

An Analysis of Demographic Variables in Adolescent Defendants Evaluated in a Forensic Psychiatry Clinic

RICHARD ROSNER, M.D.,
MELVIN WIEDERLIGHT, M.D., F.A.P.A.,
M. BERNICE HORNER-ROSNER, M.S.N., and
RITA REIS WIECZOREK, ED.D.*

Introduction

The investigators are reporting on a descriptive study of adolescent male defendants examined at the Forensic Psychiatry Clinic of the New York State Supreme Court in the borough of Manhattan, New York City, in 1974. Specific demographic characteristics were analyzed by reviewing and summarizing the records of sixteen, seventeen, and eighteen year old offenders.

Description of the Psychiatry Clinic of the New York State Supreme Court

The Forensic Psychiatry Clinic is located at the Criminal Courts Building in Manhattan. It serves two agencies: the New York Criminal Court and the New York State Supreme Court. 4000 persons are evaluated annually at the Clinic. Approximately twenty-seven per cent of this group (1085 individuals) were seen in the New York State Supreme Court section of the Clinic in 1974.

Five major services are provided by the Forensic Psychiatry Clinic to the Courts and to the Department of Probation.

First, the Clinic evaluates defendants as to their "fitness to proceed" (F.T.P.) to trial. These defendants are individuals who are referred to the Forensic Psychiatry Clinic at the recommendation of the Court, their own defense attorneys, or the district attorney prosecuting the case. In F.T.P. cases, alleged offenders are assessed as to whether, as a result of mental defect or mental disease, they lack the capacity to understand the charges against them, the capacity to understand the nature of the Court proceedings, and the ability to assist in their own defense.

Second, the Clinic provides detailed general psychiatric and psychological evaluations of defendants. Adolescents who have a history of psychiatric illness or those persons who have committed or are alleged to have committed a bizarre offense are referred for psychiatric evaluation. These evaluations are for use at the "Pre-Pleading Investigation" (P.P.I.), "Before Sentence" (B.S.) and "After Sentence" (A.S.) phases of a trial.

The third major service the Clinic provides is to act as a referral agency for the Department of Probation. Placement of persons on probation in appropriate guidance and treatment facilities is thus expedited.

Fourth, the Clinic conducts an interdisciplinary weekly training seminar on issues pertinent to the fields of psychiatry and law. Sessions are attended by persons from the

*Dr. Rosner is Medical Director, Forensic Psychiatry Clinic - Manhattan, New York State Supreme Court, 100 Centre Street, Room 124, New York, N.Y. 10013. Dr. Wiederlight is Assistant Medical Director at that Clinic. Ms. Horner-Rosner is Assistant Professor of Nursing, Cornell University - New York Hospital School of Nursing, where Dr. Wiczorek is Associate Professor of Nursing.

Court, the Department of Probation, the District Attorney's Office and the New York City Police Department.

Fifth, the last function of the Forensic Psychiatry Clinic to be described is the responsibility of the Projects Committee. Its purpose is to research various problems of law and psychiatry and to advise and provide up to date information to the Court.

The Need, Problem Statement and Purposes

A Medex computer review of the literature dealing with forensic psychiatry from 1968-1975 revealed a dearth of information concerned with adolescent defendants. Past studies have focused primarily on behavior characteristics of delinquents,¹⁻⁷ diagnosis and therapy techniques,⁸⁻¹³ institutionalization of delinquents,¹⁴⁻¹⁵ and roles of probation officers.^{16,17} This study was undertaken because medical journals report no current investigation dealing with the demographic characteristics of adolescents accused of serious criminal activities.

This retrospective study addresses itself to the demographic characteristics of sixteen, seventeen, and eighteen year old offenders examined at the Forensic Psychiatry Clinic during 1974. The problem of the investigation is thus stated: What are the demographic characteristics of sixteen, seventeen, and eighteen year old adolescent defendants examined in the Forensic Psychiatry Clinic of the New York State Supreme Court in Manhattan in 1974? The specific variables studied were: age, race, sex, psychiatric diagnoses, court classification of defendants, prior psychiatric or neurological problems, previous arrests, addictive habits, medications, highest level of education, prior work experience and family structure.

