**Literature Review on Attitudes to Disabled People**

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# Introduction

Since 2001, every five or six years, the National Disability Authority (NDA) has conducted a Public Attitudes to Disability in Ireland survey.[[1]](#footnote-1) These surveys have been face-to-face interview administered surveys in peoples’ homes to a random sample of the Irish population with quotas to match the age and gender demographics of the national population. In 2022, as the next attitudes survey was due, the NDA decided to review whether a public attitudes survey was the best way to evaluate attitudes and contribute to changing them.

In addition to a review of the literature on attitudes and on changing negative attitudes towards disabled people, the NDA conducted a review on various methodologies with which one can evaluate attitudes In addition, the Economic and Social Research Institute (ESRI) conducted a list experiment and used other indirect measurement techniques to evaluate negative attitudes to disability for the NDA. To our knowledge, this is the first list experiment in the field of disability.

The literature review on attitudes to disability and changing negative attitudes, the review of attitude measures and the list experiment will inform NDA’s decisions about its future research and policy work in the area of attitudes.

Since the NDA conducted a literature review on attitudes in 2007, there has been progress in understanding the formation, measuring and changing of attitudes. For example, research on implicit attitudes has expanded rapidly in the last two decades with the use of indirect measures being a notable change in attitude research. [[2]](#footnote-2) The discovery of ways to assess people’s thoughts, feelings and possible behaviours indirectly may be the central advance in research on attitudes in the past half century.[[3]](#footnote-3)

One explores attitudes to other persons in inter-personal research attitudes towards self in self-esteem research and attitudes towards ideals and abstract ideas in values research.[[4]](#footnote-4) There are newer methodologies such as the list experiment used to measure attitudes and assess the prevalence of sensitive behaviours.[[5]](#footnote-5) There is also more research on evaluating how to change attitudes, for example, how public policies influence behaviour and attitudes. A review of research on attitudes and attitude change during the period 2010-2017 highlighted how the agenda has shifted towards a more holistic understanding of attitudes:[[6]](#footnote-6)

* The context of the person as a whole - linking attitudes and attitude change to individual values, goals, emotions, linguistic processes, evaluative processes, developmental aspects, etc.
* The context of social relationships - linking attitude change to the person’s interactions with communicators, social networks and social media.
* The socio-historical context - recognising the impact of culture and significant events on the functions and characteristics of attitudes.

While there is evidence internationally that attitudes to disability have improved, word-wide, negative attitudes, prejudice, discrimination and unacceptable behaviours towards disabled people remain an issue.[[7]](#footnote-7) To tackle negative attitudes, one must first recognise their persistence, despite positive trends. One might expect positive trends as disabled people have more access to their human right to live, study and work alongside their peers in their local communities. Contact with disabled people is associated with an increase in positive attitudes and a decrease in prejudice.[[8]](#footnote-8) However, there is the possibility that some of the positive shift found in research may be due to increased awareness that expressing negative attitudes towards disabled people is unacceptable.[[9]](#footnote-9) Research using indirect measures supports this possibility: findings from 7.1 million indirect and direct attitude measurement tests drawn from U.S. participants from the Project Implicit website[[10]](#footnote-10) show that, since 2007, explicit attitudes decreased in bias between 22% (age attitudes) and 98% (race attitudes). Implicit sexuality, race, and skin-tone attitudes also decreased in bias by 65%, 26%, and 25%, respectively. These patterns of change and stability were generally consistent across men and women, indicating widespread, macro-level change. Of note, however, as mentioned above, is that implicit attitudes to age, disability, and body-weight showed little to no long-term change.[[11]](#footnote-11)

In line with the Articles of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), the UN encourages states to use all legitimate approaches to removing barriers – including attitudinal ones - to inclusion and participation. The UNCRPD is a human rights instrument promoting access to the conditions required to participate in education and work, secure suitable accommodation, and participate fully in society. This research confirms that the best way to tackle exclusionary attitudes and prejudices and improve community attitudes is through greater everyday contact with disabled people. Positive attitudes increase primarily by increasing levels of inclusion of disabled people in all aspects of society, particularly education, employment, leadership roles, and the media. Government level interventions through public policies and legislation tend to target behaviours, which change perceived norms, which then change attitudes over time. Other approaches motivate individuals to become more aware of and re-evaluate prejudices and negative attitudes and beliefs.

# Methodology

Initial searches of the literature included the following:

* A search for systematic reviews on attitudes to disability
* A search for systematic reviews on stigma, discrimination, prejudice and disability
* A search on changing attitudes including interventions to change negative attitudes to disability.
* Limited searches of Google and Google Scholar and searches across multiple library databases for literature on implicit and explicit attitudes, interventions to change attitudes and on stigma, discrimination, and prejudice in relation to disability.

Parameters of the searches conducted included the following terms:

* Disability (Ti) AND attitudes/stigma/prejudice/discrimination (Ti) AND systemtatic (Ti).
* Attitudes (Ti) AND change (Ti).
* Attitudes (Ti) AND change (Ti) AND disability.

Only papers that were in the English language were included. The time period reviewed was from 2010-2022.

The following databases were searched Academic Search Complete, APA Psych, Pub Med, ERIC, Cochrane and SCOPUS.

The result of the systematic searches on the databases mentioned above included 20 systematic reviews on attitudes and disability, [[12]](#footnote-12) five systematic reviews on stigma and disability, one systematic review on discrimination and disability (which had already been captured in the search on attitudes and disability) and zero systematic reviews on prejudice and disability. Searches of Google, Google Scholar and multiple library databases yielded pertinent reports and articles.

# Chapter 1: Understanding attitudes

Jung (1923) used the term attitude to describe a readiness of the person to act/react in a certain way, based on their predominant orientation towards thinking, feeling, sensing or intuiting. Allport (1935) took up the term and developed it.[[13]](#footnote-13) He proposed thoughts and feelings as the central components of attitudes, which may correlate with behaviours. The attitude-behavioural relationship is now thought of as lying outside the definition of an attitude.[[14]](#footnote-14) The following definition of an attitude stresses that its core feature is the propensity to produce an evaluative response to an event, person, group or idea: “An attitude is a psychological tendency that is expressed by evaluating a particular entity with some degree of favour or disfavour.”[[15]](#footnote-15) Attitudes or evaluative tendencies can influence beliefs, emotions, and behaviours. As human beings, we acquire thoughts and feelings through experience and form attitudes to everything we encounter. These attitudes are often neutral or positive but can be negative. Thoughts, feelings and evaluations may influence us to behave in certain ways towards those objects.[[16]](#footnote-16)

As human beings, we form attitudes to everything we encounter and such attitudes are usually neutral or positive. Accordingly, when we refer to attitudes that limit the rights and opportunities afforded to disabled people, we should refer to the ‘negative attitudes’ that must be tackled, or conversely the ‘positive attitudes’ that must be engendered and spread.[[17]](#footnote-17) Some people may tend to make negative or positive evaluations, irrespective of the object and so hold attitudes that are either largely negative or positive.[[18]](#footnote-18) His/her context, values, experience, exposure to modelling, contact, etc. influence the strength with which a person holds a particular attitude.

