Overcoming negative ethnic sentiments: Short- and long-term effects of a narrative compassion intervention*

Melis Kartal† Christian Koch‡ Tomáš Miklánek§
Wieland Müller¶

July 10, 2025

Abstract

Using a representative Czech sample, we implement a novel "narrative compassion intervention" to mitigate negative attitudes towards the Roma. Given their marginalization, conventional interventions based on counter-stereotypical information to challenge misperceptions of outsiders are not feasible. Instead, our approach attempts to evoke compassion towards the Roma through a narrative highlighting the dire living conditions of Roma children. The results indicate that the video intervention enhances support for the Roma, increasing both donations and policy approval. While the effect on policy preferences persists, the effect on donations does not. We identify the causal effect of knowledge and compassion on these outcomes.

Keywords: Discrimination, information intervention, compassion

JEL Classification: C90, D83, D91, J15

*We are grateful for comments from Frauke Stehr, Can Çelebi, Peter Katuščák, and seminar participants at the Unversity of Vienna and the Vienna University of Economics and Business. We also extend our thanks to René Levínský and Katja Schröckenstein for their invaluable help in the preparation of the experiment. Kartal and Müller gratefully acknowledge financial support from the Diligentia Foundation. The experiment in this study was pre-registered, along with a pre-analysis plan, on the AEA RCT Registry, available at `https://www.socialscienceregistry.org/trials/11153`, and was reviewed and approved by the Institutional Review Board at the Centre for Science and Research of the Faculty of Business Administration of the Prague University of Economics and Business (No. 05/2022).

†Department of Economics, Competence Center for Experimental Research, Vienna University of Economics and Business, Austria. Email: *melis.kartal@wu.ac.at*.

‡Department of Economics & VCEE, University of Vienna, Austria. E-mail: *chris.koch@univie.ac.at*.

§Department of Managerial Economics, Prague University of Economics and Business, Email: *tomas.miklanek@vse.cz*.

¶Department of Economics & VCEE, University of Vienna, Austria, and Department of Economics, CentER & TILEC, Tilburg University, The Netherlands, and Corvinus Institute for Advanced Studies (CIAS), Corvinus University of Budapest, Hungary. E-mail: *wieland.mueller@univie.ac.at*.

1 Introduction

Discrimination and marginalization remain significant challenges in many societies. As a result, members of disadvantaged communities often face systemic barriers that limit their economic opportunities, social integration, and overall well-being. A growing literature has sought to identify interventions that can combat this discrimination. One recent approach that has gained popularity is the information provision intervention, in which individuals receive factual "counter-stereotypical" information, such as evidence that marginalized or "out"-groups make a positive economic contribution to society or that common stereotypes are not supported by empirical evidence.[1] Although some studies have shown that such interventions can shift perceptions and even influence policy preferences, the evidence is mixed, and it has been shown that an intervention's effectiveness varies widely across target groups. In particular, standard information interventions may not be feasible in the case of groups facing deep-rooted and systemic exclusion. In such cases, convincing positive counter-stereotypical information is usually unavailable, precisely because of historic discrimination.

A particularly relevant example of such exclusion is the Roma community in Europe, one of the continent's most marginalized groups (FRA 2023; Huttenbach 1991). In particular, the Roma in Czechia experience extreme socioeconomic deprivation, characterized by persistent poverty, high unemployment, and limited access to quality education and healthcare (Šimíková et al. 2024).[2] As a result, the Roma remain trapped in a cycle of exclusion, preventing them from fully participating in society. While favorable information about immigrants (such as their economic contribution or their positive effects on the labor market) has been shown to improve attitudes towards them (Haaland and Roth 2020; Facchini et al. 2022), the systemic marginalization of the Roma poses unique challenges to the design of an effective information intervention.

This raises the question of whether an alternative approach, such as the narrative-based intervention proposed here, can generate meaningful shifts in attitudes toward the Roma and increase support for pro-Roma policies. In this study, we investigate whether a compassion-invoking information intervention can achieve these two goals. The findings of prior information interventions, which focus on vulnerable groups or wider inequalities, suggest that influencing policy preferences is more difficult than changing percep-

[1] See Haaland and Roth (2023) for a survey of information provision experiments.

[2] According to the European Commission, the Roma community, estimated to have a population of 6 million, is the largest ethnic minority in the European Union. In Czechia, Roma constitute approximately 2.3% of the population (around 250,000 people). Notably, 55% of Czechs prefer not to have Roma as neighbors (European Union Agency for Fundamental Rights 2016). Only 45% of the Roma population aged 20–64 are employed (compared to 81% of the general population; Šimíková et al. 2024). Many Roma women faced unlawful sterilization between 1966 and 2012 (Amnesty International 2021).

tions. However, even changing perceptions can prove to be a challenge and may not necessarily lead to demands for corrective policies (see, for example, the recent review by Haaland and Roth 2023; as well as Kuziemko et al. 2015; Alesina et al. 2018; Alesina et al. 2023; Alesina et al. 2024). Moreover, individuals may be inclined to perceive disadvantaged groups as responsible for their own circumstances and to resist attitude change. Therefore, instead of presenting statistical facts aimed at correcting misconceptions, as in most of the literature, we adopt a narrative approach based on showing participants an informational video. The video seeks to elicit compassion in its viewers by increasing their awareness and knowledge of the difficult living conditions of Roma children. Furthermore, by focusing the intervention on a child rather than an adult, we hope to reduce resistance to attitude change, based on the idea that individuals will be more likely to feel compassion toward children in disadvantaged circumstances than toward adults in a similar situation.

The intervention is based on a short video that portrays the life of a Roma girl whose experiences exemplify the harsh realities documented in national, EU-level and NGO statistics. To evaluate the effectiveness of the intervention, we run a pre-registered online survey experiment in Czechia using a sample of 4,857 individuals. The sample is broadly representative of the adult Czech population in terms of age, gender, and education. There are two sets of treatments: In the main treatments, participants are randomly assigned to one of two intervention conditions and view the video narrated either by a well-known Czech *actor* or a Czech *priest*. Participants in a control group are not subject to the intervention. The intervention's impact is measured by donations to a charity that assists Roma children and the level of support for policies to increase government funding for programs assisting Roma children and Roma job seekers. In the persistence treatments, we assess whether the intervention effects endure by measuring the same outcomes about four weeks later.

The study makes three key contributions to the literature on information provision experiments. First, it looks at a community that has been marginalized for centuries, whereas previous research has focused largely on immigrants (Hopkins et al. 2019; Haaland and Roth 2020; Grigorieff et al. 2020; Barrera et al. 2020; Facchini et al. 2022; Alesina et al. 2023). Second, rather than correcting factual misconceptions—an approach that has yielded mixed results (see, e.g., Callaghan et al. 2021; Haaland and Roth 2023; Alesina et al. 2024)—a compassion-eliciting narrative attempts to foster attitudinal and behavioral shifts. Third, we explore whether the identity of the narrator—a well-known actor (celebrity status) versus a priest (moral authority)—affects the message's effectiveness.

The results indicate that the intervention generates a substantial increase in donations and in support for pro-Roma policies, at least in the short term. Donations increase by

36% compared to the control group regardless of the identity of the narrator. Support for the policy to assist Roma children rises by 10%, and support for the policy to help Roma job seekers rises by 15%. The policy effects are sustained in the longer term: support for helping Roma children increases by 12%, and support for helping Roma job seekers by 17% after about four weeks. However, the effect on donations disappears. The effect sizes are comparable across outcomes in terms of standard deviations (except for the null effect on donations after four weeks).[3]

To understand the mechanisms behind these findings, we conduct a causal mediation analysis using our treatment variation as an instrument (Dippel et al. 2021). Specifically, we examine whether the intervention works (directly) by increasing knowledge and awareness about the hardships faced by Roma children, or (indirectly) by evoking compassion by means of such knowledge, or perhaps through both channels.

We observe a crucial difference in the persistence of the effects over time. The compassion effect of the intervention initially increases charitable donations (and support for pro-Roma policies), but the effect fades over time. In contrast, knowledge increases long-term support for pro-Roma policies but not the willingness to donate. However, based on the psychology literature on empathy (discussed at length in the concluding remarks), the initial increase in compassion may nonetheless play an essential role in facilitating the more enduring, knowledge-based effects.[4]

Our study contributes to the literature on discrimination and attitude change in several ways. First, it extends prior research on information interventions to include a community facing deep-seated structural marginalization, as opposed to immigrants who were the focus of previous studies. In this respect, Haaland and Roth (2023) and Alesina et al. (2024), which focus on Black Americans, are closely related to our study. Haaland and Roth (2023) provide participants with evidence of discrimination against Black job applicants. The intervention succeeds in correcting misperceptions but does not lead to a significant change in the support for pro-Black policies. Alesina et al. (2024) finds that providing information on the sources of systemic racism and institutional discrimination not only changes perceptions of racial gaps but also improves support for pro-Black policies (although the effects on policy support fade and become insignificant or marginally significant within a week). In contrast, the effect sizes we find here in the case of policy support are higher than those in the aforementioned studies and persist even after four

[3]The short-term increase in donations corresponds to 0.26 standard deviations. In the short term (long term), support for policies to assist Roma children and Roma job seekers increases by 0.19 and 0.23 (0.21 and 0.28) standard deviations, respectively.

[4]In this study, we define *empathy* as the ability to understand and share another person's emotional state (Decety and Jackson 2004; Klimecki 2019), and *compassion* as a prosocial motivation to help arising in response to another's suffering (Goetz et al. 2010). Although empathy may precede compassion, the two are distinct and we measure them separately. See the conclusion for further discussion.

weeks.[5]

Second, our study demonstrates that narrative-based interventions can generate significant attitude shifts, even when positive counter-stereotypical information is unavailable. Third, it highlights a nuanced mechanism underlying the short-term and long-term results. Thus, while an emotional response appears to be necessary in order to increase generosity toward marginalized groups, long-term attitudinal shifts in policy support can be sustained by raising knowledge and awareness using a narrative-based approach.[6]

The findings show that a narrative intervention is able to generate both short-and long-term change and therefore they have important implications for the design of anti-discrimination policy. In particular, policymakers and advocacy organizations seeking to improve attitudes toward highly marginalized communities may find it useful to complement compassion-driven interventions with long-term educational efforts, ensuring that the initial emotional impact translates into enduring support for systemic change.

2 Design

2.1 Overview: The Survey Experiment

Our study aims to identify ways of improving attitudes towards highly vulnerable communities, such as the Roma, and increase support for corrective policies to address their situation. The intervention is based on a short video that provides information on the dire living conditions of the Roma, with the goal of eliciting feelings of compassion among the participants. The video portrays the life story of a Roma girl, which is based on representative statistics from national, EU, and NGO sources and on media reports (see Appendix E for details). We focus on the life of a child since children are unlikely to be perceived as responsible for their adverse life circumstances. A narrative-based approach is used rather than simply providing statistical information, based on the idea that a narrative is easier to understand and more likely to be effective (for example it may be more likely to be remembered; Graeber et al. 2024). The intervention is similar in spirit to the anecdotal

[5]It can be argued that self-reported policy preferences are cheap talk. However, the literature cited above shows that changing policy attitudes (and sustaining them) can be a challenge. In particular, information interventions fail to generate a change in policy preferences unless they change underlying beliefs and perceptions; and they may even fail to do so when such changes in beliefs and perceptions are achieved. In addition, while our intervention succeeds in changing policy preferences over time, our compassion measure—similarly based on self-reported attitudes—does not show the same lasting effect.

[6]There is an extensive literature on charitable giving (see, for example, Andreoni and Payne 2013; Gee and Meer 2020). Since our primary goal is to overcome negative ethnic sentiments, we use charitable donations as a behavioral indicator of attitudinal change. Nonetheles, it is worth noting that the observed short-term donation effect (0.26 of a standard deviation) exceeds by more than 50% the average intervention effect size (approximately 0.16 of a standard deviation) implied by the meta-analysis of over 1,000 studies by Saeri et al. (2023).

treatment in Alesina et al. (2023) who find that narratives are more effective than hard facts in shaping people's views on immigration.

Our experimental treatments vary the narrator of the video: either a well-known Czech actor (*Actor*) or a local priest (*Priest*).[7] There are three outcome variables of interest: (i) donations to a Roma charity; and support for increased government funding of programs to help (ii) Roma children and (iii) Roma job seekers. In the **main** (**M**) **treatments**, the three outcomes are measured immediately after viewing the video. In the **persistence** (**P**) **treatments**, we investigate whether the effects of the intervention persist. We vary the narrator both in the M and P treatments (*Actor* or *Priest*). The P treatments consist of two waves: wave 1 implements the intervention, while wave 2 takes place about four weeks later.[8] Furthermore, the decision to donate takes place *only* in wave 2, whereas support for pro-Roma policies is elicited in both wave 1 and wave 2. We decided to also elicit support for the pro-Roma policies in wave 1, in order to track within-subject changes over time. Finally, the **control** group received the same survey as the M participants but without viewing the video and without completing the post-treatment questionnaire on the video's content. There is no second wave in the control group because we did not expect to observe a significant change in attitude towards the Roma over the course of the experiment in that group.[9]

We recruited 4,857 participants in Czechia via a Czech online survey company ("Median") and employed stratified randomization to obtain a representative sample along age, gender, and education dimensions. There were 739 participants in the control group, 882 in M *Actor*, and 839 in M *Priest*. P *Actor* and P *Priest* had 1,199 (868) and 1,198 (885) participants in wave 1 (wave 2), respectively. The lower numbers in wave 2 are due to attrition.

2.2 Study Structure

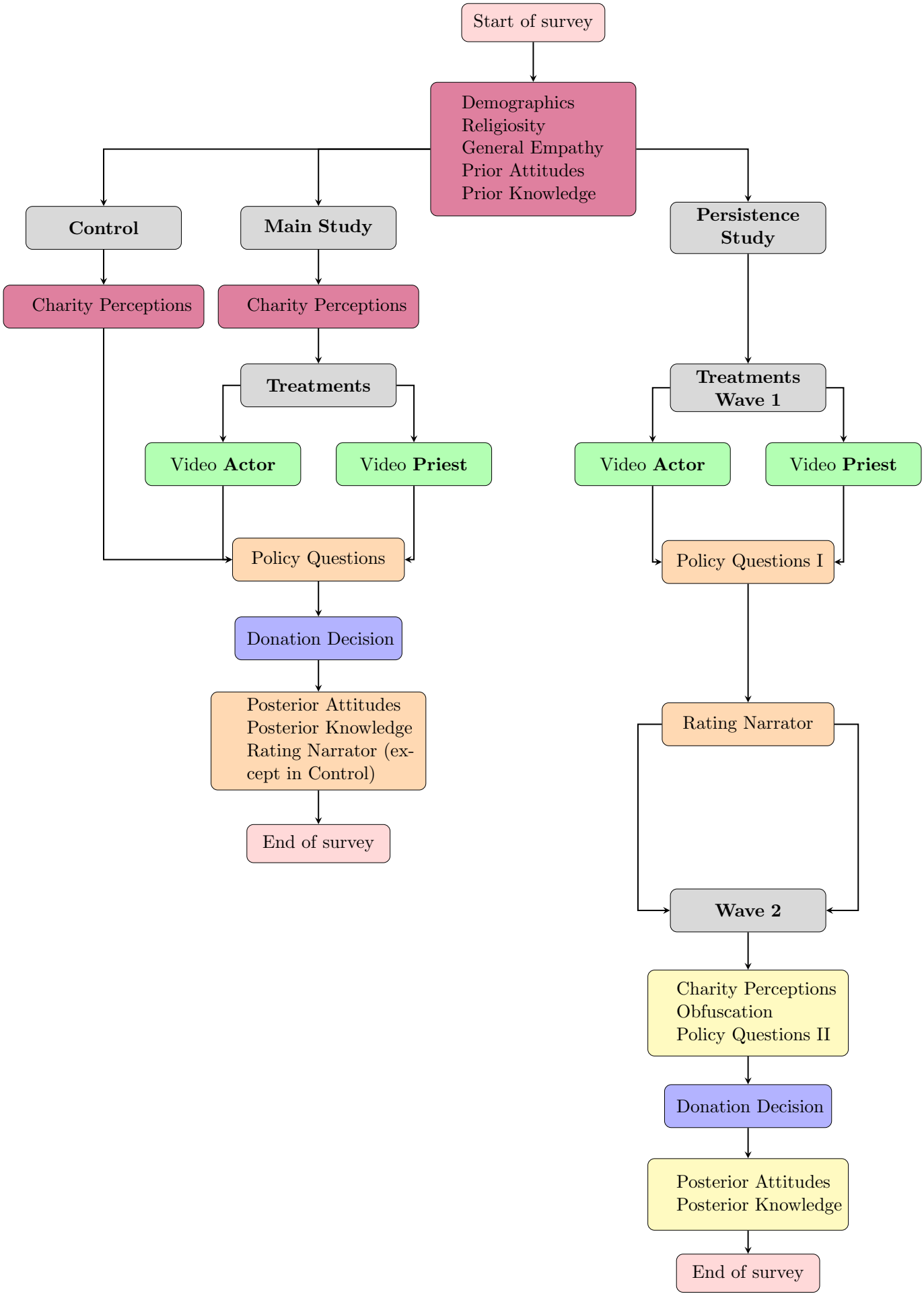
In this section, we explain each part of the study in the order that participants encounter them. The structure is common to the M treatments, wave 1 of P treatments, and the control treatment, unless otherwise stated. All the participants in wave 1 of P are invited to take part in wave 2 about four weeks later. Figure 1 illustrates our study design in detail. The complete survey (translated from the original Czech version) can be found in Online Appendix E.

