

Flattening the curve in jails and prisons: Factors underlying support for COVID-19 mitigation policies

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Abstract

Jails and prisons have become hotbeds of COVID-19 outbreaks. Various policies, such as improving access to medical care for inmates, providing soap and hand sanitizer to improve hygiene, and releasing some inmates to facilitate social distancing have been proposed as ways to mitigate the spread of the virus in these facilities. Across two studies, we examined the factors underlying support for policies aimed at reducing the spread of COVID-19 in jails ($n = 132$) and prisons ($n = 125$) and yielded three key findings. Factors found in prior research to be associated with desire for punitive responses, namely negative attitudes toward offenders, and to a lesser extent, lack of trust in the criminal justice system, were found to underlie lack of support for all types of COVID mitigation policies. Concern related to COVID—namely perceptions of personal risk of contracting the virus—was related to increased support for policies to curb the spread of the virus among inmates. Social media consumption and reliance on social media for news regarding COVID-19 demonstrated inconsistent relationships with support for policies. These findings suggest that factors related to support for harsh treatment of offenders and concerns related to the present situation both contribute to support for criminal justice policy during a crisis situation like a pandemic. The recommended policies offer hope for reducing the negative impact of COVID-19 among justice-involved people. We offer suggestions on tailoring messaging to improve public support for these policies.

Keywords: prisons, jails, policy, attitudes, COVID-19

The COVID-19 pandemic has caused widespread anxiety and significant disruption to many people's daily lives (Kickbush et al., 2020). In prisons and jails, crowded conditions and limited access to hygiene supplies make it extraordinarily difficult to manage the spread of the virus, and these facilities have become hotbeds of outbreaks (Council of State Governments, 2020). Epidemiologist Gregg Gonsalves described the situation as "...a gaping wound and you're giving a Band-Aid" and noted that prisons, jails, and immigration detention centers can expect to see a largely "uncontrolled, unflattened curve" (Gross, 2020).

Several policy changes have been proposed to reduce the rate of infection and death among people detained in jails and prisons. Some of these policies, aimed at improving hygiene practices in the facilities (e.g., supplying soap to facilitate handwashing), are unlikely to cause public consternation. Others, such as releasing some inmates early to facilitate social distancing among those detained or providing free COVID testing to inmates when these tests are difficult to access for many members of the community, are likely to be more controversial. Although decisions on how to manage COVID-19 in detention facilities are made by policymakers and administrators, members of the public may put pressure on lawmakers regarding the more controversial of these proposed policy responses (see Enns, 2014; Frost, 2010; Wozniak, 2016).

What might underlie the public's support (or lack thereof) for COVID mitigation policies in jails and prisons? On the one hand, factors that were associated with support for punitive policies toward offenders before the pandemic may similarly be associated with the level of support for COVID-19 mitigation policies in detention facilities. For example, those who support longer sentences for offenders out of fear of becoming a crime victim likely oppose the early release of inmates during the pandemic for the same reason. On the other hand, given the salience of COVID-19 in public discourse and media coverage (see Kickbush et al., 2020),

factors related to the pandemic itself may be more strongly related to support for COVID mitigation policies. For example, those who might otherwise be supportive of rehabilitation and humane policies for offenders might be unsupportive of such policies during the pandemic out of fear that inmates released from these facilities will spread COVID-19 to the community. On the other hand, those with heightened concerns regarding the spread of COVID-19 in the community might recognize the potential for outbreaks in correctional facilities to spread to the community via staff members. In an effort to tailor messaging regarding policies for the management of COVID-19 in detention facilities, the present study examines which factors are most strongly associated with support for COVID-19 mitigation policies for jails and prisons.

Which factors might underlie support for releasing inmates to reduce the spread of COVID-19?

There is a large body of research from a number of fields, including criminology, political science, and political psychology, focusing on the factors explaining the public's support for policies regarding sentencing and management of offenders. These provide a logical starting point for identifying factors that might explain support for COVID mitigation policies that involve releasing inmates to facilitate social distancing. Most of the extant research has focused on punishment and sentencing, such as "three-strikes" laws and the death penalty, though a few studies have examined support for parole. The latter of these is the most closely related to COVID mitigation since it involves releasing convicted offenders rather than determining the initial response to those offenders (see Cullen et al., 2000; Cumberland & Zamble, 1992).

At the broadest level, several studies have found that conservatism generally, and right-wing authoritarianism specifically, are strongly associated with a desire for punitive responses to

offenders (Dunbar, 2020; Falco & Turner, 2013; Gerber & Jackson, 2016; Lee & Rasinski, 2006; Silver & Silver, 2017). Here, ideological beliefs that emphasize morality, social order, and the government's role in achieving these are associated with support for punitive responses to those who act immorally or violate social order (Gerber & Jackson, 2016; Tyler & Boekmann, 1997; Tyler & Weber, 1982).

Another broad concept that has been proposed as an explanation for attitudes toward punishment is belief in a just world, which is conceptualized as a theory regarding the way people interpret the world around them. Belief in a just world refers to the idea that “good things happen to good people and bad things happen to bad people” (Furnham, 2003, p. 795)—in other words, people get what they deserve. People who score highly on measures of belief in a just world are more likely to support longer sentences and the death penalty for those found guilty of criminal behavior (Butler & Moran, 2007; Freeman, 2006; Mohr & Luscri, 1995; O'Neil et al., 2004). Notably, although belief in a just world is not an ideology per se, people who believe in a just world are likely to be conservative, as conservatism is related to concerns of fairness (see Connors & Heaven, 1987; Miller, 1973; Smith & Green, 1984).

A more direct explanation for punitive attitudes toward offenders is that members of the community simply do not like people who break the law (Melvin et al., 1985). For example, one study found that negative attitudes toward prisoners was associated with lack of support for compassionate release for terminally ill inmates (Boothby & Overduin, 2007). Public attitudes toward offenders and ex-offenders is variable (Herrera & McGiffin, 2015; Lee & Rasinski, 2006; Rade et al., 2016), though a systematic review of the literature suggests that there is a considerable stigma associated with having a criminal record, and that people who are politically conservative have the most negative views of offenders (Rade et al., 2016).

Zimring and Johnson (2006) posited that it is not attitudes toward offenders or ideology that drive support for punishment, but rather the public's distrust of the government. They argue that the public has consistently held negative attitudes toward those who break the law, but desire for harsh punishment for offenders has changed over time. They propose that the public's level of trust in the government has waned in recent decades, and this drives support for punitive policies, though there is considerable variation in trust in the government, especially for people of color (see Messner et al., 2006). Sööt (2013) found some support for the relationship between trust in the government and punitive attitudes toward those who commit street crime. Trust in the government has been examined less thoroughly than other factors associated with support for punishment, though it makes sense that it would be related to preferences on how to handle offenders given that it is the government that manages responses to those who break the law via the criminal justice system. However, it should be noted that the "government" is not a single entity, but is made up of numerous agencies ranging from local to national levels that people have varying levels of trust in (Gallup, 2019).

From a more pragmatic standpoint, fear of crime itself has been found to be related to support for harsh punishments for offenders as a way to reduce one's perception of personal risk for being a crime victim. Studies have demonstrated a relationship between fear of crime and support for increased spending on surveillance technology (Dunbar, 2020), harsher sentences for those who break the law (Gerber & Jackson, 2016; Spiranovic et al., 2012), and the death penalty (Keil & Vito, 1991). Exposure to sensationalized media portrayals of crime can exacerbate the public's fear of crime. Consumption of tabloid news sources (Spiranovic et al., 2012) and crime-based reality television shows (Rosenberger & Callanan, 2011) have both been found to have a relationship to more punitive attitudes toward offenders. As people rely more and more heavily

on social media for information, where misinformation proliferates and can be difficult to distinguish from reliable information (Allcott et al., 2019), media consumption is likely to become more strongly related to fear of crime. Although research on this topic is nascent, one study found that young adults who spend more time on social media report more fear of crime (Intravia et al., 2017).

