This review found that past research on beliefs, and attitudes towards criminal offenders and towards people with an ID in the Australian context is extremely limited, and that research on beliefs and attitudes towards the correctional treatment of offenders with an ID specifically does not appear to exist in the national and international empirical literature.

Overall, this review of past research and theory indicated that people with an ID face unique challenges when moving through the criminal justice system as an offender, and that these challenges could sometimes be attributed to the offender’s cognitive limitations (e.g., having difficulty understanding instructions) but may also likely be due to interpersonal systemic discrimination. As interpersonal and structural discrimination is theorised to be a behavioural expression of stigmatising (or prejudicial) cognitions, the discrimination experienced by offenders with an ID may be indicative of stigmatising beliefs, values, and attitudes held by individuals and members of influential social categories such as community members and professionals involved in the intersecting criminal justice and disability sectors. As such, how members of influential, potentially stigmatising social categories (i.e., community members, disability professionals, justice professionals) perceive people with an ID, criminal offenders generally, and criminal offenders with an ID, may play a role in how offenders with an ID have come to be overrepresented in the Australian criminal justice system.
CHAPTER THREE: RESEARCH RATIONALE, AIM, AND QUESTIONS

This chapter describes the research agenda, including the aims, methodological approach, and research questions of the thesis. Specific hypotheses per study are detailed in subsequent study chapters rather than in this chapter.

**General Research Aim**

The general aim of the research program was to understand Australians’ beliefs and attitudes towards offenders with an ID as a social group. This general aim was met via two factorial surveys addressing six research questions. The first factorial survey used a mixed-methods approach to address research questions 1-4. These research questions were addressed through distinct sets of variables and analyses, so results relevant to each research question were reported as distinct studies (Studies 1-4). Chapter 4 described the overall Method for the first factorial survey relevant to Study 1-4, while Chapters 5, 6, 7, and 8 reported the Aims, Hypotheses, Results, and Discussion for Study 1, 2, 3, and 4, respectively.

The second factorial survey also addressed multiple research questions (5 and 6) using two distinct sets of variables and analyses. This factorial survey used a quantitative, quasi-experimental approach and was presented as two distinct studies (Study 5 and 6). Chapter 9 described the overall Method for the second factorial survey, while Chapters 10 and 11 reported the Aims, Exploratory Research Questions, Results, and Discussion for Study 5 and 6, respectively. A summary and evaluation of the commonalities and implications of the six studies’ findings are presented in the General Discussion (Chapter 12).
Research Questions

1. Do Australians in the general community personally endorse human rights ideology?

2. Do Australians experience moral concern for criminal offenders and people with an ID, and how is this related to their belief in human rights?

3. What stigmatising beliefs do Australians hold about criminal offenders and people with an ID as social categories?

4. What are Australians’ causal beliefs about people with an ID, and about criminal offenders with and without an ID, and how do these causal beliefs compare?

5. How do the attitudes held by members of influential social categories (i.e., Australian community members, and professionals experienced in the criminal justice sector, disability sector, or both sectors) differ regarding the appropriate correctional treatment settings (i.e., community, prison) for offenders with an ID?

6. How do the attitudes held by members of influential social categories (i.e., Australian community members, and professionals experienced in the criminal justice sector, disability sector, or both sectors) differ regarding criminal justice constructs (i.e., punishment, culpability, potential for rehabilitation, reintegration, and forgiveness) for offenders with and without an ID?

Table 3.1

*Relationship between Thesis’ Factorial Surveys, Studies, and Research Questions*

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CHAPTER FOUR: METHOD FOR FACTORIAL SURVEY 1 USED FOR STUDIES 1-4 - COMMUNITY MEMBERS’ BELIEFS AND ATTRIBUTIONS TOWARD CRIMINAL OFFENDERS AND PEOPLE WITH INTELLECTUAL DISABILITY

This Chapter presents a comprehensive Method for the multi-part, mixed-method online factorial survey (Factorial Survey 1) used to collect data for Studies 1-4, which respectively address research questions 1-4.

Method

Overview

Aims, Hypotheses, Results, and Discussion presented in Study 1 (Chapter 5) and Study 2 (Chapter 6) used a quantitative approach to address research questions 1 and 2, respectively. This involved the development and validation of a measure of beliefs about human rights (Study 1). In Study 2, participants completed a rank-order task to determine a hierarchy of participants’ relative moral concern for different social categories, with regression analyses conducted to assess associations between beliefs about human rights and attributions of moral concern.

Aims, Hypotheses, Results, and Discussion presented in Study 3 (Chapter 7) also used a quantitative approach to address Research Question 3. For Study 3, participants from Study 2 were randomly allocated to one of two conditions describing an individual from a specific social category (i.e., a person with an ID, or a person who had been sentenced for a criminal offence). Participants completed a series of validated measures to assess the degree to which they held stigmatising beliefs towards their social category specific to stereotype content (‘social status’), dehumanisation and mind perception (‘human’ status), and moral status. Between-group comparisons were conducted to determine whether there were significant
differences between the types of stigmatising beliefs participants attributed to their respective social categories.

Exploratory Aims, Results, and Discussion presented in Study 4 (Chapter 8) used a qualitative approach to address Research Question 4. For Study 4, participants from Study 3 were randomly allocated to one of three vignette conditions describing a variation of the social categories previously addressed. All vignettes presented the same narrative of a young adult male (‘John’) who was casually employed, sociable, and living with his parents. In the first vignette John was described as possessing a mild ID and did not refer to a criminal history, the second vignette described John as having been recently sentenced for criminal assault and theft (without referring an ID), and the third vignette described John as possessing a mild ID and having been recently sentenced for criminal assault and theft. Participants allocated to the first vignette condition were asked to explain what they thought may have caused John’s ID, while participants allocated to the second and third vignette conditions were asked to explain what they thought may have caused John to commit criminal offences. An inductive thematic analysis approach was taken to assess each set of vignette responses independently, and then a cross-case analysis was conducted to compare and contrast final themes between vignette 2 and 3, applying themes derived from responses to vignette 1 to contextualise this.

Participants

Participants were Australians from the general community who completed an online study via the survey hosting platform Qualtrics. Participants were recruited via a paid advertisement on Facebook, as well as via unpaid advertisements on Australian community Facebook groups. To be eligible to participate in the study, individuals had to be an Australian citizen or permanent resident, be aged 18 years or older, and have access to the internet.
Of the initial $N = 1236$ cases submitted, $n = 56$ were excluded on the basis of being non-citizens/permanent residents of Australia, and $n = 125$ were excluded due to early attrition, leaving $N = 1055$ participants after cleaning ($52.7\%$ female) aged 18-84 ($M = 46.17, SD = 18.82$). These participants had completed all demographic and quantitative items assessing beliefs about human rights in Australia and moral concern for social categories, so their responses were used for analyses relevant to Study 1.

After conducting analyses for Study 1, an additional $n = 126$ participants were excluded from the sample due to attrition for analyses relevant to 2, leaving $N = 928$ participants after cleaning ($53.3\%$ female) aged 18-84 ($M = 46.24, SD = 18.77$). Participants in this reduced sample had completed all demographic and quantitative items relevant to assessing stigmatising beliefs about target social categories (i.e., people with an ID and criminal offenders), and their responses were used for analyses relevant to Study 2.

After conducting analyses for Study 3, a further $n = 327$ were excluded due to not completing the necessary qualitative items relevant to Study 4, leaving $N = 853$ participants after data cleaning for use. A detailed description of participant demographics is provided in each Results section for both Study 1 and 2 (Chapter 5, Table 5.1), 3 (Chapter 7, Table 7.1), and 4 (Chapter 8, Table 8.1).

Design

A multi-part, mixed-method online factorial survey design and methodology was employed to assess variables of interest using a variety of self-report measurement tools and stimuli. In the first part of the study (relevant to Study 1), participants completed quantitative measures assessing their demographics (including their identification with one or more social minorities), and beliefs about human rights in Australia. In the second part of the study (relevant to Study 2), these
participants completed further quantitative measures assessing moral concern for various social categories (relevant to Study 2). In the third part of the survey (relevant to Study 3), a quasi-experimental approach was used and participants were randomly allocated to one of two target social category conditions (Condition 1 = Criminal offenders as target social category, Condition 2 = People with an ID as target social category). After reading a stimulus describing their target social category, participants then completed further quantitative measures of moral status attribution (moral responsibility, moral credit, moral patiency), stereotype content (competence, warmth, social status, competitiveness), mind perception (experience, agency), and dehumanisation (human uniqueness, human nature).

After completing variables relevant to analyses for Study 3, participants were randomly allocated to one of three conditions featuring a vignette stimulus for the fourth, qualitative part of the study (relevant to Study 4). Each vignette described a man called ‘John’, varied only by the following characteristic (Vignette 1 = John has an ID, Vignette 2 = John is a criminal offender, Vignette 3 = John is a criminal offender with an ID). We assumed that participants’ interpretation and response to their allocated vignette would be influenced by having previously been exposed to stimulus materials about a specific social category (either people with an ID or criminal offenders), and then having been asked to report their beliefs about the moral, social, and human status of these groups. We decided that it was most appropriate for participants allocated to a specific target social category in Study 2 to also be allocated to provide open-ended responses about that same target social category in Study 3. Subsequently, participants who were randomly allocated to the ‘people with an ID’ target social category for Study 2 measures, were randomly allocated to either the Vignette 1 (John with an ID) or Vignette 3 (John, a criminal offender with an ID) in Study 3; and participants who were randomly allocated to the
‘criminal offender’ target social category for Study 2 measures, were randomly allocated to either Vignette 2 (John, a criminal offender) or Vignette 3 (John, a criminal offender with an ID) in Study 3. This allocation approach resulted in the subsample for Vignette 3 being twice the size of the Vignette 1 and 2 subsamples. Participants provided an open-ended qualitative written response (maximum 500 words) when asked what they believed to be the ‘cause’ of the person’s ID (Vignette 1) or criminal offending (Vignettes 2 and 3). A flow chart detailing the design of Factorial Survey 1 for Studies 1-4 follows (Figure 4.1).
Figure 4.1. Design overview of Factorial Survey 1 for Studies 1-4.
Measures and Stimuli

Demographics. Participants were asked to report their gender, age, highest level of education attained, State/Territory of residence, and whether they were an Australian citizen or permanent resident.

Beliefs about human rights in Australia (construct developed for Study 1 and independent variable for Study 2). Australians’ beliefs about human rights were assessed using a measure developed by the author (Appendix II). This measure consisted of two subscales: ‘Belief that human rights is a moral imperative’ (seven items) and ‘Belief that Australian society supports human rights’ (five items). Items for these subscales were based on the principles expressed by the United Nations’ human rights instruments, the *Universal Declaration of Human Rights* (1948), *Declaration on the Rights of Mentally Retarded Persons* (1971), *Declaration on the Rights of Disabled Persons* (1975), the *Standard Minimum Rules for the Treatment of Prisoners* (1955), and the *Basic Principles for the Treatment of Prisoners* (1991). These instruments were used rather than United Nations Conventions, because the Declarations, Standard Minimum Rules, and Principles are expressions of social values and ideals, whereas the Conventions are pragmatic legal instruments; and furthermore, there does not exist a Convention on the rights of prisoners (other than the *Geneva Convention* [1949], which applies only to ‘prisoners of war’). Items were framed to reflect ontological beliefs held by the participant as to the status and value of human rights to themselves as individuals, and to society generally.

Underlying dimensions and subsequent subscales were assessed and tested via exploratory factor analysis (EFA) in a pilot study (Appendix II). This measure was further validated via EFA and confirmatory factor analysis (CFA) using the current study’s sample, with results for this presented in Study 1 (Chapter 5).
Eight items were framed to reflect positive beliefs about human rights and their possession and protection by one’s self and others in Australian society (e.g., “Most Australians respect others’ human rights”), while four items were framed negatively (and consequently reverse scored) to reflect negative beliefs about human rights and their possession and protection by one’s self and others in Australian society (e.g., “Some people don’t deserve the same rights as me”). Participants scored items on a forced-choice Likert-type six-point response scale (1 = Strongly disagree, 2 = Moderately disagree, 3 = Slightly disagree, 4 = Slightly agree, 5 = Moderately agree, 6 = Strongly agree).

Identification with a social minority (control variable for Study 1 and 2). Participants were asked “Do you identify with any of the following Australian social minority groups?”, with categories offered including: ‘Sexual or gender minority (e.g., gay/lesbian, bisexual, transgender)’; ‘Cultural minority (e.g., Vietnamese, Indian, Sudanese)’; ‘Indigenous Australian (Aboriginal or Torres Strait Islander)’; ‘Religious minority (e.g., Jewish, Muslim)’; ‘Person with a disability’; ‘Migrant’; and ‘Other’, with participants able to provide an open-ended response if they selected ‘Other’. Development of the category options were based on open-ended responses provided in a prior pilot study (Appendix II). A single dichotomous variable was created to indicate whether participants identified with a social minority or not (1 = identified with a social minority, 0 = did not identify with a social minority).

Moral concern for social categories (dependent variable for Study 2). To assess the social categories participants included in their circle of moral concern, participants completed a modified version of the moral circle task developed by Laham (2009). Participants were presented with 14 social categories: two social categories described variations of criminal offenders, two described variations of
people with a disability, and 10 other social categories described a variety of other Australian categories to whom participants may attribute moral concern. Refer to Table 4.1 for a list of these social categories.

To complete this measure, participants first read the following statement providing a definition for moral obligation (i.e., moral concern):

Sometimes people feel like they should show concern for, care for, support, and/or advocate for the welfare and interests of specific social groups. This type of concern is generally referred to as feeling a ‘moral obligation’ towards that group.

Participants were then asked to choose social categories for whom they felt moral concern:

If you personally feel morally obligated to show concern for the welfare and interests of any of the social groups listed below, drag them inside the box. You can include as many groups as you want in the box.

After including social categories for which they felt moral concern in the box, participants were then instructed:

Rank the groups you dragged into the box according to how strong your feeling of moral concern is for each group compared to the others. The group you feel most concerned for should be ‘1’, the group you feel second most concerned for should be ‘2’, and so on.

Three variables were derived from participant responses to this task: (1) a dichotomous variable per social category identifying whether or not participants
included that social category in their circle of moral concern (1 = Included social category in circle of moral concern, 0 = Did not include social category in circle of moral concern); (2) a count variable indicating the total number of social categories the participant chose to include in their circle of moral concern; and (3) an ordinal variable indicating the rank participants accorded each social category.

Table 4.1

*Australian Social Categories Presented to Participants in the Circle of Moral Concern Task*

| Social Category Target Condition (Independent variable for Study 3). After completing measures relevant to Study 1 and 2, participants were randomly allocated to one of two social category target conditions: people with an ID as a social category, or criminal offenders as a social category. These two social category target conditions were two levels of the independent variable, ‘social category’.

Participants allocated to the first condition were instructed: “Questions in this section relate to your thoughts about people with an intellectual disability as a social group”. Participants were then provided with the following overview of this social category:
An intellectual disability is a developmental disorder, which means a person with this disability has an intelligence quotient (IQ) score under 70 and can experience trouble with aspects of daily living such as self-care, learning new skills and activities, understanding complicated instructions, and ‘reading between the lines’ in social situations. A person is typically diagnosed with an intellectual disability by a psychiatrist or clinical psychologist and often requires specialist supports for education, employment, and housing.

Participants allocated to the second condition were instructed: “Questions in this section relate to your thoughts about criminal offenders as a social group”.

Participants were then provided with the following overview of this social category:

In Australia, general categories of criminal offending include murder, manslaughter, sexual assault, kidnapping/abduction, robbery (armed/unarmed), blackmail and extortion, various types of theft and trespass, and the sale and possession of illicit goods (e.g., guns) and substances (e.g., ice).

Stereotype content (dependent variable for Study 3). Stereotypic attributions regarding the social competence, warmth, status, and competitiveness of target social categories was assessed using measures developed by Fiske et al. (2002).

Competence and warmth. To assess stereotypic beliefs about the competence and warmth of each target social category, participants were asked, “How do you think society views [Condition 1: people with an intellectual disability, Condition 2: criminal offenders] as a social group, according to the following qualities?”.
Participants rated their target social category on six items representing ‘competence’ (i.e., capable, skilful, confident, competent, efficient, intelligent) and six items representing ‘warmth’ (i.e., warm, good-natured, sincere, friendly, having good intentions, trustworthy) on a five-point Likert-type scale (1 = Not at all, 2 = Slightly, 3 = Moderately, 4 = Very, 5 = Extremely). Item presentation was randomised. Scores for each item set were averaged, and this composite score was used to indicate participants’ stereotypic beliefs about the social competence and emotional warmth of their target social category, where higher scores indicated stronger attributions of social competence or emotional warmth. Internal consistency reliability was good for the subscale ‘Competence’ (α = .88), and was excellent for the subscale ‘Warmth’ (α = .95).

**Status and competitiveness.** To assess stereotypic beliefs about the social status and competitiveness of each target social category, participants were instructed, “Indicate the extent to which you personally agree or disagree with the following statements about [Condition 1: people with an intellectual disability, Condition 2: criminal offenders] as a social group”. Participants rated the extent to which they agreed or disagreed with two items assessing group members’ social status (i.e., “Members of this group typically hold prestigious jobs”, “Members of this group are usually economically successful”) and two items representing their social competitiveness (i.e., “If members of this group get special breaks [such as preference in hiring decisions], this is likely to make things difficult for me”, “Resources that go to members of this group are likely to take away from the resources deserved by people like me”). Ratings were performed using a seven-point Likert-type scale (-3 = Strongly disagree, -2 = Moderately disagree, -1 = Slightly disagree, 0 = Neither agree nor disagree, 1 = Slightly agree, 2 = Moderately agree, 3 = Strongly agree. Item presentation was randomised.
The average score of each item set was used to indicate participants’ stereotypic beliefs about the social status and social competitiveness of members of their target social category, where negative scores indicated beliefs that the target social group was of low social status or social competitiveness, while positive scores indicated stereotypic beliefs that the social target was of high social status or social competitiveness. Internal consistency reliability was acceptable for both the subscales ‘Status’ ($\alpha = .76$) and ‘Competitiveness’ ($\alpha = .77$).

**Mind perception (dependent variable for Study 3).** Participants’ beliefs about target social categories’ capacity for mind were assessed using adapted versions of the Mind Perception Dimension subscales ‘Experience’ and ‘Agency’, from Gray, Gray, and Wegner (2007). Participants were asked to “Think about the average person [Condition 1: with an intellectual disability, Condition 2: who commits a criminal offence].” All participants were then asked, “To what extent do they [the social target of interest] have the capacity for the following things?,” and were then presented with the 11 items for the subscale ‘Experience’ (i.e., hunger, fear, pain, pleasure, rage, desire, a personality, consciousness, pride, embarrassment, joy).

All participants were again asked to think about ‘the average person’ belonging to their target social category, and asked, “To what extent do they [the social target of interest] have the capacity to do the following things?,” and were then presented with the seven items for the subscale ‘Agency’ (i.e., use self-control, be moral, recall memories of past experiences and events, recognise emotion in others, plan activities and future events, communicate with others, think and reason). Item presentation was randomised for both subscales, and all items were rated using a five-point Likert-type scale (1 = *No capacity for this*, 2 = *Slight capacity for this*, 3 = *Moderate capacity for this*, 4 = *Strong capacity for this*, 5 = *Highest capacity for this*).
this). Scores for each item set were averaged. Internal consistency reliability was excellent for the subscale ‘Experience’ ($\alpha = .93$) and was good for the subscale ‘Agency’ ($\alpha = .88$).

**Dehumanisation (Study 3).** A brief two-dimensional measure of dehumanisation (measuring ‘Human Uniqueness’ and ‘Human Nature’) from Bastian, Laham, Wilson, Haslam, and Koval (2011) was used to assess the extent to which participants held dehumanising beliefs about their target social categories. Participants were first informed, “Below are six characteristics people possess to varying degrees”. Participants were then instructed, “Rate (as a percentage, %) the extent to which you think [Condition 1: people with an intellectual disability, Condition 2: criminal offenders], as a social group, are likely to possess these characteristics”. Participants then responded to six attributes (three per subscale), with item presentation randomised. Items representing ‘Human Uniqueness’ were “Culturally refined”, “Rational/logical”, and “Lacking self-restraint” (reverse scored), while items representing ‘Human Nature’ were “Emotionally responsive”, “Warm towards others”, and “Rigid and cold” (reverse scored).

To simplify the scale and item reversal, percentage responses were converted to a 5-point scale where 0-19% = 1 (indicating no capacity for that characteristic), 20-39% = 2 (indicating low capacity for that characteristic), 40-59% = 3 (indicating moderate capacity for that characteristic), 60-79% = 4 (indicating high capacity for that characteristic), and 80-100% = 5 (indicating absolute capacity for that characteristic). Items scores per set were averaged for use as subscale scores. Internal consistency reliability for the ‘human uniqueness’ subscale was poor ($\alpha = .47$) when all three items were included but became acceptable ($\alpha = .72$) when the reverse-scored item ‘Lacking self-restraint’ was removed. Similarly, internal consistency reliability for the ‘human nature’ subscale was acceptable ($\alpha = .73$) when all three
items were included but became good ($\alpha = .82$) when the reverse-scored item ‘Rigid and cold’ was removed. As such, subscale scores employed the two-item means.

**Moral status attributions (dependent variable for Study 3).** Measures assessing participants’ attributions of the moral status of target social categories (including attributions regarding their moral responsibility for performing immoral acts, deservingness of moral credit for performing moral acts, and deservingness of moral patience for experiencing immoral acts) were adapted from Bastian et al. (2011), and aimed to complement constructs relevant to Gray and colleagues’ moral typecasting theory (Gray & Wegner, 2009; Gray, Young, & Waytz, 2012).

**Moral responsibility.** To assess attributions of moral responsibility for the target social categories, participants were instructed to “rate the degree to which you think a person who [Condition 1: has committed a criminal offence in the past, Condition 2: has an ID] is morally responsible for the following actions”. All participants were then presented with four items detailing minor immoral acts (i.e., “They made a serious promise to a friend but didn’t keep the promise”, “They pushed someone out of the way so they could be first in line”, “They blamed a serious mistake they’d made on a friend instead”, “They cheated on a significant other and never told them”). The presentation of items to participants was randomised. Participants rated these acts on a five-point Likert-type scale (1 = *Not at all morally responsible*, 2 = *A little morally responsible*, 3 = *Moderately morally responsible*, 4 = *Mostly morally responsible*, 5 = *Absolutely morally responsible*). Scores for the four items were averaged and used to indicate participants’ attribution of moral responsibility to their target social category, where higher scores indicated greater attributions of moral responsibility for performing immoral acts. Internal consistency reliability for this measure was excellent ($\alpha = .92$).
**Moral credit.** To assess attributions of moral credit for the target social categories, participants were instructed to “rate the degree to which you think a person [Condition 1: with an intellectual disability, Condition 2: who has committed a criminal offence in the past] deserves moral credit for the following actions”. All participants were then presented with five items detailing minor moral acts (i.e., “They returned a lost wallet/purse with the money and other contents intact”, “They didn’t cheat on a test, even though a friend offered them the answers”, “They helped their parents when they were in need”, “They were nice to their co-workers, despite feeling stressed and under pressure themselves”, “They helped a stranger get their car out of a ditch on the side of the road”). Item presentation was randomised. Participants rated these acts on a five-point Likert-type scale (1 = Not at all deserving of moral credit, 2 = A little deserving of moral credit, 3 = Moderately deserving of moral credit, 4 = Mostly deserving of moral credit, 5 = Absolutely deserving of moral credit). Scores for the five items were averaged and used to indicate participants’ attribution of moral credit to their target social category, where higher scores indicated greater attributions of moral credit for performing moral acts. Internal consistency reliability for this measure was excellent (α = .93).

**Moral patiency.** To assess attributions of moral patiency for the target social categories, participants were instructed to “rate the degree to which you would feel like taking a moral stand and intervening on behalf of [Condition 1: a person with an intellectual disability, Condition 2: a known criminal offender] in the following situations”. All participants were then presented with four items in which the target social category was the victim of a minor immoral act (i.e., “They were pushed out of the way by someone else who wanted to be first in line”, “They politely asked a stranger on the street for directions to a shop and were given a rude and aggressive response”, “You heard someone bad-mouthing them behind their back”, “You saw
someone refusing to help them when they really needed it”). Item presentation was randomised. Participants rated these acts on a five-point Likert-type scale (1 = Would not feel like intervening on their behalf at all, 2 = Would feel like intervening on their behalf a little, 3 = Would moderately feel like intervening on their behalf, 4 = Would strongly feel like intervening on their behalf, 5 = Would absolutely feel like intervening on their behalf). Scores for the four items were averaged and used to indicate participants’ attribution of moral patiency to their target social category, where higher scores indicated greater attributions of moral patiency after experiencing immoral acts. Internal consistency reliability for this measure was good (α = .85).

**Vignettes - causal beliefs about ‘John’** (stimuli for Study 4). Three vignette scenarios were used to assess participants’ causal beliefs about possessing an ID (Vignette 1, condition a); committing a criminal offence (theft and assault; Vignette 2, condition b); and committing a criminal offence (theft and assault) when an ID is specified (Vignette 3, condition c). After completing measures relevant to Study 3, participants were randomly allocated to one of two vignette conditions: if participants had been previously allocated to the ID target social category in Study 3, they were now randomly allocated to Vignette 1 or 3 for Study 4; and if they had had been allocated to the criminal offender target social category condition in Study 3, they were now randomly allocated to Vignette 2 or 3 for Study 4. Refer to the Design section in this chapter for an explanation regarding this condition allocation approach. All vignettes described a man called John, and varied only in terms of whether John had an ID, and/or whether John had committed a criminal offence. Participants provided a written explanation of up to 500 words detailing their causal beliefs about the person described in the vignette.

Vignette 1 stated:
John is 35 years old and has a mild intellectual disability. He has a below normal intelligence quotient (IQ) score of 65 and sometimes experiences trouble with aspects of daily living such as learning new skills and activities, understanding complicated instructions, and ‘reading between the lines’ in social situations. He works casually for a catering company, has some close friends with whom he plays sports and sees movies on weekends, and lives with his parents.

Vignette 2 stated:

John is 35 years old and has been sentenced for a criminal offence including theft and assault. Before he was sentenced, he worked casually for a catering company, had some close friends with whom he played sports and saw movies on weekends, and lived with his parents.

Participants were then asked, “What do you think caused John to commit this criminal offence? Provide as detailed an explanation as you can”.

Vignette 3 stated:

John is 35 years old and has been sentenced for a criminal offence including theft and assault. He also has a mild intellectual disability. He has a below normal intelligence quotient (IQ) score of 65 and sometimes experiences trouble with aspects of daily living such as learning new skills and activities, understanding complicated instructions, and ‘reading between the lines’ in social situations. Before he was sentenced, he worked casually for a catering company, had some close friends with whom he played sports
and saw movies on weekends, and lived with his parents.

**Open-ended text response to vignette.** Participants who read vignette 1 were asked, “What do you think caused John to have a mild intellectual disability?” Participants who read vignette 2 and 3 were asked, “What do you think caused John to commit this criminal offence?”

**Procedure**

Approval for the conduct of this study was received from the Deakin University Human Research Ethics Committee (refer to Appendix I). Participants were then recruited to participate in the online study via paid and unpaid advertisements on Facebook and associated social media platforms (e.g., Instagram). Participants accessed the survey by clicking on the study site URL, embedded in the social media advertisements. Participants first read the study’s Plain Language Statement and then were informed that by clicking ‘NEXT’ and moving on to complete the study items, they indicated their informed consent for their data to be used in the study.

All participants completed demographic items and then the Study 1 and 2 measures (beliefs about human rights in Australia subscale items and the circle of moral concern task). Based on feedback provided from a previous pilot study (Appendix II), participants using smartphones to complete the study had trouble using the drag, drop, and rank functions associated with the circle of moral concern task. As such, the study was programmed via Qualtrics to only allow participants completing the study on a computer to complete this specific measure, while participants completing the study on a smartphone ‘skipped’ this measure.
After completing the Study 1 and 2 measures, Study 3 employed a quasi-experimental methodology by randomly allocating participants to one of two social category target conditions (i.e., people with an ID or criminal offenders). Participants then responded to measures assessing their beliefs about stereotype content, mind perception, dehumanisation, and moral status regarding their target social category.

After completing the Study 3 measures, participants were again randomly allocated to one of three vignette conditions to complete Study 4. Each vignette described ‘John’, a young man who lives with his parents and has a casual job, but varied according to the following information: (a) John has an ID; (b) John has committed a crime (with no ID specified); (c) John has an ID and has committed a crime. After first confirming they had read the vignette, participants were asked to provide a qualitative open-ended written explanation for the cause of John’s ID for condition (a), or the cause for John’s criminal behaviour in condition (b) or (c).

After completing the Study 4 task, participants were invited to enter a prize draw to win one of two $100 Coles Group & Myer vouchers in appreciation for completing the study. Participants were then debriefed via a brief explanation for some of the ambiguities of the study (e.g., the focus on specific types of social categories, the use of random allocation to various conditions) before being invited to leave comments about the study for the researchers, and then exiting the site. The survey took approximately 25 minutes to complete.
CHAPTER FIVE: STUDY 1 – AUSTRALIANS’ BELIEFS ABOUT HUMAN RIGHTS

This chapter details Study 1, which addresses research question 1 (described in Chapter 3) concerned with understanding Australians’ appreciation of human rights. This chapter reports the Aim, Data Treatment and Analysis Approach, Results, and Discussion for Study 1.

**Aims**

The aim of Study 1 was to develop and validate a measure of beliefs about human rights relevant to the Australian context.

**Data Treatment and Analysis Plan**

Assumption testing relevant to factor analysis was conducted, and frequency and descriptive statistics were provided for all relevant items and measures. EFAs using oblique (direct oblimin) and orthogonal (varimax) rotation methods were conducted to determine the underlying dimensionality of the items and whether these were consistent with the previous pilot study findings (Appendix II). A confirmatory factor analysis (CFA) using a structural equation modelling (SEM) approach was then conducted to confirm that the underlying factors identified via EFA were sound measures of beliefs about human rights. A number of absolute and relative model fit indices were assessed to confirm the CFA’s soundness. Internal consistency reliability of resulting factors was then assessed using Cronbach’s alpha, in preparation for their use as subscale measures in subsequent analyses. Differences in beliefs about human rights subscales by gender and identification with a social minority were determined using independent samples t-tests.
Statistical Power Considerations

The appropriate sample size necessary to conduct sound factor analyses is a controversial topic, however Field’s (2018) synthesis of respected statisticians’ recommendations on this issue suggest that $N = 300$ is adequate, $N = 500$ is good, and $N = 1000$ is excellent. Given our total sample size of $N = 677$, the sample size was suitable for factorial analyses.

Software

G*Power 3 (Faul, Erdfelder, Buchner, & Lang, 2009; Faul, Erdfelder, Lang, & Buchner, 2007) was used for statistical power analyses, IBM SPSS AMOS 24 was used for CFA analyses, and IBM SPSS Statistics 24 was used for all other statistical analyses.

Results

Participant Demographics

Participants ($N = 1055$, 52.7% female) were aged 18-84 years ($M = 46.17$, $SD = 18.82$), with members of the general community from all Australian states and territories represented to varying degrees. A variety of education and employment statuses were also represented. Participant demographics can be viewed in Table 5.1.

Measure Validation: Beliefs about Human Rights in the Australian Context

Assumption testing. Assumptions relevant to factor analysis were first addressed in preparation for the EFA and CFA on the beliefs about human rights items, and include univariate normality, a homogenous sample, a sufficiently large sample size (ideally $N = 300+$), and linear associations between variables (Field, 2018).
Table 5.1

*Participant Demographics (N = 1055)*

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>556</td>
<td>52.8</td>
</tr>
<tr>
<td>Male</td>
<td>473</td>
<td>44.9</td>
</tr>
<tr>
<td>Other</td>
<td>25</td>
<td>2.4</td>
</tr>
<tr>
<td><strong>State/Territory</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New South Wales</td>
<td>361</td>
<td>34.2</td>
</tr>
<tr>
<td>Australian Capital Territory</td>
<td>73</td>
<td>6.9</td>
</tr>
<tr>
<td>Victoria</td>
<td>323</td>
<td>30.6</td>
</tr>
<tr>
<td>South Australia</td>
<td>105</td>
<td>10</td>
</tr>
<tr>
<td>Tasmania</td>
<td>51</td>
<td>4.8</td>
</tr>
<tr>
<td>Western Australia</td>
<td>115</td>
<td>10.9</td>
</tr>
<tr>
<td>Queensland</td>
<td>22</td>
<td>2.1</td>
</tr>
<tr>
<td>Northern Territory</td>
<td>1</td>
<td>.1</td>
</tr>
<tr>
<td>Not currently residing in Australia</td>
<td>4</td>
<td>.4</td>
</tr>
<tr>
<td><strong>Education Level</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some secondary education</td>
<td>23</td>
<td>2.2</td>
</tr>
<tr>
<td>Year 10</td>
<td>58</td>
<td>5.5</td>
</tr>
<tr>
<td>Year 12</td>
<td>189</td>
<td>17.9</td>
</tr>
<tr>
<td>TAFE Certificate/s</td>
<td>133</td>
<td>12.6</td>
</tr>
<tr>
<td>TAFE Diploma/s</td>
<td>103</td>
<td>9.8</td>
</tr>
<tr>
<td>Undergraduate degree</td>
<td>289</td>
<td>27.4</td>
</tr>
<tr>
<td>Postgraduate degree</td>
<td>179</td>
<td>17</td>
</tr>
<tr>
<td>Doctoral degree</td>
<td>30</td>
<td>2.8</td>
</tr>
<tr>
<td>Other</td>
<td>52</td>
<td>4.9</td>
</tr>
<tr>
<td><strong>Employment status</strong></td>
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<td></td>
</tr>
<tr>
<td>Full time paid employment</td>
<td>257</td>
<td>24.3</td>
</tr>
<tr>
<td>Part time/casual paid employment</td>
<td>308</td>
<td>29.2</td>
</tr>
<tr>
<td>Volunteer employment</td>
<td>118</td>
<td>11.2</td>
</tr>
<tr>
<td>Previously employed in a paid or voluntary role</td>
<td>264</td>
<td>25</td>
</tr>
<tr>
<td>Never employed in a paid or voluntary role</td>
<td>107</td>
<td>10.1</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>.2</td>
</tr>
<tr>
<td><strong>Identification with a social minority^</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>544</td>
<td>51.5</td>
</tr>
<tr>
<td>Sexual/gender minority</td>
<td>241</td>
<td>22.8</td>
</tr>
<tr>
<td>Religious minority</td>
<td>66</td>
<td>6.3</td>
</tr>
<tr>
<td>Cultural minority</td>
<td>52</td>
<td>4.9</td>
</tr>
<tr>
<td>Aboriginal or Torres Strait Islander</td>
<td>52</td>
<td>4.9</td>
</tr>
<tr>
<td>Person with a disability</td>
<td>177</td>
<td>16.8</td>
</tr>
<tr>
<td>Migrant</td>
<td>94</td>
<td>8.9</td>
</tr>
<tr>
<td>Other</td>
<td>111</td>
<td>10.5</td>
</tr>
</tbody>
</table>

^Note. ^Participants could identify with more than one social minority.
Less than 5% of cases per item were univariate outliers (+/-1.96) and so were left untreated, and absolute skew and kurtosis values ($skew_{absolute} = -0.04$ to 3.01, $kurtosis_{absolute} = -0.02$ to 9.21) were deemed acceptable given the sample’s large size and the central limit theorem’s implication that the variables were robust to normality assumption violations. As multivariate normality is not necessary for EFA, multivariate outliers and normality were not assessed and any multivariate normality violations assumed to be robust, also consistent with the central limit theorem (Field, 2013).

To determine linear associations between the beliefs about human rights items, bivariate Pearson correlations (Table 5.2) were assessed. Items 1-7 tended to be significantly positively correlated with one another, while items 8-12 tended to be significantly positively correlated with one another, suggesting two potential dimensions underlying the items. All items were subsequently included in a series of EFAs. Descriptive statistics for the beliefs about human rights items are also presented in Table 5.2.

**Exploratory factor analysis.** A preliminary model of the factors underlying the human rights items was calculated using principal axis factoring with number of dimensions determined at eigenvalues > 1, and applied oblique (direct oblimin) rotation to account for possible correlations between dimensions (Table 5.3). This preliminary model ($N = 1017$) indicated a sound Kaiser-Meyer-Olkin Measure (KMO) of Sampling Adequacy of .87, and Bartlett’s Test of Sphericity was significant, $\chi^2 (66) = 4022.20$, $p < .001$, indicating the absence of an identity matrix. The determinant of the correlation matrix was .02, indicating the absence of multicollinearity. This analysis suggested a two-factor solution to explain item variance, as anticipated based on pilot study findings (Appendix II).
Factor 1 had an eigenvalue of 4.38, explained 36.50% of item variance, and included items 1-7 with loadings ranging from .58 to .80. Factor 2 had an eigenvalue of 1.94, explained 16.16% of item variance, and included items 8-12 with loadings ranging from .52 to .75. The factor correlation matrix indicated that the factors were not correlated (-.36), and there were no cross-loading items.

Given that dimensions did not appear to be correlated, a second EFA was conducted using orthogonal (varimax) rotation rather than oblique rotation to maximise distance between dimension loadings. A two-factor solution was also forced to explain item variance (Table 5.3). All model fit statistics, item specifications, eigenvalues, and variance explained were the same as in the first EFA. Loadings for items 1-7 on Factor 1 ranged from .56 to .80, and factor loadings for items 8-12 ranged from .52 to .72, resembling the prior EFA loadings. There was no cross-loading for items. Factor 1 was labelled ‘Belief that supporting human rights is a moral imperative’, and Factor 2 was labelled ‘Belief that Australian society supports human rights’.

**Confirmatory factor analysis.** To confirm the factor structure of the items and their appropriateness for use as a two-dimensional measure of Australians’ beliefs about human rights, a maximum likelihood estimates SEM approach was applied using IBM AMOS version 24. An initial two-factor model was constructed, as per the EFA dimensions and relevant loading items previously described.

As SEM requires assessment of a variety of criteria to determine the soundness of a specified model (Kline, 2011), the following absolute fit indices were assessed: chi-square goodness of fit statistic; relative chi-square; root mean square residual (RMR); and root mean square error of approximation (SRMEA), including 90% confidence intervals (Table 5.4). RMR was used rather than standardised RMR, given all observed variables contributing to the model were similarly scaled (Kline,
2011). The Tucker-Lewis Index (TLI) and comparative fit index (CFI) were used as relative fit indexes. To indicate the information theory goodness of fit for each model, the Akaike Information Criterion (AIC) and Bayesian Information Criterion (BIC) measures were used. Ideally, the chi-square test statistic should be non-significant; however, this statistic and its significance test becomes an unreliable indicator of model fit when $N$ is large (Kline, 2011). To account for this, the relative chi-square value is a more stable alternative and indicates a sound absolute fit when $< 2$ (Ullman, 2001).

The RMR value (Steiger, 1990) and the RMSEA (Hu & Bentler, 1999) should each ideally be $< .05$. The TLI should be $>.90$ and the CFI should be $>.95$ (Hu & Bentler, 1999). Smaller AIC and BIC values, relative to comparison models, indicate better model fit (Kline, 2011). The initial model (Model 1) fit indices suggested that, with minor respecifications accounting for covariances between the error terms for observed variables, the initial two-factor model of beliefs about human rights would be confirmed. A second, third, and fourth model were thus respecified by addressing standardised covariance values greater than +/- 2 between observed variables. All model fit indices for the final CFA model (Model 4) demonstrated that the two-factor model initially specified by the EFA process provided a sound representation of the relationship between beliefs about human rights items and the latent variables underlying these, confirming the appropriateness of the subscale constructs and items measuring them. For all CFA model values, refer to Table 6.4.
Table 5.2

Descriptive Statistics and Pearson Bivariate Correlations between Beliefs about Human Rights Items

<table>
<thead>
<tr>
<th>Item</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
<th>6.</th>
<th>7.</th>
<th>8.</th>
<th>9.</th>
<th>10.</th>
<th>11.</th>
<th>12.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 1. All social groups deserve human rights.</td>
<td>5.38</td>
<td>5.48</td>
<td>4.63</td>
<td>5.58</td>
<td>5.29</td>
<td>2.03</td>
<td>5.28</td>
<td>3.42</td>
<td>3.92</td>
<td>3.85</td>
<td>3.36</td>
<td>4.49</td>
</tr>
<tr>
<td>Item 2. All people deserve human rights.</td>
<td></td>
<td>.68***</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Item 3. Criminal offenders should have the same basic human rights</td>
<td>.48***</td>
<td>.51***</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Item 4. People with intellectual disability should have the same</td>
<td>.54***</td>
<td>.49***</td>
<td>.40***</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>basic human rights as me.</td>
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<tr>
<td>Item 5. It is my responsibility to respect and protect the</td>
<td>.47***</td>
<td>.49***</td>
<td>.40***</td>
<td>.42***</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>human rights of other Australian people.</td>
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<tr>
<td>Item 6. Some people don’t deserve the same rights as me. ^</td>
<td>.46***</td>
<td>.47***</td>
<td>.46***</td>
<td></td>
<td>.35***</td>
<td>.33***</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Item 7. A society that does not respect and protect human rights</td>
<td>.49***</td>
<td>.49***</td>
<td>.33***</td>
<td>.42***</td>
<td>.54***</td>
<td>-.29***</td>
<td></td>
<td></td>
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<tr>
<td>is an immoral society.</td>
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</tr>
<tr>
<td>Item 8. Human rights are taken seriously in Australia.</td>
<td>-1.12***</td>
<td>-.14***</td>
<td>-.17***</td>
<td>-.17**</td>
<td>-.14***</td>
<td>.20***</td>
<td>-.23***</td>
<td></td>
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<tr>
<td>Item 9. Australia does a poor job protecting its citizens' human</td>
<td>-.20***</td>
<td>-.19***</td>
<td>-.23***</td>
<td>-.23***</td>
<td>-.28***</td>
<td>-.19***</td>
<td>-.28***</td>
<td>.47***</td>
<td></td>
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<tr>
<td>rights.</td>
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<td></td>
</tr>
<tr>
<td>Item 10. Most Australians respect others’ human rights.</td>
<td>-.07*</td>
<td>-.11**</td>
<td>-.14***</td>
<td>-.08**</td>
<td>-.10**</td>
<td>.16***</td>
<td>-.12**</td>
<td>.51***</td>
<td>-.36***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item 11. I often think that my human rights are not respected by</td>
<td>-.06*</td>
<td>-.08*</td>
<td>-.05</td>
<td>-.08*</td>
<td>-.12***</td>
<td>-.06</td>
<td>-.10**</td>
<td>.30***</td>
<td>.44***</td>
<td>.25***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australian society. ^</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Item 12. Australian laws restrict the human rights of some</td>
<td>-.31***</td>
<td>-.31***</td>
<td>-.34***</td>
<td>-.28***</td>
<td>-.30***</td>
<td>-.28***</td>
<td>-.29***</td>
<td>.34***</td>
<td>.50***</td>
<td>.27***</td>
<td>.35***</td>
<td></td>
</tr>
<tr>
<td>Australian social groups. ^</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. ^Items 6, 9, 11, and 12 are reverse scored; M, SD values shown are non-reversed. Each item had a range of 1-7, with higher scores indicating stronger endorsement of that belief.

*p < .05, ** p < .01, *** p < .001, all two-tailed.
<table>
<thead>
<tr>
<th>Item</th>
<th>EFA 1: Two factor solution (oblique rotation)</th>
<th>EFA 2: Two factor solution (orthogonal rotation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.</td>
<td>2.</td>
</tr>
<tr>
<td>1. All social groups deserve human rights.</td>
<td>.80</td>
<td>.65</td>
</tr>
<tr>
<td>2. All people deserve human rights.</td>
<td>.79</td>
<td>.64</td>
</tr>
<tr>
<td>3. Criminal offenders should have the same basic human rights as me.</td>
<td>.63</td>
<td>.40</td>
</tr>
<tr>
<td>4. People with intellectual disability should have the same basic human rights as me.</td>
<td>.63</td>
<td>.40</td>
</tr>
<tr>
<td>5. It is my responsibility to respect and protect the human rights of other people.</td>
<td>.64</td>
<td>.41</td>
</tr>
<tr>
<td>6. Some people don’t deserve the same rights as me.(^)</td>
<td>.58</td>
<td>.34</td>
</tr>
<tr>
<td>7. A society that does not respect and protect human rights is an immoral society.</td>
<td>.63</td>
<td>.40</td>
</tr>
<tr>
<td>8. Human rights are taken seriously in Australia.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Australia does a poor job protecting its citizens’ human rights.(^)</td>
<td>.75</td>
<td>.56</td>
</tr>
<tr>
<td>10. Most Australians respect others’ human rights.</td>
<td>.55</td>
<td>.31</td>
</tr>
<tr>
<td>11. I often think that my human rights are not respected by Australian society.(^)</td>
<td>.52</td>
<td>.27</td>
</tr>
<tr>
<td>12. Australian laws restrict the human rights of some Australian social groups.(^)</td>
<td>.59</td>
<td>.40</td>
</tr>
</tbody>
</table>

| Eigenvalue | 4.38 | 1.94 | 4.38 | 1.94 |
| Variance (%) | 36.50 | 16.16 | 36.50 | 16.16 |

Note. Principal axis factorisation applied to determine dimensions. Rotations applied with Kaiser normalisation applied. Factor loadings were Structure Matrix values rather than Pattern Matrix values. Factor loadings >.30 determined meaningful and used as criterion for factor development. \(^\)Items 6, 9, 11, and 12 are reverse scored. \( h^2 \) = communality value.
Table 5.4

Model Fit Indices for Confirmatory Factor Analysis of a Two-Factor Measure of Australians’ Beliefs about Human Rights (N = 1017)

<table>
<thead>
<tr>
<th>Model</th>
<th>$\chi^2 (df)$</th>
<th>Relative $\chi^2$</th>
<th>RMR</th>
<th>CFI</th>
<th>TLI</th>
<th>RMSEA [90%CI]</th>
<th>AIC</th>
<th>BIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (initial)</td>
<td>402.00 (53)*</td>
<td>7.59</td>
<td>0.13</td>
<td>0.91</td>
<td>0.89</td>
<td>0.08 [0.07, 0.09]</td>
<td>452.00</td>
<td>575.12</td>
</tr>
<tr>
<td>2</td>
<td>81.40 (32)*</td>
<td>2.54</td>
<td>0.05</td>
<td>0.99</td>
<td>0.97</td>
<td>0.04 [0.03, 0.05]</td>
<td>173.40</td>
<td>399.94</td>
</tr>
<tr>
<td>3</td>
<td>64.13 (30)*</td>
<td>2.14</td>
<td>0.04</td>
<td>0.99</td>
<td>0.98</td>
<td>0.03 [0.02, 0.05]</td>
<td>160.13</td>
<td>396.51</td>
</tr>
<tr>
<td>4</td>
<td>57.57 (29)*</td>
<td>1.99</td>
<td>0.04</td>
<td>0.99</td>
<td>0.98</td>
<td>0.03 [0.02, 0.04]</td>
<td>155.57</td>
<td>396.87</td>
</tr>
</tbody>
</table>

Note. $\chi^2 (df)$ = chi square statistic (degrees of freedom); RMR = root mean square residual; RMSEA = root mean square error of approximation; CFI = Comparative Fit Index; TLI = Tucker-Lewis Index; AIC = Akaike Information Criterion; BIC = Bayesian Information Criterion. *p < .001, indicates poor absolute fit according to $\chi^2$ test of independence. ^ sound absolute fit, † sound relative fit.

Internal consistency reliability of beliefs about human rights subscale measures. Intercorrelations of items per factor and for all items overall were examined using Cronbach’s alpha to determine their degree of internal consistency reliability. ‘Belief that supporting human rights is a moral imperative’ (seven items) demonstrated good internal reliability ($M = 5.23, SD = .95, \alpha = .84$), while ‘Belief that Australian society supports human rights’ (five items) demonstrated acceptable internal reliability ($M = 3.30, SD = 1.11, \alpha = .74$). Diagnostics indicated that neither factor’s internal reliability would be improved by removal of an item, so all items were retained per factor. Given the sound internal reliability of each factor it was decided to treat each item set as measures in subsequent analyses. To determine whether the two subscale dimensions were amenable to use as a composite scale yielding a global score indicating beliefs about human rights, internal reliability for all items, entered as a single scale, was assessed; internal consistency of all items was poor ($\alpha = .53$). A bivariate Pearson correlation determined the association between the dimensions was significant, moderate and negative, $r(1054) = -.34, p < .001$, two-tailed. Given the poor internal consistency between items when combined across dimensions, and a significant negative association between dimensions, it was
decided that it was most appropriate to apply the subscales as distinct subscale measures of beliefs about human rights. A paired-samples t-test found that participants significantly differed in their subscale scores and hence human rights beliefs, $t(1053) = 37.12$, $p < .001$, $d = 1.19$. Overall, participants believed that supporting human rights was a moral imperative more strongly than they believed that other Australians supported human rights ($M_{\text{difference}} = 1.93$, $SE = .05$).

**Bivariate correlations between beliefs about human rights subscales and demographic variables.** Bivariate Pearson correlations were conducted to assess significant associations between the beliefs about human rights subscales and age, while point-biserial correlations were conducted to assess significant associations between the beliefs about human rights subscales, gender, and identification with a social minority. The ‘belief that supporting human rights is a moral imperative’ subscale had a weak, significant positive association with gender, $r(1027) = .19$, $p < .001$, suggesting women held this belief more strongly than men. This belief was not significantly associated with age ($p = .32$) or identification with a social minority ($p = .25$). The subscale ‘belief that Australian society supports human rights’ had a weak, significant, negative association with gender, $r(1027) = -.18$, $p < .001$, suggesting men held this belief more strongly than women, and with an identification with a social minority, $r(1054) = -.16$, $p < .001$, suggesting those who did not identify with a social minority held this belief more strongly than those who did identify with a minority. This belief was not significantly associated with age ($p = .33$).

**Discussion**

The aim of Study 1 was to develop and validate a measure of beliefs about human rights relevant to the Australian context. A 12-item, two-factor measure assessing Australians’ belief about human rights was successfully developed and
validated via a pilot study (Appendix II) and continued by the current study. Development of this measure was deemed necessary given there exist no measures focusing on human rights beliefs or attitudes specific to the Australian context, and which evaluate individuals’ personal beliefs about human rights relative to others’ in their society. The resultant two-factor measure reflects a different type of construct to popular existing human rights measures; both the Human Rights Survey (HRQ; Diaz–Veizades, Widaman, Little, & Gibbs, 1995) and the Attitudes Toward Human Rights Inventory (ATHRI; Getz, 1985) focused on assessing individuals’ understanding of and support for the specific moral and civil rights articles described in the *Universal Declaration of Human Rights* (1948), and other libertarian United Nations and United States legislation. Our measure, however, focused on assessing individuals’ beliefs about human rights as an open-ended ‘fuzzy’ construct, allowing participants to impose their own understanding of what ‘human rights’ are, and their value, with respect to themselves, others, and their society. The measure had two subscales, ‘beliefs that supporting human rights is a moral imperative’ and ‘belief that Australian society supports human rights’, which were moderately, negatively correlated. On average, participants endorsed the first belief more strongly than the second. This difference likely reflects a self-enhancement bias called the ‘better than average’ effect, which is the tendency for individuals to attribute ‘better’ traits, qualities, and abilities to themselves than others (Guenther & Alicke, 2010; Sedikides & Gregg, 2008). This interpretation is supported by Stavrova, Köneke, and Schlösser (2016), who found that individuals tended to evaluate their own attitudes towards sociopolitical issues of personal importance as being more supportive than those of others.

Age was not associated with degree of belief for either subscale; this is the first study to the author’s knowledge to assess associations of age with human rights
beliefs and attitudes. A study by Dunbar, Blanco, Sullaway, and Horcajo (2004) hypothesised a negative association between age and attitudes towards social minorities in the context of human rights, and similarly found these were not significantly associated. We did find significant gender differences for these beliefs, though; women believed that supporting human rights is a moral imperative more strongly than men, while men believed that Australian society supports human rights more strongly than women. Interestingly, Diaz-Veizades et al. (1995) found that women endorsed all HRQ factors (Social Security, Civilian Constraint, Equality, and Privacy) more strongly than men using an American student sample, although this difference was relatively small in magnitude. Crowson and deBacker (2008) found that men were more likely than women to support restrictions on human rights (using the Human Rights-Civil Liberties Scale – Revised; HR – CL-R), also using an American student sample; however, Swami et al. (2012) used the unrevised HR-CL to assess attitudes towards human rights in a German community sample and found no significant difference between men and women for these beliefs.

Participants who identified with a social minority group also believed that Australian society supports human rights less strongly than those who did not identify with a minority. This result is likely due to those who identified with a social minority having had personal and hence salient experiences of social injustice associated with their minority status. These individuals are also likely to have a greater desire and need for human rights policy and legislation in their everyday life, and so may be keenly aware of its importance in contexts that non-minority individuals are not. An ingroup cognitive bias (i.e., hostile attribution bias) may have also been involved, where an individual attributes less positive qualities or intentions to an outgroup, compared to their own self-categorised ingroup. Guy, Lee, and Wolke (2017) found that United Kingdom adolescents who were victimised (bullied)
had a stronger attribution bias than those who were not victimised; in the current study’s context, individuals who identify with a minority group may have experienced victimisation and hence be more likely to interpret the neutral or ambiguous expressions, words, and behaviours of those who do not share this status as being negative rather than neutral or positive. This could extend to assumptions about the outgroup’s support for human rights generally.

This interpretation is supported by an experimental study examining the effects of social ostracism on meta-perceived dehumanisation (i.e., what participants thought others thought of their human status; Bastian & Haslam, 2010). When excluded (versus not) during a simulated gaming task, participants felt that others perceived them to have less positive and more negative characteristics that are seen as essential or fundamental to all humans, such as openness, emotionality, vitality, and warmth. Participants who identified with social minority groups may have experienced social ostracism due their group identity, and as such hold metaperceptions that others view them as ‘less than human’ and hence are less supportive of their group’s human rights.

**Strengths, Limitations, and Future Research for Study 1**

A general strength of this study was the high public interest in the general topic of human rights and social justice within Australia during recruitment in 2016. This allowed the collection of a large sample with balanced demographics and ensured that gradual attrition did not affect the usability of the study data. A key strength specific to Study 1 was the development and validation of a new measure assessing beliefs about human rights specific to the Australian context. This measure demonstrated sound construct validity and internal reliability.
A key limitation of Study 1 was the researcher’s dependence on scale items relevant to beliefs about human rights generated by her and her team. The purpose of the measure was to capture participant endorsement of ‘human rights’ as a fuzzy construct rather than a specific set of principles and practices. We assumed that laypeople would be unlikely to have a nuanced understanding of United Nations policy and legislation but would be familiar with the general discourse associated with these via media, higher education, and exposure to specific domestic and international human rights considerations. However, the dimensions of a measure are only reflective of the fundamental items which contribute to it, and so the beliefs about human rights in the Australian context represented by this measure are limited to and biased by the researchers’ assumptions. Future research focused on refining this measure could explore Australian laypeople’s qualitative beliefs about human rights (e.g., what they actually are, and their value in their own and others’ life), to better inform a measure of Australians’ beliefs about and endorsement of human rights ideology.

Conclusion

An original two-dimensional measure was developed and validated to assess Australians’ beliefs about human rights. This measure suggested that Australians moderately to strongly believe that human rights are a moral imperative but are less convinced that ‘Australian society’ supports human rights.
CHAPTER SIX: STUDY 2 – ASSOCIATIONS BETWEEN AUSTRALIANS’ BELIEFS ABOUT HUMAN RIGHTS AND THEIR MORAL CONCERN FOR OFFENDERS AND PEOPLE WITH INTELLECTUAL DISABILITY AS SOCIAL CATEGORIES

This chapter details Study 2, which addresses research question 2 concerned with understanding how Australians’ beliefs about human rights relates to their moral concern for people with an ID and criminal offenders, as relative social categories. This chapter reports the Aims and Hypotheses, Data Treatment and Analysis Approach, Results, and Discussion for Study 2.

Aims and Hypotheses

The aim of Study 2 was to assess how Australians’ beliefs about human rights were associated with their moral concern for criminal offenders and people with an ID as relative social categories. It was hypothesised that endorsement of beliefs that human rights are a moral imperative, and that Australian society supports human rights, would predict the inclusion of a greater number of social categories overall in participants’ circle of moral concern (H1), as well as the inclusion of people with an ID (H2) and of criminal offenders (H3) in participants’ circle of moral concern.

Data Treatment and Analysis Plan

Assumption testing relevant to multiple linear regression and multiple binary logistic regression was conducted, and frequency and descriptive statistics were provided for relevant items and measures. For the circle of moral concern task, average number of social categories included in participants’ circle of moral concern, proportion of participants who included each social category in their circle, and the median ranking per social category were determined.
Point-biserial correlations were conducted to determine bivariate associations between beliefs about human rights and moral concern for specific social categories. Correlations with significant associations of $p < .25$ rather than $p < .05$ were used to determine which relationships to test via regression (Mickey & Greenland, 1989). To determine the inclusion of appropriate control variables in regression models, further point-biserial and Pearson bivariate correlation analyses, as relevant, were conducted to test associations between the beliefs about human rights subscale scores and participant age, gender, identification with a social minority, and total number of social categories, as well as specific social categories, included in participants’ circle of moral concern.

A hierarchical linear multiple regression was conducted to determine whether participants’ beliefs about human rights predicted total number of social categories included in their circle of moral concern; contributions of gender and age were controlled for via entry in Step 1, and beliefs about human rights subscales were included at Step 2. Three hierarchical binary logistic regressions were conducted to determine whether participants’ beliefs about human rights predicted inclusion of ex-prisoners, criminal offenders serving community-based orders, and/or people with an ID, in their circle of moral concern. Each model featured a different social category as criterion; again, the contributions of gender and age were controlled for via entry in Step 1, and beliefs about human rights subscales were included at Step 2.

**Statistical Power Considerations**

*A priori* statistical power analyses were conducted to ensure an adequate sample size was recruited, and to reduce the risk of Type II error. With an alpha of .05 and power of .80, the following sample sizes would be necessary to detect the effect sizes specified for a linear multiple regression model with four predictors: $N = 602$ to detect a very small effect size ($f^2 = .02$); $N = 204$ to detect a small effect size
An a priori power analysis was also conducted to determine the necessary sample size for a multiple logistic regression (two-tailed) with an alpha of .05 and power of .80, and minimum odds ratio of 1.5 along with possible $R^2$ between covariates of .09; $N = 228$ was recommended. Given the large size of our sample, sufficient statistical power for all analyses in Study 6 was assured.

**Statistical Software**

G*Power 3 (Faul, Erdfelder, Buchner, & Lang, 2009) was used for statistical power analyses, and IBM SPSS Statistics 24 was used for all other statistical analyses.

**Results**

**Participant Demographics**

Participants ($N = 1055$, 52.7% female) were aged 18-84 years ($M = 46.17$, $SD = 18.82$), with members of the general community from all Australian states and territories represented to varying degrees. A variety of education and employment statuses were represented. Participant demographics can be viewed in Table 5.1.

**Descriptive Statistics and Internal Reliabilities for Beliefs About Human Rights Subscales**

Intercorrelations of items per factor and for all items overall were examined using Cronbach’s alpha to determine their degree of internal consistency reliability. ‘Belief that supporting human rights is a moral imperative’ (seven items) demonstrated good internal reliability ($M = 5.23$, $SD = .95$, $\alpha = .84$), while ‘Belief
that Australian society supports human rights’ (five items) demonstrated acceptable internal reliability ($M = 3.30$, $SD = 1.11$, $\alpha = .74$). A bivariate Pearson correlation determined these subscales were moderately and negatively associated, $r(1054) = -.34, p < .001$, two-tailed.

**Moral Concern for Social Categories**

Only participants who accessed the online survey using a personal computer ($N = 781$), as opposed to via a smart phone or tablet, were eligible to complete the circle of moral concern task due to limitations of the drag and drop mechanics of the task. On average, participants included about nine of the available 14 social categories in their circle of moral concern ($M = 8.94$, $SD = 4.21$, range 1-14). An independent samples t-test showed that men ($M = 8.82$, $SD = 4.40$) and women ($M = 8.97$, $SD = 4.03$) did not significantly differ in the average total number of social categories they included in their circle of moral concern, $t(712.66) = -.47, p = .64$, (equal variances not assumed, $F = 6.92, p < .05$).

**Inclusion and ranking of social categories in moral circle.** Frequency and median rank statistics for social categories included in participants’ circle of moral concern (total and by median rank per social category) can be viewed in Table 6.1. Overall, the most common social category participants reported feeling moral concern for was people experiencing a mental illness (reported by 84.0% of participants), followed by homeless people (81.6%), elderly people (81.0%), people with a physical disability (79.8%), people with an intellectual disability (78.5%), and Aboriginal and Torres Strait Islander people (72.3%). The least common social categories participants reported feeling moral concern for were criminal offenders serving community-based orders (38.7%) and ex-prisoners who have served a sentence for their crime (44.3%). Interestingly, a smaller proportion of participants
expressed moral concern for adult men (39.4%) than for the ex-prisoner social category.

Further chi square tests of independence were conducted to determine whether there was a significant difference between the proportion of participants who expressed moral concern for criminal offender social categories and for people with disability social categories. Overall, participants were more likely to report moral concern for ex-prisoners who had already served their sentence than for criminal offenders currently serving a community-based order, $\chi^2 (1, N = 781) = 533.89, p < .001, \Phi = .83$. Furthermore, participants were more likely to report moral concern for people with an intellectual disability compared to ex-prisoners who had already served their sentence, $\chi^2 (1, N = 781) = 108.54, p < .001, \Phi = .37$, and compared to criminal offenders serving community-based orders for their crime, $\chi^2 (1, N = 781) = 118.84, p < .001, \Phi = .39$. Notably, participants were more likely to report moral concern for people with a physical disability compared to people with an intellectual disability, $\chi^2 (1, N = 781) = 204.78, p < .001, \Phi = .51$. 
Table 6.1

*Frequency and Median Rank Statistics for Participant Inclusion of Social Categories in their Circle of Moral Concern (N = 762)*

<table>
<thead>
<tr>
<th>Social Category</th>
<th>Moral Concern Reported</th>
<th>Ranked Moral Concern</th>
<th>Median Rank</th>
<th>Rank Range</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. People experiencing a mental illness</td>
<td>656</td>
<td>84.0</td>
<td>3</td>
<td>1-13</td>
</tr>
<tr>
<td>2. Homeless people</td>
<td>637</td>
<td>81.6</td>
<td>4</td>
<td>1-14</td>
</tr>
<tr>
<td>3. Elderly people</td>
<td>633</td>
<td>81.0</td>
<td>5</td>
<td>1-14</td>
</tr>
<tr>
<td>4. People with a physical disability</td>
<td>623</td>
<td>79.8</td>
<td>4</td>
<td>1-14</td>
</tr>
<tr>
<td>5. People with an intellectual disability</td>
<td>613</td>
<td>78.5</td>
<td>3</td>
<td>1-13</td>
</tr>
<tr>
<td>6. Aboriginal and Torres Strait Islanders</td>
<td>565</td>
<td>72.3</td>
<td>4</td>
<td>1-14</td>
</tr>
<tr>
<td>7. Adolescent girls</td>
<td>496</td>
<td>63.5</td>
<td>6</td>
<td>1-14</td>
</tr>
<tr>
<td>8. Primary school children</td>
<td>494</td>
<td>63.3</td>
<td>5</td>
<td>1-14</td>
</tr>
<tr>
<td>9. Centrelink (welfare) recipients</td>
<td>460</td>
<td>58.9</td>
<td>7</td>
<td>1-14</td>
</tr>
<tr>
<td>10. Adult women</td>
<td>429</td>
<td>54.9</td>
<td>9</td>
<td>1-14</td>
</tr>
<tr>
<td>11. Adolescent boys</td>
<td>423</td>
<td>54.2</td>
<td>8</td>
<td>1-14</td>
</tr>
<tr>
<td>12. Criminal offenders serving community-based orders</td>
<td>346</td>
<td>44.3</td>
<td>11</td>
<td>1-14</td>
</tr>
<tr>
<td>13. Adult men</td>
<td>308</td>
<td>39.4</td>
<td>12</td>
<td>1-14</td>
</tr>
<tr>
<td>14. Ex-prisoners who have served a sentence for their crime</td>
<td>302</td>
<td>38.7</td>
<td>11</td>
<td>1-14</td>
</tr>
</tbody>
</table>

*Note.* Categories ordered from most frequently included to least frequently included, overall. % not cumulative as people could express moral concern for multiple social categories. Participants who completed the study on a smartphone rather than a computer did not complete the circle of moral concern task.
Bivariate correlations between beliefs about human rights factors and moral concern for social categories. Pearson correlation analyses (two-tailed; Table 6.2) found a moderate, positive, statistically significant association between the total number of social categories participants included in their circle of moral concern and the belief that supporting human rights is a moral imperative, \( r (781) = .33, p < .001 \). A small, negative, statistically significant association was also found for the belief that Australian society supports human rights with total number of social categories included, \( r (781) = -.15, p < .001 \), and age, \( r (761) = -.19, p < .001 \), but not with gender (\( p = .64 \)).

Point-biserial correlation analyses (two-tailed; Table 6.2) found that the belief that human rights is a moral imperative was significantly and positively associated with inclusion of all social categories except elderly people in participants’ circle of moral concern. Relationship strength ranged from weak to moderate (\( r = .08 \) to .40) across social categories. A significant, weak, negative association was also found between belief in other Australians’ support for human rights and the inclusion of most social categories in participants’ circle of moral concern; as participants’ belief that Australian society supports human rights decreased, all social categories (except adult men, adolescent boys, primary school children, people with a physical disability, and elderly people) were more likely to be included in participants’ circle of moral concern (\( r = -.08 \) to -.28). Age was also significantly and negatively associated with participants’ inclusion of all social categories in their circle of moral concern (except people with an ID, elderly people, and indigenous Australians); as participants’ age increased, they were less likely to report moral concern for most social categories (\( r = - .08 \) to -.21).
Table 6.2

*Bivariate Correlations between Beliefs about Human Rights, Age, and Moral Concern for Social Categories*

<table>
<thead>
<tr>
<th>Variable</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Belief that human rights is a moral imperative</td>
<td>1</td>
<td>-0.34***</td>
<td>1</td>
</tr>
<tr>
<td>2. Belief that Australian society supports human rights</td>
<td>-0.03</td>
<td>-0.03</td>
<td>-0.15***</td>
</tr>
<tr>
<td>3. Age</td>
<td>0.08*</td>
<td>-0.01</td>
<td>-0.13***</td>
</tr>
<tr>
<td>4. Adult men</td>
<td>0.26***</td>
<td>-0.04</td>
<td>-0.13***</td>
</tr>
<tr>
<td>5. Adult women</td>
<td>0.13***</td>
<td>-0.13***</td>
<td>-0.16***</td>
</tr>
<tr>
<td>6. Adolescent boys</td>
<td>0.23***</td>
<td>-0.09*</td>
<td>-0.19***</td>
</tr>
<tr>
<td>7. Adolescent girls</td>
<td>0.26***</td>
<td>-0.08*</td>
<td>-0.16***</td>
</tr>
<tr>
<td>8. Primary school children</td>
<td>0.09*</td>
<td>0.00</td>
<td>-0.10**</td>
</tr>
<tr>
<td>9. Criminal offenders serving community-based orders</td>
<td>0.24***</td>
<td>-0.08*</td>
<td>-0.16***</td>
</tr>
<tr>
<td>10. Ex-prisoners who have served a sentence for their crime</td>
<td>0.26***</td>
<td>-0.13***</td>
<td>-0.13***</td>
</tr>
<tr>
<td>11. Centrelink (welfare) recipients</td>
<td>0.37***</td>
<td>-0.24***</td>
<td>-0.11***</td>
</tr>
<tr>
<td>12. People with an intellectual disability</td>
<td>0.33***</td>
<td>-0.08*</td>
<td>-0.04</td>
</tr>
<tr>
<td>13. People with a physical disability</td>
<td>0.21***</td>
<td>-0.03</td>
<td>-0.04</td>
</tr>
<tr>
<td>14. Homeless people</td>
<td>0.25***</td>
<td>-0.19***</td>
<td>-0.08*</td>
</tr>
<tr>
<td>15. People experiencing a mental illness</td>
<td>0.27***</td>
<td>0.10***</td>
<td>-0.19***</td>
</tr>
<tr>
<td>16. Elderly people</td>
<td>0.01</td>
<td>0.02</td>
<td>0.01</td>
</tr>
<tr>
<td>17. Aboriginal and Torres Strait Islander people</td>
<td>0.40***</td>
<td>-0.28***</td>
<td>-0.05</td>
</tr>
</tbody>
</table>

Note: Variables 1-3 are continuous, while variables 4-18 are dichotomous. Pearson correlation coefficients provided for associations between continuous variables and point-biserial correlation coefficients provided for associations between continuous and dichotomous variables. N = 1054 for variables 1-2, N = 1024 for variable 3, and N = 781 for variables 4-17. *p < .05, **p < .01, ***p < .001, two-tailed.

**Hypothesis Testing**

A hierarchical multiple linear regression analysis was conducted to determine whether, after controlling for the influence of gender and age (Step 1), participants’ beliefs about human rights (Step 2) predicted the total number of categories they included in their circle of moral concern (Table 6.3). The Step 1 model was statistically significant, R = .19, F (2, 740) = 14.19, p < .001, and explained 4% of total variance; age significantly predicted total number of social categories and contributed 4% unique variance to the outcome. The addition of further variables at Step 2 significantly improved the model, R = .36, F (2, 738) = 40.55, p < .001, and explained an additional 10% variance; belief that supporting human rights is a moral imperative was a significant predictor of total number of social categories, contributing 8% unique variance to the outcome. Participants’ gender and belief that
Australian society supports human rights were not significant predictors of total number of social categories included in their circle of moral concern (all $p > .05$).

Three hierarchical binary logistic regression analyses (Table 6.4) were conducted to determine whether, after controlling for the influence of gender and age (Step 1), participants’ beliefs about human rights (Step 2) predicted the inclusion of ex-prisoners, criminal offenders serving a community based sentence, and/or people with an ID in their circle of moral concern. Hosmer and Lemeshow test results were non-significant for all models ($p > .05$), indicating goodness of fit across models. Case outcomes were correctly classified at a greater than chance rate (>50%) across models.