[7] We intentionally chose a local priest rather than a high-ranking figure within the church hierarchy in order to mitigate any potential feelings of mistrust towards the church. The level of religiosity is relatively low in Czechia. Nonetheless, the church still commands some moral authority within society.

[8] The actual time gap between wave 1 and wave 2 ranges from 14–37 days according to the timing of the participants' response to the invitation to take part in wave 2. The average and median time gaps are both 26 days.

[9] No major Roma-related incidents were reported during the study period.

Figure 1: Survey Structure



Pre-Treatment Questions: After the participants consent to participate, they answer questions about their demographics, political orientation, religiosity, and general empathy. This is followed by three questions on *pre-treatment knowledge* and *pre-treatment attitude (prejudiced or discriminatory)*. Specifically, participants answer the following questions on a scale from 1 to 10: "How would you rate your level of knowledge about the general situation of Roma children?"; "How would you describe yourself, as very prejudiced against Roma children, a little prejudiced, or, not prejudiced at all?"; "How much would you mind or not mind if a Roma was your neighbor?" The answers to the latter two questions are reverse coded so that higher numbers indicate more positive (i.e., less prejudiced and less discriminatory) attitudes.[10] Next, we elicit perceptions of charities in the control and M treatments. The aforementioned pre-treatment variables are used as controls in our parametric investigation of the treatment effects.[11] In the P treatments, questions on charity perceptions are asked in wave 2, just prior to making the decision to donate (see also Figure 1). These questions are followed by the intervention in the M and P treatments, while the control group proceeds to the (post-intervention) outcome questions.

The Information Intervention: As explained above, the intervention consists of a video about the life of a representative Roma girl, narrated either by a well-known Czech actor or by a local priest. The video was professionally produced with high-quality visuals and audio in order to ensure engagement and emotional impact.[12] Participants are not allowed to skip the video. We pre-tested the intervention text on a small sample ($n = 67$) and found that it significantly increased feelings of compassion toward the Roma (see Appendix E).

Post-Intervention Questions: To measure the effect of the intervention on support for pro-Roma policies, we ask the participants (in randomized order and on a scale of 1-10) whether they would support or oppose increased government funding of programs that help (a) Roma school children (*Policy Kids*) and (b) Roma job seekers (*Policy Job seekers*). These questions are asked both in the M treatments and in wave 1 of the P treatments. Additionally, we ask participants to make a donation decision in the M treatments and the control. The two outcome categories—support for pro-Roma policies and donations—were presented in randomized order. Prior to making the donation decision, it is explained to the participants that for taking part in the study they would be enrolled in a

[10] We also ask participants whether they have Roma relatives, friends, colleagues or neighbors (see Section 3.3).

[11] Specifically, there are five questions on religiosity, which are taken from the World Values Survey (Haerpfer et al. 2020), three questions on general empathy (Schlegelmilch et al. 1997), and three questions on perceptions of charities (Sargeant et al. 2006). Using a principal component analysis, we obtain an aggregate measure of religiosity, general empathy, and charity perceptions.

[12] Screenshots are provided in Figure E.1 and E.2. Links to videos: Actor and Priest.

lottery to win CZK 10,000 (approximately $450). They are then asked how much of this amount they would be willing to donate to "Romodrom" (a charity founded in 2001 in the Czech Republic) if they win the lottery. We inform the participants that donations to this charity go toward childcare centers, rental housing, and education services for Roma families with children. As explained in more detail below, participants in the P treatments decide on how much to donate only in wave 2, which takes place about 4 weeks after the intervention.

The outcome questions are followed by three post-treatment questions on *knowledge*, *compassion*, and *discriminatory attitudes*, which are used to analyze the mechanisms underlying the treatment effects. In wave 2 of the P treatments, these questions are asked following the decision to donate. Two of the questions are a rephrasing of the aforementioned questions on pre-treatment knowledge and attitudes. Specifically, we ask the following three questions (on a scale of 1-10): "How informed are you about the general situation of Roma children?"; "How much compassion do you have for Roma children, a lot, some, not a lot, none?"; "How much would you mind or not mind if a Roma was a colleague that you must work with on a daily basis?" Finally, in the M treatments and wave 1 of the P treatments, participants are asked to rate the narrator of the video (i.e., either the actor or the priest) on likeability, trustworthiness, informativeness, and moral authority.

Recall that the above description applies to the control and M treatments as well as wave 1 of the P treatments. Participants who participate in wave 1 are invited to take part in the follow-up (wave 2) in order to determine whether the treatment effects persist.

Wave 2: Participants in wave 2 of the P treatments are asked to decide how much to donate, as in the case of the control and M treatments. We obfuscate the purpose of the follow-up study in order to address concerns about experimenter demand effects, a common practice in the literature (see, e.g., Haaland and Roth 2023; Haaland et al. 2023). In particular, the participants receive an altered consent form, and are asked filler questions about environmental issues; in addition, the policy questions are slightly rephrased and asked in randomized order alongside the donation decision. As mentioned above and shown in Figure 1, the questions on charity perceptions are asked before the donation decision, while post-treatment questions on knowledge, compassion, and discrimination (which are only included in wave 2 of the P treatments) are asked after that decision.

3 Results

In this section, we report the results of (two-tailed) t-tests.[13] It is worth mentioning that the treatment and control groups are balanced on observable characteristics in both waves of the study (see Table A.2, A.4, and A.5). In addition, there are no statistically significant differences in *pre-treatment knowledge* and *attitudes* across the treatment and control groups.[14] Finally, participants as a whole report limited *knowledge* about the situation of Roma children and that they are somewhat *prejudiced* against Roma children, and somewhat *discriminatory* against the Roma (average scores of 4.2, 5.3, and 5.2 respectively, where the latter two scores are reverse-coded).

3.1 Treatment effects: Support for the Roma

As mentioned above, the decision in the P treatments to donate is only made in wave 2, while questions about support for pro-Roma policies appeared in both wave 1 and wave 2. This approach generates a total of 4,213 unique donation decisions and 5,966 self-reports on support for each pro-Roma policy. (Hereafter, P1 (P2) refers to wave 1 (wave 2) of the P treatments.) Our analysis of the support for pro-Roma policies focuses on participants present in both waves of the P treatments. This is to ensure sample stability, which is necessary to analyze the persistence of effects (see, for example, Alesina et al. 2023; Facchini et al. 2022 for a similar approach). However, the results are robust to including all P1 participants in the analysis, as shown in Online Appendix B.[15]

Figure 2 panel (a) shows the level of donations, while the levels of support for policies to assist Roma children and Roma job seekers appear in panel (b) and panel (c), respectively, for the treatment and control groups.

Short-term effects: Panel (a) of Figure 2 shows a notable increase in donations in the M treatments relative to the control group. Donations rise by 36% from 1,988 CZK in the control group to 2,712 CZK in the treatment group (average of *Actor* and *Priest*; $p < 0.001$).

The data for M and P1 are pooled (denoted by M+P1 in Figure 2) in the analysis of the intervention's effect on policy preferences in the short term, since no differences are expected between the two. These panels show that in the short term, support for policies

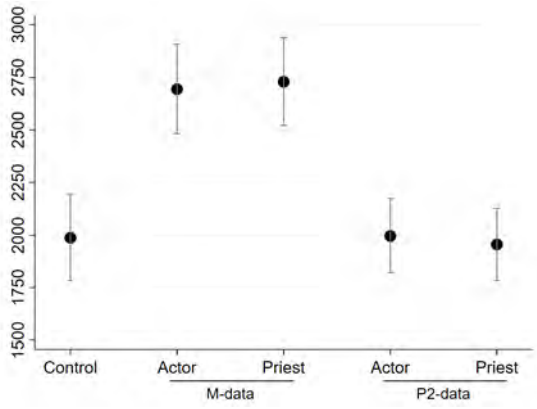
[13] Due to the large sample size, we report the results of t-tests. The corresponding Wilcoxon-Mann-Whitney p-values are nearly identical, and the conclusions are unaffected by the choice of test.

[14] Pooling M and P data, there are no differences between the control and treatment groups in the pre-treatment levels of *prejudice* against Roma children (control: 5.25 vs. treatments: 5.30, $p = 0.361$), *discriminatory attitudes* toward the Roma (5.14 vs. 5.24, $p = 0.601$) and *knowledge* about Roma children (4.25 vs. 4.18, $p = 0.425$), as shown in Table A.2.

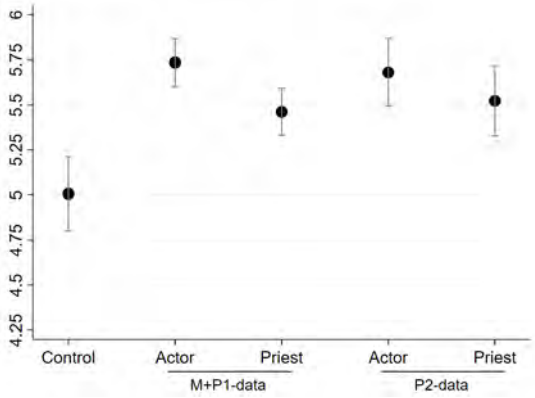
[15] In that appendix, we show that attrition is associated with a few demographic characteristics that are commonly linked to attrition.

Figure 2: Treatment effects on outcomes

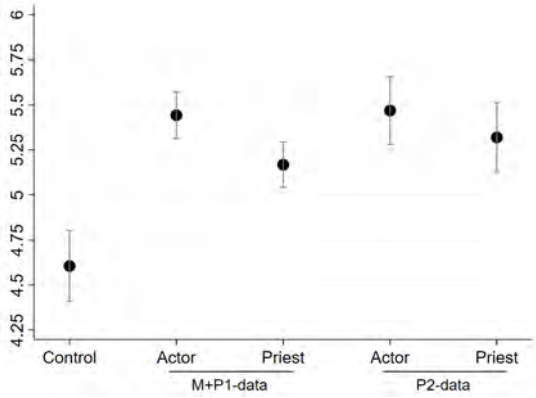
(a) Donations



(b) Policy Kids



(c) Policy Job seekers



Notes: This figure displays unconditional mean outcomes with 95% confidence intervals across treatment and control groups. Panel (a) presents *Donations* to the charity Romodrom conditional on winning the lottery [0–10,000 CZK]. Panel (b) shows *Policy Kids*, i.e., the answer to the following question: "Would you support or oppose the government to increase funding for programs that help Roma children to achieve better performance in school?" Panel (c) presents *Policy Job seekers*, i.e., the answer to the following question: "Would you support or oppose the government to increase funding for programs that help Roma to get employed?" Answers are on a scale of 1-10, with higher values indicating a more positive stance towards Roma. M refers to main treatments. P1 (P2) refers to wave 1 (wave 2) of the persistence (P) treatments. In M and P1 (P2) treatments, outcomes were elicited immediately (about 4 weeks) after the intervention. *Actor* and *Priest* refer to the narrator of the video. As mentioned in the text, we pool the data of M and P1 (denoted by M+P1 in the figure) to analyze the intervention effect on policy support in the short term.

to assist Roma children and Roma job seekers increases from 5.0 to 5.5 (a 10% increase) and from 4.6 to 5.3 (a 15% increase), respectively, on a 10-point scale, again averaged across *Actor* and *Priest* ($p < 0.001$). Thus, the intervention improves the outcomes of interest in the short term.

Persistence of the treatment effects: The effect of the intervention on policy preferences persists for four weeks after watching the video (score of 5.6 for Roma children and 5.4 for job seekers, reflecting increases of 12% and 17%, respectively; averaged across *Actor* and *Priest*), with $p < 0.001$ for both policy outcomes in comparison to the control group.[16] Within-subject comparisons in the P treatments reveal no significant change between waves for either policy decision ($p > 0.15$). However, the effect on donations is transitory: the amounts donated do not differ between P2 and the control group, regardless of the identity of the narrator.

Regression Analysis: We estimate the following OLS regression in order to parametrically investigate the treatment effects, while controlling for the effect of socio-demographic variables as well as pre-treatment knowledge and attitudes:

$$Y_i = \alpha + \sum_j \boldsymbol{\beta}_j \boldsymbol{T}_{ij} + \boldsymbol{\Phi}_1 \boldsymbol{X}_i + \epsilon_i, \tag{1}$$

where Y_i is the outcome of interest, $\boldsymbol{T}_{ij}$ is a dummy variable indicating whether participant i received treatment j (with the control group as the baseline), and $\boldsymbol{X}_i$ is a vector of control variables (see the notes to Table 1). There are four treatments ($j \in \{$M *Actor*, M *Priest*, P2 *Actor*, P2 *Priest*$\}$) when the outcome of interest is the donation decision, and six treatments when the outcome of interest is support for the pro-Roma policy (assisting Roma children or Roma job seekers) because the P treatments elicit post-treatment policy support in both wave 1 (P1 *Actor* and P1 *Priest*) and wave 2 (P2 *Actor* and P2 *Priest*). When the outcome of interest is policy support, we estimate a panel regression, since all the P2 participants also reported in P1 (the panel structure is unbalanced since other participants reported only once). We use robust standard errors.

According to Column (1) in Table 1, M *Actor* and M *Priest* have a substantial and significant effect on donations. The effect sizes translate into 0.25 and 0.28 of a standard deviation, respectively (see Table B.1 in the Online Appendix). However, these effects do not persist, as can be seen in the results for P2 *Actor* and P2 *Priest*. As for policy preferences, both the M and P treatments improve support for policies to help Roma children and Roma job seekers regardless of the identity of the narrator and regardless of the wave (see Columns (2) and (3) of Table 1). The effect sizes range from 0.15 to 0.30 of a standard deviation. Thus, the effect on policy support persists in the longer term, but not the effect on donations. Furthermore, the main results, namely the significant treatment effects, are robust even under the most stringent adjustment for multiple testing. Thus, after applying a Bonferroni correction for all 16 tests in columns (1)–(3) (i.e. multiplying

[16] As discussed in Footnote 8, the time gap between waves varied across participants. This variation does not affect the outcomes (see the regression results in Table B.5).

