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Alberta not criminally responsible project. Part 1: Comparing the rates of incoming NCRMD persons and absolute discharges before and after Swain and Winko

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ABSTRACT

The Canadian forensic mental health system was transformed following the two landmark Supreme Court of Canada cases of *Regina v. Swain* (1991) and *Winko v. British Columbia* (1999). The *Swain* decision led to the creation of a new forensic mental health system that moved towards balancing the needs of the patient with the safety of the public. The *Winko* decision ruled that review boards had to release all persons who did not pose a significant threat to the safety of the public, even persons whose threat level was uncertain. In this article, the authors conducted 20-year pre-post analyses for incoming not criminally responsible persons following the *Swain* decision and absolute discharges following *Winko*. The results indicated that there was a statistically significant increase of new/incoming NCRMD cases post-*Swain* and a statistically significant increase of absolute discharges post-*Winko*.

1. Introduction

Section 16 (1) The Canadian *Criminal Code* (hereafter *Criminal Code*) declares that no person shall be criminally responsible for a crime they committed if they were suffering from a disease of the mind at the time of the offense such that it rendered them incapable of appreciating the nature and quality of the act or omission thereof, or if they did not know the act was wrong. The verdict of not criminally responsible on account of a mental disorder (hereafter NCRMD) redirects NCRMD persons to a provincial or territorial review board pursuant to section 672.38 of the *Criminal Code*. Review boards function to balance the safety of the public with the needs of NCRMD persons.

The legal standard for a NCRMD designation is exceedingly high, with Statistics Canada (Miladinovic and Lukassen, 2014) reporting that less than one percent of the total processed criminal cases in Canada were designated NCRMD in a given year between 2005 and 2012. Provincial review boards authorize three dispositions to NCRMD persons, which are: 1) detention in a hospital setting; 2) conditional discharge into the community; and 3) absolute discharge into the community, without any conditions (Haag et al., 2016). If the review board determines an NCRMD person poses a significant threat to the safety of the public, the board must either conditionally discharge or detain the NCRMD person under a full warrant. Section 672.54 (b) provides the review board the legal authority to issue any conditions they deem to be appropriate to protect the safety of the public. Popular conditions include keeping the

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peace and be of good behaviour, weapon prohibitions, and no-contact orders (Crocker et al., 2015).

This article is Part I of a two-part submission for the Alberta NCR Project which compares and analyses rates of incoming NCRMD persons and absolute discharges. In this article, the authors analyzed the impacts of two prominent Canadian Supreme Court decisions, *Regina v. Swain* [1991] and *Winko v. British Columbia* (Forensic Psychiatric Institute) [1999], with respect to the Alberta forensic mental health system. More specifically, the authors sought to determine: (1) if rates of incoming NCRMD persons have increased following *Swain;* and (2) if the rates of absolute discharges in Alberta increased following *Winko*. It was predicted that:

1. The rates of incoming NCRMD persons in Alberta would increase after the *Swain* decision.
2. The rates of absolute discharge would increase after the *Winko* decision

To answer these questions, the authors compared the number of incoming NCRMD persons and absolute discharges for a 20-year period before and after the *Swain* and *Winko* rulings in the Canadian province of Alberta.

The authors first begin the article by reviewing the *Swain* and *Winko* decisions. The authors use these two court cases precisely because of their noted importance in transforming the forensic mental health systems and decision-making across Canada (Carver and Langlois-Klassen, 2006; Desmarais et al., 2008). Second, the authors present the research design and methodology. Third, the results are presented, which outlines the rates of incoming NCRMD persons and absolute discharges. Finally, the authors discuss the implications, strengths, and limitations of the article.

2. Literature review

The *Swain* decision struck down the Not Guilty by Reason of Insanity (NGRI) system, which ultimately led Parliament to establish the NCRMD regime.[1] Alternatively, the *Winko* decision defined significant threat and outlined the constitutionality of indefinite detention for NCRMD persons. Both decisions played a considerable role in transforming forensic mental health systems in Canada, with the authors using these two decisions to conduct a pre-post analysis for incoming NCRMD persons and absolute discharges.

