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### Stigma Towards Offenders Diagnosed with Mental Illness

Christina N. Yocca

*CUNY John Jay College*, [cyocca4@gmail.com](mailto:cyocca4@gmail.com)

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Stigma Towards Offenders Diagnosed with Mental Illness

A Thesis Presented in Partial Fulfillment of the Requirements for the Degree of Masters of Art in

Forensic Psychology

John Jay College of Criminal Justice

City Univeristy of New York

Christina Noel Yocca

June 2022

Stigma Towards Offenders Diagnosed with Mental Illness

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This Thesis has been presented to and accepted by the Office of Graduate Studies, John Jay College of Criminal Justice in Partial Fulfillment of the Requirements for the Degree of Masters of Art in Forensic Psychology.

Thesis Committee

Thesis Advisor: Philip Yanos

Second Reader: Charles Stone

Third Reader: Rebecca Weiss



### Abstract

Mental health stigma is a key factor to what makes members of the community who are diagnosed with mental illness feel like outcasts to the “normal” population. This study investigated the relationship between right-winged beliefs and offenders diagnosed with mental illness. Stigma as it relates to mental health, offenders, and right-winged beliefs have been studied separately before, but there is a lack of information on the stigma that the public has towards offenders who struggle with their mental health and the possible predictors of stigma towards this group. Overall, this study aimed to further research in the intersectionality of stigmatized groups by examining the extent to which community members stigmatize offenders diagnosed with mental illness. Community members completed a survey that included the Public Attitudes Towards Offenders with Mental Illness scale, which is made up of 28 Likert scale questions, as well as 20-item Right Wing Authoritarianism scale. Participants also answered a set of open-ended questions that were related to potential bias and perceptions, and demographic questions to examine possible predictors of public attitudes. This research shed light on public perception and gained insight into possible predictors of these attitudes to understand difficulties and judgement this population may face when trying to reintegrate back into the community.

### **Stigma Towards Offenders Diagnosed with Mental Illness**

Struggling with one's mental health is something that a lot of people know too well. Learning how to cope with mental health issues is difficult enough on its own, but often there is stigmatization of mental health issues that people have to experience and attempt to manage (Huggett, et al., 2018). Stigmatization of mental illness can be defined as the negative characteristics that are perceived to be attached to the diagnosis that discredit and separate the individual with the diagnosis from what would be considered the "normal" population (Huggett, et al., 2018). Those who struggle with the stigmatization of their mental health may also be stigmatized for their religious beliefs, political beliefs, race, socio-economic status, and often criminal history as well (Weisz & Quinn, 2018; Moore, Miliam, Folk, & Tangney, 2018). This intersectionality of different stigmas, meaning they belong to multiple interdependent stigmatized categories, is key to the investigation of the intricacies of stigma (Weisz & Quinn, 2018). This research focuses on the intersectionality between mental health stigma and the cooccurrence of offenders stigma. Previous research has supported that anticipated and self-stigma in offenders, leaves offenders with the preconceived idea that the reactions they receive will be overwhelmingly negative and they will be continuously rejected (Cherney & Fitzgerald, 2016). To investigate this intersectionality, it is important to understand the beliefs and perspectives that the public may hold that would foster judgement placed on these stigmatized groups. For example, individuals who align with some right-wing authoritarian beliefs, defined as a belief in upholding traditional values, erring on the conservative side of economic and social issues, tend to express hostility and stigmatization towards individuals with mental illness more consistently (DeLuca & Yanos, 2016). This study aimed to investigate the intersectionality

between mental health stigma and stigmatization of offenders, and to identify possible predictors of these stigmatizing perceptions and behaviors.

Many members of the general population have been subject to stigmatization of some kind at some point in their lives, leaving them feeling isolated due to peers being “dismissive and disbelieving of their mental health problems” (Huggett, et al., 2018; Pachankis, et al., 2018;). Stigma is often measured and categorized depending on its concealability (visibility of stigma), course (length of time stigma is present), disruptiveness (extent stigma affects social interactions), aesthetics (potential for stigma to bring about negative reactions from others), origin (where stigma is believed to come from), and peril (level to which stigma poses threat; Pachankis, et al., 2018). These categories have allowed researchers to identify specific experiences with stigma, and why some stigma is seen as being worse than others. For example, someone with a concealable stigma may not need to learn new coping mechanisms to feel normal, while someone who falls in the disruptiveness category (i.e., someone with a physical disability) must learn ways to cope with the public view (Pachankis, et al., 2018). The research done to see how people would rank the level of stigmatization of various groups was necessary to understand the facets of stigma and begin destigmatizing each group in order to lessen stigma as a whole.

While there is significant research done on specific groups, types of stigma, and how to begin destigmatization, there is a lack of research looking at intersectionality of stigma. Intersectionality of stigma investigates the meaning and effects of belonging to multiple stigmatized categories (Weisz & Quinn, 2018). It is important to understand various points of the intersectionality of stigma to best cover the overall stigmatized population. Research must establish an understanding of how one stigmatization can directly affect and/or be affected by

another existing stigma to best understand the behaviors of these vulnerable groups (Weisz & Quinn, 2018). Mental health stigma paired with individuals who are members of another stigmatized group and/or institutional stigma makes it that much more difficult for them to identify and feel included in society (Cherney & Fitzgerald, 2016). Often, these individuals understand the aspects of their identity and their personal experiences that are downplayed or rejected by society because of possible negative connotations attached to them that go against societal norms (Cherney & Fitzgerald, 2016).

