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**Public opinion on the sentencing of mentally ill female offenders;
factors that influence people's perceptions of appropriate
punishments and the impact of personal experience on
sentencing judgements**

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Public Opinion on the Sentencing of Mentally Ill Female Offenders; Factors that Influence
People's Perceptions of Appropriate Punishments and the Impact of Personal Experience
on Sentencing Judgements

Claire Adams

A Report Submitted in Partial Fulfilment of the Requirements for the Award of Bachelor of
Arts (Psychology) Honours, Faculty of Computing, Health and Science,

Edith Cowan University.

Submitted (October, 2010)

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Abstract

The aim of the current study was to explore public opinion on mentally ill female offenders in Western Australia, and the influence of these views on sentencing decisions. This study aimed to determine whether the mental health of a female offender influenced how people view a crime and the punishment they consider most appropriate for an offender. In addition, it aimed to investigate whether knowing someone with a mental illness influences people's perception of a crime and the sentencing decisions favoured for a mentally ill female offender. The study involved a between-subjects design comprising 118 participants, who received one version of a scenario depicting a female offender who was either mentally ill or whose mental health was not mentioned. Participants were asked to rate the seriousness of the offence, the offender's responsibility for their crime, the severity of punishment which should be imposed and the purpose of punishment most appropriate for the offender. In addition a qualitative component was included to help determine the reasoning behind people's quantitative decisions. Results indicated that people are significantly more lenient in their view of a crime and sentencing decisions when a female offender is known to have a mental illness. No significant differences were found in regards to the preferred purpose of punishment however, with rehabilitation selected as the favoured goal of punishment regardless of the offender's mental health. In addition knowing someone with a mental illness was not found to significantly impact people's perception of a crime or the sentencing decisions preferred for a mentally ill female offender. Future research is required to obtain a representative sample of the West Australian population in order to enhance the external validity of these findings.

Claire Adams
Deirdre Drake
Cath Ferguson

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Public Opinion on the Sentencing of Mentally Ill Female Offenders; Factors that Influence People's Perceptions of Appropriate Punishments and the Impact of Personal Experience on Sentencing Judgements

Public opinion on crime has a substantial impact on policy development and sentencing decisions (Kesteren, 2009). Researchers contend that society has become increasingly punitive in its stance on sentencing (e.g. Bagaric & Amarasekara, 2000; Robinson, 2008), and this has a detrimental impact on the rehabilitation of offenders, particularly those with a mental illness (Rich, 2009). There is a general belief in the community that people with a mental illness are violent and prone to criminal behaviour, and this in addition to a punitive social climate has jeopardised the fair sentencing of people with a mental illness (Henderson, 2006). Whilst there is no causal link between mental illness and crime, people remain concerned for public safety, often favouring incarceration over treatment to ensure community protection (Corrigan et al., 2002). The imprisonment of mentally ill offenders and mentally ill female offenders in particular, has been shown to substantially decrease the well-being of this population and greatly hinder the potential for rehabilitation (Lord, 2008; Rich, 2009). It is therefore essential that public opinion on sentencing and the mentally ill are assessed, in order determine whether opinions are based on accurate and informed judgements, and to encourage a greater understanding of the needs of mentally ill offenders.

Unfortunately, there is a lack of research in Australia that examines current public opinion on punishment for people with a mental illness, and the impact this has on the sentencing decisions favoured by the public. The prevailing community views towards punishment for mentally ill offenders are therefore uncertain. The present research aimed to bridge this gap by exploring what sentencing decisions are favoured for mentally ill female offenders in a West Australian context.

Mental Illness Defined

There is no single definition of a mental illness, as definitions are broad and highly influenced by social trends (Department of Health and Ageing, 2005). Categorising a mental illness commonly involves a scale ranging from severe clinical symptoms to more general impairments that require mental health care (Department of Health and Ageing, 2005). The Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revision (DSM-IV-TR) offers a definition of mental disorders which is considered useful for determining whether a person qualifies as having a mental illness for clinical purposes (American Psychiatric Association, 2000). Using the DSM-IV-TR definition a mental disorder is a clinically important cognitive or behavioural condition or pattern linked to impairment or suffering in an individual (American Psychiatric Association, 2000). This impairment or suffering must greatly enhance the likelihood of pain, death, or loss of freedom, and be an indication of behavioural, biological or psychological dysfunction (American Psychiatric Association, 2000). Therefore, for the purpose of this paper, the term mental illness will be used to include any unaddressed mental health problems through to more serious psychotic disorders, which cause functional impairment and suffering (American Psychiatric Association, 2000). The term “mental illness” will be used interchangeably with “mental disorders,” “mental health problems” and “mental health issues.”

Whilst the DSM provides a useful classification for the clinical diagnosis and treatment of people with mental health issues, there remains controversy in determining what constitutes a mental illness in a legal context. The clinical diagnosis of a mental illness according to the DSM does not meet the legal standards for determining an offender’s culpability, responsibility or disability (American Psychiatric Association, 2000). For an individual to be regarded as mentally ill by the justice system, and thereby not responsible for their crime, further information regarding the impact of an

offender's mental impairment on their ability to control their behaviours at the time of the offence is essential (American Psychiatric Association, 2000). The DSM does not provide this information, and therefore whilst useful for guiding decisions as to whether or not an offender has a mental illness, it cannot provide a definitive answer as to the level of responsibility and appropriate sentencing of a mentally ill individual (American Psychiatric Association, 2000). Whilst there is no uniform definition suitable for all circumstances, the DSM outline is currently deemed as appropriate as any of the definitions of mental illness presently available, and was therefore followed in this study. The lack of a standard legal definition for mental illness does however result in a reliance on the competency of judges, magistrates and juries in determining whether a just sentence occurs for mentally ill offenders (Griffin, Steadman, & Petrila, 2002). These decisions are largely guided by public opinion as community attitudes towards crime have a substantial impact on policy development (Warner, Davis, Walter, Bradfield, & Vermey, 2009). As a consequence many people clinically diagnosed with a mental disorder are punished by the justice system because they are not deemed mental ill by legal standards (Griffin et al., 2002).

In order to overcome this issue and ensure the mentally ill are given fair and appropriate treatment the insanity defence was introduced (Kirkland, 2007). The insanity defence is a plea option which allows offenders to be found not responsible for their crime and therefore not guilty of criminal conduct if they were incapable of comprehending the wrongfulness of their behaviour, due to mental illness at the time of their offence (Kirkland, 2007). The insanity defence has received considerable criticism from politicians in America as well as the broader American community, due to a growing concern for community safety and distrust of Judges and Magistrates in making suitable sentencing decisions (Linhorst & Dirks-Linhorst, 1999). An increasingly punitive social climate in addition to acquittals on the basis of insanity that

were deemed unjust by the public, have led to support for the abolishment of the insanity defence in America and the inclusion of a guilty but mentally ill sentence (Linhorst & Dirks-Linhorst, 1999). This has also been found in Britain; with the British Home Office asserting that the public has a right to be protected from mentally ill offenders, who are considered to be a risk to community safety (Chiswick, 1996). As a consequence, new policies have been introduced which restrict the release of mentally ill offenders indefinitely until the mental health review tribunal considers it safe to do so (Chiswick, 1996). In this social climate it is important to examine the public's view as to how mentally ill offenders should be sentenced, in order to determine whether the public is well educated on the characteristics of mental disorders, as increasing numbers of offenders with mental health problems are being considered guilty for their crime and therefore punished by the courts on the grounds of popular public opinion (Chiswick, 1996).

Mental Illness, Crime, and Punishment

There is a common fallacy among the Australian public as well as internationally that people with a mental illness commit violent offences (Henderson, 2006). People often connect mental illness with violent behaviour because they become preoccupied with more severe personality and behavioural disorders and hence neglect the broader spectrum of mental disorders (Henderson, 2006). An American study on public perceptions as to the dangerousness of people with a mental illness employed vignettes describing people with schizophrenia, major depressive disorder, alcohol and drug dependence as well as a troubled person with mental health issues (Link, Phelan, Bresnahan, Stueve, & Pescosolido, 1999). The troubled person condition allowed for a comparison of views relating to people with severe mental disorders compared to more minor mental health conditions (Link et al., 1999). Results indicated that people overestimated the likelihood of violence for all mental health conditions (Link et al.,

1999). This supports earlier research by Phelan and Link (1998) who found that the introduction of dangerousness terminology to the public vocabulary generated added support for the stereotypical belief that all mentally ill individuals are violent and a threat to society.

Whilst a weak association has been found between a small subset of mentally ill offenders and violent crime, violent crime is more common among people who display severe psychotic symptoms and are not receiving treatment (Cordner, 2006). This is supported by Steadman et al. (1998) who found that mental illness and violent offences are only related among individuals who are not accessing adequate treatment for their disorder or who have a record of violent behaviour and/or alcohol or drug problems. This inaccurate community belief that people with a mental illness are violent and prone to dangerous offending behaviour guides policy development and sentencing decisions (Kesteren, 2009). It is therefore vital that public opinion is assessed in order to determine what the public considers to be appropriate sanctions for offenders with a mental illness, as it is these community views which influence the sentences handed down to mentally ill offenders (Kesteren, 2009).