In October 1983, Owen Swain was charged with assault and aggravated spousal assault for carving a cross on his wife's chest and on one of his children. He reported that he believed his family were possessed by demons and that he had to exorcise them. After a brief period in jail, he was transferred to Penetanguishene Mental Health Centre. Once hospitalized, he was diagnosed with schizophreniform disorder and was provided antipsychotic medication. His condition rapidly improved (Glancy and Bradford, 1999). Swain was released on bail shortly thereafter with conditions and he lived in the community for approximately 18 months before his trial. At trial, the Crown presented evidence of his insanity, against the objections of his defense counsel. Swain was found not guilty by reason of insanity (hereafter NGRI) for charges of assault and aggravated assault and he was subsequently detained at a mental health hospital at the pleasure of the Lieutenant Governor of Ontario (Carver and Langlois-Klassen, 2006). Two days after his trial, the Lieutenant Governor issued a warrant to detain Mr. Swain at the Clarke Institute of Psychiatry, with an order for a psychiatric assessment that would be sent to the Advisory Review Board within 30 days (Glancy and Bradford, 1999). The Advisory Review Board ruled that Mr. Swain would be detained in a mental health center and would be granted privileges to re-enter the community, with supervision and follow-up treatment. Mr Swain appealed the constitutionality of his case all the way to the Supreme Court of Canada.

The main constitutional questions raised before the Supreme Court of Canada included: 1) does the common law rule of allowing the Crown to unilaterally adduce evidence of the accused insanity (against the objections of the accused) violate section 7, 9, and 15(1) of the *Charter of Rights and Freedoms*; 2) does the statutory power to automatically detain a person found NGRI pursuant to section 542 (2) of the *Criminal Code* violate sections 7 and 9 of the *Canadian Charter of Rights and Freedoms*; and 3) can section 1 of the *Charter of Rights and Freedoms* (hereafter *Charter)* justify the common law rule and section 542(2) of the *Criminal Code*? Writing for the majority opinion for the Supreme Court of Canada in *R. v. Swain,* Chief Justice Lamer ruled that both the common law rule and section 542(2) were unconstitutional and violated the principles of fundamental justice pursuant to Section 7 of the *Charter.* First with respect to violating the common law rule, the Supreme Court ruled that the common law rule (whereby the Crown can adduce evidence of the accused insanity against the objections and wishes of the accused) violated the ability for the accused to raise their own defense, thereby violating principles of fundamental justice. Second, the court ruled that the inherent assumption that NGRI persons are automatically dangerous pursuant to section 542(2) and to be automatically detained deprived NGRI accused their section 7 right to liberty in accordance with the principles of fundamental justice.[2] Third, the Supreme Court ruled that section 7 *Charter* infringements could not be reasonably justified under section 1. For clarity, the *Charter* guarantees the rights and freedoms of Canadians, with section 1 restricting such rights 'to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society'. It should be noted that the majority decision in *Swain* was considerably influenced by the principle that "Insanity acquittees, however, should be detained no longer than necessary to determine whether they are currently dangerous due to their insanity". As a result, the Supreme Court declared section 542(2) of the *Criminal Code* to be of no force or effect and gave *Parliament* six months to re-write the law.

As a response to *Swain,* Parliament enacted *Bill C-30,* the Mental Disorder amendments to the *Criminal Code* of Canada, in February

[1] To clarify, although persons in the forensic mental health system were referred to as NGRI persons up until the repeal of the NGRI system in 1991 and the establishment of the NCRMD in 1992, the authors refer to all such persons in both systems as NCRMD persons.

[2] The Supreme Court did not rule on whether the common law rule and statutory powers violated sections 9 and 15(1) because they already determined that section 7 was unconstitutional.

