MOTHERS WHO MURDER: PERCEPTIONS OF FEMALE OFFENDERS AND THE CANADIAN INFANTICIDE CODE

by

Megan Rose Udala

B.A. (Honours), University of British Columbia, 2014
M.A., University of British Columbia, 2016

A DISSERTATION PROPOSAL SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTORATE OF PHILOSOPHY in THE COLLEGE OF GRADUATE STUDIES (Psychology)

THE UNIVERSITY OF BRITISH COLUMBIA (Okanagan)

September 2020

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The following individuals certify that they have read, and recommend to the College of Graduate Studies for acceptance, a thesis/dissertation entitled:

**MOTHERS WHO MURDER: PERCEPTIONS OF FEMALE OFFENDERS AND THE CANADIAN INFANTICIDE CODE**

submitted by MEGAN UDALA in partial fulfillment of the requirements of the degree of **DOCTRATE OF PHILOSOPHY**.

Dr. Paul G. Davies, Psychology/Irving K. Barber School of Arts and Sciences

**Supervisor**

Dr. Maya Libben, Psychology/Irving K. Barber School of Arts and Sciences

**Supervisory Committee Member**

Dr. Lesley Lutes, Psychology/Irving K. Barber School of Arts and Sciences

**Supervisory Committee Member**

Dr. Christine Schreyer, Anthropology/Irving K. Barber School of Arts and Sciences

**University Examiner**

Dr. Eden King, Department of Psychological Sciences/Rice University

**External Examiner**
Abstract

There is a large body of research pertaining to the factors that affect perceptions of crime and sentencing decisions. Research suggests that females consistently receive shorter sentences than their male counterparts (Auerhahn, 2007; Rodriguez, Curry, & Lee, 2006). Further, crime characteristics such as victim age and victim relationship to the perpetrator may influence sentencing decisions; for example, studies have shown that a murder against a child is often considered more serious than a murder against an adult (Garvey, 1998; Kleinfeld, 2012). The murder of a child aged eighteen years or younger by a parent is called a filicide (Resnick, 1969). An infanticide occurs if a child is murdered within the first year of the infant’s life. According to the Canadian Criminal Code, infanticide is also a legal charge, applied only when a mother kills her newly born child and has not recovered from the effects of giving birth (R.S., c. C-34, s. 216). If a father murders his newly born child, he could receive a first-degree murder charge. An infanticide conviction results in a maximum of five years in prison; whereas, a first-degree murder conviction can result in life in prison (twenty-five years in prison). This dissertation incorporates three studies that investigated the influence of four factors on perceived seriousness of the crime: (a) the presentation of infanticide information, (b) age of the victim (c) the victim’s relationship to the perpetrator, and (d) mental status (i.e., psychosis) of the perpetrator. Results indicated that in a university sample, participants provided shorter sentences for female perpetrators who murder their own infant children in comparison to non-relative, older children. In a community sample, participants provided shorter sentences for women who murder younger children in comparison to older children. Further, participants in both samples provided shorter sentences for perpetrators who were mentally ill at the time of the crime. The purpose of this project was to elucidate the public perceptions of the Canadian infanticide defence.
Lay Summary

In the Canadian Criminal Code, infanticide is when a woman murders her newly born child before recovering from the effects of giving birth or lactation. For this crime, she can receive a maximum of 5 years in prison. In contrast, if she murders a non-relative child or if a man murders a child, they would receive up to life in prison (25 years). There is a lack of research into public perceptions of this crime and how sexism and mental health stigma impacts sentencing decisions and judgements. Results from this dissertation suggested that informing people about the infanticide defence leads people to provide a shorter sentence. In addition, people tend to be more sympathetic and provide a shorter sentence for women who murder one-month old children in comparison to ten-year-old non-relative children. Finally, perpetrators who are mentally ill at the time of the crime are perceived as less responsible for their crimes and receive a shorter sentence. Overall, these results contribute to understanding how and when bias can emerge in the courtroom.
Preface

The Behavioural Research Ethics Board of the University of British Columbia’s Okanagan Campus granted ethics approval for this research. The certificate approval number for the project is H17-03373. To date, the results of this study have not been published.
# Table of Contents

Abstract ........................................................................................................................................ iii
Lay Summary ................................................................................................................................. iv
Preface ........................................................................................................................................... v
Table of Contents ........................................................................................................................... vi
List of Tables ................................................................................................................................... viii
Acknowledgements ....................................................................................................................... ix

## CHAPTER 1 Introduction ................................................................................................. 1

1.1 Female Offenders .................................................................................................................. 4
  1.1.1 Sexism ............................................................................................................................ 4

1.2 Sentencing Decisions ........................................................................................................... 6
  1.2.1 Sentencing Factors ........................................................................................................ 6
  1.2.2 Sentencing Bias.............................................................................................................. 7
  1.2.3 Education on Sentencing Factors ............................................................................... 8

1.3 Canadian Murder Laws ...................................................................................................... 9

1.4 Infanticide in the Animal Kingdom .................................................................................. 10

1.5 Infanticide in the Human Species ...................................................................................... 10

1.6 Infanticide as a Law ............................................................................................................ 13
  1.6.1 Infanticide Legal History ............................................................................................... 13

1.7 Mental Health and Crime ................................................................................................ 15
  1.7.1 Stigma on Mental Health and Crime .......................................................................... 15

1.8 Mental Health Related to Infanticide ............................................................................. 17
  1.8.1 Postpartum Depression ............................................................................................... 17
  1.8.2 Postpartum Psychosis ................................................................................................. 19

1.9 Victim Relation .................................................................................................................... 21

1.10 Project Summary .............................................................................................................. 22

## CHAPTER 2: STUDY 1 .............................................................................................. 23

2.1 Detailed Overview of Study 1 ........................................................................................... 23
  2.1.1 Study 1 Participants .................................................................................................... 23
  2.1.2 Study 1 Procedure ..................................................................................................... 24
  2.1.3 Study 1 Design .......................................................................................................... 25
List of Tables

Table 1 Study 1: Test of between-subjects effects: SPSS Output ANCOVA (Perceived seriousness of the crime) ................................................................................................................................. 90

Table 2 Study 1: Mean perceived seriousness rating ................................................................................................................................. 91

Table 3 Study 1: Test of between-subjects effects: SPSS Output ANCOVA (Sentence length) .... 92

Table 4 Study 1: Mean perceived sentence length ................................................................................................................................. 93

Table 5 Study 2: Test of between-subjects effects: SPSS Output ANCOVA (Perceived seriousness of the crime) ................................................................................................................................. 94

Table 6 Study 2: Mean perceived seriousness rating ................................................................................................................................. 95

Table 7 Study 2: Test of between-subjects effects: SPSS Output ANCOVA (Sentence Length) ... 96

Table 8 Study 2: Mean sentence length ......................................................................................................................................................... 97

Table 9 Study 2: Test of between-subjects effects: SPSS output ANCOVA (Criminal Responsibility)......................................................................................................................................................... 98

Table 10 Study 2: Mean perceived criminal responsibility ......................................................................................................................................................... 99

Table 11 Study 3: Test of between-subjects effects: SPSS Output ANCOVA (Perceived seriousness of the crime) ......................................................................................................................................................... 100

Table 12 Study 3: Mean perceived seriousness rating ......................................................................................................................................................... 101

Table 13 Study 3: Test of between-subjects effects: SPSS Output ANCOVA (Sentence Length) 102

Table 14 Study 3: Mean sentence length ......................................................................................................................................................... 103

Table 15 Study 3: Test of between-subjects effects: SPSS output ANCOVA (Criminal Responsibility)......................................................................................................................................................... 104

Table 16 Study 3: Mean perceived criminal responsibility ......................................................................................................................................................... 105
Acknowledgements

To the faculty, staff, and students at UBC Okanagan who made this campus a welcoming environment for completing graduate school. I would like to extend my sincerest and utmost gratitude to Dr. Paul Davies. Without him, I would not be here. I cannot underst...
Dedication

For Ava and Ivy.
CHAPTER 1 Introduction

“It is a sin to kill a mockingbird” – Harper Lee (To Kill a Mockingbird)

Murder is considered one of the most serious crimes across the world. Murder against a child may be considered more serious because killing a child is a violation of innocence. Many parents worry about their children being harmed by a stranger, but statistics indicate most child homicides are the result of domestic violence; a child is most likely to be killed by their own parents or stepparents, in comparison to strangers (Herman-Giddens et al., 1999). Mothers are more likely to be the perpetrator during the child’s first week of life, whereas males (fathers or stepfathers) are more likely to be the perpetrator after the child’s first week of life (Overpeck et al., 1998). The risk of homicide is highest for a child during the first day of life and declines significantly with age (Centers for Disease Control and Prevention, 2015). There are many factors that may influence the murder of a child, including social circumstances, economic pressures, cultural beliefs, or mental status. Some may feel that only a truly pathological individual would murder such an innocent victim; however, some may feel empathy for certain perpetrators. For example, people may have more understanding for why a crime happened, if the perpetrator was a mother suffering from postpartum mental illness.

Thankfully, homicides against children are rare, but these tragedies do occur. Statistics indicate that between 1961 and 2011, 1,612 children in Canada were murdered by their parents (Dawson, 2015). In Canada, homicide is the ninth leading cause of death for children between the ages of five and fourteen, and the tenth leading cause of death for children between the ages of one and four (Statistics Canada, 2008). In the United States, one in five injury-related deaths for infants under one year old is a homicide (National Center for Injury Prevention and Control, 2015). Due to the serious nature and unique characteristics associated with this type of crime,
punishment for murder against a child may be different than a murder against an adult.

Many westernized nations have developed laws to respond to some of the unique characteristics that may be associated with a murder of a child (Friedman & Resnick, 2007). In Canada, the Criminal Code outlines an infanticide charge, when a mother kills her newly born child and has not recovered from the effects of giving birth or lactation (R.S., c. C-34, s. 216). An infanticide conviction can result in the significantly shorter maximum sentence of five years in prison in contrast to other types of murder, that may carry a life sentence (25 years without parole eligibility). The infanticide law in Canada has recently received criticism from the Alberta Crown, calling the law “vague, outdated, and rife with problems” (Rhodes, 2016). This was in response to Meredith Katharine Borowiec’s 2013 conviction of infanticide with an eighteen-month sentence. In 2010, Borowiec’s boyfriend rescued an infant boy in a nearby dumpster. Borowiec was subsequently investigated and confessed to the murder of her two other children between 2008 and 2010. At the time of the crime, Meredith reported, “It was like something took over me. It was like I wasn’t in control. I wasn’t normal.” (The Canadian Press, 2014). Borowiec was convicted of two counts of infanticide and one count of aggravated assault. She had served eighteen-months in prison when the Crown appealed the decision. The Crown argued that she did not meet criteria for infanticide because her mind was not substantially comprised, seeking a nine-year sentence. The Supreme Court of Canada has since upheld her original conviction and Meredith served the remainder of her sentence on bail (Grant, 2016).

The term infanticide has a legal meaning in approximately two-dozen westernized countries (Friedman & Resnick, 2007). A filicide is a general term for a homicide against a child by a parent (Friedman, Cavney, & Resnick, 2012), with a child being classified by most jurisdictions as an individual who is eighteen years old or younger. A filicide can be paternal or
maternal. Within the classification of a filicide are two subtypes: (a) neonaticide, when a child is killed within the first twenty-four hours of life (Resnick, 1970), which are almost always committed by females (Friedman & Resnick, 2007), and (b) infanticide, which is a general term that may or may not have a legal meaning, that is when a child is killed within the first twelve months of life (Friedman, Horwitz, & Resnick, 2005). Infanticide is the term that is most commonly associated with many westernized countries’ legal definitions, where a mother will receive a reduced punishment for murdering her newly born child (Friedman, Cavney, & Resnick, 2012). To illustrate, Meredith Boroweic reported she engaged in two neonaticides and one attempted neonaticide because her infants were all within the first twenty-four hours of life, but legally she was charged with two counts of infanticide because her crimes were committed in Canada.

Given the complexities associated with infanticide including the victim’s age, the perpetrator’s sex, and the perpetrator’s mental status, individuals may have strong feelings towards child murderers. There is a large body of literature surrounding the topic of sentencing decisions that suggests females consistently receive shorter sentences than their male counterparts (Auerhahn, 2007; Rodriguez, Curry, & Lee, 2006; Steffensmeier & Demuth, 2006). There is less research concerning the relationship between victim age and sentencing decisions; however, some studies suggest the murder of a child is viewed more harshly than the murder of an adult (Garvey, 1998; Kleinfeld, 2012). Mental illness also impacts sentencing decisions and perception of crime, as many individuals view a mentally ill perpetrator more negatively, believing an offender who is sentenced to a psychiatric institution is receiving less punishment than deserved (Acorn, 2011; Chappell, 2010). Overall, there is a lack of research examining social perceptions of the Canadian infanticide legal code, which is an intersection of all three
above factors (victim age, perpetrator sex, and a perpetrator’s mental status).

1.1 Female Offenders

1.1.1 Sexism. Ambivalent sexism involves prejudiced feelings surrounding gender roles (Glick & Fiske, 1996). There are two types of ambivalent sexism, hostile and benevolent. Hostile sexism is negative thoughts and feelings towards women who violate stereotypically female gender roles (Glick, Deibold, Bailey-Werner, & Zhu, 1997).

Hostile sexism may arise as feelings of intimidation, jealousy, greed, envy, and competition in a workplace environment against a career-driven woman. To illustrate, a female who is competing against a male for a stereotypically male career may evoke hostile sexist behaviours (Masser & Abrams, 2004). In a field study by Hebl, King, Glick, Singletary, and Kazama examining both hostile and benevolent sexism, results suggested pregnant women applicants received more hostile behaviours from store employees in comparison to non-pregnant women applicants (2007). Further, hostility was exacerbated when women were pursuing more male-oriented positions.

In contrast, benevolent sexism is associated with positive feelings towards females who follow traditional gender roles (Glick et al., 1997). Benevolent sexists believe in the duality and complementary nature of both genders, the protection of females, paternalism, and heterosexuality (Glick & Fiske, 1999). Benevolent sexists place women on a pedestal because their perceived role is to nurture and care for men and children; women who violate this role, fall from this pedestal, and will likely receive harsh criticism from a benevolent sexist. Benevolent sexism does not appear to be sexist (e.g., holding a door open for a woman) and as such, many individuals do not label benevolent sexism as sexism (Swim, Mallett, Russo-Devosa, & Stangor, 2005; Viki, Abrams, & Hutchison, 2003). In a field study on both benevolent and hostile sexism,
Hebl et al. (2007) found that store employees engaged in more benevolent sexists acts towards pregnant female customers. On the surface, benevolent sexism may be perceived as appreciated, but these actions may be hurtful and patronizing, especially towards a female who violated a gender role (Jackman, 1994).

Benevolent sexism may result in significant prejudice and discrimination towards females. For example, benevolent sexism is often associated with pro-life beliefs (Hout 1999; Sahar & Karasawa, 2005; Strickler & Danigelis, 2002; Wall et al., 1999; Wang, 2004). Expanding on these findings, Osborne and Davies (2012) found that both subtypes of ambivalent sexism are related to opposition against elective abortion; however, only benevolent sexism predicted negative reactions towards women who had an abortion for medical reasons (e.g., continuing a pregnancy would have threatened her life) and/or traumatic reasons (e.g., the pregnancy was a result of a rape).

Sexist beliefs can also cause discrimination in the criminal justice system. More specifically, benevolent sexism is associated with greater acceptance towards certain violent crimes if perpetrated against a woman who was in violation of a stereotypical gender role (Abrams, Viki, Masser, & Bohner, 2003). Further, males who are more likely to engage in sexual harassment towards women in the workplace are more likely to endorse hostile sexist and authoritative attitudes (Begany & Milburn, 2002). Research suggests that individuals with benevolent sexist beliefs are more likely to provide a lenient sentence for female murderers than male murderers (Herzog & Oreg, 2008); however, in another study, individuals with benevolent sexist beliefs were more likely to assess a female perpetrator more punitively and view her custody as deserved if she committed a counter-stereotypical crime (Viki, Massey, & Masser, 2005). More research is needed regarding the influence of sexism on courtroom decisions to
tease apart this relationship, especially for gender-related crimes such as murdering a child.

1.2 Sentencing Decisions

1.2.1 Sentencing Factors. Judges have many objective factors to deliberate on when rendering a sentence. Factors considered that increase the sentence length are deemed aggravating factors (e.g., heinous details of the crime like torturing a victim before death, aggression involved in hurting a victim, criminal actions against vulnerable individuals, etc.). Factors considered that decrease the sentence length are deemed mitigating factors (e.g., details of the crime that evoke empathy and understanding like potential coercion from another person, guilt or remorse displayed by the offender, perpetrator background, etc.). Depending on the presence of an aggravating or mitigating factor, a judge is warranted to render a sentence between the mandatory minimum and maximum sentence lengths provided in the criminal code.

For example, aggravating factors may increase punishment severity. In 1998, Steve Smith of Mansfield, Ohio, raped and murdered his girlfriend’s 6-month-old baby girl (The Columbus Dispatch, 2013). The attack happened in the early morning on September 29th, 1998 and lasted thirty minutes. Reports indicated the infant likely died of suffocation within three to five minutes. When authorities apprehended Smith later that morning, his blood alcohol level was .123, almost three times the legal driving limit. Smith was convicted of aggravated murder and sentenced to death. Due to the heinous and disturbing nature of Smith’s crime, including aggravating factors such as Smith’s disregard for human life, intoxication, and the presence of sexual assault against a vulnerable infant, Smith received the ultimate punishment – his life.