There is evidence to suggest that female offenders with a mental illness are most likely to suffer from inappropriate sanctions (Ogloff, Davis, Rivers, & Ross, 2007; ABS, 2004). A review of current Australian research found that 13.5% of male detainees and 20% of female detainees reported having mental health issues and psychiatric admissions before their imprisonment (Ogloff et al., 2007). These statistics indicate that a significantly higher proportion of offenders in prison experienced mental health problems compared to the 1% of people admitted to a psychiatric facility in the wider community, and that this ratio is more pronounced for female offenders (Ogloff et al., 2007). Data from the Australian Bureau of Statistics (2004), obtained from State Surveys of Prisoners' Health in 2001, found that the presence of mental disorders

including psychosis, anxiety and affective illnesses during the year prior to the study were considerably higher among women in prison than in the general community, and these disorders occurred prior to imprisonment, with 90% of female prisoners experiencing at least one mental illness during this time (ABS, 2004). The current research therefore focused on public perceptions towards mentally ill female offenders, as it is female offenders who are most likely to suffer from mental health problems and therefore are the most affected by punishments based upon ill-informed public opinions (Ogloff et al., 2007).

The State Surveys of Prisoners Health were conducted using self-reports through interviews with prisoners, and therefore are potentially biased by what the prisoners chose to reveal and greatly subjective (ABS, 2004). As outlined by the ABS (2004), the findings from these surveys were significantly higher compared to data from national studies including the 2001 National Health Survey by the Australian Bureau of Statistics and the 2001 National Drug Strategy Household Survey by the Australian Institute of Health and Welfare. These statistics must therefore be interpreted with caution, as self-report measures are reliant on subjective recall and disclosure of personal information by interviewees (Martin, 2004). Despite what inaccuracies may exist however, these studies provide evidence that there is a disproportionate number of mentally ill offenders, particularly females, in the prison system, and this heightens the importance appropriate and well-informed sanctions for people with a mental illness (Ogloff et al., 2007).

Despite the prevalence of mentally ill offenders in prison, the sentencing of mentally ill offenders to prison terms is detrimental to their well-being and greatly hinders the prospect of rehabilitation (Rich, 2009; Lord, 2008). As the prison system is designed for detention and community protection, mental health is not a primary concern (Rich, 2009). Mentally ill women therefore cannot be adequately treated in

prison as the rigid structure of the prison system is detrimental to rehabilitation, restricting the development of autonomy and social skills vital to recovery (Lord, 2008). This results in increased psychological stress and a worsening of current mental conditions, creating further challenges for the reintegration of the mentally ill into the community (Rich, 2009). As a decline in the mental well-being and adaptive functioning of mentally-ill offenders is associated with re-offending, strategies which divert the mentally ill away from the prison system and into more appropriate treatment options are therefore essential to rehabilitation (Salina, Lesondak, Razzano, & Weilbaecher, 2008). Whilst the above research is relevant to an American context, the substantial impact of criminal sanctions on the well-being of mentally ill offenders is a universal issue, and it is therefore important that sentencing decisions are based upon educated judgements of mental illness and crime. This is particularly relevant as an increasingly punitive social climate is apparent both in Australia and internationally, leading to people with severe mental health problems receiving prison terms despite previously being sentenced to rehabilitation-based punishments (O'Keefe & Schnell, 2007).

Purpose of Sentencing

There are considered to be four purposes for sentencing an offender; retribution, incapacitation, rehabilitation, and deterrence, all of which have varied in popularity over time and across cultural and social contexts (Goldsmith, Israel, & Daly, 2006). Many researchers in Australia and America contend that an increasingly punitive social climate has resulted in support for retribution as the core aim of punishment, and it can be argued that retributive aims have replaced rehabilitation as the favoured motive for punishment (Bagaric & Amarasekara, 2000; Sundt, Cullen, Applegate, & Turner, 1998). The reasons behind punishment for committing a criminal offence are however largely

dependent on public attitudes as to what constitutes a fair sentence (Kesteren, 2009).

Retribution, also known as the just deserts philosophy, is the belief that offenders should endure some form of pain or suffering for the wrongdoing they committed (Bagaric & Amarasekara, 2000). A key feature of this approach is that the punishment inflicted must be in proportion with or “fit” the crime that was perpetrated (Bagaric & Amarasekara, 2000). Australian scholars Bagaric and Amarasekara (2000) criticise all other approaches to punishment, as they believe rehabilitation, incapacitation and deterrence imply that criminal behaviour alone does not justify punishment. This is supported by American researcher Bradley (1999), who states that all purposes of sentencing aside from retribution do not constitute punishment at all, as the offenders wrong-doing should be enough to justify punishment. These are very conservative perspectives, however essentially the purpose of retribution is to repair the harm caused by an offence through appropriate punishment that restores social justice (Bradley, 2004).

Utilitarian theories underpin incapacitation, rehabilitation and deterrence approaches to punishment (Bagaric & Amarasekara, 2000). Utilitarianism is concerned with the consequences of punishment, and considers sentencing as an avenue through which good outcomes can be derived for both the offender and the community (Bagaric & Amarasekara, 2000). It considers punishment to be justified when its aim is to prevent or limit future offending behaviour (Darley, Carlsmith, & Robinson, 2000). The incapacitation view deems sentencing as a preventative measure for avoiding the commission of further criminal acts, and therefore safeguards against future harm to the community (Darley et al., 2000). This incapacitation approach is less concerned with the crime seriousness and more interested in the offending history and recidivism risk of an individual (Darley et al., 2000). This is in contrast to retribution in which the primary

focus is the seriousness of the crime in determining what constitutes a just sentence (Darley et al., 2000).

Deterrence as a goal of sentencing deems punishment as a method by which future offending can be discouraged or avoided by providing adequate consequences, and therefore also falls under the utilitarian category (Darley et al., 2000). Deterrence is based upon the belief that people undertake a rational cost-benefit assessment of their behaviour, and therefore effective sentencing provides punishment which outweighs the benefits of any criminal activity (Carlsmith, Darley & Robinson, 2002). This is known as individual or specific deterrence (Carlsmith et al., 2002). In addition general deterrence can be exercised through the publication of sentencing decisions that demonstrate the cost of offending, and thereby discourage others from committing a similar crime (Carlsmith et al., 2002). When adopting a deterrence approach in sentencing the severity of punishment is the central concern in determining what constitutes an appropriate sanction (Carlsmith et al., 2002).

Rehabilitation is the final purpose of punishment, as outlined by Goldsmith et al. (2006). Rehabilitation involves improving an offender's ability to function effectively in society, and thereby reducing their chance of re-offending (Robinson, 2008). This includes numerous therapeutic strategies which increase an offender's general well-being and therefore enhances their future prospects (Robinson, 2008). The rehabilitation approach was highly popular in the United Kingdom throughout the middle of the 20th century, as it was considered essential to the welfare of the offender as well as greatly beneficial to the wider community (Robinson, 2008).

The dominance of each of these goals has changed in status over time; however many scholars assert that a more punitive stance on punishment has again become a popular approach to sentencing in Australia, America, and Great Britain (Bagaric & Amarasekara, 2000; Logan & Gaes, 1993; Sundt et al., 1998). The emergence of views

in the United Kingdom that perceive rehabilitation as ineffective in reducing re-offending generated significant criticism of therapeutic efforts and ignited attitudes in favour of penal sanctions (Robinson, 2008). As mentally ill offenders are increasingly being sentenced for their criminal behaviour, they are a population who are the most likely to be hindered by punitive retribution-based sentencing, due to the detrimental effect of imprisonment on their well-being (Salina et al., 2008). There is therefore an immense need for research into the effect of popular punitive views on the treatment of mentally ill offenders in Australia, as public opinion greatly influences the sentences imposed (Kesteren, 2009).

Public Opinion and Sentencing

Due to the punitive attitudes that are currently dominant in western society, politicians and Judges frequently presume that the public will not support lenient and merciful sanctions, and therefore there is a general unwillingness to endorse alternatives to prison (Kesteren, 2009). Opinion polls conducted in Australia and internationally suggest that the public believes courts are too lenient in sentencing (Casey & Mohr, 2005). This public viewpoint is influenced by perceptions that a harsh response to crime is most effective (Casey & Mohr, 2005). A Canadian study into public attitudes towards sentencing found that 74% of respondents considered court sanctions to be 'too lenient,' whilst only 2% of participants considered them to be 'too strict' (Roberts, Crutcher, & Verbrugge, 2007). Participants were derived from a stratified random sample of the general population using telephone questionnaires and scenarios distributed over the internet, and therefore the results obtained are considered to be an accurate representation of community views (Roberts et al., 2007).

The Australian Survey of Social Attitudes (AuSSA), is one of the most prominent studies on public attitudes towards crime and justice conducted in Australia (Roberts & Indermaur, 2007). It used the Australian electoral roll to obtain a wide

cross-section of the community and therefore the viewpoints obtained are regarded as representative of the community (Roberts & Indermaur, 2009). The most recent AuSSA available, conducted in 2007, indicated that Australians consider the criminal justice system to be more lenient on crime than it is in reality, and this view is exacerbated by misconceptions that crime is on the rise and that crime victimisation is a high threat (Roberts & Indermaur, 2009). This is supported by data from the 2008 Perceptions of Justice Survey conducted in Victoria, which found that 64% of respondents believe judges are too lenient when administering criminal sanctions (Department of Justice, 2009). These findings are consistent with international research regarding crime and punishment as well as with previous AuSSA surveys; however more Australian research is needed to establish current opinion on crime and punishment in Australia (Roberts & Indermaur, 2009). By determining public opinion on the sentencing of mentally ill female offenders an attempt was made to establish what community opinions towards punishment currently prevail, and the effect this has on what sentencing decisions are favoured by the public.