Inclusion of gender and age at Step 1 for each model explained only 1-2% of total variance in the criterion, while inclusion of both beliefs about human rights subscales explained 7-9% of total variance in the criterion. Age was a significant predictor of whether ex-prisoners and criminal offenders currently serving a sentence were included in participants’ circle of moral concern at Steps 1 and 2 of relevant models, with older participants (negligibly) less likely to show moral concern for these social categories (both OR = .99 at Steps 1 and 2).

Gender was a significant predictor for whether participants included people with an ID in their circle of moral concern at Steps 1 and 2 of the relevant model, with women nearly twice as likely as men to show moral concern for people with an ID (OR = 1.95).

At Step 2 of all three models, participants’ belief that supporting human rights is a moral imperative significantly predicted inclusion of ex-prisoners (OR = 2.14), criminal offenders (OR = 2.20), and people with an ID (OR = 2.20) in their circle of moral concern; for each incremental increase in participants’ self-reported belief, participants’ likelihood to report moral concern for these social categories
more than doubled. Participants’ belief that Australian society supports human rights was not significantly associated with moral concern for any of the social categories at Step 2 across models (all $p > .05$).

Table 6.3

*Hierarchical Multiple Regression Model Associating Human Rights Beliefs with Total Number of Social Categories Included in Circle of Moral Concern (N = 743)*

<table>
<thead>
<tr>
<th>Predictor</th>
<th>$b$</th>
<th>$SE$</th>
<th>$\beta$</th>
<th>$r_{sp}$</th>
<th>$R^2$</th>
<th>$F_{change}$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong> Constant</td>
<td>10.75</td>
<td>0.42</td>
<td>.04</td>
<td>.04</td>
<td></td>
<td>14.19***</td>
</tr>
<tr>
<td>Gender</td>
<td>0.36</td>
<td>0.31</td>
<td>0.04</td>
<td>.04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>-0.04</td>
<td>0.01</td>
<td>-0.20***</td>
<td>-.19</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Step 2</strong> Constant</td>
<td>3.24</td>
<td>1.28</td>
<td>.13</td>
<td>.13</td>
<td>.10</td>
<td>40.55***</td>
</tr>
<tr>
<td>Gender</td>
<td>-0.17</td>
<td>0.30</td>
<td>-0.20</td>
<td>-.02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>-0.04</td>
<td>0.01</td>
<td>-0.17***</td>
<td>-.17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR- moral imperative</td>
<td>1.47</td>
<td>0.18</td>
<td>0.31***</td>
<td>.29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR- social support</td>
<td>-0.09</td>
<td>0.14</td>
<td>-0.02</td>
<td>-.02</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. $b$ = unstandardised coefficient; $\beta$ = standardised coefficient. $SE$ = standard error; $r_{sp}$ = Semi Partial $r$; Adjusted $R^2$ values $= R^2$ values; $R^2_{change} = .10$. HR-moral imperative = Belief that human rights is a moral imperative; HR – social support = Belief that Australian society supports human rights. For Sex, 0 = male, 1 = female. *$p < .05$, **$p < .01$, ***$p < .001$. 
Table 6.4

**Hierarchical Binary Logistic Regression Models Associating Human Rights Beliefs with Moral Concern for People with Intellectual Disability and Criminal Offenders**

\(N = 743\)

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Predictor</th>
<th>(b)</th>
<th>(SE)</th>
<th>(OR)</th>
<th>95% CI</th>
<th>(\chi^2)</th>
<th>(R^2)</th>
<th>Model (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ex-Prisoners</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Step 1</strong></td>
<td>Constant</td>
<td>0.42</td>
<td>0.21</td>
<td></td>
<td>12.56**</td>
<td>.01</td>
<td>55.3</td>
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</tr>
<tr>
<td></td>
<td>Gender</td>
<td>-0.11</td>
<td>0.15</td>
<td>0.90</td>
<td>[0.67, 1.21]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age</td>
<td>-0.01</td>
<td>0.00</td>
<td>0.99***</td>
<td>[0.98, 1.00]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td>Constant</td>
<td>-3.40</td>
<td>0.81</td>
<td></td>
<td>72.59***</td>
<td>.07</td>
<td>61.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gender</td>
<td>-0.38</td>
<td>0.16</td>
<td>0.69*</td>
<td>[0.50, 0.94]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age</td>
<td>-0.01</td>
<td>0.00</td>
<td>0.99***</td>
<td>[0.98, 1.00]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HR- moral imperative</td>
<td>0.76</td>
<td>0.12</td>
<td>2.14***</td>
<td>[1.69, 2.72]</td>
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<td></td>
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<tr>
<td></td>
<td>HR- social support</td>
<td>-0.06</td>
<td>0.08</td>
<td>0.94</td>
<td>[0.81, 1.09]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Criminal offenders serving a sentence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Step 1</strong></td>
<td>Constant</td>
<td>0.34</td>
<td>0.21</td>
<td></td>
<td>18.85***</td>
<td>.02</td>
<td>60.3</td>
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</tr>
<tr>
<td></td>
<td>Gender</td>
<td>-0.13</td>
<td>0.16</td>
<td>0.88</td>
<td>[0.65, 1.20]</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age</td>
<td>-0.02</td>
<td>0.00</td>
<td>0.98***</td>
<td>[0.98, 0.99]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td>Constant</td>
<td>-4.01</td>
<td>0.85</td>
<td></td>
<td>69.05***</td>
<td>.07</td>
<td>66.2</td>
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<tr>
<td></td>
<td>Gender</td>
<td>-0.35</td>
<td>0.17</td>
<td>0.71*</td>
<td>[0.51, 0.98]</td>
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</tr>
<tr>
<td></td>
<td>Age</td>
<td>-0.02</td>
<td>0.00</td>
<td>0.99***</td>
<td>[0.98, 0.99]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HR- moral imperative</td>
<td>0.79</td>
<td>0.13</td>
<td>2.20***</td>
<td>[1.70, 2.84]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HR- social support</td>
<td>0.05</td>
<td>0.08</td>
<td>1.05</td>
<td>[0.90, 1.22]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>People with an ID</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Step 1</strong></td>
<td>Constant</td>
<td>1.32</td>
<td>0.25</td>
<td></td>
<td>14.22**</td>
<td>.02</td>
<td>78.6</td>
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<tr>
<td></td>
<td>Gender</td>
<td>0.67</td>
<td>0.18</td>
<td>1.95***</td>
<td>[1.36, 2.80]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age</td>
<td>-0.01</td>
<td>0.01</td>
<td>0.99</td>
<td>[0.98, 1.00]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td>Constant</td>
<td>-3.30</td>
<td>0.80</td>
<td></td>
<td>72.12***</td>
<td>.09</td>
<td>79.9</td>
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</tr>
<tr>
<td></td>
<td>Gender</td>
<td>0.48</td>
<td>0.20</td>
<td>1.62*</td>
<td>[1.10, 2.39]</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age</td>
<td>-0.00</td>
<td>0.01</td>
<td>1.00</td>
<td>[0.99, 1.01]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HR- moral imperative</td>
<td>0.79</td>
<td>0.11</td>
<td>2.20***</td>
<td>[1.77, 2.73]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HR- social support</td>
<td>0.15</td>
<td>0.09</td>
<td>1.16</td>
<td>[0.97, 1.40]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. \(b\) = Unstandardised coefficient; \(SE\) = standard error; \(OR\) = odds ratio; \(R^2\) = McFadden’s pseudo \(R^2\); \(\chi^2\) = chi square statistic, indicating model improvement from baseline when \(p < .05\). Model % = Percentage of correctly classified outcomes for sample cases compared to the null model. HR-moral imperative = Belief that supporting human rights is a moral imperative; HR – social support = Belief that Australian society supports human rights. For Sex, 0 = male, 1 = female.

\(*p < .05, **p < .01, ***p < .001.\)
**Discussion**

Study 2 aimed to assess how Australians’ beliefs about human rights was associated with moral concern for people with an ID and criminal offenders as relative social categories. We hypothesised that participants’ belief in human rights would predict inclusion of a greater number of social categories in their circle of moral concern (H1), and inclusion of people with an ID (H2) and criminal offenders (H3) in their circle of moral concern. All three hypotheses were partially supported; belief that supporting human rights is a moral imperative significantly predicted all outcomes, whereas belief that Australian society supports human rights did not.

That belief that human rights is a moral imperative was positively associated with total number of social categories included in participants’ circle of moral concern is novel with reference to past research, but unsurprising; overall this belief explained 10% variance in the number of social categories included in the circle of moral concern, after controlling for age and gender. McFarland, Webb, and Brown (2012) similarly found small to moderate, positive bivariate associations between support for human rights and ‘identification with all humanity’ (which assesses the extent to which participants ‘have concern for’ and ‘want to help, when in need’ the following narrow, to broad, social categories – ‘Americans’, ‘People in my community’, and ‘People all over the world’). McFarland et al. also found that identification with all humanity was a significant predictor of human rights support in multivariate models. While the current study employed different measures to McFarland et al., there is a clear similarity between the constructs and associations addressed between our studies.

Drawing on Haslam and colleagues’ (Haslam, Bastian, & Bissett, 2004; Haslam, Loughnan, Kashima, & Bain, 2008) two-dimensional theory of dehumanisation (characterised by ‘Human Uniqueness’ and ‘Human Nature’),
Bastian et al. (2011) assessed university students’ moral attributions toward 24 social categories and found that stronger attributions of Human Nature were strongly, positively associated with attributions of moral patiency (i.e., moral value, the right to be assisted and protected from harm).

Human Nature refers to characteristics that are seen as essential or fundamental to all humans, such as openness, emotionality, vitality, and warmth. Human Uniqueness refers to characteristics that are believed to distinguish humans from (other) animals, and involve refinement, civility, higher cognition, and other socially learned qualities (Haslam et al., 2004). When Human Uniqueness attributes are denied to people they are explicitly or implicitly likened to animals, and seen as immature, coarse, irrational, or backward. When Human Nature attributes are denied to people they are explicitly or implicitly likened to objects or machines and seen as cold, rigid, inert, and lacking emotion. Our results could be interpreted to suggest that participants’ who believed human rights are a moral imperative, are more likely to view social categories and the individuals within them as ‘real’ humans (reduced objectification) with emotional, subjective selves worth helping and protecting from harm.

Abrams et al. (2015), who drew on Fisk and colleagues’ (Fiske et al., 2002, 2007) stereotype content model to examine how endorsement of equality values related to participants’ support for different social categories rights, found that participants exercised their ‘equality for all’ value hypocritically. They found that the stronger participants’ endorsement of equality values, the higher they rated the rights of paternally prejudiced social categories (e.g., women, people with disability, elderly people), and the lower they rated the rights of contemptuously prejudiced social categories (e.g., Muslim, Black, and homosexual people). Abram et al.’s (2015) results generally reflect those of the moral concern rank-order task in Study 2,
where social categories perceived to require greater protection were ranked highest (i.e., people with mental illness, people with disability, the elderly, the homeless), while those likely perceived to be moral transgressors (i.e., current and past prisoners) or to hold social privilege (i.e., adult men, adolescent boys) were ranked lowest. However, our results also found that even though offenders were ranked very low, participants’ belief that human rights are a moral imperative was nonetheless associated with inclusion of offenders in their circle of moral concern. Our results may differ from Abrams et al.’s (2015) due to the nature of the questions and measures used to assess this association; where Abram et al. (2015) measured how equality values related to rights endorsement for different groups, and compared mean differences between these groups, the current study asked participants to simply include or exclude the different social categories in their circle of moral concern, comparing the frequency of groups’ inclusion and assessing associations between human rights beliefs and dichotomised moral concern. While constructs and measures in these two studies are similar, they are not identical.

Applying the theory of universal values (Schwartz, 1992, 1994) to a cross-cultural sample of 21 countries, Schwartz (2007) identified the personal value of universalism (which represents the goals of tolerance and seeking the welfare of all humankind) to predict moral inclusiveness towards racial and cultural minorities (immigrants), and to predict prosocial behaviour. Using a United States panel sample, Hackett, Omoto, and Matthews (2015) also found that personal self-transcendence values (i.e., Universalism, Benevolence; Schwartz, 1992, 1994) positively predicted concern for human rights, and that this relationship was mediated by a ‘psychological sense of global community’. While the directionality of this mediation model is contrary to that tested in the current study (where belief that human rights is a moral imperative predicts total number of social categories
included in one’s circle of moral concern), there is nonetheless a clear similarity between key constructs across our studies. This similarity suggests that participants who held human rights as a moral imperative in the current study, may have held self-transcendence (as opposed to self-enhancing) personal values.

Passini (2016) expanded on this association between personal values and moral inclusion via a structural equation model, showing that moral inclusion intentions predicted self-transcendent values (encouraging independence of thought and action and receptiveness to change), whereas priming one’s moral identity predicted conservation values (submissive self-restriction, preservation of traditional practices and protection of the status quo). Interestingly, Passini’s (2016) results contradict those of Reed and Aquino (2003), who found that a highly self-important moral identity was associated with a more expansive circle of moral concern. The current study’s results cannot clearly side with either Passini or Reed and Aquino – our measure primed participants toward ‘inclusion’ of social categories in one’s moral circle of concern (supporting Passini, 2016), but then predicted a self-attributed moral principle reflecting participants’ moral identity (supporting Reed and Aquino, 2003). It may be that these constructs (self-transcendence and conservation values, moral inclusion, and moral identity) hold a complex interrelation which depends on which values are primed and hence prioritised (e.g., threat primes conservation, empathy/perspective-taking primes self-transcendence). These values are complimentary according to Schwartz’ two-dimensional orthogonal model (with self-transcendence opposed to self-enhancement, and conservation opposed to openness to experience; Schwartz, 1992, 1994).

While there is sufficient literature to provide context for our finding regarding the association between belief that human rights is a moral imperative and holding an expansive moral circle, our results for hypothesis 2 and 3 (that this belief
predicted the inclusion of people with an ID and offenders, respectively, in the circle of moral concern) can only be explained with reference to our preliminary analyses. Of the 14 social categories assessed in the current study, people with an ID had a median rank of 4 (with 78.5% of participants including this social category in their circle of moral concern), while the two offender social categories (offenders serving community-based orders and ex-prisoners who had served their sentence) both had a median rank of 11 (with 44.3% and 38.7% of participants including these respective social categories in their circle of moral concern). Regression analyses showed, however, that for every incremental increase in their belief that human rights are a moral imperative, the likelihood that participants would include each of these social categories more than doubled. This indicates that participants who hold this belief may use it (or the values underlying it) as a deontological rule for moral decision-making, where if one social category is of moral value to them, then all social categories are of moral value to them. This interpretation is consistent with Schwartz’s (1994) definition of personal values as ‘transsituational motivations or goals’, and with past studies’ association of self-transcendence values (benevolence, universalism) and the egalitarian ideology of human rights policy and legislation generally. Participants’ strong consistency between the abstract principles of human rights ideology and their situational moral decision-making, with reference to the social categories presented to them, also reinforces the transsituational impact of personal values within Schwartz’ theoretical framework.

Additional findings included that age and gender were associated with moral concern for different social categories in the multivariate regression models, although the magnitude of age’s influence was negligible and any significant difference attributable to the sample size being large and hence overpowered. More importantly, women were nearly twice as likely as men to include people with an ID
in their circle of moral concern. This could be explained by Australian women’s socialised gender norms and roles, positioning them as the primary nurturers, carers, and advocates for vulnerable or impaired family and community members, including people with an ID (Australian Bureau of Statistics, 2016). However, this explanation doesn’t indicate why women were no more likely than men to include other vulnerable groups in their circle of moral concern that they would be likely to care for (e.g., people with a physical disability, people with mental illness).

Strengths, Limitations, and Future Research for Study 2

In addition to the large sample size overall for the survey used for Studies 1-4, a strength specific to Study 2 was the use of a rank-order approach to the circle of moral concern task. This demonstrated the relative concern Australian participants attribute to simple social categories, highlighting that offenders with an ID is indeed a complex social category, eliciting incongruent moral attributions towards its two component social categories.

A key limitation of Study 2 relates to the design of the human rights measure developed and validated in Study 1. In hindsight, the researchers made an error in judgement including items in the human rights measure referring to criminal offenders and people with an ID, specifically, i.e., ‘Criminal offenders should have the same basic human rights as me’, and ‘People with intellectual disability should have the same basic human rights as me’. The purpose of these items was to allow participants an opportunity to indicate whether they held egalitarian and inclusive views towards traditionally stigmatised and vulnerable social categories specifically allocated protections by the United Nations policy legislation. However, given the purpose of this measure was as a predictive tool relative to these very social groups, inclusion of these items likely inflated the association between the subscale, Human Rights as a Moral Imperative, and inclusion of people with an ID and criminal
offenders in participants’ circles of moral concern. Future research should reconsider the value of these items to the overall measure, if used in a similar context (i.e., to research offenders with an ID). One way to refine this measure would be to include an item specific to every general social category named by United Nations Declarations and associated policy tools as at risk of rights violation (e.g., women, children, people with disability, prisoners, religious minorities, racial minorities). Alternatively, to limit the number of items in the measure, future researchers could just include a generic item referring to ‘social minorities’ instead of specifying one or more social categories.

A second limitation of this study was not controlling for additional known correlates of positive attitudes towards offenders and people with an ID, such as political orientation and previous contact. Past research suggests that those who hold conservative political beliefs (rather than liberal, non-conservative beliefs) tend to hold more negative attitudes towards offenders and ex-offenders (Rade, Desmarais, & Mitchell, 2016), and as such may be less likely to endorse human rights as a moral imperative and to include offenders in their circle of moral concern. Similarly, intergroup contact theory and related past research suggests that increased exposure and quality time spent with commonly stigmatised groups (including people with an ID and offenders) is associated with holding more positive attitudes towards members of that group (Keith, Bennetto, & Rogge, 2015; Rade et al., 2016).

**Conclusion**

The majority of Australians within this sample included people with an ID in their circle of moral concern, and ranked their concern for this social category quite highly relative to others. Conversely, a minority of Australians within this sample included criminal offenders in their circle of moral concern, and ranked them second lowest in priority (after ‘adult men’). Women were twice as likely to include people
with an ID (but no other social category) in their circle of moral concern, and as Australians’ belief in human rights as a moral imperative increased, the size of their moral circle increased, and the likelihood that they would include people with an ID and criminal offenders in their moral circle doubled incrementally. These findings frame Australians as being generally invested in social justice and the welfare of social minorities, particularly those demonstrating obvious vulnerability such as disability, illness, or frailty; however, there appear to be negative biases towards social categories perceived to be explicitly morally transgressive (criminal offenders) or from social categories perceived to be less vulnerable, relative to those proposed in the rank-order task (e.g., adult men, adolescent boys, adult women).
CHAPTER SEVEN: STUDY 3 – A COMPARISON OF AUSTRALIANS’ STIGMATISING BELIEFS ABOUT THE MORAL, SOCIAL, AND ‘HUMAN’ STATUS OF OFFENDERS AND PEOPLE AN WITH INTELLECTUAL DISABILITY AS SOCIAL CATEGORIES

This chapter details Study 3, which addresses research question 3 (described in Chapter 3) concerned with understanding the types of stigmatising beliefs Australians may hold about criminal offenders and people with an ID as distinct and comparative social categories. This chapter reports the Aims and Hypotheses, Data Treatment and Analysis Approach, Results, and Discussion for Study 3.

**Aim and Hypotheses**

The aim of Study 3 was to assess and compare Australians’ potentially stigmatising beliefs relevant to the social status, ‘human’ status, and moral status of people with an ID and criminal offenders as distinct social categories. Four belief types were assessed: stereotype content beliefs about the social competence, emotional warmth, social status, and social competitiveness of the target social categories; beliefs about the target social categories’ capacity for mind, specifically agency (i.e., rational thought, self-direction, morality) and experience (i.e., sensory experience, emotional experience); beliefs about the target social categories’ capacity for traits definitive of ‘being human’ as opposed to (dehumanised) automata or ‘lower’ animals, i.e., ‘human uniqueness’ (capacity for rational thought and self-awareness, distinct from animals) and ‘human experience’ (capacity for emotional and social connection, distinct from automata); and beliefs about the moral status of the target social categories (i.e., moral responsibility, credit, and patiency).
Based on Fiske and colleagues’ stereotype content model and its dimensional categorisations (e.g., Fiske et al., 2002), it was hypothesised that on average, people with an ID would be attributed low social status and non-competiveness, and hence high warmth and low competence (H1), while criminal offenders would be attributed low social status combined with competitiveness, and hence low warmth and competence (H2). It was also hypothesised that participants would attribute greater competence (H3), social status (H4), and competitiveness (H5) to criminal offenders, and would attribute greater warmth to people with an ID (H6).

Applying Gray and colleagues’ theory of mind perception (Gray et al., 2007), as well as Haslam and colleagues’ dual dehumanisation theory (Haslam et al., 2004; Haslam et al., 2008), it was hypothesised that participants would attribute greater agency to criminal offenders compared to people with an ID (H7), but would attribute greater experience to people with an ID compared to criminal offenders (H8). It was further hypothesised that participants would attribute greater ‘human uniqueness’ to criminal offenders compared to people with an ID (H9) and would attribute greater ‘human nature’ to people with an ID compared to criminal offenders (H10).

We initially reasoned that if mental agency was found to be high and mental experience low for criminal offenders, while mental agency was found to be low and mental experience high for people with an ID (relevant to H7 and H8), then this would suggest criminals would be typecast as ‘moral agents’ while people with an ID would be typecast as ‘moral patients’ by participants. According to Gray and colleagues’ theory of moral typecasting (Gray & Wegner, 2009; Gray et al., 2012), relative moral agents are attributed both greater moral responsibility for doing harm (as an expression of negative moral agency) and greater moral credit (as an expression of positive moral agency) than relative moral patients; conversely,
relative moral patients are attributed greater moral patiency (victimhood, experienced injustice) than moral agents. It was therefore hypothesised that participants would attribute greater moral responsibility for immoral actions (H11), as well as moral credit for moral actions (H12), to criminal offenders than people with an ID. It was further hypothesised that participants would attribute greater moral patiency (victimhood, deservingness of protection) when subjected to an immoral action (H13) to people with an ID compared to criminal offenders.

**Data Treatment & Analysis Plan**

Initial frequency and descriptive statistics were provided for all demographic items. Participants allocated to the two target social category conditions were then compared by age using an independent-samples t-test, and by gender, education level, and identification with a social minority using a series of Pearson’s chi square tests, to ensure they were suitable for between-group comparisons on key outcome variables. Frequency and descriptive statistics were then provided for all items contributing to outcome measures, including those contributing to: social status measures (i.e., stereotype content subscales ‘competence’, ‘warmth’, ‘status’, and ‘competitiveness’); ‘human’ status measures (i.e., the mind perception subscales ‘experience’ and ‘agency’, and the dehumanisation subscales ‘human uniqueness’ and ‘human nature’); and moral status measures (‘moral responsibility’, ‘moral credit’, ‘moral patiency’). After assessing measure items for univariate normality, composite variables were calculated, descriptive statistics for subscale measures were provided, and internal consistency reliabilities were determined. After assessing the univariate, bivariate, and multivariate suitability of the data, four one-way MANOVAs were then conducted to determine whether participant beliefs pertaining to the moral status, social status (i.e., stereotype content), and ‘human’ status (i.e.,
mind perception and dehumanisation) of the two target social categories (i.e., people with an ID and criminal offenders) statistically differed. In each MANOVA, the independent variable was the target social category, while the outcome variables were the subscale scores per measure. All analyses were conducted using IBM SPSS version 24.

**Statistical Power Considerations**

*A priori* statistical power analyses were conducted to ensure an adequate sample size was recruited, and to reduce the risk of Type II error. For a one-way MANOVA and associated ANOVAs including two outcome variables and comparing two groups, with an alpha of .05 and power of .80, $N = 486$ would be required to detect a very small effect size ($f^2 = .02$), $N = 164$ would be required to detect a small effect size ($f^2 = .06$), $N = 68$ would be required to detect a medium effect size ($f^2 = .15$), $N = 32$ would be required to detect a large effect size ($f^2 = .35$). For a one-way MANOVA and associated ANOVAs including three outcome variables and comparing two groups, $N = 550$ would be required to detect a very small effect size; and for a one-way MANOVA and associated ANOVAs including four outcome variables and comparing two groups, $N = 602$ would be required to detect a very small effect size. Given our total sample size of $N = 928$, statistical power and sample size was adequate for the proposed one-way MANOVAs.

**Statistical Software**

G*Power 3 (Faul et al., 2009; Faul et al., 2007), and IBM SPSS Statistics version 24 was used for all other statistical analyses.
Results

Participant Demographics

Participants ($N = 928$, $53.4\%$ female) were aged 18-84 ($M = 46.24$, $SD = 18.77$), with members of the general community from all Australian States and Territories represented to varying degrees. A variety of education and employment statuses were also represented. A complete description of participant demographics can be viewed in Table 7.1.

Preliminary Analyses

**Outcome measure integrity.** Univariate normality was sound for all continuous variables ($\text{skew}_{\text{absolute}} = -1.56 – 1.45$, $\text{kurtosis}_{\text{absolute}} = -1.39 – 1.83$), and composite scores and internal consistency reliabilities for all outcome variable subscales were calculated. Univariate normality was again sound for all subscale measures to be used as outcome variables ($\text{skew}_{\text{absolute}} = -1.29 – 1.12$, $\text{kurtosis}_{\text{absolute}} = -1.09 – 1.11$). Descriptive statistics and Cronbach’s alphas for stereotype content subscales, representing social category social status, can be viewed in Table 7.2; descriptive statistics and Cronbach’s alphas for mind perception and dehumanisation subscales, representing social categories’ ‘human’ status, can be viewed in Table 7.3; and descriptive statistics and Cronbach’s alphas for moral status subscales can be viewed in Table 7.4.

**Suitability of participants for between-group comparisons.** Due to random allocation to target social category conditions, there were 461 participants (49.9%) in the ‘people with an ID’ condition and 463 (50.1%) participants in the ‘criminal offenders’ condition. Participants in the two target social category conditions were compared on key demographic variables (i.e., age, gender, education level, employment status, and identification with a social minority) to ensure there
were no significant differences between conditions, hence making them suitable for comparison on key outcome measures.

An independent samples t-test indicated that there was no significant difference in the mean age of participants allocated to the ‘people with an ID’ condition ($M = 46.54, SD = 19.02$) compared to the ‘criminal offenders’ condition ($M = 45.83, SD = 18.57$), $t(900) = .57, p = .57$ (equal variances assumed, $F = .69, p = .41$). A series of chi square tests of independence determined that participants allocated to the two target social category conditions did not significantly differ by gender (after removing the ‘other’ category due to limited cases), $\chi^2(1, N = 901) = .81, p = .37$, Australian State/Territory of residence, $\chi^2(8, N = 924) = 7.25, p = .51$, education level, $\chi^2(8, N = 924) = 7.19, p = .52$, employment status, $\chi^2(3, N = 924) = 1.04, p = .79$, type of non-employment (i.e., never employed versus retired), $\chi^2(1, N = 321) = .08, p = .78$, or by identification with a social minority, $\chi^2(1, N = 924) = .04, p = .84$. Given the participants allocated to each condition did not differ on key demographics, they were deemed suitable for between-group comparison analyses to determine whether stigmatising beliefs differed by target social category.
Table 7.1  
**Participants Demographics and Between-Groups Comparisons (N = 928)**  

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>495</td>
<td>53.4</td>
</tr>
<tr>
<td>Male</td>
<td>410</td>
<td>44.2</td>
</tr>
<tr>
<td>Other</td>
<td>22</td>
<td>2.4</td>
</tr>
<tr>
<td><strong>State/Territory</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New South Wales</td>
<td>318</td>
<td>34.3</td>
</tr>
<tr>
<td>Australian Capital Territory</td>
<td>66</td>
<td>7.1</td>
</tr>
<tr>
<td>Victoria</td>
<td>282</td>
<td>30.4</td>
</tr>
<tr>
<td>South Australia</td>
<td>97</td>
<td>10.5</td>
</tr>
<tr>
<td>Tasmania</td>
<td>44</td>
<td>4.7</td>
</tr>
<tr>
<td>Western Australia</td>
<td>99</td>
<td>10.7</td>
</tr>
<tr>
<td>Queensland</td>
<td>18</td>
<td>1.9</td>
</tr>
<tr>
<td>Northern Territory</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>Not currently residing in Australia</td>
<td>3</td>
<td>0.3</td>
</tr>
<tr>
<td><strong>Education Level</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some secondary education</td>
<td>20</td>
<td>2.2</td>
</tr>
<tr>
<td>Year 10</td>
<td>45</td>
<td>4.8</td>
</tr>
<tr>
<td>Year 12</td>
<td>166</td>
<td>17.9</td>
</tr>
<tr>
<td>TAFE Certificate/s</td>
<td>121</td>
<td>13</td>
</tr>
<tr>
<td>TAFE Diploma/s</td>
<td>82</td>
<td>8.8</td>
</tr>
<tr>
<td>Undergraduate degree</td>
<td>254</td>
<td>27.4</td>
</tr>
<tr>
<td>Postgraduate degree</td>
<td>167</td>
<td>18</td>
</tr>
<tr>
<td>Doctoral degree</td>
<td>26</td>
<td>2.8</td>
</tr>
<tr>
<td>Other</td>
<td>47</td>
<td>5.1</td>
</tr>
<tr>
<td><strong>Employment status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full time paid employment</td>
<td>229</td>
<td>24.7</td>
</tr>
<tr>
<td>Part time/casual paid employment</td>
<td>270</td>
<td>29.1</td>
</tr>
<tr>
<td>Volunteer employment</td>
<td>104</td>
<td>11.2</td>
</tr>
<tr>
<td>Previously employed in a paid or voluntary role</td>
<td>231</td>
<td>24.9</td>
</tr>
<tr>
<td>Never employed in a paid or voluntary role</td>
<td>92</td>
<td>9.9</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>0.2</td>
</tr>
<tr>
<td><strong>Identification with a social minority ^</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>478</td>
<td>51.5</td>
</tr>
<tr>
<td>Sexual/gender minority</td>
<td>209</td>
<td>22.5</td>
</tr>
<tr>
<td>Religious minority</td>
<td>41</td>
<td>4.4</td>
</tr>
<tr>
<td>Cultural minority</td>
<td>86</td>
<td>9.3</td>
</tr>
<tr>
<td>Aboriginal or Torres Strait Islander</td>
<td>47</td>
<td>5.1</td>
</tr>
<tr>
<td>Person with a disability</td>
<td>59</td>
<td>6.4</td>
</tr>
<tr>
<td>Migrant</td>
<td>154</td>
<td>16.6</td>
</tr>
<tr>
<td>Other</td>
<td>99</td>
<td>10.7</td>
</tr>
</tbody>
</table>

*Note. ^Participants could identify with more than one social minority.*
Table 7.2

Descriptive and Internal Consistency Reliability Statistics for Social Status Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Item</th>
<th>Total</th>
<th>People with an ID</th>
<th>Criminal offenders</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Competence (α = .88, N = 915)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Capable</td>
<td>2.09 (0.87)</td>
<td>1.99 (0.84)</td>
<td>2.20 (0.91)</td>
</tr>
<tr>
<td></td>
<td>Skilful</td>
<td>2.08 (0.88)</td>
<td>1.87 (0.80)</td>
<td>2.30 (0.91)</td>
</tr>
<tr>
<td></td>
<td>Confident</td>
<td>2.44 (1.02)</td>
<td>2.17 (0.81)</td>
<td>2.70 (1.13)</td>
</tr>
<tr>
<td></td>
<td>Competent</td>
<td>1.97 (0.85)</td>
<td>1.87 (0.82)</td>
<td>2.08 (0.89)</td>
</tr>
<tr>
<td></td>
<td>Efficient</td>
<td>1.92 (0.87)</td>
<td>1.77 (0.80)</td>
<td>2.07 (0.91)</td>
</tr>
<tr>
<td></td>
<td>Intelligent</td>
<td>1.89 (0.89)</td>
<td>1.69 (0.83)</td>
<td>2.12 (0.91)</td>
</tr>
<tr>
<td><strong>Warmth (α = .95, N = 916)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Warm</td>
<td>2.36 (1.15)</td>
<td>3.19 (0.88)</td>
<td>1.55 (0.72)</td>
</tr>
<tr>
<td></td>
<td>Good-natured</td>
<td>2.49 (1.17)</td>
<td>3.35 (0.82)</td>
<td>1.63 (0.79)</td>
</tr>
<tr>
<td></td>
<td>Sincere</td>
<td>2.33 (1.23)</td>
<td>3.26 (0.92)</td>
<td>1.40 (0.67)</td>
</tr>
<tr>
<td></td>
<td>Friendly</td>
<td>2.62 (1.16)</td>
<td>3.41 (0.83)</td>
<td>1.82 (0.87)</td>
</tr>
<tr>
<td></td>
<td>Having good intentions</td>
<td>2.41 (1.24)</td>
<td>3.39 (0.88)</td>
<td>1.45 (0.66)</td>
</tr>
<tr>
<td></td>
<td>Trustworthy</td>
<td>1.97 (1.05)</td>
<td>2.71 (0.91)</td>
<td>1.25 (0.58)</td>
</tr>
<tr>
<td><strong>Status (α = .76, N = 924)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Members of this group typically hold prestigious jobs.</td>
<td>1.92 (1.27)</td>
<td>1.59 (1.05)</td>
<td>2.27 (1.38)</td>
</tr>
<tr>
<td></td>
<td>Members of this group are usually economically successful.</td>
<td>2.25 (1.37)</td>
<td>2.05 (1.29)</td>
<td>2.46 (1.41)</td>
</tr>
<tr>
<td><strong>Competitiveness (α = .77, N = 924)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If members of this group get special breaks (such as preference in hiring decisions), this is likely to make things more difficult for people like me.</td>
<td>2.94 (1.98)</td>
<td>2.46 (1.86)</td>
<td>3.40 (1.99)</td>
</tr>
<tr>
<td></td>
<td>Resources that go to members of this group are likely to take away from the resources deserved by people like me.</td>
<td>2.31 (1.70)</td>
<td>1.77 (1.36)</td>
<td>2.85 (1.83)</td>
</tr>
</tbody>
</table>

Note. α = Cronbach’s alpha, indicating strength of internal consistency reliability. Range for Competence and Warmth = 1-5, and range for Status and Competitiveness = 1-7, with higher scores indicating stronger attribution of quality.
### Table 7.3

**Descriptive and Internal Consistency Reliability Statistics for ‘Human’ Status Measures**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Item</th>
<th>Total</th>
<th>People with an ID</th>
<th>Criminal offenders</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mind Perception</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experience ($\alpha = .93, N = 915$)</td>
<td>Hunger</td>
<td>4.16 (0.83)</td>
<td>4.39 (0.70)</td>
<td>3.94 (0.87)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.13 (0.89)</td>
<td>4.42 (0.69)</td>
<td>3.84 (0.97)</td>
</tr>
<tr>
<td></td>
<td>Fear</td>
<td>4.11 (0.87)</td>
<td>4.40 (0.67)</td>
<td>3.83 (0.94)</td>
</tr>
<tr>
<td></td>
<td>Pain</td>
<td>4.08 (0.82)</td>
<td>4.32 (0.70)</td>
<td>3.84 (0.88)</td>
</tr>
<tr>
<td></td>
<td>Pleasure</td>
<td>4.23 (0.76)</td>
<td>4.21 (0.79)</td>
<td>4.26 (0.73)</td>
</tr>
<tr>
<td></td>
<td>Rage</td>
<td>4.18 (0.76)</td>
<td>4.22 (0.75)</td>
<td>4.13 (0.76)</td>
</tr>
<tr>
<td></td>
<td>Desire</td>
<td>4.09 (0.86)</td>
<td>4.27 (0.79)</td>
<td>3.91 (0.90)</td>
</tr>
<tr>
<td></td>
<td>A personality</td>
<td>3.71 (1.07)</td>
<td>3.92 (0.96)</td>
<td>3.52 (1.13)</td>
</tr>
<tr>
<td></td>
<td>Consciousness</td>
<td>3.81 (1.03)</td>
<td>4.04 (0.89)</td>
<td>3.60 (1.10)</td>
</tr>
<tr>
<td></td>
<td>Pride</td>
<td>3.67 (1.16)</td>
<td>4.01 (0.94)</td>
<td>3.34 (1.26)</td>
</tr>
<tr>
<td></td>
<td>Joy</td>
<td>3.98 (0.98)</td>
<td>4.38 (0.66)</td>
<td>3.57 (1.08)</td>
</tr>
<tr>
<td><strong>Agency ($\alpha = .88, N = 915$)</strong></td>
<td>Use self-control</td>
<td>2.80 (0.92)</td>
<td>2.94 (0.75)</td>
<td>2.66 (1.05)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.22 (1.07)</td>
<td>3.63 (0.87)</td>
<td>2.82 (1.11)</td>
</tr>
<tr>
<td></td>
<td>Be moral</td>
<td>3.57 (0.90)</td>
<td>3.50 (0.88)</td>
<td>3.63 (0.91)</td>
</tr>
<tr>
<td></td>
<td>Recall memories of past experiences and events</td>
<td>3.02 (0.96)</td>
<td>3.05 (0.87)</td>
<td>3.00 (1.04)</td>
</tr>
<tr>
<td></td>
<td>Recognise emotion in others</td>
<td>3.09 (0.94)</td>
<td>2.81 (0.84)</td>
<td>3.37 (0.96)</td>
</tr>
<tr>
<td></td>
<td>Plan activities and future events</td>
<td>3.18 (0.84)</td>
<td>3.11 (0.75)</td>
<td>3.25 (0.91)</td>
</tr>
<tr>
<td></td>
<td>Communicate with others</td>
<td>3.09 (0.92)</td>
<td>2.96 (0.82)</td>
<td>3.22 (1.00)</td>
</tr>
<tr>
<td></td>
<td>Think and reason</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td><strong>Dehumanisation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Uniqueness ($\alpha = .73, N = 911$)</td>
<td>Culturally refined</td>
<td>3.84 (2.13)</td>
<td>3.99 (2.12)</td>
<td>3.68 (2.14)</td>
</tr>
<tr>
<td></td>
<td>Rational/logical</td>
<td>4.65 (2.14)</td>
<td>4.60 (2.08)</td>
<td>4.70 (2.20)</td>
</tr>
<tr>
<td>Human Nature ($\alpha = .82, N = 912$)</td>
<td>Emotionally responsive</td>
<td>6.05 (2.53)</td>
<td>7.04 (2.11)</td>
<td>5.09 (2.54)</td>
</tr>
<tr>
<td></td>
<td>Warm towards others</td>
<td>6.01 (2.51)</td>
<td>7.40 (1.75)</td>
<td>4.62 (2.37)</td>
</tr>
</tbody>
</table>

*Note. $\alpha =$ Cronbach’s alpha, indicating strength of internal consistency reliability. ^Reverse-scored items ‘Lacking self-restraint’ and ‘Cold and rigid’ were excluded from the composite variables ‘Human Uniqueness’ and ‘Human Nature’ as these lowered the internal consistency reliability of each subscale to $\alpha = .47$ and $\alpha = .73$, respectively, when included. Range for Mind Perception subscales = 1-5, and range for Dehumanisation measures = 1-10; higher scores indicate stronger attribution of quality.*
Table 7.4

*Descriptive and Internal Consistency Reliability Statistics for Moral Status Measures*

<table>
<thead>
<tr>
<th>Measure Item</th>
<th>Total</th>
<th>People with an ID</th>
<th>Criminal offenders</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Moral Responsibility (α = .92, N = 919)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>They made a serious promise to a friend but didn’t keep the promise.</td>
<td>3.62 (1.17)</td>
<td>3.14 (1.05)</td>
<td>4.08 (1.12)</td>
</tr>
<tr>
<td>They pushed someone out of the way so they could be first in line.</td>
<td>3.37 (1.29)</td>
<td>2.83 (1.15)</td>
<td>3.88 (1.22)</td>
</tr>
<tr>
<td>They blamed a serious mistake they’d made on a friend instead.</td>
<td>3.57 (1.33)</td>
<td>3.06 (1.21)</td>
<td>4.03 (1.30)</td>
</tr>
<tr>
<td>They cheated on a significant other and never told them.</td>
<td>3.81 (1.31)</td>
<td>3.29 (1.20)</td>
<td>4.30 (1.24)</td>
</tr>
<tr>
<td><strong>Moral Patiency (α = .85, N = 921)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>They were pushed out of the way by someone else who wanted to be first in line.</td>
<td>3.81 (0.95)</td>
<td>4.10 (0.79)</td>
<td>3.51 (0.99)</td>
</tr>
<tr>
<td>They politely asked a stranger on the street for directions to a shop and were given a rude and aggressive response.</td>
<td>3.86 (1.14)</td>
<td>4.22 (0.94)</td>
<td>3.49 (1.20)</td>
</tr>
<tr>
<td>You heard someone bad-mouthing them behind their back.</td>
<td>3.83 (1.12)</td>
<td>4.10 (0.99)</td>
<td>3.53 (1.19)</td>
</tr>
<tr>
<td>You saw someone refusing to help them when they really needed it.</td>
<td>3.48 (1.23)</td>
<td>3.78 (1.12)</td>
<td>3.17 (1.25)</td>
</tr>
<tr>
<td><strong>Moral Credit (α = .93, N = 923)</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>They returned a lost wallet/purse with the money and other content intact.</td>
<td>4.19 (0.98)</td>
<td>4.33 (0.90)</td>
<td>4.05 (1.03)</td>
</tr>
<tr>
<td>They didn’t cheat on a test, even though a friend offered them the answers.</td>
<td>4.36 (1.04)</td>
<td>4.44 (0.97)</td>
<td>4.29 (1.10)</td>
</tr>
<tr>
<td>They helped their parents when they were in need.</td>
<td>4.07 (1.21)</td>
<td>4.22 (1.08)</td>
<td>3.91 (1.32)</td>
</tr>
<tr>
<td>They were nice to their co-workers, despite feeling stressed and under pressure themselves.</td>
<td>4.12 (1.13)</td>
<td>4.23 (1.04)</td>
<td>4.01 (1.19)</td>
</tr>
<tr>
<td>They helped a stranger get their car out of a ditch on the side of the road.</td>
<td>4.06 (1.16)</td>
<td>4.29 (1.02)</td>
<td>3.79 (1.24)</td>
</tr>
</tbody>
</table>

*Note.* α = Cronbach’s alpha, indicating strength of internal consistency reliability. "They" and "them" refers to the target social category described to the participant (i.e., ‘a person with an intellectual disability’, or ‘a criminal offender’). Range = 1-5, with higher scores indicating stronger attribution of quality.
**Assumption testing for MANOVAs.** As multivariate normality cannot be assessed using SPSS, the univariate normality of outcome variables was instead assessed, as recommended by Field (2018); univariate normality for all outcome variables was sound. Bivariate Pearson correlations between subscales per measure were assessed to ensure subscales were statistically as well as conceptually related, but not to the point of multicollinearity; this ensured the MANOVA rather than ANOVA approach was most appropriate for between-group comparisons (Table 7.5). Correlations were generally statistically significant between relevant subscales, and ranged from small to strong in magnitude (r = .12 to .55, all p <.001); however, for the moral status measure, the subscales ‘Moral responsibility’ and ‘Moral patiency’ were not significantly correlated (r = -.04, p = .26), and for the social status measure, the subscales ‘Competence’ and ‘Warmth’ were not significantly correlated (r = .04, p = .28).

Given that each set of subscales per measure were theoretically related and most were correlated, it was decided that a MANOVA approach to between-group comparisons was most appropriate, with a one-way MANOVA conducted per measure (i.e., stereotype content, mind perception, dehumanisation, and moral status) to determine differences in participants’ stigmatising beliefs towards people with an ID compared to criminal offenders.

Mahalanobis’ Distance values were calculated for each set of outcome variables per MANOVA, and multivariate outliers appropriately censured prior to multivariate analysis. Box’s Test determined that homogeneity of covariances was violated for each of the four one-way MANOVAs conducted (all Box’s M were statistically significant at p <.001). Given the large size of the overall sample, and that target social category conditions were of equal size, this violation was not deemed meaningful (Field, 2018). Pillai’s criterion was assessed to determine
statistically significant multivariate differences between conditions by outcome measure (Field, 2018). Assumptions of homogeneity of variance appeared to be violated for all ANOVA analyses (Levene’s test results all $p < .05$) per MANOVA, however assessment of Hartley’s F max ratio for each apparent violation indicated the largest group variance was less than twice the value of the smallest variance, suggesting this violation could be ignored (Field, 2018).

To control for Type I error for the multiple univariate comparisons following each MANOVA, a Bonferroni correction was applied when interpreting univariate results (i.e., $\alpha = .05$ divided by number of relevant comparisons). The following alpha criteria were used to assess the statistical significance of ANOVA per MANOVA: MANOVA 1 used $\alpha = .016$; MANOVA 2 used $\alpha = .013$; MANOVA 3 used $\alpha = .025$; and MANOVA 4 used $\alpha = .025$.

**Hypothesis Testing**

Results for the four one-way MANOVAs and their respective ANOVAs are reported in Table 7.6.

**MANOVA 1: Participants’ beliefs about the social status of people with an ID compared to criminal offenders.** MANOVA 1 included the four subscales of the stereotype content measure as outcome variables: competence, warmth, status, and competitiveness; results indicated there was an effect of target social category on the combined outcome variables, $F (4, 934) = 691.34, p < .001$, Pillai’s Trace $= .75$, partial $\eta^2 = .75$. ANOVA results showed that target social category influenced all beliefs about social status (all $p < .001$), with small to very large effect sizes (partial $\eta^2 = .06-.66$). Participants attributed greater competence, status, and competitiveness to offenders ($M_{\text{competence}} = 2.24, SD_{\text{competence}} = .74; M_{\text{status}} = 2.36, SD_{\text{status}} = 1.25; M_{\text{competitiveness}} = 3.12, SD_{\text{competitiveness}} = 1.71$) compared to people with an ID.
(M_{competence} = 1.88, SD_{competence} = .64; M_{status} = 1.81, SD_{status} = 1.04; M_{competitiveness} = 2.10, SD_{competitiveness} = 1.42); and attributed greater warmth to people with an ID (M = 3.21, SD = .66) compared to criminal offenders (M = 1.52, SD = .55).

**MANOVA 2: Participants beliefs about the human status (mind perception) of people with an ID compared to criminal offenders.** MANOVA 2 included the two subscales of the mind perception measure (i.e., experience and agency) as outcome variables; results indicated there was an effect of target social category on the combined outcome variables, $F(2, 920) = 73.75, p < .001$, Pillai’s Trace = .14, partial $\eta^2 = .14$. ANOVA results showed that target social category influenced beliefs about Experience ($p < .001$) with a small effect size (partial $\eta^2 = .09$), but not about Agency ($p = .95$); participants attributed greater experience to people with an ID (M = 4.23, SD = .59) compared to offenders (M = 3.79, SD = .73).

**MANOVA 3: Participants beliefs about the human status (dehumanisation) of people with an ID compared to criminal offenders.** MANOVA 3 included the two subscales of the brief two-dimensional measure of dehumanisation (i.e., human uniqueness and human nature) as outcome variables; results indicated there was an effect of target social category on the combined outcome variables, $F(2, 907) = 220.77, p < .001$, Pillai’s Trace = .33, partial $\eta^2 = .33$. ANOVA results showed that target social category influenced beliefs about Human Nature ($p < .001$), demonstrating a large effect size (partial $\eta^2 = .26$), but not about Human Uniqueness ($p = .47$); participants attributed greater Human Nature to people with an ID (M = 7.22, SD = 1.70) compared to offenders (M = 4.85, SD = 2.24).

**MANOVA 4: Beliefs about the moral status of people with an intellectual disability compared to criminal offenders.** MANOVA 4 included the three moral status scales (i.e., moral responsibility, moral credit, and moral patiency). Results
indicated there was an effect of target social category on the combined outcome variables, $F(3, 958) = 112.18, p < .001$, Pillai’s Trace = .26, partial $\eta^2 = .26$.

ANOVA results showed that target social category significantly influenced all beliefs of moral status (all $p < .001$), with small to medium effect sizes (partial $\eta^2 = .02$-.16). Participants attributed less moral responsibility to people with an ID ($M = 3.15, SD = 1.04$) compared to offenders ($M = 4.10, SD = 1.11$), and attributed greater moral patiency to people with an ID ($M = 4.10, SD = .79$) compared to criminal offenders ($M = 3.51, SD = .99$), as well as greater moral credit to people with an ID ($M = 4.34, SD = .88$) compared to criminal offenders ($M = 4.05, SD = 1.03$).
Table 7.5

*Bivariate Correlations between MANOVA Outcome Measures (Scales or Subscales) and Key Demographics*

<table>
<thead>
<tr>
<th>Variable</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
<th>6.</th>
<th>7.</th>
<th>8.</th>
<th>9.</th>
<th>10.</th>
<th>11.</th>
<th>12.</th>
<th>13.</th>
<th>14.</th>
<th>15.</th>
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<tbody>
<tr>
<td>1. Moral responsibility</td>
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<tr>
<td>2. Moral credit</td>
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<tr>
<td>3. Moral patiency</td>
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<td>.39***</td>
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<tr>
<td>4. Competence</td>
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<td>.00</td>
<td>-.06</td>
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<tr>
<td>5. Warmth</td>
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<td>.14***</td>
<td>.27**</td>
<td>.04</td>
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<tr>
<td>6. Status</td>
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<td>-.06</td>
<td>-.11***</td>
<td>.27***</td>
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<td>7. Competitiveness</td>
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<td>-.20***</td>
<td>-.41**</td>
<td>.12***</td>
<td>-.24***</td>
<td>.26***</td>
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<td>8. Experience</td>
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<td>-.09**</td>
<td>.28***</td>
<td>-.13***</td>
<td>-.34***</td>
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<td>.12***</td>
<td>.23**</td>
<td>.10**</td>
<td>.05</td>
<td>.06</td>
<td>-.29***</td>
<td>.55***</td>
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<td>10. Human Uniqueness</td>
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<td>.09**</td>
<td>.10**</td>
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<td>.33**</td>
<td>-.10**</td>
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<td>-.11***</td>
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<td>.49***</td>
<td>.44***</td>
<td>.49***</td>
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<tr>
<td>12. Social category^</td>
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<td>-.15***</td>
<td>-.31***</td>
<td>.25***</td>
<td>-.81***</td>
<td>.23***</td>
<td>.31***</td>
<td>-.31***</td>
<td>-.00</td>
<td>-.03</td>
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<td>13. Gender^</td>
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<td>.18***</td>
<td>.14***</td>
<td>.02</td>
<td>-.04</td>
<td>.03</td>
<td>-.21***</td>
<td>.09**</td>
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<td>.10**</td>
<td>.08*</td>
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<td>14. Age</td>
<td>-.09**</td>
<td>.18***</td>
<td>.18***</td>
<td>.07*</td>
<td>.01</td>
<td>-.06</td>
<td>-.09**</td>
<td>-.14***</td>
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<td>-.02</td>
<td>-.02</td>
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<td>15. Social Minority^</td>
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<td>.00</td>
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<td>.01</td>
<td>-.02</td>
<td>-.06</td>
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</tbody>
</table>

| N                         | 919| 923| 921| 915| 916| 924| 924| 924| 915| 915| 915| 911| 912| 995| 905| 906| 924 |

Note. All correlations are Pearson correlations except for those including dichotomous variables marked ^ which use Point-Biserial correlations. Target = Target social category, 0 = people with an ID, 1 = criminal offenders. Social minority, 0 = Does not identify with a social minority, 1 = identifies with at least one social minority. Gender, 0 = male, 1 = female. *p < .05, **p < .01, ***p < .001.
Table 7.6

One-way MANOVA and ANOVA Results for Stigmatising Beliefs about People with an Intellectual Disability Compared to Criminal Offenders

<table>
<thead>
<tr>
<th>ANOVA by Outcome Variable</th>
<th>F</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>p</th>
<th>( \eta_p^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td>MANOVA 1: Beliefs about Social Status</td>
<td><strong>691.34</strong></td>
<td>4.00</td>
<td>-</td>
<td>-</td>
<td>&lt;.001*</td>
<td>0.75(^{^\wedge})</td>
</tr>
<tr>
<td>Error</td>
<td>934</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Competence</td>
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<td>29.63</td>
<td>29.63</td>
<td>&lt;.001*</td>
</tr>
<tr>
<td>Error</td>
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<td></td>
<td>Warmth</td>
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<td>677.21</td>
<td>677.21</td>
<td>&lt;.001*</td>
</tr>
<tr>
<td>Error</td>
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<td>0.37</td>
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<tr>
<td></td>
<td>Status</td>
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<td>72.95</td>
<td>72.95</td>
<td>&lt;.001*</td>
</tr>
<tr>
<td>Error</td>
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<td>1247.22</td>
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<td>1.33</td>
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<td></td>
<td>Competitiveness</td>
<td>98.40</td>
<td>1</td>
<td>244.29</td>
<td>244.29</td>
<td>&lt;.001*</td>
</tr>
<tr>
<td>Error</td>
<td>937</td>
<td>2326.35</td>
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<td>2.48</td>
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<tr>
<td>MANOVA 2: Beliefs about Human Status (mind perception)</td>
<td><strong>73.75</strong></td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>&lt;.001*</td>
<td>0.14(^{^\wedge})</td>
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<tr>
<td>Error</td>
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<td>Experience</td>
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<td>Agency</td>
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<td>Error</td>
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<td>0.51</td>
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<tr>
<td>MANOVA 3: Beliefs about Human Status (dehumanisation)</td>
<td><strong>220.77</strong></td>
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<td>&lt;.001*</td>
<td>0.33(^{^\wedge})</td>
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<tr>
<td>Error</td>
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*Note.* *^\wedge^* significant according to Bonferroni correction, where ANOVAs for: MANOVA 1 used \( \alpha = 0.013 \); MANOVA 2 used \( \alpha = 0.025 \); MANOVA 3 used \( \alpha = 0.025 \); and MANOVA 4 used \( \alpha = 0.016 \). *\(^{\wedge}\)Also indicates Pillai’s Trace value. \( \eta_p^2 \) = partial eta squared.
Discussion

The aim of Study 3 was to assess and compare Australians’ potentially stigmatising beliefs relevant to the social status, ‘human’ status, and moral status of people with an ID and criminal offenders as distinct social categories.

Comparative Stereotype Content Beliefs

Comparative beliefs about the social status of people with an ID and criminal offenders were examined using Fiske and colleagues’ (Cuddy, Glick, & Fiske, 2007; Fiske et al., 2002) stereotype content model, assessing attributions of warmth and competence, as well as social status and social competitiveness. According to Fiske and colleagues, these constructs capture the evaluations we make of potentially threatening or helpful social groups and individuals, and have a heuristic function that leads us to either attribute ingroup or outgroup status to others, in addition to helpful or harmful social behaviours.

Based on Fiske and colleague’s stereotype content model and its dimensional categorisations (Fiske et al., 2002), it was hypothesised that on average, people with an ID would be attributed non-competiveness and low status, and hence high warmth and low competence (H1), while criminal offenders would be attributed competitiveness and low status, and hence low warmth and low competence (H2). It was also hypothesised that participants would attribute greater competence (H3), social status (H4), and competitiveness (H5) to criminal offenders, and would attribute greater warmth to people with an ID (H5). All hypotheses were supported.

Mean scores for people with an ID and criminal offenders show that both social categories were rated as having objectively low status and low competence. While offenders were rated as moderately competitive and hence having low warmth, people with an ID were rated as being non-competitive and moderately warm. These results are generally consistent with Fiske and colleague’s dimensional
categorisation using the stereotype content model, confirming that people with an ID are categorised with other vulnerable social outgroups, and likely subject to paternalistic prejudice (Fiske et al., 2002). These results also suggest that criminal offenders are categorised in a similar way to other ‘social outcasts’, such as welfare recipients, the homeless, and immigrants (Fiske, 2015), and are likely subject to contemptuous prejudice (Fiske et al., 2002).

Our results are also generally consistent with findings by Sadler, Meagor, and Kaye (2012), who employed the stereotype content model and a small United States sample to examine public stigma towards ‘people with mental illness’ relative to other social categories, and towards specific subtypes of this social category. They reasoned that disorders known for their perceived unpredictability and dangerousness (schizophrenia, drug addiction) and ‘at risk’ groups likely to have a mental illness (homeless people, violent criminals) would be considered less warm than other subgroups; however, if an illness was not associated with a threat to personal safety (mood disorder, ID), warmth would be perceived as higher. They found that participants rated people with an ID (belonging to the mental illness social subcategory ‘neurocognitive deficit’) as being high in warmth and low in competence, while violent criminal offenders (belonging to the mental illness social subcategory ‘antisocial’) were rated as low in warmth and moderate in competence. The current study found similar results to Sadler et al. (2012) in that Australians rated criminal offenders as having low warmth, and people with an ID as having low competence; but our results differed in that Australians rated criminal offenders as having low (not moderate) competence, and only moderate (not high) warmth.

Interestingly, the current sample’s explicit rating of people with an ID as having only moderate and not high warmth reflects the implicit ratings of Rohmer and Louvet (2012) French university sample. Rohmer and Louvet found that people
attributed lower warmth to people with a disability when they were implicitly, compared to explicitly, assessed. They reasoned that people might feel compelled to attribute high warmth to people with a disability (a positive quality) due to socially desirable responding when explicitly assessed, but that attributions of warmth would be lower when implicitly assessed and response pressures were removed. Overall, ratings of competence were lower for people with a disability compared to those without a disability, but this rating was lowest when assessed implicitly versus explicitly. Implications of Rohmer and Louvet’s findings for the current study may be that Australian participants felt low social desirability pressure to respond in a non-prejudiced way to the study’s questions about people with an ID, despite being explicitly assessed; or alternatively, that Australians generally rate people with an ID lower than people with disability generally, or perhaps just rate people with disabilities in general lower than samples from other countries (e.g., France, United States). If the latter is true, then the use of implicit rather than explicit measures may have shown an even lower warmth attribution towards people with an ID, given Rohmer and Louvet’s findings.

Overall, participants attributed both objectively and relatively greater status, and hence competence, to criminal offenders compared to people with an ID. This suggests that participants perceived criminal offenders to have greater capacity and skill to implement their intentions, compared to people with an ID (Fiske, 2015). However, the intentions of criminal offenders were perceived to be competitive in addition to being antisocial and immoral, given the objectively and relatively low warmth attribution (Fiske, 2015). It’s important to consider the implications of this difference in warmth and competence attribution, given ‘criminal offenders’ and ‘people with an ID’ are being treated as category subtypes within the current study, reflecting conflicting stigmatising beliefs towards ‘offenders with an ID’. According
to the stereotype content model, people with an ID are subject to paternalistic prejudice because they are viewed as warm (trustworthy, sociable, moral) but not able to implement this warmth in an effective way, leaving them deserving of pity and support. Conversely, criminal offenders are subject to contemptuous prejudice, where they are viewed as ‘cold’ (Fiske, 2015) and hence hostile and immoral, and are able to implement this antisociality, making them a potential threat. They are also seen as competitive (‘parasitic’ upon the economy and society), and have low status, so that they are not only threatening but ‘disgusting’ compared to one’s self and outgroup (Fiske, 2015). It is possible that when evaluating offenders with an ID, one or the other attributional combination and hence prejudice-type would win – most likely that attributed to criminal offenders. Given that stereotyping and stereotype content is a heuristic device, the application of a further heuristic such as the negativity bias could occur; here, the negative qualities (‘coldness’, relatively higher competence) attributed to criminals would be more salient and given greater value than those positive and non-threatening qualities attributed to people with an ID (warmth, relatively lower competence).

In their research examining predictive associations between stereotyped social perceptions, emotions, and behavioural responses (the behaviour from intergroup affect and stereotypes [BIAS] model), Cuddy et al., (2007) found that perceived warmth was positively associated with emotions of pity for the target social category (implying paternalistic prejudice), which was in turn positively associated with tendencies toward active facilitation of support for that category. However, perceived warmth was negatively associated with feelings of contempt for the social category, which was in turn positively associated with tendencies to actively harm that social category. Perceptions of low competence were negatively associated with both feelings of contempt and pity for target social categories, which
were in turn positively associated with tendencies toward passive harm of social categories. Cuddy et al. (2007) reasoned that pity (such as that attributed to the warm but non-competent people with an ID) is an ambivalent emotion comprising both compassion and sadness, and is based on viewing the target’s situation as uncontrollable. Pity elicits both active facilitation of support, such as assistance and advocacy (due to compassion) but also passive harm, such as inaction and neglect (by creating desire to avoid the perceived suffering of the target person or group).

Cuddy et al. (2007) further reasoned that contempt and associated disgust (such as that theoretically attributed to cold and non-competent, or moderately competent social outcasts, like criminal offenders) are directed at individuals and groups whose negative outcomes, or at least their onset, are perceived to have been controllable by the target individual or group. Contempt/disgust elicits passive harm by leading to ostracising and paternalistic behaviours, and elicits active harm by creating a motivation to forcefully expel the object of disgust from one’s interests and awareness. While these behavioural implications of the stereotype content model are not tested in the current study, they are consistent with common actions taken against people with an ID (rights advocacy as a form of active facilitation, neglect and legal paternalism as a form of passive harm), as well as against criminal offenders (social ostracism and exclusion as passive harm, vigilante attacks by community members and abuse during imprisonment by staff/other inmates as active harm). Supporting this interpretation, Hodson and Costello (2007) found that interpersonal disgust predicted negative attitudes toward low-status deviant social categories (e.g., poor people, drug addicts).

Research by Côté-Lussier (2016) extended the BIAS model of Cuddy et al. (2007) in her research assessing stereotype content and relationship to punitive attitudes toward criminal offenders. Using a United Kingdom university sample,
Côté-Lussier (2016) found that the emotion of ‘contempt’ experienced in response to low competence/low warmth social categories, was better conceptualised as ‘anger’ and ‘uneasiness’ when applied to criminal offenders specifically, as a low competence/low warmth social subcategory. Participants’ feelings of anger toward offenders as a social category was positively associated with both passive and active harm, while their feelings of uneasiness were associated with passive harm only. Emotions of anger and uneasiness were each independently predictive of increasingly severe punitive intentions. Côté-Lussier (2016) also hypothesised (but did not test) that mixed-stereotype social categories (e.g., high warmth/low competence groups such as people with an ID) would evoke ambivalent punitive intentions. Their findings highlight that if ‘people with an ID’ and ‘criminal offenders’ are two social subcategories that people apply stereotype content to when evaluating offenders with an ID’s deservingness of punishment for antisocial behaviours, they may be likely to err on the side of punitive (rather than non-punitive) intention.

**Comparative Mind Perception and Dehumanisation Beliefs**

Comparative beliefs about the ‘human’ status of people with an ID and criminal offenders were assessed using Gray et al. (2007) two-dimensional theory of mind perception, and Haslam and colleague’s (Haslam et al., 2004; Haslam et al., 2008) two-dimensional theory of dehumanisation. Gray et al.’s (2007a) theory of mind perception proposes that people perceive others’ degree of mind along two dimensions: ‘experience’ (capacity for sentience, including physiological sensations and emotional experiences), and ‘agency’ (capacity for intention and actions, associated with higher order memory functions, reasoning, self-control, communication, and morality). Gray et al. (2007a) found that as perceived experience and agency increased (with adult humans, including one’s self, at the
zenith of both of these dimensions), the target being evaluated was attributed greater value. This value was demonstrated via greater liking for the target, wanting to save it from destruction, wanting to make it happy, and perceiving it as having a soul (Gray et al., 2007). However, they also found that a target’s perceived deservingness of punishment was strongly positively associated with agency and only weakly positively associated with experience, while desire to avoid harming the target was strongly positively associated with experience and weakly positively associated with agency (Gray et al., 2007). They concluded that perceived agency is associated with perceived moral agency, while perceived experience is associated with perceived moral patiency, including protection of rights and privileges (Gray et al., 2007).

Given Gray et al.’s (2007a) theory, it was hypothesised that participants would attribute greater agency to criminal offenders compared to people with an ID (H7), and would attribute greater experience to people with an ID compared to criminal offenders (H8). Hypothesis 8, but not hypothesis 7, was supported; participants attributed greater experience to people with an ID than to criminal offenders, but did not differ in their attributions of agency. On average, offenders were attributed moderate capacity for experience, while people with an ID were attributed high (but not absolute) capacity for experience; and both groups, on average, were only attributed moderate capacity for agency. Gray et al. (2007) found that people typically rate themselves and other adults ‘of sound mind’ as being high on both dimensions; the current study’s results suggest that, on average, participants perceived both criminal offenders and people with an ID to have lower agency than other adult humans, and perceived criminal offenders (but not people with an ID) to have lower experience than other adult humans. Interestingly, according to Gray et al.’s (2007a) modelling of their own findings on mind perception attributions, people with an ID would be positioned along the Experience-Agency dimensions between
animals (such as dogs and apes) and young children. Criminals would be positioned somewhere between an adult in a persistent vegetative state (a living being with ambiguous capacity for sentience and negligible agency) and one’s self, with no closer social category for reference. It’s important to highlight that this positioning of people with an ID as similar to both ‘higher animals’ and children is consistent with philosophical and historical stereotypes of people with an ID (Kittay, 2008; Swango-Wilson, 2008), and reflects the absence of understanding that people with an ID can possess mature emotional and cognitive intra- and interpersonal capacities, depending on the extent of their disability.

The finding that people with an ID were perceived to have higher experience is consistent with research by Gray and Wegner (2009) who found that compared to ‘a fully able adult’, people with an ID were rated significantly lower on experience. However, Gray and Wegner (2009) also found that people with an ID were rated significantly lower that ‘a fully able adult’ on their agency, which our study did not find. Our finding that, like people with an ID, criminal offenders were perceived to have low agency is also consistent with work by (Khamitov, Rotman, & Piazza, 2016), who found that when a target was perceived to be criminally ‘harmful’ (i.e., a violent thief), they were attributed lower cognitive agency than both neutral and benevolent targets. This was negatively associated with their perceived moral patiency (e.g., protection of their interests). Furthermore, Khamitov et al. (2016) found that the ‘rationality’ of the criminal influenced attributions of their cognitive agency, and hence their moral patiency; when the criminal’s behaviour was deemed low in rationality (i.e., crime was committed because it felt ‘fun’) rather than high in rationality (i.e., crime was committed due to destitution), the criminal target was attributed less cognitive agency, and in turn, less moral patiency.
There are no past studies examining mind perceptions for people with an ID or disability generally, by which to interpret the current study’s findings. However, there are clear similarities between the qualities constituting stereotype content’s ‘warmth’ and mind perception’s ‘experience’ (i.e., emotionality), and of stereotype content’s ‘competence’ and mind perception’s ‘agency’ (i.e., rationality, effective action); the main difference is that experience and agency as perceived as intrapersonal capacities in another individual or group, whereas warmth and competence are perceived as interpersonal capacities between the self and another individual or group. As such, participants’ high attribution of experience to people with an ID is generally consistent with their higher attributions of warmth, while low attributions of agency to people with an ID is consistent with their low attributions of competence. While there are similarities between these constructs, they are not exactly the same; experience is neutrally-valenced, while warmth (or it’s opposite, ‘coldness’) has positive/negative valenced interpersonal connotations. This may explain why in the current study, criminal offenders were rated low in warmth but moderate in experience, and similarly why people with an ID were rated moderate in warmth but high in experience; the stereotype content constructs included an affective evaluative component, whereas the mind perception constricts did not. It’s also important to note that while past research in mind perception theory has not accounted for perceptions of people with disability generally, or ID specifically, respect for the agency (autonomy, choice) of people with an ID is a long-standing goal within advocacy and practice (Antaki, Finlay, & Walton, 2009; Tilley, Walmsley, Earle, & Atkinson, 2012).

Haslam and colleagues’ theory of dehumanisation proposes that there are two dimensions according to which we attribute ‘humaness’ to other individuals and groups, called Human Uniqueness and Human Nature (Haslam, Bain, Douge, Lee, &
Bastian, 2005; Haslam et al., 2004; Haslam et al., 2008). Human Uniqueness distinguishes humans from other animals, while Human Nature attributes are those which are essentially or typically ‘human’, being viewed as natural, innate, and affective, distinguishing humans from objects and machines. It was hypothesised that participants would attribute greater Human Uniqueness to criminal offenders compared to people with an ID (H9), and would attribute greater Human Nature to people with an ID compared to offenders (H10); hypothesis 10, but not hypothesis 9, was supported. Both people with an ID and criminal offenders were both seen as having less than average Human Uniqueness qualities; and while people with an ID were attributed above average Human Nature qualities, criminal offenders were attributed below average Human Nature qualities.

Our results suggest that both people with an ID and criminal offenders experienced subtle dehumanisation by participants on the dimension of Human Uniqueness. Human Uniqueness is characterised by attributes such as civility, refinement, moral sensibility (and related forms of cultural learning), as well as higher cognition and developmental maturity. When people are perceived to lack these attributes, they are viewed as uncultured, coarse, lacking in self-control, unintelligent or irrational, and childlike, immature, or backward. Their behaviour should be seen as less cognitively mediated that the behaviour of others, and consequently more driven by motives, wants, appetites, and instincts (in short, more animalistic; Haslam et al., 2008). While people with an ID were perceived to have higher than average subjectively sentient and emotional experiences (such as warmth, openness, and depth), criminal offenders were further subtly dehumanised on the Human Nature dimension. Human Nature is characterised by emotionality, warmth, openness, agency (desire and vitality), and depth; when people or groups are
perceived to lack these attributes, they would instead be seen as inert, cold, rigid, passive, and superficial –mechanised rather than human (Haslam et al., 2008).

To date, this is the first known study to assess mechanistic dehumanisation (via human nature attributions) for people with an ID, and only the second for criminal offenders; the limited past research on dehumanisation of these groups has generally focused on animalistic dehumanisation (via human uniqueness attributions). Capozza, Di Bernardo, Falvo, Vianello, and Calò (2016) found that their Italian community sample attributed more non-uniquely human qualities (reminiscent of animal traits) than uniquely human qualities to people with an ID as a target social category. People with an ID were attributed more impulsiveness and instinct than reasoning and morality. They were also attributed more primary (e.g., pain, pleasure) than secondary (e.g., hope, remorse) emotions, although these attributed emotions were significantly more positive than negative. Overall, these attributions did not differ based on the extent of the person with an ID’s impairment Capozza et al. (2016). Our results support this work by Capozza et al. (2016).

In one of the few studies to measure subtle dehumanisation of criminal offenders, Zhang, Chan, Teng, and Zhang (2015) examined mechanistic dehumanisation of a thief social target by a Chinese university sample. They found that priming low (versus high) interpersonal security predicted increased mechanistic dehumanisation, which in turn predicted increased preference for harsh sentencing. The current study’s results showed that, objectively, Australians also mechanistically dehumanised criminal offenders to an extent; however, we would expect the implied ‘threat’ to interpersonal security to have been higher between groups for participants in our criminal offender’s condition compared to the people with an ID condition,
leading to a significantly stronger mechanistic dehumanisation of offenders (which did not eventuate).

