

Adolescents Accused of Murder and Manslaughter: A Five-Year Descriptive Study

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Introduction

This is a descriptive survey which spans five years from 1970 through 1974. It focuses on adolescents aged sixteen, seventeen and eighteen who were evaluated at the Forensic Psychiatry Clinic of the New York Criminal and Supreme Court. The subjects in this study were males who were accused of committing either murder or manslaughter. There has been a four-year delay between the time the clinical data was available and the time of the undertaking of this survey. The delay was due primarily to the gathering of information on the disposition of these cases in the criminal justice system. A secondary delaying factor was the time-consuming nature of the coding of the clinical records, obtaining formal authorization to pursue the research and the efforts entailed in protecting the anonymity and rights of the defendants.

The Forensic Psychiatry Clinic serves both the New York Criminal Court and the New York Supreme Court in the First Judicial District. The Clinic evaluates defendants referred by the Court because of possible mental disease or mental defect. Not all persons who come to the attention of the Court are referred for evaluation.

Referral to the Clinic may be for establishment of a defendant's "fitness to proceed" (F.T.P.) with a trial. In such a situation, the adolescents were evaluated regarding whether they suffered from a diagnosable mental disease or defect of such nature that it substantially impaired their abilities to understand the nature of the charges against them, or to understand Court proceedings, or to cooperate in their own defense.

Some adolescents are sent to the Clinic for evaluation because they exhibit a positive past history of documented mental illness or mental defect, or a large number of previous arrests suggestive of an "anti-

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social" propensity. Persons who are alleged to have committed a bizarre crime or a heinous offense are common referrals. Psychiatric evaluations of such persons may be requested at several phases of Court concern: a Pre-Pleading Investigation (P.P.I.), at the Before-Sentence (B.S.) phase or even After-Sentence (A.S.).

In addition to providing forensic psychiatric evaluations, the Clinic in Manhattan acts as a referral/disposition service to the Department of Probation of the City of New York. Research and educational programs are conducted on a continuing basis.

Need, Problem Statements and Purposes of the Study

The investigators undertook this study to expand knowledge about adolescent defendants accused of committing the violent crimes of murder and manslaughter. The uniqueness of this survey centers around its five-year time-span and its review of the Courts' disposition of the cases included in the study.¹

The two problems addressed in the study are:

1. What are the demographic characteristics of sixteen-, seventeen- and eighteen-year-old males examined at the Forensic Psychiatry Clinic who have been charged with murder and/or manslaughter, between 1970 and 1974?

2. What are the dispositions of those defendants by the Courts?

The specific demographic variables reviewed are psychiatric diagnoses, alcohol abuse, drug abuse, previous arrests, intactness of natal family units, levels of educational achievement, racial or ethnic background and legal disposition of Court proceedings.

This inquiry was designed to serve the following purposes:

1. To provide data to psychiatric and legal experts about adolescents evaluated at a Forensic Psychiatry Clinic who had been accused of murder or manslaughter.

2. To provide data about the disposition of these cases by the Courts.

3. To assist persons in the field of forensic psychiatry in their assessments of adolescent offenders.

Adolescents Accused of Murder and/or Manslaughter

This study was undertaken to survey the sixteen-, seventeen- and eighteen-year-old defendants accused of murder and/or manslaughter who were evaluated at the Forensic Psychiatry Clinic in New York City between January 1, 1970 and December 31, 1974. The records of these adolescents were retrospectively examined for specific demographic data and for the Courts' dispositions of their cases.

The researchers have completed two previous and related studies in forensic psychiatry. The first centered on a one-year study of the same age-group (late adolescents) in the population, regardless of the nature of the offense for which they had been indicted.² The second study focused on the comparison between adolescents accused of violent crimes and

those accused of non-violent crimes in a one-year survey.³ The current study is an outgrowth of the earlier investigations, but concerns the two specific crimes of murder and manslaughter and covers a five-year period.

Definitions

"Violent crimes," as used in this study, denotes murder and manslaughter. "Murder in the first and second degree," generally, refers to deliberately killing a person. "Manslaughter in the first and second degree," generally, means the accidental killing of any person through recklessness or while trying to inflict non-lethal physical injury. In this study, no effort was made to separate those persons accused of murder in the first degree from those accused of murder in the second degree. Similarly, no effort was made to separate those persons accused of manslaughter in the first degree from those accused of manslaughter in the second degree. However, a separation was made between those accused of either level of murder from those accused of either level of manslaughter. This decision was made because the available data was insufficiently precise to permit the finer distinctions.

