

Self-Reported False Confessions and False Guilty Pleas among Offenders with Mental Illness

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Abstract Persons with mental illness may be at risk for false admissions to police and to prosecutors because of the defining characteristics of mental illness, but potentially because of heightened recidivism rates and increased opportunities. We surveyed 1,249 offenders with mental disorders from six sites about false confessions (FCs) and false guilty pleas (FGPs). Self-reports of FC ranged from 9 to 28%, and FGPs ranged from 27 to 41% depending upon site. False admissions to murder and rape were rarely reported. We also examined differences between those claiming false admissions and those not. Minorities, offenders with lengthier criminal careers, and those who were more symptomatic were more likely to have self-reported false admissions than their counterparts.

Keywords False confessions · False guilty pleas · Offender with mental illness

The United States criminal justice system has never before witnessed such an alarming number of identified wrongful arrests and convictions. Scholars who study actual innocence have proffered convincing and compelling arguments about why the number of to-date identified wrongful conviction cases represents only the “tip of the

iceberg” (see Garrett, 2008; Gross, Jacoby, Matheson, Montgomery, & Patil, 2005).

A significant minority—about 25%—of these identified miscarriages of justice are the result of false admissions. Of particular note, this rate, which is often derived from the Innocence Project report on the first 200 exonerees (Innocence Project, 2007), includes both false confessions (FCs) to the police and false admissions to prosecutors (i.e., false guilty pleas, FGPs). FCs are now a well-understood and well-studied phenomenon, especially those that are due to coercive police interrogation techniques (Kassin, 2005; Kassin & Gudjonsson, 2004; Kassin, Drizin, Grisso, Gudjonsson, Leo, & Redlich, in press; Leo, 2008). In contrast, research on FGPs is lacking despite their known existence and despite many striking similarities between FCs and FGPs (Redlich, in press).

The purpose of this study was to provide insight into FCs and FGPs among a subgroup over-represented in the criminal justice system and over-represented among proven FCs: persons with mental illness. First, we investigated self-reported individual lifetime and event prevalence estimates, as well as reasons for false admissions and the crimes in which they occurred. Second, we examined demographic, clinical, and criminal differences between offenders who did and did not claim false admissions.

FALSE CONFESSIONS AND FALSE GUILTY PLEAS

Over the past decade, a large knowledge base has accumulated on FCs. Many excellent overviews are available (Gudjonsson, 2003; Kassin et al., in press; Leo, 2008). The prevalence of FCs has received less attention, however. Similarly, little research has been done on FGPs, though

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there are numerous real-life (Gross et al., 2005; Redlich, in press) and laboratory-induced examples (Bordens, 1984; Gregory, Mowen, & Linder, 1978; see also Russano, Meissner, Narchet, & Kassin, 2005). Below, we address the prevalence of false admissions and the characteristics of false admitters.

Prevalence of False Admissions

For many reasons, it is difficult, if not impossible, to obtain accurate objective rates of false admissions. If false admissions were readily identifiable, they would not lead to wrongful convictions. However, there are several reasons to suspect the number of to-date identified false admissions belies the true extent of the problem. The first reason relates to the seriousness of the crime. The overwhelming majority of identified false admissions (and wrongful convictions as a whole) have been for the serious crimes of rape and murder, which are both low base-rate crimes. Property crimes, for example, occur almost 600 times more frequently than murder and about 100 times more frequently than rape (FBI, 2008). Thus, the *opportunity* to falsely confess or falsely plead guilty to these less severe crimes is much higher. In addition, there is reduced motivation to uncover miscarriages of justice when the crime is less serious, especially if the person received probation or a short period of incarceration. And finally, the presence of DNA—a major factor in the identification and verification of false admissions, is not commonly available and confounded with crime severity, particularly rape.

A second reason indicating a higher prevalence of false admissions than to-date identified concerns the type of admission. Nearly all of the proven FCs in exoneration samples and the literature are the result of police coercion (i.e., coerced compliant or coerced internalized; see Drizin & Leo, 2004; Kassin et al., in press). Voluntary FCs, including taking the blame to protect the true perpetrator, are likely to be more common when the crime is less serious and consequences less severe (e.g., Sigurdsson & Gudjonsson, 1996a). Indeed, self-report data on FCs indicate just this: voluntary FCs are the most common type of false confession, and FCs for violent crimes are rare in comparison to property and drug crimes.

Self-reported false confession rates are the third reason to suspect that the prevalence of false admissions is much higher. Although self-report data on FGPs are lacking, Gudjonsson and his colleagues have surveyed thousands about FCs in Europe. For example, he and his colleagues surveyed nearly 25,000 juveniles (average age of 15.5 years) from seven European countries (Gudjonsson, Sigurdsson, Asgeirsdottir, & Sigfusdottir, in press). Of those interrogated by police, 14% reported having given a false confession. In 2007, there were more than 14 million

people arrested in the United States (Federal Bureau of Investigation, 2008). Even if only one-tenth of one percent (.01%) had falsely confessed, this approximate number of 14,000 is 47 times more than the 300 FCs cited in the literature to date (Davis & Leo, 2006).

To our knowledge, the prevalence of FGPs has not been investigated. However, their existence is undisputed (see Gross et al., 2005). There are many proven cases, as well as laboratory-induced examples (Bordens, 1984; Gregory et al., 1978; Russano et al., 2005). There is also reason to suspect that the number of FGPs exceeds the number of FCs (Gross et al., 2005). As articulated by Redlich (in press), guilty pleas, which account for 97% of all convictions (<http://www.ojp.usdoj.gov/bjs/cases.htm>), are very often premised on explicit promises of leniency (i.e., plea “bargains” resulting in charge and/or sentence reductions). Such explicit promises are impermissible in the interrogation room in part because of the risk of involuntary admissions, and implicit (or pragmatically implied) promises are theorized to be a main contributor to FCs (see Kassin et al., in press; Kassin & McNall, 1991). Moreover, defendants pleading guilty waive numerous rights, such as the right to a jury of peers, the right to have the prosecution prove guilt beyond a reasonable doubt, and the right to confront witnesses. These rights are institutional safeguards that are absent from plea arrangements. Bibas (2004) and Gazal-Ayal (2006) argue that the weakest evidentiary cases are the most likely to get pled down, and thus innocents (insofar as their cases are weak because in theory there should be no evidence) may be offered particularly enticing deals. In a system in which acquittals account for 1% of outcomes (Cohen & Reaves, 2006), pleading guilty—even when innocent—in exchange for reduced sentences or probation is a Hobson’s choice many may be willing to accept.

