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### Pretrial Attitudes and Their Influence on Interpretation of Case Evidence and Mock Juror Decision-Making in Insanity Defense Cases

Justine M.L. Gonzales  
*Oberlin College*

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Cases*

*Honors Examination Committee*

*Patricia deWinstanley*

*Cindy Frantz*

*Sarah Rabbitt*

Pretrial Attitudes and Their Influence on Interpretation of Case Evidence and Mock Juror  
Decision-Making in Insanity Defense Cases

Justine M. L. Gonzales

Oberlin College, Psychology Department

Honors Committee:

Dr. Patricia DeWinstanley, Advisor

Dr. Cindy Frantz, Reader

Dr. Sarah Rabbit, Reader

Author Note

Justine M.L. Gonzales, Department of Psychology, Oberlin College

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Contact: [Justine.Gonzales@oberlin.edu](mailto:Justine.Gonzales@oberlin.edu)

Abstract

Pretrial attitudes (attitudes held preceding any case-specific information) towards the insanity defense are known to influence jurors' decision-making about a case. However, the impact of pre-trial attitude on decisions across different types of evidence was an open question that the present study addressed. Through Amazon Mechanical Turk, participants indicated their pretrial support for the insanity defense. Participants served as mock jurors and rated the likelihood of giving the defendant not guilty by reason of insanity (NGRI) as well as perceived responsibility for the defendant's actions; they gave these ratings after introducing seven different pieces of evidence (baseline case vignette, mother hospitalized for schizophrenia, defendant abused as child, defendant testimony to delusions, psychological evaluation diagnosing defendant with schizophrenia, comorbid substance abuse, brain scans supporting schizophrenia diagnosis). Pretrial attitudes had a significant effect on mock jurors' ratings, with those in the low-support group being significantly less likely than the those with higher support to give the defendant NGRI. There was also a significant interaction between attitude groups and type of evidence. Both the effect of attitude group and the interaction between evidence type and attitude group were significant for responsibility ratings as well. The results of this study have important implications for insanity defense trials, and highlight the importance of how pretrial attitudes and different types of evidence, as well as how pretrial attitudes interact with types of evidence, influence the likelihood of a mock juror giving a defendant NGRI.

Key words: Not guilty by reason of insanity (NGRI), insanity defense, legal insanity, fair trial, legal psychology, pretrial attitudes, juror decision-making, evidence type

Pretrial Attitudes and How They Influence Decision-Making in Insanity Defense Cases

The sixth amendment guarantees individuals the right to a fair trial, heard by an impartial jury. An impartial jury requires that jurors set aside any biases they might have so that they can make sentencing decisions based on the evidence and circumstances of the case at hand. However, it turns out that even when jurors are explicitly asked to set aside case-relevant biases, their sentencing decisions still reflect their biases (Kardis, 2015). Biases are particularly problematic in cases involving an insanity plea because insanity pleas are viewed in a particularly negative light by many potential jurors. The current study examines the impact that pre-trial beliefs regarding the insanity plea have on potential jurors' sentencing decisions in insanity defense cases.

For insanity defense cases, defendants are held to legal standards of insanity. The legal standard for insanity is outlined by two rules: The M'Naghten rule and the Durham rule. The M'Naghten rule states that an individual who was unable to appreciate the criminality of their actions and was unable to determine right from wrong at the time of committing the crime is not guilty by reason of insanity. The Durham rule covers individuals who might have been able to appreciate the wrongfulness of their actions, but acted on an irritable impulse. Using these rules to define legal insanity, it is up to the jury to decide if the defendant qualifies as legally insane and can be acquitted and granted not guilty by reason of insanity based on the legal standards for insanity and the presented case evidence.

Jurors are supposed to rely solely on case evidence and legal insanity standards when making sentencing decisions and determining criminal insanity, however, the criminally insane

are a stigmatized population and many people to hold negative views towards legal insanity and insanity pleas because they see them as dangerous and unpredictable (Axer, Beckett, Jones 2010). Axer et al. wrote a paper reflecting on a meeting of the Psychiatric Security Review Board in which they collected statements regarding individuals who are labeled as criminally insane. In reviewing the statements, they found that over one quarter (27%) of the statements reflected negative emotions towards the criminally insane. Upon further evaluating these statements, they primarily reflected the fear of unpredictable and random violence (Axer et al., 2010). If this fear of violence and negative view of the insanity defense is pervasive so that over a quarter of potential jurors hold these views, it is important to consider if these views can be set aside when making sentencing decisions, since those decisions should be made based on case evidence and legal standards alone.

Pervasive negative attitudes towards the criminally insane and the insanity defense have been seen to significantly influence both how jurors interpret case information, as well as their verdict decisions. Skeem and Golding (2001) addressed the question of whether jurors are truly able to make decisions only based on case evidence and legal standards, when they hear an insanity defense case. They found that jurors have difficulties setting aside their personal attitudes towards the insanity defense. Further, they revealed that these attitudes influence both how jurors interpret case information as well as verdict decisions. In their study, Skeem and Golding (2001) first established mock jurors' common conceptions of an individual who would not be responsible for their criminal actions due to mental illness. These conceptions of criminal insanity were organized into common prototypes, which represent a "typical" member of a category (in this case the criminally insane). The prototypes reflected individual differences in conceptions of the criminally insane and had different central traits according to mock jurors'

different conceptions of an individual who should not be held criminally responsible for their actions on account of mental illness. The main prototypes groupings that were identified by Skeem and Golding (2001, p. 561), “emphasize severe mental disability, ‘moral insanity,’ and mental state at the time of the offense.” While the mental state of the defendant at the time of the crime may align with legal definitions for insanity to some extent, these main prototype groupings found in their study differ from legal conceptions of insanity. This difference between legal concepts of insanity and the prototypes jurors tend to hold can influence how jurors interpret case information regarding the sanity of the defendant if they are relying on their personal prototypes of insanity as opposed to legal definitions of insanity.

Further, Skeem and Golding (2001) also looked at the idea that the insanity defense carries prevalent negative attitudes that are “prevalent, change resistant, and highly influential on jurors’ verdicts,” (Skeem and Golding, 2001, 563) to see what effect these attitudes have on juror sentencing decisions. In this study, Skeem and Golding showed that jurors have difficulty setting aside their biases even when specifically asked to do so by a judge. Individuals have subjective, complex prototypes of insanity which differ person to person and don’t overlap well with legal definitions of insanity or psychiatric diagnosis (Skeem and Golding, 2001). They were able to conclude with this that jurors’ interpretation of case evidence and how they make decisions regarding the case are more influenced by the prototypes the jurors came to the case with rather than manipulations within the case. If they are basing decision-making on their preexisting prototypes as opposed to legal definitions of insanity, then jurors are in fact not coming in as unbiased and objective, as the legal system presumes, and their verdict decisions are subject to the biases rooted in each juror’s prototype of insanity.

The negative views and constructs that some potential jurors hold towards the insanity defense have a larger influence on juror decision-making when the jurors have less information about a case (Kardis, 2015). When less information is provided, or when the information is ambiguous, jurors will automatically (and perhaps unknowingly) rely on their constructs of insanity, or their heuristics and other cognitive shortcuts. So, if jurors have these biases, and it has been found that people have difficulties setting them aside when making sentencing decisions, then it is imperative to consider the effect this has in insanity defense cases where over one quarter of potential jurors already hold negative views towards the insanity defense.

In addition to the amount of information influencing a tendency to rely on pre-existing attitudes, Kleider et al (2012) showed that cognitive capacity made jurors more reliant on racial stereotypes in insanity defense cases. Their findings were in line with a study conducted by Kardis (2015), showing that jurors would have to have excess cognitive capacity in order to consciously suppress reliance on stereotypes. The automatic reliance on stereotypes is due to the heuristic nature of stereotypes, meaning that they act as a cognitive shortcut to reduce the amount of cognitive energy used (Kleider et al, 2012). Kleider et al determined that lower cognitive capacity or ambiguous details will lead to more reliance on personal experience and cognitive shortcuts, and thus more reliance on stereotypes.