Table 1: Outcomes and channels

	(a) Outcomes			(b) Mechanisms		
	(1)	(2)	(3)	(4)	(5)	(6)
	Donations	Policy Kids	Policy Job seekers	Knowledge	Comp. Kids	Discr.
M Actor	778.775***	0.681***	0.769***	0.426***	0.558***	−0.023
	(134.340)	(0.121)	(0.119)	(0.088)	(0.096)	(0.108)
M Priest	693.850***	0.416***	0.517***	0.294***	0.384***	−0.111
	(133.057)	(0.118)	(0.114)	(0.078)	(0.094)	(0.104)
P2 Actor	−92.762	0.500***	0.709***	0.805***	0.049	0.029
	(124.752)	(0.118)	(0.118)	(0.093)	(0.095)	(0.106)
P2 Priest	−14.359	0.522***	0.716***	0.758***	0.036	0.137
	(123.199)	(0.122)	(0.121)	(0.093)	(0.096)	(0.106)
P1 Actor		0.687***	0.821***			
		(0.118)	(0.117)			
P1 Priest		0.414***	0.524***			
		(0.121)	(0.119)			
N	4213	5966	5966	4213	4213	4213
Controls	Yes	Yes	Yes	Yes	Yes	Yes

Notes: This table shows OLS regression results (panel random-effect OLS regression results in columns (2) and (3)), where the dependent variables are outcomes in panel (a) and potential mechanisms in panel (b). *Donations* refer to the amount donated to the charity Romodrom conditional on winning the lottery [0–10,000]. *Policy Kids* (*Policy Job seekers*) refers to support for increased government funding for programs that help Roma children (Roma to get employed). *Knowledge* is the answer to the following question: "How informed are you about the general situation of Roma children?" *Comp. Kids* is the answer to the following question: "How much compassion do you have for Roma children?" *Discr.* is the (reverse coded) answer to the following: "Would you mind if a Roma was a colleague?" Self-reports are on a scale of 1-10, with higher values indicating a more positive stance towards Roma. M refers to main treatments. P1 (P2) refers to wave 1 (wave 2) of the persistence (P) treatments. In M and P1 (P2) treatments, outcomes were elicited immediately (about 4 weeks) after the intervention. *Actor* and *Priest* refer to the narrator of the video. Control variables include gender, age, income, education, employment status, location, household size, marital status, political preferences, citizenship and parent's place of birth, general empathy, charity perceptions, and religiosity as well as pre-treatment knowledge about and attitudes towards Roma. Robust standard errors are in parentheses. *** , **, and * indicate significance at the 1%, 5%, and 10% level.

the p-values by 16), all the results remain significant at least at the 1% level.[17] Similarly, after rigorously excluding potentially inattentive subjects, the results remain unchanged (see Appendix B for this and additional robustness checks, including estimations without controls, with pooled data and based on ordered-response models).

Actor versus Priest: The identity of the video's narrator does not have an effect on donations. In the policy domain, *Actor* has a somewhat larger positive effect on support

[17] We in fact pre-registered a much less stringent adjustment for multiple testing by aggregating policy outcomes into a single measure and controlling for the false discovery rate for individual outcomes.

for policies to help Roma children and Roma job seekers than *Priest* in the M and P1 treatments, and the increase is statistically significant.[18] This is consistent with the findings reported in Tables A.6 and A.7 that participants have a more favorable opinion of the actor than the priest in all four domains at the end of the experiment. Thus, on average, participants find the actor to be more sympathetic, more trustworthy, and more informative, and notably, rate him higher in terms of moral authority ($p < 0.001$ in all domains). Nevertheless, the *Priest* treatments are still highly effective. In this case, the findings can be interpreted as a lower bound on the effectiveness of the priest's narration given that membership in a church and, more generally, religiosity are at low levels in Czechia.

Result 1 (Outcomes) *The narrative compassion intervention significantly increases support for the Roma in terms of both donations and pro-Roma policy. While the effect on support for pro-Roma policies persists (after four weeks), the effect on donations does not. The actor is a more effective narrator than the priest, but differences are modest and not always significant.*

3.2 Mechanism and Mediation Analysis

As shown above, the treatments are effective in improving the outcomes of interest. In this section, we analyze the potential mechanisms underlying the treatment effects in order to understand why the effect on policy preferences persists, while the effect on donations does not.

Our intervention aims to improve the level of *knowledge* about the dire living conditions of Roma children. Indeed, according to the pre-treatment self-reports, the participants had little prior knowledge of the situation. The intervention is also intended to evoke *compassion* towards the Roma, and in particular, Roma children. As a first step, we explore whether our intervention influences participants' knowledge about and compassion toward Roma.

The intervention significantly increases the participants' knowledge about Roma children (4.3 in the control group vs. 4.5 in M and 5.0 in P2) averaged across *Actor* and *Priest* ($p = 0.015$ and $p < 0.001$, respectively); as shown in Figure A.1. Panel (b) of Table 1 confirms the significance of these observations using a parametric approach.[19] The intervention increases compassion (5.1 in the control group vs. 5.6 in M; $p < 0.001$) averaged across *Actor* and *Priest*. However, there is no statistically significant difference between P2 and the control group, implying that the effect is transitory. The intervention

[18] The p-values based on Wald-tests of policy preferences are as follows: Policy Kids: $p = 0.017$ for M, and $p = 0.015$ for P1; Policy Job seekers: $p = 0.025$ for M, and $p = 0.010$ for P1.

[19] Recall that post-treatment questions on knowledge, compassion, and discrimination are asked in wave 2 of the P treatments since they are always asked after the decision to donate in our design.

does not have an effect on discrimination in M or P2, which we attribute to the fact that a large majority of the control group states that they would not mind working with a Roma colleague (average score of 7.9 out of 10), leaving little room for the intervention to have any impact.

Result 2 (Mechanisms) *The intervention has a positive effect on knowledge and compassion, but the effect on compassion is transitory.*

To better understand the causal mechanisms underlying the impact of the intervention on donations and support for pro-Roma policies, we use a causal mediation analysis, in which the treatment variation is used as the instrumental variable (see Dippel et al. 2021). More specifically, mediation models consist of an independent variable (in our case, *knowledge* denoted by K), a dependent variable Y (in our case, donations or support for pro-Roma policies) and a mediating variable (in our case, *compassion* denoted by C) through which the independent variable K indirectly affects the dependent variable Y (see Figure C.1). Thus, the mediating variable (compassion C) is itself causally affected by the independent variable (knowledge K), and mediates part of the total causal effect of K on Y. Essentially, the model decomposes the "total effect" of knowledge K on Y into a "direct effect" and an "indirect effect" running through compassion C. Concerns regarding the endogeneity of K and C may arise, since, for example, some participants may want to conform to what is socially desirable (omitted variable bias). To address such concerns, Dippel et al. (2021) propose using a single instrument for both K and C, which in our case is the treatment variation. In the main mediation analysis, we pool the data of *Actor* and *Priest* since the observed differences between the two are modest at best. To carry out this causal mediation analysis involves estimating two sets of 2SLS regressions. First, to establish whether compassion is a valid mediator for the influence of knowledge, we estimate whether knowledge (instrumented by the treatment variation) causally affects compassion:

$$K = \beta_K^T T + \beta_K^X X + \epsilon_K \tag{2}$$

$$C = \beta_C^K K + \beta_C^X X + \epsilon_C, \tag{3}$$

where T is the (pooled) treatment dummy, and X denotes the set of control variables. In the second stage, following Dippel et al. (2021), we estimate the effect of the instrumented compassion variable on outcomes, with knowledge entering as a conditioning variable:

$$C = \gamma_C^T T + \gamma_C^K K + \gamma_C^X X + \eta_C \tag{4}$$

$$Y = \beta_Y^C C + \beta_Y^K K + \beta_Y^X X + \epsilon_Y. \tag{5}$$

In this mediation framework, the direct effect (DE) of K on Y is given by $DE = \beta_Y^K$, while the indirect effect (IE) of K running through C is given by $IE = \beta_C^K * \beta_Y^C$. The total effect ($TE$) of K is given by the sum of DE and IE; i.e., $TE = \beta_Y^K + \beta_C^K * \beta_Y^C$. Following Dippel et al. (2021), β_Y^C and β_Y^K can be identified under the assumption that there is no correlation between ϵ_K and ϵ_Y, conditional on ϵ_C and all the observed variables. According to Dippel et al. (2021), this conditional independence assumption means that there is no unobserved variable that is *orthogonal* to the mediator C but which significantly affects both K and the outcome of interest Y. This is a highly plausible assumption in our context. In particular, we have no reason to believe that social desirability (or, more generally, experimenter demand effects) is uncorrelated with our compassion measure while affecting knowledge and donations (or support for pro-Roma policies). In this regard, we also note that there is a rich set of controls, including pre-treatment levels of knowledge and attitudes towards the Roma, which further mitigates such omitted variable problems in our setting.

Table C.1 shows a significant *total effect* of knowledge on donations and on support for pro-Roma policies in the short term (i.e., in the M treatments).[20] A one-point increase in knowledge increases donations by 1,974 CZK and support for pro-Roma policies by 1.49 (kids) and 1.70 (job seekers) with $p < 0.001$ in all cases. In fact, the short-term total effects on the outcomes of interest are almost entirely due to compassion, since the *indirect effect* increases outcomes by 2,001 CZK, 1.57, and 1.80, respectively, as reported in Table C.1 ($p < 0.001$ in all cases).[21]

Importantly, Table C.2 shows that this mediation effect does not persist in the longer term (i.e., four weeks later). This is to be expected, since Table 1 shows that the effect of the intervention on compassion dissipates. Nonetheless, there is still a significant (total) effect of knowledge on support for pro-Roma policies four weeks later, as shown in Table C.4.

Result 3 (Causal Mediation Analysis) *In the short term, the effect of increased knowledge on donations and support for pro-Roma policies is entirely mediated by compassion. In the longer term, there is no such mediation; nonetheless, knowledge has a significant effect on policy preferences.*

[20] The P1 data cannot be used in the short-term mediation analysis of the support for pro-Roma policies because post-treatment knowledge and compassion measures are elicited only in P2.

[21] In the case of the policy support to assist Roma job seekers, knowledge has a small but negative *direct effect* in the short run (-0.098, $p = 0.005$), suggesting that compassion alone would have led to a stronger response. This implies that knowledge of the disadvantaged situation of Roma adults may somewhat dampen the compassion effect, unlike in the case of policies to help Roma children. This aligns with a potential tendency to perceive disadvantaged adults as more responsible for their circumstances than children, as mentioned in the Introduction.

3.3 Heterogeneity

Following our pre-analysis plan, we assess the heterogeneity of *treatment effects* along four dimensions: empathy (measured by general empathic ability, as discussed in Footnote 11), pre-treatment contact with Roma (see Footnote 10), pre-treatment attitudes, and socio-economic status.[22] Detailed analyses are provided in Appendix D and Tables D.1-D.4. In summary, while all four dimensions influence outcomes, only general empathic ability significantly interacts with the intervention.

Result 4 (Heterogeneity) *Pre-treatment contact with the Roma and positive pre-treatment attitudes are generally associated with higher levels of donations and policy support. High socio-economic status is also associated with larger donations. However, the intervention has a significantly stronger impact only in the case of participants with higher general empathy.*

4 Discussion and Conclusion

We design a novel "narrative compassion intervention" which is shown to effectively increase support for the Roma. Our causal mediation analysis indicates that heightened compassion is a prerequisite for charitable giving. However, while compassion—and, consequently, the willingness to donate—fade over time, our narrative-based approach successfully produces a persistent impact on support for pro-Roma policies. This is accomplished by generating sustained awareness and knowledge of the living conditions of Roma children. Nonetheless, the initial rise in compassion may be essential in facilitating these sustained knowledge-based effects.

Our findings connect to the psychological literature on empathy (defined as the capacity to share and understand another person's emotional state). Psychologists distinguish between "affective" and "cognitive" empathy, where the former entails *sharing/feeling* another person's emotional state while the latter entails *understanding* it (Decety and Jackson 2004; Klimecki 2019). These components are distinct, but they nonetheless interact. In particular, cognitive empathy can help transform affective empathy into constructive action (Decety and Jackson 2004; Vallette d'Osia and Meier 2024). In our intervention, affective empathy may have facilitated short-term compassion—i.e., prosocial motivation—leading to immediate generosity, while cognitive empathy may have transformed initial affective empathy and compassion into sustained knowledge and perspective-taking, thus

[22] It is worth noting that *pre-treatment* knowledge and attitudes vary systematically with the participants' background characteristics. As illustrated by Figure A.2, individuals with prior contact with (and greater empathy toward) the Roma report significantly higher levels of knowledge and more favorable attitudes.

underpinning longer-term support for inclusive policies (Feldman 2020). These arguments are also supported by our heterogeneity results which show that the intervention has a significantly stronger impact on participants with a higher level of general empathy.

Our mediation analysis suggests that the affective component of our intervention fades quickly while its cognitive component (triggered by the informational content of the video) persists. This implies that policies and initiatives designed to counter discrimination should pair compassion-driven appeals with long-term educational efforts in order to achieve lasting support for systemic change. More broadly, the results highlight the importance of designing interventions that move both the hearts and minds of the target audience.

References

Alesina, Alberto, Armando Miano, and Stefanie Stantcheva, "Immigration and Redistribution," *The Review of Economic Studies*, 2023, *90* (1), 1–39.

_ , Matteo F. Ferroni, and Stefanie Stantcheva, "Perceptions of Racial Gaps, Their Causes, and Ways to Reduce Them," Working Paper 29245, National Bureau of Economic Research 2024.

_ , Stefanie Stantcheva, and Edoardo Teso, "Intergenerational mobility and preferences for redistribution," *American Economic Review*, 2018, *108* (2), 521–554.

Amnesty International, "Czech Republic: Hard won justice for women survivors of unlawful sterilization," July 2021. Accessed: 2025-05-09.

Andreoni, James and A. Abigail Payne, "Charitable Giving," in Alan J. Auerbach, Raj Chetty, Martin Feldstein, and Emmanuel Saez, eds., *Handbook of Public Economics*, Vol. 5, Elsevier, 2013, pp. 1–50.

Barrera, Oscar, Sergei Guriev, Emeric Henry, and Ekaterina Zhuravskaya, "The persuasive effect of Fox News: Noncompliance with social distancing during the COVID-19 pandemic," *Journal of Public Economics*, 2020, *188*, 104212.

Brabenec, Luboš, "Vliv emocí na retrospektivní vnímání času," 2012. Bachelor's thesis, Masaryk University, Faculty of Social Studies, Brno, Accessed 2024-11-09.

Callaghan, Bennett, Leilah Harouni, Cydney H. Dupree, Michael W. Kraus, and Jennifer A. Richeson, "Testing the Efficacy of Three Informational Interventions for Reducing Misperceptions of the Black–White Wealth Gap," *Proceedings of the National Academy of Sciences*, 2021, *118* (38), e2108875118.

Decety, Jean and Philip L. Jackson, "The Functional Architecture of Human Empathy," *Behavioral and Cognitive Neuroscience Reviews*, 2004, *3* (2), 71–100.

Dippel, Christian, Robert Gold, Stephan Heblich, and Rodrigo Pinto, "The Effect of Trade on Workers and Voters," *The Economic Journal*, 2021, *132* (641), 199–217.

d'Osia, Armelle Vallette and Laurenz L. Meier, "Empathy and Compassion," *Occupational Health Science*, 2024, *11* (11), 883–904.

European Union Agency for Fundamental Rights, "Fundamental Rights Report 2016," 2016. `https://fra.europa.eu/en/publication/2016/fundamental-rights-report-2016`, Accessed: 2024-11-09.

_ , *A persisting concern: anti-Gypsyism as a barrier to Roma inclusion*, Luxembourg: Publications Office of the European Union, 2018. https://fra.europa.eu/en/publication/2018/persisting-concern-anti-gypsyism-barrier-roma-inclusion, Accessed 2024-11-09.

Facchini, Giovanni, Yotam Margalit, and Hiroyuki Nakata, "Countering Public Opposition to Immigration: The Impact of Information Campaigns," *European Economic Review*, 2022, *141*, 103959.