In summary, although an objective method to enumerate FCs and FGPs does not exist, there are convincing arguments for why each is likely to be more prevalent than currently known. Because these methods do not exist, researchers have addressed FCs and confessors via self-report surveys (as mentioned, FGPs have not been studied in this manner). We now discuss the factors that have been found to distinguish self-reported false confessors from non-false confessors.

Characteristics of Self-Reported False Confessors

Across several European studies of self-reported FCs, Gudjonsson and his colleagues have examined factors distinguishing between those making claims and those not. The factors examined generally fall into two types: criminal background and individual difference factors.

A consistently noted factor associated with self-reported FCs is degree of experience with the criminal justice

system. Among a large sample (i.e., 10,472) of Icelandic college students aged 15–24 years, 3% of those interrogated by the police one time reported falsely confessing to the police. In contrast, those who had been interrogated more than one time had a 12% false confession rate (Gudjonsson, Sigurdsson, Asgeirsdottir, & Sigfusdottir, 2006; see also Gudjonsson et al., in press). Sigurdsson and Gudjonsson (1997, 2001) examined discriminating factors in prison inmates. In one study, they compared 56 false confessors (12% of sample) to 423 non-false confessors from an Icelandic prison. They found the alleged false confessors had significantly more criminal justice experience than non-false confessors: they were younger at first arrest and at first prison sentence, and had a higher number of previous prison stays and days served (Sigurdsson & Gudjonsson, 1997). In addition, these self-reported false confessors had significantly more police interrogation experiences than the non-false confessors. Eighty-one percent of false confessors claimed to have 11 or more interrogation experiences compared to 40% of non-false confessors. Thus, it would appear that increased criminal justice experience is associated with a higher likelihood of false confession (see also Sigurdsson & Gudjonsson, 2001). In this study, we contend that criminal justice experiences (arrests, pleas) are opportunities for false admissions. With each criminal justice opportunity, the probability of a false admission rises. Thus, we hypothesize to find positive relations between criminal justice experience and false admissions.

In addition to criminal justice factors, Gudjonsson and his colleagues have examined numerous other potential discriminating factors between alleged false and non-false confessors, most often in a bivariate fashion. First, Gudjonsson (1990) compared self-reported false confessors to other forensic referrals with similar offenses and found that false confessors were significantly less intelligent, and more suggestible, compliant, and acquiescent. Second, males have been found to be more likely to allege FCs than females (Gudjonsson, Sigurdsson, Bragason, Einarsson, & Valdimarsdottir, 2004; Gudjonsson et al., in press). To our knowledge, Gudjonsson and his colleagues have not examined racial/ethnicity status and FCs. Of the more than dozen articles we reviewed, subjects' race was neither reported nor examined. However, given racial disparities in the United States criminal justice system as a whole and potentially in wrongful conviction cases more specifically (Garrett, 2008; Gross et al., 2005), we examined relations between minority status and false admissions. Although the Innocence Project cases do not represent the universe of wrongful convictions (but rather only those identified to date), minorities appear to be over-represented, particularly for rape. Sixty-two percent of the first 200 exonerees were African American (Innocence Project Report, 2007). From

1990 to 2002, African Americans accounted for 46% of convicted homicide offenders and 35% of convicted rapists (Reaves, 2006).

Finally, in bivariate comparisons, self-reported false confessors (aged 15–25) have been found to score higher on measures of anxiety, depression, anger, extraversion, and psychoticism (Gudjonsson et al., 2004, 2006) in comparison to those who had been interrogated, but never claimed false confession. Similarly, Gudjonsson, Sigurdsson, Asgeirsdottir, and Sigfusdottir (2007) found that self-reported false confessors were significantly different on a number of measures relating to negative life events (particularly being bullied in or expelled from school), substance and self-harming behaviors, and mental health treatment experiences, even after controlling for multiple variables. In reference to these treatment experiences, false confessors were significantly more likely than non-false confessors to have seen a psychiatrist or psychologist, or taken psychiatric medications in the past year (Gudjonsson et al., in press).

Overall, the general picture that emerges is that self-reported false confessors have more mental health-related issues than those who do not self-report FCs. Thus, we anticipate that within a sample of offenders of whom all have mental health problems, those who have more serious diagnoses and have more symptoms will be more likely to allege FCs, as well as FGPs. This is consistent with mental illness as a recognized risk factor for FCs (see Drizin & Leo, 2004; Gross et al., 2005; Redlich, 2004).

OFFENDERS WITH SERIOUS MENTAL ILLNESS

Compared to prevalence rates in the general population, persons with serious mental illness are over-represented both in the criminal justice system (Lamb & Weinberger, 1998) and in the pool of identified false confessors (Drizin & Leo, 2004; Gross et al., 2005; Redlich, 2004; www.reid.com). A combination of psychologically manipulative police interrogation tactics, a complex legal system, and inherent vulnerabilities that typify mental disorders (e.g., proneness to confusion, lack of assertiveness) make this population at risk for miscarriages of justice, including wrongful convictions. By definition, interrogations are adversarial—though often not appearing so—and guilt-presumptive (Kassin et al., in press).