In the present study, I examined changes in mock jurors' decision-making after the introduction of new case evidence. First, I ascertained mock jurors' pre-trial attitudes towards legal insanity and the insanity defense. Following this, the participants were presented with a case vignette in which the defendant was employing the insanity defense. The participants were asked to rate the likelihood they would rate the defendant not guilty by reason of insanity, as well as how responsible they believe the defendant was for their actions. Each participant was



subsequently given six more pieces of information about the defendant, after each of which they are again asked to rate the likelihood of finding the defendant not guilty by reason of insanity and to rate the responsibility of the defendant. The goal of this study is to look at the influence of mock jurors' pretrial attitudes on sentencing decisions across different types of evidence. More specifically to see how different types of added evidence interact with pretrial attitudes in relation to mock jurors' likelihood of giving a defendant not guilty by reason of insanity, as well as the perceived responsibility for committing manslaughter.

The first piece of addition information regarded family history of mental illness, in which the defendant's mother had a history of a mental disorder, in this case schizophrenia. Greenwood et al (2016) reinforced the notion that schizophrenia is one of the more highly heritable mental illnesses, with the heritability being between 45%-50%. Given this heritability, the defendant has a higher chance of developing schizophrenia than another individual chosen at random, which could influence how in control of his actions the defendant may seem to jurors, potentially further fitting their subjective prototypes of insanity (or not).

Next it was revealed that the defendant suffered physical abuse growing up. As Curran et al. (2016) found through their study on childhood adversity's effect of mental illness, increased experience of childhood adversities, including child abuse, are highly correlated with increased degree of psychopathology as adults. This, especially combined with the heritability of schizophrenia from his mother, may further contribute to matching or not matching the jurors' prototypes of insanity.

Following this, it was revealed that the defendant testified to experiencing hallucinations and delusions. This testimony was subjective and offered by the defendant who is pleading insanity, and may be interpreted differently by jurors depending on their personal conceptions of

criminal insanity. This subjective testimony was followed by a psychological evaluation that establishes the defendant himself suffers from schizophrenia. It has been determined that those who have an official psychiatric diagnosis are substantially more likely to be found not guilty by reason of insanity as compared to those who simply testify to having symptoms and don't have a psychological evaluation (Gulayets 182).

It was further added that the defendant also has comorbid substance abuse; and as Mossière and Maeder (2016) found, those with substance abuse problems have been evaluated most harshly by jurors in their verdict decisions.

Finally, the last piece of evidence that was presented was brain scans showing brain abnormalities correlated with schizophrenia. Specifically, abnormalities in the temporal lobe have been associated with schizophrenia (Gurley and Marcus, 2008). According to Gurley and Marcus (2008), neurobiological evidence such as brain scans are growing in prevalence, and are highly effective support for an insanity plea, particularly when it serves to support other psychological evidence for mental disorder. In cases where it does not support other psychological evidence for insanity, it can be dismissed before reaching court based on being only correlational (not causal) evidence for mental illness. The goal of the present research is to look at how being gradually presented with additional pieces of information will influence jurors' sentencing decisions. Further, I was interested in seeing how the attitudes that individuals hold prior to receiving any case information influence decisions regarding likelihood of giving a defendant not guilty by reason of insanity as well as perceived responsibility for the defendant's actions. It is also of interest to see how different attitudes towards the insanity defense influence individual's ratings across different pieces of case evidence.

## **Method**

### **Participants**

There were 651 participants who filled out the survey for this study. Of these participants, 93 failed to complete the survey. Additionally, 68 participants incorrectly answered the criterion for inclusion question. Thus, 490 participants' responses were retained for analyses. Participants were paid \$0.25 for taking the survey. The average age of participants in this study is 34 years old, with a range from 18 to 69. The distribution of self-reported race of the participants is 56.7% European American, 6.1% African American, 5.7% Latin American/Hispanic, 18.6% Asian American, and 12.9% selected "Other". Table 1 shows the gender, race, age, and political affiliation of the participants who were included in the analyses in the groupings used for analyses.

### **Materials and Procedure**

The experiment was conducted online using Amazon's Mechanical Turk. First, participants were told they the survey would last about 15 min, and that they would receive \$0.25 for completing it. Next, they are asked to confirm that they were over 18 years of age and to give consent to participating in the research.

Following this, they are asked to respond with their level of agreement on a 10-question survey that assessed their pretrial attitudes towards the insanity defense and insanity pleas. These questions were taken based on Skeem, Loudon, and Evans (2004) study through which the

developed and refined a scale to measure venirepersons' (potential jurors) attitudes towards the insanity defense. From this scale, 10 items were selected in order to measure participants' views towards the insanity defense and liability of the defendant. These were also selected so that they were balanced with half positive (e.g. "It is wrong to punish someone for an act they commit because of any uncontrollable illness, whether it be epilepsy or mental illness") and half negative (e.g. "Perfectly sane killers can get away with their crimes by hiring high-priced lawyers and experts who misuse the insanity defense.") views. Participants responded with their level of agreement to each of the 10 questions on a 5-point Likert-type scale, from *Strongly Disagree* to *Strongly Agree*. Cronbach's Alpha was calculated to measure internal reliability for the pretrial attitude scale, it was .788.

After measuring participants' pretrial attitudes, the participants read a case vignette in which the defendant murdered a stranger and was being tried for manslaughter. The case included the information that the defendant was pleading insanity (Appendix A contains the case description). After reading the case, participants rated how likely they were to acquit the defendant by giving them not guilty by reason of insanity with the following categories: *Extremely Unlikely*, *Somewhat Unlikely*, *Neither Likely nor Unlikely*, *Somewhat Likely*, and *Extremely Likely*. They also rated perceived responsibility for his actions on two scales with the following categories: *Extremely Not Responsible*, *Somewhat Not Responsible*, *Neither Responsible nor Not Responsible*, *Somewhat Responsible*, and *Extremely Responsible*. The participants then read six additional pieces of information and the same rating questions for not guilty by reason of insanity and perceived responsibility after each additional piece of information. The additional information was presented one piece at a time in the following order: the defendant's mother had been hospitalized for schizophrenia, the defendant had a history of

abuse, the defendant testified that he experienced delusions, a psychological evaluation showed that the defendant has schizophrenia, the defendant experienced problems with substance abuse, and lastly, brain scans that supported a diagnosis of schizophrenia were provided at trial.

Following each of the pieces of case information being presented and participants giving both not guilty by reason of insanity and perceived responsibility ratings after being presented with all pieces of evidence, they are asked to picture both the defendant and the victim, and then report the race of each of them. The races of the defendant and victim were not mentioned in the survey, since the survey was not intending to measure racial influences in insanity defense sentencing decisions. This being said, when participants reported the race that they pictured the defendant and victim, the race of the victim was reported as non-white by 33.9% of the participants and as white by 66.1% of participants. This did not vary as a function of the participant's race. Additionally, the race of the defendant was reported as non-white by 16.5% of participants, and as white by 83.5% of participants. This also does not appear to vary as a function of the participant's race, however, non-European Americans were somewhat more likely (86.7% said he was white) than European Americans (80.9% said he was white) to say that the defendant was white.

Next, participants were asked to self-report demographic information. They were asked to report gender (*Male, Female, Other*) and race (*European American, African American, Latin American/Hispanic, Asian American, Other*). Additionally, they were asked to report their political orientation on a 5-point sliding scale from *Liberal* to *Conservative* and to type in their age.

At the end of the survey, participants were asked to identify what NGRI stood for. This served as a criterion for inclusion, because not guilty by reason of insanity (NGRI) is the focus of this study and repeatedly asked throughout the rating portion of the survey.

## **Results**

All analyses for gender were run with two groups, because the “other” category only had two participants. Additionally, self-identified race was condensed into two groups; because over half of the participants identified as European-American they were divided into European Americans and Non-European Americans. Further, participants were asked their political leaning on a sliding scale; liberal and conservative extremes were uneven groups, so for more even groups to use in comparison the liberal and moderate liberals were combined into one group, while the conservatives and moderate conservatives were also put into a single group. The moderate group was kept as is. Lastly, participants were all above the age of 18, but there were many more on the younger end. Participants were divided into three age groups: 18 through 29-year-olds, 30-39-year-olds, and participants aged 40 and up. Table 1 contains the number of participants in each group. Chi-square analyses were run to determine if the number of male versus female participants differed by political group or by race, as well as if the participants from different racial groups differed by political affiliation. All Chi-square significance levels were above .05. This allows for the assumption of independence between the variables in further analyses.