FRA, "Roma in 10 European Countries- Main Results," Technical Report, European Union Agency for Fundamental Rights (FRA) 2023.

Gee, Laura K. and Jonathan Meer, "The Altruism Budget: Measuring and Encouraging Charitable Giving," in Walter W. Powell and Patricia Bromley, eds., *The Nonprofit Sector: A Research Handbook*, 3 ed., Stanford University Press, 2020, pp. 558–565.

Goetz, Jennifer L., Dacher Keltner, and Emiliana Simon-Thomas, "Compassion: An Evolutionary Analysis and Empirical Review," *Psychological Bulletin*, 2010, *136* (3), 351–374.

Graeber, Thomas, Christopher Roth, and Florian Zimmermann, "Stories, Statistics, and Memory," *The Quarterly Journal of Economics*, 2024, *139* (4), 2181–2225.

Grigorieff, Alexis, Christopher Roth, and Diego Ubfal, "Does Information Change Attitudes Toward Immigrants? Representative Evidence from Survey Experiments," *Demography*, 2020, *57* (3), 1117–1143.

Haaland, Ingar and Christopher Roth, "Labor market concerns and support for immigration," *Journal of Public Economics*, 2020, *191*, 104256.

_ **and** _ , "Beliefs about Racial Discrimination and Support for Pro-Black Policies," *The Review of Economics and Statistics*, 2023, *105* (1), 40–53.

_ **,** _ **, and Johannes Wohlfart**, "Designing Information Provision Experiments," *Journal of Economic Literature*, 2023, *61* (1), 3–40.

Haerpfer, Christian, Ronald Inglehart, Alejandro Moreno, Christian Welzel, Kseniya Kizilova, Juan Diez-Medrano, Marta Lagos, Pippa Norris, Eduard Ponarin, Bi Puranen et al., "World Values Survey: Round Seven – Country-Pooled Datafile," 2020. Version: 2.0.0 (2020-12-20).

Hopkins, Daniel J., John Sides, and Jack Citrin, "The Muted Consequences of Correct Information about Immigration," *The Journal of Politics*, 2019, *81* (1), 315–320.

Huttenbach, Henry R., "The Romani Pořajmos: The Nazi Genocide of Europe's Gypsies," *Nationalities Papers*, 1991, *19* (3), 373–394.

Klimecki, Olga M., "The Role of Empathy and Compassion in Conflict Resolution," *Emotion Review*, 2019, *11* (4), 310–325.

Kuziemko, Ilyana, Michael I Norton, Emmanuel Saez, and Stefanie Stantcheva, "How elastic are preferences for redistribution? Evidence from randomized survey experiments," *American Economic Review*, 2015, *105* (4), 1478–1508.

Saeri, Alexander K., Peter Slattery, Joannie Lee, Thomas Houlden, Neil Farr, Romy L. Gelber, Jake Stone, Lee Huuskes, Shane Timmons, Kai Windle, Luke Spajic, Luke Freeman, David Moss, Jon Behar, Stefan Schubert, Emily A. C. Grundy, and Michael Zorker, "What Works to Increase Charitable Donations? A Meta-Review with Meta-Meta-Analysis," *Voluntas: International Journal of Voluntary and Nonprofit Organizations*, 2023, *34* (3), 655–676.

Sargeant, A., J. Ford, and D.C. West, "Perceptual determinants of nonprofit giving behavior," *Journal of Business Research*, 2006, *59*, 155–165.

Schlegelmilch, B.B., A. Diamantopoulos, and A. Love, "Characteristics affecting charitable donations: Empirical evidence from Britain," *Applied Marketing Science*, 1997, *3*, 14–28.

Šimíková, Ivana, Tomas Katrňák, Miroslava Rákoczyová, and Laura Fónadová, "Report on the Socio-economic Situation of the Roma Population in the Czech Republic 2023/2024," Technical Report, Research Institute for Labour and Social Affairs (RILSA), Prague, Czech Republic 2024.

Watson, David, Lee Anna Clark, and Auke Tellegen, "Development and validation of brief measures of positive and negative affect: The PANAS scales," *Journal of Personality and Social Psychology*, 1988, *54* (6), 1063–1070.

Online Appendix

Summary of the Online Appendix

In section A, we provide additional analysis. Figure A.1 extends Figure 2 by illustrating treatment effects on the underlying mechanisms. Figure A.2 shows the correlates of participants' pre-treatment attitudes about Roma.

Table A.1 provides the summary statistics of our study sample. Table A.2 evaluates the covariate balance between the control and (pooled) treatments. Table A.3 compares our sample to the Czech population on targeted dimensions (i.e., age, gender, and education). Table A.4 compares balance in these dimensions between control and individual M and P treatments. Table A.5 focuses specifically on the comparison between the control group and P1 treatments, using the full P1 sample—including participants who did not return for P2. Tables A.6 and A.7 present participants' assessments about the two narrators (*Actor* versus *Priest*) along different dimensions.

In section B, we provide additional robustness results. Table B.1 replicates Table 1 using standardized effect sizes. Table B.2 uses ordered logit models. Tables B.3 and B.4 provide additional robustness for Table 1, presenting regressions without controls and with pooled treatment data, respectively. Table B.5 investigates the effect of the individual variation in the time gap between waves on outcomes in P treatments. Table B.6 reproduces specifications 2 and 3 (Policy Kids and Policy Job Seeker) from Table 1, now including participants of P1 treatments who did not return for P2 (i.e., wave 2 of the P treatments). Table B.7 examines the correlates of attrition in wave 2 of the P treatments. Finally, Table B.8 shows that our results are robust to excluding potentially inattentive participants.

In Section C, we provide more details on the mediation analysis we implement in Section 3.2. Figure C.1 provides an illustration of the mediation framework. Tables C.1, C.2 and C.3 present the detailed results that support the findings discussed in the main text. Table C.4 provides further estimations, confirming a significant total effect of knowledge on outcomes.

In Section D, we analyze heterogeneous treatment effects. Table D.1 focuses on the variation in treatment by empathy level, while Table D.2 examines differences due to prior contact with Roma. Tables D.3 and D.4 investigate heterogeneity by pre-treatment attitudes and socio-economic status, respectively.

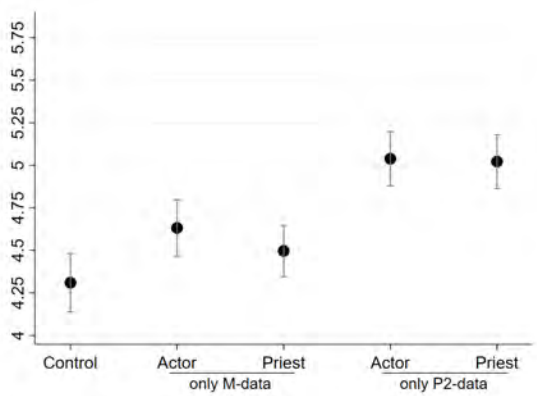
Section E presents the questionnaire, the (translated) transcript of our intervention, as well as the screenshots of the intervention video.

A Supplementary Materials

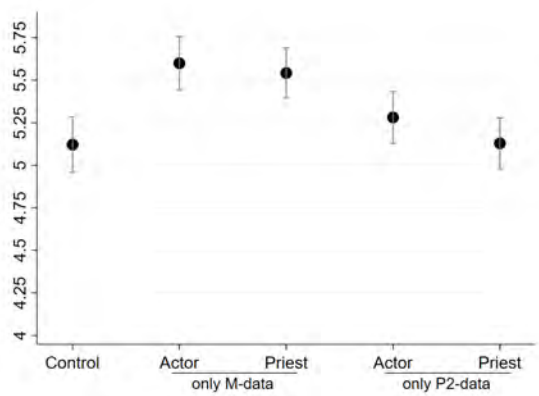
A.1 Additional Tables and Figures

Figure A.1: Mechanisms

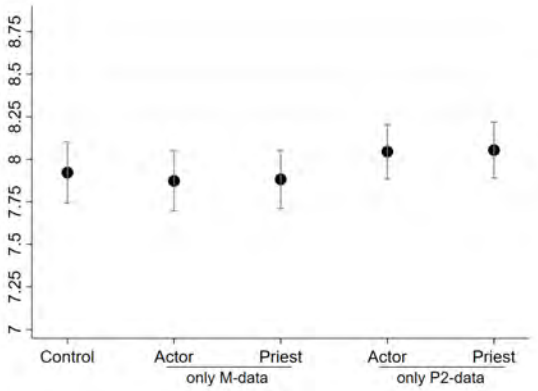
(a) Knowledge



(b) Compassion – Kids

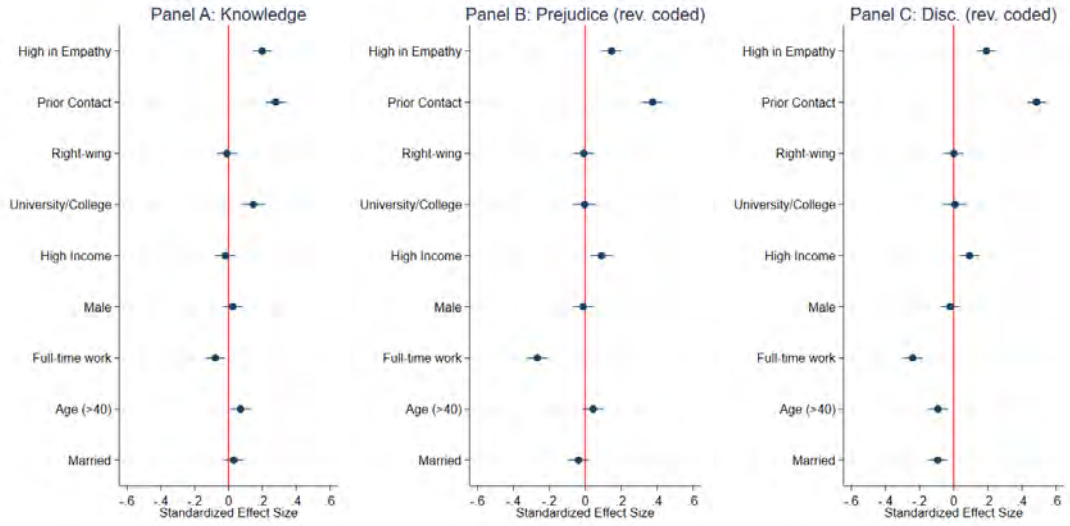


(c) Discrimination (rev. coded)



Notes: This figure displays unconditional mean mechanism measures with 95% confidence intervals across treatment and control groups. Panel (a) presents *Knowledge*, which is the answer to the following question: "How informed are you about the general situation of Roma children?" Panel (b) shows *Compassion – Kids*, i.e., the answer to the following question: "How much compassion do you have for Roma children?" Panel (c) presents *Discrimination*, i.e., the answer to the following question: "Would you mind if a Roma was a colleague?" (reverse coded). Answers are on a scale of 1-10, with higher values indicating a more positive stance towards Roma. M refers to main treatments. P1 (P2) refers to wave 1 (wave 2) of the persistence (P) treatments. In M and P1 (P2) treatments, mechanism measures were elicited immediately (about 4 weeks) after the intervention.

Figure A.2: Correlates of pre-treatment beliefs about Roma



Notes: The dots indicate the mean values of the estimated multiple OLS regression coefficients. The horizontal lines indicate the 95 percent confidence interval of the means. In Panel A, the outcome variable is participants' knowledge about the situation of the Roma. In Panel B, the outcome variable is participants' prejudice against Roma kids (reverse coded). In Panel C, the outcome variable is participants' discriminatory attitudes towards Roma neighbors (reverse coded). Higher values correspond to higher knowledge and more positive attitudes towards Roma.

Table A.1: Table of Summary Statistics

	Mean	SD	Median	Minimum	Maximum	Obs.
Male	0.50	0.50	0	0	1	4857
Age (in years)	42.71	14.67	41	18	91	4857
Married	0.44	0.50	0	0	1	4857
Czech citizen	0.99	0.09	1	0	1	4857
Parents born in CZ	0.90	0.30	1	0	1	4857
Politics: Left(1)-Right (10)	5.65	1.96	5	1	10	4857
(Monthly) household income	49288	24087	45000	5000	100000	4598
# Kids in household	1.27	1.17	1	0	5	4857
Elementary or no education	0.06	0.25	0	0	1	4857
Highschool, no certificate	0.29	0.45	0	0	1	4857
Highschool, certificate & vocational	0.41	0.49	0	0	1	4857
University	0.23	0.42	0	0	1	4857
Full-time employee	0.51	0.50	1	0	1	4857
Part-time employee	0.07	0.26	0	0	1	4857
Self employed	0.06	0.24	0	0	1	4857
Retired	0.15	0.36	0	0	1	4857
Unemployed	0.03	0.17	0	0	1	4857
Work-Other	0.17	0.38	0	0	1	4857
City ($\geq$100,000 inhabitants)	0.23	0.42	0	0	1	4857
Prejudice – Roma Kids (rev. coded)	5.29	2.83	5	1	10	4857
Discrimination – Roma Neighbor (rev. coded)	5.23	2.47	5	1	10	4857
Knowledge – Roma Kids	4.19	2.24	4	1	10	4857

Notes: This table displays the summary statistics of our sample. Household income is reported in Czech Korunas (CZK) — for reference, 50,000 CZK is approximately equivalent to 2,150 USD or 2,000 EUR at the time of the survey. Note that participants could choose not to report their household income, which explains the lower number of observations in this dimension.

Table A.2: Balance between control and treatments

	Control (C)	Treatments (T)	T vs. C	Obs.
Male	0.52	0.50	0.276	4857
Age (in years)	43.52	42.57	0.103	4857
Married	0.45	0.44	0.755	4857
Czech citizen	0.99	0.99	0.278	4857
Parents born in CZ	0.90	0.90	0.498	4857
Politics: Left(1)-Right (10)	5.70	5.64	0.475	4857
(Monthly) household income	48697	49393	0.484	4598
# Kids in household	1.29	1.27	0.806	4857
Elementary or no education	0.06	0.07	0.842	4857
Highschool, no certificate	0.30	0.29	0.598	4857
Highschool, certificate & vocational	0.42	0.41	0.587	4857
University	0.22	0.24	0.280	4857
Full-time employee	0.53	0.51	0.341	4857
Part-time employee	0.08	0.07	0.474	4857
Self employed	0.06	0.06	0.723	4857
Retired	0.15	0.15	0.723	4857
Unemployed	0.04	0.03	0.038	4857
Work-Other	0.14	0.18	0.034	4857
City ($\geq$ 100,000 inhabitants)	0.24	0.23	0.371	4857
Prejudice – Roma Kids (rev. coded)	5.25	5.30	0.361	4857
Discrimination – Roma Neighbor (rev. coded)	5.14	5.24	0.601	4857
Knowledge – Roma Kids	4.25	4.18	0.425	4857

Notes: This table examines the covariate balance between the control and treatments, pooling data over all treatments. The fourth column presents the p-values of two-sided t-tests. Household income is reported in Czech Korunas (CZK)—for reference, 50,000 CZK is approximately equivalent to 2,150 USD or 2,000 EUR at the time of the survey. Note that participants could choose not to report their household income, which explains the lower number of observations in this dimension.

Table A.3: Comparison of the sample to the Czech population on targeted demographic characteristics

	Study sample	Czech Internet Population	Czech Population
Male	0.50	0.50	0.49
Age (in years)	42.7	43.2	50.15
High school or above	0.64	0.65	0.55
University	0.23	0.23	0.19

Notes: This table compares our sample to the Czech population aged 18 and above on targeted demographic characteristics (based on the 2021 Census).