In contrast to aggravating factors, mitigating factors may be present that enable a judge to reduce punishment severity. In 2014, Andrea Giesbrecht, of Winnipeg, Manitoba, was found with the remains of six infants in a rented storage facility (CBC News, 2017). In February 2017,
she was convicted of six counts of concealing the remains of infants. Giesbrecht bagged and sealed each child with cement or powder to conceal the smell of decomposition. Authorities and medical examiners were unable to determine cause of death due to the state of decay. Giesbrecht has since been sentenced to eight and a half years in prison. The judge considered mitigating factors, such as Giesbrecht’s pre-sentence report assessment indicating her low risk of recidivism, her strong record of employment, and her good relationships with two surviving children.

Overall, there are guidelines in the Canadian Criminal Code that aid judges in rendering a sentence. Previous cases with similar crime and offender characteristics are also utilized to aid in a verdict. Ultimately, it is up to the judge or jury presiding over the case to evaluate the complexity of each individual case, including aggravating and mitigating factors.

1.2.2 Sentencing Bias. There is ample research that demonstrates bias in sentencing decisions. For example, a perpetrator’s race (Osborne, Davies, & Hutchinson, 2016), sex (Auerhahn, 2007), and perceived attractiveness (Mackelprang & Becker, 2017), may influence the length of an offender’s sentence or judgment of the seriousness of the crime. Research demonstrates that female offenders consistently receive shorter sentences than their male counterparts, even when controlling for crime type (Auerhahn, 2007; Rodriguez, Curry, & Lee, 2006; Steffensmeier & Demuth, 2006). Females in western societies are understood as the less violent sex; females are viewed as less physically violent, less threatening, and less likely to engage in crime (Collins, 2015; Russell, 2013). Western societies have certain stereotypical gender roles of what is and is not acceptable behaviour for women (Armstrong, 1999; Broverman et al., 1972; Chesney-Lind, 1999; Grabe et al., 2006; Madera, Hebl, & Martin, 2009; Willemsen & van Schie, 1989). As such, certain behaviours (e.g., being nurturing, teaching,
assisting) are prescribed as more “feminine” in contrast to other behaviours, which can be labeled as more “masculine” (e.g., leading, fighting, controlling). Indeed, violent female criminals are uncommon in western societies (Berrington & Honkatukia, 2002).

In addition to perpetrator factors, characteristics of the crime may also result in a sentencing bias. It is likely that a crime perpetrated against a child will influence sentencing length because it may be considered an aggravating factor. A crime against a child is devastating and shocking because of the vulnerability associated with infancy (Kleinfeld, 2012). Author Harper Lee wrote, “[it is] a sin to kill a mockingbird” (1960, pp. 98), making a purposeful statement about the immorality associated with violence against innocence. In a study conducted on 41 South Carolina jury members, interviews suggested that if a homicide was committed against a child, the death penalty was more strongly considered (Garvey, 1998). Depending on other perpetrator characteristics, however, victim age could be an aggravating or a mitigating factor. For example, a mother who is suffering from postpartum mental illness or has social or cultural circumstances that influenced her behaviour may receive a shorter sentence. In this situation, the mother’s circumstances may be considered a mitigating factor.

1.2.3 Education on Sentencing Factors. Bias in sentencing decisions and perceptions of crime may be influenced by education surrounding the sources of bias. In a study examining the influence of sentencing anchors (lenient, moderate, or punitive) on mock jurors, 164 college students reportedly rendered sentence lengths associated with the information provided (Amand & Zamble, 2001). These findings suggest that information about aspects of the criminal justice system can influence perceptions of crime.

One factor where education may influence sentence length is perpetrator mental illness. For example, in a study on Not Criminally Responsible by Reason of Mental Disorder
(NCRMD) individuals, stigma associated with mentally ill offenders and violence was significantly reduced following the presentation of education on mental illness and crime (Maeder, Yamamoto, & Fenwick, 2015). In this study, participants had an increased positive affect towards NCRMD individuals, but it did not alter their verdicts. Another study on mock jurors found the presentation of mitigating perpetrator information about factors such as psychosis, drug addition, intellectual disability, or physical or verbal abuse, were associated with a lower likelihood of assigning a death sentence (Barnet, Brodsky, & Davis, 2004). In the crime of infanticide, there are many factors that could stigmatize perceptions of the perpetrator; as such, education about these factors (i.e., mental illness, gender specific issues, etc.) may result in decreased stigmatization.

1.3 Canadian Murder Laws

In Canada under the current Criminal Code, an individual may be convicted of first degree murder, which is a culpable homicide where a person intends to cause death, knowing their actions are likely to result in death, and the murder is planned and deliberate (R.S., c. C-34, s. 212). A murder may be committed alongside another offence, or be specially designated as a contract murder, murder of a peace officer, a hijacking, within harassment, within terrorist activity, within a criminal organization, or within intimidation. All murder that is not first degree murder is considered second degree murder. A culpable homicide may be reduced to a manslaughter designation if the crime was committed in a heat of passion (R.S., 1985, c. C-46, s. 232; 2015, c. 29, s. 7). Infanticide applies to a female who kills her newly-born child and has not recovered from the effects of giving birth or lactation, and has a disturbed mind as a result. Any homicide that was not a murder or infanticide is manslaughter (R.S., c. C-34, s. 217).
1.4 Infanticide in the Animal Kingdom

The killing of infants has been noted in a wide number of species including insects, amphibians, fishes, birds, and primates. For example, species specific cases of infanticide have been noted in: Bottle-nosed dolphins (Dunn, Barco, Pabst, & McLellan, 2002), water voles (Jeppsson, 1986), tropical house wrens (Freed, 1986), langur monkeys (Borries et al., 1999), brown bears (Steyaert, Kindberg, Swenson, & Zedrosser, 2013), lions (Elliot, Valeix, Macdonald, & Loveridge, 2014) and others. In a seminal review of infanticide among animals, Hrdy (1979) described several motivations behind the behaviour including: The use of the infant as a resource, the elimination of resource competition, the increased survival of mother or father by killing an unwanted infant, the increased access to reproduction, or the pathological, and nonadaptive displays of aggression.

Many of the motivations listed above involve a male killing offspring. Biologists have noted that male primates may engage in infanticide as an evolutionary strategy to gain reproductive control of a group of females (Hrdy, 1977; Hausfater & Hrdy, 1984). Getting rid of rival male offspring causes the cessation of lactation amenorrhoea in the female, allowing her to reproduce again with the new male. This theory is based on Darwin’s (1871) sexual selection hypothesis, where the goal of one sex is to increase the number of offspring for themselves, while decreasing the number of offspring for competitors (Hrdy, Janson, & van Schaik, 1994). Some researchers argue that there is inconclusive data for this theory (Sussman, Cheverud, & Bartlett, 1987).

1.5 Infanticide in the Human Species

Filicide is a behaviour noted across the world since early times (Hutter, 1981; Lancy, 2015; Resnick, 1970). In Ancient Greece, elders in a community were instructed to inspect
newborn infants (Friedman et al., 2012). Aristotle and Plato indicated that those that were weak or deformed were left to die or killed as a form of population control (West, Friedman, & Resnick, 2009). The Roman law “patria potestus” gave a father control to choose if his children should be killed. Generally, a filicide is a behavioural description of the murder of a child and carries no legal meaning. Infanticide is also a behavioural description of the murder of a child under one-year-old, but it may include a legal meaning in some countries.

Infanticide, as a behaviour, may be a strategy for some groups to reduce population stress to help control famine rates and conserve resources (Pitt & Bale, 1995). For example several groups across the world including Inuit groups in North America, the Yanomamo in South America, and the Betsileo of Madagascar, have noted instances when infanticide served to conserve limited resources to best support the main providing group members in place of more vulnerable members (i.e., the elderly, young, new members, etc.) (Kottak, 1994; Pitt & Bale, 1995). Indeed, many cases of infanticide are to ensure survival of the majority.

In some cultures, a child’s gender may also influence the behaviour of infanticide, typically placing young females at most risk as families may prefer to raise a male child who can provide for the family in the future (Hutter, 1981); however, there have been instances where female children are preferred (Clark, Colson, Lee, & Scudder, 1995). To illustrate, research in Japan has found that first-born children are preferred to be female as female children are thought to assist with future child rearing (Harris, 1990). There are instances where twins, infants with birth malformations, or infants thought to be possessed, are killed for the assumed benefit of the larger group (Denham et al., 2010; Hutter, 1981; Pitt & Bale, 1995; Resnick, 1970; Wallace & Roberson, 1998). For instance, in the Kasena-Nankana region of Ghana, the Nankani consider a child may be “born from the bush” and be a “spirit child” (Denham, Adongo, Fredyberg, &
Hodgson, 2010). Many spirit children were suffering from an illness or disability and may die naturally. Some are abandoned or a collective family decision may be made to appeal to ancestors to take the spirit child away or have a concoction man treat the child with the dongo, a variety of burnt herbs and shea oil inside a horn of a sheep, goat, or cow. Overall, there are numerous reasons and motivations for infanticide as a behaviour, that have been present throughout history.

The true prevalence rate of infanticide across the globe is challenging to track because this type of behaviour is often hidden (Ellonen, Kääriäinen, Lehti, & Aaltonen, 2015). Research by the World Health Organization demonstrated that in Canada from 1960 through 2009 the rate of infanticide has been relatively stable at 3 per 100,000 live births. From 1960 to 2009 in the United States, infanticide rates have risen from 5 per 100,000 live births in 1960 to approximately 8 per 100,000 births in 2009. It is likely that the true rate of infanticide and filicide will never be known because many instances are concealed by the perpetrator (Koenen & Thompson, 2008).

A noteworthy example of infanticide occurred in Kamloops, British Columbia, in 2011. Courtney Saul was a university student attending Thompson Rivers University. On December 15th, 2011, she gave birth to her son alone in her basement suite bathroom (Petruk, 2016). She reportedly held the baby for a period of time before drowning him in the sink to attend her final exam. She wrapped her deceased infant in a towel and placed him in a box in the trunk of her car. She lent her car to an acquaintance and the body of the baby was removed by authorities. Saul indicated that she was sexually assaulted and did not know she was pregnant until late in her pregnancy.

Courtney Saul was originally charged with infanticide, but these charges were stayed in
2015, and she was charged with second degree murder (Petruk, 2016). In August 2016, her charges were downgraded back to infanticide. She has since been convicted and received two years of probation and is required to submit her DNA to a national crime database.

1.6 Infanticide as a Law

In the United States, a child’s parents or stepparents are the most likely perpetrator of murder (Herman-Giddens et al., 1999). The first year of a child’s life is associated with the highest risk of filicide (Brookman & Nolan, 2006; Lester, 1991; Marks & Kumar, 1993; Zawitz & Strom, 2000). This rate declines significantly from infancy to grade school (8.0 per 100,000 for infants, 2.5 per 100,000 for preschool-aged children, and 1.5 per 100,000 for grade school-age children [Finkelhor, 1997]). It is likely that these numbers are underrepresented because of social, political, and forensic factors (Brookman & Nolan, 2006; Ellonen, Kääriäinen, Lehti, & Aaltonen, 2015; Ewigman, Kivlahan, & Land, 1993).

Resnick (1969) described five major motivational themes for infanticide: (a) altruistic filicide, which occurs if the mother believed she was doing what was best for her child, (b) acutely psychotic filicide, which occurs if the mother is in a psychotic state at the time of crime, (c) fatal maltreatment filicide, which occurs if the mother causes repeated abuse resulting in death, (d) unwanted filicide, which occurs if a mother views her child as a hindrance, and (e) spousal revenge, which occurs if a mother desired to emotionally hurt the child’s father.

1.6.1 Infanticide Legal History. The legal and historical origins of defining infanticide in many westernized countries are complex. Infanticide represents a gendered crime with roots in illegitimacy and concealment laws that feminist legal scholars argue were in place to regulate and control the female body (i.e., sexuality and reproduction) (Smart, 1992; Ward, 1999). In the 1800’s in England, the penalty for a women killing her child was death by hanging. This
punishment was often viewed as too severe for women, as many juries were sympathetic and lenient toward this type of crime because of the social and economic context (e.g., servant women being impregnated by an employer) that moderated this crime. By the early twentieth century, infanticide or concealment could be charged to a woman whose newly born child was killed. With the introduction of infanticide as a law, female criminality became linked to a biological and pathological origin. (O’Donovan, 1984; Osborne, 1987; Smart, 1992; Ward, 1999).

In Canada, the infanticide legal code comes from the British infanticide Act of 1922 as a middle ground between acquittal and murder. At the time, females were unlikely to be convicted by a judge or jury (Kramar, 2005). Females who had killed their children were often originally charged with murder, but these charges were rarely successful given the harsh penalty. The other penal codes at this time were “concealment of birth” or “neglect.” These charges were used when women were on trial for crimes of this nature, before the adoption of infanticide in 1948.

The legal definition of infanticide in section 233 of the Canadian Criminal Code was created in 1948 and revised in 1955 to widen the psychological disturbance criteria by requiring the Crown must prove the act was willful (Kramar, 2005). The definition reads that “a female person commits infanticide when by a willful act or omission she causes the death of her newly-born child, if at the time of the act or omission she is not fully recovered from the effects of giving birth to the child and by reason thereof or of the effect of lactation consequent on the birth of the child her mind is then disturbed” (R.S., c. C-34, s. 216). Many westernized countries, like Canada, have adopted their infanticide legal code from the British infanticide Act of 1922 (Amended in 1938) (Friedman & Resnick, 2007). The United States and Scotland do not have specific infanticide laws. Some countries that do have infanticide laws include: Canada,
Australia, New Zealand, Austria, Brazil, Colombia, Finland, Germany, Greece, Hong Kong, Italy, Japan, Korea, Norway, the Philippines, Sweden, Switzerland, and Turkey.

1.7 Mental Health and Crime

A criminal conviction in Canada is reached if the charged suspect displayed both *actus reus* (i.e., guilty act) and *mens rea* (i.e., guilty mind) at the time of the crime. *Mens Rea* involves an individual understanding the consequences of their actions, their ability to choose, and their understanding of illegal and legal actions. In Canada, an offender is only held responsible for their actions if both *actus reus* and *mens rea* are met. In the Canadian criminal justice system, the prosecution or defence may bring forward the issue of Not Criminally Responsible by Reason of Mental Disorder (NCRMD) and the side that puts the issue forward must prove the designation. If *mens rea* is not established, as outlined in section 16 of the Canadian Criminal Code (1991), the offender receives a designation of NCRMD and will be sentenced to a psychiatric institution.

The Criminal Code of Canada (1991) states that “no person is criminally responsible for an act committed or an omission made while suffering from a mental disorder that rendered the person incapable of appreciating the nature and quality of the act or omission or knowing that it was wrong” (Section 16[1]). If the defendant was suffering from a severe mental illness at the time of the crime that rendered them incapable of determining their action was morally wrong (*R. v. Chaulk, 1990*), the defendant is said to be not criminally responsible by reason of mental disorder (NCRMD).

1.7.1 Stigma on Mental Health and Crime. Mental illness is often associated with dangerousness in the eyes of the public (Jorm, Reavley, & Ross, 2012; Reavley, Jorm, &

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1 *R. v. Chaulk (1990)* involved an appeal by two adolescent males who were convicted of murder, but were suffering from a mental disorder at the time of the crime. This case clarified the interpretation of *mens rea* and the criteria that the offender must not comprehend their actions were morally and legally wrong.
Morgan, 2016). The public may be upset with a verdict of NCRMD. People can view this defence as an individual being “let off” for their actions (Acorn, 2011; Chappell, 2010; Golding, 1992). Research has shown that many individuals of the public have misconceptions about the NCRMD defence including that it is used by many defendants, that defendants will always be granted this defence, that offenders are immediately released back into the public, and that offenders are violent (Melton, Petrila, Poythress, & Slobgin, 1997); however, in contrast, studies show that the NCRMD defence is rarely employed and unlikely to be upheld when it is (Silver, Circione, & Steadman, 1994), and many offenders actually spend more time in a psychiatric facility than they would have in prison if there were found guilty of their crimes (Borum & Fulero, 1999). Infanticide is a unique charge because it has a component of mental illness in the definition, yet an individual is still punished for their crimes.

