DOUBLE STIGMA:

HOW JURORS PERCEIVE MENTALLY ILL DEFENDANTS

by

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ABSTRACT

The media has had a long history of portraying mentally ill individuals as a danger to the community and others, feeding the public imagery, which may contribute to the perceived criminalization of mental illness. While the link between criminality and mental illness has long been acknowledged, it is not yet fully understood. The aim of the current study was to understand how mental health diagnoses and offense type may change the recommended disposition and perceived level of dangerousness of the offender by potential jury members. An online survey was administered to 142 undergraduate students enrolled in two randomly selected introductory courses to criminal justice at The University of Alabama. Participants received one of six experimental vignettes that varied by portrayed mental health diagnosis and portrayed offense. Participants saw a significant difference between no mental health diagnosis and any mental health diagnosis when recommending a disposition and when estimating dangerousness. Participants also saw a significant difference between theft and simple assault when estimating dangerousness. These findings suggest that the label of mentally ill does play a role when recommending a disposition and estimating dangerousness. Implications from the current study include furthering the education of the general public to steer away from the common misconceptions that the mentally ill are inherently dangerous, and how traditional criminal justice sanctions, such as prison, may not be adequately prepared to house and treat mentally ill offenders.

Keywords: mental health, offense, potential student jurors, perception of dangerousness, recommended disposition, experimental vignettes

DEDICATION

This thesis is dedicated to my grandfather Donald Huntoon. He taught me the meaning of hard work, and for that I will always be thankful. While he is not here to see the end result, I know he would be proud that I “kept up the good work”.

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CHAPTER ONE

INTRODUCTION

The aim of the current study was to examine the relationship between criminality and mental illness using the lens of labeling theory. While criminologists and psychologists both recognize a link between mental illness and crime and the stigma that offenders with mental health disorders face, the relationship is not fully understood. The current study seeks to examine how offense type and mental health are perceived by potential student jurors. Experimental vignettes were used to assess perceived dangerousness and recommended disposition for the three mental health diagnoses, no diagnosis, schizophrenia, and major depressive disorder, and two offenses, simple assault and theft.

The current study will be introduced by providing the purpose and problem of the current study in terms of relevant background factors and professional significance in the first chapter of the thesis. Here, key terms were also defined for the purpose of the present study. Next, the relevant research and theories were explained and discussed, in detail, for the purpose of the thesis in the second chapter. Methodology, including research design and operationalizations of variables, for the current study are described in the third chapter. The findings of the current study are detailed in the fourth chapter, before being discussed in the fifth and final chapter of the thesis.

Background

The perceived link between mental illness and crime can be explained by the misunderstanding and stigma surrounding violent acts committed by those who are mentally ill.

This misunderstanding is shown through media portraying mentally ill individuals as having frequent experiences with the criminal justice system (Corrigan & Kleinlein, 2005). The media has a long history of portraying mentally ill individuals as a danger to themselves and the community, which is not supported by research. Studies assessing individuals on a self-report violence measure as well as diagnostic criteria for mental health disorders have found that only certain mental health diagnoses, such as substance abuse disorder, schizophrenia and personality disorders, as well as comorbidity with other diagnoses, are more likely to display violent behavior (Rueve & Welton, 2008; Swanson, Holzer III, Ganju, & Jono, 1990). However, this false "mentally ill and dangerous" image fed to the public by the media contributes to the criminalization of mental illness (Link, Andrews, & Cullen, 1992; Link, Monahan, Stueve, & Cullen, 1999; Rueve & Welton, 2008).

Problem Statement

The link between mental health and criminal behavior is still debated and studied in both the fields of psychology and criminology. While the relationship between criminal behavior and mental illness is still not fully understood, the criminalization of mental health and the stigma associated with it has been acknowledged as a problem by both fields (Lidz, Banks, Simon, Schubert, & Mulvey, 2007; Link et al., 1992; Link, Yang, Phelan, & Collins, 2004). As both the "criminal" and "mentally ill" labels have been shown to produce stigma of those who are marked as such, labeling theory was applied to the proposed study. One group that makes decisions of the guilt and innocence of defendants are jurors. Thus, the current study looked to further explore the link between mental illness and criminal behavior through the eyes of potential student jurors.

Professional Significance

The aim of the current study was to further explore a link that has been acknowledged by both the field of criminology and psychology. Hopefully, the present study, assessing how potential jurors view mental illness and crimes, will contribute to the knowledge regarding the relation between crime and mental illness. Though the link between crime or violence and mental illness has been explored by using area specific data (Swanson et al., 1990), and by examining court sanctions (Griffin, Steadman, & Petrila, 2002), perceptual studies assessing different mental health disorders and offenses are scarce. For the current study, the link was assessed using three different mental health diagnoses, no diagnosis, major depressive disorder and schizophrenia, as well as two different offenses, theft and simple assault.

Overview of the Methodology

The present study was conducted on the University of Alabama campus, using a random stratified sample of undergraduates in introductory level courses within the College of Arts and Science. After obtaining Institutional Review Board (IRB) approval, the researcher asked permission from instructors of two sections which were randomly selected from a list of all introductory courses in the Department of Criminology and Criminal Justice. Data collection took place on a secure online platform – Qualtrics. Interested participants first read through the cover letter and signed the informed consent form. Participants then received one of six vignettes that contained varying manipulations of offense type and mental health diagnoses. After reading the randomly assigned vignette, participants answered a series of questions assessing their opinion of how dangerous they perceived the portrayed defendant to be, what the penal outcome or final disposition of the defendant should be, and several other questions to collect demographics including age, gender, race, area of major study, and previous interaction or

interaction via family or friends with mental illness or crime. Data, stripped of any potentially identifying information, was stored electronically on the secure online platform UA Box.

Limitations and Delimitations

As the current study was a perceptual study, there were two major limitations: the ability of the participants to fully understand the vignette scenario and the ability of participants to put themselves into the mindset of a juror. To ensure that participants understood the vignette scenario, the researcher used brief paragraphs defining potentially unfamiliar terms such as the specific mental health diagnoses and the type of offense. Both the vignette scenario and explanatory paragraphs were written at an eighth-grade reading level to help ensure participant understanding. Questions assessing participants understanding of the diagnoses and offense were also be included to measure their understanding. The second limitation to the study was that the participants are undergraduate college students. As these participants may have recently turned 18 or 19, the chances of them having been selected for and consequently serving on jury duty are slim. However, as anyone has the potential to be called for jury duty and as undergraduates have been used as potential jury members for studies previously, undergraduates were used as participants for the present study. Further limitations pertaining to the findings of the study are presented in the fifth chapter.

Definition of Key Terms

Mental Illness

The DSM-V, developed and published by the American Psychiatric Association (APA), is commonly used as a reference and a diagnostic tool for mental illness (American Psychiatric Association [APA], American Psychiatric Association, 2013). After the release in 2013, diagnoses and treatments are now determined using static and dynamic characteristics as

opposed to the previous multiaxial system of the DSM-IV. Health care providers or clinicians, including psychologists, psychiatrist and social workers, often use the DSM-V to assess the symptoms and criteria to accurately diagnose individuals with mental health disorders. According to the APA, mental illness effects daily functioning and is diagnosable as a result of changing behaviors or emotions and distress (Parekh, 2015).

Major Depressive Disorder. The APA defines major depressive disorder (MDD) or depression is a common and serious illness that negatively affects how an individual thinks, feels, and acts (APA, 2013). Symptoms can be mild or severe and may include experiencing a depressed mood, loss of interest in activities one once enjoyed, trouble sleeping or sleeping too much, loss of energy, an increase in purposeless physical activity, feeling worthless, difficulty thinking, and thoughts of death or suicide (American Psychiatric Association [APA], 2018a). Depression is commonly treated with medication and therapy.

Schizophrenia. The APA defines schizophrenia as a chronic brain disorder that affects both men and women and for which there is no cure (APA, 2013). Symptoms of schizophrenia include delusions, hallucinations, trouble with thinking and concentration, as well as a lack of motivation (American Psychiatric Association [APA], 2018b) Taking medication can often help reduce these symptoms and the distress they cause. Schizophrenia is commonly misunderstood among the average population and associated with violent and dangerous behaviors (Corrigan et al., 2005; Jablensky, 2000).

Offense

In the United States, there are two major measures of crime, the National Crime Victim Survey, maintained by the Bureau of Justice Statistics and the Uniform Crime Report, maintained by the Federal Bureau of Investigations. An offense can be described as a crime, for

example a personal incident or victimization. According to the Bureau of Justice Statistics, crimes or offenses can be broken down into several different categories. Two categories of interest for the proposed study include violent crime and property crime. For the purpose of the present study, researchers will use simple assault or assault without a weapon to assess violent crime and theft to assess property crime.

Theft. Theft is defined as a property crime according to the Bureau of Justice Statistics website (Bureau of Justice Statistics [BJS], 2019a). Theft, which is also often referred to as larceny can be defined as the unlawful taking or stealing of another's property. Burglary, unlawful entry into a dwelling may include theft or larceny but does not always. For the purpose of the present study, property theft was defined as the unlawful taking of another's property without use of fraud or deceit.

Simple Assault. Assault is defined as a personal and violent crime according to the Bureau of Justice Statistics website (Bureau of Justice Statistics [BJS], 2019b). Assault, can range from minor, a threat of attack, to severe, a physical attack. Aggravated assault is one form of assault requires the presence of a weapon and may end in injury or simply threat of attack with a weapon. Whereas simple assault may include minor threats or physical attacks without a weapon, and again may result in minor injury such as bruises or no injury.

Labeling Theory

Labeling theory is considered a major criminological theories and has been applied to other fields such as psychology (Scheff, 1974). At the root of labeling theory is the labeling spiral. The spiral is based on concepts such as symbolic interaction, the looking glass self, and the emerging self. These concepts refer to the dynamic interaction that occurs between individuals' behavior and societal feedback. The result of this interaction becomes part of an

individual's self-idea, which in turn affects the individual's behavior. Once an individual's behavior deviates from the norm they may be labeled "deviant" by members of society. After this label is successfully applied, members of society re-evaluate prior behavior of the individual to fit the new label, causing the individual to conform their behavior to societal expectations which allows the deviant behavior to endure.