Table A.4: Comparison of the control and individual treatments on targeted demographic characteristics

	Actor	p	**Control**	p	Priest
Panel (a): M treatments versus Control					
Male	0.51	0.862	*0.52*	0.719	0.51
Age (in years)	43.12	0.583	*43.53*	0.195	42.58
High school or above	0.63	0.731	*0.64*	0.283	0.67
Income	48613	0.946	*48697*	0.325	49918
Panel (b): P treatments versus Control					
Male	0.50	0.512	*0.52*	0.690	0.51
Age (in years)	42.37	0.011	*43.53*	0.398	43.84
High school or above	0.64	0.867	*0.64*	0.377	0.62
Income	48658	0.97	*48697*	0.664	49238

Notes: This table compares the control and each individual treatment on targeted demographic characteristics. Panel (a) focuses on M treatments, panel (b) on P treatments (excluding those who participate in only wave 1). p-values refer to two-sided t-tests comparing each individual treatment to the control.

Table A.5: Comparison of the control and individual treatments on targeted demographic characteristics—full P1 sample

	P1 Actor	p	**Control**	p	P1 Priest
Male	0.48	0.141	*0.52*	0.190	0.49
Age (in years)	41.81	0.011	*43.53*	0.398	42.95
High school or above	0.66	0.427	*0.64*	0.841	0.64
Income	49679	0.40	*48697*	0.623	49269

Notes: This table compares the control and P1 treatments on targeted demographic characteristics. Unlike Table A.4, it also includes respondents who did not return wave 2. p-values refer to two-sided t-tests comparing each (full sample) P1 treatment to the control.

Table A.6: Speaker assessment

	Priest	Actor	p-value
Known (in %)	0.02	0.87	0.001
Sympathetic	4.86	7.12	0.001
Trustworthy	5.57	6.70	0.001
Info	6.22	6.88	0.001
Moral authority	5.83	6.35	0.001

Notes: This table compares participants' assessments of the two narrators (pooling data across M and P1). *Known* is the mean of the answer to the following question: "Did you know the person before?" (Yes, No). In addition, we elicited agreement with the following statements on a 10-point scale (1: "not at all"; 10: "a lot"). *Sympathetic*: "The speaker was sympathetic". *Info*: "The speaker was informative". *Trusthworty*: "The speaker was trustworthy". *Moral Authority*: "The speaker has moral authority". p-value refers to two-sided t-tests.

Table A.7: Regression analysis of speaker assessment

	(1)	(2)	(3)	(4)	(5)
	Known (in %)	Sympathetic	Trustworthy	Info	Moral Authority
Actor	0.857***	2.251***	1.107***	0.602***	0.497***
	(0.009)	(0.088)	(0.084)	(0.079)	(0.081)
N	3474	3474	3474	3474	3474
Controls	Yes	Yes	Yes	Yes	Yes

Notes: This table shows OLS regression results, where the dependent variable refers to the participants' assessment of the narrator. *Known* is the answer to the following question: "Did you know the person before?" (1:Yes, 0:No). In addition, we elicit agreement with the following statements on a 10-point scale (1: "not at all"; 10: "a lot"). *Sympathetic*: "The speaker was sympathetic". *Info*: "The speaker was informative". *Trusthworty*: "The speaker was trustworthy". *Moral Authority*: "The speaker has moral authority". Robust standard errors are in parentheses. *** , **, and * indicate significance at the 1%, 5%, and 10% level.

B Robustness

In this section, we evaluate the robustness of our main results by conducting several additional analyses. Specifically, we explore individual variations in the time gap between waves in the P treatments, examine attrition effects, and control for inattentive respondents.

General robustness: We conduct various analyses to verify the robustness of our primary findings in Table 1. Table B.1 replicates Table 1, reporting standardized effect sizes. Table B.2 presents ordered logit models to complement the original OLS estimates. Further robustness checks are shown in Tables B.3 and B.4, which present regression analyses without control variables and with pooled treatment data, respectively. The results of these analyses consistently show the robustness of our main findings.

Time gap: Table B.5 examines whether individual-level variations in the time gap between survey waves affect outcomes in the P treatments. We do not find evidence of any significant effect arising from these time gaps.

Attrition: Table B.6 reproduces specifications (2) and (3), (Policy Kids and Policy Job Seeker) from Table 1, now including participants of P1 treatments who did not return for P2 (i.e., wave 2 of P treatments). While coefficients change slightly, all treatment effects remain highly significant. Table B.7 examines the correlates of attrition in wave 2 of P treatments. We observe mild attrition associated with demographic factors (i.e., sex, age and parental status) that are often linked to attrition.[23] Tables A.4 and A.5 show that attrition does not substantially affect sample characteristics.[24]

Inattentive participants: To ensure thoroughness, we combine three different methods to identify inattentive participants.[25] We combine multiple methods to obtain a sample of attentive participants not only because our direct attention checks exclude only a small share of the participants but also to provide a more rigorous test of the robustness of our results.

1. *Attention Checks and Self-Reported Problems*: Directly asking participants about their attention and any difficulties encountered while watching the videos excludes only a small share of participants (approximately 2.5%). In addition, excluding those who report not watching the entire video increases the exclusion rate to 7%.

[23] We also find a significant effect for citizenship. However, note that only about 0,1% of the sample consists of non-citizens.

[24] Although attrition is minimal, we re-estimated our P2 results using inverse probability weighting and confirmed their robustness.

[25] Applying each method individually yields similar results, confirming that our findings remain robust regardless of the approach used.

2. *Response Time Trimming:* We exclude participants who complete the survey unusually quickly (under 10 minutes) or take an excessively long time (over 30 minutes).[26] This method reduces the sample by approximately 16% and 9%, respectively, amounting to an overall reduction of 25%.[27]

3. Extreme Response Patterns: We exclude participants who select extreme responses (i.e., one of the two most extreme categories) on more than three out of eight key Likert-scale questions related to pre- and post-treatment knowledge, attitudes, and policy support. This approach screens out approximately 17% of participants.

Combining all three methods results in an overall exclusion rate of about 40%—a figure lower than the sum of the individual exclusion rates due to overlapping criteria. The analysis with this substantial exclusion rate offers a rigorous test for the robustness of our results. Table B.8 replicates Table 1 with the restricted sample and leads to very similar results, indicating robustness.

[26] In the control group, we use a 6-minute cutoff since this group does not watch the 4-minute video.

[27] While not shown explicitly, symmetrically trimming the sample—for example, by excluding the fastest and slowest 5%, 10%, or 15%—produces results that are comparable to those reported in Table A.12.

Table B.1: Outcomes and mechanisms – standardized effects

	(a) Outcomes			**(b) Mechanisms**		
	(1)	(2)	(3)	(4)	(5)	(6)
	Donation	Policy Kids	Policy Job seekers	Knowledge	Comp. Kids	Discr.
M Actor	0.275***	0.240***	0.280***	0.179***	0.247***	−0.009
	(0.047)	(0.042)	(0.043)	(0.037)	(0.042)	(0.043)
M Priest	0.245***	0.146***	0.189***	0.123***	0.170***	−0.045
	(0.047)	(0.041)	(0.042)	(0.033)	(0.041)	(0.042)
P2 Actor	−0.033	0.176***	0.258***	0.338***	0.022	0.012
	(0.044)	(0.042)	(0.043)	(0.039)	(0.042)	(0.042)
P2 Priest	−0.005	0.184***	0.261***	0.318***	0.016	0.055
	(0.043)	(0.043)	(0.044)	(0.039)	(0.042)	(0.042)
P1 Actor		0.242***	0.299***			
		(0.042)	(0.043)			
P1 Priest		0.146***	0.191***			
		(0.042)	(0.044)			
N	4213	5966	5966	4213	4213	4213
Controls	Yes	Yes	Yes	Yes	Yes	Yes

Notes: This table shows OLS regression results (panel random-effect OLS regression results in columns (2) and (3)), where the dependent variables are outcomes in panel (a) and potential mechanisms in panel (b). Notably, the dependent variables are z-scored using the mean and standard deviation in the control group. *Donations* refer to the amount donated to the charity Romodrom conditional on winning the lottery [0–10,000]. *Policy Kids* (*Policy Job seekers*) refers to support for increased government funding for programs that help Roma children (Roma to get employed). *Knowledge* is the answer to the following question: "How informed are you about the general situation of Roma children?" *Comp. Kids* is the answer to the following question: "How much compassion do you have for Roma children?" *Discr.* is the (reverse coded) answer to the following: "Would you mind if a Roma was a colleague?" Self-reports are on a scale of 1-10, with higher values indicating a more positive stance towards Roma. M refers to main treatments. P1 (P2) refers to wave 1 (wave 2) of the persistence (P) treatments. In M and P1 (P2) treatments, outcomes were elicited immediately (about 4 weeks) after the intervention. *Actor* and *Priest* refer to the narrator of the video. Control variables include gender, age, income, education, employment status, location, household size, marital status, political preferences, citizenship and parent's place of birth, general empathy, charity perceptions, and religiosity as well as pre-treatment knowledge about and attitudes towards Roma. Robust standard errors are in parentheses. *** , **, and * indicate significance at the 1%, 5%, and 10% level.

Table B.2: Outcomes and mechanisms – ordered logit models for policy outcomes and mechanisms

	(a) Outcomes			**(b) Mechanisms**		
	(1)	(2)	(3)	(4)	(5)	(6)
	Donation	Policy Kids	Policy Job seekers	Knowledge	Comp. Kids	Discr
M Actor	778.775***	0.784***	0.853***	0.369***	0.559***	0.074
	(134.340)	(0.139)	(0.131)	(0.077)	(0.090)	(0.091)
M Priest	693.850***	0.457***	0.570***	0.291***	0.380***	0.033
	(133.057)	(0.135)	(0.125)	(0.070)	(0.089)	(0.088)
P2 Actor	−92.762	0.598***	0.806***	0.781***	0.114	0.091
	(124.752)	(0.135)	(0.129)	(0.087)	(0.090)	(0.091)
P2 Priest	−14.359	0.594***	0.786***	0.727***	0.049	0.240***
	(123.199)	(0.140)	(0.133)	(0.086)	(0.089)	(0.093)
P1 Actor		0.783***	0.925***			
		(0.135)	(0.127)			
P1 Priest		0.473***	0.594***			
		(0.137)	(0.130)			
N	4213	5966	5966	4213	4213	4213
Controls	Yes	Yes	Yes	Yes	Yes	Yes

Notes: This table—except for column (1), where we retain OLS due to the continuous nature of the donation amount—presents ordered logit regression results (panel ordered-logit regression results in columns (2) and (3)), where the dependent variables are outcomes in panel (a) and potential mechanisms in panel (b). *Donations* refer to the amount donated to the charity Romodrom conditional on winning the lottery [0–10,000]. *Policy Kids* (*Policy Job seekers*) refers to support for increased government funding for programs that help Roma children (Roma to get employed). *Knowledge* is the answer to the following question: "How informed are you about the general situation of Roma children?" *Comp. Kids* is the answer to the following question: "How much compassion do you have for Roma children?" *Discr.* is the (reverse coded) answer to the following: "Would you mind if a Roma was a colleague?" Self-reports are on a scale of 1-10, with higher values indicating a more positive stance towards Roma. M refers to main treatments. P1 (P2) refers to wave 1 (wave 2) of the persistence (P) treatments. In M and P1 (P2) treatments, outcomes were elicited immediately (about 4 weeks) after the intervention. *Actor* and *Priest* refer to the narrator of the video. Control variables include gender, age, income, education, employment status, location, household size, marital status, political preferences, citizenship and parent's place of birth, general empathy, charity perceptions, and religiosity as well as pre-treatment knowledge about and attitudes towards Roma. Robust standard errors are in parentheses. *** , **, and * indicate significance at the 1%, 5%, and 10% level.

Table B.3: Outcomes and mechanisms – without controls

	(a) Outcomes			**(b) Mechanisms**		
	(1)	(2)	(3)	(4)	(5)	(6)
	Donation	Policy Kids	Policy Job seekers	Knowledge	Comp. Kids	Discr
M Actor	706.672***	0.588***	0.692***	0.322***	0.478***	−0.049
	(150.012)	(0.143)	(0.139)	(0.121)	(0.115)	(0.128)
M Priest	741.976***	0.501***	0.600***	0.187	0.420***	−0.039
	(148.725)	(0.140)	(0.135)	(0.116)	(0.112)	(0.127)
P2 Actor	8.567	0.675***	0.863***	0.729***	0.160	0.124
	(137.250)	(0.141)	(0.139)	(0.120)	(0.114)	(0.123)
P2 Priest	−31.923	0.516***	0.713***	0.712***	0.007	0.133
	(136.306)	(0.144)	(0.141)	(0.119)	(0.113)	(0.124)
P1 Actor		0.861***	0.975***			
		(0.140)	(0.136)			
P1 Priest		0.408***	0.522***			
		(0.142)	(0.137)			
Constant	1987.980***	5.007***	4.606***	4.310***	5.122***	7.922***
	(104.190)	(0.104)	(0.101)	(0.088)	(0.083)	(0.092)
N	4213	5966	5966	4213	4213	4213
Controls	No	No	No	No	No	No

Notes: This table shows OLS regression results (panel random-effect OLS regression results in columns (2) and (3)), where the dependent variables are outcomes in panel (a) and potential mechanisms in panel (b). *Donations* refer to the amount donated to the charity Romodrom conditional on winning the lottery [0–10,000]. *Policy Kids* (*Policy Job seekers*) refers to support for increased government funding for programs that help Roma children (Roma to get employed). *Knowledge* is the answer to the following question: "How informed are you about the general situation of Roma children?" *Comp. Kids* is the answer to the following question: "How much compassion do you have for Roma children?" *Discr.* is the (reverse coded) answer to the following: "Would you mind if a Roma was a colleague?" Self-reports are on a scale of 1-10, with higher values indicating a more positive stance towards Roma. M refers to main treatments. P1 (P2) refers to wave 1 (wave 2) of the persistence (P) treatments. In M and P1 (P2) treatments, outcomes were elicited immediately (about 4 weeks) after the intervention. *Actor* and *Priest* refer to the narrator of the video. Robust standard errors are in parentheses. *** , **, and * indicate significance at the 1%, 5%, and 10% level.

Table B.4: Outcomes and mechanisms – pooling across *Actor* and *Priest*

	(a) Outcomes			**(b) Mechanisms**		
	(1)	(2)	(3)	(4)	(5)	(6)
	Donation	Policy Kids	Policy Jobseekers	Knowledge	Comp.-Kids	Discr.-Roma
M pooled	694.323***	0.512***	0.607***	0.254**	0.419***	−0.069
	(127.290)	(0.124)	(0.120)	(0.105)	(0.099)	(0.110)
P2 pooled	−28.050	0.564***	0.756***	0.720***	0.053	0.102
	(120.341)	(0.124)	(0.121)	(0.105)	(0.099)	(0.108)
P1 pooled		0.604***	0.718***			
		(0.123)	(0.120)			
N	4213	5966	5966	4213	4213	4213
Controls	Yes	Yes	Yes	Yes	Yes	Yes

Notes: This table shows OLS regression results (panel random-effect OLS regression results in columns (2) and (3)), where the dependent variables are outcomes in panel (a) and potential mechanisms in panel (b). *Donations* refer to the amount donated to the charity Romodrom conditional on winning the lottery [0–10,000]. *Policy Kids* (*Policy Job seekers*) refers to support for increased government funding for programs that help Roma children (Roma to get employed). *Knowledge* is the answer to the following question: "How informed are you about the general situation of Roma children?" *Comp. Kids* is the answer to the following question: "How much compassion do you have for Roma children?" *Discr.* is the (reverse coded) answer to the following: "Would you mind if a Roma was a colleague?" Self-reports are on a scale of 1-10, with higher values indicating a more positive stance towards Roma. M pooled refers to main treatments pooling across *Actor* and *Priest*. P1 pooled (P2 pooled) refers to wave 1 (wave 2) of the persistence (P) treatments, again pooling across *Actor* and *Priest*. In M pooled and P1 pooled (P2 pooled) treatments, outcomes were elicited immediately (about 4 weeks) after the intervention. Control variables include gender, age, income, education, employment status, location, household size, marital status, political preferences, citizenship and parent's place of birth, general empathy, charity perceptions, and religiosity as well as pre-treatment knowledge about and attitudes towards Roma. Robust standard errors are in parentheses. *** , **, and * indicate significance at the 1%, 5%, and 10% level.

