



# Influence of Juror Views of Mentally Ill Defendants and Level of RWA for Racially Diverse Defendants

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Introduction

In psychology and law research, right-wing authoritarianism (RWA: Altemeyer, 1981) has been extensively examined demonstrating that those jurors high in RWA tend to be more punitive in verdict, sentence recommendation, and culpability assignment (Landwehr, et al., 2002). It has also been shown that persons high in right-wing authoritarianism tend to be more conservative in their views on social issues such as the death penalty, abortion, and voters rights (Crawford, 2012). Corrigan and O'Shaughnessy (2007) note how mentally ill persons are often stigmatized, stereotyped, and discriminated against. However, no known research has examined how RWA and views toward mentally ill defendants influence juror decisions for racially diverse defendants.

The purpose of this study was to empirically examine if jurors’ level of RWA and views toward mentally ill persons influence juror decisions for racially diverse defendants. Although prejudice has declined over time, subtle forms, such as aversive racism, still exists to this day (Dovidio, 2001). The theory of aversive racism served as the theoretical framework for this research. We hypothesize that mock jurors will not be affected simply by race alone, but decisions will be more punitive as more variables come into context.

Hypothesis: Jurors who were high on RWA and held negative views toward mentally ill persons would find racially minority defendants who were mentally ill more culpable than European American defendants in a mock juror study.

Method

Participants

Six hundred and sixty-nine (415 Female, 252 Male) with a mean age of 19.21 (*SD* = 1.63) acted as mock jurors and read through a trial transcript. Racial/ethnic breakdown was 40% Latino, 25% European-American, 19% Asian, 5% African-American, 1% Native American, and 10% Other.

Materials and Procedure

After giving consent, mock juror participants read a trial transcript in which a defendant diagnosed with schizophrenia was accused of committing murder. The court document described the events that had taken place, the description of the crime (murder), and the charges against the defendant. In the defendant’s description, he has a history of schizophrenia, and was diagnosed and intermittently treated throughout the defendant’s adult years. Participants then completed a juror verdict form, where they had three verdict options: not guilty, not guilty by reason of insanity, or guilty. If jurors found the defendant not guilty by raise of insanity they were instructed to recommend one of three sentencing choices of a) Released under supervision of a psychiatrist; b) placed in the Valley View Farms secured mental hospital until psychiatric staff recommends release; c) ) placed in the Valley View Farms secured mental hospital until psychiatric staff recommends release, whereby the defendant will serve twenty years for the murders. In addition, mock jurors answered culpability and trait questions. Following the trial portion of the study, participants filled out a survey of various scales. Among these scales was the Community Attitudes Toward the Mentally Ill scale (CAMI: Taylor & Dear, 1981) and the Right-Wing Authoritarianism scale (RWA: Altemeyer, 1981). The CAMI was used to identify jurors’ views on mental illness, specifically, how those views effected the jurors’ decision. Benevolence, a subscale of the CAMI, measures the participant’s sympathetic attitude. Furthermore, the RWA was utilized to determine the juror’s authoritarian submission, authoritarian aggression, and conventionalism. These three attitudes make up the authoritarian personality that often results in prejudice. For our analyses, we conducted a median split on the CAMI and RWA.

Table 1

Condition	Not Guilty	NGBRI	Guilty
Low MI – Low RWA <sup>a</sup>	4	67	80
Low MI – High RWA <sup>a</sup>	2	85	128
High MI – Low RWA <sup>b</sup>	2	107	56
High MI – High RWA <sup>b</sup>	1	81	56

$\chi^2(6) = 32.47, p < .001$

Table 2.

Condition	Psychiatric supervision	Secured Mental Hospital	Secured Hospital and 20 years prison time
Low MI – Low RWA <sup>ab</sup>	0	10	57
Low MI – High RWA <sup>ac</sup>	2	12	74
High MI – Low RWA <sup>b</sup>	1	31	75
High MI – High RWA <sup>bc</sup>	2	25	54

