Summer 2021

The Influence of DSM-5 Mental Disorders and Type of Offense on Perceived Guilt of Offenders

Sydney N. Stone

Missouri State University, Stone002@live.missouristate.edu

THE INFLUENCE OF DSM-5 MENTAL DISORDERS AND TYPE OF OFFENSE ON PERCEIVED GUILT OF OFFENDERS

A Master's Thesis

Presented to

The Graduate College of

Missouri State University

In Partial Fulfillment

Of the Requirements for the Degree

Master of Science, Clinical Psychology

By

Sydney Nicole Stone

July 2021

THE INFLUENCE OF DSM-5 MENTAL DISORDERS AND TYPE OF OFFENSE ON

PERCEIVED GUILT OF OFFENDERS

Psychology

Missouri State University, July 2021

Master of Science

Sydney Nicole Stone

ABSTRACT

This study addresses the influence of mental disorder in the perceptions of guilt in offenses by offenders with DSM-V mental disorders. An attitudes survey and vignettes describing combinations of DSM-V disorders and offenses were distributed to 42 participants at Missouri State University, who were then asked to make guilt judgements and rate the magnitude of guilt of the vignette characters. An ANOVA test revealed no significant difference between conditions with mental disorders versus conditions without mental disorders. A regression analysis found significant relationships between guilt ratings and specific mental disorder conditions. Type of mental disorder was concluded to influence the ratings of guilt in offenses committed by offenders with mental illnesses. Future research should examine more DSM-V mental disorders with forensic samples.

THE INFLUENCE OF DSM-5 MENTAL DISORDERS AND TYPE OF OFFENSE ON

PERCEIVED GUILT OF OFFENDERS

By

Sydney Nicole Stone

A Master's Thesis
Submitted to the Graduate College
Of Missouri State University
In Partial Fulfillment of the Requirements
For the Degree of Masters of Science, Clinical Psychology

July 2021

Approved:

Paul Deal, Ph.D., Thesis Committee Chair

Steven Capps, Ph.D., Committee Member

David Zimmerman, Ph.D., Committee Member

Julie Masterson, Ph.D., Dean of the Graduate College

In the interest of academic freedom and the principle of free speech, approval of this thesis indicates the format is acceptable and meets the academic criteria for the discipline as determined by the faculty that constitute the thesis committee. The content and views expressed in this thesis are those of the student-scholar and are not endorsed by Missouri State University, its Graduate College, or its employees.

ACKNOWLEDGEMENTS

I would like to thank the following people for their support during the course of my graduate studies. To my advisor, Dr. Paul Deal, thank you for your wisdom and support throughout the entirety of this process. Your dedication and time brought this accomplishment to fruition. To my professor and supervisor, Dr. Steve Capps, thank you for your encouragement and advice. Your efforts kept me motivated until the very last word was written. To my professor, Dr. David Zimmerman, thank you for your expertise and time spent refining my work. Your attention to detail and vigilance made this thesis all that it could be.

This thesis is dedicated to my family. This accomplishment is as much yours, as it is mine. Everything I do, it is always for you.

TABLE OF CONTENTS

LIST OF TABLES

INTRODUCTION

Mental illnesses are among the most common health conditions experienced by Americans in the United States every year. According to the Centers for Disease Control (CDC), one in five Americans will experience a form of mental illness within a given year and one in twenty-five live with a serious mental illness (CDC, 2018). With the risk of experiencing mental illness occurring at such an elevated rate, it would be expected that the public would be well-informed on issues surrounding mental health; however, the public and society as a whole still possess troublesome attitudes, opinions, stereotypes, and behaviors toward mental health issues and persons with mental illness. The accumulation of these attitudes, opinions, beliefs, and more often affect the way we perceive the world around us. While the effects of attitudes and beliefs toward mental illness have been studied profusely, there has been little research on their influence in the perception of guilt in crimes committed by offenders with mental illness. The purpose of this study is to address the gap in the existing literature and expand on knowledge of the influence of DSM-5 mental disorders in perceptions of guilt. This study used an attitudes survey and vignettes containing four different DSM-5 mental disorders combined with two offense types to assess the influence of mental disorder on perception of guilt in committed offenses. Results will inform on pre-existing attitudes that may be brought into the courtroom and the specific influence of different DSM-5 mental disorders in persons' perceptions of guilt in offenses committed by offenders with mental disorders. A more detailed review of the literature, the methods, and results of this study may be found in the following sections.

LITERATURE REVIEW

The Media

The influence of the media on society, especially in modern day society, is pervasive and profound. The majority of individuals obtain their information about most topics through various forms of media outlets; more specifically, television is cited as the most frequent source of information, followed by news websites, radio, social media, and print newspapers (Shearer, 2018). Information pertaining to mental illness is no exception to this (Locke, 2010; Granello & Pauley, 2000). It can be suggested the media to a large extent controls the narrative surrounding mental illness and consequently influences the public's perception of mental illness and those who experience these disorders. For decades, media has played a significant role in creating a narrative associating mental illness with violence and crime. In a review of newsprint and TV coverage on mental illness from 1995-2014, it was discovered when mental illness was mentioned, it was most likely to be associated with violence. Further, criminal justice involvement was reported as the most common consequence associated with mental illness (McGinty, Kennedy-Hendricks, Choksy & Barry, 2016). Over time these stories have gradually moved from the middle of newspapers and broadcasting segments to the front page and the breaking story on the nightly news. These stories have possessed headlines such as, "James Holmes, Painted as a Cunning Killer, or a Victim of Schizophrenia" and "Help the Ill Before They Kill" (La Ganga, 2015; Torrey, 2007). For years, the mass media has perpetuated the spread of the narrative highlighting violence and crime as the consequence of mental illness, or at the very least, strongly associated. This frequent association has facilitated the common misconception held by individuals in our modern-day society that persons with mental illnesses

are more likely to be violent and commit crimes (Welch, 2016). This then further creates and perpetuates the widely held assumption that only an individual who has something "wrong" with them could commit the offenses that are broadcasted across news stations and media outlets daily.

In McGinty, Webster, and Barry's (2013) study, they used news stories covering mass shootings to assess the public's attitude toward individuals with a serious mental illness. They found support for the notion that "news media portrayals of mass shooting events by persons with serious mental illness appear to play a role in influencing negative attitudes towards persons with serious mental illness" (McGinty et al., 2013). Furthermore, they assert news stories focusing on the mental illness of the offender is dangerous, as it could lead to the public viewing events as "perpetrated by a small group of individuals" as opposed to something that could be prevented through policy (McGinty et al., 2013). This further supports the idea the media creates a storyline where crimes are perpetrated by those with mental disorders and constructs an illusory correlation in the public's mind of mental illness equating to violence or criminality. More specific than influencing negative attitudes, research has found the public to possess attitudes concerning proximity, perceived danger, need to be restricted from certain roles in society, and other factors related to attitudes toward mental illness (Locke, 2010). In fact, people were found to be more willing to interact or be around persons with medical conditions as opposed to those with mental disorders such as schizophrenia, bipolar disorder, and major depression, and overall, more likely to want to maintain social distance from those with mental illness (Locke, 2010; Link, Phelan, Bresnahan, Stueve, & Pescosolido, 1999).

Attitudes Toward Mental Illness and Mentally Ill Offenders

Why is the public's attitude toward mental illness so easily influenced by the media? Borrowing from sociological perspectives, labeling theory provides an explanation for this phenomenon. This theory suggests generally that labeling an individual as "something" will in turn cause this individual to behave and think in ways consistent with that label. For example, a common concept used to illustrate this theory is deviance. Labeling theory suggests deviance is born out of defining persons as deviant, not the inherent nature of the person themselves. Furthermore, these newly labeled "deviants" must choose their reactions to society's label and integrate this understanding with their identity. The media is often the primary source of information for many groups of people and what the media reports is typically seen as truth. When the media broadcasts messages labeling suspected individuals of crimes as mentally ill, then perpetuates the message that something must be "wrong" with these people, this labels mental illness as "wrong" and "criminal." As labeling theory would predict, these labels placed on individuals who experience mental illnesses will likely result in these individuals choosing to accept the labels and think of themselves as "wrong" or even behave criminally. Thus, if the message perpetuated to society by a trusted entity is that mental illness is criminal, which in turn causes those with mental illness to begin to act in ways that are criminal and reinforce the original message, it can be expected that society's attitude toward mental illness would be further impacted. It can also be further assumed that the public's general attitude of negativity towards mental illness could subsequently be causing the very crime they are concerned about. Public perception of mental illness has been studied for decades. Only recently has there been increased attention to the subset of individuals with mental illness who are involved in the criminal justice system. The implications of this research are vast as it permeates not only our

society's general view of mental illness, but the consequences within the criminal justice system for individuals who experience these disorders. There has been some research conducted to assess if mental illness has an effect on the attitude of the public toward an offender, with much of the research focusing on populations within the legal system. In a 2014 study in Mississippi, judges, prosecutors, and public defenders all reported moderately positive attitudes toward offenders with mental illness (Thompson, Paulson, Valgardson, Nored, & Johnson, 2014). This provides evidence counter to what would be expected from the previous literature reviewed and cause for speculation regarding attitudes of other groups. Additionally, the effect of mental illness on the public's opinion towards offenders has been researched as it pertains to sentencing and outcomes for the offender. In disposition recommendations by jurors for offenders with mental illness, jurors were most likely to recommend psychiatric commitment regardless of the crime committed, whereas the type of offense committed moderated their recommendation for prison versus release (Kortright, 2019). Australian community members favored sentencing with rehabilitative measures regardless if a mental illness was present (Adams, 2010). The previous studies provide support for offense types and mental illnesses mediating attitudes toward offenders and opinions of best practice for sentencing. In a related study, Church, Baldwin, Brannen, and Clements (2009) found students' attitudes decreased in negativity toward mentally ill offenders as their education level increased. The majority of the public does not obtain higher education and only 39% of individuals report attainment of a bachelor's degree (National Center for Education Statistics, 2020). Subsequently, individuals chosen for juries are likely to have lower levels of education and more likely to have negative attitudes toward offenders with mental illness.