A United Kingdom sample was used to assess the relationship between animalistic dehumanisation with attitudes towards the sentencing and punishment of sex offenders, and found this dehumanisation was strongly negatively associated with attitude towards rehabilitation, and moderately positively correlated with attitude towards sentencing (Viki, Fullerton, Raggett, Tait, & Wiltshire, 2012). Labelling a sex offender specifically as a ‘child molester’ rather than generic ‘rapist’ strengthened the positive association between dehumanisation and intention for social exclusion of the offender, and there was a strong positive association between dehumanisation and violent intentions toward sex offenders labelled as ‘pedophiles’ (Viki et al., 2012). Another rare study assessing animalistic dehumanisation of offenders found that of three prison staff groups (execution staff, support staff to deathrow inmate and family members, and staff not involved in the execution process), the execution team demonstrated the strongest dehumanisation and denial of personal responsibility regarding deathrow inmates, while the support staff demonstrated the least dehumanisation (Osofsky, Bandura, & Zimbardo, 2005). Osofsky et al.’s (2005) and Viki et al.’s (2012) results are consistent with our own, and serve as warnings that subtle dehumanisation of criminal offenders may have serious consequences when the balance of power to sentence and punish is placed in the hands of those who dehumanise them.

Haslam et al. (2008) argues that the types of qualities attributed to those with human uniqueness and human nature mirror those of Gray et al. (2007) mind perception dimensions of agency and experience, respectively, and that mind perception plays a role in dehumanisation via ‘dementalisation’ along these two
mind perception dimensions (Haslam & Loughnan, 2014). This is reflected by the objectively low ratings both of our social categories received for human uniqueness and agency, and the above average ratings people with an ID, but not criminal offenders, received for human nature and experience in the current study. Haslam and Loughnan (2014) also argue that Fiske and colleagues’ stereotype content model can be used to explain dehumanisation. When a social category is attributed high competence and warmth, it is admired and attributed full and positive human nature and uniqueness; when attributions are mixed (e.g., high warmth and low competence), a degree of dehumanisation may occur (e.g., the denial of human uniqueness and hence cultural and communicative sophistication to people with an ID, as suggested in the current study). Groups stereotyped as low in both warmth and competence, such as criminal offenders in the current study, may be subject to dehumanisation by being animalised (impulsive, unintelligent, irrational) and mechanised (cold and unempathetic). Overall, our study results support this integrated understanding of the theories of stereotype content, mind perception, and dehumanisation, and provides a solid foundation by which to argue that both people with an ID and criminal offenders experience stigmatising beliefs, but that the nature of these stigmatising beliefs and their implications for moral status attributions and associated behaviours towards them, differ.

**Comparative Moral Status Beliefs**

Comparative beliefs about the moral status of people with an ID and criminal offenders were assessed via participant attributions regarding their target social category’s moral responsibility, moral credit, and moral patience. Hypotheses were formulated with reference to the theory of moral typecasting (Gray & Wegner, 2009; Gray et al., 2012), which is an extension of Gray and colleagues’ theory of mind perception (Gray et al., 2007) and to some extent compliments both Haslam and
colleagues’ dehumanisation account, and Fiske and colleagues stereotype content account, of how we morally evaluate others. Gray et al. (2012) argue that mind perception (specifically perceived experience and agency) is fundamental to the moral status we ascribe to others, and hence the moral judgements we make about them. We ascribe mental agency and experience to others based on their perceived capacity for intention/planning, and sensation/emotion, respectively. If they are perceived to have the capacity for intention/planning, then they are perceived to be a ‘moral agent’ with the capacity for moral responsibilities and hence for blame. If they are perceived to have the capacity for sensation/emotion, then they are perceived to be a ‘moral patient’ (victim) with the capacity for pain and hence moral rights (Gray et al., 2012). In short, attributions of mind (degrees of mental experience and agency) leads to dyadic moral typecasting (as either moral agents or patients). This typecasting then has implications for how we evaluate the moral responsibilities and rights of target individuals and groups, as well as deservingness of punishment for immoral actions (or inactions), praise for moral actions, and protection against immoral actions (or inactions; Gray & Wegner, 2009; Gray et al., 2012).

We initially reasoned that if mental agency was found to be high and mental experience low for criminal offenders, while mental agency was found to be low and mental experience high for people with an ID (relevant to hypotheses 7 and 8), then this would suggest criminals would be typecast as ‘moral agents’ while people with an ID would be typecast as ‘moral patients’ by participants. According to Gray and Wegner (2009), relative moral agents are attributed both greater moral responsibility for doing harm (as an expression of negative moral agency) and greater moral credit for doing good (as an expression of positive moral agency) than relative moral patients; conversely, relative moral patients are attributed greater moral patiency when victimised (i.e., affected by injustice, deserving of protection) than moral
agents. It was therefore hypothesised that participants would attribute greater moral responsibility for immoral actions (H11), as well as greater moral credit for moral actions (H12), to criminal offenders than people with an ID. It was further hypothesised that participants would attribute greater moral patiency (victimhood, deservingness of protection) when subjected to an immoral action (H13) to people with an ID compared to criminal offenders. Hypotheses 11 and 13 were supported, but not hypothesis 12. People with an ID were perceived to be only moderately responsible for their immoral acts, while criminal offenders were perceived to be highly, and significantly more, responsible for the same immoral acts. Interestingly, both people with an ID and criminal offenders were perceived to strongly deserve moral praise (credit) for their moral actions, but this was significantly stronger for people with an ID than criminal offenders. Similarly, people with an ID were attributed strong moral patiency when subject to immoral actions, while criminal offenders were attributed only moderate moral patiency for the same actions.

This overall pattern of moral status attributions for both people with an ID and criminal offenders supports Gray and colleagues’ moral typecasting theory to an extent (Gray & Wegner, 2009; Gray et al., 2012). Having been attributed low agency, people with an ID were perceived as having reduced moral responsibility for their immoral actions; conversely, criminal offenders (attributed moderate agency) were perceived to have increased moral responsibility for their behaviour. Our results support those of Gray and Wegner (2009), who found that ‘normal adults’ were attributed significantly higher moral responsibility than people with an ID. Attribution of higher agency is related to capacity for consequential reasoning – that is, intention along with the capacity to understand the degree of suffering that will be inflicted by the intended action (Gray et al., 2012). Given the criminal offender’s higher agency, their immoral actions are perceived as intentionally harmful, whereas
the person with an ID’s immoral actions are perceived as impulsive and absent of consequential understanding. In this sense, criminal offenders were likely perceived as being more blame-worthy than people with an ID (Gray et al., 2012).

It is interesting that participant ratings for the social groups’ mental agency did not significantly differ, while the attribution of moral agency (here, moral responsibility) did. This suggests that something beyond degree of mental agency may have influenced participants’ moral responsibility attributions. Miller and Borgida (2016) found that when an immoral actor was presented as having previously criminally offended, they were attributed both higher agency and greater deservingness of punishment (indicative of perceived moral blame and hence responsibility) than a similarly immoral actor without a history of offending. Miller and Borgida’s (2016) results suggest that although mental agency attributions did not significantly differ between people with an ID and criminal offenders, just the label ‘criminal’ may have been sufficient to prime beliefs about this group’s particularly bad character and harmful intent, and hence result in greater attributions of moral responsibility compared to the less threateningly labelled group, ‘people with an ID’. This interpretation is supported by Khamitov et al.’s (2016) findings. ‘Criminal offender’, as a social category label, carries connotations of having a ‘bad moral character’ or being a ‘villain’, which past research has shown leads to lower mental agency attributions in comparison to neutral and benevolent social category labels (Khamitov et al., 2016). Using pathway analysis, they found the perceived harmfulness of a moral agent was negatively associated with perceived mental agency, which was in turn positively associated with perceived moral patiency.

Importantly, Gray and Wegner (2009) found that when a target was rated relatively higher on moral agency (compared to a control condition), they were attributed significantly lower moral patiency; but if the target was rated relatively
higher on mental agency (compared to a control condition), their attributed moral patiency did not significantly differ from the control target. Gray and Wegner (2009) concluded that while perceived mental agency may be associated with perceived moral agency, this connection is not straight-forward and that dyadic typecasting is more relevant to the moral domain than mere mind attribution. This goes some way to explaining why in our own study, people with an ID and criminal offenders had similar levels of mental agency attributed to them but different levels of moral agency (responsibility and credit).

The objectively and relatively lower moral responsibility score for people with an ID should also be considered when explaining differences in moral agency attributions. Gray and Wegner (2009) found that perceived moral patiency may be causally linked to attributed moral agency. When their participants were primed to perceive targets with relatively higher versus lower degrees of moral patiency, and were then told their target had committed a crime (car theft), the thief with lower antecedent moral patiency was judged to have higher moral agency after having committed the crime. Given the possible effect of the negative ‘criminal offender’ versus less threatening ‘person with an ID’ social category labels on our participants, it is possible that even prior to reading the immoral behaviour stimuli, participants had already typecast the degree of moral patiency each category deserved, and then anchored their attributed moral responsibility accordingly after reading the immoral behaviour stimuli.

Our finding that people with an ID were attributed high moral patiency while criminal offenders were attributed only moderate moral patiency, and that this difference was significant, is supported by Gray and Wegner (2009). They found that attributions of moral patiency were significantly higher for people with an ID than for ‘normal adults’, regardless of whether the experience underlying this patiency
was positively or negatively valenced (i.e., perceived pleasure or pain). Our results are also consistent with Miller and Borgida (2016). Their study found that when a target was described as having previously committed a crime (compared to a control target who had not previously committed a crime), and then was falsely accused of committing a robbery, they were attributed significantly less moral patiency than the control target. However, Miller and Borgida’s (2016) measure of moral patiency was more reflective of mental patiency (i.e., feelings of sadness associated with their false accusation) than moral patiency (i.e., attribution of victimhood, deservingness of protection of moral rights).

Our finding that both criminal offenders and people with an ID were attributed high moral credit, but that this was significantly higher for people with an ID, contradicts findings by (Gray & Wegner, 2009). They found that attribution of moral credit (positively-valenced moral agency) was significantly higher for ‘normal adults’ than for people with an ID, just as they’d found that moral responsibility (negatively-valenced moral responsibility) was significantly higher for ‘normal adults’ than for people with an ID. Our results were generally consistent with Khamitov et al. (2016), however, who showed that harmful agents (specifically those who commit crime) were denied more mental agency than neutral or benevolent moral agents, which in turn was associated with reduced moral agency (both positive and negative).

The phenomena of moral responsibility (negatively-valenced moral agency) has been explored quite thoroughly in the moral typecasting literature, with less attention paid to moral credit or praise (positively-valenced moral agency). Our results highlight that the attribution of moral credit or praise is an ambiguous phenomenon requiring further exploration. While the explanation that both positive and negative moral agency (and hence both blame and praise) should be high for
moral agents, both our results and Khamitov et al.’s (2016) highlight that there are nuances to Gray et al.’s (2012) moral typecasting approach that are not yet clearly explained.

**Strengths, Limitations, and Future Research for Study 3**

In addition to the high response and completion rate for this study, a key strength of Study 3 specifically was the application of four well-developed, contemporary social psychology theories relevant to stigmatising beliefs (stereotype content, mind perception, dehumanisation, and moral typecasting) to explore how Australian community members evaluate the comparative social, human, and moral status of people with an ID and criminal offenders. This is the first study to apply these complimentary theories to Australian criminal justice research, and one of few internationally to do this.

A key limitation for Study 3 was the researcher’s error in judgement not including a third social category condition: that of offenders with an ID, specifically. Inclusion of this third condition would have allowed a concrete comparison point for participant beliefs about the social, human, and moral status of offenders and people with an ID. Had this third condition been included, a clearer picture of how these stigmatising beliefs relate to one another and the complex social category being studies would have been likely. Future research should replicate this study with the inclusion of the third social category condition (offenders with an ID), to reproduce current findings and identify how combining these two social categories affects participant scores for the constructs specified.

**Conclusion**

Overall, Australians believed people with an ID were objectively low in competence and moderate in warmth. This means they were perceived to be
unskilled, unintelligent, and incapable, but also good natured, friendly, well-intentioned, and trustworthy. Conversely, criminal offenders were believed to be low in competence but also low in warmth, so that in addition to being unskilled, unintelligent, and incapable, they were ill-intentioned and untrustworthy. According to stereotype theory, this means people with an ID likely elicited feelings of sympathy/pity and would be attributed patronising prejudice associated with passive harm but active helping behaviours; criminal offenders likely elicited feelings of contempt/disgust and would be attributed contemptuous prejudice, associated with both passive and active harm behaviours. Overall, people with an ID were attributed significantly higher warmth, while criminals were attributed significantly higher competence. These results were consistent with the theory of stereotype content and past research in this area.

Australians believed that people with an ID had high mental experience (sentient experience of primary emotions like pain and pleasure, and secondary emotions like desire and embarrassment) and moderate mental agency (capacity for planning, self-control, and morality), while criminals had moderate mental experience and agency. Overall, people with an ID were attributed significantly higher experience than criminals, but attributions of agency did not differ between these social categories. ‘Normal’ adults (including one’s self) are typically attributed high experience and agency, indicating full mind; our results show that apart from experience attributions to people with an ID, both people with an ID and criminals were rated below ‘normal’ adults. Our results were generally consistent with the theory of mind perception, but attribution of agency was expected to be significantly higher for criminals than for people with an ID.

Australians also believed that people with an ID were high in ‘human nature’, with strong capacity for positive, intrinsically ‘human’ traits such as emotional
connectedness and warmth to others, while criminals were rated to have only moderate human nature (making them more cold, less emotionally responsive). Both people with an ID and criminals were believed to have only moderate human uniqueness (distinction from other animals via qualities of cultural refinement and rationality). Overall, people with an ID were significantly higher than criminals on human nature, but these groups did not differ on their perceived human uniqueness. Our results were generally consistent with dehumanisation theory, although we did expect that human uniqueness would be perceived as higher for criminals than for people with an ID.

Finally, moral status attributions showed that, overall, people with an ID were attributed greater moral patiency (deservingness of protection) than criminals when victimised by the same immoral acts, while criminals were afforded greater moral responsibility (negatively-valenced moral agency) than people with an ID when committing the same immoral acts. This is consistent with moral typecasting theory, which is an extension of mind perception theory. However, there was no significant difference between attributions of moral credit for moral acts (deservingness of praise) for the two groups. This contradicts moral typecasting theory and some past research relevant to this, which suggests moral agents should be attributed both higher responsibility and credit for moral acts, regardless of their valency. However, research on moral credit is limited compared to that on moral responsibility and patiency, so our results are both novel and highlight issues for further investigation.
CHAPTER EIGHT: STUDY 4 – A COMPARISON OF AUSTRALIANS’ BELIEFS ABOUT THE CAUSES OF CRIMINAL OFFENDING FOR PEOPLE WITH AND WITHOUT AN INTELLECTUAL DISABILITY

This chapter details Study 4, which addresses research question 4 (described in Chapter 3) concerned with exploring Australians’ causal beliefs about people with an ID, about criminal offenders with and without an ID, and how these causal beliefs compare. This chapter reports the Exploratory Aims, Data Treatment and Analysis Approach, Results, and Discussion for Study 4.

Aim and Hypotheses

The aim of Study 4 was to explore Australians’ causal beliefs about people with an ID, and about criminal offenders with and without an ID, and to critically compare and contrast these causal beliefs. Given the exploratory aim of Study 4, specific hypotheses were not formulated.

Data Treatment and Analysis Approach

Sample Integrity

Prior to data coding and analyses, quantitative between-group comparisons were conducted to ensure the Qualtrics program’s random allocation of participants to each of the two target social category conditions (Study 3), and then to each of the three vignette conditions (Study 4), resulted in the homogenous distribution of participants by key demographics. A series of one-way ANOVAs and Pearson chi-square tests of independence found that participants did not differ between conditions at either stage of random allocation by age, gender, level of education, employment status, or whether they had ever personally known a person with an ID (all $p > .05$).
Data Integrity

Braun and Clarke (2013) note that qualitative survey data can present a unique challenge to pattern-based analysis approaches such as inductive thematic analysis. ‘Rich’ data is typically derived using methods such as semi-structured interviewing, focus groups, and ethnographic observation; such methods provide opportunities for the researcher to probe, explore, and revisit participant responses and behaviours to more clearly ascertain their meaning and hence reduce the ambiguity or potential misrepresentations sometimes characterising participants’ initial responses to open-ended questions.

Unlike these methods yielding rich data, the current study’s design and method of data collection yielded a large number of participant responses (relative to other qualitative methods) but of a ‘thinner’ quality (Braun & Clarke, 2013) than what could have been collected using conversational methods. While some responses were detailed and nuanced, other responses were brief and vague. This limitation of the data was carefully taken into consideration when engaging in data coding, analysis, and write-up by the researchers; specifically, the researchers were careful to consider both implicit and explicit content in the data, and to avoid imposing meaning on participant responses rendered ambiguous by incomplete sentence structure or not contextualised by the participant’s further written explanation.

Data Saturation

Data saturation is an intuitive qualitative method similar to the idea of quantitative ‘statistical power’; data saturation indicates that sufficient qualitative data has been collected and coded so that there is enough information to replicate the study, additional cases do not yield new information, and further coding is no longer feasible (Fusch & Ness, 2015). Vignette 1 had $N = 211$ cases, Vignette 2 had $N =$
215 cases, and Vignette 3 had \( N = 427 \) cases. Data saturation was assessed by first randomly sampling and coding 50% of each Vignette set. Additional cases were coded as necessary until no new information could be found in participant responses. For Vignette 1, data saturation was reached by 120 (56.9%) cases, and by 110 (51.1%) cases for Vignette 2. Despite saturation being reached for Vignette 1 and 2, it was decided to code all remaining cases for these sets as all data was already collected. Vignette 3 had double the cases of Vignettes 1 and 2, so 50% \((n = 214)\) of cases from Vignette 3 were randomly extracted and treated as the working dataset for initial coding and subsequent interpretation. Data saturation for Vignette 3 was reached by 110 (51.4%) of the working dataset cases. Similarly to Vignette 1 and 2, it was decided to code all remaining cases of the Vignette 3 working dataset since data was already collected.

**Inductive Thematic Analysis**

Braun and Clarke’s (2006, 2013) 15-step approach to conducting ‘good thematic analysis’ was followed. Cases were organised and coding was conducted using Microsoft Excel. A ‘complete coding’ approach was used (Braun & Clarke, 2013), meaning that instead of merely extracting information from the data which supported pre-existing theory, a bottom-up, inductive approach was applied, ensuring all meanings implicit to the data were equally represented. After spending time reading and rereading participant responses to ensure familiarity with the data, cases were systematically assessed and their key messages coded. Cases varied in length from five to 500 words, and cases tended to describe at least two causal explanations for ID; as such, most cases treated words rather than sentences as coding units, meaning a single case might be coded multiple times.

After revisiting the dataset several times over to ensure the data was thoroughly and accurately coded, themes and subthemes were identified by
comparing and contrasting coding labels and explanatory memos (Braun & Clarke, 2013). Codes and cases were compiled into candidate themes and subthemes (Braun & Clarke, 2013). To clarify and refine these, a clear label and definition, as well as a description of thematic inclusion and exclusion coding criteria and example quotes, were created and the data was systematically coded a final time according to these refined thematic criteria. To ensure the trustworthiness of the data’s coding and inductive thematic analysis, a second, trained qualitative researcher (ND) selectively coded 50% of the subsample datasets using the final, refined coding framework (Braun & Clarke, 2013). Inter-coder reliability was determined using Cohen’s Kappa statistic. Inter-coder reliability was excellent for all vignettes: Vignette 1, Kappa = .85, p < .001, 95%CI [.82, .89], N = 1590; Vignette 2, Kappa = .95, p < .001, 95%CI [.94, .97], N = 1177; and Vignette 3 Kappa = .95, p < .001, 95%CI [.92, .97], N = 1512.

Final stages of analysis involved synthesising and writing up the results by first describing each theme, describing their relevant subthemes, providing key quotes as supporting evidence for this description, and then analysing the meaning of these subthemes.

Results

Participant Demographics

Participants (N = 853, 53.6% female) were aged 18-84 (M = 46.36, SD = 18.77), with members of the general community from all Australian States and Territories represented to varying degrees. A variety of education and employment statuses were also represented. A complete description of participant demographics can be viewed in Table 8.1. Overall, 211 (24.7%) participants provided a response to Vignette 1, detailing their beliefs about the cause/s of ‘John’s’ mild ID, 215 (25.2%)
participants provided a response to Vignette 2, detailing their beliefs about the cause/s of ‘John’s’ criminal offending, who did not have an ID specified, and 427 (50.1%) participants provided a response to Vignette 3 with half of these randomly selected for coding and analysis ($n = 214$, 25% of the total $N$), detailing their beliefs about the cause/s of ‘John’s’ criminal offending, who also had a mild ID specified.

**Thematic Analysis for Vignette 1: Causal Explanations for Intellectual Disability**

Inductive thematic analysis formulated eight themes and 13 subthemes overall; refer to Table 8.2 for an overview of themes, their subthemes, and supporting examples. The number and proportion of participants describing each subtheme is also included in Table 8.2.
Table 8.1

**Participant Demographics (N = 853)**

<table>
<thead>
<tr>
<th>Demographic</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>457</td>
<td>53.6</td>
</tr>
<tr>
<td>Male</td>
<td>375</td>
<td>44.0</td>
</tr>
<tr>
<td>Other</td>
<td>20</td>
<td>2.3</td>
</tr>
<tr>
<td><strong>State/Territory</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New South Wales</td>
<td>290</td>
<td>34.0</td>
</tr>
<tr>
<td>Australian Capital Territory</td>
<td>59</td>
<td>6.9</td>
</tr>
<tr>
<td>Victoria</td>
<td>265</td>
<td>31.1</td>
</tr>
<tr>
<td>South Australia</td>
<td>94</td>
<td>11.0</td>
</tr>
<tr>
<td>Tasmania</td>
<td>38</td>
<td>4.5</td>
</tr>
<tr>
<td>Western Australia</td>
<td>87</td>
<td>10.2</td>
</tr>
<tr>
<td>Queensland</td>
<td>16</td>
<td>1.9</td>
</tr>
<tr>
<td>Northern Territory</td>
<td>1</td>
<td>.1</td>
</tr>
<tr>
<td>Not currently residing in Australia</td>
<td>3</td>
<td>.4</td>
</tr>
<tr>
<td><strong>Education Level</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some secondary education</td>
<td>18</td>
<td>2.1</td>
</tr>
<tr>
<td>Year 10</td>
<td>38</td>
<td>4.5</td>
</tr>
<tr>
<td>Year 12</td>
<td>155</td>
<td>18.2</td>
</tr>
<tr>
<td>TAFE Certificate/s</td>
<td>107</td>
<td>12.5</td>
</tr>
<tr>
<td>TAFE Diploma/s</td>
<td>75</td>
<td>8.8</td>
</tr>
<tr>
<td>Undergraduate degree</td>
<td>234</td>
<td>27.4</td>
</tr>
<tr>
<td>Postgraduate degree</td>
<td>154</td>
<td>18.1</td>
</tr>
<tr>
<td>Doctoral degree</td>
<td>25</td>
<td>2.9</td>
</tr>
<tr>
<td>Other</td>
<td>47</td>
<td>5.5</td>
</tr>
<tr>
<td><strong>Employment status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full time paid employment</td>
<td>210</td>
<td>24.6</td>
</tr>
<tr>
<td>Part time/casual paid employment</td>
<td>252</td>
<td>29.5</td>
</tr>
<tr>
<td>Volunteer employment</td>
<td>96</td>
<td>11.3</td>
</tr>
<tr>
<td>Previously employed in a paid or voluntary role</td>
<td>214</td>
<td>25.1</td>
</tr>
<tr>
<td>Never employed in a paid or voluntary role</td>
<td>79</td>
<td>9.3</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>.2</td>
</tr>
<tr>
<td><strong>Identification with a social minority ^</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>439</td>
<td>51.5</td>
</tr>
<tr>
<td>Sexual/gender minority</td>
<td>190</td>
<td>22.3</td>
</tr>
<tr>
<td>Religious minority</td>
<td>53</td>
<td>6.2</td>
</tr>
<tr>
<td>Cultural minority</td>
<td>38</td>
<td>4.5</td>
</tr>
<tr>
<td>Aboriginal or Torres Strait Islander</td>
<td>39</td>
<td>4.6</td>
</tr>
<tr>
<td>Person with a disability</td>
<td>147</td>
<td>17.2</td>
</tr>
<tr>
<td>Migrant</td>
<td>76</td>
<td>8.9</td>
</tr>
<tr>
<td>Other</td>
<td>94</td>
<td>11.0</td>
</tr>
</tbody>
</table>

*Note. ^Participants could identify with more than one social minority.*
Table 8.2
Overview of Categories and Themes for Causal Beliefs about Intellectual Disability (n = 211)

<table>
<thead>
<tr>
<th>Theme</th>
<th>Subtheme</th>
<th>Example</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Genetics</td>
<td>i. General genetics</td>
<td>A genetic chromosome disorder may have caused John to have a mild intellectual disability (case 87)</td>
<td>121</td>
<td>57.3</td>
</tr>
<tr>
<td></td>
<td>ii. Specific disorder or syndrome</td>
<td>Fragile X Syndrome (case 45)</td>
<td>46</td>
<td>21.8</td>
</tr>
<tr>
<td>2. Physical trauma</td>
<td>i. Forceful impact</td>
<td>John may have been involved in an accident where he received trauma to his head (case 39)</td>
<td>112</td>
<td>53.1</td>
</tr>
<tr>
<td></td>
<td>ii. Anoxia</td>
<td>John may have been deprived of oxygen in the birthing process and he might have sustained some brain damage… (case 54)</td>
<td>43</td>
<td>20.4</td>
</tr>
<tr>
<td>3. Illness</td>
<td>i. Infectious illness</td>
<td>[The] result of a disease of some kind (eg., bacterial encephalitis) (case 68)</td>
<td>21</td>
<td>10.0</td>
</tr>
<tr>
<td></td>
<td>ii. Non-infectious illness</td>
<td>Possibly some degree of input from the mother during pregnancy (such as malnutrition…) (case 81)</td>
<td>15</td>
<td>7.1</td>
</tr>
<tr>
<td></td>
<td>iii. Unspecified illness</td>
<td>He may have had a serious health event, at any time during his life… (case 35)</td>
<td>16</td>
<td>7.6</td>
</tr>
<tr>
<td>4. Exposure to chemical toxins</td>
<td>i. Alcohol and/or other drug use</td>
<td>...his mother’s bad choices when she was pregnant, such as alcoholism or other drug addiction… (case 34)</td>
<td>41</td>
<td>19.4</td>
</tr>
<tr>
<td></td>
<td>ii. Environmental toxins</td>
<td>There’s a slight possibility it was caused by…environmental toxins of some kind (case 34)</td>
<td>10</td>
<td>4.7</td>
</tr>
<tr>
<td>Theme</td>
<td>Subtheme</td>
<td>Example</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>5. Psychosocial deprivation</td>
<td>i. Social environment</td>
<td>Much of it could depend on his upbringing, particularly in his education and interactions with other people as a child... (case 103)</td>
<td>21</td>
<td>10.0</td>
</tr>
<tr>
<td></td>
<td>ii. Psychosocial neglect/abuse</td>
<td>Very low stimulus environment (case 150)</td>
<td>15</td>
<td>7.1</td>
</tr>
<tr>
<td>6. Social construction</td>
<td>i. Normative labelling</td>
<td>Societal labels and expectations of what is ‘normal’ (case 46)</td>
<td>24</td>
<td>11.4</td>
</tr>
<tr>
<td></td>
<td>ii. Impropriety</td>
<td>I am in no way qualified to answer this question...Speculation can be worse than useless (case 76)</td>
<td>6</td>
<td>2.8</td>
</tr>
<tr>
<td>7. Metaphysical mystery</td>
<td></td>
<td>I think John is just unlucky in that he has an intellectual disability, and lucky in that it is mild...Could be me, could be you, in this case it is John (case 36)</td>
<td>7</td>
<td>3.3</td>
</tr>
<tr>
<td>8. Unknown causes</td>
<td></td>
<td>Usually there is no known cause for this (case 89)</td>
<td>7</td>
<td>3.3</td>
</tr>
</tbody>
</table>

Note. ID = intellectual disability. Case number = Vignette 1 subsample case number. Participants could describe multiple causal beliefs, so percentage (%) does not sum to 100.
Theme 1: Genetics. This theme encompassed participant beliefs that genetic influences were likely to have caused John’s ID. Being intrinsic to the individual, genetic influences were presented as beyond the control of the individual with an ID, and emerged during embryonic or fetal development. Genetic influences were described either in the form of inherited or idiopathic abnormalities, or specific congenital disorders and/or syndromes attributed to genetic and/or chromosomal abnormalities. Two subthemes were identified within this theme: ‘General genetics’ and ‘Specific disorder or syndrome’.

General genetics. Participants referred to John’s ID being caused by his genetics using a variety of terms. For example, some participants referred to his ID as an anomaly of his ‘genetics’, due to an ‘inherited’ problem, a genetic ‘mutation’, ‘abnormality’, ‘defect’, or general ‘disorder’.

Developmental learning difficulties are most commonly genetic and can be random mutations or inherited from family (case 127).

I think usually it’s genetic...You’re just born with it due to random mutations in your genes (case 104).

Some participants made implicit attributions to John’s genes as a cause of his ID, describing John as just having been ‘born with’ the disability, or describing the cause of the disability as a ‘congenital’ problem. These latter two terms were interpreted to mean the cause of the ID was not due to influences external to the fetus, including while in utero.

Perhaps he was born with the disability (case 194).

Congenital abnormality... (case 176).
**Specific disorder or syndrome.** Some participants described specific types of disorders or syndromes as causes of ID, and often attributed a genetic or chromosomal basis to these. The most frequently described disorders and syndromes were Autism Spectrum Disorder (usually referred to as ‘Autism’ or ‘Asperger’s’ by participants), Down Syndrome, and Fragile X Syndrome.

*I think John might have been born with Downs (sic) Syndrome (case 146).*

*He could be on the (autism) spectrum which, I think, is caused by certain genes (case 5).*

Fragile X Syndrome...(case 45).

Participants described a number of specific disorders as likely causes of ID, including Attention Deficit Hyperactive Disorder (referring to this as “ADHD” or “ADD”; e.g., case 98), “dyslexia” (e.g., case 38), “cerebral palsy” (e.g., case 63), and “Sensory Processing Disorder” (e.g., case 33). Apart from cerebral palsy (which may be comorbid with an ID), these disorders are not legitimate causes or correlates of ID, indicating participant misperceptions about what an ID is. These causal attributions may also represent subjective experiences of participants with individuals who have an ID and comorbid disorders.

Fetal Alcohol Syndrome Disorder (FASD) was also sometimes described as a cause of ID by participants, often in association with but distinct from references to John’s mothers’ presumed use of alcohol during pregnancy, this latter explanation being coded as ‘Exposure to Toxic Chemicals’ (theme), ‘Alcohol and/or other drug use’ (subtheme).
He had foetal [sic] alcohol syndrome and got brain damage prior to birth (case 48).

Environmental factors like foetal [sic] alcohol syndrome... (case 53).

**Theme 2: Physical Trauma.** This theme encompassed participant beliefs that physical injury, particularly to the head and brain, was a likely cause of John’s ID. Participants reported that physical trauma resulting in brain injury and hence permanently impaired neurological and cognitive functioning could occur at any time during John’s developmental trajectory (in utero to adulthood), seemingly confounding brain injuries acquired at a later stage of life with injuries acquired prior to formative developmental milestones. This theme contained two subthemes, ‘Forceful Impact’ and ‘Anoxia’.

**Forceful impact.** Many participants attributed John’s ID to a forceful impact on his head/brain at some stage of his life, from in utero to adulthood. Some participants specifically referred to this as an ‘acquired brain injury’ and used this term interchangeably with ‘ID’.

He might have been in an accident and have an acquired brain injury which has impaired his cognitive ability. This could have happened at any point in his life (case 121).

Forceful impacts to the head/brain were generically described as occurring due to an ‘accident’, ‘injury’, or physical ‘trauma’. Some participants described specific scenarios where such events might occur, such as a car accident, or playing contact sports.
John may have been injured in [an] accident involving a car, motorbike or bicycle (case 35).

Perhaps John is very sporting, perhaps he played body contact sport, or combat sport, such as Rugby League, or Boxing, where head injuries are far too common (case 34).

**Anoxia.** Participants also reported that anoxia, experienced while in utero, during birth, or in later life, could cause ID.

There is...a chance he may have received brain damage due to a ...lack of oxygen at some point in his life (case 96).

He could have nearly drowned (case 22).

References to anoxia experienced during birth were sometimes framed euphemistically as birth ‘complications’, ‘issues’, or ‘problems’.

John could have suffered brain damage from a complicated birth. Traumatic births can leave a newborn without oxygen to the brain for a period of time. Lack of oxygen can lead to mild intellectual disability (case 167).

**Theme 3: Illness.** This theme encompassed a broad range of diseases and maladies participants believed to be possible causes of John’s ID. Illness was often presented as a cause of irreparable neurological damage, subsequently resulting in an
ID. Three subthemes contributed to this theme: ‘Infectious illness’, ‘Non-infectious illness’, and ‘Unspecified illness’. Most participants contributed to the first two subthemes.

**Infectious illness.** The most common infectious illnesses participants associated with brain damage leading to ID included viral and bacterial diseases (e.g., meningitis, meningococcal), acquired John may have acquired while in utero or at any time after birth and into adulthood.

*He [John] could have...had an illness like meningitis... (case 70).*

*He [John] could have developed a debilitating disease or infection at some point of his life (meningococcal, etc.) (case 141).*

*Some form of organic brain damage...[as] a result of a disease of some kind (e.g., bacterial encephalitis) (case 69).*

**Non-infectious illness.** Brain damage and resultant ID was also associated with a variety of non-infectious illnesses experienced either in utero or after birth and into adulthood, such as “malnutrition” (case 81), neurodegenerative diseases such as “Alzheimer’s” (case 176), “cancer” (tumours; case 56), seizures (e.g., due to epilepsy; case 144), “stroke” (case 169), and metabolic problems impacting flourishing or one’s functional status quo. Examples of non-infectious illnesses specified by participants follow:

*Possible brain injury from...stroke (case 169).*
Brain degeneration due to Alzheimer’s... (case 176).

If he is an epileptic he may have sustained neurological damage at some stage (case 144).

Unspecified illness. Some participants referred to illness as a cause of ID using generic terminology and phrasing, such as “physical illness that caused an intellectual disability” (case 90), “brain damage due to sickness” (case 201), “ill health” (case 183), or “his [John’s] mother’s health” (case 43). However, most participants provided specific examples of infectious and/or non-infectious illnesses that could contribute to John’s ID, as described by prior themes.

Theme 4: Exposure to Chemical Toxins. This theme encompassed participant beliefs that John’s ID could have been caused by repeated exposure to chemical toxins, either internally while in utero or via ingestion or externally via environmental contaminants. Subthemes for this theme were ‘Alcohol and/or other drug use’ and ‘Environmental toxins’. While some participants reported exposure to such toxins from childhood and into adulthood could cause ID, most participants reported this harm was likely to have been caused during John’s fetal development while in utero.

Alcohol and/or other drug use. Participants reported that in utero exposure to alcohol and/or other drugs, both illicit and prescribed, could impact John’s fetal development and lead to an ID.

Maybe his mother smoked, took drugs, or lived an unhealthy life while she was pregnant (case 143).

Intellectual disability may be caused by... in utero exposure to alcohol and drugs (e.g., FASD [fetal alcohol syndrome disorder]) (case 137).
In such scenarios, blame was sometimes implicitly or explicitly accorded to the mother for exposing her unborn child to these toxins.

There’s a slight possibility it [John’s ID] was caused by...his mother’s bad choices while she was pregnant, such as alcoholism or other drug addiction, or use of dangerous medications whose risks were unknown at the time (case 34).

John may have been born with his intellectual disability for reasons that were his mother’s fault (FASD [fetal alcohol syndrome disorder], drugs during gestation etc.) (case 141).

Some participants also attributed John’s ID to his own possible alcohol and/or drug misuse as an adolescent or adult.

Brain injury as a result of drinking or drugging too much (case 176).

Maybe he took too many pingas as a young lad that left him permanently fried (case 83).

**Environmental toxins.** Some participants reported that John’s in utero exposure to chemicals or pollutants in his mother’s physical environment, or his exposure to such pollutants in his own physical environment as a child or adult, could have caused his ID. These were generically referred to as ‘toxins’ or ‘poisons’ in the environment.
[John’s ID could have been caused by] prenatal environmental factors such as... toxic poisoning (case 110).

There’s a slight possibility it [John’s ID] was caused by...environmental toxins of some kind (case 34).

Some participants specified substances they believed could cause ID, including “mercury” (case 192), a “pesticide spill” (case 22), and “chemicals in food or food containers” (case 191).

Theme 5: Psychosocial Deprivation. This theme encompassed participant beliefs that systemic deprivation impacting health, education, and psychosocial flourishing may have impaired John’s neurological/cognitive development from infancy into adulthood, causing or exacerbating his ID. Psychosocial deprivation was generally attributed to inadequate formal and informal education and socialisation, or to severe neglect or abuse. Subthemes in this theme were ‘Social environment’ and ‘Psychosocial abuse/neglect’.

Social environment. Aspects of John’s social environment were often described by participants as potentially having stunted his neurological and psychosocial development, causing an ID or exacerbating a prior impairment to the point of ‘becoming’ an ID. John’s general social environment during childhood (i.e., his upbringing/home environment), including the quality and competence of his parental support, was often reported as having potentially impaired his development and caused his ID.

*I imagine that the environment that John was raised in was [a] pretty significant cause in John’s intellectual disability (case 113).*
[E]nvironment and parenting could also be factors (case 98).

Some participants specifically referred to John’s socioeconomic status as a contributor to his ID.

His social environment may have played a little factor, in terms of education, socioeconomic access to help and resources, parentage, and friends (case 82).

[S]ocio/economic and demographic environment... (case 90).

More participants assumed John may have lacked access to appropriate formal education services, causing or exacerbating his ID.

His education in the home may have been non-existent and the school system may not have offered the adequate teaching assistance and one on one, or enough encouragement at the right time (case 118).

Learning difficulties, late diagnosis and late intervention... (case 98).

*Psychosocial neglect/abuse.* Some participants reported that severe neglect and/or abuse during key developmental periods as a child may have caused John’s ID; these responses implied that John’s psychosocial development was irreparably damaged by such experiences.
I presume, in rare cases, persistent isolation from normal stimuli (physical, social etc.) could cause an ID (case 26).

He [John] could have suffered from terrible parents or lived in terrible conditions which made it impossible for him to obtain basic school education (case 210).

**Theme 6: Social Construction.** This theme encompassed participant beliefs that ID was ‘caused’ to exist via individual and systemic discriminatory discourse and behaviour rather than biological or psychosocial factors, implicitly endorsing a social model of disability and opposing the dominant medical-disease model of disability. Some participants explicitly reported that John’s disability was caused by socially constructed norms and expectations regarding ‘normal’ intelligence and psychosocial functioning, which devalued difference and diversity (including people with an ID). Other participants implicitly endorsed a social constructionist perspective of ID by refusing to problematise ID, instead describing John’s positive qualities and right to social inclusion. Interestingly, some participants refused to speculate about possible causes of ID; such participants self-attributed a lack of expertise and experience with the topic, and were explicit in their desire to not contribute to speculative discourse about people with an ID. This theme included two subthemes, ‘Normative Labelling’ and ‘Impropriety’.

**Normative labelling.** Some participants were explicit in their belief that ID (like other disabilities) is a social construction ‘caused’ by devaluing language, beliefs, attitudes, and behaviours by individuals and society. These participants typically referred to the disabling role of social norms and expectations for people with an ID. The study itself was critiqued by some participants as contributing to this
negative social construction in asking participants to explain their stereotypical beliefs about people with an ID.

In a social model of disability, John’s intellectual disability is the result of living in a world that caters for people without disability, and does not recognise the wide spectrum of ability and difference between individuals. This has impacts on John’s ability to fully participate in work and community life... (case 137).

Other participants reported that the cause of John’s ID was irrelevant to his social status and rights, and so refused to provide a causal explanation. Such participants instead tended to describe what they perceived to be John’s ‘positive’ qualities (e.g., his employment and social connections) while dismissing his ‘negative’ qualities (i.e., functional limitations described in the vignette such as ‘reading between the lines in social situations’) as being a matter of value and perspective.

Frankly the cause is not as important as the future. Given a more tolerant world, John could be recognised as the valuable human he is. IQ is not everything. What is everything is creating and inclusive society that values everyone and all their differences.... We need a society that values diversity, instead of one that pathologises it (case 60).

The specifics are irrelevant to John’s human rights and shouldn’t be part of any outsider’s judgement on his life, his humanity and right to respectful consideration, ability to cope or necessity to require help both personally and structurally through government programs (case 50).
It doesn’t matter to me what caused the disability—he has one. I just need to understand what he needs to be a participating person in his community (case 128).

**Impropriety.** Some participants refused to speculate about the cause of ID as a self-monitoring behaviour, seemingly motivated by their self-reported lack of credentials (expert or moral) on the issue. This suspension of speculation (and hence avoidance of verbalising potentially negative or hurtful opinions) appeared to stem from participants’ sense of social and moral propriety.

There could be any number of reasons but regardless of the cause I don’t think it’s something that I have the right to know or enquire about (case 190).

Honestly I wouldn’t even try to guess because I haven’t studied it and don’t know enough. If I had met John, I wouldn’t ask because that’s his business and if he can do things and have a career, then I would be proud of him succeeding regardless of anyone else (case 199).

**Theme 7: Metaphysical Mystery.** This theme encompassed participant beliefs that the cause of John’s ID was metaphysical or at least a result of chance. Such explanations explicitly or implicitly described John’s ID as due to ‘luck’, ‘chance’, ‘nature’, ‘destiny’, or ‘fate’ instead of concrete biological, psychosocial causes, or socio-linguistic factors. Most participants reported John’s ID as a random occurrence (e.g., ‘luck’, ‘chance’, ‘nature’).

I think John is just unlucky in that he has an intellectual disability, and lucky in that it is mild….Could be me, could be you, in this case it is John (case 36).
Nature is what it is (case 51).

[I]t [the cause of the ID] may be seemingly random and undefinable (case 147).

One participant referred to John’s ID as a predestined ‘spiritual challenge’.

His rebirth could have meant that in this instance his Soul was due to face these problems so in its next rebirth, it could excel as Isaac Newton, Einstein or Anne Frank or some other Male or Female who will lead, what we call Earth to better places and explore the Universe for the betterment of Mankind/Womankind (case 209).

**Theme 8: Unknown Causes.** The final theme, ‘Unknown Causes’, encompassed participants’ belief that while some empirical causes for ID were known, there were others that remained unknown to science, rather than to them personally. Participants contributing to this theme often provided multiple causal explanations in addition to this.

The cause of the majority of congenital disorders is unknown (case 23).

Probably he was born with a level of ability lower on the normal curve than average. Usually there is no known cause for this (case 89).

**Thematic Analysis for Vignette 2: Causal Explanations for John’s Criminal Offending without an Intellectual DisabilitySpecified**

Inductive thematic analysis formulated six themes and 13 subthemes overall; refer to Table 8.3 for an overview of themes, their subthemes, and supporting
examples. The number and proportion of participants describing each subtheme is also included in Table 8.3. Most participants provided multiple explanations for John’s offending without an ID specified, and many used hedging language to convey their causal beliefs were contingent on other contextual factors.
<table>
<thead>
<tr>
<th>Theme</th>
<th>Subtheme</th>
<th>Example</th>
<th>$n$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Financial Pressure</td>
<td>Working Poor</td>
<td><em>He may have needed the money. Even though he had a casual job, sometimes the pay isn’t enough</em> (case 2)</td>
<td>104</td>
<td>48.4</td>
</tr>
<tr>
<td></td>
<td>Addiction</td>
<td><em>Maybe he was a drug addict on a hunger without money</em> (case 39)</td>
<td>27</td>
<td>12.6</td>
</tr>
<tr>
<td>2. Entitlement</td>
<td>Social Comparison</td>
<td><em>John could be greedy for what other people have</em> (case 162)</td>
<td>45</td>
<td>20.9</td>
</tr>
<tr>
<td></td>
<td>Preservation of Honour</td>
<td><em>He may have been trying to redress some (real or perceived) wrong</em> (case 14)</td>
<td>25</td>
<td>11.6</td>
</tr>
<tr>
<td></td>
<td>Irresponsible</td>
<td><em>John is likely to be immature, as evidenced by still relying on his parents for a home life. He has not yet learned to stand on his own two feet</em> (case 44)</td>
<td>21</td>
<td>9.8</td>
</tr>
<tr>
<td>3. Impaired Reasoning</td>
<td>Psychological Disorder</td>
<td><em>Perhaps he had developed a mental illness – depression possibly, or even a more serious condition</em> (case 71)</td>
<td>39</td>
<td>18.1</td>
</tr>
<tr>
<td></td>
<td>Psychological Distress</td>
<td><em>This may be a one-off event in response to a relationship breakup, severe financial stress or other, and he may have made a bad choice based on emotional dis regulation</em> (case 97)</td>
<td>61</td>
<td>28.4</td>
</tr>
<tr>
<td></td>
<td>Substance Impaired</td>
<td><em>He was possibly under the influence of drugs or alcohol</em> (case 8)</td>
<td>47</td>
<td>21.9</td>
</tr>
<tr>
<td></td>
<td>Low Intelligence</td>
<td><em>He may have been influenced by [an] intellectual disability</em> (case 10)</td>
<td>11</td>
<td>5.1</td>
</tr>
<tr>
<td>Theme</td>
<td>Subtheme</td>
<td>Example</td>
<td>n</td>
<td>%</td>
</tr>
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<td>-------------</td>
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<td>------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>4. Social Connection</td>
<td>i. Peer or Parent Pressure</td>
<td>He may have been egged on by his mates (case 14)</td>
<td>33</td>
<td>15.3</td>
</tr>
<tr>
<td></td>
<td>ii. Lack of Intimacy</td>
<td>John has friends, teams and parents but may be frustrated by a lack of a companion and thought that money might impress (case 100)</td>
<td>16</td>
<td>7.4</td>
</tr>
<tr>
<td>5. Moral Disregard</td>
<td>i. Immoral</td>
<td>John is immoral (case 61)</td>
<td>38</td>
<td>17.7</td>
</tr>
<tr>
<td></td>
<td>ii. Thrill-Seeker</td>
<td>Maybe he was just bored (case 3)</td>
<td>17</td>
<td>7.9</td>
</tr>
<tr>
<td>6. Innocent</td>
<td></td>
<td>Was he even guilty? The judicial system gets it wrong sometimes (case 16)</td>
<td>6</td>
<td>3.8</td>
</tr>
</tbody>
</table>

*Note. Case number = Vignette 2 subsample case number. Participants could describe multiple causal beliefs, so percentage (%) does not sum to 100.*
Theme 1: Financial Pressure. This theme encompassed participants’ beliefs that John’s criminal offending (specifically charges of theft and physical assault) was caused by genuine financial pressures associated with his perceived low socioeconomic status, and/or to support an addiction to alcohol, drugs, or gambling.

Low and unreliable income. Many participants concluded that John was of low socioeconomic status due to his casual employment with a catering company and because he lived with his parents at the age of 35 years. These factors were interpreted as John having low and unreliable income due an assumed low-skilled job, hence requiring that he live with his parents to manage his ‘poverty’ (a term often associated by participants with his employment status).

If he was only a casual worker, poverty could be part of the problem (case 106).

The only reason I can see is if he robbed a store for money that he needed for basic survival such as food or rent and got in a fight on the get away (case 205).

Overall, participants perceived John’s financial and associated living situation negatively. As one participant succinctly reported, ’35, working casually, living with his parents, not a great life...’ (case 14).
Participants provided a series of common backstories explaining specific events creating a critical level of financial stress leading to John perpetrating theft and physical assault. For example, some participants referred to general ‘debts’ or ‘major expenses’ that John felt pressure to pay for.

*He may have gone into debt that he cannot manage because of underemployment and it was the only way out of a mess (case 176).*

*It may have been overdue fines (since we still criminalise poverty in a lot of ways) or a ‘crisis’ expense – major car repairs, emergency dentistry, a broken washing machine... (case 165).*

Other participants proposed that John’s parents were similarly struggling financially, and that John contributed financially to their support.

*John could have a sick relative and he needed money to assist with medical expenses (case 162).*

*His parents may have been thrown out of their house and he wanted to help and he thought this may have been his only option (case 168).*

Some participants proposed that John had grown frustrated at living with his parents and his low income, which stopped him moving out; his theft and assault was thus hypothesised to be motivated by his desire for independence.

*John at 35 saw no way out of living with his parents except pawning off goods for money (case 167).*
John feels unable to get ahead in life, given that employment opportunities are very limited, and he would feel like a burden upon his parents (case 174).

Overall, participants reported these scenarios pressured John to steal goods or money in order to address financial pressures in the context of having a low and unreliable income. Some participants extended this problem, hypothesising that had recently lost his low-income job, increasing his financial pressures.

John could have lost his job & have a hungry family at home (case 162).

Addiction. Some participants hypothesised that John’s financial stress was specifically due to needing to fund an addiction to alcohol, drugs, or gambling. These participants attributed John’s theft and assault to his need to fund his addiction.

It may be that he has addictive behaviours such as dependence on drugs or alcohol, or gambling (case 176).

A gambling or drug addiction (case 56).

Some participants provided context for John’s addiction, suggesting they understood ‘addiction’ to be a complex social psychological phenomenon bridging psychosocial well-being and criminal behaviour.

Probably an unstable home environment and lack of productive work leading to drug or alcohol addiction and the urge to support his addiction (case 72).


**Theme 2: Entitlement.** This theme encompassed participants’ beliefs that John’s criminal behaviour was caused by a sense of personal entitlement, based on his self-perceived social status and psychosocial experiences with others.

**Social comparison.** Many participants stated that, given his living and employment situation, John was likely to feel inadequate and inferior in comparison to other men his age due to perceived limited independence. Participants reported that John was likely to experience ‘low self-esteem’, which they further saw as a motivator for John’s theft and assault.

*John is probably a low-skilled low-educated young man with low self-esteem (case 90).*

*...lack of self-esteem, and the erosion of his ego due to having to live with his parents (case 194).*

Participants attributed a range of cognitive emotional responses to John to imply the negative impact of social comparison on John, including that he must feel ‘frustrated’ (e.g., case 81), ‘shame’ (e.g., case 78), ‘embarrassed’ (e.g., case 68), and/or ‘insecure’ (e.g., case 2) about his living arrangements and employment.

*John... may have been embarrassed or frustrated at his position in society: he still lives with his parents and has a low paying job. This may have led to him lashing out at someone or think he could get ahead by stealing (case 5).*

*Perhaps John is frustrated that his life is not panning out to be as successful or fulfilling as he thought it would be. He perceives friends and others have a better quality of life, more money, success and independence (case 81).*
Some participants also perceived that John would likely be ‘envious’ (e.g., case 55) of other people who he perceived to have greater wealth and/or social status.

*He may have been envious of some friends living independently in their own homes whilst he was still at home with his parents. He may also been unhappy that he did not have permanent full time employment and therefore not as much money to spend as other people and was limited in what activities he could attend (case 55).*

*John is immature and missing out on ‘the good life’ usually attained by young men who are married at his age, have a child or two, a good education and career prospects. He has doubtless convinced himself that what he lacks is money and with no prospects of getting it in the short term [and thought] that bottle shop – take away looks like easy pickings (case 138).*

Interestingly, some participants hypothesised that John’s desire to attract a mate was a likely factor exacerbating his social comparison and resulting motivation to obtain wealth and status by criminal means.

*[T]here is no mention of a girlfriend and this may also have been a contributing factor [to John’s criminal offending] in that he believed that if he had more money he would be able to attract a female friend (case 55).*

Overall, the subtheme ‘Social Comparison’ referred to participants’ assumption that John’s criminal offending was caused by his feeling entitled to rectify what he
perceived to be an unjust difference in resources and status, resulting in theft and assault.

\[ \text{John committed theft because he wrongly believed he was entitled to something that was not his, and lacked the motivation to get whatever he stole through legal means (case 61).} \]

\[ \text{At 35, living with his parents, John may feel that society has not been fair to him....He may feel he lacks a future. If he mainly spends his time with similarly disenfranchised men, his sense of what he is entitled to may be offended. This could turn into rage if he is willing to harm other people. He may feel entitled to steal to get what he wants (case 172).} \]

**Preservation of honour.** Some participants reported that John’s offending may have been a response to an actual or perceived slight against, or attack on, his honour.

\[ \text{He may have been trying to redress some (real or perceived) wrong (case 14).} \]

Beliefs of this nature centred on John feeling a sense of ‘injustice’ or ‘unfairness’ about a social situation or exchange, and hence feeling entitled to react with theft or assault. Some participants proposed that John physically assaulted someone only after first being provoked or victimised, or to protect a friend.

\[ \text{Perhaps the victim tried to hit him first? (case 107).} \]

\[ \text{He may have ...been retaliating following a bullying incident. Maybe the person he assaulted had assaulted} \]
his friend, maybe he was protecting someone or something (case 208).

Some participants proposed that the cause of John’s physical assault was a desire to protect his identity and hence honour after being discovered during his theft; in this type of scenario, John assaulted whoever discovered him to avoid identification and capture.

Assaulting someone was not part of his plan until he was caught and saw no other way of getting out of the situation (case 167).

Other participants provided detailed explanations about how John’s workplace and colleagues may have slighted John by harassing or bullying him, causing him to perpetrate physical assault as a form of self-protection.

Someone at work, or an acquaintance, likely caused John stress, pushing him to breaking point and with likely having no or limited support – he sought to rectify the situation himself (case 52).

Some participants proposed that John felt taken advantage of by his employer and so committed theft as a form of compensation; in this type of scenario, John was promised promising stable employment by his employer, who failed to deliver on this after a period of labour, dishonouring the informal understanding and provoking John’s sense of injustice and hence entitled theft.

John stole items from the catering company. When the act was detected and John was told he would be
charged with stealing he punched out the company manager. John had been working casually for this company for some time at low wages with the promise of eventual full-time employment. When John realised that this promise was a con he decided to take some drinks and foodstuffs as recompense (case 29).

He could have been stealing something that he felt was rightfully his or in lieu of something he felt he was owed, due to a pre-existing dispute (e.g., with an employer or other party he had had dealings with) (case 210).

**Irresponsible.** Some participants reported that John’s criminal offending was likely caused by what they perceived to be his personal ‘irresponsibility’.

Participants’ reported that John’s living circumstances and employment status indicated John had a ‘lack of direction’ (case 33), was ‘lacking motivation’ (case 61), was not being ‘independent’ (case 46), and was ‘immature’ (case 44). Overall these impressions summed to participants attributing a lack of self-responsibility to John.

*Living with his parents, he wasn’t being responsible for himself as a grown-up* (case 66).

*Still living at home – possibly not learning responsibility* (case 211).
Participants associated this perceived irresponsibility with the belief that John also harboured sentiments of self-entitlement, including assumptions that he expected a ‘free ride’ through life and would use theft and assault to gain what he desired if it wasn’t given to him.

John is likely to be immature, as evidenced by still relying on his parents for a home life. He has not yet learned to stand on his own two feet. He only works casually, which means he is probably lacking funds at times, and committing theft seemed an easy way to augment his income. The assault was probably incidental to the theft (case 44).

John committed theft because he wrongly believed he was entitled to something that was not his, and lacked the motivation to get whatever he stole through legal means (case 61).

Theme 3: Impaired Reasoning. This theme encompassed participant beliefs that John’s criminal offending was caused by either a temporary or chronic impairment to his cognitions and emotions, impacting his capacity to appreciate the consequences of his behaviours. Explanations for why John’s reasoning was impaired, and how this resulted in criminal behaviours, included that he had a psychological disorder, was experiencing either acute or ongoing psychological distress, was under the influence of alcohol or other drugs at the time of the criminal behaviour, or that he was of too low intelligence to appreciate the consequences of his antisocial actions.

Psychological disorder. Many participants hypothesised that John may have had a psychological disorder, which influenced his criminal behaviour. Most
participants with this belief simply referred to John having a generic ‘mental illness’ (e.g., cases 2, 3, 10, 37) or ‘mental health issue’ (e.g., cases 125, 128).

*May have some mental illness due to the fact that he is still living with his parents, and that he used violence during the theft (case 20).*

Some participants specified certain types of psychological disorders they believed were likely associated with criminal behaviour, including depression, a personality disorder, post-traumatic stress disorder (PTSD), and psychopathy.

*Perhaps he was suffering from depression from still living with his parents which drove him to take some control of his life by demonstrating this by an inappropriate act (case 36).*

*Untreated mental illness like bipolar or BPD [borderline personality disorder] (case 202).*

**Psychological distress.** Distinct from experiencing symptoms of an acute or ongoing psychological disorder, many participants proposed that John’s criminal behaviour was caused by acute psychological distress. Participants referred to John experiencing intense emotional states such as ‘desperation’, ‘anger’, ‘rage’, ‘frustration’, ‘hate’, ‘stress’, and ‘panic’ which skewed his ability to act or react rationally and hence manage his emotions in response to an aversive event or situation.

*[The] assault could have been [caused by] panic or rage (case 107).*

*Most likely a feeling of desperation – he felt like this was his only chance, he didn’t do it for fun. Perhaps*
the theft went awry and that’s where the assault came from (case 137).

Participants attributed this psychological distress to a specific event or situation, experienced in the distant or recent past. While some participants contributing to this theme identified past trauma as the source of this distress, most reported recent events or situations leading to distress, such as relationship conflict or loss or problems in the workplace.

Perhaps John had past traumas...that caused his behaviour...(case 3).

This may be a one off event in response to a relationship breakup...he may have made a bad choice based on emotional dysregulation...(case 97).

Some participants described existential crises where John questioned his purpose and self-worth, resulting in John stealing due to not caring about the consequences or committing assault to cope with his internal conflict.

He felt lonely and disconnected from the world. He’d broken up with his partner, felt useless and under loved, he didn’t really like the job he was doing and felt like he would never be able to leave home and own his own house (case 166).

He may have hit a patch where his sense of self and personal direction had gone awry. He may be unable to think through the consequences of his actions (case 176).
**Substance impaired.** Many participants believed that John was likely to have been under the influence of alcohol or other drugs at the time of committing theft and/or assault. His intoxication was described as leading to ‘poor judgement’, ‘poor decision-making’, or ‘bad decisions’, and as affecting his self-control.

*Over use of alcohol may be a factor in poor judgement (case 172).*

*He may have been drinking, so that his self-control was weakened... (case 63).*

Alcohol was the mostly commonly described substance which led John to criminally offending while intoxicated; however, ‘ice’ (methamphetamine; e.g., cases 82, 148, 189, 210) was also often specified as a likely cause.

*[H]e got high on ice one evening and was angry and decided steal something, got caught in the act and assaulted the person who tried to restrain him (case 189).*

*[H]e could have been high on crack ice...(case 210).*

**Low intelligence.** A minority of participants believed that John’s offending was likely caused by, or compounded by, generally low intelligence or a cognitive disability. How or why low intelligence caused John to commit the crimes specified was not typically explained in any detail.

*[T]he fact that he still lives with his parents at his age and only works casually indicates some lack of ... intellectual ability (case 181).*
He may have an intellectual disability and find making decisions difficult (case 14).

**Theme 4: Social Connection.** This theme encompassed participant beliefs that John’s social connections, and his valuing of these, caused him to engage in criminal behaviour to maintain, improve, or gain these relationships.

*Peer or parent pressure.* Many participants believed that John’s criminal offending was caused by explicit or implicit pressure by people he was socially connected to, and hence valued the support and opinion of. Participants most commonly reported that friends or other peers (e.g., work mates) were the source of this pressure, encouraging or coercing John to commit theft and assault.

*John* may have been influenced or pressured by friends, co-workers or other peers (case 10).

*His friends might have pressured him to do something,*  
*or he might have done something to impress his friends*  
*(case 185).*

Some participants also reported that John’s parents may have pressured him to engage in criminal behaviour, by emphasising John’s inadequacies to the point that he felt theft and assault were reasonable solutions to relieve this pressure.

*T*he primary motivation for turning to theft seems to be from a sense of shame and frustration in regards to his income and lack of career fulfilment despite his age. He’s feeling embarrassed to be depending on his parents and may have even been given verbal criticism, abuse and an ultimatum to ‘sort out his act’ by one or both of them (case 78).
His parents ... reinforce his low self-esteem implying that he should be living a different kind of life – perhaps married with children in a place of his own (case 81).

**Lack of intimacy.** Some participants believed that John’s criminal behaviour (particularly his theft) was caused by a desire to attract an intimate partner by demonstrating wealth.

*There is no mention of a girlfriend and this may also have been a contributing factor in that he believed that if he had more money he would be able to attract a female friend (case 55).*

*His friends are close, but there doesn’t seem to be a lot of indication that he is highly emotionally involved with them: they are friends for activities rather than engagement, so he probably feels isolated. Still living with parents at 35 is also not good socially. It probably limits whom he can bring home, and he may feel deprived without a stable partner. Sexual pressures could also encourage him to seek short term financial gain to improve his chances of finding a partner (case 114).*

Other participants believed, along a similar line, that the absence of an intimate partner induced a sense of isolation, loneliness, disconnection, or detachment in John, leading him to engage in criminal behaviour.

*He felt lonely and disconnected from the world. He’d broken up with his partner felt useless and under loved (case 166).*
Living with his parents at his age probably is seen as a turn off, so he may also be bored from a lack of intimate human interaction (case 179).

**Theme 5: Moral Disregard.** This theme encompassed participant beliefs that John’s offending was caused by his personal disregard for moral values and behaviour, resulting in an immoral approach to life and the pursuit of hedonic or destructive pleasure.

**Immoral.** Many participants believed that John’s offending was caused by his being generally immoral or unethical, and describe him as not having ‘morals’, ‘ethics’, or ‘values’. John’s immorality was often associated with traits such as low empathy and selfishness.

*He might not have had a good moral compass and decided he really wanted the thing he stole* (case 153).

*He committed assault because he had no empathy for the person he assaulted. John is immoral* (case 61).

Some participants attributed this immorality to John’s exposure to social modelling, describing that John had likely not learnt, or been taught, moral or ethical values by his parents. Some reported that John had passively learned criminal behaviours via display by other family, friends, colleagues, or those in the community.

*[H]e is not a person with moral responsibilities and hasn’t been brought up by decent parents to teach him responsibility and ethics* (case 27).

*Perhaps a lack of respect for the law ... came from the parents, with whom John lives, and has pervaded his*
childhood and convinced him that breaking the law is a viable option (case 137).

Some participants proposed that John was a recidivist or ‘career criminal’, implying he had chosen to repeatedly act contrary to normative law and morals.

Most likely explanation is that [he] is a recidivist offence given his age and the fact he was in casual unskilled work and living with his parents (case 131).

John could have been a habitual criminal, using his job as a cover, and finally got caught (case 140).

Finally, some participants reported John’s offending was possibly caused by malice (case 144) and ‘spite’ (case 58) with an aim to harm or cause pain for pleasure or satisfaction, implying that John’s behaviour was generally immoral.

He may be an unpleasant person who sought to cause damage to another (case 144).

John might ... be a 35 yr old psychopath from a wealthy family who steals, not from those who can afford it, but from homeless drunks. Out of sheer spite, because he enjoys causing misery and pain for others (case 13).

**Thrill-seeker.** Participants frequently reported the belief that a cause of John’s criminal offending was ‘thrill-seeking’ (e.g., cases 10, 77, 168), describing that he was ‘bored’ (e.g., cases 33, 125) prior to the criminal act and wanted some ‘excitement’, to take ‘risks’, or to act ‘impulsively’ (e.g., case 1, 71).

[M]aybe he was just bored (case 3).
May have desired the ‘thrill’ of committing the offense (or may have desired the ‘thrill’ of theft and then felt like he ‘needed’ to commit assault to get away with it in the moment) (case 10).

In these scenarios, participants implied that engaging in criminal behaviour was a hedonic pursuit, suggesting no purpose to the crime other than sensation-seeking or the desire to feel of alive.

[H]e’s up for the ‘adventure’ because his life is so uneventful.... (case 21).

Perhaps boredom living at home until 35 and needed excitement (case 46).

Participants who described this belief also often described John’s offending as opportunistic, with little thought give to the possible consequences of his behaviour in the heat of the moment.

He may have simply made a bad decision out of boredom or lack of consideration for the consequences (case 5).

The source of the bad choices may be ...a passing sense they could do this offence and get away with it like a bully at school (case 57).
**Theme 6: Innocent.** This theme encompassed participant beliefs that John was in fact innocent of criminal offending, despite the vignette scenario; while infrequent, this belief was recurrent and reflected some participants’ doubt regarding the Australian criminal justice system’s capacity to accurately identify criminal offenders. Participants contributing to this theme reported that John may have been falsely accused of, charged with, and/or convicted of the offences of theft and assault.

> John might be entirely innocent, framed... (case 13).

> Was he even guilty? The judicial system gets it wrong sometimes (case 16).

Some participants specifically described the fact that John was a heterosexual man (male) as biasing the criminal justice system against him.

> The government and society as a whole don’t take care of men and give them harsher sentences. So he may have committed a minor offence and got a raw deal. He should have been a woman, gay etc., and he would not have been convicted (case 34).

> The family court...Being marginalised as a working man in Australia (case 150).

**Thematic Analysis for Vignette 3: Causal Explanations for Criminal Offending for John with a Mild Intellectual Disability Specified**

Six themes and eight subthemes were generated overall; refer to Table 8.4 for an overview of themes, their subthemes, and supporting examples. The number and proportion of participants describing each subtheme is also included in Table 8.4.
Similarly to the previous analysis detailing participants’ beliefs about the causes of John’s criminal offending when an ID was not specified, most participants provided multiple explanations for John’s offending when an ID was specified, and were often explicit in describing their beliefs as possibilities rather than firm beliefs.
Table 8.4

Overview of Themes and Subthemes for Causal Beliefs about Criminal Offending with an Intellectual Disability Specified ($n = 214^*$)

<table>
<thead>
<tr>
<th>Theme</th>
<th>Subtheme</th>
<th>Example</th>
<th>$n$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Intellectual Disability</td>
<td>i. Consequential Reasoning</td>
<td>John has a mild intellectual disability and that can limit his ability to understand the ramifications of his actions (case 284)</td>
<td>46</td>
<td>21.5</td>
</tr>
<tr>
<td></td>
<td>ii. Impulsivity</td>
<td>If it is possible that John due to his lower intelligence might lack a little impulse control (case 215)</td>
<td>38</td>
<td>17.8</td>
</tr>
<tr>
<td></td>
<td>iii. Misunderstandings</td>
<td>Because of his low IQ &amp; intellectual disability he probably did not understand taking things was wrong (case 206)</td>
<td>66</td>
<td>30.8</td>
</tr>
<tr>
<td></td>
<td>iv. Situational Stress</td>
<td>Assault is most likely due to a low intelligence contributing to low emotional intelligence resulting in greater likelihood of conflict and aggressive reactions (case 175)</td>
<td>48</td>
<td>22.4</td>
</tr>
<tr>
<td>2. Social Influences</td>
<td>i. Peers</td>
<td>Maybe his intellectual disability would have contributed to him being manipulated by peers (case 421)</td>
<td>53</td>
<td>24.8</td>
</tr>
<tr>
<td></td>
<td>ii. Media</td>
<td>John may have glorified ideas of theft from movies (case 131)</td>
<td>6</td>
<td>2.8</td>
</tr>
<tr>
<td>3. Entitlement</td>
<td>i. Social Comparison</td>
<td>I think John wanted to fit in, and saw his criminal offence as a means to getting things/money that would enable him to do so (case 219)</td>
<td>22</td>
<td>10.3</td>
</tr>
<tr>
<td></td>
<td>ii. Preservation of Honour</td>
<td>He may have been provoked or was trying to protect someone he cared about (case 298)</td>
<td>22</td>
<td>10.3</td>
</tr>
<tr>
<td>4. Working Poor</td>
<td></td>
<td>It could be the casual work was not enough to support himself so he was pushed toward that [theft, assault] (case 354)</td>
<td>46</td>
<td>21.5</td>
</tr>
<tr>
<td>5. Immoral</td>
<td></td>
<td>He may just be an inconsiderate and selfish person like many others in society generally (case 296)</td>
<td>31</td>
<td>14.5</td>
</tr>
<tr>
<td>6. Innocent</td>
<td></td>
<td>Maybe someone saw him as an easy target and set him up (case 396)</td>
<td>7</td>
<td>3.3</td>
</tr>
</tbody>
</table>

Note. $^*$This $n$ represents 50% of cases randomly extracted from the original $n = 427$ cases completed for Vignette 3, using for final codign. Case number = Vignette 3 subsample case number from total subsample ($n = 427$). Participants could describe multiple causal beliefs, so percentage (%) does not sum to 100.
Theme 1: Intellectual Disability. It was unsurprising that participants reported John’s ID may have caused his criminal offending, given the vignette had explicitly described John as having mild ID, a specific IQ of 65, and that he ‘sometimes experiences trouble with aspects of daily living as such learning new skills and activities, understanding complicated instructions, and “reading between the lines” in social situations’. Participants reported a variety of social-cognitive factors, framed as impairments associated with an ID, to explain how John’s offending behaviour and subsequent sentencing could have occurred. These socio-cognitive impairments were identified as the following four subthemes, ‘Consequential Reasoning’, ‘Impulsivity’, ‘Misunderstandings’, and ‘Situational Stress’.

Consequential reasoning. Some participants reported that John’s ability to engage in consequential reasoning was limited or absent as a result of his ID, which led to him engaging in unintentionally criminal behaviours, particularly theft. These participants suggested that John may have been motivated by perceived short-term gain (e.g., money, products from a shop), without being able to appreciate the long-term consequences (e.g., being accosted by the shop’s security, being charged and sentenced for theft).

Sometimes people with intellectual disabilities are unable to fully comprehend the severity of their actions.... The consequences of such is that they commit a criminal offense without understanding that it was as serious as it was (case 90).

People with low intelligence often have poor future time orientation and lack the ability to foresee the consequences of their action in the future. For example, stealing a wallet may mean they have money
now but cannot see that they might be caught and charged with a crime (case 135).

**Impulsivity.** Some participants reported that John’s ID was likely associated with higher impulsivity, which they related to John stealing money and other objects he ‘desired’ or ‘fancied’.

*I see John as a primary school child – impulsive and taking something that appealed to him without any real understanding of the concept of ownership (case 37).*

*[S]pontaneous desire to have something he saw (case 240).*

Some participants described that John likely knew theft was immoral or illegal and had tried but failed to control his desire for specific objects.