An example of an NCRMD verdict occurred in 2008 in Manitoba, Canada. Forty-year-old Vince Li experienced a psychotic episode on a greyhound bus where he reported God told him to kill and cannibalize a fellow passenger named Tom McClean (CBC News, 2013). A standoff with police occurred late into the night and caused posttraumatic stress disorder for several officers. In 2009, Li was sent to Selkirk Mental Health Centre. Since that time, every year a review board evaluates his case and risk he poses to society. As of February 2017, Vince Li has been released with no conditions (Urback, 2017). The sentencing of Vince Li for the murder of Tom McClean on a Greyhound bus in 2009 in Manitoba sparked criticism for the NCRMD ruling from the mother of the victim (CBC News, 2013) and has resulted in further controversy since his release (Urback, 2017).
1.8 Mental Health Related to Infanticide

A portion of women who kill their children may suffer from a mental illness that influenced their behaviour. Two mental health disorders may be associated with infanticide: Postpartum depression and postpartum psychosis. To date, several small sample studies have been conducted on the demographics associated with infanticide in westernized countries. In a study on ten Scandinavian mothers who murdered their children, Kauppi et al. (2008) found that six out of the ten experienced psychotic symptoms. In another sample in Michigan in the United States, out of 55 women incarcerated for murdering their children, 52.7% experienced psychotic symptoms (Lewis & Bunce, 2003). Further, in another sample of 57 women who murdered their children and were incarcerated in New York in the United states, 24% were suffering from severe mental illness that impacted their competency to stand trial (Krisher, Stone, Sevecke, & Steinmeyer, 2007). Krisher et al. also found that neonaticidal women tended to suffer from psychosis and social dysfunction; whereas, filicidal women tended to be severely depressed with a history of violence and suicide attempts. Given the small sample size of neonaticidal women ($n = 8$); however, these results should be interpreted with caution. Overall, a mother’s motivation for killing her child can stem from a variety of factors, and mental illness may be one influential factor.

1.8.1 Postpartum Depression. Pregnancy and childbirth are associated with numerous biological, emotional, and social stressors (O’Hara & McCabe, 2013). Postpartum depression is challenging for mothers because a new mother has a number of responsibilities on top of her mental health including a new baby to care for, potentially tending to older children, household duties, and work outside of the home. The term “postpartum blues” refers to a mild, transient lowered mood that occurs within three to five days after childbirth and impacts approximately
40-80% of women (Buttner, O’Hara, & Watson, 2012). Postpartum depression refers to a more serious mood disturbance, where a woman is diagnosed with the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5) with major depressive disorder with a peripartum onset specifier (American Psychiatric Association [APA], 2013). The DSM-5 criteria indicate that a mother must experience symptoms within four weeks of delivery; however, this time frame has received widespread criticism from researchers and other groups including the Postpartum Support International (PSI) group (O’Hara & McCabe, 2013). Research on developed countries indicated that women may show symptoms up to six months following birth, a change that was supposed to be made from the fourth to the fifth edition of the DSM (Fort et al., 2006, Jones & Cantwell, 2010; Munk-Olsen et al., 2006); however, the lack of research supporting symptoms shown within either the four-weeks or four-month criterion, resulted in the criterion remaining at four weeks. Symptoms may include feelings of hopelessness, lack of interest in usually pleasurable hobbies, persistent sad or anxious mood, decreased energy, fatigue, weight gain or loss, change in appetite, somatic complaints, difficulty sleeping, feelings of guilt and worthlessness, restlessness, thoughts of suicide, and irritability.

Postpartum depression is associated with a negative impact on breastfeeding, immunizations, and health and safety behaviours (Zajicek-Farber, 2009). Further, mothers suffering from postpartum depression reportedly engage in more hostile behaviours and unresponsiveness towards their children (Dietz et al., 2009). It may be shocking to learn that a significant portion of mother’s have thoughts of harming their children (Friedman et al., 2008). Jennings et al. (1999) found that seven percent of mothers without mental illness had thoughts of harming their child, and forty-one percent of depressed mothers had thoughts of harming their child. Numbers increase if an infant is colicky (Levitzky & Cooper, 2000); approximately
seventy percent of mothers with a colicky infant report having aggressive thoughts toward their child, while twenty-six percent of mothers have intrusive thoughts of their child’s death. While aggressive cognitions are common, most mothers do not act on their thoughts. It is important to note that infanticide is a rare occurrence; many mothers who do commit filicide of some kind are suffering from depression but suffering from postpartum depression is rarely motivation for murder.

1.8.2 Postpartum Psychosis. Postpartum psychosis is a serious and severe mental illness that may involve auditory hallucinations, delusions, confusion, and delirium (Sit, Rothschild, & Wisner, 2006). The reproductive period for women around childbirth is associated with more psychiatric admissions than any other time in a female’s life (Kendall, Chalmers, & Platz, 1987; Wisner et al., 2003). More specifically, risk for psychotic illness is highest in the first thirty days after childbirth. Psychotic symptoms associated with childbirth include, extreme disorganized thinking, mania, insomnia, hallucinations (auditory or visual) and depersonalization. Postpartum psychosis has a unique rapid waxing and waning characteristic, with thoughts changing at any moment from clear to delusional (Brockington, 1996). Moods are typically classified as mixed and labile, rapidly changing from euphoria to melancholia (Freidman, Resnick, & Rosenthal, 2009). Psychological stressors surrounding a birth such as being unmarried, having a first baby, having a caesarian section, and perinatal death are all correlated with an increased risk of psychotic episode. Postpartum psychosis impacts approximately 0.1 to 0.5% of mothers and involves the acute onset of a psychotic episode (Sit et al., 2006). The DSM-5 (American Psychiatric Association, 2013) does not distinguish between psychosis relating to childbirth to other kinds of psychosis, despite research suggesting a different manifestation of symptom presentation (Boyce & Barriball, 2010).
Postpartum psychosis potentially elevates the risk of negligent harm to a newborn (Friedman et al., 2011) and is more commonly associated with cases of filicide than postpartum depression. Research suggests that if left untreated, postpartum psychosis is associated with a four percent risk of infanticide and a five percent risk of suicide (Altshuler, Hendrick, & Cohen, 1998; Appleby, 1996). An example of how psychosis may affect a mother is Andrea Yates. On June 20th, 2001, Yates drowned all five of her children (Wilkinson, 2016). Yates had a history of depression, two suicide attempts, and psychotic episodes. After her fifth child, her depression worsened when her father died, and her psychiatrist ordered her not to be alone with her children. In a brief period after her husband had went to work before her mother-in-law arrived for the day, she drowned her children in the bathtub. She was convicted and sentenced to forty years in prison, but after an appeal, Yates was declared not guilty by reason of insanity and committed to a psychiatric institution in Texas where she reportedly grieves the loss of her children.

Another example of psychosis influencing infanticide occurred in the United States in 2004. Dena Schlosser experienced psychotic episodes, beginning the day after she gave birth to her daughter, and attempted suicide (Whitley, 2005). Schlosser was diagnosed with bipolar disorder with psychotic features and was ordered by Child Protective Services to not be alone with her child. On November 24th, 2004, Schlosser cut off the arms of her 11-month-old baby girl Margaret. Schlosser reported that a news story about a young boy attacked by a lion was a sign of the second coming and God commanded her to remove her child’s and her own arms. A concerned individual who worked at a day care center called the police following an unusual conversation with her that same morning. Schlosser was found not guilty by reason of insanity (NGRI) and committed to North Texas State Hospital and has since been released.
1.9 Victim Relation

Infanticide, as a crime, presents a complex case to the criminal justice system because of gender and potential mental health issues. Further, infanticide, as a crime, involves issues of victim age as the crime is committed against a newly born child. The United States has several federal laws that have increased penalties if committed against a vulnerable individual, such as dealing drugs to a youth. It is unclear how victim age will influence perceptions of crime severity if the crime is committed against a relative. To date, little research has been conducted on the impact of the relationship between perpetrator victim relationship (i.e., family member victims versus non-family member victims) and perceptions of the crime or sentencing decisions. It is likely though, that the relationships between the perpetrator and victim may influence perceptions of the crime because domestic crimes arguably pose less risk to other members in society. Kleinfeld (2012) provides a comprehensive overview of victimization and its impact on judicial decisions in the United States judicial system.

In terms of victim relation (i.e., family member versus non-family member violence), crime rate statistics suggest that domestic violence is more common than violence against strangers. According to Statistics Canada (2012), one-quarter of all violent crime is family violence. Between 2000 and 2010 cases of filicide against a child under one year old were most commonly committed by family members than strangers. In the clear majority of these cases, the perpetrator was a parent (98% for filicides against a child under one year old and 90% for filicides against a child one to three years old). Further, charges were more likely laid when a family member was a parent accused of violence against a child (45%), compared to violence involving non-family members (34%). These crime statistics should be interpreted with caution, given the low rate of laid charges. It is likely that the “dark figure of crime”, which is an estimate
of the true crime rate because crime rate statistics include only reported incidents, is much higher (MacDonald, 2001).

Given that domestic crimes often pose smaller threats to other members in society, it is likely that these crimes will be seen as less serious than crimes against non-relatives, but to my knowledge, there is no research investigating perceptions of crime severity depending on victim and perpetrator relationship. Further, there are moral issues related to understanding how victim relation (i.e., family member versus non-family member violence) may influence perceptions of crime severity. For example, Kleinfeld (2012) described a gangster murdering a rival gang member over a turf war would likely create less public outrage than if a gangster murdered an innocent bystander, presumably because the bystander victim may be viewed as less deserving of this fate. Making this judgment ultimately places different values on different human lives because of the presumed responsibility involved. In cases of crimes against children, it could be thought that children rarely have any responsibility for their victimization. As such, the victim and perpetrator relationship may impact perceptions of crime severity, but research is needed to elucidate this relationship.

1.10 Project Summary

This project involved three studies investigating four separate factors that can impact perceptions of crime and sentencing decisions: (a) victim relationship (b) victim age, (c) the presentation of infanticide information, and (d) mental status of the perpetrator. This project utilized an undergraduate sample for Study 1 and Study 2. For Study 3, a census-matched community sample was used.
CHAPTER 2: STUDY 1

2.1 Detailed Overview of Study 1

Given that there is little research on the public’s perception of infanticide, the purpose of the first study was to understand the influence of presenting information about the infanticide defence on perceptions of crime. Participants read a vignette that depicted the killing of a child. The presentation of infanticide defence information, perpetrator and victim relationship, and victim age were manipulated. The design of the study was 2 (education, i.e., infanticide defence information or no information) x 2 (relationship status, i.e., relative or non-relative) x 2 (age of the victim, i.e., 1-month-old/10-year-old). The goal of the first study was to establish a baseline for understanding the influence of education on perceptions of female offenders. It was predicted that participants would perceive crimes of infanticide (i.e., a related perpetrator and a younger child) as less serious and provide a lesser sentence.

2.1.1 Study 1 Participants. All participants were undergraduates at The University of British Columbia’s Okanagan campus who received course credit for their participation via the Department of Psychology’s SONA Online research system. In order to have participant data included in the study, they were required to pass three manipulation checks to ensure their attention during participation. These questions asked the participant to correctly report the perpetrator’s sex, race, and relationship to the victim, as well as the victim’s age. Overall, 239 participants (Females = 177; Males = 62) passed the manipulation checks, and as such, their data was included in the analyses.

Participants were an average age of 20.43 (SD = 3.42) years old and ranged from 17 years old to 43 years old. Their self-reported ethnicities were White (70.3%), First Nations (2.5%) Black (1.3%), Latino/a (0.4%), Asian (16.3%), or “other” (9.2%). If participants selected other,
they were required to fill in their self-reported ethnicity that was not listed. Two hundred and ten participants identified as Canadian citizens (87.9%); only one participant identified they had served on a jury (0.4%). Sixty percent of the sample identified as non-religious, 25.1% identified as Christian, 2.5% identified as Islam, 1.7% identified as Buddhist, 2.5% identified as Hindu, and 7.9% identified as “other”. Only 4 participants (1.7%) identified as parents, with their children’s ages ranging from 11-years-old, to 25-years-old.

In regard to mental illness, 85.4% of the sample identified having suffered from, or known someone who has suffered from a mental illness (16.7% indicating psychosis, 16.7% indicating postpartum depression, and 1.7% indicated postpartum psychosis).

2.1.2 Study 1 Procedure. Participants signed up to participate in the study through an online research portal to either complete the study online or attend an in-person session in the Group Dynamics Research Lab Space. Both the online and in person procedures were identical, except in person, the participant was greeted by a research assistant and led to a lab room to complete the study on a lab computer. The entire study included reading a vignette depicting details of a crime, rating the severity of a crime, rendering a sentencing decision, answering several questions about that crime, and answering a series of questionnaires including their own demographic information. Participants were randomly assigned to one of eight possible conditions including all possible combinations of infanticide defence information (i.e., education/no education), the relationship status (i.e., relative/non-relative), and age of the victim (i.e., 1-month-old/10-year-old)

Participants were provided with a consent form that indicated the procedures, purpose, and researcher contact information (Please see Appendix A). Participants were informed about the potential disturbing nature of the vignette topic with a disclaimer in the consent form and a
notice before reading the vignette (Please see Appendix B); however, the vignette was no more disturbing than what is commonly read in a news article. Participants first read a vignette depicting details of a crime (Please see Appendix D). After reading the news article, participants were asked to indicate the seriousness of the crime (operationally defined as morally wrong against society) (0 not at all serious – 100 extremely serious) and render a sentence length based on Canadian guidelines (0 years acquittal – 25 years life in prison). Next, participants were asked to indicate the characteristics of the victim and perpetrator (sex, victim age, victim relation to the perpetrator, and mental status of the perpetrator), as presented in the scenario (Please see Appendix E). This served as a manipulation check to ensure that participants are aware and paying attention during the study. Following, participants completed three questionnaires (Please see Appendix C). The set of questionnaires included: The Ambivalent Sexist Inventory (ASI; Glick & Fiske, 1996), the Insanity Defense Attitudes-Revised scale (IDA-R; Skeem et al., 2004), and the Mental Illness Stigma Scale (MISS; Day, Edgren, & Eshelman, 2007). The ASI, IDA-R, and MISS questionnaires were utilized as covariate measures for analyses. Participants were then asked for their own general demographic information (age, sex, race, religion, year in school, if they are a parent, and if they know someone who has suffered from depression, psychosis, postpartum depression, or postpartum psychosis; Please see Appendix F). Finally, participants were presented with information about the study, the study’s general hypothesis, and researcher contact information as part of debriefing (Please see Appendix G).

2.1.3 Study 1 Design. For the first study, there were a total of eight conditions, representing all possible combinations of the presentation of infanticide defence information, victim age, and victim relationship to the perpetrator. As such, the study was a 2 (Education: infanticide defence information or no information) x 2 (Victim Relation: Relative/Non-relative)
x 2 (Victim Age: 1-month-old/10-year-old) between-subjects design. Dependent variables were the seriousness of the crime (operationally defined as morally wrong against society) (0 not at all serious – 100 extremely serious) and a rendered sentence length based on Canadian guidelines (0 years acquittal – 25 years life in prison).

2.2 Results

Analyses of Covariances (ANCOVAs) were run on each dependent variable (seriousness and sentence length). Covariate measures (Benevolent Sexism, Hostile Sexism, Attitudes towards the Insanity Defense, and Mental Illness Stigma) were accounted for in analyses, however, all were non-significant in this study. The covariates were still included in the analysis for a more conservative test of the hypotheses.

2.2.1 Seriousness. A 2 (Education: infanticide defence information or no information) x 2 (Victim Relation: Relative/Non-relative) x 2 (Victim Age: 1-month-old/10-year-old) ANCOVA was run on the reported seriousness of the crime. There was no significant three-way interaction $F(1, 228) = 0.28, p = .60, \text{partial } \eta^2 = 0.001$. There were no significant two-way interactions or main effects (Please see Table 1 for test statistics and Table 2 for estimated marginal means). Overall, it appeared that the dependent variable for seriousness has a ceiling effect, in that the crime depicted in the vignette is considered to be too serious for any significant movement (range = 93.53 – 97.47); all participants appear to see this crime as extremely serious, regardless of the presentation of infanticide defence information, victim relation, and victim age.

2.2.2 Sentence length. A 2 (Education: infanticide defence information or no information) x 2 (Victim Relation: Relative/Non-relative) x 2 (Victim Age: 1-month-old/10-year-old) ANCOVA was run on the rendered sentence length. There was no significant three-way interaction $F(1, 228) = 0.54, p = .47, \text{partial } \eta^2 = 0.002$. There was a significant two-way
interaction between Education and Victim Age $F(1, 228) = 11.88, p = .001, \text{partial } \eta^2 = 0.050$.

Most notably, there was a significant main effect for Education $F(1, 228) = 11.03, p = .001, \text{partial } \eta^2 = 0.046$. That is, participants provided a shorter sentence for all perpetrators if they received information about the Canadian Infanticide Defence. All other two-way interactions and main effects were non-significant. Please see Table 3 for test statistics and Table 4 for estimated marginal means. These findings suggest that Education influences participants to provide shorter sentences to female offenders and is having an effect in the predicted direction.

2.3 Study 1 Discussion.

Participants who received Canadian infanticide defence (a brief description of the infanticide defence law) provided shorter sentences in comparison to participants who received no information on the Canadian infanticide defence. This means that providing brief information on the infanticide law including the surrounding factors of mental illness and victim age and details surrounding maximum sentences length can influence participants enough to inform decision on crime. As such, for Study 2 and Study 3, all participants received infanticide defence information because it evidently influences interpretations of crimes based on perpetrator characteristics. This is incredibly important for Studies 2 and 3 because it will help avoid ceiling effects for sentence lengths, which is a common finding when asking participants who judge crimes of murder.