$\chi^2(6) = 14.24, p < .05$

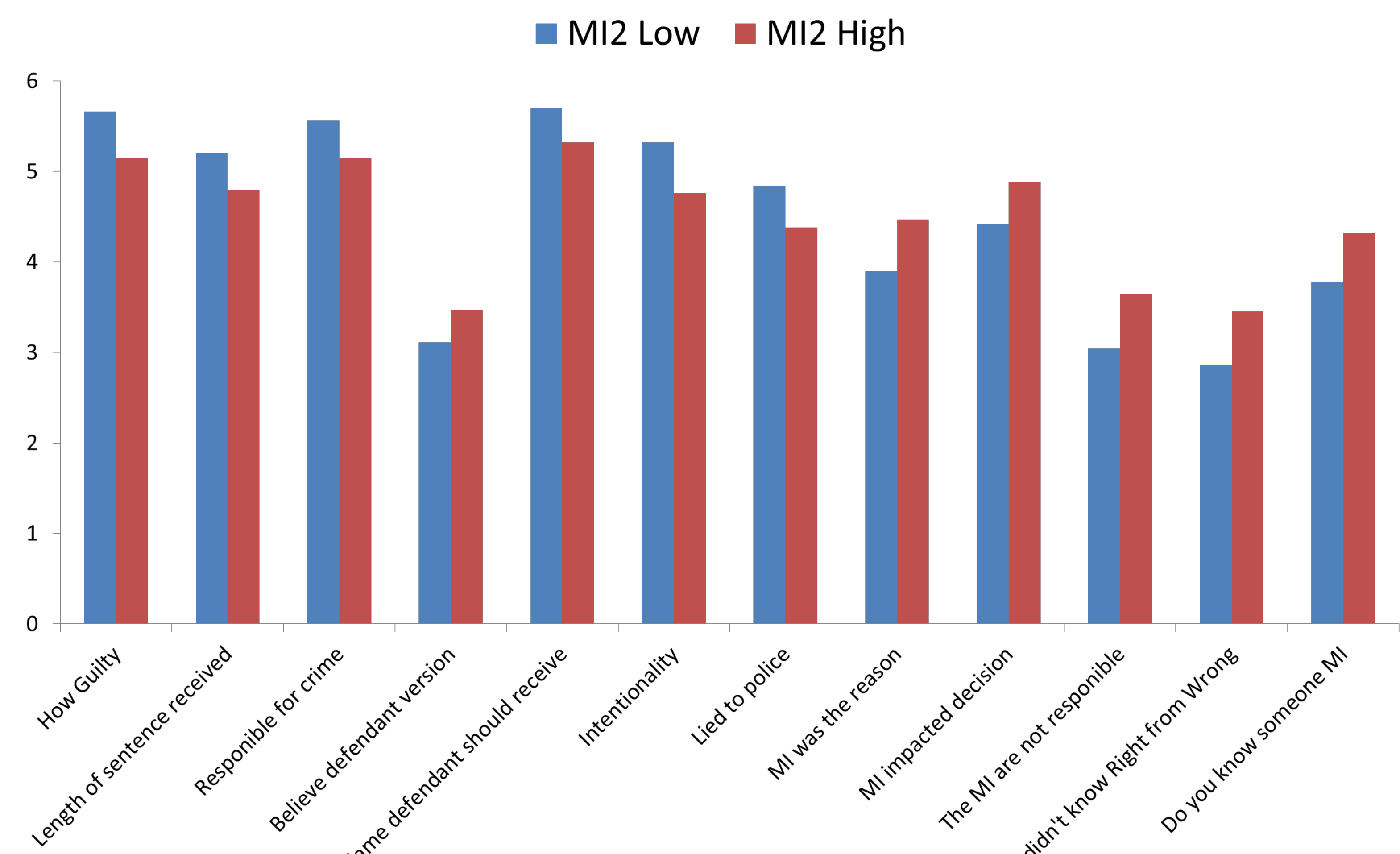


Figure 1. Main effect of Benevolence subscale of CAMI and culpability measures.

Results

Verdict

In support of our hypotheses, data revealed a significant difference on verdict form the different levels of the benevolence subscale and RWA,  $\chi^2(6) = 32.47, p < .001$ . Further analysis indicated that those that had low perceptions of the mentally ill gave harsher sentences, but RWA did not have an effect (see Table 1).

Sentence

Additionally, data revealed a significant difference in sentencing of defendants found to be not guilty by reason of insanity based on RWA and perceptions on the benevolence scale,  $\chi^2(6) = 14.24, p < .05$ . Post hoc analyses revealed that those with low perceptions of the mentally ill and have low RWA scores were more punitive in sentencing compared to those with high perceptions of the mentally ill and high on RWA. Moreover, those low on the benevolence scale and high RWA were more punitive then those with high benevolence scores and high RWA (see Table 2).

Culpability

A MANOVA was conducted to test the effects of perceptions of the mentally ill, RWA, and defendant’s race on jurors perceptions’ of defendants’ culpability. Data revealed a main effect for scores on the benevolence scale  $F(19,625) = 2.56, p < .001, \eta^2 = .071$ .

Specifically, those with low perceptions of the mentally ill perceived the defendant as more guilty [ $F(1,625) = 15.50, p < .001$ ], should receive longer sentences [ $F(1,625) = 8.79, p < .01$ ], were more responsible [ $F(1,625) = 6.59, p < .01$ ], should receive more blame for the crime [ $F(1,625) = 8.26, p < .01$ ], and as more likely that they lied to the police [ $F(1,625) = 5.03, p < .05$ ].

On the other hand, those with high perceptions of the mentally ill perceived the defendant’s story as truthful [ $F(1,625) = 4.76, p < .05$ ], that their illness was the main cause for the crime to occur [ $F(1,625) = 14.94, p < .001$ ], and the mental illness status affected their verdict [ $F(1,625) = 7.91, p < .01$ ]. Additionally, those with high scores on the benevolence scale were more likely to believe that the defendant’s mental illness cause them to not be responsible for the crimes committed [ $F(1,625) = 15.86, p < .001$ ], not know the difference between right and wrong actions [ $F(1,625) = 17.46, p < .001$ ], and were more likely to know someone who is mentally ill [ $F(1,625) = 6.53, p < .05$ ]. Contrary to our hypothesis, there were no significant main effects for RWA or defendants’ race and there were interaction effects.

Discussion

Overall, data provided partial support of our hypotheses. Those with lower perceptions of the mentally ill were more likely to find the defendant as guilty. Furthermore, of the participants that found the defendant as not guilty by reason of insanity were significantly more likely to be more punitive on sentencing. In both juror verdict and sentence, RWA did not seem to have any effect.

Additionally, perceptions of the defendant culpability were significantly more punitive for participants with low perceptions of the mentally ill. Several individual culpability measures were significantly more harsh for those with low perceptions of the mentally ill. Interestingly, participants with higher perceptions of the mentally ill were also more likely to have much experience with knowing someone with a mental illness. This could contribute to the less punitive verdict, suggested sentence, and perceptions of the defendant culpability.

In conclusion, these findings demonstrate juror courtroom bias against defendants with mental illness; however, given the previously mentioned finding, it may be possible to expose people to individuals with mental illness to mediate these biases. Lastly, these data are limited by the fact that they were only collected on college students. Future research should investigate whether these effects are consistent for different age groups.