*He may [have] act[ed] impulsively, driven by a desire to have something that he wants but not know how to get it any other way (case 258).*

*John’s IQ would make impulsivity and self-regulation a problem and even if he knew stealing was wrong perhaps the temptation was too much (case 73).*

Alternatively, some participants framed John’s impulsivity as his possessing poor emotional regulation, leading to emotional outbursts expressing anger or frustration, which escalated into aggression and hence criminal assault.

*He may have difficulty controlling anger or frustration (case 171).*
I certainly think that this would have to be a spontaneous and emotional crime rather than a planned thing because he doesn’t sound emotionally or intellectually sophisticated enough to manage life’s difficulties (lack of coping mechanisms etc.) (case 184).

Participants who reported that John had poor impulse control, often also referred to his having poor consequential reasoning. These two explanations were often described as distinct, but reported in tandem to explain how John’s offending possibly unfolded.

Probably his poor forward planning and inability to fully think through actions and consequences, coupled with an inability to inhibit inappropriate emotional responses such as anger and immediate reward (e.g. the theft) (case 157).

**Misunderstandings.** Some participants described complex social scenarios involving misunderstandings by John and/or others, as the cause of John’s criminal offending. In some of these scenarios, participants reported the belief that John sincerely did not comprehend that his behaviour was ‘wrong’, ‘illegal’, or ‘immoral’; for example, he could not comprehend that an item on display in a shop was not free to take and needed to be purchased.

He may understand that it is wrong to steal, yet not fully understand that taking what he took would be stealing (case 416).

It is very unlikely John committed the offences with any malicious intent, but much more likely that he simply
didn’t understand why his actions were inappropriate for the situation (case 73).

In another common scenario, participants suggested John had picked up an item in a store and absent-mindedly forgotten to pay for it. In these scenarios, sometimes John did not realise his error and was targeted by shop staff who thought he intentionally tried to steal the item. At other times, John was reported to have realised his mistake and tried to return the item, and his noble intention was misunderstood by observers (such as shop staff or security guards) as theft.

It may have been he saw something he liked and simply forgot to pay for it then panicked when confronted by the shopkeeper (case 234).

My first assumption would be that he may have been unable to fully comprehend the situation & may have inadvertently taken something without realising it was supposed to be paid for, done it absentmindedly as something else excited him & he forgot that he picked it up & when later confronted in both cases, committed an assault in defending himself in a state of confusion (case 128).

A key factor across scenarios, regardless of whether the initial misunderstanding was by John or by others, were participant reports that either John could not clearly or meaningfully communicate with those involved in the misunderstanding, or that he could not comprehend other people’s responses to his behaviour (e.g., apparent theft) in these scenarios. Poor communication and comprehension skills by John, often highlighted by references to the vignette’s description that he had trouble ‘reading between the lines in social situations’, were reported to likely exacerbate the initial misunderstanding and its outcome.
It is possible that given John’s intellectual disability and associated difficulty with ‘reading between the lines’ in social situations, John may have not fully understood the nature of his actions...John may also have difficulty expressing himself or his feelings in an appropriate way. (case 91).

He may...have had difficulty explaining his actions to police, lawyers or in court (case 147).

*Situational stress.* Some participants reported that the assault aspect of John’s criminal offending was caused by situational stress; most situations described related specifically to John having intentionally or unintentionally committed theft and being subsequently apprehended for this by shop staff, security, or police. Participants suggested John was likely to have experienced intense negative emotions in such situations, such as distress, frustration, confusion, anger, fear, and/or panic. Some participants framed John’s reaction to situational stress in terms of simply having ‘been caught’ intentionally engaging in theft and reacting with aggression.

*John probably stole something from the catering company and when challenged about it, would not admit his wrongdoing, but rather attacked the person making the allegation (case 46).*

*Maybe he wanted something that wasn’t his.... Maybe when he was caught he didn’t know how to cope and lashed out (case 382).*

Other participants described more complex scenarios explaining John’s perpetration of assault, often with reference to an initial misunderstanding from John’s
perspective, John’s assumed poor communication and comprehension of social cues, and his assumed impulsivity (inability regulate his emotions), all of which generated situational stress and culminated in an outburst of aggression or an attempt to flee the situation, leading to physical harm to others.

*If he was physically apprehended for the theft, (which he did not understand was a crime) he would not understand why someone was trying to hold him and he would be trying to get the person off him; in the way most people would do in self-defence (case 6).*

*He may have become frustrated if he was accused of stealing and was unable to articulate what his intentions were (case 177).*

**Theme 2: Social Influences.** Many participants reported or implied that having an ID made John particularly vulnerable to explicit and implicit social influences, impacting his decisions and behaviours, including his criminal behaviour. John’s vulnerability to social influence is represented by the two subthemes, ‘Peers’ and ‘Media’.

**Peers.** Many participants reported the belief that John’s criminal offending was caused by the influence of friends or peers.

*May have been led astray by “friends” (case 236).*

*I would assume John got in with a bad crew (case 230).*

Some participants proposed that John engaged in theft and/or assault to impress his friends and win their respect, implying that the influence of his peers was implicit, and that John chose to behave criminally to meet their perceived expectations.
He could have done it to win the adoration or respect of someone else whom he feels he needs but overlooks him because of his life situation (case 2).

In trying to keep up with and please his peers he committed the crime (case 349).

Another common scenario reported by participants described John as having been intentionally ‘befriended’ by delinquent-type peers and explicitly manipulated, goaded, or coerced into committing theft or perpetrating aggression for the delinquents’ entertainment or benefit.

He could have been manipulated into committing the crime due to his low IQ (case 2).

He may have been put up to it by a friend or friends who saw it as a joke, or a way to benefit from the theft (case 132).

In this type of scenario, where John was manipulated or coerced by others, participants reported beliefs that John was naïve to the immorality or illegality of his behaviour.

[I]t is possible that his friends persuaded or tricked him into doing something against the law. Most intellectually disabled that I know people have a very strong sense of what is “right” and “wrong” and stick by it. However, it is possible that someone else who was trusted by John convinced him that what he did was not really “wrong”. His friends may have tricked him and because he was unable to ‘read between the lines’, he did not realize this (case 173).
He might have been influenced by others around him and struggled to differentiate between what was cool and what was right (case 411).

Regardless of how peers were framed as having influenced John’s criminal behaviour, participants typically framed this influence as by people without an ID, knowingly exploiting John due to his disability.

Possibly he was influenced by persons of normal intelligence (case 40).

I’d be vigilant about any potential manipulation by others since with such a low IQ he would be an easy target for highly manipulative people, and probably wouldn’t be aware of such manipulation himself / wouldn’t be able to express what happened (case 13).

Media. Interestingly, participants referred to the influence of media, particularly movies, as a form of social modelling and hence influence on John’s behaviour. In the vignette narrative providing an overview of John’s circumstances, it was noted that he enjoyed attending movie theatres with friends on a weekend, amongst other details. Some participants incorporated this aspect of John’s history into their causal explanations for his criminal offending, suggesting that his ID made him susceptible to media stereotypes and tropes about theft, aggression, and violence.

John may’ve been influenced by movies he has seen that glorify violence (case 165).

Because of his low IQ & intellectual disability he probably did not understand taking things was wrong
and probably saw in the movies that violence gets you what you want (case 206).

**Theme 3: Entitlement.** Some participants reported that John, possessing an ID, may engage in theft and assault due to a sense of entitlement, where he felt he ‘deserved’ or was justified in his criminal behaviours. Two forms of entitlement were typically described, specifically that John felt entitled to engage in theft and assault due to a sense of relative deprivation and inadequacy compared to others, or that he felt entitled to react aggressively in response to perceived slights or attacks on his person or character. These forms of entitlement are represented by the subthemes, ‘Social Comparison’ and ‘Preservation of Honour’.

**Social comparison.** Some participants suggested that John’s criminal offending was caused by a sense of low self-esteem and desire to appear more successful and competent than he and others perceived himself to be. Underlying this causal explanation was the implication that John’s ID limited his opportunities for employment, independence, and social status generally.

*He did it in the hopes to improve his life, despite doing something immoral and selfish (case 108).*

*[John] needed money to advance his position in society (case 573).*

Participants described John as likely experiencing ‘resentment’, ‘frustration’, ‘pressure’, ‘desire’, and ‘rage’ due to his employment and living situation, when compared to those of others.

*Given his difficulty with handling daily tasks and understanding complicated instructions, which would probably go with his casual employment, John may*
feel desperate, particularly if his job is low paying and is not given enough work for him to be able to live adequately. He may feel pressured to live up to the expectations of his parents and friends to be able to manage himself. That may explain the theft (case 271).

John can never aspire to the “good life.” Resentment at things beyond his control lead him to act outside of what society expects of its citizens. The fact that he works at all shows he is trying to conform, but the fates have left him inadequate to have all the things “normal” people have (case 348).

Preservation of Honour. Some participants reported that John’s theft, but more commonly the assault, was actually an attempt to preserve his sense of honour after perceiving a slight to his character, or experiencing an attack. In these scenarios, John’s theft and/or aggression was perceived to be reactive rather than proactive.

There could have been a range of reasons such as... revenge for a perceived wrong (case 362).

He could also have felt that someone was cheating him and felt that assault and taking back what he felt was his was his only recourse (case 219).

Participants sometimes referred specifically to John’s ID as a target for prejudice and discrimination, leading to reactive aggression to defend his sense of honour.

Intellectual disabilities, combined with the prejudices people who have them often experience, can lead to frustration and anger (case 367).
If he has been discriminated against because of his intellectual disability, that may have resulted in built up frustration, resulting in a need to release it, explaining the undertaking of the crimes, particularly the assault (case 271).

**Theme 4: Working Poor.** Many participants attributed John’s criminal behaviour, particularly his theft, to his perceived low socioeconomic status, which they inferred based on his casual employment and living with his parents. Participants perceived John’s criminal behaviour as necessary for survival and an expression of desperation.

*He may well be struggling because he is on a very limited wage* (case 284).

*Economic status is... a strong predictor of criminal activity* (case 274).

Most of these participants attributed John’s low socioeconomic status to his having an ID. These participants also perceived John to be likely experiencing additional disadvantages, particularly limited support by social services.

*I tend to think that the primary issue here is that people with intellectual disabilities are more likely to experience disadvantage thus creating an environment where they find themselves involved in petty crime* (case 194).

*Given his intellectual disability, he would have faced many hardships in his life, including economic and social disadvantage. This could easily culminate in*
Theme 5: Immoral. Some participants reported beliefs that John engaged in criminal behaviour because he was immoral. In identifying this theme, to act ‘immoral’ or be ‘immoral’ was defined as knowing the difference between right and wrong (in a moral sense) and choosing to act ‘wrongly’. Some participants proposed that possessing an ID did not preclude John being able to tell right from wrong.

*I think even with an intellectual disability John still has the ability to know stealing is wrong (case 215).*

*Some people are just bad – evil, morally corrupt. John’s not necessarily a good person who did a bad thing because he has a low IQ. He might just be a bad person who also happens to have a low IQ (case 32).*

Some participants described hypothetical scenarios of theft and/or assault, often involving planning and/or malice, that would indicate John had acted intentionally and hence immorally.

*If the assault was the initial plan and the theft followed, then John is ... not a very nice person (because not all intellectually disabled people are nice – because they’re people!) (case 177).*

*Though mildly disabled the fact that he can play sports and have friends says he knows right from wrong and he chose to commit the offence. If he didn’t know right from wrong he would not have been able to hold down a job or maintain friendships. Verdict guilty (case 65).*
Theme 6: Innocent. A small proportion of participants expressed beliefs that due to his ID, John was unlikely to have actually committed a crime at all – instead his cognitive impairment may resulted in him being mishandled or scapegoated by criminal justice professionals, resulting in a false guilty plea and unwarranted criminal sentence.

*I do not know what caused John to commit this offence; I’m not even certain that he did. No information has been provided. Some of the information concerning his disability suggests that he is more likely than the average person to have been confused or mistaken; the same information suggests that he is more likely than the average person to have been bamboozled or buffalooed into an unwise plea (case 263).*

*It could also be that the story is bogus and the police are corrupt and he was picked because his intellectual disability makes him easy to coerce (case 138).*

Cross-Case Analysis for Causal Beliefs about John’s Criminal Offending With versus Without an Intellectual Disability Specified

The comparative themes and subthemes identified for Vignettes 2 and 3 are presented in Figure 8.1. As stimuli, vignette 2 and 3 provided identical descriptions of the hypothetical criminal offender ‘John’, except that vignette 3 specified that John had a mild ID and general psychosocial impairments common to people with an ID, while vignette 2 did not refer to an ID or associated impairments at all. All themes and subthemes identified across these vignettes were hierarchically situated beneath the superordinate theme, ‘causal beliefs about John’s criminal offending’. Each vignette yielded six themes. When John did not have an ID specified, themes included: Financial Pressure; Impaired Reasoning; Entitlement; Social Connection;
Moral Disregard; and Innocent. When John *did* have an ID specified, themes included: Working Poor; Intellectual Disability; Entitlement; Social Influences; Immoral; and Innocent.

Key similarities between the themes identified included participants’ readiness to attribute sociostructural, interpersonal, and intrapersonal causes for John’s criminal offending, regardless of whether an ID was specified. Socioeconomic status and associated financial pressures due to John’s casual employment was presented as a key sociostructural influence on his criminal behaviour, particularly theft. Explicit pressure from peers and parents to engage in delinquent or criminal behaviour was presented as an interpersonal influence on John’s offending.
Figure 8.1 A thematic map comparing causal beliefs about John’s criminal offending when an intellectual disability was, and was not, specified.
Implicit pressure to conform to peer group norms and impress potential friends and romantic interests was presented as an intrapersonal influence on John’s offending. Another common intrapersonal influence on John’s offending, attributed by participants in both conditions regardless of his possessing a disability, included a perceived sense of entitlement. Participants proposed that John believed the world ‘owed’ him something in particular (wealth, social status or inclusion, justice, vengeance, an easy life) and that his criminal behaviours were both a reflection of and response to this world view. Similarly, participants who responded to either vignette framed John as a malevolent or immoral person, whose criminal behaviour was an expression of his lack of empathy for others, his dismissal of moral norms, and/or his desire to experience pleasure and gain at the expense of others.

Unexpectedly, some participants portrayed John as wholly innocent of the crimes he had been sentenced for, rejecting the vignette narrative as presented and instead hypothesising a miscarriage of criminal justice. Regardless of whether he had a disability, these participants suggested that perhaps John had been scapegoated, framed, or discriminated against for a variety of reasons (such as being a male, or having an ID), and was a victim of a flawed justice system.

While five of the six themes identified were similar in nature, participants tended to present a greater variety of explanations for John’s offending when an ID was not specified, resulting in a broader range of subthemes for vignette 2. For example, the themes ‘Moral Disregard’ and ‘Financial Pressure’ in vignette 2 each yielded two subthemes (‘Immoral’ and ‘Thrill-seeking’, and ‘Working Poor’ and ‘Addiction’, respectively), whereas for vignette 3 only the themes ‘Immoral’ and ‘Working Poor’ were identified, reflecting less-nuanced beliefs about the causes of John’s offending when an ID is explicitly specified.
A key theme (and associated subthemes) on which respondents to each vignette diverged was that of ‘Impaired Reasoning’ for vignette 2, and ‘Intellectual Disability’ for vignette 3. While these themes hold a similar undertone relating to a perceived lack of capacity for rational thought and action, and associated behavioural responses such as reactive aggressive outbursts, these themes clearly differ in the range of possible causes of this aggressive irrationality. A notable difference between explanations for John’s offending based on disability status was that participants reported the offending was caused by addiction or intoxication when no ID specified, but failed to consider these when an ID was specified. Similarly, when an ID was not specified, participants reported that John’s offending could be due to his managing a serious mental illness, such as depression or psychosis; however, no participants suggested this explanation when John was specified as having an ID.

There are some superficial similarities between the subthemes ‘Psychological Distress’ and ‘Situational Stress’ for the themes ‘Impaired Reasoning’ and ‘Intellectual Disability’, respectively, in the sense that each subtheme presents John as being in a highly emotional and reactive state; however, where an ID was specified, John’s emotionality and associated aggressive outburst were attributed to being in an immediately confusing and provoking situation (such as having been caught engaged in apparent theft and not being able to either comprehend his situation or communicate his intentions). While this was a possible scenario for John’s psychological distress and associated criminal behaviour when an ID was not specified, it is notable that this was not the only scenario that could have resulted in John’s distress: relationship breakdown, grief, existential uncertainty, workplace woes, and childhood trauma are just some examples of the range of experiences that participants attributed to John when an ID was not specified. Interestingly, some participants from vignette 2 did highlight that even when an ID was not specified,
that John may have an ID or at least lower than normal intelligence which may have led to his criminal offending; but this was not given the same depth of description by respondents to vignette 2 as by respondents to vignette 3, and did not appear to contextualise all aspects of vignette 2’s themes and subthemes, as it did for vignette 3.

In vignette 3, where John was specified as having an ID, not only did the theme ‘Intellectual Disability’ and its subthemes ‘Misunderstandings’, ‘Consequential Reasoning’, ‘Impulsivity’, and ‘Situational Stress’ provide a strong and nuanced description of many participants’ beliefs about the centrality of John’s ID to his criminal offending, but all other themes for this vignette were largely contextualised by the assumption that John’s ID should be factored into any evaluations and attributions to be made about what caused his criminal offending. For example, his ‘entitlement’ in the form of preserving his sense of honour or engaging in social comparison, was often framed in terms of being bullied for having an ID or being disadvantaged by his ID, respectively. His perceived situation as being ‘working poor’ was attributed to his having an ID and hence not being able to gain full time or reliable employment, while the explicit influence of his peers was perceived to be that of mockery, coercion, or exploitation of his disability. It was only the theme ‘Immoral’ for vignette 3, reflecting the broader theme ‘Moral Disregard’ for vignette 2, which identified John’s character and experiences as distinct from his disability, with participants typically reporting that John was immoral regardless of his disability, not because of it.

This latter issue highlights a significant point of difference between the tone of participant responses to John’s criminal offending when an ID was specified, compared to when it was not; essentially, participants attributed more hypothetical scenarios over which John ultimately had seeming control and hence had to actively
exercise his agency, as causes for his criminal offending when an ID was not specified. Substance use and abuse, malevolent thrill-seeking, and being an irresponsible adult unwilling to take responsibility for himself were additional explanations for John’s offending when an ID was not specified. Furthermore, while John was perceived to engage in criminal behaviour in response to others’ expectations, or to impress others regardless of whether he had a disability, John was further portrayed as coerced or manipulated into this behaviour by others, or mimicking media stereotypes, when he had an ID specified – in essence, his agency was compromised when an ID was specified. When an ID was not specified, John’s participating in criminal behaviour was more often framed in terms of peer conformity and group membership, or an effort to impress women, suggesting his agency was not compromised and instead he just made poor decisions to impress people in harmful ways. Overall, participant beliefs about the cause of John’s offending tended to attribute less moral responsibility to John when an ID was specified, compared to when an ID was not specified, with reference to the themes and subthemes explored.

Participants overall attributed less moral responsibility to John when an ID was specified, compared to when an ID was not specified. This can be explained in the context of participants beliefs is consistent with the themes and subthemes identified in response to vignette 1, where participants were asked to explain the cause of John’s ID. Seven of the eight themes reflecting beliefs about the cause of John’s ID described factors over which John could have had no control – his genetics, exposure to physical trauma, various illnesses, exposure to chemical toxins while in utero or while developing as a child, impediments to his psychosocial development such as poor parenting or access to supporting services, imposed social norms, and pure luck. Participants responding to vignette 1 predominantly described
John as not being literally or morally responsible for his disability, and so it is a reasonable extension that participants who believed John’s ID to be a fundamental cause of his criminal offending would allocate less moral responsibility to John for this criminal offending.

Discussion

The aim of Study 4 was to explore Australians’ causal beliefs about people with an ID, and about criminal offenders with and without an ID, and to critically compare and contrast these causal beliefs. All participants read one of three vignettes describing ‘John’, a 35 year old man with casual employment who lived with his parents and had an active social life. In the first vignette, John was also described as having a mild ID; in the second vignette he was described as recently being sentenced for a criminal offence (theft and assault) without an ID specified; and in the third vignette, he was described as recently being sentenced for a criminal offence (theft and assault) with a mild ID specified. Participants were asked to explain what they thought caused John’s ID (vignette 1) or his criminal offending (vignette 2 and 3). Given the exploratory aim of Study 4, specific hypotheses were not formulated. Inductive thematic analysis was employed to identify relevant themes and subthemes within participant responses for each vignette, and a cross-case analysis for responses to vignette 2 and 3 was conducted to identify similarities and differences in the themes specified.

Causal Beliefs about Intellectual Disability

Eight themes representing participants’ causal beliefs about why an individual might have a mild ID were identified, and are listed here in order from most frequently to least frequently coded: Genetics; Physical Trauma; Illness; Exposure to Chemical Toxins; Psychosocial Influences; Social Construction;
Metaphysical Mystery; and Unknown Causes. Most of the belief themes and subthemes reported were factually correct according to Australian and international research. In Australia, the most common self-reported causes of peoples’ ID include genetic disorders (52%), unknown causes (22%), and disease, illness, or hereditary disorders (22%), or that the disability ‘just came on’ (15%)(Wen, 2008). These causes are consistent with certain belief themes reported by participants (i.e., Genetics, Unknown Causes, Illness). Foetal Alcohol Syndrome Disorder (FASD) was another cause of ID accurately reported by participants (relevant to the theme and subtheme Exposure to Chemical Toxins – Alcohol and/or Other Drug Use), which research has identified is particularly relevant to indigenous Australians (Balaratnasingam & Roy, 2015). According to the Balaratnasingam and Roy (2015), the most common causes of ID across 188 countries in 2013 were idiopathic ID (i.e., Unknown Causes), neonatal complications such as encephalopathy due to asphyxia and trauma (i.e., Physical Trauma, including subtheme Anoxia), chromosomal abnormalities and syndromes such as Down’s syndrome (i.e., Genetics, including subthemes General Genetics and Specific Disorder or Syndrome), cerebrovascular disease and infectious illness such as stroke or meningitis, respectively (i.e., Illness, including Infectious and Non-Infectious Illness subthemes), and alcohol use disorders (i.e., Exposure to Chemical Toxins – Alcohol and/or Other Drugs).

Kaufman et al. (2010) also note that environmental factors such as exposure to certain teratogens or radiation can cause ID (i.e., Exposure to Chemical Toxins – Environmental Toxins), as can severe head trauma or injury causing lack of oxygen to the brain (i.e., Physical Trauma – Forceful Impact, and Anoxia). Interestingly, Unknown Causes was found by the Global Burden of Disease Study 2013 Collaborators (2015) and Rauch et al. (2006) to be the most common cause for ID (relevant to about 60% of ID cases), but was one of the least frequently reported by
our participants. Also consistent with participant beliefs that ID was primarily caused by congenital, neonatal, or early illnesses or exposure to environmental contaminant, 65% of Australians with an ID acquired their disability before age 5, and an additional 30% acquired it before age 20 (Wen, 2008).

Many participants cited acquired brain injury from John’s prenatal experiences and into later adulthood as a cause of ID; while acquired brain injuries can result in ID, meaning participants were technically correct, there can be ambiguity around the developmental impacts of an acquired brain injury given the variety and severity of deficits that might result. Some participants reported that other developmental disorders such as ADHD, autism, and epilepsy were ‘causes’ of ID (specified in the theme and subtheme Genetics – Specific Disorder or Syndrome); this causal association is incorrect, however comorbidity research supports a clear correlation between ID and these and other developmental disorders, which highlights why participants associated ID with these disorders (Wen, 2008) (Bhaumik et al., 2008; Robertson et al., 2015). Similarly, participant beliefs that lack of specialised education suited to people with an ID (specified in the theme and subtheme Psychosocial Deprivation – Social Environment) may be a cause of ID is incorrect; however, it is true that specialised education and access to appropriate school services has been shown to reduce socialisation and communication barriers common to children with an ID (Adeniyi & Omigbodun, 2016; Jonte & Doris, 2017; Plavnick, Kaid, & MacFarland, 2015; Strogilos, Tragoulia, & Kaila, 2015; Zion & Jenvey, 2006), and improve their numeracy skills (Hsu et al., 2016).

Beyond access to appropriate schooling practices, some participants believed the parents of children with an ID would also likely have an ID themselves, resulting in substandard parenting practices and exacerbating an existing impairment in their child. This is a widely held and stigmatising belief (e.g., Coles & Scior, 2012). While
parents with an ID are overrepresented in child protection services, the reasons for this are complex; for example, parents with an ID are more likely to experience social and economic disadvantage, and to experience social isolation (risk factors for child neglect; Lamont & Bromfield, 2009). Parents with an ID, as individuals, also have varied levels of social information processing ability and social learning, based on their own socialisation. Azar, Stevenson, and Johnson (2012) found that social information processing ability was predictive of child neglect by parents with an ID, while their actual IQ was not. However, the belief subtheme that Psychosocial Neglect/Abuse experienced during critical developmental periods can cause ID is supported by research describing naturalistic cases of individuals who have experienced this (Eluvathingal et al., 2006).

The belief theme Social Construction and its subthemes, Normative Labelling and Impropriety, were particularly interesting. These subthemes were both admonishments against the study’s request for participants to identify what they believed to be the cause of John’s ID, with each denying the value and relevance of understanding causal beliefs about ID for different reasons. Normative Labelling subtheme responses both explicitly and implicitly highlighted the stigmatising effects of labelling (including attribution of causes) and stereotyping. This is very interesting, because participants overall demonstrated a sound level of layperson literacy regarding the many causes of ID; while stereotypical causes of ID may have been reported by our participants, they were at least situated within a realistic biopsychosocial model understanding of ID. Furthermore, the tone and terms used to explain beliefs about the causes of ID by the majority of participants was respectful, non-disparaging, and in many cases quite sophisticated (apart from spelling errors or misattributed causation in place of correlation). The tone of participant responses contributing to this subtheme reframed the purpose of the research exercise to
refocus on the person ‘behind’ the disability, and on what they perceived to be
John’s strengths (agency, capacity to flourish) rather than his limitations (disability),
without ever specifying a causal belief.

The subtheme Impropriety was similarly interesting; participants contributing
to this subtheme also refused to specify their causal beliefs about ID, explaining this
was impolite, rude, or invasive. While the issue of disability in society is now openly
discussed by government policy, legislation, and media in a more inclusive,
sensitive, and pragmatic manner than historically, this subtheme may reflect
traditional beliefs that disability, particularly ID, is actually shameful or
embarrassing, or may be felt to be shameful or embarrassing by people with an ID
and/or their family. To present explicit discussion about the cause of our hypothetical
character’s ID may be considered poor etiquette or even taboo by participants
contributing to this subtheme, and avoidance of discussion about this may reflect a
learned strategy which is intended to maintain face.

Of all the belief themes identified, Metaphysical Mystery was unique. Past
research on causal beliefs about ID has highlighted that Western populations (e.g.,
Australians, United Kingdom) tend to hold causal beliefs about ID and psychiatric
illnesses consistent with the dominant Western medical model, which specifies the
interaction of biological and environmental factors as the cause of ID (May, Rapee,
Coello, Momartin, & Aroche, 2014; Scior & Furnham, 2011). Cross-cultural
research shows that non-Western populations can hold more superstitious or
supernatural beliefs about the causes of ID and other disabilities (May et al., 2014;
Mesfin, 1999; Mulatu, 1999). Supernatural causal beliefs about ID (and other
disabilities and illnesses) typically focus on divine or supernatural justice, trial,
punishment, possession or contamination (Kisanji, 1995; Scior & Furnham, 2011). In
our study, only one participant reported a supernatural explanation for John’s ID
(i.e., John was reincarnated with an ID to learn a divine lesson). The other participants who contributed to this subtheme reported that ‘luck’ or ‘chance’ caused John’s ID. A review of literature on metaphysical beliefs about disability indicates this type of causal attribution has not been previously reported. The Merriam-Webster dictionary (2018) defines luck as ‘a force that brings good fortune or adversity’, and ‘the events or circumstances that operate for against an individual.’ Luck appears to be an external, circumstantial explanation for the cause of ID, without actually specifying an antecedent.

The belief themes identified in the current study support Scior and colleagues’ research on stigma and causal attributions towards people with an ID (e.g., (Coles & Scior, 2012; Scior & Furnham, 2011). For example, Scior and Furnham’s (2011) development of a quantitative measure to assess peoples’ literacy about ID (including their causal beliefs) identified four factors for peoples’ causal beliefs (Adversity, Biomedical, Environmental, and Fate/Supernatural), which share obvious similarities to some of the qualitative themes identified by the current study. However, our results have greater breadth and nuance compared to those of Scior and colleagues, including those derived via focus group interviews conducted by Coles and Scior (2012) exploring causal beliefs about, and attitudes towards, people with an ID. Our participants’ literacy regarding causes of ID in the current study also appears to be superior to that demonstrated by their sample. They found that while some participants correctly identified biological causes of ID, they as frequently misidentified certain social influences such as migrant acculturation, prolonged separation from parents, and past trauma as causes of ID.

Weiner (1986) causal attribution theory holds that many attributions are classified on three basic dimensions: locus, stability and controllability. Individuals tend to classify causes of important event outcomes as either internal or external to
them (locus), stable or unstable over time (stability), and as either controllable or uncontrollable (controllability). In the current study, causal attributions towards ID were stable (e.g., genetic cause) or unstable (e.g., physical injury), internal (e.g., genetics) or external (e.g., mother’s illness or substance use), and controllable (e.g., substance abuse, acquired brain injury due to risky behaviour) or uncontrollable (e.g., genetics, maternal substance abuse). Overall, however, our participants more frequently attributed uncontrollable causes for John’s ID than controllable causes. Many participants attributed responsibility/blame for John’s perceived genetic/congenital problems to his experiences in utero and hence implicitly, as well as explicitly, to his mother’s experiences and behaviours during pregnancy. Some participants did attribute controllability and hence blame for the ID to John, based on their belief he may have been responsible for this via his own risk-taking behaviour (e.g., dangerous driving, high impact sports, substance abuse), but this was infrequent. Participants tended to attribute external and internal causes, and stable and unstable causes, to John’s ID with fairly equal frequency.

Perceived controllability of the cause of a negative outcome (such as a disability) can affect whether an individual is stigmatised for that outcome. The more controllable the outcome is perceived to be, the more responsibility and blame are attributed to the individual; if a negative outcome is perceived to be uncontrollable (that is, the disability has been caused by an agent or event other than the individual), then less (or no) responsibility and blame are attributed (Crandall, 2000). For example, Panek and Jungers (2008) assessed United States university students’ causal attributions for ID. They found that participants held the most positive attitudes towards people with an ID when their disability was perceived to be uncontrollable, caused by genetics (i.e., Down Syndrome), and held the most negative attitudes when the disability was perceived to be controllable, self-inflicted.
(i.e., brain damage due to drinking cleaning fluid as a child). They also found that participants attributed greater responsibility for the disability to the target with self-inflicted ID than the target with Down Syndrome, and responsibility attributions did not differ between the target with Down Syndrome and another whose ID was inflicted by another person (i.e., Fetal Alcohol Syndrome Disorder).

However, the association of biogenetic (and hence uncontrollable) causal beliefs with stigma-related attitudes can be complex. For example, some researchers have found that the perceived dangerousness and consequent fear of the stigmatising disability (e.g., schizophrenia) can increase desire for social distance from the individual, even when biogenetic causal attributions are made (Angermeyer & Matschinger, 2003; Dietrich et al., 2004; Ellison, Mason, & Scior, 2015). A recent meta-analysis found that while biogenetic causal attributions were significantly associated with decreased blame for the stigmatising disability or disorder, desire for social distance was not significantly associated with these causal attributions. Furthermore, biogenetic causal attributions were actually significantly associated with perceived dangerousness of, and prognostic pessimism for, the stigmatised individual (Kvaale, Haslam, & Gottdiener, 2013).

While the current study did not assess participant attitudes towards John in a standardised way (e.g., using social distance or attitude valency measures), it was notable that participants were generally respectful and used inclusive, positive language when explaining their opinions. It was rare for participants to actively attribute the cause of John’s ID to him personally; the responses to do this related to the belief themes-subthemes of Physical Trauma-Forceful Impact (referring to acquired brain injury due to risk-related behaviours like fighting and driving- or sports-related injuries) and Exposure to Chemical Toxins - Alcohol and/or Other Drug Use (referring to John, again, acquiring brain injury due to misuse/abuse of
alcohol or other drugs). The majority of belief themes and subthemes (including Metaphysical Mystery) focused on uncontrollable causal explanations for John’s ID, with many participants implying or explicitly stating that John should not be blamed or treated differently for his disability. This latter attitude supports a theme identified by Coles and Scior (2012) called ‘universal humanity’, which involved endorsement of social inclusion and acceptance of people with an ID, consistent with the egalitarian ideology of the United Nations human rights principles.

**Causal Beliefs about Criminal Offending (Disability Not Specified)**

Six themes representing participants’ causal beliefs about why an individual might criminally offend (theft, physical assault) were identified, and are listed here in order from most frequently to least frequently coded: Financial Pressure; Entitlement; Impaired Reasoning; Social Connection; Moral Disregard; and Innocent. These causal belief themes and their subthemes for criminal offending are similar to those identified by Erskine (1974), who found the American public held the following causal beliefs about crime based on compiled poll data: parental upbringing and the breakdown of family life; bad environment; leniency in laws and the criminal justice system; drugs; mental illness; permissiveness in society; and poverty/unemployment. There are obvious differences between our themes/subthemes and the categories defined by Erskine (1974), though. Erskine specifies two categories emphasising liberal social norms and criminal justice practices, which our participants did not refer to; and our themes/subthemes specify the influence of situational or existential distress, low intelligence, coercion by others, lack of intimacy, thrill-seeking, preservation of honour, and scape-goating as causal factors associated with offending. It is notable that although Erskine’s research was conducted during the 1970’s, used an American sample, and included reference to both general and specific criminal scenarios (suggesting sociohistorical
factors within American during this era likely influenced participant responses), the
causal attribution categories she identified were similar to the current study’s causal belief themes.

The current study’s results are also consistent with Carroll (1978) research examining causal attributions by American expert parole decision makers and university students towards criminal offenders’ and their behaviour. Carroll (1978) identified drug and alcohol abuse as the most frequently reported causal attribution, followed by long term greed or spontaneous desire for money, victim precipitation, intoxication, peer influence, lack of control, mental illness/problems, and domestic problems. Some of Carroll’s categories are quite broad (e.g., ‘lack of control’), but could reflect attributions about Psychological Distress and Intoxication while Substance Impaired (two subthemes of Impaired Reasoning’). Interestingly, Carroll’s participants didn’t attribute Immorality to criminal offenders as did participants in the current study, nor a sense of personal Entitlement (including subthemes such as Social Comparison, Preservation of Honour, and Irresponsible).

Like Erskine (1974), Carroll’s (1978) participants also didn’t appear to believe offenders could have been scape-goated by the criminal justice system (identified in the current study as the theme, Innocent), or that offenders might have low intelligence (identified in the current study as the theme-subtheme, Impaired Reasoning-Low Intelligence). In developing a quantitative measure of sentencing attributions and goals, however, Carroll, Perkowitz, Lurigio, and Weaver (1987) consolidated their past research on causal attributions for offending into three dimensions: Social Causation (crime comes from family problems, criminal associations, drugs); Economic Causation (crime comes from societal conditions of poverty and inequality); and Individual Causation (crime comes from lazy, irresponsible, and uncaring individuals). This latter category from Carroll et al.
(1987) more appropriately reflects certain Entitlement subthemes (Social Comparison, Irresponsible). Our results are also largely consistent with that of Furnham and Henderson (1983), and an associated validated measure by Hollin and Howells (1987), who identified causal attributions for young peoples’ criminal offending as due to defective education, mental instability, temptation, excitement, alienation, and parenting.

According to Weiner’s (1985, 1986) causal attribution theory, participants in the current study identified causes for John’s offending that were both stable (e.g., low intelligence) and unstable (e.g., substance impaired), external (e.g., peer/parent pressure) and internal (e.g., psychological disorder and distress), and controllable (e.g., immorality) and non-controllable (e.g., working poor). However, themes tended to reflect more frequent attributions that were both internal and controllable. Carroll (1978) proposed that causal attributions made towards offenders arose via an interaction of case information (provided in court notes or via media) with the attitudes and knowledge of the individual attributor. He further proposed that causal attributions may employ a similar structure to schemas, where pieces of information provided to the individual are then applied to one’s schema for criminal offending, with resultant causal attributions reflecting perceived antecedents within the schema (e.g., case information triggers a ‘drug habit’ schema, which contains assumptions about the target’s social and criminal history, suggestions for correctional treatment, and predictions of future behaviour).

While we did not assess beliefs about likelihood of recidivism, Carroll (1978) found that offenders whose crimes were attributed to internal (e.g., mental illness, addiction, intoxication, greed) and intentional (e.g., premeditated violence or theft) factors were attributed the greatest criminal responsibility by an American university student sample. Internal causes were also associated with less liking for the offender,
higher ratings of crime severity, and advising punishment via imprisonment and a longer term of imprisonment by this sample. In comparison to a panel of parole experts, students’ attributions were higher for all of these outcomes. Carroll (1978) also found that offenders who were attributed stable, enduring causes for their offending (e.g., pathological personality traits, chronic socioeconomic disadvantage) by students were considered more likely to reoffend, were attributed higher criminality and criminal responsibility, and advised imprisonment for incapacitation and a longer prison sentence. Carroll et al. (1987) similarly found that causal factors attributed to the individual positively predicted punitive sentencing goals and negatively predicted rehabilitative goals, while both social and economic causal attributions predicted rehabilitative sentencing goals. For context, and with reference to Weiner (1985, 1986) attribution theory, Carroll et al. (1987) categorised these causal dimensions in the following ways: social causation was external, unstable, and unintentional; economic causation was external, stable, and unintentional; and individual causation was internal, stable, and intentional.

Carroll’s (1978, 1987) findings are supported by more recent studies in this area. For example, Sims (2003) found that causal attributions focused on structural inequalities and pressure (such as poverty and poor education) were significantly associated with support for rehabilitation, while causal attributions focusing on social modelling (such as parent and peer influence) were associated with support for punishment. Interestingly, Sims (2003) showed that participants held causal beliefs that the criminal justice system’s leniency, in addition to offenders not fearing consequences, predicted increased support for punishment. As for the older studies cited, this particular type of causal belief was not expressed by participants in the current study.
Causal Beliefs about Criminal Offending With an Intellectual Disability Specified

Six themes representing participants’ causal beliefs about why an individual with a mild ID might criminally offend (theft, physical assault) were identified, and are listed here in order from most frequently to least frequently coded in participant responses: Intellectual Disability; Social Influences; Entitlement; Working Poor; Immoral; and Innocent. The four subthemes for the theme Intellectual Disability (i.e., Consequential Reasoning, Impulsivity, Misunderstandings, and Situational Stress) each refer to causal factors over which John had no control, although the first two subthemes are internal and stable causes, while the latter two subthemes represent external and unstable causes (Weiner, 1985, 1986). The subthemes for the Social Influences theme (i.e., Peers and Media) both refer to external, unstable, and uncontrollable causes, while the theme Working Poor and Innocent refer to external, stable, and uncontrollable causes. The only themes-subthemes implying controllability by John with an ID were Entitlement (i.e., Social Comparison and Preservation of Honour) and Immoral. The theme Immoral denotes a stable, internal cause whereas the categorisation of the subthemes Social Comparison and Preservation of Honour is less clear. Overall, more causal belief themes and subthemes implying uncontrollability, associated with both internal and external factors, and both stable and unstable factors, were attributed to John with an ID compared to without an ID. It should be noted that while there are descriptive empirical reports about the types and frequencies of offences people with an ID tend to commit and are sentenced for, there is no past empirical research examining causal attributions regrading why people with an ID criminally offend (to my knowledge).
Key Findings from the Cross-Case Analysis

Two key findings emerged from the cross-case analysis of participants’ causal attributions regarding John’s offending when an ID was specified versus not. The first was that participants reported causes such as intoxication, addiction (and associated financial pressure), and mental illness for John’s offending when an ID was not specified, but did not report these causes when an ID was specified. Aggression and irrationality were associated with these causes for John without an ID, but when an ID was specified, any aggression or irrationality associated with his offending was attributed to his ID. It is possible these causes weren’t attributed to John when an ID was specified because participants genuinely did not believe that people with an ID can experience mental illness or substance abuse. Supporting this interpretation, an Australian study found a common stereotype attributed to people with an ID (specifically people with Down’s Syndrome) was that they are extremely happy and affectionate (Gilmore, Campbell, & Cuskelly, 2003) suggesting a simplistic view of people with an ID’s potential for mental health issues. This stereotype is in stark contrast to research indicating high comorbidity of psychiatric disabilities (around 60%), including mood disorders, for people with an ID in Australia (Wen, 2008), and that people with an ID and comorbid mental illness are at increased risk of both crime perpetration and victimisation (Fogden et al., 2016).

Complex emotional motivations were similarly attributed to John when an ID was not specified, such as existential distress, desire for romantic intimacy, and thrill seeking; but these weren’t attributed when an ID was specified. Past research indicates that people with an ID do experience complex existential insights and emotions, for example concerning grief due to loss of loved ones (McRitchie, McKenzie, Quayle, Harlin, & Neumann, 2014), how to balance their desire for independence while requiring some assistance from parents or social services (Pryce,
Tweed, Hilton, & Priest, 2017), and the role of spiritual and religious faith in meaning making in life (Liu, Carter, Boehm, Annandale, & Taylor, 2014). Contrary to research demonstrating that people with an ID value and aspire to have intimate, sexual relationships (Healy, McGuire, Evans, & Carley, 2009), research on community attitudes suggest people with an ID are often viewed as perpetual children and hence asexual, or alternatively as being sexually uncontrollable in an animalistic way (Swango-Wilson, 2008). Furthermore, like many adolescents and young adults, people with an ID from a lower socioeconomic background and with lower school engagement tend to engage in more risk-taking (similar to thrill-seeking) and offending behaviour, a predictor of adult criminal offending (Savage & Bouck, 2017). People with a mild ID (as portrayed in the vignettes) are more likely to offend than those with a moderate or severe ID (Savage & Bouck, 2017). These differences in causal belief themes and subthemes suggest that for participants, when an ID was specified, John was attributed limited psychosocial complexity.

The second key finding of the cross-case analysis was that participants tended to attribute causes to John’s offending that were less controllable, or uncontrollable, when an ID was specified versus when this was not specified. Most of the causes attributed to John’s ID in the initial vignette were due to factors beyond his control, such as genetics, in utero trauma, illness, the damaging behaviour of others, or ‘luck’. For John’s offending where he was specified to have an ID, the causes of his offending were perceived to be rooted in his uncontrollable ID, so that even behaviours he should have been attributed control over (emotional reactions to situational conflict) were framed as being conditional on his ID, reducing their perceived controllability. In comparison, when an ID was not specified, John was attributed a greater range of causes generally for his offending, and a greater range of controllable and uncontrollable causes.
Participants’ greater attribution of biogenetic explanations for ID, and grounding of John’s offending within this biogenetic foundation when an ID was specified, is consistent with the concept of genetic essentialist biases or ‘genetic essentialism’ proposed by Dar-Nimrod and Heine (2011) and critiqued by Haslam (2011). Ahn, Flanagan, Marsh, and Sanislow (2006) and Haslam (2000) found that laypeople tend to hold essentialist views about certain psychological disorders; and Haslam and Ernst (2002) found that essentialist forms of cognition guide people’s reasoning about these disorders. Dar-Nimrod and Heine (2011) identified that people tend to be biased in the degree of importance placed on biogenetic explanations for outcomes, including a range of criminal behaviours. Haslam (2011) argues that while genetic essentialism is associated with decreased attributions of blame, it is also associated with increased stigma on a range of dimensions (e.g., perceived dangerousness, pessimism, and social distance), generally reflecting the findings of Haslam and colleagues meta-analysis on the same topic, except that their meta-analysis did not detect a significant association between biogenetic causal attributions and social distance (Kvaale et al., 2013).

Research focused specifically on causal attributions toward criminal offenders also found that when participants were primed to believe in biogenetic causes for the crime of manslaughter, the offender was perceived to be more deserving of legal defence due to diminished capacity and insanity, but more likely to criminally reoffend, relative to an ‘environmental cause’ prime and control group (Cheung & Heine, 2015), and consistent with Kvaale et al.’s (2013) meta-analysis’ findings concerning perceived dangerousness.

Weiner (1985, 1986) model predicts that perceived controllability of a person’s negative outcome affects emotional responses (i.e., anger if controllable, pity or sympathy if uncontrollable) to the person and their outcome; similarly,
perceived stability affects perceived degree of optimism that the negative outcome will be resolved (i.e., optimism if unstable or temporary, and pessimism if stable and enduring). In the case of John with an ID, where causal attributions were largely perceived to be internal, stable, and uncontrollable due to his disability, Weiner’s model suggests participants may feel more pity for John’s circumstances, including his offending, and more pessimism that this could be resolved. For John without an ID specified, where John’s offending was attributed to both controllable and uncontrollable factors, and to both stable and unstable factors, participants may be more likely to feel anger instead of, or in addition to, pity for John’s circumstances and offending, and a greater degree of optimism that it could be curbed.

Two additional properties Weiner (1985, 1986) questions as possibly associated with causal factors are whether they are perceived to be global (versus specific) and intentional (versus unintentional). In fact, Weiner uses degree of intelligence (as opposed to aptitude for math) as an example of a global (rather than specific) causal attribution for negative and positive outcomes. While these two questionable properties are underexplored in attribution theory research, we propose that in the case of offenders with an ID, their disability could be perceived as a global property by participants in that it biases all other perceived causes of offending, and their associated properties. For example, when participants were primed to believe in biogenetic causes for the crime of manslaughter (relative to environmental causes or a control where no cause was primed), the cause of the crime was perceived to be less controllable, more stable, more internal, and the target was attributed less perceived intent to kill and, in one of three studies, less criminal responsibility (Cheung & Heine, 2015). Of particular note, Cheung and Heine (2015) also found that participants perceived the biogenetic cause for offending as being more specific (versus global) compared to the environmental cause prime; this means
that participants saw the genetic predisposition to violence, specified in the stimulus
prime, as being context-specific to interpersonal provocation and so only specific to
interpersonal violence. While a biogenetic causal prime was thus applied, it was
limited in the sense that it was relevant only to a single behavioural predisposition –
aggression. In contrast, the primary causal explanation applied to John’s offending
when an ID was specified, was his actual ID – a pervasive developmental disorder
which participants implied contextualised all intrapersonal and interpersonal
experiences.

Participant explicitly or implicitly reported that the causes for ID, and for
offending when an ID was specified, were internal, enduring, uncontrollable, and
overall global in that it affected multiple domains of John’s life. This has
implications for the perceived intentionality of John’s offending when an ID was
specified. Even if John was attributed an intentionally immoral agenda (both internal
and over which he had control), this was contextualised by his having an ID,
resulting in perceived controllability and hence intentionality as necessarily reduced.

Strengths, Limitations, and Future Research for Study 4

Due to the large sample size, the qualitative data collection approach for the
three comparative vignettes in Study 4 yielded extensive and nuanced participant
explanations, which reflected and extended on past qualitative and quantitative
research examining causal attributions for ID, in addition to criminal offending when
an ID is specified as present or not.

A key limitation of this study was that while the qualitative nature of the data
yielded varied and detailed causal explanations for criminal offending, both with and
without an ID specified, the capacity to apply attribution theory in a definitive
manner was limited because the properties of participants’ causal attributions
(internal-external, stable-unstable, controllable-uncontrollable, specific-global) were
inferred by the researcher rather than explicitly reported by participants. As a result, the researcher has made inferences about these properties that participants may not have intended. Future researchers should consider replicating this study using a quantitative methodology to consolidate causal attributions and to further explore associated properties and relationships with criminal justice attributions and outcomes. For example, using the two criminal offender vignettes as stimuli, the causal belief themes generated in the current study could be used as quantitative categories in addition to measures of causal attribution properties (such as Peterson et al.’s [1982] Attributional Style Survey), as well as measures of perceived moral responsibility and sentencing outcomes.

A second limitation was that while there was a large quantity of qualitative data, and most participants made an excellent effort to communicate their detailed causal beliefs in writing, this data was of a lower quality than that derived by conversational interview-style collection methods. Instead of being ‘rich’, it was ‘thin’; some participant responses were ambiguous or held internal contradictions and could not be followed up and explored further due to the single time point of data collection and anonymity of participant responses. Future researchers should consider reproducing this part of the study via individual and group interview approaches to explore participants’ certainty of their initial responses, and challenge initial responses (whether negative or positive).

A third limitation of this study was that each vignette presented a male target, with no comparative female, limiting the generalisability of the causal beliefs identified. It is possible that participants would have attributed different causal beliefs to a woman whose description fit John’s with the exception of their gender. Future research could replicate the vignette component of Factorial Survey 1, modifying only the vignette target’s gender, to assess whether causal attributions
toward people with an ID, and towards those who offend with or without an ID, are similar regardless of the target’s gender.

Conclusion

Overall, Australians reported a variety of causal explanations for ID, and for criminal offending when an ID was, or was not, specified. Causal beliefs themes for ID were consistent with past research, and indicated Australian participants had sound ID literacy. This study provided a more nuanced description of these previously identified causes compared to past research, and highlighted that Australians predominantly ascribed biogenetic and uncontrollable environmental causes to the possession of ID. It was also notable that Australian participants hardly referred to supernatural causes to explain ID.

Regarding causal belief themes for offenders with versus without an ID specified, Australian participants tended to report a greater variety of causes for criminal offending when an ID was not specified, including a range of social, intrapersonal, and interpersonal antecedents. When an ID was specified, however, participants reported a narrower range of causal beliefs for criminal offending, primarily identified the ID as the primary cause of criminal offending, and tended to contextualise all secondary causes with reference to the ID. The key difference between responses to the two criminal offender vignettes centred around attributions of controllability of causes for offending, and hence responsibility for criminal behaviours; as well as around the complexity of John’s character when an ID was, versus was not, specified. Participants appeared to view John as a victim of his uncontrollable disability in spite of this criminal offending when an ID was specified, whereas more controllability and hence criminal responsibility was attributed to John when an ID was not specified.
This Chapter presents a comprehensive Method for the two-part quantitative online factorial survey (Factorial Survey 2) used to collect data for Study 5 and 6, which respectively address research questions 5 and 6.

**Method**

**Overview**

Study 5 (Chapter 10) addressed research question 5. This involved the recruitment of four subsamples (i.e., community members, criminal justice professionals, disability professionals, and professionals with experience in both the criminal justice and disability sectors) deemed ‘influential social groups’ (IS groups), and compared their attitudes towards appropriate correctional treatment settings (i.e., prisons, within the community) for offenders with an ID. This involved the development and validation of two measures, one per setting. After validating each measure via exploratory and confirmatory factors analyses, one-way ANOVAs were conducted to assess mean differences between subsamples’ responses for each measure.

Study 6 (Chapter 11) addressed research question 6. For Study 6, an equal number of participants from each IS group in Study 5 were randomly allocated to one of three vignettes describing a crime (sexual assault, physical assault with a weapon, burglary) committed by a male offender. In each vignette condition, participants were further randomly allocated to one of two conditions where the offender either did, or did not, have an ID specified. Each vignette condition was
thus a 4 x 2 (i.e., IS group x offender ID status) factorial design, with analyses conducted by vignette subsample.

After reading their vignette, participants completed measures assessing their attitudes towards criminal justice outcomes for their respective offender; these included perceived degree of moral culpability for the offence, deservingness of punishment via imprisonment, perceived value of rehabilitation, support for reintegration into the community, willingness to forgive once a sentence was served, and perceived influence of alcohol and/or other drugs on the offender’s criminal behaviour. In Vignette 1, the offender committed a sexual offence and either did (condition 1) or did not (condition 2) have an ID specified; in Vignette 2, the offender committed a violent offence with a weapon and either did (condition 1) or did not (condition 2) have an ID specified; and in Vignette 3, the offender committed burglary with a weapon and either did (condition 1) or did not (condition 2) have an ID specified. After validating each criminal justice outcome measure via exploratory and confirmatory factors analyses, where required, five 4 (IS group) x 2 (offender ID status) ANOVAs were conducted per vignette to determine mean differences on each criminal justice outcome measure, by subsample and whether or not the offender had an ID specified.

As for the survey used for Studies 1-4, the breadth and quantity of valuable responses to this second survey led to the decision to present this data as two separate studies (Studies 5 and 6) so that the research questions they each aim to address could be adequately explored. Subsequently, Chapters 9 and 10 present the Aims and Exploratory Research Questions, Results, and Discussion for Study 5 and 6, respectively.
Participants

Participants \((N = 679)\) were adult Australians aged 18 to 90 years \((M_{\text{age}} = 39.18, SD_{\text{age}} = 13.95)\). Overall, 28.1\% \((n = 190)\) were male, 71.6\% \((n = 487)\) were female, and 0.3\% \((n = 2)\) identified as ‘other’. Four populations were targeted during recruitment: community members \((n = 224)\), criminal justice professionals \((n = 113)\), disability professionals \((n = 184)\), and professionals experienced in both the disability and criminal justice sectors \((n = 158)\). Participants were eligible to complete the study if (1) they were an Australian citizen or permanent resident, and (2) were aged at least 18 years old. No incentives or reimbursements were provided for participating in the study. Given the use of a convenience sampling approach and heavy use of snowballing, it was not possible to compute a response rate for this study; however, of the 915 participants who accessed the study, 679 completed it, indicating a 74.2\% completion rate. Of the initial 915, \(n = 42\) were excluded because they indicated they were not an Australian citizen or permanent resident, \(n = 50\) were false starts, and an additional \(n = 144\) did not complete the Study 5 measures. A further \(n = 26\) participants did not complete Study 6 measures. All participant and recruitment information relevant to Study 5 and 6 is the same. A detailed description of the total sample and each IS group’s demographics (i.e., gender, age, highest education level, and current employment status) is provided in Table 11.1 of the Results section.

Recruitment. Participants for all IS groups were recruited using paid and unpaid advertisements via the social media platforms Facebook, Instagram, and Twitter, in addition to snowballing via these platforms. Participants experienced in the disability, criminal justice, and in the forensic disability sectors, and likely to work with people with an ID, or with offenders with or without an ID, were also recruited by the researchers approaching these professionals via relevant conference.
email lists, and in person by AH when attending said conferences. These professionals were also recruited via the professional social media networking site, LinkedIn. Relevant professionals were identified by their current or past role within these sectors, as well as by region (i.e., Australia), and then invited to ‘Connect’ with researcher AH. Professionals who ‘Connected’ with AH were then sent an individualised private message via LinkedIn describing the study and inviting them to access the online Plain Language Statement and survey via the Qualtrics URL. Professionals who expressed interest in the study were also encouraged by the researcher to share the study invitation with any colleagues they thought were relevant via email or social media to encourage snowballing.

Participants experienced in the disability sector and likely to work with people with an ID were also recruited by the researcher approaching relevant private and government funded disability organisations within Victoria, Australia. If the Chief Executive Officer (CEO) of a disability organisation provided written consent for their organisation to participate in the study, an administrative assistant from within the organisation would disseminate a study invitation and URL to relevant staff members via email on the researcher’s behalf. Overall, the CEO’s of 10 disability private and government-funded organisations from within Victoria consented for their organisation’s employees to be invited to participate in the study on condition that their organisation’s and employee’s participation remain anonymous.

An attempt was also made to access criminal justice and forensic disability professionals via formal applications to the Victorian and South Australian Departments of Justice, requesting to invite corrections officers (such as prison guards and parole officers) to participate in the study, however both of these applications were denied on the basis that the study’s objectives were not deemed to
align with these Departments’ strategic frameworks. As such, all government-employed criminal justice and forensic disability professionals who participated in this study were recruited on an individual basis, primarily via snowballing using LinkedIn.

**Design**

A two-part, quantitative online factorial survey design and methodology was employed to examine variables of interest using a variety of measurement tools and stimuli. The first part of the survey was cross-sectional, and the second part included a quasi-experimental manipulation. As for the survey used for Studies 1-4, an online survey methodology was used to collect participant responses for this second survey. In the first cross-sectional part of the survey relevant to Study 5, participants completed measures assessing their demographics, occupation to determine IS group (i.e., community member, criminal justice professional, disability professional, dual professional), and attitudes toward appropriate correctional treatment settings (i.e., prison setting, community setting) for offenders with an ID. In the second quasi-experimental part of the survey relevant to Study 6, participants from each of the four IS groups were randomly allocated to one of three vignettes detailing a different criminal/criminal type (sexual assault, physical assault with a weapon, burglary). Participants in each vignette were further randomly allocated to one of two conditions detailing a different disability status (ID specified, no ID specified). After reading their respective stimulus describing their target criminal/crime type and their disability status, participants then completed measures assessing their attitude towards the moral culpability, deservingness of punishment via imprisonment, value of rehabilitation and reintegration, willingness to forgive the offender, and perceived role of intoxication on the criminal behaviour. A flow chart detailing the design of Factorial Survey 2 for Studies 5 and 6 is detailed below (Figure 9.1).
Figure 9.1 Design overview of Factorial Survey 2 for Studies 5 and 6.
Measures

**Screening items.** Participants were asked to report whether they were an Australian citizen (versus not), and whether they were at least 18 years old. Participants who reported they were not an Australian citizen, or were less than 18 years old, could not continue and complete the study.

**Demographics.** Participants were asked to report their age, gender, State/Territory of residence, highest level of education, occupational area of study, and current employment status.

**Influential social group (independent variable for Study 5 and 6).** Participants were asked (a) ‘Are you currently, or have you ever, been employed in the disability/social work field?’, and (b) ‘Are you currently, or have you ever, been employed in the correctional/criminal justice field?’ Participants who answered ‘Yes’ to either or both of these questions were then asked: ‘For how many years did you work in this field?’. Participants who reported at least six months of work experience in the criminal justice sector only were categorised as a ‘criminal justice professional’, those who reported at least six months of work experience in the disability sector only were categorised as a ‘disability professional’, and those who reported at least six months of work experience in both the criminal justice sector as well as in the disability sector were categorised as a ‘dual professional’. All participants who did not identify as having at least six months of work experience in either the criminal justice or disability sectors were categorised as being from the ‘general community’.

**Beliefs about appropriate correctional treatment settings for offenders with an ID (dependent variables for Study 5).** Two original measures were developed to assess participant beliefs about appropriate correctional treatment settings (prisons, community) for offenders with an ID. Prior to completing the items
for these two measures, participants were presented with the following contextual information:

_The following provides some background information about offenders who have an intellectual disability. Please keep this information in mind as you answer future questions._

_An intellectual disability is a developmental disorder, which means a person with this disability has an intelligence quotient (IQ) under 70 and can experience trouble with aspects of daily living such as learning new skills and activities, understanding complicated instructions, and ‘reading between the lines’ in social situations. A person is typically diagnosed with an intellectual disability by a psychiatrist or clinical psychologist._

_A person who commits a serious antisocial behaviour (e.g., a crime) is first charged by police and then, if proven guilty of a criminal offence, may be sentenced in various ways. Sentencing might include a suspended sentence, a community corrections order, or imprisonment either with or without parole._

_A suspended sentence is a prison sentence not put into immediate effect. A community corrections order is a sentence served in the community, and might involve frequent reporting to police, home detention, and/or community-rehabilitation interventions. Imprisonment typically includes rehabilitation and community reintegration interventions, and might occur in a minimum, medium, or maximum security prison._
Offenders with an intellectual disability are sentenced in varying ways in Australia.

Prison treatment setting. Beliefs about the appropriateness of treating offenders with an ID in the prison setting were assessed via seven items (e.g., ‘Prison facilities and services should be the same for all prisoners, regardless of whether they have an ID’). These items are detailed along with EFA results in Appendix V. Items were developed on the basis that beliefs about the appropriateness of a correctional treatment setting likely reflect a continuum of beliefs that (a) offenders with an ID deserve to be treated similarly to offenders without an ID, (b) imprisonment is an effective correctional treatment strategy for criminal offenders generally, and (c) only ‘deserving’ criminal offenders will ever be imprisoned. Participants were asked to ‘Please rate the extent to which you agree or disagree with the following statements,’ and used a six-point Likert-type rating scale (1 = Strongly Disagree, 6 = Strongly Agree) to indicate their agreement with the items. A forced-choice approach to the response scale was chosen to ensure that participants reflected on and confirmed a belief, with only their own knowledge set and the information provided to guide them. Internal reliability for this measure was acceptable (\(\alpha = .78\)). Prior to completing the items, participants were also asked to read the following information to provide them with context about correctional treatment in the prison setting:

The following information provides some background information about imprisonment in Australia.

Prison institutions provide a wide range of psycho-education and therapeutic programs for prisoners designed to assist in their rehabilitation and successful return to the community after release from custody.
Programs are typically dedicated towards reducing risk in sexual and violent offenders, as well as addressing more general causes of offending (e.g., reducing substance use/abuse, improving cognitive skills such as problem-solving and perspective taking).

Community treatment setting. Beliefs about the appropriateness of correctional treatment of offenders with an ID in the community setting were also assessed via eight items (e.g., ‘Community correction orders are the best way to sentence offenders with an ID’). These items are detailed along with EFA results in Appendix V. Items were developed on the basis that beliefs about the appropriateness of a treatment setting likely reflect a continuum of beliefs that (a) offenders with an ID deserve to be treated similarly to offenders without an ID, (b) community-based correctional treatment is a ‘soft’ approach to correctional treatment, and so is not deserved by ‘dangerous’ criminal offenders, and (c) criminal offenders who serve community-based correction orders have more liberties (and hence may pose a greater risk to the community) compared to imprisoned offenders. Again, a six-point Likert-type rating scale (1 = Strongly Disagree, 6 = Strongly Agree) was used to assess agreement with these items, using a similar forced-choice approach. Internal reliability for this measure was good (α = 0.88). Prior to completing the items, participants were also asked to read the following information to provide them with context about treatment in the community setting:

The following information provides some background information about community correction orders in Australia.

A community correction order is a flexible sentencing order served in the community. The order can be imposed by itself or in addition to imprisonment or a fine. The community correction order is often applied for minor crimes where imprisonment of the offender
is not necessary for the protection of the community. They can assist in protecting the offender from potential negative influences of the prison environment. Offenders serving community correction orders can often interact with their friends and family at will.

Offenders serving a community correction order may be required to attend community-based rehabilitation programs (e.g., for substance use, anger management, or driving skills), work-skills or community reintegration program, and/or make restitution to the community by completing unpaid work benefitting the community.

**Criminal offence vignettes (stimuli for Study 6).** Participants were randomly allocated to one of three vignette conditions describing a specific type of criminal offender: ‘Mark’, charged with sexual assault; ‘David’, charged with physical assault with a weapon; and ‘Henry’, charged with burglary. Campregher and Jeglic (2016) found that providing case-specific information via a vignette about an offender’s criminal behaviour (as opposed to having participants imagine a generic offender) reduced bias towards extreme responding for several criminal justice constructs (perceived dangerousness, likely recidivism, and punitiveness). As such, the vignettes were developed in consultation with two forensic psychology experts experienced in designing case-specific vignettes, and were designed to reflect realistic, common, criminal offence scenarios. Given the strong association of alcohol and/or other drug (AOD) use with criminal offences such as assault and theft, and to account for this possible assumption by participants, AOD use by the target offender was explicitly described and related to the criminal offence within each scenario.
Prior to viewing the vignette, participants were informed that they would read a description of a person who committed a criminal offence, and were asked to read the story carefully before answering the questions that followed. Participants were asked to confirm they had read the vignette before being able to progress to answer questions about it.

‘Mark’, sexual assault scenario.

Mark was attending a house party one night with one of his close friends. Having drunk alcohol heavily all evening, they noticed a woman they both went to school with passed out in a spare room. After a quick conversation, they entered the room, checked that she was unconscious, and locked the door.

Mark’s friend, and then Mark, raped the woman and then quickly left the house together. A friend of the unconscious woman soon found her in the room and suspected that she had been sexually assaulted. She called the police. Forensic evidence was collected, witnesses described to police seeing Mark and his friend near the room the woman was assaulted in, and the two were soon charged with rape. In time, Mark and his friend were both convicted of rape.

At the time of the offence, Mark was 25 years old and worked casually in a sports store down town. Mark had a close, small circle of male friends that he worked with. He came from a supportive family and while there were some close shaves with the law in the past, he’d never been charged with a criminal offence before this rape.

‘David’, physical assault with a weapon scenario.

On his 25th birthday, David was enraged when a bouncer wouldn’t let him into a bar with his mates because he seemed too intoxicated. David had recently started carrying a knife when out on the town, and was so angry he stabbed the bouncer four times in the stomach before being wrestled to the ground by security. David’s assault on the bouncer was captured by CCTV and witnessed by numerous staff and patrons, and he was soon charged and sentenced for assault with a weapon.
David grew up in the city and had always been a brawler, even as a young boy. As a teenager he used to get into fights with boys in the year levels above his. As a young man, David kept picking fights when he went out drinking on the weekends with his mates. He developed a reputation among his mates as someone not to be challenged or provoked.

‘Henry’, burglary scenario.

Henry broke into a home while the family living there was asleep. He managed to collect $5000 worth of their property before a family member awoke and found him in the house. Henry ran off with the property but without injuring anyone. Police were able to track his whereabouts using the GPS of a phone he’d stolen from the family, and finding him still in possession of numerous stolen items, he was charged and ultimately sentenced with home invasion and burglary.

Henry grew up in a regional town. He’d enjoyed studying at school when he was younger, but lost interest as a teenager. In high school he started dabbling with different kinds of drugs, and by the time he left school he was addicted to methamphetamine. For a while Henry was able to pay for his habit with his part time job at Woolworths, but he was eventually fired for being unreliable. He was able to exchange sex for methamphetamine for a while, but this arrangement didn’t last and he eventually began breaking into peoples’ homes in neighbouring suburbs to steal money, phones, and computers to sell online. Henry was known to the local police for property and drug related offences, and was 25 years old at the time of his latest offence.

Disability status of vignette’s target offender (independent variable for Study 6). Within each vignette, participants were also allocated to one of two conditions indicating the target offender’s disability status: an ID was specified, or an ID was not specified. At the conclusion of each vignette, for the condition where an ID was specified, participants were provided with the following additional information:

When [Mark/David/Henry] was 10 years old, he was diagnosed by a clinician with an intellectual disability,
meaning he has an IQ (intelligence quotient) of 65 and can experience trouble with aspects of daily living such as learning new skills and activities, understanding complicated instructions, and reading ‘between the lines’ in social situations.

Criminal justice attribution measures (dependent variables for Study 6).
Six unidimensional measures were used to assess participants’ key criminal justice attributions toward their vignette’s target offender. The criminal justice constructs of moral culpability, punishment, rehabilitation, and reintegration each reflect core functions of the Australian criminal justice system. ‘Willingness to forgive’ was included as a construct of interest because one purpose of sentencing is to demonstrate to society that someone convicted of a criminal offence has ‘repaid’ their moral and legal social debt by completing a proportionate sentence (such as paying a fine or imprisonment). The influence of AOD on offending behaviour was included as a criminal justice construct of interest due to the strong association of AOD use with criminal offending, and publicity around this association in media representations of criminal offending which may influence participant responses.

Perceived moral culpability. A modified five-item version of the Attributions of Accountability Scale (Ghetti & Redlich, 2001; Crosby, 1995) was used to measure the degree of moral culpability participants attributed to their target offender for their criminal behaviour. Originally, the measure included four items: ‘The offender’s age should be considered when making a decision about his sentence’ (reverse scored); ‘The offender has the mental capacity to fully appreciate the consequences of his criminal actions’; ‘The offender did not fully understand the wrongfulness of his actions’ (reverse scored); and ‘The offender should be considered fully responsible for his actions’. Because both the physical and relative mental age of people with an ID are considered during conviction and sentencing, the first item described above
was replaced with two, more specific items: ‘The offender’s physical age should be considered when making a decision about his sentence’, and ‘The offender’s mental age should be considered when making a decision about his sentence’ (both reverse scored). Participants were informed, ‘The following questions relate to how well you think this offender understood the moral implications of their criminal behaviour’, and then were asked to rate the five items on a 6-point Likert scale \( (1 = \text{Strongly Disagree}, 6 = \text{Strongly Agree}) \). A mean scale score was computed for this variable; internal reliability was questionable \( (\alpha = .65) \) when all five items were included, but became acceptable \( (\alpha = .76) \) when the item ‘The offender’s physical age should be considered when making a decision about his sentence’ was excluded when computing the scale score.

**Attitude toward punishment.** The four-item Punishment Attitude Scale (McCorkle, 1993) was used to assess participant attitudes towards their target offender’s punishment severity (via incapacitation and retribution). Participants were informed, ‘The following questions relate to how you think this offender should be punished for their criminal behaviour’, and then were asked to rate the following items on a 6-point Likert scale \( (1 = \text{Strongly Disagree}, 6 = \text{Strongly Agree}) \): ‘The primary concern with this criminal should be to make sure he is severely punished for his crime’; ‘If the only way this criminal and others like him can be locked up is to build more prisons, then so be it’; ‘The only way to prevent this criminal from committing future crimes is to keep him locked up’; and ‘The courts are generally too easy on people who commit this sort of crime’. A mean scale score was computed for this variable, and its internal reliability was good \( (\alpha = .87) \), and consistent with similar past research (McCorkle, 1993; Rogers & Ferguson, 2011).

**Attitude toward rehabilitation.** The four-item Treatment Attitude Scale (McCorkle, 1993) was used to assess participant attitudes towards the value of
rehabilitation treatment for their target offender within the prison setting. Participants were informed, ‘The following questions relate to whether you think this offender can be rehabilitated’, and then were asked to rate the following items on a 6-point Likert scale (1 = Strongly Disagree, 6 = Strongly Agree): ‘Trying to rehabilitate this person would probably be a waste of time’ (reverse scored); ‘This offender would probably benefit from the psychological counselling programs offered in the prison’; ‘If this offender received educational and vocational training in prison, he probably would not commit crimes in the future’; and ‘More effort needs to be made to expand and improve programs that would give this offender the chance to change his life’. A mean scale score was computed for this variable; its internal reliability was questionable (α = .68) when all four items were included, but was consistent with past similar past research (McCorkle, 1993; Rogers & Ferguson, 2011) and the Cronbach’s alpha did not improve by removing items.