A discerning feature of the infanticide defence is that “a female person commits infanticide when by a willful act or omission she causes the death of her newly-born child, if at the time of the act or omission she is not fully recovered from the effects of giving birth to the child and by reason thereof or of the effect of lactation consequent on the birth of the child her mind is then disturbed” (R.S., c. C-34, s. 216). The inclusion of a mental disturbance is
intricately related to crimes of this nature. Study 2 and Study 3 will focus on understanding how mental illness of the perpetrator informs perceptions of severity, sentence length, and a new dependent variable, criminal responsibility in student and community samples.
CHAPTER 3: STUDY 2

3.1 Detailed Overview of Study 2.

The results of Study 1 suggested that providing education (i.e., information on the infanticide defence) resulted in shorter rendered sentence lengths for all perpetrators. As such, all participants in this study received the same education before providing a seriousness rating and sentence length decision. In order to build on the findings of Study 1, this study investigated the contribution of mental illness for judicial decisions. Participants read a vignette that depicts the killing of a child. The perpetrator and victim relationship, the victim age, and the mental status of the perpetrator were manipulated. The design of the study was 2 (Relationship Status: Relative/Non-Relative) x 2 (Age of the Victim: 1-month-old/10-year-old) x 2 (Perpetrator Mental Status: Psychosis/ No psychosis). This study investigated three judicial decision making factors as dependent variables: Perceived seriousness of the crime (0 not at all serious – 100 extremely serious), sentence length based on Canadian guidelines (0 years acquittal – 25 years life in prison), and criminal responsibility (0 not at all responsible – 100 extremely responsible). The goal of the second study was to understand the influence of mental illness on perceptions of infanticide or infanticide-like crimes. It was predicted that participants would perceive the crimes of infanticide (i.e., a related perpetrator and a younger child) as less serious, provide a shorter sentence length, and deem the perpetrator less criminally responsible.

3.1.1 Study 2 Participants. All participants were undergraduates at the University of British Columbia’s Okanagan campus who received course credit for their participation via the Department of Psychology’s SONA Online research system. Participants must not have participated in Study 1 in order to be eligible for Study 2. In order to have participant data included in the study, participants were required to pass three manipulation checks to ensure
their attention during participation. These questions asked the participant to correctly report the perpetrator’s sex, race, and relationship to the victim, as well as the age of the victim. Overall, 349 participants (Females = 245; Males = 104) passed the manipulation checks, and as such, their data was included in the analyses.

Participants had an average age of 20.12 (SD = 2.60) years old and ranged from 17 years old to 40 years old. Their self-reported ethnicities were White (71.3%), First Nations (0%) Black (2.3%), Latino/a (0.9%), Asian (16.9%), or “other” (8.6%). If participants selected other, they were required to fill in their self-reported ethnicity that was not listed. Two hundred and ninety-seven participants identified as Canadian citizens (85.1%); no participants had reported serving on a jury. Sixty-five percent of the sample identified as non-religious, 25.1% identified as Christian, 2.6% identified as Islam, 2.9% identified as Buddhist, 2.9% identified as Hindu, and 4.9% identified as “other”. Only 7 participants (0.3%) identified as parents, with their children’s ages ranging from 7-years-old, to 12-years-old.

In regard to mental illness, 80.8% of the sample identified having suffered from, or known someone who has suffered from, a mental illness (17.8% indicating psychosis, 24.6% indicating postpartum depression, and 1.1% indicated postpartum psychosis).

3.1.2 Study 2 Procedure. Participants signed up to participate in the study through an online research portal to either complete the study online or attend an in-person session in the Group Dynamics Research Lab Space. Both the online and in-person procedures were identical, except in person, the participant was greeted by a research assistant and led to a lab room to complete the study on a lab computer. The entire study included reading a vignette depicting details of a crime, rating the severity of a crime, rendering a sentencing decision, rating criminal responsibility of the perpetrator, answering several questions about that crime, and answering a
series of questionnaires including their own demographic information. Participants were randomly assigned to one of eight possible conditions including all possible combinations of the relationship status between the perpetrator and the victim (i.e., relative/non-relative), the age of the victim (i.e., 1-month-old/10-year-old), and the mental status of the perpetrator (i.e., psychosis/no psychosis).

Participants were provided with a consent form that indicated the procedures, purpose, and researcher contact information (Please see Appendix A). Participants were informed about the potential disturbing nature of the vignette topic with a disclaimer in the consent form and a notice before reading the vignette (Please see Appendix B); however, the vignette was no more disturbing than what is commonly read in a news article. Participants first read a vignette depicting details of a crime (Please see Appendix D). After reading the news article, participants were asked to indicate the seriousness of the crime (operationally defined as morally wrong against society) (0 not at all serious – 100 extremely serious), render a sentence length based on Canadian guidelines (0 years acquittal – 25 years life in prison), and indicate the perpetrator’s criminal responsibility (0 not at all responsible – 100 extremely responsible). Next, participants were asked to indicate the characteristics of the victim and perpetrator (sex, victim age, victim relation to the perpetrator, and mental status of the perpetrator), as presented in the scenario (Please see Appendix F). This served as a manipulation check to ensure that participants were aware and paying attention during the study. Following, participants completed two questionnaires (Please see Appendix C). The set of questionnaires included: The Ambivalent Sexist Inventory (ASI; Glick & Fiske, 1996), the Insanity Defense Attitudes-Revised scale (IDA-R; Skeem et al., 2004), and the Mental Illness Stigma Scale (MISS; Day, Edgren, & Eshelman, 2007). The ASI, IDA-R, and MISS were utilized as covariate measures for analyses. Participants
were then asked for their own general demographic information (age, sex, race, religion, year in school, if they are a parent, and if they know someone who has suffered from depression, psychosis, postpartum depression, or postpartum psychosis; Please see Appendix F). Finally, participants were presented with information about the study, the study’s general hypothesis, and researcher contact information as part of debriefing (Please see Appendix G).

3.1.3 Study 2 Design. For the second study, there were a total of eight conditions, representing all possible combinations of relationship to the perpetrator, victim age, and mental status of the perpetrator. As such, the study was a 2 (Victim Relation: Relative/Non-relative) x 2 (Victim Age: 1-month-old/10-year-old) x 2 (Perpetrator Mental Status: Psychosis/No psychosis) between-subjects design. Dependent variables were the seriousness of the crime (operationally defined as morally wrong against society) (0 not at all serious – 100 extremely serious), a rendered sentence length based on Canadian guidelines (0 years acquittal – 25 years life in prison), and criminal responsibility (0 not at all responsible – 100 extremely responsible).

3.2 Results

Analyses of Covariances (ANCOVAs) were run on each dependent variable (seriousness, sentence length, and criminal responsibility). Covariate measures (Benevolent Sexism, Hostile Sexism, Attitudes towards the Insanity Defense, and Mental Illness Stigma Scale) were accounted for in analyses and are presented in Tables 5, 7, and 9.

3.2.1 Seriousness. A 2 (Victim Relation: Relative/Non-relative) x 2 (Victim Age: 1-month-old/10-year-old) x 2 (Perpetrator Mental Status: Psychosis/No psychosis) ANCOVA was run on the reported seriousness of the crime. There was a significant three-way interaction \( F(1, 337) = 4.98, p = 0.03, \text{partial } \eta^2 = 0.015 \). There were no significant two-way interactions or main effects (Please see Table 5 for test statistics and Table 6 for estimated marginal means). Overall,
it appeared that the dependent variable for seriousness still had a ceiling effect, in that the crime depicted in the vignette is considered to be too serious for any meaningful movement between conditions (range = 89.33 – 95.03); all participants appear to see this crime as extremely serious, regardless of the perpetrator’s relationship to the victim, the victim’s age, or the perpetrator’s mental status (i.e., psychosis or no psychosis).

3.2.2 Sentence length. A 2 (Victim Relation: Relative/Non-relative) x 2 (Victim Age: 1-month-old/10-year-old) x 2 (Perpetrator Mental Status: Psychosis/No psychosis) ANCOVA was run on rendered sentence length. There was a significant three-way interaction $F(1, 337) = 4.32$, $p = 0.04$, $\text{partial } \eta^2 = 0.013$. There were no significant two-way interactions (Please see Table 7 for test statistics). Most notably, all three main effects were significant or marginally significant, including Mental Status $F(1, 337) = 5.58$, $p = 0.020$, $\text{partial } \eta^2 = 0.016$, Victim Age $F(1, 337) = 3.50$, $p = 0.062$ and Relationship $F(1, 337) = 3.94$, $p = 0.05$, $\text{partial } \eta^2 = 0.012$. Please see Table 7 for test statistics and Table 8 for estimated marginal means.

These findings suggest that for female perpetrators, the relationship she has to her victim, her victim’s age, and her mental status influence sentence length. More specifically, a female perpetrator receives a shorter sentence if she is related to her victim ($M = 18.36$, $SD = 0.52$) compared to a neighbor ($M = 19.75$, $SD = 0.47$), if she murders a one-month old child ($M = 18.40$, $SD = .48$) compared to a ten-year-old child ($M = 19.72$, $SD = 0.51$), or if she is mentally ill ($M = 18.24$, $SD = 0.49$) compared to no mental illness ($M = 19.90$, $SD = 0.49$). These results strongly align with the infanticide defence parameters and suggest mental illness is a contributing factor influencing people’s judicial decisions.

Based on the above results, I felt the intricacies of the crime of infanticide could be further teased apart by looking at the role of mental status. As such, simple-main-effect tests
were used to compare sentence length between mentally ill and non-mentally ill mothers (Victim Relation: Relative) who murder their one-month old (Victim Age: 1-month-old). The one-way ANOVA that was conducted to examine the differences in the rendered sentence length on the influence on mental illness for mothers who murdered a one-month-old (“infanticide condition”) was significant, \(F(1, 337) = 5.26, p = 0.02\), (Psychosis: \(M = 16.186, SE = 0.94\); No Psychosis: \(M = 19.09, SE = 0.91\)). A second one-way ANOVA was conducted to examine differences in sentence length for mothers suffering from psychosis who murder a ten-year-old; this was not significant \(F(1, 337) = 0.37, p = 0.54\), (Psychosis: \(M = 19.71, SE = 0.96\); No Psychosis: \(M = 18.47, SE = 1.28\)). As such, mental illness appeared to have influence over sentencing decisions for mothers who murder a one-month-old, but not a ten-year-old.

### 3.2.3 Criminal Responsibility

A 2 (Victim Relation: Relative/Non-relative) x 2 (Victim Age: 1-month-old/10-year-old) x 2 (Perpetrator Mental Status: Psychosis/No psychosis) ANCOVA was run on perceived criminal responsibility. There was no significant three-way interaction \(F(1, 337) = 0.23, p = 0.63\), partial \(\eta^2 = 0.001\). There was a significant two-way interaction for mental status and age \(F(1, 337) = 10.39, p = 0.001\), partial \(\eta^2 = 0.03\). There were no other significant two-way interactions. There was a significant main effect for mental status \(F(1, 337) = 41.28, p < 0.001\), partial \(\eta^2 = 0.109\). There were no other significant main effects. Please see Table 7 for test statistics and Table 8 for estimated marginal means.

Based on the above results, I wanted to further explore the intricacies of the crime of infanticide again by looking directly at the “infanticide condition.” As such, simple-main-effect tests were used to compare responsibility between mentally ill and non-mentally ill mothers (Victim Relation: Relative) who murder their one-month old (Victim Age: 1-month-old). The one-way ANOVA that was conducted to examine the differences in criminal responsibility on
the influence of mental illness for mothers who murdered a one-month-old (“infanticide condition”) was significant, $F(1, 337) = 7.21, p < 0.01$ (Psychosis: $M = 79.39, SE = 2.82$; No Psychosis: $M = 89.34, SE = 2.74$). A second one-way ANOVA was conducted to examine differences in criminal responsibility for mothers suffering from psychosis from those not suffering from psychosis who murder a ten-year-old; this was not significant $F(1, 337) = 0.62, p = 0.43$, (Psychosis: $M = 83.56, SE = 2.90$; No Psychosis: $M = 86.98, SE = 3.84$). These findings indicate that mental illness significantly influences perceptions of criminal responsibility more for one-month-old victims (i.e., the “infanticide condition”) than ten-year-olds.

These findings suggest that for female perpetrators, the relationship she has to her victim and her mental status influence perceptions of criminal responsibility. More specifically, a female perpetrator is perceived as less criminally responsible if she was psychotic at the time ($M = 77.84, SE = 1.47$) than if she has no psychosis ($M = 91.28, SE = 1.49$). These results indicate participants consider perpetrators who have a mental illness to be less criminally responsible. However, this main effect was qualified by a two-way interaction, such that perceptions of criminal responsibility also depended on the age of the victim.

3.3 Study 2 Discussion.

Overall, the results for Study 2 are promising as two of three dependent variables seem to suggest the crime of infanticide (i.e., a perpetrator who is a mother who murders her own one-month-old child while suffering from psychosis) is perceived differently than non-infanticide crimes. For the first dependent variable, perceived seriousness, I continued to find a ceiling effect as with Study 1. Given the nature of the crime, these results are not surprising as the murder of a child should always be considered extremely serious. Future studies should explore a
comparative approach between crimes or determine a better scale to measure seriousness between crimes.

As predicted for the dependent variable Sentence Length, perpetrator and victim relation, victim age, and the mental status of the perpetrator all influenced perceptions of this crime. In line with previous research (see Kleinfeld, 2012), crimes committed against strangers are viewed as worse and perpetrators and punished harsher. There was also a main effect of victim age, such that perpetrators with a younger victim received a lower sentence. Finally, there was also a main effect of mental status, such that perpetrators who were mentally ill received shorter sentences. Previous research has demonstrated that mental illness carries a dangerous stigma (Jorm et al., 2012; Reavley et al., 2016); however, the results of this study partially contradict these findings, given that mental illness stigma and dangerousness may presume longer sentences. The results of the present study also partially support Jorm and colleagues (2012) and Reavley and colleagues (2016), as the perpetrator in the vignette was clearly suffering from a mental illness at the time of the crime, and as such, would be eligible for NCRMD. A limitation of the present study was that participants were not able to indicate NCRMD as an outcome. Many participants who felt the perpetrator deserved an NCRMD defence, may have been hesitant to provide a zero for sentence length. Future studies should explore categorical outcomes of guilty, not guilty, or not guilty by reason of mental disorder.

As predicted for the dependent variable criminal responsibility, mental status of the perpetrator significantly influenced perceptions of criminal responsibility. These results are encouraging, suggesting that participants are aware of the link between mental status and criminal responsibility. This main effect was qualified by a significant interaction between mental status and victim age. This interaction was driven by the difference in perception of
criminal responsibility between mothers suffering from mental illness. A mother suffering from psychosis who murders a one-month-old, was considered less criminally responsible than a mother suffering from psychosis who murders a ten-year-old. Mothers who were not mentally ill were noted to be similarly responsible, despite victim age.

Overall, the findings suggest participants view infanticide crimes as distinct from other crimes of filicide. Results are in line with reduced responsibility and sentence length that the infanticide defence suggests. However, a large concern still remains with this designation as mothers who are suffering from mental illness are receiving a criminal charge, not an NCRMD designation, despite mental illness. Given the promising nature of this study, it will be worthwhile to explore these results with a community sample to better understand the generalizability of these findings.
CHAPTER 4: STUDY 3

4.1 Detailed Overview of Study 3.

The results of Study 2 were promising because they demonstrated that people consider crimes of infanticide differently than similar crimes. Participants provided a shorter sentence to mothers suffering from a mental illness who murder their own 1-month-old children. In order to build on these findings, Study 3 was conducted with a community sample. The same stimuli, manipulation, and dependent variables from Study 2 were utilized in Study 3, except with an online sample of Canadians obtained from the online survey company, Maru Blue.

Participants read a vignette that depicts the killing of a child. The perpetrator and victim relationship, the victim age, and the mental status of the perpetrator were manipulated. The design of the study was 2 (Relationship Status: Relative/Non-Relative) x 2 (Age of the Victim: 1-month-old/10-year-old) x 2 (Perpetrator Mental Status: Psychosis/ No psychosis). This study investigated three judicial decision making factors as dependent variables: Perceived seriousness of the crime (0 not at all serious – 100 extremely serious), sentence length based on Canadian guidelines (0 years acquittal – 25 years life in prison), and criminal responsibility (0 not at all responsible – 100 extremely responsible). The goal of the third study was to understand the influence of mental illness on perceptions of infanticide or infanticide-like crimes for a community sample. It was predicted that participants would perceive the crimes of infanticide (i.e., a related perpetrator and a younger child) as less serious, provide a shorter sentence length, and deem the perpetrator less criminally responsible, similarly to the undergraduate sample.

4.1.1 Study 3 Participants. All participants were registered members of the Maru Blue online survey community. Participants received 100 Maru Blue points ($1.00 CAD equivalent) for participation in this study. In order to have participant data included in the study, participants
were required to pass three manipulation checks to ensure their attention during participation. These questions asked the participant to correctly report the perpetrator’s sex, race, relationship to the victim, and mental status, as well as the age of the victim. Overall, 239 participants (Females = 137; Males = 102) passed the manipulation checks, and as such, their data was included in the analyses.