In addition, persons with serious mental illness are known to repeatedly cycle through the justice system (see generally, Criminal Justice/Mental Health Consensus Project, Council of State Governments 2002), providing ample opportunities to confess and plead guilty. Some studies have shown that, in comparison to individuals without mental health problems, those with such problems are more likely to be arrested, once arrested, more likely to be

detained, and once detained, more likely to stay in jail longer (Criminal Justice/Mental Health Consensus Project, CSG, 2002). The increased likelihood of being arrested, detained, and staying longer in jail has important implications for the probability of false admissions. First, being arrested is synonymous with being a suspect (insofar as there should be probable cause for an arrest) and increases the probability of being interrogated. Second, being interrogated and being detained, particularly for a long time, heightens the need to escape the situation. A simple answer to why some people falsely admit guilt is because they need to stop the interrogation or to get out of jail (see Kassin & Gudjonsson, 2004; Leo, 2008). As stated by Gross et al. (2005), “It is well known, for example, that many defendants who can’t afford bail, plead guilty in return for short sentences, often probation and time served, rather than stay in jail for several months and then go to trial and risk much more severe punishment if convicted” (p. 536). Indeed, Minnesota’s statewide tender-of-plea form expressly includes the question “I do/do not make the claim that the fact I have been held in jail since my arrest and could not post bail caused me to decide to plead guilty in order to get the thing over with rather than waiting my turn at trial” (see Redlich, in press).

In summary, persons with mental illness have been identified as being at risk for FCs. Though the reasons for this have not been well explored, there may be two complementary reasons. First are the defining characteristics of mental illness within the context of psychologically manipulative interrogations. Second, because of the repeated cycling through the criminal justice system and related jail stays, the opportunity to provide false admissions is

enhanced. For these same reasons, persons with serious mental illness are also likely to be at risk for FGPs.

METHOD

In this study, we interviewed 1,249 offenders with mental illness about their FC and FGP experiences. Data were collected at six U.S. sites. IRB approvals were obtained at the study’s coordinating center as well as at individual sites.

Participants

Participants are 1,249 individuals with mental illnesses currently involved in the criminal justice system who were part of two larger studies on mental health courts (note, however, that the focus of this study—previous false confession and FGP experiences—necessarily preceded court involvement, and that not all participants were in these courts). Participants were recruited from jails and courts in six locations across the United States and were interviewed for an average of 90 min on a variety of topics. The six data collection sites were: (1) San Francisco County, CA ($n = 264$); (2) Santa Clara County, CA ($n = 336$); (3) Hennepin County, MN ($n = 244$); (4) Marion County, IN ($n = 205$); (5) Brooklyn, NY ($n = 96$); and (6) Washoe County, NV ($n = 104$). These sites were chosen because of reasons relating to the mental health court in that jurisdiction. Table 1 provides sample descriptives at each site.

Eighty-six percent ($n = 1,079$) of the sample had a known serious mental disorder (i.e., schizo-spectrum or

Table 1 Demographic characteristics by site

	CA1	CA2	MN	IN	NY	NV	Total
Mean Age (<i>SD</i>)	38.9 (10.7)	35.9 (10.2)	37.8 (9.7)	35.1 (9.3)	34.5 (12.0)	33.6 10.5	36.5 10.4
% Male	74.6	59.2	65.8	41.5	71.9	50.0	61.1
% Non-White	66.5	61.3	56.4	35.0	84.2	27.5	56.1
Mean years education (<i>SD</i>)	11.8 (2.3)	12.0 (7.0)	11.9 (2.2)	11.2 (2.4)	11.6 (9.3)	11.9 (2.1)	11.8 (4.8)
% Primary diagnosis							
Schizo-Psych	39.8	30.7	25.0	25.4	41.7	39.4	32.2
Bipolar	7.2	25.6	21.3	35.6	21.9	51.9	24.4
Major depression	47.8	30.1	24.2	24.9	29.2	6.7	29.8
Other	5.3	13.7	5.3	2.0	7.3	1.9	6.9
Missing	0	0	24.2	12.2	0	0	6.7
Mean number of lifetime arrests (<i>SD</i>)	23.1 (32.1)	13.7 (21.0)	22.4 (66.5)	12.3 (13.1)	8.9 (15.1)	9.9 (10.1)	16.3 (34.9)
Mean number of years offending (<i>SD</i>)	19.8 (11.8)	15.6 (10.3)	17.9 (11.0)	13.8 (9.9)	11.3 (11.1)	12.8 (10.4)	16.1 (11.1)
Mean insight (<i>SD</i>)	16.7 (8.3)	14.7 (6.6)	17.5 (4.3)	18.9 (3.4)	14.7 (5.8)	16.1 (5.4)	16.5 (5.5)
Mean CSI (<i>SD</i>)	27.4 (14.1)	25.8 (11.9)	30.0 (12.8)	26.6 (11.6)	22.3 (12.9)	24.5 (11.3)	26.7 (12.7)

psychotic, bi-polar, or major depressive disorder). Seven percent ($n = 86$) had another mental health disorder, such as anxiety or attention deficit disorders, and an additional 7% ($n = 84$) were identified as having a mental disorder, but the exact type was not provided to researchers or was otherwise missing. The sites varied widely by primary diagnosis (Table 1).

Measures

The majority of the information came from an in-person interview; below we discuss questions and scales relevant to this study. One exception was diagnosis, which we obtained from the collaborating court or jail. Primary diagnoses were categorized into four groups: schizo-spectrum and psychotic disorders, bipolar disorders, depressive disorders, and other disorders (e.g., anxiety).

The main questions relevant to this study are the set of the *false confession and false guilty plea* questions. In a section on criminal justice history, we asked the questions: (1) Did you ever confess or admit to the police that you did a crime when you *really did not do the crime?* (emphasis present in instrument); and (2) Did you ever plead guilty to a crime you did not commit? If participants answered ‘yes’ to either or both questions, they were asked the number of total times, the most serious crime for which they falsely confessed/falsely pleaded guilty, and the reasons why.

The question format of the reasons behind the false admission differed for FCs and FGPs. As mentioned, FGPs are not well understood and thus, participants were asked in an open-ended format their reasons for falsely pleading guilty. In contrast, because FCs are better understood, possible reasons were supplied to participants in a yes/no format and included: (1) to protect the true perpetrator, (2) police pressure, (3) internalization (i.e., the person thought they had done the crime but later realized she or he had not), (4) to go home or stop the questioning, and (5) other reason (an open-ended response option).

