

**Judging Defendants with Learning Disabilities: Expert Witness Testimony,
Defendant Appearance, and Perceptions of Offenders with LD in the Criminal
Justice System.**

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Thesis Abstract

Background: The diagnosis of a learning disability (LD) is suggested to have particularly stigmatising connotations, particularly within the criminal justice system (CJS). There is limited research however on how psychological information presented in a criminal trial, together with the defendant's physical appearance, may impact upon juror ratings of guilt and perceptions of expert witness credibility.

Method: The systematic review sought to synthesise qualitative studies investigating the attitudes of CJS professionals to people with LD (PWLD), specifically offenders with LD, and to appraise their methodological quality. The empirical paper built upon the findings of previous research by exploring the impact of a defendant's facial visible physical difference suggestive of LD and the content of expert witness testimony on jurors' perceptions of expert witness credibility and juror decision making when the defendant's mental health is considered in the courtroom.

Results: Ten papers were included in the systematic review, spanning 766 participants. Methodological quality was broadly of a high standard. Five themes were identified: Conflating Diagnoses, Perceptions of PWLD as Offenders, Procedural Issues Affecting PWLD, Development and Maintenance of Perceptions, and Impact of Training. The empirical study found no statistically significant main or interaction effects of either presentation of expert witness testimony information or defendant's appearance on jurors' perceptions of the defendant's guilt or the expert witness' credibility.

Conclusions: This study highlights the need for further research into expert witness credibility and juror decision making to better understand jurors' unconscious biases and cognitive processes. Strengths, limitations, and implications for future research and practice are discussed.

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CHAPTER ONE: General Introduction

People with learning disabilities (PWLD) may be more susceptible to coming into contact with the Criminal Justice System (CJS) due to communication difficulties, difficulties in emotional regulation, and diminished cognitive functioning which can result in a lack of capacity to understand criminal law and the consequences of one's actions (Chadwick & Wesson, 2020; Gendle & Woodhams, 2005; Gulati et al., 2021; Hellenbach, 2011; Richards & Ellem, 2018). The CJS is comprised of multiple agencies that aim to detect and prevent crime, prosecute those accused of committing crimes, and facilitate the punishment and rehabilitation of offenders (Criminal Justice Alliance, 2024).

The prevalence of PWLD in police custody in the United Kingdom exceeds the general population community prevalence (Bradley, 2009; MENCAP, 2024). This is not an isolated issue, as PWLD are over-represented in CJS internationally (Fazel et al., 2008; Gulati et al., 2018; Gulati et al., 2020a; Hellenbach et al., 2016; Young et al., 2013). However, alleged offenders who have 'borderline' Learning Disability (LD) or subvert society's stereotypical expectations of PWLD are unlikely to be identified or put forward for assessment and appropriate support. We can reasonably presume that this lack of support exacerbates the emotional and psychological impact on PWLD who come into contact with the CJS, who often describe feeling frightened, confused, and isolated (Gulati et al., 2020a; Hyun et al., 2013).

In the Crown Court of England and Wales, judges and jurors are key decision-makers with distinct roles and responsibilities. Judges are required to undertake relevant legal qualifications and have extensive professional experience (The University of Law, 2023), while juries are composed of twelve members of the public who are not required to possess formal legal training or qualifications. The courts rely on expert witnesses to guide the jury when considering complex cases, to provide information that is likely outside the knowledge of a judge or jury (British Psychological Society, 2021; The Crown Prosecution Service, 2023). Jurors are

expected to make verdict decisions based on the evidence presented to them during the trial; however, when jurors are presented with information by expert witnesses which may be beyond the scope of their knowledge and understanding, it is to be expected that jurors will look to peripheral cues to aid in their interpretation of the expert witness's credibility and inform their decision making (Brodsky et al., 2010; Cramer et al., 2014; DeBono & Harnish, 1988; Hurwitz et al., 1992; Kipoulas et al., 2024; Neal et al., 2012; Ruva & Bryant, 2004; Sternthal et al., 1978; Swenson et al., 1984; Wessel et al., 2006)

It is therefore imperative that we consider both the societal stereotypes pertaining to LD and factors which impact upon expert witness credibility to ensure just and fair trials for defendants with LD. LD may in some cases be associated with salient physical characteristics, including facial differences. It has been found that people largely hold negative biases towards individuals with facial differences as their appearance is perceived as at odds with socially acceptable "attractiveness" (Cash et al., 1977; Efran, 1974; Jamrozik et al., 2019; Johnson & King, 2017; Solomon & Schopler, 1978;). However, there remains a distinct lack of research into how facial differences indicative of an LD, such as the typical facial features of Down's Syndrome, are perceived in the courtroom.

This thesis portfolio consists of a systematic review and an empirical paper broadly exploring perceptions of offenders with LD by CJS professionals and members of the public serving as mock jurors. Chapter Two presents a systematic review which provides a synthesis of contemporary literature using qualitative methodologies to explore CJS professionals' expressed attitudes towards and perceptions of alleged offenders with LD. A bridging chapter connects the narrative of the systematic review and sets the scene for the empirical paper. In Chapter Four, the empirical paper presents an experimental study that builds upon previous research by Kipoulas et al. (2024). The aim of the study is to explore the impact of the defendant's appearance and expert witness testimony information on jurors' determination of

guilt and perceptions of expert witness credibility in criminal trials where the defendant has an LD. The thesis portfolio concludes with Chapter Five which presents a discussion and critical evaluation of the portfolio as a whole.

CHAPTER TWO: Systematic Review

Judging Offenders with Intellectual Disabilities: Systematic Review of Criminal Justice System Professionals' Expressed Views and Attitudes Towards Offenders with Intellectual Disabilities.

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Please note: the referencing system (Harvard) and the terminology (intellectual disability/ID) used in the systematic review deviates from that used in the rest of the thesis portfolio (APA7 referencing system; learning disability/LD) due to requirements stated in the author guidelines for publication.

Abstract

Background: The diagnosis of an intellectual disability (ID) is suggested to have particularly stigmatising connotations, particularly within the criminal justice system (CJS). This paper aims to synthesise qualitative studies investigating the attitudes of CJS professionals to people with intellectual disabilities (PWID), specifically offenders with ID, and to appraise their methodological quality.

Methods: A systematic search was conducted using PsycINFO, Web of Science, MEDLINE, EMBASE, CINAHL Complete, and EThOS databases. Articles were screened for inclusion by title, abstract, and full text to ensure pre-defined inclusion criteria were met. Individual study quality was rated using the 10-item Critical Appraisal Skills Programme (CASP) checklist, with the addition of an eleventh item to capture included studies' theoretical underpinnings and optimise the value of the quality appraisal. Thematic synthesis was then used to explore and synthesise the findings of the included studies.

Results: Ten papers were included in the review, spanning 766 participants. Studies included utilised mixed methods surveys (n=3), qualitative surveys (n=1), semi-structured interviews (n=3), semi-structured focus groups (n=1), unstructured interviews (n=1), and secondary analysis of previously collected research data (n=1). Methodological quality was broadly of a high standard, however all included papers failed to reflect on the relationship between the researchers and participants. Five themes were identified: Conflating Diagnoses, Perceptions of PWID as Offenders, Procedural Issues Affecting PWID, Development and Maintenance of Perceptions, and Impact of Training.

Conclusions: This review highlights pervasive negative perceptions of offenders with intellectual disabilities within CJS staff groups. Clinician- and system-level factors are

considered in the development and maintenance of such attitudes, and suggestions made for improving CJS staff perceptions and knowledge of offenders with ID.

Keywords:

Systematic review, learning disability, intellectual disability, criminal justice system, forensic science, offenders.

Background

People with Intellectual Disabilities and the Criminal Justice System

People with intellectual disabilities (PWID) may be more susceptible to coming into contact with the Criminal Justice System (CJS) due to communication difficulties, difficulties in emotional regulation, and diminished cognitive functioning which can result in a lack of capacity to understand criminal law and the consequences of one's actions (Chadwick and Wesson, 2020; Gendle & Woodhams, 2005; Gulati et al., 2021; Hellenbach, 2011; Richards and Ellem, 2018). The CJS is comprised of multiple agencies that aim to detect and prevent crime, prosecute those accused of committing crimes, and facilitate the punishment and rehabilitation of offenders (Criminal Justice Alliance, 2024). The prevalence of PWID in police custody in the United Kingdom ranges from 0.5% to 9% of detainees (Bradley, 2009) compared with a general population community prevalence of 2.2% of adults (MENCAP, 2024a). This is not an isolated issue, as PWID are over-represented in CJS internationally, evidenced by the demographic composition of prison populations (Fazel et al., 2008; Gulati et al., 2018; Hellenbach et al., 2017) and the profiles of individuals coming into contact with the CJS as suspected offenders (Gulati et al., 2020a; Young et al., 2013).

However, despite their disproportionate representation in the CJS, there are issues with under-identification of PWID as this relies upon adequate information gathering at first point of contact with the CJS and the availability of appropriate assessment through liaison and diversion services (Chester, 2018). This is of particular concern for those individuals who have 'borderline' intellectual disabilities (ID) or subvert society's stereotypical expectations of PWID. Studies such as Day (1988), Holland et al. (2002), Reed et al. (2004), and Lindsay (2011) have found that defendants with ID are typically characterised as young men with behavioural problems who have endured significant psychosocial disadvantages from early childhood. However, the majority of defendants without ID also present with these characteristics (Simpson

and Hogg, 2001; Holland et al. 2002; Vinkers et al. 2010) therefore diagnostic conclusions cannot be unduly influenced by these characteristics. Failing to identify PWID when they come into contact with services has serious consequences, such as support needs being unmet before, during, and after contact with the CJS (Howard et al., 2015; Murphy et al., 2017), insufficient support and inappropriate questioning in court (Kebbell et al., 2001), and ultimately an increased likelihood of incarceration (Howard et al., 2015). While they are not homogenous in their support needs, the broad characteristics of PWID include significant communication difficulties, impaired cognitive functioning, and impaired adaptive functioning (MENCAP, 2024b). The detection of people with support needs in general is quite poor, with many people with psychiatric and/or learning needs never having adequate assessment and treatment (Department of Health and Social Care, 2014; Moitra et al., 2022; National Institute for Health and Care Excellence, 2023).

Systemic and organisational barriers continue to exist which results in inequitable treatment of PWID in the CJS with insufficient action taken to support them and protect their human rights (Bradley, 2009; Hyun et al., 2014; Lindsay et al., 2011). In the United States, for example, people with disabilities, whether developmental, intellectual, or psychiatric, account for approximately one third of deaths in fatal interactions with law enforcement (Perry and Carter-Long, 2016). Despite legislation such as the Police and Criminal Evidence Act (PACE; 1984) in the UK creating a much-improved framework for police interviewing which has been adopted internationally (Schollum, 2017), there continues to be a lack of clear pathways, insufficient information sharing, and inadequacy of training for CJS professionals for working effectively with PWID (Hayes et al., 2007; Henshaw and Thomas, 2011) resulting in PWID being ill-served in the CJS (Young et al., 2013). It would be remiss not to also consider the emotional and psychological impact of these organisational and systemic failures on PWID who come into contact with the CJS, who often describe feeling frightened, confused, and isolated (Gulati et al.,

2020a; Hyun et al., 2014). Societally, PWID are subject to increased levels of victimisation and social exclusion. In England and Wales, over 79,000 hate crimes were reported against people with disabilities (not exclusively ID) between 2010 and 2023 yet only 4% resulted in a charge or summons (Home Office, 2023).

It is important to consider how societal expectations and stereotypes create and maintain views and attitudes towards PWID given the paucity of research specifically focusing on the perceptions of PWID by CJS professionals. Research into general stereotypes in the CJS has some existing foundations for us to draw upon. For instance, it has been found that people largely hold negative biases towards individuals with facial differences (such as those resultant or symptomatic of disabilities) which are perceived as differing from socially acceptable 'attractiveness' (Cash et al., 1977; Efran, 1974; Jamrozik et al., 2019; Johnson and King, 2017; Solomon and Schopler, 1978). Additionally, there is the issue of stereotype congruence. As stated by Greenspan (2011, p. 220) "Stereotypes held by judges, juries, and (some) experts are typically grounded in an implicit behavioural and physical phenotype, which is more appropriate to moderate or severe Intellectual Disability, where behavioural and physical characteristics are obvious, and limitations are fairly global." Put simply, stereotypes pertaining to PWID are likely a significant factor in the under-identification of PWID in the CJS as alleged offenders who do not fit the ID physical stereotype are unlikely to be identified or put forward for assessment and appropriate support.

Even where individuals have received assessment and diagnosis, confusion as to the differentiation of ID, developmental disabilities such as autism spectrum disorder, and psychiatric diagnoses is pervasive in the CJS, which goes some way to explaining the failure to identify and adequately support PWID (Bradley, 2009; Modell and Mak, 2008). How CJS professionals perceive and understand PWID plays a significant role in how suspected offenders experience the CJS and how these cases progress. Research by McAfee, Cockram,

and Wolfe (2001) suggests that police officers' perceptions of crime and their responses are influenced by the presence of ID, with officers responding differently to crimes where the victim, alleged offender, or both had ID. However, the research did not identify specific patterns of responses, so it cannot be deduced whether police officers' differing responses when faced with PWID are positive, effective, or helpful. One might hope that CJS professionals working directly with PWID will hold more positive views compared to the general public, given that attitudes are crucial in how CJS professionals make decisions regarding their behaviour in relation to PWID (Fitzsimmons and Barr, 1997; Rosser, 1990) and favourable attitudes towards PWID are "essential to meeting the police code of ethics which stresses impartiality and respect for human dignity" (Bailey et al., 2001, p. 344). Training for CJS professionals can positively impact upon perceptions and understanding of PWID (Bailey et al., 2001; Gardner et al., 2018; Henshaw and Thomas, 2011). However, different organisations, jurisdictions, and legal systems likely have their own approach to mandatory training, and it therefore cannot be assured that any given CJS professional has adequate, or even basic, knowledge and understanding of working with PWID.

Terminology

In this review, the term 'Intellectual Disability' (or its abbreviation 'ID') is used to describe impaired intellectual abilities and adaptive functioning skills that significantly impact upon an individual's day to day functioning and had an onset prior to adulthood (MENCAP, 2024b). Terminology and definitions relating to ID is varied between countries, organisations, and professions. Terms such as 'learning disability', 'mental handicap', 'mental retardation', 'learning difficulties', and 'cognitive deficiencies' are used interchangeably and as both formal diagnoses and informal labels for PWID (Gulati et al., 2020b). This issue becomes further complicated when comparing research internationally; for example, what one would refer to in the UK as a 'specific learning difficulty' such as dyslexia is commonly referred to as a learning disability in

the United States of America. This in conjunction with disagreement as to the ‘threshold’ of an ID diagnosis when utilising measures of intellectual functioning serves only to further complicate attempts to consolidate understanding on the global scale. For the purposes of clarity and consistency, this review will use the terms ‘Intellectual Disability’ and ‘People with Intellectual Disabilities’, or their respective abbreviations (‘PWID’ and ‘ID’), throughout the synthesis. This does not include quotations from studies in which different terminology is used.

The Current Review

This qualitative systematic review offers an exploration into CJS professionals’ perceptions of PWID, specifically those who come into contact with the CJS as offenders. Previous systematic reviews have focused on the experiences of PWID in interactions with law enforcement (Gulati et al., 2020a), limited the scope to frontline professionals involved only in the pre-trial stages of the CJS (Gulati et al., 2020b), or focused more broadly on CJS professionals’ experiences and associated challenges of working with PWID (Gulati et al., 2020b). The aim of this qualitative systematic review was to consolidate the evidence base of the perceptions of CJS professionals of PWID. While quantitative systematic reviews focus on statistical findings, qualitative studies focus on participants’ subjective experiences and perspectives, providing valuable insights into how people make meaning and their reasons behind certain behaviours and attitudes (Butler et al., 2016). By synthesising individual experiences, researchers can create a broader understanding of a phenomenon and the “why” behind it. Gaining a deeper understanding beyond that which numerical outcomes can provide can help clinicians and policymakers make more informed decisions about interventions and policies (Tong et al., 2014). By understanding existing perceptions, how they are developed and maintained, and what may help create a positive shift in perceptions, short fallings within the CJS can be addressed and the experiences of PWID in the CJS can be improved. Given the

paucity of research in this area, this review encompassed studies of both child and adult offenders with ID.

Method

The review question and search terms were developed using the PICO model (Figure 1) and refined following scoping searches of the literature. The review was registered on PROSPERO prospectively (CRD42024506706).

Search Strategy

Six electronic databases (PsychINFO, Web of Science, MEDLINE, EMBASE, CINAHL Complete, and EThOS) were searched in February 2024 and updated in December 2024 by one researcher (GP). A predefined search strategy was developed to optimise retrieval of relevant article through incorporation of Boolean operators and truncation.

Selection Criteria

The search aimed to identify qualitative primary research focused upon the attitudes and beliefs of CJS staff groups towards offenders with a diagnosed or suspected ID. This included non-healthcare professional staff groups who may commonly come into contact with these individuals such as judges, magistrates, parole officers, prison officers, police officers, lawyers, and solicitors. The search incorporated all forms of qualitative research methodology, including mixed methods designs. The search included English-language theses and peer-reviewed journal articles only. The following exclusion criteria were applied: quantitative studies; studies carried out in setting outside of the CJS (e.g. accident and emergency departments, residential care homes, day centres), studies where data on attitudes or beliefs were not collected; studies which did not focus upon attitudes specifically relating to PWID; studies including non-staff members within the criminal justice system (e.g. jurors) or professionals not in direct contact

with offenders (e.g. housekeeping staff), studies focused solely on healthcare professionals within the CJS, and studies from legal systems not based on Common Law.

Where there was a lack of specificity concerning ID (e.g., studies referencing attitudes to “speech, language, and communication needs” or more broadly “additional needs”), studies were included if deemed directly relevant to ID following full-text scrutiny. Limits were set to include articles published between January 1994-January 2024. As stigmatising attitudes are hypothesised to change over time (Schomerus and Angermeyer, 2016) this range was set to explore clinician attitudes within contemporary practice (i.e., over the last 30 years). In order to try to draw in results from across different jurisdictions, a wide scope of terms pertaining to ID were used in the search strategy. This did not, however, include specific learning difficulties such as dyslexia as this does not align with the aims of the review.

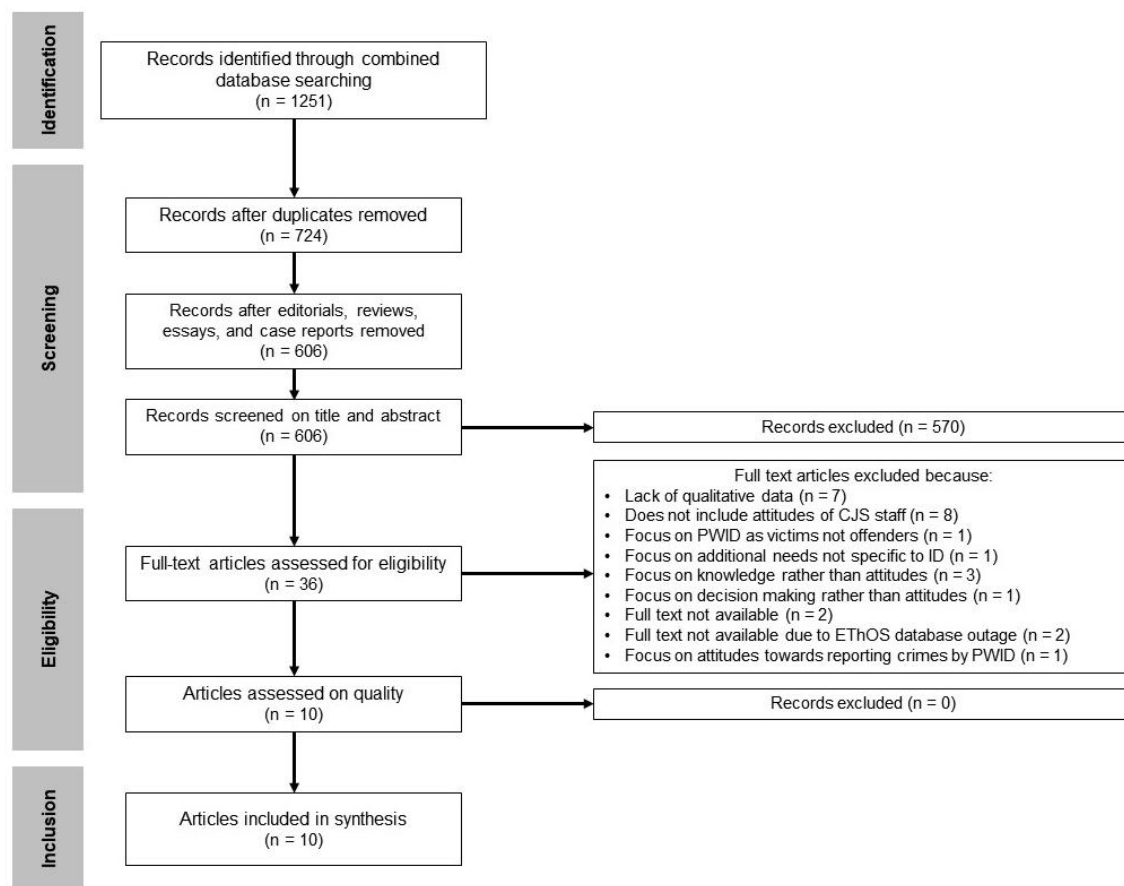
Figure 1

Search Terms

#1	<i>Population: professionals in the criminal justice system</i>
	("Legal Profession*" OR "staff*" OR "police*" OR "lawyer*" OR "magistrate*" OR "judge" OR "prison staff*" OR "prison personnel" OR "probation officer*" OR "attorney*" OR "criminal justice*")
#2	<i>Intervention or Exposure: offenders with intellectual disabilities</i>
	("learning disab*" OR "intellectual disab*" OR "retard*") AND ("offend*" OR "criminal*" OR "accused" OR "arrest*" OR "detain*" OR "forensic" OR "felon*" OR "convict*" OR "delinquent*" OR "prison*" OR "incarcerat*" OR "sentence*" OR "remand")
#3	<i>Outcomes: attitudes/views/beliefs</i>
	("attitude*" OR "belief*" OR "perception*" OR "opinion*" OR "stigma*" OR "stereotyp*" OR "discriminat*" OR "view*" OR "prejudice*" OR "decision*" OR "bias*" OR "misconception*" OR "myth*" OR "judgement*")
#4	<i>Combining search term groups</i>
	#1 AND #2 AND #3

Data Extraction

Searches were conducted using the above criteria which yielded 1251 results (see PRISMA flowchart depicted in Figure 2). Titles and abstracts were screened by the primary reviewer (GP), with both the primary reviewer and two secondary reviewers (AT, RT) scrutinising 10% of studies at the abstract stage. The primary reviewer assessed all articles at the full-text screening stage with secondary reviewers assessing 64% of articles at this stage. Discrepancies in reviewer decisions were identified and discussed before progressing to the subsequent stage of screening by referring to the PROSPERO protocol. Records of reviewer decisions and studies included and excluded at each stage were kept using HubMeta (HubMeta, 2020). Ten articles fulfilled inclusion criteria and were quality assessed before being included in the data synthesis.