Perception of Guilt and Sentencing

Though the question of mental illness is typically introduced in sentencing procedures, apart from when used as a defense (i.e., insanity defense, not guilty by reason of mental illness, etc.), there is evidence to suggest that juror perception of guilt could impact decision making when information regarding the defendant's mental illness is introduced. Berryessa, Milner, Garrison, and Cho (2015) found in their study that after information was introduced pertaining to an offender's diagnosis of a mental disorder, participants' initial judgements of legal responsibility and perceived criminal intention dropped significantly, even though the majority of participants still agreed the offender was legally responsible. Moreover, jurors with certain characteristics have been shown to possess more favorable attitudes toward mental illness and the use of mentally ill defenses. Edwards and Miller's (2018) study found that White and non-religiously affiliated members were more supportive of mental illness and mentally ill defenses as well as some evidence asserting political affiliation may influence views toward mental illness. This suggests the individual characteristics of the jury's composition as it relates to their corresponding attitudes could ultimately affect the course of the trial when information regarding mental illness is introduced, regardless of if a mentally ill defense is actually employed.

Attributions for Guilt

Perceptions seem to differ in the dichotomy of responsibility or guilt in offenders with mental illness and the perceived magnitude of that guilt across mental illnesses. In Rayborn's (2016) study, nearly half of the participants disagreed with a statement indicating "mentally ill offenders do not fully understand their crimes" and also disagreed with a statement asserting "mentally ill offenders are not completely responsible for their crimes" (pg. 88). This suggests

this study's participants may view offenders with a mental illness both as capable of understanding and being responsible for their crimes. One consequence of this finding is they may be perceived as more guilty regardless of their mental illness. There has been little research examining the concept of perceived guilt across several different mental illnesses and types of offenses and has rather focused on one specific mental disorder or unspecified disorder and one type of offense (See: Garrison, 2019). Mowle, Edens, Clark, and Sorman (2016) found that when they described a defendant as "schizophrenic" versus "psychopathic," there was less support for guilty verdicts. These data suggest individuals can distinguish between mental health conditions of offenders and their own perceptions of the offender's guilt. A theoretical framework within which these findings can be placed is attribution theory. This theory suggests we as an individual observe behavior, determine this behavior was intentional, then attribute the cause of this behavior to be due to internal or external reasons. More specifically, as humans we seek out causes for others' behaviors in order to better understand the world around us, and in doing so, we attribute these causes of behaviors to the internal characteristics of the individual or the external situation the individual is placed in. It is important to note, the actual cause of the individual's behavior is irrelevant, rather we are concerned with others' perception of the cause of the behavior. Using the specific attribution theory, Jones and Davis's correspondent inference theory, we infer intentions behind behaviors when the person is able to choose the behavior, can derive expectations from their behavior, and the degree to which their behavior will lead to desired outcomes (Crittenden, 1983). The "correspondence of inference" occurs when the observer makes an analysis of the observed behavior to determine if the behavior provides enough information for them to make an attribution of the actor's underlying intentions. However, the process of analyzing every behavior we observe in a day to reach the most accurate

interpretations of behavior is time-consuming and not always deemed necessary in order to make an assumption about the observation that we deem as satisfactory. In these cases, we engage in mental shortcuts referred to as attributional biases. One of these biases is the availability heuristic, which suggests we attribute the likelihood of an event to how easily this event comes to mind, and related, the base rate fallacy which indicates we are more easily influenced by singular, vivid events rather than statistical probabilities. Recall the previous literature discussed concerning the influence of the media in constructing narratives associating violence or criminal activity with mental illness. As the media disseminates stories of criminal activity, usually violent acts, committed by individuals with a mental disorder, members of society now have readily available events to recall when making an attribution for the behavior of a person with a mental disorder. Further, the public now have access to information to dramatic depictions of events to overestimate the risk of encountering violent, criminal persons with a mental disorder. Another related bias is the fundamental attribution error, which provides explanation for our tendency to attribute behaviors towards personal causes regardless of the situation and across a variety of situations these behaviors may occur in. In applying the fundamental attribution error to the public's perception for cause of offenses by mentally ill offenders, it can be suggested that the public focuses on the mental disorder as a cause for their behavior rather than the situations surrounding the behavior. If mental disorders are seen as a personal cause for behaviors, then inferences are made deeming the behavior as intentional, whereas if they were seen as a situational cause, inferences would be more likely to result in deeming the behavior as unintentional. Thus, if the behavior of the offender with a mental illness is seen as intentional, the public is likely to take this a step further and infer the offender enacted this behavior on purpose and are in turn guilty of committing the behavior. Why would the behaviors be inferred

as intentional? Cognitive emotional processing occurs to assist persons in making attributions about "the cause and controllability of a person's illness that leads to inferences about responsibility" (Corrigan, Markowitz, Watson, Rowan, & Kubiak, 2003). As correspondent inference theory would suggest, if this illness or the cause of the illness is determined to be within the offender's control, they will be deemed responsible for their behaviors. Yet, if they are deemed as not in control, then they will be relieved of responsibility for their actions. Moreover, if offenders with a mental illness are deemed responsible for their actions, then they must in turn be guilty of their actions, for the very definition for the term "guilty" is culpability or responsibility for a specific behavior or event.

Perception of Offenses

The literature reviewed thus far has focused on the public's perception of mental illness and disorders and has not yet addressed the literature pertaining to the public's perceptions concerning offenses alone. It is a common understanding that some offenses are more severe or serious than other offenses. In fact, this is reflected in the criminal justice system's use of punitive sentencing based on the offense, where consequences increase depending on which offense is committed and specific aspects of the offense, among other factors. While this is a shared understanding among the laypeople, research has sought to further explore the specific perceptions of the severity of offenses and related concepts. To begin, people are able to differentiate severity levels between different types of offenses. The landmark study conducted by Sellin and Wolfgang in 1964 developed an index for determining the seriousness of a crime based on factors such as "bodily injury, theft, property damage, and intimidation or force" (Clark, 1967). This study provided the foundation for further research in how we perceive the

seriousness of offenses. Related, research conducted for the U.S. Department of Justice (U.S. DOJ) in 1985 administered a National Survey of Crime Severity in which offenses were ranked and severity ratios were obtained. Of the extensive list of offenses provided, the highest ranked crime of planting a bomb in a public building and the explosion killing twenty people was found to be 72 times more severe than the lowest ranked crime of a person under sixteen years old playing hooky from school (U.S. DOJ, 1985). Davison & Farreras (2010) found crime type affected the crime severity ratings and attributions of blame towards victims and perpetrators; in that, rape and murder were rated as more severe than theft and perpetrators were blamed more in murder and rapes than theft. Further, it was found that offense type did not affect dispositions recommended by student jurors but did affect how dangerous they perceived the offense (Kortright, 2019). The prior research suggests participants in the current study will rank severity of offenses similarly to the past research, where factors such as amount of injury, force or intimidation, damage, theft, and dangerousness, among others, will impact their ratings. Additionally, there is support for the type of offense mitigating the amount of blame, or for purposes of this study, guilt perceived by the participants. As there has been little research addressing the public perceptions of guilt concerning offense types, and that which has been done has focused on one type of offense rather than several different types (Again, see: Garrison, 2019), this study aims to explore this relationship across a variety of offenses.

The Current Study

The current study will use vignettes to assess the perceived guilt of offenders with mental illness and explore the level of perceived guilt in offenders with a mental illness as it relates to a variety of mental disorders and types of offenses. The vignettes will vary based on different

combinations of mental disorders and offense types. Vignette studies have been used for decades to assess many facets of mental illness. Prior research employing vignettes has focused on assessing public opinion of mental illness as it relates to a variety of beliefs, such as the causes of mental illness, perceived danger, desired social distance, and recognition of disorders (Locke, 2010; Link et al., 1999). However, as previously noted, minimal research has examined the interaction between type of mental disorder and type of offense as that relates to perception of guilt. Implications from this research could inform legal defenses of offenders with mental illnesses, psychoeducation for the public regarding mental illness, and public policy regarding mental illness in the criminal justice system. Knowledge obtained from this research could highlight the potential ramifications of the information of mental disorders being introduced to the court during a trial when defending a client with a mental illness. If we can illustrate the likelihood of certain mental disorders being perceived as more or less guilty than others, this knowledge may help attorneys decide if their client's mental illness should be introduced to the court (even when the primary defense is not associated with mental illness). Furthermore, in quantifying the amount of guilt perceived by the public as it relates to mental illness and offense types, we can then make predictions based on these combinations of the likelihood that the offender will later be convicted guilty by a jury before trial procedures commence based on these perceptions of the public. Additionally, knowledge from this study may shed light on preconceived understandings of mental illness and stigma held by the public towards offenders with mental illness, which they will carry into the court when serving on a jury. Ultimately the author's hope is that these results will reveal more specific, in depth data regarding the potential influence of public opinion towards mental illness in the criminal justice system.

METHODS

This study explored the relationship between perceived guilt of offenders and mental disorders and type of offenses. As attribution theory suggests, humans possess biases that result in them making faulty attributions for another individual's behaviors. Using this conceptual framework, it was posited the participants in this study would adhere to attributional biases and perceive the offenses committed by the fictional vignette character as caused by the character's mental disorder. As mental disorders encompass a set of characteristics and therefore a part of the fictional character themselves, this would cause the participant's attributions of the character's behavior to most likely be personal or intentional in nature. However, as previously discussed, the cause and controllability of the behavior leads to inferences made about the individual's responsibility in the enacted behavior. As suggested by correspondent inference theory, if participants view the cause of the mental disorder as out of the character's control or the behavior itself as out of their control, they will view the character as less responsible, or for the purposes of this study, less guilty, regardless of the behavior being attributed to mental illness. Yet, labeling theory suggests labeling offenders in the media as "mentally ill" creates negative attitudes toward mental illness and an association between crime and mental illness in the public's mind. Participants in this study may adhere to this label and buy into the association created, resulting in harboring negative attitudes toward mentally ill offenders. Based on this, it was posited that the participants may possess negative attitudes that could result in them perceiving mentally ill offenders as more guilty than those offenders without mental illness, though their perception of controllability of the disorder may mitigate attitudes and influence their judgements of guilt. The juxtaposition of the conceptual frameworks of these two theories

leads us to our research question: do conditions of mental disorders, as defined by the DSM-V, influence change in perception of the causal factors contributing to offenses among offenders with mental illnesses?