In addition, in this section, participants were asked the *total number of times they were arrested*, and their *most serious lifetime arrest*. Crimes for most serious lifetime arrest as well as for FCs/FGPs were coded into four groups: person crimes (e.g., murder, rape, assault, robbery); property crimes (e.g., theft, fraud); drug crimes (e.g., possession, selling); and public order crimes (e.g., prostitution, vagrancy).

Several demographic questions were asked in the interview, including number of years of completed education and race/ethnicity. Gender was observed by the interviewer and recorded. Self-reported clinical information came from the administration of two standardized and normed scales. First, we used the *Insight into Treatment and Attitudes Questionnaire (ITAQ)* to measure insight into

participants’ mental illness (McEvoy et al., 1989). The ITAQ measures recognition of mental disorder, as well as attitudes towards medication and general treatment compliance. The ITAQ asks 11 questions (e.g., Do you now have mental problems?) with three response options: no (0), possibly yes (1), and yes (2). Answers were summed, and thus the scale ranged from 0 (low insight) to 22 (high insight), Cronbach’s $\alpha = .85$.

Second, to assess current symptomatology, we used the *Colorado Symptoms Index (CSI; Conrad et al., 2001)*. The CSI consists of 15 questions pertaining to possible symptoms experienced in the past month, such as feelings of loneliness and depression, suspiciousness and paranoia, and auditory and visual hallucinations (0 = not at all to 4 = at least every day). CSI answers were summed to create a total score (Cronbach $\alpha = .87$); higher CSI scores indicate more symptomatology.

Procedures

At all six sites, we collaborated with the local jail and court personnel to identify potentially eligible participants. Participants were approached and interviewed by intensively trained interviewers in the county jail (62%), at the courthouse (17%), or in the community (21%). Refusal rates ranged from a low of 7% (CA 1) to 20% (IN) by site. We administered an informed consent “quiz” to help ensure potential participants understood study procedures and risks/benefits. If individuals got any one of five questions incorrect after explanation, they were not allowed to partake in the study at that time. A very small percent of those approached ($n = 22$) were excluded on this basis. On average, interviews lasted 85.5 min ($SD = 34.3$ min). Participants were thanked and paid \$20 for their time.

RESULTS

First we describe prevalence data on FCs and FGPs separately. Second, we examine factors distinguishing between those who do and do not claim false admissions.

Our first objective in this study was to provide self-reported prevalence rates for FCs and FGPs. Table 2 provides the lifetime individual prevalence rates for each of the six sites of those claiming to have falsely confessed or falsely pleaded guilty. FC rates ranged from 9 to 28%, for a total of 274 individuals (22.0%). FGP rates were higher, ranging from 27 to 41%, for a total of 453 individuals (36.5%).

The correlation between FCs and FGPs was significant, $r = .52$, $p < .001$. Of those who claimed to have falsely confessed, most ($n = 228$, 84%) also claimed to have falsely pleaded guilty. In contrast, of those claiming to

Table 2 Prevalence of individual and event self-reported false confessions and false guilty pleas by site

	Individual FC rates	Individual FGP rates	Total # FCs	Total # FGPs	Total # arrests	Event FC rates, %	Event FGP rates, %
CA 1 [SF]	67 (25.4%)	102 (38.6%)	163	260	5,613	2.9	4.6
CA 2 [SC]	93 (27.8%)	136 (40.6%)	331	537	4,387	7.5	12.2
MN	62 (25.6%)	93 (38.9%)	264	370	4,942	5.3	7.5
IN	18 (8.8%)	56 (27.5%)	33	163	2,466	1.3	6.6
NY	22 (23.2%)	36 (37.5%)	33	104	836	3.9	12.4
NV	12 (11.7%)	30 (29.1%)	17	40	1,007	1.7	4.0
Total	274 (22.0%)	453 (36.5%)	844	1,474	19,251	4.4	7.7

Note: FC data were missing on six participants (0.5%); FGP data were missing on eight participants (0.6%). Event rates were calculated by dividing the total number of false confessions/false guilty pleas into the total number of arrests

have falsely pleaded guilty, slightly less than half ($n = 224$, 49%) claimed to have also falsely confessed.

Participants claiming to have FC and/or FGP experiences were asked the number of times they falsely confessed or falsely pleaded guilty. Most claimed to have done so one, two, or three times (80% FC; 82% FGP), a smaller proportion claimed four to ten times (14% FC; 15% FGP), and a minority claimed more than ten times (6% FC, 4% FGP). Across the 274 alleged false confessors, there were a total of 844 FCs; across the 453 alleged false guilty pleaders, there were a total of 1,474 FGPs (see Table 2).

In addition to determining the lifetime individual rates of FC (i.e., 9 to 22%) and FGPs (i.e., 27 to 41%), we were interested in estimating event rates of false admissions. Because false admissions are not due solely to dispositional factors (such as, in this case, mental illness), but rather a combination of dispositional and situational factors, it would be unreasonable to think that the subsample of self-proclaimed false admitters would falsely confess guilt every time they were interrogated by the police or offered a plea.

To determine event-FC rates, we divided the total number of FCs across all study participants (844) into the total number of lifetime arrests (19,251). This calculation yielded a total event prevalence rate for FCs of 4.4%. Across the six sites, event false confession rates ranged from 1.3 to 7.5%. Site-specific percents are in Table 2. We computed a similar ratio for event-FGP rates by dividing the total number of FGPs (1,474) into the total number of arrests, which yielded a total sample 7.7% rate. Site rates ranged from 4.0 to 12.2%. We note that these rates for FC and FGP are likely to be conservative underestimations. Specifically, total number of arrests was used as a proxy for number of interrogations and number of cases adjudicated (which we did not access). The number of interrogations and cases brought to adjudication (not dismissed) will necessarily be smaller than number of arrests, meaning a smaller denominator to compute the percentage.

