The Effect of Mental Health Stigmas on Believability, Attributions of Blame, Sentence Length Prescription, and Verdict Determinations in Sexual Assault Cases

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Abstract

This research attempts to address the under-explained question of how mental health stigmas impact outcomes and perceptions in sexual assault cases involving a female victim and a male perpetrator. The research involves a survey experiment that gauged how factors such as believability were impacted by a variety of common mental health conditions. In total, 700 people participated in a survey experiment administered through Amazon's Mechanical Turk. The survey experiment provided respondents with a hypothetical sexual assault case and the victim's mental health condition was manipulated across the treatment groups. The experiment randomly assigned each participant one of the five treatment groups (control, depression, bipolar disorder, drug abuse, and psychosis) and gauged their responses to questions regarding the victim's believability, attributions of blame, sentence length prescription, and verdict determinations. This research found that the introduction of mental illness significantly decreased the victim's believability, defendant responsibility, sentence length prescriptions, and guilty verdict determinations; it also increased victim responsibility. Depression had the smallest impact on the measures, with the differences between this treatment group and the control group being statistically significant in all but one measure. Bipolar disorder, drug abuse, and psychosis had a statistically significant impact on all of the measures. There was a gender impact in one of the measures, victim responsibility, and women blamed the victim more than men did. In summary, this research finds that mental health stigmas have a massive impact on outcomes and perceptions in sexual assault cases. This research adds important knowledge to this body of literature, as very little research has been conducted on the impact of a victim, not a defendant, having a mental condition in criminal proceedings.

Theoretical Grounding

I. Introduction

This research aims to understand the role mental health stigmas play in sexual assault trials. This relationship is analyzed by looking at how a victim having a mental health condition impacts various measures in a hypothetical sexual assault case. Signifigant research has been conducted on how extralegal factors such as age, race, employment, education, and moral character impact these measures in sexual assault cases. Additionally, signifigant research has established that mental illness makes individuals more vulerable to sexual violence, and sexual violence makes individuals more likely to develop mental health issues. However, very little reasearch has analyzed the impact that a victim having a mental illness has on outcomes and perceptions in sexual assault cases. This research establishes foundational understandings of this relationship, and offers numerous additional avenues for further research on this topic.

II. Ethical Principles and Legal Standards

Numerous ethical principles guide how legal systems should be developed and executed, and these principles have been relied upon when executing the law in the US. However, they are only sometimes upheld in practice, as theories suggest that discrimination is an inherent facet of our systematic design. John Rawls' *Theory of Justice* argues that in any fair society, individuals must possess rights and liberties, including proper legal treatment, as well as the conditions necessary for self-respect. He theorizes that if individuals are behind a "Veil of Ignorance," meaning they lack understanding of their characteristics and personality, they can design a fair society. Our opinions regarding what is fair and unfair are informed by our experiences, class, gender, race, education, etc. We often maintain cognitive biases that ultimately cause us to support or engage in actions that do not promote a just society. This theory argues that justice applies to the underlying, basic structure of society (Rawls 1999). This theory offers a structural explanation as to why individuals with mental health conditions may be discriminated

against in society. According to this theory, stigmas and discrimination against individuals with mental health conditions result from individual awareness of our characteristics in the development of structural organization in society. Thus, our justice system inherently discriminates against vulnerable populations such as people with mental illnesses.

A more contemporary body of literature, guided by Iris Marion Young, argues that social processes render some groups more vulnerable to domination, thus enabling others to dominate. This occurs because many actors, institutions, and groups attempt to pursue their selfish interests. Therefore, social injustice cannot be attributed solely to structural issues in government institutions; it is the culmination of the actions of various actors attempting to achieve personal goals (Young 2011). This theory allows us to attribute responsibility for discrimination in society to structural organizations as well as individuals. According to this theory, individuals will discriminate against vulnerable populations, such as individuals with mental health conditions, in an attempt to maintain their dominance in society. Ultimately, these theories highlight that vulnerable individuals will be discriminated against in society due to individual awareness and desire for dominance.

The US legal and law enforcement systems have attempted to prevent discrimination against vulnerable populations by establishing principles of fairness and justice. The 14th Amendment guarantees equal protection of the law, the American Bar Association requires impartial and even-handed treatment to all, the Hippocratic Oath binds medical professionals, the Americans with Disabilities Act outlaws discrimination against individuals with mental health conditions in the workplace, and police officers must swear to uphold the law without "fear or favor, malice or ill will," ("Law Enforcement Code of Ethics" 1957). However, this commitment to fairness often wavers in practice, as discrimination occurs widely across legal systems, the medical industry, law enforcement, and the workplace. Researching these forms of discrimination is critical to achieving a fairer and more just society. Any violation of established ethical principles guiding our society threatens the integrity and stability of our democracy, which harms the livelihood of all Americans. Individuals with mental health conditions are often discriminated against due to cognitive biases society holds against them, and research suggests that stigmas against these

individuals have grave consequences for the individual as well as the pursuance of upholding ethical principles in our legal system.

This research aims to understand the degree to which two stigmatized and vulnerable populations are discriminated against in our criminal justice system: people with mental health conditions and victims of sexual assault. Research suggests that both groups are subject to extensive scrutiny and stigmatization by society and the system. The existing literature in this field establishes strong norms of violating the rights of these individuals and denying both access to justice and fair treatment in society. However, the literature on this topic does not evaluate how these factors interact. This body of research focuses mainly on these populations and fails to adequately analyze their relationship. Through further research examining the relationship between these two factors, we can better understand how and why individuals discriminate against these groups and how this impacts outcomes in the criminal justice system.

A. Impact of Stigmas on the Individual Level

People with mental health conditions, when exposed to stigmatized treatment by society, experience worsening symptoms, increased difficulty obtaining treatment, and difficulty maintaining a basic standard of living. One group of researchers found that people who experienced stigmatized treatment faced decreased self-esteem and self-efficacy (Fung et al. 2007). Another study found that individuals who experienced higher levels of perceived stigma had more significant social avoidance and lower social functioning skills (Perlick et al. 2001). These findings suggest that mental health stigmas result in people having a decreased ability to function in society, which can hinder their ability to maintain jobs, find stable housing, and develop strong interpersonal relationships. These can be detrimental to people's ability to maintain a basic standard of living, which harms the individual and society as a whole.

This body of research also found that mental health practitioners, doctors, nurses, and pharmacists subscribed to and perpetrated mental health stigmas in their line of work (Gouthro 2009; Nguyen et al. 2012; Ross and Goldner 2009; Wallace 2012). Given that these people are supposed to serve in the interest of individuals with mental health conditions, their subscription to these stigmas has very grave

implications for the people with mental health conditions' ability to obtain proper treatment. Further research in this field shows that the mental health stigma can be so pervasive that it exacerbates one's symptoms and reduces one's willingness and ability to comply with their treatment plan (Kleim et al. 2008). Additionally, researchers have found that perceived stereotypes and stigmas correlate with negative health behaviors such as disordered eating, risk-taking, dangerous sexual behavior, and refusal to seek treatment (Seacat et al. 2014; Rusch et al. 2007; Quinn and Chaudoir 2009). Another study argues that stigmas are displays of negative attitudes that cause individuals distress and result in exacerbated mental health symptoms, thus creating a vicious cycle that makes overcoming mental health conditions significantly more challenging (Tran 2018). Given the pervasiveness of mental illness in our society, as well as the criminal justice system, understanding the impact of stigmatized behavior is essential to mitigating harm to individuals with mental illness. This research notes one of the many avenues in which ethical principles are not upheld in society by individuals bound by these principles and also serves as an example of how individuals contribute to the perpetuation of injustice in society.

B. Impact of Stigmas Perpetrated by the Criminal Justice System

Victims with mental health conditions also experience difficulty getting their cases through the criminal justice system, as victim characteristics impact filing and prosecutorial decisions in sexual assault cases. One study found that prosecutors make decisions based on how likely they are to win a case. In other words, the degree to which they believe the jury will side with their case. Factors such as the quality of the evidence, the victim's reporting behavior, and the defendant's characteristics played prominent roles in prosecutors' decisions to move forward with a case (Frohmann 1992). Significant research shows that victim characteristics play a role in jury decisions. Therefore, prosecutors are likely aware that victim characteristics, such as mental health conditions, may lower the likelihood of a conviction. Thus, prosecutors may often choose not to move forward with a case that involves a victim with a mental health condition. Another study suggests that jurors often believe the appearance, intoxication, clothing, reporting behavior, age, occupation, and sexual history of a victim makes her more

deserving or responsible for the assault (Burt 1989). Additionally, the research found that women engaged in behavior outside of the norms of traditional femininity, such as drug use, promiscuity, hyper-independence, and unique employment, were seen as less believable by respondents (LeFree 1989). One study found that victim characteristics were the only factors that impacted the decisions of criminal justice officials. They discovered that moral character, behavior, and age affected whether a prosecutor would proceed with a case. These researchers theorize that prosecutors aim to avoid uncertainty; thus, they only move forward with cases they believe will result in a conviction. Given that victim characteristics significantly impact jury decisions, this research finds that prosecutors screen out cases in which the victim possesses unfavorable characteristics (Spears and Spohn 2006). This research suggests that it is very unlikely that cases involving a victim with a mental health condition will past the initial steps in the criminal justice system because of how prosecutors believe juries will respond. While this research focuses on this relationship in a trial-related context, it is important to understand that many cases involving victims with a mental illness will not be taken by prosecutors in the first place. Ultimately, mental health stigmas hinder a victim's ability to have their case heard in front of a jury and obtain justice for the crime committed against them. Discriminatory prosecutorial decisions violate these victim's rights to justice and protection under the law and can make them more vulnerable to future assaults. These practices indicate that systemic failures cause injustice in society, as filing criteria in our system are rooted in discriminatory ideals.

C. Impact of Stigmas Perpetrated by Justice System Employees

Additionally, victims of sexual assault often avoid seeking help from the police or other criminal justice employees, which increases their vulnerability and, in turn, emboldens perpetrators. The research found that victims, when asked about their refusal to proceed with reporting their assault, did not believe their assaulter would be brought to justice if they did. They noted fears of being embarrassed, slut shamed, and blamed for their assault in the courtroom and by criminal justice employees (Bryden and Lengnick 1997). Another study found that only 1% of the female victims they interviewed reported their

assault because they felt they would not receive assistance or sympathy for the assault from a jury (Das and Bhattacharjee 2023). One study found that women who reported their assaults experienced harm in their social lives, identity, and future opportunities. Additionally, another study found that the vast majority of victims chose not to report their assaults because they feared the social consequences that would result from doing so (Khan et al. 2018). The social costs associated with identifying as a sexual assault victim highlight the extent to which society has ousted this group, and according to John Rawls' *Theory of Justice,* this is due primarily to people's biased and unjust determinations about this group. This research suggests that perceptions about the criminal justice system prevent victims from obtaining help. Still, more importantly, this research notes that the system largely fails to provide these victims with the assistance and protection they are required to. This research highlights that victims of sexual assault are not granted the same equal protection under the law as individuals of different violent crimes, which results in the increasing prevalence of the issue. This research shows that the compounded effect of systematic and individual failures to uphold ethical principles causes harm to the targeted people and perpetuates the issue further.