Additionally, Chi-square tests were run to determine the independence of the demographic variables that were measured with the pretrial attitude towards the insanity defense groupings. All of the results were significant,  $p < 0.001$ , except for gender,  $p = 0.142$ . This means that all the demographic variable groups (except for gender) were dependent on the pretrial attitude groups, which means that the groups are associated. While ANOVAs could be run with attitude groups and demographic variables, there are not equal numbers of participants when divided across both variables and the groups would be too uneven to determine where the source of variation.

In addition to organizing participants into the demographic groupings just mentioned, participants' general pretrial attitude towards the insanity defense was used to organize them into three groups extreme high, middle, and low groups (which consist of the top 25%, middle 50%, and lower 25%, respectively). Using extreme groups was done in order to more clearly measure the differences that result from people holding differing attitudes prior to receiving any case information. Further, I am running many analyses in this section, so in order to address the family-wise error problem, I am adopting a significance level of .01 for all of my analyses.

I ran mixed model two factor ANOVA tests to determine if the attitudes held by participants prior to receiving any case information influenced their decision-making regarding case evidence. These tests compared attitude groups (*Low Support*, *Mid Support*, and *High Support* for the insanity defense) across ratings that followed each of the seven pieces of case evidence. The assumption of sphericity was violated for both ANOVAs, thus Greenhouse-Geisser statistics are reported for all the ANOVA based analyses. The first ANOVA was run on the not guilty by reason of insanity measure, and the second was run on the ratings of the defendant's responsibility.

For not guilty by reason of insanity ratings for pieces of evidence, the overall effect of pretrial attitude groups was significant,  $F(2, 487) = 46.68$ ,  $MSE = 4.02$ ,  $p < .001$ . Not surprisingly, participants with low pre-trial support for the insanity defense were the least likely to say they would give the defendant not guilty by reason of insanity compared to the mid and high support groups. The interaction between pre-trial attitudes and the type of case evidence also had a significant effect on participants' not guilty by reasons of insanity ratings,  $F(6.26, 1524.84) = 18.75$ ,  $MSE = 1.81$ ,  $p < .001$ . (see Figure 1).

Additionally, the overall effect of pretrial attitude groups on perceived responsibility was significant,  $F(2, 487) = 37.42$ ,  $MSE = 4.42$ ,  $p < .001$ . Moreover, pretrial attitudes interacted with the piece of case information  $F(9.03, 2197.86) = 15.15$ ,  $MSE = 0.88$ ,  $p < .001$ . (See Figure 2).

To further understand the nature of the significant interactions, planned comparison *t*-tests were run between pretrial attitude groups across each type of evidence. Appendix C contains the *t*-values for these comparisons. For these comparisons, I used equal variances assumed unless the variance of one of the samples was more than twice the variance of the other sample, it is noted in Appendix C where values for equal variances not assumed had to be used. First the low support for the insanity defense group was compared to the mid support group across the not guilty by reason of insanity ratings for each piece of evidence. For each piece of evidence introduced after the baseline measure, the low support group was less likely to give the defendant not guilty by reason of insanity than the mid support group and rated the defendant as more responsible across all types of evidence (all  $p$ 's  $\leq .001$ ). The same effect was seen for responsibility ratings, where the low support group rated the defendant as significantly more responsible than the mid support group across all pieces of evidence (all  $p$ 's  $\leq .001$ ).



Following this, the mid support group was compared to the high support group for not guilty by reason of insanity ratings for the first three pieces of case evidence after the baseline (mother hospitalized, childhood abuse, defendant experiences delusions) did not significantly differ from each other (all  $p$ 's > .01). For the last three pieces of case evidence (schizophrenia evaluation, substance abuse, brain scans), the high support group was significantly more likely to give not guilty by reason of insanity than the mid support group (all  $p$ 's < .001). Next, the mid and high support groups were compared across perceived responsibility ratings. Ratings after the mother's hospitalization and childhood history of abuse were not significantly different between the groups ( $p$  > .01). For the evidence from the defendant's self- testimony to delusions and all subsequent evidence (schizophrenia diagnosis, substance abuse, and brain scans), the high support group rated the defendant as less responsible than the mid support group (all  $p$ 's < .01).

Lastly, the low support and high support groups were compared. For their ratings on not guilty by reason of insanity, the high support group was significantly more likely to give the defendant not guilty by reason of insanity across all pieces of evidence (all  $p$ 's < .001). Finally, the low and high support groups were compared on their ratings for perceived responsibility; the low support group rated the defendant as significantly more responsible than the high support group after all pieces of evidence (all  $p$ 's < .01), with the exception of the ratings following the defendant's mother being hospitalized for schizophrenia, where they did not significantly differ ( $p$  = .022).

A final set of analyses compared demographic groups' ratings. The first ANOVA was run comparing Europeans and Non-Europeans on their not guilty by reason of insanity ratings, there was a statistically significant difference between race groups,  $F(2,487) = 4.62$ ,  $MSE = 4.71$ ,  $p = .01$ . Further, the interaction between the piece of case evidence and race groups was also

significant,  $F(6.18, 1505.57) = 3.10$ ,  $MSE = 1.95$ ,  $p = .005$ . European participants were less likely to give the defendant not guilty by reason of insanity than Non-European participants, and they were less likely to say that they would give the defendant not guilty by reason of insanity after most pieces of evidence, with the exception of the ratings for the first and last pieces of evidence where they were almost equally likely to give not guilty by reason of insanity (see Figure 3).

After this, an ANOVA was run comparing race across the pieces of evidence for responsibility ratings. The main effect of race was not significant ( $p=.04$ ). However, the interaction between evidence and race was significant,  $F(4.24, 2068.44) = 4.03$ ,  $MSE = 0.98$ ,  $p = .002$ . This means that while responsibility ratings did not differ as a function of race, they did differ across pieces of evidence. The ratings also differed across pieces of evidence as a function of race groups. Overall European participants rated the defendant as more responsible than the Non-Europeans for the first several pieces of evidence (baseline, mother with schizophrenia, defendant abused), and for the last several pieces of evidence (defendant diagnosed with schizophrenia, substance abuse, brain scans) both groups ratings were nearly the same (see Figure 4).

Following this, an ANOVA was run comparing political groups across the pieces of evidence for not guilty by reason of insanity ratings. There was not a statistically significant difference between political groups ( $p = .36$ ). The interaction between political affiliation and type of evidence was not significant ( $p = .71$ ). This shows that participants of different political affiliations did not differ in their likelihood of saying they would give the defendant not guilty by reason of insanity. This means that while participants' ratings differed across different pieces of

evidence, they did not differ significantly as a function of political affiliation. Further, political affiliation did not appear to affect differences in participants' ratings across pieces of evidence.

Then an ANOVA was run comparing political groups across pieces of evidence for responsibility ratings. There was not a significant difference between political groups for ratings ( $p=.29$ ). However, the interaction between political group and evidence type was significant,  $F(8.46, 1953.15) = 6.78, MSE = 0.96, p < .001$ . This means that while ratings did not significantly differ between political groups, they did differ across pieces of evidence. Further, ratings across pieces of evidence differed as a function of political group, where overall it appears that liberals and moderate liberals were most influenced by each piece of information, beginning with the highest responsibility ratings at the baseline measure and ending with the lowest responsibility ratings after the last piece of evidence (brain scans) was presented (see Figure 5). Further, conservatives and moderate conservatives' ratings stayed more consistent compared to moderates as well as liberals and moderate liberals (see Figure 5).

Age groups were compared across the seven pieces of case evidence and participants' ratings were significantly different across age groups,  $F(1, 488) = 12.10, MSE = 4.67, p = .001$ . The interaction between age group and piece of case evidence was also significant,  $F(3.06, 1493.93) = 7.90, MSE = 1.96, p < .001$ . This shows that participants who were part of different age groups tended to have different likelihoods of giving the defendant not guilty by reason of insanity. Further, the youngest age group (18-29) was overall the most likely to say that they would give not guilty by reason of insanity compared to participants who were 30 years old and up (see Figure 6).

Next age groups were compared across types of evidence for their responsibility ratings. Here, neither the main effect of age group ( $p=.03$ ) nor the interaction ( $p=.56$ ) were significant.

This means that while the responsibility ratings did differ across type of evidence, they did not differ by age group, nor did the ratings differ across type of evidence as a function of age group.