Research on the differences between automatic and deliberative cognitive processes began in the 1970s and has accelerated in the last years. This social cognitive research on automatic unconscious processes is a dynamic area of research. Much research on implicit bias and attitudes are furthering understanding of attitudes and their complexity. With the dissemination of new evidence at a rapid pace, one must revise previous definitions, theories and propositions. In addition, there is no consensus yet on several issues pertaining to the structure, impact, and content of implicit attitudes. While researchers and thinkers are summarising this research and refining and clarifying definitions and concepts, they have also highlighted contradictory research findings that illustrate that the jury is still out on various premises, propositions and claims regarding implicit attitudes.[[19]](#footnote-19) Thus, the best way to make progress is to evaluate research periodically and update one’s opinions and approaches accordingly.[[20]](#footnote-20)

Indirect measures assess people’s attitudes in ways that minimize their ability to use introspection and respond strategically. When one asks persons directly about their attitudes, they can be wary of publicly expressing their opinions.[[21]](#footnote-21) [[22]](#footnote-22) Such expressed opinions are susceptible to social desirability motives as people can think through the questions and filter out what they would prefer not to say publicly. Therefore, measuring attitudes by direct attitude measurements may not necessarily be an accurate representation of the nuances of what people feel and think, nor of how they are likely to behave.[[23]](#footnote-23)

Research using indirect measures to detect implicit biases/evaluations (attitudes) proposes that a person can think and feel in one way but act in the opposite way due to implicit evaluations/biases of which he/she is largely unaware.[[24]](#footnote-24) There may be mostly automatic formation of evaluations/biases towards groups, people, or objects, which could conflict with conscious attitudes and considered judgments.[[25]](#footnote-25) Thus, people might act out of prejudice and familiarity with stereotypes without explicitly intending to do so. In this way, implicit biases can influence judgments and behaviours independently of a subject’s reported attitudes. For example, a man might hold and express explicitly egalitarian beliefs about the equality of men and women but, in practice, distrust female colleagues and employ equally qualified men over women. Part of the reason for this biased behaviour might be an implicit gender bias. Many studies have confirmed the existence of implicit biases for example, against women, Muslims, the elderly, the obese, persons with mental illness, African Americans, etc.[[26]](#footnote-26)

People may acquire biases and stereotypes, as detected by indirect measures, through language and social experiences over years and, perhaps, even prior to formal educational experiences.[[27]](#footnote-27) At the same time, there is considerable research on investigating ways that do “unfreeze” such attitudes.[[28]](#footnote-28)

Distinctions between direct and indirect measures are relative rather than absolute. For example, survey questions might be explicit and direct or explicit and indirect. For example, a survey question, “What do you think of disabled people” is explicit and direct because one asks the subject directly about the issue and reports his/her judgment explicitly. However, a question, “What do you think about this person”, who is for example, an outstanding disabled athlete, is both explicit and indirect, because, one explicitly reports the subject’s judgment but the researcher infers his/her attitude toward disability.[[29]](#footnote-29)

Indirect measures often use tasks that assess associations through behaviour that does not require deliberate retrieval of the target association. In contrast, direct tasks assess associations through behaviour that require and allow deliberate retrieval of the target association. Both direct and indirect attitude measures vary in the extent to which they permit deliberative responding. For example, a direct measure such as the single-item rating scale[[30]](#footnote-30) asks people about their attitudes, but the research conditions could facilitate getting a gut reaction or a deliberative assessment. That is, experimenters could require individuals to report their attitudes with time for thinking, or quickly, with no time for deliberation. Similarly, some indirect attitude measures permit deliberate, slow responding whereas others, such as the Implicit Association Test (IAT),[[31]](#footnote-31) require fast responses.

Indirect and direct measures are prone to distinct measurement errors such as task-switching ability and impulse inhibition for implicit measures and social desirability and acquiescence bias for explicit measures.[[32]](#footnote-32) Indirect measures correlate with direct measures, but correlations range from low to high with the following aspects of the social and mental context accounting for half the variation in implicit-explicit relations:[[33]](#footnote-33)

* The social sensitivity of target concepts.
* The extent to which people have thought about the concepts.
* The degree to which concepts in the implicit task are diametrically opposed or not.
* The degree to which people view their opinions about the concepts to be distinct from others.

# Chapter 2: Negative attitudes

Various attitudes to disability include the following:[[34]](#footnote-34)

* An inclusive positive attitude where people engage willingly with disabled people as a matter of course and are aware of their distinctive needs.
* An attitude characterised by a lack of awareness of disabled people, the difficulties they face, their support requirements and ambitions.
* An attitude of discomfort and anxiety with the ‘Otherness’ of disabled people.

Globally, public attitudes toward different types of disabilities show stability over time when measured using the Disability Social Distance Scale[[35]](#footnote-35) and other measures. Research in 2001 showed that the categorization by the public of types of disability and chronic illnesses had been relatively stable for 30 years.[[36]](#footnote-36) Research in 2017[[37]](#footnote-37) compared and contrasted the social distance literature on attitudes and preferences of the public towards different types of disabilities with the attitudes and preferences of health care professions. The study compared both these views with claims filed under that Americans with Disabilities Act (ADA). Unobserved conditions such as diabetes and heart conditions were the most ‘favoured’ and ‘prestigious’ conditions and the subject of more claims under the ADA Act. Observable mental health difficulties were, as before, the least favoured disability in terms of social distance preferences and were the subject of fewer claims under the ADA Act.

In 2021, the World Health Organisation (WHO) recognised the persistence of negative attitudes to disability globally and that they continue to create, alongside communication and financial barriers, a significant obstacle to accessing adequate healthcare.[[38]](#footnote-38)

In Ireland, four NDA surveys on attitudes to disability show that, while overall attitudes to all disability types have improved, the proportion of people with negative attitudes towards mental health issues, as demonstrated through social distance preferences, remains greater than that for other disability types. Thus, these surveys also demonstrate the stability of attitudes towards different disability types.[[39]](#footnote-39)

In a 2021 systematic literature review on students’ attitudes to disability,[[40]](#footnote-40) students generally reported more positive attitudes for overt disabilities such as sensory and physical disabilities compared to less obvious disabilities such as learning disabilities.

An international review by Thompson et al (2011) on community attitudes found information about both attitudes and outcomes, but little about the relationship between the two. One study in the US found that lower wage rates for men with physical disability were probably partly a result of prejudice. The review found that women in the workforce were more disadvantaged than men and that people were less comfortable with colleagues with mental illness than those with physical disabilities. Many employers felt ill prepared to employ disabled people, especially persons with a mental illness, although they were more ready to support current employees who acquired a disability. The review found that health professionals sometimes lacked training and awareness about the needs of specific groups of disabled people and that negative attitudes made people’s access to treatment, preventive screening and health promotion difficult.[[41]](#footnote-41)

While disability type or category is important, a study on discrimination against the physically disabled showed the complexity of factors involved in attitudes, evaluation and behaviour towards types of disability:[[42]](#footnote-42)

Our prior research found an interaction between disability type and situational expectations. For instance, when screening for a job where the person would be in public view, employers would discriminate against a person with a viewable disability in terms of obtaining a hiring recommendation. However, where the job was not in the public view, a viewable disability worked in favour of obtaining a positive hiring recommendation when judged against someone not presenting such a disability.[[43]](#footnote-43)

In Ireland, the ESRI, using data from the 2004, 2010 and 2014 Equality modules of the Quarterly National Household Survey, examined disability and discrimination in the workplace and in public and private services. It found that disabled people reported discrimination more frequently than those without a disability. The discrimination experienced has a more serious effect on disabled people than those without a disability.[[44]](#footnote-44)

In 2017, a UK survey,[[45]](#footnote-45) conducted by Scope revealed that 32% of disabled respondents and 22% of non-disabled people agreed that there was a lot of prejudice in Britain towards disabled people.[[46]](#footnote-46) The survey investigated the perception gap between disabled and nondisabled people in 2018 with ethnographic research, which found that, in addition to insults and abuse, disabled people, encounter small acts of negative behaviour.

Any one of these incidents by themselves may not be seen by a non-disabled person as much more than a small social faux pas, but for disabled people they can add up to a constant background of negative attitudes and behaviours which present a significant barrier to living the lives they choose.[[47]](#footnote-47)

Five years later, in 2022, Scope conducted a survey of 4,000 disabled people’s experiences of attitudes in Britain. This survey found that 36% of disabled people reported frequent experiences of negative attitudes and behaviours in the past 12 months. This increased to 50% of disabled people under the age of 55. Negative attitudes and behaviours ranged from everyday rudeness and ignorance, to assumptions, judgements and unfounded criticism or accusations of faking. In the previous 12 months, 26% had experienced discrimination.[[48]](#footnote-48)

In Australia, over a five-year period, the biggest area of discrimination complaints to the Human Rights Commission were disability-related. For example, in 2017-18, 42% of complaints were disability related.[[49]](#footnote-49)  In 2018, an Australian national community survey on attitudes toward disabled people[[50]](#footnote-50) employed disabled people as co-researchers to develop the survey. Most respondents reported positive personal attitudes but with regards mistreatment and social exclusion, 42% agreed that disabled people are ignored, 63% agreed that people tend to become impatient with disabled people; 42% thought work-places accepted disabled people while 63% agreed that disabled people are easier to exploit than non-disabled people. Finally, 78% agreed that people without disability are unsure how to act toward disabled people.