Research has shown that public perception attaches mental illness, ranging from depression to schizophrenia, to overall dangerousness to oneself or others in which there is an increased support in involuntary hospitalization for public safety (Pescosolido, Manago, & Monahan, 2019). This perceived dangerousness makes it difficult for people with mental illness to be comfortable seeking treatment due to the label that will be attached to them. These perceived stigmas are very common in individuals who struggle with mental health issues, so when accompanied by another stigmatized factor there is an increase in the negative effects of stigma on one's psychological and physical health (Pachankis, Hatzenbuehler, Wang, et al., 2018; Weisz & Quinn, 2018). Further research has been done regarding the beliefs held by the community that label individuals who struggle with mental illness as dangerous and unpredictable (DeLuca & Yanos, 2016). Specifically, right-wing authoritarian beliefs have been studied to determine if they are predictive behaviors for discrimination, judgement, and hostility (Whitley, 1999). There has been significant research done on right-wing authoritarianism and how it affects stigmatization of mental illness. Right-wing authoritarianism can be defined as belief in upholding traditional values, erring on the conservative side of economic and social issues, that are established and maintained by someone in position of authority (DeLuca &



Yanos, 2016). They support having a specific set of rules laid out, and anyone who does not follow or align with the traditional rules set in place are part of a perceived out-group (Whitley, 1999). The establishing of an out-group is what has fed into the stereotypes that our society places on different groups of people. These out-groups consist of different races, sexual identities, socioeconomic status, religion, criminal history, etc. The research showed that individuals who identify as non-liberal or closely align themselves with right-winged politics, are more likely to highly stigmatize individuals with mental health issues (DeLuca & Yanos, 2016; Gonzales, Chan, & Yanos, 2017). Overall, there is a consistent association between right-wing authoritarianism and prejudice, discrimination, and hostility towards members of perceived out-groups (Whitley, 1999).

The out-group that has yet to be further investigated in regard to right-wing authoritarianism as well as mental health stigma are individuals who have been, or are currently, incarcerated. Incarcerated individuals, a group of people who are already highly stigmatized, are too often forgotten about by the public until they are being reintegrate into society. When ex-offenders are attempting to reintegrate into the community, they are often met with hostility and negative expectations, which is seen as a barrier to properly reintegrating (Hochstetler, DeLisi, & Pratt, 2010). The stigma attached to offenders often negatively affects their search for employment, seeking treatment, and increase issues with adhering to probation requirements (Moore, Miliam, Folk, & Tangney, 2018; Cherney & Fitzgerald, 2016). This anticipated stigma leaves offenders with the preconceived idea that the reactions they receive will be overwhelmingly negative and they will be continuously rejected (Cherney & Fitzgerald, 2016). Being rejected by the public has the potential to increase feelings of isolation which could take a toll on their mental health. This stigma makes it that much more difficult for ex-offenders to

combat recidivism (Cherney & Fitzgerald, 2016). Therefore, research done on social support was necessary to help with understanding the importance of social support for offenders after being released. Research has shown that offenders having social support is something that they would find helpful in their efforts to reintegrate into the community and can help them combat psychological issues after being released (Hochstetler, DeLisi, & Pratt, 2010). The offender reentry is made easier with support from family and friends, which in turn lessens the feelings of receiving hostility from the public (Hochstetler, DeLisi, & Pratt, 2010).

The hostility offenders receive from the public is likely due to misinformation regarding this population. Studies have shown that the public knows very little about what goes on in prisons, and the perceptions they hold are often misinformed due to media (Roberts, & Hough, 2005). Due to media influence, they are only aware of the violence that occurs and are under the impression that aggression is a routine occurrence in many prisons (Roberts & Hough, 2005). This way of thinking makes the public unable to appreciate the full range of issues that can occur for inmates or the obstacles with re-entry into society (Roberts & Hough, 2005). This misinformation often leaves the public with a skewed perception and does not allow them to understand the mental health issues that come up for offenders, making it increasingly more difficult for them to re-enter society (Roberts, & Hough, 2005). The public bases a lot of their perception on the type of offense, their race/ethnicity, use of rehabilitation programs, and their struggles with mental health (Rade, Desmarais, & Mitchell, 2016). These four already highly stigmatized topics are things that most offenders are labeled with, making it that much more difficult for them to feel accepted by the public. With any variation of these aspects, each offender has the possibility of being treated different by the public in comparison to other offenders.

The public often underestimates the seriousness of being in prison, and research has shown that the public views prison life as easy and having it better than the public (Roberts & Hough, 2005). For instance, previous studies have provided over half of the population believe that offenders are idle most of the day and that they believe prison life should be more harsh (Roberts & Hough, 2005). They focus on perceived benefits of getting to watch television when they desire, having access to weight racks, and receiving their necessities like food and restrooms (Roberts & Hough, 2005). These perceived benefits often are based off what the public sees in movies and television shows (Roberts, & Hough, 2005). This view results in people believing that offenders do not mind going to prison, which has resulted in the press for longer sentences (Roberts, & Hough, 2005). These lengthy sentences can really take a toll on offenders' mental health and increases the difficulty of being able to properly assimilate back into society. This overall view that prison life is easy has potential to support movements to restrict services available to offenders (Roberts, & Hough, 2005). In order to combat this, there must be a shift to seeing offenders as people, instead of labeling them as their crime, to best set them up for a smooth transition into the community and reduce recidivism.

