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Amanda Larsen

Illinois Wesleyan University, alarsen1@iwu.edu

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Potential Factors Influencing Leniency toward Veterans who Commit Crimes

Amanda D. Larsen

Illinois Wesleyan University

Abstract

Posttraumatic stress disorder (PTSD) is an anxiety disorder that occurs following a traumatic experience and has symptoms that can severely impair functioning. Military personnel are particularly likely to experience trauma, and thus are commonly diagnosed with PTSD. Importantly, because PTSD is correlated with expressions of anger and aggression, military veterans are at an increased risk of committing crimes upon returning from deployment. Although legal records have shown that veterans with PTSD are often charged with lighter crimes and/or given lighter sentences compared to people not diagnosed with PTSD, to date no psychological research has directly investigated if jurors truly are inclined to give veterans with PTSD lighter sentences than veterans without PTSD. It also remains unclear how various factors related to PTSD may influence jurors' sentencing recommendations. The purpose of the present research was to compare judgments of guilt for veterans with PTSD to civilians and to investigate whether various factors lead to increased leniency from jurors. Participants read fictional court documents describing a crime and reported perceptions of guilt, responsibility, and feelings toward the defendant. Results indicated that the diagnosis of PTSD, timing of diagnosis, and type of combat experienced influenced various perceptions of the defendant and his sentencing. Future directions are discussed.

Keywords: posttraumatic stress disorder, veterans, criminal judgment

Potential Factors Influencing Leniency toward Veterans who Commit Crimes

On August 16, 2008, Jessie Bratcher killed the man he thought raped his girlfriend. Bratcher was a member of the Oregon Army National Guard and had been previously deployed to Iraq for 11 months. During this deployment, he was hit by an improvised-explosive device and his best friend was killed. As a result, he developed posttraumatic stress disorder (PTSD). During an interview with a counselor at a Veterans Affairs Medical Center, Bratcher disclosed that he would set up military perimeters in the woods of Oregon, which indicated the blurring of his distinction between home and Iraq. When Bratcher's girlfriend said she was raped by Jose Ceja Medina, Bratcher confronted him. Medina denied it, and then claimed it was consensual sex. Bratcher fired a gun at Medina, shooting him 10 times in the back as he turned to run. During the trial, Bratcher claimed that he experienced three flashbacks during the shooting. Several months later, Bratcher was found not guilty by reason of insanity. He would not serve jail time for killing Medina (Sullivan, 2009).

Bratcher is not the only veteran with PTSD who has returned to the United States and committed a serious crime. In recent years, there have been numerous trials of veterans who have committed murder, attempted murder, robbery, and kidnapping (Wood, 2012). Some, like Bratcher, receive a relatively light sentence, if any. However, others like Nicholas Horner, who killed two people and injured a third during a PTSD episode, do not receive any leniency for their crimes; Horner was sentenced to life in prison (Lawrence & Rizzo, 2012).

With the withdrawal of troops from Iraq and Afghanistan, there will be an influx of veterans returning to the United States. While most veterans will reenter civilian life successfully, experts believe that 11-20% of the veterans of the Wars in Iraq and Afghanistan either have developed or will develop PTSD (How common is PTSD, 2007). If past trends

continue, at least some of these veterans will go on to commit violent crimes. Indeed, there is research to support this hypothesis: Elbogen and colleagues (2012) found that one-third of a veteran sample reported at least one act of violence within the last year. Given the prevalence of veterans with PTSD who commit crimes, it is important to study the impact that PTSD has on guilt or sentencing judgments. The purpose of the proposed study is to investigate whether jurors are more apt to grant leniency to some veterans over others, such as veterans who have PTSD, veterans who commit a more military-like crime, veterans who had their PTSD diagnosed prior to committing the crime (instead of after) and veterans who were more heavily exposed to combat.

Posttraumatic Stress Disorder

According to the DSM-IV-TR (2000), PTSD is an anxiety disorder that is diagnosed when certain criteria are met. First, the person must have experienced a traumatic event in which the person felt helpless or fearful for his or her life (e.g., a sexual assault, car accident, or other violent situation). The person must also display symptoms in three different clusters, or categories, of symptom types: re-experiencing of the traumatic event, avoidance of reminders of the traumatic event, and hyperarousal. *Re-experiencing* can occur in the form of flashbacks or nightmares in which the person feels like he is reliving the experience. *Avoidance* manifests in emotional numbing or resistance when confronted about the event. The person may avoid people or places that remind him of the event or may block the memory completely. *Hyperarousal* is a physiological reaction such as elevated heart rate, hypervigilance, insomnia, and outbursts of anger. Last, these symptoms must be present for at least one month and must significantly impair the person socially, occupationally, or in some other functional capacity (“DSM Criteria for PTSD,” 2007; Rothbaum, Hodges, Ready, Graap, & Alarcon, 2001). In general, higher levels of

PTSD are associated with lower levels of mental and physical functioning (Magruder, et al., 2004).

Combat-Related PTSD

Between September 11, 2001 and 2009, more than 2 million men and women had been deployed to Iraq and Afghanistan. Of those, almost 800,000 (40%) were deployed more than once (Tan, 2009). These statistics are relevant given that military personnel are at an increased risk of developing PTSD because deployment to a war zone increases the probability of being exposed to a traumatic event. PTSD that is caused by combat trauma is specified as combat-related PTSD. Some combat-related incidents that can lead to the development of PTSD include witnessing a death, killing someone, being injured, having a reasonable belief of imminent death, and experiencing survivor's guilt (Davis, n.d.). Indeed, in one study the researchers asked a group of 815 Marines who were deployed to Iraq about their combat experiences. Ninety-five percent reported being attacked or ambushed, 87% reported shooting at an enemy, 94% percent reported seeing dead bodies or human remains, and 26% reported having a fellow soldier shot or hit near him (Hoge, et al., 2004).

Combat-related PTSD is not a phenomenon restricted to the present time or our American culture. It was called "nostalgia" in the Civil War, "shell shock" in World War I, and "combat fatigue" in World War II (Tick, 2005). In fact, 30% of Vietnam veterans developed PTSD after returning home (Department of Veteran Affairs, 2004). However, the current wars are resulting in different casualties than past wars. Due to advanced defenses, medicine, and technology, the lethality of wars is decreasing, even though the firepower is increasing. The mortality rate of the current wars is 10% versus a mortality rate of 24% during the Vietnam War (Gawande, 2004). As a result, more veterans are surviving deployments. However, these veterans often return with

mental, emotional, and moral wounds. As of June 30, 2012, 228,875 veterans from the current wars (Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn) met the criteria for PTSD at Veterans Administration (VA) facilities (Department of Veteran Affairs, 2012).

Aggression, Violence, and PTSD

A distinguishing characteristic of combat-related PTSD as opposed to other forms of PTSD is that veterans have been trained to inflict harm if necessary. Indeed, “a soldier is conditioned by [his] government to shoot accurately at a human being when necessary, desensitized to the act of killing, and taught that [he] can rationalize killing another human being on a battlefield because it is a good and honorable act” (Giardino, 2009, p 2970). In other words, aggression and violence are often necessary for survival during deployment. However, upon returning to the civilian world, these thoughts and actions are no longer acceptable. As outlined below, many studies have found a link between PTSD and aggression once one has returned home from a combat situation.