Lastly, gender was compared across the seven pieces of case evidence for not guilty by reason of insanity ratings, and participants' ratings did not differ by gender ( $p=.17$ ), and the interaction between gender and type of evidence was also not significant ( $p=.05$ ). This means that while ratings did differ across the piece of evidence, ratings did not differ as a function of gender nor did gender impact how participants rated each piece of case evidence.

Then an ANOVA was run comparing gender across types of evidence for responsibility ratings. Neither the main effect of gender ( $p=.09$ ) nor the interaction between type of evidence and gender ( $p=.40$ ) were significant. This means that while responsibility ratings did differ across pieces of evidence, they did not differ based on gender nor did they differ across pieces of evidence as a function of gender.

Because the defendant's and victim's races were not specified in the study, the participants were asked the perceived race of both the defendant and victim towards the end of the study. The majority of the participants (83.5%) said that the victim was white, and 16.5% said he was non-white. More participants thought the victim was non-white than the defendant, with 66.1% who thought that the victim was white and 33.9% who thought he was non-white.

## **Discussion**

Similar to previous studies (Axer, et al., 2010, Kardis, 2015, Skeem & Golding, 2001, the present study demonstrated that mock jurors' pre-existing attitudes towards the insanity defense did in fact influence their ratings for both their likelihood of giving the defendant not guilty by

reason of insanity as well as their perceived responsibility. The present study is intended to be exploratory research that highlights how pretrial beliefs and attitudes influence mock jurors' interpretation of case information and their sentencing decisions regarding defendants who are pleading not guilty by reason of insanity. In addition to looking at how pretrial attitudes affect decisions about case information, this study also presents the mock jurors with six pieces of evidence after the initial case vignette to see how different types of information impact sentencing decisions. These pieces of evidence are presented to every participant in a fixed order, beginning with the circumstantial evidence and ending with brain scans, which is known to be very convincing for jurors (Greene and Cahill 2012) and must be presented as supporting other evidence due to the fact that "neuroimaging findings are not specific enough to inform questions of volitional and cognitive impairment," (Greene and Cahill 2012).

For not guilty by reason of insanity ratings, mock jurors who had low pre-trial support for the insanity defense were significantly less likely to give the defendant not guilty by reason of insanity than both mock jurors who had mid and high pre-trial support for the insanity defense. Mock jurors who had mid pre-trial support for the insanity defense did not differ from those who had high pre-trial support for the first three pieces of case evidence (mother hospitalized, defendant abused, defendant experienced delusions), but across the last three pieces of case evidence (diagnosed with schizophrenia, substance abuse, brain scans), mock jurors who had higher pretrial support for the insanity defense said that they were significantly more likely to give the defendant not guilty by reason of insanity than mock jurors who had mid pretrial support.

Mock jurors who had low pretrial support for the insanity defense tended to have the most consistent ratings for not guilty by reason of insanity across all pieces of case evidence. On

the other hand, those with high pretrial support was less consistent across their not guilty by reason of insanity ratings. This consistency amongst those with lower pretrial support shows that those with low pretrial support for the insanity defense tended to maintain their initial view and were less influenced by each piece of evidence presented than those with higher pretrial support.

The perceived responsibility ratings also differed significantly based on mock jurors' pretrial support for the insanity defense. Similar to not guilty by reason of insanity ratings, mock jurors who had low pretrial support for the insanity defense rated the defendant as more responsible than mock jurors who had mid or high pretrial support for the insanity defense. The only exception to this was that jurors with low and high pretrial support for the insanity defense did not differ on their responsibility ratings following the piece of case evidence where the defendant's mother was hospitalized for schizophrenia. Mock jurors who had mid pretrial support for the insanity defense, compared to those with high pretrial support, did not differ in their responsibility ratings for the first two pieces of case evidence (mother hospitalized for schizophrenia, childhood history of abuse), but mock jurors with high pretrial support rated the defendant as significantly less responsible than the mid support group rated him.

Overall, across perceived responsibility ratings, mock jurors' perceived responsibility ratings went down as they received more case evidence. While mock jurors' responsibility ratings general decreased across pieces of evidence, there was a similar trend with not guilty by reason of insanity ratings. This trend shows that mock jurors who had low pretrial support for the insanity defense tended to be the least influenced by each additional piece of case evidence, whereas those with higher pretrial support for the insanity defense tended to be more influenced by each piece of evidence. This resulted in mock jurors with low pretrial support maintaining higher responsibility ratings, while those who had higher pretrial support had responsibility

ratings that got increasingly lower compared to mock jurors with low and mid pretrial support for the insanity defense.

In addition, the present research looked at how each piece of case information influenced jurors' decision-making, and how this compared to the expected effect of each piece of evidence of mock jurors' rating decisions. The first piece of case evidence that is introduced after the case vignette is the fact that the defendant has a known family history of mental illness and his mother was hospitalized for schizophrenia. Schizophrenia which has heritability approaching 50%, thus there is a particularly high chance of the defendant inheriting it. Given the case vignette and this evidence, mock jurors were less likely to give the defendant not guilty by reason of insanity than they were after just the case vignette. Overall mock jurors also rated the defendant as fairly responsible for his actions, but less responsible than after just the case vignette. While I did not expect jurors to be less likely to give the defendant not guilty by reason of insanity as compared to the baseline case vignette, the decreased level of perceived responsibility is in-line with what was expected after learning about family history of schizophrenia. This could be a result of any additional case information being offered, however, that is something that would be good for future research on this topic to address.

Next the mock jurors learned that the defendant suffered childhood abuse, which introduced higher risk of an individual developing mental illness. This is particularly relevant due to the defendant's family history of schizophrenia. While mock jurors' not guilty by reason of insanity ratings stayed the same as compared to the prior rating, mock jurors rated the defendant as more responsible after learning that he was abused as a child. This increased perceived responsibility is counter to my expectation of decreased perceived responsibility due to the combination of childhood abuse increasing likelihood of developing mental illness paired

with the defendant's family history of schizophrenia. This does, however, have important implications for those who have experienced childhood abuse and that they should be cautious if revealing this information in insanity defense cases.

Following this, the defendant testified to experiencing delusions, which could be interpreted differently based on subjective prototypes of insanity. Overall mock jurors were more likely to give the defendant not guilty by reason of insanity as compared to the previous ratings. Most mock jurors rated the defendant as less responsible after he testified to experiencing delusions, with the exception of those who had low pretrial support for the insanity defense whose ratings stayed just about the same from the prior rating. Because this piece of evidence is the first piece of evidence that could explicitly and directly support the defendant's own mental illness, it was not surprising (and reassuring) to find that mock jurors said that they were more likely to give the defendant not guilty by reason of insanity as well as decreased perceived responsibility.

Then mock jurors were presented with a psychological evaluation that revealed the defendant had schizophrenia. As expected every group was more likely to give the defendant not guilty by reason of insanity and rated the defendant as less responsible as compared to the previous ratings. Following the evaluation, it was revealed that the defendant also had comorbid substance abuse. Past research has shown substance abuse problems to be treated more harshly than other mental disorders in the context of insanity defense cases. This is exactly what was found in this research, in which mock jurors both decreased their likelihood of giving not guilty by reason of insanity as well as rated the defendant as more responsible as compared to the previous set of ratings.



The last piece of case evidence that mock jurors are given is fMRI brain scans that supported a schizophrenia diagnosis. This was very convincing for mock jurors overall, and they said that they were more likely to give the defendant not guilty by reason of insanity as well as rated the defendant as less guilty compared to the previous ratings. While brain scans are convincing evidence, however, they can only be used in court in conjunction with other evidence of mental illness, since they are correlational and can only be used to support a diagnosis rather than to serve as a diagnosis for the defendant. Overall, there was a moderate to large effect of evidence type, which highlights the importance of looking at the influence of different types of evidence in insanity defense cases – different evidence will sway different jurors towards different sentencing decisions so it is important to consider the impact of each piece of evidence being offered to a jury. Further, overall the interaction between evidence and pretrial attitudes was a small effect, but still had significant differences between groups.