When examining the relative utility for factors underlying punishment of offenders (e.g., giving longer sentences), there tends to be more support for ideological perspectives, especially those that focus on morality, rather than fear-based perspectives (Gerber & Jackson, 2015; King & Maruna, 2009; see also Tyler & Boeckmann, 1997). Notably, Rosenberger and Callanan (2011) found that although political orientation and belief in a just world held more explanatory power for punitive attitudes than did fear of crime, media consumption explained some variance in punitive attitudes beyond these ideological factors. Although there is comparably less research on parole decisions specifically rather than punishment more generally, there is some evidence that both ideology and fear of crime underlie attitudes toward parole, though fear of crime may be more relevant due to the salience of releasing convicted offenders (Fitzgerald et al., 2016; Garland et al., 2013).

The factors that explained support for punitive responses to offenders pre-COVID likely have some relationship to lack of support for COVID mitigation policies, particularly those that involve releasing inmates. For example, there is no reason to think that the pandemic would change the minds of those who oppose early release of inmates due to conservative ideologies—their preference for social order is unlikely to be softened during the pandemic. Fear of crime is likely particularly salient: Recent research from China suggests widespread anxiety and distress among the community (Huang & Zhao, 2020; Qiu et al., 2020; Wang et al., 2020). Heightened

levels of generalized anxiety may translate to specific fears, including fear of crime (Britto, 2013). Although research is still emerging in this area, the drastic increase in the number of firearms purchased in the United States since the beginning of the pandemic suggests that people are afraid of crime and other societal problems (Collins & Yaffe-Bellany, 2020). In addition to being afraid of crime, members of the community are afraid of contracting COVID-19 (Ahorsu et al., 2020; Cooper et al., 2020), so people may oppose the release of inmates because they are worried that those inmates will infect the community with the virus.

Media consumption, particularly social media, exacerbates concerns related to contracting COVID-19 (Cooper et al., 2020). Coverage of the pandemic has dominated most news outlets since early March 2020, and people who rely on news sources that promote fear of COVID-19 may be particularly unsupportive of releasing inmates during this time, though they may be supportive of improving hygiene practices in jails and prisons. Given the fact that government agencies are responsible for managing offenders and play a large part in managing the spread of COVID-19 in the community by enacting policies such as shelter in place orders and procuring medical equipment, those with little faith in the government may not have confidence that the government will adequately prevent released inmates from spreading the virus to the public. In sum, fear of crime, fear of contracting COVID-19, lack of trust in the government, and social media consumption may be particularly relevant in explaining support for policies involving releasing inmates to curb the spread of COVID-19.

What might explain support for COVID-19 mitigation policies aimed at improving hygiene and medical care?

Although there is a wealth of research to draw upon to generate hypotheses regarding support for policies involving releasing inmates, this is not the case for policies underlying

improved medical care and hygiene for those who remain detained. Research on support for medical care for inmates is scarce and typically focuses on attitudes held by correctional staff rather than members of the public, with the goal of improving implementation of healthcare initiatives (e.g., Barry et al., 2020; McCuller & Harawa, 2014; Visser et al., 2014). As such, we drew upon research on other domains to formulate hypotheses.

An intuitive place to start is with the factors underlying support for punitive policies for offenders, as some of these may readily translate to other types of policies. For example, those who believe that the world is just are likely to believe that if inmates contract COVID-19 due to overcrowding or lack of hygiene, it is because this is what those inmates deserve. People who believe in a just world tend to blame an individual for their circumstances in a wide range of contexts, including contracting an infectious disease (Furnham, 2003; Murphy-Berman & Berman, 1990). Further, people who hold negative attitudes toward inmates may oppose improving their health, as research on the link between racism and attitudes toward healthcare reform suggests that those with negative attitudes toward a target group (in this case, racial and ethnic minorities) oppose policies that may improve the health of this group (Shen & LaBouff, 2016). Beyond these factors, people with heightened levels of concern about contracting the virus may support policies aimed at improving hygiene and healthcare within detention facilities.

The present study

We examined support for a number of policies that have been proposed or implemented recently to curb the spread of COVID-19 in detention facilities. These policies were gleaned from news articles regarding COVID-19 in justice facilities (e.g., Gross, 2020; Hill & Barr, 2020; Jenkins, 2020; Lucas, 2020) and center around improved hygiene in facilities (e.g., providing soap at no cost, allowing use of hand sanitizer), increased access to healthcare (e.g.,

waiving copays for medical visits, testing inmates for COVID-19), and releasing specific subgroups of inmates (e.g., low-risk offenders, pre-trial defendants). Our primary aim was to determine which factors underlie support for COVID mitigation policies. We hypothesized that factors identified by prior research—particularly heightened fear of crime, mistrust in the government, conservatism, and high levels of media consumption—in addition to fear of contracting COVID-19 would be associated with lower levels of support for policies regarding releasing inmates to facilitate social distancing within facilities. We further hypothesized that negative attitudes toward inmates, greater belief in a just world, and perceived risk of contracting COVID-19 would be associated with lack of support for policies aimed at improving hygiene and healthcare for inmates.

We examined these questions in two studies, one focusing on support for policies directed at jails and the other focusing on policies directed at prisons. Given that jails and prisons house different types of inmates (pre-trial defendants and those serving short sentences versus those serving longer sentences), we wanted to examine support for policies aimed at both types of facilities. Further, conducting two studies offered the opportunity to test whether findings from the first study would replicate in the second study.

Method: Study 1

Participants

Participants for this study were recruited from Amazon's Mechanical Turk (MTurk) platform. When utilized by researchers appropriately, MTurk can be considered one of the largest and most diverse crowdsourcing sites for online subject pools available (Buhrmester, Talaifar, & Gosling, 2018; Buhrmester, Kwang, & Gosling, 2011). This platform provides an alternative method of data collection to the traditional laboratory settings (Rouse, 2020; Horton,

Rand, & Zeckhauser, 2011), as well as additional means of participant recruitment (e.g. flyers) and data collection (e.g. phone surveys, college student participant pools) (Dillman, Smyth, & Christian, 2014). Given the relatively stable increase of new participants within the pool each year, MTurk offers an ideal platform for recruiting and compensating participants for the completion of studies at a large scale (Robinson et al., 2019; Buhrmester et al., 2018). Although researchers have expressed methodological and validity concerns regarding MTurk data collection (see Cheung et al., 2017), results of studies from MTurk samples have demonstrated similar reliability compared to those from a traditional laboratory setting (Buhrmester et al., 2018; Buhrmester, Kwang, & Gosling, 2011; Horton, Rand, & Zeckhauser, 2011). Given the need to collect data in a timely manner during the COVID-19 pandemic, MTurk offered an ideal mechanism for obtaining participants for this study.

The study's sample size was determined by an a priori power analysis using G*Power software. This indicated that with an $\alpha=.05$ and a power of .8, a sample size of 88 participants was necessary to identify a moderate effect ($d=.30$). Taking into account 10 dependent variables with the same statistical parameters, 109 participants were required. Based on our prior research, we anticipated that approximately 20% of participants would have a meaningful amount of missing data or fail to pass attention checks, so our target sample size was 140 participants.

To be eligible for the study, participants had to be at least 18 years of age, reside in the United States, and have a Human Intelligence Tasks (HIT) approval rate of 90% or greater within their MTurk account. This HIT approval rate was selected to ensure quality of the data while accounting for concerns regarding participant non-naivete among MTurk workers (see Dunbar, 2020; Robinson et al., 2019). Of the 140 participants who consented to participate, 4 had significant missing data and 4 failed attention checks and were excluded from statistical

analyses. Our final sample consisted of 132 participants (77 identified as “Male”, 53 identified as “Female”, and 2 identified as “Other”). See Table 1 for additional descriptive information of the sample.

