

Evaluating Public Knowledge of the NCRMD Defence

by

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Abstract

The not criminally responsible on account of mental disorder (NCRMD) defence is used when claims can be made that offenders are not responsible for their actions due to symptoms of a mental disorder. Bill C-14, now enacted in Canada, has implemented changes making it more difficult for NCRMD defendants to be released back into the public. This enactment appears to have been primarily due to public perceptions rather than actual knowledge of the defence. Thus it seems important to assess what members of the public actually know about the defence. To assess this, 127 participants completed a survey assessing their knowledge of the illnesses generally involved in the NCRMD defence, crimes committed, and punishments received. On average, only 31.6% of responses were answered within 20% of the factual statistics. Results suggest a general lack of knowledge about the defence and demonstrate why important changes should be based on factual information rather than public opinion.

Evaluating Public Knowledge of the NCRMD Defence

Misinformation is a prevalent and dangerous phenomenon. In regards to the legal system, a lack of knowledge on the part of the public can be particularly problematic. Misunderstandings about mentally ill offenders in particular can constitute unjustified, negative, and incorrect perceptions, such as, that they are more dangerous than other types of offenders or that they are more likely to reoffend (Hans, 1986, Maeder et al., 2015). Though a substantial amount of information regarding public perceptions of legal defences for mentally ill offenders has been acquired in the U.S., Canada has demonstrated a considerable lack of research reviewing public understanding of the Not Criminally Responsible on Account of a Mental Disorder (NCRMD) defence. This is the defence that is used by individuals in Canada who have committed a crime as a consequence of the symptoms of a mental illness. The current study assesses public knowledge regarding the NCRMD defence; more specifically, its use, its protocols, and the offenders that plead NCRMD, with the intent to gain a better understanding of the amount of misinformation present.

One of the most controversial areas of criminal law pertains to criminal defences for the mentally ill (Borum & Fulero, 1999). Common misperceptions often include an overuse of the defences, the majority of use being related to severe criminal acts, that those deemed not guilty through the use of these defences are set free into the public, and that these individuals are particularly dangerous (Borum & Fulero, 1999). In actuality, the Not Guilty by Reason of Insanity (NGRI) defence, used in the U.S., is raised in less than 1% of all federal cases, and these pleas are only successful 15-25% of the time (Borum & Fulero, 1999). These common misconceptions lead to belief that the defence

is inappropriate and misguided, even leading people to believe it should be abolished (Borum & Fulero, 1999).

It has been found, in regards to the NGRI defence, that an intolerance of offenders who plead not guilty by reason of insanity exists on the part of the public (Hans, 1986). For instance, Hans (1986) found that the majority of participants favoured punishment for these individuals, either solely or with treatment. Furthermore, more than half (55.4%) believed the insane should be punished just like everyone else who commits a crime (Hans, 1986). This demonstrates a lack of understanding in regards to the necessary components for a defendant to be found NGRI. Furthermore, dispositions of punishment could be seen as unjust if individuals understood the mental state of defendants (one lacking a true understanding of one's own actions) during the act of crime (Hans, 1986).

Participants in the Hans (1986) study also demonstrated a generally low confidence in the justice system in regards to the use of the NGRI defence. Ninety-one percent believed judges and juries had difficulty correctly determining whether a person was insane or sane and only 21.4 % of participants believed that most people found NGRI were truly insane (Hans, 1986). This again exhibits a general lack of knowledge regarding the careful protocols in place for defences involving mentally ill offenders (Hans, 1986). Further demonstrating participants' lack of confidence in the justice system, only one quarter of participants (25.1%) were confident that those deemed NGRI are only released back into the public when it is considered safe to do so, while most (88.7%) believed that the NGRI defence allowed dangerous offenders back into the public (Hans, 1986).

Hans (1986) also found negative attitudes toward the defense in general, with 89.2% of participants considering the defence to be a loophole for offenders, allowing guilty individuals to be set free. Similarly, two thirds of another sample strongly agreed with the statement “The insanity defence is a loophole that allows too many guilty people to go free” (Hans & Slater, 1984, p. 111). From his findings, Hans (1986) inferred that the participants believed the NGRI defence actually increased crime rate. Overall, these findings demonstrate negative attitudes toward the NGRI defence concerning mentally ill offenders and the court’s handling of its use, which subsequently exhibits a lack of knowledge regarding the careful protocols that are in place.

Frequencies

Hans (1986) noted that experts have found that only an extremely small proportion of defendants use the insanity plea. His findings demonstrated a substantial difference between expert findings and public perceptions (Hans, 1986). When asked the question “Out of 100 defendants who are charged with crimes, how many do you think plead NGRI,” the mean answer from participants was 38.16 people (Hans, 1986, p. 405). Furthermore, when asked “Out of every 100 defendants who plead insanity, how many are actually found NGRI by judges and juries,” respondents answered with a mean of 36.33 people, largely overestimating the actual frequency (Hans, 1986, p. 405). In a different sample, participants estimated insanity pleas, out of all felony indictments, to have an occurrence rate of 37%, whereas the actual occurrence rate was 0.9% (Silver, Cirincione, & Steadman, 1994).

Definitions

Sloat and Frierson (2005) conducted a study in the United States concerning not only the NGRI verdict but also the Guilty but Mentally Ill (GBMI) verdict. The GBMI defence is used when offenders have a mental disorder but the disorder did not influence the criminal act (Sloat & Frierson, 2005). It was found that only 55.3% of participants correctly identified the definition of the NGRI verdict and only 37.2% correctly identified the definition of the GBMI verdict (Sloat & Frierson, 2005). Only 4.2% of participants correctly identified the definitions and dispositions for both the NGRI and GBMI verdicts (Sloat & Frierson, 2005). Another study found 34% of the definitions of insanity to be used by only one person in the sample, with 92% of the remaining characteristics having been listed by 10 people or less (Skeem & Golding, 2001). The substantial variety in definitions further demonstrates a lack of understanding by the public (Skeem & Golding, 2001).