Participants had an average age of 49.89 (SD = 15.91) years old and ranged from 22 years old to 88 years old. Their self-reported ethnicities were White (84.1%), First Nations (2.1%) Black (0.4%), Latino/a (1.3%), Asian (10.0%), or “other” (2.1%). If participants selected other, they were required to fill in their self-reported ethnicity that was not listed. Two hundred and thirty-four participants identified as Canadian citizens (97.9%); nineteen participants identified as having served on a jury (7.9%). Forty-six percent of the sample identified as non-religious, 48.1% identified as Christian, 0.4% identified as Islam, 0.4% identified as Buddhist, 0.4% identified as Hindu, and 9% identified as “other”. One hundred and forty-four participants (60.3%) identified as parents, with their children’s ages ranging from less than 1-year-old, to 60-years-old.

In regard to mental illness, 76.2% of the sample identified having suffered from, or known someone who has suffered from, a mental illness (8.5% indicating psychosis, 36% indicating postpartum depression, and 6.7% indicated postpartum psychosis).

**4.1.2 Study 3 Procedure.** Participants were all members of the Canadian Maru Blue market research program. Maru Blue distributed the survey link to a census matched group of Canadians that were members of the program. Upon receiving the invitation, participants were provided with the information and consent form for the study. If they chose to participate, the procedures were identical to Study 2. The entire study included reading a vignette depicting
details of a crime, rating the severity of a crime, rendering a sentencing decision, rating criminal responsibility of the perpetrator, answering several questions about that crime, and answering a series of questionnaires including their own demographic information. Participants were randomly assigned to one of eight possible conditions including all possible combinations of the relationship status between the perpetrator and the victim (i.e., relative/non-relative), the age of the victim (i.e., 1-month-old/10-year-old), and the mental status of the perpetrator (i.e., psychosis/not mentally ill).

Participants were provided with a consent form that indicated the procedures, purpose, and researcher contact information (Please see Appendix A). Participants were informed about the potential disturbing nature of the vignette topic with a disclaimer in the consent form and a notice before reading the vignette (Please see Appendix B); however, the vignette was no more disturbing than what is commonly read in a news article. Participants first read a vignette depicting details of a crime (Please see Appendix D). After reading the news article, participants were asked to indicate the seriousness of the crime (operationally defined as morally wrong against society) (0 not at all serious – 100 extremely serious), render a sentence length based on Canadian guidelines (0 years acquittal – 25 years life in prison), and indicate the perpetrator’s criminal responsibility (0 not at all responsible – 100 extremely responsible). Next, participants were asked to indicate the characteristics of the victim and perpetrator (sex, victim age, victim relation to the perpetrator, and mental status of the perpetrator), as presented in the scenario (Please see Appendix F). This served as a manipulation check to ensure that participants are aware and paying attention during the study. Following, participants completed three questionnaires (Please see Appendix C). The set of questionnaires included: The Ambivalent Sexist Inventory (ASI; Glick & Fiske, 1996), the
Insanity Defense Attitudes-Revised scale (IDA-R; Skeem et al., 2004), and the Mental Illness Stigma Scale (MISS; Day, Edgren, & Eshelman, 2007). The ASI, IDA-R, and MISS questionnaires were utilized as covariate measures for analyses. Participants were then asked for their own general demographic information (age, sex, race, religion, year in school, if they are a parent, and if they know someone who has suffered from depression, psychosis, postpartum depression, or postpartum psychosis; please see Appendix F. Finally, participants were presented with information about the study, the study’s general hypothesis, and researcher contact information as part of debriefing (Please see Appendix G). Participants were rewarded with 100 Maru Blue survey points ($1.00 Canadian equivalent).

4.1.3 Study 3 Design. For Study 3, there were a total of 8 conditions, representing all possible combinations of victim age, victim relationship to the perpetrator, and mental status of the perpetrator. As such, the study was a 2 (Victim Relation: Relative/Non-relative) x 2 (Victim Age: 1-month-old/10-year-old) x 2 (Perpetrator Mental Status: Psychosis/No psychosis) between-subjects design. Dependent variables were the seriousness of the crime (operationally defined as morally wrong against society) (0 not at all serious – 100 extremely serious), a rendered sentence length based on Canadian guidelines (0 years acquittal – 25 years life in prison), and criminal responsibility (0 not at all responsible – 100 extremely responsible).

4.2 Results

Analyses of Covariances (ANCOVAs) were run on each dependent variable (seriousness, sentence length, and criminal responsibility). Covariate measures (Benevolent Sexism, Hostile Sexism, Attitudes towards the Insanity Defense, and Mental Illness Stigma Scale) were accounted for in analyses and are presented in Tables 11, 13, and 15.
4.2.1 Seriousness. A 2 (Victim Relation: Relative/Non-relative) x 2 (Victim Age: 1-month-old/10-year-old) x 2 (Perpetrator Mental Status: Psychosis/No psychosis) ANCOVA was run on the reported seriousness of the crime. There was a significant three-way interaction $F(1, 227) = 3.96, p = 0.04$, $partial \eta^2 = 0.017$. There were no significant two-way interactions or main effects (Please see Table 11 for test statistics and Table 12 for estimated marginal means). Again, it appeared that the dependent variable for seriousness still had a ceiling effect, in that the crime depicted in the vignette is considered to be too serious for any meaningful movement between conditions (range = 92.38 – 98.18); all participants appear to see this crime as extremely serious, regardless of the perpetrator’s relationship to the victim, the victim’s age, or the perpetrator’s mental status (i.e., psychosis or no psychosis).

4.2.2 Sentence length. A 2 (Victim Relation: Relative/Non-relative) x 2 (Victim Age: 1-month-old/10-year-old) x 2 (Perpetrator Mental Status: Psychosis/No Psychosis) ANCOVA was run on rendered sentence length. There was a significant three-way interaction $F(1, 227) = 6.69, p = 0.01$, $partial \eta^2 = 0.029$. There were no significant two-way interactions (Please see Table 13 for test statistics). Most notably, two of three main effects were significant, including Mental Status $F(1, 227) = 8.83, p = 0.003$, $partial \eta^2 = 0.037$ and Victim Age $F(1, 227) = 10.03, p = 0.002$, $partial \eta^2 = 0.042$. Please see Table 13 for test statistics and Table 14 for estimated marginal means.

These findings suggest that for perpetrators, her victim’s age and her mental status influence sentence length. More specifically, a female perpetrator receives a shorter sentence if she murders a one-month old child ($M = 18.21, SE = 0.57$) compared to a ten-year-old child ($M = 20.75, SE = 0.57$) or if she had psychosis ($M = 18.29, SE = 0.57$) compared to no psychosis ($M = 20.67, SE = 0.56$). While Victim Relationship was not significant, means were trending in a
similar direction to Study 2 (i.e., Relative $M = 18.84, SE = 0.56$; Non-relative $M = 20.11, SE = 0.57$). As found with Study 2, these results suggest that crimes of infanticide are viewed differently by the public and influenced by perpetrator mental status and victim age.

Based on the above results, I wanted to explore the influence of mental status for the crime of infanticide. As such, simple-main-effects were used to compare the influence of mental status (Perpetrator Mental Status: Psychosis) on sentence lengths for perpetrators who were mothers (Victim Relation: Relative) for both one-month-old victims and ten-year-old victims (Victim Age: 1-month-old/10-year-old). The one-way ANOVA that was conducted to examine the differences in the rendered sentence length on the influence on mental illness for mothers who murdered a one-month-old ("infanticide condition") was not significant, $F(1, 227) = 0.80, p = 0.37$ (Psychosis: $M = 17.28, SE = 1.13$; No Psychosis: $M = 16.51, SE = 1.17$). A second one-way ANOVA was conducted to examine differences in sentence length for mothers who murder a ten-year-old; this was significant $F(1, 227) = 13.42, p < 0.001$ (Psychosis: $M = 17.95, SE = 1.12$; No Psychosis: $M = 23.66, SE = 1.09$). As such, mental illness appeared to influence sentencing for mother’s who murder a ten-year-old, not a one-month-old.

### 4.2.3 Criminal Responsibility

A 2 (Victim Relation: Relative/Non-relative) x 2 (Victim Age: 1-month-old/10-year-old) x 2 (Perpetrator Mental Status: Psychosis/No Psychosis) ANCOVA was run on perceived criminal responsibility. There was no significant three-way interaction $F(1, 227) = 0.79, p = 0.38$, $\text{partial } \eta^2 = 0.003$. There were no significant two-way interactions. There were significant main effects for Mental Status $F(1, 227) = 37.61, p < 0.001$, $\text{partial } \eta^2 = 0.25$ and for Victim Age $F(1, 227) = 4.00, p = 0.04$, $\text{partial } \eta^2 = 0.017$. There were no other significant main effects. Please see Table 15 for test statistics and Table 16 for estimated marginal means.
In order to understand how mental illness influences the crime of infanticide, simple-main-effect tests were used to compare the influence of mental status (Perpetrator Mental Status: Psychosis) on criminal responsibility for female perpetrators who were mothers (Victim Relation: Relative) for both one-month-old victims and ten-year-old victims (Victim Age: 1-month-old/10-year-old). The one-way ANOVA that was conducted to examine the differences in criminal responsibility on the influence on mental illness for mothers who murdered a one-month-old (“infanticide condition”) was not significant, $F(1, 227) = 2.17, p = 0.14$, (Psychosis: $M = 76.27, SE = 3.64$; No Psychosis: $M = 85.17 SE = 3.79$). A second one-way ANOVA was conducted to examine differences in criminal responsibility for mothers who murder a ten-year-old; this was significant $F(1, 227) = 14.15, p < 0.001$ (Psychosis: $M = 75.21, SE = 3.61$; No Psychosis: $M = 95.28, SE = 3.52$).

These findings again suggest that for perpetrators, her mental status influences perceptions of criminal responsibility, in line with the NCRMD defence. These results indicate participants consider perpetrators who have a mental illness to be less criminally responsible.

4.3 Study 3 Discussion.

Overall, the results for Study 3 continue to demonstrate that bias can emerge in the criminal justice. The Seriousness variable, again revealed a ceiling effect as with Studies 1 and 2. While the findings did not always reveal differential treatment of offenders for an “infanticide condition” (i.e., mother who murders her one-month-old child; Relative/One-month-old/Psychosis), significant differences emerged for Sentence Length and Criminal Responsibility. Most notably, Victim Age influenced judicial decisions such that one-month-old victims resulted in a lower sentence length and lower perceived criminal responsibility. Mental
Status influenced judicial decisions such that perpetrators suffering from a mental illness at the time of the crime received a lower sentence and were perceived as less criminally responsible.

As found with Study 2, Study 3 was partially in line with research on Jorm et al. (2012), showing that mental illness still carries a stigma. The NCRMD ruling in Canada indicates an individual is not responsible for their crime if they were suffering from a mental illness at the time of the crime. While participants in Study 3 generally provided a shorter sentence to perpetrators with mental illness and rated them as less criminally responsible, mean sentence lengths and responsibility ratings were far from zero. This indicates that many participants still provided long sentences and held the perpetrator as responsible, despite the influence of mental illness. Again, the same limitations apply to this study in that participants were not able to provide their thought process behind their sentencing decisions. Many participants who felt the perpetrator deserved an NCRMD defence, may have been hesitant to provide a zero for sentence length. Future studies should explore categorical outcomes of guilty, not guilty, or not guilty by reason of mental disorder.

Overall, the findings from Study 3 provide indication that Victim Age, Victim Relation, and Perpetrator Mental Status influence perceptions of crime; however, the picture is not completely clear. The “infanticide condition” is not as distinct as found in Study 2. Overall, Victim Age and Perpetrator Mental Status had the most influence on Sentence Length and Criminal Responsibility; whereas, Victim Relation did not have as much impact as Study 2. The results of all three studies are synthesized and discussed in Chapter 5.
CHAPTER 5: OVERALL DISCUSSION

Studies demonstrate that in Canada, between 1961 and 2011, 1,612 children were killed by their parents (Dawson, 2015). Based on statistics, children are most likely to be murdered by their own parents or guardians, in comparison to strangers (Herman-Giddens et al., 1999). The murder of a child is viewed as a violation of innocence and, as such, seen as a devastating and gruesome crime; however, the killing of a child, especially by a mother, may evoke different emotional responses. For example, some may view this crime as something only a truly sick individual could do; in contrast, others may feel empathy and understanding for an individual who was likely suffering from mental illness at the time of the crime. To the best of my knowledge, no research has examined perceptions of the infanticide defence in Canada. This dissertation sought to understand how judicial decision making (i.e., Perceived Seriousness of the Crime, Sentence Length, and perceived Criminal Responsibility) is influenced by the characteristics of this crime.

In response to uniqueness of infanticide crimes, some countries have specialized laws for the murder of a child (Friedman & Resnick, 2007). The Canadian Criminal code has an infanticide charge, when a mother kills her newly born child and has not recovered from the effects of giving birth or lactation (R.S., c. C-34, s. 216). An infanticide conviction results in the significantly shorter maximum sentence of five years in prison in contrast to other types of murder, that may carry a life sentence (25 years without parole eligibility). There are four distinct features of this law including sex of the perpetrator, victim age, victim relationship, and perpetrator mental status. As such, this dissertation examined three of these features to elucidate the influence of each on judicial decisions. Across the three studies, it was revealed that the murder of a child is perceived differently based on the relationship of the perpetrator to the
victim, the age of the victim, and the perpetrator’s mental status; however, the picture of how these variables influence sentence length was not completely clear because a sample of university students differed from a representative community sample. The implications and directions for future research are discussed below.

5.1 Education

Study 1 examined the influence of education on the infanticide defence information for Perceived Seriousness of the crime and Sentence Length. In this study, it was found that Education on the existence of the infanticide defence resulted in significantly shorter sentences. This is in line with previous research on NCRMD education showing that providing individuals with information about mental illness can reduce stigma in some cases (Maeder et al., 2015; Yamamoto et al., 2017). This shows an important area of study in regard to juror education. Currently, in the Canadian legal system, jury members are provided minimal education on mental illness, interpreting evidence, and providing sentence lengths. Wherever possible, judges will try to inform jury members of their responsibilities and necessary information; however, we place a lot of confidence in being tried by a group of our peers. The results of this study demonstrate that with brief education, sentence lengths can change significantly. As such, it may be beneficial for jury members to receive brief education on legal concepts. Further, jury members and individuals working in the criminal justice field likely receive little training in mental health. Stigma surrounding mental illness is pervasive (Acorn, 2011; Chappell, 2010) and could lead to unjust and harsher punishments for individuals who commit immoral acts under the influence of a mental illness. As previous research has demonstrated education on mental illness and crime results in decreased stigma (Maeder et al., 2015). Overall, these findings provided preliminary support for the design and utility of this research paradigm.
In relation to infanticide, these results are particularly noteworthy because infanticide involves a unique combination of perpetrator and victim factors. In order to meet criteria for the infanticide defence, there must be a familial relationship between the perpetrator (mother) and the victim (child), the victim must be “newly born”, and the perpetrator must not have recovered from the effects of childbirth or lactation. These criteria are rooted in outdated terminology that continue to pathologize the female body. Perhaps the infanticide defence should again be reviewed by the Supreme Court of Canada or perhaps the criminal justice system would benefit from triers of fact being informed on mental illness and sex bias.

5.2. Victim Age

To the best of my knowledge, no studies have examined the influence of victim age on sentence length and perceptions of crime. Garvey (1998) suggested that the murder of a child is viewed more harshly than the murder of an adult. This finding was supported and further examined in this dissertation by comparing perceptions of crime severity, sentence length, and perceptions of criminal responsibility for perpetrators who murder a one-month-old child (infant) versus a ten-year-old child. In Studies 2 and 3, both university and community sample participants provided a shorter sentence length for female perpetrators who murder a one-month-old in comparison to a ten-year-old. These findings indicate people “agree” with the infanticide defence criteria, that the victim must be “newly born.”

One possible explanation for this finding could be that participants viewed the murder of one-month-old children as less serious (evidenced by a shorter sentence length) because the child victim has lived much less than a ten-year-old. Murdering a ten-year-old child may be seen by participants as a more active crime because a ten-year-old child can talk and defend themselves more than a one-month-old. Another explanation involves the idea that men are “bad” and
women are “mad” (Wilczynski, 1997). To expand, participants may interpret that if a woman commits a crime, she must be mentally ill (i.e., mad). As such, a female perpetrator would receive a lower sentence if a participant believes that someone suffering from a mental illness cannot be held responsible for their crimes. This explanation relates to victim age because the stress of parenthood and vulnerability for postpartum mental illness for women may be interpreted as greater around the time of a newborn.

The issue of victim age in crimes of infanticide also relates to philosophical, moral, ethical, and political issues of abortion. In these studies, it was generally found that female perpetrators should receive a lesser sentence when murdering a younger victim. While previous research found that both subtypes of ambivalent sexism are related to the opposition against elective abortion and that benevolent sexism specifically was predictive of negative attitudes towards women who have an abortion for medical reasons (Osborne & Davies, 2012), there were no significant relationships between sexist beliefs and victim age found in the present dissertation. This is surprising, given the increased emotionality and polarized views individuals often have related to the topic of abortion. It would be interesting from both a psychological, legal, and philosophical standpoint to investigate the relationship between beliefs around abortion and perceptions of infanticide crimes. Recommendations for future studies are discussed in further detail below.