Attitude toward reintegration. An original measure with seven items was developed to assess participant attitudes toward reintegrating of offenders who have completed their sentence back into the community. Participants were informed, ‘The following questions relate to reintegrating this person back into the community once they have completed their sentence’, and then were asked to rate the items (e.g., ‘The general community has a responsibility to help the offender feel like he belongs in society once his sentence is done’) items on a 6-point Likert scale (1 = Strongly Disagree, 6 = Strongly Agree). A mean scale score was computed for this variable, and its internal reliability when all items were included was good (α = .87). Items for this measure are detailed along with EFA results in Appendix V.

Attitude toward forgiveness. An original measure was developed to assess participants’ attitudes towards forgiving their target offender once they had completed their sentence. Participants were informed, ‘The following questions
relate to whether or not you think this person should be forgiven for their criminal behaviour, after they complete their sentence’, and then were asked to rate the five items (e.g., ‘Everyone deserves a second chance- even this offender’) on a 6-point Likert scale (1 = Strongly Disagree, 6 = Strongly Agree). A mean scale score was computed for this variable, and its internal reliability when all items were included was good (α = .87). Items for this measure are detailed along with EFA results in Appendix V.

**Influence of alcohol and/or other drugs on offending behaviour.** To assess the degree to which participants believed the offender’s AOD use (described in each vignette) influenced their criminal behaviour, participants rated the following two items using a percentage slider scale (0 to 100%): ‘How much influence did alcohol/drugs have on this offender's criminal behaviour?’; and ‘How likely it is the offender would have committed this crime, had he not been affected by alcohol/drugs?’ (reverse scored). Percentage scores were converted to a 10-point scale to better manipulate the variable (e.g., reverse scoring item 2), and mean scale score was computed for this variable using the two items; its internal reliability was questionable (α = .69) but could not be assessed for improvement due to the small number of items.

**Procedure**

Approval for the conduct of this study was received from the Deakin University Human Research Ethics Committee (refer to Appendix IV). Participants were then recruited to participate in the online study via paid and unpaid advertisements on Facebook and associated social media platforms (e.g., Instagram, LinkedIn), and by approaching relevant professional organisations to assist with recruitment via internal email to relevant professionals. Participants accessed the survey by clicking on the study site URL, imbedded in the social media
advertisements or email invitation. Participants first read the study’s Plain Language Statement and then were informed that by clicking ‘NEXT’ and moving on to complete the study items, they indicated their informed consent for their data to be used in the study.

All participants completed demographic items, including items assessing their professional experience in the criminal justice/correctional and/or disability/social work sectors. After viewing information to contextualise offenders with an ID, as well as prison and community treatment settings, participants also completed items assessing their beliefs about the appropriateness of these two correctional treatment settings for offenders with an ID. These items were employed in analyses for Study 5.

Participants were then randomly allocated to view one of the three vignettes describing a specific type of criminal scenario and behaviour (‘Mark’, charged with sexual assault; ‘David’, charged with physical assault with a weapon; and ‘Henry’, charged with burglary). Each participant only viewed one of the three vignettes, forming three subsamples. Within each vignette, participants were also randomly allocated to one of two conditions indicating the target offender’s disability status: an ID was specified, or an ID was not specified. Participants then read their vignette, including the target offender’s disability status description, and responded to measures assessing their attitude regarding their target’s degree of moral culpability, deservingness of punishment via imprisonment, value of rehabilitation, support for their reintegration after completing their sentence, their willingness to forgive their target’s crime, and the degree to which they felt their target’s use of alcohol and/or other drugs influenced their offending behaviour. These items were employed in analyses for Study 6.
At the end of the study, participants were thanked for their participation and invited to leave comments about the study for the researchers before exiting the site.

The study took approximately 20 minutes to complete.
CHAPTER TEN: STUDY 5 - A COMPARISON OF COMMUNITY MEMBERS AND PROFESSIONALS ATTITUDES TOWARDS APPROPRIATE TREATMENT SETTINGS FOR OFFENDERS WITH AN INTELLECTUAL DISABILITY

This chapter details Study 5, which addresses research question 5 concerned with understanding how the attitudes held by members of influential social categories (i.e., Australian community members, and professionals experienced in the criminal justice sector, disability sector, or both sectors) differ regarding appropriate correctional treatment settings (i.e., community, prison) for offenders with an ID. This chapter reports the Aims and Exploratory Research Questions, Data Treatment and Analysis Approach, Results, and Discussion for Study 5.

Aims and Exploratory Research Questions

The aim of Study 5 was to explore whether and how the attitudes held by members of influential social (IS) categories (i.e., Australian community members, and professionals experienced in the criminal justice sector, disability sector, or both sectors) differ regarding appropriate correctional treatment settings for offenders with an ID. While there is past research comparing community member and different professional social categories’ attitudes towards offenders and people with an ID as independent targets, there is negligible research comparing these IS categories’ attitudes toward offenders with an ID specifically. As such, formal hypotheses were not developed to address this research aim. However, the following research questions were posed to guide IS category attitude comparisons, drawing on general trends identified in the review of literature in Chapter 2 Section III:

1. Compared to the other IS groups, do community members hold more positive attitudes towards the correctional treatment of offenders with an ID in the prison setting?
2. Compared to the other IS groups, do disability professionals hold more negative attitudes towards the correctional treatment of offenders with an ID in the prison setting?

3. Compared to the other IS groups, do community members hold more negative attitudes towards the correctional treatment of offenders with an ID in the community setting?

4. Compared to the other IS groups, do disability professionals hold more positive attitudes towards the correctional treatment of offenders with an ID in the community setting?

Data Treatment and Analysis Approach

After cleaning and coding the data, assumptions relevant to EFA and one-way ANOVA were assessed and addressed. Frequency and descriptive statistics detailing demographic characteristics of the overall sample and per IS group were provided.

Measure Validity and Reliability

To assess the validity of the original measures of beliefs about appropriate correctional treatment settings for offenders with an ID (prison, community), as well as the justice attribution measures regarding punishment, moral culpability, rehabilitation, reintegration, and forgiveness, EFAs were initially conducted per measure. All measures were found to have good to excellent internal reliability. Detailed descriptive and inferential analyses relevant to the validation of these measures can be found in Appendix V.
Descriptive and Inferential Analyses

Descriptive statistics were provided for all relevant measures. Two one-way ANOVAs were conducted to determine mean differences in beliefs about the appropriateness of the prison setting and the community setting for the correctional treatment of offenders with an ID, according to IS group, including four levels (i.e., community, criminal justice professional, disability professional, and combined disability/criminal justice professional).

Statistical Power Considerations

A priori statistical power analyses were conducted to ensure an adequate sample size was recruited, and to reduce the risk of Type II error. The appropriate sample size necessary to conduct sound factor analyses is a controversial topic, however Field (2018) synthesis of respected statisticians’ recommendations on this issue suggest that $N = 300$ is adequate, $N = 500$ is good, and $N = 1000$ is excellent. Given our total sample size of $N = 677$, the sample size was adequate for the factorial analyses.

For a one-way ANOVA comparing four groups, with an alpha of .05 and power of .80, $N = 564$ would be required to detect a very small effect size ($f^2 = .02$), $N = 179$ would be required to detect a small effect size ($f^2 = .06$), $N = 76$ would be required to detect a medium effect size ($f^2 = .15$), $N = 36$ would be required to detect a large effect size ($f^2 = .35$). Given our total sample size of $N = 677$, statistical power and sample size was adequate for the proposed one-way ANOVAs.

Software

G*Power 3 (Faul et al., 2009; Faul et al., 2007), IBM AMOS version 24 was used for CFA analyses, and IBM SPSS Statistics version 24 was used for all other statistical analyses.
Results

Assumption Testing

After cleaning the data of missing cases and winsorising univariate and multivariate outliers (< 5% of cases per variable), assumptions of normality, independence of observations, and homogeneity of variances were assessed and deemed met for one-way ANOVA analyses. Levene’s Test of Equality of Error Variances was statistically significant for both ANOVAs (i.e., prison treatment setting: $F(3, 674) = 10.03$, $p < .001$, and community treatment setting: $F(3, 674) = 9.40$, $p < .001$); however assessment of the $F_{\text{max}}$ ratios for each ANOVA (.76/.29 = 2.62, and 1/.51 = 1.96, respectively) indicated that the assumption of homogeneity of variance was not violated in either case (Field, 2018). Equal variances were thus assumed when interpreting results.

Preliminary Analyses

Sample and influential social group demographic characteristics. Table 10.1 describes the demographic characteristics of participants by overall sample and IS group. The majority of participants in the sample and IS groups were women (64 - 79%), likely reflecting the overrepresentation of women in social service professions, as well as gendered volunteer bias. A broad range of participant ages, highest education level, region of residence, and employment status was represented within IS group’s. Participants in the community members group were aged 18-85 ($M = 35.62$, $SD = 14.05$). Participants categorised as professionals with experience in the criminal justice/corrections sector only were aged 20-73 ($M = 40.09$, $SD = 12.79$) and had worked on average for nearly 11 years in this sector ($M = 10.84$, $SD = 9.83$, range = .5 - 40 years). Participants categorised as professionals with experience in the disability/social work sector only were aged 18-90 ($M = 41.03$, $SD = 15.20$) and
had worked on average for nearly nine years in this sector ($M = 8.70$, $SD = 9.40$, range = .5 - 50 years). Finally, participants categorised as dual professionals were aged 21-79 ($M = 41.46$, $SD = 12.07$) and had worked on average for nearly 10 years across the criminal justice and disability sectors, or within the forensic disability sector ($M = 9.50$, $SD = 8.38$, range = .5 - 31 years).
Table 10.1

*Participant Demographics by Sample and Influential Social Group*

<table>
<thead>
<tr>
<th>Total</th>
<th>Community Members</th>
<th>Criminal Justice Professionals</th>
<th>Disability Professionals</th>
<th>Dual Professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Sample</td>
<td>679</td>
<td>100</td>
<td>224</td>
<td>33.1</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>485</td>
<td>71.4</td>
<td>158</td>
<td>70.5</td>
</tr>
<tr>
<td>Male</td>
<td>190</td>
<td>28.0</td>
<td>64</td>
<td>28.6</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>0.3</td>
<td>2</td>
<td>0.9</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>0.3</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>State/Territory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victoria</td>
<td>297</td>
<td>43.7</td>
<td>78</td>
<td>34.8</td>
</tr>
<tr>
<td>New South Wales</td>
<td>107</td>
<td>15.8</td>
<td>32</td>
<td>14.3</td>
</tr>
<tr>
<td>Australian Capital Territory</td>
<td>105</td>
<td>15.5</td>
<td>54</td>
<td>24.1</td>
</tr>
<tr>
<td>Western Australia</td>
<td>58</td>
<td>8.5</td>
<td>25</td>
<td>11.2</td>
</tr>
<tr>
<td>Queensland</td>
<td>41</td>
<td>6.0</td>
<td>16</td>
<td>7.1</td>
</tr>
<tr>
<td>Tasmania</td>
<td>35</td>
<td>5.2</td>
<td>10</td>
<td>4.5</td>
</tr>
<tr>
<td>South Australia</td>
<td>18</td>
<td>2.7</td>
<td>8</td>
<td>3.6</td>
</tr>
<tr>
<td>Northern Territory</td>
<td>16</td>
<td>2.4</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Not currently residing in Australia</td>
<td>2</td>
<td>0.3</td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td>Education Level</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some secondary education</td>
<td>6</td>
<td>0.9</td>
<td>2</td>
<td>0.9</td>
</tr>
<tr>
<td>Year 10</td>
<td>24</td>
<td>3.5</td>
<td>14</td>
<td>6.3</td>
</tr>
<tr>
<td>Year 12</td>
<td>80</td>
<td>11.8</td>
<td>50</td>
<td>22.3</td>
</tr>
<tr>
<td>TAFE Certificate/Diploma</td>
<td>152</td>
<td>22.4</td>
<td>54</td>
<td>24.1</td>
</tr>
<tr>
<td>Undergraduate degree</td>
<td>226</td>
<td>33.3</td>
<td>58</td>
<td>25.9</td>
</tr>
<tr>
<td>Postgraduate degree</td>
<td>155</td>
<td>22.8</td>
<td>33</td>
<td>14.7</td>
</tr>
<tr>
<td>Doctoral degree</td>
<td>29</td>
<td>4.3</td>
<td>11</td>
<td>4.9</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>1</td>
<td>2</td>
<td>0.9</td>
</tr>
<tr>
<td>Employment status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full time paid employment</td>
<td>378</td>
<td>55.7</td>
<td>87</td>
<td>38.8</td>
</tr>
<tr>
<td>Part time/casual paid employment</td>
<td>192</td>
<td>28.3</td>
<td>77</td>
<td>34.4</td>
</tr>
<tr>
<td>Volunteer employment</td>
<td>21</td>
<td>2.5</td>
<td>9</td>
<td>4.0</td>
</tr>
<tr>
<td>Previously employed</td>
<td>68</td>
<td>10.0</td>
<td>31</td>
<td>13.8</td>
</tr>
<tr>
<td>Never employed (paid/voluntary)</td>
<td>19</td>
<td>3.4</td>
<td>19</td>
<td>8.5</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>0.1</td>
<td>1</td>
<td>0.4</td>
</tr>
</tbody>
</table>
Descriptive statistics. Descriptive statistics for each IS group’s mean score indicating the degree to which they agreed or disagreed that prison, and the community, are appropriate correctional treatment settings for offenders with an ID are detailed in Table 10.2. On average, each group disagreed that the prison setting, and agreed that the community setting, was appropriate for the correctional treatment of offenders with an ID.

Table 10.2

<table>
<thead>
<tr>
<th>Influential Social Group</th>
<th>Prison Setting</th>
<th>Community Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Community Members</td>
<td>1.94</td>
<td>0.86</td>
</tr>
<tr>
<td>Criminal Justice Professionals</td>
<td>1.87</td>
<td>0.78</td>
</tr>
<tr>
<td>Disability Professionals</td>
<td>1.74</td>
<td>0.80</td>
</tr>
<tr>
<td>Dual Professionals</td>
<td>1.53</td>
<td>0.54</td>
</tr>
<tr>
<td>Total Sample</td>
<td>1.78</td>
<td>0.78</td>
</tr>
</tbody>
</table>

Note. ‘Dual Professionals’ refers to professionals experienced in both the criminal justice and disability sectors. Each measure had a range of 1-5, with higher scores indicating more positive attitudes towards the treatment setting.

Addressing Exploratory Research Questions

Two one-way ANOVAs were conducted to compare IS group mean scores for participants’ beliefs about the appropriateness of the prison setting and community setting for the correctional treatment of offenders with an ID. There was a significant difference between IS groups’ beliefs about the appropriateness of both settings (see Table 10.3). Multiple comparisons showed that while all groups disagreed that prison was an appropriate setting for offenders with an ID, this disagreement was stronger for dual professionals ($M = 1.53, SD = .54$) compared to community members ($M = 1.94, SD = .86$) and criminal justice professionals ($M = $
1.87, \( SD = .78 \). Similarly, while all groups agreed that the community setting was an appropriate treatment setting for offenders with an ID, this belief was stronger for dual professionals \( (M = 5.11, \ SD = .71) \) compared to community members \( (M = 4.65, \ SD = 1.02) \) and criminal justice professionals \( (M = 4.79, \ SD = .87) \). Effect sizes for these differences were small to medium \( (d = .40-.57; \) see Table 10.4).

Table 10.3

One-way ANOVA Results Comparing Influential Groups’ Beliefs about Prison and the Community as Appropriate Correctional Treatment Settings for Offenders with an Intellectual Disability

<table>
<thead>
<tr>
<th>ANOVA: Dependent Variable</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>( F )</th>
<th>Partial ( \eta^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANOVA 1: Prison Treatment Setting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IS Group</td>
<td>16.25</td>
<td>3</td>
<td>5.42</td>
<td>9.21***</td>
<td>0.04</td>
</tr>
<tr>
<td>Error</td>
<td>396.18</td>
<td>674</td>
<td>0.59</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANOVA 2: Community Treatment Setting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IS Group</td>
<td>19.58</td>
<td>3</td>
<td>6.53</td>
<td>8.05***</td>
<td>0.04</td>
</tr>
<tr>
<td>Error</td>
<td>546.49</td>
<td>674</td>
<td>0.81</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. IS Group = Influential Social Group. ***\( p < .001 \)

Table 10.4

Multiple Comparisons by Influential Social Group for Beliefs about Prison and the Community as Appropriate Correctional Treatment Settings for Offenders with an Intellectual Disability

<table>
<thead>
<tr>
<th>ANOVA: Dependent Variable</th>
<th>Comparison Groups</th>
<th>( M_{diff} )</th>
<th>( SE )</th>
<th>95% CI [LL, UL]</th>
<th>( p )</th>
<th>( d )</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANOVA 1: Prison Treatment Setting</td>
<td>CM vs CJP</td>
<td>0.07</td>
<td>0.09</td>
<td>[-0.11, 0.24]</td>
<td>.435</td>
<td>0.09</td>
</tr>
<tr>
<td></td>
<td>CM vs DP</td>
<td>0.19</td>
<td>0.08</td>
<td>[0.04, 0.34]</td>
<td>.011</td>
<td>0.24</td>
</tr>
<tr>
<td></td>
<td>CM vs Dual P</td>
<td>0.40</td>
<td>0.08</td>
<td>[0.25, 0.56]</td>
<td>&lt;.001*</td>
<td>0.57</td>
</tr>
<tr>
<td></td>
<td>CJP vs DP</td>
<td>0.13</td>
<td>0.09</td>
<td>[-0.06, 0.31]</td>
<td>.174</td>
<td>0.17</td>
</tr>
<tr>
<td></td>
<td>CJP vs Dual P</td>
<td>0.34</td>
<td>0.09</td>
<td>[0.15, 0.52]</td>
<td>&lt;.001*</td>
<td>0.51</td>
</tr>
<tr>
<td></td>
<td>DP vs Dual P</td>
<td>0.21</td>
<td>0.08</td>
<td>[0.05, 0.37]</td>
<td>.012</td>
<td>0.31</td>
</tr>
</tbody>
</table>

ANOVA 2: Community Treatment Setting
ANOVA: Dependent Variable

<table>
<thead>
<tr>
<th>Comparison Groups</th>
<th>$M_{diff}$</th>
<th>SE</th>
<th>95% CI [LL, UL]</th>
<th>$p$</th>
<th>$d$</th>
</tr>
</thead>
<tbody>
<tr>
<td>CM vs CJP</td>
<td>-0.14</td>
<td>0.10</td>
<td>[-0.35, 0.06]</td>
<td>.171</td>
<td>0.15</td>
</tr>
<tr>
<td>CM vs DP</td>
<td>-0.21</td>
<td>0.09</td>
<td>[-0.39, -0.03]</td>
<td>.020</td>
<td>0.22</td>
</tr>
<tr>
<td>CM vs Dual P</td>
<td>-0.46</td>
<td>0.09</td>
<td>[-0.64, -0.27]</td>
<td>&lt;.001*</td>
<td>0.52</td>
</tr>
<tr>
<td>CJP vs DP</td>
<td>-0.07</td>
<td>0.11</td>
<td>[-0.28, 0.14]</td>
<td>.533</td>
<td>0.08</td>
</tr>
<tr>
<td>CJP vs Dual P</td>
<td>-0.31</td>
<td>0.11</td>
<td>[-0.53, -0.10]</td>
<td>.005*</td>
<td>0.40</td>
</tr>
<tr>
<td>DP vs Dual P</td>
<td>-0.25</td>
<td>0.10</td>
<td>[-0.43, -0.06]</td>
<td>.012</td>
<td>0.31</td>
</tr>
</tbody>
</table>

Note. CM = Community Members; CJP = Criminal Justice Professionals; DP = Disability Professionals; Dual P = Dual Professionals, experienced in both criminal justice and disability. $M_{diff}$ = mean difference, SE = standard error, 95% CI [LL, UL] = 95% Confidence Interval, with lower limit and upper limit specified. $d$ = Cohen’s $d$. All $p$ values are unadjusted. *$p < .008$ (significant at $p < .05$ with Bonferroni-correction applied).

Discussion

Study 5 aimed to compare the attitudes of four IS groups (community members, criminal justice professionals, disability professionals, and dual professionals) towards appropriate correctional treatment settings (i.e., prisons and within the community) for offenders with an ID. Overall each group agreed that the community setting, and disagreed that the prison setting, were appropriate for the correctional treatment of offenders with an ID. This finding is consistent with one of the few studies to assess community members’ and criminal justice professionals’ comparative attitudes towards correctional treatment settings, which similarly found more support for community-based sentencing compared to prisons for offenders generally, regardless of subsample (Sigler & Lamb, 1995). In the current study, however, dual professionals expressed significantly less support for the prison setting than community members and criminal justice professionals, and expressed significantly more support for the community setting than community members and criminal justice professionals. These results indicated support for exploratory research questions 1 and 3, but not for exploratory research questions 2 and 4.
Community Members’ Attitudes toward Appropriate Correctional Treatment Settings

Community members’ relatively stronger support for prison-based correctional treatment, and weaker support for community-based correctional treatment, is consistent with past research from the UK, Canada, and Australia indicating laypeople tend to hold largely negative views of community-based sentencing and treatment (Brown, 1999; Cumberland & Zamble, 1992). For example, Brown (1999) found that while the vast majority of laypeople agreed sex offenders should receive treatment, hardly any thought this should occur solely in the community setting. Instead, half reported it should occur in both prison and the community, while the other half reported treatment should occur solely in prison. The majority of Brown’s participants also held negative attitudes towards a treatment centre being located within their community, with most reporting they would take action against this (campaign, petition). Cumberland and Zamble (1992) found that attitudes towards parole and community-based treatment for violent offenders, opposed to non-violent offenders, and towards repeat as opposed to first time offender, were significantly more negative.

Our results for community members are also consistent with findings from the Australian Survey of Social Attitudes (AUSSA) (Indermaur & Roberts, 2005), one of the few Australian studies to address community attitudes towards criminal justice sentencing outcomes. In this study, the punitiveness of community members was apparent; the majority (70%) of respondents indicated they had ‘no’ or ‘not very much’ confidence in the Australian courts and legal system, thought offenders should be given harsher sentences (than what they believed they were given), and nearly half reported support for the death penalty for murder. Australian laypeople’s attitude that offenders in general are given overly lenient sentences is consistent with results
of similar studies in the UK and Canada (Roberts, Crutcher, & Verbrugge, 2007; Roberts & Hough, 2005). Research by Harper and Hogue (2017) found laypeople typically rely on news media to inform them about crimes and their context, and media coverage frequency and detail is skewed to sensationalise crime, so that laypeople develop more or less heuristic-based cognitions regarding attitudes towards sentencing and treatment of offenders generally.

Community members’ relatively (if non-significantly) stronger support for prison-based correctional treatment, and weaker support for community-based correctional treatment, than criminal justice professionals is also consistent with past research comparing lay people’s and correctional professionals’ attitudes towards offenders, and their sentencing more generally. Research by Kjelsberg and Loos (2008) comparing the attitudes of Norwegian college students and prison employees towards sexual offenders, found that students held overall more negative attitudes towards sexual offenders than prison employees, indicating students were more likely to see sexual offenders as deviant individuals who are incapable of change. In a similar study comparing Norwegian college students’ and prison employees’ attitudes towards prisoners more generally, Kjelsberg, Skoglund, and Rustad (2007) found students significantly overestimated the proportion of prisoners imprisoned for violent and sexual offences compared to the prison staff, and underestimated the number of prisoners with comorbid drug and alcohol problems. These latter findings suggest that laypeople may misunderstand the nature of many prisoners’ offences, perceiving them to be more violent, and less situated in psychosocial or psychiatric disorder, than they may be.

Sigler and Lamb (1995) found that, compared to criminal justice professionals (in this case, court personnel), American community members saw prison as the least cost effective but safest, most severe, most deterring, and most
punishing option available to sentencing judges. Community based sentencing options (fines, community service, victim restitution) were perceived as more cost effective but less safe. Community members tend to hold more negative attitudes in general towards criminal offenders compared to relevant professionals such as prison officers and psychotherapists (Kjelsberg et al., 2007), and report more negative attitudes towards community-based corrections than justice professionals (Sigler & Lamb, 1995). Community members have also been found to have a poor understanding of what community-based sentencing and treatment entails, which may make community members less convinced of the safety and efficacy of correctional treatment conducted in this setting. Sigler and Lamb (1995) found that community members who reported having no knowledge of community-based corrections reported significantly more negative attitudes towards this option, compared to community members who reported some knowledge of this sentencing option.

**Criminal Justice Professionals’ Attitudes toward Appropriate Correctional Treatment Settings**

Our finding that criminal justice professionals were also significantly more supportive of prison-based correctional treatment and less supportive of community-based correctional treatment for offenders with an ID than dual professionals was unexpected. Cant and Standen (2007) qualitative study assessing UK criminal justice professionals’ attitudes toward people with an ID in the criminal justice is the only study to explore this issue, to my knowledge. Interviewing 28 criminal justice professionals (magistrates, forensic and psychiatric nurses, and judges), three key themes were identified. The first focused on concern that people with an ID would not be correctly identified upon entering or once in the criminal justice system; the second advocated that the system be flexible in its approach to offenders with an ID;
and the third advocated that offenders with an ID receive equal treatment to all other offenders. These themes highlight the dissonant perspectives of these criminal justice professions. The difference between criminal justice professionals’ and dual professionals’ attitudes could hence be attributed to the heterogeneity of criminal justice roles, and associated experiences and knowledge, within the current study’s criminal justice subsample. Past research comparing correctional officers’ and other criminal justice employees’ attitudes towards offenders (in general) and their correctional treatment indicates that correctional officers hold more negative attitudes towards general and specific types of offending, and towards punishment and rehabilitative treatment, than other criminal justice staff (Antonio & Young, 2011; Gordon, 1999; Kelly, 2014).

Criminal justice professionals’ more negative attitudes towards community-based correctional treatment, and more positive attitudes towards prison-based correctional treatment, compared to dual professionals may also reflect different types of values and values-based attributions endorsed by these professions. For example, Loza (1993) found that Canadian prison-based corrections officers attributed significantly more blame and less likelihood of rehabilitation to sexual offenders compared to therapeutic prison staff and social workers employed in community corrections. Attributions of personal responsibility by correctional staff towards offenders for their crimes, and associated beliefs about moral violations and their deservingness of punishment, may motivate correctional staff to prioritise retribution and punishment of offenders over the protection and fostering of their human rights and rehabilitation (Day & Casey, 2009) (Ward & Birgden, 2007).

Differences between criminal justice and dual professionals’ attitudes toward appropriate correctional treatment settings for offenders with an ID may also be due to individual differences such as the age of criminal justice professionals sampled,
and level of education and experience regarding correctional treatment settings for different types of offenders and severity of offences. For example, Hepburn (1984) and Robinson, Porporino, and Simourd (1997) found a positive association between education level and attitude towards rehabilitation in corrections officers, while older and more experienced officers (Antonio & Young, 2011; Farkas, 1999; Kelly, 2014) have been found to hold more positive attitudes toward rehabilitation than junior officers. While Kjelsberg and Loos (2008) found that prison employees’ age was positively associated with their attitudes towards sexual offenders, indicating that older employees were more likely to perceive sex offenders as normal people capable of positive change, they also found no significant association between attitudes and length of employment of prison employees.

Interestingly, prison officers have been found to hold more negative attitudes to sex offenders (Kjelsberg & Loos, 2008) and to prisoners generally (Lambert & Hogan, 2009) compared to other prison employees; and in a similar study, Kjelsberg et al. (2007) found that prison officers’ attitudes towards prisoners were fairly negative and comparable to a sample of lay college students’. Helfgott and Gunnison (2008) found that American community corrections officers who reported less desired social distance from offenders were more likely to hold more positive attitudes towards their rehabilitation, reintegration, and the general goodness inherent to all people. Of particular note, a study by Boccaccini et al. (2016) found that American correctional officers tended to mistake psychopathology for intellectual disability in a sample of offenders participating in a residential drug and alcohol treatment program. They concluded that correctional officers were not sound informants regarding behavioural assessments of offenders (with respect to ID), which casts doubt on the value of their judgements of correctional treatment setting appropriateness for offenders with an ID.
Criminal justice staff can experience role-conflict due to the nature of their profession: their role is to protect the community from dangerous offenders by monitoring containing them, but also to ensure the welfare and facilitate the rehabilitation of offenders in the community and/or prison setting. Some researchers argue that criminal justice professionals such as correctional officers and forensic psychologists perceive their primary role as protecting the welfare of the community from the offender, and secondarily as supporting the offender and their rehabilitation (Day & Casey, 2009; McGrath, Cumming, & Holt, 2002). This is influenced by personal and organisational values and practices (Day & Ward, 2010; Lambert & Hogan, 2009). Qualitative research by Short et al. (2009) found that UK prison staff reported less confidence and felt unsupported in fulfilling the ‘welfare’ component of their role (e.g., supporting prisoners with self-harm tendencies) compared to the ‘custody’ component. For these reasons, criminal justice professionals may be more likely to err on the side of caution and favour the custodial setting when evaluating which setting is most appropriate for the treatment of offenders, with or without an ID.

**Disability Professionals’ Attitudes toward Appropriate Correctional Treatment Settings**

Different personal and professional values, as well as professional training and experiences, may also explain why dual professionals were significantly more supportive of community-based correctional treatment settings and less supportive of prison-based correctional treatment settings than criminal justice professionals. I’d originally reasoned that professionals experienced only in the disability/social work sector would be most supportive of community-based treatment given their profession’s emphasis on respect for dignity and empowerment of people with an ID within the context of the social model of disability (Bigby, Clement, Mansell, &
Beadle-Brown, 2009; Bigby & Ozanne, 2001; Luckasson, Ford, McMillan, Frederick M. Misilo, & Nygren, 2017). This reasoning was supported by an older study by Lyall et al. (1995) which examined UK disability workers’ attitudes toward offending behaviour by clients with an ID in non-correctional residential care settings. While 80% of disability staff agreed they would always report a major assault by a resident to police, only 40% said they would always report rape. Furthermore, over 60% said they would never report theft or criminal damage, 50% said they would never report sexual assault, and 20% said they would never report major assault. Lyall et al. (1995) attributed these results to the residential staff’s fear that reporting their clients’ offending behaviour would result in their being unfairly and harshly treated by the criminal justice system, being involuntarily admitted for psychiatric hospitalisation, or may reflect poorly on the ability of the disability service to meet the needs of their clients.

Like criminal justice professionals, those employed in the disability sector include a heterogeneous selection of professions such as social workers, community and disability case workers, residential carers, physical and psychological allied health professionals, and educators (to name a few). However, research assessing disability professionals’ attitudes towards offenders is limited and often focuses on university student samples relevant to the caring professions, or staff training program evaluations. For example, Kjelsberg et al. (2007) compared Norwegian business and nursing students’ attitudes toward prisoners; they found nursing students (drawn to and training in a ‘caring’ profession) held more positive attitudes towards prisoners, seeing them more as normal people capable of change rather than as deviants. Church II, Joshua, Brannen, and Clements (2009) compared the attitudes of American undergraduate and postgraduate social work university students toward
offenders and found that level of education was associated with more positive attitudes to these.

In the current study, the attitudes of disability-only professionals did not significantly differ from any other IS group for either treatment setting. This may reflect the fact that attitudes and practices of disability professionals (like criminal justice professionals) are not unidimensional and can exhibit conflict between principles and action. A number of studies exploring disability professionals’ attitudes toward and behaviour with clients with an ID highlight that while professionals may endorse principles of empowerment of their clients, their behaviours (intentional and unintentional) can be directive, paternal, patronising, and hence disempowering (Antaki, Finlay, & Walton, 2007; Bigby, Clement, Mansell, & Beadle-Brown, 2009). Bigby et al. (2009) found this discrepancy was justified by staff as being either pragmatic or in the best interests of the client. This discrepancy between principles and ‘pragmatic’ behaviour may explain why disability professionals did not express significantly different views to laypeople and criminal justice professionals. It could also be the case that while disability professionals endorsed the values previously described and were experienced with people with an ID, their inexperience with criminal offenders (either with or without an ID) led them to err on the side of caution in expressing strong views on this complex issue.

**Disability and Dual Professionals’ Attitudes toward Appropriate Correctional Treatment Settings**

That the attitudes of dual professionals did significantly differ from those of criminal justice professionals (as well as community members) could be explained by their holding values and attitudes more similar to disability professionals than to criminal justice professionals, which they feel more confident to express due to their experience across both disability and criminal justice sectors. Doyle’s (1999)
qualitative investigation of forensic disability nurses working in Australian prisons highlighted that these professionals experienced conflict between their own values and those of corrections staff, believed that the prison setting exacerbated offenders’ psychiatric symptomology, and resented that offenders associated them with the prison administration at large, impairing their ability to develop a therapeutic alliance.

In addition to different values, dual professionals’ actual experiences within both the disability and criminal justice sectors, and hence more nuanced understanding of the costs and benefits of prison- versus community-based correctional treatment for offenders with an ID, may further explain the difference between dual professionals’ and criminal justice professionals’ attitudes to appropriate treatment settings. While the three professional IS groups in the current study tended to have a similar number of years of professional experience, a greater proportion of dual professionals reported they were engaged in full time employment and had a postgraduate degree or higher compared to the other two. Shackley, Weiner, Day, and Willis (2014) found that higher education was associated with less negative attitudes towards sex offenders in an Australian community sample, while Taylor, Keddie, and Lee (2003) found that more experience in nursing and social work was positively associated with current forensic disability staff members’ understanding of and positive attitudes towards sex offenders with an ID. Additional specialist education and training, in addition to more frequent contact hours with forensic disability clients such as those with an ID specifically, may explain why dual professionals’ attitudes significantly differed from criminal justice professionals; their cross-disciplinary experience and specialised training provided them with a unique insight into the most appropriate correctional treatment settings for offenders with an ID.
Strengths, Limitations, and Future Research Directions for Study 5

Key strengths of this study include the development and validation of two original unidimensional measures assessing attitudes towards correctional treatment settings. This is also the first study to the researcher’s knowledge to investigate attitudes to treatment settings for offenders with an ID in the Australian and international literature, and to also compare these attitudes for multiple professional categories, additional to community members.

There are also key limitations to this study. Firstly, it should be noted that to be categorised as a ‘professional’ for any of the three professional categories, participants self-identified as having ever worked in the ‘disability/social work sector’ and/or ‘criminal justice/correctional sector’, and only needed to have a minimum of 6 months of professional experience in paid employment or voluntarily employment (e.g., completing student placement/training, gaining work experience, contributing to community-based charity volunteer program). While the proportion of each professional group with volunteer experience only was very low (<1% for dual professionals, <2% for criminal justice professionals, and <5% for disability professionals), and the average length of professional experience was about 10 years for all professional subsamples, inclusion of less experienced ‘professionals’ and those with limited contact time per week (common to volunteer and casual staff) may have impacted subsample response means. Future research could investigate whether attitudes towards appropriate correctional treatment settings for offenders with an ID differ within professional subsamples by degree of expertise, perhaps assessed as years of employment in addition to frequency of professional contact hours per week and specialist education.

A second limitation, also relevant to the sample’s demographics, is that each IS group was gender-skewed toward women. This gender-skew likely reflects the
real over-representation of women in disability, social welfare, and correctional roles, in addition to a gendered volunteer bias. Future research could investigate whether gender significantly impacts attitudes towards appropriate correctional treatment settings for offenders with an ID within and between IS groups.

A third limitation of this study was that the design did not include a comparison condition assessing IS groups’ attitude towards appropriate treatment settings for offenders generally. Inclusion of a comparison condition would have enabled identification of differences in attitude not just by IS group but also by the disability status of the offender. There is no research to the researcher’s knowledge examining attitudes towards treatment settings for offenders with an ID specifically, and negligible research focused on attitudes towards treatment settings for offenders more generally, so including this comparison condition would have contributed to both areas of empirical study.

Future research could replicate the current study with the addition of a comparison condition to determine whether the attitudes identified in the current study per IS group are general for all offenders, or specific to offenders with an ID. Future research could also consider the inclusion of additional measures related cognitions (such as personal and professional values), attributions (such as perceived general dangerousness and likelihood of recidivism of offenders with versus without an ID, and desire for social distance from these) that may help explain why certain IS groups differ in their attitudes toward treatment settings for offenders with an ID.

A final limitation of this study was that participants were asked to provide a generalised attitude towards an appropriate treatment setting for ‘offenders with an ID’ rather than towards an offender with an ID who committed a specific type of crime. Had participants been presented with case details for a particular type of crime (e.g., sexual assault, car theft, drug dealing) committed by an offender with an ID,
their attitude towards an appropriate treatment setting may have differed (e.g., less likely to support community treatment setting if the offender had committed a sexual assault, as opposed to car theft). Further to this, Campregher and Jeglic (2016) found that simply providing case-specific information via a vignette about an offender’s criminal behaviour (as opposed to having participants imagine a generic offender) influenced perceived dangerousness, likely recidivism, and punitiveness (reducing these). Future research could investigate the effect of different crime types on attitudes towards appropriate correctional treatment settings for offenders with an ID, by IS group. Future research could also consider the use of case-specific information via vignettes to provide participants with contextual information by which to evaluate criminal justice outcomes for offenders with an ID as a target social category.

Conclusion

Two original unidimensional measures were developed and validated to assess attitudes towards appropriate treatment settings for offenders with an ID. Regardless of professional knowledge, overall Australians believed the community setting rather than the prison setting was more appropriate for the correctional treatment of offenders with an ID. However, both lay community members and criminal justice professionals were less supportive of community-based treatment, and more supportive of prison-based treatment, than dual professionals. These findings support past research indicating community members tend to hold more negative attitudes towards offenders in general, and compared to relevant professionals; and extends on knowledge of how the attitudes of professionals engaged in the disability and criminal justice sectors, as well as professionals who bridge these sectors, differ regarding appropriate correctional treatment settings for offenders with an ID.
This chapter details Study 6, which addresses research question 6 concerned with understanding how the attitudes held by members of influential social categories (i.e., Australian community members, and professionals experienced in the criminal justice sector, disability sector, or both sectors) differ regarding criminal justice constructs (i.e., punishment, culpability, potential for rehabilitation, reintegration, and forgiveness) for offenders with and without an ID. This chapter reports the Aims and Exploratory Research Questions, Results, Data Treatment and Analysis Approach, and Discussion for Study 6.

**Aims and Exploratory Research Questions**

The aim of Study 6 was to explore how ID status (i.e., whether the offender had an ID specified versus not specified) and IS category (i.e., Australian community members, and professionals experienced in the criminal justice sector, disability sector, or both sectors) influences criminal justice attributions towards offenders. Criminal justice attributions of interest included perceived degree of moral culpability for the offence, deservingness of punishment via imprisonment, perceived value of rehabilitation, support for reintegration into the community, willingness to forgive once a sentence was served, and perceived influence of alcohol and/or other drugs (AOD) on the offender’s criminal behaviour. These aims were addressed using three different types of criminal scenarios (i.e., sexual assault, physical assault with a weapon, burglary).

While past research, reviewed in Chapter 2 Section III, has identified trends in how community members compare to criminal justice professionals in their attitudes toward the correctional and social treatment of offenders, and community
members compare to disability professionals in their attitudes towards the therapeutic and social treatment of people with ID, there is limited past research addressing how these IS categories compare in their attitudes towards the correctional and social treatment of offenders with ID, or of how the attitudes of professionals experienced in both the disability and criminal justice sectors might differ to those of professionals experienced in only one of these sectors. Given this lack of specific comparison in past research, it was deemed inappropriate to propose formal confirmatory hypotheses for Study 6. However, the following exploratory research questions were posed to guide comparisons of criminal attributions by offender ID status and IS category:

1. Is there a main effect of offender disability status on criminal justice attributions across vignettes? Regardless of IS group, will participants attribute lower moral culpability (1.a.), lower support for punishment via imprisonment (1.b.), higher support for rehabilitation (1.c.), higher support for reintegration (1.d.), more willingness to forgive (1.e.), and a stronger role to AOD (1.f.) for each of the three crimes when committed by an offender with an ID, compared to an offender without an ID specified?

2. Is there a main effect of IS group on criminal justice attributions across vignettes? Regardless of the disability status of their criminal offender target, will community members attribute higher moral culpability (2.a.), higher deservingness of punishment via imprisonment (2.b.), lower support for rehabilitation (2.c.), lower support for reintegration (2.d.), less willingness to forgive (2.e.), and a weaker role to AOD (2.f.) for each of the three crimes, compared to the professional IS groups?
3. Are dual professionals less supportive of punishment via imprisonment (3.a.), and more supportive of the rehabilitation (3.b.) and reintegration (3.c.) of offenders with an ID, compared to criminal justice professionals?

Data Treatment and Analysis Approach

After cleaning and coding the data, assumptions relevant to EFA and two-way ANOVA were assessed and addressed. Frequency and descriptive statistics detailing demographic characteristics of the overall sample and per IS group were provided.

Measure Validity and Reliability

To assess the validity of the modified and original measures assessing criminal justice attributions regarding moral culpability, reintegration, and forgiveness, EFAs were initially conducted per measure to assess the validity of original measures. These measures were each found to be both valid and to have acceptable to good internal reliability. Detailed descriptive and inferential analyses relevant to the validation of these measures can be found in Appendix V.

Descriptive and Inferential Analyses

Descriptive statistics were provided for all relevant measures, per vignette’s subsample. Six two-way ANOVAs per vignette subsample were conducted to determine mean differences in attitudes towards the punishment, moral culpability, rehabilitation, reintegration, forgiveness, and influence of AOD on the criminal behaviour of offenders according to two factors: IS group, including four levels (i.e., community, criminal justice disability professional, or combined disability/criminal justice professional); and the disability status of the offender described in each vignette, including two levels (i.e., an ID specified, versus no ID specified). To
explore group differences for significant main effects, the two ‘disability status’ levels were compared once, and each ‘IS group’ level was compared to each other once (i.e., four levels, yielding six comparisons). In addition to planning the number of pairwise comparisons made so as to control the family-wise error (FWE) rate, and hence reduce the likelihood of Type I errors, a manual Bonferroni correction ($p < .008$) was used to assess the significance of the reported, unadjusted $p$ values, for multiple comparisons based on IS groups.

**Statistical Power Considerations**

*A priori* statistical power analyses were conducted to ensure an adequate sample size was recruited, and to reduce the risk of Type II error. The appropriate sample size necessary to conduct sound factor analyses is a controversial topic, however Field (2018) synthesis of respected statisticians’ recommendations on this issue suggest that $N = 300$ is adequate, $N = 500$ is good, and $N = 1000$ is excellent. Given our total sample size of $N = 677$, the sample size was adequate for the factorial analyses.

For a two-way ANOVA comparing eight groups (i.e., four IS groups times two offender categories, ID versus no ID specified, and with an alpha of .05 and power of .80, $N = 740$ would be required to detect a very small effect size ($f^2 = .02$), $N = 102$ would be required to detect a medium effect size ($f^2 = .15$), $N = 49$ would be required to detect a large effect size ($f^2 = .35$). SPSS provides the effect size for ANOVA results in the form of partial $\eta^2$, which is interpreted in an approximately equivalent way to both $f^2$ and $r^2$.

The sample size relevant to the two-way ANOVAs ranged between $N = 209$ and $N = 230$, suggesting this would be sufficiently powerful to detect a statistically significant effect with an alpha of .05 and power of .80 for a minimum small effect size of $f^2 = .07$ and above, but may be too small to detect statistically significant
effect sizes smaller than .07, increasing the risk of Type II error. A review of the
two-way ANOVA results, however, demonstrated that significant effect sizes as
small as $\text{partial } \eta^2 = 0.03$ were detected, suggesting the study had sufficient power to
detect small yet meaningful effects.

**Statistical Software**

G*Power 3 (Faul et al., 2009; Faul et al., 2007) and IBM SPSS Statistics
version 24 was used for all other statistical analyses.

**Results**

**Assumption Testing**

After cleaning the data of missing cases and Windorising univariate and
multivariate outliers (< 5% of cases per variable), possible differences on
demographics variables (i.e., age, gender) by IS group and disability status condition
for each vignette’s subsample were also assessed. The sexual assault scenario,
physical assault with a weapon scenario, and burglary scenario had $N = 212$, $N =$
211, and $N = 230$ participants, respectively. A $4 \times 6$ chi square test of equal
frequencies was conducted to ensure that an equal proportion of participants by IS
group and by disability status were allocated across vignette scenarios and their
conditions; no significant difference was found in the number of participants
allocated across vignettes and their respective conditions ($p > .05$).

Two-way ANOVAs determined there were no differences between the IS
groups or disability status conditions for the sexual assault scenario (all $p > .05$), and
there were no differences between disability status conditions for the physical assault
and burglary scenarios (all $p > .05$); however, in both the physical assault and
burglary scenarios, the community members groups were significantly younger than
each professional group ($p$ values ranged from < .001 to < .05).
For each crime scenario subsample, a 2 x 4 and a 2 x 2 chi square test of equal frequencies was conducted to ensure that an equal proportion of male and female participants were allocated to their IS groups and disability status conditions, respectively. An equal number of males and females were found to have been allocated to IS groups and disability status conditions, within each criminal scenario’s subsample (all \( p > .05 \)).

Assumptions of normality, independence of observations, and homogeneity of variances were assessed for each criminal offence scenario subsample and deemed met, prior to conducting a series of two-way ANOVAs per criminal offence scenario.

**Preliminary Analyses**

**Sample and influential group demographic characteristics.** Frequency and descriptive statistics detailing the demographic characteristics of the sample overall and by IS group for Study 6 are detailed in the Results section of Study 5 (Chapter 10); refer to Table 10.1 for details.

**Descriptive statistics.** Table 11.1, Table 11.2, and Table 11.3 present the descriptive statistics for all criminal justice attribution outcome variables by IS group and disability status condition for the three criminal offence scenarios (sexual assault, physical assault with a weapon, and burglary, respectively).
### Table 11.1

**Descriptive Statistics for Criminal Justice Attributions towards an Offender by Influential Social Group and Disability Status, for Sexual Assault**

*Criminal Offence Scenario (N = 212)*

<table>
<thead>
<tr>
<th>IS Group</th>
<th>Disability Status</th>
<th>Moral Culpability</th>
<th>Punishment</th>
<th>Rehabilitation</th>
<th>Reintegration</th>
<th>Forgiveness</th>
<th>AOD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>SD</td>
<td>n</td>
<td>M</td>
<td>SD</td>
<td>n</td>
</tr>
<tr>
<td>Community Member</td>
<td>ID specified</td>
<td>3.69</td>
<td>1.15</td>
<td>39</td>
<td>3.10</td>
<td>1.23</td>
<td>39</td>
</tr>
<tr>
<td></td>
<td>No ID specified</td>
<td>4.67</td>
<td>0.80</td>
<td>27</td>
<td>3.54</td>
<td>1.10</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>4.09</td>
<td>1.12</td>
<td>66</td>
<td>3.28</td>
<td>1.19</td>
<td>66</td>
</tr>
<tr>
<td>Criminal Justice Professional</td>
<td>ID specified</td>
<td>3.56</td>
<td>1.17</td>
<td>17</td>
<td>2.60</td>
<td>1.33</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>No ID specified</td>
<td>4.45</td>
<td>1.15</td>
<td>24</td>
<td>3.20</td>
<td>1.37</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>4.08</td>
<td>1.23</td>
<td>41</td>
<td>2.95</td>
<td>1.37</td>
<td>41</td>
</tr>
<tr>
<td>Disability Professional</td>
<td>ID specified</td>
<td>3.10</td>
<td>0.96</td>
<td>24</td>
<td>2.48</td>
<td>1.18</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>No ID specified</td>
<td>4.03</td>
<td>1.24</td>
<td>27</td>
<td>2.94</td>
<td>1.36</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>3.59</td>
<td>1.20</td>
<td>51</td>
<td>2.73</td>
<td>1.29</td>
<td>50</td>
</tr>
<tr>
<td>Dual Professional</td>
<td>ID specified</td>
<td>3.17</td>
<td>0.96</td>
<td>26</td>
<td>1.91</td>
<td>1.12</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>No ID specified</td>
<td>4.32</td>
<td>0.95</td>
<td>28</td>
<td>2.50</td>
<td>1.08</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>3.77</td>
<td>1.11</td>
<td>54</td>
<td>2.22</td>
<td>1.13</td>
<td>54</td>
</tr>
<tr>
<td>Total</td>
<td>ID specified</td>
<td>3.41</td>
<td>1.08</td>
<td>106</td>
<td>2.59</td>
<td>1.18</td>
<td>105</td>
</tr>
<tr>
<td></td>
<td>No ID specified</td>
<td>4.36</td>
<td>1.06</td>
<td>106</td>
<td>3.04</td>
<td>1.27</td>
<td>106</td>
</tr>
<tr>
<td></td>
<td>CJ Attribution</td>
<td>3.89</td>
<td>1.17</td>
<td>212</td>
<td>2.18</td>
<td>1.29</td>
<td>211</td>
</tr>
</tbody>
</table>

*Note. IS Group = Influential Social Group. AOD = Influenced by Alcohol and/or Other Drugs. 'Dual Professional' refers to professionals experienced in both the criminal justice and disability sectors. CJ Attribution = Criminal Justice Attribution. Possible range for all variables was 1-6, except for AOD which had a possible range of 1-10.*
Table 11.2

Descriptive Statistics for Criminal Justice Attributions towards an Offender by Influential Social Group and Disability Status, for Physical Assault with a Weapon Criminal Offence Scenario (N = 211)

<table>
<thead>
<tr>
<th>IS Group</th>
<th>Disability Status</th>
<th>Moral Culpability</th>
<th>Punishment</th>
<th>Rehabilitation</th>
<th>Criminal Justice Attribution</th>
<th>Forgiveness</th>
<th>AOD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M    SD  n</td>
<td>M    SD  n</td>
<td>M    SD  n</td>
<td>M    SD  n</td>
<td>M    SD  n</td>
<td></td>
</tr>
<tr>
<td>Community Member</td>
<td>ID specified</td>
<td>3.23 1.27 32</td>
<td>2.30 1.15 32</td>
<td>5.00 0.71 32</td>
<td>4.44 0.95 32</td>
<td>4.71 1.03 32</td>
<td>5.48 1.78 32</td>
</tr>
<tr>
<td></td>
<td>No ID specified</td>
<td>4.14 1.03 34</td>
<td>2.63 1.23 34</td>
<td>5.02 0.63 34</td>
<td>4.50 0.72 34</td>
<td>4.62 0.78 34</td>
<td>5.53 1.77 34</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>3.70 1.23 66</td>
<td>2.47 1.19 66</td>
<td>5.01 0.67 66</td>
<td>4.47 0.84 66</td>
<td>4.66 0.90 66</td>
<td>5.51 1.76 66</td>
</tr>
<tr>
<td>Criminal Justice Professional</td>
<td>ID specified</td>
<td>2.84 1.07 20</td>
<td>2.34 1.14 20</td>
<td>4.85 0.67 20</td>
<td>4.37 0.67 20</td>
<td>4.51 0.83 20</td>
<td>5.60 2.19 21</td>
</tr>
<tr>
<td></td>
<td>No ID specified</td>
<td>3.85 1.05 15</td>
<td>3.42 1.50 15</td>
<td>4.50 0.93 15</td>
<td>3.94 1.07 15</td>
<td>4.13 0.87 15</td>
<td>5.67 2.17 15</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>3.27 1.16 35</td>
<td>2.80 1.40 35</td>
<td>4.70 0.80 35</td>
<td>4.18 0.87 35</td>
<td>4.35 0.85 35</td>
<td>5.63 2.15 36</td>
</tr>
<tr>
<td>Disability Professional</td>
<td>ID specified</td>
<td>2.96 0.87 23</td>
<td>2.30 1.07 23</td>
<td>4.58 0.81 23</td>
<td>4.40 1.04 23</td>
<td>4.36 0.97 23</td>
<td>5.46 2.21 23</td>
</tr>
<tr>
<td></td>
<td>No ID specified</td>
<td>3.58 1.16 30</td>
<td>2.54 1.10 30</td>
<td>4.74 0.91 30</td>
<td>4.35 0.84 30</td>
<td>4.53 0.93 29</td>
<td>5.78 2.23 30</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>3.31 1.08 53</td>
<td>2.44 1.08 53</td>
<td>4.67 0.86 53</td>
<td>4.37 0.92 53</td>
<td>4.46 0.94 52</td>
<td>5.64 2.21 53</td>
</tr>
<tr>
<td>Dual Professional</td>
<td>ID specified</td>
<td>2.96 1.00 28</td>
<td>1.79 0.78 28</td>
<td>5.01 0.52 28</td>
<td>4.62 0.74 28</td>
<td>4.96 0.63 28</td>
<td>5.37 1.60 27</td>
</tr>
<tr>
<td></td>
<td>No ID specified</td>
<td>3.57 0.86 28</td>
<td>1.88 0.96 28</td>
<td>5.06 0.61 28</td>
<td>4.73 0.92 28</td>
<td>4.95 0.70 28</td>
<td>5.95 2.11 29</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>3.27 0.97 56</td>
<td>1.83 0.87 56</td>
<td>5.04 0.57 56</td>
<td>4.68 0.83 56</td>
<td>4.95 0.66 56</td>
<td>5.67 1.88 56</td>
</tr>
<tr>
<td>Total</td>
<td>ID specified</td>
<td>3.02 1.08 103</td>
<td>2.17 1.05 103</td>
<td>4.88 0.69 103</td>
<td>4.47 0.87 103</td>
<td>4.66 0.90 103</td>
<td>5.47 1.90 103</td>
</tr>
<tr>
<td></td>
<td>No ID specified</td>
<td>3.79 1.05 107</td>
<td>2.52 1.25 107</td>
<td>4.88 0.78 107</td>
<td>4.44 0.89 107</td>
<td>4.61 0.84 106</td>
<td>5.73 2.03 108</td>
</tr>
<tr>
<td></td>
<td>CJ Attribution</td>
<td>3.41 1.13 210</td>
<td>2.35 1.17 210</td>
<td>4.88 0.74 210</td>
<td>4.45 0.87 210</td>
<td>4.64 0.87 209</td>
<td>5.60 1.97 211</td>
</tr>
</tbody>
</table>

*Note.* IS Group = Influential Social Group. AOD = Influenced by Alcohol and/or Other Drugs. 'Dual Professional' refers to professionals experienced in both the criminal justice and disability sectors. CJ Attribution = Criminal Justice Attribution. Possible range for all variables was 1-6, except for AOD which had a possible range of 1-10.
Table 11.3

Descriptive Statistics for Criminal Justice Attributions towards an Offender by Influential Social Group and Disability Status, for Burglary Physical Assault with a Weapon (*N* = 230)

<table>
<thead>
<tr>
<th>IS Group</th>
<th>Disability Status</th>
<th>Moral Culpability</th>
<th>Punishment</th>
<th>Rehabilitation</th>
<th>Reintegration</th>
<th>Forgiveness</th>
<th>AOD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><em>M</em></td>
<td><em>SD</em></td>
<td><em>n</em></td>
<td><em>M</em></td>
<td><em>SD</em></td>
<td><em>n</em></td>
</tr>
<tr>
<td>Community Member</td>
<td>ID specified</td>
<td>3.34</td>
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<td>ID specified</td>
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<td>19</td>
<td>1.76</td>
<td>1.18</td>
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<td>No ID specified</td>
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<td>0.95</td>
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<td>1.09</td>
<td>23</td>
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<td>Total</td>
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<td>1.01</td>
<td>43</td>
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<td>1.07</td>
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<td>1.94</td>
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<td>119</td>
<td>2.47</td>
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<td>117</td>
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<tr>
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<td>CJ Attribution</td>
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<td>1.11</td>
<td>230</td>
<td>2.22</td>
<td>1.21</td>
<td>228</td>
</tr>
</tbody>
</table>

*Note.* IS Group = Influential Social Group. AOD = Influenced by Alcohol and/or Other Drugs. 'Dual Professional' refers to professionals experienced in both the criminal justice and disability sectors. CJ Attribution = Criminal Justice Attribution. Possible range for all variables was 1-6, except for AOD which had a possible range of 1-10.
Addressing Exploratory Research Questions

Six two-way ANOVAs per criminal offence scenario were conducted to test exploratory research questions positing main effects and/or interaction effects of IS group and disability status on criminal justice attributions (i.e., moral culpability, punishment, rehabilitation, reintegration, forgiveness, and influence of AOD on criminal behaviour). Results for each set of ANOVAs per criminal offence scenario (vignette) are reported separately.

Differences between criminal justice attributions by influential social group and disability status of offender for the criminal offence scenario, ‘sexual assault’. The set of six two-way ANOVAs showed a significant main effect of IS group on attributions of moral culpability, deservingness of punishment via imprisonment, potential for rehabilitation, support for reintegration, and willingness to forgiveness, but not on the influence of AOD on the criminal offence. There was, however, a significant main effect of the offender’s disability status on participant attributions regarding the influence of AOD on the criminal offence, as well as on the offender’s perceived moral culpability and need for punishment. Effect sizes were small to medium (partial $\eta^2 = .04$ -.18) for the significant main effects described. There were no significant two-way interactions (all $p > .05$, partial $\eta^2 = .00-.02$). See Table 11.4 for detailed two-way ANOVA results for the sexual assault criminal offence scenario.

For the main effects of disability status on criminal justice attributions, pairwise comparisons showed that, overall, participants attributed lower moral culpability to the sexual offender with an ID ($M = 3.41$, $SD = 4.36$) compared to the sexual offender without an ID ($M = 4.36$, $SD = 1.06$), and lower deservingness of punishment via imprisonment to the sexual offender with an ID ($M = 2.59$, $SD = 1.06$) compared to the sexual offender without an ID ($M = 3.41$, $SD = 4.36$).
1.28) compared to the sexual offender without an ID (\(M = 3.04, SD = 1.27\)). Participants also attributed a stronger role to AOD use in the sexual assault perpetrated by the offender with an ID (\(M = 6.21, SD = 1.93\)), compared to the offender without an ID specified (\(M = 5.33, SD = 2.36\)). The effect size for each mean difference described was large (\(d = .89\)) for moral culpability, and small for punishment (\(d = .35\)) and influence of AOD (\(d = .42\)). See Table 11.5 for detailed pairwise comparisons by disability status for each two-way ANOVA for the sexual assault criminal offence scenario.

For the main effects of IS group on criminal justice attributions, pairwise comparisons showed that community members (\(M = 4.09, SD = 1.12\)) attributed more moral culpability to the sexual offender than disability professionals (\(M = 3.59, SD = 1.20\)), and that both community members (\(M = 3.28, SD = 1.19\)) and criminal justice professionals (\(M = 2.95, SD = 1.37\)) perceived the sexual offender as more deserving of punishment via imprisonment than dual professionals (\(M = 2.22, SD = 1.13\)). Community members (\(M = 4.50, SD = .84\)) were less likely than dual professionals (\(M = 4.98, SD = .58\)) to attribute potential for rehabilitation to the sexual offender. Both community members (\(M = 3.84, SD = 1.00\)) and criminal justice professionals (\(M = 3.89, SD = .93\)) each reported less support for the sexual offender’s reintegration into the community, than both disability professionals (\(M = 4.47, SD = .95\)) and dual professionals (\(M = 4.54, SD = .92\)). Community members (\(M = 3.97, SD = .88\)), as well as criminal justice professionals (\(M = 3.89, SD = 1.11\)), were also less willing to forgive the sexual offender compared to dual professionals (\(M = 4.48, SD = .83\)). Effect sizes for each mean difference described ranged from small to large (\(d = .43 - .91\)). See Table 11.6 for detailed pairwise comparisons by IS group for each two-way ANOVA for the sexual assault criminal offence scenario.
Table 11.4

Two-way ANOVA Results for Criminal Justice Attributions towards a Criminal Offender by Disability Status and Influential Social Group for Sexual Assault Criminal Offence Scenario

ANOVA: Dependent Variable

<table>
<thead>
<tr>
<th>Factor</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>Partial $\eta^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANOVA 1: Attitude towards Moral Culpability</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability Status</td>
<td>49.00</td>
<td>1</td>
<td>49.00</td>
<td>43.95***</td>
<td>0.18</td>
</tr>
<tr>
<td>IS Group</td>
<td>12.29</td>
<td>3</td>
<td>4.10</td>
<td>3.67*</td>
<td>0.05</td>
</tr>
<tr>
<td>Disability Status* IS Group</td>
<td>0.50</td>
<td>3</td>
<td>0.17</td>
<td>0.15</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Error</strong></td>
<td>227.48</td>
<td>204</td>
<td>1.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ANOVA 2: Attitude towards Punishment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability Status</td>
<td>13.58</td>
<td>1</td>
<td>13.58</td>
<td>9.13**</td>
<td>0.04</td>
</tr>
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<td>IS Group</td>
<td>36.98</td>
<td>3</td>
<td>12.33</td>
<td>8.29***</td>
<td>0.11</td>
</tr>
<tr>
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<td>3</td>
<td>0.09</td>
<td>0.06</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Error</strong></td>
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<td>203</td>
<td>1.49</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ANOVA 3: Attitude towards Rehabilitation</strong></td>
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<td></td>
<td></td>
</tr>
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<td>Disability Status</td>
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<td>1.17</td>
<td>2.00</td>
<td>0.01</td>
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<td>IS Group</td>
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<td>3</td>
<td>2.41</td>
<td>4.14**</td>
<td>0.06</td>
</tr>
<tr>
<td>Disability Status* IS Group</td>
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<td>3</td>
<td>0.16</td>
<td>0.27</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Error</strong></td>
<td>118.77</td>
<td>203</td>
<td>0.58</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ANOVA 4: Attitude towards Reintegration</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability Status</td>
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<td>1.75</td>
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<td>7.33</td>
<td>8.04***</td>
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<td>0.00</td>
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<tr>
<td><strong>Error</strong></td>
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<td>202</td>
<td>0.91</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ANOVA 5: Attitude towards Forgiveness</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability Status</td>
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<td>1.29</td>
<td>1.44</td>
<td>0.01</td>
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<td>IS Group</td>
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<td>3</td>
<td>4.19</td>
<td>4.65**</td>
<td>0.07</td>
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<td>Disability Status* IS Group</td>
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<td>3</td>
<td>0.63</td>
<td>0.70</td>
<td>0.01</td>
</tr>
<tr>
<td><strong>Error</strong></td>
<td>181.06</td>
<td>201</td>
<td>0.90</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ANOVA 6: Attitude towards role of AOD</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>Disability Status</td>
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<td>46.06</td>
<td>9.84**</td>
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<td>0.39</td>
<td>0.01</td>
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<td>5.49</td>
<td>1.17</td>
<td>0.02</td>
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</tr>
</tbody>
</table>

*Note. IS Group = Influential Social Group. AOD = Alcohol and/or other drugs. *$p < .05$,
**$p < .01$, ***$p < .001$
### Table 11.5

Disability Status Group Comparison for Criminal Justice Attributions towards a Criminal Offender, for Sexual Assault Criminal Offence Scenario

<table>
<thead>
<tr>
<th>Comparison Groups</th>
<th>ANOVA: Dependent Variable</th>
<th>$M_{diff}$</th>
<th>SE</th>
<th>95%CI [LL, UL]</th>
<th>$p$</th>
<th>$d$</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID specified vs no ID specified</td>
<td>ANOVA 1: Attitude towards Moral Culpability</td>
<td>-0.98</td>
<td>0.15</td>
<td>[-1.28, -0.69]</td>
<td>&lt;.001***</td>
<td>0.89</td>
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<tr>
<td></td>
<td>ANOVA 2: Attitude towards Punishment</td>
<td>-0.52</td>
<td>0.17</td>
<td>[-0.86, -0.18]</td>
<td>.003**</td>
<td>0.35</td>
</tr>
<tr>
<td></td>
<td>ANOVA 3: Attitude towards Rehabilitation</td>
<td>-0.15</td>
<td>0.11</td>
<td>[-0.36, 0.06]</td>
<td>.158</td>
<td>0.23</td>
</tr>
<tr>
<td></td>
<td>ANOVA 4: Attitude towards Reintegration</td>
<td>0.19</td>
<td>0.14</td>
<td>[-0.08, 0.45]</td>
<td>.167</td>
<td>0.15</td>
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<tr>
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<td>ANOVA 5: Attitude towards Forgiveness</td>
<td>0.16</td>
<td>0.13</td>
<td>[-0.10, 0.43]</td>
<td>.232</td>
<td>0.15</td>
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<tr>
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<td>ANOVA 6: Attitude towards role of AOD use</td>
<td>0.96</td>
<td>0.31</td>
<td>[0.36, 1.56]</td>
<td>.002**</td>
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</table>

Note. ID = Intellectual Disability. $M_{diff}$ = Mean difference. AOD = Alcohol and/or other drugs.

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

### Table 11.6

Multiple Comparisons by Influential Social Group for Criminal Justice Attributions towards a Criminal Offender for Sexual Assault Criminal Offence Scenario

<table>
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<th>Comparison Groups</th>
<th>ANOVA: Dependent Variable</th>
<th>$M_{diff}$</th>
<th>SE</th>
<th>95%CI [LL, UL]</th>
<th>$p$</th>
<th>$d$</th>
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</thead>
<tbody>
<tr>
<td>ANOVA 1: Attitude towards Moral Culpability</td>
<td>CM vs CJP</td>
<td>0.18</td>
<td>0.21</td>
<td>[-0.24, 0.60]</td>
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<tr>
<td></td>
<td>CM vs DP</td>
<td>0.61</td>
<td>0.20</td>
<td>[0.22, 1.01]</td>
<td>.002*</td>
<td>0.43</td>
</tr>
<tr>
<td></td>
<td>CM vs Dual P</td>
<td>0.43</td>
<td>0.20</td>
<td>[0.05, 0.82]</td>
<td>.028</td>
<td>0.29</td>
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<tr>
<td></td>
<td>CJP vs DP</td>
<td>0.44</td>
<td>0.22</td>
<td>[-0.00, 0.88]</td>
<td>.052</td>
<td>0.40</td>
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<td>CJP vs Dual P</td>
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<td>0.22</td>
<td>[-1.18, 1.09]</td>
<td>.247</td>
<td>0.26</td>
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<tr>
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<td>DP vs Dual P</td>
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<td>0.21</td>
<td>[-0.59, 0.23]</td>
<td>.381</td>
<td>0.16</td>
</tr>
<tr>
<td>ANOVA 2: Attitude towards Punishment</td>
<td>CM vs CJP</td>
<td>0.42</td>
<td>0.45</td>
<td>[-0.07, 0.91]</td>
<td>.090</td>
<td>0.26</td>
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<tr>
<td></td>
<td>CM vs DP</td>
<td>0.61</td>
<td>0.23</td>
<td>[0.15, 1.06]</td>
<td>.009</td>
<td>0.44</td>
</tr>
<tr>
<td></td>
<td>CM vs Dual P</td>
<td>1.11</td>
<td>0.23</td>
<td>[0.67, 1.56]</td>
<td>&lt;.001*</td>
<td>0.91</td>
</tr>
<tr>
<td></td>
<td>CJP vs DP</td>
<td>0.19</td>
<td>0.26</td>
<td>[-0.32, 0.70]</td>
<td>.472</td>
<td>0.17</td>
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<tr>
<td></td>
<td>CJP vs Dual P</td>
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<td>0.26</td>
<td>[0.19, 1.20]</td>
<td>.007*</td>
<td>0.58</td>
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<tr>
<td></td>
<td>DP vs Dual P</td>
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<td>0.24</td>
<td>[0.03, 0.98]</td>
<td>.036</td>
<td>0.42</td>
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<tr>
<td>ANOVA 3: Attitude towards Rehabilitation</td>
<td>CM vs CJP</td>
<td>-0.30</td>
<td>0.15</td>
<td>[-0.61, 0.00]</td>
<td>.051</td>
<td>0.43</td>
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<tr>
<td></td>
<td>CM vs DP</td>
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<td>0.14</td>
<td>[-0.64, -0.07]</td>
<td>.015</td>
<td>0.42</td>
</tr>
<tr>
<td></td>
<td>CM vs Dual P</td>
<td>-0.47</td>
<td>0.14</td>
<td>[-0.75, -0.19]</td>
<td>.001*</td>
<td>0.67</td>
</tr>
<tr>
<td></td>
<td>CJP vs DP</td>
<td>-0.05</td>
<td>0.16</td>
<td>[-0.37, 0.27]</td>
<td>.761</td>
<td>0.04</td>
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<tr>
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<td>CJP vs Dual P</td>
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<td>0.16</td>
<td>[-0.48, 0.15]</td>
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<tr>
<td></td>
<td>DP vs Dual P</td>
<td>-0.12</td>
<td>0.15</td>
<td>[-0.41, 0.17]</td>
<td>.421</td>
<td>0.16</td>
</tr>
<tr>
<td>ANOVA 4: Attitude towards Reintegration</td>
<td>CM vs CJP</td>
<td>-0.09</td>
<td>0.19</td>
<td>[-0.47, 0.29]</td>
<td>.639</td>
<td>0.05</td>
</tr>
<tr>
<td></td>
<td>CM vs DP</td>
<td>-0.64</td>
<td>0.18</td>
<td>[-1.00, -0.28]</td>
<td>&lt;.001*</td>
<td>0.65</td>
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</table>
ANOVA: Dependent Variable

<table>
<thead>
<tr>
<th>Comparison Groups</th>
<th>M_{diff}</th>
<th>SE</th>
<th>95%CI [LL, UL]</th>
<th>p</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>CM vs Dual P</td>
<td>-0.72</td>
<td>0.18</td>
<td>[-1.07, -0.37]</td>
<td>&lt;.001*</td>
<td>0.73</td>
</tr>
<tr>
<td>CJP vs DP</td>
<td>-0.55</td>
<td>0.20</td>
<td>[-0.95, -0.15]</td>
<td>.007*</td>
<td>0.62</td>
</tr>
<tr>
<td>CJP vs Dual P</td>
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<td>0.20</td>
<td>[-1.02, -0.24]</td>
<td>.002*</td>
<td>0.70</td>
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<td>DP vs Dual P</td>
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<td>0.19</td>
<td>[-0.45, 0.29]</td>
<td>.673</td>
<td>0.08</td>
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</table>

ANOVA 5: Attitude towards Forgiveness

<table>
<thead>
<tr>
<th>Comparison Groups</th>
<th>M_{diff}</th>
<th>SE</th>
<th>95%CI [LL, UL]</th>
<th>p</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>CM vs CJP</td>
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<td>[-0.34, 0.42]</td>
<td>.828</td>
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<tr>
<td>CM vs DP</td>
<td>-0.39</td>
<td>0.18</td>
<td>[-0.75, -0.04]</td>
<td>.031</td>
<td>0.40</td>
</tr>
<tr>
<td>CM vs Dual P</td>
<td>-0.54</td>
<td>0.18</td>
<td>[-0.88, -0.19]</td>
<td>.003*</td>
<td>0.60</td>
</tr>
<tr>
<td>CJP vs DP</td>
<td>-0.43</td>
<td>0.20</td>
<td>[-0.83, -0.03]</td>
<td>.034</td>
<td>0.43</td>
</tr>
<tr>
<td>CJP vs Dual P</td>
<td>-0.58</td>
<td>0.20</td>
<td>[-0.97, -0.19]</td>
<td>.004*</td>
<td>0.60</td>
</tr>
<tr>
<td>DP vs Dual P</td>
<td>-0.14</td>
<td>0.19</td>
<td>[-0.51, 0.22]</td>
<td>.441</td>
<td>0.14</td>
</tr>
</tbody>
</table>

ANOVA 6: Attitude towards role of AOD use

<table>
<thead>
<tr>
<th>Comparison Groups</th>
<th>M_{diff}</th>
<th>SE</th>
<th>95%CI [LL, UL]</th>
<th>p</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>CM vs CJP</td>
<td>-0.19</td>
<td>0.44</td>
<td>[-1.05, 0.68]</td>
<td>.668</td>
<td>0.05</td>
</tr>
<tr>
<td>CM vs DP</td>
<td>-0.34</td>
<td>0.41</td>
<td>[-1.15, 0.47]</td>
<td>.408</td>
<td>0.12</td>
</tr>
<tr>
<td>CM vs Dual P</td>
<td>-0.40</td>
<td>0.40</td>
<td>[-1.19, 0.40]</td>
<td>.326</td>
<td>0.16</td>
</tr>
<tr>
<td>CJP vs DP</td>
<td>-0.15</td>
<td>0.46</td>
<td>[-1.06, 0.75]</td>
<td>.742</td>
<td>0.16</td>
</tr>
<tr>
<td>CJP vs Dual P</td>
<td>-0.21</td>
<td>0.45</td>
<td>[-1.10, 0.68]</td>
<td>.646</td>
<td>0.11</td>
</tr>
<tr>
<td>DP vs Dual P</td>
<td>-0.06</td>
<td>0.42</td>
<td>[-0.89, 0.78]</td>
<td>.894</td>
<td>0.04</td>
</tr>
</tbody>
</table>

Note. CM = Community Members; CJP = Criminal Justice Professionals; DP = Disability Professionals; Dual P = Dual Professionals, experienced in both criminal justice and disability. M_{diff} = Mean difference. AOD = Alcohol and/or other drugs. All p values are unadjusted.