Dispositions

Regarding dispositions, 13.5% of participants in the Sloat and Frierson (2005) sample believed offenders with the NGRI verdict would be automatically sent home and 10.4% of participants believed a defendant with a GBMI verdict would be automatically sent home. In another sample, participants estimated an acquittal rate of 44% for insanity pleas, whereas the actual rate was 26% (Silver et al., 1994). Moreover, these individuals also estimated the rate of disposition to a mental hospital as remarkably lower than reality, and the percentage of offenders set free as remarkably higher than reality (Silver et al., 1994). Similarly, another sample believed that only half of defendants (50.60%)

deemed NGRI are sent to mental hospitals, while 25.57% “go free immediately” (Hans, 1986, p. 405).

Dangerousness

As previously mentioned, in Canada, there has been very limited research regarding public understanding of mentally ill offenders and the NCRMD defence. A recent Canadian study, and potentially the sole Canadian study regarding attitudes toward the NCRMD defence, found similar results to studies conducted in the U.S. (Maeder, Yamamoto, & Fenwick, 2015). Using a mock jury, researchers assessed verdicts of NCRMD or guilt based on a profile given to 114 participants (Maeder et al., 2015). This profile consisted of a man pleading NCRMD who murdered two of his children (Maeder et al., 2015). The description included statements about the psychological symptoms he experienced, such as delusional thinking and withdrawn behavior, and participants were told that these symptoms had been examined by both a psychologist and a psychiatrist (Maeder et al., 2015). Remarkably, only 25.4% of participants deemed the man NCRMD, while the other 74.6% gave a guilty verdict (Maeder et al., 2015). Those who deemed the defendant guilty showed significantly more concerns regarding the dangerousness of mentally ill offenders than those who deemed the man NCRMD, possibly explaining the preference for a guilty verdict over a not criminally responsible verdict (Maeder et al., 2015). This one study suggests that opinions held by Canadians regarding this defence for the mentally ill may be similar to that of Americans by demonstrating that people believe mentally ill offenders should be held responsible for their actions.

Demographics and Crimes

Another study conducted in Canada regarding the NCRMD defence assessed public knowledge. It was found that there was an inadequate understanding surrounding mentally ill offenders' lack of awareness at the time of the offence (Bailis et al., 1995). This study used a written profile of a person who, in reality, would likely be deemed NCRMD (Bailis et al., 1995). Though participants generally agreed that the man described in the profile had a diagnosable mental illness, and that the crime could be attributed to symptoms of the mental illness, the majority of participants disagreed that the individual was "simply unaware" (Bailis et al., 1995, p. 431). Thus, respondents did not believe the man lacked full awareness of reality (Bailis et al., 1995). Furthermore, when making decisions between whether the man was guilty or not criminally responsible, seriousness of the offense predicted NCRMD verdicts; murderers were deemed not criminally responsible much less often than shoplifters (Bailis et al., 1995).

Present Study

When inaccurate opinions occur, especially when it is the belief of a majority of people, political and societal decisions can take place on the basis on factually incorrect information (Lewandowsky et al., 2012). Such a decision is possibly seen in regards to Bill C-14 (Grantham, 2012). This bill implements changes ultimately making it more difficult for NCRMD defendants to be released back into the public, including extending the time period between disposition review hearings from annually to a maximum of 36 months (Grantham, 2012). This bill was intended to strengthen victims' rights and safety, thus being under the assumption that NCRMD defendants are being released too quickly and that they create a threat to public safety (Grantham, 2014).

Another change included in this bill is the amended section 672.54 of the Criminal Code (Grantham, 2014). This statement declares that the safety of the public will be of paramount importance when determining a disposition for NCRMD offenders, thus reducing the importance of the rights of the accused (Grantham, 2014). These amendments are largely due to a lack of public knowledge regarding the specific protocols in place concerning the careful release of offenders from mental institutions (Grantham, 2014). Partially due to members of the public feeling that the amount of time these individuals spend at these institutions is short-lived, and their feelings of unsafety upon mentally ill offenders' return to the community, Bill C-14 has been enacted (Grantham, 2014). As seen above, there is an abundance of evidence regarding inaccuracies present in public knowledge in the United States. From this we can gather that laws and bills should not be based on public opinion, but rather on factual information. However, it is difficult to comment as to whether this is the case in Canada, as the only studies that have assessed the NCRMD defence have used perceptions of researcher derived vignettes. Thus far, research has not assessed the difference between what Canadians perceive as happening under the NCRMD defence and what is actually happening.

Seemingly, Canadians possesses some lack of understanding as to what constitutes the necessary mental state at the time of an offence for a defendant to be deemed NCRMD. A significant amount of research regarding all areas of the NGRI defence has been conducted in the U.S., yet this has not been demonstrated in Canada regarding the NCRMD defence since its enactment in 1992. Though it is evident in the U.S. that the general public commonly misunderstands the occurrences involving

mentally ill offenders in the legal system, we cannot say with confidence that this represents the Canadian population. Due to the many differences in the American and Canadian populations, and the differences between the defences used in the U.S. and in Canada, we cannot make inferences from American findings. Therefore, it is necessary to explore the amount of inaccurate information present in Canadian citizens' knowledge, especially when decisions as important as those made with the enactment of Bill C-14 appear to be based on public opinion.