D. Impact of Stigmas on Perpetrating Sexual Assault

Mental health stigmas result in lower accountability for perpetrators, which leads to more sexual assaults and even incentivizes people to select their victim based on a mental health condition**.** One study found that the psychological effects of rape are long-lasting and can make victims more susceptible to further abuse and assault (Myers et al. 1984). Another study analyzing the relationship between mental health and sexual assault found that 46.7% of the studied sexual assault victims had a severe preexisting mental health condition. This rate is double the percentage of the general population that possess serious mental health conditions, which indicates that having a mental health condition may put individuals at a higher risk for sexual assault (Miles et al. 2022). Anouk Grubaugh and his fellow researchers established that there is a strong bidirectional relationship between sexual assault and mental health. This means individuals with mental health conditions are at a greater risk of experiencing assault, and individuals who

have been assaulted are at a higher risk of developing mental illnesses (Grubaugh et al. 2011). This research notes that mental health is not simply a byproduct of sexual assault; it serves as a predictor and potentially causal factor for sexual assault. Additionally, Diana Scully and Joseph Marolla concluded that convicted rapists often had a high degree of acceptance for the rape myth and thus felt their actions were justifiable or that they simply did nothing wrong. Perpetrators, when asked about their actions, often blamed the victim for seducing them, not resisting enough, or possessing characteristics that made them deserving of the rape. This research suggests that how a victim is perceived by society can perpetuate rape, not just affect how victims are treated after the assault (Scully and Marolla 1984). This research concludes that mental health serves as a causal mechanism for sexual assault, so understanding how jurors perceive mental health conditions is critical to ensuring that protection and justice are provided to these victims. Furthermore, the knowledge that ethical violations cause these issues to increase in severity highlights the importance of upholding these principles in our institutions and as individuals.

E. Economic Costs of Sexual Violence

Sexual assault involving a victim with a mental health condition has high economic costs for the victim and society. Research suggests that the lifetime cost of rape for the victim is roughly $122,461. This includes the medical costs, reporting and case costs, loss of productivity, mental health treatment, and many other expenses victims must endure. This research suggests that rape costs the economy over 3.1 trillion dollars over the lifetime of the estimated 25 million rape victims in the US. This study estimates that the government pays a little over a third of these costs through various government sources (Peterson et al. 2017). Thus, preventing rape minimizes substantial costs to the economy and prevents the non-economic harm caused to victims. Aside from the ethical principles that suggest society should aim to prevent rape, the economic benefits of preventing rape benefit the government and society at large. Successful prevention requires strong research aimed at understanding the causes and effects of sexual assault, especially those involving victims with mental health conditions.

F. Justification for Research

The existing literature in this field suggests that mental health stigmas have a notable and harmful impact on the livelihood of affected individuals. Given the prevalence of sexual violence toward individuals with mental health conditions and the lasting impact of sexual assault on the victim, it is essential to analyze the relationship between these two factors. The findings of this research will provide a needed understanding of how mental health stigmas impact how potential jurors may act in these cases. Very few experiments analyze this relationship, so this research may have important implications for the field of study and the criminal justice system.

VI. Mental Health Stigmas and Treatment Groups

Stigmas and myths in our society cause people to judge and discriminate against people they view as "others," which results in these people being isolated and punished for their perceived differences. Stigmas are specific to a particular characteristic, such as weight, gender, age, mental health, sexual orientation, and substance use. Stigmas manifest in several ways, the first being how the public perceives a trait and the resulting negative attitudes society holds toward these individuals. Structural stigmas are embedded within institutions through policies or guidelines, and these cause systems to operate in ways that disadvantage the stigmatized group. When you, as an individual, accept a public stigma about a trait you possess, you develop a self-stigma. This acceptance causes one to believe the discrimination or hatred they receive is justified. A perceived stigma occurs when people believe they will be judged negatively by society for possessing a particular trait. All of these forms of stigma manifest into the larger, overarching stigma that impacts stigmatized individuals socially, systematically, and mentally (Bonnington and Rose 2014).

A. Identity and Fear Management as Causal Mechanisms

Identity and fear management theories guide why these stigmas exist and why some groups are targeted over others. Social identity theory argues that people create their identities based on the groups they belong to. People then draw traits they associate with these groups and claim them as aspects of their identities. This theory notes that individuals believe the groups they identify with are better than rival groups. Given this power dynamic, people can justify discriminating and denying assistance to other groups and excuse any abuses or harm committed to these groups (Van Langue 2012). Terror management theory argues that people stigmatize groups with illnesses or perceived disabilities due to their fear of having these conditions. It is comforting for people to believe individuals did something wrong to cause their misfortune or ailment because this means that we, too, have control over these things happening to us. For example, people often believe individuals with mental illness are responsible for causing their conditions because this allows people to create a fiction where they will not face the same issues (Leary 2004). Much like Rawl's and Young's theories, these psychological theories suggest that our identities inherently cause us to discriminate or justify discrimination against groups we view as "others." According to these theories, individuals with mental health conditions will be discriminated against in a criminal justice setting despite the harm and unfairness of doing so.

B. Societal Treatment and Credibility

Stigmas surrounding mental health often prevent these people from fair treatment in society and potentially harm their credibility in a criminal justice setting. Various bodies of research have discussed why the mental health stigma exists and why they are so widespread. One group of researchers argues that Western medicine focuses on physical health, and for much of our history, medical providers did not understand or know how to treat these illnesses. Thus, these individuals were isolated and separated from society, creating mystery and misconceptions about this population. Individuals with mental illness are "different" than the general population, and we as a society shun and distance ourselves from individuals

we view as “others.” Given these circumstances, society at large does not understand mental illness and thus lacks empathy for these individuals (Tran 2018). Additional research aimed at understanding the roots of the mental health stigma finds that society naturally perceives differences among groups and aims to separate themselves from those they deem different. This results in an “us versus them” mentality that isolates individuals with mental health conditions. Ultimately, society at large has created negative stereotypes about individuals with mental health conditions, which has resulted in these individuals being discriminated against and a loss of status and power in society (Vogel and Wade 2022). Much like other stigmatized groups, the mental health community is viewed negatively by society and struggles to obtain equality in areas such as employment, housing, and the criminal justice system. Lamb and Weinberger note that mental illness has become criminalized in several contexts, and individuals with mental illnesses are incarcerated at increasingly high rates. This research notes that several individuals suffering from episodes related to mental illness are being incarcerated rather than placed in institutional treatment facilities (Lamb and Weinberger 2005). Another study found that respondents were more likely to believe that individuals with serious mental illnesses were capable of harming others than individuals without mental illnesses (Link et al. 1999).

Given the vast amount of research on how society views individuals with mental illness, it is reasonable to suggest that these individuals will be judged more harshly in a criminal justice setting due to their condition. I hypothesize that hypothetical jurors will have less empathy for these victims and view them as more deserving of the assault because of their standing in society. Furthermore, I hypothesize that people will be less likely to believe victims with mental health conditions due to unfair perceptions of their sanity and their tendency to fabricate events.

C. Depression as a Treatment Group

The first mental health condition introduced in this experiment is depression. This research will focus on the impact of a victim having depression on participants' responses due to this condition’s pervasiveness and the high levels of stigma surrounding it. Depression is a condition that causes

individuals to experience a wide variety of symptoms, including persistent feelings of sadness, hopelessness, worthlessness, and irritability. People with depression often experience decreased energy and a loss of interest in activities. The condition can cause people to isolate and withdraw from social situations. In more extreme cases, depression can cause individuals to engage in high-risk behavior and behave more impulsively. Depression can lead affected individuals to engage in self-harm and even commit suicide in more extreme cases (“Depression”).

Research has found that society is not well educated on the effect of this condition, and the stigmas surrounding depression are highly prevalent in society. A 2023 study found that a large sample of students had extremely high levels of stigma toward individuals with depression, and they had low levels of depression literacy. Responses on the depression literacy test found that a high percentage of respondents believed people with depression behave recklessly, have memory and concentration issues, are easily agitated, possess multiple distinct personalities, and hear voices that are not there. None of these are common symptoms associated with depression; however, these participants believed these misconceptions were true (Al-Shannaq 2023). This research shows that stigmas and a lack of literacy on the condition may cause individuals to believe victims with depression are unreliable, deserving, or responsible in a sexual assault case. Furthermore, Parson et al. found that criminal justice practitioners in England and Wales questioned the credibility of the testimony provided by eyewitnesses with depression and anxiety. They found that knowledge of these conditions resulted in lower believability and credibility in the criminal justice system (Parsons et al. 2021). Arguably, the symptoms associated with the condition should not cause a notable decrease in any of the measures in this case, so any changes are likely due almost entirely to stigmas. I hypothesize that depression will have the smallest impact on the measures in this experiment.

D. Bipolar Disorder as a Treatment Group

The second measure introduced in this experiment is bipolar disorder. This research will analyze the impact of a victim having bipolar disorder due to the condition's lifelong nature and widespread

misconceptions about the condition. Bipolar disorder is a condition that causes changes in one's mood that make it challenging for people to engage in day-to-day tasks. People with the condition will have episodes in which they engage in behavior without awareness of the potential harm of these actions. These episodes can last for several weeks, and people will behave in ways that are distinctly different from their usual mood and behavior. These episodes can be manic or depressive. Manic episodes result in individuals having high levels of energy, racing thoughts, decreased need for sleep, excessive appetite for pleasurable activities, and feeling unusually important. Depressive episodes result in individuals having low energy, forgetfulness, feeling unable to complete basic tasks, lack of interest in all activities, feeling hopeless, and trouble concentrating.

There are several common misconceptions about the symptoms of bipolar disorder, and society is not well-educated on this condition. One study found that people believed bipolar disorder and schizophrenia were very similar conditions despite the two being very different regarding severity, symptoms, and social functioning (Ellison et at. 2013). Research has found that individuals with bipolar disorder experienced high levels of discrimination from their families and friends, their healthcare providers, criminal justice employees, welfare agencies, and the workplace (Ladd 2018). Additionally, research found that people with bipolar disorder commit violent crimes at a higher rate than the general population. These researchers note that involvement with the criminal justice system can exacerbate bipolar symptoms and increase the likelihood of suicide (Fovet 2015). This research suggests that society holds strong negative feelings towards individuals with bipolar disorder. Thus, I hypothesize these sentiments will cause hypothetical jurors to view victims with bipolar disorder as unreliable, deserving, or responsible in a sexual assault case. Bipolar disorder is seen as a more severe mental health condition; however, the symptoms associated with the condition do not make affected individuals incapable of functioning in society. The stigmas associated with this condition are not accurate reactions to the nature and severity of this condition. Therefore, I hypothesize that bipolar disorder will have a significant effect on the measures in this experiment.

E. Psychosis as a Treatment Group

This research will analyze the impact of a victim having a history of psychosis on prescribed sentence length and perceived victim believability due to the severity of the condition and the high levels of stigma surrounding the condition. Unlike depression and bipolar, psychosis is not an isolated condition; instead, it is a symptom associated with many mental health conditions, such as schizophrenia. Psychosis occurs when someone loses touch with reality. This includes seeing and hearing things that are not there. Psychosis also involves strong delusions about something that other people do not widely hold. These symptoms cause significant changes in behavior and high levels of emotional distress. Individuals with psychosis often display disordered speaking and can be challenging to engage with ("Understanding Psychosis").

Research has shown that stigmas surrounding psychosis are powerful, and people view individuals with psychosis negatively. One study found that participants had low knowledge about the symptoms and higher stigmatized attitudes than individuals with knowledge of the symptoms and associated conditions (Parrish et al. 2018). Additional research found that offenders with a history of psychotic episodes received longer average sentences than individuals without a mental health condition for similar crimes (Nielssen et al. 2018). Given the severity of the condition and the high levels of stigma surrounding it, I hypothesize that psychosis will have a significant impact on the measures in this experiment.

F. Drug Abuse as a Treatment Group

This research will, finally, analyze the impact of a victim having a history of drug abuse on outcomes and perceptions due to the high levels of stigma and the perceived impact of this condition. Drug abuse is a condition in which one experiences a compulsive need to take drugs due to chemical changes caused by repeated use of the drug. Drug abuse begins with an initial, voluntary decision to take

drugs, which is often why people view individuals with this condition negatively. The condition requires continued treatment to manage, and relapse rates for this condition are very high. The physical and mental impact of this condition is very grave, as drug abuse causes significant changes in one's brain chemistry ("Understanding Drug Use and Addiction," 2023).