While it is important to improve community reintegration for offenders, there are additional issues that need to be acknowledged. Even before being released and attempting to reintegrate back into society, offenders can struggle with not only the stigma of being an offender, but also the stigma tied to mental health problems. During the sentencing process, it is common for the judge to mandate mental health treatment while incarcerated. Due to this, most inmates are under the impression that they will be able to receive necessary mental health help, but it is often rare and inconsistent (Gonzalez & Connell, 2014). A significant number of offenders who suffer from mental illness, struggle to receive help while they are incarcerated

(Meyer, et al., 2014). Some do not wish to receive help, but the ones who seek help often are not offered the program they would need or other inmates with “worse” diagnoses are prioritized (Meyer, et al., 2014; Gonzalez & Connell, 2014). For a lot of offenders, incarceration is when they have their first introduction to any form of treatment (Prins, 2014). Correctional facilities are not meant to be used as mental health facilities, but the overrepresentation of offenders with mental illness shows that is how they are being utilized (Prins, 2014).

The presence of mental illness is much higher in incarcerated individuals than the general public, which adds to the stigma of mental illness being connected to the level of dangerousness someone is to the public (Gonzalez & Connell, 2014; Pescosolido, Manago, & Monahan, 2019; Prins, 2014). This stigma of mental illness in groups like offenders can be dangerous for their general well-being (Gonzalez & Connell, 2014). For offenders, their mental illness has the possibility of being used against them in trial as an attempt for the prosecution to increase the perceived dangerousness of the offender, thus a possible increase in longer sentences. Research has shown that judges and prosecutors hold onto more negative stereotypes of mentally ill offenders which can affect trial decisions and the increasing representation of mentally ill offenders (Batastini, Lester, & Thompson, 2017). The overrepresentation leaves offenders with mental illnesses subject to a system that was not designed or provided with the means to provide mental health services (Prins, 2014).

Research has shown that the lack of proper mental health assistance was also explained to be partly due to the “inmate to prison personnel ratio” (Gonzalez & Connell, 2014). The inmate population had increased 3.9% from 2000 to 2014, and there was no increase in prison personnel (Gonzalez & Connell, 2014). The lack of increase in prison personnel adds to the issues at hand of not being able to properly take care of the facility or the people within it (Gonzalez &

Connell, 2014). Due to this, there are not enough psychologists or psychiatrists to be able to assist all the individuals who need mental health assistance (Gonzalez & Connell, 2014). The skewed ratio creates a shift in the role of a psychologist and a psychiatrist to go from treatment and assessment to only gauging security risks (Gonzalez & Connell, 2014). Additionally, there has been a decrease in the correctional budget, allowing specialized treatment programs and licensed professionals providing proper diagnoses to go to the wayside (Gonzalez & Connell, 2014). The decline in mental health services because of the lack of prison personnel as well as lack of budgeting, can play a significant role in an offender's inability to properly reintegrate back into society and avoid the cycle of recidivism (Gonzalez & Connell, 2014).

Having to manage various mental health issues, and the stigma of dangerousness attached to it while also being incarcerated, can increase the risk of poor self-concept, self-stigma, amongst offenders because they are being viewed as dangerous due to their incarceration and lack of mental health services and treatment, creating a feeling of not being worthy of treatment (Moore, Miliam, Folk, & Tangney, 2018; Roberts, & Hough, 2005). The research done to better understand the stigma that offenders place on themselves has become a key piece in understanding what kind of influence it can have on their behavior after being released back into the community (Moore, Stuewig, & Tangney, 2016). Offenders are one of the more stigmatized groups, on structural and community levels (Moore, Miliam, Folk, & Tangney, 2018). Laws prevent them from participating in certain employment, housing, and community opportunities, leaving them vulnerable to public scrutiny (Moore, Miliam, Folk, & Tangney, 2018). Offenders have a significant level of perceived stigma through anticipated stigma which has been found to lead to difficulty with adjusting in the community, mental health issues, substance abuse, and recidivism (Moore, Stuewig, & Tangney, 2016). Research has shown that mental health issues

are a consistent risk for increasing rates of self-stigma in offenders (Moore, Miliam, Folk, & Tangney, 2018). To combat the self-stigmatization of offenders, research must be done to better understand the stigma that is being placed on them and advocate for a change in the perception of offenders.

### **Present Study**

As discussed, stigma research has been done in a number of areas in order to better understand who, or what, is being stigmatized and the effect that stigma has on people. Research has covered stigmatization of mental health, stigmatization of offenders, effects of stigmatization on offenders, and offender self-stigma, but it had yet to cover stigmatization of offenders with mental health issues. Conducting research on the intersectionality of different categories of stigma is pivotal to understand some of the most disadvantaged people in our society. This gap in the literature was important to fill because it allows for a better understanding of the knowledge, or lack thereof, the public has about mental health and treatment of offenders. Gaining a better understanding of the overall knowledge and perception can then assist in possible advocacy to provide a better understanding to the public, and to provide better means of care and treatment of offenders. This research provides insight on how age, race/ethnicity, political affiliation, religious affiliation, level of education, and personal experiences with mental health and/or incarceration might impact public perception. Additionally, investigating right-wing authoritarianism as a possible predictor can assist in understanding the possible struggles of the reintegration process in conservative areas versus liberal areas. This improvement in the scope of the literature can assist in furthering the efforts to reduce recidivism and reduce public stigma placed on offenders once they are released, allowing them to better reintegrate into society. This research has the potential to be a steppingstone for further research in public understanding and

general knowledge of offenders. This study is exploratory in nature to further research the intersectionality of stigmatized groups by examining the extent to which community members stigmatize offenders diagnosed with mental illness; as well as shed light on public perception and possible predictors of these attitudes.

## **Material and Methods**

### **Research Design**

This study used community members as participants to fill out a survey through Qualtrics XM on public perception of offenders with mental illness. The survey took between 15-20 minutes to complete.