Based on the literature, the following hypotheses were derived:

Hypothesis 1: All conditions containing a mental disorder will be rated as less guilty than those conditions not containing a mental disorder.

Hypothesis 2: Conditions containing higher ratings of severity of mental disorder with lower ratings of severity in offense type will have lower ratings of guilt of offender.

Hypothesis 3: Conditions containing lower ratings of severity of mental disorder with higher ratings of severity in offense type will have higher ratings of guilt of offender.

Participants

The 42 participants for this study were students recruited from Missouri State University's general psychology courses (PSY 121). The study was made available for students to volunteer to fulfill their courses' research participation requirement (See: Appendix A for copy of IRB study approval, IRB-FY2021-394, granted on March 24, 2021). Participants were compensated by receiving one credit of research participation to fulfill their course requirement. Participant demographics for age, race, class standing, major classification, sex and gender, political identification, religious identification, marital status, level of education completed, income, and current employment status were collected. On average, the sample consisted of nineteen-year-old (52.4%), single (88.1%), White (88.1%), freshman (78.6%), women (69%) in the McQueary College of Health and Human Services (28.6%) at the university. They mostly identified as democrats (40.5%) and atheist or non-religious (38.1%). On average, the participants were employed (52.4%) and had household incomes between $85,526 and $163,300 (26.2%). All participants were exposed to every condition but were randomly assigned the order

in which they received the materials. After conducting a power analysis, the estimated minimum sample size for this study was 98 participants.

Experimental Design

A within-subjects design was implemented in this study, specifically, all participants were exposed to varying combinations of mental disorder and offense type with the presentation order of vignettes randomized to control for order effects. The dependent variable of perception of guilt was measured through asking participants to respond to two questions. First, they were asked, "Do you perceive the individual in the story to be guilty?," accompanied by a dichotomous response option of "Yes" or "No." Following this, participants were asked the question, "How guilty do you perceive the individual in the accompanying story to be?" The response option for this question included a sliding scale of "0 to 100," with "0" indicating "Not at All Guilty," and "100" indicating "Absolutely Guilty." The independent variables of offense type and mental disorder were manipulated through the use of vignettes combining each offense type and mental disorder in the study. Vignettes included symptoms to meet criteria for the disorder as described in the DSM-V and details of the specific type of crime. The mental disorders chosen for the vignettes were as follows: schizophrenia, major depression, bipolar 1 disorder, and panic disorder. The offenses chosen to be represented in the vignettes were theft and murder. The previous disorders were chosen due to their use in several other studies reviewed in the literature as well as their prevalence and to achieve a variety across categories of symptoms. The previous offenses were selected based on the most recent Bureau of Prison's (BOP, 2020) data for the most common offenses by current incarcerated individuals and then further narrowed to reflect a dichotomy between non-violent and violent offenses. Three

variables were observed in relation to the independent and dependent variables: attitudes toward

mentally ill offenders, perceived severity of offenses, and perceived severity of mental disorders.

These were measured using a brief set of questions constructed to assess attitudes toward mental

illness and offenders as well as questions asking participants to rank in order the severity of

several offenses and mental disorders. The presentation of these accompanying questions was

counterbalanced to control for potential confounds.

Measures

A brief questionnaire containing demographic questions and items concerning exposure

toward crime and mental disorders was used in this study. Basic demographics such as gender,

race, age, occupation, political standing, class standing, and major were collected. The

questionnaire also included questions asking participants to rank order several mental disorders

and offenses based on their perception of severity of the disorder or offense. An additional set of

questions was included to briefly assess participants' attitudes toward mental illness and

offenders.

A series of brief vignettes constructed to reflect different offense type and mental

disorder combinations was employed in this study. Offense type used in the vignettes reflects the

most common offenses of offenders currently incarcerated in the Bureau of Prisons (BOP) (See:

BOP, 2020). Mental disorders included in the vignettes were chosen based on previous literature

use and prevalence of specific disorders included in various disorder categories. Each offense

type and mental disorder were combined into a vignette presented to each participant. A control

group of vignettes for each offense type without the presence of a mental disorder was also

included. Vignettes were constructed to be gender and race neutral, with the same "character"

and accompanying characteristics included in each vignette. Thus, the only difference between vignettes constructed was the offense type and mental disorder combination.

Following each vignette, participants were asked to answer two separate questions referencing their perceived guilt of the individual in the vignette. The first question, "Do you perceive the individual in the story to be guilty?," had a dichotomous response option of "Yes" or "No." The second question, "How guilty do you perceive the individual in the story to be?," implemented a sliding scale response option from "0 to 100," with "0" indicating "Not at All Guilty," and "100" indicating "Absolutely Guilty."

Procedures

Participants signed up to participate in the study through the academic institution's SONA research participation system. After signing up for the study electronically, participants were provided the link to the Qualtrics survey system page through the university's SONA system, where the initial consent form was displayed (See: Appendix B for full survey). They were instructed to read through the consent form, accept or decline, and then click to continue to the study or directed to the end of the study if they wished to decline to participate after reviewing the consent form. Depending on the version of the Qualtrics survey received, participants began with either the series of vignettes presented in random order with the accompanying perceived guilt questions or a brief set of questions containing demographics, attitudes, and severity ranking questions. Participants were asked to read the vignettes and answer each set of accompanying questions to the best of their ability. Upon completion of the task, the participants were guided to the exit page where they were provided the contact information for the researcher and community resources for any potential psychological distress

caused by the study. In total, the survey was estimated to take participants twenty to thirty

minutes to complete.

RESULTS

Using the SPSS statistical analysis system, a series of analyses were executed to answer the research question and test the hypotheses. An ANOVA test was conducted first to determine if the addition of a mental disorder to conditions resulted in a difference in guilt ratings compared to conditions without a mental disorder. A multiple regression analysis was executed to determine the influence of each mental disorder and type of offense on ratings of perceived guilt of offenders. The variables of attitudes toward mentally ill offenders, perceived severity of offense, and perceived severity of mental disorder were included in post hoc analyses. Each vignette combination of mental disorder and offense type as well as the control conditions were compared to one another as well as the rankings of severity.

First, we expected to see all vignette conditions including a mental disorder to have offenders ranked as less guilty than the control conditions containing only offenses. After conducting a regression analysis and post hoc analyses, we expected to see a negative relationship between perceived guilt of offender and mental disorder and type of offense combination. Specifically, as the rated severity of offense increased and the rated severity of mental disorder decreased, the perceived guilt of the offender would increase. Further, as the rated severity of offense decreased and the rated severity of mental disorder increased, the perceived guilt of the offender would decrease. The results of these respective analyses as they correspond to each hypothesis are described in depth in the paragraphs below, as well as additional information corresponding to exposure to mental illness, rankings of severity, and attitudes.

Exposure to Mental Illness

Descriptive analyses were conducted to determine the respective makeup of the participants in this sample (N=42) and their exposure to mental disorders and mental illness. They were asked about current and previous employment working with individuals with mental illnesses, current and previous diagnoses of mental illness, family mental illness, and personal and family experience as the victim of a crime committed by an offender with mental illness. Exposure data can be found in Table 1 below.

Table 1. Exposure to Mental Illness and Offenders with Mental Illness

Variable Name	Yes	No
MH Employment[i]	23.8%	73.8%
Previous MH Employment	57.1%	42.9%
Family MH Diagnosis	61.9%	38.1%
MH Diagnosis	23.8%	76.2%
Past MH Diagnosis	23.8%	76.2%
Victim of a Crime	9.5%	90.5%
Family Victim of a Crime	23.8%	76.2%

[i] denotes missing data, resulting in frequencies not equaling 100%

The majority of the participants reported either currently working with individuals with mental illness or having worked with individuals with mental illness in the past (Yes = 23.8%, No = 73.8%; Yes = 57.1%, No = 42.9%). Over half reported family members with mental illnesses (Yes = 61.9%, No = 38.1%) and almost a quarter reported current or past mental illnesses of their own (Yes = 23.8%, No = 76.2%; Yes = 23.8%, No = 76.2%). Finally, under 10% of participants reported being the victim of a crime committed by a person with a mental

illness and under 25% reported a family member being a victim of a crime by a person with a mental illness (Yes = 9.5%, No = 90.5%; Yes = 23.8%, No = 76.2%).

Rankings of Severity of Mental Disorder and Offense

Participants were asked to rank the mental disorders and offenses included in the vignette conditions by their perceived severity in order from most severe to least severe. The averages of their rankings for severity of mental illness are included in Table 2 below. The rankings for offense type are not included, as some participants failed to rank them. However, all who engaged in ranking the offenses ranked murder as more severe than theft.

Table 2. Rankings of Severity of Mental Disorder

Variable Name	Minimum	Maximum	Mean	Std. Deviation
Schizophrenia	1	4	1.36	.782
Bipolar Disorder	1	4	2.40	.658
Major Depressive Disorder	1	4	2.79	1.037
Panic Disorder	1	4	3.45	.763

Schizophrenia was ranked as the most severe disorder (M = 1.36, SD = .782), followed by Bipolar 1 Disorder (M = 2.40, SD = .658). Participants rated Major Depressive Disorder as the third most severe (M = 2.79, SD = 1.037) and Panic Disorder as the least severe disorder of the disorders included in the vignettes (M = 3.45, SD = .763). As mentioned previously, for the offense types, murder was rated as more severe than theft.

Hypothesis One

In order to test the first hypothesis, a new dichotomous variable of presence of mental disorder was created. Each of the ten vignette conditions of mental disorder and offense type as well as the two control conditions of just offense type were coded to represent the dichotomy "yes" versus "no" of presence of mental disorder. This resulted in each participant's responses being recorded as ten separate observations to achieve the new variable. An ANOVA test was conducted using the participant's guilt ratings on a scale from 1-100 as the dependent variable with the dichotomous variable of presence of mental disorder as the independent variable. The results of this analysis can be found in Table 3 and 4 below.

The disorder present condition (M = 46.22, SD = 22.619; Table 3) was not rated significantly less guilty than the no disorder present condition (M = 47.31, SD = 23.770; Table 3). The ANOVA test revealed that the overall presence of mental disorder did not have a significant effect on guilt ratings made in offenses (F (1, 418) = .154, p = .695; Table 4). The assumption of normality was violated, but homogeneity of variances was maintained. A nonparametric analysis of the variables indicated similar results (H (1) = .002, p = .967; See Table 5 below). A post hoc power analysis revealed the study was underpowered (.35) for a moderate effect size an alpha of .05.