CHAPTER TWO

LITERATRUE REVIEW

The following chapter will discuss the relevant literature for the purpose of the current study. While the effect of mental health has been discussed by both the field of psychology and criminology previously – studies assessing perception of different diagnoses and different offenses are scarce. First, mental health diagnoses, specifically schizophrenia and major depressive disorder will be detailed and discussed in terms of stigmatization and association with offenses. Next, offenses will be discussed in terms of definition and relation to mental health diagnoses. Following offenses, dispositional outcomes including community release, incarceration and institutional commitment will be discussed in terms of mental health diagnoses and offense types. Next, both perception of dangerousness and potential jurors will be discussed, respectively, for the purpose of the current study. Then researchers will discuss labelling theory in terms of stigma, deviance (crime) as well as mental illness. Lastly, questions of interest for the present study are depicted.

Mental Health Diagnoses

About 1 in 5 (19%) of adults in the United States has a mental illness, and 1 in 24 (4.1%) has a serious mental illness; which includes major depressive disorder and schizophrenia (Parekh, 2015). Mental health disorders including schizophrenia and major depressive disorder have been empirically shown to produce stigma (World Health Organization [WHO], Corrigan et al., 2005; 2002). According to the World Health Organization (WHO), both men and women are equally likely to experience a mental health disorder, but differ in the types of disorder (WHO,

2002). Women are more likely to experience depressive or anxiety related disorders throughout their lives, whereas men are more likely to experience anger related issues in adolescence and develop substance use disorder later in life (WHO, 2002). The WHO (2002) stated that men and women are equally likely to develop schizophrenia, although it is often seen at a younger ages in men. Belief in genetic and social causes of mental health disorders and willingness to seek treatment has been seen to differ by race (Schnittker, Freese, & Powell, 2000). As such, individuals identifying as Black may be more skeptical and less trusting of explanations of mental illness, therefore, less likely to seek treatment from a mental health professional than White individuals (Schnittker et al., 2000).

Major Depressive Disorder

As previously discussed, major depressive disorder (MDD), or depression, is a common and serious illness that negatively affects how an individual feels, thinks, and acts. Major depressive disorder effects six percent of the adult population and affects women twice as often (Otte et al., 2016). Symptoms can be mild or severe and can include having a depressed mood, loss of interest in activities they once enjoyed, trouble sleeping or sleeping too much, loss of energy, increase in purposeless physical activity, feeling worthless, difficulty thinking, and thoughts of death or suicide, according to the APA website (APA, 2018a). Depression is commonly treated with medication, therapy, and electric shock therapy. Antidepressants are the most common form of medication which alters the brain chemistry. The side effects of antidepressants are more common than those of the medications used to treat schizophrenia, including nausea, dizziness, and weight gain. As a majority of the symptoms of depression are a lack or lose of energy and motivation and depression affects women twice as often as men, link between crime and depression may not exist.

Schizophrenia

Schizophrenia is a chronic brain disorder that affects both men and women and has no cure. Men are often diagnosed with schizophrenia at an earlier age than women (Jablensky, 2000). Schizophrenia has been seen to affect all populations across the world with a prevalence rate of 1.4 to 4.6 per every 1000 persons (Jablensky, 2000). Symptoms of schizophrenia include delusions, hallucinations, trouble with thinking and concentration, and lack of motivation. Taking medication can often help reduce these symptoms and the distress they cause. According to the APA website, antipsychotics are often used in combination with therapy to help reduce positive symptoms including delusions and hallucinations, however, side effects of antipsychotics include physical agitation, muscle spasms and when used long term can cause neurological damage (APA, 2018b). Schizophrenia is commonly misunderstood in the general population and incorrectly associated with violent and dangerous behaviors. Schizophrenia on its own has not been shown to correlate with an increased risk of violence (Fazel, Langstrom, Hjern, Grann, & Lichtenstein, 2009). However, when the illness exists comorbidly with substance abuse, there appears to be a greater risk of violent behavior (Fazel et al., 2009).

Offenses

The Bureau of Justice Statistics (BJS) obtains survey data from the National Crime Victimization Survey (NCVS), which is a self-report survey of victims of crime regarding the nature of the offense and if it was reported to the police (BJS, 2019a, 2019b). The BJS categorizes offenses into violent crime, property crime, drugs and crime, gangs, hate crime, and cybercrime. The BJS (2019b) considers assault to fall under violent crime, whereas theft falls under property crime. In 2016, 1.3% of individuals age 12 or older experienced at least one violent victimization; whereas 8.8% of households experienced at least one property

victimization (Morgan & Kena, 2017). Simple assault can be defined as "an unlawful physical act" that did not occur with a weapon (BJS, 2019b). In 2016, the rate of simple assault was estimated at 14.1 victimizations per 1,000 persons and 37.5% of simple assault victimizations were reported to the police (Morgan & Kena, 2017). In 2017, there were 594,132 men and 239,264 women arrested for "other assaults" (Federal Bureau of Invesitgation [FBI], 2018). It should be noted that the Uniform Crime Report (UCR) did not specify if other assaults included simple assaults but it can be inferred that it does as aggravated assault was the only other assault category included. Larceny or theft can be defined as "completed or attempted theft of property or cash without personal contact" (BJS, 2019a). In 2016, the rate of theft, excluding burglary or motor vehicle theft, was estimated at 90.3 victimizations per 1,000 persons and 29.7% of theft victimizations were reported to the police (Morgan & Kena, 2017). In 2017, there were 444,542 men and 306,208 women arrested for property theft, which included larceny-theft (FBI, 2018).

Diagnoses

One of the common stereotypes of mental ill individuals stems from "psychotic" symptoms or behaviors leading to the belief that they are inherently violent and likely to commit crimes (Rusch, Angermeyer, & Corrigan, 2005). However, individuals with mental health diagnoses are not at a higher risk of violence than members of the general community (Rueve & Welton, 2008). Studies assessing the link between mental illness and crime often focus on violent crime (Elbogen, Williams, Kim, Tomkins, & Scalora, 2001; Fazel et al., 2009; Rueve & Welton, 2008). A recent study examined the inmates in the Texas Department of corrections for serious mental illness as well as current and previous offenses included both violent and non-violent crime. This study will be discussed for each of the mental health diagnoses of interest for the current study below.

Major Depressive Disorder. The symptoms of major depressive disorder are not necessarily thought to increase violence or dangerousness. In fact, a majority of inmates who had major depressive disorder were serving time for a non-violent offense and if they had a prior arrest record the majority also had non-violent offenses (Baillargeon, Binswanger, Penn, Williams, & Murray, 2009). Of these non-violent offenses, property crime had the highest percentage followed by drug delivery, drug possession, and finally driving under the influence. Inmates with major depressive disorder were also the least likely to have a second, third, and fourth offense compared to bipolar disorder, schizophrenia, and non-schizophrenia psychotic disorders (Baillargeon et al., 2009).

Schizophrenia. Schizophrenia and the symptoms pertaining to it are highly stigmatized however, individuals with mental health disorders are at no higher risk of violent behavior than the general population (Rueve & Welton, 2008). Previous research has found that only 20% of violence demonstrated by hospital patients were motivated by delusions or hallucinations, which are positive symptoms of schizophrenia (Rueve & Welton, 2008). Schizophrenia in combination with substance abuse disorder has been found to increase the predisposition towards violent behavior (Fazel et al., 2009). Among inmates with mental health disorders, individuals with schizophrenia were more likely to be serving time for a non-violent offense and of those who had previous convictions, have previous non-violent offenses (Baillargeon et al., 2009). Property crime was the most common offense followed by drug delivery, assault, drug possession, robbery, driving under the influence and homicide as the least common offense. Schizophrenia was the second least likely disorder to have a second, third, and fourth offenses, compared to major depressive disorder, bipolar disorder, and non-schizophrenia psychotic disorders (Baillargeon et al., 2009).

Disposition

There are many paths and outcomes, or dispositions, within the criminal justice system. After a suspect is arrested and charged by law enforcement, he or she is sent to court where they may be released, plead guilty, or convicted and sentenced into a variety of dispositions. Individuals may be released on probation or into community supervision without being placed in a prison first. Alternatively, the defendant may be incarcerated in a prison or jail or, in some cases, committed to a hospital for rehabilitation of drug or mental health issues.

Community Release

Support for community treatment is what drove the Mental Health Centers Act in 1963 (Bassuk & Gerson, 1978). Indeed, the deinstitutionalization movement of the 60's through the 80's saw a change from treating mentally ill individuals in hospital settings to community care settings (Steadman, Monahan, Duffee, & Hartstone, 1984). Conditional release with community monitoring has been suggested as the optimal dispositional outcome for mentally ill offenders (Linhorst & Dirks-Linhorst, 1999; Markowitz, 2011). The goal of mental health treatment is generally to stabilize the symptoms and to increase independent functioning, which may not be attainable when the individual is incarcerated and may not learn how to independently function (Lamb, Weinberger, & Gross, 2004). Indeed, states that have specific mental health courts often use treatment and probation or community supervision with the potential to dismiss charges upon completion as a sanction (Griffin et al., 2002).

Incarceration

More recently, in 2012, 37% of prison inmates and 44% of jail inmates had been previously told that they had a mental health disorder, while 14% of prison inmates and 26% of jail inmates met the criteria for a serious mental health disorder at the time of incarceration

(Bronson & Berzofsky, 2017). However, correctional institutions are often unable to provide the necessary medications and treatment for mentally ill offenders, which may cause correctional officers to take on a "mental health counselor" role in addition to their duties (Adams & Ferrandino, 2008). A previous study of all inmates in the Texas Department of Criminal Justice found that the most common severe mental illness was major depressive disorder whereas schizophrenia was the least common (Baillargeon et al., 2009). As mentioned previously, a majority inmates who had MDD or schizophrenia were serving time for a nonviolent offense; property offenses accounted for the highest percentage of non-violent offenses whereas assault accounted for the highest percentage of violent offenses for both disorders (Baillargeon et al., 2009).