Demographic factors also influenced sentencing decisions. European mock jurors were less likely to give not guilty by reason of insanity than Non-European mock jurors, and whether mock jurors identified as European and Non-European Americans had an effect of how each piece of case information was rated. Similarly, for responsibility ratings, while race was not significant, race did influence the responsibility ratings across type of information and European mock jurors perceived the defendant as being more responsible than Non-European mock jurors for the first several pieces of evidence (baseline, mother with schizophrenia, defendant abused). Surprisingly, political affiliation did not have a significant impact on not guilty by reason of insanity ratings, nor did political affiliation interact with the type of evidence which means that mock jurors with different political affiliations did not interpret case evidence differently. Responsibility ratings also did not differ based on political affiliation, however, the interaction

with political affiliation and type of evidence was significant. This means that political affiliation influenced mock jurors' responsibility ratings across types of evidence; liberals appear to be most influenced by different pieces of evidence and their perceived responsibility decreases across new pieces of evidence, whereas conservatives' ratings stayed relatively consistent across all pieces of evidence.

Next, not guilty by reason of insanity ratings differed by age group as well as by group across the different types of evidence, where younger mock jurors (18-29) were more likely than jurors over 30 to give the defendant not guilty by reason of insanity. For the responsibility ratings, mock jurors' ratings did not differ by age group nor did they differ by age group across the type of evidence. Lastly, not guilty by reason of insanity ratings did not differ by gender or by gender across different types of information. This was also the case for responsibility ratings by gender, meaning that the gender of the mock juror had no effect on ratings or how evidence was interpreted for not guilty by reason of insanity or for responsibility.

In insanity defense cases, it is expected that jurors are objective in making sentencing decisions, however there are many factors that influence sentencing decisions and how jurors interpret each piece of case evidence. The present research show that pretrial attitudes towards the insanity defense had a significant impact on both how likely mock jurors said they were to give the defendant not guilty by reason of insanity as well as how responsible they perceived the defendant to be for his actions. Mock jurors who had lower pretrial support for the insanity defense were less likely to give the defendant not guilty by reason of insanity and to see the defendant as more responsible than mock jurors who had higher pretrial support. Further, these pretrial attitudes affected how influenced the mock jurors were by each piece of evidence, with

those who had higher pretrial support being the most influenced by each piece of evidence and those with lower pretrial support being the least influenced by each piece of evidence.

Because the present study was intended as exploratory research it has certain limitations. One of these limitations is a result of multiple comparisons and having run a large number of tests run. Since this research is intended as an exploratory basis for future research, future research can use the findings from this study as a basis to narrow down what comparisons need to be run in future studies in order to avoid this. The purpose of this was to determine exactly where differences occurred between different levels of pretrial support for the insanity defense and across different types of evidence. Most past research has not looked specifically at levels of pretrial support in conjunction with different types of evidence, so this research served to look at how these differing levels of support interacted with different types of evidence. Further, the order in which the pieces of evidence were presented after the baseline case vignette was controlled in this study, because many pieces of evidence influence or build on each other, so each rating considers the current piece of evidence as well as all preceding pieces of evidence. Another limitation of this study is in the use of the word "heritability" when discussing schizophrenia, given that it is likely not everyone understands what heritability is in this context, and in future research perhaps a more accessible word can be used to ensure uniform understanding of the piece of evidence.

Controlling for the order for pieces of evidence in this study allowed for knowing that each rating was based on that piece of evidence in conjunction with all preceding evidence. Additionally, brain scans are not always included court testimony because they are correlational evidence that must be presented in conjunction with other diagnostic evidence, such as a psychological evaluation. Brain scans were also presented as the last piece of evidence, because

they are known to be one of the most convincing forms of evidence, even though they are correlational evidence (Gurley and Marcus, 2008). For future research, it would be good to look at the influence of different types of evidence without controlling for order as this study did. This would allow for looking at types of evidence more independently, however, it is important to keep in mind the influence of order and how different pieces of evidence support each other, as well as the fact that some evidence (ex. brain scans) might not be admissible in court on its own. The relationship of different pieces of evidence to one another is important, because once evidence is presented in court it cannot be unseen by jurors, thus order is a critical aspect of how evidence is presented to and interpreted by a jury.

PRETRIAL ATTITUDES' INFLUENCE ON JUROR DECISIONS

Table 1  
Participant Demographics

				Liberal & Moderate Liberals		Moderates		Conservatives & Moderate Conservatives		TOTAL
				European	Non-European	European	Non-European	European	Non-European	
<b>Age Groups</b>	18-29	participant gender	male	24	22	12	19	17	27	121
			female	16	10	9	11	10	15	71
	30-39	participant gender	male	25	12	9	5	15	15	81
			female	26	17	9	3	11	10	76
	40+	participant gender	male	18	11	5	5	11	3	53
			female	25	7	7	2	17	3	61
<b>TOTAL</b>				134	79	51	45	81	73	463

PRETRIAL ATTITUDES' INFLUENCE ON JUROR DECISIONS

Table 2:  
*NGRI Ratings by Demographics Across Types of Evidence*

	<b>Baseline</b>	<b>Mom hospitalized</b>	<b>Abuse</b>	<b>Delusions self- testimony</b>	<b>Psych eval for schizophrenia</b>	<b>Substance abuse</b>	<b>Brain scans</b>
<b>Male</b>	3.54 (1.30)	2.64 (1.70)	2.60 (1.17)	2.92 (1.24)	3.29 (1.21)	2.91 (1.28)	3.26 (1.24)
<b>Female</b>	3.36 (1.30)	2.56 (1.17)	2.51 (1.20)	2.91 (1.23)	3.28 (1.24)	2.83 (1.36)	3.25 (1.32)
<b>European</b>	3.51 (1.34)	2.35 (1.10)	2.32 (1.12)	2.74 (1.23)	3.22 (1.26)	2.77 (1.32)	3.26 (1.33)
<b>Non-European</b>	3.42 (1.26)	2.92 (1.19)	2.86 (1.22)	3.13 (1.21)	3.37 (1.67)	3.01 (1.30)	3.26 (1.19)
<b>Liberal &amp; Moderate Liberal</b>	3.47 (1.35)	2.58 (1.18)	2.52 (1.20)	3.03 (1.25)	3.41 (1.21)	2.95 (1.33)	3.45 (1.29)
<b>Moderate</b>	3.36 (1.27)	2.70 (1.11)	2.63 (1.03)	2.91 (1.09)	3.31 (1.04)	3.00 (1.61)	3.25 (1.12)
<b>Conservative and Moderate Conservative</b>	3.57 (1.27)	2.53 (1.21)	2.56 (1.31)	2.74 (1.30)	3.10 (1.34)	2.71 (1.38)	3.04 (1.31)

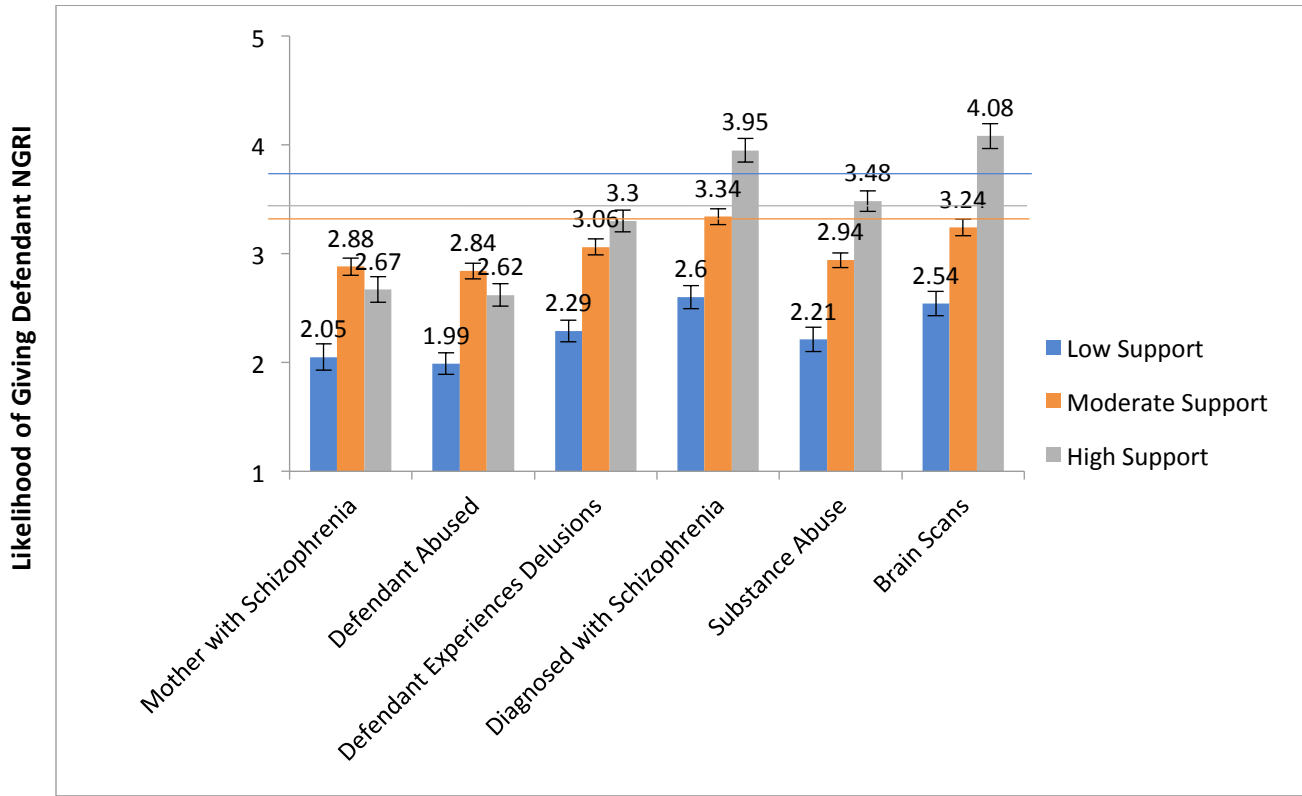
PRETRIAL ATTITUDES' INFLUENCE ON JUROR DECISIONS