A 2017 systematic review of barriers in attitudes of mainstream health professionals towards people with intellectual disabilities[[51]](#footnote-51) found that mainstream health professionals had either low or high expectations of the capabilities of people with ID. Professionals reported stress, lack of confidence, fear and anxiety and a tendency to treat people with ID differently. Stigmatising attitudes were associated with lack of contact with people with ID and lack of knowledge about ID. Contact and collaboration with experts-by-experience in the education programs of health professionals can facilitate inclusion in mainstream healthcare services.[[52]](#footnote-52) Healthcare professionals reported positive attitudes towards providing mainstream healthcare for people with ID, and primary care and hospital staff considered that people with ID have the same rights for health services as others. Despite such positive attitudes, research describes the tendency of clinicians to overlook symptoms of mental health problems in persons with ID, attribute them to being part of ‘having an intellectual disability’ (diagnostic overshadowing). People with ID and their carers have reported perceived discrimination and negative comments as a significant experience in general hospitals.[[53]](#footnote-53)

Some research in 2021 found evidence of stigmatisation by carers/staff of people with intellectual disabilities who have high support needs.[[54]](#footnote-54) Agreement of staff with certain rights does not necessarily lead to staff acting in accordance with such rights. Staff reported scepticism regarding community inclusion for people with high support needs, and tended to be ambivalent about the protection-or-empowerment balance when supporting people with ID.

Freer (2021) conducted a systematic literature review (SLR) of research (2012-2019) on students’ attitudes to disability.[[55]](#footnote-55) Contact with disabled people was associated with positive attitudes toward disability. Personal factors influenced attitudes. Reduced anxiety about contact with disabled people and higher scores on an empathy measure, were associated with positive attitudes to disability. Self-esteem was a predictor of better attitudes toward some types of disability. Students’ self-efficacy regarding their interpersonal skills with students with special education needs led to positive attitudes. Generally, female students were more positive towards disabled persons compared to their male counterparts. However, a few studies found no difference based on gender and one study found that males had more positive attitudes than females. Some studies found that other variables mediated the effect of gender. For example, a study found that females attitudes were more positive attitude when disabled students were not educated in a general education class whereas the converse was true for males. They way girls and boys are socialised vary from one country to the next and in some countries, schools are single sex schools. Such contextual factors influence findings. Overall, however, the attitudes of female students are more positive. A few studies examined the impact of teachers and parents on children’s attitudes. They found that students’ perception of their teacher’s behaviours toward students with special education needs influenced their own attitudes. Culture affects social acceptance toward individuals with disability.[[56]](#footnote-56) Awareness of intellectual disability and causal and intervention beliefs determine the degree of social distance. This gives rise to different levels of social acceptance in different cultures. Age, gender, knowledge about and contact are also significant for social acceptance. Older and less educated individuals expressed greater social distance toward individuals with intellectual disabilities. Having a family member with a disability increased levels of social acceptance. A meta-analysis found that age, education level and prior contact with an individual with disability predict positive attitudes, while the effect of gender is inconsistent.[[57]](#footnote-57)

A systematic review, where 16 research studies met the inclusion criteria, examined the association between stigma and stereotype threat and psychological and academic outcomes in individuals with Specific Learning disabilities (SLDs).[[58]](#footnote-58) Results showed that stigma has a significant effect on self-esteem in individuals with SLDs and influenced other psychological outcomes. However, this study and other systematic reviews found poor quality research design. There is a need for intersectional approaches to interrogate co-occurring social identities and stigma;[[59]](#footnote-59) the need for consistent use of contextually relevant and validated scales to measure stigma; the need to develop effective strategies to reduce stigma for children with disabilities.[[60]](#footnote-60)

A 2012 systematic review of research between 1990 and 2012 on self-stigma in people with intellectual disability included 37 papers on self-stigma (17) and affiliate or courtesy stigma[[61]](#footnote-61) (20). The review found that individuals and family carers experience stigma that may negatively influence their psychological wellbeing. Awareness of stigma depends on the extent to which persons with intellectual disability accept and internalise the label of intellectual disability.[[62]](#footnote-62)

In summary, positive attitudes facilitate openness, acceptance and inclusion of others but, globally, negative attitudes, stigma, etc. contribute to ongoing discrimination and exclusion experienced by many disabled people and their families. This creates disparities in access to health, housing, employment, increases social distance and limits community participation.[[63]](#footnote-63) Parents of children with disabilities have described how negative attitudes are often more disabling for their children than their impairments.[[64]](#footnote-64) Negative attitudes lead to discrimination and low expectations,[[65]](#footnote-65) affect inclusion and access to public services,[[66]](#footnote-66) [[67]](#footnote-67) and can result in disabled persons internalizing the prejudice and discrimination they experience.[[68]](#footnote-68)

# Chapter 3: Changing attitudes

## Factors influencing the formation and changing of attitudes

A review on attitude change research (2010 to 2017) [[69]](#footnote-69) shows progress in understanding factors involved in attitude formation and change. Understanding personal, social, environmental, cultural and historical factors that impact on attitude formation and change, facilitates planning interventions that target negative attitudes. Attitudes, emotions, beliefs, and behaviour of individuals derive from socially shared information and collectively influence social life and its rules and actions. Individual differences such as a person’s cognitive style, the need for closure and dogmatism (the extent to which people make clear-cut distinctions between beliefs and disbeliefs) influence the formation and changing of attitudes. Cognitive styles determine the extent to which people analyse information. People who score high in this cognition trait, form attitudes based on beliefs about the validity of information received to a greater extent than persons with a low need-to-know style (lower cognition scores). The cultural structure of the social environment and the interactions within it affect personal attitudes and behaviour as do anxiety, self-esteem and other personal traits.

Research suggests that policy can directly address conscious, explicit attitudes and bias. An approach to implicit attitudes and bias might be to identify specific situations where biased decisions are likely to occur and develop interventions to address them. These approaches focus on changing attitudes or the behaviours that reflect underlying attitudes. Policies and interventions that change attitudes and behaviours and maintain behaviour change are critical to the outcomes of equality, inclusion and participation of disabled people.[[70]](#footnote-70) Contexts such as prolonged intergroup conflict often lead to the development of entrenched attitudes. In such contexts, people are socialised to hold particular views from an early age, which institutions and leaders can reinforce and which personal and collective experiences validate.[[71]](#footnote-71)

In summary, social and environmental factors alongside personality, cognitive style and demographic factors affect the motives of knowledge-seeking, consistency, self-worth and social approval, which affect attitudes and the strength of those attitudes as well as the forging of identity and social cognition.[[72]](#footnote-72) Much work now focuses on developing various effective interventions to modify negative attitudes to disability. A major challenge is to develop ways of motivating individuals to re-evaluate long-held or life-long attitudes to facilitate their ‘unfreezing’.[[73]](#footnote-73) An example given below is the use of socio-psychological interventions, some novel, to unfreeze entrenched attitudes among Palestinians and Israelis, as some of these approaches may prove useful in other groups and settings.[[74]](#footnote-74)

## Interventions at personal, organisational and government levels

Attitude change research[[75]](#footnote-75) shows progress in understanding some of the factors involved in attitude formation and change. Understanding the wide-ranging personal, social, environmental, cultural and historical factors that inter-relate and affect attitude formation and change, facilitates planning and implementing interventions that can contribute to changing negative attitudes.

