

11-12-2016

The Guilty But Mentally Ill Verdict: Assessing the Impact of Informing Jurors of Verdict Consequences

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The Guilty But Mentally Ill Verdict:
Assessing the Impact of Informing Jurors of Verdict Consequences

by

Erin E. Cotrone

A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy
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Date of Approval:
November 9, 2016

Keywords: juror decision-making, insanity defense, dispositional consequences, attitudes

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ACKNOWLEDGEMENTS

I would like to give special thanks to my chair and mentor, Dr. Shayne Jones. Thank you for sticking with me. I know that I did not make this journey simple, but you were always patient and encouraging when I needed it the most. You offered me sound advice, some that I did not want to hear at the time, but I now know was pivotal to my completion of this project. I would also like to acknowledge my committee members: Dr. John Cochran, Dr. Ojmarrh Mitchell, and Dr. Wesley Jennings. I sincerely appreciate your thoughtful comments and suggestions.

I would not have made it through this process without the unwavering love and support of my family. To my parents: You have always gone to great lengths to help me achieve my goals. I am so grateful that you encouraged me to pursue my ambitions and supported me in every possible way. I know that you wanted this for me as much as I wanted it for myself. Guess what, Dad? I finally finished my “paper!”

To my sisters, Audra and Megan: Your friendship means the world to me. Thank you for listening to my rants on the phone and lifting my spirits with laughter. Most of all, thank you for believing in me when I did not believe in myself.

I want to express my appreciation to my brother-in-law, Sam, my mother and father-in-law, Tom and Bonnie, and my nephews, Luca and Asher. I felt loved and supported by all of you as well.

To my husband, Loren: You are my lifeline. Thank you for loving me unconditionally throughout this process, listening to me when I was voicing my frustrations and doubts, and

convincing me (many times) to keep going when I was ready to give up. I am forever grateful for all of the sacrifices you made so that I could achieve this goal. Now, it's your turn to chase your dreams.

To my boys, Sebastian and Wyatt: Nothing makes me happier than being your mom. Thank you for inspiring me to dream bigger and work harder. I love you, I love our little family, and I can't wait to see what adventures lie ahead of us!

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ABSTRACT

In response to public opposition to the insanity defense, the Guilty But Mentally Ill (GBMI) verdict was enacted with the intention of limiting the number of insanity acquittals and alleviating the public's concerns. Prior research suggests, however, that many jurors are making verdict decisions with limited knowledge of the dispositional consequences of the GBMI and NGRI verdicts. Further, jurors may erroneously assume that the GBMI verdict is a compromise between a NGRI and guilty verdict, which mitigates punishment. In reality, the dispositional consequences of a GBMI verdict are equivalent to or more restrictive than a guilty verdict. The current study examined the impact of informing jurors of the dispositional consequences of the GBMI and NGRI verdicts. In addition, it explores whether mock jurors' attitudes toward the insanity defense, individuals with mental illness, and perceptions of the defendant's dangerousness strengthens or attenuates the impact of informing mock jurors of dispositional consequences. Participants (N = 488) read a case summary of an apparently mentally ill male defendant charged with first-degree murder. Half of the participants were informed of the dispositional consequences of GBMI and NGRI verdicts, while the other half of participants received no such information. Then, they were asked to choose individual verdicts and complete a questionnaire that assessed attitudes toward the insanity defense, attitudes toward individuals with mental illness, and perceptions of the defendant's dangerousness. Results indicate that informing participants of dispositional consequences of the GBMI and NGRI verdicts increases the likelihood that the NGRI verdict is selected over the GBMI verdict. In addition, participants

who had more favorable attitudes toward the insanity defense and perceived the defendant as less dangerous selected the NGRI verdict over the GBMI verdict at an even higher rate when they were informed of dispositional consequences. The implications for educating jurors in trials that include the GBMI verdict option are discussed.

CHAPTER ONE:

INTRODUCTION

The issue of criminal responsibility of mentally ill offenders has prompted debate among scholars, lawmakers, and citizens for centuries. There is a long held belief that an individual who commits a crime due to the influence of mental illness should not be held criminally responsible for their actions. This moral principle is conveyed in the legal maxim, *Actus non facit reum, nisi mens sit rea*, which translates to “An act is not legally cognizable as evil, and hence criminally punishable, unless it is committed by a person who has the capacity to cognize the act as evil and then freely chooses to do it” (as cited in Golding & Roesch, 1987). With this principle in mind, American law distinguishes between individuals who are held criminally responsible and those found not guilty by reason of insanity (NGRI).

Despite the rationale for the insanity defense, the American public has historically opposed its use within the criminal justice system (Briskin, & Rudolph, 1996; Cirincione, 1996). The notion that a person could commit a crime and not be punished in the traditional sense is difficult for many Americans to accept (Silver, Cirincione, & Steadman, 1994). In particular, the acquittal of John Hinckley Jr. in the assassination attempt on President Reagan provoked public outrage and opposition to the insanity defense (Callahan, Mayer, & Steadman, 1987). Public misconceptions about the insanity defense have also contributed to negative attitudes regarding its use (Borum & Fulero, 1999). One common fallacy, for instance, is that the insanity defense is overused. However, empirical research has consistently shown that the defense is raised in less than one percent of felony cases, with a “success” rate of approximately 25% (Perlin, 1996;

Zapf, Golding, & Roesch, 2006). Another common misconception is that defendants found NGRI are quickly released back into society. In reality, NGRI acquittees are typically committed to psychiatric facilities immediately following their trial and are often held for longer lengths of time than if they had been found guilty (Linhorst, 1997; Silver, 1995). In California, for instance, defendants found NGRI of nonviolent crimes were confined for periods more than nine times as long as defendants found guilty (Perlin, 1996; Steadman, Keitner, Braff, & Arvanites, 1983). In addition, insanity acquittees are often subjected to a lifetime of post-release supervision (Perlin, 1996). Empirical research has consistently refuted insanity defense myths (Perlin, 1996); yet, society remains unconvinced that the insanity defense is necessary in order to fairly adjudicate mentally ill offenders.

In an effort to deal with the controversy of the insanity defense, 13 states enacted a new verdict option, the “guilty but mentally ill” verdict (GBMI) (McGraw, Farthing-Capowich, Keilitz, 1985). The primary motivation for the enactment of the GBMI verdict was to decrease the number of insanity acquittals by offering an alternative to a NGRI verdict (Melville & Naimark, 2002, Padavan, 1981). Mock jury research has consistently shown that the addition of the GBMI option influences juror verdicts as intended (Criss & Racine, 1980; Roberts & Golding, 1991; Roberts, Sargent & Chan, 1993). For example, Poulson, Wuensch, and Brondino (1998) found a reduction of NGRI verdicts by approximately one half when a GBMI verdict option was introduced. Guilty verdicts were also reduced by about two thirds.

Research reveals that many jurors are making verdict decisions with limited knowledge of dispositional consequences of NGRI and GBMI verdicts. Sloat & Frierson (2005) investigated jurors’ knowledge of mental illness verdicts and found that only 4.2% of highly educated jurors could accurately identify the definitions and dispositional consequences of both NGRI and

GBMI verdict options. Interestingly, 84% of jurors believed that dispositional consequence information should be shared with jurors prior to deliberation. Among this subset of jurors, 71% reported that knowledge of dispositional consequences would have some bearing on their verdict decisions, regardless of judicial instructions to not consider the information when reaching a verdict. Taking these findings into account, the current study explores the utility of informing jurors of dispositional consequences. More specifically, this investigation poses the question: Does informing jurors of GBMI and NGRI dispositional consequences impact verdict choices?

This investigation is essential because jurors may erroneously perceive the GBMI option is an intermediate verdict between “guilty” and “NGRI” which, if chosen, will mitigate blame and punishment of the defendant (Finkel, 1995, Finkel & Fulero, 1992, Poulson, Wuensch & Brondino, 1998; Melville & Naimark, 2002). In truth, the enactment of the GBMI verdict has drastically changed judicial procedure in ways that are detrimental to the mentally ill defendant. Individuals found GBMI remain responsible for their actions and are subject to similar or more stringent criminal sanctions than those who are found guilty, including longer prison sentences, stricter parole terms and the death penalty (Callahan, McGreevy, & Cirincione, 1992; Sloat & Frierson, 2005). In addition, GBMI defendants are often subject to additional punishments, such as special limitations placed on their freedom within the correctional facility and stigmatization by fellow inmates (Blunt & Stock, 1983).

Another glaring issue with the GBMI verdict option is that it does not guarantee defendants are treated for their mental illness while incarcerated. In fact, some states have no requirements for mental health treatment of the offender (Callahan et al, 1992, Dvoskin & Steadman, 1992.) Other states, such as Michigan, cannot assure treatment due to lack of funds and overcrowding in hospitals (Greene & Heilbrum, 2011). The chair of the Kentucky Parole Board filed an affidavit

in 1991 summarizing the impact of the GBMI verdict stating that, “from psychological evaluations and treatment summaries, the Board can detect no difference in the treatment or outcomes for inmates who have been adjudicated as ‘Guilty But Mentally Ill,’ from those who have been adjudicated as simply ‘guilty’” (Runda, 1991).

As suggested previously, research has shown that jurors consider dispositional consequences when rendering a verdict, in spite of being instructed to disregard such information (Sloat & Frierson, 2005). These findings, along with evidence of misinformed jurors (Sloat & Frierson, 2005), provide strong justification for informing jurors of accurate dispositional consequences in insanity cases. The United States Supreme Court ruled on this matter in *Shannon v. United States* (1994) and held that federal district court judges generally should *not* instruct the jury as to the consequences of a NGRI verdict. The rationale behind this ruling was that informing the jury of dispositional consequences encourages it to consider matters outside its realm and distracts it from its fact-finding responsibilities. The decision was not unanimous, however, and in his strong dissenting opinion Justice Stevens stated, “[i]t would be far wiser for the Court simply to recognize both the seriousness of the harm that may result from the refusal to give the instruction and the absence of any identifiable countervailing harm that may result from giving it,” (p. 591-592). Among the states, there is no consensus on the issue of whether jurors should be informed of the consequences of a verdict in insanity cases. In rare circumstances, state courts have ruled in favor jury instructions that include verdict consequences for NGRI and GBMI verdicts. For example, Michigan courts held in *People v. Cole* (1969) that jury instructions including the consequences of a NGRI verdict are necessary to prevent juror confusion. In *People v. Tenbrink* (1979), the Michigan Court of Appeals acknowledged that jurors are similarly uninformed as to the consequences of a GBMI verdict and held that

consequences of a GBMI verdict should also be included in jury instructions. Yet, many state courts do not instruct jurors on the consequences of NGRI and GBMI verdicts. In fact, the dominant view among state courts is that informing jurors of verdict consequences in insanity cases is “unnecessary and potentially confusing or distracting to criminal jurors” (Wheatman & Shaffer, 2001, p. 169).

As discussed previously, scholars that oppose the GBMI verdict suggest that jurors are being deceived when they are not informed of the outcomes of their verdict decisions (Melville & Naimark, 2002, Palmer, 2000). This assertion is supported by research demonstrating that informing jurors of accurate dispositional consequences shifts post-deliberation verdict preferences in insanity cases. In a study by Wheatman and Shaffer (2001), mock jurors watched a video of a murder case in which the defendant entered a plea of NGRI. Half of the participants were informed of dispositional consequences of a NGRI verdict and half of the participants were provided no such information. Jurors reported their individual verdict preferences and then deliberated as members of a 6-person jury. Results showed that informing jurors of dispositional consequences had little effect on individual jurors’ verdict preferences (see also Whitemore and Ogloff, 1995). After deliberation, however, informed jurors tended to shift to a more lenient verdict as compared to jurors who were not informed of dispositional consequences. Specifically, 60% of informed jurors chose a NGRI verdict, while 7% of uninformed jurors voted NGRI. The authors suggest that deliberation may impact individual verdict preferences because it allows jurors to discuss the legal implications of verdicts, which, in turn, leads to greater comprehension of the relevant information that informs their verdict decisions.

To summarize, studies that have explored the impact of informing jurors of NGRI dispositional consequences have produced notable findings. Specifically, they have revealed that

informing jurors of NGRI dispositional consequences significantly impacts jurors' post-deliberation verdict preferences. In other words, when jurors are given accurate information about the outcome of a NGRI verdict, they are more likely to choose a NGRI verdict when compared to jurors that are not informed of dispositional consequences.

It is important to note that prior studies that explored the impact of informing mock jurors of dispositional consequences focused solely on the NGRI verdict. In fact, there is no study to date that has examined the impact of informing jurors of the dispositional consequences of the GBMI verdict. This investigation intends to fill this gap in the research.

As previously noted, critics of the GBMI verdict have asserted that the verdict option is deceptive to jurors because the verdict language (Guilty But Mentally Ill) implies that defendants found GBMI will be treated for their mental illness. In reality, the GBMI verdict does not guarantee mental health treatment for the defendant and, in fact, it involves *more* sanctions than a simple 'guilty' verdict. Given that previous research suggests that jurors erroneously perceive the GBMI verdict as an "intermediate" verdict (Finkel, 1995; Finkel & Fulero, 1992), the next logical line of questioning involves whether informing mock jurors of accurate dispositional consequences of a GBMI verdict will shift their verdict preferences. If jurors are choosing the GBMI verdict option based on invalid assumptions about the dispositional consequences of the verdict, this area of inquiry is necessary in order to protect the individuals who may otherwise be found NGRI and guaranteed the psychiatric treatment they need and deserve. Additionally, in light of the fact that research indicates that jurors' attitudes influence their use of jury instructions (Gordon, 2013), the present study examined mock jurors' attitudes regarding the insanity defense and individuals with mental illness and whether they moderate the relationship between dispositional consequence knowledge and verdict choice. Lastly, this study explored

whether perceptions of the defendant's dangerousness moderate the relationship between dispositional consequence knowledge and verdict choice.

This dissertation begins with a literature review of the history of the insanity defense and, in particular, the GBMI statutes. The existing empirical research on juror decision-making in GBMI cases is discussed. Finally, the methodology and results of a study on the impact of informing jurors of GBMI and NGRI dispositional consequences in insanity cases will be presented and discussed.

CHAPTER TWO: LITERATURE REVIEW

Definition of insanity

Criminal responsibility involves two essential elements: a guilty act (*actus reus*) and a guilty mind (*mens rea*) (Slovenko, 2009). A fundamental principle of our criminal law, embodied in the common law requirement of *mens rea*, is that it is unjust to subject an individual to criminal punishment unless a guilty mind accompanied the guilty act.

In light of this notion, the insanity defense ensures that those individuals who did not demonstrate *mens rea* can be found legally insane or “not guilty by reason of insanity” (NGRI) and, therefore, are not held criminally responsible for the guilty act.

A vital distinction to make is that an individual with a diagnosed mental illness would not necessarily be considered legally insane (Williams, 2003). This is because the defendant is required to meet the criteria of insanity defined by law (Williams, 2003). In other words, insanity is a legal standard, whereas mental illness is a psychological diagnosis (Williams, 2003).

History of the Insanity Defense

The belief that the "insane" deserve mercy rather than punishment reflects long-standing social, religious, and moral values that can be as far back as the earliest recordings of Hebrew law (Maeder, 1985; Zapf, Golding, and Roesch, 2006). The Talmud, a second century written compilation of Jewish law, states the following:

It is an ill thing to knock against a deaf mute, an imbecile, or a minor. He that wounds them is culpable, but if they wound others they are not culpable... for with them only the

act is a consequence while the intention is of no consequence.

Ancient Greek and Roman law distinguished between the notions of *culpa* (negligence) and *dolus* (intentional fraud) (Zapf, Golding, and Roesch, 2006). Children under the age of seven were regarded *doli incapax*, meaning, “not possessed of sufficient discretion and intelligence to distinguish between right and wrong” (Black, 1979 as cited in Zapf, Golding, and Roesch, 2006). Further, children were considered “incapable of criminal intention or malice” (Black, 1979 as cited in Zapf, Golding, and Roesch, 2006). These earliest examples of variation in criminal responsibility were the foundation for the insanity laws of future societies.

In the thirteenth century, the definition of insanity continued to evolve. Bracton, the leading jurist of the time, wrote a treatise titled *On the Laws and Customs of England* (1915). In his thesis, which would later influence Judge Tracy’s “wild beast” instructions, he suggested that a person who was *non compos mentis* (no power or possession of mind) was completely lacking in good judgment (Robinson, 1980; Simon & Aaronson, 1988). Bracton described insane individuals as “not very different from animals who lack understanding, and no transaction is valid that is entered into them while their madness lasts.” (Walker, 1968, p.28) Bracton’s writings also introduced the concept of temporary insanity, a condition that he labeled “lunacy,” (Hale, 1847; Robinson, 1980).

During the fourteenth century, England progressively developed a separate system of criminal law that included criminal defenses. Initially, insanity did not preclude a conviction; rather, the offender avoided execution through a pardon granted by the King (Bonnie, Jeffries, & Low, 1986). Following the recognition of insanity as a legitimate legal defense, the first documented case of an individual being acquitted occurred in 1505 (Bonnie, Jeffries, & Low; 1986; Simon & Aaronson, 1988).

English common law continued to give emphasis to the notion that the insane should not be held responsible for their crimes because they did not have guilty or evil minds. Jurist Lord Hale significantly impacted modern day conceptions of criminal responsibility and insanity. He attempted to categorize insanity into three categories: (1) idiocy; (2) *dementia accidentalis vel adventitia*; (3) *dementia affectata*, or drunkenness. He divided the second class into two groups: perfect insanity and partial insanity. While Hale recognized that an individual could be partially impaired, he did not consider it a legitimate defense (Finkel, 1988). He also expanded on Bracton's notion of temporary insanity and suggested that individuals claiming insanity must only prove they were insane at the time they committed the offense, not at the present time (Finkel, 1988).