Table 3  
*Responsibility Ratings by Demographics Across Types of Evidence*

	<b>Baseline</b>	<b>Mom hospitalized</b>	<b>Abuse</b>	<b>Delusions self- testimony</b>	<b>Psych eval for schizophrenia</b>	<b>Substance abuse</b>	<b>Brain scans</b>
<b>Male</b>	4.19 (0.98)	3.56 (1.14)	3.80 (1.11)	3.62 (1.12)	3.20 (1.21)	3.50 (1.21)	3.13 (1.23)
<b>Female</b>	4.25 (0.94)	3.57 (1.20)	4.00 (1.02)	3.71 (1.12)	3.38 (1.25)	3.67 (1.23)	3.34 (1.28)
<b>European</b>	4.37 (0.88)	3.70 (1.16)	3.99 (1.06)	3.72 (1.14)	3.30 (1.27)	3.63 (1.23)	3.19 (1.32)
<b>Non-European</b>	4.01 (1.02)	3.39 (1.15)	3.76 (1.08)	3.58 (1.10)	3.25 (1.17)	3.50 (1.21)	3.27 (1.16)
<b>Liberal &amp; Moderate Liberal</b>	4.34 (0.88)	3.60 (1.20)	3.97 (1.05)	3.55 (1.18)	3.05 (1.29)	3.45 (1.30)	3.00 (1.29)
<b>Moderate</b>	4.11 (0.86)	3.61 (1.00)	3.82 (1.00)	3.76 (0.90)	3.38 (1.00)	3.66 (0.98)	3.33 (1.08)
<b>Conservative and Moderate Conservative</b>	4.09 (1.11)	3.49 (1.22)	3.81 (1.15)	3.76 (1.17)	3.55 (1.19)	3.69 (1.22)	3.29 (1.24)

# PRETRIAL ATTITUDES' INFLUENCE ON JUROR DECISIONS

Figure 1. NGRI Ratings by Attitude Groups Across Types of Evidence

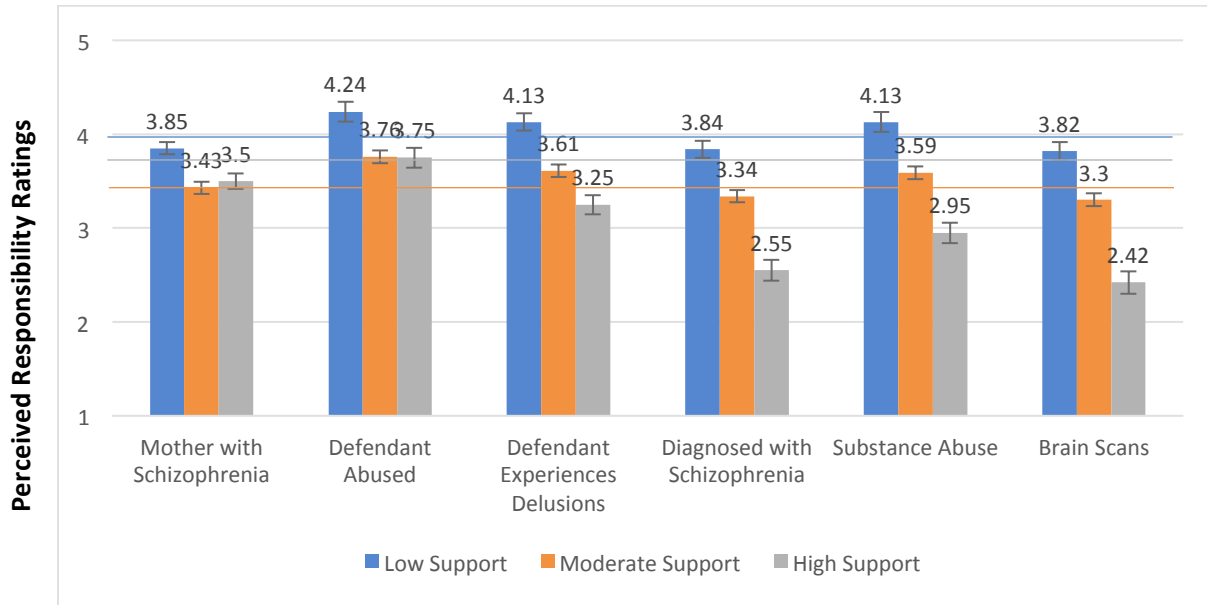


*Line represents average of each group after given baseline measure, before any additional information*



## PRETRIAL ATTITUDES' INFLUENCE ON JUROR DECISIONS

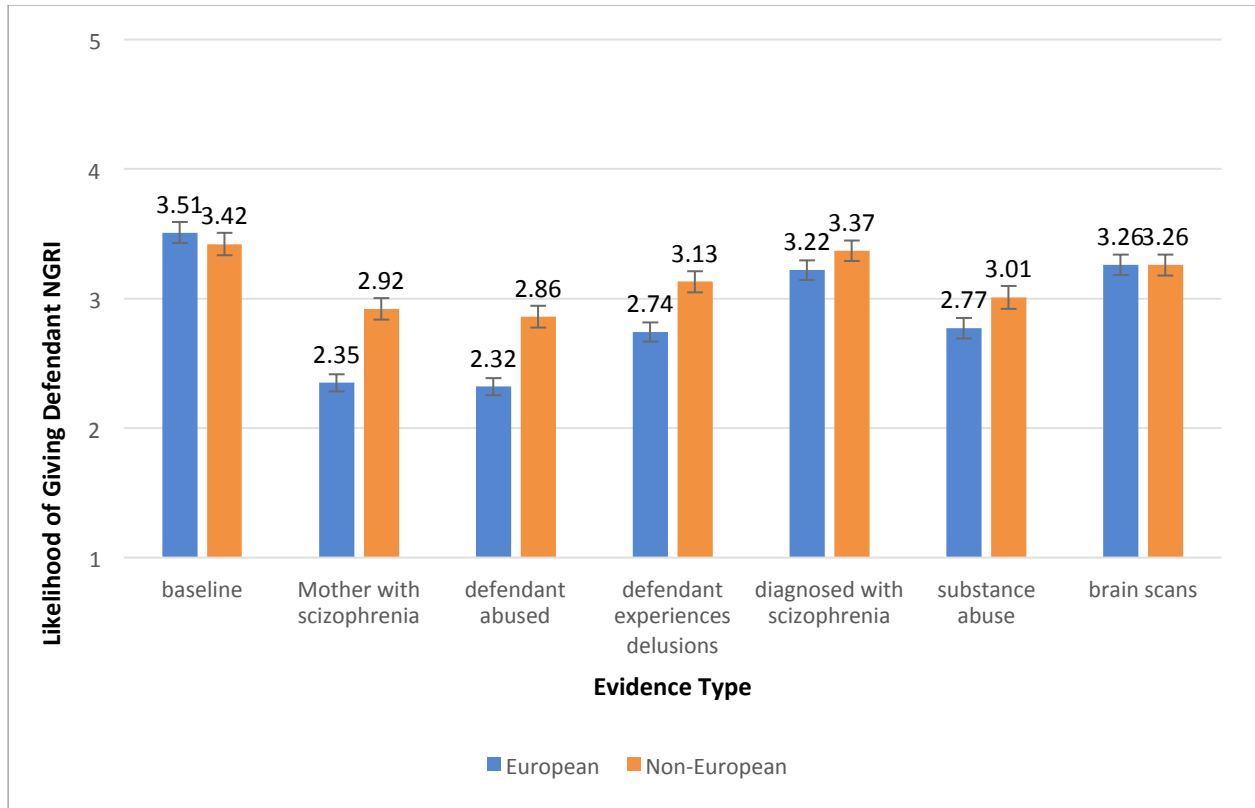
Figure 2. Responsibility Ratings by Attitude Groups Across Types of Evidence