Table 3. Guilt Ratings between Mental Disorder and No Disorder Conditions-Descriptives

	N	Mean	Std. Dev	Std. Error
Yes; Disorder Present	336	46.22	22.619	1.234
No; Disorder Not Present	84	47.31	23.770	2.594
Total	420	46.44	22.829	1.114

Table 4. ANOVA Test for Presence of Mental Disorder

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	80.172	1	80.172	.154	.695
Within Groups	218295.025	418	522.237		
Total	218375.264	419			

Table 5. Non-Parametric Test for Presence of Mental Disorder

Kruskall-Wallis H	.002
Df	1
Asymp. Sig.	.967

Hypothesis Two and Three

To the test the second and third hypotheses, one variable was created from the data and coded in levels to represent each mental disorder and offense type condition. Again, in order to achieve this variable, this resulted in each participant's responses being recorded as ten separate observations and recoded into dummy variables to represent each mental disorder and offense type condition. A multiple regression analysis was executed to predict participant ratings of guilt from each mental disorder and offense type condition. The results of the multiple regression can be found below in Tables 6, 7, and 8.

A multiple regression analysis was executed to predict participant ratings of guilt from each mental disorder and offense type condition. A significant overall model was achieved (R^2 = .070, R^2_{adj} = .051, $F(7, 328)$ = 3.552, $p < .001$; Table 6). Significant differences were found

22

between several of the conditions (See: Table 7). The Schizophrenia/Theft condition was

automatically selected via the SPSS system as the reference condition for all other disorders.

Significant differences were found with Major Depressive Disorder/Theft ($p < .015$, B = -.172),

Major Depressive Disorder/Murder ($p < .009$, B = -.186), and Panic Disorder/Theft ($p < .013$, B

= -.176). No significant differences were found with Schizophrenia/Murder ($p < .696$, B = .028),

Bipolar 1 Disorder/Theft ($p < .898$, B = .009), Bipolar 1 Disorder/Murder ($p < .905$, B = -.008),

and Panic Disorder/Murder ($p < .086$, B = -.121). Specifically, Schizophrenia/Theft (M =

51.571, SD = 21.958) and Murder (M = 53.452, SD = 19.961) were rated more guilty than Major

Depressive Disorder/Theft (M = 39.833, SD = 23.179), Major Depressive Disorder/Murder (M =

38.881, SD = 21.970), and Panic Disorder/Theft (M = 39.524, SD = 24.388). Bipolar 1

Disorder/Theft (M = 52.190, SD =22.841) and Murder (M = 51.000, SD = 19.911) were also

rated more guilty than Major Depressive Disorder/Theft, Major Depressive Disorder/Murder,

and Panic Disorder/Theft. However, significant differences in guilt ratings were not found

between the Schizophrenia conditions, Bipolar conditions and the Panic Disorder/Murder

condition (M =43.286, SD = 21.735), though the Panic Disorder/Murder condition was still rated

less guilty than the Schizophrenia and Bipolar conditions (See: Table 8).

Table 6. Model Summary of Guilt Ratings by Mental Disorder

Model Summary							
			Overall Model Test				
Model	R	R^2	Adj R^2	F	df1	df2	p
1	.265	.070	.051	3.552	7	328	.001

Table 7. Coefficients for Guilt Ratings by Mental Disorder

Model	Unstandardized B	Std. Error	Std. B	t	Sig.
(Constant)	51.571	3.401		15.165	.000
Schizophrenia/Murder	1.881	4.809	.028	.391	.696
MDD/Theft	-11.738	4.809	-.172	-2.441	.015*
MDD/Murder	-12.690	4.809	-.186	-2.639	.009*
BPD/Theft	.619	4.809	.009	.129	.898
BPD/Murder	-.571	4.809	-.008	-.119	.905
Panic/Theft	-12.048	4.809	-.176	-2.505	.013*
Panic/Murder	-8.286	4.809	-.121	-1.723	.086

* denotes significance

Table 8. Guilt Ratings by Mental Disorder Condition

Variable	Mean	Std. Deviation
Schizophrenia/Theft	51.571	21.958
Schizophrenia/Murder	53.452	19.961
MDD/Theft	39.833	23.179
MDD/Murder	38.881	21.970
BPD/Theft	52.190	22.841
BPD/Murder	51.000	19.911
Panic/Theft	39.524	24.388
Panic/Murder	43.286	21.735

Attitudes Toward Mentally Ill Offenders

In addition to the primary statistical analyses, descriptive and frequency analyses were conducted on the data collected regarding participant's attitudes toward mentally ill offenders. The eight questions containing statements about mental illness and offenders with their

corresponding Likert scale ratings were coded and participant scores were averaged to illustrate their overall attitude toward mentally ill offenders. The first and last question were reverse coded to aid in checking consistency of respondents. Scores of 1-3 indicated negative attitudes, a score of 4 indicated neither negative or positive attitudes, and scores of 5-7 indicated positive attitudes. The participants' ratings for each statement as well as their overall attitude scores are provided in Table 9 below.

The first statement, "Mental illnesses can be treated," was "somewhat agreed" with on average (M = 5.98, SD = .811). Participants disagreed with the statement, "People with mental illnesses are crazy" (M = 6.00, SD = 1.059). The third statement, "Offenders with mental illnesses are terrible people" was "somewhat disagreed" with by participants (M = 5.52, SD = 1.292). "Offenders with mental illnesses are in control of their choices and behaviors" resulted in an average response of "neither agree nor disagree" from participants (M = 4.33, SD = 1.262). The statements, "Offenders with mental illnesses are just trying to use their mental illnesses to "get out of jail for free,"" and "Mentally ill offenders should be locked away for the public's safety" were both "somewhat disagreed" with on average (M = 5.29, SD = 1.154; M = 5.07, SD = 1.520). Finally, "The public should be notified when a mentally ill offender is being released back into the public" and "Mentally ill offenders should receive special treatment as compared to offenders without mental illnesses," both were "neither agreed nor disagreed" with by participants on average (M = 4.17, SD = 1.324; M = 4.02, SD = 1.370). Overall, the participants possessed relatively positive attitudes toward mental illness and offenders with mental illnesses (M = 5.048, SD = .659).

Table 9. Attitudes Toward Offenders with Mental Illness

Variable	Minimum	Maximum	Mean	Std. Deviation
MH Treatment	5	7	5.98	.811
MH Crazy	4	7	6.00	1.059
MH Terrible	3	7	5.52	1.292
MH Control	1	7	4.33	1.262
MH Get Out of Jail	3	7	5.29	1.154
MH Public Safety	2	7	5.07	1.520
MH Release	1	7	4.17	1.324
MH Special Treatment	1	7	4.02	1.370
Average Attitude	3.63	6.50	5.048	.659

DISCUSSION

The purpose of this research was to observe individual's perceptions of guilt in offenses committed by offenders with mental illnesses to ultimately answer the research question: do specific conditions of mental disorders, as defined by the DSM-V, influence change in the perception of the causal factors contributing to offenses among offenders with mental illnesses? These results suggest, to some extent, specific conditions of mental disorders can influence change in the perception of guilt of offenses committed by mentally ill offenders. It was first hypothesized that the simple presence of a mental disorder in an offense, regardless of type of disorder, would cause ratings of guilt to decrease as compared to offenses committed by individuals without a mental disorder. This hypothesis was not supported. It was further hypothesized that guilt ratings would change based on the specific mental disorder condition and accompanying offense type; such that, conditions with mental disorders rated as more severe paired with offense types rated as less severe would result in lower ratings of guilt, and conditions with mental disorders rated as less severe paired with offense types rated as more severe would result in higher ratings of guilt. These hypotheses were also not supported; however, there were significant differences found in guilt ratings among conditions not in the pattern predicted. Schizophrenia was rated as the most severe mental disorder condition among the mental disorders included in this study, but both conditions of Schizophrenia were rated as more guilty than lower rated disorder conditions such as Major Depressive Disorder and Panic Disorder. Furthermore, Bipolar 1 Disorder was rated as the second most severe disorder condition among the mental disorders, but both Bipolar 1 conditions were also rated more guilty than the lower rated disorder conditions such as Major Depressive Disorder and Panic Disorder

27

combined with the theft offense. Overall, it appeared that mental disorder conditions rated as more severe resulted in participants rating the individual as more guilty than those conditions rated as less severe.

These findings, while they contradict the original hypotheses, can still be understood and interpreted within the frameworks of attribution theory, correspondent inference theory, and labeling theory. Correspondent inference theory suggests that if the participants in the study viewed the cause of the mental disorder as out of the character's control or their behavior itself as out of their control, they would view the character as less responsible or less guilty, regardless of whether the behavior was attributed to mental illness. Yet, the more severe disorders were rated as more guilty, suggesting participants found the characters with less control of their behavior or mental capacity as more guilty, thus contradicting the correspondent inference theory. This finding too suggests participants likely adhered to negative labels associated with mental illness and offenders, and their perceptions of controllability of the character's behavior did not mitigate the attributions they made for the character's behavior. Furthermore, this notion seems odd, considering participants on average had positive attitudes towards offenders with mental illness and produced relatively undecided answers on average about individuals with mental illnesses' controllability of their behavior. Perhaps, participants recognized and perceived it to be favorable to possess positive attitudes towards offenders with mental illness but were unable to conceal their true biases or attitudes when asked to rate guilt in the vignettes. Further research may be needed to explore this avenue and its potential implications.

These findings may be important, especially in the criminal justice system. The perception of mental disorders is highly important in juror evaluations of guilt in crimes committed by offenders with mental illnesses. Jurors who possess negative perceptions or

attitudes about mental illness may attribute more or less guilt in the offense based on the mental disorder. This particular study illustrated the type of mental disorder did affect the evaluations of guilt in an offense. Should members of the public who serve on juries adhere to the same patterns as the participants in this study, offenders with specific mental illnesses may have a greater chance of being found guilty in a jury trial than others. Legal defense of these offenders may do well to carefully consider whether they will include the information of their client's mental illness in their defense (even in cases where the mental illness is not the primary defense). Furthermore, the findings suggest different mental disorders as combined with different offense types hold a different weight of perceived guilt, indicating predictions of rate of conviction in trials based on the offender's offense and mental disorder combination may be able to be made with continued research. This information could benefit legal defense teams in understanding the magnitude of the challenge they face in defending their client before they ever enter the courtroom. Finally, the findings illustrate that while people may have generally positive attitudes toward mental illness and offenders with mental illness, these attitudes may not always translate into application. This has potential to be detrimental in interactions with offenders with mental illness, whether this be with law enforcement, legal teams, correctional employees, or any person who may have to interact with these individuals. Unrecognized bias or negative attitudes could result in improper treatment, ineffective defense, stigma, or other problematic outcomes for these individuals while under the supervision of these systems.