PTSD has been directly connected to aggressive feelings, thoughts, and behaviors. Researchers found that Vietnam veterans with PTSD self-reported higher levels of hostility and aggression than Vietnam veterans without PTSD (Lasko, Guruits, Kuhne, Orr, & Pitman, 1994). In addition to aggression, veterans with PTSD also have self-reported higher levels of anger than veterans without PTSD (Chemtob, Hamada, Roitblat, & Muraoka, 1994). These aggressive feelings and thoughts can lead to aggressive behaviors and actions. Indeed, one study showed that combat veterans with PTSD self-reported more numerous acts of violence than combat veterans without PTSD (Begic & Begic, 2001). These aggressive tendencies seem to be linked to the PTSD and not military training or combat, since all participants (both with and without

PTSD) were veterans who were exposed to combat (Begic & Begic, 2001; Chemtob, et al., 1994; Lasko, et al., 1994).

Additionally, PTSD has a significant inverse relationship with mental, physical, and social functioning (Magruder, et al., 2004; Magruder, et al., 2005). That is, individuals with more severe PTSD report lower functioning in those categories, even after controlling for potential confounds. PTSD is correlated with medically-diagnosed disorders as well, including arterial, lower gastrointestinal, dermatological, and musculoskeletal disorders, even after controlling for age, smoking, alcohol use, and body weight (Schnurr, Spiro, & Paris, 2000). High levels of PTSD also are associated with unemployment (Magruder, et al., 2004; Magruder, et al., 2005). The unemployment rate for active duty personnel who have served since September 11, 2001 was 12.1% in 2011 (Bureau of Labor Statistics, 2012, *Employment*), compared to the national unemployment rate of 9.0% (Bureau of Labor Statistics, 2012, *Labor*). Overall, this general poorer quality of life can provide the situational variables that foster aggressive thoughts, feelings, and behaviors (Breckler, Olson, & Wiggins, 2006). For example, an individual being unemployed with diabetes may develop aggressive thoughts and feelings about his situation. This aggression could manifest in physical aggression, such as punching a wall or aggressive driving. Under certain circumstances, it is feasible that these aggressive behaviors may be directed at another individual leading to some type of criminal offense.

In addition to empirical research concerning the relationship between violence and PTSD, there also is legal evidence that veterans are being arrested for and convicted of criminal behavior. The National Vietnam Veterans Readjustment study found that half of a sample of Vietnam veterans had been arrested at least once (Kulka, et al., 1990, as cited in Friel, White, & Hull, 2008). In a different study of combat Vietnam veterans, it was found that 25% were

charged with a criminal offense upon return to the United States. Additionally at the time of that study, it was reported that one third of the US federal prison is made up of veterans (Adshead & Mezey, 1997). In 2004, there was a decline in the percentage of veterans in federal prison (down to around 10%), which could be due to the fact that more veterans who commit crimes are receiving lighter sentences or treatment in lieu of incarceration (Noonan & Mumola, 2007). It is important to note, however, that a majority of this research is correlational in nature, meaning one cannot determine in all cases whether veterans engage in violence and commit crimes because of their combat experiences, or whether veterans expressed higher levels of aggression or violence in the first place, leading them to join the armed forces.

PTSD as a Defense

There are two main ways in which PTSD can be used as a defense in a criminal trial. First, it can be argued that the defendant had diminished criminal intent due to his or her PTSD. Second, PTSD can be introduced during the sentencing phase after a defendant is found guilty in an effort to secure a lighter sentence.

Diminished criminal intent. There are three ways in which a defendant can argue diminished intent due to PTSD: not guilty by reason of insanity (NGRI), diminished capacity, and automatism (Pitman, Sparr, Saunder, & McFarlane, 1996). NGRI, commonly called the Insanity Defense, argues using the M’Naghtan Rule, which states that a mental illness kept a person from knowing what he was doing or from knowing that his actions were wrong (Adshead & Mezey, 1997). In order for NGRI to be successful, it must be proved that the person was in a dissociative state, which means he was not acting in their right mind (Pitman, et al., 1996). Adshead and Mezey (1997) argue that flashbacks from PTSD could be considered a dissociative state, but the occurrence of flashbacks are relatively subjective and thus are very hard to prove.

Regardless, PTSD has been used successfully as an insanity defense in the past in cases of murder, assault, drug smuggling, and robbery (Marciniak, 1986). For instance, in *People v. Wood* (which occurred in 1982), a combat veteran was found not guilty by reason of insanity for attempted murder of a coworker. The defense lawyer argued that the noises at the time of the attempt were similar to those heard in combat. However, in general, the insanity defense is rarely used in cases concerning PTSD (Appelbaum, et al., 1993).

The second way in which a defendant can argue diminished criminal intent is by the diminished capacity defense. This means that a defendant did not have the capacity (due to a mental disorder) to commit a crime like first-degree murder. Instead, he could be charged with a lighter crime, like manslaughter. In other words, he is still found guilty of a crime, but it is often a less severe crime. Indeed, Adshead and Mezey (1997) claim that a successful diminished capacity defense results in a manslaughter charge. With a lighter crime, a judge can give a lighter sentence (Pitman, et al., 1996); for example, manslaughter probably would not result in life in prison, whereas first-degree murder could.

The last way in which a defendant can argue diminished criminal intent is by automatism, or loss of consciousness. The foundation of this defense is that criminal intent was not possible because the actions were not under conscious control (Friel, et al., 2008; Pitman, et al., 1996). Automatism is most commonly used in cases of combat veterans who appear to be acting on autopilot. Because of the acts of violence that occur repeatedly in combat situations, veterans who return and lose control of violent behavior can use automatism as a defense (Pitman, et al., 1996).

Sentencing. If a defendant is found guilty of a crime, PTSD can also be introduced during the sentencing phase of the trial. During this phase, the acceptable punishment is

determined for the crime. There are many factors that influence the severity of the punishment including a defendant's criminal history, the nature of the crime, and other extralegal factors. While introducing PTSD in the sentencing phase does not always result in a diminished sentence, some Vietnam veterans with PTSD have received sentencing reductions ("Sentencing Guidelines," 1994; Hawthorne, 2009). A newspaper article from 1985 states that from 1980-1985, 250 Vietnam veterans who used PTSD as a defense were given lighter sentences or treatment options (Margolick, 1985). For example, Thomas Burgess, a Vietnam veteran who was convicted of conspiracy to distribute cocaine, received a lighter prison sentence so that he could undergo treatment for PTSD (Sparr, Reaves, & Atkinson, 1987).

Because some external event was responsible for the PTSD, the sentencing reductions can occur because PTSD partially removes responsibility of criminal intent from the defendant (Gold, 2005). In addition, Minnesota and California have laws in place that explicitly state that veteran status is an appropriate mitigating factor for a variety of crimes. In both of these states, the defendant would most likely be required to complete treatment for PTSD and/or substance abuse instead of being incarcerated (Hawthorne, 2009).

As explained above, PTSD as a criminal defense has changed in application over time. An article written in 1989 claimed that PTSD was rarely used as a sentencing factor (Speir, 1989). Now, however, PTSD is commonly introduced during the sentencing phase instead of being used to acquit the defendant (i.e., veteran) by reason of insanity (Hawthorne, 2009; Giardino, 2009). Because it is more often the case that PTSD is introduced during the sentencing as opposed to the guilt phase of a trial, the proposed study focuses on recommended punishments in addition to simple guilt or innocence of the accused.