Institutional Commitment

Committing an individual to a mental institution has been viewed less favorably since the deinstitutionalization movement in the U.S. in 1960's to 1980's (Lamb et al., 2004). During this time period, procedural and ideological changes occurred shifting treatment and care of mentally ill from state hospitals to community settings (Steadman et al., 1984). Among these changes, concerns were raised about the ethicality of institutional commitment and the ease at which individuals could be involuntarily committed (Levenson, 1986). During this time period, there were also sentencing changes and population increases that may have contributed to the overall prison population increase. However, researchers saw an increase of mentally ill individuals in prisons and hypothesized that this would also extend to jails. President Kennedy's signing of the Mental Health Centers Construction Act in 1963 had two goals, first to put the care of mentally ill back in community settings and second to improve the stigma around mental illness (Bassuk

& Gerson, 1978). However, while more mental health facilities were built in communities and the population of the hospitals decreased, the stigma around mental illness did not change.

Dangerousness

Mentally ill individuals are generally not considered to be at a higher rate of committing crime compared to the general population (Fazel et al., 2009). However, previous findings have indicated changes in perception of individuals with mental illness as a result of type of mental illness as well as having had previous contact with mentally ill individuals. Adults and adolescents perceive individuals who abuse substances more severely than individuals with severe mental health disorders (Corrigan et al., 2005). Link and Cullen (1986) found that any form of contact, voluntary or involuntary, with mentally ill individuals resulted in reduced fear of mentally ill persons. Previous findings have also indicated that gender may play a role in risk perception, such that men and women perceive risks differently (Gustafson, 1998). Men may view employment issues as risks compared to women who may see social and family related issues as risks (Gustafson, 1998). Studies assessing the interaction between mental health diagnoses and offense type are scare.

Potential Jurors

Although jurors are expected to treat each trial case objectively and based on established law, jurors are still members of the general public and potentially impacted by negative perceptions of those with mental illness. According to the U.S. courts, over a one-year period ending March 31st 2018 there were 176,614 jurors in attendance for the U.S. District Courts. The criminalization of mental illness is a result of stigmatized portrayals of mentally ill individuals as violent and having multiple interactions with the criminal justice system (Corrigan & Kleinlein, 2005). This perception is of concern when members of the public, such as the 176,614 jurors

called to district courts, may have these misconceptions of mentally ill individuals are asked to decide the fate of a mentally ill offender. Recent research has found that jurors did not fully understand the dispositional outcomes associated with not guilty by reason of insanity, (NGRI) and guilty but mental ill (GBMI) verdicts (Sloat & Frierson, 2005). How jurors, or potential jurors, would assign a disposition to a mentally ill offender has not been studied widely and may produce valuable insight into the process of trying mentally ill offenders.

Offenses

How jurors make decisions has long been of interest in the field of criminology. A majority of this research forces on emotionally charged cases such a sexual or domestic assault (Taylor, 2007; Visher, 1987). However, how jurors respond to different types of crime should be further explored. While the current study did not include sexual assault or domestic violence for the present study, simple assault which is defined as a violent crime and may be emotionally charged for some individuals was included. Based on the focus on violent or emotional crime from the previous research, assumptions can be made that potential jurors would view more violent or emotional crimes such as simple assault to be of greater importance than a property crime such as theft.

Diagnoses

Previous research has found that jurors, despite expert testimony on risk assessment, such as the PCL-R, are not influenced by the strong prediction of these tests, suggesting that they form their own opinions (Boccaccini, Turner, Murrie, Henderson, & Chevalier, 2013). Potential jurors also do not seem to not fully understand the dispositional outcomes of NGRI or GBMI verdicts (Sloat & Frierson, 2005). This is potentially concerning as jurors could be asked to decide the

fate of a mentally ill defendant despite not completely understanding the repercussions of these verdicts, as well as the treatment or lack thereof that the defendant may receive.

Labeling Theory

Labeling, at its most basic function, removes stigmatized individuals from an "us" group and into a "them" group (Rusch et al., 2005). George Herbert Mead (1863-1931) and Charles Horton Cooley (1864-1929) are considered to be the founders of labeling theory. The fundamentals of labeling theory include symbolic interaction, the looking glass self, and the emerging self. These concepts refer to the dynamic interaction that occurs between individuals' behavior and societal feedback. The result of this interaction becomes part of an individual's self-idea, which in turn affects the individual's behavior.

Primary deviance is a term coined by Edwin Lemert (1912-1996), which refers to the occasional deviant behavior by an individual that may be rationalized by that person and/or society. Secondary deviance, also coined by Lemert, occurs as the result of society's reaction to the primary deviance, which causes the individual to see themselves as deviant and adjust their behavior to fit societal expectations. Frank Tannenbaum (1893-1969)'s idea of the retroactive interpretation, or the process by which after an individual is labeled as a criminal all previous acts are reconsidered by others to fit the new criminal label, is also referenced in the original labeling theory. Labeling occurs when moral entrepreneurs, the powerful rule enforces in society, assign an individual with a master status, such as "criminal," after they commit their primary deviance. This causes society to re-evaluate previous acts and in turn, isolates the individual and causes them to accept and change their behavior to conform to their label. According to the original labelling theory, criminal behavior will continue or increase after the successful application of a master status.

Stigma

Link and Phelan (2001) defined stigma as a concept that requires labeling, stereotyping, separation, status loss, and discrimination occur. For the purpose of the present study, stigma was referred to as this complex concept defined by Link and Phelan (2001). The American Psychological Association defines a mental disorder as a pattern of behavior that leads an individual to distress and develop impaired functioning (APA, 2013). The public can infer that an individual has a mental illness when their behavior patterns deviate from expected norms and if a potential label of an official diagnosis (Corrigan & Kleinlein, 2005). Stigma occurs when individuals are labeled using a stereotype; stereotypes are cognitive structures used to classify individuals, prejudice, the endorsement of stereotypes, and discrimination, or behavior in agreement with the prejudice (Corrigan & Kleinlein, 2005; Link & Phelan, 2014). Common stereotypes associated with mental illness include incompetence, dangerousness, cleanliness, and trustworthiness (Link & Phelan, 2014). Individuals stigmatize for one of three reasons: to keep people down, to keep people in, or to keep people away. While there have been efforts to educate the public on the medical and genetic aspects of mental illness the stereotype that mentally ill individuals are dangerous persists nonetheless. Researchers concur that there are many forms of stigma, two of which are public stigma and self-stigma (Byrne, 2000; Corrigan & Kleinlein, 2005; Rusch et al., 2005). Self-stigma refers to reactions of stigmatized individuals, whereas public stigma refers to the reactions of the general public (Corrigan & Kleinlein, 2005; Rusch et al., 2005). Common stigmatized labels of the mentally ill may include drug addicts and alcoholics.

Deviance

Labeling theory partially stems from sociologist Emile Durkheim's (1951) study of suicide in the late 1800's, however Mead (1863-1931) and Cooley (1864-1929) are often considered the main proponents. The fundamentals of labeling theory lie in stigmatized labels and deviant behavior. Stigmatized labels are identifiers that may have strong negative associations amongst the public and/or be rooted in negative stereotypes. Deviant behavior, such as crime, is a societal construct of behavior that violates established social norms. Labeling theory hypothesizes that when a stigmatized label is applied to an individual, the deviant behavior associated with the label is promoted and becomes a self-fulfilling prophecy. For example, Western society generally views child abuse as a deviant behavior, so an individual who abuses a child (primary deviance) were labeled with the stigmatizing label of child abuser. At this point, there is little one can do to remove this label. Society will expect the behavior associated with this label to continue, and over time the individuals' behavior will reflect the behavior that is expected of them (secondary deviance).

Mental Illness

Thomas Scheff was one of the first sociologists to apply the labeling theory to mental illness in 1960. In this labeling approach, the conceptions of mental illness either resulted in an individual being labeled mentally ill or not (Scheff, 1974). The un-labeled individual would have no lasting consequences, whereas the labeled individual would adapt to the "role" of the mentally ill person based on societal reactions, forming their own mentally ill identity. This conformation of mentally ill behaviors results in a chronic mental illness for the labeled individual. This initial approach was criticized by many for downplaying factors such as stigma and stereotyping; this initial criticism led to the development of the modified labeling theory

(Link, Cullen, Struening, Shrout, & Dohrenwend, 1989). The modified labeling approach puts more weight into the individual's response to the stigmatized label and the consequences of this label. And instead the label of "mentally ill" results in vulnerability to new disorders or repeat chronic episodes of existing disorder (Link et al., 1989). The result of the modified labeling theory is important to consider as individuals who experience comorbidity or multiple mental health diagnoses may be more likely to engage in violent behavior (Swanson et al., 1990).

Research Questions

The aim of the proposed study was to understand how mental health diagnoses and offense types may change the recommended disposition and perceived level of dangerousness of an offender by potential jury members. The first two research questions asked how mental health diagnoses and offense affect recommended disposition. The second three research questions asked how mental health diagnoses and offense affect perceived level of dangerousness. The research questions can be seen depicted in the formulas in Figures 1-5 below.

$$Y_{(Disposition)} = \beta + X_{(Offense)} + e$$

Figure 1. Depiction of first research question assessing how offense affects disposition.

$$Y_{(Disposition)} = \beta + X_{(Dx)} + e$$

Figure 2. Depiction of second research question assessing how mental health diagnosis type affects disposition.

$$Y_{(Dangerousness)} = \beta + X_{(Offense)} + e$$

Figure 3. Depiction of third research question assessing how offense affects dangerousness.

$$Y_{(Dangerousness)} = \beta + X_{(Dx)} + e$$

Figure 4. Depiction of fourth research question assessing how mental health diagnosis type affects dangerousness.

$$Y_{(Dangerousness)} = \beta + X_{(Dx)} + X_{(Offense)} + X_{(Dx*Offense)} + e$$

Figure 5. Depiction of fifth research question assessing how the interaction between mental health diagnosis and offense type affects dangerousness.

CHAPTER THREE

METHODOLOGY

The methodology of the current study is outlined in the following chapter. First, an overview of the design, as well as the setting and sample of the study were laid out. Next, key variables were operationalized, and the measures and instrument were described. Lastly, the analytic plan for the present study was explained.

Research Design

The current study was classified as an exploratory study as the question has not been previously researched. Quantitative measures were used in variable operationalizations, as well as the survey questions and answer choices. A cross-sectional experimental design was used to survey college students at one time period during the Fall 2018 semester, using experimental vignettes containing manipulations of the independent variables.

