Law3MDC Exam Notes

Table of Contents

LECTURE 1 - MENTAL INCAPACITY/STATES AND CRIMINAL LAW	6
STRUCTURE OF COURSE	6
Pre-trial stage: Contact with police (not covered in this course)	6
TRIAL STAGE: MATTERS GOVERNED BY <i>CMIA</i> (PHASE 2)	6
TRIAL STAGE: OTHER MENTAL STATE 'DEFENCES' (PHASE 3)	7
POST CONVICTION STAGE: VULNERABILITY, SENTENCING AND DANGEROUSNESS (PHASE 4)	7
1.1. MENTAL INCAPACITY AND MENTAL STATES IN CRIMINAL LAW	7
1.2. THEORIES OF CRIMINAL RESPONSIBILITY	7
1.2.1. HART, 1968, 22	8
1.3. ALRC – 'The challenge of language'	8
1.3.1. What is 'mental illness'?	9
1.3.2. What is 'Cognitive impairment' (CI)?	9
1.3.3. What is 'Intellectual disability' (ID)?	9
SEVERITY OF INTELLECTUAL DISABILITY	10
FORENSICARE / DEPARTMENT OF HUMAN SERVICES	10
Prevalence of mental disorder – people who come into contact with CJ system	11
MENTAL HEALTH ISSUES	11
INTELLECTUAL DISABILITY	11
HYPOTHESES — PREVALENCE OF INTELLECTUAL DISABILITY	11
UNSW RESEARCH – PEOPLE WITH COGNITIVE IMPAIRMENT AND THE CJ SYSTEM	12
LECTURE 2 - UNFITNESS TO STAND TRIAL	13
2.1. Introduction	13
2.2. UNFITNESS TO STAND TRIAL— ORIGINS	13
R v Pritchard (1836)	13
2.4. APPLICATION OF UNFITNESS TO STAND TRIAL RULES — TRIALS ON INDICTMENT ONLY	14
2.4.1. When can and must the issue be raised? — section 9	14
2.4.2. COMMON LAW GUIDANCE ON WHETHER A 'REAL AND SUBSTANTIAL QUESTION' EXISTS	14
2.4.3. What happens to the accused once the question has been reserved? — section 10	15
2.5. Role of the jury and proof – section 7	15
2.5.1. Procedure and evidence – section 11	15
2.6. R v Presser [1958]	15
2.7. THE TEST FOR UNFITNESS TO STAND TRIAL — SECTION 6	16
2.7.1. Unfitness and the nature of the 'impairment'	16
NGATAYI V THE QUEEN (1980) HCA	16
KESAVARAJAH V THE QUEEN (1994)	17
R v NCT (2009)	17
2.8. RESULTS OF INVESTIGATION — SECTIONS 11-12	18
2.8.1. Special Hearing (Part 3)	18
LECTURE 3 - DEFENCE OF MENTAL IMPAIRMENT	19
3.1. NOT GUILTY BY REASON OF MENTAL IMPAIRMENT (INSANITY)	19
3.2. MENTAL CONDITION WHERE DEFENCE OF MI COMMONLY MOST COMMONLY RAISED	19