Due to the substantial research deficiency regarding these topics in Canada, the current study assesses public understanding of the use of the NCRMD defence and the defendants in these cases. In addition to the need for research in Canada, the majority of studies regarding these defences in the US were conducted in the 1980s and 1990s; therefore, this study fulfills the need for recent research in the area. Furthermore, in response to the changes implemented through the enactment of Bill C-14 on the basis of public perceptions of safety and not factual information, the current study was designed to provide evidence of the amount of misinformation present in the public and why such important changes as those made through Bill C-14 should be made on the basis of research. Based upon the research previously conducted in the U.S and the few studies conducted in Canada finding substantial amounts of inaccurate knowledge present in public opinion, it was hypothesized that there would be a significant difference in what the public believes to happen in the justice system in regards to mentally ill offenders and what happens in actuality.

Method

Participants

A convenience sample of 178 individuals voluntarily completed an online questionnaire. After the exclusion of participants who answered too few questions, 127 participants remained. This consisted of 95 women, 25 men, 1 bigender, and 6 individuals who did not provide a gender. Participants ranged in age from 18-71 ($M = 25.89$, $SD = 11.48$). The mean age of women was 25.50 and the mean age of men was 27.97.

Materials

A questionnaire was used that consisted of 22 questions assessing participants' knowledge and a short demographics section at the end (See Appendix A). Questions ranged in format, from multiple choice, true and false, Likert scale, to open-ended questions. Each question assessed the participant's knowledge about a specific aspect of the NCRMD defence or about mentally ill offenders; for instance, frequencies, definitions, dispositions, dangerousness, and demographics and crimes. The demographics section at the end of the questionnaire assessed the age, gender, and education level of the participant.

Procedure

The study was approved in an ethics review process at Grenfell Campus. The questionnaire was administered using surveymonkey.com. It was advertised on social media and at Grenfell Campus. An informative post was written on Facebook providing the link to the questionnaire. This information was posted on numerous individual pages and a community page. Business cards were distributed throughout Grenfell Campus

further advertising the online questionnaire and a poster was created for the study and displayed on campus. Once participants entered or followed the link to the questionnaire, the informed consent form was the first page displayed (See Appendix B). Participants were informed that by pressing next, their consent would be implied. At the top of the first page of the questionnaire, a small paragraph of basic information about the NCRMD defence was provided to participants to inform them of what the NCRMD defence is and also to instruct participants to provide answers based on their current knowledge.

Following the questionnaire, participants were taken to a debriefing page thanking them for their participation, informing them of how to locate accurate answers to the questions they were asked, and providing contact information for the researchers and the mental health helpline in case any personal issues were raised (See Appendix C).

Results

Participants' responses were explored to assess the accuracy of answers provided to all open-ended questions. The open-ended questions were separated into six categories: illnesses, dispositions, crimes, NCRMD recidivism, general offender recidivism, and overall accuracy. Participants were asked to indicate the frequency (in percentages) with which the event listed in a particular question occurred in the Canadian justice system. Answers were deemed correct if participants provided a percentage that was within $\pm 10\%$ of the factual statistic. Overall, an average of 9 out of 29 questions were answered correctly. Table 1 contains the average proportion of accurate responses provided across each category of information. Before being asked specific questions about the defence, participants were asked to rate their own knowledge of the NCRMD defence on a 7-point scale with 1 meaning *nothing* and 7 meaning *a lot*. Thirty-two participants (25.4%) indicated that they knew *nothing* about the defence, while only 2 participants (1.6%) reported knowing *a lot*.

Frequencies

Participants were asked two questions regarding the frequency of NCRMD events. Firstly, participants were asked "In Canada, how often does a person who commits a crime try to use the NCRMD defence," with a choice of 12 multiple choice answers including *<1% of the time*, *1-10% of the time*, *11-20% of the time*, and so forth. Eleven percent of participants correctly identified that less than 1% of offenders plead NCRMD, while 89% overestimated the occurrence of NCRMD pleas. Secondly, participants were asked "In Canada, when people who committed a crime say a mental disorder was the reason for what they did, how often are these people found not guilty

Table 1

The Percentage of Accurate Answers Provided in Each Category and Overall

Category	<i>M</i>	<i>SD</i>
Illnesses	32.91	26.37
Dispositions	24.41	25.00
Crimes	36.11	27.05
NCRMD recidivism	27.56	37.11
General offender recidivism	18.50	28.03
Overall accuracy	21.58	14.28

because of a mental illness?,” having the same multiple choice options as the previous question. Only 8.7% of participants identified the correct range of 10-20%.

Definitions

Two specific questions were asked to gain a better understanding of participants’ general knowledge regarding the necessary features for an offender to be deemed NCRMD. The first question differentiated fitness to stand trial and NCRMD; “If a person with a mental disorder was not experiencing symptoms of the disorder at the time of the crime, but experienced these symptoms during his/her trial, can the person be found NOT guilty for his/her crime because of the mental illness,” with choices of *yes* or *no*. Eighty-four participants (66.7%) answered *no*, identifying the correct answer. Secondly, participants were asked about the mental state of offenders at the time of the crime; “If a person knows that his/her actions are wrong when committing a crime, but also has symptoms of a mental disorder, can the person be found NOT guilty for their crime because of the mental illness,” with choices of *yes* or *no*. Here participants

performed slightly worse than chance, with only 62 participants (48.8%) correctly indicating *no*.