*Line represents average of each group after given baseline measure, before any additional information*

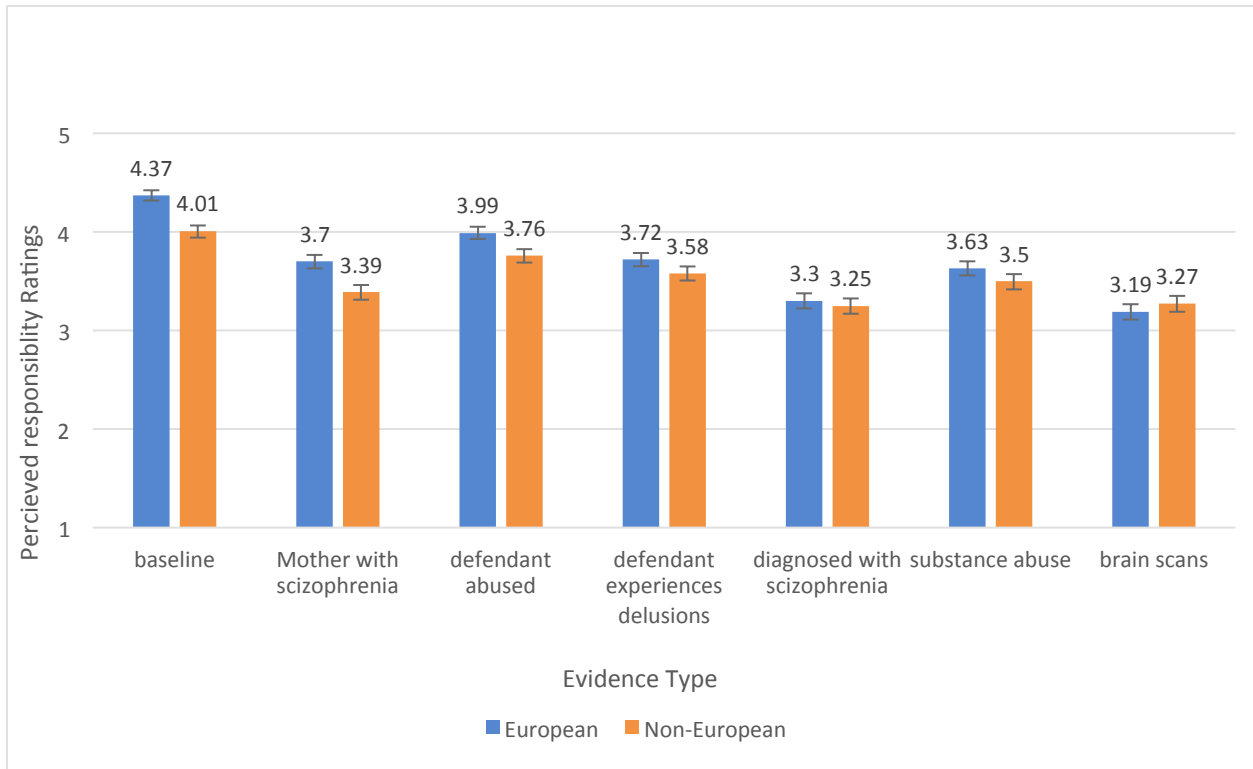
# PRETRIAL ATTITUDES' INFLUENCE ON JUROR DECISIONS

Figure 3. NGRI Ratings by Race Groups Across Types of Evidence



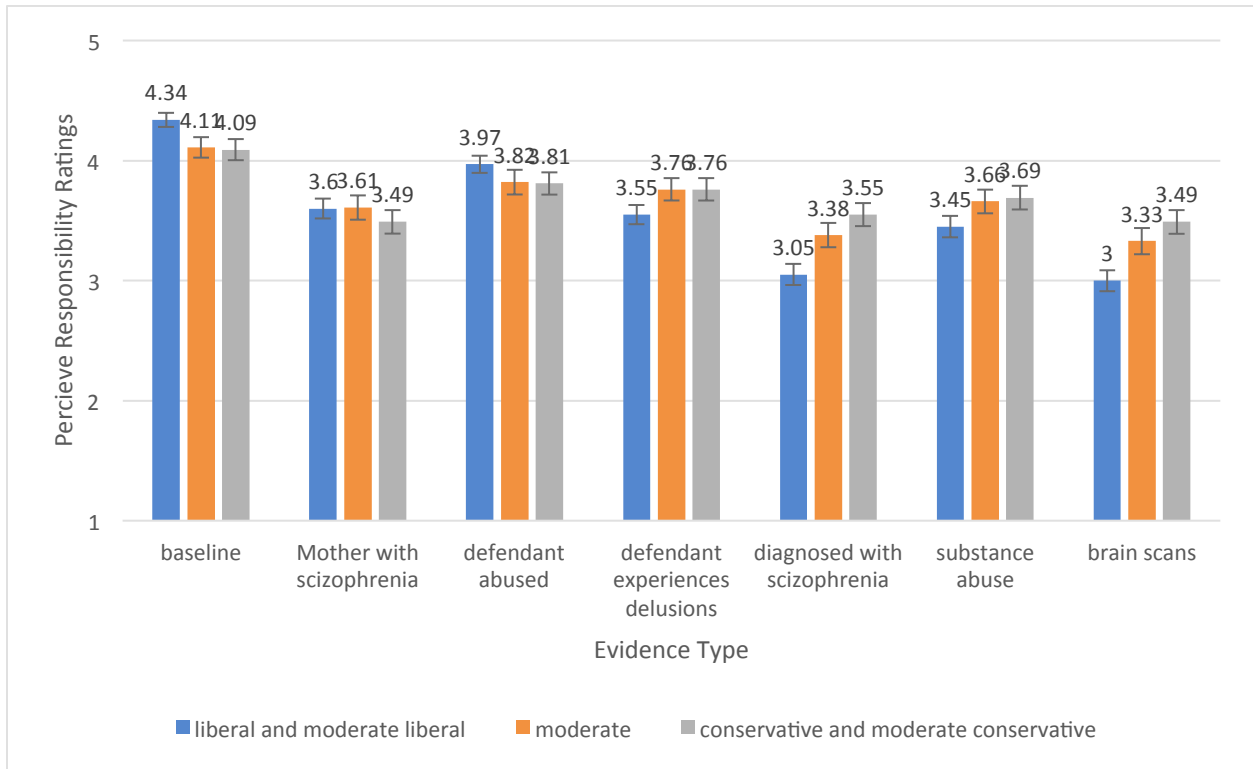
# PRETRIAL ATTITUDES' INFLUENCE ON JUROR DECISIONS