Setting of Study

The University of Alabama is a large higher education institution located in Tuscaloosa, Alabama. Official demographics provided by the University of Alabama, indicate that 56.5% of all students enrolled in the Fall 2018 semester were female (The University of Alabama, 2019). The most recent statistics for race of students was for the Fall 2017 semester and indicated that 76.61% of students identified as White, whereas fewer identified as Black (10.58%) or Hispanic (4.50%), and other (8.31%) races (The University of Alabama, n.d.). A random stratified sample of introductory level classes from the department of Criminology and Criminal Justice in the College of Arts and Sciences was used for an intended sample of 200 students. Unique

characteristics of the population could include a large number of freshman and sophomores as well as individuals taking general education credits from different departments.

Population and Sample

The population of interest for the proposed study was students, age 18 or older, enrolled in an introductory course in the College of Arts and Sciences, at The University of Alabama. The researcher randomly selected introductory classes within the department of Criminology and Criminal Justice. There were five face-to-face introductory criminal justice courses for the Fall 2018 semester. In these five courses there were a total of 1,277 open seats. It should be noted that there were two online introductory criminal justice courses, with 200 open seats, being taught as well. These sections were not included in the selection process because it would not be possible to attend class to explain the study and answer any questions. As such, only the five face-to-face sections were included in the selection process. A power analysis was conducted for the 2x3 factorial design, giving a recommended a priori sample size of 179. The suggested sample size was rounded up to 180 participants, broken down into 30 participants in each of the six conditions. The researcher intended to oversample by 20 participants and would include all surveys if completed.

The researcher asked instructors' permission to attend class to explain the purpose of the study and to email the students a web link that leads to the online survey, as well as for the instructors' to offer extra credit. All instructors selected needed agreed to the use of their class time, sending follow up emails to students, and offering extra credit to the students in order for their section to be used in the present study. An alternative activity equal to the 5-10 minutes of time it would take the participants to complete the survey was also offered as extra credit for any students who do not wish to participate in the research study.

The first section that was randomly selected had 200 seats but fewer students enrolled. Permission was not granted for the next section that was selected so the next randomly selected class was used. As such, a second section was selected which had 65 seats for a potential sample size of 265. After the data collection concluded, there was an initial sample size of 179 participants. However, due to data cleaning discussed in the analytic plan, the final sample for the current study was 142 participants. Participants were treated in accordance with the American Psychological Association ethical guidelines (American Psychological Association, 2017) and all IRB recommended protocols.

Concepts and Variables

Independent Variables

Diagnoses (X_1) of the portrayed offender was operationalized on a nominal scale into three categories: no diagnoses, schizophrenia, and major depressive disorder.

Offense (X_2) committed by the portrayed offender was operationalized on a nominal scale into two categories: simple assault or theft.

Dependent Variables

Disposition (Y_1) was operationalized on a nominal scale into three categories: prison, psychiatric commitment, or community release.

Level of Dangerousness (Y_2) was operationalized on an interval scale using a Likert scale: 1 (not dangerous at all) – 7 (extremely dangerous).

Control Variables

Researchers controlled for gender and race of potential jury member. Gender of participant (Z_1) was operationalized on a nominal scale into four conditions: male, female,

transgender, or other. Race of participant (Z_2) was operationalized on a nominal scale into four conditions: White, Hispanic, African American, or other.

Research Questions

As mentioned previously, the current study has five research questions. The first two research questions focus on the first dependent variable, disposition. The remaining three research questions focus on the second dependent variable, dangerousness. The current study aimed to answer the following research questions.

How student juror's choice of disposition is affected by:

1. Change in offense (theft or simple assault)
2. Change in diagnosis (no diagnosis, major depressive disorder, or schizophrenia)

How student juror's estimation of dangerousness is affected by:

3. Change in offense (theft or simple assault)
4. Change in diagnosis (no diagnosis, major depressive disorder, or schizophrenia)
5. Change in both diagnosis and offense

Instrument

The instrument used in the current study was administered as an online survey using the Qualtrics web platform. There were six sections of the survey: (1) informed consent, (2) descriptive briefs, (3) experimental vignette, (4) comprehension check, (5) measures of disposition and dangerousness, and (6) demographics. After completing the informed consent portion of the survey (seen in Appendix B), the appropriate descriptive briefs were seen by the

participant prior to reading the vignette to give an appropriate definition of the mental illness and offense. The mental health diagnoses of interest for the current study were described as follows. Schizophrenia was described as "Schizophrenia is a brain disorder that affects both men and women, with no known cure. Symptoms of schizophrenia may include delusions, trouble thinking, and lack of motivation". Major depressive disorder was described as "Major depressive disorder is a common and serious illness that affects women twice as of much as men. Symptoms can be mild or severe and may include experiencing a depressed mood, loss of interest in activities one once enjoyed, trouble sleeping or sleeping too much, loss of energy, an increase in purposeless physical activity, feeling worthless, difficulty thinking, and thoughts of death or suicide". If there was no mental health diagnosis portrayed in the vignette the participant saw only a description of the offense. The offenses of interest for the current study were described as follows. Simple assault was described as "Simple assault is a personal crime that may include minor threats or physical attacks without a weapon, and again may result in minor injury such as bruises or no injury". Theft was described as "Theft is a property crime defined as the unlawful taking of another's property without use of fraud or deceit".

The present study used experimental vignettes to assess recommended disposition, perceived level of dangerousness, and other demographic questions. Offense types and diagnoses were varied in each vignette for a total of six different vignettes. The vignettes for the current study were written at an eighth-grade reading level to ensure participant understanding. The vignettes had a Flesch reading ease score of 64.9 which translates to eighth or ninth grade and a Flesch-Kincaid grade level of 7.2. The only other change to the vignette was the elimination of the last sentence for the no diagnoses conditions. A framework of the experimental vignettes can be seen below. All six experimental vignettes can be seen in Appendix C.

"You have been sitting as a member on a jury for the past week. Today you and your fellow jury members are going into deliberation. Mr. Smith was arrested and charged with __(Offense)__, the evidence is overwhelming that he is guilty. Mr. Smith has been previously diagnosed with __(Dx)__."

The following portions of the survey can be seen in Appendix D. Reading comprehension checks were asked following the vignette to assess if the participant understood the independent variables presented in the vignette. The reading comprehension consisted of two or three questions depending on which vignette was seen. Mental health diagnosis was checked by asking "Does Mr. Smith have a mental illness?" and "If Yes: What mental illness?". To check offense comprehension, participants were asked "What was Mr. Smith charged with?". Following the comprehension check, the questions of interest in the current study were presented. As mentioned previously, disposition, the first dependent variable, was assessed by asking participants: "Where do you believe Mr. Smith should end up?". And the second dependent variable, dangerousness, was assessed by asking participants: "How dangerous do you think Mr. Smith is?".

The demographic questions were broken down into three blocks, traditional demographics, jury eligibility and media consumption. The three blocks and the questions within each block were randomized in order to control for possible fatigue on the questions seen toward the end of the survey. In addition to randomization of the blocks and questions, display and skip logic was included in the survey design as to not fatigue participants by asking redundant questions. Six demographic questions included age, gender, race, area of major study, and previous interaction or interaction via family or friends with mental illness or crime. Example questions in this section included "How old are you", "What gender do you identify as?", and

"What race do you identify with?". In the traditional demographic section there was also a reading check question to ensure participants were not clicking a random answer on each question. To assess Jury eligibility participants were asked five questions. Example questions from this section include, "Are you a citizen of the United States", "Are you aged 18 or over?", and "Have you ever been convicted of a felony?". Media consumption was assessed using four questions. Example questions from this section include "When watching TV what type of shows are you watching?", "How many hours a week do you watch?" and "Please check all media platforms that you use.". As mentioned previously, all of the questions asked in each section can be seen in Appendix D.

Data Collection Procedure

During the Fall 2018 semester data collection occurred via an online survey hosted on the secure platform – Qualtrics. After obtaining IRB approval (seen in Appendix E) and permission from the two instructors selected, the researcher attended class to distribute the cover letter, explain the study, and answer any potential questions. Interested participants were asked to read the vignette and complete the questions after reading a cover letter (seen in Appendix A) and completing the informed consent portion of the survey. The same day, the cover letter was also emailed to the entire class using the Blackboard Learn platform. This was done to ensure every student in the two courses had the chance to participate and earn extra credit. Once the email was sent to the students, participants had two weeks to complete the survey. One follow up email a week before the survey closed was sent as a last chance reminder to any potential participants. All electronic data was stored on a secure online platform, UA Box.

Analytic Plan

The Statistical Package for Social Sciences, or SPSS (version 21.0) was used to clean and analyze the data collected. After data collection the raw number of participants was 179. After cleaning the data by removing non-compliant participants there was a final sample size of N=142. The removal of the non-compliant participants did not disproportionately affect the number of each participants in each condition, which can be seen in Figure 6 below. After cleaning the data, the researcher planned to run chi-square tests and crosstabulations on the first two research questions given both independent variables and the dependent variable were nominal. To test the remaining three research questions, one-way between subjects' analysis of variance (ANOVA) or a two-way between subjects' analysis of variance (Factorial ANOVA) were conducted, as both independent variables were nominal and the dependent variable was measured on an interval scale.

In order to use the ANOVA test there are six core assumptions that were met. The first assumption that the dependent variable is on an interval scale is met – Dangerousness (Y_2) was assessed on a 1-7 Likert scale. Both independent variables, mental health diagnosis (X_1) and offense type (X_2), are categorical and consequently meet the second assumption of the test. Having used an experimental design, the participants are independent of each other, which meets the third assumption. The data was tested for outliers using the rule of 1.5 below the first and over the third quartile and no outliers were found, meeting the fourth assumption. The fifth assumption, that the data is normally distributed, was met using Q/Q plots for the independent variables. Levene's test of equal variance is commonly used to meet the sixth assumption of equal variances, however due to the design of the experiment to have equal numbers of participants in each condition (seen below in Figure 6) this assumption has been met.

	No Dx	MDD	Schiz.	Total
Theft	24	24	21	69
Simple Assault	25	22	26	73
Total	49	46	47	142

Figure 6. Breakdown of participants by condition in 2x3 factorial design.