In addition to research on punishment severity, public opinion studies into sentencing have also focused on perceptions as to the seriousness of crime, and how this influences sentencing decisions (Kwan, Chiu, Ip, & Kwan, 2002). Public reasoning about the seriousness of a crime is one of the main influences over what sanctions are deemed appropriate for offenders (Kwan et al., 2002). Cross-cultural research conducted in Hong Kong and Ireland has demonstrated that a general agreement exists as to how serious people consider crimes to be (Kwan et al., 2002; O'Connell & Whelan, 1996). A study into public perceptions of crime seriousness in Ireland found a consensus as to how people rank the seriousness of offences, with murder being deemed the most serious crime and underage sex and dole fraud receiving the lowest crime seriousness ratings (O'Connell & Whelan, 1996). Whilst there were inherent flaws in

the methodology implemented in this study, including the minimalistic nature of the survey which was required to maximise the number of respondents, as well as the high likelihood of a small response rate, systematic random sampling of individuals from the electoral register was considered adequate enough to establish a representative sample of the population (O'Connell & Whelan, 1996). O'Connell and Whelan (1996) contend that the crime seriousness ratings found in their study match previous research conducted in England and Wales, comparing their results to findings in the Levi and Jones (1985) study. These findings are important as in order to implement effective, well-informed policies public opinion must be correctly assessed, as public opinion has a significant influence on sentencing and legislative decisions (Hoffman & Hardyman, 1986). There is however substantial limitations associated with public opinion research and research into crime seriousness in particular, which greatly affects the accuracy of the results obtained and validity of the conclusions derived (Kwan et al., 2002).

Public opinion polls, whilst beneficial for gaining insight into the prevailing community attitudes, must be interpreted with caution (Roberts, 1992). Diverse methodologies create different results on the punitiveness of public attitudes towards sentencing (Roberts & Indermaur, 2007). Whilst the majority of research conducted in Western countries indicates that the general public, more than two thirds in most cases, desire harsher sentencing by the courts, these findings are dependent on the methods used; including the types of questions asked and amount of information provided (Roberts & Indermaur, 2007). Most opinion polls use short non-complex questions which inevitably lead to non-descriptive answers (Roberts, 1992). Whilst this is required in order to ensure people respond to and fully understand the questions, it results in shallow answers which can lead to exaggerated or inaccurate descriptions of public attitudes (Roberts, 1992). This is supported by St Amand and Zamble (2001) who state that the majority of opinion polls do not examine the intricacies of people's

attitudes and instead use general questions which only achieve a superficial account of public viewpoints. The type of offence, seriousness of the crime or characteristics of the offender are essential to people's attitudes regarding sentencing but are often overlooked (St Amand & Zamble, 2001). The current study therefore included the type of offence, seriousness of the crime and the offender's responsibility for the offence, in addition to the severity of punishment, in order to gain a broader insight into public opinion on the sentencing of mentally ill female offenders. Additional qualitative questions were also included to gain a deeper understanding of people's attitudes towards punishment. Whilst there is no perfect method for assessing public opinion, it continues to have a significant impact on sentencing, as judges are likely to consider public opinion when enforcing criminal sanctions (Kesteren, 2009).

The influences behind people's opinions, particularly in relation to mental illness, can be explained by the attribution theory (Corrigan, Markowitz, Watson, Rowan, & Kubiak, 2003). The attribution theory states that people form their opinions of others based upon the causes they assign to peoples actions and behaviour (Kearsley, 2010). It describes this as a three stage process; first behaviour is observed, then it is seen to be deliberate, and finally internal and external causes are assigned to the behaviour (Kearsley, 2010). This theory can be applied to explain how beliefs about mental illness are derived, and how these beliefs influence public opinion on the treatment of mentally ill offenders (Corrigan et al., 2003). Attitudes towards mentally ill individuals are influenced by perceptions of responsibility, and opinions as to the degree of control people with a mental illness have over their actions (Corrigan et al., 2003). It is therefore predicted that people who attribute internal causes to an offender's behaviour will be more punitive in their stance on sentencing than those who view offending behaviour as impacted by external causes. In addition, scholars have identified three domains of behaviour that influence people's opinions; locus of control,

stability, and controllability (Kearsley, 2010; Corrigan et al., 2001). Educating the public on the causes of mental illness has been found to positively influence perceptions as to the stability of behaviour, with results from an American study indicating that people who receive education about the triggers and characteristics of mental illness are more supportive of medical and therapeutic treatments for mental disorders (Corrigan et al., 2001). This suggests that public education would be beneficial in promoting accurate views as to the causes of mental health problems, in order to improve community understanding of mental illness and thereby promote the establishment of well-informed public opinions (Corrigan et al., 2003).

Personal Experience of Mental Illness and Opinions on Sentencing

People's opinions regarding mentally ill offenders and what is considered appropriate punishment for their behaviour is often influenced by whether or not they know someone with a mental disorder (Bhugra & Buchanan, 1993). A person's ability to relate to someone with a mental illness is central to the development of attitudes regarding the mentally ill and their behaviour, whether it is criminal or otherwise (Secker, Armstrong, & Hill, 1999). Beliefs about mental illness are primarily derived from prior knowledge, personal experience, and education (Bhugra & Buchanan, 1993). A British study on young people's view of mental health found that people commonly draw on personal experience when making judgements regarding mental illness (Secker et al., 1999). Through focus groups and semi-structured interviews, Secker et al. (1999) discovered that people are more likely to be sympathetic and less fearful of someone with a mental illness if they are able to identify with the person through previous experience of similar behaviours. The ability to relate to a person with a mental illness is central to the development of opinions regarding mental illness, and therefore experience can have a positive effect in reducing the stigmatisation of people with mental disorders (Secker et al., 1999).

A study in the UK examined factors which influence public opinion towards people with a mental illness (Addison & Thorpe, 2004). As a part of their research Addison and Thorpe (2004) looked into the impact of experience on people's views of mental illness. They found that people who knew someone with a mental illness were significantly less punitive in their attitudes towards the mentally ill, were significantly less likely to view the mentally ill as a threat to society, and were significantly more supportive of rehabilitation and community-based sanctions (Addison & Thorpe, 2004). As Addison and Thorpe (2004) indicate, this study must be interpreted with caution, as only a small sample was obtained and the scale used to measure people's attitudes was vague and unclear; for example high sympathy and low perceived risk were viewed as positive attitudes towards the mentally ill, however this inference is subjective and therefore potentially inaccurate. The findings do however suggest that when people know someone with a mental illness they are more supportive of rehabilitative measures, and less likely to consider community safety as the primary concern of sentencing (Addison & Thorpe, 2004).

The attribution theory can also be applied to the influence of experience on public opinions of mental illness (Corrigan et al., 2003; Corrigan et al., 2001). More knowledge of and familiarity with mental illness can influence beliefs as to the level of control and responsibility a mentally ill individual has over their behaviour (Corrigan et al., 2001). Increased experience of mental illness can reduced the stigma attached to mental disorders and people with mental health problems, and hence alters people's attitudes towards their behaviour (Corrigan et al., 2003). The present study therefore included peoples experience with mental illness in the examination of people's opinions on the sentencing of mentally ill female offenders, as this has been found to modify the outcome desired for mentally ill offenders in the criminal justice system.

The Current Research

It is clear that more research is required in Australia to explore the present opinions regarding mentally ill offenders and how this affects sentencing decisions. Currently research suggests that a return of punitive views towards sentencing is evident among the community, which brings with it a decline in support for community-based rehabilitative sanctions and an increased concern for community safety (Bagaric & Amarasekara, 2000). This is a particular concern for female offenders, as they are the most likely to suffer from mental health issues, and therefore are greatly affected by the sentencing decisions favoured by the public (ABS, 2004; Ogloff et al., 2007). Many of the studies conducted however consist of international research, primarily from Britain, America and Canada. There is hence a need for more Australian research, in order to establish what public opinions presently exist regarding punishments for mentally ill offenders, as the extrapolation of findings from international studies to an Australian context is naturally flawed.

The purpose of the current research was to bridge this gap by ascertaining what community opinions exist towards the sentencing of mentally ill female offenders in Western Australia. It is predicted that people who know someone with a mental illness will have a more lenient attitude towards sentencing. As limited research has been undertaken in Australia however, this prediction is tenuous, and therefore ultimately the aim of this study is to provide a foundation in respect to the impact of personal experience on sentencing decisions, which can be extended in future research.

It is hoped that the information gained will help educate the community and promote a greater understanding of the needs of mentally ill female offenders, in order to encourage public support for the administration of appropriate sentences for the mentally ill. Specifically, the research questions to be explored were; Does a female offenders' mental health affect the perceived seriousness of a crime? Does a female

offenders' mental health affect the perceived responsibility for an offence? Does a female offenders' mental health influence attitudes towards the severity of punishment? Does a female offender's mental health influence attitudes towards the purpose of punishment? Finally, do participants' responses differ if they know someone with a mental illness?