*p < .008 (significant at p < .05 with Bonferroni-correction applied).

Differences between criminal justice attributions by influential social group and disability status of offender for the criminal offence scenario, ‘physical assault with a weapon’. The set of six two-way ANOVAs showed a significant main effect of IS group on attributions of punishment via imprisonment, rehabilitation, reintegration, and forgiveness, but not on perceived moral culpability or the influence of AOD on the criminal offence. There was a significant main effect of the offender’s disability status on the moral culpability of the offender and his deservingness of punishment via imprisonment, though. There were no main effects for the ANOVA assessing attributions toward the influence of AOD on the offender’s behaviour, and there were no two-way interactions for any of the ANOVAs all (p > .05, partial $\eta^2 = .00-.02$). Effect sizes were small to medium (partial $\eta^2 = .04-.12$) for the significant main effects described. See Table 11.7 for detailed two-way ANOVA results for the criminal offence scenario, ‘physical assault with a weapon’.
Pairwise comparisons by disability status for significant main effects showed that, overall, participants attributed lower moral culpability to the violent offender with an ID ($M = 3.02$, $SD = 1.08$) compared to the violent offender without an ID ($M = 3.79$, $SD = 1.05$), and lower deservingness of punishment via imprisonment to the violent offender with an ID ($M = 2.17$, $SD = 1.05$) compared to the violent offender without an ID ($M = 2.52$, $SD = 1.25$). Effect sizes for these mean differences were medium ($d = .72$) and small ($d = .30$), respectively. See Table 11.8 for detailed pairwise comparisons by disability status for each criminal justice attribution for each two-way ANOVA for the criminal offence scenario, ‘physical assault with a weapon’.

For the main effects of IS group on criminal justice attributions, pairwise comparisons showed that community members ($M = 2.47$, $SD = 1.19$), criminal justice professionals ($M = 2.80$, $SD = 1.40$), and disability professionals ($M = 2.44$, $SD = 1.08$) each reported stronger support for punishment via imprisonment for the violent offender, than dual professionals ($M = 1.83$, $SD = .87$). Disability professionals attributed a lower potential for rehabilitation ($M = 4.67$, $SD = .86$) to the violent offender compared to dual professionals ($M = 5.04$, $SD = .57$), while criminal justice professionals ($M = 4.18$, $SD = .87$) reported less support for reintegration of the violent offender into the community, compared to dual professionals ($M = 4.68$, $SD = .83$). Both criminal justice professionals ($M = 4.35$, $SD = .85$) and disability professionals ($M = 4.46$, $SD = .94$) were less willing to forgive the violent offender, compared to dual professionals ($M = 4.95$, $SD = .66$). Effect sizes were medium to large ($d = .51 - .83$) for the mean differences described. See Table 11.9 for detailed pairwise comparisons by IS group for each two-way ANOVA for the criminal offence scenario, ‘physical assault with a weapon’.
Table 11.7

Two-way ANOVA Results for Criminal Justice Attributions towards a Criminal Offender by Disability Status and Influential Social Group for Criminal Offence Scenario, ‘Physical Assault with a Weapon’

<table>
<thead>
<tr>
<th>ANOVA: Dependent Variable</th>
<th>Factor</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>Partial $\eta^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANOVA 1: Attitude towards Moral Culpability</td>
<td>Disability Status</td>
<td>30.35</td>
<td>1</td>
<td>30.35</td>
<td>27.19***</td>
<td>0.12</td>
</tr>
<tr>
<td>IS Group</td>
<td>7.43</td>
<td>3</td>
<td>2.48</td>
<td>2.22</td>
<td>0.03</td>
<td></td>
</tr>
<tr>
<td>Disability Status* IS Group</td>
<td>1.48</td>
<td>3</td>
<td>0.49</td>
<td>0.44</td>
<td>0.01</td>
<td></td>
</tr>
<tr>
<td>Error</td>
<td>225.45</td>
<td>202</td>
<td>1.12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANOVA 2: Attitude towards Punishment</td>
<td>Disability Status</td>
<td>9.05</td>
<td>1</td>
<td>9.05</td>
<td>7.37**</td>
<td>0.04</td>
</tr>
<tr>
<td>IS Group</td>
<td>25.54</td>
<td>3</td>
<td>8.51</td>
<td>6.93***</td>
<td>0.09</td>
<td></td>
</tr>
<tr>
<td>Disability Status* IS Group</td>
<td>5.75</td>
<td>3</td>
<td>1.92</td>
<td>1.56</td>
<td>0.02</td>
<td></td>
</tr>
<tr>
<td>Error</td>
<td>248.26</td>
<td>202</td>
<td>1.23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANOVA 3: Attitude towards Rehabilitation</td>
<td>Disability Status</td>
<td>0.04</td>
<td>1</td>
<td>0.04</td>
<td>0.08</td>
<td>0.00</td>
</tr>
<tr>
<td>IS Group</td>
<td>6.55</td>
<td>3</td>
<td>2.18</td>
<td>4.18**</td>
<td>0.06</td>
<td></td>
</tr>
<tr>
<td>Disability Status* IS Group</td>
<td>1.43</td>
<td>3</td>
<td>0.48</td>
<td>0.91</td>
<td>0.01</td>
<td></td>
</tr>
<tr>
<td>Error</td>
<td>105.51</td>
<td>202</td>
<td>0.52</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANOVA 4: Attitude towards Reintegration</td>
<td>Disability Status</td>
<td>0.30</td>
<td>1</td>
<td>0.30</td>
<td>0.39</td>
<td>0.00</td>
</tr>
<tr>
<td>IS Group</td>
<td>6.19</td>
<td>3</td>
<td>2.06</td>
<td>2.74*</td>
<td>0.04</td>
<td></td>
</tr>
<tr>
<td>Disability Status* IS Group</td>
<td>1.73</td>
<td>3</td>
<td>0.58</td>
<td>0.77</td>
<td>0.01</td>
<td></td>
</tr>
<tr>
<td>Error</td>
<td>152.15</td>
<td>202</td>
<td>0.75</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANOVA 5: Attitude towards Forgiveness</td>
<td>Disability Status</td>
<td>0.28</td>
<td>1</td>
<td>0.28</td>
<td>0.39</td>
<td>0.00</td>
</tr>
<tr>
<td>IS Group</td>
<td>10.96</td>
<td>3</td>
<td>3.65</td>
<td>5.05**</td>
<td>0.07</td>
<td></td>
</tr>
<tr>
<td>Disability Status* IS Group</td>
<td>1.57</td>
<td>3</td>
<td>0.52</td>
<td>0.72</td>
<td>0.01</td>
<td></td>
</tr>
<tr>
<td>Error</td>
<td>145.40</td>
<td>201</td>
<td>0.72</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANOVA 6: Attitude towards role of AOD drug use</td>
<td>Disability Status</td>
<td>3.23</td>
<td>1</td>
<td>3.23</td>
<td>0.37</td>
<td>0.01</td>
</tr>
<tr>
<td>IS Group</td>
<td>0.82</td>
<td>3</td>
<td>0.27</td>
<td>0.07</td>
<td>0.00</td>
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</tr>
<tr>
<td>Disability Status* IS Group</td>
<td>2.54</td>
<td>3</td>
<td>0.85</td>
<td>0.89</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>Error</td>
<td>806.12</td>
<td>203</td>
<td>3.97</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. IS Group = Influential Social Group. AOD = Alcohol and/or other drugs.
*p < .05, **p < .01, ***p < .001.
Table 11.8

Comparison by Disability Status for Criminal Justice Attributions towards a Criminal Offender for Criminal Offence Scenario, ‘Physical Assault with a Weapon’

<table>
<thead>
<tr>
<th>Comparison Groups</th>
<th>ANOVA: Dependent Variable</th>
<th>M_{diff}</th>
<th>SE</th>
<th>95%CI [LL, UL]</th>
<th>p</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID specified vs not</td>
<td>ANOVA 1: Attitude towards Moral Culpability</td>
<td>-0.79</td>
<td>0.15</td>
<td>[-1.08, -0.49]</td>
<td>&lt;.001***</td>
<td>0.72</td>
</tr>
<tr>
<td></td>
<td>ANOVA 2: Attitude towards Punishment</td>
<td>-0.43</td>
<td>0.16</td>
<td>[-0.74, -0.12]</td>
<td>.007**</td>
<td>0.30</td>
</tr>
<tr>
<td></td>
<td>ANOVA 3: Attitude towards Rehabilitation</td>
<td>0.03</td>
<td>0.10</td>
<td>[-0.17, 0.23]</td>
<td>.780</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>ANOVA 4: Attitude towards Reintegration</td>
<td>0.08</td>
<td>0.12</td>
<td>[-0.17, 0.32]</td>
<td>.532</td>
<td>0.03</td>
</tr>
<tr>
<td></td>
<td>ANOVA 5: Attitude towards Forgiveness</td>
<td>0.08</td>
<td>0.12</td>
<td>[-0.16, 0.32]</td>
<td>.535</td>
<td>0.06</td>
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<tr>
<td></td>
<td>ANOVA 6: Attitude towards role of AOD use</td>
<td>-0.26</td>
<td>0.28</td>
<td>[-0.81, 0.30]</td>
<td>.369</td>
<td>0.13</td>
</tr>
</tbody>
</table>

Note. ID = Intellectual Disability. M_{diff} = Mean difference. AOD = Alcohol and/or other drugs.

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

Table 11.9

Multiple Comparisons by Influential Social Group for Criminal Justice Attributions towards a Criminal Offender for Criminal Offence Scenario, ‘Physical Assault with a Weapon’

<table>
<thead>
<tr>
<th>ANOVA: Dependent Variable</th>
<th>Comparison Groups</th>
<th>M_{diff}</th>
<th>SE</th>
<th>95%CI [LL, UL]</th>
<th>p</th>
<th>d</th>
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</thead>
<tbody>
<tr>
<td>ANOVA 1: Attitude towards Moral Culpability</td>
<td>CM vs CJP</td>
<td>0.34</td>
<td>0.22</td>
<td>[-0.09, 0.78]</td>
<td>.124</td>
<td>0.36</td>
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<tr>
<td></td>
<td>CM vs DP</td>
<td>0.42</td>
<td>0.20</td>
<td>[0.04, 0.81]</td>
<td>.033</td>
<td>0.34</td>
</tr>
<tr>
<td></td>
<td>CM vs Dual P</td>
<td>0.42</td>
<td>0.19</td>
<td>[0.04, 0.80]</td>
<td>.030</td>
<td>0.39</td>
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<tr>
<td></td>
<td>CJP vs DP</td>
<td>0.08</td>
<td>0.23</td>
<td>[-0.38, 0.54]</td>
<td>.737</td>
<td>0.04</td>
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<td></td>
<td>CJP vs Dual P</td>
<td>0.08</td>
<td>0.23</td>
<td>[-0.38, 0.53]</td>
<td>.741</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>DP vs Dual P</td>
<td>-0.00</td>
<td>0.20</td>
<td>[-0.40, 0.40]</td>
<td>.992</td>
<td>0.04</td>
</tr>
<tr>
<td>ANOVA 2: Attitude towards Punishment</td>
<td>CM vs CJP</td>
<td>-0.41</td>
<td>0.23</td>
<td>[-0.87, 0.05]</td>
<td>.079</td>
<td>0.25</td>
</tr>
<tr>
<td></td>
<td>CM vs DP</td>
<td>0.04</td>
<td>0.21</td>
<td>[-0.36, 0.45]</td>
<td>.840</td>
<td>0.03</td>
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<td>CM vs Dual P</td>
<td>0.63</td>
<td>0.20</td>
<td>[0.23, 1.03]</td>
<td>.002***</td>
<td>0.61</td>
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<tr>
<td></td>
<td>CJP vs DP</td>
<td>0.45</td>
<td>0.24</td>
<td>[-0.03, 0.94]</td>
<td>.664</td>
<td>0.29</td>
</tr>
<tr>
<td></td>
<td>CJP vs Dual P</td>
<td>1.04</td>
<td>0.24</td>
<td>[0.57, 1.52]</td>
<td>&lt;.001***</td>
<td>0.83</td>
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<td>DP vs Dual P</td>
<td>0.59</td>
<td>0.21</td>
<td>[0.17, 1.01]</td>
<td>.006***</td>
<td>0.62</td>
</tr>
<tr>
<td>ANOVA 3: Attitude towards Rehabilitation</td>
<td>CM vs CJP</td>
<td>0.34</td>
<td>0.15</td>
<td>[0.04, 0.64]</td>
<td>.028</td>
<td>0.42</td>
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<tr>
<td></td>
<td>CM vs DP</td>
<td>0.36</td>
<td>0.13</td>
<td>[0.09, 0.62]</td>
<td>.009</td>
<td>0.44</td>
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<td>CM vs Dual P</td>
<td>-0.03</td>
<td>0.13</td>
<td>[-0.28, 0.23]</td>
<td>.851</td>
<td>0.05</td>
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<tr>
<td></td>
<td>CJP vs DP</td>
<td>0.02</td>
<td>0.16</td>
<td>[-0.29, 0.33]</td>
<td>.904</td>
<td>0.04</td>
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<tr>
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<td>CJP vs Dual P</td>
<td>-0.36</td>
<td>0.16</td>
<td>[-0.67, -0.05]</td>
<td>.022</td>
<td>0.49</td>
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<tr>
<td></td>
<td>DP vs Dual P</td>
<td>-0.38</td>
<td>0.14</td>
<td>[-0.66, -0.11]</td>
<td>.007*</td>
<td>0.51</td>
</tr>
<tr>
<td>ANOVA 4: Attitude towards Reintegration</td>
<td>CM vs CJP</td>
<td>0.31</td>
<td>0.18</td>
<td>[-0.05, 0.67]</td>
<td>.089</td>
<td>0.34</td>
</tr>
<tr>
<td></td>
<td>CM vs DP</td>
<td>0.10</td>
<td>0.16</td>
<td>[-0.22, 0.41]</td>
<td>.555</td>
<td>0.11</td>
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</table>
**ANOVA: Dependent Variable**

<table>
<thead>
<tr>
<th>Comparison Groups</th>
<th>M_{diff}</th>
<th>SE</th>
<th>95% CI [LL, UL]</th>
<th>p</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>CM vs Dual P</td>
<td>-0.21</td>
<td>0.16</td>
<td>[-0.52, 0.10]</td>
<td>.186</td>
<td>0.25</td>
</tr>
<tr>
<td>CJP vs DP</td>
<td>-0.22</td>
<td>0.19</td>
<td>[-0.59, 0.16]</td>
<td>.257</td>
<td>0.21</td>
</tr>
<tr>
<td>CJP vs Dual P</td>
<td>-0.52</td>
<td>0.19</td>
<td>[-0.89, -0.15]</td>
<td>.006*</td>
<td>0.59</td>
</tr>
<tr>
<td>DP vs Dual P</td>
<td>-0.30</td>
<td>0.17</td>
<td>[-0.63, 0.03]</td>
<td>.070</td>
<td>0.35</td>
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</table>

**ANOVA 5: Attitude towards Forgiveness**

<table>
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<tr>
<th>Comparison Groups</th>
<th>M_{diff}</th>
<th>SE</th>
<th>95% CI [LL, UL]</th>
<th>p</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>CM vs CJP</td>
<td>0.34</td>
<td>0.18</td>
<td>[-0.10, 0.70]</td>
<td>.057</td>
<td>0.35</td>
</tr>
<tr>
<td>CM vs DP</td>
<td>0.21</td>
<td>0.16</td>
<td>[-0.10, 0.53]</td>
<td>.178</td>
<td>0.22</td>
</tr>
<tr>
<td>CM vs Dual P</td>
<td>-0.29</td>
<td>0.16</td>
<td>[-0.60, 0.01]</td>
<td>.060</td>
<td>0.37</td>
</tr>
<tr>
<td>CJP vs DP</td>
<td>-0.13</td>
<td>0.19</td>
<td>[-0.50, 0.24]</td>
<td>.494</td>
<td>0.12</td>
</tr>
<tr>
<td>CJP vs Dual P</td>
<td>-0.64</td>
<td>0.18</td>
<td>[-1.00, -0.27]</td>
<td>.001*</td>
<td>0.79</td>
</tr>
<tr>
<td>DP vs Dual P</td>
<td>-0.51</td>
<td>0.16</td>
<td>[-0.83, -0.18]</td>
<td>.002*</td>
<td>0.60</td>
</tr>
</tbody>
</table>

**ANOVA 6: Attitude towards role of AOD use**

<table>
<thead>
<tr>
<th>Comparison Groups</th>
<th>M_{diff}</th>
<th>SE</th>
<th>95% CI [LL, UL]</th>
<th>p</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>CM vs CJP</td>
<td>-0.12</td>
<td>0.42</td>
<td>[-0.95, 0.70]</td>
<td>.766</td>
<td>0.06</td>
</tr>
<tr>
<td>CM vs DP</td>
<td>-0.11</td>
<td>0.37</td>
<td>[-0.84, 0.62]</td>
<td>.760</td>
<td>0.07</td>
</tr>
<tr>
<td>CM vs Dual P</td>
<td>-0.15</td>
<td>0.36</td>
<td>[-0.87, 0.56]</td>
<td>.674</td>
<td>0.09</td>
</tr>
<tr>
<td>CJP vs DP</td>
<td>0.01</td>
<td>0.44</td>
<td>[-0.85, 0.87]</td>
<td>.980</td>
<td>0.00</td>
</tr>
<tr>
<td>CJP vs Dual P</td>
<td>-0.03</td>
<td>0.43</td>
<td>[-0.88, 0.82]</td>
<td>.947</td>
<td>0.02</td>
</tr>
<tr>
<td>DP vs Dual P</td>
<td>-0.04</td>
<td>0.38</td>
<td>[-0.80, 0.72]</td>
<td>.918</td>
<td>0.02</td>
</tr>
</tbody>
</table>

*Note. CM = Community Members; CJP = Criminal Justice Professionals; DP = Disability Professionals; Dual P = Dual Professionals, experienced in both criminal justice and disability. M_{diff} = Mean difference. AOD = Alcohol and/or other drugs. All p values are unadjusted. *p < .008 (significant at p < .05 with Bonferroni-correction applied).*

**Differences between criminal justice attributions by influential social group and disability status of offender for the criminal offence scenario,**

‘burglary’. The set of six two-way ANOVAs showed a significant main effect of IS group on attributions of moral culpability, punishment via imprisonment, reintegration, forgiveness, and the influence of AOD on the criminal offence; however, there was no main effect of IS group on attributions of rehabilitation. There was also a significant main effect of the offender’s disability status on the moral culpability of the offender and his deservingness of punishment via imprisonment, but no main effect of disability status on attributions of rehabilitation, reintegration, forgiveness, and influence of AOD on the criminal offence. There were no two-way interactions for any of the ANOVAs ($p > .05$, partial $\eta^2 = .00-.03$), and effect sizes were small to medium ($partial \eta^2 = .04 -.08$) for the significant main effects described. See Table 11.10 for detailed two-way ANOVA results for the burglary criminal offence scenario.
Pairwise comparisons by disability status for significant main effects showed that, overall, participants attributed lower moral culpability to the burglar with an ID ($M = 3.07$, $SD = 1.07$) compared to the burglar without an ID ($M = 3.73$, $SD = 1.04$), and lower deservingness of punishment via imprisonment to the burglar with an ID ($M = 1.97$, $SD = 1.04$) compared to the burglar without an ID ($M = 2.47$, $SD = 1.31$). Effect sizes for these mean differences were medium ($d = .63$) and small ($d = .45$), respectively. See Table 11.11 for detailed pairwise comparisons by disability status for each criminal justice attribution for each two-way ANOVA for the burglary criminal offence scenario.

For the main effects of IS group on criminal justice attributions, pairwise comparisons showed that community members ($M = 3.72$, $SD = 1.12$) attributed higher moral culpability to the burglar compared to both disability professionals ($M = 3.15$, $SD = 1.05$) and dual professionals ($M = 3.13$, $SD = 1.01$); community members ($M = 4.63$, $SD = .98$) were also less willing to forgive the burglar for their offence, compared to dual professionals ($M = 5.12$, $SD = .99$). Both community members ($M = 8.20$, $SD = 1.43$) and disability professionals ($M = 8.20$, $SD = 1.68$) attributed a stronger influence of AOD use on the burglar’s offence compared to dual professionals ($M = 7.15$, $SD = 1.74$). All effect sizes were medium ($d = .50 - .66$) for the mean differences described. See Table 11.12 for detailed pairwise comparisons by IS group for each two-way ANOVA for the burglary criminal offence scenario.
Table 11.10

Two-way ANOVA Results for Criminal Justice Attributions towards a Criminal Offender by Disability Status and Influential Social Group for the Burglary Criminal Offence Scenario

<table>
<thead>
<tr>
<th>ANOVA: Dependent Variable</th>
<th>Factor</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>Partial $\eta^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANOVA 1: Attitude towards Moral Culpability</td>
<td>Disability Status</td>
<td>21.33</td>
<td>1</td>
<td>21.33</td>
<td>19.93***</td>
<td>0.08</td>
</tr>
<tr>
<td></td>
<td>IS Group</td>
<td>17.09</td>
<td>3</td>
<td>5.70</td>
<td>5.32**</td>
<td>0.07</td>
</tr>
<tr>
<td></td>
<td>Disability Status* IS Group</td>
<td>0.39</td>
<td>3</td>
<td>0.13</td>
<td>0.12</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>Error</td>
<td>237.62</td>
<td>222</td>
<td></td>
<td>1.07</td>
<td></td>
</tr>
<tr>
<td>ANOVA 2: Attitude towards Punishment</td>
<td>Disability Status</td>
<td>19.58</td>
<td>1</td>
<td>19.58</td>
<td>14.50***</td>
<td>0.06</td>
</tr>
<tr>
<td></td>
<td>IS Group</td>
<td>12.41</td>
<td>3</td>
<td>4.14</td>
<td>3.06*</td>
<td>0.04</td>
</tr>
<tr>
<td></td>
<td>Disability Status* IS Group</td>
<td>8.34</td>
<td>3</td>
<td>2.78</td>
<td>2.06</td>
<td>0.03</td>
</tr>
<tr>
<td></td>
<td>Error</td>
<td>297.15</td>
<td>220</td>
<td></td>
<td>1.35</td>
<td></td>
</tr>
<tr>
<td>ANOVA 3: Attitude towards Rehabilitation</td>
<td>Disability Status</td>
<td>0.57</td>
<td>1</td>
<td>0.57</td>
<td>0.96</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>IS Group</td>
<td>2.34</td>
<td>3</td>
<td>0.78</td>
<td>1.31</td>
<td>0.02</td>
</tr>
<tr>
<td></td>
<td>Disability Status* IS Group</td>
<td>2.35</td>
<td>3</td>
<td>0.78</td>
<td>1.32</td>
<td>0.02</td>
</tr>
<tr>
<td></td>
<td>Error</td>
<td>130.99</td>
<td>220</td>
<td></td>
<td>0.60</td>
<td></td>
</tr>
<tr>
<td>ANOVA 4: Attitude towards Reintegration</td>
<td>Disability Status</td>
<td>0.54</td>
<td>1</td>
<td>0.54</td>
<td>0.55</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>IS Group</td>
<td>10.59</td>
<td>3</td>
<td>3.53</td>
<td>3.62*</td>
<td>0.05</td>
</tr>
<tr>
<td></td>
<td>Disability Status* IS Group</td>
<td>0.97</td>
<td>3</td>
<td>0.32</td>
<td>0.33</td>
<td>0.01</td>
</tr>
<tr>
<td></td>
<td>Error</td>
<td>212.40</td>
<td>218</td>
<td></td>
<td>0.97</td>
<td></td>
</tr>
<tr>
<td>ANOVA 5: Attitude towards Forgiveness</td>
<td>Disability Status</td>
<td>3.16</td>
<td>1</td>
<td>3.16</td>
<td>3.68</td>
<td>0.02</td>
</tr>
<tr>
<td></td>
<td>IS Group</td>
<td>8.96</td>
<td>3</td>
<td>2.99</td>
<td>3.47*</td>
<td>0.05</td>
</tr>
<tr>
<td></td>
<td>Disability Status* IS Group</td>
<td>3.79</td>
<td>3</td>
<td>1.26</td>
<td>1.47</td>
<td>0.02</td>
</tr>
<tr>
<td></td>
<td>Error</td>
<td>185.11</td>
<td>215</td>
<td></td>
<td>0.86</td>
<td></td>
</tr>
<tr>
<td>ANOVA 6: Attitude towards role of AOD use</td>
<td>Disability Status</td>
<td>1.65</td>
<td>1</td>
<td>1.65</td>
<td>0.63</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>IS Group</td>
<td>40.83</td>
<td>3</td>
<td>13.61</td>
<td>5.22**</td>
<td>0.07</td>
</tr>
<tr>
<td></td>
<td>Disability Status* IS Group</td>
<td>11.92</td>
<td>3</td>
<td>3.97</td>
<td>1.52</td>
<td>0.02</td>
</tr>
<tr>
<td></td>
<td>Error</td>
<td>578.73</td>
<td>222</td>
<td></td>
<td>2.61</td>
<td></td>
</tr>
</tbody>
</table>

*Note. IS Group = Influential Social Group. AOD = Alcohol and/or other drugs.

*p < .05, **p < .01, ***p < .001.
### Table 11.11

**Comparison by Disability Status for Criminal Justice Attributions towards a Criminal Offender for the Burglary Criminal Offense Scenario**

<table>
<thead>
<tr>
<th>Comparison Groups</th>
<th>ANOVA: Dependent Variable</th>
<th>$M_{diff}$</th>
<th>$SE$</th>
<th>95%CI [LL, UL]</th>
<th>$p$</th>
<th>$d$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ID specified vs no ID specified</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANOVA 1: Attitude towards Moral Culpability</td>
<td>-0.65</td>
<td>0.15</td>
<td>[-0.94, -0.36]</td>
<td>&lt;.001***</td>
<td>0.63</td>
<td></td>
</tr>
<tr>
<td>ANOVA 2: Attitude towards Punishment</td>
<td>-0.63</td>
<td>0.16</td>
<td>[-0.95, -0.30]</td>
<td>&lt;.001***</td>
<td>0.45</td>
<td></td>
</tr>
<tr>
<td>ANOVA 3: Attitude towards Rehabilitation</td>
<td>0.11</td>
<td>0.11</td>
<td>[-0.11, 0.32]</td>
<td>.330</td>
<td>0.03</td>
<td></td>
</tr>
<tr>
<td>ANOVA 4: Attitude towards Reintegration</td>
<td>0.10</td>
<td>0.14</td>
<td>[-0.17, 0.38]</td>
<td>.458</td>
<td>0.06</td>
<td></td>
</tr>
<tr>
<td>ANOVA 5: Attitude towards Forgiveness</td>
<td>0.25</td>
<td>0.13</td>
<td>[-0.01, 0.51]</td>
<td>.057</td>
<td>0.17</td>
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</tr>
<tr>
<td>ANOVA 6: Attitude towards role of AOD use</td>
<td>-0.18</td>
<td>0.23</td>
<td>[-0.63, 0.27]</td>
<td>.427</td>
<td>0.07</td>
<td></td>
</tr>
</tbody>
</table>

*Note. $M_{diff}$ = Mean difference. ID = Intellectual Disability. AOD = Alcohol and/or other drugs.*

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

### Table 11.12

**Multiple Comparisons by Influential Social Group for Criminal Justice Attributions towards a Criminal Offender for the Burglary Criminal Offense Scenario**

<table>
<thead>
<tr>
<th>ANOVA: Dependent Variable</th>
<th>Comparison Groups</th>
<th>$M_{diff}$</th>
<th>$SE$</th>
<th>95%CI [LL, UL]</th>
<th>$p$</th>
<th>$d$</th>
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</thead>
<tbody>
<tr>
<td><strong>ANOVA 1: Attitude towards Moral Culpability</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CM vs CJP</td>
<td>0.13</td>
<td>0.21</td>
<td>[-0.28, 0.55]</td>
<td>.527</td>
<td>0.15</td>
<td></td>
</tr>
<tr>
<td>CM vs DP</td>
<td>0.56</td>
<td>0.17</td>
<td>[0.22, 0.99]</td>
<td>.001*</td>
<td>0.53</td>
<td></td>
</tr>
<tr>
<td>CM vs Dual P</td>
<td>0.60</td>
<td>0.20</td>
<td>[0.22, 0.99]</td>
<td>.002*</td>
<td>0.55</td>
<td></td>
</tr>
<tr>
<td>CJP vs DP</td>
<td>0.43</td>
<td>0.22</td>
<td>[0.00, 0.86]</td>
<td>.049</td>
<td>0.37</td>
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</tr>
<tr>
<td>CJP vs Dual P</td>
<td>0.47</td>
<td>0.24</td>
<td>[0.00, 0.94]</td>
<td>.050</td>
<td>0.40</td>
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</tr>
<tr>
<td>DP vs Dual P</td>
<td>0.04</td>
<td>0.20</td>
<td>[-0.36, 0.44]</td>
<td>.840</td>
<td>0.02</td>
<td></td>
</tr>
<tr>
<td><strong>ANOVA 2: Attitude towards Punishment</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CM vs CJP</td>
<td>0.15</td>
<td>0.24</td>
<td>[-0.32, 0.61]</td>
<td>.542</td>
<td>0.14</td>
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</tr>
<tr>
<td>CM vs DP</td>
<td>0.43</td>
<td>0.19</td>
<td>[0.05, 0.80]</td>
<td>.025</td>
<td>0.37</td>
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<tr>
<td>CM vs Dual P</td>
<td>0.59</td>
<td>0.22</td>
<td>[0.15, 1.02]</td>
<td>.008</td>
<td>0.47</td>
<td></td>
</tr>
<tr>
<td>CJP vs DP</td>
<td>0.28</td>
<td>0.24</td>
<td>[-0.20, 0.76]</td>
<td>.249</td>
<td>0.20</td>
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</tr>
<tr>
<td>CJP vs Dual P</td>
<td>0.44</td>
<td>0.27</td>
<td>[-0.09, 0.97]</td>
<td>.102</td>
<td>0.31</td>
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</tr>
<tr>
<td>DP vs Dual P</td>
<td>0.16</td>
<td>0.23</td>
<td>[-0.29, 0.61]</td>
<td>.485</td>
<td>0.14</td>
<td></td>
</tr>
<tr>
<td><strong>ANOVA 3: Attitude towards Rehabilitation</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CM vs CJP</td>
<td>0.14</td>
<td>0.16</td>
<td>[-0.17, 0.45]</td>
<td>.373</td>
<td>0.18</td>
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<tr>
<td>CM vs DP</td>
<td>-0.15</td>
<td>0.13</td>
<td>[-0.40, 0.10]</td>
<td>.236</td>
<td>0.18</td>
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</tr>
<tr>
<td>CM vs Dual P</td>
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<td>0.15</td>
<td>[-0.41, 0.17]</td>
<td>.402</td>
<td>0.13</td>
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</tr>
<tr>
<td>CJP vs DP</td>
<td>-0.29</td>
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<td>[-0.61, 0.03]</td>
<td>.075</td>
<td>0.37</td>
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</tr>
<tr>
<td>CJP vs Dual P</td>
<td>-0.26</td>
<td>0.18</td>
<td>[-0.62, 0.09]</td>
<td>.141</td>
<td>0.34</td>
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</tr>
<tr>
<td>DP vs Dual P</td>
<td>0.03</td>
<td>0.15</td>
<td>[-0.27, 0.33]</td>
<td>.863</td>
<td>0.06</td>
<td></td>
</tr>
<tr>
<td><strong>ANOVA 4: Attitude towards Reintegration</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>CM vs CJP</td>
<td>0.08</td>
<td>0.20</td>
<td>[-0.32, 0.48]</td>
<td>.690</td>
<td>0.07</td>
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</tr>
<tr>
<td>CM vs DP</td>
<td>-0.36</td>
<td>0.16</td>
<td>[-0.68, -0.04]</td>
<td>.029</td>
<td>0.34</td>
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<tr>
<td>CM vs Dual P</td>
<td>-0.47</td>
<td>0.19</td>
<td>[-0.84, -0.10]</td>
<td>.013</td>
<td>0.47</td>
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<tr>
<td>CJP vs DP</td>
<td>-0.44</td>
<td>0.21</td>
<td>[-0.85, -0.03]</td>
<td>.037</td>
<td>0.46</td>
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</tr>
<tr>
<td>CJP vs Dual P</td>
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<td>0.23</td>
<td>[-1.00, -0.10]</td>
<td>.016</td>
<td>0.61</td>
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</tr>
<tr>
<td>DP vs Dual P</td>
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<td>0.19</td>
<td>[-0.50, 0.27]</td>
<td>.548</td>
<td>0.13</td>
<td></td>
</tr>
<tr>
<td><strong>ANOVA 5: Attitude towards Forgiveness</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CM vs CJP</td>
<td>-0.12</td>
<td>0.19</td>
<td>[-0.50, 0.25]</td>
<td>.524</td>
<td>0.14</td>
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</tr>
</tbody>
</table>
ANOVA: Dependent Variable

<table>
<thead>
<tr>
<th>Comparison Groups</th>
<th>M_{diff}</th>
<th>SE</th>
<th>95%CI [LL, UL]</th>
<th>p</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>CM vs DP</td>
<td>-0.37</td>
<td>0.15</td>
<td>[-0.67, -0.06]</td>
<td>.019</td>
<td>0.40</td>
</tr>
<tr>
<td>CM vs Dual P</td>
<td>-0.50</td>
<td>0.18</td>
<td>[-0.85, -0.15]</td>
<td>.005*</td>
<td>0.50</td>
</tr>
<tr>
<td>CJP vs DP</td>
<td>-0.24</td>
<td>0.20</td>
<td>[-0.63, 0.14]</td>
<td>.216</td>
<td>0.25</td>
</tr>
<tr>
<td>CJP vs Dual P</td>
<td>-0.38</td>
<td>0.22</td>
<td>[-0.81, 0.04]</td>
<td>.077</td>
<td>0.36</td>
</tr>
<tr>
<td>DP vs Dual P</td>
<td>-0.14</td>
<td>0.18</td>
<td>[-0.50, 0.22]</td>
<td>.452</td>
<td>0.14</td>
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</table>

ANOV A 6: Attitude towards role of AOD use

<table>
<thead>
<tr>
<th>Comparison Groups</th>
<th>M_{diff}</th>
<th>SE</th>
<th>95%CI [LL, UL]</th>
<th>p</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>CM vs CJP</td>
<td>0.56</td>
<td>0.33</td>
<td>[-0.08, 1.21]</td>
<td>.088</td>
<td>0.36</td>
</tr>
<tr>
<td>CM vs DP</td>
<td>-0.02</td>
<td>0.26</td>
<td>[-0.53, 0.50]</td>
<td>.947</td>
<td>0.00</td>
</tr>
<tr>
<td>CM vs Dual P</td>
<td>1.07</td>
<td>0.31</td>
<td>[0.46, 1.67]</td>
<td>.001*</td>
<td>0.66</td>
</tr>
<tr>
<td>CJP vs DP</td>
<td>-0.58</td>
<td>0.34</td>
<td>[-1.25, 0.09]</td>
<td>.087</td>
<td>0.34</td>
</tr>
<tr>
<td>CJP vs Dual P</td>
<td>0.50</td>
<td>0.38</td>
<td>[-0.24, 1.24]</td>
<td>.182</td>
<td>0.27</td>
</tr>
<tr>
<td>DP vs Dual P</td>
<td>1.08</td>
<td>0.32</td>
<td>[0.46, 1.71]</td>
<td>.001*</td>
<td>0.61</td>
</tr>
</tbody>
</table>

Note. CM = Community Members; CJP = Criminal Justice Professionals; DP = Disability Professionals; Dual P = Dual Professionals, experienced in both criminal justice and disability. M_{diff} = Mean difference. AOD = Alcohol and/or other drugs. All p values are unadjusted.

*p < .008 (significant at p < .05 with Bonferroni-correction applied).

Discussion

Study 6 compared the criminal justice attitudes of community members, criminal justice professionals, disability professionals, and dual professionals towards three types of offender (committed sexual assault, physical assault with a weapon, or burglary) that varied by disability status (ID specified versus not). There were no significant two-way interactions between participants’ IS group and the disability status of their target offender for the six criminal justice attitude outcomes, for each crime type. There were, however, significant main effects of disability status and of IS group on certain criminal justice attitudes, across crime types.

Effect of Offenders’ Disability Status on Criminal Justice Attributions

Moral culpability and deservingness of punishment via imprisonment.

Results support exploratory research questions 1.a., 1.b., and 1.f., but not 1.c., 1.d., or 1.e. Regardless of their IS group, participants attributed significantly lower moral culpability and deservingness of punishment via imprisonment to offenders with an ID (compared to offenders without an ID) for each crime type. These results are consistent with findings of Study 3 (Chapter 7), where participants attributed lower moral responsibility to people with an ID than to criminal offenders. While Study 3
compared attributions towards people with an ID and criminal offenders as two distinct social categories, the presence of an ID in each study appears to have influenced attributions similarly, regardless of offender status. In Study 3, attributions of moral responsibility were explained within the context of moral typecasting theory (Gray & Wegner, 2009; Gray et al., 2012), describing the target social category with higher attributed moral responsibility as a moral agent. Moral agents are framed by moral typecasting theory as being responsible for their actions, both positive and negative; where positive actions deserve praise, immoral actions (including criminal behaviours) deserve punishment (Gray & Wegner, 2009; Gray et al., 2012). This theory can be used to explain why people who held stronger attitudes towards offenders without an ID as being morally responsible for their actions, also held stronger attitudes towards their deserving punishment via imprisonment. Past studies exploring moral typecasting with reference to attitudes towards offenders’ deservingness of punishment support this explanation (Khamitov et al., 2016; Miller & Borgida, 2016; Robbins & Litton, 2018).

Also in Study 3, stereotype content theory was applied to understand how participants perceived offenders and people with an ID. Participants were found to stereotype criminal offenders as an outgroup subject to contemptuous prejudice (associated with emotions of contempt, disgust, anger and resentment), whereas people with an ID were stereotyped as an outgroup subject to paternalistic prejudice (associated with emotions of sympathy and pity) (Fiske et al., 2002). (Bastian, Denson, & Haslam, 2013) also identified that ‘moral outrage’ (associated with the emotions anger, disgust, and contempt) underlay attributions of moral responsibility and blame towards offenders of different crime types, and predicted attitudes towards punishment severity. In the current study, it may be that participants’ paternalistic prejudice tempered their contemptuous prejudice towards offenders with an ID,
reducing feelings of anger, disgust, and contempt and, consequently, moral outrage. This reduced moral outrage may have contributed to a perceived lesser deservingness of punishment via imprisonment for offenders with an ID compared to those without.

Lower attributions of moral culpability for offenders with an ID (compared to those without an ID) in the current study is also generally supported by the qualitative themes representing causal explanations provided in Study 4 (Chapter 8). When an ID was specified in the Study 4 vignette, participants contextualised the target offender’s crime (theft and assault) with reference his ID and associated psychosocial deficits; however, when an ID was not specified, the same crime was attributed to a variety of internal and external causes such as addiction, mental illness, poverty, and social comparison motivations. Study 4 participants who explained the offender with an ID’s criminal behaviour as symptomatic of his ID, also implied the ID was an internal, uncontrollable, and stable property of the offender (Weiner, 1985, 1986). As such, many participants tended to present the offender with an ID as a victim of his own disability, reducing attributions of moral agency and hence moral culpability. As one participant noted of the target offender in Study 4 when an ID was specified: *It is very unlikely John committed the offences with any malicious intent, but much more likely that he simply didn’t understand why his actions were inappropriate for the situation.* Results of the current study lend quantitative support to the qualitative results of Study 4.

That participants reported less support for punishment via imprisonment to when an ID was specified across crime types, and regardless of IS group, is also consistent with results from Study 5 (Chapter 10). Overall, participants in Study 5 tended to disagree that prison was an appropriate correctional treatment setting for offenders with an ID, and generally agreed that the community was a more appropriate treatment setting. The general view by IS groups that offenders with an
ID should not be treated in prison (described in Study 5), and the current study’s finding that participants viewed offenders with an ID as less deserving of punishment via imprisonment than offenders without an ID, despite committing the same type of crime and regardless of crime type, suggests that it is the ID specifically as a property of the offender that influences attitudes towards the offenders’ moral culpability and severity of punishment.

**Role of alcohol and/or other drugs.** Regardless of IS group, participants also attributed a significantly stronger role to AOD use for the sexual offender with an ID, compared to the sexual offender without an ID specified. That intoxication might reduce moral culpability is a key consideration in sentencing, and a common argument used by defendants during trial (Rumgay, 1998). In their critical analysis of the role of alcohol intoxication on moral culpability and criminal responsibility within the context of retributive justice, Dingwall and Koffman (2008) suggest that for an individual to commit an offence when intoxicated, where intoxication is perceived to be for the ‘first time’ or ‘out of character’, less moral culpability might be attributed to that person. This is because their intention prior to intoxication (assumedly) was not to commit a crime, and had they been sober, they would have acted differently (presumably, more morally and less criminally).

In the sexual assault vignette, the offender was presented as being intoxicated at a house party, did not have a history of AOD misuse specified, did not have a criminal history, and committed an opportunistic sexual assault on an unconscious woman in the company of an accomplice. Given the opportunism of the crime, the offender’s state of intoxication, and implicit social pressure to participate in the crime by an accomplice, participants may have attributed a stronger role to being intoxicated for the offender when an ID was specified (versus not), because the ID implied poorer baseline reasoning and impulse control skills prior to intoxication.
Participants also may have attributed naivety to the offender with an ID regarding AOD use; given their ID, participants may have believed they were unlikely to have been previously exposed to or desire to use AOD, and so they were unused to the effects of being intoxicated. Participants may have thus perceived the offender with an ID to be a first-time or rare consumer of alcohol, unprepared and unable to negotiate their own reduced inhibitions.

It should be noted that results of the current study regarding the stronger role of AOD in the offender with an ID’s crime appears at odds with key themes identified in Study 4. In the qualitative study, participants attributed addiction and intoxication as causes of offending when an ID was not specified, but didn’t mention these factors when an ID was specified. This is interesting because it suggests that participants in Study 4, unlike in the current study, perceived the ID itself (and its psychosocial impact) to be sufficient to explain offending (theft and assault), without the need to appeal to external factors (such as AOD) impairing reasoning and impulse-control.

A third explanation for this finding could be that people with an ID are stereotyped as ‘Holy Innocents’, possessing a disposition that is warm, affectionate, happy, and eternally ‘childlike’ (naïve, innocent) in nature (Wehmeyer & Berkobein, 1996). If participants attribute this stereotypical disposition to people with an ID, then they may feel their criminal behaviour is likely caused by external influences such as social modelling, peer pressure, or coercion (as suggested in Study 4), or intoxication (as suggested in the current study). That the offender described in the vignette was specified to not have a criminal history, and was in the company of someone without an ID who may have been perceived as exerting peer pressure, may have supported participants’ use of this stereotype, affirming the offender with an ID’s naturally innocent disposition.
Effect of Influential Social Group Membership on Criminal Justice Attributions

Regardless of the disability status of their target offender, IS groups significantly differed in their criminal justice attitudes towards moral culpability, punishment, rehabilitation, reintegration, and forgiveness of the sexual offender. Overall, community members reported significantly more negative attitudes towards all criminal justice outcomes compared to one or more professional groups, for at least one of the crime types portrayed. Criminal justice professionals also expressed significantly more negative attitudes than disability and dual professionals towards some criminal justice outcomes for sexual and violent offenders. These results are generally consistent with findings of Study 5 (Chapter 10) of this thesis, where community members and criminal justice professionals reported significantly less support for community-based correctional treatment and significantly more support for prison-based correctional treatment of offenders with an ID. Interestingly, disability professionals’ attitudes also significantly differed to dual professionals’ attitudes for certain criminal justice outcomes, particularly for violent offenders.

Moral culpability. Community members attributed greater moral culpability to the sexual offender than disability professionals, and attributed greater moral culpability to the burglar than both the disability and dual professionals. These results lend support to exploratory research question 2.a., which proposed that community members would attribute significantly stronger moral culpability to offenders across crime types compared to one or more professional groups. There were no differences in attitude toward moral culpability between the three professional groups.

That community members attributed greater moral culpability to the sexual offender and burglar than professionals experienced in the disability sector is a novel
finding. While there is no past research examining differences between the attributions of community members and such professionals towards offenders, a study by Murray, Thomson, Cooke, and Charles (2011) sampling UK community members and criminal justice experts found that experts (including clinical and forensic psychologists, psychiatrists, and forensic practitioners – all professions likely to work in forensic disability roles) attributed significantly less criminal responsibility to offenders than laypeople, regardless of offence (murder, assault, theft).

Past research indicates community members tend to hold negative attitudes towards sexual offenders specifically (Rogers & Ferguson, 2011), and that these attitudes can be more negative than those of correctional professionals (Kjelsberg & Loos, 2008). Similarly, past research suggests that both Australian and American community members hold negative, stigmatising attitudes towards illicit drug addiction (Barry, McGinty, Pescosolido, & Goldman, 2014; Meurk, Carter, Partridge, Lucke, & Hall, 2014). Interestingly, Meurk et al. (2014) survey of Australian community members’ attitudes found about a third of participants viewed heroin addiction alone as sufficient reason for imprisonment, and that when participants attributed the cause of the addiction to ‘personal qualities’ as opposed to biological or social causes, they were twice as likely to agree (than disagree) that the heroin addict should be imprisoned. Barry et al. (2014) and Meurk et al. (2014) results suggest that attributions of personal responsibility for the burglar’s addiction (a key motivator for the burglar’s offence) may be interwoven with attributions of moral culpability for the crime itself. That community members reported the highest scores for moral culpability overall for both the sexual offender and burglar is hence not surprising.
That professionals experienced in the disability sector reported the lowest moral culpability scores for sexual offending and burglary, and that these significantly differed from those of community members, could be explained by their professional training and experience. Professionals employed in fields likely to work in the disability sector may be more likely to value and apply a ‘sociological imagination’ (Mills, 2000) (originally published 1959) to better understand and support their clients and patients. Application of the sociological imagination involves perspective taking and consideration of the individual’s behaviours and outcomes within the sociostructural context in which they occur. As such, applying this perspective may result in a greater appreciation of external social and structural pressures on individuals’ internal motivations, intentions, and behaviours, including morally repugnant behaviours like sexual assault and theft to fund addiction.

Application of a sociological imagination could perhaps lead to reduced attributions of moral culpability for criminal behaviours. In Study 4, participants (all of whom were community members) could be said to have applied a sociological imagination when providing causal explanations for their target offender’s behaviour; many participants identified sociostructural pressures and norms as possible influencers on their offender’s crime. However, professionals experienced in the disability sector with university education emphasising sociological approaches to understanding health, well-being, and disability (e.g., the social model of disability and mental health), may be more systematic in applying the sociological imagination when evaluating individuals’ behaviours, and their causes and implications, than community members overall. Disability and dual professionals’ stronger sociological imagination may thus explain differences in attribution of moral culpability for these IS groups.
**Punishment.** Both community members and criminal justice professionals reported stronger support for punishment via imprisonment for both the sexual and violent offenders, compared to dual professionals. These results lend support to exploratory research question 2.b., which proposed community members would hold significantly more supportive attitudes towards punishment across crime types compared to one or more professional groups. These results also support exploratory research question 3.a., which proposed that dual professionals would be less supportive of punishment via imprisonment compared to criminal justice professionals.

In Study 5 (Chapter 10), a comparison of the same IS groups’ attitudes towards appropriate treatment settings for offenders with an ID found that both community members and criminal justice professionals held significantly less negative attitudes towards prison-based treatment, and significantly less positive attitudes towards community-based treatment, compared to dual professionals. That this pattern of results was replicated in the current study indicates that community members and criminal justice professionals may generally hold punitive attitudes towards criminal offenders, regardless of the offender’s ID status.

Roberts and Indermaur (2007) identified a number of demographic and individual differences associated with punitive attitudes in Australian community members that may generalise to the IS groups in this study (i.e., being male, older, and working-class, holding a right-wing political orientation, relying on commercial television as the main source of news, lower education and lower self-reported knowledge of the criminal justice system). Of these, lower levels of education and self-reported knowledge of the criminal justice system contributed the most variance in predicting punitiveness and general dissatisfaction with criminal justice processes. Roberts and Indermaur (2007) concluded that inaccurate perceptions of crime (i.e.,
incidence, sentencing, and expectations of correctional treatment outcomes) led community members to hold more punitive attitudes towards offenders. White and Knowles (2013) similarly found that lower education level, older age, as well as higher legal authoritarianism and the belief that the offending behaviour was caused by the individual’s character predicted greater punitiveness.

That community members and criminal justice professionals expressed greater punitiveness for sexual and violent offences, but not burglary, likely relates to the perceived seriousness of the three crimes. Roberts et al. (2007) argued that community members tend to focus on and allocate punishment on the basis of the perceived harm resulting from an offender’s behaviour, rather than the offender’s moral culpability regarding engagement in the behaviour. Crimes against the person and property crimes are typically rated as more and less severe, respectively, by community samples due to perceived degree of harm experienced by the victim, which impacts attitudes towards the punitiveness of sentencing goals (Samuel & Moulds, 1986). Roberts and Geotyys (1989) found that American community members’ and students’ ideal criminal sentence length correlated only with perceived severity of the offence (where sexual assault and manslaughter were considered more serious). They proposed this was due to the samples’ ‘just deserts’ approach to sentencing goals and outcomes.

Tajalli, De Soto, and Dozier (2013) compared American university students’ punitive attitudes towards a variety of offenders who had committed person, property, and drug offences, and found that participants were least concerned by offenders who were burglars or charged with drug possession. It is possible that IS groups’ punitive attitudes towards the burglary offence did not significantly differ due to common attributions of lesser harm caused to the offender’s victims, and hence less perceived deservingness of punishment via imprisonment. It is notable,
however, that while community members attributed significantly more moral culpability to the burglar compared to disability and dual professionals, they did not attribute stronger support for imprisonment as punishment. This result is in contrast to findings by Meurk et al. (2014), where a third of Australian community members reported heroin addiction deserved punishment via imprisonment.

The current study’s results regarding community members’ and criminal justice professionals’ punitiveness towards sexual offenders corroborates findings by Kjelsberg et al. (2007), who found three-quarters of the Norwegian university students sampled reported crimes should be punished more severely, particularly sexual offences; and results of Kjelsberg and Loos (2008), who found 78% and 92% of prison employees and university students, respectively, thought punishment of sexual offences in Norway was ‘too mild’. Similar research assessing community attitudes towards sentencing in Canada found that most participants perceived sentencing to be too lenient overall, and in particular towards sexual offenders and offenders using weapons (Roberts et al., 2007). Rogers and Ferguson (2011) also found that American university students attributed greater punitiveness towards sexual offences compared to non-sexual offences. Of note, Kjelsberg et al. (2007) and Kjelsberg and Loos (2008) also found that prison officers held more negative, punitive attitudes towards sexual offenders and prisoners, respectively, compared to other prison employees such as administrators and therapeutic staff.

Hogue and Peebles (1997) found that when participants were primed to perceive a sexual offender’s rape as premeditated (compared to unpremeditated), they were more likely to hold more punitive attitudes towards their correctional treatment (i.e., to recommend jail rather than probation). In a sample of Australian community members, White and Knowles (2013) also found that participant attributions of individual (rather than social) causation for a crime predicted attitudes
favouring punishment over rehabilitation. It may be that community members and criminal justice employees attributed greater premeditation and individual motivation to the sexual offender (perhaps supported by the vignette describing the offender and his friend discussing the crime prior to committing it). Conversely, dual professionals may have attributed less premeditation and more contextual pressures to the crime (perhaps supported by the vignette describing the offender and his friend as finding the woman passed out and making a decision to sexually assault her in the moment, while heavily intoxicated).

It is important to note that sexual offenders are among the most stigmatised of criminal offender categories, inciting vigilantism (from social exclusion to murder) both within the prison setting by other prisoners, and in the community by community members (Cubellis, Evans, & Fera, 2018; Grossi, 2017). Viki et al. (2012) applied the two-dimensional theory of dehumanisation to explore stigmatising attitudes towards the punishment of sex offenders, and found that greater dehumanisation of sexual offenders predicted support for longer sentence lengths in addition to their exclusion from society and their violent ill-treatment in a mixed sample of UK university students and community members. As community members fear being victims of sexual offenders, and criminal justice professionals are responsible for punishing and containing sexual offenders, these two groups may be particularly prone to holding dehumanising views of sexual offenders to justify their respective beliefs and behaviours. Conversely, disability and dual professionals may be more likely to apply a sociological imagination to humanise the offender and understand the sociocultural context within which sexual assault occurs (in order to therapeutically support victims and offenders, respectively).

The disposition and history of the man presented in the violent offender vignette could explain why community members, criminal justice professionals, and
disability professionals, held more punitive attitudes compared to dual professionals. This offender was portrayed as having had an aggressive disposition throughout childhood, adolescence, and early adulthood; he had a history of ‘looking for trouble’ in the school yard and when out drinking as an adult, and a reputation amongst his own ‘friends’ as being volatile and potentially irrational when angered. This portrait thus described an unpredictable, aggressive, provocative young man whose violence had escalated to carrying and using a deadly weapon. It may be that all but the dual professionals perceived the harm caused to his victim, in addition to the escalating violence and hence dangerousness of the violent offender, as sufficient justification for imprisonment. Dual professionals, conversely, may have been more likely to query the offender’s ‘aggressive disposition’ and contextualise this as potentially related to a psychiatric or substance abuse disorder, consistent with the types of clients, patients, or offenders that dual professionals work with.

**Rehabilitation.** Community members attributed significantly less value to the rehabilitation of the sexual offender than dual professionals, lending support to exploratory research question 2.c. (that community members would hold more negative attitudes towards offenders’ rehabilitation compared to one or more professional groups). Interestingly, disability professionals (not criminal justice professionals (relevant to exploratory research question 3.b.) attributed significantly less value to the rehabilitation of the violent offender than dual professionals. The IS groups did not differ in their attitude towards the rehabilitation of the burglar. Interpreting IS group differences for rehabilitation attitudes included an element of ambiguity, as the measure’s items assessed attitudes regarding the value of rehabilitative treatment *delivered from within the prison setting*. As such, it is not clear whether IS groups’ attitudinal differences relate to an offender’s capacity for rehabilitation *generally*, or to an offender’s capacity for rehabilitation *within the*
confines of prison (for better or worse). Given the current study’s results showing community members were more supportive of punishment via imprisonment of sexual offenders compared to dual professionals, and past research indicating community members and student samples tend to hold negative beliefs and attitudes about sexual offender’s capacity for change and likely recidivism (Grossi, 2017), I chose to interpret these results in terms of attitudes towards rehabilitation generally.

Research assessing Australian community members’ attitudes towards the rehabilitation of offenders is limited, but there are a few key studies of note. White and Knowles (2013) found that Australians’ attitudes towards punishment and rehabilitation were moderately negatively related. While they found no demographic factors to be significantly associated with rehabilitation attitudes, individual differences predicting greater support for rehabilitation included a higher belief that offending was caused by economic factors, lower belief that it was caused by individual factors, and higher confidence in the criminal justice system. McKee and Feather (2008) explored how Australian university students’ personal values and social attitudes were associated with offender sentencing goals (including rehabilitation). They found that personal values associated with self-enhancement (power, self-direction, hedonism) and the social beliefs of social dominance orientation, right wing authoritarianism, and desire for revenge were associated with less support for rehabilitation, while self-transcendence values (universalism, benevolence) were associated with more support for rehabilitation. Dual professionals’ greater support for rehabilitation overall may thus reflect unique individual differences common to those bridging the disability and criminal justice sector, such as an appreciation of sociocultural context in criminal offending, confidence in the criminal justice system, and self-transcendence personal values.
A further explanation for why disability professionals reported more negative attitude towards the rehabilitation of the violent offender, compared to dual professionals, is their lack of experience in the criminal justice sector and regular contact with offenders. Exposure to violent offenders, and involvement in their rehabilitative process (e.g., program delivery, psychotherapy), means those employed in the criminal justice sector have professional insight into, and appreciation for, aims and realistic outcomes of rehabilitative treatment. Where disability professionals may view the violent offender portrayed in the current study as ‘broken’ due to his consistent and escalating violence, and hence requiring both retribution and incapacitation as sentencing outcomes, dual professionals may be more likely to view the same violent offender as engaging in a recognisable pattern of cognitions and behaviours that can be modified with appropriate support.

The finding that community members were less supportive of rehabilitation of sex offenders than dual professionals is supported by Kjelsberg and Loos (2008) comparison of Norwegian university students’ and prison employees’ (including therapeutic staff, likely to have dual profession experience). They found that overall students held more negative attitudes towards sex offenders than prison employees. However, this study only compared these two groups on their punitive attitudes, limiting the generalisability of this finding to related but still unique attributions about sex offender rehabilitation.

While relevant research comparing community members’ and professionals’ attitudes towards sex offender rehabilitation is sparse, there are numerous single-sample studies assessing students’ and community members’ attitudes about this. Roberts and Gebotys (1989) found that while American community members’ punitiveness was positively correlated with the perceived seriousness of a crime (e.g., participants were highly punitive for sexual assault), attitudes towards an
offenders’ rehabilitation were not. Interestingly, these same participants reported that incapacitation, general deterrence, and ‘just deserts’ were all desirable outcomes of serious offenders’ sentencing (compared to minor offences such as theft and minor assault), while rehabilitation was not; and that likelihood of the serious offender’s rehabilitation was significantly lower compared to the likelihood of rehabilitating a minor offender (such as a thief).

Viki et al. (2012) found that greater dehumanisation of sex offenders predicted lower perceived potential for their rehabilitation in a mixed sample of UK students and community members. Comparing American university students’ rehabilitation attitudes towards sexual and non-sexual offenders, Rogers and Ferguson (2011) found that participants held more negative attitudes towards the rehabilitation of sexual offenders compared to non-sexual offenders. This complemented their finding that participants held more punitive attitudes towards sex offenders than non-sex offenders. Leverentz (2011) similarly found that punitiveness towards, and belief in the redeemability of, offenders was strongly, negatively correlated across four American samples. Of note, Tajalli et al. (2013) found that American students reported more vengeful attitudes towards sexual offenders. Given McKee and Feather (2008) finding that vengefulness (as a social attitude) was negatively associated with support for rehabilitation of offenders, it may be that the current study’s community sample felt particularly vengeful towards the sexual offender described in the vignette, leading to less support for their rehabilitation.

Reintegration. Both community members and criminal justice professionals reported significantly less support for the reintegration of the sexual offender back into the community once their sentence was served compared to both dual professionals and disability professionals. These results lend support to exploratory research question 2.10., which proposed that community members would be less
supportive of offenders’ reintegration across crime types. Criminal justice professionals were also significantly less supportive of the violent offender’s reintegration compared to dual professionals (but not disability professionals). These results lend support to exploratory research question 3.c., which proposed that dual professionals would be more supportive of offenders’ reintegration across crime types, compared to criminal justice professionals. The IS groups did not differ in their attitude towards the reintegration of the burglar.

Community support for the reintegration and general social inclusion of ex-offenders, including re-entry initiatives designed to assist with provision of housing, employment and training, and health, has been identified by both offenders and professionals as fundamental to successful reintegration and desistance from crime (Davis, Bahr, & Ward, 2013; Grossi, 2017). Community members’ lower support for offenders’ reintegration back into the community after completing their sentence is generally consistent with past Australian and international research suggesting community members hold complex attitudes towards offender reintegration which, while positive overall, tend towards a preference for self-interest and personal security over ex-offenders’ social welfare (Garland, Wodahl, & Saxon, 2017a; Garland, Wodahl, & Schuhmann, 2013; Grossi, 2017; O’Sullivan, Holderness, Hong, Bright, & Kemp, 2017). In one of the few Australian studies examining attitudes towards the reintegration and ‘redeemability’ of offenders, O’Sullivan et al. (2017) found that there were no specific demographic characteristics predicting Australians’ beliefs about reintegration overall. However, there were participant characteristics significantly associated with one or more of the three dimensions of O’Sullivan et al.’s (2017) measure (i.e., Human Capital, Possibility of Change, and Agency). Specifically, participants experienced in law enforcement or in human services, or had been arrested or victimised in the past, were more supportive of offenders’
possibility of change compared to those not exposed to these factors, and experience in law enforcement also significantly predicted the belief that exercising personal agency is necessary for offender reintegration.

Factors associated with reintegration beliefs and attitudes appear inconsistent across studies, however. When examining attitudes towards transitional programs and housing for ex-prisoners generally, Garland, Wodahl, and Smith (2017b) found that being female and believing in a punitive God predicted significantly less support for transitional programs and housing, while education and willingness to forgive the offenders were significantly associated with increased support for these initiatives. However, when Garland et al. (2017a) anticipated individual factors such as age, gender, political orientation, and being a parent would impact general attitudes towards neighbourhood transitional housing, they found the only predictors of this were global support for re-entry initiatives (increasing support for this by 60%) and having an imprisoned family member (increasing support by 100%). They found no significant predictors for support for neighbourhood transitional housing for sex offenders, but did find that as education level increased, support for this housing for violent offenders doubled. Also examining American community members’ attitudes towards ex-offenders and their re-entry, Rade, Desmarais, and Burnette (2017) found that having a growth mindset predicted positive attitudes towards ex-offenders, which in turn predicted support for their reintegration. Interesting, significant covariates increasing this mediation effect included being female and less religiosity, results respectively contrasting with and consistent with Garland et al. (2017b).

Garland et al. (2013) examined American community members’ attitudes towards prisoner re-entry initiatives within the theoretical framework of values conflict. They found that while the majority of community members (up to 90%) were supportive of various re-entry initiatives relevant to education, housing, and
health to support offenders’ reintegration into the community (consistent with valuing social justice and welfare values), support dropped as low as 24% when financial initiatives were framed as dependent on community members’ own investment or sacrifice (e.g., paying higher taxes). Support for transitional housing initiatives dropped to 25% and 10% for general offenders and violent offenders, respectively, when this was specified as being in participants’ own neighbourhood, reflecting a social distance stigma described as ‘not in my backyard’, or NIMBY (Garland et al., 2017a; Garland et al., 2013). This decrease in support for re-entry initiatives thus occurred when participants’ competing security-based values were triggered, including a continued sense of retribution for more serious, and concern for self-interest and safety. These past findings may in part explain our results, where security-based values are more salient to community members (since the re-entry of offenders may be perceived as increasing risk of assault) but also more salient to criminal justice professionals, whose role it is to protect the community from recidivists.

These results were replicated by Garland et al. (2017a), whose American sample reported 10% and 9% support for transitional housing for violent and sexual offenders, respectively, when located in their neighbourhood. Interestingly, both Garland et al. (2013) and Garland et al. (2017a) found stronger support for neighbourhood transitional housing for drug offenders (19-25%), suggesting less social distance towards this offender group and relatively stronger support for re-entry initiatives in their favour. This latter finding may explain why IS groups did not differ in their reintegration attitudes towards the drug offender vignette.

Kjelsberg and Loos (2008) found that the majority of prison employees (92%) and university students (77%) sampled, believed that sexual offenders were aroused by and hence preyed on both adults and children, but that prison employees
were significantly more likely to believe that most sexual offenders were paedophiles (72% compared to 50%, respectively). Prison employees in this study were also significantly more likely than students to report the belief that sexual assault victims were known to their attacker (91% compared to 72%, respectively). As one of the few studies comparing criminal justice professionals’ and laypeople’s beliefs and attitudes towards sexual offenders, these results highlight that criminal justice professionals may hold particularly strong and negative views on the safety of community members from sexual offenders, post release, for fear of predation on children as well as adults, known to the offender within the community setting.

That criminal justice professionals but not community members reported significantly lower support for reintegration of the violent offender, compared to dual professionals, is surprising given the trend in the IS groups’ attitudes towards all other criminal justice constructs for the current study. Criminal justice professionals’ role, and their exposure to recidivists re-entering the criminal justice system, may result in holding more conservative attitudes towards the value of re-entry supports and the reintegration agenda of social inclusion and ‘second chances’, for serious offenders such as violent and sexual offenders. In comparison, professionals experienced in the disability sector and community members are less likely to be exposed to these salient security concerns, and those experienced in the disability sector (including dual professionals) may be more likely to apply an empathetic, therapeutic ‘sociological imagination’ when evaluating the reintegration prospects for serious offenders. That criminal justice professionals may be overall less supportive of offenders’ reintegration, and that this lack of support might be communicated to offenders under their care either implicitly or explicitly, could impact offenders’ confidence in their reintegration and motivation to desist from crime upon re-entry into the community.
Forgiveness. Both community members and criminal justice professionals were significantly less willing to forgive the sexual offender once their sentence had been served, compared to dual professionals. Both criminal justice and disability professionals (but not community members) were less willing to forgive the violent offender, compared to dual professionals. Community members (but not disability or criminal justice professionals) were less willing to forgive the burglar compared to dual professionals. These results support exploratory research question 2.e., which proposed that community members would be less willing than one or more professional groups to forgive offenders across crime types. However, why this overall pattern of results emerged by IS group and offence type is unclear and cannot be explained with reference to past research, given there are no known studies comparing professionals’ and community members attitudes towards forgiveness of offenders.

Criminal justice professionals could perceive sexual and violent offenders to be more likely to reoffend, and hence see them as less deserving of forgiveness. Community members have consistently demonstrated negative attitudes to sexual offenders for all criminal justice constructs in the current study, so their being less willing to forgive sexual offenders is unsurprising. Community members’ lower willingness to forgive the burglar, however, is unexpected; this could reflect community members’ stigma towards addiction as a weakness in character that should be under the addict’s control, or it could also reflect community members’ own experience of burglary and projected desire for retribution. Disability professionals’ lower willingness to forgive the violent offender could reflect their professional training and experience with clients where ‘challenging behaviour’ is tolerated, but violent behaviour including use of weapons is deemed criminal and grounds for police intervention.
The only constant across these differences is that dual professionals were more likely than the other IS groups to forgive offenders, regardless of the offence committed. As suggested for similarly patterned responses for the prior criminal justice constructs explored, it is possible that dual professionals’ training and experience in both the disability sector (which is dominated by empathetic, person-centred, social justice values and practices) and criminal justice system (lending exposure to the realities of offenders’ correctional and therapeutic treatment) allows a more nuanced and humanising perspective towards different types of offenders, their motivations, and the sociocultural context of their offending. This could lead to a greater willingness to forgive their criminal transgressions.

Although forgiveness features heavily as a construct and process of interest in restorative justice discourse, the research to date examining forgiveness in the naturalistic context of criminal offending is limited. Instead, forgiveness research tends to focus on non-criminal transgressions. In an Australian sample of community members, Koutsos, Wertheim, and Kornblum (2008) found that lower neuroticism, higher agreeableness and spirituality, and a stronger disposition towards forgiveness in general, were predictive of willingness to forgive a specific (non-criminal) offence. The value of the relationship with the offender to the victim, as well as the offender making apologies and demonstrating remorse for the offence, also predict greater willingness to forgive (Koutsos et al., 2008). Donnoli and Wertheim (2012) similarly found that Australians were more willing to forgive a specific, non-criminal offence when the ‘victim’ possessed higher trait empathy and believed the offender was remorseful, and were less willing to forgive when the transgression was perceived to be more serious and that the transgressor would likely reoffend.

In their mixed-method study victims’ attitudes towards forgiving their sexual or physical attacker, Cooney, Allan, Allan, McKillop, and Drake (2011) similarly
found that willingness to forgive was contingent on the offender making a sincere apology to the victim for their crime, and that primary victims perceived forgiveness to benefit themselves by encouraging their own acceptance and coping with being victimised; in this way, forgiving their attacker could be empowering. Interestingly, primary victims in Cooney et al.’s (2011) study often reported they were able to engage in perspective-taking to aid forgiveness of their attacker, unlike secondary victims. Quantitative analyses for Cooney et al. (2011) showed that primary victims were significantly more willing to forgive their attacker than secondary victims (reporting 68% and 23% willingness to forgive, respectively). Unlike for secondary victims, there was also a significant association between primary victims and belief that forgiveness was personally beneficial. In addition to not controlling for individual differences that may have impacted attitudes towards forgiveness in the current study, the experience of participants as primary or secondary victims of crime was not assessed or controlled for in this study. It is possible that secondary victims of crime were overrepresented within and between IS groups, skewing accounts of willingness to forgive.