Dispositions

Three open-ended questions regard the three dispositions used in cases involving an NCRMD verdict. Concerning the absolute discharge, it was asked “In Canada, when people commit crimes because of a mental illness and are found not guilty, what percentage of the time are these people released back into the public with NO restrictions or conditions?”. Concerning the conditional discharge, it was asked “In Canada, when people commit crimes because of a mental illness and are found not guilty, what percentage of the time are these people released back into the public WITH restrictions/conditions (e.g., a curfew, having to live in a certain home)?” Lastly, concerning the disposition of mental health facility, it was asked “In Canada, when people commit crimes because of a mental illness and are found not guilty, what percentage of the time are these people sent to a forensic unit of a mental health facility?”

There were significant differences between participant responses and factual statistics for both the absolute discharge, $t(123) = 8.20, p < .001, r^2 = .35, 95\% \text{ CI } [15.39, 25.19]$, and conditional discharge, $t(122) = 7.03, p < .001, r^2 = .29, 95\% \text{ CI } [12.95, 23.09]$. Participants estimated absolute discharges to occur significantly more frequently ($M = 32.79, SD = 27.56$) than they do in reality ($M = 12.50$, mean difference = 20.29), while also estimating conditional discharges to occur significantly more frequently ($M = 52.92, SD = 28.42$) than they do in reality ($M = 34.90$, mean difference = 18.02). There was no significant difference between participant responses ($M = 47.99, SD = 30.37$) and

factual statistics ($M = 51.70$) for the frequency with which individuals are remanded to a mental health facility, $t(122) = -1.35$, $p = .178$, $r^2 = .01$.

Participants were also asked “If an individual is found not responsible for his/her crime because of a mental disorder and is then sent to a forensic unit in a mental health facility, on average, he/she will spend _____ in the unit than he/she would have spent in prison if he/she was found guilty,” having the options of *less time*, *the same amount of time*, and *more time*. Fifty-two percent of participants believed offenders would spend less time in the mental health facility than in a prison, 29.9% said the same amount of time, and only 18.1% indicated more time. In actuality, NCRMD offenders spend more time in mental health facilities than they would in prison for the same crime (Fact Sheet, 2013).

Toward the end of the questionnaire, participants were asked to rate their own knowledge of an absolute discharge on a 7-point scale, 1 meaning *nothing* and 7 meaning *a lot*. If participants indicated a 4 or above, they were taken to a page asking them to describe what they knew about the disposition. Of the 24 individuals that selected 4 or above (out of 123 participants), 12 participants answered with a correct definition of an absolute discharge. The same two questions were asked about a conditional discharge; of the 29 individuals that selected a 4 or above about their knowledge of this discharge (out of 122 participants), 22 participants provided correct descriptions.

Dangerousness

Recidivism for both NCRMD offenders and general offenders was also addressed within the questionnaire. Participants were asked “In Canada, after a person who committed a crime because of a mental illness is released, what percentage of the time

does he/she go on to commit another crime: (a) general criminal offence; (b) violent offence?” Similarly, participants were asked “In Canada, after a person who committed a crime NOT because of a mental illness is released, what percentage of the time does he/she go on to commit another crime: (a) general criminal offence; (b) violent offence?” Participant responses to all four questions were significantly different from factual statistics (see Table 2); NCRMD offenders who had committed a general offence, $t(122) = 10.21, p < .001, r^2 = .46$, NCRMD offenders who had committed a violent offence, $t(122) = 14.58, p < .001, r^2 = .64$, general offenders who had committed a general offence, $t(122) = 9.70, p < .001, r^2 = .44$, and general offenders who had committed a violent offence, $t(122) = 17.93, p < .001, r^2 = .72$, were all thought to recidivate more often than they actually do. However, participants correctly recognized that general offenders recidivate more often than NCRMD offenders.

Table 2

Descriptive Statistics for Recidivism

Comparison		<i>M (participants)</i>	<i>SD</i>	<i>M (factual)</i>
NCRMD offender	Recidivism general	39.84 [16.23, 24.04]*	21.88	19.70
NCRMD offender	Recidivism violent	37.37 [25.64, 33.70]*	22.58	7.70
General offender	Recidivism general	52.41 [15.05, 22.76]*	21.61	33.50
General offender	Recidivism violent	48.11 [32.48, 40.54]*	22.58	11.60

* $p < .001$.

Note. The numbers enclosed in brackets represent the 95% CI around the mean.

Participants were asked two other questions regarding the dangerousness of mentally ill offenders. Firstly, participants were asked the following open-ended question: “In Canada, what percentage of violent offences (e.g., murder, attempted

murder, and sexual assaults) are committed by people with mental illnesses.” When answers were deemed correct within $\pm 10\%$ of the factual statistic, 18.1% of participants were correct; when answers were deemed correct within $\pm 5\%$ of the factual statistic, 11.8% of participants were correct. The correct instance of less than 3% (Fact Sheet, 2013) was indicated by only 5 participants (out of 124) who reported 0%, 1%, or 2%. Secondly, participants were asked the following true/false question: “Severe mental illness does predict later violent acts.” Fifty-eight percent of participants correctly identified the answer as being “false.”

Demographics and Crimes

Participants were asked “In Canada, when a person is found not guilty for their crime because of a mental disorder, what percentage of the time is the mental disorder: (a) schizophrenia; (b) an affective disorder (e.g., bipolar disorder, depression); (c) substance use disorder; (d) a personality disorder; and (e) intellectual disability (IQ much lower than typical IQ).” There was a significant difference between participant responses and factual statistics for all disorders (see Table 3); schizophrenia, $t(125) = -3.16, p = .002, r^2 = .07$, affective disorder, $t(124) = 5.77, p < .001, r^2 = .21$, substance use disorder, $t(124) = 5.75, p < .001, r^2 = .21$, personality disorder, $t(124) = 6.37, p < .001, r^2 = .25$, and intellectual disability $t(123) = 7.81, p < .001, r^2 = .33$. Participants estimated schizophrenia to occur significantly less frequently within NCRMD disorders than it actually occurs; however, participants estimated all other disorders to occur significantly more frequently than they actually occur.