### **Participants**

There was a total of 201 participants who completed the survey. During data collection, there were twelve participants that were excluded from data analysis. They were not included due to either taking less than six minutes to complete the survey or incorrectly answering both attention check questions. The participants included 103 undergraduate students at John Jay College who participated in research for college credit and 98 individuals from Prolific who participated for monetary incentive. Table 1 presents the demographic data of the 201 participants with the data listed for the participant pools separately and combined. There were two differences in terms of demographics between these groups, race/ethnicity and education level. The Prolific sample had 79.6% of the participant identify as White while the undergraduate sample had 36.9% identify as White. Additionally, the undergraduate sample had a predominantly high school educated sample, while the Prolific sample had predominantly bachelor's degrees. Overall, the total sample was predominantly female, sitting at 81.6%. These

variables were not found to be statistically different from each other, the PATOMI, or the RWA scales.

The participants from Prolific received \$2.00 if they completed the survey and correctly responded to at least one of the attention check questions. Recruiting participants from these two pools allowed me to gain a substantial number of participants and increase the diversity of the sample. The sample had 58.2% participants identifying as heterosexual, 23.4% as bisexual, and 9.5% as other. The sample was 57.2% White, 12.9% Black/African American, and 13.5% Spanish/Latina. Recruiting participants from Prolific along with the student population was expected to allow for a range of ages, but it still resulted with 74.1% being within college age. Consistent with the college age range, 57.2% of the samples highest level of education was a high school diploma, and 21.9% had a bachelor's degree.

Any participant that was employed in the law enforcement field, work for the courts, and/or work directly with offenders were excluded from the data in order to obtain data that focused on the general public and is not skewed from current or prior working relations.

### **Procedure**

Institutional Review Board approval was received for the study. The sample of undergraduate students from John Jay College engaged in the study through the college's SONA system. The Prolific participants were recruited through the Prolific online platform and given the incentive of \$2 to complete the study. Prolific participants were able to participate as long as they were not employed in the law enforcement field, work for the courts, and/or work directly with offenders, and resided in the US. To participate in this study both samples had to first provide informed consent. Participants then responded to the question "Do you work for law enforcement, criminal and/or civil courts, or jail/prison system?" to ensure they were not



included in the sample. The participants also answered the two questions “Do you know anyone currently or previously in prison or jail?” and “Do you have any affiliations with prison system and/or law enforcement? (i.e.: parent, spouse, child, friend, etc who works in a prison/jail or law enforcement)” to determine if affiliation with the population would have an affect on the data. Afterwards, participants began responding to the PATOMI scale, open ended questions, and the RWA scale. The open-ended questions were “Do you believe the use of prisons for corrections is effective?”, “Do you believe prison is a good correctional method for people convicted of a crime who struggle with extreme mental illness?”, “Did you think of a certain sex while answering the previous questions?”, and “Did you think of a specific type of crime while answering the previous questions? If so, what offense did you think of?” all of which included text boxes to allow for clarifications and explanations. Participants then answered a series of demographic questions concerning their age, race/ethnicity, political affiliation, religious affiliation, level of education, sex, and sexual identity. Participants were given debriefing information after completing the questionnaires. Typical completion time for the study was roughly 20 minutes.

### **Measures**

**Demographic Questions.** There were demographic questions covering age, race/ethnicity, political affiliation, religious affiliation, level of education, sex, and sexual identity. These questions will be utilized to observe any possible correlation between demographic and the participants attitudes towards offenders. This section was placed at the end of the survey to minimize priming effects and response biases.

**Open-Ended Questions.** There were open-ended questions to gain general knowledge on any possible affiliations with prison systems and to get an idea of what the participants

current perception on the use of prisons. Having these open-ended questions allowed for additional information on how individual experiences, or lack thereof, could affect their attitudes towards offenders. The survey included questions such as:

- *Do you personally know anyone who is currently or was previously incarcerated?*
- *Do you have any affiliations with correctional personnel and/or law enforcement?*
- *Do you believe the use of prisons for corrections is effective?*
- *Do you believe prison is a good correctional method for people convicted of a crime who struggle with extreme mental illness?*

Each listed question had a text box for responses, so the participants were able to expand upon their response. There was also an open-ended question asked at the end of the survey about the type of offender the participant imagined while giving their responses. This provided an opportunity to see if participants predominantly viewed offenders with mental illness male or female, and as violent offenders, non-violent offenders, or a combination of both.

**Public Attitudes Towards Offenders with Mental Illness Scale (PATOMI).** The PATOMI scale was developed from the *Police and Community Attitudes towards Offenders with Mental Illness (PCAOMI-O)* scale (Walkden, Rogerson, & Kola-Palmer, 2020). PATOMI is a valid and reliable 28-item tool used to assess public perceptions towards offenders with mental illness. The reliability of the scale has a high internal reliability of  $\alpha = 0.88$ . The 28-items are to be rated on a scale of 1(*strongly agree*) to 5(*strongly disagree*). The PATOMI scale includes statements such as:

- *People who have been convicted of a crime with mental illness are a burden on society.*
- *As soon as a person convicted of a crime shows signs of mental disturbance, they should be hospitalized*

- *People convicted of a crime with mental illness do not deserve our sympathy*

Questions 2, 4, 6, 9, 11, 14, 16, 18, 19, 20, 24, 26, and 27 all need to be reverse coded.

Participant scores are calculated by adding all the response values. The higher overall score, the less the participant stigmatizes offenders with mental illness. This scale was used because it is a strong indicator of determining public views of offenders struggling with mental illness.