Most Serious Crime for FCs and FGPs

Persons claiming to have falsely confessed and/or falsely pleaded guilty were also asked the most serious crime they had admitted. As shown in Table 3, proportions by crime type were similar for FCs and FGPs. Person and property crimes accounted for about one-third or less of FCs and FGPs, drug crimes accounted for about one-quarter, and minor crimes accounted for about 10%. Claims of murder and rape were rare: a combined 3.3% for FCs and 1.8% for FGPs.

Reasons behind FCs and FGPs

For FCs, overall, 65% of alleged false confessors claimed they wanted to stop the police questioning or go home (sites ranged from 50 to 72%), 53% claimed to have been

Table 3 Most serious crime type for FCs and FGPs by site

	Person (%)	Property (%)	Drug (%)	Public order (%)
False confessions				
CA 1 [SF]	38.5	27.7	30.8	3.1
CA 2 [SC]	20.2	32.6	38.2	9.0
MN	44.3	34.4	6.6	14.8
IN	38.9	27.8	5.6	27.8
NY	54.5	22.7	22.7	0
NV	16.7	58.3	25.0	0
Total	34.1	31.8	25.1	9.0
False guilty pleas				
CA 1 [SF]	42.6	27.7	24.8	5.0
CA 2 [SC]	28.4	32.1	29.1	10.4
MN	39.8	33.3	8.6	18.3
IN	32.7	29.1	12.7	25.5
NY	50.0	25.0	22.2	2.8
NV	20.7	55.2	17.2	6.9
Total	35.7	31.9	20.5	11.8

protecting the true perpetrator (sites ranged from 32 to 72%), 48% claimed police pressure (sites ranged from 27 to 62%), and 26% claimed to have initially thought they committed the crime (sites ranged from 18 to 39%). As apparent, participants could endorse more than one reason. For example, 22% of alleged false confessors claimed they were protecting the true perpetrator (voluntary) and remitting to police pressure (coerced compliant). Although these two reasons seem at odds, further explanations from participants made it clear that if police pressure had not been present, they would not have knowingly taken the blame for another’s crime.

Responses for FGPs rationales were open-ended and thus a coding system was developed. Two raters coding 20% of answers and achieved an agreement rate of 87%. The reasons are quite similar to the reasons for FCs, though there is not direct overlap.

Although there were some site differences, overall 17% claimed to have taken the plea to protect someone else, which often included the true perpetrator, but also included family members or the victim (e.g., to spare them from trials; sites ranged from 11 to 23%). Akin to police pressure for FCs, about 18% claimed they felt pressured or threatened by their attorneys, the DA, the judge, and/or the police to enter a guilty plea (sites ranged from 6 to 26%). Almost one-third (29%) of the FGP sample alleged the reason for taking the plea was because it was a futile situation (sites ranged from 27 to 39%). This category included reasons such as it was a no-win situation, their criminal history worked against them, it was their word against someone else’s, their lawyer was incompetent, and/or that a trial was too risky.

Also similar to what was found for FC reasons, almost two-thirds (61%) of the total answers reflected that participants took a guilty plea because they wanted to get out of jail, go home, or get a reduced sentence. This rationale remained somewhat consistent across the sites, ranging from a low of 50% to a high of 72%. Approximately 16% answered the question by supplying reasons why they were legally innocent on the specific charges but had indeed committed some of the charges, had committed other crimes, or reasons why they could not have committed the crime (e.g., had a solid alibi; sites ranged from 8 to 23%). In addition, 9% claimed they had pleaded guilty because they did not know better at the time or were under the influence of substances (sites ranged from 6 to 27%). Only three (<1%) of the alleged false guilty pleaders claimed to have taken the plea, because they first believed they committed the crime (i.e., internalization).

Differences Between Those Claiming and Not Claiming FCs/FGPs

To examine differences between those who did and did not claim false admissions, we first conducted a series of bivariate analyses; specifically, analyses of variance for continuous measures and chi-squares for categorical measures. Because of the lack of independence between false confessors and FGP-takers, we created a new dependent variable with three levels: 0 = neither FC nor FGP claim (*n* = 742), 1 = either FC or FGP claim (*n* = 272), and 2 = both FC and FGP claims (*n* = 228).

As shown in Table 4, degree of criminal justice experience significantly discriminated claims of false admissions.

Table 4 Bivariate differences between those who did and did not claim false admissions

	NO FC or FGP [1]	FC or FGP [2]	FC and FGP [3]	Significance test and effect sizes
Number of lifetime arrests	<i>M</i> = 13.5, <i>SD</i> = 39.5	<i>M</i> = 16.7, <i>SD</i> = 17.6	<i>M</i> = 24.9, <i>SD</i> = 31.9	<i>F</i> (2, 1172) = 8.97***, <i>d</i> ₁₋₂ = .10; <i>d</i> ₁₋₃ = .32; <i>d</i> ₂₋₃ = .32
Number of years offending	<i>M</i> = 14.4, <i>SD</i> = 10.9	<i>M</i> = 17.6, <i>SD</i> = 10.6	<i>M</i> = 19.8, <i>SD</i> = 10.9	<i>F</i> (2, 1226) = 24.93***, <i>d</i> ₁₋₂ = .30; <i>d</i> ₁₋₃ = .50; <i>d</i> ₂₋₃ = .20
Age	<i>M</i> = 36.1, <i>SD</i> = 10.6	<i>M</i> = 36.9, <i>SD</i> = 9.5	<i>M</i> = 37.4, <i>SD</i> = 10.6	<i>F</i> (2, 1241) = 1.72
Gender	57.9% males	67.9% males	63.2% males	χ^2 (2) = 8.87**, ϕ = .09
Minority status	50.0% minority	62.3% minority	69.1% minority	χ^2 (2) = 30.25***, ϕ = .16
Years of education	<i>M</i> = 11.9, <i>SD</i> = 3.9	<i>M</i> = 11.8, <i>SD</i> = 7.8	<i>M</i> = 11.4, <i>SD</i> = 2.2	<i>F</i> (2, 1241) = 0.86
Insight (higher = more insight)	<i>M</i> = 16.4, <i>SD</i> = 5.6	<i>M</i> = 16.3, <i>SD</i> = 5.6	<i>M</i> = 17.0, <i>SD</i> = 5.1	<i>F</i> (2, 1239) = 1.33
CSI (higher = more symptoms)	<i>M</i> = 24.8, <i>SD</i> = 12.6	<i>M</i> = 28.9, <i>SD</i> = 12.8	<i>M</i> = 30.4, <i>SD</i> = 11.8	<i>F</i> (2, 1236) = 22.63***, <i>d</i> ₁₋₂ = .32; <i>d</i> ₁₋₃ = .46; <i>d</i> ₂₋₃ = .12
Primary diagnosis	34.9% Schizo 27.9% Bipolar 30.6% Depress 6.6% Other	35.7% Schizo 23.1% Bipolar 32.5% Depress 8.6% Other	32.1% Schizo 23.7% Bipolar 35.3% Depress 8.8% Other	χ^2 (6) = 5.72