The Case of Ned Arnold

In the 18th century, the “wild beast” standards for acquitting mentally ill offenders were developed by Judge Tracy in the case of *Rex v. Arnold*. “Mad Ned Arnold” was found guilty of shooting Lord Onslow in spite of significant evidence indicating his insanity. Family members and servants testified that Arnold believed that Lord Onslow was “bewitching him with devils and imps” (Finkel, 1988, p.12). The prosecution argued that Arnold proved he had *mens rea* when he bought the powder for his gun and fired the shot. *Rex v. Arnold* is historically noteworthy because of Judge Tracy's revised insanity standard which states, “In order to avail himself of the defense of insanity, a man must be totally deprived of his understanding and memory so as not to know what he is doing, no more than an infant, brute, or a wild beast” (*Rex v. Arnold*, 1724, pp. 764-765). Judge Tracy's instructions to the jury signify a shift toward more skepticism regarding insanity and a formulation that restricts the kind of mental states that qualify as legal insanity (Erickson & Erickson, 2008). Also significant, the prosecution objected

to presenting evidence of behavior prior to the crime, which was overruled by Judge Tracy. This decision opened the door for expert witness testimony based on evaluations performed on the defendant after the crime was committed (Finkel, 1988).

The Case of James Hadfield

The wild beast standard was the rule of law in England for over one hundred years, until its merit was called into question during the case of James Hadfield in 1800. Hadfield was indicted for high treason for attempting to shoot King George III. He suffered from the delusion that Christ's second coming was soon approaching. However, Hadfield believed that he had to die in order to precipitate the Savior's return. He fired a shot at King George III, in hopes of being executed. Well-known jurist Thomas Erskine argued in defense of Hadfield that the notion of total insanity required by the wild beast test was flawed. He suggested that the true definition of madness was "delusion without frenzy and raving madness" (Halttunen, 1998, p. 215). Hadfield was acquitted and detained in Bethlem Hospital for the remainder of his life. Although Hadfield's case did not immediately influence *mens rea* doctrine, it paved the way for a broader definition of insanity (Halttunen, 1998). It suggested a progressive conception of insanity, one that focuses on insanity as a mental illness that can be diagnosed by mental health professionals (Erickson & Erickson, 1998). The acquittal also led to the passage of the Criminal Lunatics Act of 1800, which created a process whereby the court could require insanity acquitees to be detained for the rest of their lives (Walker, 1968).

The M'Naghten Rules

One of the most widely discussed cases relating to the insanity defense is the case Daniel M'Naghten (*Regina v. M'Naghten*, 1843). M'Naghten was a woodworker from Glasgow, Scotland who attempted to assassinate Sir Robert Peel, the Prime Minister of Britain. However,

M’Naghten misidentified the prime minister and shot and killed his private secretary, Edward Drummond, instead (Moran, 1985). During the trial, the testimony of nine medical experts portrayed M’Naghten as a seemingly paranoid schizophrenic “entangled in an elaborate system of delusions,” who believed the prime minister was to blame for his hardship (Simon & Aaronson, 1988, p. 12). The jury found M’Naghten not guilty due to his insanity and he was confined to Bethlem and, soon after, Broadmoor Mental Institution (Simon & Aaronson, 1988).

The *M’Naghten* decision incited strong disapproval from Queen Victoria, the English House of Lords and the citizens, who perceived the acquittal as a disregard for public safety (Moran, 1985). In response, the House of Lords summoned 15 judges in Great Britain to defend the standard for criminal responsibility applied in the *M’Naghten* case (Simon & Aaronson, 1988). This discussion led to a consensus among 14 of the judges regarding a legal definition of insanity. The judges’ responses ignored the more recent progress in understanding mental illness that was demonstrated in the *Hadfield* and *M’Naghten* cases (Simon & Aaronson, 1988). Instead, the judges decided on a narrow standard of insanity and, in 1851, the standard was implemented in federal and most of the state courts (Simon & Aaronson, 1988). The *M’Naghten* rules state as follows:

[E]very man is to be presumed to be sane [T]o establish a defense on the ground of insanity, it must be clearly proved that, at the time of the committing of the act, the party accused was labouring under such a defect of reason, from disease of the mind, as not to know the nature and quality of the act he was doing; or if he did know it, that he did not know he was doing something wrong (*Regina v. M’Naghten*, 1843, 10 Cl. & Fin. at 203, 8 Eng. at 723, cited by Moran, 1985, p.40).

The *M’Naghten* standard is composed of three significant elements. First, it must be determined that the defendant is experiencing “a defect of reason, from disease of the mind.” In modern terms, this describes an individual suffering from mental illness. Second, it must be proven that the defendant’s mental illness prevented him from understanding “the nature and quality of the act he was doing.” Third, it must be determined whether the defendant knew “what he was doing was wrong.” In other words, a defendant may be acquitted if he understands the act, but does not have the capacity to understand the act was wrong (Ogloff, 1990). Because the second and third elements focus on the defendant’s thought processes, the *M’Naghten* standard is considered a cognitive test of insanity (Ogloff & Schuller, 2001).

The Irresistible Impulse Rule

By 1887, the *M’Naghten* rule began to receive criticism for solely focusing on cognitive impairment and ignoring affective and impulsive behavior that mental health professionals considered important (Erickson & Erickson, 1998). It was argued that mental illness could take away the “power to choose as well as the *knowledge...*of right and wrong” (Robinson & Cahill, 2012). Due to growing dissatisfaction the *M’Naghten* rule, some jurisdictions added the “irresistible impulse” rule to the *M’Naghten* rule in hopes of broadening the standard for insanity. This supplemental test allows the defendant meet the standard if he satisfies the *M’Naghten* rule or:

- (i) if by reason of the duress of such mental disease, he had so far lost the power to choose between right and wrong, and to avoid doing the act in question, as that his free agency was at the time destroyed; (ii) and if, at the same time, the alleged crime was so connected with such mental disease, in relation of cause and effect, as to have been the product of it solely (*Parsons v. State*, 1887).

The M'Naghten-plus-irresistible-impulse rule was criticized as continuing to be too narrow in light of recent advances in psychiatry. In spite of the flaws, 18 states and the federal system adopted irresistible impulse test to broaden the M'Naghten rule by the beginning of the 20th Century.

The Durham Rule

Judge Bazelon, writing his opinion for the U.S. Court of Appeals on the case *Durham v. United States* (1954), observed that the McNaghten-plus-irresistible-impulse test was focused on specific symptoms rather than the crucial question of whether the presence of mental illness caused the offense (Robinson, 2012). In an effort to establish a broader test, the court stated, “an accused is not criminally responsible if his unlawful act was the product of a mental disease or defect” (*Durham v. United States*, 1954). Further, the Court clarified the jury’s role in insanity cases:

Juries will continue to make moral judgments, still operating under the fundamental precept that ‘Our collective conscience does not allow punishment where it cannot impose blame.’ But in making such judgments, they will be guided by wider horizons of knowledge concerning mental life. The question will be simply whether the accused acted because of a mental disorder, and not whether he displayed particular symptoms which medical science has long recognized do not necessarily, or even typically, accompany even the most serious mental disorder. (p.876)

The intent of the Durham rule was “to move the mentally ill from the criminal justice system to the mental health system” (Erickson & Erickson, p. 94). The rule received a positive response from mental health professionals, many of who believed it would revolutionize the process of determining criminal responsibility of mentally ill offenders (Wickware, 1983).

Nevertheless, it was widely criticized for leaving the jury without sufficient guidance. The Durham rule's ambiguity was also seen as granting excessive authority to mental health professionals (Levesque, 2006). Without a more elaborate definition of mental disease or defect, the jury had no choice but to depend solely on expert testimony to establish whether the act was a result of mental illness (Levesque, 2006). In an effort to reduce expert reliance, the courts ruled that mental health professionals could not testify about the connection between the mental disease and the criminal behavior (*Washington v. United States*, 1967). Attempts at revision were futile and, eighteen years later, in *United States v. Brawner* (1972), the federal court abandoned the *Durham* rule and adopted the American Law Institute standard.

The American Law Institute (ALI) Rule

In 1953, a group of judges, lawyers and medical professionals known as the American Law Institute (ALI) convened to consider alternative insanity standards (Simon & Aaronson, 1988). The result of this collaboration was the development of the Model Penal Code insanity defense provision (ALI, 1962). The ALI rule was meant to be a compromise between what was perceived as an overly restrictive *M'Naghten* rule and an ambiguous *Durham* rule.

The Model Penal Code (1962) states:

- (1) A person is not responsible for criminal conduct if at the time of such conduct as a result of mental disease or defect he lacks substantial capacity either to appreciate the criminality (wrongfulness) of his conduct or to conform his conduct to the requirements of the law.
- (2) As used in this article, the terms "mental disease or defect" do not include an abnormality manifested only by repeated criminal or otherwise antisocial conduct.

The ALI was significant because it recognized that both cognitive and volitional elements are relevant when considering a defendant's criminal responsibility. The new standard was viewed as significant progress and, by 1985, was adopted in approximately half of the states and all federal jurisdictions (Keilitz & Fulton, 1983; Slovenko, 1995).

The Case of John Hinckley

On March 30, 1981, John W. Hinckley, Jr. fired six shots at President Ronald Reagan as he exited a Washington Hotel. The shot did not hit Reagan directly, but seriously wounded him when it ricocheted off the side of a limousine and hit him in the chest. In addition to the attack on the President, Hinckley also shot a police officer, a Secret Service agent, and the press secretary, James Brady. Hinckley was arrested at the scene (Ewing & McCann, 2006).

Hinckley's trial began on May 4, 1982 and his attorneys entered a plea of not guilty by reason of insanity. During the seven-week trial, the defense attorneys claimed that Hinckley had not made a rational choice to attempt to assassinate the President; rather, his life was controlled by his obsession with the movie, *Taxi Driver* and the starring actress, Jodie Foster. The defense also argued that Hinckley was schizophrenic, and he suffered from a delusion that he could gain Foster's love and respect if he became famous for assassinating the president (Ewing & McCann, 2006; Erickson & Erickson, 2008).

At the time of the Hinckley trial, the ALI rule was the insanity standard in the District of Columbia. The phrase "lacks substantial capacity... to appreciate the criminality of conduct" was closely scrutinized in the trial. The defense asserted that "appreciate" should include cognitive *and* emotional understanding of the consequences of the act (Erickson & Erickson, 2008). It was argued that Hinckley was lacking emotional understanding of his assassination attempt. Medical experts supported this assertion by presented Hinckley's writings, including a letter to Foster,

which portrayed a man who was completely lacking the mental capacity to understand the wrongfulness of his actions (Erickson & Erickson, 2008). Medical experts also introduced a CAT scan of Hinckley's brain that showed he had widened sulci (grooves in the brain), one of the common symptoms of chronic schizophrenia (Ewing & McCann, 2006). Conversely, the prosecution called expert witnesses to testify that Hinckley understood what he was doing during the assassination attempt and, as a result, was considered legally sane (Erickson & Erickson, 2008). After three days of deliberation, the jury rendered a verdict of not guilty by reason of insanity on all charges related to Hinckley's attempted assassination of President Reagan. He was sent to St. Elizabeth's Mental Hospital in Washington, D.C. (Ewing & McCann, 2006). In July 2016, Hinckley's doctors at St. Elizabeth's Mental Hospital agreed he had recovered from his mental illness and granted him "full-time convalescent leave" from the hospital. He currently lives in Williamsburg, Virginia with his mother.

The Aftermath (The Insanity Defense Reform Act of 1984)

John Hinckley's acquittal evoked an enormous amount of public outrage. Regardless of Hinckley's apparent mental illness, the majority of the public was seeking retribution for the man that shot the President, Press Secretary James Brady and two others (Hans & Slater, 1983). A poll conducted after Hinckley's acquittal revealed that the majority of the Americans surveyed felt "justice had not been done" in the trial (Hans & Slater, 1983; ABC News, 1982). Strongest disapproval revolved around the fact that the evidence indicated that Hinckley was aware of what he was doing when he attempted to kill the President.

The controversial verdict once more raised questions about the necessity of the insanity defense. In an effort to more clearly understand the reasons for the Hinckley acquittal, the United States Senate took unprecedented action and summoned jurors to testify before a subcommittee.

A number of professional associations also convened to make recommendations regarding the insanity defense. The American Medical Association recommended the abolition of the insanity defense. The National Mental Health Association, the American Psychiatric Association, and the American Bar Association, however, advised retaining the insanity defense (Erickson & Erickson, 2008).

In 1984, following two years of consideration, Congress passed the Insanity Defense Reform Act (IDRA). The IDRA rule reads:

It is an affirmative defense to a prosecution under any federal statute that, at the time of the commission of the acts constituting the offense, the defendant as a result of a severe mental disease or defect, was unable to appreciate the nature and quality or the wrongfulness of his acts. Mental disease or defect does not otherwise constitute a defense.

The defendant has the burden of proving the defense of insanity by clear and convincing evidence. (Insanity Defense, 18 U.S.C. § 17 [2006])

The legislation changed the former approach by replacing "unable to appreciate" with "lacks substantial capacity" to indicate that "insanity" requires total mental impairment (Erickson & Erickson, 2008). The IDRA rule also eliminated the volitional (irresistible impulse) aspect of the defense. This resulted in a rule that essentially looks like the *M'Naghten* rule, with its emphasis on the defendant's cognitions for determining insanity (Perlin, 1989). In addition, the IDRA rule shifted the burden of proof to the defense. In other words, the prosecution no longer has to prove that the defendant was sane at the time of the act. Rather, the defense must prove that the defendant is insane.

Even prior to the Hinckley verdict, public concern regarding the insanity defense convinced legislatures in Montana and Idaho to abolish the insanity defense (Fentiman, 1985).

The intensified public backlash in response to Hinckley verdict led to additional state reforms. In fact, thirty-four states specified more stringent limitations on the use of the insanity defense between 1982 and 1985 (Erickson & Erickson, 2008). Specifically, twenty-seven states (Alaska, Arizona, Arkansas, Connecticut, Delaware, District of Columbia, Georgia, Hawaii, Indiana, Illinois, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, New Mexico, Ohio, Oregon, Rhode Island, South Carolina, South Dakota, Texas, Vermont, Virginia, West Virginia, and Wyoming) narrowed the test of insanity; seven states shifted the burden of proof to the defendant and one state, Utah, abolished the defense completely (Erickson & Erickson, 2008; Low, Jeffries, & Bonnie, 1986). The most frequent policy change, however, was to supplement the controversial NGRI verdict with an additional verdict option of “guilty but mentally ill” (GBMI) (Slobogin, 1985; Low, Jeffries, & Bonnie, 1986; Rogers, 1987). The following sections will discuss the history of the GBMI verdict and GBMI verdict procedure.

History of the Guilty But Mentally Ill Verdict

The establishment of the Guilty but Mentally Ill (GBMI) verdict is one of the most significant developments in insanity defense law history. Although the Hinckley trial provoked many states to enact the GBMI verdict, the initial steps toward establishing the new verdict occurred earlier. In 1966, a special commission was assembled in Michigan in response to increased awareness of the mistreatment and neglect occurring in the mental health system and a hope of protecting the civil rights of offenders diagnosed with mental illness (Blunt & Stock, 1985). Due to the Supreme Court’s decision in *Dusky v. United States* (1960), which affirmed a defendant’s right to competency evaluation, one of the commission’s objectives was to define the criteria for competency to stand trial. In addition, the commission was responsible for revising the conditions of release for NGRI patients (Blunt & Stock, 1985). Following the committee’s

law revisions, many individuals who were found incompetent to stand trial were returned to court and, consequently, dockets became inundated with cases involving mentally ill defendants. As a result, NGRI verdicts dramatically increased from 12 in 1967 to a total of 203 by 1973 (Blunt & Stock, 1985).

Perhaps the most influential event in the evolution of the GBMI verdict was the Michigan Supreme Court's decision *People v. McQuillan* (1974). With the intention of protecting due process and equal protection rights, the Court ruled that an indefinite commitment period for NGRI acquittees was unconstitutional because it entailed different release procedures from those available to individuals who were civilly committed. In the spirit of fairness, the Court abolished Michigan's automatic commitment law and specified that only a 60-day mandatory diagnostic evaluation was considered constitutional for NGRI acquittees (Smith & Hall, 1982; Blunt & Stock, 1985). In order to be committed for a longer term, the acquittee had to meet several criteria, including a diagnosis of a mental illness. The acquittee also had to demonstrate that he/she: "(a) as a result of that mental illness can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure himself or another person, and who has engaged in an act or acts or made significant threats that are substantially supportive of the expectation", or "(b) a person who is mentally ill and who as a result of that mental illness is unable to attend to those of his basic physical needs such as food, clothing, or shelter that must be attended to in order for him to avoid serious harm in the near future and who has demonstrated that inability by failing to attend to those basic physical needs." (Michigan Compiled Laws as cited in Blunt & Stock, 1985, p. 52) Further, the Court ruled that all committed NGRI acquittees be reevaluated and discharged if they no longer met criteria for civil commitment (Sloat, 2005). The Michigan Supreme Court's decision in *People v. McQuillan*

(1974) led to the evaluation of 270 NGRI acquittees, 214 (79%) of who were released (Blunt & Stock, 1985). Soon after their release, two acquittees committed brutal offenses. Ronald Manlen raped two women and John Mcgee beat his wife to death (Slovenko, 2009).

The American public was outraged and, in response, the Michigan legislature quickly enacted the GBMI statute (Slovenko, 2009). Michigan remained the only state with a GBMI law until 1981 when a highly publicized case in Indiana provoked public outcry over the insanity defense once again (Kinsey, 1982). Steven Judy was accused of murdering a woman and her three children. He pled NGRI and, although he was ultimately found guilty and sentenced to death, many were offended that a NGRI verdict was even considered. Soon after he was convicted, Indiana passed a GBMI statute in hopes of restricting the use of the insanity defense. The controversial case of *People v. Vanda* in Illinois instigated the third GBMI state law. Thomas Vanda, while on probation from a murder conviction, killed a 15-year-old girl with a hunting knife. He successfully pled NGRI to the second murder and was institutionalized for 15 months. Upon release, Vanda offended yet again, stabbing another woman to death. The Illinois legislature promptly followed Michigan and Indiana's lead and enacted a GBMI statute (Gardner & Anderson, 2014; Klofas & Weishelt, 1987).

Public distrust of the insanity defense continued to intensify and, soon after the Hinckley verdict, 8 additional states adopted a GBMI statute: Alaska (1982), Delaware (1982), Georgia (1982), Kentucky (1982), New Mexico (1982), Pennsylvania (1982), South Dakota (1983), Utah (1983), and South Carolina (1984) (Linhorst & Dirks-Linhorst, 1999; Landis 2000). In 1995, Nevada abolished the insanity defense and replaced it with a GBMI verdict option. When the Nevada Supreme Court overturned the ruling in 2001, the insanity defense was reinstated and the GBMI verdict option was retained (*Finger v. State*, 2001).