Much like other mental illnesses, there are high levels of stigma surrounding the condition. Self-stigmas are especially prevalent with this condition, as many people struggle to admit to themselves and others that they are struggling with addiction. Drug use is seen as deviant behavior in our society, and we have the propensity to believe that individuals who deviate from traditional norms of behavior should be punished (Moreland et al. 2018). These conditions are often viewed as negative personality traits rather than mental conditions requiring treatment. As a result, individuals with this condition are judged harshly and dehumanized by society. Thus, in cases involving victims who have a history of drug abuse, significant levels of blame are placed on these individuals for crimes committed against them (Mincin 2018). Given the stigmas surrounding people with this condition, I hypothesize that drug abuse will have a significant impact on the measures in this experiment.

Research Design, Data, and Methods

I. Hypothesized Relationship

Given the extensive research on mental health stigmas, I hypothesize that a victim having any mental health condition will decrease believability, increase attributions of responsibility to the victim, decrease attribution of responsibility to the defendant, decrease guilty verdict determinations, and decrease sentence length prescriptions compared to the control group. I further hypothesize that depression will have the smallest impact on these measures compared to the control group. I predict that bipolar disorder and histories of drug abuse will have a moderate but significant impact on these measures. I predict that a history of psychotic episodes will have the most considerable effect on these

measures. These predictions are based on the symptoms, societal perceptions, and levels of stigma associated with the condition. These conditions all affect individuals differently and can vary in severity, so this order is subjective and based on factors outside scientific understanding of these conditions. Furthermore, I predict differences will be present in the data provided by female and male respondents. Given existing research in the field, I predict that women will be more sensitive to the topic and attribute less blame to the victim in these cases than male respondents will. Additionally, I hypothesize that women will assign higher believability scores to the victim's story than men will across all treatment groups.

II. Experimental Design

This experiment is conducted through an internet survey containing five treatment groups. In each treatment group, respondents are given a hypothetical sexual assault scenario to read and asked to answer questions based on the scenario. All five treatment groups contain the same scenario, but the mental health status of the victim is manipulated in each. The following chart details the dependent variable manipulation in each cell.

Cell 1:	Cell 2:	Cell 3:	Cell 4:	Cell 5:
CONTROL: No mention of a mental health condition	DEPRESSION: The victim's therapist testifies the victim is diagnosed with depression	BIPOLAR: The victim's therapist testifies that the victim is diagnosed with bipolar disorder	PSYCHOSIS: The victim's therapist testifies that the victim has a history of experiencing psychotic episodes.	DRUG ABUSE: The victim's therapist testifies that the victim has a history of abusing drugs and drug addiction.

This information is shared with participants through testimony from the victim's therapist. The respondents are then asked to answer questions regarding the victim's believability, the degree to which they attribute responsibility to the victim and defendant, the sentence length they would prescribe, and their verdict. These measures allow me to understand which factors of the case are impacted by the victim having a mental health condition if any at all. Separating the independent variables into different cells will

prevent response bias and give a more accurate data set to analyze. The survey is administered through Amazon's Mechanical Turk system, offering a broader sample population. Mturk provides users with a list of available work options, and this survey is presented as a potential option for all verified Mturk users. All respondents are in the US and are at least 18 years old. They are all qualified Mturk users; thus, their identities and locations are verified. Each participant may only respond to the survey once and be shown one of the hypothetical cases. There are 140 respondents for each cell, so 700 respondents in total. Each respondent will be rewarded $0.50 for their participation, and this payment is delivered directly to the participant through the Mturk system. The funding for this research was provided by the University of Colorado at Boulder Political Science Department. The study received IRB approval in December of 2023 and was launched in January of 2024.

III. Measures

In research involving hypothetical court cases, researchers use various measures to gauge the impact of independent variables. Three common groups of measures gauge different aspects of potential impact. Researchers often focus on perceptions of the victim, perceptions of the defendant, and punishment prescriptions. Questions about how respondents perceive the victim are common in research where the independent variable is a victim characteristic (age, appearance, employment, etc.). This group of measures often gauges victim believability, responsibility, and blame. In this experiment, I measure both victim believability and responsibility. Jury trials should primarily be based on judging the defendants' actions, but victim perceptions often play a crucial role in how defendants are perceived, and punishment is prescribed. This experiment also measures defendant responsibility, which explains how victim characteristics impact defendant perceptions. The final measures used in this experiment aim to have respondents engage with the topic like in the real world. In an actual trial, jurors are asked to provide a verdict or offer recommendations on punishment for the alleged crime. The respondents in this experiment are also asked these questions, which makes the experiment's results more applicable to

real-life situations. Overall, this experiment includes a variety of measures aimed at understanding different facets of independent variable impact, which are commonly used in research similar to this.

IV. Data

The data collected from participants includes basic demographic information: race, ethnicity, age, and gender. This research also asks participants to assign a numerical value to how believable they believe the victim's story is on a 1-10 scale. Participants then must assign a numerical value to how responsible they believe the victim and the defendant are in this case. They are asked to issue a verdict of guilty or not guilty. They are then asked to prescribe a sentence length to the defendant if a jury deems him guilty. All data collected comes from responses to multiple-choice questions that ask respondents to assign a numerical value to the question or answer yes or no. Several validity checks are built into this study to ensure a high-quality data set. The first is a consistency check that asks the respondents to assess the victim's believability twice, in different wording, and these responses are compared to ensure that participants' responses are consistent. Additionally, the second to last question in the survey asks the respondent where the alleged assault occurred, and participants had to select the correct location from 5 answer options. This validity check ensures participants are reading the hypothetical case carefully. Inconsistencies are flagged, for example, if a respondent finds the victim's story highly believable but issues a not-guilty verdict. The responses that fail these validity checks are removed from the study. Details regarding removed responses are outlined in the Appendix.

V. Participant Information

In total, 700 responses were kept and analyzed in this study. There are 140 responses per cell. 69% of the respondents identify as male, 30% identify as female, 1% selected other or opted not to respond. 24% of respondents identified as being of Hispanic, Latino, or Spanish origin. 92% of the respondents identified as white, 5% identified as Asian, 1% identified as Black or African American, and

the remainder identified as a different race or opted not to respond. 13% of respondents are 18-25 years old, 37% are 25-32 years old, 32% are 32-40 years old, 12% are 40-50 years old, 2.7% are 50-60 years old, and 2.2% are 60+ years old.

VI. Hypothetical Case and Confounding Factors

Several factors were considered in creating this study that could impact observed relationships between the independent and dependent variables. Existing research establishes that a vast number of factors impact believability in sexual assault cases, so this hypothetical case aims to effectively control for these factors. Victim characteristics have a substantial impact on sexual assault cases, so these factors have to be addressed and controlled. The control scenario was designed to be highly believable so that changes in believability would be caused by the treatment group, not factors such as reporting behavior, moral character, age, race, or relationship between the victim and defendant. All of these factors have proven to impact measures of believability and attributions of blame, so the scenario includes the factors that result in the highest levels of believability. The victim in this hypothetical case claims to have never seen the defendant before, as stranger rape is viewed as more severe than acquaintance rape (Spohn 2006). In the hypothetical case, testimony is given by a friend of the victim, and this friend notes that the victim is modest and reserved in her sexual life. Research has suggested that victims with a history of promiscuity are judged and blamed more harshly by juries (LeFree 1989). Furthermore, cases involving highly believable circumstances are far more likely to be tried in a jury trial, as prosecutorial filing decisions are important when discussing cases involving unfavorable victim characteristics. The choices made in developing this case aimed to create a case that possessed the highest level of believability, not the largest amount of generalizability. This research is foundational and seeks to understand the impact of mental health stigmas in the most optimal circumstances, not the most likely.

The hypothetical case used in this experiment provided the respondents with general information regarding the circumstances under which the alleged assault occurred, and this case was designed to be

brief and highly believable. The case begins with a brief description of the assault and how each party explains the encounter. “On November 18th, 2022, Jane Doe, was walking alone to her car in a mall parking lot, at 9:30 pm. She alleges that the defendant, Manny Walker, attacked her, forced her into his car, and assaulted her. Mr. Walker claims the encounter was consensual, while Ms. Doe claims the encounter was forced.” These circumstances represent a stereotypical assault, in other words, what most people will believe to be a real assault. Research suggests that people subscribe to the myth that sexual assault involving an attack or physical force is a “real assault,” whereas assaults where less physical force is used to overpower the victim are often not viewed this way (Vachss 1994). These circumstances do not represent the most common circumstances under which sexual violence occurs, rather, they represent highly believable circumstances.

The following paragraph includes information regarding the victim’s reporting behavior, the relationship between the victim and the defendant, the physical evidence in the case, Ms. Doe’s tendency to be sexually reserved, and, in all but the control cell, testimony from the victim’s therapist regarding her mental health condition. This paragraph begins with: “Ms. Doe reported the assault to the police the following morning. Physical evidence proves that the two had intercourse on the 18th.” Reporting behavior is shown to be a very impactful factor in sexual assault cases, so I chose to include this information as a means of adding reliability to her story (Franiuk and Robinson 2020). Furthermore, proof that the two had intercourse adds additional validity in the eyes of potential jurors. The story then details testimony from Ms. Doe indicating that she had never met the defendant, and her friend testifies that “Ms. Doe tends to be more reserved in her sexual relations.” Finally, in all but the control cell, Ms. Doe’s therapist testifies that she has either, been diagnosed with depression, been diagnosed with bipolar disorder, has a history of drug abuse and addiction, or she has a history of psychotic episodes. The hypothetical case does not represent the most likely or common forms of sexual assault, which does make this research less generalizable, however, these choices were intentionally made to control for the vast number of confounding factors in sexual assault cases

The victim's age, race, occupation, socioeconomic status, and appearance are not mentioned in this hypothetical case, as these factors have a varying impact on the implored measures. This choice aims to limit the degree to which these factors impact respondents making determinations outside of the victim's mental health. However, I cannot say with absolute certainty that outside factors will not influence participant responses, so the control data will be vital in establishing baseline measures for comparison. Furthermore, the symptoms associated with the various mental health conditions the victim poses are not outlined for the respondent. The goal is to obtain responses on how societal stigmas impact the employed measures, so outlining the details of the condition may alter the respondents' beliefs about the condition. However, respondents may not be familiar with the condition or confuse the condition with another mental health condition. This would potentially harm the validity of the conclusions I draw in this research. To mitigate this risk, I selected mental health conditions that are common and possess high levels of societal awareness. The commonality and general public understanding of the selected conditions will limit the degree to which participants misunderstand or falsely interpret the impact of these conditions on the facts of the case. There are several potential confounding factors in this experiment that I successfully controlled for; however, there is potential for these factors to influence the responses and decrease the overall validity of the findings in this experiment.

VII. Validity

Given that this research is conducted through an experiment, it maintains high levels of internal validity; however, there are some areas where this research lacks applicability. This experiment has sufficiently large groups, so there is enough statistical power to see changes emerge across treatment groups. Additionally, as respondents are unaware of the other treatment groups, this experiment has little chance of reactivity. Furthermore, a computer-generated randomization feature randomly assigns all respondents a treatment group. Thus, the experiment possesses high internal validity.

However, there are some external validity issues, given the design of the experiment. The sample population obtained in this experiment does not represent the general population. The sample population is over 68% male and 92% white, and over half of the respondents are under the age of 32. This means these results lack strong applicability to a group outside this population. Furthermore, research has found that jury composition has a strong impact on outcomes in cases. Race, age, socioeconomic status, and gender have been found to alter verdict determinations in criminal cases (Lehmann et al. 2013; Anwar et al. 2012; Hoekstra and Street 2021). Thus, it is important to consider the implications of the participant composition in this experiment when applying the findings to real jury trial outcomes.

The design of the hypothetical case also decreases generalizability and applicability. The circumstances of the hypothetical assault do not represent the most common forms of sexual assault. Sexual assault is most commonly committed by an acquaintance, not a stranger. Furthermore, most sexual assaults do not involve the degree of force used in this case. These choices were made to add internal validity to the findings, but they limit the degree to which these findings can be applied to sexual assault generally. This research aims to establish a foundational understanding of the impact of mental health stigmas on sexual assault cases so that there is sufficient justification for additional, more generalizable, research on this topic.