CHAPTER FOUR

RESULTS

In the following chapter, the results of the current study will be presented. First participant demographics will be presented using appropriate descriptive statistics. Following the demographics, the findings for all five research questions will be presented. The first two research questions, which assessed each independent variable across choice of disposition, were tested using correlations and crosstabulations. For the two main effect research questions assessing one independent variable across dangerousness, one-way analysis of variance or ANOVA's were used, and if significant Student-Newman-Keuls (SNK) post-hoc comparison tests were used where appropriate. A two-way analysis of variance or factorial ANOVA's was used to assess the interaction between the two independent variables across dangerousness.

Demographics

Slightly more than half of the participants identified as female (54.9%) compared to male participants (45.1%). One participant chose the "other" category when identifying gender but specified their gender as "a pop-tart" and was subsequently coded as missing. A majority of participants identified as White (86.6%) compared to Non-White (13.4%), which included participants identifying as Black, Hispanic, and other races. Participants in the present study were young adults ($\bar{x}$ = 18.87 years, *SD* = 1.202 years). Approximately one third of participants had previous experience (self, family, or friends) with mental health disorders (32.4%) and crime victimization (31.0%) compared to no previous experience with mental health disorders (67.6%) and crime victimization (69.0%). A majority of the participants had not served on a jury

previously (97.9%) whereas two participants (1.4%) had previously served on a jury. A small amount of the sample (2.9%) indicated that they were not eligible to serve on a jury, compared to a majority of participants (97.1%) indicated that they were eligible to serve on a jury. A majority of participants indicated they watched drama-based shows (80.3%) whereas fewer watched reality-based shows (56.3%) or news-based shows (36.6%). A majority of participants who watched drama-based, reality-based, and news-based shows watched 0-5 hours. When watching shows participants 40.8% gave it their full attention, compared to 33.8% who said they listened but did not watch, 23.2% who played it in the background and 0.7% who made it their top priority. A majority of participants reported using TV (88.0%), Internet (96.5%) and social media platforms (92.1%) whereas fewer reported using print media (25.4%). Descriptive and frequency statistics for participant demographics can be seen below in Table 1.

Table 1. *Participant Demographics*

Variable	N	Min	Max	Mean	Std. Deviation
Age (years)	142	18	25	18.87	1.202

Variable		N	Percent	Valid Percent
Female	Male	64	45.1	45.1
	Female	78	54.9	54.9
Non-White	White	123	86.6	86.6
	Non-White	19	13.4	13.4
Previous Experience (self, family or friends) with Mental Health Disorders	No	96	67.6	67.6
	Yes	46	32.4	32.4
Previous Experience (self, family or friends) with Victimization	No	98	69.0	69.0
	Yes	44	31.0	31.0
Previous Jury Service	No	139	97.9	97.9
	Yes	2	1.4	1.4
	Missing	1	0.7	0.7
Eligibility to Serve on a Jury	No	3	2.9	2.9
	Yes	139	97.1	97.1

Table 1. (continued)

Media Consumption - News	No	88	62.0	62.0
	Yes	52	36.6	36.6
Media Consumption - Reality	No	61	43.0	43.0
	Yes	80	56.3	56.3
Media Consumption - Drama	No	26	18.3	18.3
	Yes	114	80.3	80.3
Media Importance	Top priority	1	0.7	0.7
	Full attention	58	40.8	40.8
	Listening	48	33.8	33.8
	Background	33	23.2	23.2
Media Platforms	TV	125	88.0	88.0
	Internet	137	96.5	96.5
	Social Media	131	92.1	92.1
	Print	36	25.4	25.4

Note. N = number of participants. Percentages reported for media platforms include only participants who said indicted they used that platform.

Disposition

The first research question posited how the portrayed offense would affect participants choice of disposition. Researchers conducted Pearson's Chi-Square test to compare the effect of offense on disposition in theft and simple assault conditions. The crosstabulation for the two conditions, theft and simple assault, can be seen below in Table 2. No statistically significant effect of offense on disposition for the two conditions was found ($p = 0.295$). Thus, there were no significant differences found in the disposition recommended by participants between the two groups of offense.

Table 2. *Crosstabulation between Offense and Disposition*

			Disposition			
			Community Release	Prison	Psychiatric Commitment	Total
Offense	Theft	Count	13	14	42	69
		% of Total	9.2%	9.9%	29.6%	48.6%
	Simple Assault	Count	21	10	42	73
		% of Total	14.8%	7.0%	29.6%	51.4%
Total		Count	34	24	84	142
		% of Total	23.9%	16.9%	59.2%	100.0%

The second research question of the present study asked how the portrayed mental health diagnosis would affect participants' choice of disposition. A Pearson's Chi-Square test was conducted to compare the effect of mental health diagnosis on disposition in the no diagnosis, major depressive disorder (MDD), and schizophrenia conditions. There was a statistically significant effect of mental health diagnosis on disposition for the three conditions ($\chi^2 = 49.69$, $p < 0.001$). Thus, there were significant differences in the disposition recommended by participants between the three groups of mental health diagnosis. Results of the crosstabulation for the second research question can be seen below in Table 3.

Table 3. *Crosstabulation between Mental Health and Disposition*

			Disposition			
			Community Release	Prison	Psychiatric Commitment	Total
Mental Health Diagnosis	No Dx	Count	24	15	10	49
		% of Total	16.9%	10.6%	7.0%	34.5%
	MDD	Count	6	7	33	46
		% of Total	4.2%	4.9%	23.2%	32.4%
	Schiz.	Count	4	2	41	47
		% of Total	2.8%	1.4%	28.9%	33.1%
Total		Count	34	24	84	142
		% of Total	23.9%	16.9%	59.2%	100.0%

To determine the strength of the association between one's mental health diagnosis and their recommended disposition, Cramer's V was assessed along with a stacked bar chart for the set of dispositions, seen below in Figure 7. Findings indicated that there was a substantial association (ϕ=0.418) between a defendant's mental health diagnosis and the subsequent recommended disposition. As Figure 7 shows, both mental health diagnoses conditions made up a substantial portion of those recommending commitment. Moreover, the findings suggest that participants made a distinction between no mental health diagnosis and any (MDD and schizophrenia) mental health diagnosis when recommending a dispositional outcome but did not differentiate between the two mental health diagnoses.

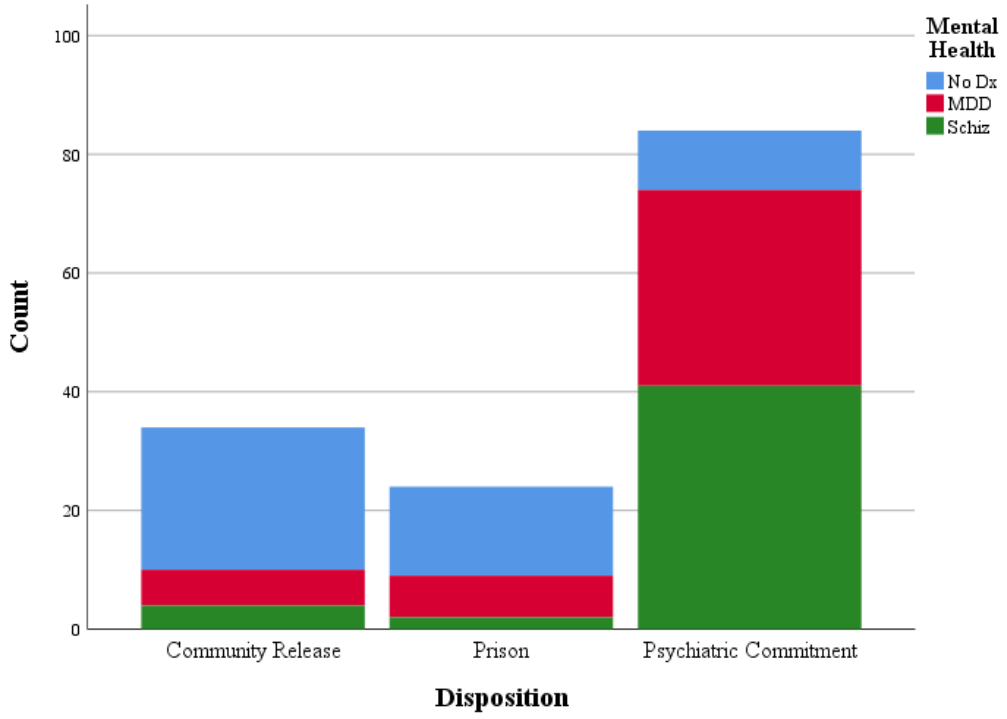

Figure 7. Stacked bar graph of disposition by counts of mental health diagnosis.

Dangerousness

The third research question posited how the portrayed offense would affect participants' perception of dangerousness. Researchers conducted an ANOVA to compare the effect of offense on perceived dangerousness in both theft and simple assault conditions, which can be seen below in Table 4. A statistically significant effect of offense on dangerousness for the two conditions was found, $F(1,140) = 5.190$, $p = 0.024$. Thus, there were significant differences in the disposition recommended by participants between the two groups of offenses. Results indicated that the mean score for the theft condition ($\bar{x} = 3.45$, $SD = 1.132$) was significantly different than the simple assault condition ($\bar{x} = 3.89$, $SD = 1.173$). This suggests that participants viewed the defendant as less dangerousness when the offense portrayed was theft compared to simple assault.

Table 4. *One-way ANOVA Offense and Dangerousness*

		N	Mean	Std. Deviation	F	Sig.
Offense	Theft	69	3.45	1.132	5.190	0.024*
	Simple Assault	73	3.89	1.173		

Notes. N = number of participants. *$p < .05$, **$p < .01$, ***$p < .001$

The aim of the fourth research question was to assess how the portrayed mental health diagnosis would affect participants' perception of dangerousness. A one-way between subjects' analysis of variance, or ANOVA, was conducted to compare the effect of mental health diagnosis on perceived level of dangerousness in the no diagnosis, major depressive disorder (MDD), and schizophrenia conditions. Findings can be seen in Table 5 (below). There was a statistically significant effect of mental health diagnosis on perceived level of dangerousness for the three conditions, $F(2,139) = 5.621$, $p = 0.004$. Thus, there were significant differences in the participants' perceived level of dangerousness between the three groups of mental health diagnosis.