GBMI Procedure

In states that enacted a GBMI statute, the alternative verdict option is available whenever a defendant pleads NGRI (Slovenko, 1995). Once the plea is entered, the jury is informed of the four verdict options: guilty, not guilty, not guilty by reason of insanity, or guilty but mentally ill. The GBMI statute (MICH. COMP. LAWS § 768.36, 1976) provides:

If the defendant asserts a defense of insanity... the defendant may be found "guilty but mentally ill" if, after trial, the trier of fact finds all of the following beyond a reasonable doubt:

- (a) That the defendant is guilty of an offense
- (b) That the defendant was mentally ill at the time of the commission of that offense.
- (c) That the defendant was not legally insane at the time of the commission of that offense.

The jurors in states with a GBMI verdict option are responsible for making a distinction between two very similar terms: “mentally ill” and “legally insane.” Some states supply jurors with statutory definitions. In Alaska, for instance, the definition of “insanity” is as follows: “When the defendant engaged in the criminal conduct, the defendant was unable, as a result of a mental disease or defect, to appreciate the nature and quality of that conduct” (Alaska Statute §12.47.010, date). While the following definition for GBMI is provided: “[T]he defendant lacked, as a result of a mental disease or defect, the substantial capacity either to appreciate the wrongfulness of that conduct or to conform that conduct to the requirements of law” (Alaska Statute § 12.47.030, date). Critics have expressed concerns that providing definitions for the terms “mentally ill” and “legally insane” only offers minimal guidance to the jurors, since the

concepts are so closely related and making distinctions may be difficult (Callahan et al., 1992; Melville & Naimark, 2002; Slobogin, 1985). In fact, to the layperson, the terms may be indistinguishable (Fentiman, 1985; Melville & Naimark, 2002). Most states, however, do not provide a detailed definition of GBMI; rather, jurors are simply informed that a GBMI defendant is “not insane but...suffering from a mental illness” (Illinois Compiled Statute as cited in Melville & Naimark, 2002). Jurors are expected to interpret GBMI independently and choose the verdict that they deem appropriate.

In essence, the GBMI verdict allows jurors to find “the defendant is mentally ill, yet holds him criminally responsible” (Nesson, 1982 as cited in Slovenko, 1995, p. 172). A GBMI verdict does not mitigate the consequences of a conviction; therefore, a defendant found GBMI is subjected to the same sanctions that he or she would have been if found guilty (Petrella, Benedek, Bank & Packer, 1985; Sloat & Frierson, 2005). In other words, a GBMI verdict is another “guilty” verdict because the outcome is the same. In fact, in at least four cases, the sentence has been the death penalty (Slovenko, 1995). Slovenko (2009) asserts that jurors think GBMI is a “middle ground” verdict because “guilty but mentally ill” sounds exculpatory (p. 212). Indeed, jurors must rely on their own assumptions because most jurisdictions do not inform jurors of the GBMI or NGRI verdict consequences (Rogers & Shuman, 2000).

Proponents of the GBMI legislation contend that the alternative verdict offers jurors an option that assures the defendant serves a minimum term before release, while acknowledging that the offender is in need of psychiatric treatment (Zapf, Golding, & Roesch, 2006). Critics, however, insist that the GBMI is a guilty verdict hidden behind clever language, which is intended “to circumvent the McQuillan decision by eliminating the release of persons after they are acquitted by reason of insanity” (Serwer, 1976, Blunt & Stock, 1985, p.). Others labeled the

GBMI verdict as “disingenuous” and an alternative that “hoodwinks the jury in a decisional process and...hoodwinks the public” (Slovenko, 1982, p. 545). In regard to the impact of the GBMI verdict on juror decision-making, the American Psychiatric Association (1983) has labeled GBMI as a “compromise verdict” that allows juries “to avoid grappling with difficult issues of guilt and innocence by giving them an easy way out.” Similarly, scholars point out that jurors may use GBMI as a compromise verdict when they want to ensure incarceration despite the fact that the defendant meets criteria for legal insanity (Callahan et al., 1992). The American Bar Association and the National Mental Health Association have also expressed their opposition to the verdict (Borum & Fulero, 1999).

While all of these concerns are significant, the lack of treatment for defendants found GBMI, which is implied in the verdict language, is highlighted as the most serious flaw of the legislation (Perlin, 1996; Slobogin, 1985; Steadman, 1993). Research clearly indicates that special treatment for GBMI inmates is rare and, when available, is identical to the treatment offered to the general population (Callahan et al., 1992; Keilitz, 1987; Linhorst & Dirk-Linhorst, 1999; Smith & Hall, 1982). The National Mental Health Association’s (1983, p. xxx) position is that: “(The GBMI) verdict does not insure in any way that persons found guilty under it, as opposed to persons found simply guilty, will be treated any differently when a trial is over.” Further, a GBMI inmate may be restricted from participating in supplemental prison programs, such as work farms, due to their “mentally ill” status (Blunt & Stock, 1985). A GBMI verdict, therefore, is a clear disadvantage to the offenders because they are subject to additional constraints within the justice system. Alaska, in particular, goes as far as exempting GBMI offenders from probation or parole (Blunt & Stock, 1985).

Roughly one hundred state appellate court decisions have addressed issues raised regarding

the GBMI verdict (Slovenko, 1995). GBMI statutes are generally appealed based on two concerns: (a) the denial of due process and equal protection under the Constitution and (2) the denial of right to treatment (Slovenko, 1995). For example, in *State v. Hornsby* (1997) the appellant argued that since jurors are not informed of the verdict consequences that exist following a GBMI verdict, they are misled to believe GBMI is a “lesser verdict than guilty.” The appellant claimed that the GBMI statute violated his due process rights under the Fifth and Fourteenth Amendments. The South Carolina Supreme Court found the argument “speculative” and ruled that the GBMI verdict was constitutional on due process grounds (*State v. Hornsby*, 1997; LeBlanc-Allman, 1998; Linhorst & Dirk-Linhorst, 1999). Regarding the right to treatment, the Illinois Appellate Court held that there is no constitutional right to treatment for defendants found GBMI because they have not been involuntarily committed (*People v. Marshall*; Callahan, McGreevy, Cirincione, and Steadman, 1992). The Court clarified its position by stating: "Persons found guilty but mentally ill...are incarcerated for their crimes, not their mental condition" (*People v. Marshall*, 1983). Regardless of the grounds for opposition, courts have consistently upheld the constitutionality of the GBMI statutes. Currently, 12 states have a GBMI verdict option available to jurors in insanity cases.

The following sections will review the existing research on the impact of the GBMI verdict on insanity case verdicts. The first section will discuss archival research, and the following section will focus specifically on the extant mock juror research.

Archival Research on the Impact of GBMI Statutes

Empirical studies on the impact of GBMI reforms have demonstrated that the introduction of the alternative verdict has only had subtle effects on insanity case verdicts (Appelbaum, 1994; Borum & Fulero, 1999, La Fond & Duram, 1992; Palmer & Hazelrigg, 2000). The research

from Michigan and Illinois, in particular, indicated that the enactment of the GBMI statute had little or no influence (Keilitz, 1987; McGraw, Farthing-Capowich, & Keilitz, 1985, Smith & Hall, 1982). Smith & Hall (1982) conducted the first study of the impact of the GBMI legislation on NGRI verdicts. The authors focused on criminal defendants who were adjudicated in Michigan between 1975 and 1981. Results showed that NGRI verdicts were not significantly impacted by the enactment of the GBMI statute (Smith & Hall, 1982). Prior to the GBMI statute, 0.024 percent of male defendants were found NGRI. Seven years after the introduction of the GBMI verdict, 0.032 percent of male defendants were found NGRI (Slovenko, 1995; Smith & Hall, 1982). Smith and Hall (1982) claim that defendant's found GBMI would likely have been found guilty if the GBMI verdict was not available. The authors make this assertion based on the fact that GBMI inmates were found to be more similar demographically to the individuals found guilty than those found NGRI. Similarities between GBMI and guilty inmates were noted on the following demographic variables: less education and unemployment, more substance abuse, a higher number of past criminal charges, and fewer psychiatric hospitalizations (Smith & Hall, 1982). However, as Petrella & colleagues (1985) point out, the GBMI verdict was enacted at the same time that the insanity criteria in Michigan were modified from M'Naughten to ALI. The broader criteria for insanity, in conjunction with the more stringent criteria for commitment, could predictably have led to an increase in NGRI verdicts. Therefore, the introduction of the GBMI alternative may be at least partially responsible for the lack of change in the percentage of successful insanity acquittals (Petrella, Benedek, Bank & Packer, 1985).

In an effort to explore the questions raised by Smith & Hall more thoroughly, Keilitz (1987) examined data on defendants pleading NGRI from Michigan, Illinois, and Georgia. The author found that GBMI defendants were similar to NGRI defendants on some variables and

guilty defendants on others. Although the impact on verdicts was minimal, Keilitz (1987) did find that GBMI defendants received longer sentences than guilty defendants.

Klofas and Weisheit (1987) analyzed court data from Illinois and concluded NGRI verdicts had not decreased after the GBMI statute was enacted. They also noted that GBMI inmates were rarely offered treatment. Based on a survey of prosecutors, the authors also discovered that offenders might use the GBMI verdict as a way to minimize their “sense of responsibility” for their crime (Klofas & Weisheit, 1987; p.?).

On the other hand, studies that analyzed data from Georgia and Pennsylvania found that GBMI reforms decreased the likelihood of NGRI verdicts (Callahan et al., 1992; Keilitz, 1987; Mckay & Kopelman, 1988). MacKay and Kopelman (1988) analyzed the effects of the GBMI statute in Pennsylvania from 1982 to 1987. The average number of NGRI verdicts was significantly reduced after the GBMI statute was enacted; however, the authors note that a shift in the burden of proof to the defense may have decreased the number of insanity pleas. Interestingly, defendants found GBMI were more likely to have been convicted of murder, while defendants found NGRI were more likely to have committed assault. This supports the theory of a “compromise” verdict when jurors want to ensure the defendant does not become a threat to the community after release from a psychiatric facility.

Prior studies on the impact of GBMI statutes have been criticized for focusing solely on the differences in the number of NGRI and GBMI verdicts (Keilitz, 1982). With the intention of improving on previous research, Callahan and colleagues (1992) examined the characteristics of defendants pleading NGRI pre and post enactment of the GBMI verdict in Georgia, while controlling for variables such as demographics, offense type and psychiatric diagnoses. In contrast to earlier studies, analyses revealed that the introduction of the GBMI verdict decreased

the likelihood of a NGRI verdict. Results also indicated that the decrease in insanity acquittals was most significant among violent offenders. Contradictory to previous research, the authors assert that some GBMI defendants would have otherwise been found NGRI, since the rate of NGRI verdicts significantly decreased after the introduction of the GBMI verdict. Further, the distribution of verdicts revealed “a decline in the proportion found guilty and NGRI...suggesting that those found GBMI were pulled for both groups” (Callahan et al., 1992, p. 460). Similar to the study by Keilitz (1987), data revealed that defendants found GBMI were more likely to be incarcerated and more likely to receive a life sentence. More specifically, 70.6% of defendants found GBMI of murder as compared to 49.2% of defendants found guilty of murder were sentenced to life in prison. GBMI defendants also received longer sentences than guilty defendants. In murder cases, for instance, the sentence for a GBMI defendant was approximately 5 years longer than the sentence of a guilty defendant. Therefore, GBMI defendants appear to have substantial disadvantage in terms of the sanctions imposed post-conviction when compared to their guilty counterparts (Callahan et al., 1992).

Slovenko (2009) suggests that the availability of the GBMI is a disadvantage to defendants, in general, because NGRI pleas are less likely to be entered due to the GBMI verdict option. The author asserts that when a GBMI option is available, attorneys prefer to enter a not guilty plea as opposed to a NGRI plea. This strategy is intended to avoid offering the jury two “guilty” options (guilty and GBMI) when a NGRI plea is entered (Slovenko, 2009).

Steadman et al. (1993) conducted a review of studies on the impact of the GBMI verdict on insanity cases in Michigan, Illinois, Georgia, and Pennsylvania. Contrary to Slovenko’s (2009) claim, the authors concluded that the passage of the GBMI alternative did not reduce insanity pleas. NGRI verdicts decreased, but this decline began before the enactment of the GBMI

verdict. Although the overall intended effects of the GBMI verdict were not demonstrated, some impact was noted in cases that involve more serious crimes (Steadman, 1993). Prior to the introduction of the GBMI verdict, 20 percent of NGRI pleas in murder cases were successful. After the introduction of the GBMI verdict, NGRI verdicts decreased to 7 percent, while 25 percent of verdicts in insanity cases were GBMI (Steadman, 1993).

Slovenko (1995) cites an unpublished Purdue University study that investigated the effects of the enactment of GBMI statutes. Results indicated that the introduction of the GBMI verdict increased the probability that defendants who would have otherwise been found “not guilty” (i.e., acquitted) were found GBMI (i.e., convicted). The authors hypothesize that, although there is not enough evidence to convict, jurors may have serious concerns about the defendant’s mental health and the potential risk for future dangerous behavior. Jurors may choose the GBMI verdict because they believe it ensures treatment for the defendant and, in turn, offers security to the community. Although this finding has not been replicated in archival research, mock jury research has produced similar results. This body of research will be presented in detail in the following section.

In sum, the guilty but mentally ill verdict appears to have some impact in cases that involve serious crimes, but has otherwise failed to reduce NGRI verdicts as intended. However, it is important to note that archival data may be limited with regard to the effect on jurors’ verdict decisions because many NGRI and GBMI verdicts result from judges’ decisions during bench trials or plea bargains (Golding, 1991; Morgan et al., 1988; Smith & Hall, 1982). In addition, as discussed previously, it is also difficult to draw firm conclusions from the data because various changes in the insanity statutes occurred around the same time that the GBMI laws were enacted.

Mock Juror Studies on the GBMI Verdict

Numerous studies have explored the impact of GBMI verdict option on mock juror verdict preferences. In contrast to archival research, mock juror studies have consistently shown that the availability of a GBMI verdict results in displacement of both NGRI and guilty verdicts (Finkel & Duff, 1989; Poulson, 1990; Poulson, Braithwaite, Brondino, & Wuensch, 1997; Poulson, Wuensch, & Brondino, 1998; Roberts et al., 1987; Roberts & Golding, 1991; Roberts, Sargent, & Chan, 1993; Sales & Shuman, 1996; Savitsky & Lindblom, 1986).

Savitsky and Lindblom (1986) presented 145 mock jurors with a case involving a mentally ill defendant. Mock jurors' verdict options varied among the following three conditions: the two-choice condition (guilty and not guilty), the three-choice condition (guilty, not guilty, and NGRI), or the four-choice condition (guilty, not guilty, NGRI and GBMI). The strength of evidence for the case was also manipulated. When the evidence presented against the defendant was strong, no significant differences in verdict preferences were found between the two-, three-, and four-choice conditions. When the evidence was weak, however, mock jurors in the two- and three-choice conditions were more likely to acquit the defendant than those who were given the GBMI verdict option in the four-choice condition. The same results were found after 6-person juries deliberated. Savitsky and Lindblom (1986) noted: "When the GBMI verdict was not available, the dominant view was that the defendant was innocent, but when the GBMI verdict did become available then the dominant view was that the defendant was guilty" (p.696).

Roberts et al. (1987) examined how beliefs about insanity and responsibility impact juror decision-making. Mock jurors were presented with 16 case vignettes that described a mentally ill defendant and details of the events surrounding the murder of a man. Each condition varied the defendant's clinical diagnosis, as well as the bizarreness and planfulness of the defendant's actions. When the defendant was portrayed as experiencing schizophrenic delusions pertaining to

the victim along with a lack of planfulness, 95% of mock jurors found the defendant NGRI. When the GBMI verdict became an option, however, only 18% of the mock jurors found that same defendant NGRI, while 77% chose the GBMI option. In other words, the defendant who had been almost unanimously acquitted was found GBMI when the alternative verdict was available. The introduction of the GBMI option also reduced the number the number of guilty verdicts when the defendant was portrayed as having a less severe form of mental illness, such as a personality disorder. Planfulness also played a significant role in mock jurors' verdict decisions; in fact, the GBMI verdict was chosen 2.5 times more often than the other verdict options when the defendant did not exhibit planfulness. A majority of the mock jurors (86%) endorsed the statement that "GBMI sentencing alternative was moral, just, and an adequate means of providing for the treatment needs of mentally ill offenders" (p. 220). In addition to an expectation for treatment, the authors suggest that laypersons prefer the GBMI verdict "even in the most obvious cases of 'real' insanity" in large part because of the fear that a severely mentally ill individual may eventually reenter society and present a threat to public safety" (p. 226).

In a similar study, Poulson (1990) assessed how the availability of the GBMI verdict affected mock jurors' attributions of criminal responsibility. The race of the defendant and the victim were manipulated to determine if there is a race disparity among insanity acquittees. Replicating the findings by Roberts et al. (1987), results indicated that when the GBMI verdict was an option, NGRI and guilty verdicts were decreased by nearly two-thirds. Contrary to the author's hypotheses, black defendants were found NGRI significantly more often than white defendants, and white defendants and black defendants were equally likely to be found GBMI. Further, race of the victim did not significantly influence mock jurors' verdict choices.

In a study by Roberts and Golding (1991), the impact of the availability of the GBMI verdict on mock jurors' verdicts was demonstrated once again. The authors analyzed the rates of NGRI verdicts when 145 students and 144 jury-eligible community members were presented with a case vignette. Mock jurors were randomly assigned to an "instructional condition" and were asked to read either (1) the traditional American Law Institute (ALI) judicial instructions or (2) ALI instructions supplemented with GBMI instructions. The GBMI judicial instructions, which utilized the precise language of Illinois law, stated:

A person who, at the time of the commission of a criminal offense, was not insane but was suffering from a mental illness, is not relieved of criminal responsibility for his conduct and may be found guilty but mentally ill. (Illinois Revised Statutes, 1985. Chapter 8, Section 6-2.(c).)