Why would PTSD be considered a valid defense?

Some researchers have begun to examine why jurors are more apt to believe certain defenses over others. Perceived control over and responsibility for a disorder can impact the validity of a defense. For example, in one study researchers asked participants to imagine they were a juror for a trial in which a man supposedly committed assault and battery. In this scenario, the man pled not guilty and gave a defense, such as steroid use or parental abuse. The participants read each of the 15 defenses and rated the defenses on scales of blameworthiness, control, and responsibility, as well as sentence length. These researchers compared sentence lengths for defenses from three different categories: biological, environmental, and psychological. The defenses that resulted in the lightest sentence included XYY genetic phenomenon (in which males have an extra Y chromosome), fetal alcohol syndrome, multiple personality disorder, posttraumatic stress disorder, and parental abuse. Importantly, participants also reported believing that defendants using these defenses would have less control over their actions and less responsibility for their crimes. PTSD had the second lowest mean sentence in this study, with 88% of the participants recommending treatment instead of jail. It seems that since something else was responsible for inflicting the condition in the first place, those with PTSD were seen as less responsible for the crime and their condition (Heath, Stone, Darley, & Grannemann, 2003).

It seems equally important to jurors that any loss of control and responsibility is not self-inflicted. A mock jury study by Higgins, Heath, and Grannemann (2007) examined the influence of how control in a given situation was lost. They compared two excuses: cocaine dependency disorder (CDD) and PTSD. With both disorders, a defendant would lose some control over his actions. However, CDD is more self-inflicted, whereas PTSD is inflicted from an external event.

Results showed that participants in the PTSD condition gave a guilty verdict only 72% of the time, whereas those presented with CDD gave a guilty verdict 96% of the time. Thus, participants who read about PTSD as a defense were less likely to give a guilty sentence to the defendant and also gave lighter sentences than those who read about CDD as a defense.

Research has shown that people who actually work in the criminal justice system respond similarly to participants (i.e., students) in the other studies. For instance, in pretrial stages, a prosecutor decides with which crime to charge a defendant and whether to offer a plea bargain. If the defendant accepts the plea bargain, he pleads guilty to the charge and often earns something in return, such as a lighter sentence or a reduced charge. One study used actual prosecutors as the participants. Researchers found that the prosecutors offered more diversion programs, such as treatment options, to veterans who had PTSD than to veterans without PTSD or to other people with PTSD. That is, both veteran status and PTSD diagnosis were required for a lighter offer in the plea-bargain stage. Prosecutors also perceived veterans and people with PTSD to be less blameworthy for the crime committed (Wilson, Brodsky, Neal, & Cramer, 2011), furthering the previously mentioned research regarding the importance of perceptions of control and responsibility.

Present Studies

Previous psychological research has shown that PTSD in general (not necessarily PTSD in veterans) is seen as a valid defense. Legal research has shown that veterans with PTSD often receive lighter sentences than other perpetrators. To date, however, no psychological research has been conducted that directly investigated if combat-related PTSD is considered a valid defense when the circumstances of the crime are controlled or the factors that may make the defense seem more or less valid. Thus, Study 1 compared judgments of defendants charged with

murder who are veterans with PTSD to defendants who are not veterans and do not have PTSD. This study also was concerned with determining whether certain factors—specifically, the method of murder—may influence an individual’s judgments of guilt. In Study 2, two other potential factors – time of diagnosis and the type of combat a veteran experienced – were manipulated.

Study 1

Two variables were manipulated in Study 1: diagnosis of PTSD and method of murder. If the current study corresponds with actual court cases, veterans with PTSD should receive lighter sentences than non-veterans.

The method of murder may also influence the way that someone judges a defendant who is a veteran and has PTSD. Some methods of murder may make the PTSD defense seem like a more legitimate excuse; that is, more of the responsibility for the crime can be placed on the PTSD than on the perpetrator. If a method of murder corresponds more similarly with military training or the primary psychological trauma, such as a shooting, it may seem like PTSD is a more legitimate excuse. On the other hand, if the method of murder does not correspond with military training, such as strangling someone, it may seem like less blame can be placed on the PTSD and more blame on the perpetrator. As such, the method of murder also was manipulated in Study 1.

Method

Participants

Participants were 67 undergraduate students from Illinois Wesleyan University. The median age was 19, ranging from 18 to 24 ($M = 18.78$, $SD = 1.00$). Fifty-two percent of the participants were male. The participants were recruited from General Psychology and Social

Psychology classes. Those in General Psychology were given course credit. Those in Social Psychology were awarded one point of extra credit.

Procedure

Participants came to the lab in groups of one to four and were told that the purpose of the study was to understand criminal judgments. Participants were then given court documents to read. The documents (adapted from Hodson, Hooper, Dovidio, & Gaertner, 2005) described the murder of a wife by her husband. The participants were told that the crime and documents were real, although they were, in fact, fictional. The first document was an arrest report, which stated that the defendant was being charged with first-degree murder. The second document was a witness statement in which a neighbor described having heard loud noises in the apartment next door before calling the police. The next document was a statement from a detective. According to the statement, the detective went to the apartment and found the woman to be deceased. In this document, the method of murder was manipulated. Specifically, some participants read that the woman was strangled to death (“not military-like” condition; see Appendix 1), whereas some participants read that she was shot to death (“military-like killing” condition; see Appendix 2). The detective stated that he found the husband (the suspect) in the lobby of the apartment building. The next document was a psychological evaluation and was only given to participants in the PTSD condition. In the evaluation, a psychologist summarized the military history of the defendant and stated that the defendant had PTSD and experienced flashbacks and nightmares (see Appendix 3). Those in the non-PTSD condition were not given any document concerning the defendant’s mental health. The final document for all conditions was a statement of the defendant, in which the defendant said he did not know why he killed his wife.

A manipulation check was included after the documents that asked what crime was committed and with which disorder the defendant was diagnosed (if any).

To summarize, participants were randomly assigned to one of four conditions: a veteran with PTSD shot his wife, a veteran with PTSD strangled his wife, an individual who did not have PTSD shot his wife, or an individual who did not have PTSD strangled his wife.

After reading the documents, participants completed questionnaires regarding the perceived guilt of the defendant (see Appendix 4). Those in the PTSD condition also rated how credible and persuasive the PTSD defense was and how responsible the defendant was for having PTSD and for committing the crime. Finally, participants answered demographic questions (i.e., age, gender, and political orientation) and indicated if they had served in the military or had family serving in the military. The participants were then debriefed and thanked for their participation.

Measures

The measures used were created by the researcher. Participants were asked to answer questions assessing their judgments of guilt. These questions included “is the defendant guilty or innocent,” “how guilty is the defendant,” and “what sentence would you give this defendant (ranging from no time to life in prison).” Participants were also asked general questions about their perceptions of the defendant. These questions included “how likely is the chance of successful rehabilitation” and “is the defendant deserving of a reduced sentence for good behavior.” Participants in the PTSD condition were also asked how persuasive the PTSD defense was. All questions, except is the defendant guilty or innocent, were asked on a Likert scale ranging from 1-9.