Participants were asked two questions concerning the gender of offenders. The first question asked “In Canada, when a person commits a crime because of a mental

Table 3

Descriptive Statistics for Disorder

Comparison	<i>M</i> (participants)	<i>SD</i>	<i>M</i> (factual)
Schizophrenia	44.52 [-11.68, -2.68]*	25.52	51.70
Affective disorder	39.73 [7.64, 15.62]**	22.52	28.10
Substance use disorder	45.27 [9.09, 18.65]**	27.00	31.40
Personality disorder	31.53 [8.50, 16.16]**	21.64	19.20
Intellectual disability	25.53 [13.83, 23.23]**	26.43	7.00

* $p < .01$. ** $p < .001$

Note. The numbers enclosed in brackets represent the 95% CI around the mean.

illness, what percentage of the time is the person a woman?" The second question asked "In Canada, when a person commits a crime because of a mental illness, what percentage of the time is the person a man?" There were significant differences for both questions. Participants estimated women to be NCRMD offenders significantly more often ($M = 38.42$, $SD = 16.95$) than they are in reality ($M = 15.50$), $t(126) = 15.24$, $p < .001$, $r^2 = .65$, 95% CI [19.94, 25.89]. Conversely, participants estimated men to be NCRMD offenders significantly less often ($M = 61.86$, $SD = 15.42$) than they are in reality ($M = 84.50$), $t(126) = -16.55$, $p < .001$, $r^2 = .68$, 95% CI [-25.35, -19.93].

Participants were also asked "In Canada, when people commit crimes because of mental illnesses and are found NOT guilty, what percentage of the crimes committed are: (a) murder; (b) attempted murder; (c) sexual offence; (d) assault (minor); (e) assault (major); (f) robbery; and (g) threats." There was a significant difference for all crimes; murder, $t(126) = 13.81$, $p < .001$, $r^2 = .60$, attempted murder, $t(124) = 14.41$, $p < .001$, $r^2 = .63$, sexual offence, $t(124) = 13.37$, $p < .001$, $r^2 = .59$, minor assault, $t(124) = 5.89$, $p <$

.001, $r^2 = .22$, major assault, $t(124) = 5.24$, $p < .001$, $r^2 = .18$, robbery, $t(125) = 10.26$, $p < .001$, $r^2 = .46$, and threats, $t(125) = 10.49$, $p < .001$, $r^2 = .47$. In all cases, participants overestimated the use of the NCRMD plea (see Table 4).

Table 4

Descriptive Statistics for Crime Committed

Comparison	<i>M</i> (participants)	<i>SD</i>	<i>M</i> (factual)
Murder	37.68 [28.08, 37.48]*	26.76	4.90
Attempted murder	36.37 [27.15, 35.79]*	24.41	4.90
Sexual offence	31.83 [25.33, 34.13]*	24.86	2.10
Assault (minor)	33.01 [8.37, 16.85]*	23.95	20.40
Assault (major)	33.06 [6.88, 15.23]*	23.60	22.00
Robbery	24.90 [17.19, 25.41]*	23.31	3.60
Threats	37.13 [21.52, 31.53]*	28.40	10.60

* $p < .001$.

Note. The numbers enclosed in brackets represent the 95% CI around the mean.

Lastly, participants were asked the following true/false question: “The majority of victims of people who commit violent crimes (i.e., murder, attempted murder, and sexual offences) because of a mental illness are relatives of the person.” Sixty-five percent of participants correctly indicated “true” (Fact Sheet, 2013).

Participant Demographics

MANOVAs were conducted to assess whether there were any differences in the accuracy of participant responses to questions regarding illnesses, punishments, and crimes across the varying levels of education and the gender of participants. There was a main effect of gender on the accuracy of punishments, $F(1, 115) = 4.58$, $p = .034$, $\eta_p^2 =$

.04. Women ($M = 28.30$, $SE = 2.90$) were significantly more accurate than men ($M = 14.90$, $SE = 5.50$) about punishments, mean difference = 13.30, $p = .034$, 95% CI [1.00, 25.70]. Likewise, there was a main effect of gender on the accuracy of crimes, $F(1, 115) = 7.11$, $p = .009$, $\eta_p^2 = .06$. In this case, men ($M = 49.50$, $SE = 5.80$) were significantly more accurate than women ($M = 32.00$, $SE = 3.00$) about crimes, mean difference = 17.60, $p = .009$, 95% CI [4.50, 30.60]. There was no significant difference for education level; therefore, regardless if the individual had not graduated high school or if they had a graduate or other advanced degree, participants were demonstrating similar amounts of inaccuracy across all categories of questions.

Discussion

The current study explored public understanding of the Not Criminally Responsible on Account of Mental Disorder (NCRMD) defence. Each question assessed participants' knowledge about a specific aspect of the defence or about mentally ill offenders; for instance, frequencies, definitions, dispositions, dangerousness, and demographics and crimes. Based upon the research conducted in the U.S. and the few studies conducted in Canada finding substantial inaccuracy in public knowledge, it was hypothesized that there would be significant differences in participants' answers when compared to factual statistics. This hypothesis was supported. On average, participants answered only 9 out of 29 questions correctly, having an overall average accuracy of 32%. Participants demonstrated a greater knowledge of crimes and illnesses than they demonstrated of recidivism and dispositions. However, participants did not answer more than 36% of questions correctly for any category.