Method

In order to address these research questions an experimental methodology was adopted, involving the distribution of a questionnaire that combined quantitative and qualitative measures.

Design

The current study employed a between-subjects design to examine the effect of two independent variables (IVs), the offender's mental health and participants experience with mental illness, on four dependent variables (DVs) using quantitative measures. The first independent variable, mental health, was manipulated to determine whether the mental health of an offender impacted perceptions as to the seriousness of an offence, the offenders' responsibility for their crime, the severity of punishment recommended and the purpose of punishment appropriate for the offender. In order to establish the effect of this IV on the four DVs just described, two versions of a scenario were utilised. The scenarios depicted the same crime committed by a female offender who was either mentally ill or whose mental health was not mentioned. The second independent variable, participant's experience of mental illness, was used to determine whether knowing someone with a mental illness had an effect on peoples responses to the dependent variables outlined above. This IV had six levels; immediate family member, close relative, close friend, work colleague, acquaintance and other.

In addition, qualitative data were used to supplement the quantitative responses. Open-ended questions aimed to further investigate the participants' opinions and beliefs

that underpinned their quantitative answers. The inclusion of qualitative data in addition to quantitative methods enables the research questions to be explored outside a statistical framework, and thereby facilitates in gaining a superior insight and interpretation of peoples quantitative responses (Martin, 2004).

Participants

The present study sample comprised 118 participants. Of these, three participants chose to withhold all demographic information. All participants who completed the demographic questions were aged between 18 and 65 years, with an overwhelming proportion of participants in the younger age categories; 33% were aged 18-25 years, 27.8% in the 26-35 year age group, and 21.7% were aged between 36-45 years. Only 8.7% were in the 46-55 year age group, and 8.7% in the 56-65 year age group. The demographic information of respondents is summarised in Table 1; the table also compares the current sample to the 2006 Australian census (ABS, 2008).

Table 1

Comparison of the Demographic Information from the Current Study Sample to the Demographic Information from the West Australian Population Collected at the 2006 Australian Census

Characteristic	Current Study Sample	Australian Census 2006
Gender		
Females	52.2%	50.2%
Males	47.8%	49.8%
Ethnic Background		
Australian Citizen	80.9%	83.5%
Indigenous Australian	0%	3%
Occupation		
Professionals	40.9%	18.6%
Tradespersons or Technicians	1.7%	16.4%
Administration and Clerical	7.8%	14.5%
Managers	8.7%	12.5%
Labourers	0.9%	10.9%
Salespersons	2.6%	9.4%
Community and Personal Service	6.1%	8.9%

As demonstrated from this table the present study sample is representative of the West Australian population in terms of gender, however Indigenous Australians are not represented at all in the sample. This must be considered when drawing conclusions from the data, as Indigenous Australians are highly overrepresented in the Criminal Justice System, and therefore it would be valuable to include this population in any sentencing research conducted in Western Australia (Snowball & Weatherburn, 2006).

With reference to occupation, the demographic information in the present study included student as an occupation choice, as it was predicted that a large number of participants would be university or TAFE students due to the large amount of contacts the researcher and co-data collector have within this population. As was expected 20.9% of participants selected student as their occupation, leading to an underrepresentation of people from all other occupation categories with the exception of professional. The professional category was highly overrepresented compared to the broader population, and this was reflected through the great majority of participants (70.4%) having completed a university degree. Generalising the findings from the current research to the West Australian population should therefore be undertaken with caution, as a high socio-economic status sample is evident from the large number of university educated individuals, as well as students and professionals in this study.

Participants were recruited by the researcher and a colleague. The colleague was a fellow honours student who used the same sample population for her own research. A convenience sample was therefore obtained through volunteer sampling, employed as the initial and primary method of gathering participants. Some chain sampling also took place as respondents were asked to forward the surveys to any friends and family who they thought may be interested.

Materials

This research utilised two versions of a scenario and one questionnaire (Appendix A). Participants received one version of the scenario, which described a female offender Sarah, who was either mentally ill or whose mental health was not mentioned. The crime involved Sarah committing an assault against another passenger on a train. An assault was used as the crime because a more severe offence may elicit an emotional response that outweighs the issue of mental illness, whereas a crime less severe may create indifference to the punishment imposed.

The questionnaire asked participants to provide their opinion about the seriousness of the crime, the offenders' responsibility for the offence, and how the offender should be sentenced. This included a quantitative component using a Likert scale to ascertain people's views as to the seriousness of the offence, the offender's responsibility for the offence, and the severity of punishment which should be imposed. Categorical questions were also included for the offender's responsibility, severity of punishment, and the purpose of punishment for the offender. In addition, the type of punishment was included as a categorical question to provide additional insight into what participants considered being the most appropriate purpose of punishment for the offender. This was supplemented by open-ended questions in which participants were given the opportunity to explain their views and reasons for their decisions. A question on public safety was also included to explore participant's reasoning as to the dangerousness of mentally ill offenders in the community. The questionnaire consisted of a total of nine questions.

In addition, a demographics sheet was used to identify the sample of participants who completed the questionnaire (Appendix B). Participants were asked to note their age, gender, level of education, occupation, suburb in which they live and ethnic background, in order to determine if the sample was representative of the broader West Australian population. They were also required to indicate whether they know someone

with a mental illness, and how well they know them, in order to examine the influence of experience with mental illness on people's responses.

A software program Qualtrics was used to create an online version of the survey that could be distributed electronically to potential participants. An information letter was also generated through the Qualtrics software in order to ensure participants were fully informed and aware that their involvement was voluntary and anonymous (Appendix C). The results were analysed using SPSS version 17 and PASW.

Procedure

Participants were contacted either via email or through Facebook by the researcher or her colleague, and were asked to complete a short survey giving their opinion on crime and punishment. Whilst a shared sample population was used, a different set of questions were allocated to each research project. A link to the survey was provided in each email and on Facebook which when accessed presented participants with the information letter, followed by a scenario, questionnaire, and demographics sheet. It was estimated that the survey would take no more than 20 minutes to complete, however no time limit was placed on the questionnaire so that participants did not rush their responses.

The electronic information letter outlined the purpose of this study, as well as the contact details of the researcher, supervisors and an independent member of staff in case any questions arose. As part of the information letter participants were made aware that their involvement was voluntary, anonymous, and that they were free to withdraw at any time. Consent was assumed upon completion of the questionnaire. Whilst, it was anticipated that no distress would be caused, telephone numbers of counselling services were also provided.

The researcher distributed one version of the scenario in which the offender suffered from a mental illness, and a colleague distributed the other version in which the

offender's mental health was not mentioned. This was to ensure different participants were obtained for each adaption of the scenario. As the colleague was also conducting research a version of her scenario and questionnaire were included in each survey. Counterbalancing of the two scenarios was attempted, as it was predicted that an order effect would occur if participants were given the same versions of each researcher's scenario, in the same order of appearance (Martin, 2004). Only two forms of the survey were distributed however, with each version of the two scenarios appearing together in contrasting orders. The distribution of more than two surveys would have limited the number of participants for each group as well as increased the risk of respondents completing the questionnaire for both versions of the scenario.

Data Analysis

The qualitative questions included in the survey were used to supplement participant's quantitative responses. These answers were explored to determine whether any specific themes or underlying beliefs were evident, to help identify the reasoning behind people's quantitative decisions.

Results

In order to examine participants' responses to the continuous variables of the seriousness of the offence, the offenders' responsibility for their crime, and the severity of punishment recommended, exploratory analysis was undertaken for the two independent variables; the offenders' mental health and the participants' experience of mental illness. Two key assumptions of parametric tests are normally distributed data and homogeneity of variance (Field, 2009). The Shapiro-Wilk test of normality was performed for each level of the independent variables. For the first independent variable, the offender's mental health, both conditions of mentally ill and no mention of mental health revealed significant deviations from normality for all continuous dependant variables, with $p = .00$ for all groups. For the second independent variable,

the participant's experience of mental illness, the Shapiro-Wilk test again indicated significant deviations from normality for both levels of the IV, with $p < .05$ for all groups.

To further explore this violation of normality, descriptive statistics were used to examine the skewness and kurtosis of the data. The further these values are from zero, the greater the likelihood that the data is not normally distributed (Field, 2009). If the skewness and kurtosis fall between one and negative one it is generally deemed acceptable to perform parametric tests, however in regards to the first independent variable of mental health, both the skewness and kurtosis fell outside the recommended one to negative one range for all groups in the no mention of mental health condition (Allen & Bennett, 2008). As each group in this study is independent, normality must be met for each set of scores, and therefore it can be concluded that the assumption of normality has been violated for the mental health IV (Coakes & Steed, 2007). For the second independent variable, the participant's experience of mental illness, the skewness and kurtosis frequently fell outside the desired one to negative one range for both levels of the IV, and this gives further weight to the conclusion that normality has also been violated for this variable.

Nonparametric tests should be employed in circumstances where the assumption of normality is not met, as they do not rely upon the same assumptions as parametric tests, and therefore Mann-Whitney U tests were performed for the continuous measures as they are the nonparametric equivalent to independent groups *t*-tests (Coakes & Steed, 2007). Assumption testing was not undertaken for the categorical dependant variables, as categorical data with two variables as is the case in the current study, are best analysed using the nonparametric chi-square statistic and are therefore relatively assumption free (Field, 2009). The present study therefore conducted three Mann-Whitney U tests using SPSS and two chi-squared analyses using PASW to examine the

effect of an offender's mental health and participant's experience of mental illness on the responses to the two vignettes.