5.3 Victim Relation

The killing of your own offspring is unique in that it defies evolutionary theory (Hrdy, 1979); yet, infanticide is observed in a number of animal species including dolphins (Dunn et al., 2002), birds (Freed, 1986), and monkeys (Borries et al., 1999; Steyaert et al., 2013). Zoologists have noted possible motivations for this behaviour that can map onto infanticide in humans
Infanticide has been noted in humans across the world for millennia (Hutter, 1981). What is most perplexing to people is likely why a female would murder her own child. Resnick (1970) offered five different explanations for infanticide involving social, economic, and medical reasons. Given the structure of our society, an individual who murders their child will likely be charged with a criminal offence. There are a number of different interpretations of why an infanticide occurred, and thus, these interpretations will likely influence the outcome of a criminal decision. As such, the present dissertation was, to the best of my knowledge, the first foray into understanding public perceptions of infanticide crimes.

In the current studies, it was generally found that female perpetrators were provided a shorter sentence if they murder their own child. Kleinfeld (2012) described a pattern where violence against a stranger is deemed more serious than violence of a domestic nature or as part of a gang. As such, the random threat against society seems to drive perceptions of severity and sentence length. Similar to these results, Studies 2 and 3 demonstrated that female perpetrators who murder a neighbour, generally receive a longer sentence than female perpetrators who murder their own child. This finding aligns with the Canadian infanticide defence that only applies to a mother who murders her own newly born child.

5.4 Perpetrator Mental Status

There is a dangerous stigma associated with mental illness and criminal activity (Jorm, Reavley, & Ross, 2012; Reavley, Jorm, & Morgan, 2016). Mostly, this dangerousness is associated with psychotic episodes. Infanticide may be related to a psychotic episode as the defence states a mother must not have recovered from the effects of childbirth or lactation. One of the criteria of the infanticide defence is that the perpetrator (i.e., the mother) was suffering
from a mental illness at the time of the crime. The unique history of infanticide as a legal defence suggests that women are being punished for actions they are not responsible for. Kramar (2005) reviewed the history of the infanticide defence and highlighted that females who committed these crimes were not being punished because juries were sympathetic of the context (i.e., unique social circumstances for why she was pregnant, mental illness, etc.). As such, the infanticide defence is more punitive in nature, given that it provides a criminal conviction and record to a mother’s record. The results of the present dissertation reveal that, in general, participants recognize that individuals who are mentally ill should not be held responsible for their crimes (reflected in shorter sentence lengths for perpetrators).

In Studies 2 and 3, perpetrators who were identified as suffering from a mental illness at the time of the crime were provided a shorter sentence. This confirms that participants from both a university and community sample considered mental status when making a judicial decision. This may reflect participant’s understanding of NCRMD, that individuals cannot be held responsible. Further, because education was provided around the infanticide defence, it may have lowered stigma, similar to the findings of Maeder et al. (2005). This finding may then reflect that many people do not hold the dangerous stigma of mental illness. However, the mean was far from zero, indicating that many participants still applied a long sentence for perpetrators suffering from mental illness. Further, mental status was also found to significantly influence perceptions of criminal responsibility.

5.5 Limitations and Future Directions

There are a number of limitations of the current studies that should be noted in order to guide futures studies in this area. For example, across all three studies, a ceiling effect was found with the dependent variable, Seriousness. Given that the stimuli for this study were vignettes
depicting the murder of the child, it is not surprising that this was the outcome. As this was the first study of its kind, it is recommended that future studies consider ordinal outcomes (e.g., presenting participants with options and rank ordering the crimes in terms of seriousness). Alternatively, there may be a descriptor to better understand perceptions of the crime (i.e., asking participants the severity of the crime, impact on society, etc.).

Another limitation of this study was that participants were instructed to provide a sentence length for a perpetrator who, in some cases, suffered from a mental illness at the time of the crime. The options ranged from 0 (acquittal) to 25 (life in prison) based on Canadian sentencing guidelines; however, some participants may have recognized the impact of mental illness on the crime and may have been considering years of treatment, not a punitive sentence length. As such, a categorical option allowing participants to identify the perpetrator as NCRMD should be evaluated.

Finally, this study only examined perceptions of sex and gender in a binary and stereotypical way. The vignettes in this study do not represent the fluidity of gender in reality and as such, the results are limited by this dichotomy. Future studies should pay close attention to the context of sex and gender identity in the criminal justice system as people can be unfairly treated based on these identity issues.

Given the limitations of these studies, future research could explore participant reasoning behind their decision making. Further, studies could look at archival Canadian court cases and examine how these unique “infanticide” factors (i.e., Victim Age, Victim Relation, and Perpetrator Mental Status) influenced real sentence lengths and judicial outcomes. Overall, more work is needed to disentangle the emotionality and polarity that seems to emerge when discussing infanticide.
5.6 Conclusion

Thankfully, filicides, and infanticides more specifically, are rare occurrences; however, when they do happen, society is often left devastated and perplexed at the details of the crime. Research has demonstrated that bias and stigma exist in the courtroom. The present dissertation contributed to the literature as one of the first to examine perceptions of this unique crime. This dissertation provided important insights into how crimes of this nature are perceived. It demonstrated how bias can significantly affect important decision in the criminal justice system.

There is preliminary evidence that Canadians are influenced by the distinct features of infanticide including victim age and perpetrator mental status. While the results do not paint a clear picture, there is a general trend showing that infanticide is a unique crime and specific components (i.e., Victim Age, Victim Relation, and Perpetrator Mental Status) can significantly influence sentence lengths and perceptions of criminal responsibility.

Given the findings of this dissertation, a specific recommendation for policy and criminal justice proceedings would be to include education on mental health and crime for jury members. To reduce stigma on mental health, especially around its association with crime, we as a country should be proactive about education on mental health. Further, it is imperative that we strive towards equality between genders and think critically about sexist and biased decisions in the courtroom. Overall, the results from these studies raise an important issue that bias can occur in a number of ways in the justice system, and despite crimes being equal, perpetrator background and characteristics of the victim can influence sentencing decisions.
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murder-1.3504383

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https://doi.org/10.1007/s10826-008-9224-z
Appendices

Appendix A: Consent Form

Media Depiction of Crime

You have been asked to participate in a research study conducted by Dr. Paul G. Davies and Megan Udala (Ph.D. Student). The results of this study may be publically disseminated in the form of a publication or public conference. Regardless of whether or not the findings of the study are publically disseminated, all names and identifying information will be removed. You were selected as a possible participant in this study because you are currently enrolled in an undergraduate psychology class at UBC (Okanagan) that offers the opportunity to receive credit for research participation. Your participation in this research study is completely voluntary. Please retain a copy of this consent form for your own records.

Contact Information:

Paul G. Davies, Ph.D.  
University of British Columbia, Okanagan 
Irving K. Barber School of Arts and Sciences 
ART 322, 1147 University Way 
Kelowna, BC, Canada V1V 1V7 
E-mail: paul.g.davies@ubc.ca

Megan Udala, Ph.D. Student  
University of British Columbia, Okanagan 
Department of Psychology 
1147 University Way 
Kelowna, BC, Canada V1V 1V7 
E-mail: megan.udala@ubc.ca

Sponsor:  
This study is funded by a Social Sciences and Humanities Research Council of Canada (SSHRC) Operating Grant, held by Megan Udala.

Purpose of the Study:  
The purpose of the study is to assess perceptions of criminality through media depictions of crime.

Study Procedures:  
If you volunteer to participate in this part of the study, we would ask you to read an online newspaper article depicting a crime. Following, you would be asked to answer several questions regarding the article. In addition, you will also be asked to fill out a few questionnaires and questions about yourself (e.g., age, gender, etc.). We would never ask you to reveal any information that could be used to connect your identity with your responses on the questions. It is important to note, that some individuals may find the content of the newspaper article disturbing; however, it is no more disturbing than would be found on a television news channel, or newspaper.

Potential Risks and Discomforts:  
There are no foreseeable risks or discomforts with this task, but if at any time, you feel uncomfortable while performing this task you are free to end this study. Also, please feel free to skip any of the questions asked in this study that make you feel uncomfortable. You may
withdraw from this study at any time if you no longer wish to participate without any penalty. If you are feeling distressed you may contact the researchers (Dr. Paul Davies [paul.g.davies@ubc.ca], or Megan Udala [megan.udala@ubc.ca]).

**Potential Benefits to Subjects and/or to Society:**
There are no direct benefits to you participating in this research, however, participating in this research will allow for you to gain an understanding of the research process, and how data are collected for psychological research. Further, you will enjoy the satisfaction of knowing that you have helped to contribute to the current literature within social psychology. At the end of the study you will be provided with a debriefing form including the researchers’ contact information so that you can find the results of this study in the future, if you are interested.

**Remuneration/Compensation:**
Upon completion of this study, you will receive 1 credit points toward an eligible course in the Psychology Department for your participation. If you can earn credit points in more than one class, you can specify which class you would like to add points to online at http://ubco.sonasystems.com. It is important to note that credit will only be awarded to those students who are registered in a psychology course that offers research credit.

**Confidentiality:**
This online survey company is hosted by Qualtrics, a websurvey company located in the USA and as such, is subject to U.S. laws. In particular, the US Patriot Act, which allows authorities access to the records of Internet service providers. Qualtrics has SAS (Statistical Analysis Systems) 70 Certification. It also has met privacy standards for the storage of health care records, as outlined by the Health Insurance Portability and Accountability Act (HIPAA). This survey or questionnaire does not ask for personal identifiers or any information that may be used to identify you. If you choose to participate in the survey, you understand that your responses to the survey questions will be stored and accessed in the USA. The security and privacy policy for the websurvey company can be found at the following link: http://www.qualtrics.com/security-statement/ All information collected from this study will be kept confidential. Study information (including electronic files and transcripts) will be retained for a minimum of 5 years after publication. The study information will be stored in a secure location at UBC Okanagan on password-protected computers (owned by Dr. Davies or Megan Udala).

**Contact for Information about the Study:**
If you have any questions or desire further information with respect to this study, you may contact Dr. Paul G. Davies (by email: paul.g.davies@ubc.ca), or Megan Udala (by email: megan.udala@ubc.ca)

**Contact for Concerns about the Rights of Research Subjects:**
If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Services at 604-822-8598 or if long distance, email RSIL@ors.ubc.ca or call toll free 1-877-822-8598.
Consent:
Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time without jeopardy to your class standing. If you would like to withdraw your data from analysis after completion of the online questionnaire, please contact one of the researchers with your participant ID number (for identification purposes) via email to do so.

Signature of Research Subject:
Continuing on to the next screen indicates that you have given your free and informed consent to participate in this study.

When you have finished reading the above consent form, please click the "Next" button at the bottom of the page to continue.
Appendix B: Disclaimer

The following article depicts a crime that may be potentially disturbing for some readers. Please note that this article is no more disturbing than what is found in a general news article. If you do find yourself experiencing discomfort in anyway, please feel free to inform the researcher (or by email at megan.udala@ubc.ca).
Appendix C: Questionnaires

Please circle the number next to each statement to indicate the extent to which you agree or disagree with that statement. There are no right or wrong answers. This is an ANONYMOUS survey; your name is not associated with your responses. We are interested in your opinions.

Mental Illness Stigma Scale (Miss; Day et al., 2007)

<table>
<thead>
<tr>
<th>Please indicate the extent to which you agree or disagree with the statements listed below:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. There are effective medications for psychosis that allow people to return to normal and productive lives</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
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<tr>
<td>2. I don’t think that it is possible to have a normal relationship with someone with psychosis</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>7</td>
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<tr>
<td>3. I would find it difficult to trust someone with psychosis</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
<td>6</td>
<td>7</td>
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<tr>
<td>4. People with psychosis tend to neglect their appearance</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>5. It would be difficult to have a close meaningful relationship with someone with psychosis</td>
<td>1</td>
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<tr>
<td>6. I feel anxious and uncomfortable when I’m around someone with psychosis</td>
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<td>7. It is easy for me to recognize the symptoms of psychosis</td>
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<td>8. There are no effective treatments for psychosis</td>
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<td>9. I probably wouldn’t know that someone had psychosis unless I was told</td>
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<tr>
<td>10. A close relationship with someone with psychosis would be like living on an emotional roller coaster</td>
<td>1</td>
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<tr>
<td>11. There is little that can be done to control the symptoms of psychosis</td>
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<tr>
<td>12. I think that a personal relationship with someone with psychosis would be too demanding</td>
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<td>Number</td>
<td>Statement</td>
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<td>13</td>
<td>Once someone develops psychosis, he or she will never be able to fully recover from it</td>
<td>1 2 3 4 5 6 7</td>
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<td>14</td>
<td>People with psychosis ignore their hygiene, such as bathing and using deodorant</td>
<td>1 2 3 4 5 6 7</td>
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<td>15</td>
<td>Psychosis prevents people from having normal relationships with others</td>
<td>1 2 3 4 5 6 7</td>
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<td>16</td>
<td>I tend to feel anxious and nervous when I am around someone with psychosis</td>
<td>1 2 3 4 5 6 7</td>
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<td>17</td>
<td>When talking with someone with psychosis, I worry that I might say something that will upset him or her</td>
<td>1 2 3 4 5 6 7</td>
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<td>18</td>
<td>I can tell that someone has psychosis by the way he or she acts</td>
<td>1 2 3 4 5 6 7</td>
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<td>19</td>
<td>People with psychosis do not groom themselves properly</td>
<td>1 2 3 4 5 6 7</td>
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<td>20</td>
<td>People with psychosis will remain ill for the rest of their lives</td>
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<td>21</td>
<td>I don’t think I can really relax and be myself when I’m around someone with psychosis</td>
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<td>22</td>
<td>When I am around someone with psychosis, I worry that he or she might harm me physically</td>
<td>1 2 3 4 5 6 7</td>
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<td>23</td>
<td>Psychiatrists and psychologists have the knowledge and skills needed to effectively treat psychosis</td>
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<td>24</td>
<td>I would feel unsure about what to say or do if I were around someone with psychosis</td>
<td>1 2 3 4 5 6 7</td>
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<tr>
<td>25</td>
<td>I feel nervous and uneasy when I’m near someone with psychosis</td>
<td>1 2 3 4 5 6 7</td>
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<td>26</td>
<td>I can tell that someone has psychosis by the way that he or she talks</td>
<td>1 2 3 4 5 6 7</td>
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<tr>
<td>27</td>
<td>People with psychosis need to take better care of their grooming (bathe, clean teeth, use deodorant)</td>
<td>1 2 3 4 5 6 7</td>
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<tr>
<td>28</td>
<td>Mental health professional, such as psychiatrists and psychologists, can provide effective treatments for psychosis</td>
<td>1 2 3 4 5 6 7</td>
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</tbody>
</table>
Ambivalent Sexism Inventory  
(ASI; Glick & Fiske, 1996)

<table>
<thead>
<tr>
<th>Please indicate the extent to which you agree or disagree with the following statements:</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No matter how accomplished he is, a man is not truly complete as a person unless he has the love of a woman</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Many women are actually seeking special favours, such as hiring policies that favour them over men, under the guise of asking for &quot;equality.&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
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<tr>
<td>3. In a disaster, women ought not necessarily to be rescued before men.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Most women interpret innocent remarks or acts as being sexist.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>5. Women are too easily offended.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tr>
<tr>
<td>6. People are often truly happy in life without being romantically involved with a member of the other sex.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
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<tr>
<td>7. Feminists are not seeking for women to have more power than men.</td>
<td>0</td>
<td>1</td>
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<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. Many women have a quality of purity that few men possess.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<td>5</td>
</tr>
<tr>
<td>9. Women should be cherished and protected by men.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. Most women fail to appreciate fully all that men do for them.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. Women seek to gain power by getting control over men.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
</tr>
<tr>
<td>12. Every man ought to have a woman whom he adores.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. Men are complete without women.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
</tr>
<tr>
<td>14. Women exaggerate problems they have at work.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. Once a woman gets a man to commit to her, she usually tries to put him on a tight leash.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<td>5</td>
</tr>
</tbody>
</table>
16. When women lose to men in a fair competition, they typically complain about being discriminated against.

17. A good woman should be set on a pedestal by her man.

18. There are actually very few women who get a kick out of teasing men by seeming sexually available and then refusing male advances.

19. Women, compared to men, tend to have a superior moral sensibility.

20. Men should be willing to sacrifice their own well being in order to provide financially for the women in their lives.