Efforts to modify attitudes and behaviours can be categorised and examined in different ways. For example, one can examine the facilitators of attitude and behaviour change that include the following:[[76]](#footnote-76)

* Active presence of disabled people living alongside their peers in education, employment and social, civic and political participation or interventions that facilitate contact (contact hypothesis)
* Disabled people in leadership roles (contact hypothesis, in effect)
* Targeting multiple levels and multiple types of policy and interventions
* Long-term approaches with adequate resources
* Measuring and monitoring change

Another way of categorising attitude change interventions is to divide then into top down and bottom up approaches:

* Top down interventions tend to target behaviours, which change perceived norms which, over time, influence and change attitudes. Such “indirect” interventions include public policies, incentives for change, legislation, environmental restructuring, nudge interventions,[[77]](#footnote-77) etc.
* Bottom up interventions such as various socio-psychological approaches to motivate individuals to re-evaluate attitudes and beliefs.

A third way to categorise interventions is to group them into interventions at the personal, organisational and government level as Fisher and Purcal (2017)[[78]](#footnote-78) did when they analysed research evidence about the effectiveness of policies to change attitudes. Some of their conclusions include the following:

* Systemic and large-scale change requires overarching policies at the government level such as inclusive education and disability rights legislation.
* The three levels of policies to change attitudes – personal, organizational and governmental – are equally important, and they interact and reinforce each other, providing a framework for categorizing policies aimed at changing attitudes.[[79]](#footnote-79)
* Targeting policies only at the individual and organizational levels has the disadvantage that only some disabled people experience the benefits.

**Personal level approaches** to changing negative attitudes of individuals towards disability involve various elements in combination: information, education, training, positive portrayal of people with disabilities, and supported opportunities for contact between people with and without disabilities. These approaches fall into three policy types:[[80]](#footnote-80)

* Awareness raising - information and awareness training (Art. 8 CRPD). For example, International Day of People with Disabilities on 3 December each year
* Social contact
* Positive portrayal of people with disabilities in the media and the arts

Social psychological theories of persuasion inform personal level policy interventions. According to these theories, persuasion can come from information that challenge negative thinking and beliefs, ignorance, myths, fear, misunderstanding, misperceptions and stereotyping. Clarity of the message is important with easily understood information that is specific about what to do.

**Organizational-level policies** attempt to improve attitudes towards people with disabilities in various life domains, such as education, employment and health. Policy types include training, complaints mechanisms and targeted information programmes, which seek to mitigate the power disadvantages experienced by people with disabilities, by changing the behaviour and attitudes of people without disabilities. At the same time, these policies try to empower people with disabilities to claim their rights to equal access and participation. This is consistent with a social investment approach that intends to realize the potential of people with disabilities. Effective, long-term improvement of attitudes requires significant levels of combined educational and experiential interventions. Organizational-level initiatives, similar to policies at the personal level, are directed at individuals. They are distinguished through their focus on life domains and types of organizations, such as schools and workplaces.

Governments, non-government agencies or advocacy groups can develop personal and organizational level policies.

**Government-level policies** originate from governments, although they may need other agencies and community groups to implement the policies and tailor them to local requirements. Each policy intervention level reinforces the others, and one can apply a policy at different levels at the same time. Experience from interventions to change attitudes indicates that a multifaceted and collaborative approach contributes to policy effectiveness. Government-level policies include disability rights legislation and mechanisms to support such legislation, including standards, strategies and human rights agencies. Their effectiveness relies on inter-relationships with the personal and organizational level policy interventions, such as related awareness and training programmes and cooperation across government and community levels. Governments initiate policies to influence attitudes by mandating behaviour change. There may be policy statements and laws that define actions reflective of positive attitudes, together with the means for implementation and monitoring. This approach assumes that mandating people to change their behaviour will eventually change most people’s underlying attitudes too. Not all people may change their attitudes but at the least, they have to change any unacceptable behaviours in the meantime. In addition, laws that mandate the social and economic integration of people with disabilities provide public confirmation that discrimination ‘is no longer acceptable’.[[81]](#footnote-81)

Below are some further details on interventions and details of some of the theories behind the interventions.

## Examples of interventions to change attitudes

### Australia’s 2021-2031 strategy to tackle negative attitudes to disability

This strategy has a Community Attitudes Outcome, which is that community attitudes will support equality, inclusion and participation in society for disabled people.[[82]](#footnote-82) An Outcomes Framework and five Targeted Action Plans accompany the Strategy. To attain the Community Attitudes outcome of supporting equality, inclusion and participation, there are four policy priorities in the strategy:

* Increase representation of people with disability in leadership roles [“The best challenge to deeply rooted exclusionary attitudes and prejudices is everyday contact with people with disability.” - Office of the Public Advocate 2020[[83]](#footnote-83) and “The most effective way to improve community attitudes is to increase levels of inclusion of people with disability in all aspects of society, particularly education, employment, leadership roles, and the media.” -Centre of Research Excellence in Disability and Health 2020[[84]](#footnote-84)]
* Employers value the contribution people with disability make to the workforce, and recognise the benefits of employing people with disability [In a 2011 study from the Organisation for Economic Co-operation and Development (OECD), Australia ranked 21st out of 29 countries in terms of the employment of people with disability.]
* Key professional workforces are able to confidently and positively respond to people with disability
* Improving community attitudes to positively impact on Policy Priorities under the Strategy

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Royal Commission) in Australia (2022) summarised effective ways to change negative attitudes and associated behaviours so that disabled persons are included in society.[[85]](#footnote-85) Interventions need to target individuals, organisations and communities to change attitudes, behaviours and outcomes. The research evidence found that effective interventions used a combination of regulation, guidelines, persuasion and modelling and that structural interventions led by government are important for successful outcomes. The following elements are required:[[86]](#footnote-86)

* The active presence of a diversity of disabled people in all life domains, including inclusive schooling, employment and communities (contact).
* Leadership by disabled people and by organisations and government that highlights the diverse contribution of disabled people.
* Targeting multiple levels and types of policy and interventions based on information and education in a holistic approach to system and attitude change.
* The implementation of long-term approaches with adequate resourcing to achieve structural and sustained changes in attitudes and behaviours.
* Measuring and monitoring attitudes and behaviour and conducting research that inform decisions on interventions and accountability across organisations.

### Intergroup contact theory: the contact hypothesis

Research continues to confirm Gordon Allport’s ‘intergroup contact hypothesis’ (1954), which is that interpersonal group contact promotes tolerance and acceptance under certain conditions. And, indeed, research confirms that personal contact outside group situations impacts on attitudes. Allport considered that conditions such as equal status among groups, common goals and collaboration as necessary if contact was to generate acceptance and positive attitudes. However, Pettigrew et al (2005) aggregated the effects of contact over 516 studies and found a significant relationship between contact and the reduction of prejudice regardless of conditions.[[87]](#footnote-87) While changes are significant for disabled people, changes are much greater for racial and ethnic groups and greatest of all for contact between heterosexuals and gay and lesbians. Thus, increased contact generally leads to greater understanding between groups although the positive effect is larger when the extra conditions specified by Allport are met, that is, equal status, common goals and collaboration. In both controlled and field settings, intergroup contact theory results in favourable attitude change where race, ethnicity, mental illness, age, people with HIV/AIDs, LGBTQ individuals, and disabled people are concerned.[[88]](#footnote-88) The meta-analyses of Pettigrew et al.[[89]](#footnote-89) found that contact worked by altering emotions, with approximately 21% of the effect of contact mediated by reducing anxiety. Empathy had a strong mediation value accounting for the positive association between intergroup contact and prejudice reduction.[[90]](#footnote-90)

### Contact in ordinary life

What research also continues to confirm is that ordinary daily contact changes attitudes. For example, recent research studies include the following:

A 2021 systematic review of factors associated with public attitudes towards people with various disabilities[[91]](#footnote-91) found that the

* The frequency and quality of contact with disabled persons improved attitudes
* The more people know about disabilities, the more likely they are to have positive attitudes.