Results for the First Independent Variable; the Offenders' Mental Health

Three Mann-Whitney U tests were conducted to examine the effect of the offender's mental health on the three continuous dependent variables; the seriousness of the offence, the offenders' responsibility for their crime, and the severity of punishment recommended. In performing multiple Mann-Whitney U tests the Type 1 error rate is increased, that is, there is a greater chance of falsely rejecting the null hypothesis (Field, 2009). The Bonferroni correction was therefore employed to overcome this issue, by comparing the results against an adjusted critical value of 0.01, and hence limiting the probability of error (Howell, 2007).

The first Mann-Whitney U test examined people's responses to the seriousness of the offence from the no mention of mental health condition ($n = 50$) to the responses from the mentally ill condition ($n = 68$). The results indicated a significant difference in perceptions of seriousness between the no mention of mental health vignette ($Mdn = 5$) and the mentally ill vignette ($Mdn = 4$), $U = 1240$, $z = -2.66$, $p < .01$, with a small to medium effect size of $-.24$. This effect size is a standardised measure of the magnitude of the effect observed, calculated by dividing the standard z-score by the total number of participants, and allows for the effect to be compared to other studies (Field, 2009).

The issue of responsibility was divided into two questions, a categorical variable in order to separate participants into those who considered Sarah responsible for her crime and those who did not, and a continuous variable in order to examine the degree of responsibility between the mentally ill condition and no mention of mental health condition for those who had deemed Sarah responsible. As 115 participants considered Sarah responsible for her crime, and only three people (all from the mentally ill condition) thought she should not be held liable, the issue of responsibility was only

analysed as a continuous variable. Given the limited variation in responses to the categorical component of this question the qualitative responses used to supplement this variable are considered a more appropriate basis for analysis than statistical techniques. Participants' responses to the extent to which Sarah should be held responsible for her crime were examined using a Mann-Whitney U test, comparing the no mention of mental health ($n = 50$) and mentally ill ($n = 65$) conditions. The results indicated a highly significant difference in perceptions of responsibility between the no mention of mental health ($Mdn = 5$) and mentally ill ($Mdn = 4$) vignettes, $U = 997.50$, $z = -3.74$, $p < .001$, with a medium effect size of $-.34$.

The third Mann-Whitney U test examined participant's recommendations on the severity of punishment for Sarah between the no mention of mental health condition ($n = 49$) and the mentally ill condition ($n = 62$). As seven participants thought Sarah should not be punished, the sample size used for this analysis was 111. The responses from the seven participants who thought Sarah should not be punished, one from the no mention of mental health condition and six from the mentally ill condition, were examined using qualitative data. A highly significant difference was found between responses to the no mention of mental health vignette ($Mdn = 3$) and the mentally ill vignette ($Mdn = 2$), $U = 983.50$, $z = -3.26$, $p = .001$, with a medium effect size of $-.30$. This variable was also divided into separate categorical and continuous questions, in order to separate participants into those who thought Sarah should be punished and those who did not, so that the severity of punishment could be examined.

The means and standard deviations for the continuous variables are summarised in Table 2.

Table 2

Means and Standard Deviations for the Continuous Responses to the Mentally Ill and No Mention of Mental Health Scenarios

	Mentally Ill Condition	No Mention of Mental Health Condition
	Seriousness of the offence	
<i>M</i>	3.91	4.28
<i>SD</i>	0.86	1.01
	Offenders' responsibility for their crime	
<i>M</i>	3.57	4.36
<i>SD</i>	1.25	1.00
	Severity of punishment recommended	
<i>M</i>	2.52	3.33
<i>SD</i>	1.30	1.20

In addition to the Mann-Whitney U tests, a chi-square analysis was conducted to investigate people's responses to the categorical dependant variable of purpose of punishment, between the no mention of mental health condition and the mentally ill condition. A key assumption of the chi-square test is that the expected frequencies for each group are greater than five (Field, 2009). This assumption was not met, with four groups having an expected count of below five. The Fisher's exact test was therefore used in order to obtain a chi-square statistic that is considered accurate when sample sizes are small (Field, 2009). Whilst it is most commonly used on 2 x 2 contingency tables, the Fisher's exact test can be used on larger tables with small sample sizes (Field). The chi-square statistic for Fisher's exact test was not significant ($p > .05$), indicating that there was no significant difference between the no mention of mental health condition and mentally ill condition in regards to the purpose of punishment people considered most appropriate for Sarah.

A chi-square test was also performed on the type of punishment people considered appropriate for Sarah, comparing the no mention of mental health condition to the mentally ill condition. This question was included in order to provide additional insight into what participants considered to be the most appropriate punishment for

Sarah. As the expected count was less than five for two of the groups, the Fisher's exact test was used. This statistic was found to be significant ($p = .001$), indicating that the type of punishment favoured by respondents differed significantly between the two mental health conditions. This statistic must be interpreted with caution however as a high number of respondents selected 'other' when choosing the type of punishment they deemed most appropriate for Sarah. The qualitative responses must therefore be considered when determining the type of punishment preferred by participants in each condition. The frequencies for the purpose of punishment and type of punishment are summarised in Table 3.

Table 3

Frequencies for Responses to the Purpose of Punishment and Type of Punishment separated by the Offender's Mental Health

	Mentally Ill Condition	No Mention of Mental Health Condition
Purpose of Punishment		
Rehabilitation	64.7%	52%
Community Protection	17.6%	22%
Deterrence	8.8%	14%
Retribution	2.9%	10%
No Punishment	5.9%	2%
Type of Punishment		
Prison Sentence	5.9%	26%
Community-based Order	29.4%	42%
Other	54.4%	30%
No Punishment	10.3%	2%

Results for the Second Independent Variable; Participants' Experience of Mental Illness

Three Mann-Whitney U tests were conducted to examine the effect of the participant's experience of mental illness on the three continuous dependent variables; the seriousness of the offence, the offenders' responsibility for their crime, and the severity of punishment recommended. The participants' experience of mental illness was defined by whether or not they know someone with a mental illness. As stated earlier performing several Mann-Whitney U tests inflates the Type 1 error rate, and therefore the Bonferroni correction was employed with an adjusted critical value of 0.01 (Howell, 2007).

Initially the Mann-Whitney U tests were performed comparing the participants' experience of mental illness to their responses to the dependant variables across mental health conditions. These tests were not found to be significant however, and therefore Mann-Whitney U tests were conducted for people's responses in the mentally ill condition only. This was to compare whether knowing someone with a mental illness influenced peoples responses to a crime committed by an offender who they know is mentally ill.

The first Mann-Whitney U test examined participant's responses to the seriousness of the offence between those who know someone with a mental illness ($n = 40$) and those who do not ($n = 25$). No significant difference was found in perceptions of seriousness between people who know someone with a mental illness ($Mdn = 4$) and those who do not ($Mdn = 4$), $U = 422.50$, $z = -1.11$, ns , $r = -.10$. The second Mann-Whitney U test investigated people's responses to the extent to which Sarah should be held responsible for her crime between those who know someone with a mental illness ($n = 37$) and those who do not ($n = 25$). The results indicated that there was no significant difference in perceptions of responsibility between respondents who know

someone with a mental illness ($Mdn = 4$) and respondents who do not ($Mdn = 4$), $U = 424.50$, $z = -.56$, ns , $r = -.05$. The third Mann-Whitney U test examined participant's responses to the severity of punishment recommended for Sarah between those who know someone with a mental illness ($n = 36$) and those that do not ($n = 23$). No significant difference was found in perceptions of severity for people who know someone with a mental illness ($Mdn = 3$) compared to those who do not ($Mdn = 3$), $U = 382.50$, $z = -.50$, ns , $r = -.05$. The means and standard deviations for the continuous variables are summarised in Table 4.

Table 4

Means and Standard Deviations for the Continuous Responses to the Mentally Ill Scenario, comparing whether or not Participants Know Someone with a Mental Illness

	Know Someone with a Mental Illness	Do Not Know Someone with a Mental Illness
	Seriousness of the offence	
<i>M</i>	4.03	3.80
<i>SD</i>	0.89	0.76
	Offenders' responsibility for their crime	
<i>M</i>	3.68	3.52
<i>SD</i>	1.27	1.23
	Severity of punishment recommended	
<i>M</i>	2.61	2.43
<i>SD</i>	1.32	1.32

A chi-square analysis was also performed to examine the difference in people's responses to the purpose of punishment, between those who know someone with a mental illness and those who do not. As the expected frequencies were less than five for seven of the groups, Fisher's exact test was used. The chi-square statistic for Fisher's exact test was not significant ($p > .05$), indicating that there was no significant difference in the preferred purpose of punishment for Sarah, between people who know

someone with a mental illness and those who do not. A chi-square test was also performed on the type of punishment people considered appropriate for Sarah, comparing the responses from participants who know someone with a mental illness to those who do not. The Fisher's exact test was also used for this analysis as the expected count was below five for four of the groups. This chi-square statistic was not significant ($p > .05$), indicating that the type of punishment respondents selected did not significantly differ depending on whether or not the participants know someone with a mental illness. Frequencies for the purpose and type of punishment are summarised in Table 5.