Results

Judgments of guilt and sentencing, likelihood of rehabilitation, and favorability of future reduced sentencing were compared between participants in the PTSD condition (who read that the defendant was a veteran who was diagnosed with PTSD) and participants in the no PTSD condition (who were not told that the defendant was a veteran who had PTSD; see Table 1). The same variables were compared between participants who read that the defendant shot his wife (a military-like murder) and participants who were told that the defendant strangled his wife (not a military-like murder; see Table 2). Additionally, interaction effects between diagnosis of PTSD and method of murder were investigated with the same variables mentioned above (see Tables 3 and 4 for cell means). Data collected from participants that did not correctly answer the manipulation check questions were excluded from analyses (3%; $n = 2$).

Judgments of Guilt

Guilty versus Not Guilty

A chi-square test showed that participants in the PTSD versus no PTSD condition were equally likely to find the defendant “guilty” or “not guilty,” $\chi^2(1, N = 65) = 1.34, ns$. A chi-square test showed that participants in the shooting versus strangling condition were *not* equally likely to find the defendant “guilty” or “not guilty,” $\chi^2(1, N = 67) = 7.59, p < .01$. Of the participants who read that the victim was shot, 100% found him guilty. On the other hand, of the participants who read that the victim was strangled, only 79% found him guilty, $\chi^2(1, N = 34) = 11.77, p < .001$. A one-way chi-square test showed that, regardless of condition, participants overall were more likely to find the defendant “guilty” versus “not guilty” (89% vs. 11%), $\chi^2(1, N = 65) = 40.02, p < .001$.

Continuous Ratings of Guilt

Participants were asked to rate how guilty they believed the defendant was on a scale of 1 (very innocent) to 9 (very guilty). A 2 (PTSD) x2 (Murder Method) Factorial ANOVA was conducted. There was no main effect for PTSD diagnosis; participants who believed the defendant was a veteran with PTSD ($M = 6.82$, $SD = 1.42$) did not differ in judgments of guilt from those participants who did not know that the defendant was a veteran with PTSD ($M = 7.19$, $SD = 1.80$), $F(1, 61) = .88$, *ns*. There was no main effect for continuous ratings of guilt based on method of murder; participants who believed the defendant shot his wife ($M = 7.23$, $SD = 1.20$) did not differ in judgments of guilt from those participants believed the defendant strangled his wife ($M = 6.79$, $SD = 1.92$), $F(1, 61) = 1.17$, *ns*. There was no interaction effect for PTSD diagnosis and method of murder, $F(1, 61) = .05$, *ns*. In other words, people did not consider defendants with PTSD to be less guilty if their crimes were more versus less military like (i.e., shooting versus strangling).

Sentence Given

Participants were asked what sentence should be given (with nine options ranging from 0 years to life in prison). A 2 (PTSD) x2 (Murder Method) Factorial ANOVA was conducted. There was a main effect for sentence given based on PTSD diagnosis; participants who believed the defendant was a veteran with PTSD averaged a score of 4.55 (translates to 10-15 years, $SD = 2.41$) which was a significantly lighter sentence than those participants who did not know that the defendant was a veteran with PTSD, who averaged a score of 6.81 (translates to 20-25 years, $SD = 2.16$), $F(1, 60) = 16.72$, $p < .001$. There also was a main effect for sentence given based on method of murder; participants who believed the defendant shot his wife averaged a score of 6.26 (translates to 20-25 years $SD = 2.03$) which was a significantly longer sentence than those

participants who believed the defendant strangled his wife, who averaged a score of 5.14 (translates to 15-20 years $SD = 2.87$), $F(1, 60) = 4.52, p < .05$. There was no interaction effect for sentence given based on PTSD diagnosis and method of murder, $F(1, 60) = .14, ns$. In other words, it does not appear that people were willing to give a veteran with PTSD a lighter sentence if his crime was more versus less military-like (i.e., shooting instead of strangling).

Perceived Success of Rehabilitation

Participants were asked to indicate how successful rehabilitation was likely to be on a scale ranging from 1 (not likely to be successful) to 9 (very likely to be successful). A 2 (PTSD) x 2 (Murder Method) Factorial ANOVA was conducted. There was a main effect based on PTSD diagnosis; participants who were told that defendant was a veteran with PTSD ($M = 6.48, SD = 1.72$) believed that successful rehabilitation was more likely than those participants who were not told that the defendant was a veteran with PTSD ($M = 5.56, SD = 1.72$), $F(1, 61) = 13.58, p < .05$. There was no main effect based on method of murder; participants who believed the defendant shot his wife ($M = 5.87, SD = 1.78$) did not differ in perceptions of successful rehabilitation from those participants believed the defendant strangled his wife ($M = 6.18, SD = 1.77$), $F(1, 61) = .54, ns$. There was no interaction effect, $F(1, 61) = .37, ns$. In other words, participants did not believe successful rehabilitation was more likely for defendants with PTSD who killed in a more militaristic matter compared to defendants who killed in a less militaristic matter.

Reduced Sentence

Participants were asked to indicate if the defendant should be offered a reduced sentence in the future for good behavior on a scale ranging from 1 (not at all) to 9 (very much so). A 2 (PTSD) x 2 (Murder Method) Factorial ANOVA was conducted. There was a significant main effect based on PTSD diagnosis; participants who believed the defendant was a veteran with

PTSD ($M = 6.76$, $SD = 1.97$) were more likely to offer a reduced sentence than those participants who were not told that the defendant was a veteran with PTSD ($M = 4.66$, $SD = 2.55$), $F(1, 61) = 13.34$, $p < .001$. There was no main effect based on method of murder; participants who believed the defendant shot his wife ($M = 5.71$, $SD = 2.27$) did not differ in their opinions regarding offering a reduced sentence from those participants believed the defendant strangled his wife ($M = 5.74$, $SD = 2.71$), $F(1, 61) = .01$, ns . There was no interaction effect, $F(1, 61) = 7.83$, ns . In other words, participants were not more likely to offer a reduced sentence for defendants with PTSD who killed in a more militaristic matter compared to defendants who killed in a less militaristic matter.

Persuasiveness of the Defense

Participants were asked to rate the persuasiveness of the PTSD defense on a scale ranging from 1 (not persuasive) to 9 (very persuasive). Since only participants in the PTSD condition were asked about the persuasiveness of the defense, only data collected from those individuals were used to analyze the impact of the method of murder on persuasiveness of the defense. Results from an independent t-test show that participants who read that he strangled ($M = 5.59$, $SD = 2.06$) were equally likely to find the defense persuasive as participants who read that he shot the victim ($M = 5.44$, $SD = 2.13$), $t(31) = -.21$, ns .

Auxiliary Analyses

Although the manipulations described above were of key interest, I also investigated whether several demographic variables were related to judgments of guilt and sentencing. A 3x2 Factorial ANOVA found that there were no significant differences among political orientations (1 = "liberal", $n=18$; 2 = "moderate", $n=18$; and 3 = "conservative", $n=16$) in continuous ratings of guilt across all conditions, $F(2, 46) = .91$, ns . Importantly, there was no interaction between

political orientation and PTSD condition for continuous ratings of guilt, $F(2, 46) = .95$, *ns*, which means different political orientations do not differ significantly in their judgments of guilt of veterans with PTSD versus individuals without PTSD. No other relationships concerning political orientation were significant. Participants also were asked to indicate whether they had loved ones in the military. A 2x2 Factorial ANOVA found that there was no interaction between relationship to someone in the military and PTSD condition for continuous ratings of guilt, $F(1, 61) = .00$, *ns*, which means that those with loved ones in the military did not judge veterans with PTSD differently than individuals without PTSD. No other interactions between condition (PTSD vs. no PTSD) and having a loved one in the military were significant.

