

## Some Methodological Problems in Studying Violent Offenders

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Forensic psychiatrists are in the midst of very disquieting times, and many indications suggest that their situation may worsen. The problem is multi-faceted. The increasing rate of violent crimes<sup>1</sup> and the psychiatrists' limitations in predicting dangerousness<sup>2, 3</sup> make it essential for these sub-specialists to intensify their study of these problem areas. This paper will describe some of the difficulties which confront psychiatric investigators as they attempt to research predictive correlates of future violent behavior within a prison population. Several legal, cultural, institutional, characterological and social network factors will be considered, and illustrative case material will be presented. Finally, suggestions for dealing with these difficulties will be offered.

The first consideration in assessing the predictive correlates of violent behavior within a prison population is nosological. Terms, such as violence, enuresis and alcoholism, must be defined. This problem area was addressed by Rubin<sup>4</sup> when he cited a staff report to the Commission on the Causes and Prevention of Violence in which Ervin and Lion<sup>5</sup> determined that "Violence refers to assaultive or destructive acts or ideation. The term ideation is included because patients with fears or fantasies of violence sometimes act them out." Such a broad definition would not serve the purposes of researchers attempting to select violent subjects from a prison setting, where most of the population has had violent thoughts. Other issues, such as what constitutes a history of firesetting or cruelty to animals, must be resolved. A rationale must be applied for setting qualitative and quantitative standards of entry into the research sample. For example, is the boy who throws rocks at stray cats to be included as being cruel to animals in the same way as another child or adolescent who might dissect neighborhood dogs in his basement? Likewise, what constitutes firesetting? Should the child who flicks lighted matches through open windows be relegated to the same sample as one who sets his sister's hair on fire? How does the prisoner who recalls having set a brush fire on only one occasion compare with his fellow-inmate who is known to have set fires on a frequent, regular basis throughout his adolescence? If the battered child syndrome is being researched as a correlate of violent behavior, the issues of how badly battered and how often must also be addressed. Furthermore, many studies dealing with the predictive elements of violent behavior either simply present case reports which unfortunately have little statistical application, or, when surveying larger populations, employ widely different definitions of key concepts. For example, whereas Justice *et al.*<sup>6</sup> selected 95 violent prisoners from a population of 173 on the basis of "records of violent crimes such as murder, rape, assault, and robbery with a deadly weapon," Coccozza and Steadman<sup>7</sup> expanded their operational definition of dangerous behavior to include all behavior involving violence against persons "regardless of the consequences of the behavior."

Once developmental and behavioral factors have been selected as potentially predictive

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correlates of violent behavior and definitions have been refined, the investigator needs to select a population for study. The forensic psychiatrist working within a prison population encounters difficulties of social timeliness and experimental design. The civil rights movement which gained prominence in the 1960's has broadened its scope beyond the plight of racial minorities and is now working for the rights of women, the elderly, and most recently children, the mentally ill, and the imprisoned. Consequently, psychiatrists working within the correctional system have become more aware of a legal presence overseeing their research and clinical endeavors. Concerns over confidentiality, privileged information and informed consent<sup>8</sup> have heightened.

If we hope to identify predictive correlates that differentiate the violent from the nonviolent offenders, we are usually dealing with a retrospective study with the limitations of that experimental design. Such a methodology takes much of the force out of its predictive potential. In other words, if we were to determine that each of the violent offenders in a given sample of a prison population had a history of being beaten as a child, this observation does not imply that each of the men in the sample with a history of being battered is necessarily violent. One must be especially wary of such faulty interpretations in that prematurely labelling someone as potentially violent may in itself become a self-fulfilling prophecy.<sup>9</sup>

An alternative methodology might be to design a retrospective-prospective study following violent offenders to determine which developmental and behavioral correlates would be predictive of future violent episodes. The greater research effort involved in such a study and massive resistance to the use of open society as a laboratory for the prospective study of violence are two objections to such an experimental design. A third technique would be to look beyond the confines of the correctional system to secure a population for the prospective study in question. Children in the public school system or those brought to mental health facilities could be screened for possible correlates of violent behavior and then followed to see which correlates or cluster of correlates were the most powerful determinants of dangerousness. The practical and ethical difficulties of such a study are complex, including the increased tendency toward false generalization and labelling due to the greater predictive potential of prospective studies.