A 2021 cross-sectional survey among a nationally representative sample of the Dutch population explored relationships between different measures of stigma and levels of familiarity with persons with intellectual disability.[[92]](#footnote-92) Participants who reported no familiarity (31% of the sample) had higher levels of stigmatisation of persons with intellectual disabilities than participants who reported any form of real-life familiarity (69% of the sample). Fear was the most important mediator of the relationship between familiarity and discrimination.[[93]](#footnote-93)

In a 2022 systematic review of attitudes of students, contact created positive attitudes toward disability. One study in this review reported that larger inclusive classes were associated with more positive attitudes toward disability than smaller classes.[[94]](#footnote-94) However, another study, found that having students with exceptionalities present in the same learning space was not associated with more positive attitudes toward disability, but that engaging students in a voluntary joint activity was associated with more positive attitudes.[[95]](#footnote-95) Generally having a friend with a disability was found to be associated with more positive attitudes toward disability but the research suggests that the relationship between attitudes and friendship is complicated and multifactorial.[[96]](#footnote-96)

A 2014 systematic review examined the association between naturally occurring contact and children's attitudes towards disability. It found that children who have more contact with people with disabilities generally report more positive attitudes towards disability.[[97]](#footnote-97)

**Contact interventions**

A 2021 meta-analytic review of interventions to improve children’s attitudes toward their peers with intellectual disabilities found that, overall, interventions reduced children’s biases toward peers with intellectual disability. The most effective interventions were those that occurred over multiple sessions, involved active engagement in multiple strategies and social interactions, emphasised equal status contact that was unstructured or indirect, and had little adult guidance. These interventions are important as children’s biases towards their peers with intellectual disabilities tend to have negative developmental and social consequences for those with intellectual disabilities. [[98]](#footnote-98)

Changing negative attitudes through increased positive interactions which challenge existing stereotypes[[99]](#footnote-99) is at the heart of the Special Olympics Movement and is a strategic priority for the organization. Special Olympics is an international organisation that utilizes sport to fight stigma faced by people with ID, demonstrate their abilities, and change attitudes.[[100]](#footnote-100) It raises awareness about the abilities of people with intellectual disabilities and, at the same time, it brings people with and without intellectual disabilities to take part in and experience sport together. Its evaluations have found that its programs are changing the attitudes of parents, athletes, health care professionals, students, and the general public. A study in 17 countries found that the relationship between prior contact with people with intellectual disability and support for their rights and full inclusion was mediated through comfort at meeting people with intellectual disabilities and through perceptions of their capabilities. It seems to indirectly affect public attitudes by boosting perceptions of the capabilities of persons with intellectual disabilities and making the public more comfortable with meeting them.[[101]](#footnote-101) A U.S. study found that many parents credit Special Olympics with helping them better understand their child’s capabilities. Sixty-five percent (65%) of parents felt that participation in Special Olympics had raised their expectations of their sons and daughters.[[102]](#footnote-102) Special Olympics sports has influenced the attitudes that people with ID hold about themselves. An evaluation of Special Olympics in Brazil, Argentina, and Peru found that nearly all athletes who participated in Special Olympics reported improvements in feeling good about themselves.[[103]](#footnote-103)

A 2014 review was conducted of interventions that aimed to increase public knowledge of disability and improve attitudes towards persons with intellectual disabilities.[[104]](#footnote-104) Several interventions showed the positive influence of direct contact with people with intellectual disabilities. Programmes delivered partly by individuals with intellectual disabilities appear to hold promise. Some studies reported very small benefits of education as a route to increasing knowledge. However, the weaknesses of the measurement tools used limited the evidence in the review. Other studies have shown positive effects of training in inclusive education on pre-service teacher attitudes towards inclusion, their sentiments about people with a disability and their concerns about inclusion.[[105]](#footnote-105) Architecture students who received universal design education possessed significantly more positive attitudes about some aspects of interacting with people with disability.[[106]](#footnote-106) Indirect contact through, for example, stories, dramas, documentaries, etc. can also impact attitudes.[[107]](#footnote-107) The type of disability that is the focus of the awareness activities is a factor that can influence the effectiveness of the interventions.[[108]](#footnote-108) Overall, disability awareness education and training can be effective to some extent.[[109]](#footnote-109)

Contact interventions have been found to reduce animosity in conflictual contexts. For example, a longitudinal study between Jewish-Israel and Arab high school students showed a positive effect on attitudes and feelings of students who were extrinsically motivated to take part because they were interested in the fun activities rather than intergroup encounters. However, other participants were not positively or negatively affected by the intervention. Where attitudes and beliefs are entrenched from a young age and held with high confidence, individuals can reject alternative experiences and information.[[110]](#footnote-110)

### The UNCRPD

The UNCRPD has an explicit, social development dimension, developed following decades of work to change attitudes and approaches to disabled persons.[[111]](#footnote-111) It considers active participation of persons with disabilities and their representative organisations as a crucial part of changing attitudes and eliminating stigma. In their guidelines on consulting with persons with disabilities it states

When persons with disabilities participate in decision-making processes, it provides strong support towards ensuring that policies, strategies, programmes and operations are more effective in addressing barriers to inclusion and more relevant in supporting their full and equal participation. Persons with disabilities have first-hand experience of the challenges they face and know better what enhances their rights and wellbeing. In addition, active participation of persons with disabilities and their representative organizations is a key part of shifting attitudes and dismantling stigma.[[112]](#footnote-112)

Implementation of the UNCRPD will change the way people think about persons with disability and ensure that they are not discriminated against and can enjoy the same rights as others. The implementation of each Article contributes to changing attitudes. Article 8 of the UNCRPD addresses awareness raising in a specific way. Although awareness raising has not been defined in international law, it is considered to encompass fostering communication and information in order to improve mutual understanding and mobilize communities to bring about changes in attitudes and behaviour. Awareness-raising programmes include interventions, such as public campaigns, training sessions, seminars, workshops, formal education, audio-visual and printed materials, and actions on social media. Awareness raising promotes respect for human rights by targeting the attitudes, values and beliefs that are at the root of human rights violations, including discriminatory laws, policies, discourse and conduct.[[113]](#footnote-113)

### Bottom up socio-psychological interventions to change attitudes[[114]](#footnote-114)

Changing attitudes when they are entrenched is challenging but various interventions have been successful. Hovland et al (1953) names four factors to be considered in socio-psychological attempts to elicit attitude change at the personal level:[[115]](#footnote-115) the communicator (the message source), the message (argument, scope of argument), target audience and the context

Bar-Tal et al (2020)[[116]](#footnote-116) in Israel used various socio-psychological approaches to motivate individuals, experiencing violent and protracted intergroup conflict in Israel, to re-evaluate entrenched, long-held, frozen attitudes and beliefs, common in these situations. They used these approaches in field studies, online and in “laboratory” conditions in Israel.[[117]](#footnote-117) Of the approaches used in Israel to address intergroup conflict, contact intervention is the only approach already researched in other fields including disability. Some of the novel approaches deserve attention because they may applicable in other situations.. Bar-Tal et al (2021) spell out challenges with these approaches and stress the need to understand the context and the characteristics of those involved. They pointed out that they used these approaches under controlled situations or in online studies. In real-life contexts, other variables will appear simultaneously, and/or the messages provided may compete with opposing prevalent messages. These interventions can be used in small groups, with those who are interested in attitude change, or in institutions, which have the authority to carry out interventions, such as diversity training used by workplaces for their employees. In these cases, it is possible to implement interventions based on providing inconsistent information or teaching skills relevant to attitude change. The interventions are dependent, to some degree, on participants' openness to new information. Each society has specific features related to culture, the economic situation, the political climate, and others. As a result, it is difficult to know how generalizable the findings might be to other contexts.