Study 2

Two variables were manipulated in Study 2: timing of diagnosis of PTSD and the type of combat a veteran experienced. To date, no previous research has investigated whether the timing of diagnosis—before or after the crime—impacts how one may view the legitimacy of the PTSD defense. If the PTSD was diagnosed before the crime, it may seem more legitimate to jurors that PTSD was, in fact, accurately diagnosed. If PTSD was diagnosed after the crime, on the other hand, jurors may be suspicious that the veteran is faking a diagnosis in order to receive a lighter sentence. Therefore, it seems reasonable to predict that jurors may be more lenient to a veteran who received a PTSD diagnosis prior to committing a crime as opposed to those that received the diagnosis afterward.

The type of combat experienced – another factor that has not been previously researched – may also influence leniency in sentencing. Although any individual who is deployed or goes through basic training can experience a trauma, being more engaged in combat firsthand may seem more likely to jurors to produce PTSD. As such, I also investigated whether jurors were

more lenient to an individual who experienced PTSD from being engaged in combat (i.e., initiating by killing another human being) as opposed to simply witnessing an event (i.e., seeing friends injured during a bombing). I predict that the veteran who engaged in combat firsthand will be given a lighter sentence than the veteran who passively witnessed a traumatic event. I predict no specific interactions between the two conditions (time of diagnoses, combat exposure).

Method

Participants

Participants were 102 undergraduate students from Illinois Wesleyan University. The median age was 19, ranging from 17-22 years ($M = 18.98$, $SD = 1.16$). Fifty-four percent of participants were female. Participants were recruited in the same manner as described in Study 1.

Procedure

As in Study 1, participants were given fictional court documents to read, this time concerning the murders of two men. The first two documents were witness statements that described two men being shot in their front yards by a man who got into his car and left the scene. The statements described the location of the victims' bodies and the license plate number of the car in which the defendant left after the shooting. The next document was a statement of a detective, who described going to the house to which the license plate was registered and arresting the defendant. The next document was an evaluation of the defendant written by a psychologist, stating that the defendant was a veteran who has PTSD. The psychologist stated that the defendant experienced flashbacks and nightmares. This document was manipulated to assess the variables of interest. Specifically, some participants read that the defendant was diagnosed with PTSD six months before the shooting ("before" condition; see Appendix 5),

while others read that he was diagnosed with PTSD after the shooting (“after” condition; see Appendix 6). Additionally, some participants read that there was a bombing of the base on which the defendant was located which killed his bunkmate (“passive” condition; see Appendix 7), while others read that the defendant also shot two enemy intruders after being informed to lock down the perimeter in addition to the bombing (“engaged” condition; see Appendix 8). The next document for all conditions was a statement of the defendant stating that he shot the two men, but did not know why. The final document was an agreement from the psychologist agreeing to testify that the defendant has PTSD.

A manipulation check was included after the documents that asked when the defendant was diagnosed with PTSD (before or after the crime) and what traumatic event was the trigger (a bombing, a shooting, or both).

To summarize, participants were randomly assigned to one of four conditions: a veteran was diagnosed before the crime and engaged in combat, a veteran was diagnosed before the crime and passively witnessed combat, a veteran was diagnosed after the crime and engaged in combat, and a veteran was diagnosed after the crime and passively witnessed combat.

After reading the vignettes, the participants completed similar questionnaires as those described in Study 1 (see Appendix 9).

Measures

The measures used were created by the researcher. Participants were asked to answer questions assessing their judgments of guilt. These questions included “is the defendant guilty or innocent,” “how guilty is the defendant,” and “what sentence would you give this defendant (ranging from no time to life in prison).” Participants were also asked general questions about their perceptions of the defendant. These questions included “how likely is the chance of

successful rehabilitation” and “is the defendant deserving of a reduced sentence for good behavior.” Participants were also asked how persuasive the PTSD defense was. All questions, except is the defendant guilty or innocent, were asked on a Likert scale ranging from 1-9.

Results

Importance of Timing of Diagnosis

Using a set of independent t-tests, judgments of guilt and sentencing, likelihood of rehabilitation, favorability of future reduced sentencing, and persuasiveness of defense were compared between participants who read that the veteran was diagnosed before the crime and participants who read that the veteran was diagnosed after the crime. Data collected from participants that did not correctly answer the manipulation check question regarding the timing of diagnosis (14.6%; $n = 15$) were not included in the analyses for which that information was relevant. See Table 5 for a complete list of means and standard deviations.

Judgments of Guilt

A chi-square test showed that participants in the pre diagnosis versus post diagnosis condition were equally likely to find the defendant “guilty” or “not guilty,” $\chi^2(1, N = 81) = .15$, *ns*. A one-way chi-square test showed that, regardless of condition, participants were more likely to find the defendant “guilty” versus “not guilty” (70% vs. 30%), $\chi^2(1, N = 64) = 15.12$, $p < .001$.

Results of an independent t-test showed that continuous ratings of guilt did not differ between participants in the pre-diagnosis and post-diagnosis condition. When asked to rate on a scale of 1 (very innocent) to 9 (very guilty), participants in the pre-diagnosis condition averaged a score of 6.09 ($SD = 1.84$) and those in the post-diagnosis condition averaged a score of 5.89 ($SD = 1.89$), $t(80) = 0.48$, *ns*. Similarly, when asked what sentence should be given (with nine

options ranging from 0 years to life in prison), those in the pre-diagnosis condition averaged a score of 4.13 (translates to about 10 years, $SD = 2.46$) and those in the post-diagnosis condition averaged a score of 3.40 (translates to 5-10 years, $SD = 1.79$), $t(78) = 1.48$, *ns*.

Perceived Success of Rehabilitation

Participants were asked to indicate how successful rehabilitation was on a scale ranging from 1 (not likely to be successful) to 9 (very likely to be successful). Participants who were told that the defendant was diagnosed with PTSD after he committed a crime ($M = 7.19$, $SD = 1.26$) believed that successful rehabilitation was more likely than participants who believed the defendant was diagnosed with PTSD before he committed a crime ($M = 6.28$, $SD = 1.64$), $t(80) = -2.76$, $p = .007$.

Reduced Sentence

Participants were asked to indicate if the defendant should be offered reduced sentence for good behavior on a scale ranging from 1 (not at all) to 9 (very much so). Participants who were told that the defendant was diagnosed with PTSD before he committed a crime ($M = 7.23$, $SD = 1.67$) did not differ in their responses from participants who were told that he was diagnosed after he committed a crime ($M = 7.08$, $SD = 2.14$), $t(80) = 0.35$, *ns*.