Figure 4. Responsibility Ratings By Race Groups Across Types of Evidence



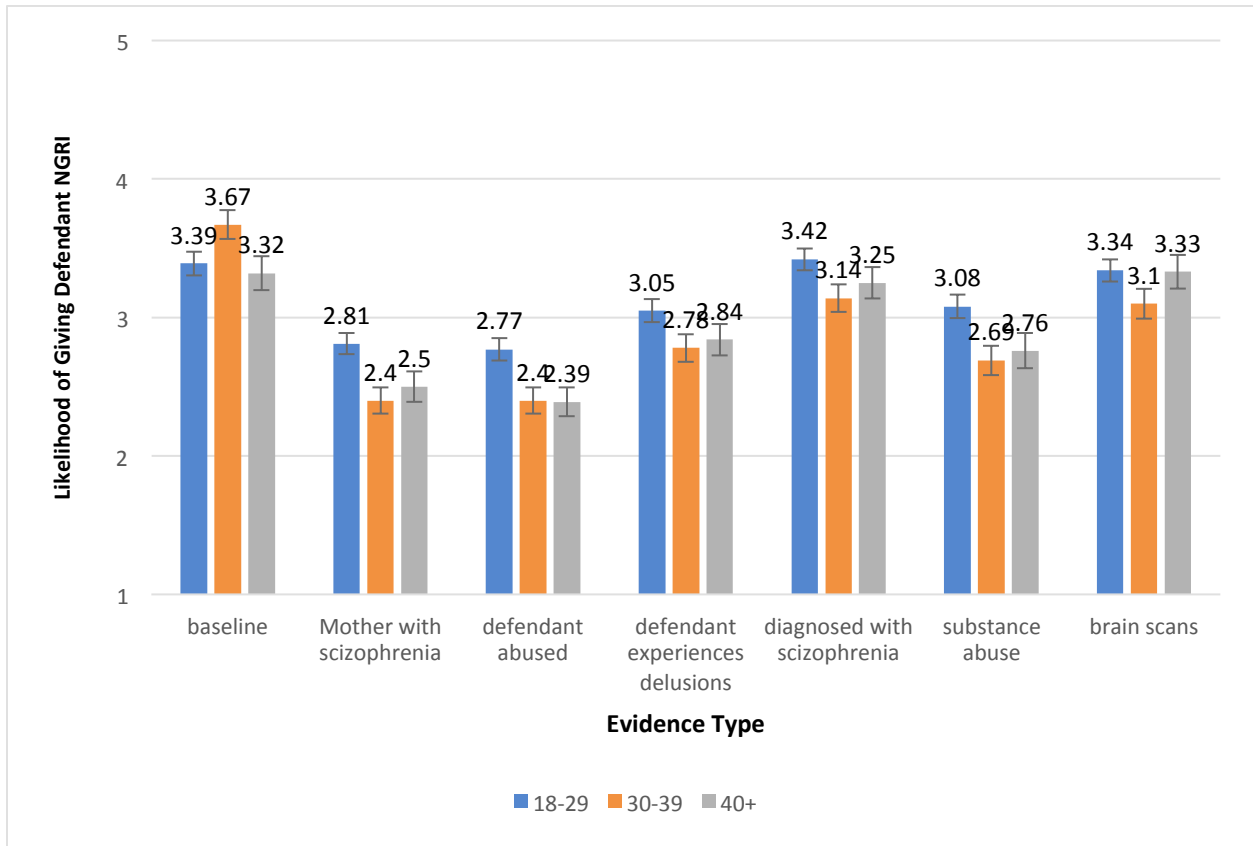
# PRETRIAL ATTITUDES' INFLUENCE ON JUROR DECISIONS

Figure 5. Responsibility Ratings by Political Affiliation Across Types of Evidence



# PRETRIAL ATTITUDES' INFLUENCE ON JUROR DECISIONS

Figure 6. NGRI Ratings by Age Groups Across Types of Evidence



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Appendix A

This is the baseline measure case vignette that the participants are presented with: “Mr. Johnson is a male who is standing trial for manslaughter. The victim, Mr. Wilson, was graffitiing a wall when Mr. Johnson came across him. Offended by the content of Mr. Wilson’s graffiti, Mr. Johnson proceeded to argue with, then subsequently attack, Mr. Wilson. As a result of this attack, Mr. Wilson was killed and Mr. Johnson accused of manslaughter. Mr. Johnson claims that at the time of the crime he did not understand the wrongfulness of his actions and is pleading not guilty by reason of insanity (NGRI). If given NGRI, Mr. Johnson would be found not guilty on the basis of a mental disorder which made him unable to determine right from wrong at the time of the crime or that he had an irresistible impulse that he was unable to control. This would result in him being detained in a psychiatric care facility instead of prison.”



Appendix B

This appendix includes all pieces of case evidence that the participants were provided with after the baseline case vignette:

1. "Mr. Johnson's mother was hospitalized during Mr. Johnson's childhood for schizophrenia. Therefore, Mr. Johnson is known to have a family history of mental illness (specifically, schizophrenia is known to have high heritability)."
2. "Mr. Johnson's experienced physical abuse from his mother growing up."
3. "Mr. Johnson testified that he suffers from delusions and hallucinations which he is unable to control."
4. "A psychological evaluation was conducted by an expert witness who verified that Mr. Johnson suffers from schizophrenia, which could have rendered him incapable of controlling his actions at the time the crime was committed."
5. "The psychological evaluation also revealed that Mr. Johnson suffers from a substance abuse disorder, which was present at the time of the crime."
6. "Brain scans were provided that showed abnormalities in Mr. Johnson's temporal lobe and enlarged ventricles, which is often seen in studies of patients with schizophrenia."

PRETRIAL ATTITUDES' INFLUENCE ON JUROR DECISIONS

Appendix C

Table A1: *Insanity defense pretrial attitude groups compared: low support to mid support*

	<b>T-value</b>	<b>df</b>
<b>NGRI baseline</b>	2.73	246.43
<b>NGRI Mom hospitalized</b>	-6.89**	366.00
<b>NGRI childhood abuse</b>	-6.94**	366.99
<b>NGRI Delusion self-testimony</b>	-6.07**	336.00
<b>NGRI Psych eval for schizophrenia</b>	-5.64**	234.82
<b>NGRI Substance abuse</b>	-5.51**	366.00
<b>NGRI brain scans</b>	-5.55**	366.00
<b>Responsibility baseline †</b>	6.29**	366.00
<b>Responsibility Mom hospitalized</b>	3.42**	366.00
<b>Responsibility childhood abuse</b>	4.26**	366.00
<b>Responsibility Delusion self-testimony</b>	4.66**	366.00
<b>Responsibility Psych eval for schizophrenia †</b>	4.17**	366.00
<b>Responsibility Substance abuse</b>	4.64**	366.00
<b>Responsibility brain scans</b>	4.34**	366.00

\*\*  $p \leq .001$ . \*  $p < .01$ .

† equal variances not assumed

Table A2: *Insanity defense pretrial attitude groups compared: mid support to high support*

	<b>T-value</b>	<b>df</b>
<b>NGRI baseline †</b>	-0.77	227.18
<b>NGRI Mom hospitalized</b>	1.67	352.00
<b>NGRI childhood abuse</b>	1.77	352.00
<b>NGRI Delusion self-testimony</b>	-1.91	352.00
<b>NGRI Psych eval for schizophrenia</b>	-5.29**	352.00
<b>NGRI Substance abuse</b>	-3.961**	352.00
<b>NGRI brain scans</b>	-6.85**	352.00
<b>Responsibility baseline †</b>	-2.98*	352.00
<b>Responsibility Mom hospitalized</b>	-0.55	352.00
<b>Responsibility childhood abuse</b>	0.15	352.00
<b>Responsibility Delusion self-testimony</b>	2.75*	209.29
<b>Responsibility Psych eval for schizophrenia †</b>	6.10**	214.05
<b>Responsibility Substance abuse</b>	4.58**	200.00
<b>Responsibility brain scans</b>	7.10**	352.00

\*\*  $p \leq .001$ . \*  $p < .01$ .

† equal variances not assumed

Table A3: *Insanity defense pretrial attitude groups compared: low support to high support*

	<b>T-value</b>	<b>df</b>
<b>NGRI baseline †</b>	1.67	255.72
<b>NGRI Mom hospitalized</b>	-4.35**	256.00
<b>NGRI childhood abuse</b>	-4.39**	256.00
<b>NGRI Delusion self-testimony</b>	-6.59**	256.00
<b>NGRI Psych eval for schizophrenia †</b>	-9.27**	252.21
<b>NGRI Substance abuse</b>	-7.85**	256.00
<b>NGRI brain scans †</b>	-10.44**	255.62
<b>Responsibility baseline</b>	2.97*	256.00
<b>Responsibility Mom hospitalized</b>	2.312**	256.00
<b>Responsibility childhood abuse</b>	3.54**	256.00
<b>Responsibility Delusion self-testimony</b>	6.13**	256.00
<b>Responsibility Psych eval for schizophrenia</b>	8.50**	256.00
<b>Responsibility Substance abuse</b>	7.64**	256.00
<b>Responsibility brain scans</b>	9.19**	256.00

\*\*  $p \leq .001$ . \*  $p < .01$ .

† equal variances not assumed