**Approach I: Providing information directly or indirectly:** The direct approach is the provision of more accurate and contradictory information to held attitudes and beliefs. The theory is that exposure to relevant and credible information that contradicts a held attitude, arouses an unpleasant psychological state, and leads to behaviours to regain consistency, which include the possibility of changing the held attitude. A field study in Colombia identified that Colombians had erroneous perceptions about FARC members being unwilling to integrate into Colombian society. The researchers created a media intervention using interviews with FARC members that highlighted evidence of successful coexistence between demobilised FARC members and local residents. This intervention reduced anti-FARC attitudes and beliefs and increased support for pro-FARC policies and the peace process. These effects persisted when reassessed 3 months later. The indirect approach included intergroup contact interventions. The assumption is that through face to face, virtual or through the formation of intergroup friendships, there is personal experience of counter-stereotypical information about the others, which leads to personalising and humanising the other group members.[[118]](#footnote-118)

**Approach II: The Paradoxical Thinking Paradigm** This approach provides messages consistent with held beliefs and attitudes, but formulated in an exaggerated or even absurd manner. This approach was used to moderate rightist Jewish-Israelis' views regarding the Israeli–Palestinian conflict. The premise of most interventions is that information that is inconsistent with held beliefs leads to tension, which may motivate alternative information seeking. However, individuals, especially during conflict, may use different defences to preserve their societal beliefs. The paradoxical thinking intervention provides consistent, though extreme, information, with the intention of raising a sense of absurdity but not personal defences. A longitudinal field experiment in Israel used this approach. Participants exposed to the intervention expressed conciliatory attitudes regarding the conflict, even one year after the intervention. They also voted for peace-oriented parties (self-report measure).[[119]](#footnote-119)

Because messages do not contradict held beliefs and attitudes, they do not evoke immediate rejection. The message must be an extreme version of the held beliefs/attitudes, but not too extreme, as this results in automatic rejection. Anecdotal evidence suggests that awareness of the message's goal of exposing the absurdity of the recipients' beliefs and attitudes may diminish its credibility and render the intervention ineffective. While paradoxical thinking is generally an effective approach with extreme individuals, among moderate individuals the effects varied and, in some cases, even backfired.[[120]](#footnote-120)

**Approach III. Awareness raising (Enlightening individual on his/her shortcomings)** There is evidence suggesting that raising an individual’s awareness that their well-anchored attitudes are based on unconscious, biased, selective, and distorted cognitive and motivational thinking, can lead to the unfreezing of these attitudes. In three studies, conducted both in the lab and in the field, researchers’ trained Israeli and Palestinian participants to be aware of their psychological bias. Participants read a short text explaining the phenomenon and describing its negative consequences, including close-mindedness and missed opportunities for change in general as well as in conflictual contexts. The results showed that raising awareness of psychological bias could lead to greater openness to alternative information, including increased perceived legitimacy and understanding of the adversary's conflict-related narrative. Rightist participants were most affected, presumably because they showed more bias at the baseline, and were more able to identify that it influenced their judgment. This approach holds potential. However, bias correction requires both identification of the bias and the ability and motivation to correct it. The study undertaken showed that taking the characteristics of the recipients into account is important as only the rightist participants correctly identified that this bias was influencing their views. It is equally important to make sure that there is a motivation and ability to correct the bias. In this study, researchers included the negative consequences of their cognitive processes as part of the intervention, which probably increased participants' motivation to attempt to de-bias themselves. The researchers did not directly link negative consequences to the Israeli–Palestinian conflict. Making an explicit link could have triggered a conflict-related ideology, resulting in reduced bias identification and motivation for correction. Without being motivated to change their views, recipients of such interventions acquire the notion that their bias is normal, which can lead to complacency.[[121]](#footnote-121)

**Approach IV: Teaching skills relevant to attitude change** help individuals to understand and overcome emotional/cognitive processes, which freeze attitudes and hinder attitude change. This approach helps people change psychological processes that they are aware of and where they are motivated to change, but are held back by emotional and cognitive processes.[[122]](#footnote-122)

**Approach V: The Informative Process Model** is a new approach, which informs individuals about the socio-psychological processes through which they form and maintain their beliefs and attitudes in a particular context. It focuses on the psychological needs these processes serve, and then it challenges the message recipient to let go of them.[[123]](#footnote-123)

# Chapter 4: Discussion and conclusions

## Discussion

There has been progress in understanding the formation, measuring and changing of attitudes. The discovery of how to indirectly assess people’s thoughts, feelings and possible behaviours is a major advance in attitudes research, allowing distinctions to be made between explicit (more conscious) and implicit (less conscious) attitudes and to conduct comparative research. Of note is that in some studies implicit attitudes to disability, age, and body-weight showed little to no long-term change, whereas there have been significant decreases in negative implicit attitudes to age, race, sexuality, etc. Public attitudes toward different types of disabilities have shown stability over decades. Thus, negative attitudes and discrimination to disabled people persist, creating communication and employment barriers and obstacles to their full societal participation and affecting their wellbeing. Ethnographic research in the UK investigated the perception gap between disabled and non-disabled people around disability prejudice in Britain. It found that, in addition to insults and abuse, disabled people encountered subtle acts of negative behaviour, undetected by others, but adding up to a background of negative attitudes and behaviours.

Research repeatedly shows that positive attitudes are created through contact and that positive attitudes increase where disabled people are embedded in the community, workplace, social and civic life, etc. alongside their peers. Inclusion and participation reduce negative attitudes and stigma naturally through personal contact. Thus, one of the best ways to change negative attitudes and behaviours is to increase the inclusion and participation of disabled person in employment, education and training and in social and civic life.

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability in Australia (2022) found that effective interventions to change attitudes use a combination of regulation, guidelines, persuasion and modelling and that interventions led and championed by government are important for successful outcomes. They considered that the following elements are essential:

* The active presence of a diversity of disabled people in all life domains, including inclusive schooling, employment and communities (contact).
* Leadership by disabled people and leadership by organisations and government that highlights the diverse contribution of disabled people.
* Targeting multiple levels and types of policy and interventions based on information and education in a holistic approach to system and attitude change.
* The implementation of long-term approaches with adequate resourcing to achieve structural and sustained changes in attitudes and behaviours and targeting government, organisational and individual levels. Developing co-designed interventions targeted to sectors and life domains identified by disabled people as influencing their participation and inclusion (e.g. work, education, community). Consideration of structural, organisational and individual interventions and drawing on available evidence regarding the effectiveness of interventions and rigorously evaluate them to identify how to improve the interventions.
* Measuring and monitoring behaviour and attitudes and conducting research that informs decisions on interventions and investigates accountability across organisations.

The Australia’s Disability Strategy 2021 – 2031 contains some of these elements to support equality, inclusion and participation in society for disabled people. For example, policy priorities in its Community Attitudes Outcome include the following:

* Increase representation of people with disability in leadership roles [“The best challenge to deeply rooted exclusionary attitudes and prejudices is everyday contact with people with disability.” - Office of the Public Advocate 2020[[124]](#footnote-124) and “The most effective way to improve community attitudes is to increase levels of inclusion of people with disability in all aspects of society, particularly education, employment, leadership roles, and the media.” -Centre of Research Excellence in Disability and Health 2020[[125]](#footnote-125)]
* Support employers to value the contribution that people with disability make to the workforce, and recognise the benefits of employing people with disability [In a 2011 study from the Organisation for Economic Co-operation and Development (OECD), Australia ranked 21st out of 29 countries in terms of the employment of people with disability.

Over-arching policies at the government level alongside interventions at the organisational and personal levels support effectiveness. Top down interventions target behaviours, which change perceived norms and, over time, influence attitudes. Such “indirect” interventions include public policies, incentives for change, legislation, environmental restructuring, nudge interventions, etc. Bottom up interventions such as various socio-psychological approaches motivate individuals to re-evaluate attitudes and beliefs.