Persuasiveness of Defense

Participants were asked to indicate how persuasive the defense was on a scale ranging from 1 (not persuasive) to 9 (very persuasive). Participants who were told that the defendant was diagnosed with PTSD before he committed a crime ($M = 6.47$, $SD = 1.96$) did not differ in their responses from participants who were told that he was diagnosed after he committed a crime ($M = 6.72$, $SD = 1.81$), $t(79) = -.60$, *ns*.

Importance of Type of Combat Experienced by a Defendant

Using a set of independent t-tests, judgments of guilt and sentencing, likelihood of rehabilitation, favorability of future reduced sentencing, and persuasiveness of defense were compared between participants who read that the defendant engaged in combat firsthand and participants who read that the defendant passively witnessed combat. Data from participants that did not answer the manipulation check question regarding the degree of combat (21.4%; $n = 22$) were not included in the analyses for which that information was relevant. See Table 6 for a complete list of means and standard deviations.

Judgments of Guilt

A chi-square test showed that participants who read that the defendant engaged in combat versus just passively witnessed combat were equally likely to find the defendant as “guilty” or “not guilty,” $\chi^2(1, N = 73) = .77, ns$.

An independent t-test showed that ratings of guilt did not differ between participants in the engaged condition and passive condition. When asked to rate how guilty the defendant was on a scale of 1 (very innocent) to 9 (very guilty), participants in the passive condition averaged a score of 5.47 ($SD = 1.74$) and those in the engaged condition averaged a score of 5.91 ($SD = 1.97$), $t(72) = -.99, ns$. Similarly, when asked what sentence should be given, those in the passive condition averaged a score of 3.67 (translates to 5-10 years, $SD = 2.37$) and those in the engaged condition averaged a score of 3.56 (translates to 5-10 years, $SD = 2.05$), $t(71) = .21, ns$.

Perceived Success of Rehabilitation

There was a trend such that participants who were in the passive condition judged the defendant as having a better chance at successful rehabilitation ($M = 7.00, SD = 1.39$) than did

participants in the engaged condition ($M = 6.41$, $SD = 1.59$), $t(72) = 1.65$, $p = .103$, although this did not reach statistical significance.

Reduced Sentence

Participants who believed the defendant engaged in combat ($M = 7.36$, $SD = 1.83$) did not differ significantly in feelings of offering reduced sentence from participants who believed the defendant passively witnessed combat ($M = 7.25$, $SD = 1.84$), $t(72) = -.261$, *ns*.

Persuasiveness of Defense

Participants who believed the defendant engaged in combat ($M = 7.11$, $SD = 1.50$) rated the defense as more persuasive than participants who believed the defendant passively witnessed combat ($M = 6.00$, $SD = 2.07$), $t(71) = -2.667$, $p = .009$.

Discussion

Results from Study 1 showed that the diagnosis of PTSD did not affect participants' judgments of the defendant's guilt. However, diagnosis of PTSD did make a difference to the participants when determining what sentence to offer the defendant—the defendant with PTSD was given a lighter sentence than individuals without PTSD. The diagnosis of PTSD also influenced how people judged the defendant such that veterans with PTSD were seen as more likely to be rehabilitated successfully and were seen as more deserving of a reduced sentence. The method of murder did not appear relevant in the sense that veterans with PTSD who killed by shooting versus strangling were judged equally harshly by participants. Method of murder was also not influential in the persuasiveness the PTSD defense.

These results coincide with legal literature on the current uses of PTSD as a defense. As described in the Introduction, PTSD is more commonly used by veterans in the sentencing phase in order to receive a lighter sentence instead of attempting to be found not guilty. In Study 1, it

was found that a PTSD defense did have a significant impact on sentence given, but not on how guilty a defendant was judged. Therefore, a PTSD defense seems to be a more effective tool to use in the sentencing phase of a trial rather than the guilt or innocence phase. Similar to research concerning responsibility and control, this study seems to support the idea that a PTSD diagnosis takes some of the responsibility for a crime from the defendant and places that on the PTSD (Heath, et al., 2003). Indeed, this study showed that when a veteran with PTSD committed a crime, compared to an individual without PTSD, participants believed he should be rewarded in the future with a reduced sentence for good behavior. This finding seems to indicate that people believe that a veteran with PTSD who commits a crime would be capable of being readmitted successfully into society. This is a positive finding for clinicians who work with veterans who have committed a crime.

Although results from Study 1 showed that veterans with PTSD were judged equally harshly whether they used a gun or strangulation, results also showed that, in general, defendants were given a harsher sentence when using the shooting method. These differences in judgments may be because someone who uses a gun as a weapon can harm a greater number of people than someone who strangles as a method of murder. In an age when mass shootings seem to be addressed commonly in the news, shooting may bring about more feelings of fear than does strangling. This fear may lead potential jurors to offering longer sentences in order to keep the defendants out of society for a longer period of time.

Results from Study 2 revealed that the timing of diagnosis and the degree of combat experienced did not influence the judgments of guilt or the sentence length given. However, the timing of diagnosis did have an impact on the perception of successful rehabilitation, such that participants believed rehabilitation was more likely to be successful if the defendant was

diagnosed with PTSD after he committed the crime. Additionally, the degree of combat experienced had an impact on the persuasiveness of the PTSD defense in court, such that the defense was considered more persuasive when the defendant experienced heavier combat. However, this belief did not translate to a reduced sentence.

The timing of diagnosis impacted perceptions of successful rehabilitation. Those who were diagnosed with PTSD after they committed a crime were seen as more likely to successfully rehabilitate back into society. It may be that since the diagnosis is relatively recent to the defendant, participants may think that therapy may be more successful in subduing the condition than it would be if he had already been diagnosed. Similarly, the participants may have assumed the defendant was already seeking therapy for the disorder before the crime and it had been unsuccessful in minimizing the symptoms.

The type of combat experienced by the defendant impacted the persuasiveness of the PTSD defense. The defense is seen as more persuasive if the PTSD developed as a result of engaging in the trauma firsthand instead of developing PTSD as a result of passively witnessing a trauma. Logically, it makes sense that the trauma would be more impactful if the individual was more active in the experience and a more impactful trauma would lead to more severe PTSD. It may be the case that participants viewed the PTSD as being more severe or valid, which therefore translated to a more persuasive defense.

It is also important to emphasize that this research found many results that did not show statistical significance, for example, none of the factors were influential in causing a change in the participant's continuous judgments of guilt. Additionally, timing of diagnosis of PTSD was not important in determining perceptions of the defendant including persuasiveness of the defense and beliefs toward deserving a reduced sentence. Timing of diagnosis also did not

translate to differences in sentence given by participants. Similarly, the type of combat experienced was not important in influencing a participant's judgments of guilt nor the sentence given. It also did not sway some of the perceptions of the defendant including the beliefs of rehabilitation and offering a reduced sentence.

Although these studies provide novel insight into people's views of veterans who commit crimes, there are several limitations. Participants were young college students who may have never served on a jury before. That fact, paired with the fact that participants were simply reading vignettes as opposed to hearing a case live, may mean that they did not consider their judgments as seriously as if they were serving on a real trial. Additionally, there was low power in Study 1 due to a small sample size. Because of this, some of the interaction effects (which are particularly impacted by low cell size) may have been found to be insignificant simply due to the lack of power. See Tables 3 and 4 for the cell means for two dependent variables: the continuous rating of guilt and the recommended sentence. While the cell means for the continuous ratings of guilt are descriptively similar, the cells means are relatively different for the sentence given. It is possible that with more participants that an interaction effect for that variable would reach significance.