Figure 2*PRISMA Flowchart***Quality Assessment**

All included papers were independently quality assessed by the primary reviewer and a secondary reviewer. Methodological quality of included studies was determined using the CASP checklist and, in instances where there was reviewer doubt or disagreement, cross-referenced with the five criteria outlined in Stenfors, Kajamaa, and Bennett (2020); credibility, dependability, confirmability, transferability, and reflexivity. The use of the initial four criteria is well established in qualitative research (Guba et al., 1994); the additional criterion ‘reflexivity’ was incorporated by Stenfors, Kajamaa and Bennett (2020) in order to capture the central role that the researcher

embodies in qualitative research, with good quality research exploring, or at the very least naming, the role of the researcher in the context of the research (Barrett et al., 2020).

When assessing papers using the CASP checklist, a standard of inclusion/exclusion based on scoring was not applied due to the limited research available in this area; therefore, papers of lower quality were not excluded. Regarding CASP item 10, the reviewers deemed all studies to be valuable given the extremely limited existing knowledge base, therefore a generic positive response ('Y') has been given. An additional eleventh criterion was added to the quality appraisal, as suggested in Long et al. (2020), to optimise the value of the quality appraisal. The quality assessment ratings for the included studies are illustrated in Table 1.

Synthesis

A synthesis was performed to summarise the findings of the systematic review using a thematic approach due to the qualitative nature of the studies collated. This comprised three stages as outlined in Thomas and Harden (2008): coding text, developing descriptive themes, and finally generating analytical themes. The primary researcher (GP) closely familiarised themselves with the content of the papers before generating preliminary codes, descriptive themes, and analytical themes. This was then reviewed by two secondary team members (AT, RT) and the final themes and subthemes agreed upon.

Thematic synthesis is inherently interpretative, aiming to comprehend how a narrative is structured and the meanings it conveys, often within a particular cultural, social, or personal context. Thematic synthesis allows for an explicit link between conclusions and the text of the included studies, providing transparency in the systematic reviewing process. This review was intended to provide a foundation to inform further research in this area, given the limited scope of existing research on offenders with ID. As this review is the first to explore and synthesise professional attitudes towards offenders with ID, a broad range of studies using a range of

designs and outcome measures were included as well as a wide scope of concepts relating to professionals' attitudes and perceptions.

Table 1
Quality Appraisal Checklist

Quality Assessment Criteria	Modell, S. and Mak, S. (2008)	Chadwick, D. and Wesson, C. (2020)	Gulati, G. et al (2021)	Diamond, L. and Hogue, L. (2023)	Hellenbach, M. (2011)	Henshaw, M. and Thomas, S. (2012)	Eadens, D. et al (2015)	Gendle, K. and Woodhams, J. (2005)	Cant, R. and Standen, P. (2007)	Richards, K. and Ellem, K. (2019)
1. Was there a clear statement of the aims of the research?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
2. Is a qualitative methodology appropriate?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
3. Was the research design appropriate to address the aims of the research?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
4. Was the recruitment strategy appropriate to the aims of the research?	Y	Y	U	Y	U	Y	Y	Y	Y	Y
5. Was the data collected in a way that addressed the research issue?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
6. Has the relationship between researcher and participants been adequately considered?	N	N	N	N	N	N	N	N	Y	N
7. Have ethical issues been taken into consideration?	Y	U	Y	Y	N	Y	Y	U	Y	Y
8. Was the data analysis sufficiently rigorous?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
9. Is there a clear statement of findings?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
10. How valuable is the research?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
11. Are the study's theoretical underpinnings (e.g. ontological and epistemological assumptions; guiding theoretical frameworks) clear, consistent and conceptually coherent?	N	Y	N	N	N	N	N	N	N	Y

Y = yes, N = no, U = unstated or unclear

Results

Study Characteristics

Across the 10 papers identified, the total number of participants was 766, comprising police officers of varying ranks ($n = 596$), professionals working in voluntary organisations, specialist ID services, or as appropriate adults ($n = 71$), mental health professionals working within the CJS ($n = 41$), probation officers ($n = 12$), solicitors/legal advisors ($n = 12$), magistrates ($n = 11$), judges ($n = 9$), barristers ($n = 7$), diversion panel members ($n = 2$), legal academics ($n = 2$), a prison worker ($n = 1$), and non-specified CJS professionals ($n = 5$). Please note that the total is greater than the overall N because three participants held dual roles in one study (Chadwick and Wesson, 2020). Studies were obtained from only four countries: the UK ($k = 4$); the USA ($k = 3$); Australia ($k = 2$); and the Republic of Ireland ($k = 1$) and publication years spanned from 2005 to 2023. Participants were recruited from a range of settings, including police teams, probation services, mental health provision within the CJS, social care services, law firms, judiciary, magistrate services, and voluntary organisations. Of the 10 included papers, data collection methods included mixed methods survey ($k = 3$), secondary analysis of previously collected qualitative research data ($k = 1$), qualitative survey ($k = 1$), semi-structured interviews ($k = 3$), semi-structured focus groups ($k = 1$), and unstructured interviews ($k = 1$). Two studies utilised mixed populations including professions not originally identified for inclusion in the review (Chadwick and Wesson, 2020; Gulati et al., 2021). It was not possible to extract data solely pertaining to non-healthcare CJS staff, therefore, all data from the studies have been included in the synthesis. See Table 2 for a summary of study characteristics.

Table 2
Study Characteristics

Authors	Year	Title	Aims of Study	Country	Sample Size	Sample Characteristics	Setting	Data Collection Method	Analysis Method
Modell and Mak	2008	A Preliminary Assessment of Police Officers' Knowledge and Perceptions of Persons With Disabilities	To understand police officers' knowledge and perceptions of people with disabilities.	USA	124	Police officers (n=124)	Police teams	Survey (mixed methods)	Content analysis
Chadwick and Wesson	2020	'Blocked at every level': criminal justice system professionals' experiences of including people with intellectual disabilities within a targeted magistrates' court	To understand the experiences of professionals involved in the running of a targeted services Magistrates' court of including those with ID.	UK	46*	Probation (n=12), Police officers (n=6), Intellectual disability service professionals (n=6), Specialist mental health providers working in courts and custody (n=5), Magistrates (n=4), Defence lawyers (n=3), Mental health service professionals (n=3), Division panel member (n=2), Prosecution lawyer (n=1), Prison worker (n=1), Other CJS (n=1)	Probation services, police teams, mental health, social care, court and tribunal services, voluntary organisations	Secondary analysis of qualitative data collected as part of an evaluative participatory action research investigation	Thematic network analysis
Gulati et al.	2021	Challenges for people with intellectual disabilities in law enforcement interactions in Ireland; thematic analysis informed by 1537 person-years' experience	To identify the unique challenges which PWID face in their interactions with LEOs** in Ireland.	Ireland	95	People working in a voluntary or representative organisation for PWID (board members (n = 4), organisation solicitor (n = 1), outreach service leader (n = 1), human resource manager (n = 1), project manager for mental health and ID (n = 1), administrator (n = 1), advocacy workers (n = 4), nurses (n = 3), speech and language therapist (n = 1), social workers (n = 16), clinical psychologists (n = 8), psychiatrist (n = 1)); people working in healthcare (psychiatrists (n = 12), a forensic psychiatrist (n = 1), nurses (n = 7), clinical psychologists (n = 6), social worker (n = 2), healthcare chaplain (n = 1), healthcare solicitor (n = 1), speech and language therapist (n = 1)); and people working in law enforcement (Gardaí (n = 5), Airport Police/Fire service officers (n = 2), Judges (n = 2), Barristers (n = 3), Solicitors (n = 8) and Legal Academics (n = 2))	Representative organisations, voluntary organisations, healthcare, police teams, lawyers, judiciary.	Survey (qualitative)	Thematic analysis

*Three participants in this study held dual roles

**LEOs = Law Enforcement Officers

Table 2
Study Characteristics (continued)

Authors	Year	Title	Aims of Study	Country	Sample Size	Sample Characteristics	Setting	Data Collection Method	Analysis Method
Diamond and Hogue	2023	Law Enforcement Officers: A Call for Training and Awareness of Disabilities	To explore the current perspectives of LEOs regarding PWID and to identify the current training needs of LEOs regarding disability awareness and interactions with PWID.	USA	13	Police officers (Officer (n = 7), detective (n = 2), sergeant (n = 1), deputy (n = 1), and lieutenant (n = 2))	Police teams	Semi-structured focus groups	Thematic analysis
Hellenbach	2011	Learning disabilities and criminal justice: custody sergeants' perceptions of alleged offenders with learning disabilities	To understand attitudes and opinions shared by custody sergeants regarding how ID might be conceptualised within the context of criminal justice.	UK	14	Custody sergeants (n=14)	Police teams	Unstructured interviews	Grounded theory
Henshaw and Thomas	2012	Police encounters with people with intellectual disability: prevalence, characteristics and challenges	To understand the experiences and perceptions of operational members of the police in relation to their contacts with police officers	Australia	226	Police officers (Senior Constable (n = 62), Leading Senior Constable (n = 62), Constable (n = 55), Sergeant (n = 34), Senior Sergeant (n = 8), Protective Services Officer (n = 3) and Inspector (n = 2))	Police teams	Survey (mixed methods)	Thematic analysis (for qualitative data)
Eadens et al.	2015	Police officer perspectives on intellectual disability	To examine police officer perceptions about PWID.	USA	188	Police officers (n=188)	Police teams	Survey (mixed methods)	Thematic analysis (for qualitative data)
Gendle and Woodhams	2005	Suspects who have a learning disability: Police perceptions toward the client group and their knowledge about learning disabilities	To understand the perceptions of police officers toward PWID and their knowledge of issues related to ID.	UK	8	Police sergeants (n=8)	Police teams	Semi-structured interviews	Content analysis
Cant and Standen	2007	What professionals think about offenders with learning disabilities in the criminal justice system	To explore the attitudes of professionals in the criminal justice system to PWID.	UK	28	Custody sergeants (n = 7), Appropriate Adults (n = 6), community psychiatric/forensic liaison nurses (n = 2), magistrates (n = 6) and Crown Court Judges (n = 7)	Police teams, appropriate adult schemes, judiciary, magistrates services.	Semi-structured interviews	Thematic analysis
Richards and Eilem	2019	Young people with cognitive disabilities and overrepresentation in the criminal justice system: service provider perspectives on policing	To explore the experiences of young people with ID's interactions with the police.	Australia	21	Professionals working in legal services (n=4), professionals working in voluntary organisations and specialist services (n=17)	Legal services, youth services, disability support services, specialist support services.	Semi-structured interviews	Thematic analysis

*Three participants in this study held dual roles

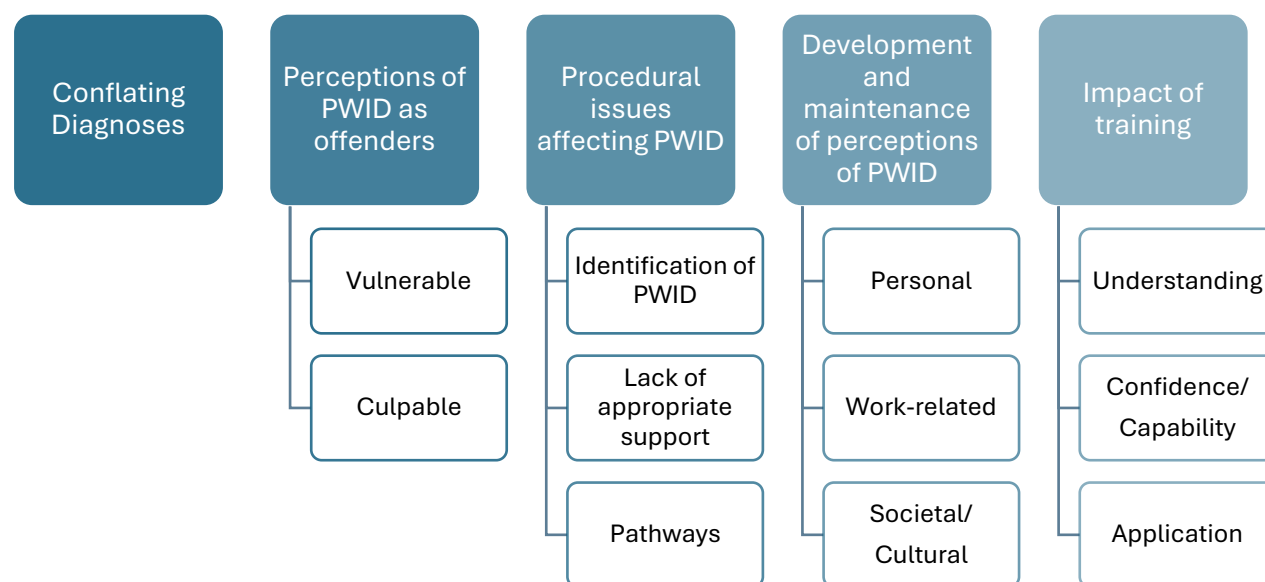
**LEOs = Law Enforcement Officers

Synthesis

Five major themes were identified through qualitative synthesis – *conflating diagnoses*, *perceptions of PWID as offenders*, *procedural issues affecting PWID*, *development and maintenance of perceptions of PWID*, and *impact of training* – shown in Figure 3. Themes and subthemes are presented with illustrative quotes in Table 3.

Figure 3

Themes and subthemes identified through data analysis



Conflating Diagnoses

CJS staff cannot reliably differentiate between mental health difficulties, autism, and ID (Chadwick and Wesson, 2020; Gendle and Woodhams, 2005; Gulati et al., 2021; Hellenbach, 2011; Henshaw and Thomas, 2012; Modell and Mak, 2008; Richards and Ellem, 2018). There appeared to be a pattern of reported prioritisation of mental health conditions over ID at all levels of contact with the CJS from training to identification and ongoing support. The overshadowing of ID by mental health conditions could be partially attributed to legislation in

which issues pertaining to mental health and ID are encompassed under the umbrella of ‘mental disorders’, such as the Mental Health Act (MHA; 1983) and the Police and Criminal Evidence Act (PACE; 1984) in the UK, the Criminal Code Act (1995) in Australia, and Title II of the Americans with Disabilities Act in the US. This can also be reflective of the differing definitions of ID across systems and countries. However, it could also be reflective of the potential invisibility of ID compared to aspects of certain mental health conditions. For instance, one might observe someone who is experiencing psychosis to be interacting with hallucinations or someone acutely depressed to be self-harming. It could be the case that offenders who are quiet and compliant in their cells or hospital beds are less likely to be noticed, as their symptoms do not cause more immediate issues for the institution resulting in less priority given to training CJS professionals around these issues.

Perceptions of PWID as Offenders

Perceptions of CJS staff were divided, with offenders with ID perceived as either equally or less culpable than their non-ID counterparts. This resulted in two subthemes: *Vulnerable* and *Culpable*.

Vulnerable.

Those who perceived PWID as less culpable instead highlighted their vulnerability (Cant and Standen, 2007; Gendle and Woodhams, 2005; Gulati et al., 2021; Modell and Mak, 2008; Richards and Ellem, 2018) and mentioned diversion of such offenders from the CJS and into specialist services (Cant and Standen, 2007; Chadwick and Wesson, 2020; Gendle and Woodhams, 2005). However, this poses significant issues given the lack of reliability in identifying and supporting offenders with ID. Some participants spoke of treating offenders with ID “equally” under the law while simultaneously evidencing diversionary tactics and leniency applied when dealing with offenders with ID, suggesting that treatment is deemed ‘equal’ when in fact it is ‘equitable’.

Culpable.

Those who perceived PWID as equally culpable as non-ID offenders frequently referred to justice as the driving factor for prosecuting offenders with ID (Cant and Standen, 2007; Hellenbach, 2011). There was a sense that part of one's professional identity was to be victim-focused and justice-driven by enforcing the law as it is written and not affording undue leniency to offenders with ID (Cant and Standen, 2007; Richards and Ellem, 2018). Some participants cited systemic demands such as "ensuring ease of conviction" (Cant and Standen, 2007, p. 177) while others described ID as being perceived as "excuses" (Richards and Ellem, 2018, p. 164) or "illegitimate mitigation of... wrongdoing" (Hellenbach, 2011, p. 18). This is potentially concordant with the lack of understanding of what ID actually entails and how it can present in individuals who may not fit society's stereotyped expectations of a PWID.

Procedural Issues Affecting PWID

There continues to be organisational barriers that prevent PWID from accessing appropriate support throughout the CJS, encompassing first contact with CJS and identification of PWID to onward pathways and support through the courts.

Identification of PWID.

There appeared to be a sense of recognition that PWID are under-identified and under-supported throughout the CJS (Cant and Standen, 2007; Chadwick and Wesson, 2020; Gendle and Woodhams, 2005; Hellenbach, 2011; Richards and Ellem, 2018), and this was complemented by a distinct lack of belief in the efficacy of existing systems (Chadwick and Wesson, 2020; Richards and Ellem, 2018). There was a sense of reliance on an individual professional's ability to identify a PWID based on stereotypical indicators, such as appearance, communication, and social background (for instance, offenders whose residence was a supported living facility) rather than using any formal, pre-determined screening criteria (Eadens

et al., 2016; Henshaw and Thomas, 2012; Richards and Ellem, 2018). Participants also spoke of reliance on PWID having been ‘flagged’ by other systems or organisations before coming into contact with certain CJS services (Chadwick and Wesson, 2020) or after coming into contact with frontline CJS professionals and progressing through the system (Cant and Standen, 2007; Hellenbach, 2011). This poses a significant concern as this creates gaps in support due to a lack of identified responsibility and insufficient protocol for identifying PWID.

Lack of appropriate support.

This subtheme captures the inadequacies of support within the CJS, encompassing both formal and informal sources of support. Existing approaches appear to rely on family members or familiar adults when PWID come into contact with the CJS (Diamond and Hogue, 2021; Gendle and Woodhams, 2005). Participants reflected on the need for specific training (Chadwick and Wesson, 2020; Gulati et al., 2021; Henshaw and Thomas, 2011), advocates embedded within the CJS (Gulati et al., 2021), and stronger links between the CJS and specialist disability services in order to better meet the support needs of PWID (Cant and Standen, 2007; Chadwick and Wesson, 2020; Gulati et al., 2021; Richards and Ellem, 2018). There was a sense that the lack of appropriate support exacerbates stress for both PWID and CJS professionals.

Pathways.

It became apparent that there is a commonality of disorganisation of pathways for PWID in the CJS (Cant and Standen, 2007; Chadwick and Wesson, 2020; Gendle and Woodhams, 2005; Gulati et al., 2021; Hellenbach, 2011; Henshaw and Thomas, 2011). Linked with the previous subtheme – lack of appropriate support – this subtheme is reflective of inadequate or non-existent protocols within the CJS for working with PWID meaning that individuals coming into contact with the CJS will have their experience dictated by the knowledge and skills of the

professional in front of them as opposed to effective standardised approaches designed specifically to support PWID.

