Dispositional Risk Factors to False Confessions: Personality Traits and Psychopathologies

In 2012, Pedro Hernandez was brought in for questioning for the 1979 abduction of six-year-old Etan Patz. Mr. Hernandez, a man with no criminal history, confessed to the abduction and murder of Patz.[1] However, his diagnosis of schizotypal personality disorder, extremely low IQ, and prolonged and unrecorded interrogation—all known risk factors to making false confessions (FCs)—convinced a lone holdout juror of his innocence, prompting a mistrial in the murder case against Mr. Hernandez. He is scheduled to be retried in February 2016. The potentially exculpatory circumstances of this ongoing case share many similarities with other post-conviction DNA exonerations. In fact, research suggests that FCs are present in a significant minority (~27%) of all DNA exoneration cases. The purpose of this study is to **empirically examine dispositional risk factors associated with FCs among a subgroup over-represented within the criminal justice system and among confirmed FC cases: persons with psychopathologies.**

Background & Rationale. Psycho-legal scholars have proposed compelling theories to explain why innocent suspects admit to criminal acts they did not commit.[2] Extensive research indicates that there are two types of risk factors: the use of certain interrogation tactics and dispositional characteristics. Historically, the study of police interrogation tactics has relied on experimental methods, producing a large body of science, while the study of *dispositional* risk factors has primarily employed archival and correlational studies. Thus, less is known about dispositional traits, such as personality. Two such personality traits–suggestibility and compliance–are thought to confer vulnerability to FCs within the context of coercive police interrogations.[3,4] Furthermore, fewer studies have examined the link between psychopathology and individual differences in these personality traits. Thus this project will **investigate whether psychopathology increases the risk for suggestibility and/or compliance leading to increased prevalence of FCs.**

In addition to conferring risk to FCs, suggestibility and compliance may differentially mediate the *types of FCs* made by innocent suspects. In *coerced-internalized confessions,* innocent, but suggestible, suspects come to believe they are guilty, sometimes even confabulating false memories.[2] To date, only one correlational study has assessed the link between individual differences in suggestibility and internalized FCs.[5] The Gudjonsson Suggestibility Scale (GSS), a false memory paradigm where participants are presented with misleading suggestive information, is widely used among forensic psychologists in criminal cases involving disputed confessions.[6] Yet no experimental research has attempted to use this scale to establish a causal link between suggestibility and internalized FCs—and certainly not among people with diagnosed psychopathologies. Hence, **I will evaluate whether psychopathology increases the risk for suggestibility leading to *coerced-internalized* FCs.**

In *coerced-compliant confessions*, the innocent but compliant suspect is induced through interrogation to confess to a crime they did not commit for some immediate instrumental gain. In a naturalistic setting, the Gudjonsson Compliance Scale (GCS), a 20-item, self-report measure of compliance using a true/false format, was shown to discriminate between alleged false confessors and defendants who resisted confessing whilst being interrogated.[6] Other correlational studies indicate that compliance may be associated with anxiety, low self-esteem, and ADHD symptoms[3,6]—factors present in many major psychopathologies. Because compliance is distinct from suggestibility and relevant to the making of FCs [6], **I will evaluate whether psychopathology increases the risk for compliance leading to *coerced-compliant* FCs.**

Proposed Study. I plan to use a well-established experimental paradigm known to elicit FCs among innocent participants to explore these aims (see Kassin & Kiechel, 1996).[7] **First,** participants will be recruited for a 'typing speed' task and asked to fill out a demographics

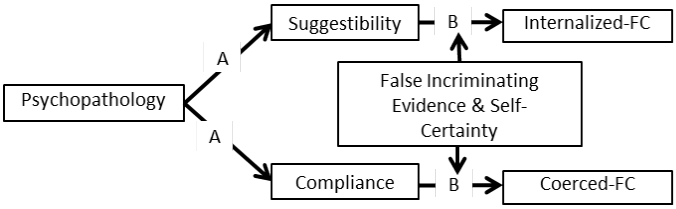

Fig 1. Estimated model relating psychopathology and FCs as mediated by suggestibility and compliance and moderated by forensically relevant factors.

questionnaire. Psychopathologies will be assessed via the Mini-International Neuropsychiatric Interview-PLUS: a 15-minute structured diagnostic interview. Suggestibility and compliance will be measured using the GSS and the GCS, respectively. **Next,** participants will be assigned to one of four groups: 2 (slow vs. fast task pace) x 2 (presence vs. absence of false incriminating evidence) between-subjects factorial design. During the task, participants' computers will suddenly 'crash' and a distressed experimenter will lay the blame on them. Two forensically relevant components will be manipulated: (1) participants' subjective certainty of their own innocence by varying the pace of the task (i.e., slow-43 or fast-67 letters/min), and (2) the use of false incriminating evidence (i.e., false eyewitness account of alleged participant behavior by a confederate), a common U.S. interrogation tactic. To determine whether the paradigm elicited a compliant FC, participants will be asked to sign a handwritten confession admitting their role in the computer crash. To determine whether participants internalized the FC, a 'curious' confederate, will ask participants what happened. Independent coders will determine whether participants unambiguously internalized fault based on their description of the event to the confederate (e.g., "I caused the computer to crash.")

Anticipated Results **[1]** Psychopathologies will predispose individuals to higher levels of suggestibility and compliance (Fig. 1). [**2]** Higher levels of suggestibility will confer increased risk to making *coerced-internalized* FCs. [**3]** Higher levels of compliance will confer increased risk to making *coerced-compliant* FCs. Although different psychopathologies may confer vulnerability through different pathways (e.g., social anxiety may be associated with increased compliance, and therefore *compliant FCs*), highly symptomatic individuals are known to have increased rates of alleged FCs regardless of primary diagnoses.[8] Therefore, the role played by illness severity (e.g., bipolar disorder vs. hypomania) and time frame (e.g., current/past) will also be evaluated.

Broader Impacts. The novel approach of this study integrates findings from criminology, clinical-forensic, and social psychology to test a hypothesis with notable implications for identifying and protecting individuals who are vulnerable to persuasion in the interrogation room because of psychopathologies (e.g., providing mandated access to legal advice from individuals sensitive to this population). By disseminating my findings at scientific conferences and in peer-reviewed articles, I will contribute to the understanding of how dispositional factors interact to influence the wrongful convictions of innocent suspects. This in turn will facilitate further collaboration between attorneys, juries, judges, and social scientists to develop concrete ways to prevent these miscarriages of justice. Moreover, because juvenile status also confers increased risk to making FCs, the proximity at my proposed graduate institution to programs like College Bound and Summer Enrichment Camps and to intercity youths from disadvantaged backgrounds will allow me to provide a positive outlet within the community for academic advancement.

Finally, future studies will examine the role of dispositional risk factors in the context of false guilty pleas (FGPs). Even though guilty pleas constitute nearly 95% of convictions in the U.S, FGPs remain grossly understudied. In fact, the same traits that place persons at risk for FCs may also place persons at risk for FGPs.[9] Therefore, findings from my proposed project promise to put forward information that will inform this novel and unstudied related area of research

Refs: 1 Goldstein & Hager (2015 May). **2** Kassin *et al* (2010) Law Hum Behav. **3** Gudjonsson *et al* (2008) Psychol Med. **4** Gudjonsson (1991) Med Sci Law. **5** Sigurdsson & Gudjonsson (1996) Per Indiv Differ. **6** Gudjonsson (2003) Wiley. **7** Kassin & Kiechel (1996) Psychol Sci. **8** Redlich (2010) Law Human Behav. **9** Redlich (in press) APA.