Table 5. One-way ANOVA Mental Health and Dangerousness

		N	Mean	Std. Deviation	F	Sig.
Mental Health Diagnosis	No Dx	49	3.25	1.146	5.621	0.004**
	MDD	46	3.83	1.161		
	Schiz.	47	3.98	1.039		

Notes. N = number of participants. *$p < .05$, **$p < .01$, ***$p < .001$

To determine where the significance lies, a Student-Newman-Keuls (SNK) post hoc test was conducted, seen below in Table 6. Results indicated that the mean score for the no diagnosis condition ($\bar{x}$ = 3.25, *SD* = 1.146) was significantly different than the major depressive disorder condition ($\bar{x}$ = 3.83, *SD* = 1.161), and the schizophrenia condition ($\bar{x}$ = 3.98, *SD* = 1.039). Such that participants perceived the defendant with no diagnosis as significantly less dangerous than defendants with major depressive disorder or schizophrenia. However, the perceived dangerousness in the major depressive disorder condition ($\bar{x}$ = 3.83, *SD* = 1.161) was not significantly different from the schizophrenia condition ($\bar{x}$ = 3.98, *SD* = 1.039). This suggests that the participants made a distinction between no mental health diagnosis and any (MDD and schizophrenia) mental health diagnosis when assessing dangerousness but did not differentiate between the two mental health diagnoses.

Table 6. *SNK Post-hoc Analysis Mental Health and Dangerousness, α = .05.*

Mental Health Diagnosis	No Dx	MDD	Schiz.
No Dx	--	--	--
MDD	-0.581*	--	--
Schiz.	-0.734**	-0.153	--

Note. *$p < .05$, **$p < .01$, ***$p < .001$

A two-way between subjects' Factorial analysis of variance, or ANOVA, was conducted to examine the fifth research question, assessing the effect of both mental health diagnosis and offense as well as the interaction the between the two on perceived dangerousness. Mental health diagnosis had three levels: no diagnosis, major depressive disorder, and schizophrenia. Offense

type had two levels: theft and simple assault. Findings can be seen (below) in Table 7. A marginally significant interaction of mental health diagnosis and offense was found on recommended disposition, $F(5,136) = 2.816$, $p = 0.063$. However, it should be noted that this interaction did not meet the cut off of $p < 0.05$ to reach statistical significance. This interaction can be seen in Figure 8. There was a statistically significant main effect of mental health diagnosis on disposition for the three conditions, $F(2, 136) = 6.140$, $p = 0.003$, and a statistically significant main effect of offense on disposition for the two conditions, $F(1,136) = 5.530$, $p = 0.020$. Results of the two-way ANOVA are similar to the results of the previous two research questions, in that mental health diagnosis and offense were found to be statistically significant, whereas the interaction between diagnosis and offense was marginally significant.

Table 7. *Two-way Factorial ANOVA on Mental Health and Offense on Dangerousness*

			N	Mean	Std. Deviation	F	Sig.
Mental Health Diagnosis	No Dx		49	3.245	1.146	6.140	0.003**
	MDD		46	3.826	1.161		
	Schiz.		47	3.979	1.093		
Offense	Theft		69	3.449	1.132	5.530	0.020*
	Simple Assault		73	3.890	1.173		
Mental Health Diagnosis * Offense	Theft	No Dx	24	3.083	1.139	2.816	0.063
		MDD	24	3.333	1.050		
		Schiz.	21	4.000	1.049		
	Simple Assault	No Dx	25	3.400	1.155		
		MDD	22	4.364	1.049		
		Schiz.	26	3.962	1.148		

Notes. N = number of participants. *$p < .05$, **$p < .01$, ***$p < .001$

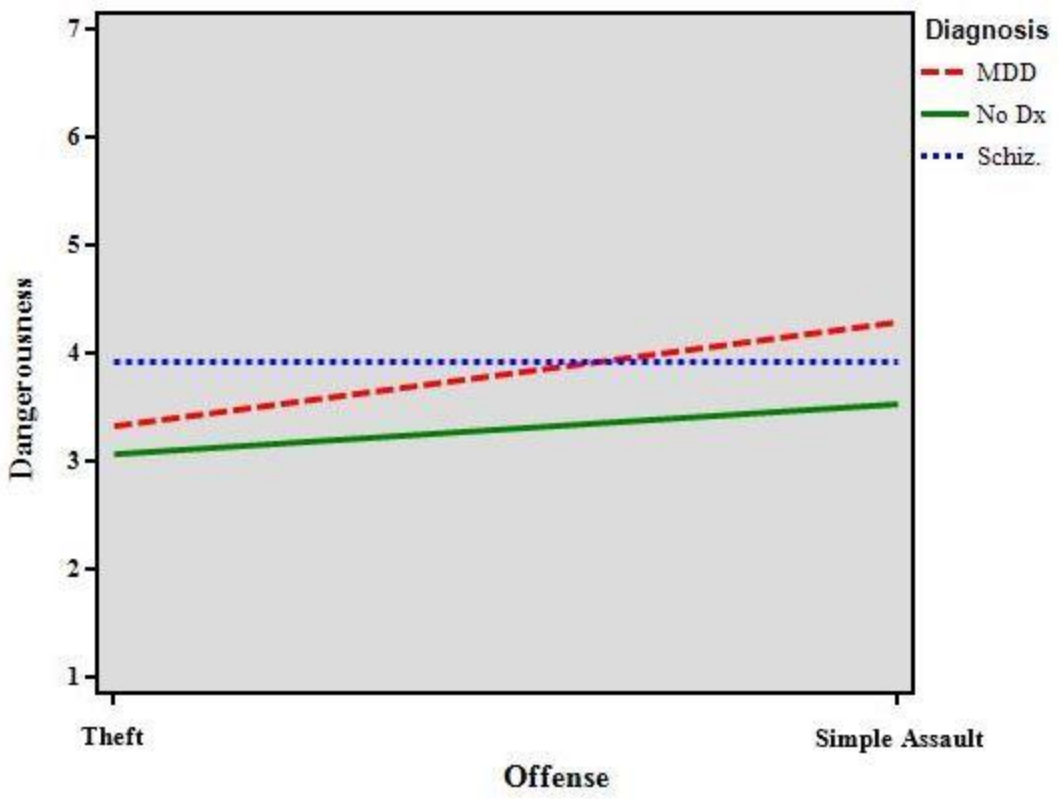

Figure 8. Interaction of mental health diagnoses and offense on dangerousness from 1 “not at all dangerous” to 7 “extremely dangerous”.

CHAPTER FIVE

DISCUSSION

As mentioned previously, the aim of the current study was to explore the effect portrayed mental health diagnoses and offense type had on potential jurors' choice of disposition and perception of dangerousness. The final chapter of the thesis discusses the findings that were presented in the previous chapter in terms of the literature. Additionally, limitations for the present study and directions for future research are discussed.

As explained in the literature, the link between mental health and criminality has not yet been fully understood or explained. Examining the framework of stigma and labels applied to both the mentally ill and criminals, this exploratory study aimed to understand how potential student jurors may perceive mentally ill defendants. As laid out in Figures 1-5 in chapter two as well as the five research questions presented in chapter three, the present study aimed to answer how portrayed mental health diagnosis and portrayed offense, individually and simultaneously, affected potential jurors' choice of disposition as well as their perception of dangerousness. One hundred and forty-two students, enrolled in two randomly selected introductory criminal justice courses, were given the online survey containing one of six experimental vignettes. The current study looked at three levels of diagnosis: no diagnosis, major depressive disorder, and schizophrenia. In addition, two levels of offense were examined: theft and simple assault. Participants' choice of disposition included: community release, prison, and psychiatric commitment, whereas perception of dangerous ranged from: 1 (not at all dangerous) to 7 (extremely dangerous). After the two weeks of data collection was finished, the data were

cleaned to remove any non-complaint participants resulting in a final sample size of 142 participants.

In chapter four, findings of the current study were presented. Descriptive statistics run on participant demographics were found to be, as expected, typical of a college sample. The sample of young adults, which was majority White, and little over half, female was similar to the official demographic breakdown reported by the university (The University of Alabama, 2019, n.d.). Recall from chapter two, the first two research questions asked how both portrayed mental health and offense affected student jurors' choice of disposition. Correlations and crosstabulations were run on the first two research questions. The remaining three research questions asked how portrayed mental health and offense, individually and simultaneously affected student jurors' perception of dangerousness. One-way and factorial ANOVA's were run on the two main effects, and interaction respectively.

Disposition

Support was not found for the first research question, which asked how portrayed offense affects student jurors' choice of disposition. Suggesting that participants viewed portrayed defendants who committed theft or simple assault as needing similar dispositions. While both of these offenses can be considered minor, it was surprising to find that participants did not make a distinction between a property and a violent crime when recommending a disposition. However, the additional information provided to participants of the defendant having a mental health diagnosis may have overshadowed the portrayed offense. Counts for portrayed offense by recommended disposition can be seen in Table 2. Findings showed that the most common disposition recommended for both crimes was psychiatric commitment (again suggesting that the

portrayed diagnosis played a larger role in the decision) whereas prison was the second most likely disposition for theft and community release for simple assault.

The second research question asked how portrayed mental health diagnosis affects student jurors' choice of disposition. Crosstabulation and correlations indicated that the recommended disposition for the no diagnosis portrayal was significantly different than any mental health diagnosis portrayal (major depressive disorder and schizophrenia). There was no significant difference found between major depressive disorder and schizophrenia. This finding suggests that potential student jurors made a distinction between a portrayed defendant with no mental health diagnosis and one with a mental health diagnosis but may not have considered the individual diagnosis when choosing a disposition. The lack of a distinction between major depressive disorder and schizophrenia was interesting, considering participants received short descriptive paragraphs regarding the disorder. As the symptoms of major depressive disorder may not be conducive to committing crime (American Psychiatric Association, 2018a), whereas the misconceptions surrounding individuals with schizophrenia as violent (Rueve & Welton, 2008), could have created a distinction between the two portrayed diagnoses. It seems that the broader label of "mentally ill" may have had a greater impact on the participants compared to specific labels such as "schizophrenic." Counts of portrayed mental health diagnosis by the recommended disposition can be seen in Table 3 and Figure 7. Findings showed that most common choice was psychiatric commitment for the defendant portrayed as having a mental health diagnosis, where-as community release was the most common choice for defendants with no portrayed mental health diagnosis.