Development and Maintenance of Perceptions of PWID

Understanding how perceptions of PWID are developed and maintained can support the identification of targeted changes to training and processes within the CJS. A lack of knowledge, experience, and confidence in both working with PWID and the relevant processes within the CJS perpetuates assumptions that PWID lack capacity or understanding. The pervasive stigma attached to an ID label has appeared to create a culture of reluctance to access support for offenders for fear of causing insult, without adequate assessment of the necessity of such support.

Personal.

Personal experiences were idiosyncratic but highlighted as important and defining interactions which supported professionals' understanding and attitudes towards PWID. This included children and adults with ID with varying degrees of familiarity with the participants, such as close family relations and children of colleagues or acquaintances (Diamond and Hogue, 2022; Eadens et al., 2016).

Work-related.

Understandably, work-related experiences of PWID were the most salient for participants and most frequently reported (Chadwick and Wesson, 2020; Diamond and Hogue, 2022; Eadens et al., 2016; Gendle and Woodhams, 2005; Gulati et al., 2021; Hellenbach, 2011; Henshaw and Thomas, 2012; Richards and Ellem, 2018). As experiences are repeated and patterns emerge throughout a professional's career, whether positive or negative, perceptions of PWID are developed and maintained. If there is an organisational culture of highly pressured, rushed processes then due care may not be taken on an individual level to challenge one's

existing biases (Hellenbach, 2011). Alternatively, where systems are organised to tread carefully and assumptions are not made without adequate investigation or evidence, PWID are likely to be identified, supported, and, most crucially, respected during their contact with the CJS (Gulati et al., 2021).

Societal/Cultural.

If a CJS professional has a limited scope of experience with PWID, it is reasonable to assume that they may be complacent when faced with individuals who do not 'fit' the professional's preconceived notions of who is or is not a PWID and what that means in terms of a person's abilities and support needs. This could result in milder or highly masked PWID slipping under the radar, remaining unidentified in the CJS, and therefore not being afforded the support they require and deserve. This subtheme captures how a high proportion of participants from one study related their entire understanding of a diagnosis to a popular film which has a very nuanced depiction of one specific type of developmental disability (Modell and Mak, 2008).

Impact of Training

This theme encompasses the impact of prior training on existing understanding of PWID and identifies a continuing need to upskill and educate CJS staff. Training needs identified throughout the studies encompassed identification of symptoms, basic knowledge of characteristics of disability, access to resources, and communication skills (Chadwick and Wesson, 2020; Gulati et al., 2021; Modell and Mak, 2008). The inadequacy of current training was supported by descriptions of it as vague, basic, and minimal (Eadens et al., 2016; Modell and Mak, 2008) as well as voluntary, superficial, and not memorable (Diamond and Hogue, 2021) resulting in CJS staff perceiving themselves as competent when they may not have been (Henshaw and Thomas, 2012; Modell and Mak, 2008).

Understanding.

A key shift identified by professionals following training was in their understanding of PWID. Participants related their improved understanding to being able to identify a PWID more easily and how they might adjust their approach in situations involving PWID (Diamond and Hogue, 2021; Gulati et al., 2021; Modell and Mak, 2008).

Confidence/Capability.

Another facet of this theme was professionals' confidence and capability in working with PWID. Professionals who had undergone impactful training on working with PWID reported greater confidence in their ability to work effectively with PWID in the CJS (Chadwick and Wesson, 2020). Conversely, professionals who had only undergone the basic training required of their role, service, or organisation reflected on feeling ill-equipped to appropriately manage cases related to PWID (Diamond and Hogue, 2021).

Application.

While training was reported to positively impact upon attitudes towards PWID, the findings suggest that professionals' feel that their skills and confidence in working with PWID will diminish without opportunities to put their training into practice (Chadwick and Wesson, 2020). It was suggested that placement opportunities (Gulati et al., 2021) and experiential training (Diamond and Hogue, 2021; Gendle and Woodhams, 2005; Gulati et al., 2021) could help professionals to retain and refine their skills and knowledge.

Table 3

Thematic Synthesis

Theme	Subthemes	Quotations
Conflicting diagnoses		"Are emotional disabilities where the freaks cry a lot?" (Modell & Mak, 2008, p. 186) "I think a lot of clients [...] don't wish to be labelled." (Chadwick & Wesson, 2020, p. 138) "Anxiety which can lead to changed/ heightened/ inappropriate behaviour, that can be misinterpreted by the officer." (Gulati et al., 2021, p. 5) "My understanding of it would be, it would have to necessarily be something that actually impairs somebody's ability to understand or to communicate while they are here. So for instance you have the schizophrenic who is very well controlled on medication and who presents normally politeness." (Hellenbach, 2011, p. 17) "He can't read, so I definitely think he had learning disabilities." (Gendle & Woodhams, 2005, p. 76)
	Perceptions of PWID as vulnerable offenders	"Responses indicated that police officers see persons with disabilities as victims of crimes more often than as perpetrators." (Modell & Mak, 2008, p. 186) "We felt it was very important (for offenders with ID) to be treated equally under the law [...] they either get the chat in the back of the police car. This is literally a little chat saying, this is very bad, you were very naughty and don't do it again, they resisted taking people to the police station. They get a caution. Or it gets diverted." (Chadwick & Wesson, 2020, p. 137) "We're not suggesting that people who have got a learning disability get preferential treatment but we're acknowledging the fact that their condition[...] may (be) one of the leading factors for why they've offended, repeat offending or why they cannot get out of that cycle." (Chadwick & Wesson, 2020, p. 140) "People with ID are very vulnerable to suggestion and coercion without adequate advocacy." (Gulati et al., 2021, p. 5) "Being more empathetic and more personable and stepping back from that harder line that we typically take." (Diamond & Hogue, 2021, p. 229) "I suppose in some ways they [people who have learning disabilities] could be more easily influenced than someone with a bit more common sense." (Gendle & Woodhams, 2005, p. 75) "If you are talking about someone with some major learning difficulties, for instance someone with Down's syndrome, who you could blatantly tell was extremely upset and they had been and nicked a packet of Smarties because they didn't have any money and they were hungry, you would be taking them home, you know." (Gendle & Woodhams, 2005, p. 76) "See whether they understand and are as capable as anybody else. If you can normalise them there then you have to treat them the same, but if you can't then I think there's got to be some sort of positive discrimination." (Cant & Standen, 2007, p. 177) "The foetal alcohol syndrome and things like that... diminish his capacity to understand, when he's in an emotional state, the consequences of his actions." (Richards & Ellem, 2018, p. 162)
	Culpable	"If they have been assessed, if they have committed a crime and they have been assessed if they have been criminally responsible then of course they should be punished. They should go to prison like anyone else. You can't commit a crime and get away with it because you have a learning disability. As long as they know the difference between right and wrong and they understood the process, and the evidence has been secured and preserved." (Hellenbach, 2011, p. 19) "If he has done it and just because he is not bright enough to have an intelligent argument about whether he is guilty or not. Does it matter? If he is guilty and he has done it and he couldn't defend himself cause he wasn't bright enough to. OK you did it, go to prison. While the next person might be able to argue their way out of it because they were brighter. I haven't got much sympathy really. As opposed to people who are very bright and dream up all sorts of excuses, defences that are fictional and then get away with things." (Hellenbach, 2011, p. 19) "You've got to make sure you're not giving too many advantages, or unjustified advantages to defendants. You mustn't make it less easy for the Crown to get a conviction." (Cant & Standen, 2007, p. 177) "Sometimes the police can be a bit skeptical of... what they perceive to be excuses." (Richards & Ellem, 2018, p. 164)

Table 3

Thematic Synthesis (continued)

Theme	Subthemes	Quotations
Procedural issues affecting PWID	Identification of PWID	"Appropriate identification of cases those with MH issues are a lot easier for the police to identify and flag up than those with learning disability." (Chadwick & Wesson, 2020, p. 138) "I've a concern that there are people we don't recognize." (Gendle & Woodhams, 2005, p. 76) "The question is, would it strike one sitting in court that somebody has a learning disability as an obvious thing and the answer is that no it wouldn't." (Cant & Standen, 2007, p. 176) "Generally speaking the police don't identify those young people as having an impairment." (Richards & Ellem, 2018, p. 164) "The difficulty is that someone has to have (that) flagged up, so if nobody tells you then you wouldn't treat them differently." (Chadwick & Wesson, 2020, p. 140)
	Lack of appropriate support	"The systems are not set up to be accessible for people (with ID), people are blocked at every level, right from the point where the police get involved through diversion, the court process, they're so complex and operated by people who don't have many dealings with people with ID." (Chadwick & Wesson, 2020, p. 140) "There should be a stronger link between those on the frontline of law enforcement and disability services." (Gulati et al., 2021, p. 5) "Gardaí need training but also advocates for person with intellectual disability when person becomes involved in the system." (Gulati et al., 2021, p. 5) "You try to listen and ask family members around what exactly is wrong with him. How can we approach to get through to him?" (Diamond & Hogue, 2021, p. 230)
	Pathways	"Behaviour is unpredictable – difficult to plan a response." (Henshaw & Thomas, 2011, p. 626) "(Working with people with ID) it's not planned, there's no pathway that says this is what you do the first time you come into contact." (Chadwick & Wesson, 2020, p. 137) "I wouldn't ask the doctor to see somebody who was just not bright. I would just say, is there somebody who could come over with you when you are interviewed?" (Hellenbach, 2011, p. 17) "It is all pressures on you which can make you cut corners or lead you to cut corners if you wanted to and making mistakes." (Hellenbach, 2011, p. 20) "It's in the codes of practice, this book with policies and procedures in, anyone you suspect has got learning disabilities, you get an appropriate adult." (Gendle & Woodhams, 2005, p. 75) "Sometimes you make the wrong decision. Sometimes you have [an appropriate adult] in there when you don't need them and sometimes you don't have them in when you need them." (Gendle & Woodhams, 2005, p. 78) [re: Challenges faced in resolving encounters with people with intellectual disability] "Identifying what services I can use to help me." (Henshaw & Thomas, 2011, p. 626)

Table 3

Thematic Synthesis (continued)

Theme	Subthemes	Quotations
Development and maintenance of perceptions of PWID	Personal	"Very little training, very little help from anybody along the way. We just kind of learned as we went, as a parent." (Diamond & Hogue, 2022, p. 229)
	Work-related	"[...]somebody committed an offence (and) hasn't been charged and interviewed. Because the Police are hung up on the fact that she might not have the capacity without knowing what kind of capacity they're worried about [...] They took the witness statement, so there's a crime number for the victim and then they just sent him back home." (Chadwick & Wesson, 2020, p. 139)
		"I wouldn't have said really bad learning difficulties, I've never seen anyone like that." (Chadwick & Wesson, 2020, p. 139)
		"It's all on-the-job training really." (Gendle & Woodhams, 2005, p. 79)
		"I try to get them [the officers in training] to stop in for a cup of tea and speak to the staff and get used to being around the people with learning disabilities and we certainly know people with learning disabilities in our area. For quite a while now it's been flavour of the month. (referring to multiagency working)" (Gendle & Woodhams, 2005, p. 79)
		"You can tell by the look on their face that they haven't got a clue. (referring to a person with learning disabilities not understanding their rights)" (Gendle & Woodhams, 2005, p. 76)
		"If he doesn't understand something, he's more aggressively reactive, and doesn't really kind of explain that he doesn't understand what's going on, he just starts shouting.... because he does react so strongly...his interactions with police when he is doing that is they get harder on him." (Richards & Ellem, 2018, p. 163)
		"People with an intellectual disability...and I know it sounds awful but they lie a lot....And that is because they've had to. 'Yes, I can read that'. 'Yes, I am okay'. 'Yes I...didn't do that to Johnny'. 'Yes I'll do that'....they just don't want people to notice that they're missing, you know, some sort of...some sort of information that's been imparted. So they'll say yes to everything." (Richards & Ellem, 2018, p. 164)
		"[Police] take things at face value....they take what they hear but they don't look at the cognitive [capacity] of the person." (Richards & Ellem, 2018, p. 165)
		"A culture of respect and understanding of the complexities involved needs to be fostered at management level." (Gulati et al., 2021, p. 5)
	Societal/Cultural	"For Question 5 ("What does the term autism mean to you?")...more than 35% listed simply "Rain Man" as their response." (Modell & Mak, 2008, p. 186)
Impact of Training	Understanding	"A police officer should have the skills and knowledge of disabilities so that officer does not mistake a non-compliant person for a person with a disability." (Modell & Mak, 2008, p. 186)
		"It's not going to work for every single scenario, but 9 times out of 10 if you can try to bring yourself to that level of that person, try to empathize, try to determine what's going on with that person, try to figure out what the crisis might be, or whatever the situation is, just trying to be empathetic. I've seen, at least in my experience, that goes a long way." (Diamond & Hogue, 2021, p. 229)
	Confidence/Capability	"I felt a lot more confident (after training) dealing with those types of cases plus it meant that you were able to advise the magistrates much more easily than we were before as well." (Chadwick & Wesson, 2020, p. 139)
		"Our officers are ill-equipped, ill-trained to handle some of these [situations with PWD]." (Diamond & Hogue, 2021, p. 231)
	Application	"If people aren't coming through, people aren't getting a chance to use their training, that sort of training will eventually evaporate." (Chadwick & Wesson, 2020, p. 189)
		"Placement opportunities during training in services for disabilities may increase understanding and learning for law enforcement officers." (Gulati et al., 2021, p. 5)
		"You get a little scratch on the surface. Here and there are some disabilities you'll be called [about]. Called to a scene where there's some disability involved [but] I think it's more along the lines of mental health. And you've got crisis intervention training (CIT) as well." (Diamond & Hogue, 2021, p. 231)

"In the training we need to be shown examples. All of our officers have seen autistic people, people with Down syndrome. . . . So, I think we might need to be shown visually, rather than told. We might need to be shown some typical interactions, whether they're staged or real." (Diamond & Hogue, 2021, p. 231)

Discussion

This qualitative systematic review offers an exploration into CJS professionals' perceptions of PWID, specifically those who come into contact with the CJS as offenders. Previous systematic reviews have focused on the experiences of PWID in interactions with law enforcement (Gulati et al., 2020a), limited the scope to frontline professionals involved only in the pre-trial stages of the CJS (Gulati et al., 2020b), or focused more broadly on CJS professionals' experiences and associated challenges of working with PWID (Gulati et al., 2020b). This systematic review highlights the views of professionals throughout all stages of the CJS and explores how attitudes are developed and maintained by professionals' experiences of PWID, societal expectations of PWID, and systemic and organisational barriers to the effective involvement of PWID in the CJS. By using thematic synthesis, the present review provides a holistic exploration of CJS professionals' views of PWID and facilitates a greater understanding of how these views are developed and maintained in the context of the CJS, allowing for identification of how we might challenge negatively biased views of PWID within the CJS.

We identified that CJS professionals' views and attitudes towards PWID were influenced by personal and work-related experiences, societal stereotypes and attributions, and training and that these views influenced how CJS professionals interact with PWID who come into contact with their services. The views of CJS professionals towards PWID are not homogenous and were in fact highly divided at all levels from basic understanding of PWID to attitudes towards justice in cases where the alleged offender is a PWID. A cumulative effect can be observed in the emerged themes of this review; the lack of adequate training, reliance on informal and potentially inaccurate knowledge of ID, the limited support and pathways available within the CJS, and the divisive perceptions of PWID as offenders all significantly impact on professionals' ability to effectively understand and support PWID who come into contact with the CJS and serves to perpetuate existing, often negatively biased, views of PWID.

As research suggests that police officers perceive people with mental disorders as more dangerous than the general population (Lamb, Weinberger, and DeCuir, 2002), this could result in greater use of force by frontline law enforcement when dealing with PWID. People with disabilities, whether developmental, intellectual, or psychiatric, already account for approximately one third of deaths in fatal interactions with law enforcement (Perry and Carter-Long, 2016). This exemplifies the stark disadvantages faced by PWID in their contact with the CJS. Hayes (2007) points out that identification of offenders with 'borderline' ID in particular is compromised by the absence of institutional systems that flag up an individual's support needs as the majority of such individuals have had no previous contact with specialist services. Therefore, the lack of clear processes and pathways both fails to identify and fails to support offenders with ID throughout the CJS. A reliance on offenders with additional needs having already been flagged earlier in their contact with the CJS creates complacency which allows PWID to slip through the organisational cracks undetected and unsupported. Identifying offenders with ID or other additional needs is crucial for ensuring that their rights are recognised and meaningfully met throughout their contact with the CJS (Gulati et al., 2020a; Gulati et al., 2020b).

Training for CJS professionals aids in challenging misperceptions, stereotypes, and negative biases (Bailey et al., 2001; Gardner et al., 2018; Henshaw and Thomas, 2011). However, the findings of this review suggest that training needs to be specific to working with PWID and incorporate experiential elements to be most impactful and improve retention (Chadwick and Wesson, 2020; Diamond and Hogue, 2021; Gulati et al., 2021). Training led to changes in professionals' understanding and approaches when working with PWID (Chadwick and Wesson, 2020), which serves to better uphold the human rights of PWID as they progress through the CJS. However, the findings also show that professionals' skills and confidence in working with PWID will diminish if not afforded opportunities to put their training into practice

(Chadwick and Wesson, 2020). It is therefore paramount that CJS professionals have regular training refresher courses to keep their skills sharp and their knowledge up to date so that they are able to best serve PWID who come into contact with their services.

Strengths and Limitations of the Current Review

The overall quality of the included studies was satisfactory, though there was a general lack of reflexivity regarding the relationship between the researchers and participants and very few studies with clearly outlined theoretical underpinnings. Given the subjective nature of qualitative research, these are key factors to consider as they speak to the ways in which the researchers construct knowledge and understand their findings. The data collection methods used throughout the included studies were varied but of sufficient quality and rigour, with several researchers employing pilot studies to ensure the validity of survey and interview questions ahead of data collection.

The qualitative synthesis utilised for this review could be considered a limitation as themes have been developed without the original context of the coded quotes. Inclusion criteria limited this review to studies written in English and based in countries with a Common Law system. This therefore limits the review to a representation of Western, Anglicised CJS which limits the generalisability of this review.

Conclusions and Recommendations

PWID may experience discrimination as CJS professionals may not regard them as credible, and therefore may not fully investigate crimes committed against them or by them due to pervasive stereotypes and misattributions about PWID. CJS professionals who had received specific training felt that they were more prepared for interactions with PWID (Gardner et al., 2018; Henshaw and Thomas, 2012), however the inadequacy of current training was supported by the descriptions of it as vague, basic, and minimal. There was also variability in the reported

adaptations and adjustments made for PWID in the CJS. Training for CJS professionals should be specific to ID and incorporate an experiential element for greater impact and retention (Diamond and Hogue, 2021; Gulati et al, 2021) and efforts should be made at organisational levels to create clear processes and pathways to reduce confusion and formalise the procedures for identifying and supporting PWID in the CJS.

It would be of benefit to gain a greater understanding of how professional identity interplays with perceptions of PWID; the current review was not able to meaningfully distinguish between the views of frontline CJS professionals, such as police officers, and professionals in the later stages of a case's progression through the CJS, such as judges and magistrates, as the majority of the sample was police based. Given the onus lies with frontline staff for identification of PWID and commencement of appropriate protocols (where such procedures exist), it could be that professionals working in the later stages of the CJS are less exposed to and less knowledgeable about PWID. Future reviews should also seek to understand the views and attitudes of CJS professionals across a greater diversity of countries and CJS, particularly developing nations, as this would identify cultural differences that influence professionals' perceptions of PWID.

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CHAPTER THREE: Bridging Chapter

The systematic review presented in Chapter Two sought to synthesise the contemporary literature exploring CJS professionals' expressed attitudes towards offenders with Learning Disabilities (henceforth in the remainder of this thesis, Learning Disabilities/LD/People With Learning Disabilities/PWLD). The findings of the review highlighted the pervasive stereotypes attributed to People with Learning Disabilities (PWLD) and offers insight into how those individuals are perceived when coming into contact with the CJS as alleged offenders. Additionally, the review highlighted areas which continue to lack attention in research. Despite this review focusing specifically on studies conducted in countries with justice systems based on common law, this still leaves much to be desired. Studies were largely conducted in culturally 'Western', educated, industrialised, rich, and democratic countries ('WEIRD'; Henrich et al., 2010) such as North America, the United Kingdom, and Australia.

The themes identified in the review suggest that PWLD experience stigma and are subject to stereotypes in their contact with CJS professionals. Therefore, it could be reasonable to conclude that this also carries in their contact with the public over the course of their day-to-day lives. Given that members of the public are selected to serve on juries in the criminal courts of England and Wales, it is important to consider how jurors perceive defendants with LD and make determinations of guilt. Research pertaining to the decision-making concerning defendants with LD is sparse, therefore the empirical study presented in Chapter Four seeks to explore this gap in the literature by replicating and adapting a study by Kipoulas et al. (2024).