Regarding construct validity, the treatment does not primarily cause people to interact with the topic as they interact with the issue in the real world. In a real-world jury trial, participants would receive far more information on the case than in the experiment's hypothetical case. Furthermore, a jury trial involves two sides arguing the issue rather than a singular statement of the facts. Overall, the experiment possesses high internal validity with some external and construct validity concerns.

Analysis

Each of these measures shows how outcomes in sexual assault cases may be impacted by a juror's perception of a victim's mental health status or mental health stigmas they subscribe to. The data from

this survey is analyzed through various regression analyses. Each cell is compared to the control group, and data is separated and analyzed by gender. Comparative statistics allow us to see any correlation between changes in the variables in this study and allow me to draw conclusions regarding the hypotheses in this research. For each question, a regression analysis is performed by using dummy variables for the four treatment groups (depression, bipolar, psychosis, and drug abuse). The dependent variables vary across each model. The gender category is analyzed as a binary variable (0=male, 1=female).

I. Believability

The believability scores in this experiment are significantly different across all treatment groups. Overall, believability scores from this data are close to what I predicted; however, the control believability score is lower than I anticipated, as the case was designed to be highly believable. Furthermore, the changes in averages for this data are consistent with my original hypothesis that believability will decrease as the severity of mental health conditions increases. The means of the believability data are as follows:

Table 1.1: Believability Means

Control	**Depression**	**Bipolar**	**Psychosis**	**Drug Abuse**
7.98	7.01	6.10	5.19	5.77

The linear regression model for the first dependent variable, believability, noted statistically significant changes in believability across the four treatment groups: depression, bipolar disorder, psychosis, and drug abuse. The regression results are as follows:

Table 1.2: Believability Regression Analysis

	Estimate	**Std. Error**	**t value**	**p-value**
Intercept	7.97959	0.16424	48.585	< 2e-16

(control: no mention of mental health)				
Depression	-0.95567	0.21789	-4.386	1.33e-15
Bipolar	-1.88267	0.21829	-8.629	<2e-16
Psychosis	-2.79127	0.21796	-12.807	< 2e-16
Drug Abuse	-2.21315	0.21770	-10.166	< 2e-16
Female	0.01587	0.14972	0.106	0.916

Residual standard error: 1.819 on 694 degrees of freedom
Multiple R-squared: 0.2282, Adjusted R-squared: 0.2226
F-statistic: 41.04 on 5 and 694 DF, p-value: < 2.2e-16
(The dependent variable is ordinal and is measured on a 0-10 scale)

This model notes that believability decreases when a victim possesses any mental health condition. As predicted, depression had the smallest impact on believability, followed by bipolar disorder and drug abuse. Psychosis, as predicted, has the most significant independent impact on believability. This model supports the hypothesis that a victim possessing a mental health condition decreases her believability in sexual assault cases. The p-values in this model suggest high levels of significance, thus allowing me to reject the null hypothesis that the changes in believability scores are due to random chance. This model indicates there is no gender impact on believability scores.

II. Defendant Responsibility

Participants were asked to assign a numeric value to how responsible they believe the defendant is for the alleged assault in the hypothetical case on a scale of 0-10. A 0 indicates the participant does not believe the defendant is responsible, and a 10 indicates that the defendant is fully responsible. The averages from this data are much lower than I initially predicted, as respondents assigned low degrees of responsibility to the defendant across all cells. However, the introduction of any mental illness causes decreases in defendant responsibility, which aligns with what I initially hypothesized. The means for the defendant's responsibility are as follows:

Table 2.1: Defendant Responsibility Means

Control	Depression	Bipolar	Psychosis	Drug Abuse
6.86	6.62	6.19	5.54	5.95

The linear regression model for the second dependent variable, defendant responsibility, noted statistically significant changes in defendant responsibility across some but not all treatment groups. The regression results are as follows:

Table 2.2: Defendant Responsibility Regression Analysis

	Estimate	Std. Error	t value	p-value
Intercept (control: no mention of mental health)	6.8552	0.1798	38.132	< 2e-16
Depression	-0.2375	0.2385	-0.996	0.319672
Bipolar	-0.7041	0.2389	-2.947	0.003318
Psychosis	-1.3151	0.2386	-5.512	4.99e-08
Drug Abuse	-0.9118	0.2383	-3.826	0.000142
Female	0.1346	0.1639	0.821	0.411789

Residual standard error: 1.991 on 694 degrees of freedom
Multiple R-squared: 0.05485, Adjusted R-squared: 0.04804
F-statistic: 8.055 on 5 and 694 DF, p-value: 2.133e-07
(Dependent variable is ordinal and measured on a 0-10 scale)

The regression results show that depression does not have a statistically significant impact on the attribution of the defendant's responsibility. These results indicate that bipolar disorder has a moderate but statistically significant impact on defendant responsibility and that psychosis and drug abuse have a strong, statistically significant impact on defendant responsibility. Defendant responsibility does not decrease as much as believability across the cells. However, these results note notable decreases in the bipolar, psychosis, and drug abuse treatment groups. I cannot reject the null hypothesis that depression causes a decrease in defendant responsibility in sexual assault cases. I can reject the null hypothesis that

bipolar disorder, psychosis, and drug abuse have no impact on defendant responsibility in sexual assault cases. There is no gender effect on the defendant responsibility.

III. Victim Responsibility

Participants were also asked to assign a numeric value to how responsible they believe the victim is for the alleged assault on a scale of 0-10. A 0 indicates the participant does not believe the victim is not responsible at all, and a 10 indicates that the participant believes the victim is fully responsible. Victim responsibility was scored higher than predicted across all cells. The averages suggest that most respondents attributed some blame to the victim in this hypothetical case. This is surprising, given that the hypothetical case was designed to make the defendant seem significantly more responsible for the assault. The introduction of mental illness causes significant increases in victim responsibility across all cells. The means for victim responsibility are as follows:

Table 3.1 Victim Responsibility Means

Control	**Depression**	**Bipolar**	**Psychosis**	**Drug Abuse**
3.01	3.98	4.82	4.49	4.07

The linear regression model for the third dependent variable, victim responsibility, noted statistically significant changes in victim responsibility across the four treatment groups. The regression results are as follows:

Table 3.2: Victim Responsibility Regression Analysis

	Intercept	**Std. Error**	**t value**	**p-value**
Intercept (control: no mention of mental health)	3.0082	0.1825	16.480	< 2e-16
Depression	0.9656	0.2422	3.988	7.38e-05
Bipolar	1.8068	0.2426	7.447	2.83e-13

Psychosis	1.4767	0.2422	6.096	1.80e-09
Drug Abuse	1.0609	0.2420	4.385	1.34e-05
Female	0.5528	0.1664	3.322	0.00094

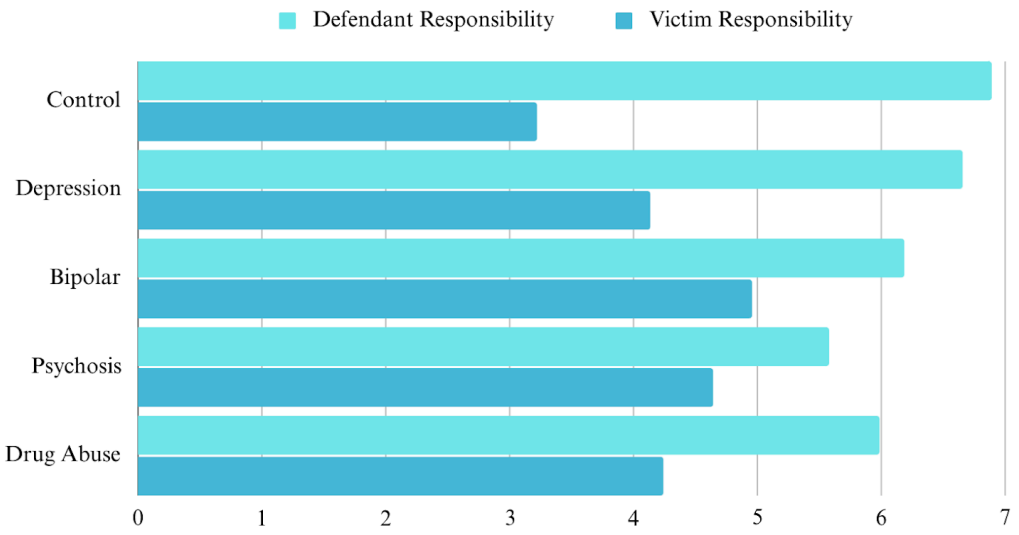
Residual standard error: 2.022 on 694 degrees of freedom
Multiple R-squared: 0.09176, Adjusted R-squared: 0.08521
F-statistic: 14.02 on 5 and 694 DF, p-value: 4.445e-13
(The dependent variable is ordinal and is measured on a 0-10 scale)

In this regression, all four treatment groups have a statistically significant impact on victim responsibility. All treatment group manipulations increase victim responsibility, with depression having the smallest impact and bipolar disorder having the largest. This model supports my hypothesis that mental health conditions will increase victim responsibility. However, it does not support my hypothesis that psychosis will have the most substantial independent effect on the dependent variable measures. I can reject the null hypothesis in this case that mental health conditions have no impact on victim responsibility in sexual assault cases. Additionally, there is a significant gender impact on victim responsibility, unlike most other dependent variables. Female respondents blamed the victim more than male respondents did. Thus, this model does not support my hypothesis that women will attribute less blame to the victim than men.

IV. Responsibility by Participant

The following graphic depicts the defendant and victim responsibility averages across the five cells. Participants assigned the most blame to the defendant in the control group and the least blame to the defendant in the psychosis group. The victim was blamed the least in the control group and the most in the bipolar group. In some of the treatment groups, a significant percentage of participants attribute less blame to the defendant than the victim.

Figure 1: Victim and Defendant Responsibility Averages Across Treatment Groups



Additionally, there are notable differences in how participants attribute blame at the individual response level. In all the cells, most participants blamed the defendant more than the victim. However, as the severity of the mental health condition increases, the percentage of participants who blame the victim more than the defendant increases. Below is a chart depicting the percentage of respondents that blame the defendant the most, blame the victim and defendant equally, and blame the victim the most in each cell.

Table 4.1: Percentages of Whom Respondents Blame the Most

	Control	**Depression**	**Bipolar**	**Psychosis**	**Drug Abuse**
Blame the defendant the most	92%	83%	62%	55%	69%
Blame the defendant and victim equally	6%	10%	18%	16%	11%
Blame the victim the most	2%	7%	20%	30%	20%

These percentages are analyzed in a linear regression to determine whether these differences are statistically significant. The results from the regression are outlined below:

Table 4.2: Most Blame/ Responsibility Regression Analysis

	Estimate	**Std. Error**	**t value**	**p-value**
Intercept (control: no mention of mental health)	0.91004	0.07025	12.954	< 2e-16
Depression	-0.27702	0.09319	-2.973	0.00306
Bipolar	-0.61049	0.09337	-6.539	1.20e-10
Psychosis	-0.71371	0.09322	-7.656	6.45e-14
Drug Abuse	-0.43837	0.09312	-4.708	3.03e-06
Female	-0.13715	0.06404	-2.142	0.03257

Residual standard error: 0.7153 on 695 degrees of freedom
Multiple R-squared: 0.0915,
Adjusted R-squared: 0.08627
F-statistic: 17.5 on 4 and 695 DF, p-value: 1.082e-13
(The dependent variable is ordinal and is measured on a -1-1 scale (-1= victim is most responsible, 0= victim and defendant are equally responsible, 1= defendant is most responsible))

The results from this regression analysis indicate that all treatment groups have a statistically significant impact on whom participants blame more. This model does not account for the numeric differences in responses; it analyzes who the participants blame the most. What this model tells us is that the introduction of mental illness results in a higher likelihood that one will blame the victim more than the defendant. There is also a moderate gender impact on whom one blames the most. This means that female participants blamed the victim more often than male participants.