[INSERT TABLE 1 HERE]

Measures

Support for COVID-mitigation policies. The dependent variables for this study were participants’ support of COVID-19 mitigation policies within jails. These policies were gleaned from news articles published in early April 2020 (e.g., Gross, 2020; Hill & Barr, 2020; Jenkins, 2020; Lucas, 2020). Participants first read introductory text: “As COVID-19 (‘Coronavirus’) spreads across the United States, jails have had to find ways to limit the spread of the virus within their facilities. Jails are facilities that house people who are awaiting trial or who are serving sentences of less than one year. To what extent do you support the proposed measures to limit the spread of COVID-19 in jails?” Next, participants rated their level of support for a number of proposed policies: making COVID-19 testing available to jail inmates, eliminating the requirement of copays for medical visits, making personal hygiene items available at no cost, lifting the restriction of hand sanitizer due to its alcohol content, releasing pretrial defendants with non-violent charges, and releasing all pretrial defendants. Participants indicated their level of support for each policy on a 5-point Likert-type scale, ranging from “Strongly oppose” to “Strongly support.” After rating these items, participants were asked to briefly describe, in an open-ended format, why they support or oppose the policies.

Demographic information. Demographic information was asked of each participant, including their age, gender, household income, number of dependents, employment status and

field, education, race and ethnicity, level of religious participation, and the effects of COVID-19 on their employment.

Political affiliation and ideology. Participants were asked to identify their political views (response options ranged from “Extremely liberal” to “Extremely conservative” on a 7-point scale), political party affiliation (Democrat, Republican, Independent, or not political), voter registration status, and intent to vote in the upcoming general election.

Belief in a just world. Participants completed the Global Belief in a Just Word Scale (GBJWS; Lipkus, 1991). Each of the seven items in this measure was rated on a 6-point Likert scale from “Strongly Disagree” to “Strongly Agree.” These items assess how just individuals feel the world is with statements such as “I feel that people get what they deserve”. This revised measure from Rubin and Peplau’s (1973) Belief in a Just World scale has demonstrated unidimensionality across different populations (Reich & Wang, 2015). Internal consistency for this scale in the present study was $\alpha = .927$.

Fear of crime. Items drawn from Updegrave (2018) were used to assess fear of crime. These items consist of six scenarios of a crime committed against oneself (e.g., being assaulted by someone, having your car stolen). Participants indicated their degree of worry about each of these scenarios using a 4-point scale, ranging from “Not Worried at All” to “Very Worried.” Following the scale was a question that asked whether the participant felt safe in their own neighborhood. This item was answered as a “Yes” or “No.” The internal consistency was strong for this scale at $\alpha = .917$.

Confidence in the government. Participants’ confidence levels in the government were assessed using three items drawn from the Gallup Polls (Gallup, 2019). These items asked participants “How much trust and confidence do you have in _____ when it comes to handling

domestic problems?” where the blank was filled with “our federal government in Washington,” “the government in the state where you live,” and “the local governments in the area where you live.” Participants could choose between “A great deal,” “A fair amount,” “Not very much,” or “None at all” for each of these items. Confidence in the criminal justice system was assessed with items from the British Crime Survey (see Indermaur & Roberts, 2009) that were moderately adapted to improve readability. These items assess confidence in the current criminal justice system at achieving six goals, such as bringing people who commit crime to justice and meeting the needs of victims. These items were rated on a 4-point Likert scale between “Very confident” and “Not at all confident.” This scale presented $\alpha = .883$ for internal consistency.

Social media use. Participants’ social media usage and frequently visited social media platforms were assessed using three items drawn from a measure described by Cooper and colleagues (2020). The first item asks how often participants use social media, with responses ranging from “I did not use social media at all” to “Once a day or more.” The second item asked participants to indicate how many hours per day they typically spend on social media. The third item asked participants to indicate what percentage of their time on social media was spent across a number of popular social media sites (e.g., Facebook, Instagram). We added a question to assess where participants get the majority of their news regarding COVID-19 from (e.g., social media, news outlets, government briefings), and participants were indicated to list the specific source for the modality they selected (e.g., a participant who indicated they received most of their news from a television news channel was asked to specify which channel they primarily watched).

Attitudes toward inmates. Attitudes toward jail inmates were assessed using the 36-item Attitudes Towards Prisoners (ATP) measure, which assesses attitudes toward inmates as people

(e.g., “Prisoners never change”) (Melvin, Grambling, & Gardner, 1985). Participants responded on a 5-point scale ranging from “Strongly Agree” to “Strongly Disagree.” This measure was also adapted for the purpose of this study; the term “inmates” was used in replacement of “prisoner.” Internal consistency for this measure was $\alpha = .887$.

Perceived risk of COVID. Information regarding COVID-19 perceptions was assessed in two ways. First, participants were asked a series of questions regarding their level of exposure to COVID: whether they had been diagnosed with the virus, whether they suspected they contracted it but were not able to be tested, and whether they knew anyone who was diagnosed or suspected they had the virus. Second, we administered the Perceived Risk of HIV Scale (Napper et al., 2012) that we adapted for the purposes of this study by editing the items to reflect perceptions of COVID-19 (see Cooper et al., 2020). Questions in this measure assess perceived likelihood of contracting the virus and level of worry associated with contracting it (e.g., “I feel vulnerable to the COVID-19 virus”). Internal consistency for this scale was $\alpha = .622$.

Procedure and Design

Potential participants read a study information sheet that outlined the purpose of the study and the elements of informed consent. Participants were informed that they may skip questions or end the survey early if necessary. The survey then prompted the participants to state whether they would agree to continue. If so, they were directed to the first portion of the survey. If they did not agree to continue, the survey prompted them to an exit window. Participants were presented with the dependent variable section of the materials first to prevent any of the attitudes elicited by the measures of the independent variables from influencing their level of support for the policies assessed by the dependent variables. Then, the measures of the independent variables were presented in random order. To ensure participants were attentive to the survey, four

attention checks were randomly filtered throughout. These questions were irrelevant to the purpose of the study (e.g., “Mark ‘true’ to this question”) and not included in the analyses; these were to assess for inattentiveness. This method was critical to include, as a concern of online surveys includes the lack of attention given to items by the participants (Dunbar, 2020; Aruguete et al., 2019). At the conclusion of the study, participants received \$1.00 in compensation.

Analytic Approach

Before addressing the aims of the study, we first computed bivariate correlations and chi-square analyses to identify group differences regarding demographic variables that may serve as possible covariates, including gender, age, education, employment, and number of dependents. Next, we computed bivariate correlations between each of the independent variables and the dependent variables to ensure that each demonstrated at least some relationship to the dependent variables before conducting the multivariate analyses.

We used backwards elimination regression to address the aim of the study, which was to determine which of the independent variables offered the most explanatory power for participants’ level of support for the COVID mitigation policies. This type of regression is used to identify an ideal subset of predictors; arguments have been made that this approach may conflate results; however, we reduce these biases by using the method in an exploratory fashion with a small number of predictor variables (Shmueli, 2010). It differs from linear regression due to the stepwise nature of the analyses, which considers the contribution of each individual variable in the model. This can be especially important when considering covariance or collinearity between predictors; each variable offers predictive ability to the outcome, yet the information that each variable predicts may be captured by more than one variable, like an overlapping Venn diagram. The semi-partial correlation statistic (sr) indicates how each

predictor contributes to variance in the dependent variable that is not covered by any other variables in the model (Velicer, 1978). To reduce the number of variables that are offering the same information regarding the outcome and ensure that each variable is contributing a significant amount on top of others in the model, monitoring the significance of the semi-partial correlations is an optimal method.

In backwards elimination, all relevant independent variables are regressed onto a dependent variable and removed until each variable offers a significant contribution above and beyond the others, measured by a predetermined critical alpha value, which was set at .01 to account for familywise error given the multiple analyses we conducted for each study. The process continues until there are no more variables that offer a significant contribution (Weisberg, 2005). This was determined to be the most appropriate analysis due to the nature of our research question and the collinearity among variables.

Results: Study 1

We aimed to simplify our analyses by collapsing the dependent variables. Although not all of the dependent variables were significantly correlated with each other, those reflecting similar constructs were: support for testing was correlated with support for eliminating co-pays ($r = .371, p < .001$), support for providing soap was correlated with support for allowing hand sanitizer ($r = .489, p < .001$), and the two variables assessing support for releasing inmates were correlated ($r = .484, p < .001$). As such, we created summary variables for each of these three primary constructs by computing mean scores for each participant based on their degree of support for each of the policies related to that construct. Descriptive statistics for these dependent variables and the independent variables are presented in Table 2.