Limitations

The current study utilized a small, relatively homogeneous sample from a public university in rural, Southwest Missouri. Participant demographics reflected the university

population and primarily consisted of white females, which does not represent the overall population of the United States. The sample size for the study was ultimately very small and was underpowered, potentially influencing the significance of the results obtained. In addition to the sample size issues, there were instances of missing data in the participant's responses. Participants who had excessive missing responses were removed from the data, while three participants with missing responses that could be reasonably determined were corrected and retained. This occurred with their guilt ratings, in which their completed ratings were used to average a response for the missing rating. It is possible that this practice may have also influenced the significance of the results obtained. However, this was only done when it was quite obvious what the participant would have answered and if there was any question as to what they may have answered, the participant's data was removed from the set.

Furthermore, the survey questions and vignettes used in the questionnaire were constructed by the researcher. While the materials were created to account for a variety of issues, they were not previously validated measures, and as such, the reliability and validity of the measures may be questionable. However, due diligence was taken to research and craft the measures in such a way as to avoid leading language, unnecessary detail that may affect perceptions, and to reflect common statements made about offenders and mental illness. Vignettes purposefully omitted specific language to allude to gender, age, and socioeconomic status of the individuals committing the crime in the story. Though effort was made to ameliorate the effects of reduced validity and reliability in the measures, the true validity and reliability of the measures utilized in the study is unknown.

Recommendations

Future research should aim to include a wide variety of offense types and mental disorders. The current study included a small sample of possible offenses and mental disorders from a much larger pool of possible combinations. Possible avenues for exploration could focus on including a disorder from every category of disorders in the DSM-V or focusing on the differences in perceptions between all the disorders in one specific category (i.e. Anxiety Disorders, Depressive Disorders, etc.). The inclusion of more categories of offenses as well as the specific nuances between types of offenses in a category may also prove to be fruitful. Additionally, more research may need to be conducted to assess implicit attitudes towards offenders with mental illnesses and the implications of attitudes in scenarios, such as making guilt judgements.

The current study utilized a population of university students in rural Southwest Missouri. Future research should target more representative and larger samples of the general public in the United States. In addition, samples from a variety of special populations could provide interesting results. Specifically, recreating the current study with law enforcement, legal representatives, judges, juries, or offenders could highlight the differences in perceptions between different forensic populations. This information could better inform the influence of perceptions toward offenders with mental illnesses in the legal system as well as in forensic institutions.

Conclusions

The perception of mental disorders affects the perception of guilt in offenses committed by offenders with mental illnesses. In this study, the perceived severity of the mental disorder in

question mitigates individuals' guilt judgements, such that the more severe they perceive the disorder, the more guilt they attribute to the individual in the offense. The information about the specific mental disorder an offender possesses can influence the amount of guilt persons attribute to the offense committed, resulting in potentially detrimental outcomes for offenders with mental illnesses versus offenders without mental illnesses. Proper care should be taken to ensure negative perceptions of mental disorders do not enter the courtroom or offenders with mental illnesses may have a greater chance of being perceived as guilty. Future research should aim to assess perceptions of multiple mental disorders and the perceptions of influential people such as jurors, legal defense, judges, and other forensic employees to gauge current risk and outcomes of these perceptions.

REFERENCES

Adams, C. (2010). *Public opinion on the sentencing of mentally ill female offenders; factors that influence people's perceptions of appropriate punishments and the impact of personal experience on sentencing judgements*. [Honor's thesis, Edith Cowan University]. Theses-Honours. Retrieved from https://ro.ecu.edu.au/theses_hons/1247

Berryessa, C.M., Milner, L.C., Garrison, N.A., & Cho, M.K. (2015). Impact of psychiatric information on potential jurors in evaluating high-functioning autism spectrum disorder (hfASD). *Journal of Mental Health Research in Intellectual Disabilities, 8*(3-4), 140-167.

Bureau of Prisons. (2020). *Offenses*. https://www.bop.gov/about/statistics/statistics_inmate_offenses.jsp

Center for Disease Control and Prevention (2018). *Learn About Mental Health*. https://www.cdc.gov/mentalhealth/learn/index.html

Church, W. T., Baldwin, J., Brannen, D. N., & Clements, C. B. (2009). An exploratory study of social work student's attitudes toward mentally-ill offenders. *Best Practices in Mental Health, 5*(2), 29-39.

Clark, J. P. (1967). The measurement of delinquency [Review of the book The measurement of delinquency]. *Social Forces, 45*(3), 463-464.

Crittenden, K. S. (1983). Sociological aspects of attribution. *Annual Review of Sociology, 9*(1983), 425-446.

Corrigan, P., Markowitz, F. E., Watson, A., Rowan, D., & Kubiak, M. A. (2003). An attribution model of public discrimination towards persons with mental illness. *Journal of Health and Social Behavior, 44*(2), 162-179.

Davison, M. K. & Farreras, I. G. (2010). Crime type, proximity of crime perpetrator, and just world theory attributions. *Psi Chi Journal of Undergraduate Research, 15*(4), 214-220.

Edwards, C. P. & Miller, M. K. (2018). How individual differences relate to attitudes toward the mentally ill: Implications for trial lawyers. *The Jury Expert, 29*(1).

Garrison, S. (2019). *The influence of mental illness on the perception of guilt.* [Honor's thesis, Western Kentucky University]. Honors College Capstone Experience/Thesis Projects. Retrieved from https://digitalcommons.wku.edu/stu_hon_theses/821

Granello, D. H. & Pauley, P. S. (2000). Television viewing habits and their relationships to tolerance toward people with mental illness. *Journal of Mental Health Counseling, 22*(2), 162-175.

Kortright, K. (2019). *Double stigma: how jurors perceive mentally ill defendants*. [Master's thesis, University of Alabama]. Theses and Dissertations-Department of Criminology and Criminal Justice. Retrieved from http://ir.ua.edu/handle/123456789/6088

La Ganga, M.L. (2015, April 27). James Holmes painted as a cunning killer, or a victim of schizophrenia. *L.A. Times*. https://www.latimes.com/nation/la-na-james-holmes-trial-20150427-story.html

Link B.G., Phelan J.C., Bresnahan M., Stueve A., & Pescosolido B.A. (1999). Public conceptions of mental illness: labels, causes, dangerousness, and social distance. *Am J Public Health*, *89*(9), 1328-1333. https://doi:10.2105/ajph.89.9.1328

Locke, C. (2010). *Public attitudes toward mental illness: An experimental design examining the media's impact of crime on stigma.* (Publication No. osu1268086954). [Doctoral Dissertation, Ohio State University]. OhioLINK: Electronic Theses & Dissertations Center. Retrieved from http://rave.ohiolink.edu/etdc/view?acc_num=osu1268086954

McGinty, E. E., Kennedy-Hendricks, A., Choksy, S., & Barry, C. L. (2016). Trends in news media coverage of mental illness in the United States: 1995-2014. *Health affairs (Project Hope)*, *35*(6), 1121–1129. https://doi.org/10.1377/hlthaff.2016.0011

McGinty, M.S., Webster, D.W., & Barry, C.L. (2013). Effects of news media messages about mass shootings on attitudes toward persons with serious mental illness and public support for gun control policies. *American Journal of Psychiatry, 170,* 494—501.

Mowle, E. N., Edens, J. F., Clark, J.W., & Sorman, K. (2016). Effects of mental health and neuroscience evidence on juror perceptions of a criminal defendant: The moderating role of political orientation. *Behavioral Sciences and the Law, 34*, 726-741.

National Center for Education Statistics (2020, May). *Educational Attainment for Young Adults*. Institute of Education Sciences. https://nces.ed.gov/programs/coe/indicator_caa.asp

Rayborn, K. N. (2016). *Student perceptions of mentally ill offenders.* (Publication No. 180). [Master's Thesis, University of Southern Mississippi]. The Aquila Digital Community. Retrieved from https://aquila.usm.edu/masters_theses/180

Shearer, E. (2018, December 10). *Social media outpaces print newspapers in the U.S. as a news source.* Pew Research Center. https://www.pewresearch.org/fact-tank/2018/12/10/social-media-outpaces-print-newspapers-in-the-u-s-as-a-news-source/

Thompson, R. A., Paulson, D., Valgardson, B., Nored, L., & Johnson, W.W. (2014). Perceptions of defendants with mental illness. *Mississippi Statistical Analysis Center, 32*.

Torrey, E.F. (2007, April 23). Help the ill before they kill. *N.Y. Post.* https://nypost.com/2007/04/23/help-the-ill-before-they-kill/

Welch, A. (2016, June 6). *Violence and mental illness: Is media overplaying the link?* CBS NEWS. https://www.cbsnews.com/news/too-many-news-stories-wrongly-link-violence-with-mental-illness/

U. S. Department of Justice. (1985) *The national survey of crime severity* (Publication No. NCJ-96017). Washington, DC: U.S. Government Printing Office.

APPENDICES

Appendix A. Human Subjects IRB Approval

Wednesday, April 14, 2021 at 20:59:44 Central Daylight Time

Subject: IRB-FY2021-394 - Initial: Initial Approval

Date: Wednesday, March 24, 2021 at 4:29:28 PM Central Daylight Time

From: do-not-reply@cayuse.com

To: Zimmerman, David M, Deal, William P, Capps, Steven C, Stone, Sydney N

Attachments: ATT00001.png

To:
William Deal
Learning Diagnostic Clinic, Psychology
Steven Capps, David Zimmerman

RE: Notice of IRB Approval
Submission Type: Initial
Study #: IRB-FY2021-394
Study Title: The Influence of DSM-5 Mental Disorders and Type of Offense on Perceived Guilt in Offenders
Decision: Approved

Approval Date: March 24, 2021

This submission has been approved by the Missouri State University Institutional Review Board (IRB). You are required to obtain IRB approval for any changes to any aspect of this study before they can be implemented. Should any adverse event or unanticipated problem involving risks to subjects or others occur it must be reported immediately to the IRB.