This inquiry was designed to serve the following purposes:

1. To provide data to psychiatric and legal experts about adolescent offenders screened at the Forensic Psychiatry Clinic.
2. To assist those in forensic psychiatry in their evaluation of the adolescent offender.

Limitations

The sample is a biased one in that only sixteen to eighteen year olds who were evaluated by the Forensic Psychiatry Clinic of the New York State Supreme Court in 1974 were included in the study. It should be noted that not all adolescent offenders are referred to this Clinic and therefore generalization about all adolescents who come to the attention of the courts should not be considered.

Another important consideration is that some adolescents in trouble with the law do not become known to the Court system. Certain offenders' cases may be settled out of court or the person may not be charged with the crime. This study is concerned only with that population defined in the problem statement.

Methodology

The object of this study was to determine the demographic characteristics of sixteen, seventeen, and eighteen year old adolescent defendants examined in the Forensic Psychiatry Clinic in 1974.

Adolescents in these age groups were previously interviewed, at minimum, by one or two psychiatrists or by one psychiatrist and a psychologist. Each examining person placed a report of his evaluation in the defendant's file.

These psychiatric files were reviewed at the outset of the study by two psychiatrists who summarized demographic information for 140 cases examined in 1974. This research project was previously endorsed by the Projects Committee and the Court. Individual

names or addresses were not identified, so as to ensure privacy and to protect the human rights of these adolescents.

Two research assistants analyzed the data. These two investigators had no previous knowledge of or contact with defendants in the study. They were not employed at the Forensic Psychiatry Clinic of the New York State Supreme Court.

Description of the Sample

140 adolescent defendants were examined at the Clinic in 1974. Thirty-six subjects of the 140 were excluded from this investigation. Eight subjects were excluded because they were females, and they constituted such a small number of the total sample that the researchers felt that their inclusion would bias the sample. Another twenty-eight subjects were removed because their files did not contain enough data to have been included in the study. The remaining 104 subjects in the final study were male adolescents between the ages of sixteen to eighteen years. Table 1 summarizes the total number of adolescent subjects in each age group.

TABLE 1
AGE OF THE DEFENDANTS IN THE STUDY

<u>Age</u>	<u>Number</u>
16	19
17	41
<u>18</u>	<u>44</u>
Total	104

Analysis of the Data

All adolescents in the study were classified according to the phase of their court proceedings, *i.e.*, F.T.P., P.P.I., or B.S. Individuals screened for fitness to proceed to trial were evaluated in terms of whether they had the capacity to understand Court proceedings and were able to assist in their own defense. An individual evaluated for F.T.P. could also be in the Before Sentencing or Pre-Pleading phases of a trial. The data indicated that 15.3 per cent of the total sample were F.T.P.

Another group of persons alleged to be disturbed were referred by the Department of Probation for a general psychiatric evaluation in order to assist in the pre-pleading or pre-sentence stage of the Court proceedings. These individuals usually either had a prior psychiatric history or had committed bizarre crimes. The data indicated that 22.1 per cent of the total sample were P.P.I.

The Before Sentencing category included the largest number of adolescents seen at the Clinic. The data indicated that 62.6 per cent of the total population were B.S. Table 2 indicates the per cent of subjects in each of the three categories.

TABLE 2
DEFENDANTS' CLASSIFICATION AS DETERMINED BY THE
NEW YORK STATE SUPREME COURT
N=104

<u>Classification</u>	<u>Percentages</u>
Before Sentencing B.S.	62.6
Pre-Pleading Investigation P.P.I.	22.1
Fitness to Proceed F.T.P.	15.3

The ethnic and/or racial characteristics of the subjects in the study were examined. The largest number of defendants in this study were Blacks, 55.5 per cent. Hispanics constituted 26.0 per cent, Whites, 11.5 per cent, and Orientals and other unclassified, 7.0 per cent. Table 3 presents a summary of the ethnic and/or racial characteristics in percentages.