[INSERT TABLE 2]

As shown in Table 3, most of the independent variables was related to at least some of the dependent variables. For example, the use of social media was significantly correlated with the dependent variables focused on improving hygiene and access to medical care, and political orientation was correlated with all three dependent variables. However, neither confidence in the government nor any of our hypothesized news sources (social media, traditional news outlets) were associated with any of the dependent variables. In addition, one demographic variable—education—was correlated with the dependent variable related to releasing inmates ($r = .237, p = .006$). As such, we opted to include all of the hypothesized independent variables other than news source and confidence in the government as well as education in the multivariate models.

[INSERT TABLE 3]

Improving hygiene. To assess the factors underlying support for policies aimed at improving hygiene in jails, we conducted a backward elimination regression where the dependent variable was the mean of participants' support for the two items reflecting improving hygiene jails (making soap available at no cost and allowing the use of hand sanitizer). Here, we present the full model containing all of the independent variables and the final model containing only those independent variables that made a significant contribution above the others. As shown in Table 4, the independent variables (social media usage, education, political orientation, confidence in the criminal justice system, attitudes toward inmates (ATP)), global belief in a just world (GBJW), fear of crime (FoC), and perceived risk of COVID) along with education level were entered to predict support for the dependent variable. The full model accounted for about 34% of the variance ($F(11, 120) = 5.595, p < .001$). The final model accounted for about 23% of the variance in participants' support for these policies ($F(2, 129) = 19.592, p < .001$), where the significant predictors included attitudes toward prisoners and perceived risk of COVID. Here,

higher levels of support for the policies was associated with more positive attitudes toward inmates and higher perceived risk of COVID.

[INSERT TABLE 4 HERE]

Improving medical care. Next, we examined support for the policies aimed at improving medical care in jails. As shown in Table 4, the full model accounted for 42% of variance in responses ($F(8, 123) = 11.116, p < .001$). After the backwards regressions, the resulting model included attitudes toward inmates, perceived risk of COVID, and confidence in the criminal justice system, and explained 38% of variance in responses ($F(2, 128) = 26.614, p < .001$). As was the case with the policies related to hygiene, more positive attitudes toward inmates and greater perceived risk of COVID were associated with greater support for the policy change. In addition, greater support for these policies was associated with lower levels of confidence in the criminal justice system.

Releasing inmates. The final policies examined related to releasing pre-trial defendants to facilitate social distancing in jails. As shown in Table 5, the full model regarding the release of nonviolent pre-trial defendants predicted 40% of variance in responses of support to release nonviolent pretrial inmates ($F(8, 123) = 10.396, p < .001$). The final model included fear of crime, perceived risk of COVID, and attitudes toward inmates, and predicted 36% of variance in responses ($F(3, 128) = 23.657, p < .001$). Again, more negative attitudes toward inmates and greater perceived risk of COVID-19 were associated with lower levels of support for releasing inmates. However, the relationship between fear of crime was not as hypothesized: those with greater fear of crime had greater support for releasing inmates.

[INSERT TABLE 5 HERE]

Reasons for level of support for policies. The open-ended responses to reasons underlying participants' level of support for the policies were reviewed by two of the authors to identify themes that were not assessed by measures of the independent variables. Of the 132 participants, 120 participants provided open ended responses, and of these, 35 provided vague information or noted that they did not know their reason for supporting or not supporting the policies (e.g., "My opinion"). Of the remaining responses, we observed the following overarching themes: basic human rights/right thing to do ($n = 60$), concerns over the spread of the virus ($n = 33$), justice/fairness ($n = 24$), concern about releasing inmates/fear of crime ($n = 22$), and attitudes towards inmates ($n = 5$). Many responses contained multiple themes. Although only a few responses referenced attitudes towards inmates, those that did indicated strongly held beliefs, such as "We are being sold this idea that all people in jail are just real sweeties who should be let out on the streets. This is just another radical idea that doesn't hold water and puts other people at risk". Notably, many expressed concern that the virus would spread rapidly in jails and prisons, which would also spread to the workers inside or from jail to the community ("I support this because it (*sic*) spread more by jail to public," "We can't have corona spreading to the guards and getting out") whereas only a few noted the increased risk to inmates ("With the close proximity to each other, inmates could be an viral incubator, the likes of which, aren't seen in the general population").

Method: Study 2

As noted earlier, we planned a second study to determine whether the findings of Study 1 would extend to prisons. In the second study, we added or modified some measures informed by the results of Study 1. Specifically, to ensure that our finding that political conservatism was not strongly related to the level of support for COVID mitigation policies was not due to our use of a

single-item scale, we added a multi-item scale to assess conservatism in a more nuanced way. In addition, based on participants' descriptions of the reasons why they support (or do not support) COVID mitigation policies in jails, we added an item to assess participants' perceptions of the relative risk of contracting COVID-19 in prison versus the community. As an exploratory aim, we adjusted the confidence in government items to reflect confidence in the government's ability to respond to COVID-19 rather than confidence in the government more generally. Finally, while Study 1 was ongoing, measures specifically assessing anxiety of COVID-19 were published, so we added such a measure, as described below.

Participants

The method of identifying a sample size was repeated from Study 1. Participants who completed Study 1 were not eligible to complete Study 2. The remaining inclusion criteria for Study 2 were the same from Study 1: participants must be 18 years or older of age, must be within the United States at the time of survey completion, and must have a Human Intelligence Tasks (HIT) Approval Rate of 90% or greater within their MTurk account. Once data collection began, despite qualifications in place to exclude participants having already completed related studies on MTurk, 25 participants participated in both studies and were eliminated from the dataset. Due to this, we ran additional participants to attain our target sample size. Three participants were removed for incomplete data, and one was removed for a failed attention check. Upon completion of data exclusions, we ran analyses with a sample size of 124 (79 identified as "Male," 45 identified as "Female"). See Table 1 for additional descriptive information of the participants. Participants received \$1.00 in compensation upon completion of the study materials.

Measures

Support for COVID-mitigation policies. The dependent variables for Study 2 consisted of support for policies aimed at reducing the spread of COVID-19 in prisons. Participants were first presented with introductory text: “As COVID-19 (‘Coronavirus’) spreads across the United States, prisons have had to find ways to limit the spread of the virus within their facilities. Prisons are facilities that house inmates who are serving sentences of more than one year. To what extent do you support the proposed measures to limit the spread of COVID-19 in prisons?” Participants were asked to indicate their level of support for these proposed policies: making COVID-19 testing readily available to prison inmates, eliminating the requirement of copays for medical visits, eliminating monetary costs for personal hygiene items, allowing the use of hand sanitizer, and releasing all prison inmates who are elderly, have chronic health conditions, are deemed to be at low risk of recidivating, and those with less than one year left on their sentence. Participants indicated their level of support for each policy on a 5-point Likert-type scale, ranging from “Strongly oppose” to “Strongly support.”

Anxiety related to COVID. To assess anxiety related to COVID-19, we used the Coronavirus Anxiety Scale (Lee, 2020). This scale measures anxiety symptoms related to COVID-19 across eight items (e.g., “I cannot sleep because I’m worrying about getting COVID-19”). Participants rated each item on a 5-point Likert scale from “Strongly agree” to “Strongly disagree.” This scale measured an internal consistency of $\alpha = .906$.

Confidence in government. As described above, we modified the items assessing confidence in government to reflect participants’ level of confidence in the government to respond to COVID-19 (e.g., “How much trust and confidence do you have in our federal government in Washington when it comes to handling the COVID-19 situation?”). The scale

used in Study 1 assessing confidence in the criminal justice system was presented without modification. This scale measured demonstrated internal consistency of $\alpha = .895$.

Attitudes toward prisoners. Unlike in Study 1, where we used a modified version of Melvin and colleagues' (1985) Attitudes Towards Prisoners scale, we used the original version of the scale for Study 2 where the term "prisoner" was kept in its original form. This scale measured demonstrated internal consistency of $\alpha = .904$.