The aim of the study is to explore the impact of the defendant's appearance and expert witness testimony information on jurors' determination of guilt and perceptions of expert witness credibility. The experimental manipulation in this study referred to whether the clinical information within the mock expert testimony was presented as an LD diagnosis or an LD diagnosis plus a formulation of the defendant's difficulties. For the defendant appearance

manipulation, the expert witness testimony videos were presented alongside an image of the defendant, depicted as either the stock image model with or without Down's Syndrome.

CHAPTER FOUR: Empirical Research Paper

Judging Defendants with Learning Disabilities: How Expert Witness Testimony and the Defendant Themselves Impact on Expert Witness Credibility and Juror Decision Making.

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Abstract

Objectives: It is known that jurors look to peripheral cues in the courtroom when developing their assessments of defendants' guilt, and also in cementing their perceptions of the credibility of expert witnesses (Boccaccini & Brodsky, 2002; Brodsky et al., 2010; Chaiken, 1980; Cooper et al., 1996; LeVan, 1984; Petty & Cacioppo, 1986). Expert witness testimony information is crucial in aiding juror decision making in criminal trials. The aim of this study is to explore the impact of a defendant's facial visible physical difference suggestive of a Learning Disability (LD) and the content of expert witness testimony on jurors' perceptions of expert witness credibility and juror decision making when the defendant's mental health is considered in the courtroom. This study focuses specifically on defendants with LD in the context of the legal system in England and Wales.

Design: The current study employed a 2x2 between groups factorial design to examine how manipulations of expert witness testimony information (LD diagnosis vs LD diagnosis plus formulation) and defendant appearance (presence or absence of visible physical difference) affected mock jurors' decision-making and perceptions of expert witness credibility.

Participants: 89 participants were recruited and completed the online survey. 82.0% were White British and 50.6% were female, which is consistent with UK census data.

Results: Contrary to our hypotheses, the findings of this study showed no statistically significant main or interaction effects of either presentation of expert witness testimony information or defendant's appearance on jurors' perceptions of the defendant's guilt or the expert witness' credibility.

Conclusions: This study highlights the need for further research into expert witness credibility and juror decision making to better understand jurors' unconscious biases and cognitive

processes. Strengths, limitations, and implications for future research and practice are discussed.

Keywords:

Expert witness credibility, psychologist, mental health expert, learning disability, intellectual disability, court, jury decision making, witness credibility scale, forensic science, expert testimony.

Acknowledgement

Whilst this is an independent research study, it builds upon previous doctoral these completed at the University of East Anglia (Baker et al., 2022; Kipoulas et al., 2024; Tremlin, 2021) and is being conducted concurrently with another doctoral thesis exploring mental health information including diagnosis, formulation and early traumatic experiences on expert witness credibility and juror decision making, therefore elements of the studies and appendices will be similar.

Background

Mental Health Expert Witnesses

In the Crown Court of England and Wales, judges and jurors are key decision-makers with distinct roles and responsibilities. Judges are required to undertake relevant legal qualifications and have extensive professional experience (The University of Law, 2023), while juries are composed of twelve members of the public who are not required to possess formal legal training or qualifications, i.e., laypersons forming a jury of peers. The courts rely on expert witnesses to guide the jury when considering complex cases, such as those where mental health and/or learning disabilities (LD) are relevant to legal questions, including consideration of the 'mens rea' of an offence and sentencing (British Psychological Society, 2021). Current guidelines dictate that a professional is a mental health expert if they are "a person who, through special training, study or experience, is able to furnish the Court, tribunal or oral hearing with scientific or technical information and opinion based on this which is likely to be outside the experience and knowledge of a Judge, magistrate, convenor or jury" (British Psychological Society, 2021, para. 1.1).

Historically, for cases where mental health issues have been considered, the role of expert witness was fulfilled by Psychiatrists or other medical practitioners. Prior to 1980, these professionals were the only permitted mental health expert witnesses, with psychological information only admissible in court as an element of a wider medical evaluation (Bluglass, 1990; Fitzgerald, 1987; Forshaw & Rollin, 1990). More recently, however, Clinical Psychologists are increasingly requested to provide expert witness testimony due to growing demand for psychological court reports - they are now accepted as valuable expert witnesses by the legal system, independent of their medical practitioner colleagues (Gudjonsson, 1996; Gudjonsson, 2003; Gudjonsson & Haward, 2016; O'Conner et al., 1996; Sigurdsson & Gudjonsson, 2004). Expert evidence is admissible in court when it provides information that is likely to be outside of the knowledge of a judge or jury (The Crown Prosecution Service, 2023). By the nature of this,

the information provided may be technical and specialised. Jurors are expected to make verdict decisions based on the evidence presented to them during the trial. However, when jurors are presented with information by expert witnesses which may be beyond the scope of their knowledge and understanding, it is to be expected that jurors will look to peripheral cues to aid in their interpretation of the expert witness's credibility; This could include their credentials, verbal/nonverbal communication, and even the gender, race, profession and perceived attractiveness of the expert witness (Boccaccini & Brodsky, 2002; Brodsky et al., 2010; Chaiken, 1980; Cooper et al., 1996; LeVan, 1984; Petty & Cacioppo, 1986).

Hovland and Weiss (1951) first established that sources perceived as being highly credible are more influential upon individuals' decision making. Many academics since have explored source credibility in legal settings and emboldened the body of research highlighting the potential for the perceived credibility of an expert witness impacting upon juror decision making (Brodsky et al., 2010; Cramer et al., 2014; DeBono & Harnish, 1988; Hurwitz et al., 1992; Kipoulas et al., 2024; Neal et al., 2012; Ruva & Bryant, 2004; Sternthal et al., 1978; Swenson et al., 1984; Wessel et al., 2006). To ensure just and fair trials for defendants, it is therefore imperative that we consider factors which impact upon expert witness credibility and juror decision making as these unanticipated confounding variables have very real consequences for the accused.

Research into the influence of expert witness credibility on decision making has become more established in recent years with the development of the Witness Credibility Scale by Brodsky et al. (2010) which captures perceived credibility through the four subscales of likeability, knowledge, confidence, and trustworthiness. There remains a pervasive lack of understanding of the role of Clinical Psychologists in the legal context, with research indicating a context-specific lack of trust in psychology as a science (Edens et al., 2012; Redding & Reppucci, 1999). Admittance of psychological evidence in court continues to be met with barriers such as confusion of the expertise and role of Psychologists (Shapiro et al., 2015), the

diverse nature of the profession (O'Donohue et al., 2004), and unfavourable perceptions of psychology being subjective (Corder et al., 1990; Neal & Grisso, 2014) with unstructured evaluation methods (Neal & Brodsky, 2016) and difficult methodologies (Tunstall et al., 1982). How psychological information is presented in the courtroom could therefore be an important determinant of both witness credibility and juror decision making. Yet, in spite of this, Clinical Psychologists working as expert witnesses do not necessarily receive any training specific to acting as an expert witness (Craig, 2021) and are largely able to present clinical information as they see fit (LeVan, 1984).

Clinical Psychologists in England and Wales are encouraged by professional bodies to engage in practice that favours psychological formulation over diagnosis (Division of Clinical Psychology, 2011), however it is widely recognised that in legal settings a psychiatric diagnosis may be expected as part of court reports or expert witness testimony. Patel and Pilgrim (2018) suggested that expert witnesses can approach presenting psychological information to the courts in three ways: taking a “quasi-medical” approach where diagnostic classifications are used, offering a purely psychological formulation, or offering a complementary approach whereby psychological information is presented in such a way as to suggest a possible appropriate psychiatric diagnosis while emphasising the value of the psychological formulation as a “reasoning” of the subject’s difficulties. Regardless of the approach there are potential ramifications for both expert witness credibility and juror decision making. A diagnosis provided by a Clinical Psychologist acting as an expert witness could either increase credibility (perhaps by making the expert appear more definitive or deterministic in their opinion) or, a reduction in credibility could occur if it is seen as a reductive approach which fails to consider the context and complexity of the individual (Patel & Pilgrim, 2018).

Learning Disabilities in the Courtroom

People with learning disabilities (PWLD) may be more susceptible to coming into contact with the Criminal Justice System (CJS) due to communication difficulties, difficulties in

emotional regulation, and diminished cognitive functioning which can result in a lack of capacity to understand criminal law and the consequences of one's actions (Chadwick and Wesson, 2020; Gendle & Woodhams, 2005; Gulati et al., 2021; Hellenbach, 2011; Richards and Ellem, 2018). As expert witness Clinical Psychologists are utilised in cases where LD is a significant factor (British Psychological Society, 2021) it is imperative to consider how individuals with LD are perceived and treated at each stage of their involvement with the legal system. There is, however, little research in this area, and identification of defendants with LD is dependent upon adequate information gathering from the defendant's first contact with the legal system and the availability of appropriate assessment through liaison and diversion services (Chester, 2018).

Studies such as Day (1988), Holland et al. (2002), Reed et al. (2004), and Lindsay (2011) have found that defendants with LD are typically characterised as young men with behavioural problems who have endured significant psychosocial disadvantages from early childhood. However, the majority of defendants without LD also present with these characteristics (Simpson and Hogg, 2001; Holland et al. 2002; Vinkers et al. 2010) therefore diagnostic conclusions of the presence or absence of LD cannot be unduly influenced by these characteristics. Greenspan (2011, p. 220) states "Stereotypes held by judges, juries, and (some) experts are typically grounded in an implicit behavioural and physical phenotype, which is more appropriate to moderate or severe Learning Disability, where behavioural and physical characteristics are obvious, and limitations are fairly global." Put simply, defendant appearance may act as a factor that interacts with expert witness credibility as a defendant who appears 'stereotypically learning disabled' may be perceived as more congruent with expert witness testimony. This could ultimately lead to a reduced likelihood of a guilty verdict being given by jurors if the LD is considered to have significantly impacted on the mens rea of the offence.

LD may in some cases be associated with salient physical characteristics, including facial differences. There is a distinct lack of research into how facial differences indicative of an LD, such as the typical facial features of Down's Syndrome, are perceived in the courtroom,

therefore conclusions can only be drawn tenuously at this time. It is important to consider wider attitudes towards individuals who subvert societal norms and ideals. Studies by Dion (1974), Benassi (1982), and Chia et al. (1998) tell us that more attractive individuals are perceived as more able than unattractive individuals. It has been found that people largely hold negative biases towards individuals with facial differences as their appearance is perceived as at odds with socially acceptable “attractiveness” (Cash et al., 1977; Efran, 1974; Jamrozik et al., 2019; Johnson & King, 2017; Solomon & Schopler, 1978).

We could therefore draw assumptions that jurors are more likely to find defendants guilty if they present with facial differences indicative of an LD, Down’s Syndrome for example, as their facial appearance differs from the socially constructed standards of attractiveness and is therefore perceived negatively. However, aversive disablism has been found to impact upon juror decision making, with disabled defendants being judged as less culpable (Deal, 2006), possibly suggesting that juror attitudes and biases could equally run in the other direction. Drawing upon the limited existing research, we could deduce that a defendant with an LD who presents without any visible physical differences may be perceived as more able than their visibly physically different counterparts (e.g., defendants with facial characteristics typical of Down’s Syndrome) resulting in a greater likelihood of jurors giving a guilty verdict as the defendant is perceived as culpable. It is therefore an arduous task to attempt to define the impact of a defendant with LD’s physical appearance on juror decision making without further research, substantiating the rationale of this study.

Research into stereotype congruence in the courtroom also provides a useful foundation for further exploration into the impact of the interaction between defendant appearance and the information presented by expert witnesses on expert witness credibility and juror decision making. Put simply, a defendant is “stereotypically incongruent” if their appearance does not fit the generally held stereotypes about aspects of their identity. Using the example of LD, a defendant who is diagnosed as having LD but who does not “look disabled” would be

stereotypically incongruent. Niedermeier et al. (2001) and Wayne et al. (2001) found that being a “stereotypically incongruent” defendant significantly disadvantaged defendants as it resulted in a greater likelihood of being given a guilty verdict. It should be noted, however, that both studies focused on stereotypes pertaining to the gender of the defendant. Findings from McKimmie et al. (2013) suggest that when a defendant’s appearance is stereotypically congruent to information presented in the courtroom, mock jurors are more attentive to the facts of the case and better process the evidence presented. When the defendant’s appearance was incongruent to stereotypes, mock jurors focused more closely on analysing the face of the defendant and were less able to recall case information. It could therefore be conjectured that mock jurors are more likely to perceive an expert witness as credible if the information they present is congruent with stereotypes held about individuals with LD. It is evident that further research is required across all areas relevant to this study, not least of all to bridge the gap of underrepresentation of issues relating to individuals with LD in research.

The Current Study

The aim of this study is to explore the impact of a defendant’s facial visible physical difference suggestive of an LD and the content of expert witness testimony on jurors’ perceptions of expert witness credibility and juror decision making when the defendant’s mental health is considered in the courtroom. This study focuses specifically on defendants with LD in the context of the legal system in England and Wales. This will inform future research into how mental health and legal systems can promote fairness for defendants with LD diagnoses and understand the credibility of clinical psychology professionals in legal contexts.

Research Questions

1. How is expert witness credibility affected by the defendant’s visible physical difference and whether information is provided in diagnostic or formulation derived language?

2. How is juror decision making affected by the defendant's visible physical difference and whether information is provided in diagnostic or formulation derived language?

Hypotheses

1. The effect of defendant visible physical difference on juror decision making and expert witness credibility.
 - i. It is hypothesised that jurors will perceive expert witnesses as more credible if the defendant has a visible physical difference. The defendant's physical appearance is predicted to act as a peripheral cue to the believability of the expert witness if their appearance aligns with stereotypes associated with psychological information provided.
 - ii. It is hypothesised that jurors will give lower ratings of guilt if the defendant has a visible physical difference, as the defendant's physical appearance will introduce juror bias which result in leniency towards defendants with LD.
2. The effect of how information is provided (in diagnostic or formulation derived language) on juror decision making and expert witness credibility.
 - i. It is hypothesised that jurors will perceive expert witnesses as more or less credible if the expert witness testimony information is presented using formulation derived language.
 - ii. It was hypothesised that jurors will be more or less likely to give a guilty verdict if the expert witness testimony information is presented using formulation derived language.

Method

Design

The current study employed a 2x2 between groups factorial design. The independent variables (IVs) were information presented (LD diagnosis vs LD diagnosis plus formulation) and defendant appearance regarding the presence or absence of visible physical difference (VPD vs no VPD), giving the project four experimental conditions: 'diagnosis-VPD', 'diagnosis-no VPD', 'diagnosis plus formulation-VPD', 'diagnosis plus formulation-no VPD'. This design is consistent with previous studies on expert witness credibility (Cramer et al., 2014; Neal et al., 2012). The first dependent variable (DV) was verdict ratings measured using a 10-item Likert scale to answer the question 'How likely are you to find the defendant guilty?' where zero indicates completely unlikely and ten indicates completely likely. The second DV was the expert witness' credibility, measured using the Witness Credibility Scale (Brodsky et al., 2010) which is consistent with previous research (Kipoulas et al., 2024). A video recording was made of an actor portraying a Consultant Clinical Psychologist testifying in a mock court trial.

Participants and Recruitment

A priori power calculation indicated that the minimum required sample size was 89 participants based on calculations to achieve 0.95 power and medium Pillai's V Effect size $f^2(V)$ of 0.15 (G*Power, Version 3.1, Faul et al., 2007; see Appendix C). Participants were selected from an adult lay population in England and Wales using a reliable online recruitment platform (Prolific; Palan & Schitter, 2018). Participants were each reimbursed £2.50 in line with the recommended payment for a 20-minute-long survey on these platforms (see Appendix D). The survey was distributed based on UK census data to gain representative samples (Office for National Statistics [ONS], 2022) cross stratified on gender and ethnicity. The inclusion and exclusion criteria were aligned with eligibility for jury service in England and Wales. Therefore, potential participants were between 18 and 76 years of age, eligible to vote, and had lived in the United Kingdom, Channel Islands, or the Isle of Man for a period of at least five years since they

were 13 years old. Exclusion criteria included individuals who had at any time been sentenced to five or more years imprisonment, those who had at any time in the last 10 years served any part of a sentence of imprisonment, received a suspended sentence, or had a community order or other community sentence imposed upon them in the United Kingdom, Channel Islands, or the Isle of Man.

Procedure

The study was conducted online using the online survey tool PsyToolkit and advertised on Prolific. Participants accessed the survey link through their unique Prolific account. At the commencement of the survey, participants were provided with the participant information sheet (Appendix F) which explains their role as a mock juror in a criminal court case and gives contextual information about the legal process, the role of expert witness testimony, and the implication their decisions would hold in an actual trial. This was followed by a consent form (Appendix G) which explains the right for participants to exit the study at any point.

Demographic information was then collected. Participants were randomly assigned to one of the four experimental conditions in which they were shown a video of the expert witness testimony alongside a photograph of the defendant. Each participant was only able to participate in one experimental condition, comprising the mock expert witness testimony video lasting approximately five minutes, followed by the survey which was estimated to take 15 to 20 minutes to complete. Participants were then asked to rate on a Likert scale from one to ten how likely they were to give the defendant a guilty verdict, following this they were asked to complete the Witness Credibility Scale questionnaire. Upon completion of the study, participants were presented with the debrief letter (Appendix H) and thanked for their participation; participants' completion time was recorded (average completion time of 12 minutes 47 seconds).

Pilot Phase

Ahead of recruiting for the study, patient and public involvement (PPI) was employed to assess the similarity of potential stimuli pairings and the validity of models selected to represent

visible physical difference stereotypically associated with LD (Appendix E). Participants were asked to rank the pairings from 0 (not similar at all) to 10 (almost identical). By utilising the pairing ranked 'most alike', differences in outcome measures could be more dependably attributed to the presence of a visible physical difference indicative of an LD and ensures that potential confounding variables were minimised.

Vignette

The script for the case videos (Appendix J) was based on publicly reported criminal court cases in England and Wales (Appendix I; Elliott v C, 1983; R v Trowbridge, 2001; R v Laycock, 1981; R v Stephenson, 1979). The case vignette described the defendant's background, mental health history, historical offences, details and specifics of his alleged offence, and either solely an LD diagnosis or an LD diagnosis and a narrative formulation, correlating to the two levels of the information presented IV (LD diagnosis vs LD diagnosis plus formulation). The narrative formulation comprised information pertaining to the defendant's developmental history and life experiences demonstrative of the impact of the defendant's LD. A Clinical Psychologist with expert witness experience and a criminal lawyer reviewed the content of the testimony.

Experimental Manipulation

The experimental manipulation in this study referred to whether the clinical information within the mock expert testimony was presented as an LD diagnosis or an LD diagnosis plus a formulation of the defendant's difficulties (e.g., verbal comprehension, fluid reasoning, working memory, and processing speed). This was achieved by utilizing an identical vignette script with the addition of formulation information totalling 302 words. For the defendant appearance manipulation, the expert witness testimony videos were presented alongside an image of the defendant, depicted as either the stock image model with or without Downs Syndrome.

Mock Testimony Simulation

The same case scenario was presented for all four conditions. The defendant was accused of criminal damage by arson, an offence serious enough to be considered by a jury in a

Crown Court. To make the study representative of a case that could, in practice, be readily assessed by either a Clinical Psychologist or Psychiatrist, as well as reflecting actual legal instances in which these issues have been debated in practice (e.g., *Elliott v C*, 1983; *R v G*, 2003; *R v Stephenson*, 1979), we described the primary condition of the defendant as a moderate LD. An arson offence was chosen because firesetting behaviours are frequently reported among individuals with neurodevelopmental conditions (Collins et al., 2021).

Four videos were produced to simulate a Consultant Clinical Psychologist giving an expert witness testimony in a criminal court trial. The actor was formally and neutrally dressed in a black blazer to best portray an expert witness testifying in court, and to ensure that the impact of clothing and appearance (e.g., bright makeup, bold print shirt, dishevelled appearance) on findings was minimised as much as possible. The same actor was used for all four videos which were filmed in the same location at the same time of day to again minimise confounding variables such as different actors, light conditions, or backgrounds.

Mens Rea Recommendation

Before making their final decision, jurors were asked to consider the defendant's state of mind: their level of criminal intent, recklessness, and negligence. These elements of the offence form the 'mens rea' (mental element), which is part of a criminal act and is considered in jurors' decision-making. In the present case, the relevant 'mens rea' would be the defendant's intention and recklessness (i.e., 'whether the defendant could appreciate the risk and consequences associated with setting a fire'), which may have been significantly impacted by his condition (LD). This implied that the defendant had intended to start a small fire but did not appreciate that the fire would spread to cause more significant damage. The expert, therefore, recommended that the defendant's LD interacted with the 'mens rea' of the offence, a recommendation that, if accepted by the jury, would be associated with a 'not guilty' verdict.

Measures

Witness Credibility Scale. Witness credibility was assessed using the 10-point Witness Credibility Scale developed by Brodsky et al (2010; Appendix K) as this has been used in similar studies (Kipoulas et al., 2024). Participants were asked to rate the credibility of the expert witness on 20 adjective pairings which pertain to the subscales of confidence (internal consistency value: .88), likability (.87), trustworthiness (.94), and knowledge (.90), giving an overall credibility score.