TABLE 3
DEFENDANTS' ETHNIC AND/OR RACIAL CHARACTERISTICS
N=104

<u>Ethnic and/or Racial Characteristics</u>	<u>Percentages</u>
Blacks	55.5
Hispanics	26.0
Whites	11.5
Oriental and other-unclassified	7.0

The psychiatric diagnoses given to subjects in this investigation followed the guidelines outlined in *Diagnostic and Statistical Manual of Mental Disorders*, prepared by the Committee on Nomenclature and Statistics of the American Psychiatric Association.¹⁸ These categories were chosen because The Manual is a standard reference which is easily recognizable to psychiatrists and psychologists.

The largest group of persons in this study, 54.9 per cent, were in the category entitled Personality Disorders. Schizophrenia accounted for 18.3 per cent of the studied population. The third most common diagnosis, 15.4 per cent, was classified as Deferred, indicating that the psychiatrist could not at the time of examination determine sufficiently characteristic diagnosis. Other diagnoses were Transient Situational Disturbances, 6.7 per cent, No Mental Disorder, 3.8 per cent, and Organic Brain Syndrome, 0.9 per cent. Table 4 summarizes diagnoses given to the subjects in this study.

TABLE 4
DEFENDANTS' DIAGNOSES
N=104

<u>Categories</u>	<u>Percentages</u>
Personality Disorders (301-304)	54.9
Schizophrenia (295-295.99)	18.3
Deferred	15.4
Transient Situational Disturbances (307)	6.7
No Mental Disorder	3.8
Organic Brain Syndrome	0.9

Data was gathered relative to the defendants' family structure. Families were classified as "intact," meaning that the mother and father were physically living together, "separated," meaning that the adult male and female did not live together in the same dwelling, and "unknown." The data indicated that 63.5 per cent of the adolescent defendants came from families that were separated, 35.6 per cent were from intact families and 0.9 percent had an unknown family structure. Table 5 summarizes the defendants' family structure according to those types.

TABLE 5
DEFENDANTS' FAMILY STRUCTURE
N=104

<u>Family Type</u>	<u>Percentages</u>
Separated	63.5
Intact	35.6
Unknown	0.9

The next variable examined by the investigators was the educational grade attainment of the subjects in the study. Seven persons were removed from the data because their level of formal education was unknown.

Table 6 presents an analysis of the data concerned with the defendants' level of formal education. The lowest mean grade level, 9.40, was obtained by the sixteen year olds. With an increase in the defendants' age there was an increase in the mean grade level, as should be expected. Seventeen year olds had a mean of 9.55 and eighteen year olds had a mean grade level of 9.90.

The standard deviations for all the age groups varied extensively. The sixteen year olds

had the smallest standard deviation, ± 0.87 , followed by the eighteen year olds, ± 1.23 , then the seventeen year olds, ± 2.08 . This means that there was more variability in the highest grade level obtained in the seventeen year olds as compared to the other two age groups.

TABLE 6
DEFENDANTS' HIGHEST LEVEL OF FORMAL EDUCATION
N=97

<u>Age</u>	<u>No.</u>	<u>Grade Level</u>	<u>S.D.</u>
16	17	9.40	± 0.87
17	40	9.55	± 2.08
18	40	9.90	± 1.23
Average		9.67	± 1.60

Nine demographic characteristics are summarized in Table 7. The defendants are the sources of these data, since most of the information was self-reported. Classifications are general broad categories not separating various gradations in the use of such substances as medications, alcohol, and drugs.

The purpose of Table 7 is to present a general overview of the demographic characteristics of the 104 subjects in the study. Some of the most common characteristics were that most of the subjects in this study had prior work experiences, 91.4 per cent, and that 64.5 percent had been arrested previously, meaning that they were known to the police. It should be noted that prior work experience does not necessarily mean consistent steady work, and that defendants previously arrested may not have been convicted of the crimes they were alleged to have committed.