Results showed a decrease in the rate of NGRI verdicts from 60% (ALI instructions) to 35% (ALI and GBMI instructions). Comparable to previous studies, the availability of GBMI judicial instructions and verdict option significantly reduced the number of mock jurors' NGRI verdicts when the case involved a defendant presenting with psychosis (hallucinations and delusions). (Roberts & Golding, 1991).

In the same study, mock jurors' attitudes toward the insanity defense were assessed using twenty items from Hans' (1986) Insanity Defense Attitudes Scale and a thirteen-item scale developed by Roberts, Golding, & Fincham (1987). The newly developed scale by Roberts, Golding, & Fincham (1987) focused on the blameworthiness of defendants who pursue the insanity defense. For example, one item stated "People with mental illness, regardless of severity, are equally blameworthy as non-mentally ill persons as far as socially deviant behavior is concerned" (pp. 363-364). Similar to previous studies (Homant & Kennedy; Roberst et al,

1987), the authors concluded that mock jurors' attitudes toward the insanity defense were predictive of verdicts. More specifically, mock jurors who chose both GBMI and guilty verdicts tended to be "uncertain" or "moderately supportive" of the insanity defense, while mock jurors who chose the NGRI verdict option strongly supported the insanity defense (Roberts & Golding, 1991, p. 360).

Roberts et al. (1993) summarized the mock jury data on the impact of the GBMI verdict option by stating that "this pronounced 'verdict-shifting' phenomenon has been demonstrated for the within- and between-participants research designs, at the individual juror and jury levels of analysis, across diagnostic classes of defendants, and with college and community samples" (p. 262). In sum, the alternative GBMI verdict option has consistently been shown to significantly influence mock jurors' insanity case verdict choices.

Summary

In order to lay the groundwork for the current study, this chapter reviewed the literature on the history of the insanity defense and the GBMI verdict, GBMI procedure, as well as archival and empirical research on the impact of the GBMI verdict. Much of this review focused on the concerns that scholars have expressed regarding of the GBMI verdict. In particular, researchers have cautioned that jurors might erroneously assume, based on the verdict language, that GBMI is a middle-ground verdict (Finkel, 1995, Finkel & Fulero, 1992, Poulson, Wuensch & Brondino, 1998). It has also been suggested that the verdict wording could give jurors the impression that a defendant found GBMI will receive treatment for their mental illness; in truth, treatment is not guaranteed. Researchers have even argued that leaving jurors in the dark about verdict consequences constitutes deception (Melville & Naimark, 2002). Although previous studies have examined the impact of informing jurors of the dispositional consequences of the NGRI verdict,

no study to date has investigated the impact of informing jurors of the dispositional consequences of the GBMI verdict. Additionally, the current study is the first to explore the potential for attitudes toward the insanity defense, attitudes toward mentally ill individuals, and perceptions of the defendant's dangerousness to moderate the relationship between dispositional consequence information and verdict selection.

CHAPTER THREE:

METHODS

Introduction

The study methodology presented in this chapter were utilized to address four key objectives: (1) assess juror knowledge of the GBMI and NGRI verdicts in order to confirm the previous finding that jurors are misinformed or unaware of GBMI and NGRI dispositional consequences; (2) examine whether informing mock jurors of accurate dispositional consequences of the GBMI and NGRI verdicts impacts juror verdict selection; (3) explore mock jurors' attitudes regarding the insanity defense and mentally ill individuals and whether they moderate the relationship between dispositional consequence knowledge and verdict choice; and (4) explore whether perceptions of the defendant's dangerousness moderate the relationship between dispositional consequence knowledge and verdict choice. This chapter includes a discussion of the participants, materials, measures, procedures, research questions and hypotheses.

Participants

Five-hundred and twenty community members were recruited to participate in this study online through the Amazon Mechanical Turk (MTurk) website turkprime.com. Amazon MTurk is an online service that allows individuals to receive monetary compensation for completing online surveys. The recruitment information included basic information about the study and directed the participants to a link to the Qualtrics survey. MTurk workers are assigned an

anonymous ID number and are not asked for any identifying information, therefore maintaining their confidentiality.

In recent years, Mturk has become an increasingly common and accepted approach for gathering social science research data (Buhrmester, Kwang, & Gosling, 2011; Mason & Suri, 2012). In order to examine the demographics of Mturk workers residing in the United States, Mason & Suri (2012) collected data from 3,000 workers over the course of 3 years. The authors found that the demographics of U.S. MTurk workers were similar to the demographics of the general U.S. population. Specifically, 55% of workers were female; they ranged from 18 years old to over 65 years old, and the median age was 30 years old. The majority of the workers reported that their approximate income was \$30,000/year. Research has also shown that demographic characteristics of U.S. MTurk workers are more representative and diverse than the undergraduate student samples typically used in social science studies (Berinsky, Huber, & Lenz, 2011). In addition, results from studies conducted on Mturk have been found to have high test-retest reliability and have replicated findings of studies conducted in more traditional research settings (Mason & Suri, 2012; Thomas, 2016).

Research has shown that including attention check questions, which identify individuals that are not carefully reading and answering questions, can be helpful in improving the quality of data from MTurk workers (Aust, Diedenhofen, Ullrich & Musch, 2012; Buhrmester, Kwang, & Gosling, 2011). Thus, a question was included that instructed the participants to select a specific answer; if a participant failed to select the correct answer, their data was excluded from analyses. Another technique that has been shown to improve data quality is limiting participation to workers with a history of satisfactory completion of MTurk tasks (Peer, Vosgerau, & Acquisti, 2014). Therefore, in order to be eligible for the current study,

MTurk workers were required to have a minimum approval rating of 98%, which indicates that they satisfactorily completed 98% of their previous tasks. Participants also had to be United States citizens and at least 18 years of age. The informed consent document listed these criteria and requested that only jury-eligible individuals participate in the survey. Participants were compensated \$1.00 for completion of the study measures.

Data from 32 participants were excluded from the study due to the following reasons: Failure to answer to correctly answer the attention check question correctly (11 participants), incomplete survey (6 participants), and completing the survey in less than 10 minutes (15 participants). The final sample included 488 participants. Of the 488 participants, 246 participants were assigned to the informed group and were instructed on the dispositional consequences of the verdicts. 242 participants were assigned to the uninformed group and were not instructed regarding dispositional consequences of the verdicts.

Materials

The relevant materials presented to participants are located in the Appendix.

Insanity Case Vignette

Participants were asked to read an insanity case vignette involving a mentally ill defendant who is charged with first-degree murder. This particular vignette was chosen because it was previously utilized in juror decision-making studies authored by Roberts et al. (1987) and Skeem and Golding (2001). Both of the studies found that jurors' verdicts were evenly distributed among the options, which suggests that the vignette allows room for individual interpretation of the defendant's mental state and culpability.

The vignette describes the case of a 24-year-old defendant, Jeffrey Smith, who is charged with the first-degree murder of Michael Jones, a 43-year-old mail carrier. Smith's attorney has

entered a plea of Not Guilty by Reason of Insanity. The details of the case include that Jones' body was discovered in the back alley of the tavern where Smith worked as a dishwasher. Eyewitnesses reported that Smith left his post in the kitchen shortly after Jones had paid his tab. Smith was arrested near the tavern with a bloodstained knife in his possession. Forensic testing later revealed that the knife was covered in Jones' blood and had the defendant's fingerprints on the handle. A court-appointed psychologist and psychiatrist testify that Smith has a history of hallucinations and delusions, including a long-held belief that "a group of aliens is conspiring to take over the world."

Dispositional Consequence Information

Participants were randomly assigned to one of two conditions for dispositional consequence information. Participants in the informed condition read an explanation of the dispositional consequences of not guilty, GBMI, NGRI, and guilty verdicts. Participants in the uninformed condition did not read an explanation of the consequences of GBMI and NGRI verdicts; instead, they read a paragraph explaining their responsibilities as a juror.

Dependent Measures

Participants were instructed to choose one of the four verdict options: Guilty, Not Guilty, NGRI and GBMI. In addition, participants were asked to rate their confidence in their verdict on a percentage scale ranging from 0-100.

Juror Knowledge Measure

All participants were assessed for their knowledge of dispositional consequences for verdicts. The five items utilized to test the participants' knowledge of dispositional outcomes questions were analyzed independently and combined into a summary knowledge score. One multiple-choice question for the GBMI verdict and one for the GBMI verdict assessed the

participants' knowledge of the dispositional consequences of these verdicts. Specifically, the questions asked the participants to choose the immediate outcome of GBMI and NGRI verdicts. For a GBMI verdict, the correct answer is "confinement in a correctional facility." For a NGRI verdict, the correct answer is "mandatory confinement in a mental hospital." Two true-or-false questions further investigated the participants' knowledge of GBMI dispositional consequences. The items stated the following: "If the defendant is found GBMI, he is *not* eligible to receive the death penalty?" and "If the defendant is found GBMI, he is guaranteed treatment for his mental illness." The correct answer for both items is "false." A final multiple choice question asked the participants to identify the dispositional consequence for the verdict that they selected. The answer options included "confinement in a correctional facility (jail or prison)", "confinement in a psychiatric hospital", and "released back into society." The correct answer for GBMI and guilty verdicts is "confinement in a correctional facility (jail or prison). The correct answer for a NGRI verdict is "confinement in a psychiatric hospital."

Insanity Defense Attitudes Measure

Participants' attitudes toward the insanity defense were measured using Insanity Defense Attitudes-Revised (IDA-R) (Skeem, Loudon, & Evans, 2004). The original IDA scale was revised after Skeem and colleagues (2004) conducted studies with the intention of creating a more valid and reliable measure. In the first study, 187 venirepersons were recruited from the Third District Court in Utah and asked to complete a 35-item questionnaire. The primary goal of the was to identify and eliminate the items that were strongly correlated with Social Desirability on the Marlowe-Crowne Social Desirability Scale (MCSD), as well as items with low response variability. In addition, the authors aimed to select items with high item-total correlations. The modified scale measured two dimensions: Strict Liability and Perceived Injustice and Danger. A

principal components analysis revealed that the two dimensions accounted for 55% of the total variance. Another study was conducted in Nevada's Eighth Judicial District Court in order to cross-validate the IDA-R in another state. Similar to the previous study, results indicated a two-factor structure with good internal consistency (Strict Liability, $\alpha = .80$; Perceived Injustice and Danger, $\alpha = .90$) (Skeem, Louden, & Evans, 2004).

The IDA-R assesses beliefs about mental illness and criminal responsibility, as well as perceptions of misuse of the insanity defense. The revised measure has 13 statements, which are rated on a 7-point Likert-type scale. As mentioned previously, the scale is comprised of two dimensions. The first dimension, Strict Liability, relates to participants' perceptions of mental illness and its impact on criminal responsibility. The second dimension, Perceived Injustice and Danger, relates to participants' perceptions of the use (or misuse) of the insanity defense and the potential injustice that could occur. The IDA-R was utilized in the current study as a potential moderator variable. Specifically, moderation analyses were conducted to see whether the relationship between being informed of dispositional consequences and verdict option is affected by the participant's attitudes toward the insanity defense.

Mental Illness Attitudes Measure

Participants completed the Community Attitudes Toward Mental Illness Scale (CAMI), which was developed by Taylor and Dear (1981) to assess attitudes toward community members with mental illness. The CAMI asks participants to respond to 40 statements rated on a 5-point Likert-type scale ranging from strongly agree to strongly disagree. The scale measures attitudes toward the mentally ill on four dimensions: Authoritarianism, Benevolence, Social Restrictiveness and Community Mental Health Ideology. The first dimension, Authoritarianism, relates to negative views of mentally ill individuals and their treatment. Conversely, the

Benevolence dimension relates to positive views toward mentally ill individuals and their treatment. The Social Restrictiveness dimension relates to the perception that mentally ill individuals are a threat to the community. Lastly, the Community Mental Health Ideology dimension relates to the view that mentally ill individuals are best treated in the community as opposed to in a hospital setting.

Taylor and Dear (1981) tested the reliability of the CAMI on a sample of 321 students and 54 adult community members. Alpha coefficients on the subscales are as follows: .68 (Authoritarianism), .88 (Community Mental Health Ideology), .76 (Benevolence), and .80 (Social Restrictiveness). The CAMI was used in the current study as a potential moderator variable.

Perceived Dangerousness of the Defendant Measure

A series of statements about the defendant were created specifically for this study. A principal component analysis (PCA) was performed and the items were combined into a scale as appropriate. The purpose of these items was to ascertain whether perceptions of the defendant's dangerousness moderate the relationship between dispositional consequence knowledge and verdict selection.

Demographic Questionnaire

Participants were asked to respond to a series of demographic questions regarding the following variables: sex, age, race, education level, income level, political affiliation, and participants' personal/family history of mental illness.

Procedure

Upon approval of the study protocol, the researcher received IRB permission to conduct the research. Participants were recruited through the Amazon Mechanical Turk website

mturk.com. They were asked to review an online informed consent document. Participants then read an insanity case vignette of an apparently mentally ill male defendant charged with first-degree murder. After reading the case vignette, participants were randomly assigned to a condition (informed vs. uninformed). Half of the participants were informed of the dispositional consequences of GBMI and NGRI verdicts, while the other half of participants received no such information. Then, they were asked to choose individual verdicts, as well as indicate their confidence level in their verdict. Next, participants answered a series of questions intended to assess their knowledge of accurate GBMI and NGRI dispositional consequences. The IDA-R and the CAMI were administered to assess participants' attitudes toward the insanity defense and mental illness, and then participants answered questions about their perceptions of the defendant's dangerousness. Lastly, participants completed a demographic questionnaire.

Research Questions

The current study addresses several research questions in an attempt to gain a clearer understanding of the impact of informing mock jurors of dispositional consequences for GBMI and NGRI verdicts. Further, it explores whether mock jurors' attitudes toward the insanity defense, individuals with mental illness, and perceptions of the defendant's dangerousness strengthens or attenuates the impact of informing mock jurors of dispositional consequences. The following questions will be addressed:

Research Question 1: Are jurors aware of accurate dispositional consequences of GBMI and NGRI verdicts?

Research Question 2: Does informing jurors of dispositional consequences impact verdicts?

Research Question 3: Is the impact of informing jurors of dispositional consequences moderated by juror attitudes (toward the insanity defense and mental illness)?

Research Question 4: Is the impact of informing jurors of dispositional consequences moderated by jurors' perceptions of the defendant's dangerousness?

Hypotheses

Knowledge of Dispositional Consequences

As discussed previously, research indicates that jurors' have limited knowledge of the outcomes of mental illness verdicts (Sloat & Frierson, 2005). Therefore, it is hypothesized (Hypothesis 1) that participants in the uninformed group will not accurately identify the dispositional consequences of GBMI and NGRI verdicts. Further, participants in the uninformed group will less accurately identify the dispositional consequences of GBMI and NGRI verdicts compared to participants in the informed group. This will also serve as a manipulation check of the experimental manipulation.

Impact of Dispositional Consequences on Verdicts

Previous research revealed that informing jurors of dispositional consequences for NGRI verdicts impacted jury verdicts (Wheatman & Shaffer, 2001; Whittemore & Ogloff, 1995). The current study differs from prior investigations by including the dispositional consequences of GBMI verdicts; however, similar results are anticipated. Thus, it is hypothesized that informing participants of the dispositional consequences of GBMI and NGRI verdicts will significantly impact verdicts. Specifically, it is hypothesized (Hypothesis 2) that participants in the informed condition will be more likely to render NGRI verdicts than participants in the uninformed condition. Participants in the informed condition may be more inclined to choose a lenient verdict because they are not misinformed or making incorrect assumptions about GBMI and

NGRI verdict consequences. In particular, many jurors may erroneously believe that GBMI is an intermediate verdict option between guilty and NGRI, and that defendants found GBMI are guaranteed treatment. Therefore, it is expected that participants who are informed of accurate dispositional consequences of the GBMI and NGRI verdicts (i.e., GBMI is equivalent to a guilty verdict and does not guarantee treatment) will be more likely to choose a NGRI verdict.

Moderation Analyses

Although the main focus of this research is to ascertain the impact of providing dispositional information on verdict preferences, this effect might be moderated by various juror attitudes and perceptions. Specifically, we hypothesized that providing dispositional information leads to more NGRI verdicts (compared to GMBI verdicts) especially when the participant has more positive attitudes as measured on the IDA-R (Hypothesis 3) and CAMI (Hypothesis 4). Scholars have suggested that jurors' attitudes impact their comprehension and use of jury instructions (Fiske & Taylor, 1984; Gordon, 2013). In fact, a study by Smith (1993) revealed that jurors' preexisting ideas about crimes impacted how they interpreted judicial instructions and impacted decision-making. While this is an interesting perspective, there are additional compelling reasons to believe that jurors' attitudes will be influential in this study. That is, if a participant has more positive attitudes toward the insanity defense, they might be even more likely to choose the NGRI verdict when informed about the consequences of this verdict because they are already more inclined to believe the insanity defense is reasonable in some cases. Further, when they understand the consequences of the GBMI verdict and recognize it conflicts with their attitudes, they might be more likely to select the NGRI verdict. Similarly, more positive attitudes toward individuals with mental illness on the CAMI (which include beliefs that mentally ill can be effectively treated and benevolent attitudes that they deserve treatment)

would be expected to lead to a verdict of NGRI, and this would be particularly true among participants specifically informed that the NGRI verdict guarantees treatment, while the GBMI verdict does not.

We also hypothesize that providing dispositional consequence information will lead to more NGRI verdicts (compared to GBMI verdicts) especially when the participant perceives the defendant as less dangerous (Hypothesis 5). Although there are no previous studies that suggest this moderation, intuition suggests that participants who have a less negative view of the defendant might select the NGRI verdict because they believe he deserves or would benefit from the treatment that it promises. Again, once they are aware NGRI is the only option that guarantees treatment, it may seem like the most appropriate choice.