Table B.5: Effect of the time gap between waves on outcomes in P2 treatments

	(a) Priest			**(b) Actor**		
	(1)	(2)	(3)	(4)	(5)	(6)
	Donation	Policy Kids	Policy Job seekers	Donation	Policy Kids	Policy Job seekers
Time gap	−8.744	−0.005	−0.010	−9.790	0.003	0.007
	(16.805)	(0.018)	(0.018)	(16.556)	(0.016)	(0.017)
N	868	868	868	885	885	885
Controls	Yes	Yes	Yes	Yes	Yes	Yes

Notes: Table shows OLS regression results, where the dependent variables are outcomes. We restrict data to wave 2 of P treatments (*Priest* in panel (a) and *Actor* in panel (b)). "Time gap" (in days) refers to the time difference between wave 1 and wave 2 for each P2 participant (in days). *Donations* refer to the amount donated to the charity Romodrom conditional on winning the lottery [0–10,000]. *Policy Kids* (*Policy Job seekers*) refers to self-reported support for increased government funding for programs that help Roma children (Roma to get employed). Self-reports are on a scale of 1-10, with higher values indicating a more positive stance towards Roma. Control variables include gender, age, income, education, employment status, location, household size, marital status, political preferences, citizenship and parent's place of birth, general empathy, charity perceptions, and religiosity as well as pre-treatment knowledge about and attitudes towards Roma. Robust standard errors are in parentheses. ***, **, and * indicate significance at the 1%, 5%, and 10% level.

Table B.6: Reproduction of columns (2) and (3) of Table 1—full P1 sample

	(1) Policy Kids	(2) Policy Job Seekers
M Actor	0.679***	0.770***
	(0.121)	(0.119)
M Priest	0.407***	0.512***
	(0.118)	(0.114)
P2 Actor	0.474***	0.673***
	(0.117)	(0.117)
P2 Priest	0.475***	0.684***
	(0.121)	(0.119)
P1 Actor	0.633***	0.737***
	(0.113)	(0.110)
P1 Priest	0.318***	0.445***
	(0.114)	(0.111)
N	6610	6610
Controls	Yes	Yes

Notes: This table shows panel random-effect OLS regression results, where the dependent variables are *Policy Kids* and *Policy Job seekers*. The P1 (*Actor* or *Priest*) coefficients in this table include respondents who did not participate in wave 2. *Policy Kids* (and *Policy Job seekers*) refers to support for increased government funding for programs that help Roma children (Roma to get employed). Self-reports are on a scale of 1-10, with higher values indicating a more positive stance towards Roma. M refers to main treatments. P1 (P2) refers to wave 1 (wave 2) of the persistence (P) treatments. In M and P1 (P2) treatments, outcomes were elicited immediately (about 4 weeks) after the intervention. *Actor* and *Priest* refer to the narrator of the video. Control variables as in Table 1. Robust standard errors are in parentheses. *** , **, and * indicate significance at the 1%, 5%, and 10% level.

Table B.7: Attrition in wave 2 of the persistence treatments

	Participation in P2
Variable	**Coefficient**
Female	-0.054***
	(0.019)
Age	0.004***
	(0.001)
Income	0.002
	(0.005)
Education	-0.009
	(0.011)
Work-part time	-0.006
	(0.037)
Work-self-employed	0.015
	(0.037)
Work-retired	-0.007
	(0.034)
Work-unemployed	0.056
	(0.050)
Work-other	0.032
	(0.030)
Municipality size	-0.002
	(0.006)
Pol orientation	-0.001
	(0.005)
Married	-0.011
	(0.021)
Kids	-0.024**
	(0.010)
Citizen	0.239**
	(0.114)
Parents born CR	0.044
	(0.032)
Constant	0.364**
	(0.145)
Observations	2397
R^2	0.0177

Notes: The outcome variable is an indicator variable equal to 1 if a participant of P1 also participated in P2 (i.e., wave 2). Robust standard errors are in parentheses. *** , **, and * indicate significance at the 1%, 5%, and 10% level.

Table B.8: Outcomes and mechanisms – attentive participants

	(a) Outcomes			**(b) Mechanisms**		
	(1)	(2)	(3)	(4)	(5)	(6)
	Donation	Policy Kids	Policy Job seekers	Knowledge	Comp. Kids	Discr.
M Actor	688.030***	0.640***	0.738***	0.385***	0.438***	−0.043
	(170.074)	(0.141)	(0.140)	(0.102)	(0.110)	(0.127)
M Priest	656.425***	0.405***	0.514***	0.418***	0.365***	−0.175
	(172.619)	(0.140)	(0.137)	(0.094)	(0.109)	(0.127)
P2 Actor	−15.266	0.353**	0.467***	0.722***	−0.006	−0.040
	(166.558)	(0.145)	(0.146)	(0.113)	(0.115)	(0.134)
P2 Priest	35.317	0.311**	0.627***	0.763***	−0.053	0.134
	(165.013)	(0.149)	(0.150)	(0.117)	(0.114)	(0.130)
P1 Actor		0.634***	0.775***			
		(0.145)	(0.143)			
P1 Priest		0.350**	0.646***			
		(0.150)	(0.150)			
N	2486	3440	3440	2486	2486	2486
Controls	Yes	Yes	Yes	Yes	Yes	Yes

Notes: This table shows OLS regression results (panel random-effect OLS regression results in columns (2) and (3)), where the dependent variables are outcomes in panel (a) and potential mechanisms in panel (b). The sample is restricted to attentive participants. *Donations* refer to the amount donated to the charity Romodrom conditional on winning the lottery [0–10,000]. *Policy Kids* (*Policy Job seekers*) refers to support for increased government funding for programs that help Roma children (Roma to get employed). *Knowledge* is the answer to the following question: "How informed are you about the general situation of Roma children?" *Comp. Kids* is the answer to the following question: "How much compassion do you have for Roma children?" *Discr.* is the (reverse coded) answer to the following: "Would you mind if a Roma was a colleague?" Self-reports are on a scale of 1-10, with higher values indicating a more positive stance towards Roma. M refers to main treatments. P1 (P2) refers to wave 1 (wave 2) of the persistence (P) treatments. In M and P1 (P2) treatments, outcomes were elicited immediately (about 4 weeks) after the intervention. *Actor* and *Priest* refer to the narrator of the video. Control variables include gender, age, income, education, employment status, location, household size, marital status, political preferences, citizenship and parent's place of birth, general empathy, charity perceptions, and religiosity as well as pre-treatment knowledge about and attitudes towards Roma. Robust standard errors are in parentheses. *** , **, and * indicate significance at the 1%, 5%, and 10% level.

C Appendix – Mediation Analysis

We investigate the causal mechanisms driving the effects of our intervention on donations and support for pro-Roma policy by conducting a causal mediation analysis following the approach proposed by Dippel et al. (2021). This analysis examines how an independent variable (participants' knowledge about Roma) influences outcomes (donations and policy support) both directly and indirectly through a mediating variable (compassion). Our approach uses treatment variation as an instrumental variable to address potential endogeneity concerns, such as social desirability bias. As illustrated in Figure C.1, the analysis decomposes the total effect of knowledge into two components: A direct effect of knowledge on the outcome and an indirect effect of knowledge through increased compassion.

We pool data across M *Actor* and M *Priest* in the short-run causal mediation analysis and across P2 *Actor* and P2 *Priest* in the longer term analysis, since observed differences between *Actor* and *Priest* are minor. Table C.2 and C.3 provide the details of the two steps of our estimation framework outlined in the main text. The short-term results referred to in the main text are summarized in Table C.1 and illustrated for donations in Figure C.1. By estimating equations (2) and (3), Table C.2 examines whether our treatment serves as a valid instrument for knowledge, and whether knowledge, in turn, influences compassion, thereby validating compassion as a potential mediator. While the first-stage results provide evidence that our treatment serves as a valid instrument for knowledge in both the short term and the longer term, compassion is a valid mediator only in the short term as seen by the second-stage results. That is, as compassion decreases over time, no significant effect of knowledge on compassion is observed in P2.

Focusing on the short run (i.e., M treatments) and estimating equations (4) and (5), Table C.3 documents that our treatment serves as a valid instrument for compassion, as indicated by the first-stage results, and in turn, compassion has a strong and statistically significant effect on the outcomes of interest, as indicated by the second-stage results. The direct effect (DE) of knowledge on outcomes in the short run is presented in the second-stage results of Table C.3. The indirect effect, shown in Table C.1, is calculated as the product of β_C^K (from Table C.2) and β_Y^C (from Table C.3). Together, the direct and indirect effects constitute the total effect. As discussed in the main text, the indirect effect is the dominant driver in the short run.

As mentioned above, compassion does not serve as a valid mediator in P2 treatments. Therefore, following Dippel et al. (2021, see their footnote 22 for details), we estimate the total effect of knowledge on outcomes in the short run (i.e., M treatments) and in the longer run (i.e., P2 treatments) by obtaining the coefficient β_Y^K from the following 2SLS

regressions:

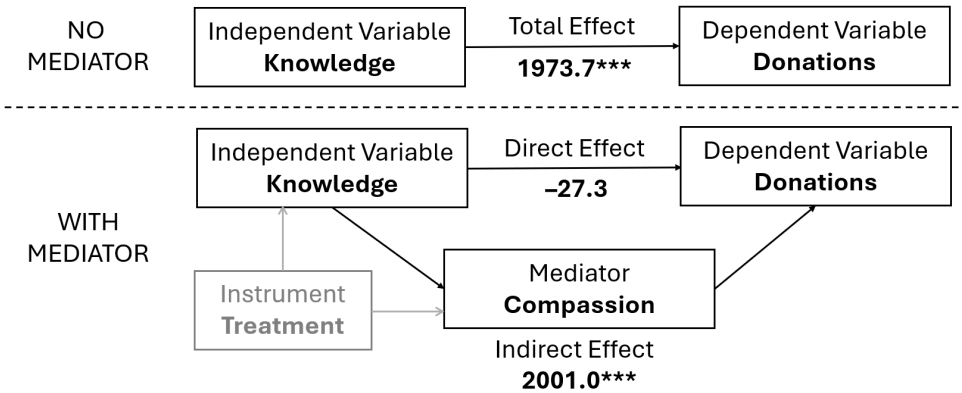
$$K = \beta_K^T T + \beta_K^X X + \eta_1 \tag{C.1}$$

$$Y = \beta_Y^K K + \beta_Y^X X + \epsilon_1 \tag{C.2}$$

The results of these estimations are presented in Table C.4. Our treatment remains a valid instrument based on the first-stage results. The second-stage analysis of this approach with P2 data shows that knowledge has a significant total effect on the two policy support measures in the longer term, but not on donations. As expected, the second-stage analysis, reported in Table C.4 with M data, shows total effects of knowledge on short-term outcomes that are numerically identical to those reported in Table C.1.

Overall, our findings indicate a significant total effect of knowledge on both donations and policy support in the short term, primarily driven by the indirect pathway through compassion. In the long term, we again find a significant total effect of knowledge on the two policy support measures; however, the mediation effect is absent, and there is no effect of knowledge on donations.

Figure C.1: Illustration of Mediation Analysis with Estimation Results for Donations



Notes: This figure illustrates the mediation analysis, decomposing the total effect into the direct and the indirect effect. Estimates refer to short-term effects on donations.

Table C.1: Summary of mediation analysis in M treatments

	Donations	Policy Kids	Policy Job seekers
Total Effect (TE)	1973.7***	1.486***	1.700***
	(483.3)	(0.401)	(0.430)
Direct effect (DE): β_Y^K	−27.3	−0.086	−0.098***
	(41.4)	(0.228)	(0.034)
Indirect Effect (IE): $\beta_C^K * \beta_Y^C$	2001.0***	1.572***	1.798***
	(661.4)	(0.494)	(0.561)

Notes: This table summarizes the short-term mediation results. The direct effect is taken from Table C.3, while the coefficients for the indirect effect are drawn from Tables C.2 and C.3. The total effect is calculated as the sum of the direct and indirect effects. Robust standard errors are shown in parentheses. ***, **, and * denote significance at the 1%, 5%, and 10% levels, respectively.

Table C.2: Causal Mediation Analysis—Step 1

	(1)	(2)
	M	P2
Panel A: first-stage results (equation (2))		
β_K^T	0.377***	0.776 ***
	(0.069)	(0.078)
F-stat instruments	29.3	98.9
Panel B: second-stage results (equation (3))		
Knowledge β_C^K	1.286***	0.044
	(0.325)	0.108

Notes: This table reports the first step of the mediation analysis, corresponding to the first set of 2SLS regressions—namely, the estimation of equations (2) and (3) used to validate the mediator. Robust standard errors are in parentheses. ***, **, and * indicate statistical significance at the 1%, 5%, and 10% levels, respectively.

Table C.3: Causal Mediation Analysis—Step 2

	(1) M Donations	(2) M Policy Kids	(3) M Policy Job seekers
Panel A: first-stage results (equation (4))			
γ_C^T	0.494***	0.494***	0.494***
	(0.084)	(0.084)	(0.084)
F-stat instrument	34.3	34.3	34.3
Panel B: second-stage results (equation (5))			
Compassion β_Y^C	1555.7***	1.222***	1.398***
	(304.9)	(0.228)	(0.255)
DE: Knowledge β_Y^K	−27.3	−0.086	−0.098***
	(41.4)	(0.228)	(0.034)

Notes: This table reports the second step of the mediation analysis, corresponding to the second set of 2SLS regressions—namely, the estimation of equations (4) and (5), which form the core of the mediation analysis. Robust standard errors are in parentheses. *** , **, and * indicate significance at the 1%, 5%, and 10% level.

Table C.4: Causal Mediation Analysis—Step 0

	(1) M Donations	(2) P2 Donations	(3) M Policy Kids	(4) P2 Policy Kids	(5) M Policy Job seekers	(6) P2 Policy Job seekers
Panel A: first-stage results (equation C.1)						
β_K^T	0.377***	0.776 ***	0.377***	0.776 ***	0.377***	0.776 ***
	(0.069)	(0.078)	(0.069)	(0.078)	(0.069)	(0.078)
F-stat instruments	29.3	98.9	29.3	98.9	29.3	98.9
Panel B: second-stage results of (equation C.2)						
TE: β_Y^K	1973.7***	−68.9	1.486***	0.651***	1.700***	0.917***
	(483.3)	(141.3)	(0.401)	(0.154)	(0.430)	(0.167)

Notes: This table reports 'Step 0' of the mediation analysis, corresponding to the additional set of 2SLS regressions to establish the total effect—namely, the estimation of equations (C.1) and (C.2). Robust standard errors are in parentheses. *** , **, and * indicate significance at the 1%, 5%, and 10% level.

D Heterogeneity

We examine the heterogeneity of treatment effects along four key dimensions, as outlined in our pre-analysis plan. For simplicity, we pool the data across narrators and across M, P1, and P2 given their comparable effects on policy preferences. Since the treatment effects on donations were similar across narrators but differed between M and P2, we pool the data accordingly.

We first analyze whether empathy influences responsiveness to the intervention. Empathy is measured by general empathic ability (see Footnote 11). The findings in Table D.1 reveal a significant interaction with the treatment, such that highly empathetic participants show a notably stronger response to the intervention (except, as expected, in the case of donations in wave 2). This suggests that general empathy enhances receptiveness to messages promoting pro-Roma attitudes and behaviors.