Juror Decision Making. We used continuous data in the form of a 10-item Likert scale to measure jurors' decision making, posing the question 'How likely are you to find the defendant guilty?' with higher ratings indicating a greater likelihood that the juror would give a guilty verdict. This is consistent with previous research by Brodsky et al (2009) and Cramer et al (2011), however it differs from the binary judgement of guilt used in a courtroom and measures individual juror decision making not group decision making which would be expected of a jury.

Demographics. Non-identifiable data were collected from participants, including gender, age, ethnicity, and level of education. The purpose of collecting demographic data was to better understand the sample, which might help interpret the results and any differences by demographics.

Ethical Considerations

Ethical approval was obtained through the Faculty of Medicine and Health Sciences Research at the University of East Anglia (Ref: ETH2324-0345; Appendix M). Participants' confidentiality was maintained as only non-identifiable information was collected and used solely for the purposes of exploring potential biases held by the public. The purpose of the study was clearly communicated to participants without disclosing specific details of the IVs or DV so as not to prime participants and affect their natural responses during the study. All participants

provided informed consent electronically (Appendix G). Participants were informed of their right to withdraw at any stage of the survey without reporting the reasons for opting out, and their responses were not recorded. The stimuli used in this study were Adobe stock images and their use in this study was in line with their terms of agreement. An online debrief statement was also provided, including information about seeking further support and information to negate any unintentional reinforcement of stigmatising beliefs about people with disabilities (Appendix H). Finally, all participants were thanked for completing the study by receiving a token payment in line with Prolific recommendations.

Statistical Analysis

All analyses were performed using IBM SPSS statistics 24.0. The current study employed a 2x2 between groups factorial design. The total effect of the IVs (information presented: LD diagnosis vs LD diagnosis plus formulation; and defendant's appearance: VPD vs no VPD) on the DVs (likelihood of giving a guilty verdict; expert witness credibility) was analysed using a simple linear regression and was not found to be statistically significant. The distribution of scores for 'likelihood of giving a guilty verdict' was found to violate the necessary assumptions for conducting ANOVA, therefore non-parametric analyses were carried out. We also examined whether demographic characteristics of participants (participant age, gender, ethnicity, or education) had a significant effect on our DVs. Descriptive statistics are presented for the demographic data, however no significant effects were identified ($p > .05$).

Results

A total of 147 participants accessed the online survey. Of those, 58 participants were excluded because they dropped out without completing the survey ($n = 55$) or exceeded the maximum time allowed for completion ($n = 3$). Overall, 89 participants (60.5% of the total sample) were included in the final analysis. Of these 89 participants, 82.0% were White British and 50.6% were female, which is consistent with UK census data (ONS, 2022) and indicative of

a nationally representative sample. Table 1 shows the complete demographic characteristics of the total sample.

Table 1

Participant Demographic Characteristics of the Total Sample and Subgroups

	Diagnosis and no VPD (N = 22)	Diagnosis and VPD (N = 22)	Diagnosis plus Formulation and no VPD (N = 23)	Diagnosis plus Formulation and VPD (N = 22)	Total (N = 89)
Gender <i>n</i> (%)					
Male	12 (54.5)	14 (63.6)	10 (43.5)	8 (36.4)	44 (49.4)
Female	10 (45.5)	8 (36.4)	13 (56.5)	14 (63.6)	45 (50.6)
Age in years <i>n</i> (%)					
18-24	0 (0.0)	1 (4.5)	2 (8.7)	0 (0.0)	3 (3.4)
25-34	3 (13.6)	7 (31.8)	11 (47.8)	9 (40.9)	30 (33.7)
35-44	9 (40.9)	7 (31.8)	8 (34.8)	6 (27.3)	30 (33.7)
45-54	7 (31.8)	5 (22.7)	0 (0.0)	6 (27.3)	18 (20.2)
55-64	3 (13.6)	1 (4.5)	1 (4.3)	1 (4.5)	6 (6.7)
65-75	0 (0.0)	1 (4.5)	1 (4.3)	0 (0.0)	2 (2.2)
Ethnicity <i>n</i> (%)					
White	20 (90.9)	17 (77.3)	16 (69.6)	20 (90.9)	73 (82.0)
Black	0 (0.0)	0 (0.0)	3 (13.0)	0 (0.0)	3 (3.4)
Asian	1 (4.5)	4 (18.2)	3 (13.0)	1 (4.5)	9 (10.1)
Mixed ethnic groups	0 (0.0)	1 (4.5)	1 (4.3)	1 (4.5)	3 (3.4)
Other ethnic groups	1 (4.5)	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.1)
Education <i>n</i> (%)					
GCSE	1 (4.5)	2 (9.1)	3 (13.0)	2 (9.1)	8 (9.0)
A Level	3 (13.6)	4 (18.2)	4 (17.4)	2 (9.1)	13 (14.6)
Foundation degree	3 (13.6)	0 (0.0)	0 (0.0)	2 (9.1)	5 (5.6)
Undergraduate degree	10 (45.5)	8 (36.4)	12 (52.2)	10 (45.5)	40 (44.9)
Postgraduate degree	4 (18.2)	5 (22.7)	4 (17.4)	6 (27.3)	19 (21.3)
Doctoral degree	1 (4.5)	3 (13.6)	0 (0.0)	0 (0.0)	4 (4.5)

Note: VPD = Visible Physical Difference

The effect of defendant visible physical difference on juror decision making and expert witness credibility

It was hypothesised that jurors would perceive expert witnesses as more credible if the defendant has a visible physical difference. Our rationale was that the defendant's physical appearance would act as a peripheral cue to the believability of the expert witness if it were stereotypically associated with the psychological information provided by the expert witness. There was no statistically significant main effect of visible physical difference on expert witness credibility, $F(1, 87) = .015$, $p = .901$.

It was hypothesised that jurors would give lower ratings of guilt if the defendant had a visible physical difference, as the defendant's physical appearance would engage jurors' biases which result in leniency towards disabled defendants. There was no statistically significant main effect of visible physical difference on the likelihood of jurors giving a guilty verdict, $F(1, 87) = 2.452, p = .121$.

Participants in the 'diagnosis-no VPD' condition found the expert witness to be the least credible ($M = 314.45, SD = 81.08$) while participants in the 'diagnosis-VPD' condition were the least likely to give a guilty verdict ($M = 4.55, SD = 2.72$) however the between-group differences were not statistically significant.

The effect of expert witness testimony information on juror decision making and expert witness credibility

It was hypothesised that jurors would perceive expert witnesses as more or less credible if the expert witness testimony information is presented using formulation derived language. There was no statistically significant main effect of expert witness testimony information on expert witness credibility, $F(1, 87) = .503, p = .480$.

It was hypothesised that jurors could be more or less likely to give a guilty verdict if the expert witness testimony information is presented using formulation derived language. There was no statistically significant main effect of expert witness testimony information on the likelihood of jurors giving a guilty verdict, $F(1, 87) = .726, p = .397$.

Participants in the 'diagnosis plus formulation-no VPD' condition found the expert witness to be the most credible ($M = 169.57, SD = 34.73$). Participants in this condition were also most likely to give a guilty verdict ($M = 5.91, SD = 2.73$) however the between-group differences were not statistically significant.

Non-Parametric Analyses

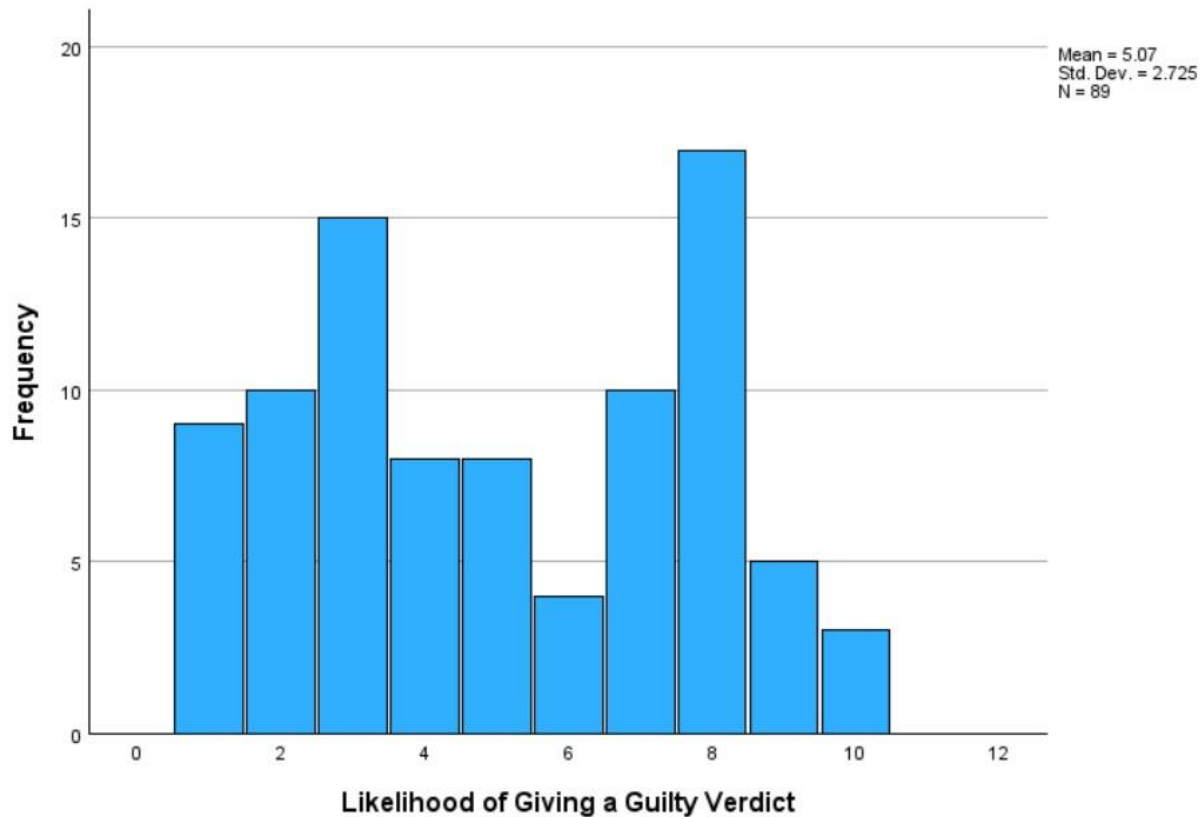
Upon further investigation, the distribution of scores for 'likelihood of giving a guilty verdict' appeared to be bimodal, as shown in Figure 1. Therefore, non-parametric tests were carried out to explore whether there were significant differences in the distribution of scores for likelihood of giving a guilty verdict and expert witness credibility between each level of the DVs and across the experimental conditions. For the full SPSS output for the post hoc and sensitivity analysis, see Powell (2025).

Mann-Whitney U tests showed that there was no statistically significant difference in scores for likelihood of giving a guilty verdict for the DV 'visible physical difference', $U (N_{\text{noVPD}} = 45, N_{\text{yesVPD}} = 44) = 814.000, p = .145$, or the DV 'expert witness information' $U (N_{\text{diagnosis}} = 44, N_{\text{diagnosisplusformulation}} = 45) = 1093.000, p = .394$. A Kruskal-Wallis H test showed that there was no statistically significant difference in scores for likelihood of giving a guilty verdict across all experimental conditions $\chi^2(3) = 3.120, p = .373$.

Mann-Whitney U tests showed that there was no statistically significant difference in expert witness credibility scores for the DV 'visible physical difference', $U (N_{\text{noVPD}} = 45, N_{\text{yesVPD}} = 44) = 883.500, p = .382$, or the DV 'expert witness information' $U (N_{\text{diagnosis}} = 44, N_{\text{diagnosisplusformulation}} = 45) = 999.000, p = .941$. A Kruskal-Wallis H test showed that there was no statistically significant difference in scores for likelihood of giving a guilty verdict across all experimental conditions $\chi^2(3) = 1.191, p = .755$.

Figure 1

Histogram of scores: likelihood of giving a guilty verdict



Post Hoc and Sensitivity Analysis: Expert Witness Credibility on Juror Decision Making

A post-hoc analysis was carried out to identify the correlation coefficient between expert witness credibility and the likelihood of jurors giving a guilty verdict; there was no correlation identified, $r(1, 87) = -.066$, $p = .539$.

In order to assess for the impact of outliers, a sensitivity analysis was conducted using a series of hierarchical logistic regressions with outliers for witness credibility removed (defined as a WCS score of <100). This did not affect the statistical significance of the findings ($p > 0.05$); for the full SPSS output for the post hoc and sensitivity analysis, see Powell (2024). Finally, a high Cronbach's Alpha value was identified ($\alpha = 0.987$) for the WCS responses.

Table 2

Means (and Standard Deviations) of Likelihood of Giving a Guilty Verdict and Expert Witness Credibility by Experimental Condition

	n	Guilty Verdict Likelihood Score M (SD)	Expert Witness Credibility Score M (SD)
Diagnosis and no VPD	22	5.09 (2.63)	157.23 (48.31)
Diagnosis and VPD	22	4.55 (2.71)	162.73 (37.68)
Diagnosis plus Formulation and no VPD	23	5.91 (2.83)	169.57 (34.73)
Diagnosis plus Formulation and VPD	22	4.68 (2.44)	162.23 (35.29)

Note: VPD = Visible Physical Difference. Higher mean scores indicate a greater likelihood of the juror giving a guilty verdict (maximum score of 10) or higher expert witness credibility (maximum score of 200).

Discussion

This study contributes to the currently sparse landscape of research focused on juror decision making and perceptions of expert witness credibility in criminal trials with defendants with LD. This study was an adaptation of previous research by Kipoulas et al. (2024), with the key differences being the use of a defendant with LD and manipulating defendant appearance and testimony of the expert witness rather than characteristics of the expert witness themselves. Contrary to our hypotheses, the findings of this study showed no statistically significant main or interaction effects of either presentation of expert witness testimony information (LD diagnosis vs LD diagnosis plus formulation) or defendant's appearance (VPD vs no VPD) on jurors' perceptions of the defendant's guilt or the expert witness' credibility.

At face value, these findings suggest that mock jurors are not significantly influenced by the appearance of the defendant. Previous research states that aversive disablism has been found to impact upon juror decision making, with disabled defendants being judged as less culpable (Deal, 2006). Greenspan (2011) suggests that stereotypes held by individuals in the courtroom towards people with LD are based on behavioural and physical attributes. This led us to hypothesise that defendants with a LD who present without any visible physical differences

may be perceived as more able than their visibly physically different counterparts (whose appearance is stereotypically LD) resulting in a greater likelihood of jurors giving a guilty verdict as the defendant is perceived as culpable. Additionally, McKimmie et al. (2013) suggest that when a defendant's appearance is stereotypically congruent to information presented in the courtroom, mock jurors are more attentive to the facts of the case and better process the evidence presented. When the defendant's appearance was incongruent to stereotypes, mock jurors focused more closely on analysing the face of the defendant and were less able to recall case information. We therefore expected that conditions where the defendant had a VPD suggestive of LD would result in lower likelihoods of receiving a guilty verdict. The findings of the current study could be reflective of more progressive views and a greater understanding of LD within the general population which acts to counter outdated stereotypes in the context of juror decision making, as mock jurors do not ascribe a diagnosis to one's appearance.

We must also consider the possibility that the difficulty of the task circumvents implicit biases and stereotypes due to the allocation of cognitive resources required. However, would this not also carry to the real courtroom? Would the gravitas of a real trial not also demand a high allocation of cognitive resources and the weight of legal decision-making override automatic processing and implicit/explicit biases (Beaton et al., 2011)? If this is the case, then this study has replicated the suppression of these automatic processes and biases that one would expect to observe in the general population outside of the context of a courtroom.

In this study, expert witness credibility was considered as a dependant variable with defendant appearance and/or presentation of expert witness testimony information impacting upon expert witness credibility ratings. Hovland and Weiss (1951) first established that sources perceived as being highly credible are more influential upon individuals' decision making. When presented with information by expert witnesses which may be beyond the scope of their knowledge and understanding, jurors will look to peripheral cues to aid in their interpretation of

the expert witness's credibility (Boccaccini & Brodsky, 2002; Brodsky et al., 2010; Chaiken, 1980; Cooper et al., 1996; LeVan, 1984; Petty & Cacioppo, 1986). There was no significant difference in expert witness credibility ratings between the experimental conditions.

At a surface level, the findings of this study suggest that how expert witness testimony information is presented did not significantly impact upon juror decision making. We were interested to understand how expert witness testimony information presented as formulation versus presented as diagnosis would impact on juror decision making as this has, to the authors' knowledge, not been previously explored in research. The expert witness was rated as relatively highly credible by the participants with mean credibility scores across experiment conditions ranging from 157.23 to 169.57 out of a maximum possible score of 200, with no significant difference between the 'Diagnosis' and 'Formulation' conditions. This implies that clinical psychologists are perceived as credible scientific and clinical information sources regardless of whether the testimony information is presented in more simplistic diagnostic terms, or as a diagnosis alongside a formulation of the defendant's difficulties.

It is interesting that ratings of guilt did not follow the inverse correlation with expert witness credibility that one might logically presume to observe (Brodsky et al., 2010; Cramer et al., 2014; DeBono & Harnish, 1988; Hovland & Weiss, 1951; Hurwitz et al., 1992; Kipoulas et al., 2024; Neal et al., 2012; Ruva & Bryant, 2004; Sternthal et al., 1978; Swenson et al., 1984; Wessel et al., 2006). As participants in this study found the expert witness relatively highly credible, one would presume that they would in turn be more persuaded to give a not guilty verdict as the expert witness is presenting evidence on the side of the defence. Across the experimental conditions there were a high number of middling scores and high standard deviations for likelihood of giving a guilty verdict, resulting in a bimodal distribution of scores. This could point towards juror uncertainty or potentially inattentiveness to the task. The high standard deviations along with the bimodal distribution of scores of course result in a much

more difficult task of detecting a significant between groups difference due to the ‘noise’ in the data. However, despite conducting non-parametric analyses to account for the non-normal distribution of scores for likelihood of giving a guilty verdict, no significant differences were found in the distribution of scores between conditions. It is also noteworthy that despite using an online recruitment platform instead of a convenience sample of university students, the vast majority of participants were university educated to at least an undergraduate level. Despite this homogeneity, when considering the likelihood of giving a guilty verdict in the mock trial, participants’ responses were heterogeneous.

Interestingly, participants' characteristics, such as age, gender, ethnicity, education, and employment, did not significantly change any results. It is surprising to find no significant difference in any of the experimental conditions given the obvious distinctness in the visual information and the reasonably large degree of difference in expert witness testimony information presented. Given the post-hoc analysis, it is important that we do not overinterpret the negative findings. The very high Cronbach Alpha value for the responses on the WCS ($\alpha = 0.987$) despite the WCS being a validated measure suggests inattentiveness in the sample and potential straight-line responding to survey questions (Tavakol & Dennick, 2011). ‘Straight-lining’ has been found to be an issue in online recruitment platform participants even where respondents have successfully answered attention-check questions (Peer et al, 2021).

A number of steps were taken to mitigate against the risk of participant inattentiveness. The survey was designed so that participants could not progress to the next screen until the video vignette had played in full, and Prolific’s settings allowed us to scrutinise how long participants spent completing the online study and exclude any participants that took significantly more or less time than the anticipated 10-20 minutes to complete the survey. By using Prolific to recruit participants, we eliminated the risk of bot respondents due to the recruitment platform’s registration requirements (Peer et al., 2021). Attention-check questions

were included to assess whether participants had attended to the key facts of the case as recommended by Shapter (2023). We elected not to exclude data from the only two participants who did not achieve 100% success in the attention check as doing so would have impacted upon the power of the analysis. Each of these participants failed one of the three attention check questions. Despite these steps, it was still not possible to fully and accurately assess how well the participants engaged with the study nor was it possible to control for any technical difficulties they may have encountered whilst completing the survey.

With such measures taken to address inattentiveness, this therefore leaves us contemplating the meaning that we can derive from the middling scores, high standard deviations, and bimodal distribution of scores observed for likelihood of giving a guilty verdict. Does this reflect uncertainty in the participants arising from feeling unguided in submitting a meaningful informed verdict in the mock trial? Or perhaps a rather more worrying prospect; could this in fact be reflective of the uncertainty of real jurors submitting verdicts in criminal trials for defendants with LD? Alternatively, could this tell us that expert witness testimony is unimpactful in changing juror preconceived decisions about guilt, with some individuals staunchly forgiving while others remain unwaveringly punitive? ? Alternatively, could this tell us that expert witness testimony is unimpactful in changing juror preconceived decisions about guilt, with some individuals staunchly forgiving while others remain unwaveringly punitive?