CHAPTER FOUR:

RESULTS

Overview

The results of the current study are presented in six sections. The first section discusses the sample demographics. Next, the knowledge of dispositional consequences findings are reported. This begins with the manipulation check, which compares the knowledge of NGRI and GBMI dispositional consequences between the informed and uninformed groups. Additionally, the knowledge of dispositional consequences results from the uninformed group are also applicable to answering Research Question 1: Are jurors aware of dispositional consequences of NGRI and GBMI verdicts? The third section of this chapter reports results for the bivariate analyses on juror attitudes and perceptions. The fourth section presents the findings on verdict selection. The bivariate analyses on juror attitudes and verdict are presented in the fifth section. The final section reports the results of the multinomial logistic regression models.

Sample

The sample demographics for the current study, which consisted of 488 community members, are presented in Table 1. The majority of the sample (59%) were women and 85% of the participants identified as White. The age of participants ranged from 18-87 and the average age was 38 years old. Seventy-three percent of the sample attended college or had a college degree or higher. Political views were fairly evenly dispersed among the three categories. Specifically, 43% of the participants described their political views as liberal, 33% described their political views as moderate, and 23% described their political views as conservative.

Approximately half of the sample reported that they practice a religion. Sixty percent of the sample reported that their personal income was below \$45,000. A total of 78 participants had previously served on a jury; 7 had previously served as the foreperson. Forty-four percent of the participants reported knowing someone with a mental illness, 20% reported a personal history of mental illness.

Table 1

Sample Demographics (n = 488)

Demographic Variables	n	%
Race		
White	415	85
Black	38	7.8
American Indian	2	.4
Asian	26	5.3
Other	7	1.4
Education		
Less than high school	2	.4
High school graduate	38	7.8
Some college	148	30.3
Undergraduate degree	210	43
Professional degree	21	4.3
Master's degree	53	10.9
Doctorate	16	3.3
Personal Income		
0 - \$30,000	181	37.1
\$30,000 - \$45,000	115	23.6

Table 1 continued

Demographic Variables	n	%
\$45,001 - \$60,000	93	19.1
\$60,001 - \$75,000	42	8.6
\$75,000+	57	11.7

Juror Knowledge of Dispositional Consequences

Participants answered five questions assessing their knowledge of dispositional consequences. Two hundred and forty-six participants in the informed group read an explanation of the dispositional consequences of the verdict options. Conversely, 242 participants in the uninformed group did not read an explanation of the dispositional consequences of NGRI and GBMI verdicts; rather, they read a description of their responsibilities as a juror. Correct answers were coded as one; higher scores indicate greater understanding of the dispositional consequences of the verdict options.

Manipulation Check

Analyses were performed to ensure that the study manipulation was successful and participants in the informed group were more knowledgeable of the dispositional consequences of verdicts than the participants in the uninformed group. The results of the knowledge of dispositional information analysis are presented in Table 2.

Table 2

Crosstabs Juror Knowledge by Condition, n = 488

Answer	No Information		Information		<i>p</i>
	<i>n</i>	%	<i>n</i>	%	
Based on your verdict choice, what do you believe is the immediate fate of the defendant?					
Incorrect	126	52.1%	33	13.4%	.000
Correct	116	47.9%	213	86.6%	
A “Not Guilty By Reason of Insanity” (NGRI) verdict nearly always results in:					
Incorrect	54	22.3%	32	13.0%	.007
Correct	188	77.7%	214	87.0%	
A “Guilty but Mentally Ill” (GBMI) verdict nearly always results in:					
Incorrect	218	90.1%	166	67.5%	.000
Correct	24	9.9%	80	32.5%	
If the defendant is found GBMI, he is not eligible to receive the death penalty.					
Incorrect	198	81.8%	171	69.5%	.002
Correct	44	18.2%	75	30.5%	
If the defendant is found GBMI, he is guaranteed treatment for his mental illness.					
Incorrect	161	66.5%	65	26.4%	.000
Correct	81	33.5%	181	73.6%	

The results of chi-square tests of significance for each dispositional knowledge question are reported below. The first dispositional knowledge question asked participants to correctly identify the dispositional consequence for the verdict that they chose for the defendant. Specifically, the multiple choice item asked: “What do you believe is the immediate fate of the defendant?” A higher percentage of the participants in the informed group answered the question correctly than those in the uninformed group ($\chi^2 (1) = 82.95, p < .001$). For the second multiple-choice item “A ‘Not Guilty By Reason of Insanity’ (NGRI) verdict nearly always results in”, a higher percentage of the participants in the informed group answered the questions correctly than those in the uninformed group ($\chi^2 (1) = 7.28, p = .007$). For the item multiple-choice item “A ‘Guilty but Mentally Ill’ (GBMI) verdict nearly always results in”, a higher percentage of the participants in the informed group answered the questions correctly than those in the uninformed group ($\chi^2 (1) = 37.17, p < .001$). For the true-or-false item “If the defendant is found GBMI, he is not eligible to receive the death penalty.”, a higher percentage of the participants in the informed group answered the questions correctly than those in the uninformed group ($\chi^2 (1) = 37.17, p < .000$). For the true-or-false item “If the defendant is found GBMI, he is guaranteed treatment for his mental illness.”, a higher percentage of the participants in the informed group answered the questions correctly than those in the ‘not informed’ group ($\chi^2 (1) = 78.92, p < .001$). To summarize, for each dispositional knowledge question, the informed group answered the question correctly at a significantly higher rate than the uninformed group.

The mean ‘knowledge of dispositional consequences’ score was calculated based on the number of correct responses out of five questions. Results of an independent samples t-test show that the mean ‘knowledge of dispositional consequences’ scores in the informed group ($M = 3.1$,

SD = 1.19) were significantly higher than the mean in the uninformed group ($M = 1.87$, $SD = 1.02$; $t(486) = -12.23$, $p = .007$). Twenty-nine participants in the informed group were able to answer all five dispositional consequences questions correctly, while only 3 participants in the uninformed group were able to answer all the questions correctly.

Juror Knowledge in the Uninformed Condition

The results presented in the previous section serve not only as manipulation checks, but also address Research Question 1: Are jurors aware of dispositional consequences of NGRI and GBMI verdicts? Specifically, the dispositional consequences knowledge items from the ‘not informed’ group were examined to confirm that prospective jurors are uninformed regarding the dispositional consequences for NGRI and GBMI verdicts (Sloat & Frierson, 2005). The results support the hypothesis that jurors are not accurately informed about the dispositional consequences of GBMI verdicts. For the question “What do you believe is the immediate fate of the defendant?”, the majority of participants in the uninformed group (52%) were unable to identify the correct dispositional consequence for the verdict they had chosen. Further, among the participants who chose the GBMI verdict, 76.7% incorrectly believed that the immediate fate of the defendant was confinement in a psychiatric hospital; 66.4% incorrectly believed the defendant was guaranteed treatment.

Juror Attitudes

Three measures of participants’ attitudes were administered in order to predict verdict choices. The Community Attitudes Toward Mental Illness Scale (CAMI) is comprised of 40 items on a 5-point Likert scale with greater numbers indicating less stigmatizing attitudes towards mental illness ($M = 4.89$, $SD = .90$). Mean scores on this measure did not differ across the ‘informed’ and ‘not informed’ conditions ($t(486) = .410$, $p = .682$). The Insanity Defense

Attitudes-Revised scale (IDA-R) consists of 13 items on a 7-point Likert scale with greater numbers indicating more favorable attitudes toward the insanity defense ($M = 4.42$, $SD = 1.34$). Mean scores on this measure did not differ by condition (unequal variances, $t(475.3) = .663$, $p = .508$).

A Perceived Dangerousness scale was created for the current study, which was composed of five items asking about the jurors' perceptions of the defendant. Specifically, a principal components analysis with oblimin rotations was used to analyze the factor structure of nine statements about the defendant. There was some ambiguity between a two and three factor solution based on the scree plot of variance explained (which argued for a three factor solution) and interpretability of factors (which argued for a two factor solution), but both yield the same five items in the first factor that is conceptually of interest for further analysis. Therefore, the following five items were used to create the measure of Perceived Dangerousness: "the defendant is likely to commit an act of violence in the future if he is not in a secure facility"; "the defendant has a criminal personality"; "the defendant is a danger to society"; "the defendant has no remorse"; "the defendant is culpable (responsible) for this crime". These items had a good reliability ($\alpha = .788$), and the remaining items about the defendant were not used for further analyses. Each of the 5 items was rated on a 7-point Likert scale and recoded so that greater numbers indicate more perceived dangerousness ($M = 4.91$, $SD = .97$). Means scores on this measure did not differ by condition ($t(486) = -1.13$, $p = .258$).

These three attitudinal measures were all significantly correlated. IDA-R scores and CAMI are positively correlated indicating that more favorable attitudes toward the insanity defense correspond to less stigmatizing attitudes towards mental illness ($r = .551$, $p < .001$). Both IDA-R and CAMI are negatively correlated with scores on Perceived Dangerousness indicating

that more favorable attitudes toward the insanity defense and less stigmatizing attitudes towards mental illness correspond to lower levels of perceived dangerousness in this particular vignette (IDA-R $r = -.584, p < .001$; CAMI $r = -.466, p < .001$).

As the three predictors of interest, the attitude measures were further examined for differences by demographics. There were no significant correlations of these attitudes by age, although increasing age was in the direction of more stigmatizing attitudes toward mental illness on the CAMI scale ($r = -.078, p = .084$). Spearman's rho was used to analyze correlations of ordinal demographic variables of education level, personal income (reported in categories), and political views (with increasing values indicating more conservative views) with the three attitude measures. Higher education was significantly associated with less stigmatizing attitudes toward mental illness (increasing CAMI, $r_s = .092, p = .043$) and more favorable attitudes toward the insanity defense (increasing IDA-R, $r_s = .090, p = .047$). Higher income was only significantly associated with less favorable attitudes toward the insanity defense (increasing IDA-R, $r_s = -.110, p = .015$). More conservative political views were significantly associated with more stigmatizing attitudes toward the mental illness (decreasing CAMI, $r_s = -.355, p < .001$), less favorable attitudes toward the insanity defense (decreasing IDA-R, $r_s = -.406, p < .001$), and increased perceptions of dangerousness of the defendant ($r_s = .300, p < .001$). It should be noted that these demographic variables are themselves correlated. Specifically, higher education corresponds to greater income ($r_s = .366, p < .001$), and greater income corresponds to greater conservatism ($r_s = .148, p = .001$). There was no significant relationship between education and conservatism ($r_s = -.060, p = .186$).

Verdict Selection

Across the full sample, 56% of participants selected a GBMI verdict, 35% selected a

NGRI verdict, 8% selected a guilty verdict, and only 2% selected a not guilty verdict. A chi-square test of significance indicated that verdict selection differed significantly by dispositional consequence condition ($\chi^2 (3) = 8.72, p = .033$). Table 3 presents the results for verdict selection by condition (informed vs. uninformed). The highest percentage of both groups selected the GBMI verdict; however, the uninformed group tended to select the GBMI verdict relatively more often, while the informed group selected the NGRI verdict relatively more often.

Table 3

Cross tabulation - Condition (Informed, un informed) by Verdict, n = 488

Verdict	Condition			
	Not Informed		Informed	
	n	%	n	%
Not guilty	5	2.1%	3	1.2%
Not guilty by reason of insanity	70	28.9%	102	41.5%
Guilty but mentally ill	146	60.3%	125	50.8%
Guilty	21	8.7%	16	6.5%

Note. $\chi^2 (3, n=488) = 8.72, p = .033$

Participants who selected the guilty verdict were significantly more confident in their verdict choice than those who selected NGBI and GBMI verdicts. There was not a significant effect of information condition on people's confidence in their verdict selection, however it was a marginal effect ($p = .078$) in the direction of participants in the uninformed group being more confident. Due to infrequent choice of a not guilty verdict, the 8 participants who selected this option were excluded from further analyses.

Juror Attitudes and Verdicts

An analysis of variance indicated that CAMI scores were significantly different by

verdict selection group ($F(2) = 16.37, p < .001$). Post hoc Tukey tests showed that each group differed significantly from each other group. Participants who selected a NGRI verdict had the highest average CAMI scores, indicating that participants who chose a NGRI verdict had more positive (less stigmatizing) attitudes toward individuals with mental illness compared to those who selected Guilty (mean difference = .35, $SE = .09, p < .001$), and those who selected a GBMI (mean difference = .81, $SE = .16, p < .001$). Participants who selected a guilty verdict had the lowest average CAMI score, indicating that participants who chose a guilty verdict had the most negative (more stigmatizing) attitudes toward individuals with mental illness (mean difference compared to GBMI = -.46, $SE = .15, p = .008$).

Participants' attitudes toward the insanity defense also differed by verdict choice ($F(2) = 61.56, p < .001$). Post hoc Tukey tests showed that each group differed significantly from each other group. The highest average scores on the IDA-R were observed for the participants who selected a NGRI verdict, indicating that participants who chose the NGRI verdict had the most favorable attitudes toward the insanity defense compared to those who selected GBMI (mean difference = 1.02, $SE = .12, p < .001$) and guilty (mean difference = 1.99, $SE = .22, p < .001$). Participants who selected a guilty verdict had the lowest average IDA-R scores, indicating that participants who chose the guilty verdict had the least favorable attitudes toward the insanity defense (mean difference compared to GBMI = -.97, $SE = .21, p < .001$).

Participants' mean scores on the Perceived Dangerousness scale were also significantly different by verdict choice ($F(2) = 39.76, p < .001$). Post hoc Tukey tests showed that each group differed significantly from each other group. The highest average scores on the Perceived Dangerousness scale were observed for participants who selected a guilty verdict compared to those who selected NGRI (mean difference 1.17, $SE = .16, p < .001$) and GBMI (mean difference

.53, $SE = .16$, $p < .002$). Participants who selected NGRI verdicts had the lowest average score, indicating that they perceived the defendant as less dangerous than participants who selected other verdict options (mean difference compared to GBMI = $-.64$, $SE = .09$, $p < .001$).

Multinomial Logistic Regression Models

Since the dependent variable (verdict) has four options (not guilty, NGRI, GBMI, Guilty), a multinomial logistic regression was performed. The experimental condition (dummy-coded), IDA-R scores, CAMI scores, and defendant characteristics are the predictors. Interaction terms were created for the moderation analyses by multiplying the relevant variables, and entering them into the models. Each interaction term was examined independently.

Each of the models controlled for the participant sex (dummy-coded male = 0, female = 1), age, race (dummy-coded white = 0, non-white = 1), level of education, and income category. GBMI was used as the reference category for the dependent variable. Again, the 8 participants who selected the Not Guilty verdict were excluded from the multinomial regression models due to their small group size. For each of the three models testing the moderating effect of attitudes toward the insanity defense, attitudes toward individuals with mental illness, and perceived dangerousness of the defendant, the moderating variables were centered at their respective means.

Table 4 presents the results of the base multinomial regression model (Model 1) that tested the impact of informing jurors of dispositional consequences of GBMI and NGRI verdicts (0 = uninformed, 1 = informed) on verdict selection while controlling for participant demographic variables. The overall model was a significant improvement on the intercept only model ($\chi^2(12) = 27.72$, $p = .006$). Results show that the odds of selecting a NGRI verdict compared to GBMI verdict were significantly lower among participants in the uninformed group.

Said alternatively, the odds of selecting a NGRI verdict over a GBMI verdict were 1.7 times higher in the informed group. However, informing jurors of dispositional consequences had no effect on the odds of selecting a guilty verdict over a GBMI verdict.

Participant race had no association with selecting a NGRI verdict ($p = 0.73$) but White participants were significantly more likely to select a guilty verdict over a GBMI verdict (OR = 2.29, 95% CI: 1.10-5.00). Women were less likely to select a NGRI verdict (OR = 0.59, 95% CI: 0.40-0.89) and a guilty verdict (OR = 0.40, 95% CI: 0.19-0.81) than men. Education, age, and income had no association with verdict selection (APPENDIX J).

Table 4

Multinomial Logistic Regression for Verdict by Condition, n = 480

Predictor	<i>B</i>	<i>SE B</i>	<i>Wald</i>	<i>Sig</i>	<i>OR</i>	<i>95%CI</i>
NGRI						
Condition	.536*	.20	7.207	.007	1.709	1.156, 2.526
Guilty						
Condition	-.70	.360	.038	.846	.932	.460, 1.889

Note. OR = odds ratio.

^areference category for Verdict is Guilty But Mentally Ill

^bUninformed condition was the reference category

* $p < .01$.

Attitudes Toward the Insanity Defense

Model 2 tested the association of dispositional consequence information condition and attitudes towards the insanity defense on verdict selection. This model included participant demographic variables, dispositional consequence information condition and IDA-R scores. The overall model was a significant improvement on the intercept only model ($\chi^2(14) = 142.37, p < .001$), and there were main effects of more positive attitudes toward the insanity defense being

associated with increased selection of the NGRI verdict over the GBMI verdict, and of decreased selection of a guilty verdict over a GBMI verdict.

Model 3 entered the interaction of dispositional consequence information condition and IDA-R scores to test if the association between condition and verdict choice varied as function of participants' attitudes toward an insanity defense (Table 5). This model was a significant improvement over the main effects model ($\chi^2(2) = 8.34, p = .015$). There was a significant interaction between dispositional consequence information condition and attitudes towards an insanity defense on the odds of selecting NGRI verdict over a GBMI verdict. The interaction between insanity defense attitudes and dispositional consequence information condition on the selection of a guilty verdict was not significant.

Similar to the base model, participant race had no association with selecting a NGRI verdict ($p = 0.59$) but White participants were significantly more likely to select a guilty verdict over a GBMI verdict (OR = 2.61, 95% CI: 1.129-6.049). Women were less likely to select a guilty verdict (OR = 0.31, 95% CI: 0.143-0.672) than men. Education, age, and income had no association with verdict selection (APPENDIX K).

Table 5

Multinomial Logistic Regression for Verdict by Insanity Defense Attitude, Condition, and Interaction between Insanity Defense Attitude and Condition, n = 480

Predictor	B	SE B	Wald	Sig	OR	95%CI
NGRI						
Insanity defense attitude	.436**	.135	10.434	.001	1.547	1.187, 2.015
Condition	.509*	.226	5.073	.024	1.664	1.068, 2.591
Interaction	.550**	.198	7.719	.005	1.733	1.176, 2.555
Guilty						
Insanity defense attitude	-.862**	.259	11.035	.001	.422	.254, .702
Condition	-.910	.643	2.001	.157	.403	.114, 1.420
Interaction	-.191	.393	.235	.628	.827	.383, 1.785

Note. Improvement of interaction model over main effects model: $\chi^2(2) = 8.34, p = .015$.