Strelan and Prooijen (2013) found that a sample of Australian university students were more willing to forgive hypothetical transgressors when the opportunity to first punish the transgressor was provided (compared to not). They reasoned that punishing a transgressor satisfies a sense of justice having been done (the offender receives their ‘just deserts’), which facilitates forgiveness. An indirect effect of punishment on forgiveness via the just deserts motive (but not a revenge motive) was found for participants when asked to recall an actual transgressor they may have punished (Strelan & Prooijen, 2013). In each of the vignette scenarios, the offenders were described as having been charged with their specific offences but their sentence (punishment) was not described. Given the absence of a clear
punishment for their criminal behaviour, participants within and between IS groups may have perceived the offenders to have not received their just deserts, and so feel less willing to forgive their crimes once they had served their generic ‘sentence’ (as described in the forgiveness measure). While an effort has been made to provide possible explanations for the between-group differences in forgiveness attitudes in the current study, these explanations are largely speculative.

**Role of alcohol and/or other drugs.** While the IS groups did not differ in their attitude towards the role of AOD in the sexual and violent offences, both community members and disability professionals attributed a significantly greater role to AOD in the burglary offence, compared to dual professionals. These results partially support exploratory research question 2.f., which proposed that community members would attribute a stronger role to AOD across crime types compared to dual professionals. Of the three crime types portrayed, it is not surprising that overall IS groups attributed a higher score to AOD as an influence on the burglary offence, given the offender’s portrayed history of addiction and related desperation to fund this. However, that the two IS professions with experience in the criminal justice sector perceived the influence of AOD on the burglary as lower than community members and disability professionals suggests their professional training and experience in the criminal justice system may be responsible for this difference.

Illicit drug-related offences are one of the most common offences (15%) leading to imprisonment in Australia, second only to acts intended to cause injury (23%) (ABS, 2017). As such, professionals experienced in the criminal justice sector are likely to work with offenders with a current or recent substance abuse disorder. Substance use disorder is also highly comorbid with a variety of psychological disorders, and mental illness is overrepresented in offenders within Western countries (Fazel & Danesh, 2002) and the Australian correctional system (AIHW,
In 2015, 50% of Australian prison entrants reported ever having a mental health problem, including substance abuse disorder, and 22% of entrants were referred for mental health/AOD assessment upon initial entrance screening (AIHW, 2015). Close and regular contact with offenders who present with complex psychosocial histories and needs, in addition to specialist training regarding AOD rehabilitation as an aspect of offending punishment and rehabilitation, may result in professionals in the criminal justice sector taking a more holistic perspective towards the causal role of addiction in criminal offending, even in the case of burglary to fund an addiction. Just as professionals experienced in the disability sector might apply a sector-specific sociological imagination to understand the context within which people with an ID function, professionals experienced in the criminal justice sector might apply their own sector-specific sociological imagination to situate the individual offender and their self-responsibility, within the complex psychosocial web of their likely comorbidies.

**Strengths, Limitations, and Future Research Directions for Study 6**

There are several key strengths of this study. Firstly, the use of vignette scenarios provided contextual information for participants to refer to when formulating attitudinal responses. Campreger and Jeglic (2016) found that providing case-specific information via a vignette about an offender’s criminal behaviour (as opposed to having participants imagine a generic offender) reduced bias towards extreme responding for several criminal justice constructs (perceived dangerousness, likely recidivism, and punitiveness). As such, the use of vignettes in the current study likely contributed to participants’ providing considered and conservative responses regarding their criminal justice attitudes.
A second strength of this study was the inclusion of a comparison (control) offender group by which to assess whether participants’ criminal justice attitudes differed by the offender’s disability status. In Study 5, interpretation of participants’ attitudes towards appropriate correctional treatment settings for offenders with an ID was limited due to the lack of a non-ID offender comparison group. Study 6 improved upon this limitation and found a main effect of disability status on several criminal justice outcomes, justifying its value.

A third strength of this study is the use of an Australian sample. There is little research relevant to the Australian context and population assessing the individual or comparative attitudes of community members and professional groups towards criminal justice outcomes for offenders generally, let alone offenders with an ID specifically. Results of this study contribute to the body of knowledge on Australian-specific attitudes towards offenders, and support results based on American, UK, and Canadian samples (relevant to community and professionals’ attitudes towards punitiveness and rehabilitation for offenders generally).

A fourth and final strength of this study was the comprehensive comparison of IS groups for six important criminal justice attitudes, across three common crime types. Past research has tended to assess the attitudes of community members, criminal justice professionals, or disability professionals, separately; or to compare community members attitudes to only one other professional group; or to compare students relevant to the professionals’ disciplines (e.g., nursing, social work). Past research has also tended to focus on assessing attitudes of punishment and rehabilitation, without exploring attitudes towards moral culpability, reintegration, forgiveness, and the role of AOD in criminal behaviour. Furthermore, past research in this area has focused primarily on attitudes toward sex offenders or prisoners as
specific social categories, limiting the generalisability of study results to other types of offenders.

There are also some limitations to this study. Along with the limitations identified for Study 5 regarding self-reported professional status and the overrepresentation of women in the sample, a third limitation was that participants’ attitude toward ‘risk of recidivism’ for each offender was not assessed. Subjective attitude towards risk of offender recidivism is rarely assessed in the forensic psychology and social psychology literature, and would have contributed greatly to research in this area. Understanding participants’ attitudes toward potential recidivism would have also provided contextual information by which to interpret attitudes towards punishment severity, rehabilitation, and reintegration in the current study. A fourth limitation of this study is that the offenders featured in all vignettes were male. While offenders were presented as male in each vignette to control for possible effects of offender gender on attitudes attributed to them, it is notable that most existing research assessing attitudes towards offenders and their social and correctional treatment focuses only on male offenders.

Future researchers could replicate the current study, and include an additional comparison group (females) to determine whether the gender of the offending target influences criminal justice attitudes of community members and/or professional groups. Care would have to be taken to ensure the vignettes were modified so that the criminal scenarios described (sexual assault, violent assault with a weapon, and burglary) are equally realistic and believable when committed by either gender. If future researchers choose to replicate this study, attitudes toward each offender’s ‘risk of recidivism’ could also be included as an additional criminal justice outcome, to contribute to the paucity of empirical knowledge on this particular issue.
Conclusion

Australians, regardless of IS group membership, attributed less moral culpability and deservingness of punishment via imprisonment to offenders with an ID (compared to no ID) for the crimes of sexual assault, violent assault with a weapon, and burglary. Participants also attributed less influence to AOD in sexual offending for offenders with an ID (compared to no ID). Australian community members and criminal justice employees tended to hold more negative attitudes towards criminal justice outcomes for offenders compared to dual professionals, regardless of disability status, and particularly for the sexual and violent assault crime types. Disability professionals also held more negative, less supportive attitudes towards offenders, particularly for the violent assault crime type. These findings extend on international research assessing community members’ and relevant professionals’ attitudes toward criminal justice outcomes for offenders generally, and offenders with an ID specifically. Findings from this study also extend on the limited empirical research assessing community members’ and relevant professionals attitudes toward offenders (with and without an ID) specific to the Australian context.
CHAPTER TWELVE: GENERAL DISCUSSION AND CONCLUSION

This Chapter provides a summary synthesis of findings of this thesis’ six studies, a general evaluation of the relevance of these findings for empirical theory and knowledge relevant to stigma towards offenders with an ID, and speculation regarding the implications of these findings for policy and practice. Strengths, limitations, and future research directions for the thesis’ program of research is also presented, followed by the thesis’ conclusion.

Summary of the Research Program

Chapter 2 presented a narrative review of research from a variety of disciplines relevant to addressing stigma towards offenders with an ID (social psychology, forensic psychology, sociology, criminology, and disability studies), and identified a broad gap in empirical knowledge about offenders with an ID. Past research on offenders with an ID has focused on describing their characteristics in the context of correctional practice, such as relative prevalence by region and custodial setting, pathways through the criminal justice system, criminal careers, and barriers and facilitators to rehabilitation and recidivism including the role of policy and legislation. Only a passing nod was made to the possible role of interpersonal and structural stigma, specifically the role of stigmatisers, in the social processes underlying these descriptive characteristics of offenders with an ID. Interestingly, there was negligible research from Australia or elsewhere investigating how community members and professionals from the criminal justice and disability sectors (all influential social categories regarding criminal justice outcomes for offenders with an ID) conceptualise offenders with an ID as a potentially stigmatised social category, despite distinct bodies of research indicating that people with an ID and criminal offenders are each stigmatised social categories. Two multi-part
factorial surveys were conducted to examine community members’ and relevant professionals’ stigmatising beliefs and attitudes towards offenders with an ID, and relevant social subcategories (people with an ID and offenders). Results of these two factorial surveys were reported as six distinct studies; Survey 1 contributed to Study 1-4, while Survey 2 contributed to Study 5-6. Factorial Survey 1 sampled Australian community members. Factorial Survey 2 sampled community members and three professional groups (those experienced in the criminal justice sector, experienced in the disability sector, dual professionals experienced in both sectors) deemed IS groups.

**Study 1**

In Study 1, a two-factor measure was developed and validated to quantitatively assess Australians’ beliefs about human rights as a ‘fuzzy construct’ and Australian social value. The measure’s two subscales (‘belief that human rights are a moral imperative’ and ‘belief that Australian society supports human rights’) were negatively correlated; average support for the beliefs was strong and average, respectively. Bivariate correlations showed that gender and identification with a social minority, but not age, was significantly associated with each subscale. Women and social minorities were more likely to believe human rights are moral imperative, while men and non-minorities were more likely to believe Australian society supports human rights.

Study 1 findings suggest that Australians generally value human rights (as a subjective concept), and they tend to personally over-value their personal support for human rights compared to others in their community. Unlike women and social minorities, men and social non-minorities may have experienced less social discrimination or identify less with historical social oppression, and so feel less invested in supporting human rights as a moral imperative. Similarly, men and non-
minorities may view Australia’s enshrinement of human rights principles in policy and legislation as evidence that Australian society generally values human rights, untempered by personal experiences of relevant discrimination attributable to human rights concerns. Overall, Study 1’s findings demonstrated a new measure of beliefs about human rights in the Australian context, and indicated that overall, community members personally value human rights, given their subjective understanding of these.

Study 2

In Study 2, community members’ beliefs about human rights were used to predict moral concern for criminal offenders and people with an ID, after first ranking these two social categories relative to other vulnerable and non-vulnerable Australian social categories via the circle of moral concern task. People with an ID were included in the circle of moral concern of three quarters of participants, and had a median rank of 3 out of 14 (the highest median rank along with people with mental illness); in contrast, less than half of participants included current and ex-offenders in their circle, and both offender types had a median rank of 11 out of 14 (the second lowest median rank, prior to adult men). The circle of moral concern task presents a stark picture of contrasting attitudes towards the deserved moral patiency of people with an ID compared to offenders, when presented as abstract social categories.

Controlling for gender and age, Study 2 also used participants beliefs about human rights as predictors of moral concern for total number of social categories, for people with an ID specifically via inclusion in the moral circle, and similarly for current and ex-offenders. Belief that human rights is a moral imperative significantly predicted each outcome variable, but belief that Australian society supports human rights did not. Likelihood that participants would include offenders and people with an ID in their circle of moral concern more than doubled for every incremental
increase in their personal valuing of human rights. Interestingly, youth was significantly associated with the size of one’s moral circle but not with the inclusion of people with an ID or offenders. Gender was also a significant, interesting predictor; men were more likely to include current and ex-offenders in their circle, while women were more likely to include people with an ID. These additional findings from Study 2 highlight that perceiving human rights to be a moral imperative has a powerful influence on expression of moral concern for total number of social categories, and on the inclusion of social categories who have been ranked dramatically differently in their relative deservingness of moral concern.

Study 3

In Study 3, between-group comparisons were made assessing community members’ beliefs about the social, ‘human’, and moral status of people with an ID and offenders, as social categories. Social status was assessed using Fiske and colleagues’ (Fiske et al., 2002) stereotype content model, ‘human’ status was assessed using Gray and colleagues’ (Gray et al., 2007) theory of mind perception, as well as Haslam and colleagues’ two-dimensional theory of dehumanisation, and moral status was assessing using Grey and colleagues’ moral typecasting theory. Overall, participants perceived both offenders and people with an ID to be low on the stereotype content subscales of status, competitiveness, and competence; additionally, offenders were perceived to be low on warmth while people with an ID were perceived to be average in this.

According to the stereotype content model, social categories who are attributed low status and non-competitiveness should be culturally stereotyped as having lower competence and higher warmth, evoking emotions such as pity and sympathy and resulting in paternalistic prejudice towards the stereotyped outgroup (Fiske et al., 2002). People with disabilities fall within this particular outgroup,
according to Fiske et al. (2002). Social categories who are attributed low status but higher competitiveness should be culturally stereotyped as having both lower competence and warmth, evoking emotions such as disgust, anger, and resentment, leading to contemptuous prejudice towards the stereotyped outgroup (Fiske et al., 2002). Fiske (2015) and Fiske et al. (2002) identified that ‘social outcasts’, who are seen as ‘parasitic’, fall within this outgroup, such as low SES people, welfare recipients, and homeless people. Community members’ overall responses suggest that both people with an ID and criminal offenders should be attributed paternalistic prejudice given their perceived status and competitiveness; however, their perceived warmth and competence suggests only people with an ID may fall (barely) into this category, while offenders appear to be attributed contemptuous prejudice. These final Competence/Warmth classifications reflect anticipated categorisations and associated prejudices according to theory and similar past research (Sadler et al., 2012), however the internal consistency of Fiske et al.’s (2002) stereotype content model requires further investigation by future researchers, specifically the contributions of Status/Competitiveness weightings to Competence/Warmth and associated prejudice classifications.

Between-group comparisons for the stereotype content model dimensions found that community members perceived offenders to be significantly higher in status, competitiveness, and competence than people with an ID, and perceived people with an ID to be higher in warmth. While the difference between perceived status, competitiveness, and competence of the two social categories was relatively small, the difference in perceived warmth was quite large. It appears the perceived warmth (agreeableness, friendliness, sociableness) of people with an ID distinguishes them most strongly from offenders, as abstract social categories.
Grey and colleagues’ (Gray et al., 2007a) theory of mind perception did not present a clear typology by which to predict how community members might perceive the mind dimensions (agency and experience) for people with an ID and offenders. However, research by Gray and Wegner (2009) found that people with an ID were rated lower on both agency and experience compared to an adult without an ID, and Khamitov et al. (2016) found that offenders were rated lower on agency compared to a neutral or benevolent social category. In Study 3, participants perceived offenders as fairly average in both agency and experience, while people with an ID were perceived as average in agency but high in experience. Between-group comparisons showed a small significant difference in perceived experience but not agency for the two social categories. In the case of mind perception, people with an ID were attributed a greater capacity for emotional and sensory experience than offenders, but community members appeared ambivalent regarding the capacity of both people with an ID and offenders for cognitive agency.

Haslam and colleagues’ (Haslam et al., 2004, 2005, 2008) theory of dehumanisation suggests that individuals attribute high human uniqueness and human nature to themselves, and to their ingroup; conversely, people dehumanise outgroups by attributing lower human uniqueness (likening the outgroup to unsophisticated animals) and/or lower human nature (likening the outgroup to non-sentient, non-sociable machinery such as robots). In Study 3, both people with an ID and offenders were overall attributed below average human uniqueness, indicating community members perceived both social categories to be relatively unsophisticated in terms of capacity for culture, rationality, and self-control, and hence more similar to non-human animals. While offenders were also attributed just below average human nature (suggesting community members perceived them to be cold, passive, and superficial, more like automata than themselves), people with an
ID were attributed fairly high human nature (indicating community members perceived them to be warm and open, with emotional depth, and hence more similar to themselves in this regard). This difference in attributed human nature was statistically significant and quite large, reflecting the difference between groups regarding the experience dimension for mind perception.

The perceived moral status of people with an ID and offenders was assessed using three constructs (moral responsibility, moral credit, and moral patiency), with results interpreted in the context of Grey and colleagues’ (Grey et al., 2012; Grey & Wegner, 2009) moral typecasting theory. This theory is an extension of mind perception theory (Grey et al., 2007), and suggests that if perceived cognitive agency is high, then greater moral agency is attributed to that target for their moral, or immoral, behaviours, casting them respectively as a hero or villain. When cast as a hero, a person is attributed moral credit, and when cast as a villain, they are attributed moral responsibility. Conversely, if cognitive agency is perceived to be low, then moral agency (and associated moral responsibility and credit) should be similarly low. Those perceived to be lower in agency and high in experience are cast as victims of a villainous moral agent, or as ‘patients’ of moral heroes who receive their help. Given moral typecasting theory, it was expected that a target perceived to have higher cognitive agency would be cast as a hero and villain, while a target with lower cognitive agency would be cast as a victim or patient.

In Study 3, people with an ID were attributed average moral responsibility for immoral acts, and above average moral patiency and moral credit for experiencing immoral acts, and doing moral acts, respectively. Offenders were attributed above average moral responsibility and moral credit for immoral and moral acts, respectively, but were attributed average moral patiency for experiencing immoral acts. It is important to keep in mind that people with an ID and offenders did not
significantly differ in their cognitive agency, according to mind perception theory; nonetheless, between-groups comparisons found that community members attributed significantly greater moral responsibility to offenders, and significantly greater moral patiency and credit to people with an ID. Where the effect sizes for group differences regarding moral responsibility and patiency were medium, the difference between groups for moral credit was quite small, and so requires replication with additional design controls.

These results partially support the moral typecasting theory’s dyadic model of morality (that is, agents and patients are dyadically typecast), but suggests that this theory may not adequately distinguish between attributions of moral responsibility and credit, and that the role of high cognitive agency in itself is not sufficient to typecast a villain.

Overall, findings of Study 3 suggest that community members stigmatise people with an ID and criminal offenders is many similar ways, but that there are also key distinctions. Both social categories are perceived to have low social competence, and both are subtly dehumanised by failing to clearly distinguish their capacities and qualities from those of non-human animals. Neither social category is attributed the same degree of cognitive agency that a ‘normal’ adult like one’s self would be deemed to possess. In short, both social categories are perceived to possess ‘less’ of the qualities and capacities that contribute to community members’ prototypical schemas of ‘ingroup’, ‘mind’, and ‘human’. However, additional stigmatising beliefs towards offenders appear to frame them further as even ‘less’ than people with an ID; as possessing less capacity for sentience and less depth of emotion, less interpersonal warmth, as more mechanistic and hence less human, and ultimately as more blameworthy, less deserving of protection, and less deserving of acknowledgement for good deeds.
Study 4

In Study 4, community members were allocated to one of three vignette conditions featuring ‘John’, a 35 year old man with casual employment who lived with his parents and had an active social life. In the first vignette condition, John had an ID, in the second vignette John committed a criminal offence (theft, physical assault) but did not have an ID specified, and in the third vignette John committed the criminal offence and also had an ID specified. Participants read their vignette and then provided a qualitative explanation as to what they though the cause of John’s ID was (for vignette 1), or what they thought the cause of his criminal offending was (vignette 2 and 3). This study aimed to explore and compare community members’ causal attributions regarding criminal offending when an ID was, and was not, associated with the offender. Exploring the cause of the ID itself contributed context for participants’ responses to vignette 3 (offender with an ID specified). Weiner’s (1986) causal attribution was employed after themes were generated inductively, to further interpret the causal belief themes identified.

Eight themes representing participants’ causal beliefs about why an individual might have a mild ID were identified, and are listed here in order from most frequently to least frequently coded: Genetics; Physical Trauma; Illness; Exposure to Chemical Toxins; Psychosocial Influences; Social Construction; Metaphysical Mystery; and Unknown Causes. Six themes representing participants’ causal beliefs about why an individual might criminally offend (theft, physical assault) were identified, and are listed here in order from most frequently to least frequently coded: Financial Pressure; Entitlement; Impaired Reasoning; Social Connection; Moral Disregard; and Innocent. Furthermore, six similar yet distinct themes representing participants’ causal beliefs about why an individual with a mild ID might criminally offend (theft, physical assault) were identified, and are listed
here in order from most frequently to least frequently coded in participant responses: Intellectual Disability; Social Influences; Entitlement; Working Poor; Immoral; and Innocent.

Overall, Australians reported a variety of causal explanations for ID, and for criminal offending when an ID was, or was not, specified. Causal belief themes for ID were consistent with past research (Coles & Scior, 2012; May, Rapee, Coello, Momartin, & Aroche, 2014; Scior & Furnham, 2011; Scior, 2011), and suggested Australian participants had generally sound ID literacy (Scior & Furnham, 2011). This study also provided a more nuanced description of these previously identified causes compared to past research (Coles & Scior, 2012; Scior & Furnham, 2011), and highlighted that Australians predominantly ascribed biogenetic and uncontrollable environmental causes to the possession of ID. It was also notable that Australian participants hardly referred to supernatural causes to explain ID, unlike in some studies involving non-Western populations (May et al., 2014; Mesfin, 1999; Mulatu, 1999). Participants expressed generally positive attitudes towards ‘John’ through their qualitative responses.

The themes reported for offenders without an ID specified were generally consistent with similar, if older, past research (Carroll, 1978; Carroll et al., 1987; Erskine, 1974; Furnham & Henderson, 1983; Hollin & Howells, 1987), with any differences attributable to changes in sociohistorical policies and education. With respect to causal attribution theory, themes identified for offenders without an ID specified were varied in terms of attributes, but tended to more commonly reflect internal, controllable causes.

Regarding causal belief themes for offenders with versus without an ID specified, Australian participants tended to report a greater variety of causes for criminal offending when an ID was not specified, including a range of social,
intrapersonal, and interpersonal antecedents. When an ID was specified, however, participants reported a narrower range of causal beliefs for criminal offending, generally identified the ID as the primary cause of criminal offending, and tended to contextualise all secondary causes with reference to the ID. The key difference between responses to the two criminal offender vignettes centred around attributions of controllability of causes for offending, and hence responsibility for criminal behaviours. Responses also differed in the depth of character attributed to John (his motivations, desires, and breadth of psychological experience) when an ID was, versus was not, specified. Participants appeared to view John as a victim of his uncontrollable disability in spite of his criminal offending when an ID was specified, whereas more controllability and hence criminal responsibility was attributed to John when an ID was not specified.

Overall, findings of Study 4 suggest that Australian community members have a fairly good lay understanding of how ID can be caused, and appreciate the complex psychosocial factors that can lead to criminal offending. However, when an offender was also described as having an ID, explanations for offending became largely one-dimensional, contextualised by the disability. Well-established criminogenic risk factors attributed to offenders without an ID by participants, were not attributed when ID was present; and the offending was more frequently perceived as reactive than premeditated. The overall tone of participant explanations for John’s offending when an ID was specified was sympathetic, pitying, and protective; in contrast, the tone of responses for John when an ID was not specified was a mixture of sympathy and contempt.

Study 5

In Study 5, between-groups comparisons were made to assess the IS groups’ attitudes towards prison and the community as appropriate correctional treatment
settings for offenders with an ID. Overall, community members and each profession
agreed the community was an appropriate treatment setting, and disagreed that prison
was an appropriate treatment setting. However, community members and criminal
justice professionals held significantly less positive attitudes than dual professionals
regarding community-based treatment, and significantly more positive attitudes than
dual professionals towards prison-based treatment, for offenders with an ID.
Community members’ attitudes towards appropriate correctional treatment settings
for offenders with an ID were consistent with previous research, which suggests they
hold generally negative attitudes toward offenders and, while expressing support for
their rehabilitation, tend to not want offenders housed or treated in their
neighbourhood (Brown, 1999; Cumberland & Zamble, 1992; Indermaur & Roberts,
2005; Kjelsberg & Loos, 2008; Roberts et al., 2007; Roberts & Hough, 2005; Sigler
& Lamb, 1995). However, that professionals experienced in the criminal justice
system significantly differed from dual professionals regarding attitudes to
correctional treatment settings was novel and unexpected.

Overall, Study 5 highlighted that Australians (both community members and
professionals affiliated with offenders with an ID) hold positive attitudes towards the
correctional treatment of offenders with an ID in the community setting, and hold
negative attitudes towards their correctional treatment in prisons. However, the
strength of these attitudes was weaker for community members and criminal justice
professionals compared to dual professionals. The attitudinal differences between the
criminal justice and dual professional groups indicate these professionals hold
different professional beliefs and attitudes that are likely informed by, and influence,
their practice with offenders with an ID.
Study 6

In Study 6, IS groups were treated as natural groups and randomly allocated to one of three crime scenarios (sexual assault, physical assault with a weapon, and burglary). In each crime subsample, participants were further allocated to one of two conditions describing the target offender a having and ID, or not. Three 4x2 between-group comparisons were conducted to assess how attitudes towards the moral culpability, punishment, rehabilitation, reintegration, forgiveness, and influence of AOD, for three types of offender, differed by IS group and disability status of the target offender.

Study 6 showed that Australians, regardless of IS group membership, attributed less moral culpability and deservingness of punishment via imprisonment to offenders with an ID (compared to no ID) for the crimes of sexual assault, violent assault with a weapon, and burglary. They also attributed greater influence to AOD for the sexual offender with an ID (compared to no ID). Australian community members and criminal justice professionals tended to hold more negative attitudes towards criminal justice outcomes for offenders compared to dual professionals, regardless of disability status, and particularly for the sexual and violent assault crime types. Disability professionals also held more negative, less supportive attitudes towards offenders, particularly for the violent assault crime type.

Overall, findings from Study 6 extend on international research assessing community members’ and relevant professionals’ attitudes toward criminal justice outcomes for offenders generally. Findings from this study also extend on the limited empirical research assessing community members’ and relevant professional’s attitudes toward offenders (with and without an ID) specific to the Australian context.
Original Contributions to, and Implications For, Research and Practice

This thesis makes several original contributions to the empirical literature on offenders with an ID by employing social psychological theory and constructs to explore, identify, and compare stigmatising beliefs and attitudes towards offenders with an ID, in addition to people with an ID and offenders as constituent, social categories. These contributions include developing original quantitative measures assessing beliefs about human rights in the Australian context, and attitudes to appropriate correctional treatment settings for offenders with an ID, challenging moral typecasting theory’s dyadic structure, particularly the role of cognitive agency in attributing moral credit, and extending causal attribution findings relevant to ID, criminal offending, and offenders with an ID. Furthermore, the thesis provides novel findings regarding professionals’ criminal justice attitudes regarding moral culpability, punishment, rehabilitation, reintegration, forgiveness, and role of intoxication, towards offenders with an ID. Findings are also specific to the Australian population and context, ensuring they are unique and relevant to the country’s current sociohistorical context and, as such, will appeal to Australian researchers and professionals/practitioners invested in the correctional management and treatment of offenders with an ID. Past research exploring criminal justice attitudes and attributions using community and professional samples has tended to focus on United Kingdom and North American populations, and are infrequently published, meaning recent research, and research specific to the current Australian sociohistorical context, is limited. Furthermore, the application of a social psychological lense to examine criminal justice attitudes and attributions may present researchers immersed in the forensic and disability psychology fields with new constructs and theoretical frameworks by which to interpret and reflect on their own findings and professional insights.
Findings of the thesis, particularly those concerning the differing attitudes of community members and professionals towards correctional treatment settings, objectives, and outcomes, have serious implications for policies and practices around training, employment, and supervision of professionals in the correctional and forensic disability sectors. Dissemination of the thesis’s empirical findings and real-world implications in lay language to politicians, policy makers, and executive and managerial staff within the criminal justice and correctional sector should be pursued with an aim to educate and guide those with power over the psychosocial health and well-being of offenders with an ID.

Perhaps the most significant contribution of this thesis to the empirical literature is the application of stigma and prejudice theories, such as the stereotype content model, mind perception theory, and the theory of two-factor dehumanisation to a concrete social problem. These theories are typically employed in purely experimental social psychological studies to better understand the mechanisms by which these specific theories operate, and can employ a standard set of American-centric social categories by which to theorise outgroup stigma (particularly the stereotype content model). As purely experimental studies, research examining the mechanisms of these theoretical processes also tend to depend on samples from university student populations and paid services such as MechanicalTurk/TurkPrime. While these sample types are sound for experimental work, the applicability of findings from such samples discounts the naturalistic noise cross-sectional community or other population samples generate, which is arguably important to consider when exploring applied social problems in which numerous beliefs and attitudes compete. This thesis’ findings have demonstrated that even including the naturalistic noise of cross-sectional samples, the social psychology theories employed generally operate as theorised in an applied context, and
contribute meaningful knowledge to understand the social cognitive processes that can influence correctional treatment and outcomes for offenders with an ID, for better or worse. More specifically, these findings have contributed to understanding the expectations of diverse potential stigmatisers, and how interrogation of different social categories’ beliefs, values, and attitudes may underpin the development of better policy and practice, and perhaps thereby influence outcomes.

By applying a social psychology lens to examine community members’ and professionals’ stigmatising beliefs and attitudes towards offenders with an ID, this thesis has extended on the theoretical perspective of interpersonal and systemic stigma as a partial explanation for the overrepresentation of people with an ID in Australia’s criminal justice system. Past research on this issue has focused on describing the prevalence, characteristics, and sentencing pathways and outcomes for offenders with an ID, or alternatively has described the persistence of interpersonal and structural discrimination against people with an ID in the criminal justice system without really exploring how or why this occurs. This thesis, however, has explored, identified, and compared stigmatising beliefs held by Australian community members towards people with an ID and offenders, and has further explored, identified, and compared the attitudes of community members and professionals towards offenders with, and without, an ID for a variety of crime types. This is a unique approach to understanding the challenges faced by offenders generally, and by people with an ID specifically, in Australian research.

The thesis’ findings have real-world implications for training, professional development, and the ethical practice of professionals in both the criminal justice and disability sectors involved in the policing, sentencing, diversion, custodial management, therapeutic and correctional treatment, and post-release and community support of offenders with an ID. Findings highlighted that professionals
experienced only in the criminal justice sector may be more prone than professionals experienced in the disability sector to stigmatising offenders with and without an ID. Having identified the nature of these stigmatising beliefs and attitudes, and the types of beliefs and attitudes on which professions differ, in addition to how these attitudes vary with respect to offence types, professional educators and organisational managers could make use of this knowledge to assist staff to gain insight into their own potential stigmatising beliefs and attitudes towards their clients, patients, and custodial charges. Although de-stigmatisation theories and approaches were beyond the scope of investigation for this research program, the identification of specific stigmatising beliefs and attitudes towards offenders with an ID and their constituent social categories may nonetheless contribute to future professional training programs designed to de-stigmatise offenders with an ID in order to reduce interpersonal, and ultimately structural, discrimination towards them. Findings relevant to dual professionals experienced in both the criminal justice and disability sectors highlighted that this influential social category has the potential to play a significant role in the de-stigmatisation of offenders with an ID. Overall, dual professionals were supportive and positive regarding offenders’ correctional outcomes, which could be attributed to their being more likely to have postgraduate education relevant to their professional role, as well as their experience (and perhaps synthesis of) two opposing professional agendas (support for the individual offender, and protection of the community).

The thesis’ findings also have real-world implications for de-stigmatising interventions for the broader Australian community. The findings highlighted that although community members hold the most stigmatising attitudes overall towards offenders with an ID compared to the professionals sampled, and that community members are more contemptuous in their stigmatisation of offenders than of people
with an ID, they nonetheless value human rights within their society, and hold moral regard for social categories they perceive as vulnerable. As citizens, community members play important formal and informal roles in the sentencing and reintegration of offenders with and without an ID. The identification of how community members’ beliefs and attitudes towards people and offenders with and without an ID vary, presents a selection of cognitions government and community campaigners might aim to modify in community members, to improve social inclusion of these social categories.

**Strengths, Limitations, and Future Research Directions**

The research program of this thesis has several strengths. Firstly, empirical knowledge from a variety of disciplines was synthesised, and appropriate theories and constructs were applied, to investigate stigmatising beliefs and attitudes towards offenders with an ID. This approach integrated past research and constructs from social and forensic psychology, as well as from sociology, criminology, and disability studies, in order to acknowledge the complex, intersectional factors influencing the historical and current status of offenders with an ID, and the variety of research perspectives and methodological approaches contributing to the area of enquiry.

A second strength of this research program was the targeted, effective use of social media platforms to recruit large general population samples for Survey 1 and 2, in addition to a variety of professionals for Survey 2. While samples for both factorial surveys in this thesis were of convenience, the samples themselves were quite large and varied in key demographics. Facebook and associated social media platforms and forums (e.g., Instagram, Reddit) have become popular recruitment mediums for psychology research during the past decade, but less attention seems to
have been paid to professional social networking sites such as LinkedIn for convenience sampling of specific professions. The successful sampling of professionals for Survey 2 highlights that future researchers should consider LinkedIn and other ‘professional’ social platforms as valuable recruitment mediums.

A third strength of this research program was the use of online, multi-phase factorial surveys, allowing the efficient collection of cross-sectional and quasi-experimental data, and both quantitative and qualitative data, relevant to associated constructs. A unique feature of the factorial survey is the use of multiple vignettes with controlled variations to isolate the factor of influence on participants’ responses. In the current thesis, the factorial survey design was shown to be an efficient and effective method by which to examine qualitative and quantitative responses to varied vignette sets.

A fourth strength of this research program was the development of multiple original measures, including a measure of Australians’ beliefs about human rights, a measure of Australians’ attitudes towards appropriate correctional treatment settings for offenders with an ID, and measures of attitudes towards the reintegration and forgiveness of offenders. While applied only to the current thesis’ samples and the Australian population, these measures demonstrated promising construct validity, predictive validity, and internal reliability, highlighting their value for future researchers in this area of investigation.

The research program also had several limitations. Primary among these was the use of convenience sampling methods to recruit both community members and professionals. While the community member samples for Survey 1 and 2 were generally quite large and included varied demographics in terms of gender, age, education, and employment, there is no assurance that these samples were meaningfully representative of the Australian general population. Similarly,
professionals were conveniently recruited using word of mouth, snowballing, paid and unpaid advertisements on Facebook, and via individual invitation on LinkedIn. While the demographics of professionals within each subsample were varied, and did not significantly differ between professional subsamples, it cannot be assumed that these subsample beliefs are representative of their respective professional sectors. Furthermore, inclusion in these subsamples was based on self-identification as being currently or previously employed in the disability/social work sector, criminal justice/correctional sector, both of these sectors, or neither of these sectors. As specific past and current occupations and roles were not reported by participants, it is not possible to determine what types of sub professions contributed to each professional subsample, or the role/status of professionals within in each subsample.

Some researchers may consider the use of social media a limitation to the research program’s convenience approach to sampling, in addition to the use of purely online data collection. This approach limited the population of potential participants to those with access to the internet generally (including workplace and private settings in the case of professionals), and access to the previously described online social media platforms, specifically. It is likely that this approach limited a variety of subpopulations from participating in the study (e.g., Australians who may not be active on social media, those who are wary of accessing advertisements online due to fear of cybercrime, those without access to the internet due to socioeconomic status, lifestyle, or lack of regional infrastructure allowing this). Findings regarding the representativeness of social media users, particularly Facebook users, are mixed. For example, Mellon and Prossor (2017) found Facebook and Twitter users were younger, better educated, and more liberal than the general population of the UK. Wells and Link (2014) found 50% of a large US, nationally representative, probability-based panel sample with data collected via meters were Facebook users,
with Facebook users more likely to be young, white, female, and with a minimum high school education. A systematic review of 35 studies detailing Facebook recruitment for health research, by Whitaker, Stevelink, and Fear (2017), similarly found young, white women were overrepresented using this approach; however, they also concluded that in addition to pragmatic benefits of reduced cost and reduced recruitment period, representation of targeted populations was better when compared to traditional recruitment approaches (e.g., print, radio, television, email). These studies are presented only as examples of the topical and dissonant perspectives regarding social media sampling in the social sciences, and by no means justify the validity of this sampling approach.

A further limitation of this research program was the focus on casting offenders in vignette scenarios are male only. This was an intentional design decision to reflect the fact that most criminal offenders in Australia are men and to ensure findings were comparable between studies within the thesis. I do acknowledge that this approach not only perpetuates offender stereotypes (by casting all offenders as men), but also impedes researchers’ and practitioners’ understanding of stigma and associated discrimination towards female offenders with an ID. I assume that gender stereotypes would influence the degree to which paternalistic prejudice is imposed on offenders with an ID, and impact attributions about the causes of their offending, and associated attitudes to their correctional treatment and outcomes.

The final and most significant limitation of this thesis is that I have not generated empirical evidence that the stigmatising beliefs and attitudes towards offenders with an ID identified in these studies actually relate to community members’ and professionals’ intention to discriminate against offenders with an ID, or to their actual discrimination against them. The association of beliefs and attitudes with behavioural intention and action generally, and in the context of stigma and
prejudice specifically, is assumed on the basis of theoretical models such as the Theory of Reasoned Action and Planned Behaviour and the stereotype content model. As such, findings of this thesis are limited to cognitions towards offenders with an ID and constituent social categories, and can only be applied to explain behavioural intention and action in a speculative way. These findings therefore provide some foundations to explain discrimination towards offenders with an ID, but do not tell a complete story.

Given these limitations of the research program, future researchers should consider replicating (with or without modifying) the factorial surveys contributing to this thesis, using both probability and non-probability sampling approaches to recruiting Australians. Furthermore, replication using Australian samples obtained through both online and traditional recruitment methods should be considered, to compare the representativeness and generalisability of beliefs and attitudes described in this thesis between traditional and online recruitment approaches. Future researchers interested in extending on this research program should consider manipulating the gender of target social categories to determine whether and how gender stereotypes influence stigmatising beliefs and attitudes. Furthermore, future researchers who choose to extend on this research should consider developing designs which examine the progression of stigmatising beliefs and attitudes that translate to discriminative intention and behaviour towards offenders with an ID and their constituent social categories.

**Conclusion**

The thesis shows that Australians stigmatise people with an ID and criminal offenders in different ways, which results in more positive (if patronising) attributions and attitudes towards people with an ID, and offenders with an ID, than
offenders generally. Regardless of professional knowledge, overall Australians believe the community setting rather than the prison setting is more appropriate for the correctional treatment of offenders with an ID; and they hold more positive criminal justice attitudes towards offenders when an ID is specified. Laypeople hold more negative, less supportive criminal justice attitudes towards offenders regardless of ID; and dual professionals hold more positive, more supportive criminal justice attitudes towards offenders regardless of ID.

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APPENDICES

Appendix I: Factorial Survey 1 for Studies 1-4 - Ethics Approval, Materials, and Supplementary Results

Ethics Modification Approval Granted for Factorial Survey 1 for Study 1-4

Memorandum

To: Dr Arlene Walker
   School of Psychology

From: Deakin University Human Research Ethics Committee (DUHREC)

Date: 26 September, 2016

Subject: 2016-095 Community and Professional Beliefs, Values and Attitudes towards Offenders with Intellectual Disability in Australia

Please quote this project number in all future communications

The modification to this project, submitted on 12/09/2016 has been approved by the committee executive on 26/09/2016.

Approval has been given for Alexa Hayley, under the supervision of Dr Arlene Walker, School of Psychology, to continue this project as modified to 3/08/2020.

The approval given by the Deakin University Human Research Ethics Committee is given only for the project and for the period as stated in the approval. It is your responsibility to contact the Human Research Ethics Unit immediately should any of the following occur:

• Serious or unexpected adverse effects on the participants
• Any proposed changes in the protocol, including extensions of time.
• Any events which might affect the continuing ethical acceptability of the project.
• The project is discontinued before the expected date of completion.
• Modifications are requested by other HRECs.

In addition you will be required to report on the progress of your project at least once every year and at the conclusion of the project. Failure to report as required will result in suspension of your approval to proceed with the project.

DUHREC may need to audit this project as part of the requirements for monitoring set out in the National Statement on Ethical Conduct in Human Research (2007).

Human Research Ethics Unit
research-ethics@deakin.edu.au
Telephone: 03 9251 7123
Materials

**Promotional materials.** Paid Facebook advertisement materials inviting Australians aged 18 years and older to complete the online study.

Accompanying text: ‘Tell us your thoughts on human rights and different social groups in Australia. Win a $100 Coles Myer gift card. Complete this 15 minute online survey by Deakin University.’

Informal (unpaid, snowballing) Facebook invitation to Australians aged 18 years and older in the researcher’s online social network to complete the online study.

Accompanying text: ‘Hi Everyone! Do you have 15 minutes to spare? This Deakin University study explores your beliefs about human rights and how we think about different social groups in Australia. You could win a $100 Coles Myer voucher. All responses are anonymous and confidential. Please share this study link with your friends and family. Thank you!’
Online plain language statement.

To: Participant

Date: 1st October 2016

Full Project Title: Australians’ Beliefs about Human Rights and the Moral Status of Social Groups

Principal Researcher: Dr Arlene Walker

Student Researcher: Alexa Hayley (PhD Candidate)

Associate Researcher(s): Prof. Joe Graffam, Dr Lucy Zinkiewicz

Hello,

The aim of this study is to understand Australians’ beliefs about human rights and the moral status of different social groups.

Methods

This study is an online survey and takes approximately 20 minutes to complete. It includes questions asking about your: demographics; beliefs about human rights; beliefs about the moral status of different social groups and your moral concern for them; and beliefs about underlying characteristics of specific social groups.

Consent and Withdrawal
To consent to participate in this online survey, simply read and save this Plain Language Statement, and click the ‘NEXT’ tab at the bottom of this page. You can withdraw from this study at any time by exiting the survey page; however any responses prior to ceasing the survey cannot be withdrawn/deleted.

Participant Involvement

Participation requires that you just complete the online survey.

Potential Risks to Participants

There are no anticipated risks to participants.

Potential Benefits to Participants and the Community

As an incentive to complete the study, participants can choose to enter a draw to win a $100 Coles Myer voucher once they have completed their responses. Participants may also personally benefit from participating in this study by being encouraged to self-reflect on their beliefs about human rights and certain social groups. Expected benefits of this study to the wider community include identifying community beliefs and attitudes towards social groups vulnerable to human rights violations, and providing empirical knowledge to guide viable policy and legislative decisions in keeping with community needs and expectations with reference to such social groups.

Privacy and Confidentiality

Participant responses will be strictly confidential- only the researchers will have access to this information. All individual responses are anonymous and non-identifiable. To protect your confidentiality, we will not ask for identifying information such as your name, contact information, or a signed consent form.
Study Results

Results of this study may be presented in Associate Researcher Alexa Hayley’s PhD thesis, published as one or more peer-reviewed journal articles, and/or presented as a conference paper.

If you have any queries or would like to be informed of the overall findings of this project, please contact Ms Alexa Hayley at halexa@deakin.edu.au or Dr Arlene Walker at Arlene.walker@deakin.edu.au.

Funding Declaration

This study is funded by Deakin University’s School of Psychology in accordance with Associate Researcher Alexa Hayley’s PhD candidature agreement. There are no other funding sources involved.

Complaints

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about your rights as a research participant, then you may contact:

The Manager, Ethics and Biosafety, Deakin University, 221 Burwood Highway, Burwood Victoria 3125, Telephone: 9251 7129, research-ethics@deakin.edu.au.

Please quote project number 2016-095.

To consent to participate in this study, click NEXT.
Online Survey.

SECTION 1: Demographics

1. How did you first find out about this study?
   Facebook
   Twitter
   Instagram
   Email
   Other (please explain) ____________________

2. Are you:
   Male
   Female
   Other

3. What is your age?_____________

4. Are you an Australian citizen?
   Yes
   No

5. What is your nationality?____________________

6. What is the highest level of education you have attained?
   Some secondary school
   Year 10
   Year 12
   TAFE Certificate/s
   TAFE Diploma/s
   Undergraduate (Bachelor) degree
   Masters or other postgraduate degree
   Doctoral degree (PhD)
   Other (please explain) ____________________

7. In which Australian State or Territory do you primarily live and work?
   NSW
   VIC
   SA
   WA
   NT
   QLD
   TAS
   ACT
   I don't currently live and work in Australia

8. What is your current employment status?
   Full time paid work
   Part time/casual paid work
   Volunteer worker
   I am not currently employed as a paid or volunteer worker
9. Are you currently, or have you ever, been employed or volunteered in the following sectors?

a) Social work or disability sector?
Yes
No

b) Criminal justice sector?
Yes
No

10. Have you ever been employed in paid or volunteer work?
No
Yes. Please state your most recent occupation: ____________________

11. Do you identify with any of the following Australian social minority groups? You can select more than one.
   Sexual minority (e.g., gay/lesbian, bisexual, transexual, etc.)
   Cultural minority (e.g., Vietnamese, Indian, Sudanese, etc.)
   Indigenous Australian (Aboriginal or Torres Strait Islander)
   Religious minority (e.g., Jewish, Muslim, etc.)
   Person with a disability
   Migrant
   Other ____________________

12. At any time in your life (as a child, adolescent or adult) have you personally known a person with an intellectual disability?
Yes
No

13. At any time in your life (as a child, adolescent or adult) have you personally known a person who had been sentenced for a criminal offence?
Yes
No

14. How religious and/or spiritual are you, if at all?
   Not at all religious or spiritual
   A little religious or spiritual
   Moderately religious or spiritual
   Very religious or spiritual
   Extremely religious or spiritual

15. With which religion or spiritual practice do you identify? _________________

You've finished 25% of the survey already!

SECTION 2: Beliefs about human rights

16. To what extent do you agree or disagree with the following statements about human rights?
6-point Likert-type scale used. 1 = *Strongly Disagree*, 2 = *Moderately Disagree*, 3 = *Slightly Disagree*, 4 = *Slightly Agree*, 5 = *Moderately Agree*, 6 = *Strongly Agree*. *indicates reverse scored item.

All people deserve human rights.
A society that does not respect and protect human rights is an immoral society.
All social groups deserve human rights.
It is my responsibility to respect and protect the human rights of other Australian people.
Some people don’t deserve the same rights as me.*
I often think that my human rights are not respected by Australian society.*
Criminal offenders should have the same basic human rights as me.
Human rights are taken seriously in Australia.
Most Australians respect others’ human rights.
People with intellectual disability should have the same basic human rights as me.
Australia does a poor job protecting its citizens’ human rights.*
Australian laws restrict the human rights of some Australian social groups.*

SECTION 3: Moral concern for social categories

17. Sometimes people feel like they should show concern for, care for, support, and/or advocate for the welfare and interests of particular social groups. This type of concern is generally referred to as feeling a 'moral obligation' towards that group.

To answer the following question, follow these steps:
1. If you personally feel morally obligated to show concern for the welfare and interests of any of the social groups listed below, drag them inside the box. You can include as many groups as you want in the box.
2. Rank the groups you dragged into the box according to how strong your feeling of moral concern is for each group compared to the others. The group you feel most concerned for should be '1', the group you feel second most concerned for should be '2', and so on.
Groups I feel morally obligated to show concern for:

- Primary school children
- Ex-prisoners who have served a sentence for their crime
- Centrelink recipients (e.g., people who receive family benefits, disability benefits)
- People with an intellectual disability (e.g., low IQ, poor daily living skills)
- People with a physical disability (e.g., sensory impairment, amputee, chronic illness)
- Homeless people (e.g., sleeping rough)
- People experiencing a mental illness (e.g., depression, psychosis)
- Elderly people (e.g., people over 70 years old)
- Aboriginal and Torres Strait Islander people
- Adult men
- Adult women
- Adolescent boys
- Adolescent girls
- Criminal offenders serving community based orders (e.g., involving paying a fine and doing

You're half way (50%) done! Keep going!

SECTION 4: Beliefs about the moral status of social categories

Participants were randomly allocated to Condition 1 or Condition 2 (described below) at the beginning of Section 4, and were presented with the following stimuli upon being allocated to their condition.

Condition 1 – People with intellectual disability

Questions in this section relate to your thoughts about people with an intellectual disability as a social group. An intellectual disability is a developmental disorder, which means a person with this disability has an intelligence quotient (IQ) score under 70 and can experience trouble with aspects of daily living such as self-care, learning new skills and activities, understanding complicated instructions, and ‘reading between the lines’ in social situations. A person is typically diagnosed with an intellectual disability by a psychiatrist or clinical psychologist and often requires specialist supports for education, employment, and housing.

Condition 2 - Criminal offenders
Questions in this section relate to your thoughts about criminal offenders as a social group. In Australia, general categories of criminal offending include murder, manslaughter, sexual assault, kidnapping/abduction, robbery (armed/unarmed), blackmail and extortion, various types of theft and trespass, and the sale and possession of illicit goods (e.g., guns) and substances (e.g., ice).

18. Rate the degree to which you think a person [Condition 1 – ‘with an intellectual disability’, Condition 2 – ‘who has committed a criminal offence in the past’] is morally responsible for the following actions.

Items were rated using a 5-point Likert scale, where 1 = Not at all morally responsible, 2 = A little morally responsible, 3 = Moderately morally responsible, 4 = Mostly morally responsible, 5 = Absolutely morally responsible.

They made a serious promise to a friend but didn't keep the promise.  
They pushed someone out of the way so they could be first in line.  
They blamed a serious mistake they’d made on a friend instead.  
They cheated on a significant other and never told them.  
They refused to help their parents when their parents were in need.

19. Now rate the degree to which you think a person [Condition 1 – ‘with an intellectual disability’, Condition 2 – ‘who has committed a criminal offence in the past’] deserves moral credit for the following actions.

Items were rated using a 5-point Likert scale, where 1 = Not at all deserving of moral credit, 2 = A little deserving of moral credit, 3 = Moderately deserving of moral credit, 4 = Mostly deserving of moral credit, 5 = Absolutely deserving of moral credit.

They returned a lost wallet/purse with the money and other content intact.  
They didn't cheat on a test, even though a friend offered them the answers.  
They helped their parents when they were in need.  
They were nice to their co-workers, despite feeling stressed and under pressure themselves.  
They helped a stranger get their car out of a ditch on the side of the road.

20. Now rate the degree to which you would feel like taking a moral stand and intervening on behalf of a person [Condition 1 – ‘with an intellectual disability’, Condition 2 – ‘who has committed a criminal offence in the past’] in the following situations.

Items were rated using a 5-point Likert scale, where 1 = Would not feel like intervening on their behalf at all, 2 = Would feel like intervening on their behalf a little, 3 = Would moderately feel like intervening on their behalf, 4 = Would strongly feel like intervening on their behalf, 5 = Would absolutely feel like intervening on their behalf.

They were pushed out of the way by someone else who wanted to be first in line.  
They politely asked a stranger on the street for directions to a shop and were given a rude and aggressive response.
You heard someone bad-mouthing them behind their back.
You saw someone refusing to help them when they really needed it.

SECTION 5: Beliefs about the social status of social categories

21. How do you think society views [Condition 1 – ‘people with an intellectual disability’, Condition 2 – ‘criminal offenders’] as a social group, according to the following qualities?

Items were rated using a 5-point Likert-type scale, where 1 = Not at all, 2 = Slightly, 3 = Moderately, 4 = Very, 5 = Extremely.

- Capable
- Skilful
- Confident
- Competent
- Efficient
- Intelligent
- Warm
- Good-natured
- Sincere
- Friendly
- Having good intentions
- Trust-worthy

22. Now indicate the extent to which you personally agree or disagree with the following statements about people [Condition 1 – ‘people with an intellectual disability’, Condition 2 – ‘criminal offenders’] as a social group.

Items were rated using a 7-point Likert scale, where 1 = Strongly disagree, 2 = Moderately disagree, 3 = Slightly disagree, 4 = Neither agree nor disagree, 5 = Slightly disagree, 6 = Moderately agree, 7 = Strongly agree.

- Members of this group typically hold prestigious jobs.
- Members of this group are usually economically successful.
- If members of this group get special breaks (such as preference in hiring decisions), this is likely to make things more difficult for people like me.
- Resources that go to members of this group are likely to take away from the resources deserved by people like me.

You're almost finished- you've completed 75% of the study. Keep going!

SECTION 6: Beliefs about the ‘human’ status of social categories

23. Think about the average person [Condition 1 – ‘with an intellectual disability’, Condition 2 – ‘who commits a criminal offence’]. To what extent do they have the capacity for the following things?

Items were rated using a 5-point Likert-type scale, where 1 = No capacity for this, 2 = Slight capacity for this, 3 = Moderate capacity for this, 4 = Strong capacity for this, 5 = Highest capacity for this.
Hunger
Fear
Pain
Pleasure
Rage
Desire
A personality
Consciousness
Pride
Embarrassment
Joy

24. Again, think about the average person [Condition 1 – ‘with an intellectual disability’, Condition 2 – ‘who commits a criminal offence’]. To what extent do they have the capacity to do the following things?

Items were rated using a 5-point Likert-type scale, where 1 = No capacity for this, 2 = Slight capacity for this, 3 = Moderate capacity for this, 4 = Strong capacity for this, 5 = Highest capacity for this.

Use self-control
Be moral
Recall memories of past experiences and events
Recognise emotion in others
Plan activities and future events
Communicate with others
Think and reason

25. Below are six characteristics people possess to varying degrees. Rate (as a percentage, %) the extent to which you think people [Condition 1 – ‘with an intellectual disability’, Condition 2 – ‘who commits a criminal offence’], as a social group, are likely to possess these characteristics.

Items were rated using an interactive slider response with a range of 0 to 100%. * reverse scored item.

Culturally refined
Rational/logical
Lacking self-restraint*
Emotionally responsive
Warm towards others
Rigid and cold*

SECTION 7: Causal beliefs about social categories’ key characteristics

After completing Sections 4-6, participants were randomly re-allocated to Condition 1: Vignette 1, Condition 2: Vignette 2, or Condition 3: Vignette 3 (described below) at the beginning of Section 7. Participants were asked to read the vignette, indicate they had read it, and then to provide an open ended explanation regarding their causal beliefs about the John’s specified characteristic.
**Condition 1: Vignette 1 – John with an intellectual disability**

This is the final question! Please take some time to think about this and write a few sentences. Afterwards you can enter the draw to win a $100 ColesMyer voucher.

John is 35 years old and has a mild intellectual disability. He has a below normal IQ (intelligence quotient) score of 65 and sometimes experiences trouble with aspects of daily living such as learning new skills and activities, understanding complicated instructions, and ‘reading between the lines’ in social situations. He works casually for a catering company, has some close friends with whom he plays sports and sees movies on weekends, and lives with his parents.

26. What do you think caused John to have a mild intellectual disability? Provide as detailed an explanation as you can. ____________________________________________________

**Condition 2: Vignette 2 – John with an intellectual disability, commits a criminal offence**

This is the final question! Please take some time to think about this and write a few sentences. Afterwards you can enter the draw to win a $100 ColesMyer voucher.

John is 35 years old and has been sentenced for a criminal offence including theft and assault. He also has a mild intellectual disability. He has a below normal IQ (intelligence quotient) score of 65 and sometimes experiences trouble with aspects of daily living such as learning new skills and activities, understanding complicated instructions, and ‘reading between the lines’ in social situations. Before he was sentenced, he worked casually for a catering company, had some close friends with whom he played sports and saw movies on weekends, and lived with his parents.

26. What do you think caused John to commit this criminal offence? Provide as detailed an explanation as you can. ______________________________________________________

**Condition 3: Vignette 3 – John commits a criminal offence, no intellectual disability specified**

This is the final question! Please take some time to think about this and write a few sentences. Afterwards you can enter the draw to win a $100 ColesMyer voucher.

John is 35 years old and has been sentenced for a criminal offence including theft and assault. Before he was sentenced, he worked casually for a catering company, had some close friends with whom he played sports and saw movies on weekends, and lived with his parents.

26. What do you think caused John to commit this criminal offence? Provide as detailed an explanation as you can. ______________________________________________________

**END OF SURVEY**

*Participants were invited to enter the draw to win one of two $100 gift cards*
To thank you for your time, the researchers invite you to enter a draw to win one of two $100 ColesMyer vouchers. If you would like to enter this draw, please state your (1) FIRST NAME and (2) EMAIL ADDRESS or MOBILE NUMBER.

[Participants were debriefed about the study aim and alternative study conditions they could have been allocated to.]

Thank you for taking the time to complete this survey.

This survey aimed to measure the types of beliefs Australians hold about the moral status of two stigmatised social groups: people with intellectual disability and criminal offenders. You were randomly allocated to complete questions focusing on people with intellectual disability, or criminal offenders. The researchers would like to compare beliefs about these two groups, along with Australians' views on human rights, to inform their research on Australians' values, beliefs, and attitudes towards offenders with intellectual disability.

If you have any queries or would like to be informed of the overall findings of this project, please contact Ms Alexa Hayley at halexah@deakin.edu.au. Please feel free to leave any additional comments about this study before exiting.
Appendix II: Pilot Study (relevant to Study 1) to Develop and Associate Measures for Australians’ Beliefs about Human Rights and their Moral Concern for Social Categories

‘Human rights’ as an ideological and legislative principle is intrinsic to contemporary democratic cultures; however empirical investigation of beliefs about, and attitudes towards, human rights as a social psychological construct with implications for intergroup perception and behaviour has been limited, particularly in Australia.

Research Question and Aims

This pilot study aimed to develop and test a measure of Australians’ beliefs about human rights in the Australian context. This study also aimed to test a measure of relative moral concern for different social categories, including people with intellectual disability and criminal offenders, in the form of a modified version of the circle of moral concern task developed by Laham (2009). The research question addressed by this pilot study is whether these measures can be soundly applied, and whether these measures are related to one another.

Method

Participants

A convenience sample ($N = 148$) of Australians from the general community completed the pilot study measures. Participants were aged 18-77 years ($M = 33.93$, $SD = 14.49$), 67% were female, and all were Australian citizens/permanent residents. Overall, 39.2% of participants reported identifying with a social minority (e.g., cultural, racial, sexual).

Materials

Australians’ beliefs about human rights in the Australian context. A set of 30 items referring to beliefs about human rights in the Australian context was
initially generated by the researchers. These items were developed with reference to the principles expressed by key United Nations’ human rights instruments previously examined in Study 1, including the *Universal Declaration of Human Rights* (1948), *Declaration on the Rights of Mentally Retarded Persons* (1971), *Declaration on the Rights of Persons with Disability* (1975), *Standard Minimum Rules for the Treatment of Prisoners* (1955), and the *Basic Principles for the Treatment of Prisoners* (1991). Items were framed to reflect ontological beliefs that could be held by the participant as to the status and value of human rights to themselves as individuals, and to society generally. These 30 items were refined via group discussion among the research team, with 13 items developed which synthesised the general principles expressed by the original 30 items.

Of these 13 items, nine items were framed to reflect positive beliefs about human rights and their possession and protection by oneself and others in Australian society (e.g., “Most Australians respect others’ human rights”), while four items were framed negatively (and consequently reverse scored) to reflect negative beliefs about human rights and their possession and protection by oneself and others in Australian society (e.g., “Some people don’t deserve the same rights as me”). Participants responded to items on a forced-choice Likert-type 6-point response scale (1 = *Strongly disagree*, 2 = *Moderately disagree*, 3 = *Slightly disagree*, 4 = *Slightly agree*, 5 = *Moderately agree*, 6 = *Strongly agree*).

**Moral concern for social categories.** To assess the social categories participants included their circle of moral concern, participants completed a modified version of the moral circle task developed by Laham (2009). Participants were presented with 15 social categories: three social categories described variations of criminal offenders, two described variations of people with a disability, and 10 other social categories described a variety of other Australian categories to whom
participants may attribute moral concern. Refer to Table 1 for a list of these social categories. Presented with 15 social categories: three social categories described variations of criminal offenders, two described variations of people with a disability, and 10 other social categories described a variety of other Australian categories to whom participants may attribute moral concern. Refer to Table 1 for a list of these social categories.

To complete this measure, participants first read the following statement providing a definition for moral obligation (i.e., moral concern):

Sometimes people feel like they should show concern for, care for, support, and/or advocate for the welfare and interests of specific social groups. This type of concern is generally referred to as feeling a ‘moral obligation' towards that group.

Participants were then asked to choose social categories for whom they felt moral concern:

If you personally feel morally obligated to show concern for the welfare and interests of any of the social groups listed below, drag them inside the box. You can include as many groups as you want in the box.

After including social categories, they felt moral concern for in the box, participants were then instructed:

Rank the groups you dragged into the box according to how strong your feeling of moral concern is for each group compared to the others. The group you feel most concerned for should be '1', the group you feel second most concerned for should be '2', and so on.

Three variables were derived from participant responses to this task: (1) a dichotomous variable per social category identifying whether or not participants included that social category in their circle of moral concern (1 = Included social category in circle of moral concern, 0 = Did not include social category in circle of
moral concern); (2) a count variable indicating the total number of social categories the participant chose to include in their circle of moral concern; and (3) an ordinal variable indicating the rank participants’ accorded each social category.

**Identification with a social minority.** Participants provided an open-ended response to the following item: ‘*Indicate any social minority groups with whom you identify (e.g., on the basis of ethnicity, religious beliefs, sexuality, etc. ’). Responses were dichotomised to indicate whether or not the participant identified with any type of social minority (1 = *Yes*, 0 = *No*).

**Demographics.** Participants were asked to report their sex (i.e., male, female, or other) and age.

Table 14.1

*Australian Social Categories Presented to Participants in the Circle of Moral Concern Task*

<table>
<thead>
<tr>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal and Torres Strait Islander people</td>
</tr>
<tr>
<td>Adolescent boys</td>
</tr>
<tr>
<td>Adolescent girls</td>
</tr>
<tr>
<td>Adult men</td>
</tr>
<tr>
<td>Adult women</td>
</tr>
<tr>
<td>Centrelink (welfare) recipients (e.g., people who receive family benefits, disability benefits)</td>
</tr>
<tr>
<td>Criminal offenders not yet sentenced for their crime (e.g., on bail, on remand)</td>
</tr>
<tr>
<td>Criminal offenders serving community-based orders (e.g., involving paying a fine and doing unpaid community work)</td>
</tr>
<tr>
<td>Elderly people (e.g., people over 70 years old)</td>
</tr>
<tr>
<td>Ex-prisoners who have served a sentence for their crime</td>
</tr>
<tr>
<td>Homeless people (e.g., sleeping rough)</td>
</tr>
<tr>
<td>People experiencing a mental illness (e.g., depression, psychosis)</td>
</tr>
<tr>
<td>People with an intellectual disability (e.g., low intelligence quotient [IQ], poor daily living skills)</td>
</tr>
<tr>
<td>People with a physical disability</td>
</tr>
<tr>
<td>Primary school children</td>
</tr>
</tbody>
</table>

**Procedure**

After first receiving approval for the conduct of this study from the Deakin University Human Research Ethics Committee, participants were recruited via the researchers’ personal email contacts lists and social media networks (i.e., Facebook,
Instagram, LinkedIn) using unpaid advertisements and snowballing techniques. Participants could choose to participate in the pilot study, hosted on survey site Qualtrics, by clicking on the study site’s URL imbedded in the online or emailed invitation.

Participants first read the study’s Plain Language Statement and then were informed that by clicking ‘NEXT’ and moving on to complete the study items, they indicated their informed consent to participate in the study. After completing the pilot study items, participants were invited to leave comments about the study for the researchers before exiting the study site. The pilot study took approximately 10 minutes to complete.

**Data Treatment and Analysis**

After data cleaning (removal of \( n = 10 \) false starts from the initial \( N = 158 \) cases), frequency and descriptive statistics were provided for all items. Normality and correlation assumptions for the Australians’ beliefs about human rights items were assessed, and then exploratory factor analyses (EFA) using oblique (direct oblimin) and orthogonal (varimax) rotation methods were conducted to determine the underlying dimensionality of the items. Internal consistency reliability of resulting factors was assessed using Cronbach’s alpha, and bivariate Pearson correlations between factors was assessed to determine whether the factors were best conceptualised as cumulative or distinct subscales with respect to measuring Australians’ beliefs about human rights. For each factor, differences in human rights beliefs by sex and by identification with a social minority (yes/no) were investigated using independent samples t-tests.

For the circle of moral concern task, average number of social categories included in participants’ circle of moral concern, proportion of participants who included each social category in their circle, and the median ranking per social
category were reported overall and by sex. Differences by sex were determined using an independent samples t-test (for total number of social categories included in the circle of moral concern), chi square tests of independence (for inclusion of social category versus not in moral circle), and independent samples Mann-Whitney U tests (for median ranking of social categories included in moral circle).

To determine whether the pilot human rights measure and circle of moral concern measure were significantly related, bivariate correlations (Pearson and point-biserial where required) between the beliefs about human rights factor subscales and inclusion (versus not) of social categories in their circle of moral concern were determined. Binary logistic regression analyses were then conducted to determine whether belief in human rights was a significant predictor of participants’ inclusion of specific social categories (i.e., criminal offenders and people with intellectual disability) in their circle of moral concern. IBM SPSS Statistics version 24 was used for all analyses.

**Results**

**Beliefs about Human Rights in the Australian Context**

To ensure the beliefs about human rights items were suitable for use in an EFA, key assumptions of univariate normality and item intercorrelation were first addressed. Assessment of absolute skew and kurtosis scores indicated four of the 13 items (i.e., Items 1, 2, 4, and 13; see Table 1 for item descriptions) were negatively skewed ($\text{skew}_{\text{absolute}} > 2$) and had excessive kurtosis ($\text{kurtosis}_{\text{absolute}} > 7$; Field, 2012). Rather than exclude the problematic items from the factor analysis, and risk misrepresenting sample variability in the small-medium sized sample, it was decided to include them given their face validity and theoretical relevance to the scale’s development. Non-transformed variables were used in subsequent analyses. Descriptive statistics for beliefs about human rights items are presented in Table 2.
**Bivariate correlations.** To determine the suitability of items for inclusion in the EFA, bivariate Pearson correlations (Table 14.2) were assessed between the 13 items; items 1, 2, 3, 4, 5, 6, 7, and 13 tended to be significantly and positively correlated with one another, while items 8, 9, 10, 11, and 12 tended to be significantly and positively correlated with one another, suggesting two potential dimensions underlying the items. All items were subsequently included in an EFA.

**Exploratory factor analysis.** A preliminary model (Table 3) was calculated using principal axis factoring with number of dimensions determined by eigenvalues > 1, and applied oblique (direct oblimin) rotation to account for possible correlations between dimensions. This preliminary model indicated a sound Kaiser-Meyer-Olkin Measure (KMO) of Sampling Adequacy of .84, and Bartlett’s Test of Sphericity was significant, $\chi^2 (78, N = 145) = 628.47, p < .001$, indicating the absence of an identity matrix. The determinant of the correlation matrix was .01, indicating the absence of multicollinearity. This analysis suggested a three-factor solution to explain item variance.
### Table 14.2

**Descriptive Statistics For, and Pearson Bivariate Correlations Between, Beliefs About Human Rights Items**

<table>
<thead>
<tr>
<th>Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>M</strong></td>
<td>5.67</td>
<td>5.70</td>
<td>4.80</td>
<td>5.83</td>
<td>5.43</td>
<td>2.02</td>
<td>5.36</td>
<td>3.53</td>
<td>3.88</td>
<td>3.86</td>
<td>3.10</td>
<td>5.61</td>
<td>5.61</td>
</tr>
<tr>
<td><strong>SD</strong></td>
<td>.86</td>
<td>.79</td>
<td>1.38</td>
<td>.53</td>
<td>.87</td>
<td>1.54</td>
<td>.94</td>
<td>1.32</td>
<td>1.34</td>
<td>1.17</td>
<td>1.60</td>
<td>1.43</td>
<td>.78</td>
</tr>
</tbody>
</table>

1. All social groups deserve human rights.  
   **1**
2. All people deserve human rights.  
   .67*** 1
3. Criminal offenders should have the same basic human rights as me.  
   .60*** .44*** 1
4. People with intellectual disability should have the same basic human rights as me.  
   .54*** .47*** .44** 1
5. It is my responsibility to respect and protect the human rights of other Australian people.  
   .56*** .44*** .36*** .49*** 1
6. Some people don't deserve the same rights as me.  
   .46*** .39*** .42** .35** .24** 1
7. A society that does not respect and protect human rights is an immoral society.  
   .49*** .41*** .29** .36** .38** .21* 1
8. Human rights are taken seriously in Australia.  
   .02 -.02 -.10 -.06 .01 -.08 -.13 1
   .07 -.05 .04 -.14 -.06 -.13 -.11 .49*** 1
10. Most Australians respect others' human rights.  
    .13 .08 .02 .02 .02 -.11 .04 .46*** .39*** 1
11. I often think that my human rights are not respected by Australian society.  
    .10 -.01 .07 -.05 .02 -.11 -.02 .35*** .45*** .40*** 1
12. Australian laws restrict the human rights of some Australian social groups.  
    -.26** -.28** -.24** -.23** .36*** .29** .28** .25** 1
13. It is the Australian government's role to make sure the human rights of its citizens are protected.  
    .35*** .34*** .33*** -.26** -.28** -.24** -.23** .36*** .29** .28** .25** 1

*Note. For all items N = 148 except items 7, 9, 10, and 12 where N = 147. ^Indicates reverse scored items; reversed scores applied for correlation analyses, but natural scores used for descriptive statistics. *p < .05, **p < .01, ***p < .001, all two-tailed.
Factor 1 had an eigenvalue of 4.12 and explained 31.68% of item variance, and included items 1, 2, 3, 4, 5, 7, and 10 with loadings ranging from .52 to .90. Factor 2 had an eigenvalue of 2.52 and explained 19.42% of item variance, and included items 8, 9, 10, 11, and 12 with loadings ranging from .45 to .68. The third factor was weak and its explanatory contribution was arbitrary; it had an eigenvalue of 1.03, explained 7.93% of item variance, and contained three items with negative loadings (items 2, 10, and 13), which also cross-loaded positively onto Factor 1 and 2. Given that dimensions did not appear to be correlated, orthogonal rotation methods were applied in subsequent EFAs.

A second EFA (Table 3) was conducted using the same criteria and commands as previously described, except for the use of orthogonal (varimax) rotation to maximise distance between dimension loadings. This model indicated a sound Kaiser-Meyer-Olkin Measure (KMO) of Sampling Adequacy of .84, and Bartlett’s Test of Sphericity was significant, $\chi^2 (78, N = 145) = 628.47$, $p < .001$, again indicating the absence of an identity matrix. The determinant of the correlation matrix was .01, indicating the absence of multicollinearity.