One consideration arising from the above is the concept of culpability. Whilst 'narrow culpability' describes the mens rea of a crime (the intention, recklessness, and negligence behind an offence), 'broad culpability' is the responsibility we can attribute to the defendant; that is to say, their 'blameworthiness'. Wrongdoing that is not culpable in this sense would therefore be excused as the defendant would be deemed responsible for the crime (actus reus - the guilty act) but not blameworthy (Brink, 2018). Determining the broad culpability of a defendant is essential when considering the sentencing of a defendant as low culpability could result in a

reduced sentence or a hospital order instead of a custodial sentence. This is particularly important for defendants with LD or any other neurological or psychiatric condition, as such conditions are usually considered to reduce culpability (Hallett, 2019). We should consider the possibility that participants could be subconsciously battling between narrow and broad culpability when considering the case vignette presented in this study. This would understandably impact on juror decision making, as perhaps some participants who rated themselves as more likely to give a guilty verdict were in fact reflecting the narrow culpability of the case rather than the broad culpability (i.e. 'the defendant did it' rather than 'the defendant is blameworthy').

Strengths and Limitations

To the best of the authors' knowledge, this is the first study examining the main or interaction effects of expert witness testimony information and LD defendant's appearance on mock jurors' perceptions of credibility and decision-making in England and Wales. We acknowledge that the conditions of this study are considerably different to those that occur in a real court setting, where jurors must make decisions in a real courtroom with real consequences and with greater time for deliberation with other jurors. Notably, a limitation of this study is the sole use of a continuous scale for mock jurors to rate the likelihood of giving a guilty verdict without also employing a categorical verdict of 'guilty' or 'not guilty'. This would have been more reflective of real juror decision making and would have forced mock jurors to make a firm determination of guilt, which would have reduced the high number of 'middling' scores reflected in the study data. However, using a continuous scale allows for a higher-powered analysis. This also would have provided an interesting insight into how scaled ratings of guilt translate into final decision making for jurors, given that the legal standard for a guilty verdict in criminal court is 'beyond a reasonable doubt' with both elements of actus reus and mens rea. Other explanations for the high number of 'middling' scores for likelihood of giving a guilty verdict could be that this

reflects the complexity of the task, a lack of clarity in instructions, a lack of compelling information from the expert witness, or participant inattentiveness. Additionally, as mentioned above, the concepts of narrow and broad culpability may have inadvertently clouded the results as participants may have rated their likelihood of giving a guilty verdict on different legal concepts which the researchers had not accounted for in the experiment instructions. These are certainly variables that should be held in mind when carrying out future research.

Previous research on mock jurors has highlighted limitations of using vignette-only manipulation or attitude-based methodologies. Strengths of this study, therefore, are the video-based experimental design. As it is widely used and validated scale, utilisation of the WCS (Brodsky et al., 2010) should in theory add scientific validity to this study, and it allows for comparison of our results with other studies. However, the very high Cronbach's alpha value observed for responses to the WCS in the current study could possibly point towards either item redundancy or a structure that encourages 'straight-line' responding. Perhaps consideration needs to be given to reviewing the measure to consider these issues, particularly as Cronbach's alpha has not been reported in previous studies with statistically significant findings, such as Kipoulas et al. (2024).

Our study utilised a sample representative of the UK population by gender and ethnicity alongside inclusion criteria aligned with eligibility for juror selection in England and Wales; most previous studies utilising mock jurors have been criticised for lacking representative samples. Whilst future research might heed such scrutiny and aim to recruit representative samples for studies involving mock jurors, research by Thomas (2020) suggests that mock juries cannot be truly reflective of real juries given the involuntary nature of participation in a real jury. Future research could therefore consider recruiting real-serving jurors from 'unused juries' - where jurors were called to participate, and their service subsequently cancelled.

A strength of this study is the use of a pilot study which helped select the stimuli used in the study to manipulate the appearance of the defendant with regard to visible physical difference suggestive of LD. Confounding variables were minimised so that we could determine that any differences observed between conditions could be attributed to the presence or absence of a visible physical difference suggestive of LD. This was achieved by pairing models with similar characteristics (e.g., skin colour, hair colour, hair length, physical build) and selecting the pair deemed most similar and most validated for use in the study. As the findings did not reveal a significant main effect of this manipulation, participants may not have attended to the defendant's appearance or incorporated this into their decision making as much as expected given existing research into the impact of defendant appearance (Deal, 2006; Efran, 1974; Solomon & Schopler, 1978; Cash et al., 1977; Jamrozik et al., 2019; Johnson & King, 2017).

The methodological strengths and limitations of using online recruitment and online surveys should also be considered. This approach allowed for a large community sample to be recruited, with participants required to meet the eligibility criteria for jury service in England and Wales. However, as highlighted in research by Flick et al. (2022), it is difficult to determine whether participants have watched the entirety of the video testimony, fully understood the information presented by the expert witness, attended to and encoded to memory the photograph of the defendant, or answered the attention check questions correctly by chance. Future research could therefore be approached with more rigorous means of increasing participant attention and engagement, such as presenting information in smaller chunks, utilising attention-check questions intermittently throughout the task, and perhaps a requirement to justify their decisions pertaining to guilt and credibility.

Implications

The current findings have clinical and legal applications concerning the presentation of psychological information in the criminal courts of England and Wales. Jurors, legal professionals, and society as a whole need to be aware of possible unconscious biases towards people with LD. Expert witnesses must be mindful of these potential unconscious biases when preparing and delivering their testimony in cases where the defendant has LD. Jurors might also benefit from becoming more aware of potential biases and taking actions to mitigate them by accessing factual information pertaining more generally to LD ahead of hearing evidence relevant to the case. Another option might be for courts to take a more direct role; before evidence is heard, the judge could explain to the jury why it is pertinent that they attend to the information provided in the expert witness testimony and emphasise the need to consider LD when establishing whether the criteria for mens rea have been met. For the defendant, this can make the difference between being found guilty or not and the subsequent impact on their life.

Conclusion

This study provides a significant contribution to the existing knowledge base as research on expert witness credibility and juror decision making, particularly with a focus on defendants with LD, is scarce in the UK. Overall, no significant main or interaction effects of defendant appearance or presentation of expert witness testimony information on expert witness credibility nor juror decision making was found. However, the findings of this study should be carefully interpreted based on the limitations mentioned above. More research is needed to understand the magnitude of potential unconscious biases that jurors may hold for defendants with visible physical differences suggestive of LD, and to understand how jurors cognitively process legal and clinical information in the courtroom and use this in their decision making. This would help expert witnesses and legal professionals communicate evidence more effectively. We recommend that expert witnesses receive specific training to support them to enhance their

credibility and ensure more effective communication of psychological information in criminal trials. Finally, we suggest that jurors and members of the public who participate in legal proceedings may benefit from further training on unconscious biases related to LD.

Declaration of Conflicts of Interest

GP, LF, and PB declare no conflicts of interest. The Doctorate in Clinical Psychology at the University of East Anglia supported this study.

Data Availability Statement

The data of this study can be available from the authors upon request.

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CHAPTER FIVE: Overall Discussion and Critical Evaluation

This thesis portfolio has sought to contribute to the limited existing body of research pertaining to defendants and offenders with LD. The aim of the systematic review chapter was to synthesise the findings of contemporary literature published between 1994 and 2024, where qualitative methods were employed to explore how alleged offenders with LD are perceived by CJS professionals. The empirical study adds to the body of mock juror decision making and expert witness credibility research by investigating the role of defendant appearance and the presentation of psychological information in a criminal trial for a defendant with LD. This chapter will summarise the findings of the systematic review and empirical paper, discuss their respective strengths and limitations, and consider the overall implications of the findings for legal and clinical contexts and future research.

Findings

The systematic review was, to the authors' knowledge, the first to provide an overview of contemporary research literature concerning CJS professionals' perceptions of alleged offenders with LD. Of the 10 papers included in the synthesis, four were obtained from the UK, three from the USA, two from Australia, and one from the Republic of Ireland. The studies employed a variety of qualitative methods, with the total number of participants tallying 766. We identified that CJS professionals' views and attitudes towards PWLD were not homogenous and were influenced by personal and work-related experiences, societal stereotypes and attributions, and training; these views influenced how CJS professionals interact with PWLD who come into contact with their services. Training for CJS professionals aids in challenging misperceptions, stereotypes, and negative biases (Bailey et al., 2001; Gardner et al., 2018; Henshaw and Thomas, 2011). However, the findings of this review suggest that training needs to be specific to working with PWLD and incorporate experiential elements to be most impactful and improve retention (Chadwick and Wesson, 2020; Diamond and Hogue, 2021; Gulati et al., 2021).

Previous systematic reviews have synthesised research relating to how offenders with mental health difficulties are perceived by the public and professionals within the CJS in England and Wales; such reviews have provided insight into how we might address negative biases, stereotypes, and misinformation. Juror stigma towards offenders with mental health difficulties has been found to contribute to harsher punishment recommendations and a higher likelihood of rejecting mental health as a mitigating factor, such as when the defendant submits an insanity plea (Shapter, 2023). While professionals have been broadly found to perceive people with mental health difficulties as less dangerous and were less fearful of them compared to the general public, negative beliefs and stereotypes around mental health remained pervasive (Maltby, 2024). The findings of these reviews align with those of the current review; education and training for professionals and laypeople has been repeatedly identified as successfully reducing negative biases, stereotypes, and misinformation about offenders with mental health difficulties and LD.

The empirical study was an adaptation of previous research by Kipoulas et al. (2024), with the key differences being the use of a defendant with LD and manipulating defendant appearance and the testimony of the expert witness rather than characteristics of the expert witness themselves. Contrary to our hypotheses, the findings of this study showed no statistically significant main or interaction effects of either presentation of expert witness testimony information (LD diagnosis vs LD diagnosis plus formulation) or defendant's appearance (VPD vs no VPD) on jurors' perceptions of the defendant's guilt or the expert witness' credibility. Post-hoc analysis also showed no statistically significant effect of expert witness credibility on likelihood of giving a guilty verdict, which was surprising given the existing body of research which suggests that mock juror perceptions of guilt should follow an inverse correlation with perceptions of expert witness credibility (Brodsky et al., 2010; Cramer et al., 2014; DeBono & Harnish, 1988; Hovland & Weiss, 1951; Hurwitz et al., 1992; Kipoulas et al.,

2024; Neal et al., 2012; Ruva & Bryant, 2004; Sternthal et al., 1978; Swenson et al., 1984; Wessel et al., 2006) and the relatively large differences between conditions both in relation to the visual information and the reasonably large degree of difference in expert witness testimony information presented. Other studies have found significant effect following a much smaller manipulation, such as only changing the diagnosis of the defendant (Baker et al., 2021) or the profession of the expert witness (Kipoulas et al., 2024).

The lack of differences between the experimental conditions could be reflective of the broad lack of importance of this information to the juror's decision making, or alternatively could be explained by methodological limitations of the study and/or participant engagement with the task. Across the experimental conditions there were a high number of middling scores and high standard deviations for likelihood of giving a guilty verdict, which points towards juror uncertainty or potentially inattentiveness to the task. This, paired with the very high Cronbach's Alpha value ($\alpha = 0.987$) for responses on the WCS, suggests potential 'straight-line' responding to survey questions (Tavakol & Dennick, 2011). Given the measures taken to address participant inattentiveness, we must consider whether the findings merely reflect the response styles of the present sample. We must also consider the possibility of methodological limitations in this study which left participants feeling unguided and lacking confidence in delivering an informed verdict, such as large amounts of textual information presented pertaining to key elements of the task. Alternatively, the findings could indicate that the empirical study has reflected the genuine uncertainty of real jurors in criminal trials for defendants with LD, which would incite concern as to whether criminal defendants with LD are receiving fair and just trials in England and Wales.

Strengths and Limitations

The findings of the two papers provide an insight into how alleged offenders with LD are perceived and responded to throughout different stages of their contact with the CJS by both professionals and laypeople.

The focus of the thesis portfolio on culturally 'Western' countries with Common Law systems could be considered both a strength and a weakness. There is a paucity of literature on alleged offenders with LD, therefore the scope of the systematic review was already narrowed. However, by limiting inclusion criteria to countries with Common Law systems, the findings were able to be more meaningfully synthesised and overinterpretation of the results by applying them to other judicial systems was avoided. However, the generalisability of the findings to 'Western' Common Law countries must still be approached with some caution, as even within the USA legal processes vary across states and are significantly influenced by the political landscape (Hamilton, 2012).

The systematic review included 10 studies, all of which were deemed to be of relatively high quality using the CASP quality checklist, which is a tool for assessing the quality of qualitative research. There was however a general lack of reflexivity regarding the relationship between the researchers and participants and very few studies with clearly outlined theoretical underpinnings. Given the subjective nature of qualitative research, these are key factors to consider as they speak to the ways in which the researchers construct knowledge and understand their findings. The data collection methods used throughout the included studies were varied but of sufficient quality and rigour, with several researchers employing pilot studies to ensure the validity of survey and interview questions ahead of data collection. There is limited existing research on CJS professionals' perceptions of alleged offenders with LD, both with qualitative and quantitative methodologies. By synthesising the existing contemporary qualitative literature, this review offers a view of how future research may seek to expand on the current knowledge base.

The empirical study provides a much-needed contribution to mock jury research conducted in the UK, particularly as research which focuses on alleged offenders with LD is scarce. A strength of the study is its broad replication of Kipoulas et al. (2024) as this serves to

better advance knowledge within psychological research by addressing the ‘replication crisis’ (Shrout & Rodgers, 2018). Building upon the study conducted by Kipoulas et al. (2024), two relatively large experimental manipulations were explored in the current study, as opposed to one relatively large and one relatively small manipulation in the original study. Whilst the original study examined the impact of expert witness gender (male vs female) and profession (consultant psychiatrist vs consultant psychologist), the current study explored how the presentation of expert witness testimony information and defendant appearance impact on juror decision making and expert witness credibility while controlling for variables relating to the expert witness.

A limitation which applies to both the original and current empirical studies, and much juror decision-making research in general, is the issue of ecological validity. An unavoidable criticism of the field of mock jury research as a whole is the self-selecting nature of the samples involved. Selection for jury service in England and Wales is random and participation is mandated by law, therefore one could reasonably question what bias is introduced into mock jury research given that participants choose to voluntarily enter into the study. Despite the challenges to undertaking research with real juries, there is a need for methodologies which more closely replicate the realities of the current jury system (Thomas, 2020). Another limitation of previous mock-jury research is the use of student-only samples with debate about the validity and generalisability of findings.

While the use of unused jurors was not the approach taken by the current study, recruitment through Prolific allowed for a sizable representative sample of the adult population of England and Wales to be recruited very quickly. By recruiting a sample which was representative of the divisions of gender and ethnicity in the adult population and employing inclusion criteria aligned with eligibility for jury service, the findings of the empirical study were more meaningfully generalisable to real criminal trials that take place in England and Wales.

Prolific was selected as it is reported to be a reputable platform which aims to minimise the potential risks associated with online research, such as bot participants (Peer et al., 2021). However, despite a number of steps taken to mitigate against the risk of participant inattentiveness, findings suggest possible participant inattentiveness and straight-line responding. Even where respondents have successfully answered attention-check questions, straight-line responding has been found to be an issue in online recruitment platform participants (Peer et al, 2021).

Future Research

While this systematic review sought to explore attitudes of professionals throughout the CJS as a whole, it would be of benefit to gain a greater understanding of how professional identity interplays with perceptions of PWLD. The current review was not able to meaningfully distinguish between the views of frontline CJS professionals, such as police officers, and professionals in the later stages of a case's progression through the CJS, such as judges and magistrates, as the majority of the sample was police based. Future reviews could seek to narrow the scope to allow for a richer exploration of the perceptions of professionals in specific roles within the CJS. Additionally, future reviews should also seek to understand the views and attitudes of CJS professionals across a greater diversity of countries and legal systems, particularly in developing nations, as this would identify cultural differences that influence professionals' perceptions of PWLD.

The current empirical study provides a significant contribution to the existing knowledge base as research on expert witness credibility and juror decision making, particularly with a focus on defendants with LD, is scarce in the UK. Despite the existing literature around high level of stigma towards offenders (Hirschfield & Piquero, 2010; Tewksbury & Lees, 2006), more research is needed to understand the magnitude of potential biases that jurors may hold specifically for defendants with LD.

Additionally, further research should seek to understand how juries cognitively process legal and clinical information in the courtroom and use this in their decision making. The current study and a great deal of the body of existing literature has explored decision making of individual mock jurors, which could possibly be attributed to the increased use of online recruitment and delivery of experimental studies. In reality jurors would deliberate as a group for a period of time before making a collective decision, therefore greater insight into these group processes and how they might impact on individual juror biases and collective legal decision making is currently lacking. Further research building upon the existing foundation of research would help to better understand these issues.

Implications and Conclusions

The research presented within this thesis portfolio provides an important insight into how alleged offenders with LD are perceived by both CJS professionals and laypeople acting as jurors and how psychological information is presented within a mock criminal trial and the impact this can have on legal decision making. The fundamental principle underpinning the criminal justice system is the right to a fair trial, and this process begins at the first point of contact with the CJS. The current findings contribute to contemporary literature on decision making in the CJS by professionals and individual jurors, encompassing all stages of the legal process in England and Wales. The field of research pertaining to alleged offenders with LD is slowly growing, and this thesis portfolio provides scope for future researchers to further progress our knowledge in this field.

The findings of the systematic review suggest that PWLD may experience discrimination as CJS professionals may not regard them as credible, and therefore may not fully investigate crimes committed against them or by them due to pervasive stereotypes and misattributions about PWLD. CJS professionals who had received specific training felt that they were more prepared for interactions with PWLD (Gardner et al., 2018; Henshaw & Thomas, 2011),

however the inadequacy of current training was supported by the descriptions of it as vague, basic, and minimal. There was also variability in the reported adaptations and adjustments made for PWLD in the CJS. These findings therefore indicate a need for training for CJS professionals which is specific to LD and ideally which incorporates an experiential element for greater impact and retention (Diamond & Hogue, 2022; Gulati et al, 2021). Additionally, the findings highlight that efforts should be made at organisational levels to create clear processes and pathways to reduce confusion and formalise the procedures for identifying and supporting PWLD in the CJS.

Despite the current findings contrasting with our hypotheses, they continue to have clinical and legal applications concerning the presentation of psychological information in the criminal courts of England and Wales. Whilst the empirical study focused specifically on individual juror decision making, jurors, legal professionals, and society as a whole need to be aware of possible unconscious biases towards people with LD. Expert witnesses must be mindful of these potential unconscious biases when preparing and delivering their testimony in cases where the defendant has LD and jurors may also benefit from becoming more aware of potential biases and taking actions to mitigate them ahead of hearing evidence relevant to the case. Another option might be for courts to take a more direct role, advising the jury why it is pertinent that they attend to the information provided in the expert witness testimony before evidence is heard, and emphasising the need to consider LD when establishing whether the criteria for mens rea have been met.

The non-significant impact of expert witness credibility on juror decision making identified in the empirical study is a concerning finding. The integrity of jury decision-making processes, and ultimately the justness of the legal system as a whole, is called into question if a criminal trial verdict is being reached not solely based upon the evidence presented. This certainly necessitates further investigation through high-quality research, replicating existing

studies to fortify the knowledge base. The findings of previous systematic reviews and those of the current review indicate that education and training for professionals and laypeople has been repeatedly identified as successfully reducing negative biases, stereotypes, and misinformation about offenders with mental health difficulties and LD. Considering this alongside the findings of the empirical paper, the argument in favour of training and education for laypeople and professionals is certainly strengthened to ensure that defendants in England and Wales are receiving fair and just trials, particularly in cases where mental health and LD are pertinent.

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Appendix A

Journal of Intellectual Disability Research Author Guidelines

<https://onlinelibrary.wiley.com/page/journal/13652788/homepage/forauthors.html>

Systematic Reviews

The maximum word length for systematic reviews is 6,000 words. Authors submitting a systematic review are encouraged to assess the quality of their reporting against the PRISMA checklist prior to submission (<http://www.prisma-statement.org/2.1.2> - PRISMA 2009 Checklist.pdf) or MOOSE guideline (<https://www.equator-network.org/reporting-guidelines/meta-analysis-of-observational-studies-in-epidemiology-a-proposal-for-reporting-meta-analysis-of-observational-studies-in-epidemiology-moose-group/>). Submitted systematic reviews are expected to adhere to these guidelines and checklists should be submitted alongside manuscripts as Supplementary Material for review. Manuscripts may be returned to authors if checklists are missing from the submission.

4. PREPARATION OF THE MANUSCRIPT

Author Services

Prior to submission, we encourage you to browse the 'Author Resources' section of the Wiley 'Author Services' website [here](#). This site includes useful information covering such topics as copyright matters, ethics and electronic artwork guidelines.

Free Format Submission

The Journal of Intellectual Disability Research now offers free format submission for a simplified and streamlined submission process.

Before you submit, you will need:

- Your manuscript: this can be a single file including text, figures, and tables, or separate files – whichever you prefer. All required sections should be contained in your manuscript, including abstract, introduction, methods, results, and conclusions. Figures and tables should have legends. References may be submitted in any style or format, as long as it is consistent throughout the

manuscript. If the manuscript, figures or tables are difficult for you to read, they will also be difficult for the editors and reviewers. If your manuscript is difficult to read, the editorial office may send it back to you for revision.