21. Feminists are making entirely reasonable demands of men.

22. Women, as compared to men, tend to have a more refined sense of culture and good taste.

Attitudes towards the Insanity Defense (IDA-R; Skeem et al., 2004)

<table>
<thead>
<tr>
<th>Seven-Point Scale</th>
<th>1</th>
<th>2</th>
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<th>4</th>
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<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I believe that people should be held responsible for their action no matter what their mental condition</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>2. For the right price, psychiatrists will probably manufacture a “mental illness” for any criminal to convince the jury that he is not criminally responsible</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>3. I believe that we should punish a person for a criminal act only if he understood the act as evil and then freely chose to do it.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>7</td>
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<tr>
<td>4. I believe that all human beings know what they are doing and have the power to control themselves</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>5. The not criminally responsible defence threatens public safety by telling criminals that they can get away with a crime if they come up with a good story about why they did it.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>6. I believe that mental illness can impair people’s ability to make logical choices and control themselves.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
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<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>7. A defendant’s degree of mental illness is irrelevant: if he commits the crime, then he should do the time</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>8. The not criminally responsible defence returns disturbed, dangerous people to the streets.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>9. Mentally ill defendants who plead not criminally responsible have failed to exert enough willpower to behave properly like the rest of us. So, they should be punished for their crimes like everyone else.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>10. As a last resort, defence attorneys will encourage their clients to act strangely and lie through their teeth to appear “mentally ill.”</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>11. Perfectly sane killers can get away with their crimes by hiring high-priced lawyers and experts who misuse the not criminally responsible defence.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>12. The not criminally responsible plea is a loophole in the law that allows too many guilty people to escape punishment.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>13. We should punish people who commit criminal acts, regardless of their degree of mental disturbance.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>14. It is wrong to punish people who commit crime for crazy reasons while gripped by uncontrollable hallucinations or delusions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>15. Most defendants who use the not criminally responsible defence are truly mentally ill, not fakers.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>16. Some people with severe mental illness are out of touch with reality and do not understand that their acts are wrong. These people cannot be blamed and do not deserve to be punished.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>17. Many of the crazy criminals that psychiatrists see fit to return to the streets go on to kill again.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>18. With slick attorneys and a sad story, any criminal can use the not criminally responsible defence to finagle his way to freedom.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>19. It is wrong to punish someone for an act they commit because of any uncontrollable illness, whether it be epilepsy or mental illness.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>
Appendix D: Study Vignettes

Study 1, 2, and 3: Condition: Female, Non-Relative, One-Month-Old

BC Woman Guilty Of Killing One-Month-Old Child

Published Friday, July 14, 2017 2:08 PM EDT
Last Updated Saturday, July 15, 2017 5:15 PM EDT

Hayden Fortin, a 28-year-old female accountant at an office supply company, has been charged with the murder of her neighbour, a one-month-old child. Fortin is a Canadian, born and raised in North Vancouver, BC. She is single, and lives in a single-family home in North Vancouver, BC.

The one-month-old child was reported missing by extended family members on June 28th, 2017. Search teams posted missing posters and conducted extensive search of nearby parks and forested areas.

The child’s body was recovered on June 29th, 2017, in a heavily forested area less than 1 km from Fortin’s home. Autopsy reports indicated that the child died of suffocation.

According to police reports, Fortin has no criminal record and no history of mental illness. She was arrested without incident on June 29th and has been held for investigation. Police spent the following day interrogating Fortin regarding her whereabouts on June 28th, 2017. Fortin provided specifics of the crime to the police that only the perpetrator of the crime would know, and subsequently pleaded guilty. Police reports indicate that Fortin admitted to the crime quickly. Police are not currently releasing any further details of the crime.

Fortin, the 28-year-old female, has been placed in a remand centre in the Lower Mainland where she will await her sentencing. Since she has plead guilty, there will be no trial; she will be sentenced by a judge. She has made no further comments to the police or the media regarding her motive for killing her neighbour’s child.
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BC Woman Guilty Of Killing Ten-Year-Old Child

Published Friday, July 14, 2017 2:08 PM EDT
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Hayden Fortin, a 28-year-old female accountant at an office supply company, has been charged with the murder of her own ten-year-old child. Fortin is a Canadian, born and raised in North Vancouver, BC. She is single, and lives in a single-family home in North Vancouver, BC.

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Appendix E: Infanticide Information (Studies 1, 2, and 3)

When Parents Kill Their Own Children

The death of a child is a devastating and tragic, shocking event, especially if the perpetrator is their parent. Between 1961 and 2011, 1,612 children in Canada were killed by their parents. When a person murders a child (a person under the age of 18), it is called a filicide. If a mother murders her own child, it is called a maternal filicide. If a father murders his own child, it is called a paternal filicide. Many countries have legally defined infanticide for a mother who murders a child before his or her first birthday. A neonaticide is when a child is killed within the first 24 hours of life.

Approximately 60% of cases of parents killing their children were paternal filicide, and this number is consistent in the United States. In cases where stepparent killed a child, 9 out of 10 were stepfathers. Two thirds of male perpetrators were divorced, separated or widowed. Most men were reportedly motivated by jealousy or revenge against a spouse.

Mothers who murder their own children were most likely under 18, single and never married. Females were more likely to have killed an infant. In some cases, a woman may be getting rid of an unwanted infant, or she may believe her crime is altruistic and is saving her child. In 0.01% of births, a woman may experience postpartum psychosis. Sometimes a woman murders her child because she was suffering from a psychotic episode where she experienced command hallucinations, or orders in her head from a believed authority figure or deity.

In most countries, including Canada, a charge of infanticide carries a maximum sentence that is significantly shorter than any other form of murder. Consequently, infanticide laws tend to be controversial.
Appendix F: Dependent Variables, Manipulation Check Questions, and Demographics

Questions About the Article (Dependent Variables):

1. (Studies 1, 2, and 3) In your opinion, how serious is the crime committed by Hayden Fortin? (0 [not serious] -100 [extremely serious])

2. (Studies 1, 2, and 3) In your opinion, what sentence length should Hayden Fortin receive? (0 years [acquittal] - 25 years [life in prison based on Canadian guidelines])

3. (Study 3 only) How confident are you that Hayden Fortin is guilty of this crime? (0-100%)

Manipulation Check:

4. What was Hayden’s gender? Male/Female

5. What is the relationship between Hayden and the child? Parent/Child, Neighbour, Stranger

6. How old was the child? 1-month-old/10-years-old

7. What was the mental status of the perpetrator? No history of mental illness/Mentally ill (psychotic)

Demographic Information:

1. Please indicate your gender. Male/female

2. Please enter your age.

3. Please indicate your race/ethnicity. White/Black/Asian/Aboriginal/Latino/Latina/Other

4. Please indicate your major.

5. Please indicate your current year in your university education. First Year/Second Year/Third Year/Fourth Year/Fifth Year/Other

6. Please indicate which course you are participating in this study for.
7. Please indicate which courses you have taken prior to participating in this study. PSYO 111/PSYO 121/PSYO 252/PSYO 270/PSYO 271/PSYO 372/PSYO 373. Yes/No/In progress

8. Has someone you know ever suffered from depression?

9. Has someone you know ever suffered from Schizophrenia or had a psychotic episode?

10. Has someone you know ever suffered from postpartum depression?

11. Has someone you know ever suffered from postpartum psychosis?
Appendix G: Debriefing Form

Media Depictions of Crime

You have just participated in a study assessing perceptions of criminality. Deception was required for this paradigm; specifically, we withheld our specific hypothesis from you.

We are primarily interested in the influence of crime type on sentencing decisions. We believe that depending on the sex of the perpetrator, victim age, victim relationship, and mental status of the perpetrator, seriousness of the crime will be viewed differently. Depending on the condition you were randomly assigned to, you were either instructed to read a newspaper article about a male/female offender. This offender was presented as either having killed their own child or a non-relative child, who was either 1-month-old, or 10-years-old, or suffering from psychosis. The general hypothesis for our study is that the manipulated crime type (i.e., perpetrator sex, victim age, victim relationship, and perpetrator mental status) will affect sentencing decisions.

We withheld this information from you because there is a tendency for participants to try to confirm the experimenters’ hypotheses. In order to ensure that you were not unconsciously influenced to do this, we withheld the hypotheses of this study.

For those interested in learning more about this area and how it interacts with levels of prejudice, stereotypes, and discrimination please read the following articles:


At this point, we would like to thank you very much for participating in the present study. Should you wish to find out more about the results of this study, or have additional questions concerning your participation in this study, feel free to contact:

Paul G. Davies, Ph.D.  
University of British Columbia, Okanagan  
Irving K. Barber School of Arts and Sciences  
ART 322, 1147 University Way  
Kelowna, BC, Canada V1V 1V7  
E-mail: paul.g.davies@ubc.ca

Megan Udala, Ph.D. Student  
University of British Columbia, Okanagan  
Department of Psychology  
1147 University Way  
Kelowna, BC, Canada V1V 1V7  
E-mail: megan.udala@ubc.ca
Table 1

*Study 1: Test of between-subjects effects: SPSS Output ANCOVA (Perceived seriousness of the crime)*

<table>
<thead>
<tr>
<th>Variable</th>
<th>df</th>
<th>F</th>
<th>$M^2$</th>
<th>Sig.</th>
<th>$n^2$</th>
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</thead>
<tbody>
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<td>155.51</td>
<td>.23</td>
<td>.006</td>
</tr>
<tr>
<td>BS</td>
<td>1</td>
<td>0.52</td>
<td>5.54</td>
<td>.82</td>
<td>.000</td>
</tr>
<tr>
<td>HS</td>
<td>1</td>
<td>0.19</td>
<td>19.93</td>
<td>.67</td>
<td>.001</td>
</tr>
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<td>0.32</td>
<td>3.37</td>
<td>.86</td>
<td>.000</td>
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<td>Age</td>
<td>1</td>
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<td>59.95</td>
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<td>.002</td>
</tr>
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<td>Relation</td>
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<td>0.40</td>
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<td>113.28</td>
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<td>.005</td>
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<td>6.97</td>
<td>.80</td>
<td>.000</td>
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<tr>
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<td>0.28</td>
<td>30.15</td>
<td>.60</td>
<td>.001</td>
</tr>
</tbody>
</table>

*Note. Attitudes towards Insanity Defense – Revised (IDA-R) Benevolent Sexism Scale (BS), Hostile Sexism Scale (HS), are utilized as covariates.*
Table 2

*Study 1: Mean perceived seriousness rating*

<table>
<thead>
<tr>
<th>Education</th>
<th>Age</th>
<th>Relation</th>
<th>M</th>
<th>Std. Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>One-Month</td>
<td>Neighbour</td>
<td>97.47</td>
<td>1.72</td>
</tr>
<tr>
<td></td>
<td>Relative</td>
<td></td>
<td>94.74</td>
<td>1.65</td>
</tr>
<tr>
<td></td>
<td>Ten-Year</td>
<td>Neighbour</td>
<td>95.50</td>
<td>2.47</td>
</tr>
<tr>
<td></td>
<td>Relative</td>
<td></td>
<td>93.54</td>
<td>1.70</td>
</tr>
<tr>
<td>No</td>
<td>One-Month</td>
<td>Neighbour</td>
<td>95.10</td>
<td>2.07</td>
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<td></td>
<td>Relative</td>
<td></td>
<td>96.66</td>
<td>1.96</td>
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<tr>
<td></td>
<td>Ten-Year</td>
<td>Neighbour</td>
<td>95.61</td>
<td>1.81</td>
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<tr>
<td></td>
<td>Relative</td>
<td></td>
<td>95.04</td>
<td>2.47</td>
</tr>
</tbody>
</table>

*Note. Perceived seriousness rating was from 0 (Not at all serious) to 100 (Extremely serious)*
Table 3

*Study 1: Test of between-subjects effects: SPSS Output ANCOVA (Sentence length)*

<table>
<thead>
<tr>
<th>Variable</th>
<th>df</th>
<th>F</th>
<th>$M^2$</th>
<th>Sig.</th>
<th>$n^2$</th>
</tr>
</thead>
<tbody>
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<td>90.33</td>
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<td>.012</td>
</tr>
<tr>
<td>BS</td>
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<td>0.25</td>
<td>8.21</td>
<td>.62</td>
<td>.001</td>
</tr>
<tr>
<td>HS</td>
<td>1</td>
<td>0.47</td>
<td>15.56</td>
<td>.49</td>
<td>.002</td>
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<td>1.09</td>
<td>35.98</td>
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<tr>
<td>Age * Relation</td>
<td>1</td>
<td>0.57</td>
<td>18.82</td>
<td>.45</td>
<td>.002</td>
</tr>
<tr>
<td>Education * Age * Relation</td>
<td>1</td>
<td>0.54</td>
<td>17.64</td>
<td>.46</td>
<td>.002</td>
</tr>
</tbody>
</table>

*Note. Attitudes towards Insanity Defense – Revised (IDA-R) Benevolent Sexism Scale (BS), Hostile Sexism Scale (HS), are utilized as covariates.*
Table 4

Study 1: Mean perceived sentence length

<table>
<thead>
<tr>
<th>Education</th>
<th>Age</th>
<th>Relation</th>
<th>M</th>
<th>Std. Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>One-Month</td>
<td>Neighbour</td>
<td>22.55</td>
<td>0.95</td>
</tr>
<tr>
<td></td>
<td>Relative</td>
<td>Neighbour</td>
<td>20.51</td>
<td>0.92</td>
</tr>
<tr>
<td></td>
<td>Ten-Year</td>
<td>Neighbour</td>
<td>19.04</td>
<td>1.37</td>
</tr>
<tr>
<td></td>
<td>Relative</td>
<td>Neighbour</td>
<td>17.05</td>
<td>0.94</td>
</tr>
<tr>
<td>No</td>
<td>One-Month</td>
<td>Neighbour</td>
<td>22.40</td>
<td>1.15</td>
</tr>
<tr>
<td></td>
<td>Relative</td>
<td>Neighbour</td>
<td>20.83</td>
<td>1.10</td>
</tr>
<tr>
<td></td>
<td>Ten-Year</td>
<td>Neighbour</td>
<td>23.13</td>
<td>1.01</td>
</tr>
<tr>
<td></td>
<td>Relative</td>
<td>Neighbour</td>
<td>23.91</td>
<td>1.37</td>
</tr>
</tbody>
</table>

Note. Sentence length ranged from 0 (Acquittal) to 25 (Life in prison)
Table 5

Study 2: Test of between-subjects effects: SPSS Output ANCOVA (Perceived seriousness of the crime)

<table>
<thead>
<tr>
<th>Variable</th>
<th>df</th>
<th>F</th>
<th>$M^2$</th>
<th>Sig.</th>
<th>$n^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDA-R</td>
<td>1</td>
<td>11.62</td>
<td>1512.47</td>
<td>0.001</td>
<td>0.033</td>
</tr>
<tr>
<td>BS</td>
<td>1</td>
<td>0.36</td>
<td>46.54</td>
<td>0.55</td>
<td>0.001</td>
</tr>
<tr>
<td>HS</td>
<td>1</td>
<td>5.38</td>
<td>699.95</td>
<td>0.02</td>
<td>0.016</td>
</tr>
<tr>
<td>MISS</td>
<td>1</td>
<td>4.17</td>
<td>542.73</td>
<td>0.04</td>
<td>0.04</td>
</tr>
<tr>
<td>Mental Status</td>
<td>1</td>
<td>0.34</td>
<td>44.61</td>
<td>0.56</td>
<td>0.001</td>
</tr>
<tr>
<td>Age</td>
<td>1</td>
<td>0.88</td>
<td>113.82</td>
<td>0.35</td>
<td>0.003</td>
</tr>
<tr>
<td>Relation</td>
<td>1</td>
<td>0.50</td>
<td>64.90</td>
<td>0.48</td>
<td>0.001</td>
</tr>
<tr>
<td>Mental Status * Age</td>
<td>1</td>
<td>0.82</td>
<td>106.29</td>
<td>0.37</td>
<td>0.002</td>
</tr>
<tr>
<td>Mental Status * Relation</td>
<td>1</td>
<td>0.10</td>
<td>13.60</td>
<td>0.75</td>
<td>0.000</td>
</tr>
<tr>
<td>Age * Relation</td>
<td>1</td>
<td>0.18</td>
<td>23.25</td>
<td>0.18</td>
<td>0.001</td>
</tr>
<tr>
<td>Mental Status * Age * Relation</td>
<td>1</td>
<td>5.00</td>
<td>647.52</td>
<td>0.02</td>
<td>0.015</td>
</tr>
</tbody>
</table>

Note. The Attitudes towards Insanity Defense – Revised (IDA-R) Benevolent Sexism Scale (BS), Hostile Sexism Scale (HS), and Mental Illness Stigma Scales (MISS) are utilized as covariates.
Table 6

Study 2: Mean perceived seriousness rating

<table>
<thead>
<tr>
<th>Mental Status</th>
<th>Age</th>
<th>Relation</th>
<th>M</th>
<th>Std. Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosis</td>
<td>One-Month</td>
<td>Neighbour</td>
<td>94.99</td>
<td>1.96</td>
</tr>
<tr>
<td></td>
<td>Relative</td>
<td></td>
<td>91.38</td>
<td>1.70</td>
</tr>
<tr>
<td></td>
<td>Ten-Year</td>
<td>Neighbour</td>
<td>92.64</td>
<td>1.69</td>
</tr>
<tr>
<td></td>
<td>Relative</td>
<td></td>
<td>93.63</td>
<td>1.75</td>
</tr>
<tr>
<td>No Mental Illness</td>
<td>One-Month</td>
<td>Neighbour</td>
<td>92.15</td>
<td>1.66</td>
</tr>
<tr>
<td></td>
<td>Relative</td>
<td></td>
<td>95.03</td>
<td>1.65</td>
</tr>
<tr>
<td></td>
<td>Ten-Year</td>
<td>Neighbour</td>
<td>93.18</td>
<td>1.48</td>
</tr>
<tr>
<td></td>
<td>Relative</td>
<td></td>
<td>89.32</td>
<td>2.33</td>
</tr>
</tbody>
</table>

Note. Perceived seriousness rating was from 0 (Not at all serious) to 100 (Extremely serious)
### Table 7

*Study 2: Test of between-subjects effects: SPSS Output ANCOVA (Sentence Length)*