^areference category for Verdict is Guilty But Mentally Ill

^bUninformed condition was the reference category

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

The two-way interaction between IDA-R scores and dispositional consequence information condition on the odds of selecting a NGRI are presented in Figure 1. Participants that reported more favorable attitudes toward an insanity defense had higher odds of selecting a NGRI verdict; however the effect was stronger among participants in the informed group. In other words, the effects of reporting favorable attitudes toward an insanity defense on increasing the probabilities of selecting a NGRI verdict was even greater for participants in the informed group. Participants that reported more favorable attitudes toward an insanity defense were less likely to select guilty verdict. However, the association between attitudes to an insanity defense and a selecting a guilty verdict did not vary between the informed and uninformed group.

Attitudes Toward Mental Illness

Model 4 tested the effects of informing jurors of dispositional consequences and attitudes towards individuals with mental illness. The overall model that included the participant demographic variables, dispositional consequence information condition, CAMI scale scores was a significant improvement on the intercept only model ($\chi^2(14) = 60.36, p < .001$). There was a significant association between attitudes towards individuals with mental illness and the odds of selecting a NGRI verdict. Specifically, a one-unit increase in CAMI scores (indicating more positive attitudes towards individuals with mental illness) was associated with a 74% increase in the odds of selecting a NGRI verdict over a GBMI verdict. There was also a significant association between attitudes toward individuals with mental illness and the odds of selecting a guilty verdict over a GBMI verdict. A one-unit increase in CAMI scores significantly reduced the odds of selecting a guilty verdict by 39%.

The patterns of association between dispositional consequence information condition and verdict selection that were observed in this model were consistent with patterns observed in the base model. Participants in the informed group were significantly more likely to select a NGRI verdict over a GBMI verdict (OR = 1.81, 95% CI: 1.21-2.70). There was no association between condition and the odds of selecting a guilty verdict (OR = .847, 95% CI: 0.41-1.74). Model 5 then entered an interaction between condition and CAMI scale scores was not a significant improvement on the main effects model ($\chi^2(2) = 3.10, p = .21$) and the interaction term was not statistically significantly for either the selection of a NGRI verdict or a guilty verdict (Table 6).

As in the base model, women were less likely to select a NGRI verdict (OR = 0.49, 95% CI: 0.32-0.75) and a guilty verdict (OR = 0.47, 95% CI: 0.23-0.98) than men. Education, age, and income had no association with verdict selection (APPENDIX L).

Table 6

Multinomial Logistic Regression for Verdict by Attitudes Toward Mental Illness, Condition, and Interaction between Attitudes Toward Mental Illness and Condition, n = 480

Predictor	B	SE B	Wald	Sig	OR	95%CI
NGRI						
Mental illness attitude	.358	.185	3.739	.053	1.430	.995, 2.055
Condition	-.536	.207	6.688	.010	1.708	1.138, 2.563
Interaction	.344	.245	1.970	.160	1.410	.873, 2.280
Guilty						
Mental illness attitude	-.334	.289	1.335	.248	.716	.407, 1.261
Condition	.390	.434	.808	.369	1.478	.289, 1.585
Interaction	-.345	.422	.669	.414	.708	.310, 1.619

Note. No improvement of interaction model over main effects: $\chi^2(2) = 3.10, p = .21$.

^areference category for Verdict is Guilty But Mentally Ill

Perceived Dangerousness of the Defendant

Model 6 tested the association of dispositional consequence information condition and Perceived Dangerousness score on verdict selection. This model also controlled for participant demographic variables. The overall model was a significant improvement on the intercept only model ($\chi^2(4) = 103.76, p < .001$). There was a significant effect of perceived dangerousness of the defendant decreasing the selection of the NGRI verdict over a GBMI verdict and increasing the selection of a guilty verdict over a GBMI verdict.

Model 7 entered the interaction of perceived dangerousness of the defendant and the dispositional consequence information condition, and this model was only a marginally significant improvement over the main effects model ($\chi^2(2) = 5.51, p = .064$). However, this

interaction was significant for the selection of a NGRI over a GBMI verdict. Participant race had no association with selecting a NGRI verdict, but White participants were significantly more likely to select a guilty verdict over a GBMI verdict (OR = 2.41, 95% CI: 1.082-5.406). Women were less likely to select a guilty verdict (OR = 0.39, 95% CI: 0.165-0.735) than men. Comparable to all other models, education, age, and income had no association with verdict selection (APPENDIX M).

Table 7

Multinomial Logistic Regression for Verdict by Perceived Dangerousness of Defendant, Condition and Interaction between Perceived Dangerousness and Condition, n = 480

Predictor	B	SE B	Wald	Sig	OR	95%CI
NGRI						
Perceived dangerousness	-.535**	.166	10.386	.001	.586	.423, .811
Condition	.605**	.217	7.805	.005	1.831	1.198, 2.799
Interaction	-.601*	.261	5.279	.022	.549	.329, .916
Guilty						
Perceived dangerousness	.920**	.323	8.129	.004	2.509	1.333, 4.721
Condition	-.256	.482	.282	.595	.774	.301, 1.991
Interaction	-.212	.459	.214	.644	.809	.329, 1.989

Note. Marginal improvement of model over main effects model: $\chi^2(2) = 5.51, p = .064$.

^areference category for Verdict is Guilty But Mentally Ill

^bUninformed condition was the reference category

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

The two-way interaction between perceived dangerousness of the defendant and dispositional consequence information condition on the probability of selecting a NGRI are presented in Figure 2. This plot illustrates the estimated probability of selecting a NGRI verdict by condition as function of perceived dangerousness of the defendant. As Figure 2 shows, as levels of perceived dangerousness decreases, the probability of selecting a NGRI verdict increases. However, this negative association between perceived dangerousness and the selection of NGRI verdict was stronger among the participants in the informed group. As levels of perceived dangerousness increased, the probability of selecting a guilty verdict increased. However, because there was no significant interaction with condition, this effect was consistent across participants in both the informed and uninformed groups.

Summary

In sum, the majority of research hypotheses were supported. As anticipated, participants were lacking knowledge regarding the GBMI consequences of the GBMI verdict; however, they were more knowledgeable about the consequences of the NGRI verdict than expected. The hypothesis that informing jurors of dispositional consequences would impact verdict selection was supported. In addition, results showed that the effect of dispositional consequence information on verdict selection was moderated by participant's' attitudes toward the insanity defense and perceptions of the defendant's dangerousness. Conversely, results did not support the hypothesis that the effect of dispositional consequence information on verdict selection would be moderated by participant's' attitudes toward individuals with mental illness. These findings and their implications will be discussed in detail in the next chapter.

CHAPTER FIVE:

DISCUSSION

There is a longstanding debate about how to appropriately deal with mentally ill offenders in the American criminal justice system. In an attempt to protect mentally ill offenders, American law distinguishes between individuals who are held criminally responsible and those found not guilty by reason of insanity (NGRI). Although the purpose of the insanity defense is to help ensure fairness in the legal system, the American public has reservations regarding its use within the criminal justice system (Briskin, & Rudolph, 1996; Cirincione, 1996). In response to opposition against the insanity defense, the GBMI verdict was enacted in order to reduce the number of insanity acquittals and alleviate the public's fears. Although research on NGRI and GBMI verdicts is abundant, questions remain regarding how a jury of lay citizens interpret and choose these verdicts. While the public perception might be that the GBMI verdict is a middle ground option between guilty and NGRI (Finkel, 1995; Finkel & Fulero, 1992), the reality is that it is often more punitive than a guilty verdict. Further, while the NGRI verdict guarantees the offender will be treated for his or her mental illness, the GBMI verdict offers no such guarantee. Thus, would jurors actually prefer the GBMI option if they understood its consequences?

The purpose of the current study was to explore the impact of informing jurors of the dispositional consequences of the NGRI and GBMI verdicts; that is, when jurors know what will happen if a defendant is found GBMI or NGRI, does this knowledge influence their verdict decisions? In addition, the study examined to what extent jurors' attitudes toward the insanity defense and individuals with mental illness, as well as their perception of the defendant's

dangerousness, might influence their verdict decisions. These ideas are addressed in five main research hypotheses.

First, it was hypothesized that jurors are unaware of accurate dispositional consequences of the NGRI and, in particular, the GBMI verdict. The second hypothesis was that informing jurors of the dispositional consequences of NGRI and GBMI verdicts would influence verdict selection. Specifically, jurors informed of dispositional consequences would be less likely to choose a GBMI verdict. The third and fourth hypotheses were that juror attitudes toward the insanity defense and mental illness would influence verdict selection and, specifically, that they would intensify or diminish the impact of being informed of dispositional consequences of GBMI and NGRI verdicts. The fifth hypothesis was that juror perceptions of the defendant's dangerousness would also intensify or diminish the impact of being informed of dispositional consequences of GBMI and NGRI verdicts.

Knowledge of Dispositional Consequences

Participants responded to five questions to assess their knowledge of the GBMI and NGRI dispositional consequences. The uninformed group represents the pre-existing awareness that potential jurors would be expected to have about these verdict options when receiving no dispositional consequence instruction. Results showed that in contrast to the first hypothesis the majority of participants (77.7%) in the uninformed group were aware that the dispositional consequence for a NGRI verdict is mandatory confinement in a mental hospital. This finding is consistent with several other studies (Hans & Slater, 1983; Pasewark, Seidenzahl, & Pantle, 1981; Whittemore & Ogloff, 1995) and suggests that jurors are not wary of the NGRI verdict due to a concern about where the defendant will serve his or her sentence; rather, other research has indicated that jurors are concerned about *how long* he or she will be confined (Hans & Slater,

1983; Whittemore & Ogloff, 1995). As previously discussed, this fear is unfounded because individuals found NGRI are typically held for longer periods of time than individuals found guilty (Linhorst, 1997; Silver, 1995). Perhaps jurors' apprehension regarding early release could be assuaged by including information on the average length of confinement and detailed requirements for release in dispositional consequence instructions.

Conversely, the results supported the first hypothesis that jurors are unaware of the accurate dispositional consequences for the GBMI verdict. A large majority of participants in the uninformed group could not identify the correct dispositional consequence for a GBMI verdict, which is mandatory confinement in a correctional facility. A majority of participants also believed that the defendant was guaranteed treatment (when, in fact, they are not guaranteed treatment), and believed that the defendant was not eligible to receive the death penalty (when, in fact, they are eligible).

Interestingly, the majority of participants who selected the GBMI verdict erroneously believed that the immediate fate of the defendant would be confinement in a psychiatric hospital. This raises further questions about precisely what jurors who select the GBMI verdict presume to be the short-term and long-term consequences for the convicted offender. It is possible they believe that the offender will initially receive treatment in a psychiatric facility and will then be transferred to a prison for the duration of his or her sentence. It is also possible that jurors assume that GBMI offenders spend their entire sentence confined in a psychiatric facility. Further clarification on jurors' assumptions may provide greater insight into their motivations for choosing the GBMI verdict. It has been argued that the NGRI verdict is unattractive (and GBMI is attractive) to jurors that are seeking retribution and who believe that punishment is warranted whether the offender is insane or not (Finkel, 1988). But if they are selecting GBMI with the

belief that the dispositional consequence is confinement in a psychiatric facility, then retribution might not be their primary incentive. This finding suggests that jurors have additional motives. Perhaps, as previously discussed regarding the NGRI verdict, the GBMI verdict is appealing to jurors because it guarantees a specific length of time that the offender is confined. Similarly, jurors might be strongly influenced by their concerns regarding public safety.

To summarize, the uninformed group of participants' evident lack of knowledge regarding the GBMI verdict offers strong support for the notion that many jurors perceive GBMI as a middle-ground verdict that acknowledges the defendant's mental illness but still ensures long-term confinement. These findings also lend support to the view that jurors may select the GBMI verdict with the expectation that the defendant will be treated for his or her mental illness.

Informing Jurors of Dispositional Consequences

The second hypothesis stated that informing jurors of the dispositional consequences of GBMI and NGRI verdicts would impact juror verdict selection. As anticipated, jurors in the informed group were more likely to select the NGRI verdict over the GBMI verdict than participants in the uninformed group. This finding suggests that informing jurors of the dispositional consequences of verdicts influenced their verdict decision-making process. The facts about the GBMI verdict and its consequences are not common knowledge (Sloat & Frierson, 2005) and many participants may not have been aware that such a verdict option existed before their participation in this study. Thus, perhaps it was the case that as participants gained the understanding that the GBMI verdict involves the same sanctions as a guilty verdict and does not guarantee treatment for the defendant, the NGRI verdict may have appeared to be the most appropriate verdict for the seemingly mentally ill defendant presented in the case summary.

It is important to note that the finding of dispositional information influencing verdict choice differs from previous studies on informing jurors of dispositional consequences. Specifically, past studies found that informing jurors of NGRI dispositional consequences was inconsequential until after jurors had an opportunity to deliberate (Wheatman & Shaffer, 2001; Whittlemore, 1995). In other words, prior studies found that informing jurors of NGRI dispositional consequences did not significantly impact pre-deliberation verdicts. The most obvious difference between the present study and prior research is that previous investigations focused solely on informing jurors of the dispositional consequences of the NGRI verdict; they did not include the GBMI verdict nor any information about such a verdict. These findings suggest that one strategy for working towards a fairer trial for mentally ill offenders would be to provide jurors with dispositional consequence information in insanity cases, perhaps especially when GBMI is a verdict option.

Attitudes Toward the Insanity Defense and Knowledge

The third hypothesis stated that the impact of informing jurors of dispositional consequences on verdict selection would be moderated by juror attitudes toward the insanity defense. There was a main effect that represents more favorable attitudes toward the insanity defense increasing selection of a NGRI verdict over a GBMI verdict and decreasing selection of guilty over a GBMI verdict for those in the uninformed condition. The results further showed the predicted significant interaction between informing jurors of dispositional consequences and attitudes toward the insanity defense on the likelihood of selecting a NGRI verdict over a GBMI verdict. Specifically, participants who had more favorable attitudes toward the insanity defense selected the NGRI verdict over the GBMI verdict at an even higher rate in the informed group.

Further research would be needed to understand exactly why positive attitudes toward the insanity defense could make jurors more influenced by dispositional consequence information. The simplest explanation is that the participants who were informed about the GBMI and NGRI verdict consequences became more aware of the stark differences between the two verdicts. Once they were more accurately informed, they recognized that the consequences of the NGRI verdict are more aligned with their positive attitudes toward the insanity defense than the consequences of the GBMI defense. In particular, the revelation that the GBMI verdict does not guarantee the defendant treatment might have relevant to participants with more positive attitudes toward the insanity defense (and toward treatment of mentally ill offenders).

Another possible explanation the interaction between informing jurors of dispositional consequences and attitudes toward the insanity defense is that participants who had preexisting positive attitudes toward the insanity defense (and would contemplate selecting the NGRI when they consider it appropriate) might have been more open to information that confirmed their beliefs and, consequently, more inclined to select a NGRI verdict over the GBMI verdict. On the other hand, jurors with negative attitudes toward the insanity defense might have been resistant to changing their preexisting beliefs about NGRI verdict, even when presented with factual information regarding the verdict consequences. This phenomenon is referred to by psychologists as the perseverance bias (Anderson, 1982) and has been demonstrated in the psychological literature of jurors' recollection of jury instructions, perceptions of trial evidence, and verdict selections (Finkel, 1995; Smith 1991). People are constantly using their preexisting mental representations (also known as schemas) to better understand new experiences and, when taking on the role of a juror, their schemas influence the way they interpret and remember case information (Gordon, 2013). As further explained by Gordon (2013), because laypersons have

some knowledge of the law before they take on the role of a juror, “they approach jury instructions with an established schema in place, though it may not be a legally correct schema, and their interpretation of the instructions they receive is necessarily influenced by that schema” (p. 662). Along this line of thinking, it is possible that participants with favorable attitudes toward the insanity defense were more receptive to the NGRI dispositional consequence information because it aligned with their preexisting schemas, whereas participants with unfavorable attitudes toward the insanity defense were less influenced by the NGRI information because it conflicted with their established schemas. In other words, participants with unfavorable attitudes toward the insanity defense have prior knowledge of the defense that might hinder their comprehension of the contradictory dispositional consequence information.

Past research has also shown that participants with unfavorable attitudes toward the insanity defense are more likely to have a retributive punishment style (i.e. “an eye for an eye”) (Skeem et al., 2004). For those participants that prioritize seeking retribution for the defendant’s actions, the dispositional information might make them less likely to choose the NGRI verdict because their focus is on ensuring the punishment of the defendant. Thus, it is possible that it is a punishment style that correlates with these attitudes toward the insanity defense that is actually driving the effect, and future research could measure such punishment style preferences.

Attitudes Toward Mental Illness and Knowledge

The fourth hypothesis stated that more positive attitudes toward individuals with mental illness would make participants in the informed group especially likely to choose a NGRI verdict. There was a significant main effect that indicated that more positive attitudes toward individuals with mental illness increases the selection of NGRI over GBMI. However, results did not support the fourth hypothesis, indicating that participants in the informed condition did not

select the NGRI verdict over the GBMI verdict at a greater rate than those in the uninformed condition. The lack of significant interaction might be explained by the fact that the CAMI scale measures attitudes toward individuals with mental illness rather than attitudes toward mentally ill offenders (and how they are handled in the criminal justice system) specifically; therefore, the attitudes measured by the CAMI might be less relevant when an individual is making decisions in a legal context.

Perceived Dangerousness and Knowledge

Results supported the fifth hypothesis, which stated that the impact of informing jurors of dispositional consequences of verdict selection would be moderated by juror perceptions of the defendant's dangerousness. There was a main effect that indicated that, for participants in the uninformed condition, perceiving the defendant as more dangerous was associated with decreased rates of choosing the NGRI verdict over the GBMI verdict and increased rates of choosing a guilty verdict over a GBMI verdict. This finding suggests that perceiving a defendant as dangerous seems to make jurors wary of selecting a verdict that acknowledges the defendant's mental illness. As discussed previously, laypersons often express concern regarding the length of time an offender is confined when found NGRI (Hans & Slater, 1983; Whittemore & Ogloff, 1995); therefore, perhaps when jurors perceive the defendant as more dangerous they prioritize community safety and length of confinement when they consider the verdicts and choose the option that they believe guarantees these safeguards.