_____
_____

This study was reviewed in accordance with federal regulations governing human subjects research, including those found at 45 CFR 46 (Common Rule), 45 CFR 164 (HIPAA), 21 CFR 50 & 56 (FDA), and 40 CFR 26 (EPA), where applicable.

Researchers Associated with this Project:
PI: William Deal
Co-PI: Steven Capps, David Zimmerman
Primary Contact: Sydney Stone
Other Investigators:

Appendix B. Qualtrics Survey

Perception of Guilt

Q77
Introduction: You have been asked to participate in a research study that is part of the requirement for a master's degree in Clinical Psychology for Sydney N. Stone. Before you agree to participate in this study, it is important that you read about and understand the study and the procedures it involves. The investigator and/or necessary staff members will explain the project to you in detail. If you have any questions about the study or your role in it, be sure to ask the investigator or a designated staff member. If you have any more questions at a later time, Sydney N. Stone would be happy to answer them for you. You may contact the investigator at: Sydney N. Stone: stone002@missouristate.edu You will need to sign this form giving your permission to be involved in this study. Taking part in this study is completely voluntary, and if at any time you wish to discontinue your participation, you may stop. There are no negative consequences for discontinuing participation. **Purpose of this Study** The purpose of this study is to determine the influence of DSM-5 mental disorders on the perception of guilt in offenses committed by offenders with mental illness. You have been asked to participate because you are a student enrolled in the PSY 121 course. This study will gather attitudes and perceptions toward offenders with mental illnesses from students aged 18+ at Missouri State University. **Description of Procedures** If you decide to take part in this study, you will be asked to fill out a 50+, multiple choice and fill in the blank questionnaire which will ask you some information about your attitudes toward offenders with mental illnesses and your perception of guilt in vignette characters. Additionally, there will be a few questions regarding demographics (e.g., age, gender, race, education, income, exposure, etc.). This questionnaire should take about 20 to 30 minutes to complete. All responses will be confidential. **What are the risks?** We estimate the potential risks of this study to be minimal. However, you may experience some psychological discomfort when answering questions about attitudes or when reading vignettes. **What are the benefits?** You will receive credit in your course for completing the study. Your participation will also help investigators to determine if the knowledge of mental disorders has an influence on the public's perception of guilt in offenders with mental illness. This knowledge will allow us to better understand if different mental disorders are perceived in a way that may be beneficial or harmful in a court setting than others. **How will my privacy be protected?** Information about you will be kept confidential. You will be asked to provide basic demographic information but will not be asked to provide identifiers such as your name, birthdate, or SSN. All responses to the survey questions will be kept in a password protected server and will be deleted three years after the study is completed. **Consent to Participate** If you wish to participate in this study, *The Influence of DSM-5 Mental Disorders and Type of Offense on Perceived Guilt in Offenders,* you are required to check the box below as an indication of your willingness to participate. I have read and understand the information presented in this form. I have been encouraged to ask questions and

all of my questions have been answered to my satisfaction. I have been informed I can withdraw from this study at any time, without any negative consequences. By signing this form, I voluntarily am agreeing to participate in this study.   (Please check the box if you consent to participate in this study.)

◯ I consent to participate in the following study. (1)

End of Block: CONSENT

Start of Block: Vignette 1 Theft Control

Q50 **Read the following short story and respond to the accompanying questions to the best of your ability.** Individual X is attending a dinner party work event at a coworker's home in Smallville, USA. The event is a small gathering of coworkers in Individual X's unit at their company. Midway through dinner, Individual X excuses themselves to use the coworker's private bathroom in their bedroom. Individual X returns to the party and excuses themselves shortly afterwards to go home. Later that night, Individual X's coworker realizes their partner's diamond ring is missing from the bathroom sink counter and after discussing with their partner, determine someone at the dinner party must have stolen it. Individual X's coworker calls local authorities and after arriving at the scene and investigating, they discover two people used the couple's bathroom during the party. After speaking with several individuals at the party and still not reaching a conclusion on who must have done it, they decide to move forward and arrest Individual X on charges of grand theft in hopes of unveiling the truth after the arrest. Individual X has been attending trial for the charges of grand theft for the past few weeks. Despite being accused of stealing the diamond ring, Individual X has denied their involvement in the alleged offense all throughout the trial and maintains their innocence. The jury is set to make a decision of guilt today. However, the public is making their own determinations of Individual X's guilt. You, a member of the public is asked……
1.   Do you perceive the individual in the story to be guilty?

◯ Yes (1)

◯ No (2)

Q51 How guilty do you perceive the individual in the story to be? **Please rate below:**

	Not at All Guilty					Absolutely Guilty				
	0	10	20	30	40	50	60	70	80	90	100

Guilt () ————————————[slider at 50]————————————

38

Q52 **Read the following short story and respond to the accompanying questions to the best of your ability.**   Individual X is attending a dinner party work event at a coworker's home in Smallville, USA. The event is a small gathering of coworkers in Individual X's unit at their company**.** While sitting down for dinner, a conversation regarding a touchy or avoided subject among the coworkers breaks out. An altercation occurs among all of the coworkers and in the midst of the fight, one of the coworkers is pushed and falls onto one of the serving knives, stabbing them in the chest. Emergency services are called for the injured coworker and while in route to the hospital, the injured coworker dies of their sustained injuries. The next day, local authorities are called to investigate the scene, and after speaking with the individuals at the party, discover there were only two people seated near the deceased coworker at the table when the fight broke out, one of which was Individual X. However, none of the coworkers saw who pushed the deceased coworker, and Individual X and the other person seated near the deceased coworker both deny pushing them. After discussing amongst each other, local authorities decide to arrest Individual X for manslaughter or murder in hopes of revealing the truth after the arrest.

   Individual X has been attending trial for the charges of manslaughter for the past few weeks. Though Individual X has been accused of pushing their coworker and causing their death, they have denied their involvement in the alleged offense all throughout the trial and maintain their innocence. The jury is set to make a decision of guilt today. However, the public is making their own determinations of Individual X's guilt. You, a member of the public is asked…….
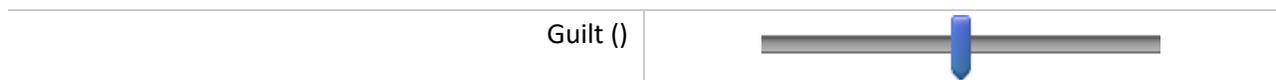1.   Do you perceive the individual in the story to be guilty?

○ Yes (1)

○ No (2)

Q53 How guilty do you perceive the individual in the story to be? **Please rate below:**

	Not at All Guilty	Absolutely Guilty
	0 10 20 30 40 50 60 70 80 90 100	
Guilt ()		

39

Q51 **Read the following short story and respond to the accompanying questions to the best of your ability.** Individual X is attending a dinner party work event at a coworker's home in Smallville, USA. The event is a small gathering of coworkers in Individual X's unit at their company. Midway through dinner, Individual X excuses themselves to use the coworker's private bathroom in their bedroom. Individual X returns to the party and excuses themselves shortly afterwards to go home. Later that night, Individual X's coworker realizes their partner's diamond ring is missing from the bathroom sink counter and after discussing with their partner, determine someone at the dinner party must have stolen it. Individual X's coworker calls local authorities and after arriving at the scene and investigating, they discover two people used the couple's bathroom during the party. After speaking with several individuals at the party and still not reaching a conclusion on who must have done it, they decide to move forward and arrest Individual X on charges of grand theft in hopes of unveiling the truth after the arrest. A psychological evaluation is conducted on Individual X before trial. The psychologist conducting the evaluation has diagnosed them with Schizophrenia. Individual X experienced hallucinations and delusions for the past month prior to the dinner party event, during which they often heard voices telling them to do things and believed others were "out to get them." They also showed a steady decline in their ability to function for the past six months prior to the dinner party. During this time, Individual X began slowly withdrawing from their friends, struggling to keep up with their work, and becoming increasingly unclean or forgetting to take care of their hygienic needs. Individual X has been attending trial for the charges of grand theft for the past few weeks. Despite being accused of stealing the diamond ring, Individual X has denied their involvement in the alleged offense all throughout the trial and maintains their innocence. The jury is set to make a decision of guilt today. However, the public is making their own determinations of Individual X's guilt. You, a member of the public is asked……
1. Do you perceive the individual in the story to be guilty?

○ Yes (1)

○ No (2)

Q52 How guilty do you perceive the individual in the story to be? **Please rate below:**

	Not at All Guilty	Absolutely Guilty
	0 10 20 30 40 50 60 70 80 90 100	
Guilt ()		

Q53 Read the following short story and respond to the accompanying questions to the best of your ability.

Individual X is attending a dinner party work event at a coworker's home in Smallville, USA. The event is a small gathering of coworkers in Individual X's unit at their company. While sitting down for dinner, a conversation regarding a touchy or avoided subject among the coworkers breaks out. An altercation occurs among all of the coworkers and in the midst of the fight, one of the coworkers is pushed and falls onto one of the serving knives, stabbing them in the chest. Emergency services are called for the injured coworker and while in route to the hospital, the injured coworker dies of their sustained injuries. The next day, local authorities are called to investigate the scene, and after speaking with the individuals at the party, discover there were only two people seated near the deceased coworker at the table when the fight broke out, one of which was Individual X. However, none of the coworkers saw who pushed the deceased coworker, and Individual X and the other person seated near the deceased coworker both deny pushing them. After discussing amongst each other, local authorities decide to arrest Individual X for manslaughter or murder in hopes of revealing the truth after the arrest. A psychological evaluation is conducted on Individual X before trial. The psychologist conducting the evaluation has diagnosed them with Schizophrenia. Individual X experienced hallucinations and delusions for the past month prior to the dinner party event, where they often heard voices telling them to do things and believed others were "out to get them." They also showed a steady decline in their ability to function for the past six months prior to the dinner party. During this time, Individual X began slowly withdrawing from their friends, struggling to keep up with their work, and becoming increasingly unclean or forgetting to take care of their hygienic needs. Individual X has been attending trial for the charges of manslaughter for the past few weeks. Though Individual X has been accused of pushing their coworker and causing their death, they have denied their involvement in the alleged offense all throughout the trial and maintain their innocence. The jury is set to make a decision of guilt today. However, the public is making their own determinations of Individual X's guilt. You, a member of the public is asked…….