* *p* ≤ .05; ** *p* ≤ .01; *** *p* ≤ .001

Specifically, persons alleging both FC and FGP experiences had 11.4 more lifetime arrests and about five and one-half more years of offending than persons not alleging any false admissions. Persons alleging only one false admission experience were in the middle of the two other groups.

Certain demographic characteristics also had a significant impact. Minority participants were significantly more likely to claim false confession and FGP experiences (see Table 4) than non-minorities. Age and number of years of education did not affect claims. Gender did influence claims of false admissions. Persons claiming FCs and/or FGPs were more likely to be male than those not (a five to ten percentage point difference between groups, see Table 4).

Primary diagnosis and insight into mental illness did not differ by false admission status. Symptom severity did impact status. Those claiming false admissions (either or both) were significantly more symptomatic than those not. However, the magnitude of the difference between groups had questionable clinical significance (a 4.1-point difference between those with no false admissions and only false admission, and a 5.6-point difference between those with none and both types of false admissions). The possible range on the CSI is 60 points. It was not the case that the non-false admitters were asymptomatic (i.e., at or near zero) and the false admitters were symptomatic.

Finally, we conducted a multivariate linear regression predicting FC/FGP status to consider multiple variables simultaneously, particularly the influence of data collection site. All variables shown in Table 5 were entered in one step. Dummy variables were created for each of the sites,

and CA 1 (San Francisco) was the reference category. The model was significant, $F(14) = 9.15$, $p < .0001$; $R^2 = .33$.

Similar to what we found in the bivariate analyses, minority status remained a significant predictor of alleged FCs and FGPs. We also found similar, positive effects for CSI (symptom) scores and number of years offending. We found similar non-significant effects for education, insight into mental health problems, and primary diagnosis.

In contrast to what we found in the bivariate analyses, number of lifetime arrests was not a significant predictor of FCs or guilty pleas. However, number of arrests and number of years offending were significantly correlated, though only moderately so, $r = .28$, $p < .0001$. Thus, the robust effect of number of years offending may have suppressed the effect of number of lifetime arrests. We encountered a similar issue with age and number of years offending, which were more strongly related, $r = .67$, $p < .0001$. In the bivariate analyses, age did not influence false admission status. However, in the multivariate regressions, being younger predicted false admission status. False admitters were at most only 1.3 years older than non-false admitters (an effect size of only $d = .12$); a difference unlikely to be meaningful. When number of years offending is removed and analyses rerun, the same results as in the bivariate analyses emerged; that is, age did not significantly predict false admission status. Lastly, gender was a non-significant predictor in the regression, but in the bivariate analyses, we found men to be slightly more prevalent among alleged false admitters.

Table 5 Multivariate linear regression results predicting false confessions/false guilty plea status

	<i>B</i>	<i>SE B</i>	Beta	95% CI for <i>B</i>
CA (2)	.13	.07	.08*	.00 to .26
MN	.03	.08	.01	-.12 to .18
IN	-.11	.08	-.05	-.26 to .05
NY	.14	.10	.05	-.05 to .32
NV	-.02	.09	-.01	-.21 to .16
Age in years	-.01	.00	-.12**	-.02 to .00
Gender (1 = male, 2 = female)	.01	.05	.00	-.09 to .10
Education in years	.00	.01	.01	-.01 to .01
Minority status (0 = No, 1 = Yes)	.18	.05	.11***	.08 to .28
Number of lifetime arrests	.00	.00	.04	.00 to .00
Number of years offending	.02	.00	.25***	.01 to .02
Primary diagnosis (1 = most severe, 4 = least severe)	.02	.02	.03	-.02 to .07
Symptomatology (higher = more symptomatic)	.01	.00	.16***	.01 to .01
Insight (higher = more insight)	.00	.01	.01	-.01 to .01

Note: DV: 0 = neither FC nor FGP, 1 = FC or FGP; 2 = FC and FGP

* $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

DISCUSSION

Among six samples of offenders with mental illness at increased risk for both criminal involvement and miscarriages of justice, rates of lifetime FCs (i.e., 22%) were relatively high compared to previous self-reported estimates of European non-mentally ill samples (ranging from 3 to 14%). Although there are no known rates of comparison, rates of FGPs were even higher (i.e., 37%) than those of FCs.¹ It will be important for future research to collect similar data (in type and scale) from U.S. offenders without mental illness to better interpret the rates found here. More specifically, although mental illness is a commonly cited risk factor to false admissions, without comparable data from those without such illnesses, the rates reported here must stand alone, and should not be used as evidence that mental illness increases susceptibility to making false statements against oneself.

In addition to having a serious mental illness, the frequency of criminal justice involvement is likely to contribute to these rates, a pattern that emerged in our data. That is, among persons who are known to revolve in and out of the justice system over many years, the opportunity to falsely confess and falsely plead guilty is probabilistically increased. Below, we discuss how our findings do and do not match those of identified proven false admissions, and previous self-report studies.