Table 5

Frequencies for Responses to the Purpose of Punishment and Type of Punishment, comparing whether or not Participant's Know Someone with a Mental Illness

	Know Someone with a Mental Illness	Do Not Know Someone with a Mental Illness
Purpose of Punishment		
Rehabilitation	57.5%	72%
Community Protection	25%	8%
Deterrence	10%	8%
Retribution	0%	8%
No Punishment	7.5%	4%
Type of Punishment		
Prison Sentence	7.5%	4%
Community-based Order	27.5%	32%
Other	55%	52%
No Punishment	10%	12%

As knowing someone with a mental illness was not found to significantly influence people's responses, additional tests to determine how well the participants know someone with a mental illness and whether this impacted their responses was not considered necessary.

Themes Evident within the Qualitative Data

The responses to the qualitative component of the questionnaire were explored to determine whether any themes underpinned the quantitative data. Participants' responses were grouped into categories in order to identify the reasoning people used when making their quantitative decisions. In relation to the question of seriousness, the presence of a weapon, degree of provocation by the victim and the offender's mental state were all revealed as key factors in people's decisions as to how serious the offence was for both the mentally ill condition and the no mention of mental health condition. In the scenario where the offender's mental state was not mentioned, the threatening nature of the assault played a much bigger role in determining people's responses than in the mental illness condition, whereby the history of mental illness was a main influence. In regards to the issue of responsibility, when asked to state whether or not they considered Sarah responsible for her crime only 2.5% of all respondents deemed Sarah not responsible, and these participants were from the mentally ill condition. Upon examination of the qualitative data three themes were evident for determining the offender's responsibility; fleeing the scene of the crime, the injuries sustained to the victim, and the presence of a weapon. In addition, within the mental illness condition there was an overwhelming presumption that by being on public transport and alone in the community Sarah must have been considered responsible by the relevant professionals. This supposition had a large influence on people's perception of responsibility.

To examine the severity of punishment participants were asked to select whether or not they thought Sarah should be punished. Only 5.9% of participants overall thought Sarah should not be sentenced, and three key reasons behind peoples' decisions to sentence Sarah were identified, reflecting three purposes of punishment; punishment to fit the crime, rehabilitation, and deterrence. When asked to select the purpose of punishment most appropriate for Sarah, there was however a substantial proportion of respondents who chose community protection; 22% in the no mental mention of mental health condition and 17.6% in the mentally ill condition. Overwhelmingly however participants selected rehabilitation as the most preferred goal, with 52% in the no mention of mental health condition and 64.7% in the mentally ill condition. In relation to the themes identified through asking the participants the reasons behind their selection for the purpose of punishment, the prevention of reoffending was the main underlying goal in both conditions. Many believed this could be achieved through treatment and that it would lead to greater community protection.

When asked to select the type of punishment deemed most appropriate for Sarah, 30% of participants in the no mental illness condition and 54.4% in the mentally ill condition chose 'other.' In explaining their selection people in the mentally ill condition regarded treatment in conjunction with detention, either in prison or a psychiatric facility, to be the most desired punishment. People in the no mention of mental health condition also chose treatment over imprisonment or a community-based order, often in conjunction with education and/or community service.

It was predicted that community safety would be one of the primary concerns when sentencing an offender, particularly one who is mentally ill, and therefore a qualitative question was included to determine whether participants were concerned that Sarah was a risk to public safety. The vast majority of people considered Sarah to be a risk to the public, and three themes were identified in peoples reasoning in the mentally ill

condition; the likelihood of reoffending, the presence of a weapon, and the danger if Sarah is left untreated or wrongly managed. These themes were comparable to the no mention of mental health condition; however participants were more definite that Sarah would reoffend when there was no mention of her mental health.

Discussion

The aim of the current research was to investigate whether West Australian opinions on sentencing differ if a female offender is known to have a mental illness, or if the participants have any experience of mental illness. This was achieved by exploring whether responses regarding the seriousness of an offence, the offender's responsibility for their crime, the severity of punishment, and the purpose of punishment differ when a female offender is mentally ill compared to a female offender whose mental health is not mentioned. In addition, the present study aimed to examine whether knowing someone with a mental illness impacts on perceptions towards punishment for mentally ill female offenders, in an attempt to provide a basis for examining the impact of personal experience on sentencing decisions in Western Australia. It should be noted however that as the population sample obtained in this study was not representative of the West Australian population, generalising the present findings to the broader community should be undertaken with caution.

Does a female offender's mental health affect the perceived seriousness of a crime?

Participants were asked to indicate on a Likert type scale the seriousness of a crime committed by an offender who was either mentally ill or whose mental health was not mentioned. This variable was also measured through people's textual responses, which gave insight into the reasoning behind participant's judgements of seriousness. The results indicated that the mental health of an offender significantly influenced people's view of crime seriousness, with an offence committed by an offender whose mental health was not mentioned deemed significantly more serious than the same

offence committed by an offender who is mentally ill. This suggests that people take into account a female offender's mental health when making decisions regarding a crime, and perceive a crime to be less serious when committed by someone with a mental health problem. This is contrary to previous research, which indicates that people overestimate the association between mental illness and violence, leading to the stereotyping of mentally ill individuals as dangerous and aggressive (Link et al., 1999; Phelan & Link, 1998). This in turn leads to the perception that crimes committed by mentally ill offenders are threatening and unpredictable, and hence generates support for more punitive sanctions (Chiswick, 1996). It should be noted however that due to the lack of Australian research available the majority of research referred to in this study was conducted internationally, primarily in Britain, Canada, and America, and therefore may not be consistent with West Australian attitudes due to social and cultural differences.

The qualitative responses helped to explain the reasoning behind participant's interpretation of the crime and its severity. In the condition where the offender was mentally ill, many participants stated that the history of mental illness was the most influential aspect in determining the severity of the crime, with comments such as "she has a history of mental illness and therefore would have interpreted the passenger as a threat," "the history of mental illness is a mitigating factor which may mean her actions were not entirely voluntary," and "considering that Sarah has a history of mental illness she is a victim herself." When Sarah's mental health was not mentioned, the overall aggression displayed had the greatest influence on people's responses, with many stating the "threatening behaviour" and "violence" as reasons for considering the crime to be very serious. These responses can be explained by the attribution theory as defined by Corrigan et al. (2003), with people in the mentally ill condition greatly influenced by the degree of control the offender had over her behaviour, and perceiving the crime as

less serious due to the lack of control Sarah had over her actions. When the mental health was not mentioned however, respondents attributed internal causes to the offender's behaviour, such as their aggressive attitude, and therefore viewed the crime as more serious.

The public's perception as to the seriousness of a crime greatly influences sentencing decisions (Kwan, Chiu, Ip & Kwan, 2002; Hoffman & Hardyman, 1986). The findings from the current study suggest that, contrary to previous research (ABS, 2004; O'Keefe & Schnell, 2007; Ogloff et al., 2007), people are more lenient in their assessment of seriousness for crimes committed by mentally ill female offenders than those perpetrated by an offender whose mental health is unknown. This highlights the need for public opinion to be accurately measured in order to determine what public opinions are present in the community and to target public education in order to promote a greater understanding of mental illness.

Does a female offenders' mental health affect the perceived responsibility for an offence?

The participants in the present study were asked to indicate whether or not they deemed Sarah responsible for her crime, and if yes, suggest on a Likert scale the degree to which she should be held liable. The results indicated a significant effect of the offender's mental health on perceived responsibility, with the offender being considered significantly more responsible when their mental health is not mentioned compared to when they are mentally ill. This suggests that people consider mentally ill offenders to be less responsible for their crime than offenders whose mental health is unknown. This is in accordance with the attribution theory, which suggests that attitudes towards the mentally ill are greatly influenced by perceptions of responsibility, as it affects whether internal or external causes are attributed to one's behaviour (Corrigan et al., 2003).

The vast majority of participants did think Sarah should be held responsible, although to varying extents, and people's qualitative responses aided in explaining this finding. The fact that Sarah was carrying a knife and fled the scene of the crime was interpreted as signs of premeditation and guilt, regardless of her mental health. These actions, as well as a prevailing idea that being on public transport and alone in the community is indicative of awareness and control, led to people's perception that Sarah is responsible. Also, the great proportion of participants believe everyone should be held responsible for their actions irrespective of their mental health, with comments such as "her mental health is irrelevant" and "mental illness should not be used as an excuse" demonstrating this viewpoint. This supports previous research, which contends that the public favours punishment for mentally ill offenders regardless of their mental health, due to the public deeming mentally ill offenders as responsible for their crime, and viewing acquittals for mentally ill offenders as unjust (Rich, 2009; Linhorst & Dirks-Linhorst, 1999).

Does a female offenders' mental health influence attitudes towards the severity of punishment?