When asked about the frequency of offenders pleading NCRMD and being found NCRMD, participants highly overestimated the occurrences. This mirrors American findings of an overestimation of offenders pleading and being found NGRI. Hans (1986) found participants to estimate pleas of insanity to have an occurrence rate of 38% and defendants being found NGRI to have an occurrence rate of 36%. Similarly, Silver et al. (1994) found participants to estimate insanity pleas to occur 37% of the time. All studies, including the present study, demonstrate the misperception that defences for mentally ill offenders are frequently used in the justice system.

When participants were asked questions about specific features of the NCRMD defence, results again paralleled what is seen in the US. Sloat and Frierson (2005) found

that only 55% of participants correctly identified the definition of the NGRI defence and only 37% of participants correctly identified the definition of the GBMI defence. In the current sample, respondents performed slightly better than chance when asked to differentiate between the NCRMD defence and fitness to stand trial and slightly worse than chance when asked about the mental state of the offender at the time of the crime. In other words, most participants recognized the difference between offenders who are deemed unfit to stand trial and NCRMD, while the minority of participants understood an NCRMD offender's understanding of the criminal act at the time of the crime. Overall, similar to the findings of Sloat and Frierson (2005), participants in the current sample displayed a relatively low amount of knowledge about the features that identify an NCRMD case.

Discrepancies were also found within the questions concerning the three NCRMD dispositions. Participants estimated absolute and conditional discharges to occur more frequently than they do, while slightly underestimating the occurrence of offenders being remanded to mental health facilities. This means, participants believed mentally ill offenders who are found not criminally responsible are released back into the community directly after their trials more often than being treated in mental health facilities. Further supporting the belief that these offenders spend little time away from the public, the majority of participants believed NCRMD offenders spend less time in mental health facilities than they would in a prison for the same crime. In reality, these offenders spend an average of more time in these facilities than they would in a prison (Fact Sheet, 2013). Participants were also asked to rate their own knowledge of the two types of discharges. An absolute discharge is when an offender is released back into the public without any

terms or conditions; a conditional discharge is when an offender is released back into the public under specified conditions, such as having to take certain medications or living in a certain home. The majority of participants indicated that they knew “nothing” about both the absolute discharge and conditional discharge. Lastly, very few participants provided correct descriptions of either the absolute or conditional discharge.

These findings again mirror American findings, this time regarding participants’ perceptions of the frequency of dispositions. For instance, Sloat and Frierson (2005) found 14% of participants believed offenders with NGRI verdicts were automatically sent home, and 10% of participants believed offenders with GBMI verdicts were automatically sent home. Silver et al. (1994) found participants estimated an acquittal rate of 44% of insanity pleas, while Hans (1986) found participants to believe that 26% of NGRI offenders go free immediately. The current sample estimated absolute discharges to occur 33% of the time, and conditional discharges to occur 53% of the time, thus remarkably overestimating the occurrence of NCRMD offenders being released back into the public. Silver et al. (1994) found overall that estimates of offenders being released back into the public were remarkably higher than actuality, while estimates of dispositions to mental health facilities were remarkably lower than actuality. These findings were partially supported by the current sample. Both discharges were estimated to occur significantly more frequently than they actually occur; however, the disposition of being sent to a mental health facility was only slightly underestimated. The current findings not only demonstrate a lack of knowledge about disposition definitions and frequencies, but participants are recognizing that they generally know little about the dispositions of NCRMD offenders.

To assess perceptions of dangerousness, participants were asked about occurrences of reoffending and about incidents of violence by individuals with mental illness. Both NCRMD recidivism and general offender recidivism was estimated to occur more frequently than it does. Furthermore, the majority of participants overestimated the percentage of violent offences committed by people with mental illness, and participants performed only slightly better than chance when asked if severe mental illness predicts later violent acts.

Maeder et al. (2015) provided one of very few Canadian studies regarding the NCRMD defence. Using a written profile of an offender likely to be deemed NCRMD, participants were asked to assess whether the man should be deemed NCRMD or guilty (Maeder et al., 2015). It was found that only 25.4% of participants deemed the man NCRMD, while the other 74.6% gave a guilty verdict (Maeder et al., 2015). Those who deemed the defendant guilty showed significantly more concerns regarding the dangerousness of mentally ill offenders than those who deemed the man NCRMD. Similar perceptions of dangerousness were seen in the current sample. With overestimations of recidivism, overestimations of violent offences being committed by mentally ill offenders, and performance at only slightly better than chance when asked if severe mental illness predicted later violent acts, participants were demonstrating belief that these offenders are particularly dangerous, likely influencing the belief that these offenders should be kept away from the public for longer periods of time as seen with Bill C-14.

Participants were asked numerous questions regarding the demographics of offenders and the crimes they commit. When asked about NCRMD offenders' mental

disorders, participants estimated schizophrenia to occur significantly less frequently within NCRMD disorders than it actually occurs, while estimating all other disorders to occur significantly more frequently than they actually occur. Concerning the gender of offenders, participants estimated women to be NCRMD offenders significantly more often than they are. Finally, when asked to indicate the frequency of seven different crimes within NCRMD cases, participants overestimated each of their occurrences. Participants demonstrated the most discrepancy when estimating the frequency of the three most serious/violent crimes (murder, attempted murder, and sexual offences). Therefore, though participants are overestimating the occurrence of all NCRMD crimes, they are greatly overestimating the occurrence of the most serious and violent crimes.