In the world of sport, the Special Olympics and the support and development of structures for disabled athletes, show how targets can be set, outcomes evaluated, attitudes changed and the transition made to inclusion, participation and visibility alongside peers and mainstream sports people. One could make similar transitions in other fields. An effective human rights disability employment strategy in Europe, for example, could push employers to increase the number of their disabled employees.[[126]](#footnote-126) Employers can feel insufficiently supported and are afraid to risk employing disabled people.[[127]](#footnote-127) In many European countries, employers are reluctant to take advantage of wage subsidies or job support services to create more jobs for disabled persons. Employers’ discriminatory attitudes thus continue to be a significant barrier and a significant cause of people with disabilities’ exclusion from the regular labour market. Employers openly express prejudice and bias during recruitment processes and often equate reduced functioning to reduced work capacity. Therefore, although anti-discrimination laws regulate the labour market across Europe, prospective employers can operate under ‘ableist’ assumptions and engage in both direct and indirect forms of discrimination during recruitment.[[128]](#footnote-128) For the EU Commission (2020), unemployment of persons with disabilities remains one of the Union’s main challenges. Moreover, access to inclusive and quality education – a factor of higher employability remains limited for many persons with disabilities.[[129]](#footnote-129) Specific measurement, disclosure, accountability, transparency and leadership are important in increasing the disabled workforce. In the US, the Disability Equality Index (DEI) is a benchmarking tool that companies use to build a roadmap of measurable, tangible actions to achieve disability inclusion and equality. Each company receives a score, on a scale of zero (0) to 100, with those earning 80 and above recognized as “Best Places to Work for Disability Inclusion.”[[130]](#footnote-130) The DEI measures culture and leadership on disability issues and examines elements such as enterprise-wide access, employment practices, support in initial recruitment and training thereafter, engagement with the disabled community, and support services. Using DEI indicates a willingness to promote visibility of disabled professionals.

## Conclusion

The literature review shows that negative attitudes towards disability and disability type have been relatively stable through the decades. In terms of interventions to change attitudes, the most effective way to change attitudes appears to be contact with disabled people. Contact is most effective in changing attitudes and eliminating stereotype and prejudice when it takes place on an equal basis and contact happens through employment, education, social life and civic participation. While early disability policies focused on care and rehabilitation, in current disability policies, informed by the UNCRPD, human rights are the driver for attaining citizenship, full participation, and removing structural barriers to social and civic participation, education and employment. Implementation of the Articles of the UNCRPD will increase contact with disabled persons and change attitudes and behaviours. What is important in changing negative attitudes and implementation of the UNCRPD are specific targets in specific areas using defined outcome measures, carefully planning and implementing the interventions to address defined issues, and evaluating implementation and making changes based on the evaluation outcomes.

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1. Surveys were conducted in 2001, 2006, 2011 and 2017 and are available at https://nda.ie/Publications/Attitudes/Public-Attitudes-to-Disability-in-Ireland-Surveys/ [↑](#footnote-ref-1)
2. Albarracin et al., 2018

Indirect measures attempt to assess more automatic evaluations that may be dissociated from the results of explicit measures but may still predict behaviour in some contexts. [↑](#footnote-ref-2)
3. Brownstein, 2019 [↑](#footnote-ref-3)
4. Albarracin et al., 2018 [↑](#footnote-ref-4)
5. Lépine et al., 2020 [↑](#footnote-ref-5)
6. ibid [↑](#footnote-ref-6)
7. Occasionally, there may be a disjunction between disabled people and non-disabled people interpretations of ‘positive’ and ‘negative’ attitudes. A person without a disability might conceptualise being ‘helpful’ as displaying positive attitudes and behaviour, whereas a disabled person might find this kind of ‘help’ or the way it is offered as unwanted and patronising. [↑](#footnote-ref-7)
8. Wang et al., 2021 citing MacMillan et al., 2014; Pelleboer‐Gunnink et al., 2017; Pettigrew et al., 2000; Pettigrew et al., 2003; Petty et al., 1998 [↑](#footnote-ref-8)
9. Murch et al., 2018 [↑](#footnote-ref-9)
10. The Project Implicit is a non-profit organization committed to advancing scientific knowledge about stereotypes, prejudice, and other group-based biases. Three scientists who have researched attitudes founded project Implicit in 1998: Dr. Tony Greenwald (Uni of Washington), Dr. Mahzarin Banaji (Harvard University), and Dr. Brian Nosek (Uni of Virginia) [↑](#footnote-ref-10)
11. Charlesworth et al., 2022 [↑](#footnote-ref-11)
12. Database search for Disability (Ti) AND attitudes (Ti) AND systemtatic (Ti)] were as follows: Academic Search Complete (12), Pub Med (8), APA PsycINFO (6), Cochrane (0) SCOPUS (19) – a total of 20 systematic reviews after excluding duplicates. [↑](#footnote-ref-12)
13. Allport, 1935 [↑](#footnote-ref-13)
14. Albarracin et al., 2018 [↑](#footnote-ref-14)
15. Eagly et al., 1993 cited by Verplanken et al., 2022 [↑](#footnote-ref-15)
16. Fazio, 1989 citing Fishbein et al., 1975 [↑](#footnote-ref-16)
17. Scior et al., 2015 [↑](#footnote-ref-17)
18. Albarracin et al., 2018 [↑](#footnote-ref-18)
19. Buckwalter, 2019 [↑](#footnote-ref-19)
20. ibid [↑](#footnote-ref-20)
21. Greenwald et al., 2017 [↑](#footnote-ref-21)
22. Petty et al., 2008 [↑](#footnote-ref-22)
23. Harder et al., 2019 [↑](#footnote-ref-23)
24. The first definition of “implicit attitudes” in 1995 defined them as inaccurately identified traces of experience that mediate favourable or unfavourable feelings, thoughts, or actions toward social objects. Greenwald et al., 1995 [↑](#footnote-ref-24)
25. Buckwalter, 2019 [↑](#footnote-ref-25)
26. ibid [↑](#footnote-ref-26)
27. Greenwald et al., 2017 [↑](#footnote-ref-27)
28. Bar-Tal et al., 2020 [↑](#footnote-ref-28)
29. Forscher et al., 2019 [↑](#footnote-ref-29)
30. Short, reliable and valid single-item rating scales are useful and often more acceptable than lengthier measures when collecting real-world evidence. One can use a single item scale to represent global constructs, like job satisfaction. Single-item ratings can adequately represent the outcomes of traditional multi-item assessments. In one study, the majority of single-item assessments agreed with their lengthier multiple-item subscales and adequately represented the outcomes of traditional multi-item assessments. Verster et al., 2021. One sometimes uses one-item scales to gauge constructs that, originally, one assumed had several dimensions. [↑](#footnote-ref-30)
31. The Implicit Association Test (IAT) is probably the most popular implicit measure. It measures the strength of associations between concepts and evaluations or between stereotypes and evaluations e.g., the strength of association between black people, gay people, disabled people and evaluations e.g., good, bad or stereotypes e.g., athletic, clumsy. [↑](#footnote-ref-31)
32. Forscher et al., 2019 [↑](#footnote-ref-32)
33. ibid [↑](#footnote-ref-33)
34. Thompson et al., 2011 [↑](#footnote-ref-34)
35. The Social Distance Scale (SDS) measures the “social distance” a person wants to keep towards a person with a particular condition, that is, it assesses people's willingness to participate in social contacts of varying degrees of closeness with members of diverse groups. The Bogardus Social Distance Scale, or some adaptation of it, is the commonest scale used to measure social distance. Scale items consist of 5, 6 or 7 degrees of closeness. Six degrees from close to far as follows: (1) Getting married to, (2) being close to by marriage, (3) being next-door neighbour, (4) being a close friend, (5) being a co-worker and (6) avoiding contact. Bogardus type scales are valid and reliable instruments in research on individuals with special needs with a high test-retest reliability. (Fira et al., (2022).