Overall, the first two research questions that examined recommended disposition showed only an effect of mental health diagnosis on the recommended disposition. As participants

responded significantly differently for defendants portrayed with no diagnosis compared to any diagnosis, but not specific diagnoses, the broad label of "mentally ill" may have factored into their decision of disposition. On average, participants chose to recommend a disposition that distanced themselves and the community from the mentally ill defendant compared to a defendant portrayed with no diagnosis. For example, 83 out of the 93 participants (89.2%) who saw the defendant portrayed as having either MDD or schizophrenia chose to "send them away" to either prison or psychiatric commitment compared to 25 out of the 49 participants (51.0%) chose to send the defendant portrayed as not having a diagnosis to prison or psychiatric commitment. This finding is not surprising considering one of the reasons individuals' stigmatize is to distance themselves (Link & Phelan, 2014). By labeling the portrayed defendants as "mentally ill" participants can remove the stigmatized individual from the "us" group and put them into a separate "them" group (Rusch et al., 2005).

This label creates an imaginary distance between the participants and the mentally ill defendant which may make it easier for them to choose to send them away (physically distancing themselves) rather than choosing to keep these individuals in society through community release. These options to send the mentally ill defendant to prison, where it is hard to obtain quality medical care let alone psychiatric care, or to commit them to an institution, go against what may be in their best interests, to seek treatment in the community (Linhorst & Dirks-Linhorst, 1999; Markowitz, 2011). However, potential student jurors are most likely not informed regarding the best treatments for mentally ill offenders, which is seen through their choices in the current study to distance themselves from the defendants portrayed as having a mental illness.

Dangerousness

The third research question, which assessed the effect of offense on student jurors' perception of dangerousness was supported. Unlike the second research question, participants viewed the defendant as significantly less dangerous when the offense was portrayed as theft compared to simple assault. This suggests that participants did consider the offense when estimating dangerousness and saw the defendant as more dangerous when the offense committed was the violent crime and less dangerous when offense committed was the property crime. It should be noted that while the difference between theft and simple assault was statistically significant, participants viewed both crimes closer to the "not at all dangerous" side of the scale rather than the "extremely dangerous." As these minor crimes were chosen as to not invoke emotional response in the participant such as studies which examine more violent emotionally charged crimes (Taylor, 2007; Visher, 1987), both crimes being viewed closer to "not at all dangerous" was not surprising. Findings for the fourth research question can be seen in Table 4. Portrayed offense did factor into participants estimation of dangerousness such that the violent crime resulted in higher levels of dangerousness compared to the property crime.

The fourth research question assessing the effect of portrayed mental health diagnosis on student jurors' perception of dangerousness had statistical support. Post-hoc analyses indicated that potential student jurors viewed defendants portrayed with no mental health diagnosis as significantly less dangerous than defendants portrayed with any mental health diagnosis (major depressive disorder and schizophrenia). However, there was no significant difference between the perception of dangerousness for major depressive disorder or schizophrenia. Similar to the first research question, it seems that participants made the distinction between a portrayed defendant with no mental health diagnosis and one with a mental health diagnosis but may not

have considered the individual diagnosis when estimating dangerousness. Again, this may suggest that the broader label of "mentally ill" may be a larger factor for participants than a specific label. Alternatively, participants may not have understood the mental health diagnosis, despite the descriptive paragraphs, or not had strong misconceptions regarding the portrayed diagnosis. The effect of any mental health diagnosis compared to no mental health diagnosis on estimation of dangerousness can be seen in Table 5 and 6. Findings showed that any mental health diagnosis significantly impacted their estimation of dangerousness compared to no mental health diagnosis.

Moderate support was found for the fifth and final research question, which asked how mental health and offense affect student jurors' perception of dangerousness. Again, in agreement with the previous two research questions, both the main effect of portrayed mental health diagnosis on dangerousness and the main effect of portrayed offense on dangerousness were statistically significant. While the interaction between mental health and offense did not meet the significance cut off, it was close and as such was examined further. Participants viewed the defendant as the most dangerous when portrayed as having major depressive disorder and having committed simple assault compared to portrayals of schizophrenia and theft, schizophrenia and simple assault, no diagnosis and simple assault, major depressive disorder and theft, and lastly no diagnosis and theft, which was viewed as the least dangerous. Here, participants largely saw any offense portrayed with a mental health diagnosis as more dangerous than no diagnosis with the exception of major depressive disorder and theft. Participants also viewed the violent crime as more dangerous than the property crime fairly consistently with the exception of schizophrenia where the crimes were reversed. Again, the interaction between mental health and offense warrants further study but does not currently meet the significance to

fully interpret in the current study. Results for the interaction between mental health and offense across dangerousness can be seen in Table 7 and Figure 8.

Overall, these three research questions found support for portrayed mental health diagnosis and portrayed offense separately, and only moderate support for the interaction between mental health diagnosis and offense affecting perception of dangerousness. Here, participants made a distinction between the property crime, theft, being less dangerous than the violent crime, simple assault. Participants also made a distinction between no mental health diagnosis and any mental health diagnosis (schizophrenia and major depressive disorder). Suggesting that the broad label of "mentally ill" played a role when estimating dangerousness. While the interaction between diagnosis and offense did not meet the threshold for statistical significance, the findings were interesting and showed that all diagnoses and offense pairs, with the exception of major depressive disorder and theft, were viewed as more dangerous than no diagnosis and offenses. Here, participants viewed mentally ill criminals as more dangerous despite mental illness not actually increasing the risk of violence (Fazel et al., 2009; Rueve & Welton, 2008). Thus, the stigma and misconceptions of mental health disorders are seen through the results.

Limitations

The findings of this study should be viewed in the context of its limitations. As noted in the first chapter, the present study was perceptual and, thus, had potential limitations of students to fully understand the vignette as well as put themselves in the mindset of a juror. The vignettes were written at an eighth-grade reading level to ensure participant understanding, as well comprehension checks for the portrayed diagnosis and portrayed offense. Indeed, descriptive statistics showed that only two participants (1.4%) indicated that they had served as part of a jury

prior to the study. However, a majority of the sample (97.1%) indicated that they were eligible for jury duty. The largest limitation of the current study was the removal of 37 non-compliant participants who did not complete the survey. While the removal of the non-compliant participants did not disproportionately affect the sampling of each vignette, the sample size did not meet the recommended 180 threshold from the power analysis. Inclusion of additional research participants may have strengthened the significance of the effect of the interaction between mental health and offense on perception of dangerousness.

Future Research

Despite the limitations of the current study, the findings still indicated an effect of mental health influencing the recommended disposition as well as estimation of dangerousness. While participants in the current study did not indicate differences between mental health diagnoses, this may be due to the small quantity of responses for each diagnosis and lack of variety. Future researchers could consider expanding the number and types of mental health diagnoses included in the vignettes, to examine any potential effects between mental health diagnoses. As the present study was exploratory in nature only two types of crimes were included, future researchers could add additional types of crime as well as different severities of the crimes. For example, a white-collar crime or cybercrime category could be included as well as adding aggravated assault and burglary. Future studies could look to include more mixed research methods by incorporating qualitative questions, including open ended questions about what the participants thought overall about the defendants, what sort of treatments (criminal justice system related as well as health related) the defendant may need access to, as well as questions to assess their level of understanding of the crimes and mental illness, prior to descriptions of them in the vignettes. Future analyses could incorporate the type and amount of media consumption to

see if participants' who watched drama related shows (including crime dramas) differed from those who did not in terms of dispositional outcome and perception of dangerousness.

Conclusion

In conclusion, the current study has added to the previous literature by establishing that portraying a mental health diagnosis for defendants, across offenses, affects student jurors recommended disposition as well as estimation of dangerousness. However, participants did not see a difference in the specific mental health diagnosis when recommending a disposition or estimating dangerousness. The current study shows a further need for education to combat the misconceptions of individuals with mental health disorders being inherently violent, as well as the notion that they should be locked up or sent away. Future studies should be conducted to fully understand potential student jurors' perception of mentally ill defendants.

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APPENDIX A

COVER LETTER

October 30, 2018

Dear Potential Participant,

My name is Kelly Kortright and I am a Master's student conducting a research study in the department of Criminology and Criminal Justice at The University of Alabama. I am conducting a study as part of my degree requirements under the supervisor of Dr. Jennifer Kenney, a professor of Criminology and Criminal Justice at The University of Alabama. The aim of the proposed study is to understand how mental health diagnoses and offense type may change the recommended disposition and perceived level of dangerousness of the offender by potential jury members.

I am asking adults aged 18 years or older, enrolled in selected CJ 100 at The University of Alabama, to take an online survey. The survey should not take more than 5-10 minutes and will consist of reading a brief story, and then completing a brief questionnaire. The information from this questionnaire will be kept confidential. Results will be used in the researcher's thesis project.

Your participation in this study is strictly voluntary. If you decide to participate, your responses will be anonymous – that is, recorded without any information that can be linked back to you. You can decide to stop at any time or choose not to answer certain questions. Do not write your name or any other identifying information on the questionnaire.

If you have questions about your rights as a person in a research study, call Ms. Tanta Myles, the Research Compliance Officer of the University, at 205-348-8461 or toll-free at 1-877-820-3066. If you are upset by questions in the survey, The University of Alabama through the Division of Student Life has an on-campus Counseling Center that can be reached at 205-348-3863. If you have questions about the study please contact Kelly Kortright by phone or email.

Thank you for your participation,

Kelly Kortright

kkortright@crimson.ua.edu | 925.528.9943

Dr. Jennifer Kenney

jennifer.kenney@ua.edu | 205.348.7795

Scan QR code with Snapchat to take the survey on your phone!

Survey Link: https://universityofalabama.az1.qualtrics.com/jfe/form/SV_6KD48cmGb0kDm6x

APPENDIX B

INFORMED CONSENT

The University of Alabama
Informed Consent

Double Stigma: How Jurors Perceive Mentally Ill Defendants.
Kelly Kortright, Criminal Justice Master's Student

You are being asked to take part in a research study.

What is this study about? What is the investigator trying to learn?
This study is called Double Stigma: How Jurors Perceive Mentally Ill Defendants. The aim of the proposed study is to understand how mental health diagnoses and offense type may change the recommended disposition and perceived level of dangerousness of the offender by potential jury members. The investigator is trying to learn how potential jurors chose a recommended disposition and estimate dangerousness in terms of mental health diagnosis and portrayed offense.