Once the investigator finds himself inside the walls of the correctional facility, a whole new array of difficulties emerges. Here he interacts with the correctional officers, the men responsible for the smooth operation and security of the institution. These officers are accustomed to a traditional correctional model in which the psychiatrist's role is either absent or adventitious and inconsistent with the more familiar methods of containing undesirable behaviors. Differences in education, socio-economic background, ideological orientation and commitment to the institution make it difficult for officers and psychiatrists to understand one another. Clinicians may inadvertently undermine inmate-officer rapport by offering a receptive, sympathetic ear to complaints that often concern guards. On the other hand, officer ambivalence concerning the merits of psychiatric input may filter down to the tier in the form of comments such as "Why do you want to mess around with those shrinks? If you don't watch what you say, you'll end up on the funny farm for good." Or "You're not crazy, what do you need those shrinks for?" These asides may heighten the inmate's already well-honed sociopathic, paranoid view of the outside world. Administrative personnel are also chary of outsiders within their institution. These individuals are functioning within a political system and particularly during election years may be concerned that outsiders might publicly disclose injustices perpetrated within their facility. Even the most reform-minded administrators are troubled by the dilemma of balancing innovation and exploration with their often convoluted political ramifications. When the sense is that clinical research must be discouraged, these individuals invoke the bureaucratic maze to complicate the investigation and frustrate the clinicians. We hasten to add that in our own personal experience difficulties have been less than anticipated, and we have found correctional personnel friendly and receptive to

psychiatric intervention to the extent that it offers tangible help with their responsibilities.

Assuming that "violent" has been adequately defined, it is quite another matter accurately to select a violent subgroup in the prisoner population. Selection of these individuals on the basis of conviction on a violent charge is problematic. As court dockets have been increasingly unable to handle the enormous caseload, plea bargaining or "copping a plea" has become a more and more popular expedient within our system of criminal justice.<sup>10, 11</sup> Consequently, there may be little correlation between the committed offense and that for which the offender is officially serving time. This inconsistency leads to false negatives distorting the findings of inmate violence studies. One might also speculate that a lesser portion of the violent population may have developed such impressive "street savvy" or wield such influence that they may rarely be apprehended or convicted of crimes of violence. This situation leads not only to their exclusion from the experimental population, but perhaps to their contamination of the nonviolent control population. A case example is offered to illustrate this point:

#### *Case 1*

Jack Briggs was a 30-year-old white, separated, unskilled high-school dropout who was brought to our attention because he had spent much of his adult life incarcerated for various drug-related offenses. On the basis of his record of convictions, he was about to be assigned to the non-dangerous control population of an inmate violence study, until we learned more about his history. For reasons of security and convenience we had been accustomed to interviewing the inmates in the prison infirmary. After we had finished interviewing Mr. Briggs, the nurse came over to tell us more about him. Apparently, Jack was not a run-of-the-mill junkie or pusher, as we had been led to believe. Firstly, he had just been transferred within the month from a neighboring county house of corrections where he had allegedly stabbed a correctional officer, although the evidence was not conclusive. He was also viewed by officers and prisoners alike as one of the most dangerous men in the institution. It seemed that to cross Jack was to risk getting "piped" or "bundled" in one's sleep or while one's back was turned. If psycho-active drugs came onto the tier, Mr. Briggs was expected to intimidate the possessor into a "cut of the take." Upon hearing this informal description, we elected to withdraw Mr. Briggs' data from the study altogether. Two weeks later there was a small scale riot on one of the tiers. Four officers were required to contain Mr. Briggs and escort him back to his cell. One of these officers later shared with us the horrifying experience of watching Jack straining to reach him from within his locked cell, his teeth literally gnawing at one of the bars and a fierce, wild-eyed glare in his eyes.