**Right Wing Authoritarianism Scale.** The RWA scale measures individual political attitudes (Altemeyer, 2006). RWA is a valid and reliable 20-item tool used to rate sociopolitical statements. This scale has a high internal reliability of  $\alpha = 0.92$ . The 20-items are rated on a 9-point scale of -4(*Strongly agree*) to +4(*Strongly disagree*). The RWA scale included statements such as:

- *Gays and lesbians are just as healthy and moral as anybody else.*
- *God's laws about abortion, pornography and marriage must be strictly followed before it is too late, and those who break them must be strongly punished.*
- *Everyone should have their own lifestyle, religious beliefs, and sexual preferences, even if it makes them different from everyone else.*

Participant scores are calculated by adding up the twenty scores, in which the lowest score can be 20 and the highest can be 180. RWA scale is a strong indicator for providing an accurate stance for individual political attitudes. There was a demographic question asked about self-identified political affiliations in order to see how much variation there was between the scale results and individual ratings.

### **Data Analysis**

A frequency table was used to determine the descriptive statistics and demographics, such as participants' gender, sexual orientation, race, age, level of education, political affiliation,

and religious affiliation. Pearson's correlation was run between demographic variables, stigma-related measures, and the participants personal experiences. Lastly, linear regression was used to investigate the effect RWA has on the relationship between PATOMI and demographic characteristics.

### Results

The present study utilized the PATOMI and the RWA scales. The PATOMI had a mean of 94.71 and a SD of 14.826. The RWA had a mean of 56.99 and a SD of 26.673. We can see from the mean scores overall the sample appears to have a less stigmatized view and do not align as closely with RWA beliefs. Of the 201 participants, 24% of them scored below the median for the PATOMI scale, meaning they present with a notably more stigmatized views towards offenders.

Roughly 34% of the participants scored above a 100 on the PATOMI scale, meaning they have a much less stigmatized view of offenders with mental illness. The remaining 42% of the participants can be seen as having some areas where they may hold a more stigmatized view than other areas. As seen in Table 2, there was no relationship found between the PATOMI scale and the question asked regarding the participant knowing someone with a criminal justice history which is not consistent with prior research regarding stigmatization of offenders, having a correlation of 0.137. This may be due to different perspectives of what the question may have been referring to, resulting in responses that were not significant in either direction.

There was an open-ended question that followed the PATOMI scale that stated, *Did you think of a specific type of crime while answering the previous questions? If so, what offense did you think of?* Of the 201 participants, 101 participants stated that they did not think of a specific crime, 32 thought of murder, 26 thought of violent crimes in general, 15 thought of robbery/theft,

14 thought of sexual assault, 5 thought of drugs, 4 thought of child related crimes, and 3 were in the other category. There was no relationship found between the perceived crime and the PATOMI scale.

Table 2 reports the correlation between demographic variables, personal experiences of the participants, and stigma-related measures. As seen in Table 2, there was a moderate to strong negative correlation of -0.56 found between the PATOMI and RWA scales. This negative correlation highlights the relation between aligning with right-winged beliefs and having a more stigmatized view of offenders with mental illness. Table 2 also highlights the negative correlation of -0.51, moderate in strength, between the RWA scale and religious affiliation, emphasizing the relationship between right-winged beliefs and Catholic/Christian beliefs. There was a 0.34 correlation between sexual orientation and the PATOMI scale. Although it is considered a weak correlations, the positive correlation indicates that participants who identified as LGBTQ+ as having a less stigmatized view of offenders with mental illness. Lastly, Table 2 also provides support for the validity of the RWA scale, which had a strong positive correlation of 0.67 with self-identified political affiliation.

Table 3 presents findings from hierarchical linear regression analysis. As seen in Table 3, a preliminary regression analysis was run on just the relationship between the PATOMI scale and the demographic variables. This regression was run to determine how much the RWA scale can be predictive of the PATOMI scale. All of the demographic variables were included except for self-identified political affiliation since the RWA is representative of that demographic. Of the demographic variables, religious affiliation was the only variable that was found to be statistically significant,  $\beta = 0.38$ . The  $R^2$  value of the preliminary regression analysis was 0.208

and after running the analysis with the RWA scale it increased to 0.399. The change in  $R^2$  is 0.191, meaning RWA uniquely explains 19% of the variation in the PATOMI.

An Independent t-test was administered to investigate the difference between the male and female responses to the PATOMI and RWA scales. The results indicate a not significant difference between male (M: 90.84 , SD: 14.765) and female (M: 95.02, SD:14.68), [ $t(194) = -1.470, p = 0.143 > 0.05$ ] regarding the PATOMI scale. The results indicate a significant different between male (M: 75.31, SD: 29.443) and female (M: 54.24, SD: 24.695), [ $t(194) = 4.273, p < 0.001$  ] regarding the RWA scale. These findings emphasize that the male sample was reporting higher on the RWA scale than the female sample, representing more right-winged beliefs in the male sample.

### **Discussion**

The present study examined public perception of offenders diagnosed with mental illness. The research was exploratory in nature to establish the level of stigmatization placed on mentally ill offenders and the possible relationship between stigmatized views and political ideation.

#### **Demographic Variables**

There was a lack of associate between stigma and age, gender, race, and education. The lack of association emphasizes the idea that stigmatization of offenders with mental illness is not related to those presence of those variables. The stigma placed on offenders with mental illness is found to be significant regardless of the demographic variables of the population. Although, individuals who identified as LGBTQ+ were correlated with less stigmatized views as well as non-RWA beliefs. This is consistent with previous research discussing the individuals who are stigmatized, tend to hold less stigmatized views towards others.