1992. The bill included several drastic changes to the *Criminal Code* and the forensic regime: the authors focus on two changes in this article. First, in 1992 Parliament replaced the *NGRI* section of the *Criminal Code* with Part XX.1, "Not criminally responsible by reason of mental disorder." Part XX.1 abolished the executive branch's previous role as lieutenant governor and also required that NCRMD persons would be absolutely discharged if they did not pose a significant threat to public safety. The court in *Winko* later defined significant threat to the safety of the public as "a real risk of physical or psychological harm to members of the public that is serious in the sense of going beyond the merely trivial or annoying". Section 674.54 of the *Criminal Code* mandated these changes for the review board to consider when making dispositions:672.54 – Where a court or ***Review Board*** makes a disposition pursuant to subsection 672.45(2) or section 672.47, it shall, taking into consideration the need to protect the public from dangerous persons, the mental condition of the accused, the reintegration of the accused into society and the other needs of the accused, make one of the following dispositions that is the least onerous and least restrictive to the accused:

(a) where a verdict of not criminally responsible on account of mental disorder has been rendered in respect of the accused and, in the opinion of the court or ***Review Board***, the accused is not a significant threat to the safety of the public, by order, direct that the accused be discharged absolutely;
(b) by order, direct that the accused be discharged subject to such conditions as the court or ***Review Board*** considers appropriate; or
(c) by order, direct that the accused be detained in custody in a hospital, subject to such conditions as the court or ***Review Board*** considers appropriate.

Section 672.54 mandates three dispositions for NCRMD persons. First, members of the review board can issue a disposition to detain the NCRMD person in a hospital under a full warrant. Second, the review board can conditionally discharge the NCRMD person into the community, with conditions. Third, the review board can absolutely discharge the NCRMD person from the jurisdiction of the review board. If the review board considers the NCRMD person to pose any significant threat to the safety of the public, the board must either conditionally discharge the NCRMD person or detain them in hospital (full warrant). If an NCRMD person is conditionally discharged, they are placed in the community under supervision with restrictions imposed on them by the review board. In the case of a full warrant, the individual is referred to and detained within a forensic psychiatric facility, but they can be granted privileges and may even reside in the community (Haag et al., 2016).

Parliament, in establishing the second drastic change to the *Criminal Code*, set out to mandate limits or *caps* on the length of time that NCRMD persons could be detained under the review board, based on offense severity. However, the court had not ruled on the capping provision since the legislation was implemented. The defense in *Winko* sought to challenge the constitutionality of the indefinite detention provisions for those who posed a significant threat to public safety pursuant to section 672.54 of the *Criminal Code.*

In 1983, Mr. Winko was arrested and charged with aggravated assault, assault with a weapon, and possession of a weapon for purposes dangerous to the public peace after attacking two pedestrians on the street, including stabbing one of the victims. While in hospital, Mr. Winko was diagnosed with schizophrenia, was treated with antipsychotic medications, and progressed to living in the community with conditions. At a review board hearing in 1995, Mr. Winko was given a conditional discharge on the grounds that he presented a significant threat *under certain conditions*. Mr. Winko challenged his disposition all the way to the Supreme Court of Canada on the grounds that the indefinite detention of NCRMD persons who posed a significant threat was in violation of sections 7 and 15(1) of the *Charter of Rights and Freedoms* [1982].

Writing for the majority opinion at paragraph 92, Justice Mclachlin determined that it was improper to compare confinement periods between prisoners and NCRMD persons. Indeed, although a punishment of indefinite detention is "morally inappropriate and ineffective […]. The purpose of any restriction on his or her liberty are to protect society and to allow the NCR[MD] accused to seek treatment." Although the majority in *Winko* upheld the constitutionality of indefinite detention for NCRMD persons who posed a significant threat to public safety, the court nonetheless reaffirmed that NCRMD persons must be absolutely discharged if they do not represent a significant threat to public safety. The Supreme Court at paragraph 57 clarified the meaning of significant threat as: both in the sense that there must be a real risk of physical or psychological harm occurring to individuals in the community and in the sense that this potential harm must be serious. A minimal risk of a grave harm will not suffice. Similarly, a high risk of trivial harm will not meet the threshold.

The *Winko* decision required that the review board must determine that NCRMD persons represent a *real risk of physical or psychological harm* to the community. Moreover, the *Winko* decision determined in paragraph 62 that the review board must absolutely discharge the NCRMD person if they "cannot decide whether the NCR accused poses a significant threat to the safety of the public." Prior to *Winko*, NCRMD persons stayed under the jurisdiction of the review board if their level of threat was uncertain. However, the court in *Winko* determined that NCRMD persons would be absolutely discharged if the *Crown (*prosecution) could not establish that the NCRMD persons presented a significant threat to public safety – "a real risk of physical or psychological harm to members of the public that is serious in the sense of going beyond the merely trivial or annoying" (Balachandra et al., 2004).