3.3. Origins	20
3.4. M'NAGHTEN (1843)	20
3.5. REFORM IN VICTORIA - 1997	21
3.5.1. CMIA s21 - Presumptions, standard of proof, etc	21
3.5.2. CMIA s22 - When may the question of mental impairment be raised?	22
3.5.3. CMIA s20 — THE DEFENCE OF MI	22
3.5.4. MENTAL IMPAIRMENTS — 'DISEASE OF THE MIND'	22
3.5.5. EXPERT OPINION AND COMMON SENSE	23
3.5.6. Examples of conditions which have been stated to be diseases of the mind include:	23
3.6. CMIA s20 — THE DEFENCE OF MI — NEXT STEP	24
3.6.1. 'DID DID NOT KNOW THAT THE CONDUCT WAS WRONG'	24
3.6.2. PSYCHOPATHY (AN ANTI-SOCIAL PERSONALITY DISORDER)	25
3.6.3. 'PERSONALITY DISORDER' V 'MENTAL ILLNESS'	25
3.7. THE PROPOSED DEFINITION CONTAINED IN THE BILL **NOT CURRENTLY LAW	26
3.7.1. THE EFFECTS OF DRUGS ON MENTAL ILLNESS	26
LECTURE 4 - MANAGEMENT UNDER THE CMIA	27
4.1. PATHWAYS TO SUPERVISION UNDER THE CMIA	27
4.2. 39 Principle to be applied	28
4.3. CMIA SUPERVISION ORDER REGIME	28
4.4. Making supervision orders (following a special hearing or NGMI finding)	29
S 28	30
4.5. Custodial Supervision Orders (CSO)	30
4.6. Non-custodial supervision orders (NCSO)	31
4.7. MAJOR REVIEWS	31
4.7.1. APPLICATIONS TO VARY OR REVOKE SUPERVISION ORDERS	31
s40 Matters to which the court is to have regard	32
4.8. The Leave Framework	32
4.9. VLRC REVIEW OF CMIA	33
NOM v DPP [2012] VSCA 198	33
RICHARDS (A PSEUDONYM) V THE QUEEN (NO 2) [2017] VSCA 174	35
LECTURE 5 - AUTOMATISM	36
5.1. HISTORY – AUTOMATISM AND INSANITY	36
5.1.1. Bratty v Attorney-General for Northern Ireland [1963] AC 386 (HL)	36
5.2. ABSENCE OF VOLITION/WILL TO ACT	37
5.2.1. Absence of volition/will to act	37
5.3. TOTAL LOSS OF CONTROL	37
5.3. Sane versus insane automatism	38
5.3.1. R v Falconer (1990) 171 CLR 30	38
5.4. 'Sound mind' test	39
5.5. Ways to distinguish sane v insane	39
5.5.1. Bratty v Attorney-General for Northern Ireland [1963] AC 386	40
5.6. Role of the expert	40
5.7. Onus of proof & standard of proof	40
5.8. Bases of automatism	41
5.9. Bases of automatism — some case law	41
BLOOD SUGAR LEVELS AND AUTOMATISM	41
EPILEPSY AND AUTOMATISM	41
SOMNAMBULISM AND AUTOMATISM	42