1. Do you perceive the individual in the story to be guilty?

○ Yes (1)

○ No (2)

Q54 How guilty do you perceive the individual in the story to be? **Please rate below:**

	Not at All Guilty	Absolutely Guilty
	0 10 20 30 40 50 60 70 80 90 100	
Guilt ()		

Q55 **Read the following short story and respond to the accompanying questions to the best of your ability.**   Individual X is attending a dinner party work event at a coworker's home in Smallville, USA. The event is a small gathering of coworkers in Individual X's unit at their company. Midway through dinner, Individual X excuses themselves to use the coworker's private bathroom in their bedroom. Individual X returns to the party and excuses themselves shortly afterwards to go home. Later that night, Individual X's coworker realizes their partner's diamond ring is missing from the bathroom sink counter and after discussing with their partner, determine someone at the dinner party must have stolen it. Individual X's coworker calls local authorities and after arriving at the scene and investigating, they discover two people used the couple's bathroom during the party. After speaking with several individuals at the party and still not reaching a conclusion on who must have done it, they decide to move forward and arrest Individual X on charges of grand theft in hopes of unveiling the truth after the arrest. A psychological evaluation is conducted on Individual X before trial. The psychologist conducting the evaluation has diagnosed them with Major Depressive Disorder. For the two weeks prior to the dinner party, Individual X presented with a severely depressed mood all day, a loss of interest in doing anything, a loss of twenty pounds in weight, fatigue and a loss of energy, and a decreased ability to think and make decisions. These symptoms were beginning to cause problems at work and in Individual X's social life. Individual X has been attending trial for the charges of grand theft for the past few weeks. Despite being accused of stealing the diamond ring, Individual X has denied their involvement in the alleged offense all throughout the trial and maintains their innocence. The jury is set to make a decision of guilt today. However, the public is making their own determinations of Individual X's guilt. You, a member of the public is asked……

 1.   Do you perceive the individual in the story to be guilty?

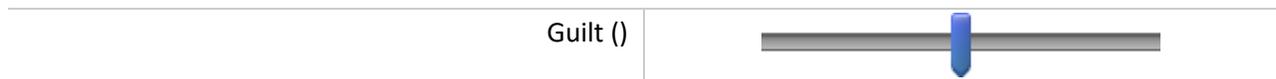○ Yes (1)

○ No (2)

Q56 How guilty do you perceive the individual in the story to be? **Please rate below:**

	Not at All Guilty	Absolutely Guilty
	0 10 20 30 40 50 60 70 80 90 100	
Guilt ()	|⸻⸻⸻▮⸻⸻⸻|

Q57 Read the following short story and respond to the accompanying questions to the best of your ability.

   Individual X is attending a dinner party work event at a coworker's home in Smallville, USA. The event is a small gathering of coworkers in Individual X's unit at their company**.** While sitting down for dinner, a conversation regarding a touchy or avoided subject among the coworkers breaks out. An altercation occurs among all of the coworkers and in the midst of the fight, one of the coworkers is pushed and falls onto one of the serving knives, stabbing them in the chest. Emergency services are called for the injured coworker and while in route to the hospital, the injured coworker dies of their sustained injuries. The next day, local authorities are called to investigate the scene, and after speaking with the individuals at the party, discover there were only two people seated near the deceased coworker at the table when the fight broke out, one of which was Individual X. However, none of the coworkers saw who pushed the deceased coworker, and Individual X and the other person seated near the deceased coworker both deny pushing them. After discussing amongst each other, local authorities decide to arrest Individual X for manslaughter or murder in hopes of revealing the truth after the arrest. A psychological evaluation is conducted on Individual X before trial. The psychologist conducting the evaluation has diagnosed them with Major Depressive Disorder. For the two weeks prior to the dinner party, Individual X presented with a severely depressed mood all day, a loss of interest in doing anything, a loss of twenty pounds in weight, fatigue and a loss of energy, and a decreased ability to think and make decisions. These symptoms were beginning to cause problems at work and in Individual X's social life. Individual X has been attending trial for the charges of manslaughter for the past few weeks. Though Individual X has been accused of pushing their coworker and causing their death, they have denied their involvement in the alleged offense all throughout the trial and maintain their innocence. The jury is set to make a decision of guilt today. However, the public is making their own determinations of Individual X's guilt. You, a member of the public is asked…….

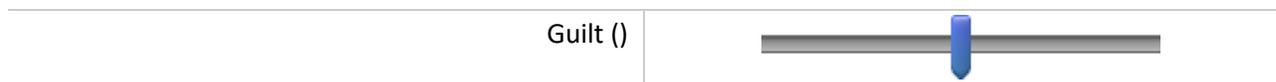 1.   Do you perceive the individual in the story to be guilty?

◯ Yes (1)

◯ No (2)

Q58 How guilty do you perceive the individual in the story to be? **Please rate below:**

	Not at All Guilty	Absolutely Guilty
	0 10 20 30 40 50 60 70 80 90 100	
Guilt ()		

Q59 Read the following short story and respond to the accompanying questions to the best of your ability.

Individual X is attending a dinner party work event at a coworker's home in Smallville, USA. The event is a small gathering of coworkers in Individual X's unit at their company. Midway through dinner, Individual X excuses themselves to use the coworker's private bathroom in their bedroom. Individual X returns to the party and excuses themselves shortly afterwards to go home. Later that night, Individual X's coworker realizes their partner's diamond ring is missing from the bathroom sink counter and after discussing with their partner, determine someone at the dinner party must have stolen it. Individual X's coworker calls local authorities and after arriving at the scene and investigating, they discover two people used the couple's bathroom during the party. After speaking with several individuals at the party and still not reaching a conclusion on who must have done it, they decide to move forward and arrest Individual X on charges of grand theft in hopes of unveiling the truth after the arrest. A psychological evaluation is conducted on Individual X before trial. The psychologist conducting the evaluation has diagnosed them with Bipolar 1 Disorder. In the month prior to the dinner party, Individual X experienced a two-week period of time where they had a severely depressed mood all day, a loss of interest in doing anything, a loss of twenty pounds in weight, fatigue and a loss of energy, and a decreased ability to think and make decisions. Following this two-week period and into the dinner party event, Individual X experienced a weeklong period of persistently elevated or "high" mood and a persistent need to engage in activities to complete different goals. During this week, Individual X believed they were "god-like," needed very little sleep, and engaged in lots of risky activities that could result in painful consequences like reckless driving, lavish spending sprees, and acting out sexually. These behaviors were beginning to cause problems in Individual X's social life and at work. Individual X has been attending trial for the charges of grand theft for the past few weeks. Despite being accused of stealing the diamond ring, Individual X has denied their involvement in the alleged offense all throughout the trial and maintains their innocence. The jury is set to make a decision of guilt today. However, the public is making their own determinations of Individual X's guilt. You, a member of the public is asked……

1.   Do you perceive the individual in the story to be guilty?
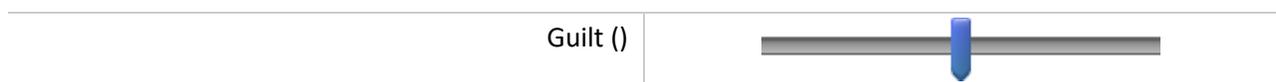
◯ Yes (1)

◯ No (2)

Q60 How guilty do you perceive the individual in the story to be? **Please rate below:**

	Not at All Guilty					Absolutely Guilty				
	0	10	20	30	40	50	60	70	80	90	100

Guilt ()

Q61 **Read the following short story and respond to the accompanying questions to the best of your ability.** Individual X is attending a dinner party work event at a coworker's home in Smallville, USA. The event is a small gathering of coworkers in Individual X's unit at their company. While sitting down for dinner, a conversation regarding a touchy or avoided subject among the coworkers breaks out. An altercation occurs among all of the coworkers and in the midst of the fight, one of the coworkers is pushed and falls onto one of the serving knives, stabbing them in the chest. Emergency services are called for the injured coworker and while in route to the hospital, the injured coworker dies of their sustained injuries. The next day, local authorities are called to investigate the scene, and after speaking with the individuals at the party, discover there were only two people seated near the deceased coworker at the table when the fight broke out, one of which was Individual X. However, none of the coworkers saw who pushed the deceased coworker, and Individual X and the other person seated near the deceased coworker both deny pushing them. After discussing amongst each other, local authorities decide to arrest Individual X for manslaughter or murder in hopes of revealing the truth after the arrest.

   A psychological evaluation is conducted on Individual X before trial. The psychologist conducting the evaluation has diagnosed them with Bipolar 1 Disorder. In the month prior to the dinner party, Individual X experienced a two-week period of time where they had a severely depressed mood all day, a loss of interest in doing anything, a loss of twenty pounds in weight, fatigue and a loss of energy, and a decreased ability to think and make decisions. Following this two-week period and into the dinner party event, Individual X experienced a weeklong period of persistently elevated or "high" mood and a persistent need to engage in activities to complete different goals. During this week, Individual X believed they were "god-like," needed very little sleep, and engaged in lots of risky activities that could result in painful consequences like reckless driving, lavish spending sprees, and acting out sexually. These behaviors were beginning to cause problems in Individual X's social life and at work. Individual X has been attending trial for the charges of manslaughter for the past few weeks. Though Individual X has been accused of pushing their coworker and causing their death, they have denied their involvement in the alleged offense all throughout the trial and maintain their innocence. The jury is set to make a decision of guilt today. However, the public is making their own determinations of Individual X's guilt. You, a member of the public is asked…….