As shown in Table D.2, D.3, and D.4, there is no significant interaction effects with respect to pre-treatment contact with Roma, pre-treatment attitudes, or socio-economic status (SES). While participants with prior contact or more positive attitudes exhibit higher baseline levels of donations and support for pro-Roma policies, these factors do not appear to amplify the intervention's effects. Similarly, although high SES is associated with larger donations, it does not moderate treatment responsiveness.[28]

[28] As pre-registered, we examined cultural versus economic factors to explain negative pre-treatment attitudes, but found no substantial differences. We also tested for an interaction between religiosity and the *Priest* treatments but found little evidence, except for a marginally significant effect in the case of *Policy Kids*.

Table D.1: Heterogeneous treatment effects by empathy

	Donations M	Donations P2	Policy Kids Pooled treatments	Policy Job seekers Pooled treatments
	(1)	(2)	(3)	(4)
Treatment × empathy	407.243*	314.076	0.405**	0.402**
	(232.069)	(219.633)	(0.192)	(0.185)
Treatment	533.335***	-213.635	0.328**	0.464***
	(157.696)	(148.033)	(0.134)	(0.129)
Empathy	57.723	95.912	0.193	0.147
	(192.309)	(192.209)	(0.178)	(0.172)
N	2460	2492	5966	5966
Controls	yes	yes	yes	yes

Notes: This table shows OLS regression results (panel random-effect OLS regression results in columns (3) and (4)), where the dependent variables are outcomes. *Donations* refer to the amount donated to the charity Romodrom conditional on winning the lottery [0–10,000]. *Policy Kids* (*Policy Job seekers*) refers to support for increased government funding for programs that help Roma children (Roma to get employed). As explained in the main text, we distinguish between M and P2 for the analysis of donations, but pool treatment data otherwise. "Empathy" is an indicator variable equal to 1 if a respondent's empathy score is above the median score on empathy, based on our three general empathy questions and a principal component analysis. The included controls are the same as in Table 1. Robust standard errors are in parentheses. *** , **, and * indicate significance at the 1%, 5%, and 10% level.

Table D.2: Heterogeneous treatment effects by prior contact with Roma

	Donations M	Donations P2	Policy Kids Pooled treatments	Policy Job seekers Pooled treatments
	(1)	(2)	(3)	(4)
Treatment × prior contact	116.263	−213.688	−0.141	0.064
	(249.262)	(232.836)	(0.206)	(0.200)
Treatment	699.895***	30.044	0.587***	0.635***
	(147.616)	(141.807)	(0.129)	(0.124)
Prior contact	361.841*	368.904*	0.583***	0.385**
	(204.001)	(202.777)	(0.192)	(0.183)
N	2460	2492	5966	5966
Controls	yes	yes	yes	yes

Notes: This table shows OLS regression results (panel random-effect OLS regression results in columns (3) and (4)), where the dependent variables are outcomes. *Donations* refer to the amount donated to the charity Romodrom conditional on winning the lottery [0–10,000]. *Policy Kids* (*Policy Job seekers*) refers to support for increased government funding for programs that help Roma children (Roma to get employed). As explained in the main text, we distinguish between M and P2 for the analysis of donations, but pool treatment data otherwise. "Prior contact" is an indicator variable equal to 1 if respondents report that they have a Roma relative, friend, colleague or neighbor. The included controls are the same as in Table 1. Robust standard errors are in parentheses. *** , **, and * indicate significance at the 1%, 5%, and 10% level.

Table D.3: Heterogeneous treatment effects by pre-treatment attitudes towards Roma

	Donations M	Donations P2	Policy Kids Pooled treatments	Policy Job seekers Pooled treatments
	(1)	(2)	(3)	(4)
Treatment × prior attitudes	222.707	−241.121	0.142	−0.062
	(228.793)	(214.989)	(0.196)	(0.189)
Treatment	597.722***	67.917	0.437***	0.687***
	(149.416)	(135.611)	(0.144)	(0.136)
Prior attitudes	1195.667***	1185.406***	1.313***	1.334***
	(185.478)	(184.142)	(0.182)	(0.174)
N	2460	2492	5966	5966
Controls	yes	yes	yes	yes

Notes: This table shows OLS regression results (panel random-effect OLS regression results in columns (3) and (4)), where the dependent variables are outcomes. *Donations* refer to the amount donated to the charity Romodrom conditional on winning the lottery [0–10,000]. *Policy Kids* (*Policy Job seekers*) refers to support for increased government funding for programs that help Roma children (Roma to get employed). As explained in the main text, we distinguish between M and P2 for the analysis of donations, but pool treatment data otherwise. "Prior attitudes" is an indicator variable equal to 1 if a participant's pre-treatment attitudes toward Roma is above the median attitude measure, where the measure is based on the answers to the following questions (on a scale of 1-10): "How would you describe yourself, as very prejudiced against Roma children, a little prejudiced, or, not prejudiced at all?" "How much would you mind or not mind if a Roma was your neighbor?" The included controls are the same as in Table 1. Robust standard errors are in parentheses. *** , **, and * indicate significance at the 1%, 5%, and 10% level.

Table D.4: Heterogeneous treatment effects by socio-economic status

	Donations	**Donations**	**Policy Kids**	**Policy Job seekers**
	M	P2	Pooled treatments	Pooled treatments
	(1)	(2)	(3)	(4)
Treatment × High SES	150.238	−8.809	0.248	−0.125
	(248.396)	(237.252)	(0.203)	(0.192)
Treatment	695.785***	−43.168	0.454***	0.726***
	(140.959)	(132.984)	(0.119)	(0.117)
High SES	344.083*	332.455	−0.125	0.066
	(207.302)	(205.879)	(0.191)	(0.178)
N	2460	2492	5966	5966
Controls	yes	yes	yes	yes

Notes: This table shows OLS regression results (panel random-effect OLS regression results in columns (3) and (4)), where the dependent variables are outcomes. *Donations* refer to the amount donated to the charity Romodrom conditional on winning the lottery [0–10,000]. *Policy Kids* (*Policy Job seekers*) refers to support for increased government funding for programs that help Roma children (Roma to get employed). As explained in the main text, we distinguish between M and P2 for the analysis of donations, but pool treatment data otherwise. "High SES" is an indicator variable equal to 1 for participants with high socio-economic status (approximately one-third of our sample), defined as people who have a full-time job, above-median income, and a high school degree or higher. The included controls are the same as in Table 1. Robust standard errors are in parentheses. *** , **, and * indicate significance at the 1%, 5%, and 10% level.

E Questionnaire and Intervention

In this section, we include the survey questionnaire.[29] Next, we present the translation of the intervention text and display the statistics underlying the text. Finally, we provide some screenshots of the displayed video.

Notably, We pre-tested the effect of exposure to our intervention text on emotions using the *Positive and Negative Affect Schedule* (PANAS) scale developed by Watson et al. (1988), which includes a measure for compassion.[30] The average level of reported compassion was significantly higher for participants exposed to the intervention text than for participants in the control group who were not exposed.Using a Wilcoxon-Mann-Whitney test with 36 participants exposed to the intervention text and 31 participants in a control group, the p-value is lower than 0.001 and Cohen's $d = 0.91$.

[29]Notably, on top of the previously mentioned questions, there are also questions intended to explore the reasons underlying negative attitudes towards the Roma, such as cultural or economic factors. As pre-registered, we examined cultural versus economic factors to explain negative pre-treatment attitudes, but found no substantial differences. We also tested for an interaction between religiosity and the *Priest* treatments but found little evidence, except for a marginally significant effect in the case of *Policy Kids*.

[30]We use the Czech translation of the PANAS scale by Brabenec (2012).

D.1 Survey questions (all treatments)

English translation (administered in Czech)

This document contains all questions of a survey experiment that we conducted with the members of the panel maintained by Median.
The script consists of questions for a MAIN STUDY, a CONTROL and questions for a PERSISTENCE. MAIN STUDY and CONTROL have only one wave of data collection (called Wave 1). PERSISTENCE involves two waves of data collection (PERSISTENCE 1 and PERSISTENCE 2). The questions for MAIN STUDY, CONTROL, and PERSISTENCE Wave 1 are provided below together. The questions for PERSISTENCE 2 are provided at the end of this script.

[Begin of survey/experiment]

Questions for MAIN STUDY, CONTRO, PERSISTENCE 1 *unless otherwise stated*

Section A: Introduction

We are a group of academic researchers from the Prague University of Economics and Business in Prague, the University of Vienna and the Vienna University of Economics and Business. By completing this survey, you are contributing to our knowledge as a society.

Please note that it is very important for the success of our research that you answer honestly and read the questions very carefully before answering. Any time you don't know an answer, just give your best guess. However, please be sure to spend enough time reading and understanding the question.

[This paragraph only in Main Study and Control, not included in PERSISTENCE 1]
As you will later learn, there will be an opportunity to earn additional money on top of the base payment during this survey. However, you will only be eligible for additional reward if you fully complete this survey.

It is also very important for the success of our research project that you complete the entire survey, once you have started it. Please note that the regular survey payment will only be made upon fully completing the survey. This survey should take on average about 15 minutes to complete.

Your participation in this study is voluntary, and you can withdraw from the study at any point. Your data will be stored on secured servers and will be kept confidential. Results may include summary data, but you will remain fully anonymous. If you have any questions about this study, you may contact us at tomas.miklanek@vse.cz.

1.
   - ◯ Yes, I would like to take part in this study.
   - ◯ No, I would not like to participate.

Section B: Demographics

2. Are you a Czech citizen? *[only one answer allowed]*
   - ◯ Yes
   - ◯ No

   If answer is no, then ask about the citizenship of the subject by using a drop-down menu with a list of countries.

3. What is your gender? *[only one answer allowed]*
   - ◯ Male
   - ◯ Female
   - ◯ Other
4. What is your age?
   - ▢

5. What was your TOTAL household monthly income, before taxes, last year? *[only one answer allowed]*
   - ◯ CZK 0 - 10 000
   - ◯ CZK 10 000 - 15 000
   - ◯ CZK 15 000 - 20 000
   - ◯ CZK 20 000- 30 000
   - ◯ CZK 30 000 - 40 000
   - ◯ CZK 40 000 - 50 000
   - ◯ CZK 50 000 - 75 000
   - ◯ CZK 75 000 -100 000
   - ◯ CZK > 100 000

6. Please indicate your marital status. *[only one answer allowed]*
   - ◯ Single
   - ◯ Married
   - ◯ Legally separated or divorced
   - ◯ Widowed
7. How many children do you have? *[only one answer allowed]*
   - ◯ 1
   - ◯ 2
   - ◯ 3
   - ◯ 4
   - ◯ 5 or more
   - ◯ I do not have children
8. Were both of your parents born in the Czech Republic? *[only one answer allowed]*
   - ◯ Yes
   - ◯ No
9. [If No to Q8] Where was your father born?

- [dropdown menu with list of countries]

10. [If No to Q8] Where was your mother born?
    - [dropdown menu with list of countries]
11. What is your postal code?

    ▢

12. Which category best describes your highest level of education? *[only one answer allowed]*
    - ◯ Elementary (even unfinished) School
    - ◯ High School without Diploma (for translation: Vyučen/ bez maturity)
    - ◯ High School with Diploma (Středoškolské s maturitou)
    - ◯ College (Vyšší odborné)
    - ◯ Bachelor degree (Vysokoškolské: bakalářské)
    - ◯ Master's Degree (Vysokoškolské: magisterské, inženýrské)
    - ◯ Doctoral Degree (Vysokoškolské: doktorské)
    - ◯ Professional Degree (Vysokoškolské, jiné: napr. MBA, DiS...)

13. What is your current employment status? *[only one answer allowed]*
    - ◯ Full-time employee
    - ◯ Part-time employee
    - ◯ Self-employed or small business owner
    - ◯ Unemployed and looking for work
    - ◯ Student
    - ◯ Not currently working and not looking for work
    - ◯ Retiree
    - ◯ Parental leave
    - ◯ Other

14. In politics people sometimes talk of "left" and "right". Where would you place yourself on a scale from 0 to 10, where 0 means the left and 10 means the right?

the left										the right
1	2	3	4	5	6	7	8	9	10	
◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	

15. Did you vote in the last parliamentary election in the year 2021? *[only one answer allowed]*
    - ◯ Yes
    - ◯ No
16. [If Yes to Q15] In the last parliamentary election, you voted for: *[only one answer allowed]*
    - ◯ SPOLU – ODS, KDU-ČSL, TOP 09

- ◯ ANO 2011
- ◯ PIRÁTI a STAROSTOVÉ
- ◯ Svoboda a př. demokracie (SPD)
- ◯ PŘÍSAHA Roberta Šlachty
- ◯ Česká str.sociálně demokrat.
- ◯ Komunistická str.Čech a Moravy
- ◯ Trikolora Svobodní Soukromníci
- ◯ Other

17. [If No to Q15] Even if you did NOT vote, please indicate the party that you were most likely to have voted for or who represents your views most closely. *[only one answer allowed]*
    - ◯ SPOLU – ODS, KDU-ČSL, TOP 09
    - ◯ ANO 2011
    - ◯ PIRÁTI a STAROSTOVÉ
    - ◯ Svoboda a př. demokracie (SPD)
    - ◯ PŘÍSAHA Roberta Šlachty
    - ◯ Česká str.sociálně demokrat.
    - ◯ Komunistická str.Čech a Moravy
    - ◯ Trikolora Svobodní Soukromníci
    - ◯ Other

Section C: Questions Religiosity

18. How important is God in your life? Please use this scale to indicate: 10 means "very important" and 1 means "not at all important".

Not important at all									Very important
1	2	3	4	5	6	7	8	9	10
◯	◯	◯	◯	◯	◯	◯	◯	◯	◯

19. Which, if any, of the following do you believe in? *[more than one answer possible]*

	Yes	No
○ God	◯	◯
○ Life after death	◯	◯
○ Hell	◯	◯
○ Heaven	◯	◯

20. Apart from weddings and funerals, about how often do you attend religious services these days? *[only one answer allowed]*
    - ◯ More than once a week
    - ◯ Once a week
    - ◯ Once a month
    - ◯ Only on special holy days

◯ Once a year
◯ Less often
◯ Never, practically never

21. Apart from weddings and funerals, about how often do you pray? *[only one answer allowed]*
    ◯ Several times a day
    ◯ Once a day
    ◯ Several times each week
    ◯ Only when attending religious services
    ◯ Only on special holy days
    ◯ Once a year
    ◯ Less often
    ◯ Never, practically never

22. Which faith, if any, do you adhere to? **[variable "faith_1"**, Answer type: Radio buttons] *[only one answer allowed]*
    a. Roman Catholic Church
    b. Eastern Orthodox Church
    c. Protestant
    d. Other Christians
    e. Muslim
    f. Jewish
    g. Other religion
    h. Believer without religion
    i. No religion

23. If faith_1 = d [variable "faith_2", Answer type: String]
    ○ Which other Christian religion is that?

24. If faith_1 = g [variable "faith_3", Answer type: String]
    ○ Which other religion is that?

Section D: Questions Empathy

25. I am often deeply touched by what I see happening to others.
26. I find it easy to see things from other people's point of view.
27. I enjoy helping someone even if I do not know him/her personally.

Questions 25-27 should be answered on a seven-point scale with the following range:
1 = strongly disagree
2 = disagree
3 = somewhat disagree
4 = neither agree nor disagree
5 = somewhat agree

6 = agree
7 = strongly agree

28. Before proceeding to the next set of questions, we want to ask for your feedback about the responses you provided so far. In your honest opinion, should we use your responses, or should we discard your responses since you did not devote your full attention to the questions so far? *[only one answer allowed]*

◯ Yes, I have devoted full attention to the questions so far and I think you should use my responses for your study.

◯ No, I have not devoted full attention to the questions so far and I think you should not use my responses for your study.

[Randomly implement the sections E, F and G either in the order E-F-G or in the order G-E-F]

Section E: (Prior) Questions Attitudes towards Roma

[Randomize order of Question 29 and 30]

29. Please indicate in the boxes below, on a scale of 1-10, where 1 means 'Not prejudiced at all' and 10 means 'Very prejudiced':

How would you describe yourself, as very prejudiced against Roma children, a little prejudiced, or, not prejudiced at all?