Measuring Social Distance Toward Individuals With Special Needs, *Sage Open*, 12 (1) [↑](#footnote-ref-35)
36. <https://doi.org/10.1177/21582440221079917>) [↑](#footnote-ref-36)
37. Hatfield et al., 2017 [↑](#footnote-ref-37)
38. WHO, 2021 [↑](#footnote-ref-38)
39. These four NDA surveys are available at the following link <https://nda.ie/publications/attitudes/public-attitudes-to-disability-in-ireland-surveys/> [↑](#footnote-ref-39)
40. Freer, 2021 [↑](#footnote-ref-40)
41. Thompson et al, 2011 [↑](#footnote-ref-41)
42. Hui et al., 1992 [↑](#footnote-ref-42)
43. Hui et al., 1992 [↑](#footnote-ref-43)
44. Banks et al., 2018 [↑](#footnote-ref-44)
45. The survey data came from a set of questions that Scope funded to be included in the 2017 British Social Attitudes survey (BSA survey). [↑](#footnote-ref-45)
46. Dixon et al., 2018 [↑](#footnote-ref-46)
47. P.6-7, Dixon et al., 2018 [↑](#footnote-ref-47)
48. Moss et al., 2022 [↑](#footnote-ref-48)
49. Gauntlett, 2019 [↑](#footnote-ref-49)
50. Bollier et al., 2021 [↑](#footnote-ref-50)
51. Pelleboer‐Gunnink et al., 2017 [↑](#footnote-ref-51)
52. Pelleboer‐Gunnink et al., 2017 [↑](#footnote-ref-52)
53. Pelleboer‐Gunnink et al., 2017 [↑](#footnote-ref-53)
54. Pelleboer-Gunnink et al., 2021 [↑](#footnote-ref-54)
55. Freer, 2021 [↑](#footnote-ref-55)
56. Fira et al., 2022 [↑](#footnote-ref-56)
57. Scior, 2011 [↑](#footnote-ref-57)
58. Haft et al., 2022 [↑](#footnote-ref-58)
59. For example: Jackson-Best et al., 2018 [↑](#footnote-ref-59)
60. Smythe et al., 2020 [↑](#footnote-ref-60)
61. Courtesy stigma is stigma among family members who are caregivers. It is their perception of public stereotypes. Affiliate stigma is when they internalise their perception of public stereotypes. A study among Israeli-Arab caregivers of persons with dementia found that 50% experienced affiliate stigma because of caring for a relative with dementia. Lower educational level increased courtesy stigma and lower levels of social support predicted affiliate stigma. Social support partially mediated the association between courtesy and affiliate stigma. Werner et al., 2020 [↑](#footnote-ref-61)
62. Ali A et al., 2012 Note: Most of the studies were qualitative or small descriptive studies. [↑](#footnote-ref-62)
63. Werner et al., 2012; Dixon et al., 2018; Antonak et al., 2000; Findler et al., 2007 [↑](#footnote-ref-63)
64. Family CA, 2009 [↑](#footnote-ref-64)
65. Kleintjes et al., 2013 [↑](#footnote-ref-65)
66. Scior, 2011; Verdonschot et al; [↑](#footnote-ref-66)
67. Krahn et al., 2015 [↑](#footnote-ref-67)
68. Corrigan et al., 2014 as cited by Castillo et al., 2020 [↑](#footnote-ref-68)
69. Albarracin, 2018 [↑](#footnote-ref-69)
70. Fisher et al., 2022 [↑](#footnote-ref-70)
71. Bar-Tal et al., 2017 [↑](#footnote-ref-71)
72. Albaracin et al, 2005 Note: A 2018 second edition of this handbook is available [↑](#footnote-ref-72)
73. Bar-Tal et al., 2009 [↑](#footnote-ref-73)
74. Bar-Tal et al, 2020 [↑](#footnote-ref-74)
75. Albarracin et al, 2018 [↑](#footnote-ref-75)
76. Dunn, 2022 [↑](#footnote-ref-76)
77. Nudge interventions are interventions that propel individuals to make the ‘right’ decisions by changing “aspects of the choice architecture… without forbidding any options or significantly changing their economic incentives” See, for example, Thaler et al., 2008; Hummel et al., 2019 cited by Bar-Tal et al., 2020 [↑](#footnote-ref-77)
78. Fisher et al., 2017  [↑](#footnote-ref-78)
79. Sawrikar et al., 2008 cited by Fisher et al., 2017 [↑](#footnote-ref-79)
80. Fisher et al., 2017  [↑](#footnote-ref-80)
81. Fisher et al., 2017  [↑](#footnote-ref-81)
82. Department of Social Services, Commonwealth of Australia, 2021 [↑](#footnote-ref-82)
83. Office of the Public Advocate, 2020 as cited in Australia’s Disability Strategy 2021-2031, 2021 [↑](#footnote-ref-83)
84. Centre of Research Excellence in Disability and Health, 2020as cited in Australia’s Disability Strategy 2021-2031, 2021 [↑](#footnote-ref-84)
85. Fisher et al., 2022 [↑](#footnote-ref-85)
86. Fisher et al., 2022 [↑](#footnote-ref-86)
87. Pettigrew et al, 2005 [↑](#footnote-ref-87)
88. Dunn, 2022 [↑](#footnote-ref-88)
89. Pettigrew, et al, 2006; Pettigrew et al., 2008 [↑](#footnote-ref-89)
90. Law et al, 2017 as cited by Freer, 2021 [↑](#footnote-ref-90)
91. Wang et al., 2021 [↑](#footnote-ref-91)
92. Pelleboer-Gunnink et al., 2021. The systematic review was conducted on several databases covering the period from1950 to the present [↑](#footnote-ref-92)
93. Fear, anger, and sympathy were studied as mediator of the relationship between familiarity and discrimination as expressed in social distance, and intention to help. Attributions, emotions and discrimination represent the cognitive, emotional, and behavioural aspects of stigma. [↑](#footnote-ref-93)
94. Petry, 2018 as cited by Freer, 2021 [↑](#footnote-ref-94)
95. Schwab, 2017 as cited by Freer, 2021 [↑](#footnote-ref-95)
96. Freer, 2021 [↑](#footnote-ref-96)
97. MacMillan et al., 2014 [↑](#footnote-ref-97)
98. McManus, et al., 2021 [↑](#footnote-ref-98)
99. McManus et al., 2011. [↑](#footnote-ref-99)
100. Special Olympics, 2018 [↑](#footnote-ref-100)
101. Slater et al., 2020 [↑](#footnote-ref-101)
102. Kersh et al., 2008. [↑](#footnote-ref-102)
103. Harada et al, 2008 cited in Special Olympics, 2018 [↑](#footnote-ref-103)
104. Seewooruttun et al., 2014 [↑](#footnote-ref-104)
105. Sharma et al., 2008 [↑](#footnote-ref-105)
106. Hitch et al., 2016 [↑](#footnote-ref-106)
107. Hall et al., 1999 [↑](#footnote-ref-107)
108. For example, Reina et al., 2021 [↑](#footnote-ref-108)
109. For example, Hayward et al., 2021; Moore et al., 2013 [↑](#footnote-ref-109)
110. Bar-Tal et al., 2020 [↑](#footnote-ref-110)
111. UN Department of Economic and Social Affairs Disability , 2022 https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html [↑](#footnote-ref-111)
112. p.6, United Nations, (UN), 2021 [↑](#footnote-ref-112)
113. United Nations (UN), 2020 [↑](#footnote-ref-113)
114. Bar-Tal et al., 2020 [↑](#footnote-ref-114)
115. Hovland et al., 1953 as cited by Bar-Tal et al., 2020 [↑](#footnote-ref-115)
116. Bar-Tal et al., 2020 [↑](#footnote-ref-116)
117. Please note that all the references included in Bar-Tal et al., 2020 on various interventions are not included here but can be accessed in their article. [↑](#footnote-ref-117)
118. Bar-Tal et al., 2020 [↑](#footnote-ref-118)
119. Hameiri et al, 2014 [↑](#footnote-ref-119)
120. Hameiri et al, 2014 [↑](#footnote-ref-120)
121. Bar-Tal et al., 2020 [↑](#footnote-ref-121)
122. Bar-Tal et al., 2020 [↑](#footnote-ref-122)
123. Bar-Tal et al., 2020 [↑](#footnote-ref-123)
124. Office of the Public Advocate, 2020 cited in Australia’s Disability Strategy 2021-2031, 2021 [↑](#footnote-ref-124)
125. Centre of Research Excellence in Disability and Health, 2020, cited in Australia’s Disability Strategy 2021-2031, 2021 [↑](#footnote-ref-125)
126. Wegscheider et al., 2021 [↑](#footnote-ref-126)
127. Kuznetsova et al., 2017cited cited by Wegscheider et al., 2021 [↑](#footnote-ref-127)
128. Wegscheider et al., 2021 [↑](#footnote-ref-128)
129. European Commission, 2020 [↑](#footnote-ref-129)
130. https://disabilityin.org/what-we-do/disability-equality-index/ [↑](#footnote-ref-130)