DISSOCIATION AND AUTOMATISM	43
5.10. HAWKINS V THE QUEEN — MENTAL IMPAIRMENT AND INTENTION	44
5.11. Practical tips (and recap)	44
Consequences — recap	44
LECTURE 6 - INTOXICATION	45
6.1. WHEN WILL INTOXICATION LIMIT CRIMINAL LIABILITY?	45
6.2. Intoxication	45
6.3. CONTEXT – RELATIONSHIP BETWEEN INTOXICATION AND OFFENDING	46
6.3.1. DUMA RESULTS (2012)	46
6.4. A CLASH OF PRINCIPLES?	46
<i>R v O'Connor</i> (1980) 146 CLR 64, Barwick CJ	46
6.5. THE DRUNK'S DEFENCE?	47
6.6. CONDUCT ELEMENT/ACTUS REUS - VOLUNTARINESS	47
6.7. FAULT ELEMENT/MENS REA - INTENTION	48
6.8. UK – DEVELOPMENT OF RELEVANCE OF INTOXICATION TO MENS REA DPP v BEARD (UK)	48
DPP v Мајеwski [1977] AC 443 (UK)	48
O'Connor v R (1980) 146 CLR 64	49
6.9. REFORMS IN RESPONSE TO PUBLIC OUTCRY – R v PAXMAN (1995)	50
R v Nadruku (1997) ACT	50
6.10. Social Policy V Legal formalism	51
6.11. Parliament of Victoria Law Reform Committee – 1999 report of review	51
6.12. SPECIFIC INTENT V BASIC INTENT CRIMES	51
6.12.1. Bronitt and McSherry, Principles of Criminal Law, p. 280	51
6.13. VICTORIA – INTOXICATION AND VOLUNTARINESS	52
NSW, ACT, NT AND SA - INTOXICATION AND VOLUNTARINESS	52
TASMANIA, QLD AND WA – INTOXICATION AND VOLUNTARINESS	52
6.14. VICTORIA AND SA - INTOXICATION AND INTENT	53
NSW, ACT AND NT - INTOXICATION AND INTENTION	53
TASMANIA, QLD AND WA – INTOXICATION AND INTENTION	53
6.15. Intoxication and defences	53
6.16. s322T Intoxication – <i>Crimes Act 1958</i> (Vic)	54
WHEN IS INTOXICATION 'SELF-INDUCED'?	54
6.17. Re: SEX OFFENCES AND MISTAKEN BELIEF IN CONSENT - S 36B CRIMES ACT 1958 (VIC)	54
LECTURE 7	55
DIMINISHED RESPONSIBILITY	55
7.1. R v Hawkins [2001]:	55
7.2. ORIGINS OF THE DEFENCE	56
7.3. OVERVIEW	56
7.3.1 INCIDENCE IN NSW	57
7.4. ABNORMALITY OF MIND	57
7.4.1. Whitworth [1989] Qld – Frontal Lobe Brain Damage	58
7.5. HOW BROAD IS 'ABNORMALITY OF MIND'?	58
7.5.1. Severe depression - <i>Chayna</i> (1993) 66 A Crim R 178 (NSW)	59
7.5.2. ALCOHOL CONSUMPTION- <i>R v Nielsen</i> [1990] 2 Qd R 578 (QLd)	59
7.5.3. ALCOHOL CONSUMPTION - <i>MIERS V R</i> [1985] 2 QD R 138 (QLD)	60
7.5.4. FRONTAL LOBE BRAIN DAMAGE DUE TO ALCOHOLISM - R V CHESTER [1982] QD R 252 (QLD)	60
7.5.5. BORDERLINE PERSONALITY DISORDER AND SEVERE DEPRESSIVE ILLNESS - SINGH [1999] (ACT)	61
7.6. SURSTANTIAL IMPAIRMENT OF CAPACITY	61

NSWLRC - Conclusions	62
INFANTICIDE	63
Mum gets suspended sentence for infanticide (ABC News, 27 Feb 2008)	63
7.1. INFANTICIDE – ORIGINS	63
7.2. OVERVIEW	64
7.2.1. INCIDENCE AND OUTCOMES (NSWLRC 2010)	64
7.3. PSYCHIATRIC PERSPECTIVE	64
7.4. POST-CHILDBIRTH MENTAL DISORDER	64
7.5. INFANTICIDE IN VICTORIA: PRE-2005	65
7.5.1. R v Hutty [1953] VLR 338	65
7.6. REVIEW OF INFANTICIDE BY THE VLRC	65
7.6.1. VLRC RECOMMENDATIONS	66
7.7. CURRENT PROVISIONS RE INFANTICIDE IN VICTORIA: CRIMES ACT 1958 S6	66
7.7.1. BURDEN OF PROOF AND ALTERNATIVE VERDICTS	66
7.7.2. R v Azzopardi [2004] VSC 509	67
LECTURE 8 - ISSUES ARISING IN DOMESTIC AND INTIMATE PARTNER HOMICIDES	68
BATTERED SPOUSE SYNDROME AND FAMILY VIOLENCE	68
SELF-DEFENCE (THIS WEEK)	68
8.1. Intimate partner homicides	68
8.2. COMMON LAW SELF-DEFENCE: GENERAL CONCEPTS	68
8.3. Relevance of family violence	69
8.4. Relevance of Battered Spouse Syndrome (BSS)	69
8.4.1. WHAT IS BSS?	70
8.4.2. BSS SYMPTOMS	70
8.4.3. R v Runjanjic and Kontinnen (1991) 53 A Crim R 362	70
8.4.4. OSLAND V R (1998) 197 CLR 316	71
8.5. LIMITED STATISTICS ON THE USE OF SELF-DEFENCE IN INTIMATE PARTNER HOMICIDES IN AUSTRALIA.	72
8.6. BWS & Self-Defence: Some cases	72
R v Kontinnen (1992) (Unrep, Supreme Court of SA, April 1992)	72
R v Secretary (1996) 107 NTR 1	73
STJERNQVIST (1996) (UNREP, CAIRNS CIRCUIT COURT, DERRINGTON J. 18/6/96)	73
R v Falls (2010) (UNREP, SUPREME COURT OF QLD, APPLEGARTH J. 2-3/6/10)	73
8.7. MODERN LAW REFORM 2014	73
8.8. Law reform 2014: Self Defence	74
8.8.1. BURDENS AND STANDARD	74
8.8.2. LAW REFORM 2014: SELF DEFENCE & FAMILY VIOLENCE	75
LECTURE 9 - ISSUES ARISING IN DOMESTIC AND INTIMATE PARTNER HOMICIDES (PART 2):	
PROVOCATION, DURESS AND MARTIAL COERCION	<u>75</u>
PROVOCATION	<u>75</u>
9.1. Provocation: Broad overview	76
9.2. SOME CASES — FEMALE ACCUSED & FAMILY VIOLENCE	76
OSLAND V R (1998) 197 CLR 316	76
R v Birch CCA No 42 of 1985 27 March 1985	77
SOME CASES — MALE ACCUSED & RELATIONSHIP BREAKDOWN	77