1.   Do you perceive the individual in the story to be guilty?
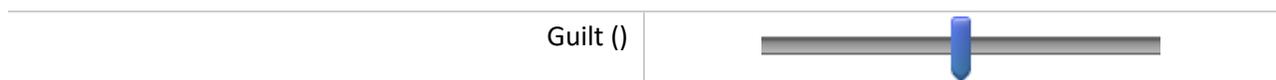
  ◯ Yes (1)

  ◯ No (2)

Q62 How guilty do you perceive the individual in the story to be? **Please rate below:**

	Not at All Guilty	Absolutely Guilty
	0 10 20 30 40 50 60 70 80 90 100	
Guilt ()		

Q63 **Read the following short story and respond to the accompanying questions to the best of your ability.** Individual X is attending a dinner party work event at a coworker's home in Smallville, USA. The event is a small gathering of coworkers in Individual X's unit at their company. Midway through dinner, Individual X excuses themselves to use the coworker's private bathroom in their bedroom. Individual X returns to the party and excuses themselves shortly afterwards to go home. Later that night, Individual X's coworker realizes their partner's diamond ring is missing from the bathroom sink counter and after discussing with their partner, determine someone at the dinner party must have stolen it. Individual X's coworker calls local authorities and after arriving at the scene and investigating, they discover two people used the couple's bathroom during the party. After speaking with several individuals at the party and still not reaching a conclusion on who must have done it, they decide to move forward and arrest Individual X on charges of grand theft in hopes of unveiling the truth after the arrest. A psychological evaluation is conducted on Individual X before trial. The psychologist conducting the evaluation has diagnosed them with Panic Disorder. Individual X has a history of random unexpected panic attacks where they experience trembling or shaking, sweating, feeling dizzy or unsteady, and feel like everything is "not real" or they are "detached" from themselves. Since their first attack one month prior to the dinner party, they have been persistently worried about having a heart attack, losing control, or going "crazy." They have also begun to avoid going to the places where they have previously had one of their panic attacks. Individual X has been attending trial for the charges of grand theft for the past few weeks. Despite being accused of stealing the diamond ring, Individual X has denied their involvement in the alleged offense all throughout the trial and maintains their innocence. The jury is set to make a decision of guilt today. However, the public is making their own determinations of Individual X's guilt. You, a member of the public is asked……

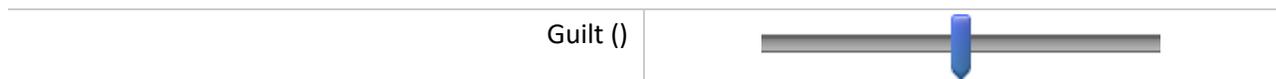1.   Do you perceive the individual in the story to be guilty?

◯ Yes (1)

◯ No (2)

Q64 How guilty to do you perceive the individual in the story to be? **Please rate below:**

	Not at All Guilty	Absolutely Guilty
	0 10 20 30 40 50 60 70 80 90 100	
Guilt ()	[slider at 50]	

Q65 **Read the following short story and respond to the accompanying questions to the best of your ability.** Individual X is attending a dinner party work event at a coworker's home in Smallville, USA. The event is a small gathering of coworkers in Individual X's unit at their company**.** While sitting down for dinner, a conversation regarding a touchy or avoided subject among the coworkers breaks out. An altercation occurs among all of the coworkers and in the midst of the fight, one of the coworkers is pushed and falls onto one of the serving knives, stabbing them in the chest. Emergency services are called for the injured coworker and while in route to the hospital, the injured coworker dies of their sustained injuries. The next day, local authorities are called to investigate the scene, and after speaking with the individuals at the party, discover there were only two people seated near the deceased coworker at the table when the fight broke out, one of which was Individual X. However, none of the coworkers saw who pushed the deceased coworker, and Individual X and the other person seated near the deceased coworker both deny pushing them. After discussing amongst each other, local authorities decide to arrest Individual X for manslaughter or murder in hopes of revealing the truth after the arrest. A psychological evaluation is conducted on Individual X before trial. The psychologist conducting the evaluation has diagnosed them with Panic Disorder. Individual X has a history of random unexpected panic attacks where they experience trembling or shaking, sweating, feeling dizzy or unsteady, and feel like everything is "not real" or they are "detached" from themselves. Since their first attack one month prior to the dinner party, they have been persistently worried about having a heart attack, losing control, or going "crazy." They have also begun to avoid going to the places where they have previously had one of their panic attacks. Individual X has been attending trial for the charges of manslaughter for the past few weeks. Though Individual X has been accused of pushing their coworker and causing their death, they have denied their involvement in the alleged offense all throughout the trial and maintain their innocence. The jury is set to make a decision of guilt today. However, the public is making their own determinations of Individual X's guilt. You, a member of the public is asked…….

1.   Do you perceive the individual in the story to be guilty?
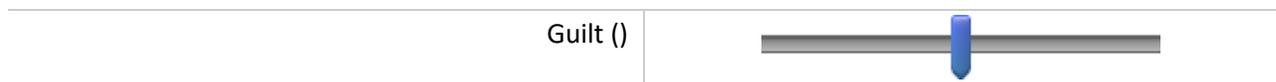
◯ Yes (1)

◯ No (2)

Q66 How guilty do you perceive the individual in the story to be? **Please rate below:**

	Not at All Guilty						Absolutely Guilty			
	0 10 20 30 40 50 60 70 80 90 100									
Guilt ()										

Q1 Please enter your age:

_____

Q2 Select your class standing:

○ Freshman (1)

○ Sophomore (2)

○ Junior (3)

○ Senior (4)

Q3 Please enter your declared major:

_____

Q4 What is your biological sex?

○ Male (1)

○ Female (2)

○ Intersex (3)

○ Other/Not listed (4)

Q5 What gender do you identify as?

○ Male (1)

○ Female (2)

○ Non-binary (3)

○ Other/ Not Listed (4)

Q6 Please select your race:

○ Asian (1)

○ Black/African American (2)

○ Hispanic/Latino (3)

○ Native American/ Other Pacific Islander (4)

○ White/Caucasian (5)

○ Other/Not Listed (6)

Q7 What political party do you most closely identify with?

○ Democrat (1)

○ Republican (2)

○ Independent (3)

○ Other/Not Listed (4)

Q8 What religious affiliation do you most closely identify with?

○ Protestant (1)

○ Catholic (2)

○ Mormon (3)

○ Muslim (4)

○ Jewish (5)

○ Buddhist (6)

○ Hindu (7)

○ Other/Not Listed (8)

○ Atheist/Not Religious (9)

Q9 What is your marital status?

○ Single (1)

○ Married (2)

○ Divorced (3)

○ Other (4)

Q11 What is the highest level of education you have completed?

○ Some High School (1)

○ High School (2)

○ Some College (3)

○ Associate's Degree (4)

○ Bachelor's Degree (5)

○ Some Post Graduate (6)

○ Master's Degree (7)

○ Doctoral Degree (8)

Q13 What is the closest estimate of your current household income?

○ less than $9,875 (1)

○ $9,876-$40,125 (2)

○ $40,126-$85,525 (3)

○ $85,526-$163,300 (4)

○ $163,301-$207,350 (5)

○ $207,351-$518,400 (6)

○ $518,401 and up (7)

Q14 Are you currently employed?

○ Yes (1)

○ No (2)

Q15 Does your work require you to frequently work with individuals who have mental illnesses?

○ Yes (1)

○ No (2)

Q19 Have you ever worked closely with individuals with a mental illness?

○ Yes (1)

○ No (2)

Q16 Do you have a family member or other close individual who has a mental illness?

○ Yes (1)

○ No (2)

Q17 Do you currently have a diagnosed mental illness?

○ Yes (1)

○ No (2)

Q18 Have you ever been diagnosed with a mental illness?

○ Yes (1)

○ No (2)

Q20 Have you ever been the victim of a crime committed by an individual with a mental illness?

○ Yes (1)

○ No (2)

Q21 Has a loved one ever been the victim of a crime committed by an individual with a mental illness?

○ Yes (1)

○ No (2)

Q22 Please rank the following mental disorders in order from **MOST** severe to **LEAST** severe:
_____ Bipolar 1 Disorder (1)
_____ Major Depression (2)
_____ Panic Disorder (3)
_____ Schizophrenia (4)

Q23 Please rank the following offenses in order from **MOST** severe to **LEAST** severe:
_____ Murder (1)
_____ Theft (2)

Q69 Mental illnesses can be treated.

○ Strongly Agree (1)

○ Agree (2)

○ Somewhat agree (3)

○ Neither agree nor disagree (4)

○ Somewhat disagree (5)

○ Disagree (6)

○ Strongly disagree (7)

Q68 People with mental illnesses are "crazy."

○ Strongly Agree (1)

○ Agree (2)

○ Somewhat agree (3)

○ Neither agree nor disagree (4)

○ Somewhat disagree (5)

○ Disagree (6)

○ Strongly disagree (7)

Q70 Offenders with mental illnesses are terrible people.

○ Strongly Agree (1)

○ Agree (2)

○ Somewhat agree (3)

○ Neither agree nor disagree (4)

○ Somewhat disagree (5)

○ Disagree (6)

○ Strongly disagree (7)

Q72 Offenders with mental illnesses are in control of their choices and behaviors.

○ Strongly Agree (1)

○ Agree (2)

○ Somewhat agree (3)

○ Neither agree nor disagree (4)

○ Somewhat disagree (5)

○ Disagree (6)

○ Strongly disagree (7)

Q71 Offenders with mental illnesses are just trying to use their mental illness to "get out of jail for free."

○ Strongly Agree (1)

○ Agree (2)

○ Somewhat agree (3)

○ Neither agree nor disagree (4)

○ Somewhat disagree (5)

○ Disagree (6)

○ Strongly disagree (7)

Q73 Mentally ill offenders should be locked away for the public's safety.

○ Strongly Agree (1)

○ Agree (2)

○ Somewhat agree (3)

○ Neither agree nor disagree (4)

○ Somewhat disagree (5)

○ Disagree (6)

○ Strongly disagree (7)

Q74 The public should be notified when a mentally ill offender is being released back into the public.

○ Strongly Agree (1)

○ Agree (2)

○ Somewhat agree (3)

○ Neither agree nor disagree (4)

○ Somewhat disagree (5)

○ Disagree (6)

○ Strongly disagree (7)

Q75 Mentally ill offenders should receive special treatment as compared to offenders without mental illnesses.

○ Strongly Agree (1)

○ Agree (2)

○ Somewhat agree (3)

○ Neither agree nor disagree (4)

○ Somewhat disagree (5)

○ Disagree (6)

○ Strongly disagree (7)

End of Block: Demographics/Primary Questions