As anticipated, there was a significant interaction between informing jurors of dispositional consequences and jurors' perception of the defendant's dangerousness indicating that, for participants in the informed condition, those that perceived the defendant as less dangerous selected a NGRI verdict more often than a GBMI verdict. It is possible that these

participants generally perceived the defendant in a more sympathetic light and, therefore, more deserving of treatment. Thus, when they were informed of the dispositional consequences of the GBMI and NGRI verdicts they were more inclined to select the NGRI verdict and guarantee treatment for the apparently mentally ill defendant.

Alternatively, the informed participants that perceived the defendant as more dangerous could have driven the interaction effect. More precisely, it is possible that dispositional consequence information revealed to jurors that the GBMI verdict was as restrictive as a guilty verdict and, hence, an appropriate verdict for a defendant they perceive as dangerous. Past research has shown that jurors prefer more punitive punishments when they perceive the defendant as dangerous. For instance, Bowers & Steiner (1999) found that jurors in capital cases consider the death penalty the most appropriate punishment when they believe the defendant is dangerous. Along a similar line of thinking, perhaps the perception of dangerousness is coupled with the notion that he is less deserving of treatment or a hopeless case that would not benefit from treatment, therefore, the realization that he would not be guaranteed treatment was irrelevant.

Limitations

There are a number of limitations associated with the proposed study. As with many mock jury studies, the written summary of the case and the lack of actual court procedures (i.e. judicial instructions, expert witness testimony, cross examination, etc.) are threats to ecological validity. Consequently, the results may not be generalizable to real jurors and trials (Bornstein, 1999). However, it should be noted that research on the methods of presenting trial stimuli in jury simulations found no significant differences between mock jurors' perceptions of evidence that read case vignettes compared to mock jurors that viewed video presentations. (Pezdek,

Avila-Mora, & Sperry, 2010). Finally, participants did not have an opportunity to deliberate with other jury members, which may mitigate effects that influence real-world jury verdicts, such as conformity (Kassin, Smith, & Tulloch, 1990) and polarization (Teger & Pruitt, 1967; Isenberg, 1986). Studies have found, however, that jurors' pre-deliberation judgments tend to be the best predictors of the final jury verdict (Kalven & Zeisel, 1966; MacCoun & Kerr, 1988; Sandys & Dillehay, 1995).

Since recruiting community members from MTurk is a form of convenience sampling, internal validity is another important consideration. Internal validity refers to the adequacy of the study design and the degree of control the researchers have exerted on the data collection. More precisely, a study is considered internally valid when all variables except for the dependent variable are controlled by the researchers (Litwin, 1995). As Allison (1999) points out, a convenience sample does not come from a well-defined population and could be unrepresentative of the target population in one or more ways. Therefore, this study should be repeated on several samples to confirm the results.

Practical Implications

The results of the current study have practical implications for insanity cases that include the GBMI verdict option. Bearing in mind the finding that informing jurors of dispositional consequences impacts verdict selection, it seems logical to recommend that courts educate jurors in insanity cases of the outcomes of GBMI and NGRI verdicts. Although research has shown that jurors' comprehension of jury instructions is inadequate (Elwork & Sales, 1985, Reifman, Gusick, & Ellsworth, 1992, Rose & Ogloff, 2001; Smith, 1991, Tanford, 1991), studies have also shown that juror comprehension can be improved if certain techniques are utilized. Specifically, researchers have suggested writing instructions with commonly used, concrete words and short

sentences, avoiding legal terminology, and organizing the instructions in logical format (Elwork, Alfini & Sales, 1982).

Another strategy that has been shown to improve comprehension and recall of legal information in civil and criminal trials is juror note-taking (FosterLee, Horowitz, & Bourgeois, 1994; Horowitz & FosterLee, 2001; Rosenhan, Eisner & Robinson, 1994). For instance, Rosenhan et al. (1994) asked jurors to take notes during a trial simulation and then tested them on their recall of trial information while allowing them access to their notes. The authors found that jurors who took notes were better able to recall trial information than non-notetakers. Specifically, results showed that 7 of the 10 highest test scores were from notetakers, while 8 of the 10 lowest test scores were from non-notetakers. Therefore, along with providing jurors with uncomplicated dispositional consequence instructions, it might be useful to encourage jurors to take notes on the dispositional consequence information, which they can refer back during the deliberation phase of the trial. While these approaches should be utilized to maximize juror comprehension of dispositional consequence instructions, it is important to note that GBMI and NGRI dispositional consequence information is generally less complicated than traditional jury instructions and might be less problematic than the instructions that were examined in prior studies.

Future Directions

Among the few studies that informed jurors of dispositional consequences of the NGRI verdict, significant differences in verdict selection were only found after jurors had an opportunity to deliberate (Wheatman & Shaffer, 2001; Whittemore, date). Wheatman and Shaffer (2001) hypothesized that when jurors have an opportunity to discuss dispositional consequence information among their fellow jurors there is a higher likelihood that they

absorb the material that was taught to them. This notion is supported by a similar line of research that showed mock jurors had a better understanding of the legal instructions after they had the opportunity to deliberate (Devine et al, 2001; Diamond & Levi, 1996; Forston, 1975).

Although the current study found that participants in the informed group were more knowledgeable of dispositional consequences than participants in the uninformed group, there was plenty of room for improvement in jurors' comprehension of the information provided to them. Therefore, future studies should include a deliberation phase and examine if comprehension of the dispositional consequence information is, in fact, improved post-deliberation. If so, then the impact of informing jurors of the consequences of the GBMI verdict might be more pronounced after deliberation.

Deliberation may also have an impact on preexisting attitudes. Kewin and Shaffer (1994) found that the relationship between jurors' attitudes and verdict selection was significantly stronger for the individual jurors than for the deliberating juries, suggesting that deliberation encouraged jurors to overlook their personal biases. Therefore, future research should explore whether the moderating influence of insanity defense attitudes is diminished after jurors have had the opportunity to deliberate. Since research has consistently shown a relationship between jurors' death penalty attitudes and jurors' legal judgements (Ellsworth, 2003; O'Neil, Patry, & Penrod, 2004), examining the moderating effect of death penalty attitudes would be an interesting future investigation.

With the aim of gaining further understanding of the moderating effect of defendant characteristics on the impact of informing jurors of dispositional consequence information, future studies could manipulate the defendant's age (juvenile vs. adult), sex, race, psychiatric diagnosis (personality disorder vs. schizophrenia), or mental illness symptom severity. Since jurors'

perceptions of the defendant's dangerousness was shown to be a relevant factor in the current study, manipulating the crime type (armed robbery vs. murder) or the brutality of the crime committed could also yield some interesting results.

Conclusion

The purpose of the present study was to examine the impact of informing jurors of the dispositional consequences of the GBMI and NGRI verdicts. In addition, the moderating effects of jurors' pre-existing attitudes, as well as their perceptions of the defendant were explored. In short, informing participants of dispositional consequences had the anticipated effect of increasing the likelihood that they would select the NGRI verdict over the GBMI verdict. To the extent that future research can corroborate these findings, the judiciary might consider providing GBMI and NGRI dispositional consequence information. This step has the potential to minimize juror confusion regarding the GBMI and NGRI verdicts and, in turn, protect the integrity of the insanity defense. This is particularly crucial for the mentally ill offenders who may be less likely to get the treatment they need when GBMI is a verdict option.

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APPENDIX A:
LEGAL CRITERIA FOR VERDICTS

Legal criteria for a NGRI verdict:

A person is not responsible for criminal conduct if at the time of such conduct as a result of mental disease or defect he [or she] lacks substantial capacity either to appreciate the criminality/wrongfulness of his [or her] conduct or to conform his [or her] conduct to the requirements of the law. (Section 4.01 of the ALI Model Penal Code)

Legal criteria for a GBMI verdict:

A person who, at the time of the commission of a criminal offense, was not insane but was suffering from a mental illness, is not relieved of criminal responsibility for his conduct and may be found guilty but mentally ill (GBMI).

APPENDIX B:

EXPLANATIONS OF DISPOSITIONAL CONSEQUENCES

Participants in the “dispositional consequences” condition will read the following outcomes.

Depending on your verdict, there are different outcomes for the defendant.

If found ‘not guilty’, the defendant will be released. It is possible that the state will seek to civilly commit the defendant, which means he will be placed in a secure mental hospital. However, he will not have a criminal record.

If found not guilty by reason of insanity (NGRI), it is very likely that the defendant will be civilly committed to a secure psychiatric facility. The defendant will not have a criminal record.

If found guilty but mentally ill (GBMI), the defendant will be placed in a prison. He will have a criminal conviction on his permanent record. Psychiatric treatment will be provided only if the prison has an existing program.

If found guilty, the defendant will have a criminal conviction on his permanent record. He will be placed in a prison. Psychiatric treatment will be provided only if the prison has an existing program.

Essentially, a guilty but mentally ill and guilty verdict have the same outcome. (170 words)

Participants in the “no dispositional consequences” condition will read the following paragraph.

It is important for you, a juror in this case, to evaluate all of the evidence that you have been presented with in this trial. You should use the evidence presented and apply the law appropriately. This means understanding how the evidence helps you reach a verdict, based on the legal descriptions (provided above) for each of the possible verdicts. Your verdict should be based solely on the evidence presented in this case, and not on any ideas, attitudes, or beliefs that you hold that interfere with evaluating the evidence as objectively as possible. It is also important to point out that the right, or correct, verdict is for you and you only to decide. Your job in this case is to determine a verdict, and that is all. Nothing more and nothing less. By doing so, you preserve the integrity of the criminal law in the United States, and help to shape the democracy in which we live. This is your duty, obligation, and privilege as a citizen of the United States of America.

(175 words)

APPENDIX C:

INSANITY CASE VIGNETTE

Michael Jones, age 43, worked as a mail carrier for the past 10 years in an eastern city. It was his custom to stop for lunch at McCafferty's Tavern, where he would have a hamburger and a beer. He would leave through the back door by the kitchen because it was the most convenient exit as he continued his mail route. At 1:15 p.m. on August 21, 1997, Jones was found dead in the alley behind the tavern. The medical examiner's report indicated that he had bled to death after suffering a single stab wound through his upper left chest and heart.

The defendant, Jeffrey Smith, age 24, was a dishwasher at the tavern. Eyewitnesses reported that the defendant left his post shortly after Jones had finished lunch and paid his tab. The defendant had been washing dishes and suddenly left, leaving the water tap running. The defendant was arrested 2 blocks from the tavern after a patrol officer noticed him carrying a U.S. Mail pouch. Upon arrest, he was found to have a 5-inch, blood-stained carving knife in his possession. This knife was established as the murder weapon by blood-type matching, and it had the defendant's fingerprints on the handle and blade. Testimony established that the knife was from the tavern's kitchen.

A court-appointed psychologist and a psychiatrist examined the defendant. Their reports and testimony were in agreement and indicated that the defendant had been socially isolated for many years. During his senior year of high school, he withdrew from his peers and his school performance deteriorated severely. After high school, he supported himself with menial jobs and public assistance. The defendant usually looked unkempt and disheveled. His speech tended to be vague and rambling. The connection among his ideas was difficult to follow and he often gave irrelevant replies to questions. He was convinced that a group of aliens was conspiring to take over the world. He believed that they had been shooting "zylon rays" at his brain in an effort to control him. They planned to abduct him and study his brain in order to improve their techniques of mental control. To conduct their studies unnoticed, these aliens disguised themselves as "government men" (e.g., officials from the FBI, CIA, IRS, and Postal Service). They intended to complete their studies, perfect their techniques of mental control, then use these techniques to take over the world and all of its inhabitants.

APPENDIX D:
VERDICT QUESTIONNAIRE

1. Based on the facts presented in the case summary, how do you vote?

- a. Not Guilty
- b. NGRI
- c. GBMI
- d. Guilty

2. How confident are you in this decision?

0%	5	10	15	20	25	30	35	40	45	50
	55	60	65	70	75	80	85	90	95	100%

APPENDIX E:
PERCEIVED DANGEROUSNESS QUESTIONNAIRE

The following items are exploratory. Based on principal components analysis, items were combined into a scale as appropriate.

1. The defendant is likely to commit an act of violence in the future if he is not in a secure facility (like a prison or mental hospital).

1	2	3	4	5	6	7
<i>Strongly Agree</i>				<i>Strongly Disagree</i>		

2. The defendant has a criminal personality.

1	2	3	4	5	6	7
<i>Strongly Agree</i>				<i>Strongly Disagree</i>		

3. The defendant is a danger to society.

1	2	3	4	5	6	7
<i>Strongly Agree</i>				<i>Strongly Disagree</i>		

4. The defendant has no remorse.

1	2	3	4	5	6	7
<i>Strongly Agree</i>				<i>Strongly Disagree</i>		

5. How culpable (responsible) is the defendant for this crime?

1	2	3	4	5	6	7
<i>Not at all culpable</i>				<i>Completely culpable</i>		

APPENDIX F:

KNOWLEDGE OF DISPOSITIONAL CONSEQUENCES QUESTIONNAIRE

1. Based on your verdict choice, what do you believe is the **immediate** fate of the defendant?

- a. Confinement in a correctional facility (jail or prison)
- b. Confinement in a mental hospital
- c. Released back into society

The correct answer for Guilty and GBMI is A. The correct answer for NGRI is B.

2. A “Not Guilty By Reason of Insanity” (NGRI) verdict nearly always results in:

- a. a shorter prison term for the defendant
- b. a mandatory confinement in a mental hospital
- c. neither a or b
- d. both a and b

The correct answer is B.

3. A “Guilty but Mentally Ill” (GBMI) verdict nearly always results in:

- a. mandatory confinement in a mental hospital
- b. psychiatric treatment for the defendant in prison
- c. neither a or b
- d. both a and b

The correct answer is C.

4. If the defendant is found GBMI, he is *not* eligible to receive the death penalty.

True False

5. If the defendant is found GBMI, he is guaranteed treatment for his mental illness.

True False

APPENDIX H:

COMMUNITY ATTITUDES TOWARD MENTAL ILLNESS (CAMI)

Please note:

1) SD = Strongly Disagree, 2) D = Disagree, 3) NA nor ND = Neither Agree nor Disagree, 4) A= Agree, and 5) SA = Strongly Agree.

1. The mentally ill should not be given any responsibility

1) SD 2) D 3) NA nor ND 4) A 5) SA

2. The mentally ill should be isolated from the rest of the community

1) SD 2) D 3) NA nor ND 4) A 5) SA

3. A woman would be foolish to marry a man who had suffered from a mental illness, even though he seems fully recovered

1) SD 2) D 3) NA nor ND 4) A 5) SA

4. I would not want to live next door to someone who had been mentally ill

1) SD 2) D 3) NA nor ND 4) A 5) SA

5. Anyone with a history of mental problems should be excluded from taking public office

1) SD 2) D 3) NA nor ND 4) A 5) SA

6. The mentally ill should not be denied their rights

1) SD 2) D 3) NA nor ND 4) A 5) SA

7. Mental patients should be encouraged to assume the responsibilities of normal life

1) SD 2) D 3) NA nor ND 4) A 5) SA

8. No one has the right to exclude the mentally ill from their neighborhood

1) SD 2) D 3) NA nor ND 4) A 5) SA

9. The mentally ill are far less danger than most people suppose

1) SD 2) D 3) NA nor ND 4) A 5) SA

10. most women who were once patients in a mental hospital can be trusted as babysitters

1) SD 2) D 3) NA nor ND 4) A 5) SA

11. One of the main causes of mental illness is a lack of self-discipline and will power

1) SD 2) D 3) NA nor ND 4) A 5) SA

12. The best way to handle the mentally ill is to keep them behind locked doors

1) SD 2) D 3) NA nor ND 4) A 5) SA

13. There is something about the mentally ill that makes it easy to tell them from normal people

1) SD 2) D 3) NA nor ND 4) A 5) SA

14. As soon as a person shows signs of mental disturbances, he should be hospitalized

1) SD 2) D 3) NA nor ND 4) A 5) SA

15. Mental patients need the same kind of control and discipline as a young child

1) SD 2) D 3) NA nor ND 4) A 5) SA

16. Mental illness is an illness like any other

1) SD 2) D 3) NA nor ND 4) A 5) SA

17. The mentally ill should not be treated as outcasts from society

1) SD 2) D 3) NA nor ND 4) A 5) SA

18. Less emphasis should be placed on protecting the public from the mentally ill

1) SD 2) D 3) NA nor ND 4) A 5) SA

19. Mental hospitals are an outdated means of treating the mentally ill

1) SD 2) D 3) NA nor ND 4) A 5) SA

20. Virtually anyone can become mentally ill

1) SD 2) D 3) NA nor ND 4) A 5) SA

21. The mentally ill for too long have been the subject of ridicule

1) SD 2) D 3) NA nor ND 4) A 5) SA

22. More tax money should be spent on the care and treatment of the mentally ill

1) SD 2) D 3) NA nor ND 4) A 5) SA

23. We need to adopt a far more tolerant attitude toward the mentally ill in our society

1) SD 2) D 3) NA nor ND 4) A 5) SA

24. Our mental hospitals seem more like prisons than like places where the mentally ill can be cared for

1) SD 2) D 3) NA nor ND 4) A 5) SA

25. The mentally ill don't deserve our sympathy

1) SD 2) D 3) NA nor ND 4) A 5) SA

26. The mentally ill are a burden on society

1) SD 2) D 3) NA nor ND 4) A 5) SA

27. Increased spending on mental health services is a waste of tax euro

1) SD 2) D 3) NA nor ND 4) A 5) SA

28. There are sufficient existing services for the mentally ill

1) SD 2) D 3) NA nor ND 4) A 5) SA

29. It is best to avoid any one who has mental problems

1) SD 2) D 3) NA nor ND 4) A 5) SA

30. We have a responsibility to provide the best possible care for the mentally ill

1) SD 2) D 3) NA nor ND 4) A 5) SA

31. Residents should accept the location of mental health facilities in their neighborhood to serve the needs of the local community

1) SD 2) D 3) NA nor ND 4) A 5) SA

32. The best therapy for many mental patients is to be part of a normal community

1) SD 2) D 3) NA nor ND 4) A 5) SA

33. As far as possible, mental health services should be provided through community based facilities

1) SD 2) D 3) NA nor ND 4) A 5) SA

34. Locating mental health services in residential neighborhoods does not endanger local residents

1) SD 2) D 3) NA nor ND 4) A 5) SA

35. Residents have nothing to fear from people coming into their neighborhood to obtain mental health services

1) SD 2) D 3) NA nor ND 4) A 5) SA

36. Mental health facilities should be kept out of residential neighborhoods

1) SD 2) D 3) NA nor ND 4) A 5) SA

37. Local residents have a good reason to resist the location of mental health services in their neighborhood

1) SD 2) D 3) NA nor ND 4) A 5) SA

38. Having mental patients living within residential neighborhoods might be good therapy but the risks to residents are too great

1) SD 2) D 3) NA nor ND 4) A 5) SA

39. It is frightening to think of people with mental problems living in residential neighborhoods

1) SD 2) D 3) NA nor ND 4) A 5) SA

40. Locating mental health facilities in a residential area downgrades the neighborhood

1) SD 2) D 3) NA nor ND 4) A 5) SA

APPENDIX I:
DEMOGRAPHIC QUESTIONNAIRE

Instructions: In this section of the questionnaire, we'd like to ask you a few general background questions about yourself. Recall that all answers to this questionnaire are confidential and anonymous.