Political affiliation and ideology. In Study 2, we looked to further assess the political attitudes of participants and its effect on mitigating factors of COVID-19 policies. This was done by adding a conservatism scale (Duckitt et al., 2010) to the original political attitudes measure from Study 1. This scale consists of six items rated on a 7-point Likert scale between "Strongly Agree" and "Strongly Disagree" and resulted in an internal consistency of $\alpha = .700$.

The remaining measures from Study 1 (demographics, social media use, belief in a just world, and fear of crime) were presented in the same format and demonstrated similar internal consistency as they did in Study 1. The procedure for Study 2 was identical to that of Study 1.

Results: Study 2

As was the case in Study 1, the dependent variables were significantly correlated with each other; support for policies referencing improved medical care were correlated at $r = .386$ ($p < .001$), support for policies referencing improved hygiene were correlated at $r = .487$ ($p < .001$), and the policies referencing releasing inmates (those who are elderly, have a chronic illness, are low-risk, or have less than one year on their sentence) were correlated with each other with r values ranging from .310 to .620 (all $p < .001$). As such, we again computed three summary variables to reflect support for each of the three types of policies.

Also as was the case in Study 1, social media consumption, political orientation, belief in a just world, fear of crime, perceived risk of COVID, and attitudes toward prisoners were correlated with several of the dependent variables, as shown in Table 6. Although 65.6% of participants indicated that they had read or heard about news stories related to prisoners during the pandemic, having done so was not significantly correlated with any of the dependent variables and was therefore not included in the multivariate analyses. The added measure of conservatism was significantly negatively the four policies proposing the release of various inmate populations ($r = -.291$, $p = .001$). The added variable of perception of risk of prisoners to contract COVID-19 was significantly correlated with support for policies aimed at improving hygiene ($r = -.208$, $p = .020$), and releasing inmates ($r = -.211$, $p = .018$). The anxiety of COVID measure was positively significantly correlated with policies aimed at releasing prison inmates ($r = .348$, $p < .001$). The items assessing trust in the local, state, and federal government to handle the COVID-19 pandemic were correlated with policies aimed at releasing inmates, and the item assessing faith in the federal government to handle the pandemic was further associated with policies aimed at improving hygiene and medical care in prisons. Again, relying on social media or traditional news outlets was not associated with support for any policies. Differing from Study 1, the gender of the participant was a significant correlate of the dependent variables related to improving hygiene ($r = .215$, $p = .016$), with women being more likely to endorse these changes. Therefore, all hypothesized independent variables other than news source, plus gender, were used in the full models of the backwards regression analyses.

Improving hygiene. As in Study 1, for each of the regression analyses, we present the full model containing all of the independent variables and the final model containing only those independent variables that made a significant contribution above the others. As shown in Table

7, including all independent variables in the model assessing support policies aimed at improving hygiene in prisons predicts 31% of variance in responses ($F(13, 107) = 3.715, p < .001$). The final model including perceived risk of COVID, attitudes toward prisoners, gender, social media use, confidence in the criminal justice system, and trust in the federal government to handle the pandemic predicted 27% of variance ($F(6, 114) = 7.168, p < .001$). Based on the direction of the coefficients, greater support for these policies was associated with being female, increased perceived personal risk of COVID-19, more positive attitudes toward prisoners, lower confidence in the criminal justice system, increased social media usage, and lower trust in the federal government.

[INSERT TABLE 7]

Improving medical care. As shown in Table 7, the initial model including all independent variables assessing support for improving medical care in prisons predicted 35% of variance in responses ($F(13, 107) = 4.480, p < .001$). The final model including perceived risk of COVID-19, attitudes toward prisoners, frequency of social media use, and trust in the federal government predicted about 33% of variance in responses ($F(4, 116) = 14.523, p < .001$). Here, greater levels of support for these policies was associated with having greater perceived personal risk of COVID-19, having more positive attitudes toward prisoners, spending more time on social media, and having less trust in the federal government.

Releasing inmates. Finally, we assessed the factors underlying support for the four dependent variables related to releasing specific types of inmates (those who are low risk, have less than one year left on their sentence, are elderly, or have chronic illness), which were collapsed into a single summary variable. As shown in Table 8, when including all variables in the model to predict support these policies, the model predicts 37.5% of variance in responses

($F(13, 107) = 4.948, p < .001$). Backwards elimination regressions eliminated nonsignificant variables, leaving gender, attitudes toward prisoners, confidence in the criminal justice system, anxiety related to COVID-19, and the perception that prisoners are at higher risk of contracting COVID compared to those in the community as the predictors in the final model, which accounts for 26.7% of variance in responses ($F(4, 116) = 10.587, p < .001$). As with the other policies, support was associated with more positive attitudes toward prisoners and lower confidence in the criminal justice system. Here, greater anxiety related to COVID-19 was associated with greater support for the policies, whereas perceived personal risk of COVID-19 was not a significant predictor in the regression analysis.

[INSERT TABLE 8]

Discussion

Across two studies, we examined the factors associated with support for policies aimed at reducing the spread of COVID-19 in jails and prisons. Drawn from news articles published early in the pandemic, these policies relate to improved hygiene and increased access to medical care within these facilities, as well as releasing some inmates to facilitate social distancing. The studies yielded three key findings. First, of the factors proposed by prior research for their relationship to support for policies regarding punishment and management of offenders, negative attitudes toward offenders had the most relationship with lack of support for policies related to reducing the spread of COVID-19, and was related to support for all of the policies we examined. Another factor proposed by prior research, trust in institutions—namely the criminal justice system and the federal government—was related to support for some, but not all of the policies. Second, perceptions of personal risk of contracting COVID-19 was associated with greater support for all types of COVID mitigation policies. Finally, social media usage was

related to support for COVID-19 mitigation policies in the second study, but not the first. We discuss each of these findings next, along with the studies' limitations and conclusions.

Negative attitudes toward offenders is associated with lack of support for COVID mitigation policies

That people with negative attitudes toward offenders do not support measures related to reducing the spread of COVID-19 in jails and prisons is not surprising. An attitude is an evaluation of a target via dimensions such as good-bad (Ajzen, 2001; Eagly & Chaiken, 1993). At least some component of participants' attitudes toward inmates involves the perception that inmates are simply bad people. Items included in the Attitudes Towards Prisoners scale (Melvin et al., 1985) we utilized include: "Prisoners only think about themselves," "Prisoners are just plain immoral," and "In general, prisoners are basically bad people." Many members of the public hold negative attitudes toward those who break the law (Herrera & McGiffin, 2015; Lee & Rasinski, 2006; Rade et al., 2016), and this is reflected in their lack of support for measures to curtail the spread of COVID-19 in jails and prisons.

Although we found some limited support for conservatism being linked to support for some policies via bivariate analyses, it did not account for support for policies after accounting for the other variables. Why might attitudes toward offenders have a stronger relationship to support for COVID mitigation policies than the ideological factors suggested by prior research? Most likely, attitudes toward offenders are a downstream correlate of larger ideological factors. People who are more conservative tend to have more negative attitudes toward offenders (Hirschfield & Piquero, 2016; Rade et al., 2016), and indeed we found the same relationship in our sample, where political conservatism was correlated with attitudes toward prisoners at $r = -$

.25. Because conservatives place a high value on social order, they may react particularly negatively to people who violate that order (Rade et al., 2016). That attitudes toward offenders predicted support for policies more strongly than did ideology is likely related to the fact that attitude toward offenders is a more proximal concept than conservatism (see Eagly & Chaiken, 1993), so although they are related, attitudes related to the population affected by the proposed policies offer more predictive power than ideology and account for much of the variance explained by conservatism.

