



Available online at www.sciencedirect.com

ScienceDirect

International Journal of Law, Crime and Justice
43 (2015) 676–700

International
Journal of Law,
Crime and Justice

www.elsevier.com/locate/ijlcrj

Mental health mitigating evidence and judicial outcomes for federal capital defendants

Shana D. Stites^{a,*}, Katherine K. Dahlsgaard^{b,1}

^a *Einstein Center for Health Policy and Research, Einstein Healthcare Network, 5501 Old York Rd, Philadelphia, PA 19141, USA*

^b *Department of Child and Adolescent Psychiatry and Behavioral Science, The Children's Hospital of Philadelphia, 3440 Market Street Suite 200, Philadelphia, PA 19104, USA*

Available online 29 March 2015

Abstract

Purpose: Limited prior empirical research has focused on the impact of mental health mitigating evidence on capital trial outcomes.

Method: This study conducted a novel examination of the relationship between documented mental health mitigating illness evidence and the outcomes of the Attorney General's review and sentencing phase of trial. Archival data of capital trial proceedings from 1995 to 2000 were analyzed.

Results: Statistically controlling for the severity of the underlying offense, the judicial outcomes were similar for defendants who had and did not have mitigating evidence about mental illness documented.

Conclusions: The current evidentiary construct of mental health mitigation may not be sufficient to reduce judgments in the sentencing phase of trial or the U.S. Attorney General's proceedings. Further investigation is warranted to foster reliable and discernible relationships between mental health mitigating evidence and judicial outcomes.

© 2015 Elsevier Ltd. All rights reserved.

Keywords: Federal; Trial outcomes; Mitigating evidence; Mental illness; Capital punishment; Death penalty

* Corresponding author. Tel.: +1 215 456 1015.

E-mail addresses: StitesS@einstein.edu (S.D. Stites), DahlsgaardK@email.chop.edu (K.K. Dahlsgaard).

¹Tel.: +1 215 590 1172; fax: +1 215 590 7855.

1. Introduction

The death penalty is an ultimate and irrevocable punishment. According to the U.S. Supreme Court, it is “qualitatively different from a sentence of imprisonment, however long” (*Woodson v. North Carolina*, 1976). The death penalty thereby demands a greater degree of reliability in its application (*Lockett v. Ohio*, 1978). However, prior research suggests that significant problems exist with the administration of capital punishment (Wolfers, 2006; Beck and Shumsky, 1997; Bersoff, 1987; Bersoff and Ogden, 1987; Bowers, 1983) and considerable contention currently surrounds the use of mental health evidence in the system (Deitchman et al., 1991; *United States v. Fields*, 2007). It has been found that verdicts of guilt are not always synonymous with actual responsibility for the crime (Scheck et al., 2000; Wells et al., 2000). A particularly compelling example is the recent application of DNA technology, which has resulted in 225 postconviction determinations of actual innocence, with more than half of these involving persons sentenced to death at trial (Innocence Project Case Profiles, 2008).

Death penalty prosecutions may involve persons with mental retardation and serious mental illness, such as Schizophrenia and Bipolar Disorder. It is conservatively estimated that 5–10% of death row inmates suffer from serious mental illness and about 60 people with mental illness or mental retardation have been executed (*Mental Illness and the Death Penalty in the United States*, 2005). Furthermore, experts estimate that the number of individuals with serious mental disorders who are prosecuted by the American Judicial System has increased as a result of deinstitutionalization, more rigid criteria for civil commitment, limited access to community treatment, and negative or dismissive social attitudes (Lamb and Weinberger, 1998).

It could be reasoned that, in part as a consequence of mental illness mitigating evidence, mental health conditions would be more prevalent among inmates in the general prison population than in inmates on death row. However, the opposite has been found. Inmates on death row are disproportionately affected by mental illness, compared to both the general community population and other incarcerated groups (Cunningham and Vigen, 2002). Despite the high prevalence of mental illness diagnoses among the condemned and the gravity of the decisions in the American capital justice system, insufficient research has evaluated the effects of mental illness data on capital case mitigation, and results of these studies have been inconsistent (Barnett et al., 2004, 2007).

Evidence of a defendant's mental illness is intended to decrease the likelihood that the U.S. Attorney General would recommend the prosecuting attorney seek the death penalty and decrease the chances that a jury or judge would render a sentence a death. The purpose of the current research was to examine whether or not reliable and predictable statistical associations existed between the presence of documented mental health conditions and the outcomes of both the United States (U.S.) Attorney General's review and sentencing phase of capital trials from 1995 to 2000. We describe each of these judicial processes later in more detail.

1.1. *Theory of punishment and the death penalty*

Debates related to capital punishment have included arguments to abolish it (Groombridge, 2008) and arguments to improve consistency when such practices are applied (*Furman v. Georgia*, 1972). The origins of punishment are based in efforts to maintain society through the enforcement of social rules and norms. However, capital punishment is unique from other aspects of the American Judicial System because it administers the ultimate and most severe punishment, death. The laws that embody this part of the judicial system contain an explicit

Download English Version:

<https://daneshyari.com/en/article/1097880>

Download Persian Version:

<https://daneshyari.com/article/1097880>

[Daneshyari.com](https://daneshyari.com)