These findings can be compared to those of Bailis et al. (1995), the only study assessing public knowledge of the NCRMD defence. This study used a written profile of a person who would likely be deemed NCRMD (Bailis et al., 1995). Though participants generally agreed that the man described in the profile had a diagnosable mental illness, and that the crime could be attributed to symptoms of the mental illness, the majority of participants disagreed that the individual was “simply unaware” (Bailis et al., 1995, p. 431). Therefore, participants did not understand the symptoms of the mental disorder present at the time of the crime. This can be seen in the current study with participant’s understanding of the mental disorder diagnoses for NCRMD offenders. Similarly, participants demonstrated a generally low understanding of the diagnoses present in NCRMD offenders, and so demonstrate a lack of understanding about the symptoms present for these offenders at the time of their crimes.

When making decisions between whether the man was guilty or not criminally responsible in the Bailis et al. (1995) study, seriousness of the offense predicted NCRMD verdicts; murderers were deemed not criminally responsible much less often than shoplifters. This finding was not supported by the current study. Participants demonstrated an overestimation of the occurrence of all crimes; however, their overestimations of violent crimes within NCRMD cases were much greater. Thus, they believed more offenders were being deemed NCRMD when they committed more serious crimes, like murder, than when they committed less serious crimes, like threats (comparable to shoplifting).

Public inaccuracy about criminal defences for mentally ill offenders has been clearly demonstrated in the United States, but has not been previously explored in Canada. This is a cause of concern; Bill C-14 has implemented important changes affecting the lives of NCRMD offenders. Regardless of the effectiveness of treatment and how these individuals are functioning, they are now assessed by review boards once every three years instead of annually, ultimately making it more difficult for these offenders to be released back into the community. The feelings of unsafety present in the public regarding mentally ill offenders have largely impacted the enactment of Bill C-14 (Grantham, 2014). The current study demonstrates that many misperceptions are present regarding the NCRMD defence; for instance, that offenders are released back into the public more frequently than they are remanded to mental health facilities for treatment. Thus, similar to American findings regarding the inaccuracy of public knowledge about their defences for mentally ill offenders, a great amount of inaccuracy is seemingly present in Canada in regards to the NCRMD defence.

The current study has provided an initial investigation of the accuracy of the public's understanding of public knowledge of the NCRMD defence; however, with certain limitations. Though findings of inaccuracy were clearly prevalent, it is difficult to make inferences about all of Canada from a sample consisting of 127 participants; thus, larger samples should be assessed in the future. Due to this study being among the first in Canada assessing the accuracy of public knowledge, future research must further demonstrate this accuracy in wider samples across Canada. Furthermore, though the age range in the sample was 18-71, the majority of participants were young adults, thus future studies should assess more middle aged and older adults to determine if similar inaccuracies are present in older populations. Future research should also expand its focus from the accuracy of public knowledge to personal opinions of the NCRMD defence. American findings have demonstrated negative perceptions of defences for the mentally ill, such as being loopholes for offenders (Hans & Slater, 1984), thus future studies should research if similar perceptions are present in Canada.

Once an assessment of the accuracy of public understanding of the NCRMD defence has been firmly established, a movement must begin to properly educate all members of the public about the occurrence and protocols of this defence. By providing the public with accurate information, misperceptions and stereotypes surrounding these offenders can be corrected and feelings of unsafety can be lowered. The current study has provided an important foundation for acquiring an understanding of the accuracy of public knowledge regarding the NCRMD defence and, in turn, has effectively demonstrated why such changes as those implemented through Bill C-14 should be on the basis of research as opposed to public opinion.

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Appendix A

The following questions are about the Not Criminally Responsible on Account of Mental Disorder (NCRMD) defence in Canada and the people who use it. This legal defence may be used with offenders who are mentally ill. These individuals can be found not guilty because of their mental illness. You may have heard of offenders “pleading insanity” on television shows or through the media; in Canada, this is the NCRMD defence. Please answer the following questions to the best of your knowledge. Do not worry if the answers are right or wrong, we are simply interested in what you currently know.

1) How much do you think you know about the NCRMD defence?

1	2	3	4	5	6	7
Nothing						A lot

2) In Canada, how often does a person who commits a crime try to use the NCRMD defence?

- < 1% of the time
- 1-10% of the time
- 11-20% of the time
- 21-30% of the time
- 31-40% of the time
- 41-50% of the time
- 51-60% of the time
- 61-70% of the time
- 71-80% of the time
- 81-90% of the time
- 91-99% of the time
- 100% of the time

- 3) If a person with a mental disorder was not experiencing symptoms of the disorder that could explain the crime when the crime was committed, but suffers from such symptoms during his/her trial, can the person be found **NOT** guilty for his/her crime because of the mental illness?
- Yes
 - No
- 4) If a person knows that his/her actions are wrong when committing a crime, but also has symptoms of a mental disorder, can the person be found **NOT** guilty for their crime because of the mental illness?
- Yes
 - No
- 5) If an individual is found not responsible for his/her crime because of a mental disorder and is then sent to a forensic unit of a mental health facility, on average, he/she will spend _____ in the unit than he/she would have spent in prison if he/she was found guilty.
- less time
 - the same amount of time
 - more time

6) When people who committed a crime say a mental disorder was the reason for what they did, how often are these people found not guilty because of a mental illness?