It could also be that, as proposed by Zimring and Johnson (2006), public trust in the government is more important than ideology, though we found comparatively less support for this than for the importance of attitudes towards offenders. Specifically, we found that those with less trust in the criminal justice system were more supportive of some policies (improving hygiene in prisons, improving medical care in jails). This could reflect a belief that correctional facilities are not doing enough to curb the spread of COVID-19 (exemplified in some open ended responses, e.g., “Inmates crowded together in jail make for a perfect transmission situation for COVID-19”). Trust in the criminal justice system can be measured in a number of ways ranging from the broad concept of procedural justice to confidence in specific institutions, like police (Bradford & Jackson, 2009; Singer et al., 2019). The measure we utilized focused on trust that the police, courts, and prisons, with the prison items reflecting trust that prisons will rehabilitate offenders, deter future offending, and teach offenders needed skills (see Indermaur & Roberts, 2009), so it could be the case that participants don’t trust prisons to properly care for inmates, thus necessitating the implementation of the proposed policies. Lower confidence in the criminal justice system was also found to underlie lack of support for releasing inmates—perhaps the

public does not trust the criminal justice system to make sound judgments regarding which inmates to release or to supervise them effectively in the community. Further, lack of confidence in the federal government's ability to manage COVID-19 was found to underlie increased support for all of the policies aimed at COVID mitigation in prisons. Interestingly, this finding only emerged in the second study. In the first study, we asked participants about their level of trust in the government in a general way, which was not related to their support of any of the policies. It appears that the federal government's handling of the pandemic is particularly salient—a nonscientific cross-national survey indicates that across eleven nations, trust in the government has increased as the public relies on their governments to respond to the pandemic, but notably, Americans have less trust in their government than 9 of the other 10 countries surveyed (Edelman, 2020).

Contrary to our hypothesis, fear of crime was not strongly related to support for policies related to releasing jail inmates. It was not related to any of the policies regarding releasing prison inmates, but was related in a non-hypothesized way to releasing pre-trial defendants. The former finding is consistent with prior research that ideological factors outweigh fear of crime when they are compared (Gerber & Jackson, 2015; King & Maruna, 2009; Rosenberger & Callanan, 2011). It is not clear why high levels of fear of crime would predict support for releasing pre-trial defendants, though perhaps participants were perceiving pre-trial defendants less as offenders and more so as members of the community.

Concerns related to COVID-19 are associated with support for COVID mitigation policies

We found a higher degree of perceived personal risk of contracting COVID-19 was related to levels of support for COVID-19 mitigation policies. As hypothesized, people who

perceive COVID-19 as particularly risky, in that they feel vulnerable to becoming infected with the virus, were more likely to support measures that keep detained inmates healthy. This may be because they have a heightened (or realistic) sense of the contagiousness of the virus and are generally supportive of measures that have been recommended by experts to curb the spread of the virus, such as frequent handwashing and use of hand sanitizer (Centers for Disease Control and Prevention, 2020). Emerging research suggests that people who perceive COVID-19 as riskier have higher rates of adherence with such guidelines themselves (Cooper et al., 2020), so it makes sense that they would be in favor of facilitating the adoption of these guidelines among inmates. This notion is supported by some of the open-ended responses participants left in Study 1, where one participant described COVID-19 as a “deadly virus effects (*sic*) everyone” and others noted that “jails should in general be more hygienic” and inmates “need to have clean safe facilities.” Some participants went a step further by noting the possibility that COVID-19 outbreaks in jails are harmful to the due to the possibility that inmates could pass the virus to staff, who in turn may spread it to the community (e.g., “Preventing COVID in jail will ultimately help stop the spread outside of jails too,” “Testing inmates prevents guards from getting sick”).

Perceived riskiness of COVID-19 was also related to support for policies related to releasing inmates. Although we hypothesized that people who are concerned about COVID-19 might be hesitant to release inmates, those who were concerned about contracting COVID-19 were actually more supportive of releasing inmates. Thus, it appears that perceived personal risk related to COVID-19 relates to a more general support for all measures to curb the spread of the virus.

Weak support for relationship between social media consumption and support for COVID mitigation policies

We found that the amount of time spent on social media was associated with support for policies related to improved medical care and hygiene for prison inmates, however, we found this in only the second of our two studies. This could indicate that, compared to the other factors we tested, such as attitudes toward offenders, social media is a relatively weak predictor of support for COVID-19 mitigation policies. Alternatively, it could be due to changes in the effect of social media usage from the early stages of the pandemic to later stages. As noted earlier, approximately one month elapsed between data collection for Study 1, where social media usage was correlated with support for the policies but other factors explained more variance in multivariate analyses, and Study 2, where social media use explained more variance. Over time, the public's engagement with social media regarding COVID-19 increased exponentially (Cinelli, 2020), so it is possible that the effects of social media exposure accumulated over time, making it more salient to participants in Study 2 than in Study 1. Unfortunately, our data cannot speak to this directly, but this would be a useful area for future research given the potential of social media to spread misinformation (Allcott et al., 2019; Cinelli, 2020) as well as serving as a platform for spreading educational messages regarding COVID-19 (Chan et al., 2020).

Limitations

As with any research, there are some limitations that should be taken into account when interpreting the results of these studies. First, it is possible that participants were exposed to media accounts regarding inmates that have been sensationalized. One example stemmed from Los Angeles County, where inmates reportedly attempted to infect each other with COVID-19

with the hopes of being released (Chan, 2020). This article was published after data collection for Study 1 was completed, but other similar stories may have been circulating before that. We attempted to account for this in Study 2 by asking participants to indicate the content of any news accounts related to inmates. Second, MTurk is a convenience sample and may not be representative of the general population. Although there is research suggesting that results from MTurk samples are generally equivalent to results from other convenience samples (Bartneck et al., 2015; Buhrmester et al., 2018; Horton et al., 2011; Mullinix et al., 2015), it would be helpful to explore these research questions with a more representative sample to assess generalizability. Another common criticism of MTurk is that participants may not pay close attention to the study materials and that data quality can suffer, but we followed best practices by offering a meaningful incentive and omitting participants who failed attention checks (Buhrmester et al., 2018; Mason & Suri, 2011; Paolacci & Chandler, 2014). Although we did not use scripts or other mechanisms to deter bots from responding to the study materials, the majority of open-ended responses were of high quality such that we believe it is unlikely they were generated by bots (see Chmielewski et al., 2019). Given the need to collect data in a timely manner due to the quickly changing nature of the pandemic, we believe that our approach was justified.

Conclusions and Implications

A number of policy recommendations for reducing the spread of COVID-19 in jails and prisons. Stakeholders and experts, including the Prison Policy Initiative, Arnold Ventures, and the Bazelon Center for Mental Health Law, have proposed several methods. A few of these focus on managing the spread of the virus among those who are detained, such as including eliminating

co-pays for medical visits (Prison Policy Initiative, 2020; Reform Alliance, 2020) and increasing access to hygiene products (Reform Alliance, 2020).

A unifying theme among these policy recommendations is to reduce the populations within these facilities. In jails, this could be largely achieved by eliminating cash bail or bonds for all non-violent pre-trial defendants, a policy that has already been implemented in at least one state (Meadows Mental Health Policy Institute, 2020). Jail populations could also be reduced by suspending the use of jail time as a response to violations of probation and parole supervision (Reform Alliance, 2020). In prisons, calls have been made to release inmates who are elderly or who have a chronic illness, as these populations are at relatively low risk for recidivism (Prison Policy Initiative, 2020; Reform Alliance, 2020). Further reductions in prison populations could be achieved by using a structured risk assessment tool to identify additional inmates who are at low risk of recidivism and considering them for release—a natural experiment in California demonstrated that releasing more than 13,000 low-risk inmates from prison due to overcrowding had a negligible effect on crime rates in the state (Bartos & Kubrin, 2018). All of these recommendations could be implemented in conjunction—releasing those inmates who are deemed to be low-risk while improving hygiene and medical care for those who remain detained—and would bring correctional facilities more in line with best practices for limiting the spread of COVID-19 (Centers for Disease Control and Prevention, 2020).

In implementing these policies, the results of this research offer a glimpse into what may be driving support (or lack thereof) so policymakers can best communicate the rationale for such policies to the public. Our finding that attitudes toward offenders and concerns regarding COVID-19 are largely driving support for these policies can help policymakers tailor messages

about such policy changes. For example, since perceived riskiness of COVID-19 is associated with support for increased hygiene and medical care, perhaps messages highlighting the increased risk of COVID-19 in jails and prisons may help garner support for these policies. As for attitudes toward offenders as a driving force behind support for COVID mitigation policies, attitude change is notoriously difficult (Bohner & Dickel, 2011). However, programs exist to soften the stigma toward specific groups of people, which can offer guidance. Effective programs aimed at reducing stigmatizing attitudes toward people with mental illness focus on humanizing members of the target group (Corrigan & Kosyluk, 2013; Corrigan et al., 2018); such an approach may hold promise in softening attitudes toward offenders for the purpose of garnering public support for strategies to reduce their risk of contracting COVID-19.