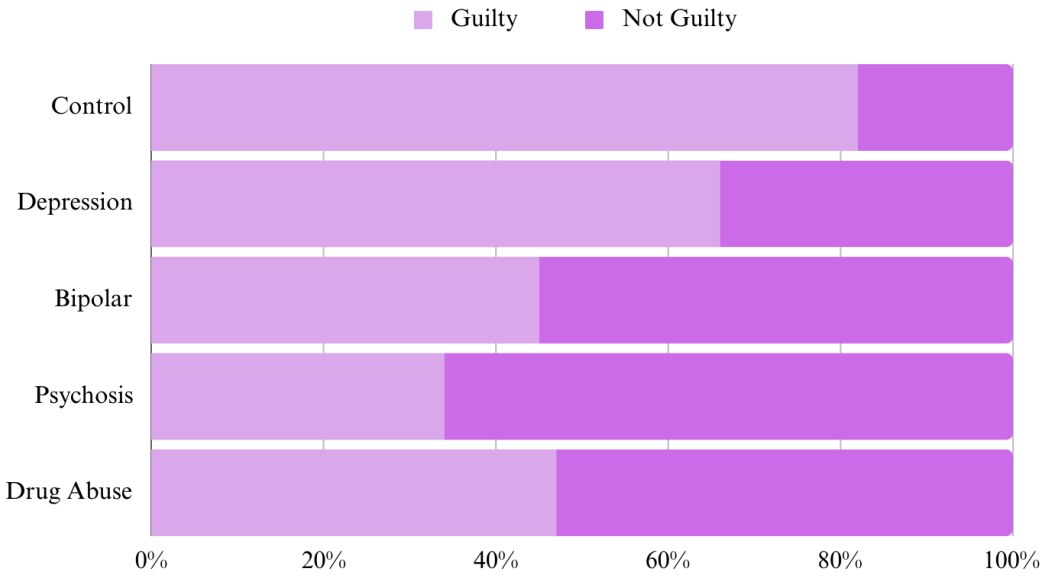
V. Verdict

Respondents were also asked to issue a verdict: guilty or not guilty. Much like the other measures in this research, the verdict determinations change as the severity of mental conditions increases. The percentages of guilty and not guilty verdicts are outlined below:

Table 5.1: Verdict Determination Percentages

	Control	Depression	Bipolar	Psychosis	Drug Abuse
Guilty	81.4%	66.4%	45%	34.3%	47.1%
Not Guilty	18.6%	33.6%	55%	65.7%	52.9%

Figure 2: Visual Representation of Verdict Determinations Across Treatment Groups



The linear regression model for the dependent variable, verdict, noted statistically significant relationships between the changes in verdict determinations across the four treatment groups. The regression results are as follows:

Table 5.3: Verdict Determinations Regression Analysis

	Estimate	Std. Error	t value	p-value
Intercept	0.82961	0.04242	19.556	< 2e-16
Depression	-0.15369	0.05628	-2.731	0.00648
Bipolar	-0.36939	0.05638	-6.551	1.11e-10
Psychosis	-0.47540	0.05630	-8.445	< 2e-16
Drug Abuse	-0.34569	0.05623	-6.148	1.33e-09
Female	-0.03972	0.03867	-1.027	0.30475

Residual standard error: 0.4699 on 694 degrees of freedom
Multiple R-squared: 0.116, Adjusted R-squared: 0.1096
F-statistic: 18.22 on 5 and 694 DF, p-value: < 2.2e-16

(The dependent variable is binary (Guilty=1, Not Guilty=0))

The results from this regression analysis indicate that all treatment groups have a statistically significant impact on verdict determinations. Depression has the smallest impact, followed by drug abuse, bipolar disorder, and psychosis. In the bipolar and psychosis treatment groups, participants are more likely to issue a not-guilty verdict. This particular dependent variable aimed to gauge how participants would rule on the case if they were jurors in the trial, and this model suggests that mental health conditions have a substantial impact on outcomes in sexual assault cases. Thus, this model supports my hypothesis that mental health conditions will decrease believability and impact outcomes in sexual assault cases. I can reject the null hypothesis that mental health conditions have no impact on verdict determinations in sexual assault cases. There is no gender impact in this case.

VI. Sentence Length

Respondents were also asked to assign a sentence length to the defendant if a jury found him guilty of the assault. Respondents were asked this question regardless of their verdict determination. Surprisingly, many respondents who issued a not guilty verdict prescribed the defendant a sentence over 0 years. The median sentence length prescriptions for each cell are similar. However, the distribution of responses varies across cells. The median sentence length prescription for each cell is as follows:

Table 6.1: Median Sentence Lengths Across Treatment Groups

Control	**Depression**	**Bipolar**	**Psychosis**	**Drug Abuse**
10-12 years	7-10 years	5-7 years	5-7 years	5-7 years

The linear regression model for the dependent variable, sentence length, noted statistically significant relationships between the changes in sentence length determinations across the four treatment groups. The regression results are as follows:

Table 6.2: Sentence Length Regression Analysis

	Estimate	Std. Error	t value	p-value
Intercept (control: no mention of mental health)	11.4128	0.4941	23.097	< 2e-16
Depression	-3.4806	0.6555	-5.310	1.48e-07
Bipolar	-5.3888	0.6567	-8.205	1.12e-15
Psychosis	-5.4258	0.6557	-8.275	6.59e-16
Drug Abuse	-5.4700	0.6550	-8.352	3.65e-16
Female	-0.3295	0.4504	-0.732	0.465

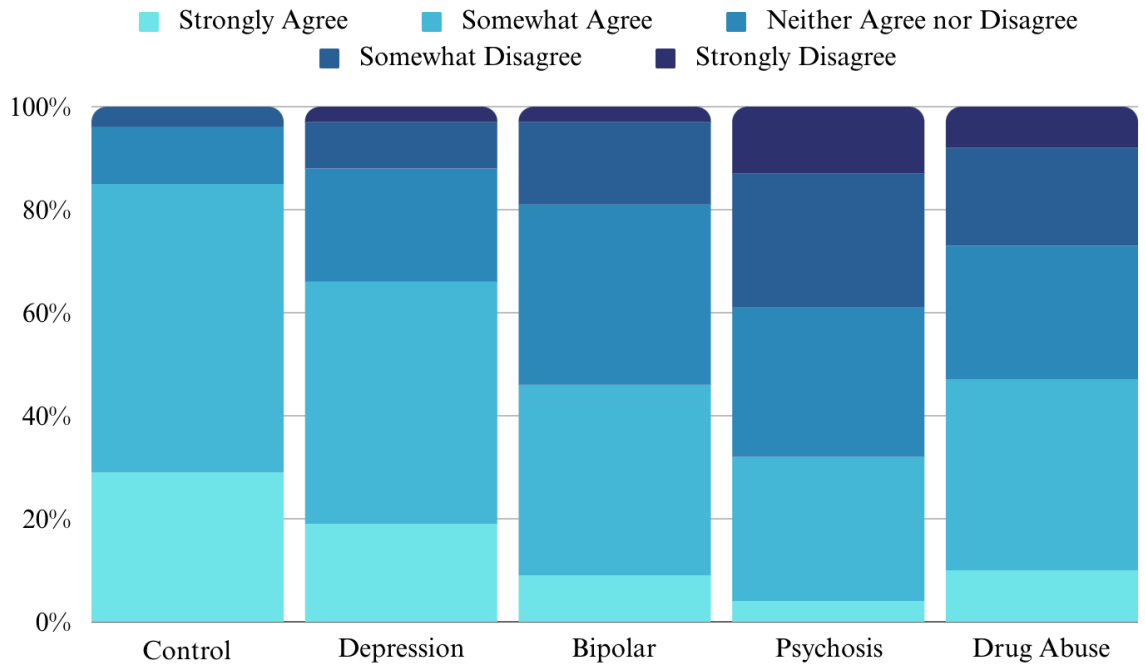
Residual standard error: 5.473 on 694 degrees of freedom
Multiple R-squared: 0.1302, Adjusted R-squared: 0.124
F-statistic: 20.78 on 5 and 694 DF, p-value: < 2.2e-16
(The dependent variable is ordinal. The answer options for this question included ranges (3-5 years, 5-7 years, 7-10 years, 10-12 years, 12-15 years, 15-20 years, 20+ years). The average of the selected range is used in the regression. For the last answer option, 20+ years, I used 28 years.)

This regression analysis finds that all of the treatment groups have a significant impact on sentence-length prescriptions. All four mental health conditions caused a significant decrease in the number of years participants believed the defendant should serve if found guilty. This model supports my hypothesis that mental health conditions will impact sentence length prescriptions, and they will result in participants assigning lower sentences in cases involving mental health conditions. I can reject the null hypothesis that mental health conditions have no impact on sentence length prescriptions in sexual assault cases. There is no gender impact in this case.

VII. Agreement/Disagreement With Alleged Assault:

Participants were asked to what degree they agreed with the following statement: “Ms. Doe was sexually assaulted in this case.” They had five answer options: strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, and strongly disagree. Disagreement increased as mental health condition severity increased. The details of these responses are depicted below:

Figure 3: Agreement/ Disagreement with Assault Across Treatment Groups



The linear regression model for the final dependent variable, agreement or disagreement with the statement, "Ms. Doe was sexually assaulted in this case," noted statistically significant relationships between the changes in verdict determinations across the four treatment groups. The regression results are as follows:

Table 7.1: Agreement with Assault Regression Analysis

	Estimate	**Std. Error**	**t value**	**p-value**
Intercept (control: no mention of mental health)	1.06180	0.08876	11.963	< 2e-16
Depression	-0.38194	0.11775	-3.244	0.00124
Bipolar	-0.76346	0.11797	-6.472	1.83e-10
Psychosis	-1.24539	0.11779	-10.573	< 2e-16
Drug Abuse	-0.87732	0.11765	-7.457	2.65e-13
Female	0.11756	0.08091	1.453	0.14669

Residual standard error: 0.9831 on 694 degrees of freedom

Multiple R-squared: 0.1645, Adjusted R-squared: 0.1584
F-statistic: 27.32 on 5 and 694 DF, p-value: < 2.2e-16
(The dependent variable is ordinal and is measured on a -2-2 scale (-2= strongly disagree, -1= somewhat disagree, 0= neither agree nor disagree, 1= somewhat agree, 2= strongly agree))

The results from this model indicate that all treatment groups have a statistically significant impact on agreement with the statement, "Ms. Doe was sexually assaulted in this case." This decrease is moderate for the depression group but highly significant for the other cells. This model supports my hypothesis that mental health conditions will impact believability in sexual assault cases. I can reject the null hypothesis that mental health conditions have no impact on believability in sexual assault cases. There is no gender impact in this case.

Discussion

These findings are more extreme than predicted, and they highlight the grave impact mental health stigmas have on outcomes in sexual assault cases. Nearly all of the conditions have a statistically significant impact on all the measures used in this research. Even the data from the baseline control measures in this research note concerning beliefs regarding female victims in sexual assault cases. The implications of these findings are concerning, given the prevalence of victims with mental health conditions in the criminal justice system.

I. Believability

The first dependent variable, believability, changed significantly across all treatment groups, which highlights how intense the impact of mental health stigmas is on victim perception and outcomes. Believability was measured through two different questions in the survey. The first question asked respondents on a scale of 0-10 how much they believed Ms. Doe's story. The average for all the treatment groups is less than 8, indicating that respondents generally do not have high confidence in the validity of

her story. These responses decrease by an average of 0.6957 from cell to cell, with the largest jump being from the control group to the depression group. Compared to the control, the differences in each cell were all statistically significant. The p-values from this regression are also very low indicating a high level of significance across all treatment groups. This data supports my hypothesis that a victim having any mental health condition will decrease believability in sexual assault cases.