- < 1% of the time
- 1-10% of the time
- 11-20% of the time
- 21-30% of the time
- 31-40% of the time
- 41-50% of the time
- 51-60% of the time
- 61-70% of the time
- 71-80% of the time
- 81-90% of the time
- 91-99% of the time
- 100% of the time

7) In Canada, when a person commits a crime because of a mental illness and is found not guilty, what percentage of the crimes committed are:

***Note: Percentages do not have to equal 100%

- a) murder? _____%
- b) attempted murder? _____%
- c) a sexual offence? _____%
- d) assault (level I)? _____%
- e) major assault (level II or III)? _____%
- f) robbery? _____%
- g) threats? _____%

8) When a person is found not guilty for their crime because of a mental disorder, how often is the mental disorder:

***Note: Numbers do not have to equal 100%

a) schizophrenia? _____%

b) an affective disorder (e.g., bipolar disorder, depression)? _____%

c) substance use disorder? _____%

d) a personality disorder? _____%

e) intellectual disability (IQ much lower than typical IQ)? _____%

9) In Canada, when a person commits a crime because of a mental illness, how often is the person a woman? _____%

10) In Canada, when a person commits a crime because of a mental illness, how often is the person a man? _____%

11) In Canada, after a person who committed a crime because of a mental illness is released, what percentage of the time does he/she go on to commit another crime:

a) general criminal offence? _____%

b) violent offence? _____%

12) In Canada, after a person who committed a crime NOT because of a mental illness is released, what percentage of the time does he/she go on to commit another crime:

a) general criminal offence? _____%

b) violent offence? _____%

13) What percentage of violent offences (e.g., murder, attempted murder, and sexual assaults) are committed by people with mental illnesses?

_____%

14) In Canada, when people commit crimes because of a mental illness and are found not guilty, what percentage of the time are these people released back into the public with NO restrictions or conditions?

_____ %

15) In Canada, when people commit crimes because of a mental illness and are found not guilty, what percentage of the time are these people released back into the public WITH restrictions/conditions (e.g., a curfew, having to live in a certain home)?

_____ %

16) In Canada, when people commit crimes because of a mental illness and are found not guilty, what percentage of the time are these people sent to a forensic unit of a mental health facility?

_____ %

17) The majority of victims of people who commit violent crimes (i.e., murder, attempted murder, and sexual offences) because of a mental illness are relatives of the person.

- True
- False

18) Severe mental illness does predict later violent acts.

- True
- False

19) How would you rate your knowledge of an absolute discharge out of 7?

1	2	3	4	5	6	7
Nothing						A lot

a) Please describe what you know about an absolute discharge.

20) How would you rate your knowledge of a conditional discharge out of 7?

1	2	3	4	5	6	7
Nothing						A lot

a) Please describe what you know about a conditional discharge.

Demographics:

Age: _____

Gender: _____

Highest level of education completed (please check one):

- a) No education
- b) Elementary school _____
- c) Junior high school _____
- d) High school diploma or GED _____
- e) Post-secondary certificate/diploma _____
- f) University 1 year to 3 years _____
- g) Bachelor's degree _____
- h) Graduate school or other advanced degree _____

Appendix B

Public Understanding of the NCRMD Defence

Informed Consent Form

The purpose of this Informed Consent Form is to ensure you understand the nature of this study and your involvement in it. This consent form will provide information about the study, giving you the opportunity to decide if you want to participate.

Researchers: This study is being conducted by Melanie Taylor as part of the course requirements for Psychology 4959, the psychology honours program. I am under the supervision of Dr. Kelly Warren.

Purpose: The study is designed to investigate the public's understanding of the Not Criminally Responsible on Account of Mental Disorder (NCRMD) defence. The results will be used to write a thesis as part of the course requirements. The study may also be used in a larger research project and may be published in the future.

Task Requirements: You will be asked to complete a questionnaire. There are no right or wrong answers; we are only interested in your current understanding. You may omit any questions you do not wish to answer.

Duration: The questionnaire will take approximately 10 minutes to complete.

Risks and Benefits: There are no obvious risks or benefits involved with your participation in this study.

Anonymity and Confidentiality: Your responses are anonymous and confidential. Please do not put any identifying marks on any of the pages. IP addresses will not be collected. All information will be analyzed and reported on a group basis. Thus, individual responses cannot be identified.

Although I am not collecting any identifying information, the online survey company, Survey Monkey, hosting this survey is located in the United States and as such is subject to U.S. laws. The U.S Patriot Act allows authorities access to the records of internet service providers. Therefore anonymity and confidentiality cannot be guaranteed. If you choose to participate in this survey, you understand that your responses to the survey questions will be stored and may be access in the ISA. The security and privacy policy for the web survey company can be found at the following link:

http://www.SurveyMonkey.com/monkey_privacy.aspx.

Right to Withdraw: Your participation in this research is totally voluntary and you are free to stop participating at any time. However, once you complete this survey and click submit, your data cannot be removed because we are not collecting any identifying information and therefore we cannot link individuals to their responses.

Contact Information: If you have any questions or concerns about the study, please feel free to contact me at metaylor@grenfell.mun.ca or my supervisor, Dr. Kelly Warren at 639-6511 or kwarren@grenfell.mun.ca. As well, if you are interested in knowing the results of the study,

please contact me or Dr. Kelly Warren after May 2016. You can also learn about the results by attending the student research conference at Grenfell Campus in late March or early April. If this study raises any personal issues for you, please contact the mental health helpline at 1-866-531-2600.

This study has been approved by an ethics review process in the psychology program at Grenfell Campus, Memorial University of Newfoundland and has been found to be in compliance with Memorial University's ethics policy.

By proceeding to the next page, consent is implied.

Appendix C

Thank you for participating in this study!

If you have any questions or concerns about the study, or are interested in knowing the facts about the NCRMD defence, please feel free to contact me at metaylor@grenfell.mun.ca or my supervisor, Dr. Kelly Warren, at kwarren@grenfell.mun.ca. As well, if you are interested in knowing the results of the study, please contact myself or Dr. Kelly Warren after May 2016. If this study raises any personal issues for you, please contact the mental health helpline at 1-888-737-4668.

If you are a Grenfell Introduction to Psychology student, you can receive credit by filling out your student number [here](#).