Beyond informing messages regarding COVID mitigation, our results are informative to research outside the context of the pandemic. First, they suggest the need to account for current events when examining support for various policies. Although pandemics of the scope of COVID-19 will hopefully continue to be a once-in-a-lifetime event, other crises (e.g., natural disasters) occur with some regularity and may affect attitudes toward criminal justice policy (see Thomas, 2007). Further, although the factors we examined (e.g., fear of crime, conservatism, belief in a just world) have been compared to each other in past research (Dunbar, 2020; Gerber & Jackson, 2016; Lee & Rasinski, 2006; Silver & Silver, 2017), we do not know of any research comparing attitudes toward offenders to these other factors. As we propose above, it is likely that these attitudes are likely downstream correlates of ideological factors, but additional research into this, and how these attitudes relate to support for other types of policies, would be fruitful.

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Table 1

Demographic Information of Participants

Variable	Study 1		Study 2	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Age in Years (23-73)	37.37	12.45	36.20	10.74
# of Dependents ^a	1.84	1.75	1.97	1.74

Variable	Description	N	% of <i>Ps</i>	N	% of <i>Ps</i>
Gender	Male	77	58.3	79	63.7
	Female	53	40.2	45	36.3
	Other	2	1.5	0	0
Household Income	Under \$29,999	20	15.2	11	8.9
	\$30,000 - \$49,999	33	25	27	21.8
	\$50,000 - \$74,999	31	23.5	43	34.7
	\$75,000 - \$99,999	32	24.2	25	20.2
	\$100,000 - \$149,999	11	8.3	14	11.3
	\$150,000 or More	5	3.8	4	3.2
Race/Ethnicity	White	100	75.8	91	73.4
	Latinx	5	3.8	14	11.3
	Black	6	4.5	11	8.9
	Pacific Islander	3	2.3	4	3.2
	Native American	2	1.5	2	1.6
	Other	16	12.1	2	1.6
Education Level	Middle School	0	0	2	1.6
	High School Diploma	9	6.8	3	2.4
	Some College	21	15.9	23	18.5
	College Graduate	76	57.6	82	66.1
	Graduate School	26	19.7	14	11.3
Attending Religious Services	More than once a week	7	5.3	12	9.7
	Once a week	33	25	41	33.1

	Once a month	26	19.7	27	21.8
	Only on special occasions	25	18.9	16	12.9
	Never	41	31.1	28	22.6
Employment Category ^b	Professional	34	26.4	26	21.0
	Office Work	12	9.3	5	4.0
	Healthcare	10	7.8	7	5.6
	Community Service	0	0	5	4.0
	Education	11	8.5	11	8.9
	Service	13	10.1	17	13.7
	Tech	28	21.7	22	17.7
	Manufacturing	12	9.3	17	13.7
	Other	9	6.9	14	11.4
Essential Worker	Yes	66	50	69	56.1
	No	59	44.7	45	36.6
	Not Employed	7	5.3	9	7.3
Unemployed due to COVID-19	Yes	25	18.9	29	23.6
	No	69	52.3	60	48.8
	I am not unemployed	38	28.8	34	27.6

Note. $N = 132$ for Study 1; $N = 124$. % of P s = Participants.

^aThere were two values that appeared as clear outliers and were deleted in Study 1;

There were three with similar concerns deleted in Study 2.

^bTwo employment categories were collapsed into “Other” due to minimal participants in these categories for Study 1; One category was collapsed into

“Other” due to minimal participants in the category for Study 2.

Table 2

Descriptive statistics for dependent and independent variables

Dependent Variables	Study 1		Study 2	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
To what extent do you support making COVID-19 tests available to prison inmates? (1-5)	4.14	0.931	4.07	0.952
...eliminating copays for prison inmates during the COVID-19 situation? (1-5)	3.9	1.165	4	1.078
...making soap free for prison inmates during the COVID-19 situation? (1-5)	4.11	1.096	3.88	1.147
...making hand sanitizer available to prison inmates during the COVID-19 situation? (1-5)	3.73	1.125	3.9	1.007
...releasing pretrial defendants who are charged with nonviolent crimes? (1-5)	3.69	1.236	—	—
...releasing all pretrial defendants? (1-5)	3.26	1.385	—	—
...releasing all prison inmates who are elderly? (1-5)	—	—	3.36	1.6
...releasing all prison inmates who have chronic health conditions? (1-5)	—	—	3.26	1.121
...releasing all prison inmates who have been determined to be at low risk of committing future crimes? (1-5)	—	—	3.54	1.104
...releasing all prison inmates who have less than one year left on their prison term? (1-5)	—	—	3.55	1.201
Independent Variables	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
How often did you use social media during the last month? (1-7)	5.5	1.6783	5.61	1.571
Global Belief in a Just World. Higher scores indicate belief in a more just world. (7-42)	26.8131	8.30425	22.1438	5.86549
Fear of crime. Higher scores indicate more fear. (6-24)	13.0727	5.36948	13.4	4.94674
Attitudes Towards Prisoners. Higher scores indicate more positive feelings towards inmates. (40-180)	117.3474	23.00552	114.9658	18.20807
Fear of COVID-19. Higher scores indicate more fear. (8-41)	24.9924	6.60615	25.1774	5.66984

Confidence in the criminal justice system. Lower scores indicate more confidence. (6-36)	16.3091	3.96899	19.5203	5.54024
How would you describe your political views? (1-7)	3.67	1.99	_____	_____
How much trust and confidence do you have in your federal government in Washington when it comes to handling domestic problems? (1-4)	2.65	.865	_____	_____
How much trust and confidence do you have in the government of the state where you live when it comes to handling state problems? (1-4)	2.96	.785	_____	_____
How much trust and confidence do you have in the local governments in the area where you live when it comes from handling local problems? (1-4)	2.82	.789	_____	_____
Conservative attitudes. Higher score indicates greater conservative ideology. (51-78)	_____	_____	62.7855	6.01938
How much trust and confidence do you have in our federal government in Washington when it comes to handling the COVID-19 situation? (1-4)	_____	_____	2.33	0.908
How much trust and confidence do you have in the government of the state where you live when it comes to handling the COVID-19 situation? (1-4)	_____	_____	1.98	0.759
How much trust and confidence do you have in the local governments in the area where you live when it comes to handling the COVID-19 situation? (1-4)	_____	_____	1.9	0.726
Compared to people in the general community, do you think that people in prison are at risk of contracting COVID-19, lower risk, or the same amount? (1-3)	_____	_____	2.58	0.664
Anxiety of COVID-19. Higher scores indicate more fear of the virus. (7-32)	_____	_____	21.3145	6.99055

Note. The range of possible values is reported following each variable name.