It is important to note how self-reported FCs differ from identified, proven cases. An objective method to determine the number of false admissions does not exist (and most would agree, will never exist), and thus the true number of FCs or FGPs is unknown. Kassin and colleagues (2007) surveyed North American police officers, who estimated on average that 4.8% of innocent suspects provide a false confession. In this study, we estimated a 4.4% event-false-confession rate, though this is a conservative rate among offenders with mental illness, not a general population rate.

Proven FCs, such as ones exonerated by DNA or discussed in Drizin and Leo (2004) are a specialized subset of FCs in that they represent the most serious of crimes (murder and rape) and constitute a great deal of effort, time, and/or money to be categorized as such. FCs, as suggested by the present data and European data, occur in more prevalent but less serious crimes for reasons beyond police coercion. We found that FCs and FGPs were reported to have occurred for murder and rape 3% of the time or less. In contrast, Drizin and Leo (2004) found a

strikingly opposite pattern: murder and rape accounted for 92% of the proven false confessors in their sample; a sample comprised of mostly coerced-compliant false confessors. We also note here that because the Drizin and Leo sample (as well as cases from the Innocence Project and Gross et al., 2005) is mostly murder and rape cases, comparisons by gender are non-informative. That is, men are overwhelmingly the suspects and perpetrators of murder and rape, and thus it is not surprising that 93% of their sample were men. In this study, we found that men were more likely to report having either FC and/or FGP experiences than women, but this finding was not borne out in the multivariate analysis.

Another discrepancy between objectively identified and self-reported false admissions relates to the underlying motivation for the confession. Similar to what Sigurdsson and Gudjonsson (1996a, b, 1997, 2001) have reported, we found that self-alleged false confessors often confess to protect the true perpetrator. When prompted, 53% of alleged false confessors claimed they confessed to protect the true perpetrator (although only 17% spontaneously provided a similar reason on their own for FGPs). However, at the same time, we found a considerable degree of overlap between the reasons, indicating that voluntary and coerced FCs may not be mutually exclusive to one another, but rather fall on a continuum. At one extreme, are people who walk into the police station on their own accord and confess to a crime despite never being suspected; at the other end are people subjected to extremely coercive, egregious, and illegal interrogation methods (such as being threatened with a gun). Others falling in between, for example, would be the gang member who confesses to protect his fellow gang member only after being interrogated, learning of the police suspicions against himself or his friend (the true perpetrator), and making a rational best-choice decision to falsely confess.

We also found that the majority of false confessors (65%) and false guilty pleaders (61%) claimed to falsely take responsibility because they wanted to end the questioning, get of jail, or go home. A common feature among false confessors is claims they either were told or incorrectly believed they could go home after admitting guilt (e.g., Kassin et al., in press; Leo, 2008; Redlich, Silverman, Chen, & Steiner, 2004). This erroneous belief and/or an intolerance for police questioning may be exacerbated among persons with mental illness (Redlich, 2004), and thus rates for persons without mental illness may be lower. Rogers, Harrison, Hazelwood, and Sewell (2007) found that in a sample of defendants with mental disorder, most lacked adequate comprehension of their *Miranda* rights, and thus may not understand aspects of the interrogation.

Additionally, a commonly held criticism of plea bargains is the potential for defendants—whether innocent or

¹ At the Nevada site, the authors have collected similar (unpublished) data from 97 offenders without mental health problems. Preliminarily, we have found the rate of FC to be 16.5%, which is higher than the NV 11.7% rate reported here (see Table 2). The FGP rate for offenders without mental health problems was 20.6%, a rate lower than the 29.1% rate reported here.

guilty—to plead guilty in return for release from jail or reduced sentences (e.g., Gazal-Ayal, 2006; Gross et al., 2005). Thus, it is not surprising that nearly two-thirds of alleged false guilty pleaders cited this reason. Often times, in response to the open-ended question of why they falsely pleaded guilty, a verbatim five-word response was given, “To get out of jail.” In a criminal justice system in which 97% of convictions are the result of guilty pleas, it stands to reason that some proportion of defendants will be wrongly targeted and wrongly held accountable (see, for example, the case of Robert H. in Alschuler and Deiss, 1994). In this study, we found that more than one-third claimed to have falsely pleaded guilty in their lifetime. When examined by event, we found an overall 8% prevalence rate, indicating that for nearly one in every ten pleas, defendants with mental illness may plead guilty to crimes they purport not to have committed. As hypothesized, participants with more opportunity (i.e., more arrests and longer criminal careers) were even more likely to have false admission experiences, results which are similar to those found by Gudjonsson and his colleagues in European samples (Gudjonsson et al., 2004; Sigurdsson & Gudjonsson, 1997, 2001).

One of the more intriguing findings related to race. Specifically, we found that minorities were more likely to have reported FC and FGP experiences than non-minorities. Drizin and Leo (2004) did not report race and ethnicity of their sample. Among the Innocence Project wrongful conviction cases (not limited to false admissions), minorities appear to be over-represented compared to their rates in the criminal justice system, particularly for rape (Garrett, 2008). And, Gross et al. (2005) found that 11 of the 13 (or 85%) of exonerated juvenile false confessors were African American. Thus, although the crime types are not comparable for these cases and our self-report data, there is converging evidence that minorities may be at particular risk for false admissions, and wrongful convictions more generally.

What is also interesting is that several studies have found that African American and Hispanic defendants are significantly *less* likely to plead guilty than their non-minority counterparts when presumably guilty (e.g., Albonetti, 1990; Frenzel & Ball, 2007; Kellough & Wortley, 2002). Thus, that we found that minorities were *more* likely to *falsely* plead guilty is worthy of future research. Redlich and Özdoğru (2009) recently reported that whereas African American status decreased the likelihood of pleading guilty or no contest when contrasted against pleading not guilty, a similar pattern was not found when comparing African American’s likelihood of entering an Alford plea versus a not guilty plea (An Alford plea is a guilty plea that allows defendants to claim innocence while simultaneously pleading guilty; *North Carolina v. Alford*, 1970).