A three-factor solution was suggested to explain item variance; Factor 1 had an eigenvalue of 4.12 and explained 31.68% of item variance, and included items 1, 2, 3, 4, 5, 6, and 7, with loadings ranging from .51 to .91. Factor 2 had an eigenvalue of 2.52 and explained 19.42% of item variance, and included items 8, 9, 10, 11, and 12, with loadings ranging from .45 to .68. The third factor was weak; it had an eigenvalue of 1.03, explained 7.93% of item variance, and contained two items (item 2 and 13) with loadings of .31 and .60 respectively. Both items constituting Factor 3 also cross-loaded positively onto Factor 1, with this cross-loading stronger for item 2 on Factor 1 (.69), and weaker for item 13 on Factor 1 (.38). As such, item 2 was retained for loading onto Factor 1, while item 13 was removed from the item set.
Table 14.3

*Exploratory Factor Analyses for Beliefs about Human Rights in Australia (N = 147)*

<table>
<thead>
<tr>
<th>Item</th>
<th>EFA1: Three-factor solution (oblique rotation)</th>
<th>EFA 2: Three-factor solution (orthogonal rotation)</th>
<th>EFA 3: Two-factor solution (orthogonal rotation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1. All social groups deserve human rights.</td>
<td>0.90</td>
<td>0.85</td>
<td>0.91</td>
</tr>
<tr>
<td>2. All people deserve human rights.</td>
<td>0.72</td>
<td>-0.36</td>
<td>0.58</td>
</tr>
<tr>
<td>3. Criminal offenders should have the same basic human rights as me.</td>
<td>0.68</td>
<td>0.46</td>
<td>0.69</td>
</tr>
<tr>
<td>4. People with intellectual disability should have the same basic human rights as me.</td>
<td>0.66</td>
<td>0.43</td>
<td>0.64</td>
</tr>
<tr>
<td>5. It is my responsibility to respect and protect the human rights of other people.</td>
<td>0.61</td>
<td>0.37</td>
<td>0.6</td>
</tr>
<tr>
<td>6. Some people don't deserve the same rights as me.</td>
<td>0.53</td>
<td>0.29</td>
<td>0.52</td>
</tr>
<tr>
<td>7. A society that does not respect and protect human rights is an immoral society.</td>
<td>0.53</td>
<td>0.29</td>
<td>0.51</td>
</tr>
<tr>
<td>8. Human rights are taken seriously in Australia.</td>
<td>-0.47</td>
<td>0.69</td>
<td>0.55</td>
</tr>
<tr>
<td>9. Australia does a poor job protecting its citizens' human rights.</td>
<td>0.67</td>
<td>0.46</td>
<td>0.67</td>
</tr>
<tr>
<td>10. Most Australians respect others' human rights.</td>
<td>0.66</td>
<td>-0.33</td>
<td>0.52</td>
</tr>
<tr>
<td>11. I often think that my human rights are not respected by Australian society.</td>
<td>0.66</td>
<td>0.54</td>
<td>0.66</td>
</tr>
<tr>
<td>12. Australian laws restrict the human rights of some Australian social groups.</td>
<td>0.45</td>
<td>0.39</td>
<td>-0.45</td>
</tr>
<tr>
<td>13. It is the Australian government's role to make sure the human rights of its citizens are protected.</td>
<td>0.44</td>
<td>-0.63</td>
<td>0.51</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>4.12</th>
<th>2.52</th>
<th>1.03</th>
<th>4.12</th>
<th>2.52</th>
<th>1.03</th>
<th>3.91</th>
<th>2.47</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variances (%)</td>
<td>31.68</td>
<td>19.42</td>
<td>7.93</td>
<td>31.68</td>
<td>19.42</td>
<td>7.93</td>
<td>32.54</td>
<td>20.59</td>
</tr>
</tbody>
</table>

*Note.* Principal axis factorisation applied to determine dimensions. Factor loadings are structure matrix values rather than pattern matrix values. Factor loadings $> .30$ determined meaningful and used as criterion for factor development. *Items 6, 9, 11, and 12 are reverse scored. $h^2 =$ communality value. Only items 1-12 constitute the final two-factor measure of Beliefs about Human Rights in Australia.
A third and final EFA (Table 3) was conducted to determine parsimonious dimensionality of the data; orthogonal (varimax) rotation was again applied, all items except item 13 were included, and a two-factor solution was forced to explain item variance. The KMO Measure of Sampling Adequacy was again sound at .84, and Bartlett’s Test of Sphericity was significant, $\chi^2 (66, N = 145) = 573.36, p < .001$, indicating the absence of an identity matrix. The determinant of the correlation matrix was .02, indicating the absence of multicollinearity. Inspection of the eigenvalues per factor and the screeplot showed that the two-factor solution was sound, with Factor 1 possessing a total eigenvalue of 3.91, explaining 32.54% of item variance, while Factor 2 possessed a total eigenvalue of 2.47 and explained 20.59% of item variance. The cumulative percentage of variance explained by the two-factor model (53.14%) was slightly lower than the cumulative percentage of variance explained by the prior three-factor solutions (59.03%), but more parsimonious due to the absence of cross-loading items. Factor 1 was labelled ‘Belief that human rights is a moral imperative’, and Factor 2 was labelled ‘Belief that Australian society supports human rights’.

**Internal consistency reliability of factors.** Intercorrelations of items per factor and for all items overall were examined using Cronbach’s alpha to determine their degree of internal consistency reliability. The seven items constituting Factor 1 ‘Belief that human rights is a moral imperative’ demonstrated good internal reliability ($\alpha = .80$), while the five items constituting Factor 2 ‘Belief that Australian society supports human rights’ demonstrated acceptable internal reliability ($\alpha = .74$). Diagnostics indicated that neither factor’s internal reliability would be improved by removal of an item, so all items were retained per factor. Given the sound internal reliability of each factor it was decided to treat each item set as subscales for the pilot measure assessing beliefs about human rights in Australia.
To determine whether the two subscale dimensions were amenable to use as a composite scale yielding a global score indicating beliefs about human rights in Australia, internal reliability for all items, entered as a single scale, was assessed. Internal consistency for all items was questionable ($\alpha = .63$) and diagnostics indicated this would not be improved by removing select items. A bivariate Pearson correlation was also conducted to determine degree of association between the subscale mean scores, indicating a weak negative, statistically significant association, $r (146) = -.19, p < .05$, two-tailed. Given the poor internal consistency between items when combined across dimensions, and the presence of a weak negative association between the dimensions, it was decided that it was most appropriate to conceptualise the beliefs about human rights in Australia measure as being multidimensional, with subscales applied as independent components.

**Bivariate correlations between beliefs about human rights subscales and demographic variables.** Pearson correlations were conducted to assess significant associations between the beliefs about human rights subscales and age, while point-biserial correlations were conducted to assess significant associations between the beliefs about human rights subscales, sex, and identification with a social minority. All correlation analyses were two-tailed. There was a significant, weak positive association between ‘Belief that human rights is a moral imperative’ and sex, with women more likely than men to endorse this belief, $r (147) = .20, p < .05$. A significant, weak negative association was also found between ‘Belief that Australian society supports human rights’ and identification with a social minority, with people who identified with a social minority less likely to believe Australian society supports human rights, $r (147) = -.20, p < .05$. Age was not significantly associated with either belief subscale (both $p > .05$).
Appendix III: Study 4 Qualitative Coding Criteria Applied during Thematic Analyses Exploring Causal Beliefs about Intellectual Disability and Criminal Offending

Table 14.4

*Qualitative Coding Criteria for Vignette 1 Themes and Subthemes: Causes of John’s Intellectual Disability*
<table>
<thead>
<tr>
<th>Theme</th>
<th>Subtheme</th>
<th>Coding criteria per theme</th>
</tr>
</thead>
</table>
| **1. Physical trauma** | i. Forceful impact | Includes: reference to physical accidents, injuries, or traumas involving impact, assault.  
General references to 'trauma' are interpreted as referring to physical rather than psychological trauma, unless otherwise specified.  
General reference to ‘acquired brain injury’ are interpreted as referring to injury via forceful impact.  
Excludes: reference to anoxia associated with suffocation, drowning, or 'birthing difficulties'.  
Attributed to the following stages of development: in utero, during birth, or at any stage after birth, including adulthood. |
|               | ii. Anoxia     | Includes: reference to anoxia, hypoxia, suffocation, or drowning.  
Generic reference to 'complications at time of birth' were interpreted as referring to experience of anoxia by the newborn, based on the number of other cases which typically attributed anoxia to labour/birth complications.  
Attributed to the following stages of development: primarily in utero and during birth, but some references to 'drowning' in later life. |
| **2. Illness** | i. Infectious illness | Includes: reference to viruses, 'disease' (interpreted as referring to infectious disease), and infections.  
Attributed to the following stages of development: in utero, during birth, or at any stage after birth, including adulthood. |
### ii. Non-infectious illness

Includes: reference to malnutrition, neurodegenerative diseases, seizures, strokes, and metabolic problems impacting flourishing or the individual's functional status quo.

Excludes: reference to generic ‘illness’ (to be coded as ‘Illness- Unspecified’) or ‘disease’ (to be coded as ‘Illness – Infectious illness’).

Attributed to the following stages of development: in utero, or at any stage after birth, including adulthood.

### iii. Unspecified illness

Includes: reference to generic 'illness' as a cause without providing enough information to classify it as either ‘infectious’ or ‘non-infectious’.

Attributed to the following stages of development: in utero, or at any stage after birth, including adulthood.

### 3. Exposure to chemical toxins

#### i. Alcohol/ other drug use

Includes: use of alcohol, cannabis, tobacco, stimulants such as ecstasy, and medicinal drugs such as vaccines.

‘Alcohol use’ was often associated with Fetal Alcohol Syndrome/ Fetal Alcohol Spectrum Disorder; when the latter was specified either alone or in addition to ‘alcohol use’, both ‘Exposure to chemical toxins - Alcohol/ other drug use’ and 'Genetics- Specific Disorder or Syndrome' were coded.

Attributed to the following stages of development: in utero (via the mother’s ingestion) or during adolescence/ adulthood (via self-ingestion).

#### ii. Environmental toxins

Includes: exposure to 'chemicals', 'pollutants', 'poisons', and 'toxins' present in the 'environment', including pesticides in foods, chemicals in plastics, and heavy metals such as mercury.

Attributed to the following stages of development: in utero up to childhood.
Reference to unspecified 'toxins', 'chemicals', or 'poison' was interpreted as meaning environmental toxins/pollutants.

| 4. Genetics | i. General genetics | Includes: general reference to being 'born' with an ID or to ID being due to 'congenital' causes; and specific reference to 'genetics', 'inheritance', 'mutation', or 'birth defect'. Attributed to the following stages of development: embryonic or fetal development. |
| i. Specific disorder or syndrome | Includes: reference to a specific congenital Disorder or Syndrome such as Down Syndrome, Fetal Alcohol Syndrome, Fragile X syndrome, autism spectrum disorder, Angelman's syndrome. Attributed to the following stages of development: embryonic or fetal development. |

| 5. Psychosocial deprivation | i. Social environment | Includes: reference to the person's upbringing or 'home environment', including general parental support and competence; specific reference to socioeconomic status, or lack of access to health and/or education services. Attributed to the following stages of development: Infancy to adulthood. |
| i. Psychosocial neglect/abuse | Includes: specific reference to the person experiencing psychological abuse, psychosocial neglect, including insufficient stimulation and socialisation. Attributed to the following stages of development: Infancy to adulthood. |

| 6. Social construction | i. Normative labelling | Includes: reference to the role of social norms and expectations in determining 'disability'. |
References tend to minimise the negative characteristics and instead emphasise the positive characteristics of the person with an ID portrayed.

References also tend to assert that knowing or attributing a cause to the disability is either not important or helpful.

Excludes: reference to the impropriety of speculating or asking someone about the cause of their disability, which is coded as 'Social construction- Impropriety'.

Attributed to the following stages of development: Infancy to adulthood.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ii.</td>
<td><strong>Impropriety</strong></td>
</tr>
<tr>
<td></td>
<td>Includes: reference to the impropriety of speculating or asking someone about the cause of their disability. Participant may state their lack of expertise or experience as a justification for this impropriety.</td>
</tr>
</tbody>
</table>

| 7. | **Metaphysical mystery** |
|    | Includes: reference to 'luck', 'chance', fate or destiny, etc., implying the ineffability or otherworldliness of causal explanation. |

| 8. | **Unknown causes** |
|    | Participant specifies this. Can be coded even if the participant gives additional multiple causes. |

*Note.* ID = intellectual disability. *n* = 211.

Table 14.5

*Qualitative Coding Criteria for Vignette 2 Themes and Subthemes: Causal Beliefs about John’s Criminal Offending without an Intellectual Disability Specified*
<table>
<thead>
<tr>
<th>Theme</th>
<th>Subtheme</th>
<th>Coding criteria per theme</th>
</tr>
</thead>
</table>
| 1.          | Financial Pressure | i. Working Poor  
Includes: Reference to dependence on casual employment, which is typically framed as being ‘inadequate’ to support daily living costs and leisure/luxury pursuits. May refer to John living in ‘poverty’ because he is assumed to be under-employed and under-paid as a casual employee. Reference to financial or material responsibility for other family members (e.g., wife, children, parents). Reference to ‘debt’, ‘bills’, or inability to pay for large sums associated with non-addiction related issues such as education, medical issues. Also includes general reference to financial ‘stress’, ‘pressure’, ‘worries’, ‘concerns’, or implications of this that are not better categorised as one of the specific subthemes previously noted. 
Excludes: Reference to ‘addiction’, ‘dependence’, ‘habit’, and needing to fund these. Sources of addiction may be alcohol/other drugs or gambling. This is coded as ‘Financial Stress – Addiction’. Also reference to theft associated with acquiring goods that aid John’s social inclusion and conformity to perceived social norms. This should be coded as ‘Entitlement – Social Comparison’. |
|             |                 | ii. Addiction  
Includes: Reference to ‘addiction’, ‘dependence’, ‘habit’, ‘problem’, and needing to fund these. Sources of addiction may be alcohol/other drugs or gambling. 
Excludes: References to being ‘under the influence of alcohol/drugs’ at the time of committing the crime. This is coded at ‘Impaired Reasoning – Under the Influence of AOD’. |
| 2.          | Entitlement     | i. Social Comparison  
Includes: Reference to low self-esteem and frustration associated with the offenders’ social comparison of themselves to others who appear more ‘successful in life’; reference to the offender engaging in crime to ‘get ahead’ or ‘compensate’ for their perceived limitations. References may include indications that ‘getting ahead’ will help the offender gain social status or find a romantic partner. 
Excludes: Reference to compensating for slights or attacks; reference to criminal behaviour as self-defence or self-protection. |
### ii. Preservation of Honour

**Includes:** Reference to actual or imagined slights or attacks against the offender, indicating that the criminal behaviour was reactive rather than proactive and perceived to be justified in some way. Examples include (a) having been genuinely victimised and reacting aggressively in self-defence; (b) protecting another from an attack; or (c) having been discovered engaged in criminal behaviour (e.g., theft) and reactively attacking the interrupter to protect their theft from discovery/protect themselves from consequences of this.

**Excludes:** Reference to malicious or selfish qualities in the offender (these should be coded under ‘Immoral – Selfish’).

### iii. Irresponsible

**Includes:** Reference to the offender ‘expecting’ resources to be given to him (e.g., by parents, ‘the government’, ‘welfare’); reference to the offender taking these resources for granted. May refer to offender lacking ‘direction’, ‘goals’, or ‘motivation’ in life as an influence on his criminal behaviour.

**Excludes:** Reference to scenarios where the offender experiences ‘low self-esteem’ or ‘frustration’ at their limited resources, leading to their criminal behaviour – this should be referenced as the subtheme ‘Social Comparison’.

### 3. Impaired reasoning

#### i. Psychological Disorder

**Includes:** Reference to a general ‘mental illness’ or ‘psychological disorder’, or reference to a specific type of psychological disorder (e.g., depression, psychopathy, personality disorder) as a cause of criminal behaviour.

**Excludes:** Reference to psychological or existential distress/desperation associated with a specific event or situation (e.g., relationship conflict or loss, work conflict or loss). This should be coded as ‘Impaired Reasoning – Psychological Distress’.

#### ii. Psychological Distress

**Includes:** Reference to psychological or existential distress/desperation associated with a specific event or situation (e.g., relationship conflict or loss, work conflict or loss, trauma) in the distant or recent past. Includes reference to problems in John’s ‘private life’, ‘relationship’, or ‘workplace’. Includes reference to any emotional states attributed to acute or chronic stress. Includes references to ‘anger’, ‘rage’, ‘hate’, ‘desperation’ associated with being unable to manage emotions in response to key events or problems.

**Excludes:** Reference to a general ‘mental illness’ or ‘psychological disorder’, or reference to a specific type of psychological disorder (e.g., depression, psychopathy, personality disorder) as a
cause of criminal behaviour. This should be coded as ‘Impaired Reasoning – Psychological Disorder’.

| iii. Substance Impairment | Includes: Reference to John being under the influence of alcohol or other drugs at the time of committing crimes. If general reference is made to ‘drugs’ and/or ‘alcohol’, it is assumed this refers to being under the influence of these rather than requiring money to fund an addiction to these.

Excludes: Reference to committing crimes in order to fund an addiction to alcohol, drugs, or gambling. This should be coded as ‘Financial Stress – Addiction’.

| iv. Low Intelligence | Includes: Reference to John having generally low intelligence, or specific reference to John having an intellectual disability or acquired brain injury.

Excludes: General reference to bad, poor or regretful ‘decisions’, ‘choices’, ‘actions’ that John has ‘not thought through’ that are not contextualised with reference to John having low IQ, an ID, or an ABI.

| 4. Social Connection | i. Peer or Parent Pressure | Includes: Reference to having been actively encouraged or pressured to engage in criminal behaviour by peers or colleagues, including reference to ‘proving himself’ to others, ‘to impress’ others, or ‘to draw the attention’ of others.

Excludes: Reference to having passively or actively learned criminal behaviours via display by parents, family, friends, colleagues, or those in the community- should be coded as ‘Moral Disregard – Immoral’. Also excludes reference to engaging in crime as a perceived way to gather resources to ‘impress’ a potential partner – this should be coded as ‘Social Connection – Lack of Intimacy’.
ii. Lack of Intimacy

Includes: Reference to John feeling isolated, lonely, or disconnected from society due to the absence of affectionate and meaningful relationships, particularly due to the absence of an intimate partner.

Excludes: Reference to ‘lost’ relationships as an event-specific source of psychological distress—should be coded as ‘Impaired Reasoning – Psychological Distress’. If emotions such as ‘frustration’, ‘desperation’, etc. are mentioned in association with this lack of intimacy, then also code at ‘Impaired Reasoning – Psychological Distress’ to indicate an ongoing form of psychological distress.

5. Moral Disregard

i. Immoral

Includes: Reference to John being generally immoral, unethical, not having moral or ethical ‘values’ or a ‘moral compass’. Includes reference to being immoral by ‘nurture’—having not learnt, or been taught, moral or ethical values by his parents, and reference to John having passively learned criminal behaviours via display by other family, friends, colleagues, or those in the community are also included. Also includes reference to being immoral by ‘nature’—including ‘genetics’ or other ‘predetermination’ explanations for John’s criminal behaviour, which imply he has no free-will and hence capacity for moral decision-making. Includes references to John being a recidivist or ‘career criminal’, implying he has chosen to repeatedly act contrary to known laws. May refer to motivations and emotions such as malice and spite, implying intention to harm or cause pain; participants who express this sentiment are interpreted as implying (rather than explicitly stating) that the offender’s behaviour is accords with immoral principles.

Excludes: Reference to John seeking revenge or reacting to provocations or slights, which should be coded as ‘Entitlement – Preservation of Honour’. Any reference to negative or irrational emotional states (e.g., ‘anger’, ‘hate’, ‘rage’) should be coded as ‘Impaired Reasoning – Psychological Distress’.

ii. Thrill-Seeker

Includes: Reference to John engaging in crime because he is ‘thrill-seeking’ or seeking a ‘rush’, ‘bored’, or wants to ‘take risks’ or act ‘impulsively’. Includes reference to John taking pleasure in, or gaining satisfaction from, criminal acts. May also include reference to ‘opportunity’ and not thinking through the consequences of his actions.

Excludes: Reference to criminal behaviour attributed to other cognitive/emotional agendas such as anger, rage, panic, fear, or desperation—these should be coded as ‘Impaired Reasoning – Psychological Distress’.
6. Innocent

| Includes: Reference to John having been falsely accused of or charged with an offence either generally or due to being victimised as a ‘marginalised’ group (including ‘men’).

| Excludes: Reference to any scenario in which John is assumed by the participant to have actually committed theft and/or assault either intentionally or unintentionally, for personal gain, in self-defence, or for the protection of himself or others. |

*Note. ID = Intellectual disability. ABI = Acquired brain injury. IQ = Intelligence quotient. N = 215*
<table>
<thead>
<tr>
<th>Theme</th>
<th>Subtheme</th>
<th>Coding criteria per theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Intellectual Disability</td>
<td>i. Consequential Reasoning</td>
<td>Includes: Reference to John having poor reasoning, particularly an inability to think about the possible consequences of his actions, or an ability to differentiate between long term vs short term gain. References to ‘thinking things through’, not thinking about how his actions impact others are included. Excludes: Reference to John acting impulsively and/or emotionally, including acting on ‘desire’. These references should be coded as ‘Intellectual Disability – Impulsivity’.</td>
</tr>
<tr>
<td></td>
<td>ii. Impulsivity</td>
<td>Includes: Reference to John being impulsive, having poor emotional regulation or behavioural ‘self-control’, and may include reference to stealing things he ‘fancies’ or ‘desires’ Excludes: Reference to John reacting aggressively when placed in a challenging situation (particularly confrontation about his intentional or unintentional theft); this should be coded as ‘Intellectual Disability - Defensive Aggression’.</td>
</tr>
<tr>
<td></td>
<td>iii. Misunderstandings</td>
<td>Includes: Reference to social misunderstandings on the part of either John, or of people with whom he is interacting. Types of misunderstandings described include: John having generally poor social awareness; John thinking he can have or take something without paying for it; John picking up an item and forgetting to pay for it; John appearing to have trouble completing tasks and being approached by others; John trying to help someone and his behaviour being misinterpreted as aggressive or illegal; John recognising that he has done something immoral/illegal, trying to return stolen item, and being discovered but unable to adequately communicate his moral intention. Reference to John’s poor communication skills (language comprehensive and ability to clearly express himself), and particularly his ‘inability to read between the lines’ (described in the vignette), may be referenced. Excludes: Reference to John’s poor or slow reasoning, including his ability to predict the possible consequences of his actions– should be coded as ‘Intellectual Disability –</td>
</tr>
</tbody>
</table>
iv.  Situational Stress

Includes: Reference to John experiencing intense stress within a specific social situation, and reacting emotionally, including aggressively. Situations leading to stress include confrontations where John is discovered stealing (or suspected of stealing), where John is trying to return an intentionally or unintentionally stolen item, where John is trying to explain intentions/behaviours unsuccessfully, or where John is feeling patronised or misunderstood/misrepresented. Should be coded in addition to ‘Intellectual Disability – Misunderstandings’ if occurring after this. Emotions associated with this situational stress include confusion, irritation, frustration, distress, desperation, loss of control, and anger.

Excludes: Reference to John being misunderstood, without John becoming stressed by this (code as ‘Intellectual Disability – Misunderstandings’). Reference to John having poor emotional control or acting impulsively (code as ‘Intellectual Disability – Impulsivity’), unless followed by a specific description of situational stress and reactivity.

2. Social Influences

i. Peers

Includes: Reference to John having had criminal behaviours socially modelled to him by peers, or to have been actively encouraged or pressured to engage in criminal behaviour by peers or colleagues. Includes references to John having fallen into the ‘wrong crowd’, ‘proving himself’ to others, trying ‘to impress’ others, or ‘to draw the attention’ of others. Also includes refers to John having been exploited by peers knowledgeable of his disability. Also includes reference to general social modelling experiences (including by parents), not related to media.

Excludes: Reference to having passively learned criminal behaviours via display by media, including movies- should be coded as ‘Social Influences – Media’.

ii. Media

Includes: Reference to John’s criminal behaviour having been influenced by the media generally, or specifically by the movies he has watched.

Excludes: Reference to social modelling or influence of peers, or to his general ‘socialisation’ (unless with specific reference to media influence).
<table>
<thead>
<tr>
<th></th>
<th>Entitlement</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td></td>
<td>i. Social Comparison</td>
<td>Includes: Reference to low self-esteem and frustration associated with the offenders’ social comparison of themselves to others (without an ID) who appear more ‘successful in life’; reference to the offender engaging in crime to ‘get ahead’ or ‘compensate’ for their perceived limitations.</td>
<td>Excludes: Reference to compensating for slights or attacks; reference to criminal behaviour as self-defence or self-protection.</td>
</tr>
<tr>
<td></td>
<td>ii. Preservation of Honour</td>
<td>Includes: Reference to actual or imagined slights or attacks against the offender, indicating that the criminal behaviour was reactive rather than proactive and perceived to be justified in some way. Examples include (a) having been genuinely victimised and reacting aggressively in self-defence, particularly due to experience of stigma or discrimination associated with their ID; (b) protecting another from an attack.</td>
<td>Excludes: Reference to malicious or selfish qualities in the offender (these should be coded under ‘Immoral – Selfish’). Reference to having been discovered engaged in criminal behaviour (e.g., theft) and reactively attacking the interrupter. This subtheme is distinct from ‘Entitlement – ‘Preservation of Honour’ for offenders WITHOUT an ID, in that offenders without an ID were often described as reactively attacking individuals who discovered them engaged in theft with the intention of protecting their theft from discovery and/or to protect themselves from consequences of this. While offenders with an ID are described as reacting aggressively when confronted about theft, these attacks are attributed to their inability to comprehend their situation (e.g., why they are being apprehended).</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Working Poor</td>
<td>Includes: Reference to dependence on casual employment, which is typically framed as being ‘inadequate’ to support daily living costs and leisure/luxury pursuits. May refer to John living in ‘poverty’ because he is assumed to be under-employed and under-paid as a casual employee. Also includes reference to lack of access to social and economic ‘supports’ intended to support people with a disability.</td>
<td>Excludes: Reference to theft associated with acquiring goods that aid John’s social inclusion and conformity to perceived social norms. This should be coded as ‘Entitlement – Social Comparison’.</td>
<td></td>
</tr>
</tbody>
</table>
5. Immoral

Includes: Reference to motivations and emotions such as being selfish, malicious, and/or spiteful, implying the offender knows their actions should or could be otherwise and hence that they intend to harm or cause pain to others. Participants who express this sentiment are interpreted as implying (rather than explicitly stating) that the offender’s behaviour accords with immoral principles. ‘Immoral’ intention behaviour was defined as John ‘engaging in a behaviour being aware of its moral implications, to at least some extent’. This type of explanation could be accompanied by statements such as ‘John has some understanding of right and wrong’, or there being ‘no excuse’ for his behaviours, regardless of external influences on John such as economic disadvantage or social provocation.

6. Innocent

Includes: Reference to John having been falsely accused of or charged with an offence either generally or due to being victimised as a person with an ID. Includes references to John having been ‘scapegoated’ by peers or professionals based on his ID.

Excludes: Reference to any scenario in which John is assumed by the participant to have actually committed theft and/or assault either intentionally or unintentionally, for personal gain, in self-defence, or for the protection of himself or others.

*Note.* ID = Intellectual disability. *N* = 215
Appendix IV: Factorial Survey 2 for Studies 5 and 6 - Ethics Approval, Materials, and Supplementary Results

Ethics Approval Granted for Factorial Survey 2 (Studies 5 and 6)

Memorandum
To: Dr. Arlene Walker
School of Psychology

From: Deakin University Human Research Ethics Committee (DUHREC)
Date: 03 August, 2016
Subject: Community and Professional Beliefs, Values and Attitudes towards Offenders with Intellectual Disability in Australia

Please quote this project number in all future communications

Approval has been given for Dr. Arlene Walker, School of Psychology, to undertake this project from 3/08/2016 to 3/08/2020.

The approval given by the Deakin University Human Research Ethics Committee is given only for the project and for the period as stated in the approval. It is your responsibility to contact the Human Research Ethics Unit immediately should any of the following occur:

• Serious or unexpected adverse effects on the participants
• Any proposed changes in the protocol, including extensions of time.
• Any events which might affect the continuing ethical acceptability of the project.
• The project is discontinued before the expected date of completion.
• Modifications are requested by other HREC.

In addition you will be required to report on the progress of your project at least once every year and at the conclusion of the project. Failure to report as required will result in suspension of your approval to proceed with the project.

DUHREC may need to audit this project as part of the requirements for monitoring set out in the National Statement on Ethical Conduct in Human Research (2007).

Human Research Ethics Unit
research-ethics@deakin.edu.au
Telephone: 03 9251 7123
To: Participant  
Date: 1st October 2016  
Full Project Title: Community and Professional Values and Attitudes towards the Correctional Treatment of Offenders with Intellectual Disability in Australia  
Principal Researcher: Dr Arlene Walker  
Student Researcher: Alexa Hayley (PhD Candidate)  
Associate Researcher(s): Dr Lucy Zinkiewicz, Prof. Joe Graffam  

Dear Participant,

Thank you for your interest in this study. Your perspective is important to us!

Purpose of study

The aim of this study is to understand how Australian community members, and professionals in the disability and correctional sectors, think about offenders with intellectual disability. If you are 18 years or older and Australian (or living and working in Australia), you are eligible to participate in this study.

Methods

This study is an online survey and takes approximately 20 minutes to complete. It includes questions asking about your: demographics; personal values; attitudes
towards community-based correctional treatment and imprisonment of offenders with intellectual disability; and attitudes about punishment, rehabilitation, reintegration, and forgiveness of offenders.

**Consent and Withdrawal**

Participation in this study is voluntary and will not affect your relationship with Deakin University or your employer. To consent to participate in this online survey, simply read and save this Plain Language Statement, and click the ‘NEXT’ tab at the bottom of this page.

Participants will not be asked for identifying information such as a name, organisation name, or personal or work phone number, or email address during this process. You can withdraw from this study at any time by exiting the survey page; however any responses made prior to ceasing the survey cannot be withdrawn/deleted.

**Participant Involvement**

Individuals who consent to participate in this study are required only to access, consent to, and complete the online survey, which will take approximately 20 minutes of their time.

Participants will not be asked for identifying information such as a name, organisation name, or personal or work phone number, or email address during this process.

Depending on the participant’s personal perspective, they may experience emotional discomfort when reading and responding to certain questions about offenders with an intellectual disability. If the participant identifies with this group in any way, they may feel personally offended and upset by some questions referring to this group.
Participants who experience emotional distress after completing this survey are encouraged to contact the Lifeline Telephone Crisis Support Service on 13 11 14. Participants can also contact the research team using the contact information at the end of this form to discuss specific concerns about the survey’s content, if desired.

**Potential benefits to participants and the community**

Participants will not receive an incentive or reimbursement for their participation. Participants may benefit from participating in this study by being encouraged to self-reflect on their beliefs about human rights and certain social groups.

Expected benefits of this study to the wider community include: (1) improving knowledge about how professionals responsible for the assessment and treatment of offenders with intellectual disability perceive their clients within the context of beliefs about justice, identifying potential impacts this may have on service delivery and therapeutic/correctional practice; and (2) identifying community beliefs and attitudes towards contemporary policy and legislative regarding the treatment of offenders with an intellectual disability, providing empirical knowledge to guide viable policy and legislative decisions in keeping with community needs and expectations with reference to this social group.

**Privacy and Confidentiality**

Participant responses will be strictly confidential—only the researchers will have access to this information. All individual responses are anonymous and non-identifiable. To protect your confidentiality, we do not want your name or other identifying information, and we don’t want you to sign a consent form.
Study Results

Results of this study may be presented in Associate Researcher Alexa Hayley’s PhD thesis, published as one or more peer-reviewed journal articles, and/or presented as a conference paper.

If you have any queries or would like to be informed of the overall findings of this project, please contact either Ms Alexa Hayley at halexa@deakin.edu.au, or Dr Arlene Walker at arlene.walker@deakin.edu.au.

Funding Declaration

This study is funded by Deakin University’s School of Psychology in accordance with Associate Researcher Alexa Hayley’s PhD candidature agreement. There are no other funding sources involved.

Complaints

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about your rights as a research participant, then you may contact:  The Manager, Ethics and Biosafety, Deakin University, 221 Burwood Highway, Burwood Victoria 3125, Telephone: 9251 7129, research-ethics@deakin.edu.au

Please quote project number 2016-095.

To consent to participate in this study, click 'Next'.
To: Organisations (Forensic Disability, Disability, and Correctional)  

Date: 1st August 2016  

Full Project Title: Personal Values and Attitudes towards Correctional Treatment of Offenders with Intellectual Disability in Australia  

Principal Researcher: Dr Arlene Walker  

Student Researcher: Alexa Hayley (PhD Candidate)  

Associate Researcher(s): Dr Lucy Zinkiewicz, Prof. Joe Graffam  

Dear [contact at organisation]  

Your organisation and its contact information was identified by Deakin University researcher Alexa Hayley in an online search of services and professional staff working with people with intellectual disability, offenders, and/or offenders with an intellectual disability. Our researchers would like to invite staff in your organisation to participate in our online study, which is hosted on Qualtrics via a secure Deakin server and can be accessed via the following link [study link].  

Purpose of Study  

The aim of this study is to understand how Australian correctional and disability professionals think about offenders with intellectual disability.
Methods

This study is an online survey and takes approximately 20 minutes to complete. It includes questions asking about your: demographics; personal values; attitudes towards community-based correctional treatment and imprisonment of offenders with intellectual disability; and attitudes about punishment, rehabilitation, reintegration and forgiveness of offenders.

Consent and withdrawal

The decision for the organisation and individual staff to participate in this study is voluntary. Participation in this study is voluntary, and will not affect your relationship with Deakin University. The organisation may cease assisting the researchers at any time, after consenting to assist recruiting.

Individual staff members who consent to participate in this study can simply read and save this Plain Language Statement, and click the ‘I consent’ tab at the bottom of this page. Participants will not be asked for identifying information such as a name, organisation name, or personal or work phone number, or email address during this process. Individual participants can withdraw from this study at any time by exiting the survey page; however any responses prior to ceasing the survey cannot be withdrawn/deleted.

Organisation and Participant Involvement

If the organisation consents to their staff being recruited to participate in this study, then a recognised authority (such as the CEO or Head of Department) will need to sign the attached consent form (see email attachment) either in pen or electronically, and return an image or scanned copy of this consent form to the researchers. An appropriate administrative contact at the organisation would then be required to send
an email invitation study link (see email attachment) to relevant staff, inviting them to participate in the study.

Individuals who consent to participate in this study are required only to access, consent to, and complete the online survey, which will take approximately 20 minutes of their time. Participants will not be asked for identifying information such as a name, organisation name, or personal or work phone number, or email address during this process.

Potential risks to participants

Depending on the participant’s personal perspective, they may experience emotional discomfort when reading and responding to certain questions about offenders with an intellectual disability. If the participant identifies with this group in any way, they may feel personally offended and upset by some questions referring to this group.

Participants who experience emotional distress after completing this survey are encouraged to contact the Lifeline Telephone Crisis Support Service on 13 11 14. Participants can also contact the research team using the contact information at the end of this form to discuss specific concerns about the survey’s content, if desired.

**Potential Benefits to Participants and the Community**

Participants will not receive an incentive or reimbursement for their participation. Participants may benefit from participating in this study by being encouraged to self-reflect on their beliefs about human rights and certain social groups.

Expected benefits of this study to the wider community include: (1) improving knowledge about how professionals responsible for the assessment and
treatment of offenders with intellectual disability perceive their clients within the context of beliefs about justice, identifying potential impacts this may have on service delivery and therapeutic/correctional practice; and (2) identifying community beliefs and attitudes towards contemporary policy and legislative regarding the treatment of offenders with an intellectual disability, providing empirical knowledge to guide viable policy and legislative decisions in keeping with community needs and expectations with reference to this social group.

Privacy and Confidentiality

Participant responses will be strictly confidential—only the researchers will have access to this information. All individual responses are anonymous and non-identifiable. To protect your confidentiality, we do not want your name or other identifying information, and we don’t want you to sign a consent form.

Study Results

Results of this study may be presented in Associate Researcher Alexa Hayley’s PhD thesis, published as one or more peer-reviewed journal articles, and/or presented as a conference paper.

If you have any queries or would like to be informed of the overall findings of this project, please contact either Ms Alexa Hayley at halex@deakin.edu.au, or Dr Arlene Walker at Arlene.walker@deakin.edu.au

Funding Declaration

This study is funded by Deakin University’s School of Psychology in accordance with Associate Researcher Alexa Hayley’s PhD candidature agreement. There are no other funding sources involved.
Complaints

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about your rights as a research participant, then you may contact: The Manager, Ethics and Biosafety, Deakin University, 221 Burwood Highway, Burwood Victoria 3125, Telephone: 9251 7129, research-ethics@deakin.edu.au

Please quote project number 2016-095.
CONSENT FORM

TO: Organisations (Forensic Disability, Disability, and Correctional)

(To be used by organisational Heads providing consent for staff/members/patrons to be involved in research)

Date: 1st October 2016

Full Project Title: Personal Values and Attitudes towards Correctional Treatment of Offenders with Intellectual Disability in Australia

Reference Number: 2016-095

I have read and I understand the attached Plain Language Statement.

I give my permission for [staff] of [name of organisation] to voluntarily participate in this project according to the conditions in the Plain Language Statement. I have been given a copy of Plain Language Statement and Consent Form to keep.

The researcher has agreed not to reveal the participants’ identities and personal details if information about this project is published or presented in any public form.

I agree that:

An appropriate administrative contact at the organisation will distribute a study recruitment email and study link to eligible disability, correctional, and/or forensic disability staff members inviting them to participate in the researchers’ study.
The organisation is free to cease assisting the researchers with their study recruitment at any time.

Name of person giving consent (printed)

............................................................

Signature ..............................................  Date: ..................................
The following questions ask about who you are, your education, and your work history.

This information is important for the study, so you won't be able to skip some questions.

Please provide the following information about yourself.

Are you:
- Male
- Female
- Other

What is your age?

Are you an Australian citizen?
- Yes
- No

What is your nationality?

In which Australian State or Territory do you primarily live and work?
- NSW
- VIC
- SA
- WA
- NT
- QLD
- TAS
- ACT
- I don’t currently live and work in Australia

What is the highest level of education you have attained?
- Some secondary school
- Year 10
- Year 12
- TAFE Certificate/s
- TAFE Diploma/s
- Undergraduate (Bachelor) degree
- Masters or other postgraduate degree
- Doctoral degree (PhD)
- Other (please explain)

What trade, area, or discipline did you primarily study? Please explain in a few words.

What is your current employment status?
- Full time paid work
- Part time/casual paid work
- Volunteer worker
- I am not currently employed as a paid or volunteer worker

Are you currently, or have you ever, been employed or volunteered in the disability and/or social work field?
- Yes
For how many years did you work in this field (disability and/or social work)?

Are you currently, or have you ever, been employed or volunteered in the correctional and/or criminal justice field?

For how many years did you work in this field (corrections and/or criminal justice)?

Have you ever been employed in paid or volunteer work?

Have you ever been sentenced for a criminal offence?

Have you ever been clinically diagnosed with an intellectual disability? This means a psychiatrist or clinical psychologist has assessed and told you that you have an intelligence quotient (IQ) under 70 and trouble with some daily living tasks.

At any time in your life (as a child, adolescent or adult) have you personally known a person with an intellectual disability?

In a few words, what is/was their relationship to you? If you have known several such people, please explain this briefly.

At any time in your life (as a child, adolescent or adult) have you personally known a person who had been sentenced for a criminal offence?

In a few words, what is/was their relationship to you? If you have known several such people, please explain this briefly.

Do you identify as a religious or spiritual person?
How religious and/or spiritual are you, if at all?

With which religion or spiritual practice do you identify?

SECTION 2

Answering the following questions will help identify the things you think are important in life.

There are 40 of these questions. Some might seem repetitive, but are necessary to accurately measure your personal values. Please answer all of them.

Please read each description and think about how much you identify with each statement.

<table>
<thead>
<tr>
<th>I think it's important that every person in the world be treated equally.</th>
<th>Not at all like me</th>
<th>Not like me</th>
<th>A little like me</th>
<th>Somewhat like me</th>
<th>Like me</th>
<th>Very much like me</th>
</tr>
</thead>
<tbody>
<tr>
<td>It's important to me to be rich. I want to have a lot of money and expensive things.</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td></td>
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<tr>
<td>I believe that people should do what they're told. I think people should follow rules at all times, even when no-one is watching.</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td></td>
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</tr>
<tr>
<td>Thinking up new ideas and being creative is important to me. I like to do things in my own original way.</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td></td>
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<tr>
<td>I think it's important to not ask for more than what you have. I believe that people should be satisfied with what they have.</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td></td>
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</tr>
<tr>
<td>It's important to me to live in secure surroundings. I avoid anything that might endanger my safety.</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td></td>
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</tr>
<tr>
<td>I think it's important to do lots of different things in life. I always look for new things to try.</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td></td>
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</tr>
<tr>
<td>It's important to me to listen to people who are different from me. Even when I disagree with them, I still want to understand them.</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td></td>
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<tr>
<td>I seek every chance I can to have fun. It is important to me to do things that give me pleasure.</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td></td>
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</tr>
<tr>
<td>It's very important to me to show my abilities. I want people to admire what I do.</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
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<td></td>
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</tr>
<tr>
<td>Statement</td>
<td>Not at all like me</td>
<td>Not like me</td>
<td>A little like me</td>
<td>Somewhat like me</td>
<td>Like me</td>
<td>Very much like me</td>
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</tr>
<tr>
<td>It's important to me to be in charge and tell others what to do. I want people to do what I say.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Being very successful is important to me. I like to impress other people.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>I like to take risks. I am always looking for adventures.</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>It's very important to me that my country be safe. I think the State must be on watch against threats from within and without.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>It's important to me to always behave properly. I want to avoid doing anything people would say is wrong.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Religious belief is important to me. I try hard to do what my religion requires.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>It's important to me to make my own decisions about what I do. I like to be free to plan and choose my activities for myself.</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>I strongly believe that people should care for nature. Looking after the environment is important to me.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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</tr>
<tr>
<td>It's important to me to be loyal to my friends. I want to devote myself to people close to me.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
</tr>
<tr>
<td>It's very important to me to help the people around me. I want to care for their well-being.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
</tr>
<tr>
<td>Enjoying life's pleasures is important to me. I like to 'spoil' myself.</td>
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</tr>
<tr>
<td>I believe I should always show respect to my parents and to older people. It is important to me to respect my elders.</td>
<td>☐</td>
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<td>☐</td>
</tr>
<tr>
<td>I think it is important to be ambitious. I want to show how capable I am.</td>
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<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I like surprises. It is important to me to have an exciting life.</td>
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</tr>
<tr>
<td>I want everyone to be treated justly, even people I don’t know. It is important to me to protect the weak in society.</td>
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<td>☐</td>
<td>☐</td>
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<td>☐</td>
</tr>
<tr>
<td>I believe all the world’s people should live in harmony. Promoting peace among all groups in the world is important to me.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>It's important to me that things be organised and clean. I really do not like things to be a mess.</td>
<td>☐</td>
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<td>☐</td>
</tr>
</tbody>
</table>

Please read each description and think about how much you identify with each statement.
I think it's important to be interested in things. I like to be curious and to try to understand all sorts of things.  

<table>
<thead>
<tr>
<th></th>
<th>Not at all like me</th>
<th>Not like me</th>
<th>A little like me</th>
<th>Somewhat like me</th>
<th>Like me</th>
<th>Very much like me</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

It's important to me to respond to the needs of others. I try to support those I know.  

<table>
<thead>
<tr>
<th></th>
<th>Not at all like me</th>
<th>Not like me</th>
<th>A little like me</th>
<th>Somewhat like me</th>
<th>Like me</th>
<th>Very much like me</th>
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</tr>
</tbody>
</table>

I think it is best to do things in traditional ways. It is important to me to keep up the customs I have learned.  

<table>
<thead>
<tr>
<th></th>
<th>Not at all like me</th>
<th>Not like me</th>
<th>A little like me</th>
<th>Somewhat like me</th>
<th>Like me</th>
<th>Very much like me</th>
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</tbody>
</table>

Please read each description and think about how much you identify with each statement.

|                                                                                | Not at all like me | Not like me | A little like me | Somewhat like me | Like me | Very much like me |
|                                                                                |--------------------|-------------|------------------|-------------------|--------|-------------------|
|                                                                                |                    |             |                  |                   |        |                   |

It's important to me to be independent. I like to rely on myself.  

|                                                                                | Not at all like me | Not like me | A little like me | Somewhat like me | Like me | Very much like me |
|                                                                                |--------------------|-------------|------------------|-------------------|--------|-------------------|
|                                                                                |                    |             |                  |                   |        |                   |

Forgiving people who have hurt me is important to me. I try to see what is good in them and not to hold a grudge.  

|                                                                                | Not at all like me | Not like me | A little like me | Somewhat like me | Like me | Very much like me |
|                                                                                |--------------------|-------------|------------------|-------------------|--------|-------------------|
|                                                                                |                    |             |                  |                   |        |                   |

I really want to enjoy life. Having a good time is very important to me.  

|                                                                                | Not at all like me | Not like me | A little like me | Somewhat like me | Like me | Very much like me |
|                                                                                |--------------------|-------------|------------------|-------------------|--------|-------------------|
|                                                                                |                    |             |                  |                   |        |                   |

It's important to me to be polite to other people all the time. I try never to disturb or irritate others.  

|                                                                                | Not at all like me | Not like me | A little like me | Somewhat like me | Like me | Very much like me |
|                                                                                |--------------------|-------------|------------------|-------------------|--------|-------------------|
|                                                                                |                    |             |                  |                   |        |                   |

I always want to be the one who makes the decisions. I like to be the leader.  

|                                                                                | Not at all like me | Not like me | A little like me | Somewhat like me | Like me | Very much like me |
|                                                                                |--------------------|-------------|------------------|-------------------|--------|-------------------|
|                                                                                |                    |             |                  |                   |        |                   |

It's important to me to adapt to nature and to fit into it. I believe that people should not change nature.  

|                                                                                | Not at all like me | Not like me | A little like me | Somewhat like me | Like me | Very much like me |
|                                                                                |--------------------|-------------|------------------|-------------------|--------|-------------------|
|                                                                                |                    |             |                  |                   |        |                   |

It's important to me to be humble and modest. I try not to draw attention to myself.  

|                                                                                | Not at all like me | Not like me | A little like me | Somewhat like me | Like me | Very much like me |
|                                                                                |--------------------|-------------|------------------|-------------------|--------|-------------------|
|                                                                                |                    |             |                  |                   |        |                   |

Getting ahead in life is important to me. I strive to do better than others.  

|                                                                                | Not at all like me | Not like me | A little like me | Somewhat like me | Like me | Very much like me |
|                                                                                |--------------------|-------------|------------------|-------------------|--------|-------------------|
|                                                                                |                    |             |                  |                   |        |                   |

Having a stable government is important to me. I am concerned that the social order be protected.  

|                                                                                | Not at all like me | Not like me | A little like me | Somewhat like me | Like me | Very much like me |
|                                                                                |--------------------|-------------|------------------|-------------------|--------|-------------------|
|                                                                                |                    |             |                  |                   |        |                   |

I try hard to avoid getting sick. Staying healthy is very important to me.  

|                                                                                | Not at all like me | Not like me | A little like me | Somewhat like me | Like me | Very much like me |
|                                                                                |--------------------|-------------|------------------|-------------------|--------|-------------------|
|                                                                                |                    |             |                  |                   |        |                   |

SECTION 3

The following information provides some background information about offenders who have an intellectual disability. Please keep the information you just read in mind as you answer future questions.

An intellectual disability is a developmental disorder, which means a person with this disability has an intelligence quotient (IQ) under 70 and can experience trouble with aspects of daily living such as learning new skills and activities, understanding complicated instructions, and 'reading between the lines' in social situations. A person is typically diagnosed with an intellectual disability by a psychiatrist or clinical psychologist.

A person who commits a serious antisocial behaviour (e.g., a crime) is first charged by police and then, if proven guilty of a criminal offence, may then be sentenced in various
ways. Sentencing might include a suspended sentence, a community corrections order, or imprisonment either with or without parole.

A suspended sentence is a prison sentence not put into immediate effect. A community corrections order is a sentence served in the community, and might involve frequent reporting to police, home detention, and/or community-rehabilitation interventions. Imprisonment typically includes rehabilitation and community reintegration interventions, and might occur in a minimum, medium, or maximum security prison.

Offenders with an intellectual disability are sentenced in varying ways in Australia.

The following information provides some background information about imprisonment in Australia.

Prison institutions provide a wide range of psycho-education and therapeutic programs for prisoners designed to assist in their rehabilitation and successful return to the community after release from custody.

Programs are typically dedicated towards reducing risk in sexual and violent offenders, as well as addressing more general causes of offending (e.g., reducing substance use/abuse, improving cognitive skills such as problem-solving and perspective taking).

Please rate the extent to which you agree or disagree with the following statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Moderately disagree</th>
<th>Slightly disagree</th>
<th>Slightly agree</th>
<th>Moderately agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being imprisoned will teach offenders with an intellectual disability discipline and life skills.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Prison facilities and services should be the same for all prisoners, regardless of whether they have an intellectual disability.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Offenders with an intellectual disability are punished with imprisonment for only the most serious crimes.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>It's important to punish offenders with an intellectual disability as harshly as possible for their crimes, to teach them not to reoffend when they leave prison.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Prisons are the best place to keep offenders with an intellectual disability, no matter the type of crime.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>An offender with an intellectual disability is at no greater risk of harm in a prison than any other type of prisoner.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>It's important to punish offenders with an intellectual disability as harshly as possible for their crimes, so that others like them will learn not to offend.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Prisons should have specialist wings, facilities, and staff to provide support for offenders with an intellectual disability.</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tbody>
</table>

The following information provides some background information about community correction orders in Australia.

A community correction order is a flexible sentencing order served in the community. The order can be imposed by itself or in addition to imprisonment or a fine. The community correction order is often applied for minor crimes where imprisonment of the offender is not necessary for the protection of the community. They can assist in protecting the
offender from potential negative influences of the prison environment. Offenders serving community correction orders can often interact with their friends and family at will.

Offenders serving a community correction order may be required to attend community-based rehabilitation programs (e.g., for substance use, anger management, or driving skills), work-skills or community reintegration program, and/or make restitution to the community by completing unpaid work benefitting the community.

Please rate the extent to which you agree or disagree with the following statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Moderately disagree</th>
<th>Slightly disagree</th>
<th>Slightly agree</th>
<th>Moderately agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The idea that there are community-based treatment facilities for offenders with intellectual disability serving their sentence makes me feel worried for the safety of my family.</td>
<td></td>
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<tr>
<td>Community correction orders are too soft for offenders with intellectual disability.</td>
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<td></td>
</tr>
<tr>
<td>If I realised there was a specialist correctional facility for offenders with intellectual disability in my neighbourhood, no matter how secure the council said it was, I would move to a different suburb.</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The idea that there are community-based treatment facilities for offenders with intellectual disability serving their sentence makes me feel worried for my own safety.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>I think that specialist correctional facilities in community settings are the best way to rehabilitate most offenders with intellectual disability.</td>
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</tr>
<tr>
<td>The idea that an offender with an intellectual disability can serve their sentence while still in the community is a joke.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Letting an offender with an intellectual disability serve their sentence in the community setting isn’t going to teach them a lesson they’ll remember.</td>
<td></td>
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</tr>
<tr>
<td>Community correction orders are the best way to sentence offenders with intellectual disability.</td>
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</tbody>
</table>

SECTION 4 - Dehumanisation offender with ID vs no ID

Below are six characteristics people possess to varying degrees.

Rate the extent to which you think a criminal offender is likely to possess these characteristics.

<table>
<thead>
<tr>
<th>Percentage (%) rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 10 20 30 40 50 60 70 80 90 100</td>
</tr>
<tr>
<td>Culturally refined</td>
</tr>
<tr>
<td>Rational/logical</td>
</tr>
</tbody>
</table>
Below are six characteristics people possess to varying degrees.

Rate the extent to which you think a criminal offender with an intellectual disability is likely to possess these characteristics.

<table>
<thead>
<tr>
<th>Percentage (%) rating</th>
<th>0</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Culturally refined</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td>Rational/logical</td>
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<td></td>
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<tr>
<td>Lacking self-restraint</td>
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<td></td>
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<tr>
<td>Emotionally responsive</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warm towards others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Rigid and cold</td>
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</tr>
</tbody>
</table>

SECTION 5 - Vignettes x 6

In this section, you will read a description of a person who commits a criminal offence.

Read the story carefully before answering the questions that follow. This is the final task in this study.

Mark was attending a house party one night with one of his close friends. Having drunk alcohol heavily all evening, they noticed a woman they both went to school with passed out in a spare room. After a quick conversation, they entered the room, checked that she was unconscious, and locked the door.

Mark’s friend, and then Mark, raped the woman and then quickly left the house together. A friend of the unconscious woman soon found her in the room and suspected that she has been sexually assaulted. She called the police. Forensic evidence was collected, witnesses described to police seeing Mark and his friend near the room the woman was assaulted in, and the two were soon charged with rape. In time, Mark and his friend were both convicted of rape.

At the time of the offence, Mark was 25 years old and worked casually in a sports store downtown. Mark had a close, small circle of male friends that he works with. He came from a supportive family and while there were some close shaves with the law in the past, he’d never been charged with a criminal offence before this rape.

When Mark was 10 years old, he was diagnosed by a clinician with an intellectual disability, meaning he has an IQ (intelligence quotient) of 65 and can experience trouble with aspects of daily living such as learning new skills and activities, understanding complicated instructions, and reading “between the lines” in social situations.

Please confirm you have read this narrative by clicking this button.
been sexually assaulted. She called the police. Forensic evidence was collected, witnesses described to police seeing Mark and his friend near the room the woman was assaulted in, and the two were soon charged with rape. In time, Mark and his friend were both convicted of rape.

At the time of the offence, Mark was 25 years old and worked casually in a sports store downtown. Mark had a close, small circle of male friends that he works with. He came from a supportive family and while there were some close shaves with the law in the past, he’d never been charged with a criminal offence before this rape.

In this section, you will read a description of a person who commits a criminal offence.

Read the story carefully before answering the questions that follow. This is the final task in this study.

On his 25th birthday, David was enraged when a bouncer wouldn’t let him into a bar with his mates because he seemed too intoxicated. David had recently started carrying a knife when out on the town, and was so angry he stabbed the bouncer four times in the stomach before being wrestled to the ground by security. David’s assault on the bouncer was captured by CCTV and witnessed by numerous staff and patrons, and he was soon charged and sentenced for assault with a weapon.

David grew up in the city and had always been a brawler, even as a young boy. As a teenager he used to get into fights with boys in the year levels above his. As young man, David kept picking fights when he went out drinking on the weekends with his mates. He developed a reputation among his mates as someone not to be challenged or provoked.

When David was 10 years old, he was diagnosed by a clinician with an intellectual disability, meaning he has an IQ (intelligence quotient) of 65 and can experience trouble with aspects of daily living such as learning new skills and activities, understanding complicated instructions, and reading ‘between the lines’ in social situations.

In this section, you will read a description of a person who commits a criminal offence.

Read the story carefully before answering the questions that follow. This is the final task in this study.

On his 25th birthday, David was enraged when a bouncer wouldn’t let him into a bar with his mates because he seemed too intoxicated. David had recently started carrying a knife when out on the town, and was so angry he stabbed the bouncer four times in the stomach before being wrestled to the ground by security. David’s assault on the bouncer was captured by CCTV and witnessed by numerous staff and patrons, and he was soon charged and sentenced for assault with a weapon.

David grew up in the city and had always been a brawler, even as a young boy. As a teenager he used to get into fights with boys in the year levels above his. As young man, David kept picking fights when he went out drinking on the weekends with his mates. He developed a reputation among his mates as someone not to be challenged or provoked.

In high school he started dabbling with different kinds of drugs, and by the time he left school he was addicted to methamphetamine. For a while Henry was able to pay for his habit with his part time job at Woolworths, but he was eventually fired for being unreliable. He was able to exchange sex for methamphetamine for a while, but this arrangement didn’t last and he eventually began breaking into peoples
Henry broke into a home while the family living there was asleep. He managed to collect $5000 worth of their property before a family member awoke and found him in the house. Henry ran off with the property but without injuring anyone. Police were able to track his whereabouts using the GPS of a phone he’d stolen from the family, and finding him still in possession of numerous stolen items, he was charged and ultimately sentenced with home invasion and burglary.

Henry grew up in a regional town. He’d enjoyed studying at school when he was younger, but lost interest as a teenager. In high school he started dabbling with different kinds of drugs, and by the time he left school he was addicted to methamphetamine. For a while Henry was able to pay for his habit with his part time job at Woolworths, but he was eventually fired for being unreliable. He was able to exchange sex for methamphetamine for a while, but this arrangement didn’t last and he eventually began breaking into peoples homes in neighbouring suburbs to steal money, phones, and computers to sell online. Henry was known to the local police for property and drug related offences, and was 25 years old at the time of his latest offence.

In this section, you will read a description of a person who commits a criminal offence.

Read the story carefully before answering the questions that follow. This is the final task in this study.

SECTION 6 - Vignette responses

How much influence did alcohol/drugs have on this offender’s criminal behaviour?

How likely it is the offender would have committed this crime, had he not been affected by alcohol/drugs?

The following questions relate to how well you think this offender understood the moral implications of their criminal behaviour.

Using the scale below, please indicate how strongly you agree or disagree with the following statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Moderately disagree</th>
<th>Slightly disagree</th>
<th>Slightly agree</th>
<th>Moderately agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The offender’s mental age should be considered when making a decision about his sentence.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>The offender’s physical age should be considered when making a decision about his sentence.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>The offender should be considered fully responsible for his actions.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
The following questions relate to how you think this offender should be punished for their criminal behaviour.

Using the scale below, please indicate how strongly you agree or disagree with the following statements.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Moderately disagree</th>
<th>Slightly disagree</th>
<th>Slightly agree</th>
<th>Moderately agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The primary concern with this offender should be to make sure he is severely punished for his crime.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The only way to prevent this person from committing future crimes is to keep him locked up.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The courts are generally too easy on people like this who commit this sort of crime.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the only way this offender and others like him can be controlled is to build more prisons, then so be it.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following questions relate to whether you think this offender can be rehabilitated.

Using the scale below, please indicate how strongly you agree or disagree with the following statements.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Moderately disagree</th>
<th>Slightly disagree</th>
<th>Slightly agree</th>
<th>Moderately agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trying to rehabilitate this offender would probably be a waste of time.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More effort needs to be made to expand and improve programs that would give this offender the chance to change his life.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If this offender received educational and vocational training in prison, he probably would not commit crimes in the future.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This offender would probably benefit from the psychological counselling programs offered in prison.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following questions relate to reintegrating this person back into the community once they have completed their sentence.

Using the scale below, please indicate how strongly you agree or disagree with the following statements.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Moderately disagree</th>
<th>Slightly disagree</th>
<th>Slightly agree</th>
<th>Moderately agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The offender has the mental capacity to fully appreciate the consequences of his criminal actions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The offender did not fully understand the wrongfulness of his actions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The following questions relate to whether or not you think this person should be forgiven for their criminal behaviour, after they complete their sentence.

Using the scale below, please indicate how strongly you agree or disagree with the following statements.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Moderately disagree</th>
<th>Slightly disagree</th>
<th>Slightly agree</th>
<th>Moderately agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

| The general community has a responsibility to help the offender feel like he belongs in society once his sentence is done. |
| If this offender moved into the house next to mine once their sentence was finished, I wouldn’t worry about it very much. |
| I’d trust this offender to make a strong effort to keep out of trouble with the law once they finished their sentence. |
| It’s important the offender is given financial support by the government to help him live as a member of the community once his sentence is finished. |
| I wouldn’t mind it if this offender did a trial at my workplace once his sentence was finished. |
| I wouldn’t mind my taxes helping pay for social programs for this offender, if it helped them find better friends or get a good job. |
| This offender should be given every opportunity to fit back into society. |
| I’d be a fool to forgive this offender for his crime - even if he said he was sorry, he wouldn’t really mean it. |
| I would not forgive this offender for their crime. |
| This offender was not likely to have suffered much during their sentence - their penalty was not severe enough. |
| This offender paid their debt to society during their sentence. |
| If I was the victim and this offender apologised to me for his crime, I would forgive him. |
| Everyone deserves a second chance - even this offender. |

SECTION 7 - EXIT

Thank you for completing this questionnaire, and thank you for your time.
If you have any queries or would like to be informed of the overall findings of this project, please contact either Ms Alexa Hayley at halexa@deakin.edu.au, or Dr Arlene Walker at Arlene.walker@deakin.edu.au

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about your rights as a research participant, then you may contact:

The Manager, Ethics and Biosafety, Deakin University, 221 Burwood Highway, Burwood Victoria 3125, Telephone: 9251 7129, research-ethics@deakin.edu.au

Please quote project number 2016-095.

Please feel free to leave any additional comments about this study before exiting.
Appendix V: Supplementary Exploratory Factor Analysis Results for Chapter Nine

To assess the validity of original outcome measures, EFAs were conducted using the overall sample recruited for of Factorial Survey 2. EFAs using oblique (direct oblimin) rotation methods were conducted to determine the underlying dimensionality of the items for each measure, given the expectation of unidimensional structure. Table 14.7 reports on EFA 1, for attitudes towards community treatment of offenders with an ID, while Table 14.8 reports on EFA 2, for attitudes towards prison-based treatment of offenders with an ID. Table 14.9 reports EFA 3, for attitudes towards reintegration prospects of offenders, and Table 14.10 reports EFA 4, for willingness to forgive an offender. All assumptions relevant to EFA were met prior to conducting analyses.

Table 14.7

Exploratory Factor Analysis 1: Attitudes towards Community Treatment Setting for Offenders with Intellectual Disability

<table>
<thead>
<tr>
<th>Item</th>
<th>Item Description</th>
<th>M</th>
<th>SD</th>
<th>FL</th>
<th>h²</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The idea that an offender with an intellectual disability can serve their sentence while still in the community is a joke. ^</td>
<td>5.17</td>
<td>1.29</td>
<td>0.85</td>
<td>0.66</td>
</tr>
<tr>
<td>2</td>
<td>The idea that there are community-based treatment facilities for offenders with intellectual disability serving their sentence makes me feel worried for the safety of my family. ^</td>
<td>5.01</td>
<td>1.30</td>
<td>0.83</td>
<td>0.84</td>
</tr>
<tr>
<td>3</td>
<td>The idea that there are community-based treatment facilities for offenders with intellectual disability serving their sentence makes me feel worried for my own safety. ^</td>
<td>5.14</td>
<td>1.23</td>
<td>0.82</td>
<td>0.70</td>
</tr>
<tr>
<td>4</td>
<td>Community correction orders are too soft for offenders with intellectual disability. ^</td>
<td>4.88</td>
<td>1.23</td>
<td>0.75</td>
<td>0.53</td>
</tr>
<tr>
<td>5</td>
<td>Letting an offender with an intellectual disability serve their sentence in the community setting isn’t going to teach them a lesson they’ll remember. ^</td>
<td>4.88</td>
<td>1.30</td>
<td>0.68</td>
<td>0.49</td>
</tr>
<tr>
<td>6</td>
<td>If I realised there was a specialist correctional facility for offenders with intellectual disability in my neighbourhood, no matter how secure the council said it was, I would move to a different suburb. ^</td>
<td>5.15</td>
<td>1.25</td>
<td>0.66</td>
<td>0.48</td>
</tr>
</tbody>
</table>
Table 14.8

Exploratory Factor Analysis 2: Attitudes towards Prison Treatment Setting for Offenders with Intellectual Disability

<table>
<thead>
<tr>
<th>Item</th>
<th>M</th>
<th>SD</th>
<th>FL</th>
<th>h²</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Community correction orders are the best way to sentence offenders with intellectual disability.</td>
<td>4.55</td>
<td>1.23</td>
<td>0.47</td>
<td>0.28</td>
</tr>
<tr>
<td>8 I think that specialist correctional facilities in community settings are the best way to rehabilitate most offenders with intellectual disability.</td>
<td>3.39</td>
<td>1.27</td>
<td>0.45</td>
<td>0.24</td>
</tr>
<tr>
<td><strong>Eigenvalue</strong></td>
<td><strong>4.41</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>% variance</strong></td>
<td><strong>5.51</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. Principal axis factorisation applied; one factor forced. Oblique direct oblimin rotation with Kaiser normalisation applied. FL = Factor loading, >.30 determined meaningful and used as criterion for factor development; loadings derived from factor matrix model. *Items 1-6 are reverse scored for EFA 1, so that higher scores indicate greater support for community treatment setting. M and SD are non-reversed. EFA 1 N = 668. h² = communality value.*

Table 14.8

Exploratory Factor Analysis 2: Attitudes towards Prison Treatment Setting for Offenders with Intellectual Disability

<table>
<thead>
<tr>
<th>Item</th>
<th>M</th>
<th>SD</th>
<th>FL</th>
<th>h²</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 It’s important to punish offenders with an intellectual disability as harshly as possible for their crimes, to teach them not to reoffend when they leave prison.</td>
<td>1.71</td>
<td>1.06</td>
<td>0.80</td>
<td>0.58</td>
</tr>
<tr>
<td>2 It’s important to punish offenders with an intellectual disability as harshly as possible for their crimes, so that others like them will learn not to offend.</td>
<td>1.56</td>
<td>0.98</td>
<td>0.79</td>
<td>0.57</td>
</tr>
<tr>
<td>3 Prisons are the best place to keep offenders with an intellectual disability, no matter the type of crime.</td>
<td>1.73</td>
<td>1.07</td>
<td>0.68</td>
<td>0.39</td>
</tr>
<tr>
<td>4 Being imprisoned will teach offenders with an intellectual disability discipline and life skills.</td>
<td>2.10</td>
<td>1.23</td>
<td>0.62</td>
<td>0.35</td>
</tr>
<tr>
<td>5 Prison facilities and services should be the same for all prisoners, regardless of whether they have an intellectual disability.</td>
<td>1.88</td>
<td>1.28</td>
<td>0.53</td>
<td>0.27</td>
</tr>
<tr>
<td>6 An offender with an intellectual disability is at no greater risk of harm in a prison than any other type of prisoner.</td>
<td>1.70</td>
<td>1.20</td>
<td>0.39</td>
<td>0.19</td>
</tr>
<tr>
<td>7 Prisons should have specialist wings, facilities, and staff to provide support for offenders with an intellectual disability.*</td>
<td>1.63</td>
<td>1.07</td>
<td>0.34</td>
<td>0.10</td>
</tr>
<tr>
<td>8 Offenders with an intellectual disability are punished with imprisonment for only the most serious crimes.</td>
<td>3.03</td>
<td>1.57</td>
<td>0.00</td>
<td>0.06</td>
</tr>
<tr>
<td><strong>Eigenvalue</strong></td>
<td><strong>3.27</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>% variance</strong></td>
<td><strong>40.81</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. Principal axis factorisation applied; one factor forced. Oblique direct oblimin rotation with Kaiser normalisation applied. FL = Factor loading, >.30 determined meaningful and used as criterion for factor development; loadings derived from factor matrix model. *Item 7 is reverse scored for EFA 2. Only items 1-7 contribute to the final measure from EFA 2. M and SD are non-reversed. EFA 2 N = 670. h² = communality value.
### Table 14.9

*Exploratory Factor Analysis 3: Attitudes towards Offender Reintegration*

<table>
<thead>
<tr>
<th>Item</th>
<th>M</th>
<th>SD</th>
<th>FL</th>
<th>$h^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. It's important the offender is given financial support by the government to help him live as a member of the community once his sentence is finished.</td>
<td>4.36</td>
<td>1.35</td>
<td>0.75</td>
<td>0.53</td>
</tr>
<tr>
<td>2. The general community has a responsibility to help the offender feel like he belongs in society once his sentence is done.</td>
<td>4.66</td>
<td>1.26</td>
<td>.79</td>
<td>0.56</td>
</tr>
<tr>
<td>3. I'd trust this offender to make a strong effort to keep out of trouble with the law once they finished their sentence.</td>
<td>3.71</td>
<td>1.34</td>
<td>0.55</td>
<td>0.35</td>
</tr>
<tr>
<td>4. I wouldn't mind it if this offender did a trial at my workplace once his sentence was finished.</td>
<td>4.18</td>
<td>1.57</td>
<td>0.63</td>
<td>0.41</td>
</tr>
<tr>
<td>5. If this offender moved into the house next to mine once their sentence was finished, I wouldn't worry about it very much.</td>
<td>3.61</td>
<td>1.49</td>
<td>0.63</td>
<td>0.42</td>
</tr>
<tr>
<td>6. I wouldn't mind my taxes helping pay for social programs for this offender, if it helped them find better friends or get a good job.</td>
<td>4.99</td>
<td>1.22</td>
<td>0.77</td>
<td>0.58</td>
</tr>
<tr>
<td>7. This offender should be given every opportunity to fit back into society.</td>
<td>5.20</td>
<td>1.00</td>
<td>0.76</td>
<td>0.54</td>
</tr>
</tbody>
</table>

**Eigenvalue** 3.99  
**% variance** 57.01

*Note.* Principal axis factorisation applied; one factor forced. Oblique direct oblimin rotation with Kaiser normalisation applied. FL = Factor loading, $> .30$ determined meaningful and used as criterion for factor development; loadings derived from factor matrix model. EFA 3 $N = 635$. $h^2$ = communality value.

### Table 14.10

*Exploratory Factor Analysis 4: Willingness to Forgive an Offender*

<table>
<thead>
<tr>
<th>Item</th>
<th>M</th>
<th>SD</th>
<th>FL</th>
<th>$h^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I would not forgive this offender for their crime.(^)</td>
<td>4.45</td>
<td>1.37</td>
<td>0.81</td>
<td>0.60</td>
</tr>
<tr>
<td>2. I'd be a fool to forgive this offender for his crime - even if he said he was sorry, he wouldn't really mean it.(^)</td>
<td>4.85</td>
<td>1.21</td>
<td>0.78</td>
<td>0.53</td>
</tr>
<tr>
<td>3. This offender was not likely to have suffered much during their sentence- their penalty was not severe enough.(^)</td>
<td>4.83</td>
<td>1.18</td>
<td>0.74</td>
<td>0.48</td>
</tr>
<tr>
<td>4. Everyone deserves a second chance- even this offender.</td>
<td>4.98</td>
<td>1.10</td>
<td>0.74</td>
<td>0.48</td>
</tr>
<tr>
<td>5. If I was the victim and this offender apologised to me for his crime, I would forgive him.</td>
<td>3.74</td>
<td>1.50</td>
<td>0.71</td>
<td>0.49</td>
</tr>
<tr>
<td>6. This offender paid their debt to society during their sentence.</td>
<td>4.48</td>
<td>1.28</td>
<td>0.56</td>
<td>0.30</td>
</tr>
</tbody>
</table>

**Eigenvalue** 3.64  
**% variance** 60.58

*Note.* Principal axis factorisation applied; one factor forced. Oblique direct oblimin rotation with Kaiser normalisation applied. FL = Factor loading, $> .30$ determined meaningful and used as criterion for factor development; loadings derived from factor matrix model. \(^\)Items 1-3 is reverse scored for EFA 4. M and SD are non-reversed. EFA 4 $N = 629$. $h^2$ = communality value.