Table 3

Study 1 Correlations among dependent and independent variables

Variable	1	2	3	4	5	6	7	8	9	10	11	12
1. DV-Medical ^a	-											
2. DV-Hygiene ^b	.663**	-										
3. DV-Release ^c	.265**	.293**	-									
4. Social Media Use	.260**	.226**	.124	-								
5. Political Orientation	-.256**	-.231**	-.172*	-.042	-							
6. Trust in Federal Gov ^d	-.169	-.092	.069	-.137	.191*	-						
7. Trust in State Gov ^d	-.027	-.029	.145	-.142	.212*	.419**	-					
8. Trust in Local Gov ^d	-.017	.007	.127	.029	.166	.443**	.457**	-				
9. Confidence in CJS	-.349**	-.292**	-.001	-.151	.331**	.574**	.562**	.473**	-			
10. Belief in a Just World	-.260**	-.193*	.018	-.186*	.395*	.451**	.379**	.322**	.635**	-		
11. Fear of Crime	-.289**	-.110	.243**	-.135	.204*	.315**	.225**	.121	.432**	.411**	-	
12. Attitudes towards Prisoners	.560**	.381**	.405**	.236**	-.245**	-.215*	-.003	-.026	-.312**	-.392**	-.356**	-
13. Perceived Risk of COVID	.342**	.372**	.195*	.063	-.178*	-.197*	.010	-.076	-.256**	-.248**	-.150	.216*

Note. ^aThe dependent variable reflects the average of two responses regarding eliminating copays and offering COVID testing

^bThe dependent variable reflects the average of two responses regarding providing soap and hand sanitizer to jail inmates

^cThe dependent variable reflects the average of two responses regarding releasing pretrial defendants who committed nonviolent offenses and all pretrial defendants

^dThe variables reflect trust in the Federal, State and Local justice systems in general

* indicates $p < .05$. ** indicates $p < .01$

Table 4

Factors underlying support for policies related to improving hygiene and medical care in jails

Variable	Improving hygiene						Improving medical care					
	Full Model			Final Model			Full Model			Final Model		
	$R^2 = .299, SE = 0.83$			$R^2 = .233, SE = 0.85$			$R^2 = .420, SE = 0.68$			$R^2 = .384, SE = 0.69$		
	<i>b</i>	<i>sr</i>	<i>p</i>	<i>b</i>	<i>sr</i>	<i>p</i>	<i>b</i>	<i>sr</i>	<i>p</i>	<i>b</i>	<i>sr</i>	<i>p</i>
Education	-.081	-.063	.407				-.050	-.043	.535			
Social Media Usage	.085	.143	.061				.070	.130	.061			
Political Orientation	-.052	-.098	.197				-.041	-.084	.223			
Confidence in CJS	-.052	-.161	.035				-.042	-.143	.040	-.033	-.140	.045
Belief in a Just World	.018	.113	.139				.018	.124	.074			
Fear of Crime	.023	.107	.157				-.005	-.026	.702			
Attitudes towards Inmates	.013	.259	.001	.013	.314	.001	.017	.394	.001	.019	.500	.001
Perceived Risk of COVID	.041	.266	.001	.042	.286	.001	.027	.195	.005	.029	.220	.002

Table 5

Factors underlying support for releasing pre-trial defendants from jails

Variable	Full Model			Final Model		
	$R^2 = .403, SE = 0.90$			$R^2 = .357, SE = 0.92$		
	<i>b</i>	<i>sr</i>	<i>p</i>	<i>b</i>	<i>sr</i>	<i>p</i>
Education	.168	.111	.115			
Social Media Usage	.044	.062	.371			
Political Orientation	-.099	-.157	.026			
Confidence in CJS	-.010	-.025	.720			
Belief in a Just World	.024	.129	.067			
Fear of Crime	.084	.330	.001	.096	.425	.001
Attitudes towards Inmates	.025	.443	.001	.026	.493	.001
Perceived Risk of COVID	.025	.141	.045	.025	.144	.044

Table 6

Study 2 Correlations among dependent and independent variables

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. DV- Medical ^a	-													
2. DV- Hygiene ^b	.642**	-												
3. DV- Release ^c	.199*	.338*	-											
4. Social Media Usage	.293**	.181	-.018	-										
5. Conservativism	.006	-.022	-.291**	.067	-									
6. Trust in Federal Gov ^d	.278**	.182*	-.223*	.016	.255**	-								
7. Trust in State Gov ^d	.014	-.130	-.182*	-.097	-.006	.318**	-							
8. Trust in Local Gov ^d	-.027	-.130	-.261**	-.126	.231**	.419**	.497**	-						
9. Confidence in CJS	.258**	.086	-.266**	.124	.228*	.696**	.390**	.374**	-					
10. Belief in a Just World	-.076	-.080	.046	.063	-.388**	-.332**	-.006	-.199*	-.296**	-				
11. Fear of Crime	-.138	.004	.315**	-.047	-.229*	-.313**	-.110	-.052	-.299**	.092	-			
12. Attitudes towards Prisoners	-.002	.076	.309**	-.114	-.250**	-.257**	-.196*	.007	-.300**	.290**	.279**	-		
13. Perceived Risk of COVID in Prisoners ^c	.088	.208*	.211*	-.118	-.037	.178*	.012	-.001	.173**	.016	-.027	.068	-	
14. Perceived Risk of COVID	.241**	.208*	.189*	-.072	-.170	-.023	.003	.125	.040	-.066	.234**	.186*	.141	-
15. Anxiety of COVID	.041	-.063	-.348**	.021	.467**	.311**	.037	.023	.310**	-.153	-.499**	-.337**	.036	-.363**

Note. ^aThe dependent variable reflects the average of two responses regarding eliminating copays and offering COVID testing

^bThe dependent variable reflects the average of two responses regarding providing soap and hand sanitizer to jail inmates

^cThe dependent variable reflects the average of four responses regarding releasing elderly prisoners, prisoners with chronic health conditions, prisoners deemed to be low-risk to reoffend and prisoners with less than one year left in their sentence

^dThe variables reflect trust in the Federal, State and Local justice systems in handling the COVID-19 epidemic specifically

^eThe variable reflects the perception of prison inmates being more at risk of contracting COVID-19 than those in the general population

* indicates $p < .05$. ** indicates $p < .01$

Table 7

Factors underlying support for policies related to improving hygiene and medical care in prisons

Variable	Improving hygiene						Improving medical care					
	Full Model			Final Model			Full Model			Final Model		
	$R^2 = .311, SE = 0.83$			$R^2 = .274, SE = 0.82$			$R^2 = .352, SE = 0.73$			$R^2 = .334, SE = 0.71$		
	<i>b</i>	<i>sr</i>	<i>p</i>	<i>b</i>	<i>sr</i>	<i>p</i>	<i>b</i>	<i>sr</i>	<i>p</i>	<i>b</i>	<i>sr</i>	<i>p</i>
Gender	.327	.149	.066	.375	.189	.019	.170	.085	.276			
Social Media Usage	.109	.170	.036	.115	.188	.020	.159	.271	.001	.160	.290	<.001
Conservativism	.009	.045	.575				<.000	-.001	.986			
Trust in Federal Gov	.279	.176	.030	.262	.180	.026	.215	.149	.058	.167	.169	.028
Trust in State Gov	-.090	-.059	.464				.016	.011	.884			
Trust in Local Gov	-.092	-.052	.520				-.063	-.039	.622			
Confidence in CJS	-.052	-.143	.077	-.064	-.192	.017	-.018	-.055	.479			
Belief in a Just World	-.010	-.052	.522				-.003	-.016	.841			
Fear of Crime	.001	.003	.974				-.016	-.072	.356			
Attitudes towards Prisoners	.018	.298	<.001	.020	.346	<.001	.016	.286	<.001	.016	.317	<.001
Perceived Risk of COVID in Prisoners	.151	.100	.216	.044	.259	.002	-.046	-.034	.666	.046	.303	<.001

Perceived Risk of COVID	.035	.187	.021	.048	.278	.001
Anxiety of COVID	.019	.105	.194	.006	.033	.669

Table 8

Factors underlying support for releasing inmates from prisons

Variable	Full Model			Final Model		
	$R^2 = .375, SE = 0.78$			$R^2 = .327, SE = 0.78$		
	<i>b</i>	<i>sr</i>	<i>p</i>	<i>b</i>	<i>sr</i>	<i>p</i>
Gender	.202	.093	.227	.352	.179	.021
Social Media Usage	.028	.044	.562			
Conservativism	-.016	-.081	.292			
Trust in Federal Gov	-.031	-.020	.797			
Trust in State Gov	.008	.005	.946			
Trust in Local Gov	-.105	-.059	.441			
Confidence in CJS	-.069	-.191	.014	-.077	-.303	<.001
Belief in a Just World	-.022	-.122	.112			
Fear of Crime	.031	.131	.089			
Attitudes towards Prisoners	.018	.293	<.001	.018	.307	<.001
Perceived Risk of COVID in Prisoners	.255	.170	.028	.253	.174	.025
Perceived Risk of COVID	.013	.068	.377			

Anxiety of COVID	.030	.163	.035	.048	.223	<.001
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