LEONBOYER (1999) 109 A CRIM R 168	77
R v Damian Karl Sebo (2007) SCQ (UNREPORTED):	77
R v James Ramage [2004] VSC 508	78
9.3. ONUS AND STANDARD OF PROOF	78
DURESS AND MARITAL COERCION	79
BROAD OVERVIEW	79
9.1. DURESS: VICTORIAN LAW	79
9.2. DURESS: CURRENT VICTORIAN LAW	79
9.3. ELEMENTS OF DURESS	80
9.4. Onus and standard of proof	81
VICTORIA: MARITAL COERCION	81
9.1. ORIGINS AND REFORM OF THE PRESUMPTION AND DEFENCE	81
9.2. VLRC REVIEWS (1975 AND 2004)	82
9.3. MARITAL COERCION: AN EXAMPLE R V WILLIAMS (1997)	82
9.4. Onus and standard of proof	83
9.5. ELEMENTS OF MARITAL COERCION	83
9.5.1. R v Williams (1997)	84
9.6. ESCAPE /AVOIDANCE	84
9.6.1. OLSEN V THE QUEEN [2002] NTCCA 7	85
9.7. MATTERS TO CONSIDER	85

LECTURE 1 - Mental incapacity/states and criminal law

- Subject overview and administration
- Mental incapacity/states and criminal law

STRUCTURE OF COURSE

Phase 1: Introduction and overview – week 1 plus pre-corded mini-lectures available on LMS (under week 10 tab)

Phase 2: Crimes (Mental Impairment and Unfitness to be Tried Act) 1997 – weeks 2-4

Phase 3: Other defences and partial defences relating to an accused's mental state – weeks 5-9

Phase 4: Vulnerability, sentencing and dangerousness – weeks 11-12

Pre-trial stage: Contact with police (not covered in this course)

- Police might decide to exercise discretion not to charge the person
- Questioning of suspects right to support person. Very important for lawyers to carefully scrutinise the record of interview to check for compliance with all procedural rights.
- Charge are all the elements made out?
- People with mental health issues may be more likely to attract police attention (Burdekin report, 1993)
- People with mental health issues and/or cognitive impairments may be vulnerable in police interviews, are more likely to plead guilty and are more likely to falsely confess to crimes

Trial stage: matters governed by CMIA (phase 2)

- Mental Health Court Liaison Service (MHCLS) and ARC list in Magistrate Court (not covered in this course)
 - Divergent options for Magistrate because its costly and criminal record has a stigma
- Unfitness to stand trial investigations determined by a specially convened jury (week 2)
 - Special hearing to determine whether people found permanently unfit to stand trial are guilty, not guilty, or not guilty by reason of mental impairment.
 - Channelled into the forensic mental health/disability system if found guilty or not guilty by reason of mental illness – placed under 'supervision orders' (week 4).
 - Also called unfitness to plead
- Defence of mental impairment deriving from the M'Naghten Rules (week 3)
 - Not guilty by reason of mental impairment.