Examination of the data concerned with addictive habits showed that alcohol was consumed by 57.7 per cent of the subjects in the investigation. The ingestion of drugs (marijuana to heroin) was admitted by 49.1 per cent of the adolescents. A question was asked to ascertain if individuals were taking medications at the time of their psychiatric evaluation. 32.7 percent of the subjects stated that they were taking medications, some of which were noted to be addictive.

The data also indicated that 39.5 per cent of the sample was known to a Psychiatric Out-Patient Department (O.P.D.), 29.8 per cent had previous psychiatric hospitalization, and 29.8 per cent had neurological problems. Overall, an average of 33 per cent of the sixteen, seventeen, or eighteen year old adolescent offenders had prior psychiatric and/or neurological problems identified before they became alleged criminals and were referred to the Forensic Psychiatry Clinic. Table 7 summarizes the demographic characteristics of the adolescent subjects in this study.

TABLE 7
DEFENDANTS' RESPONSES TO DEMOGRAPHIC DATA IN PERCENTAGES
N=104

<u>Demographic Characteristics</u>	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
Prior Work Experience	91.4	7.7	0.9
Previous Arrest	64.5	34.6	0.9
Alcohol	57.7	42.3	-
Drugs (marijuana to heroin)	49.1	50.9	-
Known to Psychiatric OPD	39.5	57.7	2.8
Taking Medications at Present	32.7	66.4	0.9
Previous Psychiatric Hospitalization	29.8	69.3	0.9
Neurological Problems	29.8	69.3	0.9

Discussion and Summary

The demographic data presented in this investigation yielded some other noteworthy facts concerning the population studied. The researchers believe the following data of the study are of importance.

First, over half of the adolescent defendants were known to the police through a previous arrest. A previous arrest does not mean that the individual was convicted of the alleged crime.

Second, more than one-third of the subjects were known to a Psychiatric Out-Patient Department. The reasons for these OPD visits ranged from an evaluation workup to on-going therapy.

Third, thirty per cent of the subjects reported they had previous psychiatric hospitalization and/or neurological problems. Fitzhugh¹⁹ also noted in his work the commonality of neurological and psychological features in adolescent delinquents.

Fourth, most subjects had prior job experience of some type. Many worked in federally funded programs for disadvantaged youths. When adolescents dropped out of school, they attempted with some degree of success to become employed.

Fifth, the adolescents in this study had failed at school and were not in age-appropriate grades. Some subjects in this study were much below the 9th grade mean grade level for the population studied, although some were slightly above it. There could be many reasons offered for this lack of academic achievement. Truancy was self-reported by some defendants.

Sixth, two-thirds of the adolescents evaluated at the Clinic were from separated families. Some families had identified criminal and/or psychiatric histories. Mitchell²⁰ addressed himself to the effects of parental behavior on male children's psychological problems. Adolescents who suffer from social problems often come from a background in which there can also be a history of anti-social behavior.

In summary, this investigation was a descriptive study of 104 adolescent defendants evaluated at the Forensic Psychiatry Clinic of the New York State Supreme Court in 1974. Sixteen, seventeen and eighteen year olds were studied in terms of demographic data they reported to the Clinic. This is the first current descriptive study of this nature in forensic psychiatry. No generalizations are intended except to the population described in this investigation. The researchers consider this study a beginning one into the backgrounds and problems of adolescent offenders as they relate to the fields of psychiatry and law.

Several implications can be drawn for future research. This investigation should be increased over a longer time span, such as five to ten years, to increase the population size and the reliability of the study. With a large enough sample population, it may be possible in the future for investigators to demonstrate relationships and statistical correlations between demographic variables.

To achieve a better understanding of the adolescent offender and to assist in his identification and rehabilitation, a follow-up study should be done to include the alleged crimes committed by the offenders and an attempt to correlate this data statistically with other known demographic data.

This type of in-depth investigation could lead to a wealth of information on the antisocial and criminal behavior of adolescents. Psychiatry and the law must join forces to help solve these problems.

The investigators of this study believe that it is of great importance to learn more about adolescent offenders evaluated in Court psychiatric Clinics.

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