1. Current Age _____

2. Gender (circle one): MALE FEMALE

3. Are you a U.S. citizen? NO YES

4. What is your highest completed educational level:

- _____ Some high school
- _____ High school diploma
- _____ Undergraduate degree
- _____ Professional degree
- _____ Master's degree
- _____ Doctoral degree

5. Are you of Hispanic/Latino ethnicity? NO YES

6. What is your race? (check the one which best describes you):

- _____ Black/African American
- _____ Asian/Pacific Islander
- _____ White/Caucasian
- _____ Middle Eastern
- _____ Mixed
- _____ Other _____

7. Do you have a State Identification or Driver's License? NO YES

8. How would you evaluate your political views:

- 1. Liberal
- 2. Slightly Liberal

- 3. Slightly Conservative
- 4. Conservative

9. My personal income (before taxes) would fall in the following ranges? (check one)

- _____ 0-\$15,000
- _____ \$15,001-\$30,000
- _____ \$30,001-\$45,000
- _____ \$45,001-\$60,000
- _____ \$60,001-\$75,000
- _____ \$75,001 or more

10. Do you actively practice any religion? NO YES

11. Have you ever been called for jury duty before?
NO YES

12. Have you ever served on a jury before?
NO YES

13. If yes, was the trial:
1. Civil
2. Criminal
3. Both
4. Not applicable

14. Were you the foreperson on the jury?
1. No
2. Yes
3. Not applicable

15. Have you ever been diagnosed with a mental illness? NO YES

16. Has someone you are close to been diagnosed with a mental illness? NO YES

APPENDIX J:

Multinomial Logistic Regression for Verdict by Condition With Demographic Variables, n = 480

Predictor	<i>B</i>	<i>SE B</i>	<i>Wald</i>	<i>Sig</i>	<i>OR</i>	<i>95%CI</i>
NGRI						
Race	.092	.262	.123	.726	1.096	.656, 1.833
Sex	-.521*	.206	6.424	.011	.594	.397, .889
Education	.062	.090	.467	.494	1.064	.891, 1.269
Income	-.117	.081	2.078	.149	.890	.759, 1.043
Age	.006	.008	.609	.435	1.006	.990, 1.023
Condition	.536**	.200	7.207	.007	1.709	1.156, 2.526
Guilty						
Race	.830*	.399	4.337	.037	2.293	1.050, 5.008
Sex	-.930*	.366	6.474	.011	.394	.193, .808
Education	-.237	.176	1.829	.176	.789	.559, 1.112
Income	.060	.143	.176	.675	1.062	.803, 1.404
Age	.001	.015	.006	.938	1.001	.972, 1.032
Condition	-.070	.360	.038	.846	.932	.460, 1.889

Note. Improvement of model over intercept only model: $\chi^2(12) = 27.72, p = .006$.

^areference category for Verdict is Guilty But Mentally Ill

^bUninformed condition is the reference category, ^creference category for sex is male, ^dreference category for race is white.

* $p < .05$, ** $p < .01$.

APPENDIX K:

Multinomial Logistic Regression for Verdict by Insanity Defense Attitude, Condition, and Interaction between Insanity Defense Attitude and Condition, n = 480

Predictor	B	SE B	Wald	Sig	OR	95%CI
NGRI						
Race	.154	.287	.289	.591	1.167	.665, 2.048
Sex	-.407	.224	3.291	.070	.665	.429, 1.033
Education	-.066	.100	.441	.507	.936	.770, 1.138
Income	-.074	.088	.706	.401	.929	.782, 1.103
Age	.005	.009	.326	.568	1.005	.987, 1.023
Condition	.509*	.226	5.073	.024	1.664	1.068, 2.591
Insanity Attitudes	.436**	.135	10.434	.001	1.547	1.187, 2.015
Interaction	.550**	.198	7.719	.005	1.733	1.176, 2.555
Guilty						
Race	.961*	.428	5.036	.025	2.614	1.129, 6.049
Sex	-1.171**	.395	8.790	.003	.310	.143, .672
Education	-.268	.187	2.061	.151	.765	.530, 1.103
Income	.035	.155	.052	.819	1.036	.765, 1.403
Age	-.004	.016	.060	.806	.996	.965, 1.028
Condition	-.910	.643	2.001	.157	.403	.114, 1.420
Insanity Attitudes	-.862**	.259	11.035	.001	.422	.254, .702
Interaction	-.191	.393	.235	.628	.827	.383, 1.785

Note. Improvement of interaction model over main effects model: $\chi^2(2) = 8.34, p = .015$.

^areference category for Verdict is Guilty But Mentally Ill

^bUninformed condition is the reference category

^creference category for sex is male, ^dreference category for race is white.

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

APPENDIX L:

Multinomial Logistic Regression for Verdict by Mental Illness Attitude, Condition, and Interaction between Mental Illness Attitude and Condition, n = 480

Predictor	B	SE B	Wald	Sig	OR	95%CI
NGRI						
Race	.168	.269	.388	.534	1.182	.698, 2.004
Sex	-.710**	.216	10.78	.001	.492	.322, .751
Education	.003	.094	.001	.974	1.003	.835, 1.205
Income	-.088	.084	1.099	.295	.916	.777, 1.079
Age	.010	.009	1.26	.260	1.010	.993, 1.027
Condition	.536*	.207	6.688	.010	1.430	1.138, 2.563
Mental Illness Att	.358	.185	3.739	.053	1.430	.995, 2.055
Interaction	.344	.245	1.970	.160	1.410	.873, 2.280
Guilty						
Race	.773	.405	3.637	.056	2.166	.979, 4.793
Sex	-.754*	.374	4.072	.044	.470	.226, .979
Education	-.206	.178	1.342	.247	.814	.574, 1.153
Income	-.206	.147	.115	.735	1.051	.788, 1.401
Age	.000	.016	.000	.988	1.000	.969, 1.031
Condition	-.390	.434	.808	.369	.677	.289, 1.585
Mental Illness Att	-.334	.289	1.335	.248	.716	.407, 1.261
Interaction	-.345	.422	.669	.414	.708	.310, 1.619

Note. No improvement of interaction model over main effects: $\chi^2(2) = 3.10, p = .21$

^areference category for Verdict is Guilty But Mentally Ill

^bUninformed condition is the reference category

^creference category for sex is male, ^dreference category for race is white.

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

APPENDIX M:

Multinomial Logistic Regression for Verdict by Perceived Dangerousness, Condition, and Interaction between Perceived Dangerousness and Condition, n = 480

Predictor	B	SE B	Wald	Sig	OR	95%CI
NGRI						
Race	-.002	.280	.000	.994	.998	.576, 1.728
Sex	-.396	.220	3.243	.072	.673	.437, 1.036
Education	-.001	.096	.000	.994	.999	.827, 1.207
Income	-.056	.086	.427	.513	.946	.800, 1.118
Age	.004	.009	.243	.622	1.004	.987, 1.022
Condition	.605**	.217	7.805	.005	1.831	1.198, 2.799
Perceived Danger	-.535**	.166	10.386	.001	.586	.423, .811
Interaction	-.601*	.261	5.279	.022	.549	.329, .916
Guilty						
Race	.883*	.410	4.628	.031	2.418	1.082, 5.406
Sex	-1.054**	.381	7.665	.006	.349	.165, .735
Education	-.184	.180	1.046	.306	.832	.584, 1.184
Income	.041	.152	.072	.788	1.042	.773, 1.403
Age	-.002	.016	.013	.909	.998	.967, 1.031
Condition	-.256	.482	.282	.595	.774	.301, 1.991
Perceived Danger	.920**	.323	8.129	.004	2.509	1.333, 4.721
Interaction	-.212	.459	.214	.644	.809	.329, 1.989

Note. Marginal improvement of model over main effects model: $\chi^2(2) = 5.51, p = .064$.

^areference category for Verdict is Guilty But Mentally Ill

^bUninformed condition is the reference category

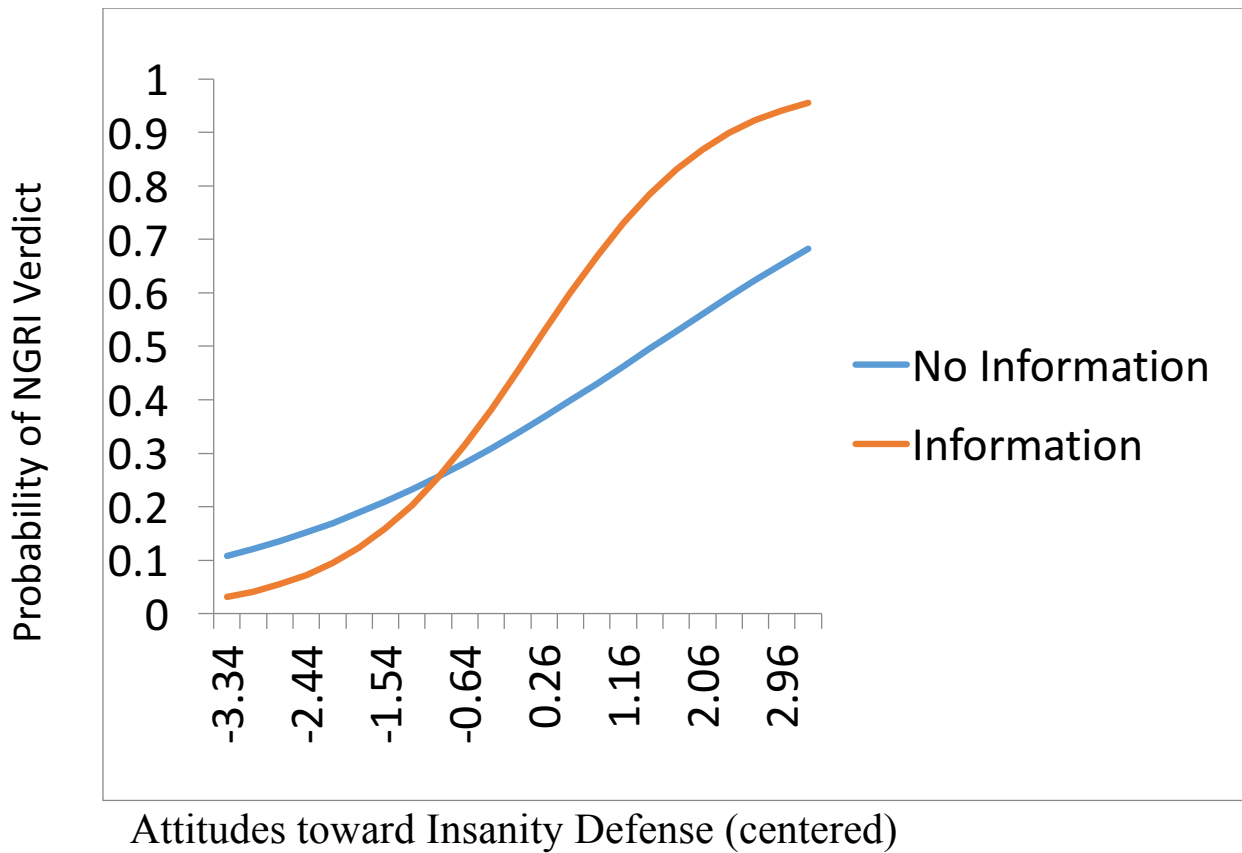
^creference category for sex is male, ^dreference category for race is white.

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

APPENDIX N:

FIGURE 1

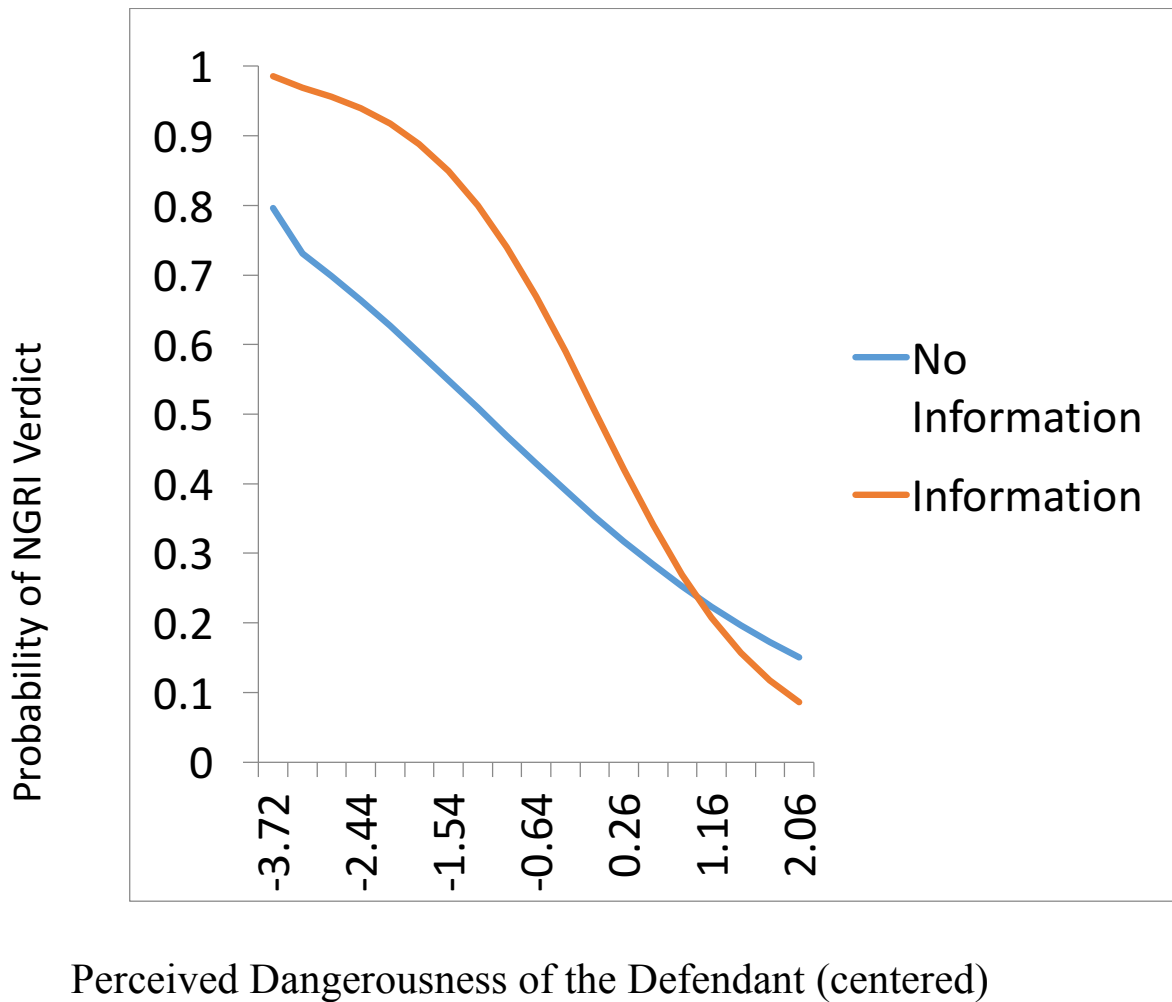
Figure 1. Estimated probabilities of selecting NGRI as a function of insanity defense attitudes and dispositional consequence information condition



APPENDIX O:

FIGURE 2

Figure 2. Estimated probabilities of selecting NGRI as a function of perceived dangerousness and dispositional consequence information condition



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Type of Use Portion	Thesis/Dissertation Excerpts
Author of this Springer article	No
Order reference number	23
Title of your thesis / dissertation	The Guilty But Mentally Ill Verdict
Expected completion date	Dec 2016
Estimated size(pages)	100
Requestor Location	Erin Cotrone 4859 28th street south ARLINGTON, VA 22206 United States

Attn: Erin Cotrone
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Erin Cotrone Criminology 4202 E. Fowler Avenue Tampa, FL 33612

RE: Exempt Certification

IRB#: Pro00026698

Title: The Guilty But Mentally Ill Verdict: Assessing the impact of Informing Jurors of Verdict Consequences

Dear Ms. Cotrone:

On 6/15/2016, the Institutional Review Board (IRB) determined that your research meets criteria for exemption from the federal regulations as outlined by 45CFR46.101(b):

(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

As the principal investigator for this study, it is your responsibility to ensure that this research is conducted as outlined in your application and consistent with the ethical principles outlined in the Belmont Report and with USF HRPP policies and procedures.

Please note, as per USF HRPP Policy, once the Exempt determination is made, the application is closed in ARC. Any proposed or anticipated changes to the study design that was previously declared exempt from IRB review must be submitted to the IRB as a new study prior to initiation of the change. However, administrative changes, including changes in research personnel, do not warrant an amendment or new application.

Given the determination of exemption, this application is being closed in ARC. This does not limit your ability to conduct your research project.

We appreciate your dedication to the ethical conduct of human subject research at the University of South Florida and your continued commitment to human research protections. If you have any questions regarding this matter, please call 813-974-5638.

Sincerely,

Kristen Salomon, Ph.D., Vice Chairperson USF Institutional Review Board