It is not clear what portion of the prison population Mr. Briggs represents. His case does exemplify, however, an unwitting selectivity within our research design. It appears that in attempting to study violence we are selecting out for the least adaptive, most conspicuous subgroup. Climent and associates reflected this skewed methodology in their recent study of medical and psychiatric variables related to violent behavior in women prisoners.<sup>12</sup> They used five independent measures of violence (self-evaluation, MMPI Profile,<sup>13</sup> correctional officer evaluation, violent crime, and length of sentence), and the concurrence of all five served as the criterion for establishing a relationship between violence and a given variable. Such a technique is directed toward the "high profile," openly violent subject who has little facility, desire, or ability to control or hide violent behavior. It is no wonder, then, that of the many variables considered, the researchers found the dyscontrol syndrome<sup>14</sup> to be among the two or three variables most highly associated with violence (others included maternal loss before age 10, severe parental punishment, easy access to weapons and neurological disorders in relatives). In other words, while we are scrutinizing that portion of the dangerous population which might roughly be categorized as disorders of impulse control, the more insidious, premeditated

type of violence as practiced by seasoned street criminals and organized crime remains elusive and underrepresented in studies of violence.

Psychiatry presumes the subjectivity of a person's history gathered in a clinical interview. Conscious and unconscious mechanisms operate to screen, deny, repress, or otherwise distort what were once verifiable life situations. These dynamics are operative within the criminal population, but there are additional obstacles to data collection more specific to this group and worthy of consideration. Often these men have strong sociopathic trends that are enhanced by the cynical, suspicious, "watching out for number one" social ambiance fostered on the tier. Given this set of circumstances, there is little wonder that the offender is less than enthusiastic about offering himself as a subject for psychiatric investigation. Although the more sociopathic inmates are quite skilled at diverting attention from their underlying motivation, the issue of what is in it for them is often primary. When they find that participation will not lead to special consideration by the administration or parole board,<sup>15</sup> their interest in the study drops off.

An almost universal concern is whether the information so gathered can be held against them legally. Despite reassurances by the researchers as to the confidentiality of the interviews, the prospective candidates for study are likely to focus on the few situations in which confidentiality may be breeched (child custody cases, estate settlements, insanity defense, etc.<sup>16</sup>) to confirm their persecutory fantasies. Fears of having psychiatric information held against them gather force from their awareness that commitment to a state hospital for the criminally insane denotes an indeterminate sentence with living conditions that are substandard. Other candidates, particularly sexual offenders, are hesitant to participate in a study involving psychiatrists. They fear that if word of their participation got back to the tier, it would either confirm their sexual deviance or raise suspicions that they have informed on fellow inmates who have abused them on the tier. In either case, the stage will have been set for scapegoating, which the individual feels might have been averted had he continued to maintain a "low profile" within the population and a distance from all psychiatric involvement.

Case 2 illustrates this dilemma:

### *Case 2*

Richard Jones was a 22-year-old white, single, unemployed custodian who was serving time on a conviction of indecent assault and battery on a minor. He seemed an appropriate candidate for our violent experimental population, but he refused to have any dealings with us whatsoever. Only after discussing his case with the nursing staff could we discern the reasons for his adamant refusal. It appeared that after word spread throughout the population that Mr. Jones was a sexual offender, he was required to perform and submit to homosexual acts or risk physical reprisal. Richard knew that if he were to inform the administration of his plight his physical safety would be jeopardized. The only reason that his situation subsequently came to the attention of the staff was that he developed anal fissures and perianal abscesses which required medical management. On our recommendation, he was placed in protective custody in the infirmary to complete his sentence, and although his physical condition returned to normal and he appeared less anxious than while in the population, he continued to refuse to discuss his experience on the tier or have anything to do with psychiatrists.

The problem of scapegoating on the tier is a given reality of prison life involving not only the sexual offender, but frequently the mentally retarded, schizophrenic, and otherwise emotionally disturbed. Its dynamics and significance within the social fabric of prison life is a very interesting issue, but one beyond the scope of this paper.