Who is doing the study?
The study is being done by Kelly Kortright, a graduate student at the University of Alabama. Ms. Kortright, is being supervised by Dr. Jennifer Kenney who is a professor of Criminology and Criminal Justice at the University of Alabama. The researcher is not being paid for this study. This study is part of the researchers' degree requirements.

Why is this study important or useful?
This study will further explore a link that has been acknowledged by both the field of criminology and psychology. The hope is that this study assessing how potential jurors view mental illness and crimes will contribute to the knowledge regarding the relation between crime and mental illness.

Why have I been asked to be in this study?
You have been asked to be in this study because you are a student enrolled in a selected introductory CJ course.

How many people will be in this study?
About 200 other people will be in this study.

What will I be asked to do in this study?
If you agree to be in this study, you will be asked to complete a short online survey.

How much time will I spend being this study?
This study should take you no longer than 10 minutes.

UNIVERSITY OF ALABAMA IRB
CONSENT FORM APPROVED: 10/11/18
EXPIRATION DATE: 10/10/2019

Will being in this study cost me anything?
The only cost to you from this study is your time.

Will I be compensated for being in this study?
You will not be compensated for being in this study. / You will have the opportunity to receive extra credit by either participating in this study or in an alternative exercise if you would rather not participate.

What are the risks (dangers or harms) to me if I am in this study?
Little or no risk is foreseen for the study. The chief risk is that you may get bored from the survey, or upset by answering questions regarding mental health or victimization. If you get bored of the survey, it is your right as a research participant to stop at any time. If you are upset by questions, The University of Alabama through the Division of Student Life has an on-campus Counseling Center that can be reached at 205-348-3863.

What are the benefits (good things) that may happen if I am in this study?
There is no direct benefit to the participants except the altruistic benefits of knowing that they might be helping offenders receive more fair treatment.

What are the benefits to science or society?
This study may help mentally ill offenders receive fairer treatment. This study will also provide more knowledge regarding the relation between crime and mental illness, to the scientific community.

How will my privacy be protected?
In this study you will be asked if you, your family or close friends have ever been diagnosed with a mental health disorder, and if you, your family or close friends have ever been the victim of a crime. If you respond yes to either of these questions you will be asked to specify which diagnosis or victim of what type of crime. You do not have to answer these questions if you do not want to.

How will my confidentiality be protected?
The data collected from this survey will be stored electronically on a secure platform, UA Box. Any identifying information collected such as responses to informed consent will be deleted and not stored with the data so there is no way to link you to your responses.

What are the alternatives to being in this study? Do I have other choices?

The alternative to being in this study is not to participate. If you choose, you may also complete the alternative assignment to earn extra credit.

What are my rights as a participant in this study?
Taking part in this study is voluntary. It is your free choice. You can refuse to be in it at all. If you start the study, you can stop at any time. There will be no effect on your relations with the University of Alabama.

The University of Alabama Institutional Review Board ("the IRB") is the committee that protects the rights of people in research studies. The IRB may review study records from time to time to be sure that people in research studies are being treated fairly and that the study is being carried out as planned.

Who do I call if I have questions or problems?
If you have questions, concerns, or complaints about the study right now, please ask them. If you have questions, concerns, or complaints about the study later on, please call the investigator Kelly Kortright at 925-528-9943.
If you have questions about your rights as a person in a research study, call Ms. Tanta Myles, the Research Compliance Officer of the University, at 205-348-8461 or toll-free at 1-877-820-3066.

You may also ask questions, make suggestions, or file complaints and concerns through the IRB Outreach website at http://ovpred.ua.edu/research-compliance/prco/ or email the Research Compliance office at rscompliance@research.ua.edu.

After you participate, you are encouraged to complete the survey for research participants that is online at the outreach website or you may ask the investigator for a copy of it and mail it to the University Office for Research Compliance, Box 870127, 358 Rose Administration Building, Tuscaloosa, AL 35487-0127.

Please check one of the following boxes.

☐ I am age 18 or older. I have read this consent form. I have had a chance to ask questions. I agree to take part in the study.
**Participants will be directed to the next section of the attached example questionnaire.

☐ I do not agree to take part in the study.
**Participants will be directed to the end page, thanking them for their time.

UNIVERSITY OF ALABAMA IRB
CONSENT FORM APPROVED: 10/11/18
EXPIRATION DATE: 10/10/2019

APPENDIX C

VIGNETTES

No Diagnosis – Theft

You have been sitting as a member on a jury for the past week. Today you and your fellow jury members are going into deliberation. Mr. Smith was arrested and charged with theft, the evidence is overwhelming that he is guilty.

No Diagnosis – Simple Assault

You have been sitting as a member on a jury for the past week. Today you and your fellow jury members are going into deliberation. Mr. Smith was arrested and charged with simple assault, the evidence is overwhelming that he is guilty.

Major Depressive Disorder – Theft

You have been sitting as a member on a jury for the past week. Today you and your fellow jury members are going into deliberation. Mr. Smith was arrested and charged with theft, the evidence is overwhelming that he is guilty. Mr. Smith has been previously diagnosed with major depressive disorder.

Major Depressive Disorder – Simple Assault

You have been sitting as a member on a jury for the past week. Today you and your fellow jury members are going into deliberation. Mr. Smith was arrested and

charged with simple assault, the evidence is overwhelming that he is guilty. Mr. Smith has been previously diagnosed with major depressive disorder.

Schizophrenia – Theft

You have been sitting as a member on a jury for the past week. Today you and your fellow jury members are going into deliberation. Mr. Smith was arrested and charged with theft, the evidence is overwhelming that he is guilty. Mr. Smith has been previously diagnosed with schizophrenia.

Schizophrenia – Simple Assault

You have been sitting as a member on a jury for the past week. Today you and your fellow jury members are going into deliberation. Mr. Smith was arrested and charged with simple assault, the evidence is overwhelming that he is guilty. Mr. Smith has been previously diagnosed with schizophrenia.

APPENDIX D

SURVEY

Part 3 – Reading Check

Please answer the following questions based on the scenario you just read.

1. Does Mr. Smith have a mental illness?

- ○ Yes
- ○ No

2. What mental illness did Mr. Smith have?

- ○ Antisocial Personality Disorder
- ○ Schizophrenia
- ○ Major Depressive Disorder
- ○ Bipolar Disorder

3. What was Mr. Smith charged with?

- ○ Simple Assault
- ○ Rape
- ○ Theft

Part 4 – DV Questions

Please answer the following questions based on <u>your opinion</u> of the scenario you just read. There is no right answer only your opinion.

4. Where do you believe Mr. Smith should end up?

- ○ Prison
- ○ Psychiatric Commitment
- ○ Community Release

5. How dangerous do you think Mr. Smith is?

- ○ 1 Not at all dangerous
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7 Extremely dangerous

Part 5 – Demographics

Please answer all of the following questions.

7. How old are you?

_____

8. What gender do you identify as?

- ○ Male
- ○ Female
- ○ Transgender
- ○ Other (please specify) _____

9. Have you or close family or friends ever been diagnosed with a mental illness?

- ○ Yes (please specify which mental illness) _____
- ○ No

10. What race do you identify as?

- ○ White
- ○ Black
- ○ Hispanic
- ○ Other (please specify) _____

11. Have you or close family or friends ever been a victim of a crime?

- ○ Yes (please specify what type of crime) _____
- ○ No

12. How often, within the past year, have you been to the moon?

- ○ 0 times
- ○ 1 time
- ○ 2 times
- ○ 3 times
- ○ 4 or more times

13. What is your area of major study?

_____

Part 5 – Media Consumption

Please answer all of the following questions.

14. When you watch TV what type of show are watching? (check all that apply)

- ☐ News based shows
- ☐ Drama based shows
- ☐ Reality based shows

15. How many hours a week do you watch?

	0	1-2 hours	3-5 hours	6-8 hours	9 or more hours
News based shows	○	○	○	○	○
Drama based shows	○	○	○	○	○
Reality based shows	○	○	○	○	○

16. When watching media are you?

- ○ Making it your top priority
- ○ Giving it your full attention
- ○ Listening but not watching
- ○ Playing it in the background

17. Please check all media platforms that you use.

- ☐ TV
- ☐ Internet
- ☐ Social Media
- ☐ Print

Part 6 – Jury Eligibility

Please answer all of the following questions.

18. Have you ever served as part of a jury?

- ○ Yes
- ○ No

19. Are you a citizen of the United States?

- ○ Yes
- ○ No

20. Are you age 18 or older?

- ○ Yes
- ○ No

21. Have you ever been convicted of a felony?

- ○ Yes
- ○ No

22. Do you have extenuating circumstances as which disqualify you from serving on a jury? (i.e. a mental or physical condition that would disqualify, armed forces on active duty, members of police or fire departments, or a government officer)

- ○ Yes
- ○ No

APPENDIX E

IRB APPROVAL

THE UNIVERSITY OF ALABAMA® | *Office of the Vice President for* Research & Economic Development
Office for Research Compliance

October 12, 2018

Kelly Kortright
Criminal Justice
College of A & S
Box 870320

Re: IRB#: 18-OR-381 "Double Stigma: How Jurors Perceive Mentally Ill Defendants"

Dear Kelly Kortright:

The University of Alabama Institutional Review Board has granted approval for your proposed research.

Your application has been given expedited approval according to 45 CFR part 46. You have also been granted the requested waiver of written documentation of informed consent. Approval has been given under expedited review category 7 as outlined below:

(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies

Your application will expire on October 10, 2019. If your research will continue beyond this date, complete the relevant portions of the IRB Renewal Application. If you wish to modify the application, complete the Modification of an Approved Protocol Form. Changes in this study cannot be initiated without IRB approval, except when necessary to eliminate apparent immediate hazards to participants. When the study closes, complete the appropriate portions of the IRB Request for Study Closure Form.

Please use reproductions of the IRB approved stamped consent form to provide to your participants.

Should you need to submit any further correspondence regarding this proposal, please include the above application number.

Good luck with your research.

Sincerely,

Carpantato T. Myles, MSM, CIM, CIP
Director & Research Compliance Officer

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