Lastly, we note an interesting trend concerning the overlap between FCs and FGPs. Whereas 84% of false confessors claimed to have falsely pleaded guilty, only 49% of false guilty pleaders claimed to have also falsely confessed. Redlich (in press) noted a similar pattern in proven false admission cases from the Innocence Project. She examined 11 false guilty pleaders of 209 (the total exonerated at the time) wrongfully convicted cases. Of the 11 who falsely pleaded guilty, 55% had falsely confessed (many of whom reported to be mentally impaired) compared to a 13% false confession rate among those who went to trial (i.e., did not falsely plead guilty). Of those who falsely confessed, 19% pleaded guilty compared to only 3% who did not falsely confess but had falsely pleaded guilty. We encourage future research on this relationship.

CONCLUSIONS AND LIMITATIONS

This study is limited by the validity of self-report information. However, there are compelling reasons why self-reported false admissions are important to obtain. First, all data methods have limitations, and as such researchers must use multiple methodologies (i.e., triangulation) to address research questions. As stated by Kassin (2008), “As one would expect, multiple methods are used to investigate this chain of events” [processes of interviewing and interrogation, and the elicitation of confessions] (p. 203). Kassin then goes on to note the convergence of results from these eclectic methods. Second, to fully understand and appreciate the extent of false admissions, self-reported perspectives of those claiming to make them are an important addition. Objective methods to identify false admissions are simply not available, thereby precluding precise prevalence rates. At this point in time, self-reported estimates are the only way to measure prevalence. Findings from this study and from more than a dozen European studies all demonstrate that FCs are not exceedingly rare, occur for crimes other than murder and rape, and for reasons beyond police coercion.

Third, in some of his studies on self-reported FCs, Gudjonsson included measures of social desirability/self-deception. In general, he found that participants *not* claiming FCs scored higher on these measures (Sigurdsson & Gudjonsson, 1996b; Gudjonsson et al., 2004; Gudjonsson, Sigurdsson, & Einarsson, 2004). Whereas the tendency is to believe that self-reported FC rates over-report the true number, it is also possible that under-reporting occurs: persons who have falsely confessed may be embarrassed or otherwise reticent to admit it. Of note, most people in this study (i.e., 63.5 to 78%) did not self-report having FC or FGP experiences.

Although in our experience, persons with serious mental illness are capable of answering survey questions, like all individuals, their self-reports are subject to motivational and memorial errors. However, other studies have revealed that when compared with objective evidence, persons with serious mental illness are able to provide accurate estimates of self-reported arrests and substance use (Carey & Simons, 2000; Crisanti, Laygo, & Junginger, 2003; Crisanti, Laygo, Claypoole, & Junginger, 2005). Lastly, we note that our measures of insight into mental illness and symptomatology were assessed at the time of the interview, not at the time of the false admission. Thus, issues of clinical (in)stability during the legal case are unknown.

We do not have the “ground truth” to corroborate these alleged false admissions. However, our data represent the first of their kind in three ways: (1) first large-scale study of self-reported FCs in the United States, (2) first study of offenders with serious mental illness, and (3) first prevalence study on FGPs. We found that of offenders with mental illness, 22% claimed to have ever falsely confessed to the police, and 37% claimed to have ever falsely pleaded guilty. When all opportunities were examined, we estimated a 4.4% FC and a 7.7% FGP rate (though these rates are likely to be conservative underestimates) among a group of offenders known to cycle repeatedly through the criminal justice system, and believed to be at risk for wrongful convictions. These rates also span the range of possible reasons for false admissions. Our data do not speak to the likelihood of FCs when extreme or harsh interrogation practices are used. We would anticipate rates to be much higher under these conditions.

We also found that length of criminal justice involvement and minority status—each on its own—significantly increased the likelihood of false admissions. Given the already well-established racial disparities in the U.S. criminal justice system, the prevalence estimates we found heighten the need to prevent the wrongful convictions of innocent defendants.

Determining how many innocent people have been wrongfully convicted has been referred to as “the question nobody can answer” (see Innocence Project Report, 2007, p. 42). As such, some professionals in the wrongful conviction community have shifted their attention away from prevalence to questions of why innocents are wrongfully convicted and how miscarriages can be better prevented. However, *estimations* of the prevalence of wrongful convictions, generally, and false admissions, specifically are important to obtain. Whether FCs, for example, are believed to be exceedingly rare or somewhat common can affect the admissibility rulings of expert witnesses, jury decision-making, and legal policy (e.g., via the use of the availability heuristic). In a recent written opinion, a

Pennsylvania judge² excluded the testimony of an expert in an alleged false confession case in part because of lack of knowledge on prevalence. The Judge stated, “As there is no way to tell the jury how often FCs occur, there is no effective way for the jury to weigh the value of this evidence against any other evidence which may be presented” (p. 15). The Judge then goes on to provide a slippery slope argument in that allowing one defendant but not others to present expert testimony “with no indication as to how prevalent the problem of false confessions is in the real world” (p. 15) would have dramatic legal and policy implications. The results of this study, European studies, and the rapidly growing number of objectively proven false admission cases all demonstrate that FCs and FGPs are not unfortunate anomalies in the criminal justice system but rather are unfortunately common.

Acknowledgements The data reported here were part of two larger studies funded by the John D. and Catherine T. MacArthur Foundation (Network on Community Mandated Treatment, Director John Monahan, Ph.D.) and the National Science Foundation (SES 0454481). The data were collected by Policy Research Associates. We wish to especially thank Dr. Henry J. Steadman, Pamela C. Robbins, Karli Keator, Wendy Vogel, Margaret Lassiter, Kathleen Bolling, and Pamela Stenhjem. We could not have completed this research without the support and collaboration of personnel at the participating jails and courts, and the interviewers dedicated to the success of this undertaking.

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² This opinion can be provided upon request to the first author.

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