#### **Public Perception of Offenders with Mental Illness**

The results from the PATOMI scale establish that regardless of demographic background, there is still a notable level of overall stigma placed on offenders with mental illness. This shows that regardless of gender, sexual orientation, religious affiliation, educational background, or gender, the stigmatization of offenders with mental illness is present. These findings assist in understanding the intersectionality of stigmatization of offenders and mental illness. This percentage of the sample responded to the scale with a more stigmatized view. Previous research has established an understanding that mental health stigma has been experienced by the population diagnosed with mental illness, leaving people feeling isolated (Pachankis, Hatzenbuehler, Wang, et al., 2018; Huggett, Birtel, Awenat, et al., 2018). While there has not been a notable amount of research conducted on stigmatization of mental health of offenders, the previous research done on the stigma felt by offenders is supported by the findings of the present study. Previous research has found that there is a significant amount of self-stigma found in offenders due to the anticipated stigma they feel when reentering the community (Moore, Stuewig, & Tangney, 2016). This anticipated stigma led to difficulty with adjusting back into their community, mental health issues, substance abuse, and often leading them down the road of recidivism (Moore, Stuewig, & Tangney, 2016). The present study has provided a better understanding of how this anticipated stigma exists and effects the reintegration of offenders.

### **Right-Wing Authoritarianism**

There has been a significant amount of research done on how individuals who align with right-winged beliefs tend to present with a more stigmatized view of out-groups such as gender, sexual orientation, ethnicity, religion, etc. (Whitley, 1999). Right-winged beliefs have also been associated with highly stigmatized views of individuals with mental health issues (DeLuca & Yanos, 2016; Gonzales, Chan, & Yanos, 2017). We included a scale to measure RWA because

we believed there could be a correlation between right-winged beliefs and higher levels of stigmatization of this out-group. The present research was able to identify a relationship between an increased level of stigma and higher scores on the RWA. These findings support and add onto the previous research, establishing higher rates of discrimination and judgement from individuals who identify with right-winged beliefs.

### **Implications**

The findings supporting the relationship between RWA and negative attitudes towards offenders with mental illness can provide insight into possible next steps to begin making positive strides in anti-stigma initiatives and social policies. These findings establish a foundation for future research to be done to assist in policy making for mental health initiatives to lessen the spread of misinformation in regard to the criminal justice system. Understanding the relationship between right-wing authoritarianism and mental health stigma of various groups allows for steps to be taken towards destigmatization by using the knowledge of misinformation and negative views towards offenders with mental illness to advocate for programs to educate the public of the demographics and needs of offenders to combat this image. This research could be the first step towards minimizing the negative perceptions of offenders with mental illness by informing the public of what programs may already be in place, such as Problem-Solving Courts (i.e.: drug court, mental health court, etc.) and how these programs could grow and help offenders with mental illness with the proper funding and services. Additionally, these findings can be used to better understand public reactions towards the reintegration process in more conservative areas. Offenders already have a difficult time with community reentry, but this research can imply that it may be increasingly more difficult for offenders who are reintegrating into more conservative/right-winged communities to find jobs, housing, and acceptance. Policies



and programs need to be created in order to help break the stigma of this population and provide assistance so that people do not fall into the revolving door of recidivism.

### **Limitations and Future Directions**

Although the present study has provided a foundation for future research regarding the intersectionality between offender stigma and mental health stigma, there were some limiting factors. Due to the COVID-19 pandemic, the data had to be collected virtually and outside of a lab setting. There were questions incorporated into the survey to act as attention check questions and if they responded correctly to one of the two questions, their data was still used.

Additionally, some participants took roughly six minutes to complete the survey while it was estimated to take between 15-20 minutes. Data collection was not able to be done within a controlled setting, so participants may have been more inclined to not fully read the questions and may have been in a distracting environment limiting their attention on the survey. Finally, the participant sample ended up being a female dominant sample. This makes the findings less generalizable to the entire population.

The findings of this study are helpful in establishing the beginnings of a proper foundation to do further research in this area and begin advocating for change to lessen the stigma of this population. Prior research has shown that individuals view life in prison as easy and having additional benefits that the general public does not have (Roberts, & Hough, 2005). This perception that they gain from movies and television shows could potentially be affecting their perception of providing additional resources for the prison population. Future research has the ability to build upon what was found in this study by attempting to gain insight into the populations personal experiences with prison population and how it may have an effect on their perceptions of providing mental health resources. For instance, investigating further into

someone's personal knowledge of the prison system and how they have learned about the prison system (ie: tv shows/movies, personal research, etc) may influence their views. Further research on individual knowledge may be able to show if there is any sort of divide between people who primarily gain their understanding of offenders with and without mental illness from TV shows or from real world accounts and cases. This sort of research could provide an understanding as to how people are gaining misinformation, so that steps can be taken to provide accurate information in a manner that would catch the public's attention.

The future research to be done on this will be pivotal to being able to advocate for change so that offenders with mental illness can be set up to succeed when they are back in the community. Combating the stigma placed on offenders with mental illness has the potential to lessen the perceptions of them being outcasts and keep them from the cycle of recidivism.

### **Conclusion**

Our study aimed to lay a foundation for further research on the intersectionality between the stigma of mental health and the stigma of offenders. This study was also able to build upon the extensive research done on right-winged authoritarianism and how it may relate to stigma. The presentation of right-winged beliefs influenced the sample to perceive offenders in a more stigmatized manner. These findings allow for future research to be done to determine how to confront the stigma and how to best provide help to the offenders coming back into the community.