<table>
<thead>
<tr>
<th>Variable</th>
<th>df</th>
<th>F</th>
<th>$M^2$</th>
<th>Sig.</th>
<th>$n^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDA-R</td>
<td>1</td>
<td>41.11</td>
<td>1617.03</td>
<td>0.00</td>
<td>0.110</td>
</tr>
<tr>
<td>BS</td>
<td>1</td>
<td>1.63</td>
<td>64.08</td>
<td>0.20</td>
<td>0.005</td>
</tr>
<tr>
<td>HS</td>
<td>1</td>
<td>3.32</td>
<td>130.37</td>
<td>0.07</td>
<td>0.010</td>
</tr>
<tr>
<td>MISS</td>
<td>1</td>
<td>5.11</td>
<td>201.09</td>
<td>0.00</td>
<td>0.015</td>
</tr>
<tr>
<td>Mental Status</td>
<td>1</td>
<td>5.60</td>
<td>219.31</td>
<td>0.02</td>
<td>0.016</td>
</tr>
<tr>
<td>Age</td>
<td>1</td>
<td>3.50</td>
<td>137.74</td>
<td>0.06</td>
<td>0.010</td>
</tr>
<tr>
<td>Relation</td>
<td>1</td>
<td>3.94</td>
<td>154.99</td>
<td>0.04</td>
<td>0.012</td>
</tr>
<tr>
<td>Mental Status * Age</td>
<td>1</td>
<td>0.79</td>
<td>31.03</td>
<td>0.38</td>
<td>0.002</td>
</tr>
<tr>
<td>Mental Status * Relation</td>
<td>1</td>
<td>1.35</td>
<td>53.13</td>
<td>0.25</td>
<td>0.004</td>
</tr>
<tr>
<td>Age * Relation</td>
<td>1</td>
<td>0.04</td>
<td>1.63</td>
<td>0.84</td>
<td>0.000</td>
</tr>
<tr>
<td>Mental Status * Age * Rel</td>
<td>1</td>
<td>4.32</td>
<td>169.99</td>
<td>0.03</td>
<td>0.013</td>
</tr>
<tr>
<td>Error</td>
<td>337</td>
<td>39.33</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>349</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note.* The Attitudes towards Insanity Defense – Revised (IDA-R) Benevolent Sexism Scale (BS), Hostile Sexism Scale (HS), and Mental Illness Stigma Scales (MISS) are utilized as covariates.
### Table 8

*Study 2: Mean sentence length*

<table>
<thead>
<tr>
<th>Mental Status</th>
<th>Age</th>
<th>Relation</th>
<th>M</th>
<th>Std. Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosis</td>
<td>One-Month</td>
<td>Neighbour</td>
<td>18.36</td>
<td>1.08</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relative</td>
<td>16.19</td>
<td>0.94</td>
</tr>
<tr>
<td></td>
<td>Ten-Year</td>
<td>Neighbour</td>
<td>18.70</td>
<td>0.93</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relative</td>
<td>19.71</td>
<td>0.96</td>
</tr>
<tr>
<td>No Mental Illness</td>
<td>One-Month</td>
<td>Neighbour</td>
<td>19.98</td>
<td>0.91</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relative</td>
<td>19.09</td>
<td>0.91</td>
</tr>
<tr>
<td></td>
<td>Ten-Year</td>
<td>Neighbour</td>
<td>21.98</td>
<td>0.81</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relative</td>
<td>18.47</td>
<td>1.28</td>
</tr>
</tbody>
</table>

*Note. Sentence length ranged from 0 (Acquittal) to 25 (Life in prison)*
Table 9

Study 2: Test of between-subjects effects: SPSS output ANCOVA (Criminal Responsibility)

<table>
<thead>
<tr>
<th>Variable</th>
<th>df</th>
<th>F</th>
<th>$M^2$</th>
<th>Sig.</th>
<th>$n^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDA-R</td>
<td>1</td>
<td>66.36</td>
<td>23668.32</td>
<td>0.00</td>
<td>0.165</td>
</tr>
<tr>
<td>BS</td>
<td>1</td>
<td>0.48</td>
<td>171.84</td>
<td>0.49</td>
<td>0.001</td>
</tr>
<tr>
<td>HS</td>
<td>1</td>
<td>1.90</td>
<td>676.68</td>
<td>0.17</td>
<td>0.006</td>
</tr>
<tr>
<td>MISS</td>
<td>1</td>
<td>0.01</td>
<td>1.93</td>
<td>0.94</td>
<td>0.000</td>
</tr>
<tr>
<td>Mental Status</td>
<td>1</td>
<td>41.28</td>
<td>14722.01</td>
<td>0.00</td>
<td>0.109</td>
</tr>
<tr>
<td>Age</td>
<td>1</td>
<td>0.80</td>
<td>286.66</td>
<td>0.37</td>
<td>0.002</td>
</tr>
<tr>
<td>Relation</td>
<td>1</td>
<td>0.06</td>
<td>22.22</td>
<td>0.80</td>
<td>0.000</td>
</tr>
<tr>
<td>Mental Status * Age</td>
<td>1</td>
<td>1.16</td>
<td>415.15</td>
<td>0.28</td>
<td>0.003</td>
</tr>
<tr>
<td>Mental Status * Relation</td>
<td>1</td>
<td>10.39</td>
<td>3706.40</td>
<td>0.00</td>
<td>0.030</td>
</tr>
<tr>
<td>Age * Relation</td>
<td>1</td>
<td>0.23</td>
<td>80.42</td>
<td>0.64</td>
<td>0.001</td>
</tr>
<tr>
<td>Mental Status * Age * Rel</td>
<td>1</td>
<td>0.23</td>
<td>82.71</td>
<td>0.63</td>
<td>0.001</td>
</tr>
<tr>
<td>Error</td>
<td>337</td>
<td>356.66</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>349</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. The Attitudes towards Insanity Defense – Revised (IDA-R) Benevolent Sexism Scale (BS), Hostile Sexism Scale (HS), and Mental Illness Stigma Scales (MISS) are utilized as covariates.
### Table 10

**Study 2: Mean perceived criminal responsibility**

<table>
<thead>
<tr>
<th>Mental Status</th>
<th>Age</th>
<th>Relation</th>
<th>M</th>
<th>Std. Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosis</td>
<td>One-Month</td>
<td>Neighbour</td>
<td>72.13</td>
<td>3.25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relative</td>
<td>79.39</td>
<td>2.82</td>
</tr>
<tr>
<td></td>
<td>Ten-Year</td>
<td>Neighbour</td>
<td>76.26</td>
<td>2.79</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relative</td>
<td>83.53</td>
<td>2.90</td>
</tr>
<tr>
<td>No Mental Illness</td>
<td>One-Month</td>
<td>Neighbour</td>
<td>93.57</td>
<td>2.74</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relative</td>
<td>89.34</td>
<td>2.74</td>
</tr>
<tr>
<td></td>
<td>Ten-Year</td>
<td>Neighbour</td>
<td>95.21</td>
<td>2.44</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relative</td>
<td>86.98</td>
<td>3.84</td>
</tr>
</tbody>
</table>

*Note. Criminal responsibility ranged from 0 (Not at all responsible) to 100 (Completely responsible)*
Table 11

*Study 3: Test of between-subjects effects: SPSS Output ANCOVA (Perceived seriousness of the crime)*

<table>
<thead>
<tr>
<th>Variable</th>
<th>df</th>
<th>F</th>
<th>$M^2$</th>
<th>Sig.</th>
<th>$n^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDA-R</td>
<td>1</td>
<td>2.88</td>
<td>205.65</td>
<td>0.091</td>
<td>0.013</td>
</tr>
<tr>
<td>BS</td>
<td>1</td>
<td>0.09</td>
<td>6.49</td>
<td>0.76</td>
<td>0.000</td>
</tr>
<tr>
<td>HS</td>
<td>1</td>
<td>1.23</td>
<td>87.83</td>
<td>0.27</td>
<td>0.005</td>
</tr>
<tr>
<td>MISS</td>
<td>1</td>
<td>0.01</td>
<td>0.71</td>
<td>0.92</td>
<td>0.000</td>
</tr>
<tr>
<td>Mental Status</td>
<td>1</td>
<td>0.29</td>
<td>20.84</td>
<td>0.59</td>
<td>0.001</td>
</tr>
<tr>
<td>Age</td>
<td>1</td>
<td>2.46</td>
<td>175.13</td>
<td>0.12</td>
<td>0.011</td>
</tr>
<tr>
<td>Relation</td>
<td>1</td>
<td>0.36</td>
<td>25.74</td>
<td>0.53</td>
<td>0.002</td>
</tr>
<tr>
<td>Mental Status * Age</td>
<td>1</td>
<td>1.15</td>
<td>82.24</td>
<td>0.28</td>
<td>0.005</td>
</tr>
<tr>
<td>Mental Status * Relation</td>
<td>1</td>
<td>0.06</td>
<td>4.06</td>
<td>0.81</td>
<td>0.000</td>
</tr>
<tr>
<td>Age * Relation</td>
<td>1</td>
<td>0.39</td>
<td>27.88</td>
<td>0.53</td>
<td>0.002</td>
</tr>
<tr>
<td>Mental Status * Age * Rel</td>
<td>1</td>
<td>3.96</td>
<td>282.26</td>
<td>0.04</td>
<td>0.017</td>
</tr>
<tr>
<td>Error</td>
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<td></td>
<td>37.99</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note. The Attitudes towards Insanity Defense – Revised (IDA-R) Benevolent Sexism Scale (BS), Hostile Sexism Scale (HS), and Mental Illness Stigma Scales (MISS) are utilized as covariates.*
<table>
<thead>
<tr>
<th>Mental Status</th>
<th>Age</th>
<th>Relation</th>
<th>$M$</th>
<th>Std. Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosis</td>
<td>One-Month</td>
<td>Neighbour</td>
<td>95.51</td>
<td>1.55</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relative</td>
<td>92.38</td>
<td>1.61</td>
</tr>
<tr>
<td></td>
<td>Ten-Year</td>
<td>Neighbour</td>
<td>97.57</td>
<td>1.67</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relative</td>
<td>95.12</td>
<td>1.53</td>
</tr>
<tr>
<td>No Mental Illness</td>
<td>One-Month</td>
<td>Neighbour</td>
<td>95.68</td>
<td>1.53</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relative</td>
<td>92.38</td>
<td>1.61</td>
</tr>
<tr>
<td></td>
<td>Ten-Year</td>
<td>Neighbour</td>
<td>95.69</td>
<td>1.52</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relative</td>
<td>98.18</td>
<td>1.50</td>
</tr>
</tbody>
</table>

*Note. Perceived seriousness rating was from 0 (Not at all serious) to 100 (Extremely serious)*

Table 12

*Study 3: Mean perceived seriousness rating*
### Table 13

**Study 3: Test of between-subjects effects: SPSS Output ANCOVA (Sentence Length)**

<table>
<thead>
<tr>
<th>Variable</th>
<th>$df$</th>
<th>$F$</th>
<th>$M^2$</th>
<th>Sig.</th>
<th>$n^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDA-R</td>
<td>1</td>
<td>26.87</td>
<td>1020.80</td>
<td>0.00</td>
<td>0.110</td>
</tr>
<tr>
<td>BS</td>
<td>1</td>
<td>2.31</td>
<td>87.82</td>
<td>0.13</td>
<td>0.010</td>
</tr>
<tr>
<td>HS</td>
<td>1</td>
<td>3.30</td>
<td>125.40</td>
<td>0.07</td>
<td>0.014</td>
</tr>
<tr>
<td>MISS</td>
<td>1</td>
<td>0.40</td>
<td>15.09</td>
<td>0.53</td>
<td>0.002</td>
</tr>
<tr>
<td>Mental Status</td>
<td>1</td>
<td>8.83</td>
<td>335.30</td>
<td>0.00</td>
<td>0.037</td>
</tr>
<tr>
<td>Age</td>
<td>1</td>
<td>10.03</td>
<td>381.14</td>
<td>0.00</td>
<td>0.042</td>
</tr>
<tr>
<td>Relation</td>
<td>1</td>
<td>2.46</td>
<td>93.34</td>
<td>0.12</td>
<td>0.011</td>
</tr>
<tr>
<td>Mental Status * Age</td>
<td>1</td>
<td>2.03</td>
<td>77.03</td>
<td>0.16</td>
<td>0.009</td>
</tr>
<tr>
<td>Mental Status * Relation</td>
<td>1</td>
<td>0.10</td>
<td>0.39</td>
<td>0.92</td>
<td>0.000</td>
</tr>
<tr>
<td>Age * Relation</td>
<td>1</td>
<td>2.92</td>
<td>110.98</td>
<td>0.09</td>
<td>0.000</td>
</tr>
<tr>
<td>Mental Status * Age * Rel</td>
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<td>6.69</td>
<td>254.25</td>
<td>0.01</td>
<td>0.029</td>
</tr>
</tbody>
</table>

*Note. The Attitudes towards Insanity Defense – Revised (IDA-R) Benevolent Sexism Scale (BS), Hostile Sexism Scale (HS), and Mental Illness Stigma Scales (MISS) are utilized as covariates.*
<table>
<thead>
<tr>
<th>Mental Status</th>
<th>Age</th>
<th>Relation</th>
<th>M</th>
<th>Std. Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosis</td>
<td>One-Month</td>
<td>Neighbour</td>
<td>17.90</td>
<td>1.13</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relative</td>
<td>17.28</td>
<td>1.13</td>
</tr>
<tr>
<td></td>
<td>Ten-Year</td>
<td>Neighbour</td>
<td>20.02</td>
<td>1.22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relative</td>
<td>17.95</td>
<td>1.12</td>
</tr>
<tr>
<td>No Mental Illness</td>
<td>One-Month</td>
<td>Neighbour</td>
<td>21.16</td>
<td>1.12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relative</td>
<td>16.51</td>
<td>1.17</td>
</tr>
<tr>
<td></td>
<td>Ten-Year</td>
<td>Neighbour</td>
<td>21.38</td>
<td>1.11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relative</td>
<td>23.66</td>
<td>1.10</td>
</tr>
</tbody>
</table>

*Note. Sentence length ranged from 0 (Acquittal) to 25 (Life in prison)*
Table 15

Study 3: Test of between-subjects effects: SPSS output ANCOVA (Criminal Responsibility)

<table>
<thead>
<tr>
<th>Variable</th>
<th>df</th>
<th>$F$</th>
<th>$M^2$</th>
<th>Sig.</th>
<th>$n^2$</th>
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</thead>
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<td>26317.40</td>
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<td>0.226</td>
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<td>BS</td>
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<td>1.19</td>
<td>472.38</td>
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<tr>
<td>HS</td>
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<td>0.05</td>
<td>21.07</td>
<td>0.81</td>
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<tr>
<td>MISS</td>
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<td>0.93</td>
<td>36.90</td>
<td>0.76</td>
<td>0.000</td>
</tr>
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<td>14903.85</td>
<td>0.00</td>
<td>0.142</td>
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<td>Age</td>
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<td>3.99</td>
<td>1583.06</td>
<td>0.04</td>
<td>0.047</td>
</tr>
<tr>
<td>Relation</td>
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<td>0.08</td>
<td>29.53</td>
<td>0.79</td>
<td>0.017</td>
</tr>
<tr>
<td>Mental Status * Age</td>
<td>1</td>
<td>1.57</td>
<td>623.34</td>
<td>0.21</td>
<td>0.007</td>
</tr>
<tr>
<td>Mental Status * Relation</td>
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<td>0.31</td>
<td>121.02</td>
<td>0.58</td>
<td>0.001</td>
</tr>
<tr>
<td>Age * Relation</td>
<td>1</td>
<td>0.06</td>
<td>24.70</td>
<td>0.80</td>
<td>0.000</td>
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<tr>
<td>Mental Status * Age * Rel</td>
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<td>0.80</td>
<td>313.08</td>
<td>0.37</td>
<td>0.003</td>
</tr>
<tr>
<td>Error</td>
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<td>396.24</td>
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<tr>
<td>Total</td>
<td>239</td>
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<td></td>
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</tr>
</tbody>
</table>

Note. The Attitudes towards Insanity Defense – Revised (IDA-R) Benevolent Sexism Scale (BS), Hostile Sexism Scale (HS), and Mental Illness Stigma Scales (MISS) are utilized as covariates.
Table 16  

Study 3: Mean perceived criminal responsibility  

<table>
<thead>
<tr>
<th>Mental Status</th>
<th>Age</th>
<th>Relation</th>
<th>M</th>
<th>Std. Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosis</td>
<td>One-Month</td>
<td>Neighbour</td>
<td>71.15</td>
<td>3.66</td>
</tr>
<tr>
<td></td>
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<td>Relative</td>
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<td>3.64</td>
</tr>
<tr>
<td></td>
<td>Ten-Year</td>
<td>Neighbour</td>
<td>76.03</td>
<td>3.92</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relative</td>
<td>75.21</td>
<td>3.52</td>
</tr>
<tr>
<td>No Mental Illness</td>
<td>One-Month</td>
<td>Neighbour</td>
<td>87.57</td>
<td>3.61</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relative</td>
<td>85.17</td>
<td>3.79</td>
</tr>
<tr>
<td></td>
<td>Ten-Year</td>
<td>Neighbour</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Relative</td>
<td>95.28</td>
<td>3.52</td>
</tr>
</tbody>
</table>

Note. Criminal responsibility ranged from 0 (Not at all responsible) to 100 (Completely responsible)