- The title page of the manuscript, including statements relating to our ethics and integrity policies (if applicable):

- o funding statement

- o conflict of interest disclosure

- o data availability statement

- o ethics approval statement (for studies involving animal subjects and/or human participants)

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Writing for Search Engine Optimization

Optimize the search engine results for your paper, so people can find, read and ultimately cite your work. Simply read our best practice [SEO tips](#) – including information on making your title and abstract SEO-friendly, and choosing appropriate keywords.

Pre-submission English-language editing

Authors for whom English is a second language may choose to have their manuscript professionally edited before submission to improve the English. Visit [our site](#) to learn about the options. All services are paid for and arranged by the author. Please note using the Wiley English Language Editing Service does not guarantee that your paper will be accepted by this journal.

Spelling

- Spelling should conform to The Concise Oxford Dictionary of Current English.

- A high proportion of papers are submitted with the term ‘behavior’ as opposed to ‘behaviour’; please use ‘behaviour’.

- Where applicable the journal standard is to use words ending in –ise as opposed to –ize. For example, use ‘analyse’ ‘standardise’ as opposed to ‘analyze’ and ‘standardize’

Units of measurements, symbols and abbreviations should conform with those in Units, Symbols and Abbreviations (1977) published and supplied by the Royal Society of Medicine. This specifies

the use of SI units.

Terminology

It is important that the term 'intellectual disabilities' or 'intellectual disability' is used when preparing manuscripts. The term 'person', 'people', 'children', 'participant(s)' or other appropriate term should be used as opposed to, for example, 'patient(s)'.

P values

Provide exact p values. P values should include up to two or three decimals (e.g., .05 or .002). P values smaller than .001 should be written as $p < .001$. Ensure that no p values are reported as $p = .000$ (should be $p \leq .001$).

Optimising your paper on social media

If your paper is accepted for publication we would like to present three, headline style summary statements on our facebook and X feed. When you submit your article you will be asked to enter up to three short headlines (key statements) capture the importance of your paper.

MANUSCRIPT STRUCTURE

The manuscript should be submitted in separate files: title page; main text file; figures.

Title page

A 'Title Page' must be submitted as part of the submission process as a 'Supplementary File Not for Review'. The title page should contain:

- (i) a short informative title that contains the major key words. The title should not contain abbreviations (see Wiley's best practice [SEO tips](#)), and should normally be no longer than 15 words in length;
- (ii) the full names of the authors;
- (iii) the author's institutional affiliations at which the work was carried out;
- (iv) the full postal and email address, plus telephone number, of the author to whom correspondence about the manuscript should be sent;*
- (v) acknowledgements;
- (vi) conflict of interest statement.

The present address of any author, if different from that where the work was carried out, should be supplied in a footnote.

*On initial submission, the submitting author will be prompted to provide the email address and country for all contributing authors.

Acknowledgements

Contributions from anyone who does not meet the criteria for authorship should be listed (including any advisors/consultees with intellectual disability), with permission from the contributor, in an Acknowledgments section. See section on Authorship for more detail. Material support should also be mentioned. Thanks to anonymous reviewers are not appropriate.

Main text

As papers are double-blind peer reviewed the main text file should not include any information that might identify the authors.

The main text of the manuscript should be presented in the following order: (i) structured abstract and key words (ii) text, (iii) references, (vi) endnotes, (vii) tables (each table complete with title and footnotes), and (ix) figure legends. Figures should be supplied as separate files. Footnotes to the text are not allowed and any such material should be incorporated as endnotes.

Abstract

For all submissions, a structured summary should be included at the beginning of the article, incorporating the following headings: Background, Method, Results, and Conclusions. These should outline the questions investigated, the design, essential findings, and the main conclusions of the study.

Keywords

The author should also provide up to six keywords. Please think carefully about the keywords you choose as this will impact on the discoverability of your paper during literature searches

(<https://authorservices.wiley.com/bauthor/seo.asp>)

References

- The journal follows the Harvard reference style.

- References in text with more than two authors should be abbreviated to (Brown et al. 1977).
- Where more than six authors are listed for a reference please use the first six then 'et al.'
- Authors are encouraged to include the DOI (digital object identifier) for any references to material published online. See www.doi.org/ for more information. If an author cites anything which does not have a DOI they run the risk of the cited material not being traceable.
- Authors are responsible for the accuracy of their references.

The reference list should be in alphabetical order thus:

Giblett E.R. (1969) Genetic Markers in Human Blood. Blackwell Scientific Publications, Oxford.

Moss T.J. & Austin G.E. (1980) Preatherosclerotic lesions in Down's syndrome. Journal of Mental Deficiency Research 24, 137- 41.

Seltzer M. M. & Krauss M.W. (1994) Aging parents with co-resident adult children: the impact of lifelong caregiving. In: Life Course Perspectives on Adulthood and Old Age (eds M. M. Seltzer, M.W. Krauss & M. P. Janicki), pp. 3–18. American Association on Mental Retardation, Washington, DC.

Endnotes

Endnotes should be placed as a list at the end of the paper only, not at the foot of each page. They should be numbered in the list and referred to in the text with consecutive, superscript Arabic numerals. Keep endnotes brief; they should contain only short comments tangential to the main argument of the paper.

Tables

Tables should include only essential data. Each table must be typewritten on a separate sheet and should be numbered consecutively with Arabic numerals, e.g. Table 1, Table 2, etc., and give a short caption.

Figure Legends

Figure Legends should be concise but comprehensive – the figure and its legend must be understandable without reference to the text. Include definitions of any symbols used and define/explain all abbreviations and units of measurement.

Figures

All illustrations (line drawings and photographs) are classified as figures. Figures should be numbered using Arabic numerals, and cited in consecutive order in the text. Each figure should be supplied as a separate file, with the figure number incorporated in the file name.

Preparing Figures. Although we encourage authors to send us the highest-quality figures possible, for peer-review purposes we are happy to accept a wide variety of formats, sizes, and resolutions. [Click here](#) for the basic figure requirements for figures submitted with manuscripts for initial peer review, as well as the more detailed post-acceptance figure requirements.

Color figures. Figures submitted in color may be published in color free of charge. Please note, however, that it is preferable that line figures (e.g. graphs and charts) are supplied in black and white so they are legible if printed by a reader in black and white.

Supporting Information

Supporting information is information that is not essential to the article but that provides greater depth and background. It is hosted online, and appears without editing or typesetting. It may include tables, figures, videos, datasets, etc. [Click here](#) for Wiley's FAQs on supporting information.

Please note that the provision of supporting information is not encouraged as a general rule.

However, supporting information will be assessed by reviewers and editors and will be accepted if it is essential.

Appendix B

Psychology, Crime & Law Author Guidelines

https://www.tandfonline.com/action/authorSubmission?show=instructions&journalCode=gpcl20&_gl=1*1dlk3ae*_gcl_au*MjA3NTk0MTg4Ny4xNzM4NDI3Mjcy*_ga*MTgyODY2NTQxNC4xNzM4NDI3Mjcy*_ga_0HYE8YG0M6*MTczODQyNzI3Mi4xLjEuMTczODQyNzM4NC45LjAuMA..&_ga=2.78275862.34673006.1738427272-1828665414.1738427272#preparing-your-paper

Preparing Your Paper

Structure

Your paper should be compiled in the following order: title page; abstract; keywords; main text introduction, materials and methods, results, discussion; acknowledgments; declaration of interest statement; references; appendices (as appropriate); table(s) with caption(s) (on individual pages); figures; figure captions (as a list).

Word Limits

Please include a word count for your paper. There are no word limits for papers in this journal.

Format-Free Submission

Authors may submit their paper in any scholarly format or layout. Manuscripts may be supplied as single or multiple files. These can be Word, rich text format (rtf), open document format (odt), PDF, or LaTeX files. Figures and tables can be placed within the text or submitted as separate documents. Figures should be of sufficient resolution to enable refereeing.

- There are no strict formatting requirements, but all manuscripts must contain the essential elements needed to evaluate a manuscript: abstract, author affiliation, figures, tables, funder information, and references. Further details may be requested upon acceptance.
- References can be in any style or format, so long as a consistent scholarly citation format is applied. For manuscripts submitted in LaTeX format a .bib reference file must be included. Author name(s), journal or book title, article or chapter title, year of publication, volume and issue (where appropriate) and page numbers are essential. All bibliographic entries must contain a corresponding in-text citation. The addition of DOI (Digital Object Identifier) numbers is recommended but not essential.
- The journal reference style will be applied to the paper post-acceptance by Taylor & Francis.
- Spelling can be US or UK English so long as usage is consistent.

Note that, regardless of the file format of the original submission, an editable version of the article must be supplied at the revision stage.

Taylor & Francis Editing Services

To help you improve your manuscript and prepare it for submission, Taylor & Francis provides a range of editing services. Choose from options such as English Language Editing, which will ensure that your article is free of spelling and grammar errors, Translation, and Artwork Preparation. Taylor & Francis Editing Services can also help you create research promotion materials, including infographics, video abstracts, lay summaries and graphical abstracts, to support your article's impact. For more information, including pricing, visit [this website](#).

Checklist: What to Include

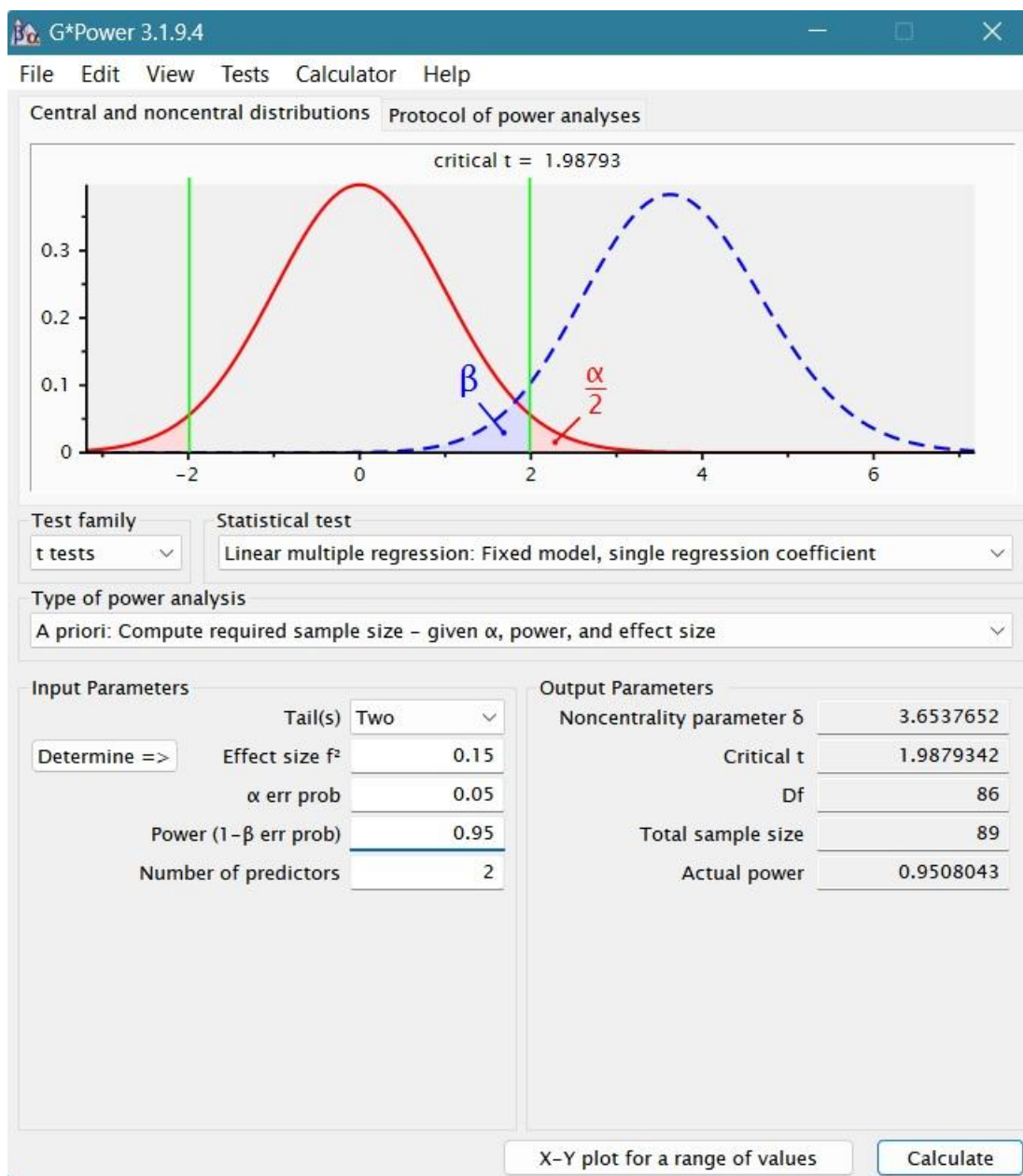
1. **Author details.** Please ensure all listed authors meet the Taylor & Francis authorship criteria. All authors of a manuscript should include their full name and affiliation on the cover page of the manuscript. Where available, please also include ORCiDs and social media handles (Facebook, Twitter or LinkedIn). One author will need to be identified as the corresponding author, with their email address normally displayed in the article PDF (depending on the journal) and the online article. Authors' affiliations are the affiliations where the research was conducted. If any of the named co-authors moves affiliation during the peer-review process, the new affiliation can be given as a footnote. Please note that no changes to affiliation can be made after your paper is accepted. Read more on authorship.
2. Should contain an unstructured abstract of 200 words. Read tips on writing your abstract.
3. **Graphical abstract** (optional). This is an image to give readers a clear idea of the content of your article. It should be a maximum width of 525 pixels. If your image is narrower than 525 pixels, please place it on a white background 525 pixels wide to ensure the dimensions are maintained. Save the graphical abstract as a .jpg, .png, or .tiff. Please do not embed it in the manuscript file but save it as a separate file, labelled GraphicalAbstract1. Taylor & Francis Editing Services provides a graphical abstract creation service for a fee.
4. You can opt to include a **video abstract** with your article. Find out how these can help your work reach a wider audience, and what to think about when filming. Taylor & Francis Editing Services provides a video abstract creation service for a fee.
5. Between 3 and 5 **keywords**. Read making your article more discoverable, including information on choosing a title and search engine optimization.
6. **Funding details.** Please supply all details required by your funding and grant-awarding bodies as follows:
For single agency grants
 This work was supported by the [Funding Agency] under Grant [number xxxx].
For multiple agency grants
 This work was supported by the [Funding Agency #1] under Grant [number xxxx]; [Funding Agency #2] under Grant [number xxxx]; and [Funding Agency #3] under Grant [number xxxx].
7. **Disclosure statement.** This is to acknowledge any financial or non-financial interest that has arisen from the direct applications of your research. If there are no relevant

competing interests to declare please state this within the article, for example: *The authors report there are no competing interests to declare*. Further guidance on what is a conflict of interest and how to disclose it.

8. **Data availability statement.** Authors are required to provide a data availability statement, detailing where data associated with a paper can be found and how it can be accessed. If data cannot be made open, authors should state why in the data availability statement. The DAS should include the hyperlink, DOI or other persistent identifier associated with the data set(s), or information on how the data can be requested from the authors. Templates are also available to support authors.
9. **Data deposition.** If you choose to share or make the data underlying the study open, please deposit your data in a recognized data repository prior to or at the time of submission. You will be asked to provide the DOI, pre-reserved DOI, or other persistent identifier for the data set.
10. **Supplemental online material.** Supplemental material can be a video, dataset, fileset, sound file or anything which supports (and is pertinent to) your paper. Articles with extenders, such as infographics or video summaries, are up to 108% more likely to be downloaded (based on data in May 2024 from Plain Language Summary of Publication and Clinical Trial Protocol articles published in Future Oncology in 2023). We publish supplemental material online via Figshare. Find out more about supplemental material and how to submit it with your article. Taylor & Francis Editing Services can help you create research promotion materials, including infographics, video abstracts, lay summaries and graphical abstracts, to support your article's impact. For more information, including pricing, visit this website.
11. **Figures.** Figures should be high quality (1200 dpi for line art, 600 dpi for grayscale and 300 dpi for colour, at the correct size). Figures should be supplied in one of our preferred file formats: PS, JPEG, TIFF, or Microsoft Word (DOC or DOCX) files are acceptable for figures that have been drawn in Word. For information relating to other file types, please consult our Submission of electronic artwork document.
12. **Tables.** Tables should present new information rather than duplicating what is in the text. Readers should be able to interpret the table without reference to the text. Please supply editable files.
13. **Equations.** If you are submitting your manuscript as a Word document, please ensure that equations are editable. More information about mathematical symbols and equations.
14. **Units.** Please use SI units (non-italicized).

Appendix C

G*Power Calculations for Primary Statistical Analyses



Appendix D

Thesis Funding Request Form

Trainee: Georgia Powell

Title of Project: Judging Defendants with Learning Disabilities: How Expert Witness Testimony and the Defendant Themselves Impact on Expert Witness Credibility and Juror Decision Making.

Item description	Unit cost (£)	Quantity	Overall Cost
Prolific cost per participant	£2.50	89	£222.50
Prolific fee (academic plan)	£100	1	£100
TOTAL:			£322.50

Joint budget: **No** If yes, name of collaborator:

Ethical Clearance attached: **No** (If no, do not submit the form)

Trainee signature: **Georgia Powell**

I confirm that I have been consulted on this trainee's budget and support the claim for the proposed costings.

Signed:



Dr Peter Beazley

Date: 3rd July 23

(Primary Supervisor)

Office use only

Approved? YES / NO

Amount approved (if different to above):

If no, please detail:

Signed:

Date:/...../.....

(Academic Director)

Appendix E

Pilot Materials

Stimuli Validation and Selection Questionnaire

This questionnaire will be delivered using PsyToolKits as a pilot ahead of the main research project. Recruitment will take place from convenience sampling on social media, as social media will not be used for recruitment for the main study.

The aim is to utilise patient and public involvement (PPI) to ensure the validity of selection of the stimuli to be used in the research study.

For Question 4, the three stimuli with **no visible physical difference** will be presented independently in the following sequence: 4a, 4b, 4c.

For Question 5 and Question 6, the three stimuli **with visible physical difference** will be presented independently in the following sequence: 5a & 6a, 5b & 6b, 5c & 6c.

The stimuli pair rated as most similar will be selected for use in the study on the condition that that responses to questions 4, 5, and 6 are congruent with the images in the pair

i.e. question 4 response = NO

question 5 response = YES

question 6 response = YES

Stimuli Validation and Selection Questionnaire

4a. Are there any features that suggest that this person has a physical health, mental health, or neurodevelopmental condition?



YES

NO

Stimuli Validation and Selection Questionnaire

4b. Are there any features that suggest that this person has a physical health, mental health, or neurodevelopmental condition?



YES

NO

Stimuli Validation and Selection Questionnaire

4c. Are there any features that suggest that this person has a physical health, mental health, or neurodevelopmental condition?



YES

NO

Stimuli Validation and Selection Questionnaire

5a. Are there any features that suggest that this person has a physical health, mental health, or neurodevelopmental condition?



YES

NO

Stimuli Validation and Selection Questionnaire

6a. Are there any features that suggest that this person has Down's Syndrome?



YES

NO

Stimuli Validation and Selection Questionnaire

5b. Are there any features that suggest that this person has a physical health, mental health, or neurodevelopmental condition?



YES

NO

Stimuli Validation and Selection Questionnaire

6b. Are there any features that suggest that this person has Down's Syndrome?



YES

NO

Stimuli Validation and Selection Questionnaire

5c. Are there any features that suggest that this person has a physical health, mental health, or neurodevelopmental condition?



YES

NO

Stimuli Validation and Selection Questionnaire

6c. Are there any features that suggest that this person has Down's Syndrome?



YES

NO

Possible Stimuli Pair A



Possible Stimuli Pair B



Possible Stimuli Pair C



Appendix F

Participant Information Sheet

Faculty of Medicine & Health Sciences

Norwich Medical School

University of East Anglia

Norwich Research Park

Norwich, NR4 7TJ

United Kingdom

Participant Information Sheet

(1) Research project:

Judging Defendants with Learning Disabilities: How Expert Witness Testimony and the Defendant Themselves Impact on Expert Witness Credibility and Juror Decision Making.

(2) Invitation paragraph

You are being invited to take part in a research project for the Doctorate in Clinical Psychology at University of East Anglia (UEA). Before you decide to complete the study, it is important for you to understand why the research is being conducted and what participation will involve. Please take some time to read the following information carefully and raise any questions you may have with our researchers. Thank you for reading this in advance.

(3) What is this study about?

This study is looking into factors that influence perceptions of the credibility of Consultant Clinical Psychologist expert witnesses and juror decision making in the criminal court system of England and Wales. We are recruiting a wide range of participants from England and Wales who do not necessarily have the experience of serving on a jury.

(4) Who is running the study?