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**Table 1. Summary of Demographic Characteristics of the Study Sample (N = 201)**

Variables	John Jay SONA Sample	Prolific Sample	Total <sup>a</sup>
	n (%)	n (%)	n (%)
<b>Gender</b>			
Male	18 (17.5)	14(14.3)	32 (15.9)
Female	84 (81.6)	80 (81.6)	164 (81.6)
Non-Binary	1 (1)	4 (4.1)	5 (2.5)
<b>Sexual Orientation</b>			
Heterosexual	63 (61.2)	54 (55.1)	117 (58.2)
Lesbian	3 (2.9)	3 (3.1)	6 (3)
Gay	-	1 (1)	1 (0.5)
Bisexual	20 (19.4)	27 (27.6)	47 (23.4)
Other	10 (9.7)	9 (9.2)	19 (9.5)
Prefer not to say	5 (4.9)	4 (4.1)	9 (4.5)
<b>Race/Ethnicity</b>			
White	38 (36.9)	78 (79.6)	115 (57.2)
Black/African American	22 (21.4)	4 (4.1)	26 (12.9)
American Indian	3 (2.9)	-	3 (1.5)
Asian	10 (9.7)	5 (5.1)	15 (7.5)
Spanish	19 (18.4)	8 (8.2)	27 (13.5)
Other	11 (10.7)	3 (3.1)	14 (7)
<b>Age (Mean= 23.18, SD= 7.344)</b>			
18-29 years old	52 (50.4)	72 (73.5)	149 (74.1)
30-49 years old	4 (3.8)	18 (18.4)	22 (10.9)
50 years old and over	-	2 (2)	2 (0.9)
<b>Education</b>			
Some High School	-	-	-
GED, High School Diploma	86 (83.5)	31 (31.6)	115 (57.2)
Associates Degree	13 (12.6)	12 (12.2)	25 (12.4)
Bachelor's Degree	4 (3.9)	40 (40.8)	44 (21.9)
Master's Degree	-	10 (10.2)	10 (5)
Professional Degree	-	-	-
Doctoral Degree	-	5 (5.1)	5 (2.5)
<b>Political Affiliation</b>			
Liberal	30 (29.1)	34 (34.7)	64 (31.8)
Liberal Leaning	21 (20.4)	16 (16.3)	37 (18.4)
Moderate	26 (25.2)	20 (20.4)	46 (22.9)
Conservative Leaning	5 (4.9)	6 (6.1)	11 (5.5)
Conservative	6 (5.8)	14 (14.3)	20 (10)
Other	4 (3.9)	5 (5.1)	9 (4.5)
Prefer not to say	11 (10.7)	3 (3.1)	14 (7)
<b>Religious Affiliation</b>			
Catholic	52 (50.5)	47 (48)	99 (49.3)
Muslim	3 (2.9)	1 (1)	4 (2)
Jewish	-	3 (3.1)	3 (1.5)
Buddhist	2 (1.9)	1 (1)	3 (1.5)
Hindu	4 (3.9)	-	4 (2)
Atheist	9 (8.7)	8 (8.2)	17 (8.5)

Agnostic	12 (11.7)	27 (27.6)	39 (19.4)
Other	10 (9.7)	5 (5.1)	15 (7.5)
Prefer not to say	11 (10.7)	6 (6.1)	17 (8.5)

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Table 2. Correlation between Demographic Variables, Personal Experience, and Stigma-related Measures.

<i>Demographic Variables</i>								<i>Stigma-related Measures</i>	
	Gender	Sexual Orientation	Race	Age	Education	Political Affiliation	Religious Affiliation	PATOMI	RWA
<b>PATOMI</b>	.114	.335**	-.060	-.013	-.013	-.417**	.372**	-	-.565**
<b>RWA</b>	-.300**	-.332**	.069	.156*	.112	.670**	-.511**	-.565**	-
<i>Personal Experience</i>									
<b>Know Incarcerated Individuals</b>	.085	-.019	.159*	.225**	.034	-.023	.072	.137	-.023
<b>Friends/Family Work Affiliations to Prisons</b>	-.170*	-.005	.070	.173*	.072	.181*	-.178*	-.099	.128

Gender (0=Male, 1=Female), Sexual Orientation (0=Heterosexual, 1= LGBTQ+), Race (0=White, 1= Non-White ), Age (18-55), Education (3= GED, High School Diploma, 4=Associates, 5=Bachelors, 6=Masters, 7=Professional, 8=Doctorate), Political Affiliation (0=Liberal 1=Moderate, 2=Conservative), Religious Affiliation (0=Catholic/Christian, 1= Other Religions), PATOMI scale (Strongly Agree - Strongly Disagree), RWA scale (Very Strongly Agree - Very Strongly Disagree), Know Incarcerated Individuals (0=No, 1=Yes), Friends/Family Work Affiliations to Prisons (0=No, 1=Yes).

All stigma-related variables have scales from lower stigma to higher stigma

\*p<.05, \*\*p<.01.



**Table 3. Hierarchical Linear Regression of Public Attitudes Towards Offenders with Mental Illness and Right-Wing Authoritarianism, Controlling for Various Demographic Factors.**

	PATOMI and Demographic Characteristics		PATOMI, RWA, and Demographic Characteristics	
	$\beta$	$R^2$	$\beta$	$R^2$
		.208**		.399**
<b>Age</b>	.018		.059	
<b>Ethnicity</b>	.031		.036	
<b>Gender</b>	.034		-.068	
<b>Sexual Orientation</b>	.149		.042	
<b>Highest Level of Education</b>	.017		.064	
<b>Religious Affiliation</b>	.380**		.152	
<b>RWA</b>			-.553**	

Gender (0=Male, 1=Female), Sexual Orientation (0=Heterosexual, 1= LGBTQ+), Ethnicity (0=White, 1= Non-White ), Age (18-55), Highest Level of Education (3= GED, High School Diploma, 4=Associates, 5=Bachelors, 6=Masters, 7=Professional, 8=Doctorate), Religious Affiliation (0=Catholic/Christian, 1= Other Religions), RWA scale (Very Strongly Agree - Very Strongly Disagree)