There were also two potential confounds in this study. In Study 1, defendants who were veterans with PTSD may have received lighter sentence because they were a veteran, not because of their PTSD diagnosis. I did not describe the defendant in the non-PTSD condition as being a veteran because I felt that reading about a veteran who committed a crime would automatically prime PTSD in participants' minds. Therefore, it is impossible to determine if the findings regarding individuals with PTSD can be attributed to the PTSD diagnosis or the fact the person had military experience. This can be influential because if the effects are only attributed

to military experience, all military personnel who commit a crime could receive a lighter sentence regardless of PTSD diagnosis. Second, it is possible that the effects seen for method of murder are not a result of how military-like the murder is. Strangulation may be seen as military-like since military personnel are taught to inflict harm with and without weapons. The effects for method of murder may be due to the degree of aggression or violence inflicted.

Further research is needed to better understand the factors that may influence a juror's judgments regarding veterans with PTSD. Some factors to be investigated in future studies include those related to the type of crime (e.g., murder, burglary, white-collar crimes) and those related to the individual (such as differences between an enlisted individual versus an officer or a male perpetrator versus a female perpetrator). Also, as this study was conducted on only college students who may have never served on a jury, it is important to replicate these findings with an older population.

While not all veterans who have PTSD commit crimes (and an even smaller amount commit crimes as severe as murder), these findings are still important. This research begins to show that while people may not know much about PTSD, they are still sympathetic and willing to welcome those with PTSD who commit crimes back into society. Additionally, on an individual level, it is important for defense attorneys to understand the factors that may make a jury more or less sympathetic to these individuals and, in turn, perhaps provide more insight into how people view the believability of a PTSD diagnosis in general. This research serves as the first steps in this process.

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Appendix 1.

Detective Statement for Strangling Condition from Study 1

SUFFOLK COUNTY POLICE DEPARTMENT
SECOND PRECINCT
STATEMENT OF DETECTIVE

STATEMENT OF David Horn

Age of Witness (if over 18, enter over 18): Over 18

Address of Witness: Suffolk County Police Station

Occupation: Detective

This statement, consisting of one page signed by me, is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence I shall be liable to prosecution if I have willfully stated in it anything which I know to be false or do not believe to be true.

Dated this 15th May, 2011

Signed: (D. Horn DC 174)

Witnessed by (D. Blake Pol Sgt. 353)

I am detective David Horn (342) of Suffolk County Police Department-Second Precinct presently stationed at said department.

On Wednesday 14th May at 9:25pm I was approximately 1 mile west of 32nd Street. Over the radio I heard a call asking for any available units to perform a wellness check on Mount Hill Road in Pittsfield, MA. I was the first to arrive at the scene of the crime with my partner.

Upon arriving at the apartment, we knocked and then stated that we were entering the apartment. We found the body of Debbie Parker in the bedroom. She was lying on the floor. Police and EMTs could not find a pulse. Mrs. Parker was pronounced deceased at the scene. Mrs. Parker lived at the apartment and was married to suspect, Todd Parker. The autopsy report showed that she was strangled to death. The hyoid bone was broken in two places and the perimortem bruising of the sternocleidomastoid muscles indicated that pressure was exerted for approximately two minutes.

Todd Parker, the husband of Mrs. Parker, was found sitting in a chair in the lobby of the apartment building. At 11:00pm, I arrested Mr. Parker in connection with the murder and Mr. Parker was taken to Suffolk County P.D. for further questioning.

Approximately 11:45pm Mr. Parker was charged with murder.

Signed: (same)

Witnessed by (same)

Appendix 2.

*Detective Statement for Shooting Condition from Study 1*SUFFOLK COUNTY POLICE DEPARTMENT
SECOND PRECINCT
STATEMENT OF DETECTIVE

STATEMENT OF David Horn

Age of Witness (if over 18, enter over 18): Over 18

Address of Witness: Suffolk County Police Station

Occupation: Detective

This statement, consisting of one page signed by me, is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence I shall be liable to prosecution if I have willfully stated in it anything which I know to be false or do not believe to be true.

Dated this 15th May, 2011

Signed: (D. Horn DC 174)

Witnessed by (D. Blake Pol Sgt. 353)

I am detective David Horn (342) of Suffolk County Police Department-Second Precinct presently stationed at said department.

On Wednesday 14th May at 9:25pm I was approximately 1 mile west of 32nd Street. Over the radio I heard a call asking for any available units to perform a wellness check on Mount Hill Road in Pittsfield, MA. I was the first to arrive at the scene of the crime with my partner.

Upon arriving at the apartment, we knocked and then stated that we were entering the apartment. We found the body of Debbie Parker in the bedroom. She was lying on the floor. Police and EMTs could not find a pulse. Mrs. Parker was pronounced deceased at the scene. Mrs. Parker lived at the apartment and was married to suspect, Todd Parker. The autopsy report showed that she was shot once in the chest. The bullet was lodged in the victim's chest cavity and appeared to be shot from a range of approximately 5 feet.

Todd Parker, the husband of Mrs. Parker, was found sitting in a chair in the lobby of the apartment building, holding the gun. At 11:00pm, I arrested Mr. Parker in connection with the murder and Mr. Parker was taken to Suffolk County P.D. for further questioning.

Approximately 11:45pm Mr. Parker was charged with murder.

Signed: (same)

Witnessed by (same)

Appendix 3.

Psychological Evaluation Used in PTSD Condition in Study 1

VA Boston Healthcare System
Brockton Division
940 Belmont Street
Brockton, MA 02301

May 28, 2011

TO SUFFOLK COUNTY PROSECUTION SERVICE:

Re: Mr. Todd Parker

At the request of Detective David Horn from the Suffolk County Police Department, this document summarizes the Post-Deployment Psychological Debriefing for Sergeant Todd Parker, who has been arrested in connection with the murder of his wife.

Military-Related History:

Sgt. Parker joined the Army after high school. His first tour was 11 months long and was in Camp Baharia in Iraq. He returned home for one year and four months before deploying the second time. His second tour was one year long and was located in Kabul, Afghanistan. In November of 2010, Todd Parker returned from Afghanistan. Sgt. Parker was an Infantryman in the 34st Infantry Division – 1st Brigade.

Post-Deployment Mental Health:

Sgt. Parker completed the Post-Deployment Psychological Debriefing after he returned from his second tour six months ago. He spoke with Army Psychologist, Captain Greg Morenz.

According to the report, Sgt. Parker displayed symptoms that were consistent with a diagnosis of moderate to severe posttraumatic stress disorder. The symptoms included flashbacks (at least 5 times per week), nightmares (at least 6 times per week), and insomnia (reported dally). He also reported feeling more hostile and easily provoked than usual.

He identified one particularly traumatizing incident during his deployment which he considered his trigger. While he was stationed at Camp Bastion in Afghanistan, the base was bombed by outside forces. Approximately five insurgents, armed with rocket-propelled grenades and explosive vests, entered the premises, with one entering the specific building where Mr. Parker was sleeping. The insurgent threw a grenade into the building and then ran outside. Mr. Parker's bunkmate, who was outside their bedroom at the time, was killed in the explosion; Mr. Parker discovered his body as he ran from his room. Mr. Parker's platoon leader then instructed him and nearby soldiers to chase the insurgents out of the area. Mr. Parker grabbed his gun and ran outside. Once there, he encountered an insurgent who had his gun drawn. Mr. Parker shot him in the head.