The *Swain* and *Winko* decisions led to significant changes to the Canadian forensic mental health system, which has been documented in existing literature (Desmarais et al., 2008; Glancy and Regehr, 2020). The most notable changes include the establishment of the NCRMD system and the definition of *significant threat.* In this article, the authors set out to determine how both decisions impacted the number of incoming NCRMD persons and absolute discharges in Alberta's forensic mental health system.

3. Methods

3.1. Design and data collection

This article is part of the Alberta NCRMD Project, which analyzes population-level research on the Alberta NCRMD/Insane population. The project includes a review of every person that had ever been found NCRMD in Alberta's history. The project has been described in detail in two other publications (Haag et al., 2016; Richer et al., 2018). Given that the Alberta NCRMD Project was conducted on an entire population, it allowed for an analysis of the impact of the *Swain* and *Winko* rulings on NCRMD accused in Alberta. In this article, the authors add to the Alberta NCR Project by conducting a population-level study in Alberta for incoming NCRMD persons and absolute discharges in Alberta for 20-years before and after the *Swain* and *Winko* decisions.

The authors are employees at Alberta Hospital Edmonton (AHE). AHE is a provincial psychiatric hospital under the authority of Alberta Health Services. AHE has served as the primary location in Alberta that houses NCRMD inpatients. AHE is an assessment and

Table 1
Incoming NCRMD persons and Absolute Discharges from 1967 to 2019.

Year	Incoming NCRMD Persons	Number of Absolute Discharges
1967	1	0
1968	1	0
1969	1	0
1970	1	0
1971	2	0
1972	7	1
1973	10	0
1974	3	2
1975	8	1
1976	6	3
1977	11	1
1978	8	1
1979	4	5
1980	10	3
1981	5	6
1982	5	2
1983	8	1
1984	6	6
1985	6	2
1986	5	0
1987	9	2
1988	3	0
1989	5	6
1990	4	4
1991	6	5
1992	11	6
1993	12	10
1994	11	3
1995	18	8
1996	13	3
1997	16	8
1998	11	7
1999	21	8
2000	18	21
2001	16	19
2002	19	17
2003	18	12
2004	12	15
2005	21	17
2006	16	11
2007	19	10
2008	23	12
2009	12	9
2010	22	4
2011	25	5
2012	18	12
2013	20	9
2014	10	4
2015	21	4
2016	18	10
2017	6	15
2018	16	13
2019	11	11

treatment facility for "voluntary, formal, and criminal code referrals" in Alberta (Haag et al., 2016, p. 70). AHE maintains copies of all Alberta Review Board dispositions. The authors, therefore, were able to secure access to the records of all incoming NCRMD persons and absolute discharges for all Alberta Review Board dispositions.

3.2. Procedures

The authors used the Statistical Package for the Social Sciences (IBM Corp, 2010) to process and code all the data for this article. Data checks were performed to ensure reliability and consistency.

3.3. Context and data sources

The authors analyzed rates of new/incoming NCRMD persons and persons absolutely discharged in Alberta since the first person was found NGRI in 1941. The authors conducted pre-post comparisons at a 20-year interval, for both pre and post *Swain* and *Winko*. The authors excluded 1991 and 1992 with respect to *Swain* because of legal proceedings following the Supreme Court decisions and legislative changes. Moreover, the authors excluded 1999 when comparing incoming NCRMD persons and absolute discharges post-*Winko*. The authors rounded their results to two decimal points.

3.4. Ethics

The authors received ethics approval from the University of Alberta's Research Ethics Office and Alberta Health Services.

4. Results

4.1. Incoming NCRMDs and the swain decision

The first person found NCRMD/NGRI in Alberta history occurred in 1941, with only two more persons being found NCRMD/NGRI up until 1967 (1 NGRI verdicts in each of 1958 and 1962). Since 1967 however, there has been at least 1 person found NCRMD/NGRI each year in Alberta. From 1967 to 2019, there has been a mean annual rate of 11.11 (M = 11.11, SD = 6.72) new/incoming NCRMD/NGRI persons per year. See Table One for detailed yearly information pertaining to the number of new NCRMD cases and absolute discharges in Alberta.