Not at all prejudiced									Very prejudiced
1	2	3	4	5	6	7	8	9	10
◯	◯	◯	◯	◯	◯	◯	◯	◯	◯

30. Please indicate in the boxes below, on a scale of 1-10, where 0 means 'Do not mind at all' and 10 means 'Totally mind':

How much would you mind or not mind if a Roma was your neighbor?

Do not mind at all									Totally mind
1	2	3	4	5	6	7	8	9	10
◯	◯	◯	◯	◯	◯	◯	◯	◯	◯

31. Do you have Roma *[more than one answer possible]*

◯ relatives

◯ friends

◯ colleagues

◯ neighbors

Section F is relevant only if the answer to question 30 is 6 or above. In that case, ask questions 32 and 33.

Section F: Reasons for minding Roma

[Randomize order of question 32 and 33]

Regarding your reasons for minding a Roma as a neighbor:

32. To what extent do you agree with the following statement: I mind having a Roma as a neighbor because I feel they are different from me, (for instance, because of differences in customs and norms or differences in attitudes towards the law).

Not agree at all									Totally agree
1	2	3	4	5	6	7	8	9	10
◯	◯	◯	◯	◯	◯	◯	◯	◯	◯

33. To what extent do you agree with the following statement: I mind having a Roma as a neighbor because I feel that Roma do not contribute their fair share to the society's well-being and abuse the welfare system?

Not agree at all									Totally agree
1	2	3	4	5	6	7	8	9	10
◯	◯	◯	◯	◯	◯	◯	◯	◯	◯

Section G: (Prior) Questions Knowledge

34. How would you rate your level of knowledge about the general situation of Roma children?

Very low									Very high
1	2	3	4	5	6	7	8	9	10
◯	◯	◯	◯	◯	◯	◯	◯	◯	◯

[Only in MAIN STUDY and CONTROL] Section H: Questions General perceptions of charities

35. My image of charitable organizations is positive.
36. Many charitable organizations are dishonest.
37. Much of the money donated to charities is wasted.

Questions 35-37 should be answered on a seven-point scale, with the following range
1 = strongly disagree
2 = disagree
3 = somewhat disagree
4 = neither agree nor disagree
5 = somewhat agree
6 = agree
7 = strongly agree

[Only in MAIN STUDY and PERSISTENCE 1] Section I: Intervention Video

38. We now ask you to watch a short video.

We would like to point out that copying, saving or distributing the embedded video (or just excerpts or images thereof) in any form is prohibited and legal measures will be taken against violation of these rules.

Please click "Start Video".

[Randomize order of Section J, K]

Section J: Questions Policy

[Randomize Questions 39 and 40]

Please indicate to what extent you support or oppose the following statements:

39. Would you support or oppose the government to increase funding for programs that help Roma children to achieve better performance in school?

Strongly oppose									Strongly support
1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○

40. Would you support or oppose the government to increase funding for programs that help Roma to get employed?

Strongly oppose									Strongly support
1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○

[Only in MAIN STUDY and CONTROL] Section K: Question Lottery

By taking this survey, you are automatically enrolled in a lottery to win CZK 10000. In a few weeks you will know whether you won the CZK 10000. The payment will be made to you in the same way as your regular survey pay, so no further action is required on your part.

41. In case you won, would you be willing to donate part or all of your CZK 10000 gain for a good cause? You can enter below how many Korunas out of your CZK 10000 gain you would like to donate to the charity "Romodrom". The goal of "Romodrom" is, among others, to expand childcare centers, provide rental housing, and social services aimed at education for Roma families with children. If you are a lottery winner, you will be paid, in addition to your regular survey pay, CZK 10000 minus the amount you donated to the charity. We will directly pay your desired donation amount to the charity "Romodrom". Enter how much you would like to donate.

    CZK ☐

[Randomize order of Section L, M]

[Only in MAIN STUDY and CONTROL] Section L: (Posterior) Questions Attitudes towards Roma Attitudes

[Randomize order of question 42 and 43]

42. Please indicate in the boxes below, on a scale of 1-10, where 0 means 'No compassion at all' and 10 means 'A lot of compassion':

    How much compassion do you have for Roma children, a lot, some, not a lot, none? *[only one answer allowed]*

No compassion at all									A lot of compassion
1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○

43. Please indicate in the boxes below, on a scale of 0-10, where 0 means 'Do not mind at all' and 10 means 'Totally mind':

How much would you mind or not mind if a Roma was a colleague that you must work with on a daily basis?

Do not mind at all									Totally mind
1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○

[Only in MAIN STUDY and CONTROL] Section M: (Posterior) Questions Knowledge

44. How informed do you think you are about the general situation of Roma children?

Not at all informed									Very well informed
1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○

Section N: Questions rating of speaker ("authority" channel)

45. On a scale from 1 to 10, how much do you think the speaker in the video ...
    - A) ... has moral authority?
    - B) ... was informative?
    - C) ... was sympathetic? [would you like to drink a beer with the speaker?]
    - D) ... is trustworthy?

Additional checks:

46.
    - ... E) Did you know the person before?
        - ○ Yes
        - ○ No
    - ... F) Did you have problems streaming the video?
        - ○ Yes
        - ○ No
    - ... G) Did you see the entire video?

◯ Yes
◯ No

Section O: Questions evaluation

[*Questions 47-49 need to be answered by each subject.*]

47. Only in the MAIN STUDY (i.e., "actor" and "priest" treatments in Wave 1)

Do you think the video may have influenced your donation decision in the lottery question due to

- 47a) information the video provided?

  [insert Likert scale shown above]

- 47b) compassion the video brought about?

  [insert Likert scale shown above]

48. Did you learn something from this study?
49. Did you find it difficult to answer the questions?
50. Did you find the questions clearly formulated?

Questions 47-50 should be answered on a five-point scale, with the following range
1 = definitely not
2 =
3 =
4 =
5 = definitely yes

51. Do you have any comments about this questionnaire?

1 yes

2 no

If answer to last question = 1

52. You can give your comments here. *[max 255 characters]*

Questions for PERSISTENCE 2:

Section P: Introduction PERSISTENCE 2

This survey is part of a research project conducted at the University of Economics in Prague. Please contribute to this research by completing this survey.

It is very important for the success of our research project that you complete the entire survey, once you have started. Please note that the regular survey payment will only be made upon fully completing the survey. This survey should take on average about 5 minutes to complete.

As you will soon learn, there will be an opportunity to earn additional money on top of the base payment during this survey. However, you will only be eligible for additional reward if you fully complete this survey.

Your participation in this study is voluntary, and you can withdraw from the study at any point. Your data will be stored on secured servers and will be kept confidential. Results may include summary data, but you will remain fully anonymous. If you have any questions about this study, you may contact us at kmae@vse.cz.

53.

- ◯ Yes, I would like to take part in this study.
- ◯ No, I would not like to participate.

Section Q: Questions General perceptions of charities

54. My image of charitable organizations is positive.
55. Many charitable organizations are dishonest.
56. Much of the money donated to charities is wasted.

Questions 53-55 should be answered on a seven-point scale, with the following range
1 = strongly disagree
2 = disagree
3 = somewhat disagree
4 = neither agree nor disagree
5 = somewhat agree
6 = agree
7 = strongly agree

Section R: Obfuscation

57. When it comes to fighting climate change, do you think more should be done to address the issue?

Not agree at all									Totally agree
1	2	3	4	5	6	7	8	9	10

○ ○ ○ ○ ○ ○ ○ ○ ○ ○

58. When it comes to fighting climate change, do you think that decisions should be taken by (national) governments or collectively within the EU?

Answer options “yes”/”no”/”I have no opinion

[Ramdomize over sections S, T]

Section S: Questions Policy

[Randomize Questions 59 and 60]

Please indicate to what extent you support or oppose the following statements:

59. Suppose the government decides to increase funding for programs that help Roma children to achieve better performance in school. Would you support or oppose this decision?

Strongly oppose Strongly support

1 2 3 4 5 6 7 8 9 10

○ ○ ○ ○ ○ ○ ○ ○ ○ ○

60. Suppose the government decides to increase funding for programs that help Roma to get employed. Would you support or oppose this decision?

Strongly oppose Strongly support

1 2 3 4 5 6 7 8 9 10

○ ○ ○ ○ ○ ○ ○ ○ ○ ○

Section T: Question Lottery

By taking this survey, you are automatically enrolled in a lottery to win CZK 10000. In a few weeks you will know whether you won the CZK 10000. The payment will be made to you in the same way as your regular survey pay, so no further action is required on your part.

61. In case you won, would you be willing to donate part or all of your CZK 10000 gain for a good cause? You can enter below how many Korunas out of your CZK 10000 gain you would like to donate to the charity “Romodrom”. The goal of “Romodrom” is, among others, to expand childcare centers, provide rental housing, and social services aimed at education for Roma families with children. If you are a lottery winner, you will be paid, in addition to your regular survey pay, CZK 10000 minus

the amount you donated to the charity. We will directly pay your desired donation amount to the charity "Romodrom". Enter how much you would like to donate.

CZK ☐

[Ramdomize over sections U, V]

Section U: (Posterior) Questions Attitudes towards Roma Attitudes
[Randomize order of question 62 and 63]

62. Please indicate in the boxes below, on a scale of 0-10, where 0 means 'No empathy at all' and 10 means 'A lot of empathy':

How much empathy do you have for Roma children, a lot, some, not a lot, none? *[only one answer allowed]*

No empathy at all									A lot of empathy
1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○

63. Please indicate in the boxes below, on a scale of 0-10, where 0 means 'Do not mind at all' and 10 means 'Totally mind':

How much would you mind or not mind if a Roma was a colleague that you must work with on a daily basis?

Do not mind at all									Totally mind
1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○

Section V: (Posterior) Questions Knowledge (not decided about yet)

64. How informed do you think you are about the general situation of Roma children?

Not at all informed									Very well informed
1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○

[End of survey/experiment]

D.2 Intervention Text

Greetings,

Today I want to tell you about Nikola, a Roma child whose story is typical of many Roma children in our country. Let me take you briefly through her life—how she grew up, how she is now a young girl, and how she will become a woman. Do you think she will have a good life?

When Nikola was born, there was great joy at her birth, but the conditions for her and her mother were very poor. Nikola, her parents, and her brother lived in a small apartment. One of them was often sick because the apartment was damp and mouldy.

Nikola's mother was weak after giving birth, so she couldn't breastfeed Nikola. When Nikola grew older, she remained very thin due to malnutrition and was more susceptible to infections. Her father was also in poor health, even though he was still quite young.

There is one day Nikola will never forget. It was her sixth birthday. There was a birthday cake and even a small gift. However, that day the police came to take away her two-year-old brother, who clung to his mother and screamed. Separation from the mother is a great shock for small children. Sometimes Nikola went with her mother to visit her brother in the children's home (orphanage/juvenile home). She found the experience unsettling because it was a home for disabled children. But her brother wasn't disabled; he was a normal child. Nikola was very afraid that she, like many other Roma children, would also be placed in such a home.

Nikola is ashamed of the poverty that is evident in her clothes. She also has almost no money for school supplies. Before longer trips away from home, she is often very scared; she is constantly harassed and insulted. Older boys pester her, throw stones at her, and shout, "Gypsies, you should die!" Sometimes she goes to school, but often she has to stay home and take care of everyone. Nikola doesn't understand many things at school because she is often worried and anxious.

Little Nikola often dreams of a better future. She wants to stand on her own feet and have a better life than her parents. But improving her life is not so easy—a fate she shares with many other Roma children. Due to poverty, she will most likely leave school early to work and earn money for her family. She certainly won't go to college. Instead, like her parents, she will have to work hard for little money. Nikola would definitely like to have a better job. But how can she achieve that without finishing school, without education, and with discrimination in the labor market?

Poverty affects health and shortens lifespan. The life expectancy of members of the Roma community is significantly shorter than that of the rest of the population due to their poor situation.

Imagine what it would be like if you had almost no chance to escape the trap of poverty from birth. If you never had enough money for healthy food, healthcare, or a chance for education, and no prospects for a life without discrimination and violence. Because, according to statistics from nine surveyed EU countries, the rate of violence (verbal and physical assaults, racism) against the Roma minority is highest in the Czech Republic.

When you look at the life of little Nikola, what could you say or do? Would you want to help give her a chance for a future?

D.3 Statics underlying the intervention text

Below, we present the relevant statistics about Roma in the Czeck Republic that informed the intervention text, organized paragraph by paragraph. Most of the data underlying our intervention are drawn from the European Union Agency for Fundamental Rights (2018), with any additional evidence or sources specified as needed.

- Paragraph 2/3: **Roma and Poverty**
  - 58% of the Roma population are at risk of poverty, compared to just 10% of the general population. Additionally, 20% of Roma live in households where at least one person went to bed hungry at least once in the previous month. The average number of rooms per person (excluding kitchens) is 0.7 for Roma households, compared to 1.5 for the general population. In addition, according to Šimíková et al. (2024) ca 11.6 % of Roma households cannot afford three meals a day for each household member.
- Paragraph 4: **Roma and child care institutions**
  - Roma children consistently make up approximately 24% of all children placed in these early childhood care institutions for children under 3 years of age. Considering that approximately 1.4–2.8% of the population in the Czech Republic is Romani, this represents a significantly disproportion number of institutionalised children (European Roma Rights Centre & Mental Disability Advocacy Centre v. the Czech Republic Complaint No. 157/2017 (Link)
  - Another source: In total, the facility identified 275 children (ie 53% of children) as children of Roma or semi-native Roma ethnicity. Among children from 1 to 3 years (inclusive), according to the facility, almost two thirds were Roma or semi-native Roma children [based on own calculations] (Link).
- Paragraph 5: **Roma and harassment at school**
  - 55% of the majority population of the Czeck Republic would not like to have "Gypsies" as their neighbors. 51% of Roma parents/guardians indicate that their child experienced verbal harassment while in school during the last 12 months.
- Paragraph 6: **Roma and school/labor market participation**
  - 57% of Roma have completed at most lower secondary education and are not engaged in further education, compared to just 7% of the general population.

Similarly, 51% of young Roma (aged 16–24) are neither employed nor enrolled in education or training, compared to 7% of their peers in the general population.

- Paragraph 7: **Roma and life expectency**
  - According to the Roma Health Report (Link) Roma life expectancy is about 10–15 years less than the majority population.
- Paragraph 8: **Roma and discrimination**
  - 61% of Roma reported experiencing discrimination when looking for work, and 65% faced discrimination when seeking housing. Additionally, 56% of Roma experienced harassment, and 34% were participanted to physical violence motivated by their Roma background—both of which are the highest rates recorded among the nine surveyed EU countries.

Beyond statistical evidence, numerous media stories portray individual Roma children—or adults recounting their childhood experiences—facing the kinds of challenges described above. One common theme, for instance, is discrimination in schools:

- https://www.right-to-education.org/blog/breaking-law-stories-roma-discrimination-czech-schools
- https://perpetuum.cz/2018/02/romske-deti-nemaji-stimulujici-prostredi-proto-je-berou-jako-lehce-mentalne-postizene-rika-karvayova/
- https://www.amnesty.org/en/latest/campaigns/2015/04/stories-of-prejudice-how-discrimination-against-romani-children-in-czech-schools-is-ruining-lives/
- https://romea.cz/en/czech-republic/romani-girl-attempts-suicide-after-bullying-at-her-primary-school-in-czech-town

In other news stories, the ‘ vicious circle of poverty’ or labor market discrimination features:

- https://romea.cz/en/czech-republic/magdalena-karvayova-s-story
- https://www.errc.org/roma-rights-journal/romani-woman-wins-racial-discrimination-case-in-employment

Naturally, our intervention features elements from these real-life accounts. Still, it deliberately does not include others (e.g., references to suicide) to ensure the text remains appropriately accessible and effective for participants.

D.4 Screenshots of video intervention

Figure E.1: Screenshot of video – Actor

Figure E.2: Screenshot of video – Priest