Participants' responses to the severity of punishment were measured on a Likert scale from the minimum punishment allowed by law to the maximum punishment allowed. Participants were first asked to indicate whether or not Sarah should be punished, and if yes, rate on a Likert scale the level of punishment they deemed most appropriate. As the majority of participants from both conditions thought Sarah should be punished, responses to the level of punishment were the focus for analysis. The results indicated a significant effect of mental health on the severity of punishment, with the punishment recommended for an offender whose mental health was not mentioned being significantly more severe than that favoured for a mentally ill offender. This suggests that participants are more lenient in their sentencing of mentally ill offenders,

and would recommend less severe sanctions when an offender is mentally ill compared to when their mental health is unknown. This is against expectations, as previous research suggests that a punitive stance on crime currently prevails, leading to an increase in penal sanctions for mentally ill offenders who are considered dangerous and violent and thereby a threat to community safety (Salina et al., 2008; Bagaric & Amarasekara, 2000; Link et al., 1999).

Qualitative responses were used to investigate the reasoning behind the majority of people's decision to punish Sarah regardless of her mental health. In both mental health conditions participants stated that Sarah should be held accountable for her offence. Overwhelmingly however, participants in the mentally ill condition stated that whilst Sarah should be punished, the punishment she receives should assist her in overcoming her mental illness. Respondents stated that "without some form of punishment she would probably get no help for her mental condition," and "she should receive punishment but more importantly help." These perspectives are indicative of a rehabilitation-based approach to punishment that is contrary to previous research. Past studies have argued that the return of punitive attitudes as the dominant approach to sentencing has resulted in rehabilitation being criticised as ineffective and thereby disfavoured (Robinson, 2008; Sundt, Cullen, Applegate & Turner, 1998). The majority of these studies were however conducted overseas, in Britain and America, and therefore may not be reflective of Australian sentencing trends.

The type of punishment was also included to give additional insight into what punishment participants' recommended for Sarah. There was a significant difference between the types of punishment people favoured between the two mental health conditions, however the qualitative data must be relied upon in interpreting peoples responses as a large number of participants, as high as 54.4% in the mentally ill condition, chose 'other' when selecting the type of punishment most appropriate for

Sarah. In both mental health conditions most participants who chose 'other' stated treatment as their preferred option over imprisonment or a community-based order. Exceptions included a fine, education, or a combination of counselling and detention. However, these responses do suggest that people are more supportive of community-based sanctions when an offender's mental health is not mentioned, than when an offender is known to be mentally ill. This may be reflective of community safety concerns, as previous research suggests that there is a growing concern for public safety and a general belief in the community that people with a mental illness commit violent offences (Henderson, 2006; Linhorst & Dirks-Linhorst, 1999).

To examine people's community safety concerns a qualitative question was included to determine whether people perceived Sarah as a threat to public safety, and the extent to which this influenced people's responses to all variables. In both mental health conditions the majority of people considered Sarah to be a risk to the community, listing the presence of a weapon and likelihood of reoffending as key concerns. In the mentally ill condition, statements such as "her behaviour is unpredictable," and "it is unfair to leave them loose and dangerous among people," suggest that people do consider mentally ill offenders to be volatile and dangerous, which is in line with previous research (Henderson, 2006; Linhorst & Dirks-Linhorst, 1999). This did not however lead to support for more severe and punitive sanctions as many researchers would suggest (Corrigan et al., 2002; Chiswick, 1996).

Does a female offender's mental health influence attitudes towards the purpose of punishment?

Participants were questioned on what purpose of punishment they consider most important, by being asked to choose from one of four predetermined goals. These goals were derived from widely agreed upon objectives as defined by previous research (Goldsmith et al., 2006; Bradley, 2004). The results indicate that there was no

significant effect of mental health on people's preferences towards the purpose of punishment. For both mental health conditions participants favoured rehabilitation as the most appropriate punishment, with an overall preference of 59.3%. Slightly more importance however was placed on rehabilitation in the mentally ill condition (64.7%) compared to the no mention of mental health condition (52%). This variation was explained through an analysis of the qualitative responses which examined participants underlying beliefs towards the suitability and benefit of the goals of punishment. In the condition where Sarah was mentally ill, participants stated that "her underlying issues need to be addressed," and a large focus was placed on helping Sarah overcome her mental illness. When the offender's mental health was not mentioned however, deterrence was a more pronounced goal, and responses centred on the need to prevent such behaviour reoccurring in the future, for example, "so she is deterred from repeating the behaviour and educates others that the behaviour is wrong."

The reasoning behind rehabilitation as the most favourable punishment was primarily due to the desire for community protection. Statements such as "the community should never be in danger but for that to happen Sarah needs to be rehabilitated," demonstrates that participants in both conditions felt the community would be best protected by rehabilitating the offender. Following rehabilitation, the importance assigned to the purposes of punishment adhered to the same pattern across mental health conditions, as reflected by the non significant result. The need to protect the community was deemed the next most important (19.5% overall), followed by deterrence (11% overall), and finally punishment to fit the crime also known as retribution (5.9% overall). This supports previous research, which maintains that the public is increasingly concerned for community protection (Rich, 2009; Chiswick, 1996). Researchers attribute this concern to the perceived link between mental illness and crime, and state it has led to the greater support for punitive sanctions and prison

terms over treatment (Robinson, 2008; Salina et al., 2008). This attribution however is contrary to the current findings, which suggest that there is no difference in community safety concerns for an offender who is mental ill compared to one whose mental health is unknown, and support for rehabilitation did not suffer as the result of community safety concerns. It should be acknowledged however, that the reliance on international research has resulted in the findings from the present study being compared to international populations, and therefore discrepancies in attitudes may be due to cultural and social differences.

The aim of the present research was to therefore to extend Australian research on public opinion by identifying what attitudes towards punishment for mental ill female offenders currently exist in Western Australia. Future research is required to build on these findings and establish a body of knowledge in regards to what Australians consider to be appropriate sentencing decisions for mentally ill offenders.

Do participant's responses differ if they know someone with a mental illness?

Participants were asked whether they know someone with a mental illness, and their responses to the above questions were then grouped and reanalysed according to whether or not they know someone, for the mentally ill condition only. The results indicated that knowing someone with a mental illness did not significantly affect people's responses to the seriousness of the crime, the offender's responsibility for their crime, the severity of punishment recommended, or the purpose of punishment. This suggests that personal experience of mental illness does not influence people's view of a crime or the sentencing decisions considered most appropriate for a mentally ill female offender. This is in contrast to previous research which contends that personal experience of mental illness can reduce the fear and stigmatisation associated with mental health problems, and hence leads to support for fairer sanctions (Addison & Thorpe, 2004; Secker et al., 1999). This is also contrary to the attribution theory, which

states that increased familiarity with mental illness can reduce the stigma attached to mental disorders (Corrigan et al., 2003). As findings from this study indicate that people are more lenient in the sentencing of females with a mental illness than previous research would suggest, the differences in punishment favoured by participants who know someone with a mental illness compared to those who do not may be less pronounced, due to the rehabilitative stance evident among respondents.

In addition, the type of punishment favoured by participants did not significantly differ between people who know someone with a mental illness and those who do not. People in both groups selected a community-based order over a prison sentence as the most appropriate punishment, with only 4% of people who do not have any personal experience of mental illness selecting a prison sentence. These findings dispute previous research which suggests that people who know someone with a mental illness are likely to be significantly more supportive of community-based sanctions (Addison & Thorpe, 2004). Due to the limited research undertaken on the effect of personal experience on the sentencing decisions favoured for mentally ill offenders, it is difficult to determine the extent to which the current study contradicts previous findings, as all predictions and conclusions are tenuous. In the present state of knowledge such results provide a foundation from which future research can build upon, in an effort to establish a body of literature on the relationship between personal experience and the punishment preferred for mentally ill female offenders in Australia.

Limitations and Avenues for Future Research

It is imperative that the limitations of the current research are considered in order to accurately interpret and appraise the present findings. One limitation was the lack of a representative sample of the West Australian population, which jeopardises the external validity of this research (Martin, 2004). A high socio-economic status sample was evident through the overrepresentation of professionals and university educated

individuals in this study, and therefore the extent to which opinions in the current study are indicative of the broader West Australian population is questionable. Further research is hence required to determine the degree to which West Australian opinions are reflective of the views of participants in the current study. Random selection of participants should occur in order to form a representative sample through which findings can be generalised to the wider community (Martin, 2004). Random sampling would help ensure external validity that is lacking from the present research, and therefore enable conclusions to be made regarding what opinions towards punishment for mentally ill female offenders exist in Western Australia (Martin, 2004).

The use of a short scenario to gauge people's opinions on sentencing mentally ill offenders also has inherent limitations. Participants found it difficult to make definitive decisions as to how the offender should be sentenced, due to the restricted information provided in the scenario. This is demonstrated by qualitative responses including "there is insufficient background to offer suitable answers," and "without full information on the circumstances of the crime...it is difficult to determine how Sarah should be treated in the criminal justice system." The lack of detail provided may have limited people's emotional reaction to the crime and hence resulted in responses that are not equivalent to people's attitudes in real life situations. A basic scenario was deemed necessary however, in order to control for potential confounding variables and to not detract from the issue of mental illness (Kwan et al., 2002). As a consequence the variable of gender was kept constant, with the focus being on female offenders. Future research could explore whether public opinion towards the sentencing of mentally ill offenders differs according to the offenders gender. This would help establish whether the leniency towards punishment for mentally ill female offenders evident in the current study is influenced by the offender's gender, and whether people's perception of crime and the

punishment deemed most appropriate is comparable to opinions towards mentally ill male offenders.