There is a large initial drop in believability from the control group to the depression group, which can largely be explained by mental health stigmas. Arguably, this change has little to do with the symptoms of the condition and is primarily related to mental health stigmas. This finding highlights that people hold strong negative views toward anyone possessing a mental health condition, regardless of the severity or effect of the condition. Bipolar and drug abuse had similar and highly significant impacts on believability, which highlights the inherent mistrust and negative attitudes toward individuals with these conditions. Psychosis had the most substantial impact on this dependent variable, which is consistent with my hypothesis. All the treatment groups had a significant impact on believability, however, the effect of the bipolar, drug abuse, and psychosis treatment groups was substantially larger than the depression cell. Furthermore, the effect of the psychosis treatment groups was substantially larger than both the bipolar and drug abuse treatment groups.

Believability was also measured through another question in the survey using a Likert scale, and the results from this data were also statistically significant across all treatment groups. Respondents were asked the degree to which they agreed with the statement, “Ms. Doe was sexually assaulted in this case.” Responses across this question were also very indicative of the impact of mental health stigmas on believability. In the control cell, 85% of respondents either strongly or somewhat agreed with the statement; this decreases to 66% in the depression cell, 45% in the bipolar cell, 47% in the drug abuse cell, and 32% in the psychosis cell. There is a massive decrease in these percentages from the control cell to the depression cell. Much like the other believability question, it appears as though any mentions of mental health have a powerful impact on believability. This can largely be explained by stigmas toward individuals with mental health conditions. Bipolar and drug abuse had a similar impact on this measure,

which is consistent with my hypothesis. Psychosis had the strongest impact on the measures, which is also consistent with my hypothesis. Furthermore, in the bipolar, drug abuse, and psychosis groups, respondents are more likely to disagree with the statement than agree, meaning victims with more stigmatized mental conditions will face difficulty in getting jurors to believe their story. Of all the measures in this study, believability is one of the most affected by changes in the treatment groups, and mental health stigmas appear to explain a large amount of this change. These findings indicate that mental health conditions significantly decrease how believable potential jurors view a victim's story.

Additionally, both baseline measures, in this case, are arguably lower than they should be in a case designed to be highly believable. In the first question, respondents were asked to rate the story's believability, and the control average was 7.98. While this is still significantly higher than other cells, it is still concerning, as there is little in the hypothetical case to suggest the victim's story is untrue. Less than 12% of the respondents in the control cell rated the victim's believability a 10. Furthermore, a vast majority of respondents only somewhat agreed with the statement, "Ms. Doe was sexually assaulted in this case." This indicated a hesitancy to believe her story despite the lack of information to suggest otherwise.

Table 1.2, the regression analysis on believability measures, aligns with several other findings in the existing literature on sexual assault cases. This research has found that victim characteristics have a significant impact on believability. Studies have shown that attractiveness, employment, age, race, moral character, personality, and clothing impact believability (Vachss 1994; Reskin and Visher 1986; LeFree 1989; Nason et al. 2019). Furthermore, one study found that eyewitnesses with anxiety and depression were seen as less believable by criminal justice practitioners (Parsons et al. 2021). Additionally, significant research has found that people with mental health conditions are viewed negatively by society and are subject to high levels of discrimination. This body of research suggests that individuals are inherently distrustful of people with mental health conditions. Therefore, it is unsurprising that this model finds that believability decreases significantly with the introduction of a mental health condition (Quinn and Chaudoir 2009).

There was no gender impact in this case, which contradicts my hypothesis that women believe the victim more than men do. Neither gender believed the victim more than the other, which indicates that mental health stigmas may overpower gender differences. Typically, women are more sensitive to sexual assault cases, especially when the victim is female. Perhaps women identify with these female victims less because of their condition.

II. Defendant Responsibility

The second measure in this experiment, defendant responsibility, was also statistically impacted by the manipulation of the victim's mental health status. Defendant responsibility was measured by asking respondents one question: on a scale of 0-10, how responsible do you believe the defendant is in this case? I predicted that defendant responsibility would be high across all cells, as the hypothetical case was designed to make the defendant seem almost entirely responsible. However, the average defendant responsibility score in the control cell was only 6.9, and this decreased significantly in the bipolar, drug abuse, and psychosis treatment groups. These scores did not decrease as significantly as believability scores; however, there are some notable findings in this model (Table 2.2).

Depression did not have a statistically significant impact on defendant responsibility, but bipolar disorder, drug abuse, and psychosis did. Defendent responsibility is lower in the depression group than in the control group, however, this change is not statistically significant. Bipolar disorder has the smallest impact after depression, followed by drug abuse, and finally psychosis. The bipolar and drug abuse averages are closer in this measure than they are in the believability measures. Again, psychosis had a significantly larger impact than bipolar and drug abuse. The changes across these cells support my hypothesis that bipolar disorder and drug abuse would have a smaller impact than psychosis.

The decreases in defendant responsibility in these three treatment groups are complex, but there are a few likely explanations for these changes. The decrease may be due to the respondents' belief that Ms. Doe is lying; therefore, they assume the defendant is not responsible for committing a crime.

However, in almost every response, some blame was attributed to the defendant, which indicates that most respondents believed he was responsible for a portion of the altercation. The hypothetical case indicated that there is physical evidence proving the two had intercourse, so I believe most respondents attributed some blame to the defendant due to this information. Another potential explanation for this decrease is that respondents blame the defendant less because they view the victim as more deserving or responsible for the assault because of her mental health condition. In this explanation, respondents would have believed Ms. Doe was assaulted or sexually coerced in some manner, but they do not believe the defendant deserved to be blamed for this. Another possible explanation is that the respondent believed the encounter was consensual, and Ms. Doe is lying about the nature of the encounter because of her condition. Additionally, respondents may felt the hypothetical case did not provide sufficient information to assign a high level of responsibility, which could be true for all of the measures in this research, but it does not explain the differences from the control cell to the cells involving a mental health condition. It is impossible to determine why respondents decreased the degree to which they blamed the victim from the data in this research. However, bipolar disorder, drug abuse, and psychosis impact how much responsibility is attributed to the defendant in sexual assault cases.

The findings in this model (Table 2.2) are consistent with the existing literature on this topic. Studies in the field of mental health stigmas have found that people can very easily justify and excuse harm committed to individuals with mental health conditions (Van Langue 2012; Tran 2018; Vogel and Wade 2022). Furthermore, research on sexual assault cases has discovered that defendant blame is often decreased by extralegal factors such as victim appearance, employment, and reporting behavior (Reskin and Visher 1986). The existing literature in this field suggests that defendant responsibility is connected to victim perception and behavior, and the findings in this model are consistent with this conclusion.

There is no gender impact in this case, which contradicts my hypothesis that women would blame the defendant more than men would. Typically, men and women identify more with either the defendant or victim based on gender and thus attribute more responsibility to the individual they identify with the

least (Gerber 2004). However, that was not the case in this data, perhaps because women do not identify as strongly with a victim possessing a mental health condition.

III. Victim Responsibility

The third dependent variable in this study, victim responsibility, yielded several statistically significant findings. This dependent variable was also analyzed by asking respondents to attribute responsibility on a scale of 0 to 10. All of the treatment groups had a statistically significant impact on victim responsibility. The changes in this data do not follow the same progression as the other questions. Depression has the smallest impact, followed by drug abuse, then psychosis, and finally, bipolar disorder. Bipolar disorder had a more significant impact than drug abuse and psychosis, unlike the other measures. Perhaps this is due to specific stigmas associated with bipolar disorder. Bipolar is a highly stigmatized mental condition and is more common in women than men. Women with bipolar disorder are often victims of high levels of stigmatized treatment due to the somewhat erratic behavior people with the condition can sometimes exhibit (Fovet 2015; Ellison et al. 2013; Ladd 2018). Therefore, victim blame could be higher in this cell due to the gender-related factors of the condition and the question. However, I was surprised that drug abuse did not have as strong of an impact as psychosis and or bipolar because people often blame these individuals for possessing their condition more than other mental illnesses. The progression of impact on this measure is surprising and contradicts my assumptions about how these treatment groups would impact victim responsibility.

Much like defendant responsibility, the changes in victim responsibility are somewhat complicated to explain. It is clear that blame increases with the introduction of a mental condition, but several different thought patterns and beliefs can explain this. Perhaps stigma alone causes the changes in victim responsibility. If people view individuals with mental health conditions as responsible for their condition, they may also view them as responsible for crimes committed against them. Perhaps they view these conditions as a vulnerability that makes them more likely to experience sexual violence and blame

them for creating the circumstances that would allow someone to assault them. Additionally, respondents may view these victims as more deserving of the assault because of their condition. They may believe the victim is lying about the circumstances surrounding the assault because of their condition, so they attribute more responsibility to the victim. Ultimately, the introduction of mental illness significantly increases victim responsibility. So, not only are these victims seen as less believable, but they are also blamed more for the assault.

Another interesting finding in this data is that there is a gender impact, unlike all other questions. Women, on average, blame the victim more than men do. This contradicts my hypothesis that women would attribute less blame to the victim than men. The existing literature in this field largely agrees that women are more sympathetic to victims in sexual assault cases. Women have more ability to put themselves in the shoes of sexual assault victims, given that the vast majority of sexual assaults are committed against women (Nason 2018). Additionally, an alarming portion of the female population in the US has experienced sexual violence in some form, so they are far more connected to the issue. Given the existing research in the field, it seems as though mental health stigmas play a critical role in the gender impact in this research. Perhaps women are more likely to subscribe to mental health stigmas, or they are more critical of women who possess mental conditions than men are. Perhaps stigma subscription is stronger in women due to fear management theories, which would argue that women attribute more blame to victims with mental health conditions due to their fear of being viewed as similar to these women (Leary 2004). Ultimately, this gender impact contradicts findings in similar studies, and it contradicts my hypothesis in this experiment.

Furthermore, the baseline victim responsibility is higher than I predicted, and is concerning given the design of the hypothetical case. This cannot be attributed to mental health stigmas, as there is no mention of mental health in this treatment group, so it may perhaps be explained by misogyny or stigmas surrounding sexual assault victims. Victim responsibility in the control cell averaged 3.01. I predicted this average would be much closer to 0, as there is little in this case to suggest the victim had any responsibility for the assault. The hypothetical case was designed to paint the victim as responsible and

reserved. The story aimed to make the defendant seem almost entirely responsible for the assault, so this high baseline score does imply high rape myth acceptance in this sample population. This finding implies that, even in the most obvious cases, women are blamed to some degree for the assault.

The differences in victim believability across the treatment groups are consistent with existing literature in the field. One study found that people often believe people with mental conditions are more capable of harming others (Link et al. 1999). Further research notes that many people believe that individuals who engage in deviant behavior, such as drug use, or possess a mental condition should and are punished more severely in a criminal justice setting. (Mincin 2018; Nielssen et al. 2018). Sociological research has found that many people believe that individuals with a mental health condition are responsible for possessing their condition. In other words, they cause their mental illness (Leary 2004). Therefore, it is unsurprising that victims with mental health conditions are blamed more than victims without mental health conditions. The existing literature in this field concludes that people believe individuals with mental health conditions are more deserving of blame and mistrust, and the findings in this model are consistent with these conclusions.

IV. Responsibility by Participant

After analyzing the responsibility data separately, I noticed a trend in both data sets that highlights an interesting relationship between defendant and victim responsibility. In the bipolar, drug abuse, and psychosis treatment groups, participants often blamed the victim more than the defendant. I found a statistically significant difference in the number of participants who blamed the defendant the most, blamed them equally, and blamed the victim the most. I did not predict a relationship like this would arise, as I thought that the defendant would almost always be blamed more than the victim; however, this was not the case, as the percentage of respondents who blamed the defendant the most decreased by an average of 12.75% from cell to cell. The case was designed to make the defendant seem almost entirely responsible for the assault. At the individual participant level, defendant responsibility

decreases as victim responsibility increases. In the bipolar, drug abuse, and psychosis treatment groups, nearly half of the respondents believe they are equally responsible or the victim is more responsible. Depression has the smallest impact, followed by drug abuse, bipolar disorder, and, finally, psychosis. This suggests that mental health stigmas have a significant impact on how blame is attributed in sexual assault cases.