If there are conscious and unconscious resistances operating to obstruct the data-gathering efforts of the research clinician, psychological limitations and cultural deprivations indigenous to the criminal population further obscure and interfere with the gathering of pertinent historical information. Many of these men find themselves behind

bars because of their tendency to act out conflicts rather than to experience and tolerate the attendant anxiety and other painful affects. So, it is not surprising that these offenders tend to have had little experience thinking psychologically or introspectively when considering their behavior and its determinants. The high incidence of learning disabilities and memory deficits<sup>17</sup> and the effects of cultural deprivation observed in this population further confound the gathering of historical information from these men. Moreover, facts may be obscured or distorted through vague and confusing street jargon.

Considering the obstacles to accurate data collection described above, investigators may be inclined to look beyond the clinical interview for supplementary historical information. Inmate's records of former criminal or psychiatric involvement tend to be incomplete, and the offender has little interest in updating his record and thus cataloguing his history of incriminating antisocial activities. Recent civil rights cases have uncovered abuses of the confidentiality of computerized data banks, and knowledge of such abuses has led to a greater inaccessibility to criminal records.

A second source of potentially useful historical information might be a "significant other" or close relative who lived with the subject during his formative years. However, our candidates are often the products of chaotic family environments. Biological parentage may be unclear, and separation or divorce is a frequent finding. Siblings may be widely scattered geographically. Often the entire family may have little concern for or interest in the "black sheep of the family." Findings of alcoholism, criminality, defecting mothers, and sociopathic trends are prominent within the families of the criminal population.<sup>18</sup> Consequently, family members are likely to withhold or obscure potentially incriminating historical information from the investigator.

We have outlined above what appears to be an extensive variety of difficulties in the path of the forensic psychiatrist attempting to evaluate the predictive correlates of violent behavior within a prison population. However, an understanding of the problem areas confounding such a task is only the first step towards its solution. Ways must be found to engage correctional personnel more actively in research endeavors while conveying the fact that they too would be the beneficiaries of progress in this field. Researchers must be willing to become more intimately involved in the day-to-day workings of the institution, offering service to correctional personnel. Time could be set aside to assist these men through informal case conferences. Within such a forum, they would be invited to share their fears and frustrations regarding their "problem prisoners." It is hoped that from such meetings would come not only a conceptual framework for dealing with difficult cases, but also concrete suggestions to serve institutional needs and dampen the self-serving character of "academic research." Attempts need be made to further clarify definitional issues and criteria not only within individual studies but across studies, so that various investigators in the field may build upon each other's work and cross-validate significant findings. This means that, when appropriate, investigators may have to sacrifice certain of the idiosyncratic aspects of their research design in favor of already standardized objective instruments. These questionnaires should be designed to measure several criteria for violence, and questions must be designed to minimize all aspects of social desirability. (For example, asking an offender whether he is attracted to vicious dogs may be assumed to elicit a much more defensive response than asking him his preference between a Doberman and spaniel.) Optimally, questionnaires should be supplemented by interviews in which the candidate for study may ventilate his concerns and questions regarding the purpose and risks of the research and in which the interviewer may pursue suggestive data elicited by the questionnaire, while recording his diagnostic impressions.

Finally, the raft of variables currently being considered as potential correlates of violent behavior are truly remarkable for their inclusion of disciplines embracing genetics, endocrinology, neurology, psychiatry, clinical psychology and sociology. If we assume that all behavior is multidetermined, then the explanations of violent behaviors,

of necessity, must be multidisciplinary.<sup>19</sup> Data must be subjected to appropriate statistical analysis to determine whether a cluster of variables might indeed be the most accurate predictor of violent potential.

Once potential to violence can be predicted with greater accuracy, the implications of such knowledge will have considerable legal and ethical importance. We must address these difficulties, for until our clinical decisions concerning dangerousness are based on objective and reliable criteria, we may continue to violate the rights of some offenders for fear of the repercussions of having underestimated their violent potential; on the other hand, we cannot continue to overlook the rights of society in favor of the individual whose liberties may seem more appealing and exigent at the moment, or whose aggression may be too threatening to acknowledge.

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