Another limitation of the current research involves the methodology, whereby counterbalancing of the researcher and colleague's scenarios was only partially attempted. It was predicted that an order effect may occur if every participant was allocated the same versions of each researcher's scenario, in the same order of appearance (Martin, 2004). Counterbalancing was therefore attempted by altering the order in which each scenario appeared; however the combination of versions of the two scenarios remained the same for each set of questionnaires. Complete counterbalancing would have involved the distribution of four surveys, so that each version of the two scenarios could appear together in contrasting orders. Only two forms of the survey were distributed however, as any more would have limited the number of participants for each group as well as increased the risk of respondents completing the questionnaire for both versions of each scenario. Future research would therefore benefit from a larger study sample that would allow for complete counterbalancing to occur; maintaining independent groups each with an adequate number of participants.

Finally, the limited availability of Australian research led to a reliance on international studies, primarily from Britain, America and Canada, when discussing public opinion on sentencing and making predictions as to the expected findings of the current research. Discrepancies between the predictions made and findings obtained, as well as the inconsistencies between the present results and previous research may therefore be the result of cultural and social differences. Consequently there is an immense need for more Australian research into community attitudes towards the punishment of mentally ill female offenders, as the extrapolation of findings from international studies to an Australian setting is unsound. Further research should therefore be undertaken to establish a body of Australian literature into public opinion

on the sentencing of mentally ill offenders. This would thereby help to bridge the current gap in sentencing research as well as extend the literature on human rights, allowing for an identification of how best to educate the public on the needs of mentally ill offenders.

Conclusions

The aim of the current research was to examine whether the mental health of a female offender influenced how people view a crime and the punishment they consider most appropriate for the offender. More specifically, it investigated whether people's opinion on the seriousness of an offence, the offender's responsibility for their crime, the severity of punishment recommended, and the purpose of punishment deemed appropriate, differed if a female offender was known to be mentally ill. It also aimed to investigate whether knowing someone with a mental illness influenced people's perception of a crime and the sentencing decisions favoured for the mentally ill female offender.

In regards to the first aim, the present research found that people take into account an offenders mental health when making judgements about a crime and the appropriate punishment, and are more lenient in their sentencing of female offenders who are mentally ill, compared to when an offenders mental health is unknown; perceiving the crime as less serious, deeming the offender less responsible, and recommending less severe sanctions. This is contrary to previous research which suggests that a punitive stance on crime in conjunction with the perception that mentally ill offenders are violent and dangerous leads to greater support for punitive sanctions for mentally ill offenders (Salina et al., 2008; Chiswick, 1996). In addition, people were found to favour rehabilitation as the preferred purpose of punishment regardless of the offender's mental health. This was an unexpected finding, as previous research suggests there has been a re-emergence in punitive attitudes and subsequent criticism of

rehabilitative measures (Robinson, 2008; Bagaric & Amarasekara, 2000). This was explained by exploring the reasoning behind peoples support for rehabilitation. In doing so an underlying belief that rehabilitation would lead to greater community protection was identified, and this was highlighted by previous research which suggests that the public is highly concerned for community safety (Rich, 2009; Chiswick, 1996).

In regards to the second aim of the present research, knowing someone with a mental illness was not found to influence people's perception of a crime or the sentencing decisions preferred for a mentally ill female offender. Personal experience of mental illness was therefore found to have no impact on opinions towards punishment for mentally ill female offenders, despite previous research which suggests that personal experience of mental illness can lead to greater support for rehabilitation and community-based sanctions (Addison & Thorpe, 2004; Secker, Armstrong & Hill, 1999).

The current study has contributed to the body of knowledge on public opinion on the sentencing of mentally ill female offenders in Australia. It has provided a foundation with respect to the influence of an offenders' mental health on people's view of crime and punishment, as well as the impact of personal experience on sentencing decisions. These findings should be extended by further research, in order to ensure policies and sentencing practices are guided by well-informed public opinion. Future studies are required to obtain a representative sample of the West Australian population in order to enhance the external validity of the current findings, as well as to examine whether public opinion towards the sentencing of mentally ill offenders differs according to the offender's gender.

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Appendix A

Scenario 1

Sarah, a 22 year old female, is travelling on a train into Perth at midday. Partway through her journey she approaches another passenger, and a short conversation takes place. Sarah is clearly agitated, and becomes increasingly distressed. She pulls a knife from her pocket and starts to verbally abuse and threaten the other passenger. She then kicks the passenger twice on the leg and punches them on the shoulder, causing them to fall to the ground. The train stops at the next station and Sarah flees the scene. Whilst the knife was not used the passenger is left injured. Sarah is later arrested.

Scenario 2

Sarah, a 22 year old female, is travelling on a train into Perth at midday. Partway through her journey she approaches another passenger, and a short conversation takes place. Sarah is clearly agitated, and becomes increasingly distressed. She pulls a knife from her pocket and starts to verbally abuse and threaten the other passenger. She then kicks the passenger twice on the leg and punches them on the shoulder, causing them to fall to the ground. The train stops at the next station and Sarah flees the scene. Whilst the knife was not used the passenger is left injured. Sarah is later arrested.

Sarah has a history of mental illness.

Questionnaire

1) How serious do you consider the offence to be?

Not serious Very serious

a. What influenced your decision?

2) Do you consider Sarah to be liable (responsible) for her crime?

Yes
No

a. Why/Why Not?

b. If yes, to what extent do you believe Sarah should be held responsible for her crime?

Partially/Somewhat responsible Completely responsible

3) Do you believe Sarah should be punished for her crime?

Yes

No

a. Why/Why Not?

b. If yes, what sentence should Sarah receive?

Minimum punishment
allowed by law

Maximum punishment
allowed by law

4) If you believe Sarah should be punished, what type of punishment should she receive? (please select one)

Prison sentence

Community-based order

Other, please specify

5) If you believe Sarah should be punished, what should be the purpose of her punishment? (please select one)

Rehabilitation

Deter herself and others

Protect the community

Punishment to fit the crime

6) Why do you consider this to be the most appropriate punishment?

7) Do you have any concerns for/about Sarah?

8) Are you concerned that Sarah may pose a risk to public safety? Please state your reasons.

9) Are there any other comments you would like to make about this case?

Appendix B

Demographics Sheet

Thank you for the time you have taken to complete this questionnaire. To assist us in understanding the nature of the data, we request a few personal details. Details and responses to the survey are anonymous, so please do not write your name on any of the sheets we have provided.

1. Please select the age category which applies to you:

- 18-25 26-35 35-45 50+

2. Please select your gender:

- Male Female

3. Which of the following answer/s applies to you?

- I have completed/completing my high school certificate (year 10 level).
 I have completed/completing my high school certificate (year 12 level).
 I have completed/completing a TAFE diploma.
 I have completed/completing a skilled trade.
 I have completed/completing a university degree.

4. Which of the following best describes your current occupation?

- Community and Personal service worker
 Machinery Operators and Drivers
 Administration and Clerical
 Manager
 Professional
 Salesperson
 Tradesperson or Technician
 Labourer
 Student
 Unemployed
 Retired
 Other, please specify _____

5. Are you currently employed by any branch of the criminal justice system?

- Yes No

6. Do you know someone who has a mental illness?

Yes No

If Yes,

How well do you know them?

- Immediate family member
- Close relative
- Close friend
- Work colleague
- Acquaintance
- Other, please specify _____

7. What is the postcode of the suburb you live in? _____ Or the Country if you live outside Australia _____

8. If you have not lived in that location for over 12 months, what was the postcode or country that you lived in prior to that? _____

9. Which ethnic background do you classify yourself as being a part of?

- Non-indigenous Australian
- Indigenous Australian or Torres Strait Islander
- Other (Please specify) _____

Thank you for your participation and time you spent on this survey. It is greatly appreciated.

Appendix C



For all queries, please contact:
Research Ethics Officer
Edith Cowan University
100 Joondalup Drive
JOONDALUP WA 6027
Phone: 6304 217
Fax: 6304 2661
Email: research.ethics@ecu.edu.au

Information Letter for Participants

Dear Participant,

We are currently completing a research project as part of our Honours degree in Psychology at Edith Cowan University. Our projects look at public opinion in regards to crime and sentencing. This study has been approved by the Faculty of Computing, Health and Science Ethics Committee.

Participation will involve reading brief scenarios involving a crime and completing a short questionnaire. The questionnaire is designed to obtain your opinion; there are no right or wrong answers. You will also be asked to fill in a demographics sheet to ensure that we obtain the views of a wide range of people, however all information is anonymous and will be held separately to the questionnaire, so we will not be able to identify you in any way. We expect it will take no longer than 20 minutes to read the scenarios and complete the questions.

Participation in this study is completely voluntary, and you are free to withdraw at any time. By returning the questionnaire you are giving your consent to participate in this research. The results of this study will be made available at your request.

We anticipate that this study will not distress you in any way, however if at any point you feel uncomfortable with the survey please leave the question and continue on to the next one. We have included contact details of healthcare services below if any distress is caused.

Lifeline – Ph: (08) 131 114

Crisis Care – Ph: (08) 9223 1111

If you have any further questions regarding this study please do not hesitate to contact us, our supervisors, or Dr Justine Dandy who is independent of the study:

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Thank you for your time and consideration.