Summarized by and signed:

James Matthews Ph.D., LPC

Appendix 4.

Measures Given to Participants in Study 1.

Assessing Judgments of Guilt	“Is the defendant guilty or innocent?” “How guilty is the defendant?” “What sentence would you give the defendant?”
Assessing Perceptions of Defendant	“What is the likelihood of successful rehabilitation?” “Is the defendant deserving of a reduced sentence for good behavior?”

Appendix 5.

Subset of Psychological Evaluation Used in the Before Condition in Study 2

VA Boston Healthcare System
Brockton Division
940 Belmont Street
Brockton, MA 02301

May 28, 2011

TO SUFFOLK COUNTY PROSECUTION SERVICE:

Re: Mr. Todd Parker

In November of 2010, Todd Parker returned from his second deployment in Afghanistan. He had joined the Army right after high school because he didn't know what he would want to study in college. His first tour was 11 months long and was in Camp Baharia in Iraq. He returned home for one year and four months before deploying the second time. His second tour was one year long and was located in Kabul, Afghanistan.

I had been conducting therapy sessions with Mr. Parker since he returned, so for about six months before the shootings. My assessment was that he met the diagnosis for posttraumatic stress disorder according to the criteria set forth in the DSM-IV-TR.

Appendix 6.

Subset of Psychological Evaluation Used in the After Condition in Study 2

VA Boston Healthcare System
Brockton Division
940 Belmont Street
Brockton, MA 02301

May 28, 2011

TO SUFFOLK COUNTY PROSECUTION SERVICE:

Re: Mr. Todd Parker

In November of 2010, Todd Parker returned from his second deployment in Afghanistan. He had joined the Army right after high school because he didn't know what he would want to study in college. His first tour was 11 months long and was in Camp Baharia in Iraq. He returned home for one year and four months before deploying the second time. His second tour was one year long and was located in Kabul, Afghanistan.

I was asked to assess the mental competency of Mr. Parker, and thus have met with him 4 times since he was arrested. My assessment was that he met the diagnosis for posttraumatic stress disorder according to the criteria set forth in the DSM-IV-TR.

Appendix 7.

Subset of Psychological Evaluation Used in Passive Condition in Study 2

Mr. Parker has identified his primary traumatic stressor. On September 4, 2010, Mr. Parker was stationed temporarily at Camp Bastion in Afghanistan. Shortly after 10pm, the base was bombed by outside forces. Approximately five insurgents, armed with rocket-propelled grenades and explosive vests, entered the premises, with one entering the specific building where Mr. Parker was sleeping. The insurgent threw a grenade into the building and then ran outside. Mr. Parker's bunkmate, who was outside their bedroom at the time, was killed in the explosion; Mr. Parker discovered his body as he ran from his room.

Appendix 8.

Subset of Psychological Evaluation Used in Engaging Condition in Study 2

Mr. Parker has identified his primary traumatic stressor. On September 4, 2010, Mr. Parker was stationed temporarily at Camp Bastion in Afghanistan. Shortly after 10pm, the base was bombed by outside forces. Approximately five insurgents, armed with rocket-propelled grenades and explosive vests, entered the premises, with one entering the specific building where Mr. Parker was sleeping. The insurgent threw a grenade into the building and then ran outside. Mr. Parker's bunkmate, who was outside their bedroom at the time, was killed in the explosion; Mr. Parker discovered his body as he ran from his room.

Mr. Parker's platoon leader then instructed him and nearby soldiers to chase the insurgents out of the area. Mr. Parker grabbed his gun and ran outside. Once there, he encountered an insurgent who had his gun drawn. Mr. Parker fired and hit him in the chest. A second insurgent ran at Mr. Parker and was only a few steps away when Mr. Parker shot him in the head.

Appendix 9.

Measures Given to Participants in Study 2.

Assessing Judgments of Guilt	<p>“Is the defendant guilty or innocent?”</p> <p>“How guilty is the defendant?”</p> <p>“What sentence would you give the defendant?”</p>
Assessing Perceptions of Defendant	<p>“What is the likelihood of successful rehabilitation?”</p> <p>“Is the defendant deserving of a reduced sentence for good behavior?”</p>
Assessing PTSD Defense	<p>“How persuasive was the PTSD defense?”</p>

Table 1.

Main Effects for PTSD Diagnosis

	Descriptive Statistics		PTSD Main Effect
	PTSD	No PTSD	F (1, 61)
Judgments of Guilt			
How guilty	6.82 (1.42)	7.19 (1.80)	.88
Sentence	4.55 (2.41)	6.81 (2.16)	16.72*
Defendant Perceptions			
Successful Rehab	6.48 (1.72)	5.56 (1.72)	4.52*
Reduced Sentence	6.76 (1.97)	4.66 (2.55)	13.34*

Note. *p<.05

Table 2.

Main Effects for Method of Murder

	Descriptive Statistics		Method Main Effect
	Shooting	Strangling	F (1, 61)
Judgments of Guilt			
How guilty	7.23 (1.20)	6.79 (1.92)	1.17
Sentence	6.26 (2.03)	5.14 (2.87)	4.52*
Defendant Perceptions			
Successful Rehab	5.87 (1.78)	6.18 (1.77)	.54
Reduced Sentence	5.71 (2.27)	5.74 (2.71)	.01

Note. *p<.05

Table 3.

Cell Means for "How guilty is the defendant on a scale of 1-9?"

		<u>PTSD Condition</u>	
		PTSD	No PTSD
<u>Method of Murder Condition</u>	Shooting	7.00 (1.03)	7.47 (1.36)
	Strangling	6.65 (1.73)	6.94 (2.14)

Table 4.

Cell Means and Standard Deviations for “What sentence would you give this defendant?”

		<u>PTSD Condition</u>	
		PTSD	No PTSD
<u>Method of Murder Condition</u>	Shooting	5.25 (1.95)	7.33 (1.54)
	Strangling	3.84 (2.68)	6.35 (2.55)

Table 5.

Means and Standard Deviations for Timing of Diagnosis Conditions

Variable	Before	After
How Guilty (scale of 1-9)	6.09 (1.84)	5.89 (1.89)
Sentence Length	4.13 (2.46)	3.40 (1.79)
Likelihood of Successful Rehabilitation*	6.28 (1.64)	7.19 (1.26)
Deserving of Reduced Sentence	7.23 (1.67)	7.08 (2.14)
Persuasiveness of Defense	6.47 (1.96)	6.72 (1.81)

Note. * $p < .05$

Table 6.

Means and Standard Deviations for Type of Combat Experienced Conditions

Variable	Passive	Engaged
How Guilty (scale of 1-9)	5.47 (1.74)	5.91 (1.97)
Sentence Length	3.67 (2.37)	3.56 (2.05)
Likelihood of Successful Rehabilitation	7.00 (1.39)	6.41 (1.59)
Deserving of Reduced Sentence	7.25 (1.84)	7.36 (1.83)
Persuasiveness of Defense*	6.00 (2.07)	7.11 (1.50)

Note. * $p < .05$