All stigma-related variables have scales from lower stigma to higher stigma

\*p < .05, \*\*p < .01

## Appendix A

### Public Attitudes Towards Offenders with Mental Illness Scale

1	2	3	4	5
Strongly agree	Somewhat agree	Neither agree or disagree	Somewhat disagree	Strongly disagree

Public attitudes towards offenders with mental illness scale (PATOMI)

1. As soon as an offender shows signs of mental disturbance, he should be hospitalised
2. More tax money should be spent on the care and treatment of offenders with mental illness
3. An offender with mental illness should be isolated from the rest of the community
4. The best therapy for many offenders with mental illness is to be part of a normal community
5. Offenders with mental illness are a burden on society
6. Offenders with a mental illness are far less of a danger than most people suppose
7. Locating forensic mental health facilities in a residential area downgrades the neighbourhood
8. A woman would be foolish to marry an offender who suffered from a mental illness, even though he seems fully recovered
9. Less emphasis should be placed on protecting the public from offenders with mental illness
10. Increased spending on forensic mental health services is a waste of tax money
11. No one has the right to exclude offenders with mental illness from their neighbourhood
12. Offenders with mental illness need the same kind of control and discipline as a young child
13. I would not want to live next door to an offender who has been mentally ill
14. Residents should accept the location of forensic mental health facilities in their neighbourhood to service the needs of the community
15. There are sufficient existing services for offenders with mental illness
16. Offenders with mental illness should be encouraged to assume the responsibilities of normal life
17. Local residents have good reason to resist the location of forensic mental health services in their neighbourhood
18. Our forensic mental health hospitals seem more like prisons than places where offenders can be cared for
19. Locating forensic mental health services in residential neighbourhoods does not endanger local residents
20. Forensic mental hospitals are an outdated means of treating offenders with mental illness
21. Offenders with mental illness do not deserve our sympathy
22. Forensic mental health facilities should be kept out of residential neighbourhoods
23. One of the main causes of offender mental illness is a lack of self-discipline and will power
24. We have the responsibility to provide the best possible care for offenders with mental illness
25. Offenders with mental illness should not be given any responsibility
26. Residents have nothing to fear from offenders coming into their neighbourhood to obtain forensic mental health services
27. Most women who were once patients in a forensic mental hospital can be trusted as baby sitters
28. It is frightening to think of offenders with mental illness living in residential neighbourhoods

## Appendix B

### Right-Winged Authoritarianism Scale

Mark a -4 if you very strongly disagree with the statement.

Mark a -3 if you strongly disagree with the statement.

Mark a -2 if you moderately disagree with the statement.

Mark a -1 if you slightly disagree with the statement.

Mark a +1 if you slightly agree with the statement.

Mark a +2 if you moderately agree with the statement.

Mark a +3 if you strongly agree with the statement.

Mark a +4 if you very strongly agree with the statement.

If you feel exactly and precisely neutral about an item, write down a "0."

Important: You may find that you sometimes have different reactions to different parts of a statement. For example, you might very strongly disagree ("-4") with one idea in a statement, but slightly agree ("+1") with another idea in the same item. When this happens, please combine your reactions, and write down how you feel on balance (a "-3" in this case).

1. The established authorities generally turn out to be right about things, while the radicals and protestors are usually just "loud mouths" showing off their ignorance.
2. Women should have to promise to obey their husbands when they get married.
3. Our country desperately needs a mighty leader who will do what has to be done to destroy the radical new ways and sinfulness that are ruining us.
4. Gays and lesbians are just as healthy and moral as anybody else.
5. It is always better to trust the judgment of the proper authorities in government and religion than to listen to the noisy rabble-rousers in our society who are trying to create doubt in people's minds.
6. Atheists and others who have rebelled against the established religions are no doubt every bit as good and virtuous as those who attend church regularly.
7. The only way our country can get through the crisis ahead is to get back to our traditional values, put some tough leaders in power, and silence the troublemakers spreading bad ideas.
8. There is absolutely nothing wrong with nudist camps.
9. Our country needs free thinkers who have the courage to defy traditional ways, even if this upsets many people.
10. Our country will be destroyed someday if we do not smash the perversions eating away at our moral fiber and traditional beliefs.
11. Everyone should have their own lifestyle, religious beliefs, and sexual preferences, even if it makes them different from everyone else.
12. The "old-fashioned ways" and the "old-fashioned values" still show the best way to live.
13. You have to admire those who challenged the law and the majority's view by protesting for women's abortion rights, for animal rights, or to abolish school prayer.
14. What our country really needs is a strong, determined leader who will crush evil, and take us back to our true path.

15. Some of the best people in our country are those who are challenging our government, criticizing religion, and ignoring the “normal way things are supposed to be done.”
16. God’s laws about abortion, pornography and marriage must be strictly followed before it is too late, and those who break them must be strongly punished.
17. There are many radical, immoral people in our country today, who are trying to ruin it for their own godless purposes, whom the authorities should put out of action.
18. A “woman’s place” should be wherever she wants to be. The days when women are submissive to their husbands and social conventions belong strictly in the past.
19. Our country will be great if we honor the ways of our forefathers, do what the authorities tell us to do, and get rid of the “rotten apples” who are ruining everything.
20. There is no “ONE right way” to live life; everybody has to create their own way.
21. Homosexuals and feminists should be praised for being brave enough to defy “traditional family values.”
22. This country would work a lot better if certain groups of troublemakers would just shut up and accept their group’s traditional place in society.