The total number of incoming persons found NCRMD pre-*Swain* (1971–1990) was 125, with a mean annual rate of 6.25 (SD = 2.55). The annual number of incoming persons found NCRMD from 1971 to 1990 ranged from a low of 2 NCRMD persons in 1971 to a high of 11 persons in 1977. Alternatively, the total number of incoming persons found NCRMD post-*Swain* (1993–2012) was 341, with a mean annual rate of 17.05 (SD = 4.20). During this period (1993–2012), the annual number of incoming persons found NCRMD ranged from a low of 11 (in 1994 and 1998) to a high of 25 in 2011. The *Swain* decision and subsequent legislative changes were noted to have made a statistically significant impact on the rates of incoming NCRMD cases 20 years pre/post Swain ($t = -9.83$, $p < 0.001$).

4.2. Absolute discharges and the winko decision

The first absolute discharge in Alberta occurred in 1972. Since then, there have been a mean annual rate of 6.3 absolute discharges per year (SD = 5.57). The highest number of absolute discharges in a calendar year was 21 in 2000. The total number of absolute discharges pre-*Winko* (1979–1998) was 87, with a mean annual rate of 4.35 (SD = 2.8). The annual rate of absolute discharges from 1979 to 1998 ranged from a low of 0 in 1988 to a high of 10 in 1993. Alternatively, the 20-year total number of absolute discharges post-*Winko* (2000–2019) was 230, with 20-year mean annual rate of 11.5 (SD = 4.94). The 20-year annual rate of absolute discharges ranged from a low of 4 (in 2010, 2014, and 2015) to a high of 21 in 2000. The *Winko* decision significantly impacted the 20-year annual rates of absolute discharges ($t = -5.36$, $p < 0.001$).

5. Discussion

In this article, the authors analyzed the rates of incoming NCRMD persons and absolute discharges following the *Swain* and *Winko* decisions. The results indicate that the number of new NCRMD admissions increased significantly after *Swain*. Moreover, with the advent of the *Winko* decision, it was found that there was an increased rate of NCRMD accused receiving an absolute discharge. The increase of absolute discharges in Alberta following *Winko* is similar to the results of Balachandra et al. (2004) who similarly reported an increase in absolute discharges in Ontario following *Winko* in a two-year pre-post analysis.

The authors cannot rule out confounding variables that led to the statistically significant increases of incoming NCRMD persons following *Swain* and absolute discharges following *Winko*. Indeed, it would have been useful to analyze and compare the number of individuals who were seen for an NCR assessment pre- and post- *Swain*. Although the authors did not have access to this data, the authors strongly suspect that there was an increase of persons being seen for NCRMD assessments post-*Swain*, which might have contributed to increased incoming NCRMD persons. Moreover, it is possible that other confounding variables such as changes to the composition/staffing of the judiciary and the Alberta Review Board may have occurred after the *Swain* and/or *Winko* decisions, which could have played a role in the increase of incoming NCRMD persons and absolute discharges. However, such personnel changes occur

regularly in the justice system and it is thought to be unlikely that there have been systematic changes to the respective judicial bodies based on their respective views on Section 16 of the Criminal Code or their respective views on the threshold of when to grant an NCRMD persons an absolute discharge. To use the language of the Criminal Code on this matter, it would appear that the Supreme Court decisions of *Swain* and *Winko* decisions significantly contributed to the increased rates of persons being found NCRMD and persons receiving and absolute discharge.

6. Conclusion

6.1. Policy implications

The current study highlights the potential of the judicial system in having a major impact on the NCRMD population in Alberta, Canada. The Supreme Court of Canada in *Swain* struck down: (1) the common law rule allowing the Crown to unilaterally raise the issue of the accused insanity and (2) section 542(2) of the *Criminal Code*. Sequentially, Parliament passed *Bill C-30* into law and implemented a new forensic mental disorder regime involving provincial and territorial review boards. This article provided evidence that these changes appeared to lead to substantive changes in Alberta's forensic mental health population by contributing to increases of incoming NCRMD persons and increases in the annual rates of absolute discharges following *Winko*.