Given the facts provided to the respondents, it is challenging to logically explain how a victim could be more responsible in such a case. It appears that mental health stigmas play a role in this illogical attribution of blame. Victims who possess bipolar disorder, have a history of drug abuse, or have a history of psychotic episodes seem to be blamed in extreme measures, likely due to the nature of their condition or associated stigmas. The victims in the control group and depression cell are blamed significantly less, indicating there is a critical difference in these victims' conditions that makes them more "deserving" of blame. Ultimately, all victims possessing a mental condition are blamed more severely than the control group.

Additionally, there is a gender impact in this case, meaning women are more likely to blame the victim more than the defendant than men are. As previously discussed, women do not attribute more blame to the defendant than men do, but they do attribute more blame to the victim than men do. Thus, it is not surprising that a higher percentage of women blame the victim more than the defendant. Victim responsibility is the only factor impacted by gender, implying the difference is related to how women view other women with a mental health condition. Women are significantly harsher regarding responsibility; however, they are not more likely to issue a not guilty verdict or believe the victim's story less than men. This finding only affects one dependent variable, and it seems to be directly related to the concept of victim responsibility.

The existing literature in the field has not extensively analyzed the degree to which victims are blamed more than defendants. However, this field of research does suggest that defendants are blamed less severely in cases involving unfavorable victim characteristics and that individuals with mental health conditions are blamed more severely in criminal justice settings (Mincin 2018; Link et al. 1999; Vachss

1994; Spears and Spohn 2006). This research suggests that defendant blame may decrease to the point that victim blame exceeds it when factors such as mental health are introduced.

V. Verdict

The fourth dependent variable, verdict determinations, also yielded statistically significant results. This question asked respondents if they were jurors in this case to assign a guilty or not guilty verdict. The question aimed to force participants to "pick a side," and required them to determine a verdict in the case, much like they would have to if they were actual jurors. This question was designed to make the research more applicable to real-life scenarios, and unsurprisingly, this question has the largest number of respondents who chose the "Prefer not to answer" option. In all other questions, less than 5% of participants opted not to respond; however, in this question, over 10% of participants opted not to respond. This is likely due to the binary nature of the question.

Depression had the smallest impact on verdict determinations; however, the difference is still statistically significant. I predicted that the control cell and the depression cell would have very similar responses to this question. However, only 66.4% of respondents issued a guilty verdict in the depression cell, compared to 81.4% in the control cell. This difference cannot logically be explained by the symptoms associated with depression, so it is most likely that the changes in these responses are due to overarching mental health stigmas. Bipolar disorder and drug abuse have a similar impact on verdict determinations, with over 50% of respondents selecting not guilty. This is a massive change from the control group and highlights just how intense the impact of mental health stigmas may be in a criminal justice system. Psychosis has the most substantial independent effect on verdict determinations, with 65.7% of respondents issuing a not guilty verdict.

This research highlights the extremely prejudicial impact of allowing testimony regarding the victim's mental health history in jury trials. These findings are potentially the most grave for victims, as cases are determined by asking jurors this question. This study finds that there is a greater chance that

victims with a mental health condition will receive a not guilty verdict compared to victims without a mental health condition. It is already challenging for victims to get a guilty verdict in our system, so these findings suggest it would be improbable for a victim with a mental health condition to receive a guilty verdict.

Based on the existing literature in this field and the established findings in this research, the findings from this model are consistent with accepted understandings of the impact of extralegal factors in sexual assault cases. Previous studies primarily focus on more measurable dependent variables such as believability or blame, as these measures provide a more detailed understanding of treatment group impact. However, this particular model is more applicable to real-life situations. This model, accompanied by the other models in this research, offers an extensive understanding of the impact of mental health conditions on outcomes in sexual assault cases.

There is no gender impact in this case, which is consistent with my hypothesis. I predicted there would only be a gender impact for the believability and responsibility measures as these related directly to the victim. However, given the gender impact on victim responsibility, it would make logical sense for verdict determinations to be impacted as well. The gender difference is isolated to the one dependent variable, and thus, verdict determinations do not vary between men and women.

VI. Sentence Length

The final dependent variable, sentence length prescription, also yielded statistically significant results. Respondents were asked to select a range of years they believed the defendant should serve if found guilty by a jury. The results from this data were surprising, as a very small percentage of respondents selected 0 years. I predicted that most respondents who selected not guilty to the previous question would also select 0 years for this question; however, that was not the case. Perhaps respondents believed that if other people thought he was guilty, they must assign a sentence above 0 years. Alternatively, perhaps they were not confident in their verdict determination.

Regardless, there were notable differences in sentence length prescription across the five cells. All four treatment groups had a statistically significant impact on sentence length prescription. Depression had the smallest independent effect, followed by bipolar disorder, psychosis, and finally drug abuse. This is the only question in which drug abuse has the most significant effect, however, the difference between the psychosis, bipolar, and drug abuse treatment groups is negligible.

The degree to which these prescriptions change from cell to cell is somewhat illogical, given the implications of the questions. Participants assigned the defendant a lesser sentence when the victim possessed a mental illness. Arguably, if the defendant is found guilty, the sentence length should be the same across every cell, given that the nature of the crime does not change. This change is likely because participants have less confidence in the defendant's guilt as mental health stigmas impact how believable respondents believe the victim's story is. Or perhaps, respondents believed the defendant did not deserve severe punishment for assaulting a woman with a mental health condition. Bipolar disorder, psychosis, and drug abuse all have a very similar, and large, impact on sentence-length prescriptions, indicating a hesitancy to prescribe serious punishment to the defendant in these cases.

Another interesting finding from this research is that respondents, across all cells, assign the defendant a sentence length much lower than the national average for jury trials. The percentages vary significantly from state to state due to minimum sentencing requirements. However, on average, defendants found guilty of rape by a jury trial serve 15-20 years (Fawbush 2023). In the control group, the average sentence length prescription is 11.4 years. This could be because the question provided several options below this number range or that people are unaware of the average sentence length for convicted rapists. Alternatively, respondents could simply believe the average sentence length for the crime, in this case, is excessively long and thus issued a lesser sentence length. Additional research would be required to understand the implications of this finding fully. However, I believe the response options for the question may have been misleading, and revisions to this question may be necessary in any repetition of this research.

Sentence length, much like verdict determinations, is a less common measure in existing literature, as these measures can be less predictive of independent variable impact. However, this model suggests that punishment prescription may have a somewhat linear relationship with the other measures in this study. Perhaps the hesitancy to assign a long sentence relates to a lack of certainty in the victim's story. People potentially fear assigning a long sentence because they are concerned the jury may be wrong in its verdict determination. This logically makes sense; however, this particular relationship has not been extensively studied, so this model highlights that sentence length may be a predictive measure of how mental health conditions impact outcomes in sexual assault cases.

There is no gender impact in this case, which is consistent with my hypothesis, as I predicted gender would only impact believability and responsibility. However, given women attribute more responsibility to the victim, it would make logical sense for women to also assign defendants a lesser punishment.

VII. Overall Discussion Conclusions

Overall, all four treatment groups aimed to gauge reactions to various mental health conditions with varying severity and symptoms. The responses to these conditions indicate that stigmas played a large role in the outcomes of this research. It appears that the introduction of any mental illness, regardless of symptoms or severity, has a notable impact on all the measures in this case.

In all but one of the models, depression had a statistically significant impact on the dependent variables. These changes can almost entirely be attributed to stigma, as there is little reason to suspect an individual with depression is less reliable than someone without it.

Bipolar disorder does potentially cause one to engage in behaviors and thought patterns that make them less believable in a criminal justice setting. However, the condition itself is manageable and does not cause one to perceive events that are not occurring (Ellison et at. 2013). Thus, the condition should only have a moderate impact on the degree to which individuals believe the victim or attribute blame.

However, bipolar disorder had an extremely significant impact on all of the dependent variables in this case, and it had a stronger impact on victim responsibility than psychosis and drug abuse. Additionally, the hypothetical case did not imply that Ms. Doe was actively suffering from a manic or depressive episode but rather that she simply had been diagnosed with the condition. The case also relays her diagnosis through her therapist's testimony which implies she is being treated for the condition, which also applies to all of the conditions. Thus, the mere potential that she may have been suffering from an episode at the time of the assault or time of the trial was sufficient for respondents to find her significantly less believable and attribute significantly less blame to the defendant. This research found that bipolar disorder had an extremely notable impact on believability and blame, which is not entirely explained by the symptoms of the condition alone.

Drug abuse, similarly, can cause an individual to engage in risky behavior or have a disoriented sense of reality. However, simply having the condition does not explain the findings in this research ("Understanding Drug Use and Addiction" 2023). The hypothetical case suggests that Ms. Doe has a history of drug abuse and addiction. It does not specify what kind of drug, whether or not she is sober, or if she was actively on drugs when the assault occurred. Thus, her mere history of drug use resulted in respondents assigning low levels of believability, defendant responsibility, sentence length, and high levels of victim responsibility. Additionally, drug abuse had the largest impact on sentence length prescriptions, which has very negative implications on the likelihood that assaulters will be punished for crimes involving victims with a history of drug abuse. The responses in this cell, the bipolar cell, and the psychosis cell are very similar, which indicates these conditions are viewed similarly by participants or the changes are largely caused by overarching mental health stigmas.

Psychosis, based solely on symptoms and severity, may cause an individual to perceive events that are not occurring and inaccurately recall events ("Understanding Psychosis"). Thus, the decrease in believability in this cell makes the most logical sense. However, the hypothetical case does not indicate whether or not Ms. Doe was experiencing a psychotic episode during the assault. Therefore, the potential that she may have been was sufficient to make respondents generally not believe her story or assign

punishment to the defendant. I predicted that the data from this cell would be more extreme than the other treatment groups. This was not the case, as the bipolar and drug abuse groups maintained similar averages, and even surpassed psychosis in two measures. Severity is somewhat subjective in this experiment, as all of the conditions can have severe impacts on the victim, however, it is surprisingthat the data from this treatment groups was as similar to the other treatment groups as it was.

Overall, based on the control data, it seems that participants are very hesitant to believe Ms. Doe's story, even in the control group. Participants are also very quick to not believe her story based on the fact that she may or may not have been experiencing symptoms of a mental illness. It seems much easier for participants to not believe her story than it is for them to believe her. This illogical progression of mistrust toward Ms. Doe's claims seems to be due to mental health stigmas and beliefs about victims of sexual assault. These stigmas cause participants to inherently mistrust and blame the victim despite the illogical nature of doing so. Overall, the impact of mental illness on the measures in this experiment is extreme, as every measures was significantly impacted by the introduction of mental illness. The implications of these findings are grave and they highlight the extent to which prejudicial views about people with mental illness are held in society.

Given the general lack of existing research on this topic, additional research would be necessary to confirm the findings of this research. However, this research suggests there is a strong relationship between mental health stigmas and outcomes in sexual assault cases. Mental health stigmas result in lower levels of victim believability, lower levels of defendant responsibility, higher levels of victim responsibility, higher likelihood of potential jurors issuing a not guilty verdict, and lower sentence length prescriptions. Given that mental health stigmas impact all of these measures, it is reasonable to conclude that victims with mental health conditions are far less likely to receive justice. This research focuses exclusively on female victims and stranger rape. It would be beneficial to this body of research to perform additional studies analyzing several compounding factors such as male victims, acquaintance rape, age, race, occupation, and even appearance. In this research, the respondents were only given information on the victim's tendency to be reserved sexually and her mental health status. Perhaps adding more victim

characteristics would make respondents more empathic or potentially more judgemental toward her. Additional research on specific respondent characteristics would also be valuable to this body of research. Gender, as it impacted this research, would be a valuable avenue for further research. Additionally, respondent characteristics such as self-esteem, affective versus cognitive empathy, and locus of control would provide valuable insight into why participants respond the way they do. Furthermore, this research focuses exclusively on sexual assault cases, and the impact may be less severe in cases involving crimes less stigmatized than sexual assault. This research provides a valuable foundation for future research on the relationship between mental health stigmas and outcomes in sexual assault cases.