This study is being conducted by Georgia Powell, Postgraduate Researcher in the Doctorate in Clinical Psychology Programme (ClinPsyD) at Norwich Medical School, UEA. The primary research supervisor is Dr Peter Beazley, Deputy Programme Director & Senior Clinical Tutor at the UEA ClinPsyD, and the second supervisor is Dr Ian Edwards, Senior Clinical Tutor at the UEA Law School.

(5) What will the study involve for me?

You will be asked to watch a brief video recording of a mock Consultant Clinical Psychologist expert witness testimony in court and complete an online survey. You will be provided with information about your role as a juror, the role of the Consultant Clinical Psychologist expert witness, and legal and sentencing proceedings. You will then be asked to complete a survey regarding your beliefs about the

credibility of the expert witness, followed by being asked to give a verdict for the defendant according to the information introduced on the video.

(6) How long does this study last?

The survey will take approximately 15-20 minutes to complete.

(7) Do I have to complete this study?

Your participation is voluntary and your decision whether to participate will not affect current or future relationships with anyone associated with the UEA. You retain the right to not take part or withdraw at any stage of the study and your data will not be saved.

(8) Are there any risks or costs with participating in this study?

This study is not expected to cause any harm or distress; however, you are advised to stop completing the survey if at any time you feel uncomfortable. If you experience distress while completing this study, please contact me by email (georgia.powell@uea.ac.uk) to discuss issues of concern.

(9) Are there any benefits associated with being in the study?

This study aims to understand factors influencing mental health expert witness credibility and juror decision making to inform real life processes in English and Welsh courts.

(10) What will happen to information about me that is collected during the study?

Only non-identifiable information will be recorded. Data will be stored securely according to the General Data Protection Regulation Act (2018) and the University of East Anglia Research Data Management Policy (2019). Only the main researcher and research supervisors will have access to this. Data will be destroyed when the analyses and publication of the study are completed. Your information will only be used for the purposes outlined in this Participant Information Sheet and will only be disclosed with your permission.

(11) What if I would like further information about the study?

Should you need more information about the research study, please do not hesitate to contact me at georgia.powell@uea.ac.uk and raise any questions you may have.

(12) Will I be told the results of the study?

You have the right to receive feedback about the overall findings of this study when this is finished. You can request this by contacting me at georgia.powell@uea.ac.uk. The findings of the study will be shared with you in the form of a brief lay summary.

(13) What if I have a complaint or any concerns about the study?

Please let us know if there are any issues of concern by contacting me via email at georgia.powell@uea.ac.uk.

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the University administration team by email (med.reception@uea.ac.uk) and they will direct your concerns to a senior faculty member.

(14) OK, I want to take part – what do I do next?

You need to click to confirm you have read this form before completing the online survey.

By giving consent to take part in this study you are agreeing that you:

- You have received a copy of this Participant Information Sheet.
- Understand the aim and associated benefits or costs of this study.
- Agree to take part in the research study as outlined below.
- Agree to the use of your answers and data as described.

Kind regards,

Georgia Powell

Trainee Clinical Psychologist

Doctorate in Clinical Psychology (ClinPsyD)

*Email: **georgia.powell@uea.ac.uk***

Appendix G

Participant Consent Form

By consenting to participate in this research study, I agree that I have read this consent form and I am happy to proceed with the online survey.

I give my consent and confirm that:

- I have read the Participant Information Sheet and I have had the opportunity to ask any questions about the research study. I am also happy with the answers from the researchers.
- I understand the purpose, procedure, and any benefits or risks associated with this study.
- I understand that my participation involves the completion of an online and anonymized survey after watching a brief video recording.
- I understand that my participation in this study is completely voluntary, and I can decide to not take part.
- I understand that I can withdraw at any time or refuse to answer any question without any consequences.
- I understand that my answers and the information provided will be deleted immediately and will not be included in the study if I choose to withdraw.
- I understand that all information I provide will be stored securely, will be treated confidentially, and will only be used for purposes that I have agreed to.
- I understand that I may not benefit directly from taking part in this study, but other people may benefit more.
- I understand that the results of this study may be published, but these publications will not contain my name or any identifiable information about me.
- I understand that I can contact any of the people involved in this study and ask for further clarification, information, or support.

Signature of participant

Date

Appendix H

Debrief Letter

Faculty of Medicine & Health Sciences

Norwich Medical School

University of East Anglia

Norwich Research Park

Norwich, NR4 7TJ

United Kingdom

Judging Defendants with Learning Disabilities: How Expert Witness Testimony and the Defendant Themselves Impact on Expert Witness Credibility and Juror Decision Making.

Debrief letter

Dear participant,

Thank you for participating in this research study looking into factors influencing the credibility of mental health expert witnesses and juror decision making in the criminal courts of England and Wales. If you wish for your answers and information to not be shared, or you experience any discomfort following the survey, please contact me by email (georgia.powell@uea.ac.uk) to discuss any issues of concern. Further support can be provided.

You can also request a lay summary of our results when the study is finished.

For more information on individuals with learning disabilities, please see the following websites:

<https://www.mencap.org.uk/>

<https://www.learningdisabilityengland.org.uk/>

<https://www.learningdisabilities.org.uk/learning-disabilities>

If you have any concerns about the purposes, procedure, or administration of this study, or you wish to make a complaint to someone independent, please contact the University administration team by email (med.reception@uea.ac.uk). They will forward your concerns to a senior faculty member and guidance will be provided.

Kind regards,

Georgia Powell

Trainee Clinical Psychologist

Doctorate in Clinical Psychology (ClinPsyD)

Email: [**georgia.powell@uea.ac.uk**](mailto:georgia.powell@uea.ac.uk)

Appendix I

Arson/Criminal Damage Cases That Have Passed Through the Courts of England and Wales

R v Trowbridge (2001)

T appealed against a sentence of life imprisonment, with a recommendation that he serve a minimum of two years in custody, imposed on conviction following a guilty plea to a count of arson being reckless as to whether life was endangered. T, who was of previous good character and suffered from learning disabilities, had thrown petrol over a police officer who had forced entry into T's maisonette following a disturbance. T lit the petrol, but the officer escaped injury. Although the offence had had potentially serious consequences, T's actions had been reckless, as opposed to intentional. He was of previous good character and the offence had been caused by his sense of social isolation, not by his mental instability. He had not, therefore, posed a risk to other persons following the offence for which he had been sentenced so that a life sentence was not justified. The life sentence was quashed and replaced by a term of four years' imprisonment.

Elliott v C (1983)

C was a 14-year-old schoolgirl who was charged with criminal damage: after spending the entire night awake and wandering around, she had entered a tool shed and there poured white spirit on to a carpet and set light to it, destroying the shed. She did not appreciate just how inflammable the spirit was, and because of her extreme state of tiredness, she did not in fact give any thought to the risk of fire.

R v Stephenson (1979)

S went into a large straw stack in a field and tried to go to sleep. He was cold so he lit a fire of twigs and straw in a hollow in the side of the stack. The stack caught fire and he was charged, inter alia, with arson. An experienced Consultant Psychiatrist gave evidence that S had a long history of schizophrenia, and that S was capable of lighting a fire in a straw stack to keep warm without taking the danger into account.

R v Laycock (1981)

The appellant committed eleven offences of arson, consideration of appropriateness of life sentence. Most of the offences consisted of setting fire to wooden pallets and similar materials in the yards of business premises. There was no direct danger to life in any case, and in all but two cases the damage to property was insubstantial. Medical reports before the Crown Court described the appellant as of borderline subnormal intelligence, but not suffering from psychotic illness. Life imprisonment varied to five years' imprisonment.

Appendix J

Vignette Scripts

Note: the differences in Expert Witness Testimony information for each condition has been highlighted for clarity.

DEFENCE (written instructions at the beginning of the video):

"We, the defence, argue that Mr Sullivan, aged 38, is not guilty of this offence. We argue that he did not intend to cause the damage to the shop's property and was not aware that the damage would result from his behaviour. Our case is that due to his learning disability, Mr Sullivan did not have the same ability to foresee or appreciate risk as somebody without a learning disability. We argue that he did not consider that his actions would result in damage to the shop's property.

A **Consultant Clinical Psychologist** with a background in assessing mental health difficulties in a forensic context met with Mr Sullivan before today's trial so that his mental health difficulties could be assessed. Dr Jones interviewed Mr Sullivan on the 14th of February for a 4-hour assessment. Dr Jones met Mr Sullivan again individually on the 18th of February for a further individual assessment with Mr Sullivan.

Dr Jones, thank you for coming to the court today to provide evidence for Mr Sullivan's mental state and state of recklessness. Before we ask you some questions, could you please introduce yourself to the court and summarise your opinion on Mr Sullivan's mental health condition?"

1. EXPERT WITNESS - DIAGNOSIS AND FORMULATION (video recording – read by actor):1055 words

Thank you, Your Honour. My name is Dr Sarah Jones. I am a Consultant Clinical Psychologist with a speciality in learning disabilities and neurodevelopmental disorders. I completed my formal training in Clinical Psychology in 2010 and I have worked as a Clinical Psychologist in several Specialist Learning Disabilities services across the National Health Service since then.

My day-to-day duties involve assessment and treatment in an outpatient facility for adults with learning disability needs.

Mr Sullivan is charged with arson with intent to endanger life and damage property. As part of my role, I have been instructed to assess Mr Sullivan and provide an expert opinion for the court regarding his mental health condition in relation to his offence. I have been specifically instructed to address the issues of intent and recklessness in the defendant's case.

Mr Sullivan is a 35-year-old man who currently lives with his two biological parents at their home in rural Suffolk where the family have lived since 1987. Regarding Mr Sullivan's developmental history, Mr Sullivan experienced numerous issues with his physical health from infancy throughout his early childhood. He missed many of his developmental milestones, including sitting up, walking, and learning to talk. He attended his local infant and primary school where he struggled to work at the same level as his peers. Mr Sullivan described extensive bullying from a young age. Despite his low academic achievements in comparison with his peers and the emotional distress caused by being subjected to bullying, Mr Sullivan went on to attend his local secondary school at age 11.

Mr Sullivan was suspended from secondary school on a number of occasions for challenging behaviours such as hitting out at teachers and absconding from school property; on one occasion Mr Sullivan absconded during a PE lesson and was observed to run across a busy main road with no apparent consideration of the danger this posed to him and others. At that time Mr Sullivan's teachers felt that his behaviour was a result of his social and academic difficulties, however Mr Sullivan was not referred for an assessment of his learning needs until after his expulsion from secondary school in November 1998 at age 13 for allegedly setting a fire in a shed on school property.

Mr Sullivan received an assessment of his learning needs at the age of 14 and was given a diagnosis of mild Learning Disability. Mr Sullivan was then placed in a specialist education provision where he continued his education until age 18, at which point he left school with no formal qualifications. Mr Sullivan went on to work for his father's landscaping business, where he remains employed to this day.

Mr Sullivan reports severe anxiety which can be difficult to manage. This is commonly reported in people with a learning disability. When distressed, Mr Sullivan said that he would calm himself by holding his lighter in front of his face and clicking it on and off. Mr Sullivan said that he likes to watch the flame appear and disappear and he likes feeling the warmth on his skin. Mr Sullivan reported that his anxiety is exacerbated by crowded or noisy environments, waiting for long periods of time, and not being able to keep to his usual schedule.

When interviewed about the currently alleged offence, Mr Sullivan explained that he was sat out the front of the shop because he was waiting to collect an order his mother had placed for the family's evening meal from the fish and chips shop, located two doors down from the shop where Mr Sullivan was waiting. Mr Sullivan described becoming anxious while waiting and taking out his lighter to help him to calm down. Mr Sullivan said that he found a stack of cardboard next a recycling bin against the side wall of the shop and that he wanted to set one of the cardboard boxes on fire so that he could "have a bigger fire and feel more warm". Mr Sullivan said that the fire was not very big and after a few moments a staff member from the fish and chip shop shouted for him to come collect his mother's order. Mr Sullivan told me that he left the cardboard box burning and left the premises. Mr Sullivan said that he understood that the cardboard box had set fire to the other recycled materials next to and in the recycling bin, causing the fire to spread to the shop property. This in turn caused over one million pounds worth of damage to the shop property and adjoining buildings. Mr Sullivan stated remorse for the incident but has also insisted that he did not believe that his actions would result in such

damage. In other words, he denied intending to cause injury to others or damage the shop's property.

Mr Sullivan's performance on the neuropsychological tests showed evidence of some difficulties across all domains including long and short-term memory and visual and perceptual abilities. Throughout testing, Mr Sullivan needed reminding of the requirements task and encouragement to continue. Mr Sullivan's cognitive abilities were found to range between borderline to low average across all domains with a full-scale Intelligence Quotient (IQ) score of 61.

As my psychological assessment confirmed, Mr Sullivan suffers from a Mild Learning Disability, which is a condition associated with impaired intelligence and impaired social functioning. Individuals with a diagnosis of a Mild Learning Disability have a reduced ability to understand complex information and as such may struggle to understand risks and consequences.

In my opinion as Consultant Clinical Psychologist, it is likely that Mr Sullivan's severe anxiety and learning disability will have impacted his ability to understand the consequences of his actions.

However, I cannot exclude the possibility that Mr Sullivan did indeed understand this risk or was in fact pleased by the prospect of setting a fire on the shop premises. In this regard, I did note that when Mr Sullivan talked about the fire, he smiled and stated "I was warm, the fire was bright, and it made me happy" and spoke about his enjoyment watching the fire.

Overall, I believe it is plausible that Mr Sullivan would not have appreciated the risk posed to himself and others by setting a fire and leaving it unattended, and this is in my professional opinion the most likely explanation for his actions.

2. EXPERT WITNESS - DIAGNOSIS ONLY (video recording – read by actor):753 words

Thank you, Your Honour. My name is Dr Sarah Jones. I am a Consultant Clinical Psychologist with a speciality in learning disabilities and neurodevelopmental disorders. I completed my formal training in Clinical Psychology in 2010 and I have worked as a Clinical Psychologist in several Specialist Learning Disabilities services across the National Health Service since then. My day-to-day duties involve assessment and treatment in an outpatient facility for adults with learning disability needs.

Mr Sullivan is charged with arson with intent to endanger life and damage property. As part of my role, I have been instructed to assess Mr Sullivan and provide an expert opinion for the court regarding his mental health condition in relation to his offence. I have been specifically instructed to address the issues of intent and recklessness in the defendant's case.

Mr Sullivan is a 35-year-old man who currently lives with his two biological parents at their home in rural Suffolk where the family have lived since 1987. Mr Sullivan was expelled from his secondary school at age 13 following an incident whereby Mr Sullivan is alleged to have set a small fire in a shed on school property. Mr Sullivan received an assessment of his learning needs at the age of 14 and was given a diagnosis of mild Learning Disability. Mr Sullivan left school at age 18 with no formal qualifications and went on to work for his father's landscaping business, where he remains employed to this day.

Mr Sullivan reports severe anxiety which can be difficult to manage. This is commonly reported in people with a learning disability.

When interviewed about the currently alleged offence, Mr Sullivan explained that he was sat out the front of the shop because he was waiting to collect an order his mother had placed for the family's evening meal from the fish and chips shop, located two doors down from the shop where Mr Sullivan was waiting. Mr Sullivan described becoming anxious while waiting and taking out his lighter to help him to calm down. Mr Sullivan said that he found a stack of

cardboard next a recycling bin against the side wall of the shop and that he wanted to set one of the cardboard boxes on fire so that he could “have a bigger fire and feel more warm”. Mr Sullivan said that the fire was not very big and after a few moments a staff member from the fish and chip shop shouted for him to come collect his mother’s order. Mr Sullivan told me that he left the cardboard box burning and left the premises. Mr Sullivan said that he understood that the cardboard box had set fire to the other recycled materials next to and in the recycling bin, causing the fire to spread to the shop property. This in turn caused over one million pounds worth of damage to the shop property and adjoining buildings. Mr Sullivan stated remorse for the incident but has also insisted that he did not believe that his actions would result in such damage. In other words, he denied intending to cause injury to others or damage the shop's property.

Mr Sullivan's performance on the neuropsychological tests showed evidence of some difficulties across all domains including long and short-term memory and visual and perceptual abilities. Throughout testing, Mr Sullivan needed reminding of the requirements task and encouragement to continue. Mr Sullivan's cognitive abilities were found to range between borderline to low average across all domains with a full-scale Intelligence Quotient (IQ) score of 61.

As my psychological assessment confirmed, Mr Sullivan suffers from a Mild Learning Disability, which is a condition associated with impaired intelligence and impaired social functioning.

In my opinion as Consultant Clinical Psychologist, it is likely that Mr Sullivan’s severe anxiety and learning disability will have impacted his ability to understand the consequences of his actions. However, I cannot exclude the possibility that Mr Sullivan did indeed understand this risk or was in fact pleased by the prospect of setting a fire on the shop premises. In this regard, I did note that when Mr Sullivan talked about the fire, he smiled and stated “I was warm, the fire was bright, and it made me happy” and spoke about his enjoyment watching the fire.

Overall, I believe it is plausible that Mr Sullivan would not have appreciated the risk posed to himself and others by setting a fire and leaving it unattended, and this is in my professional opinion the most likely explanation for his actions.

TRIAL JUDGE'S DIRECTION TO THE JURY (written instructions at the end of the video):

"Members of the jury, in order to find Mr Sullivan guilty of the offence of criminal damage, you must be sure, beyond reasonable doubt, of several things.

You must be sure that **he did in fact damage property belonging to the shop.**

If you are sure that he did in fact damage property belonging to the shop, you must also be sure that Mr Sullivan **intended to cause that damage or was reckless about causing that damage.** You may be asking what I mean by "intention" or acting "recklessly". In law, a person intends a result if he acts in order to bring it about. If you are sure that Mr Sullivan acted in order to bring about the damage to the shop's property, then your verdict will be '**guilty**'.

If you are not sure that he intended to cause the damage, you must ask yourselves whether he caused the damage recklessly. In law, a person has acted recklessly if, when he does the act or acts that cause the damage, he was aware of a risk that the damage would occur, and it was, in the circumstances known to him, unreasonable for him to take that risk.

If you are sure that Mr Sullivan was aware of a risk that the damage would occur when he did the acts that caused the damage, your verdict will be '**guilty**'.

You have heard evidence concerning Mr Sullivan's mental health. This is a factor you may want to consider when you are deciding whether Mr Sullivan intended to cause the damage and whether he appreciated the risk of the damage resulting from his actions.

If you are not sure that he intended to cause the damage and you are not sure that he was reckless about causing the damage, then you must find Mr Sullivan '**not guilty**' of this charge."

Appendix K

Witness Credibility Scale (WCS)

Instructions: Please rate the expert witness for the following items on the scale provided.

If you are unsure, please take your BEST GUESS.

Example:

1	2	3	4	5	6	7	8	9	10
Dressed Formally						X			Dressed Informally

1	2	3	4	5	6	7	8	9	10
Unfriendly									Friendly

1	2	3	4	5	6	7	8	9	10
Disrespectful									Respectful

1	2	3	4	5	6	7	8	9	10
Unkind									Kind

1	2	3	4	5	6	7	8	9	10
Ill-mannered									Well-mannered

1	2	3	4	5	6	7	8	9	10
Unpleasant									Pleasant

1	2	3	4	5	6	7	8	9	10
Untrustworthy									Trustworthy

1	2	3	4	5	6	7	8	9	10
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Appendix L

Lay summary

In the Crown Court of England and Wales, decisions are made by a judge and jury. While judges have legal training, jurors are members of the public who do not necessarily have any relevant training or qualifications. Courts rely on expert witnesses to help jurors understand complex information and make decisions. Clinical Psychologists can present their professional opinions in court cases where the defendant has a mental health difficulty or learning disability. We know from previous research that jurors often rely on clues in the courtroom in addition to the facts of the case to make decisions. For example, how credible the expert witness seems. However, we do not know if the way that Clinical Psychologists present information impacts on their credibility and jurors' decision making, and we do not know how defendants with learning disabilities are viewed in court.

We asked people to take part in a mock trial as jurors. They watched a video of a Clinical Psychologist testifying as an expert witness in a criminal court case, then completed an online survey. This asked the participants to share their views of the expert witness's credibility and rate their likelihood of giving a guilty verdict. The results showed us that the credibility of an expert witness and juror decision making is not strongly influenced by the information they present or the appearance of the defendant.

Appendix M

Ethics Approval

Ethics ETH2324-0345 : Miss Georgia Powell

Date Created	10 Oct 2023
Date Submitted	03 Dec 2023
Date of last resubmission	27 Feb 2024
Date forwarded to committee	27 Feb 2024
Researcher	Miss Georgia Powell
Category	PGR
Supervisor	Dr Peter Beazley
Faculty	Faculty of Medicine & Health Sciences
Current status	Approved after amendments made

Ethics application

Applicant and research team

Principal Applicant

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School/Department

Norwich Medical School

Category

PGR

Primary Supervisor

Name of Primary Supervisor

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Primary Supervisor's school/department

Norwich Medical School

Project details

Project title

Judging Defendants with Learning Disabilities: How Expert Witness Testimony and the Defendant Themselves Impact on Expert Witness Credibility and Juror Decision Making.

Project start date

29 Feb 2024