The changes from *Swain* and *Winko* highlight the potential influence for a court case to shape and transform the criminal justice system in Canada. Judges are in the unique position of identifying and addressing systemic issues, particularly issues that are not politically popular. Unlike elected Canadian politicians who must consider and address popular or populist concerns (e.g. get tough on crime), Canadian judges can address unpopular issues for the public good precisely because they are appointed rather than elected officials (Kmiec, 2004). Canadian judges are, therefore, in the unique position of protecting the rights of minorities and unpopular groups against the *tyranny of the majority*. This article provides evidence that a court case has the potential to lead meaningful, systemic change.

6.2. Strengths and limitations

The main strength of this study is that the authors had access to the case files and dispositions of all incoming NCRMD persons and absolute discharges in Alberta's history. Given that this was population level data, there are no issues with generalisability in the context of Alberta. The authors would encourage researchers in other Canadian jurisdictions to replicate this study in other provincial jurisdictions in Canada. A limitation of this article is that the authors did not have access to records of persons who may have been found NCRMD and then immediately given an absolute discharge by the courts. In other words, the authors only had access to persons who were found NCRMD and then placed under the jurisdiction of the Alberta Review Board. However, given that one of the authors also regularly completes assessments pertaining to the NCRMD issue and is not aware of any case involving immediate absolute discharge by the court with no referral to the Alberta Review Board, this is thought to be an unlikely situation.

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References

Balachandra, K., Swaminath, S., Litman, L., 2004. Impact of Winko on absolute discharges. J Am Acad Psychiatry Law 32, 173–177.
Bill C-30, 1991. An Act to Amend the Criminal Code and to Amend the National Defiance Act and the Young Offenders Act in Consequence Thereof. S.C c. 43.
Canadian Charter of Rights and Freedoms, 1982. Part I of the Constitution Act, 1982, Being Schedule B to the Canada Act 1982. U.K.) c. 11 [Charter]. http://canlii.ca/t/8q7l.
Criminal Code, 1985. RSC. c. C – 46.
Carver, P., Langlois-Klassen, C., 2006. The role and powers of forensic psychiatric Review Boards in Canada: recent developments. Health LJ 14, 1–19.
Crocker, A.G., Charette, Y., Seto, M.C., Nicholls, T.L., Côté, G., Caulet, M., 2015. The national trajectory project of individuals found not criminally responsible on account of mental disorder in Canada. Part 3: trajectories and outcomes through the forensic system. Can. J. Psychiatr. 60 (3), 117–126.
Desmarais, S.L., Hucker, S., Brink, J., De Freitas, K., 2008. A Canadian example of insanity defence reform: accused found not criminally responsible before and after the Winko decision. Int. J. Forensic Ment. Health 7 (1), 1–14.
Glancy, G., Bradford, J., 1999. Canadian landmark case: Regina v. Swain: translating M'Naughton into twentieth century Canadian. J Am Acad Psychiatry Law 27 (2), 301–307.
Glancy, G., Regehr, C., 2020. Canadian Landmark Cases in Forensic Mental Health. University of Toronto Press.
Haag, A.M., Cheng, J., Wirove, R., 2016. Describing the not criminally responsible population in Alberta's history: sociodemographic, mental health, and criminological profiles. Journal of Community Safety and Well-being 1 (3), 68–74.
IBM Corp, 2010. SPSS Statistics.
Kmiec, K.D., 2004. The origin and current meanings of judicial activism. Calif. Law Rev. 92, 1441–1478.
Miladinovic, Z., Lukassen, J., 2014. Verdicts of Not Criminally Responsible on Account of Mental Disorder in Adult Criminal Courts, 2005/2006- 2011/2012. Ottawa: Statistics Canada. http://www.statcan.gc.ca/pub/85-002-x/2014001/article/14085-eng.htm.

Regina, v, 1991. Can Swain, 1 S.C.R. 933, 950.
Richer, K., Cheng, J., Haag, A.M., 2018. Historical recidivism rates of Alberta's not criminally responsible population. Journal of Community Safety and Well-Being 3 (2), 59–64.
Winko, v, 1999. British Columbia (forensic psychiatric Institute). June 17 S.C.C. File 25856.