Additionally, it is far more likely that cases such as these would be rejected by prosecutors and would never be heard in front of a jury. Prosecutors make decisions about which cases to move forward with based on their perceptions of what the jury will think of the case. This research suggests that mental health may be, yet another, factor that makes prosecutors reject cases. Given the findings of this research, it would be valuable to conduct research that involves interviewing prosecutors on their behavior and thoughts regarding this research question.

Implications

This research provides valuable insight into the relationship between mental health stigmas and outcomes in sexual assault cases. These findings are not widely applicable to all sexual assaults, however, they explain this relationship in the most "optimal" circumstances. One could argue that if we see these changes in cases where the victim should be highly believed, we would also see these changes when the victim possesses characteristics that make them less believable. Ultimately, all implications and findings in this research must be understood in the context of the hypothetical case and the conditions under which participants engage with the issue.

The findings of this experiment are concerning, and they have several important implications. This research suggests that the prejudicial impact of testimony or evidence regarding a victim's mental

health may significantly outweigh any probative value it has. This experiment suggests that entering evidence regarding a victim's mental health condition significantly impacts perceptions and outcomes, so the relevance of this testimony must be significant to warrant its entrance into evidence. Thus, government officials should consider strengthening restrictions on what evidence regarding mental illness is admissible in criminal cases, as the impact of this information on the outcome of the case is significant. HIPPA guidelines and rules protect individuals from the nonconsensual release of mental health-related information, however, healthcare providers can be required to release this information through court orders or warrants ("Privacy"). Furthermore, the American Bar Association's Criminal Justice Standards on Mental Health note that testimony from healthcare providers can be offered as a means of understanding "a person's past, present or future mental or emotional condition, capacities, functioning or behavior, and about the effects of interventions, treatments, services or supports on the person's condition, capacities, functioning or behavior," ("Criminal Justice Standards on Mental Health"). Thus, it is reasonable to assume that there are numerous contexts in which a defense council would be allowed to provide testimony regarding a victim's mental health status. Specific rules of evidence vary from state to state, but generally, protections against the admission of evidence regarding mental health are lacking, and they must be strengthened to ensure victims' rights are upheld and they receive justice for the crimes committed against them.

Additionally, despite numerous recent social movements, it appears as though society still holds strong negative attitudes toward individuals with mental illness, and stigmas are still pervasive in society. These stigmatized attitudes have very concerning implications for the livelihoods of affected individuals, and this experiment prompts us to consider the importance of education on mental illness, and how current representations of these conditions in media or other avenues cause harm to affected individuals.

Conclusion

Mental health stigmas are pervasive and damaging to the livelihood of affected individuals. Significant research has found that people with mental illness face difficulty obtaining fair treatment in the healthcare industry, the criminal justice system, and society at large. This research concludes that mental health stigmas have a detrimental impact on outcomes in sexual assault cases. The introduction of mental illness in this experiment significantly decreased believability, defendant responsibility, guilty verdict determinations, and sentence length prescriptions. The introduction of mental illness also increased victim responsibility. Depression had the smallest impact on the emplored measures, and bipolar disorder, drug abuse, and psychosis all had similar impacts. This research concludes that mental illness has a significant impact on how victims are perceived and ultimately the outcomes of these cases. This research has concerning implications for victims of sexual violence, and it implies that victims with mental illness will face difficulty gaining justice for the violence committed against them.

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Appendix

I. Content Warning

The hypothetical case did not include any graphic information, however, it did revolve around a hypothetical assault which can be triggering to individuals who have experienced something similar or known someone who has. Given the nature of the content contained in this experiment, all respondents were given a content warning before agreeing to participate in the survey. Participants were given brief keywords that summarized the type of content that would be discussed in the experiment, they were provided with resources if they felt triggered by the content, and they were asked if they would like to proceed to the survey knowing this information. The CU IRB office approved this content warning. All recorded responses agreed to proceed, and no participants contacted the researchers with concerns about the content.

II. Participants and Removal of Responses

The survey platform used in this research allowed me to create one survey with 5 blocks. Each respondent was randomly assigned one of the blocks, and the remaining blocks were not shown to the participant. The survey was launched on Amazon's Mechanical Turk system, and the project closed once the survey reached 700 responses. The survey reached this quota in less than 8 hours. At this point, I went through the responses and flagged any responses that failed the validity checks, contained inconsistent responses, or were completed in less than a minute.

Several factors were considered when rejecting responses to the survey. All flagged responses were reviewed again, and consistency, validity checks, and timing were accounted for. Responses that failed the validity checks and were completed in less than 30 seconds were rejected. The average response time ranged from 3-5 minutes, and it was determined that it would be nearly impossible to complete this survey accurately in less than 30 seconds. Responses that failed the validity checks and also contained

inconsistent responses were also rejected. For example, some respondents would select the first answer option to all of the questions. Responses like this were rejected. Other inconsistent responses were less obvious. For example, some respondents rated the story as highly believable but indicated they strongly disagreed with the statement, "Ms. Doe was sexually assaulted in this case." In these cases, if the respondent passed the validity check and there was only one inconsistency within the responses, the data was included. If the response contained more than one inconsistency, the data was rejected.

I aimed to maintain consistency in the rejection of responses to preserve the integrity of the data, so many flagged responses were kept, and only obvious failures to complete the survey properly were rejected. In total, 175 responses were rejected and replaced immediately after the survey's completion. Mturk allows requesters to reject responses if they fail to meet the job requirements, so the responses that were excluded for validity reasons were removed and replaced with new responses.

The same process of ensuring validity was performed on the 175 new responses, and 7 of these responses were excluded, but they were not replaced due to the length of time that had passed since the survey was initially launched.

After the first round of quality analysis, I had 693 recorded responses that participants were compensated for and 73 completed responses that failed to complete the compensation requirements. To receive payment from the Mturk system, an individual must complete the survey, copy the code, and submit it to Mturk. The incomplete responses were completed through the survey system, but they did not submit the code to Mturk; thus Mturk did not count these responses toward the final quota or compensate these individuals. I chose to include these responses after considering the methodological and ethical implications. These respondents consented to participate in the survey and submitted a completed response. They were given all the tools necessary to receive compensation, and it was clear that other respondents could complete the compensation requirements. These respondents can still receive compensation by contacting me using the contact information provided in the survey. As no identifiable information was collected in this survey, I cannot contact these respondents directly. However, any

respondent who contacts me and provides the Mturk code will receive compensation. Thus, I did not see any methodological or ethical issues with including this data.

I completed another round of review in which I removed incomplete responses (those that failed to answer two or more questions). I then had to remove responses to ensure I had an equal number of responses for each cell, as the statistical software I used required it. I chose to remove incomplete responses and keep fully completed responses. Given the initial quota outlined in my survey design, I kept 700 responses (140 per cell) and removed 66 in the final round of review for completion issues or quantity requirements. So, in total, I received 948 responses and 700 were kept, meaning 26.2% of responses were excluded.

Respondents who withdrew from the survey or failed to complete the survey were not included. The data from incomplete responses was deleted, and no identifying information was collected.

I am confident that my review process maintained the integrity of my data set and remained consistent with established principles guiding data removal.

III. IRB/CITI/ICT Approval

The study received IRB approval in December of 2023 (IRB Protocol Number: 23-0536) and was launched in January 2024. All researchers in this study are CITI-approved to perform human research, and these certifications were confirmed by the IRB office. We received ICT approval to gain funding for the research through the University of Colorado at Boulder ICT Compliance Office. The funding for the survey was provided by the University of Colorado at Boulder Political Science Department.

IV. Data Manipulation

Several decisions were made in creating my dataset that impacted how the data was analyzed. My data was exported from the survey system into 5 Excel spreadsheets (one for each cell). I combined the

data into one sheet and began to alter the data to make it compatible with statistical analysis. The first three questions (believability, defendant responsibility, and victim responsibility) were not changed as these variables were already ordinal. The fourth question, verdict prescription, was recoded into a binary variable with 0 indicating the respondent chose not guilty and 1 indicating the respondent chose not guilty. The fifth question, sentence length prescription, required more consideration. I chose to use the averages of each answer option (0=0, 3-5 years=4 years, 5-7 years=6 years, 7-10 years =8.5 years, 10-12 years=11 years, 12-15 years=13.5 years, 15-20 years= 17.5 years, 20+ years=28 years). The final answer option (20+) years required the most consideration. Data from the US Sentencing Commission notes that the average sentence length for individuals convicted of a crime with a minimum sentence length is 26.5 years. This research notes that individuals who are given an increased sentence from outlined minimum sentencing requirements, on average, receive a 36.17-year sentence length ("Quick Facts on Sexual Abuse Offenses" 2019). Thus, I averaged 20 and 36.17, resulting in an average of 28. I acknowledge that taking the averages does alter the data, however, given the nature of the data, I believe this was the most accurate way to represent these variables. After discussing the choice with my advisors and researching methodological norms surrounding scaled data, I determined that this choice was widely accepted and reasonable in this case. The final contextual question in this survey used a Likert scale. This scale was coded on a -2-2 scale (2= strongly agree, 1=somewhat agree, 0= neither agree nor disagree, -1= somewhat disagree, -2= strongly disagree). I chose this method because the sign would have significance (positive agree, negative disagree), and this is a widely accepted form of coding for a Likert scale. The only demographic data that required adjustment was gender data coded as a binary variable (1=female, 0=male). After initial analysis, a new variable assigned a numeric value to responses based on who they attributed the most blame to. This was done using an IF statement in Excel in which responses to the two responsibility questions were compared. If the respondent blamed the defendant the most they were assigned a 1, if they blamed them equally, they were assigned a 0; and if they blamed the victim the most they were assigned a -1. This allowed me to run a regression examining who each respondent believed was the most responsible.

V. Missing Data

Missing data was coded as NA, as this is an accepted form in R. Luckily, there was minimal missing data in this data set. The verdict determination had over 10% NA responses. All averages and percentages were calculated, excluding these data points. Missing data does not pose any threat to the integrity of this research given this was a nearly complete data set and missing data was not concentrated in one cell. Below is the percentage of respondents in each cell that opted to not respond to the questions:

NON-RESPONSES:

	CONTROL	DEPRESSION	BIPOLAR	PSYCHOSIS	DRUG ABUSE
Believability	4%	4%	5%	6%	7%
Defendant Responsibility	7%	6%	5%	4%	7%
Victim Responsibility	6%	6%	6%	7%	5%
Verdict	10%	11%	10%	12%	10%
Sentence Length	8%	6%	9%	7%	5%
Agreement w/Assault	8%	8%	7%	9%	6%

VI. Regression Models

The output from all regression analyses is included in the analysis section. These models were created in R using a basic lm function. I chose to use this method for several reasons. Firstly, this is the statistical model I am most familiar with and comfortable interpreting. I felt this model accurately analyzed the data succinctly and clearly, and it is widely understood and interpretable by readers. There is

massive potential for additional statistical analysis on this data, but due to time constraints and capacity limitations, I opted to keep the analysis in this research simple and clear.

VII. Data Storage

The data collected in this research was deemed confidential by IRB staff and members of the Political Science Department. Thus, it is stored in a single Excel file, it is password protected, and it has only been shared with approved members of the research team. This data was uploaded to R and is only accessible through the file path used by the research staff. No one, besides myself and my advisors, will gain access to the data without consultation with the IRB office. No identifiable data was collected, and individual responses have been deleted from the survey platform for security reasons.