The terms "drug abuse" and "alcohol abuse" are employed herein to mean self-acknowledged/admitted use of those classes of substances. The terms "drugs" and "alcohol" are used in their broadest sense to include any and all abuse of either class of substances; no differentiation as to type or quantity or frequency was essayed.

A family was classed as intact if the adolescent was living in a household with an adult male and an adult female acting as joint heads of the family unit. Whether or not the adult male and adult female were legally wed was not considered. Similarly, whether the adult male and adult female were the biological parents of the adolescent defendant, or were merely regarded as being the adolescent's parents was not considered. A separated family was so classed if the adolescent was not living in a household headed by an adult male and adult female who resided together in that family unit.

Methodology

The subjects in this study were examined in the Forensic Psychiatry Clinic by, at minimum, either two psychiatrists, or one psychiatrist with one psychologist. Each adolescent was interviewed by two professionals. The reports of those interviews were placed in a central file, where data obtained from the Department of Probation, the Department of Corrections, the Courts and other health/legal/social agency reports were also filed. The quantity of data and its quality varied for different defendants.

The psychiatric records in each defendant's central file were reviewed by two psychiatrists who summarized and coded the data to facilitate evaluation, while protecting the anonymity of the individuals. The study had previously been reviewed and endorsed by the Research Committee

of the Forensic Psychiatry Clinic, as per its mandate from the administration of the Courts.

The coded data was analyzed by two research associates who had no previous knowledge of, or contact with, the specific defendants. The research associates were not employees of the Clinic, but volunteered their services and were appointed by the Clinic's Medical Director. Each research associate was a health professional with a substantial interest in mental health and/or public health problems.

Description of the Study Sample

Forty-five late adolescent (sixteen-, seventeen- and eighteen-year-old) males were the subjects of this survey. Females were excluded from the study because their numbers were so small that their inclusion would have unduly skewed the statistical analysis. Each male subject was accused of a violent crime that resulted in the loss of a life. Table 1 summarizes the population studied by age and by alleged criminal offense. As might be expected, the number of subjects accused of murder and manslaughter increased with the age of the subjects. The ratio of murder to manslaughter was 35 to 10.

Analysis of the Data

Psychiatric diagnoses of the subjects follow the definitions and criteria outlined in the *Diagnostic and Statistical Manual of Mental Diseases*.⁴ These categories were chosen because the manual is a standard reference for mental health professionals.

TABLE 1
THE ADOLESCENT DEFENDANTS ACCUSED OF MURDER AND MANSLAUGHTER
SUMMARIZED BY AGE GROUP

Age	Number of Subjects	Murder	Manslaughter
16	9	9	0
17	17	15	2
18	19	11	8
Totals	45	35	10

The largest number of adolescents (22) studied was classed within the diagnostic category of Personality Disorders. The secondmost common diagnosis (10) was Schizophrenia. Five persons were classed as suffering from Transient Situational Disturbances. Four persons were said to have No Mental Disorder. In four cases the diagnosis was Deferred. Table 2 summarizes the categories of psychiatric diagnoses given to each member of the population studied. In each "cell" of Table 2, the number cited is the raw number of subjects, rather than a percentile figure. Because of the small sample size, percentages were not used to avoid potential misinterpretations.

Data was obtained regarding the admitted use and abuse of alcohol and drugs by the adolescent defendants. In general, alcohol was employed by a larger number of subjects than used drugs (twenty-seven used alcohol,

TABLE 2
DEFENDANTS' PSYCHIATRIC DIAGNOSES

Diagnostic Category	Number of Subjects
Schizophrenia (295 — 295.99)	10
Personality Disorder (301 — 301.89)	22
Transient Situational Disturbance (307)	5
No Mental Disorder (318)	4
Deferred (319)	4
Number =	45

nineteen admitted using drugs). Ingestion of alcohol increased with increasing age of the defendants. It is, again, brought to the reader's attention that this data is based on admitted use; actual use patterns may be different.

TABLE 3
THE DEFENDANTS' ADMITTED USE OF ALCOHOL AND DRUGS

Age	Alcohol Users	Drug Users
16	6	4
17	9	9
18	12	6
Totals	27	19

Examination of the defendants' prior arrest records revealed that 31 of the 45 adolescents had previously come to the attention of the criminal justice system. Law enforcement agencies had the opportunity to know these adolescents before they were arrested and charged with murder or manslaughter. Many of these youths had been arrested more than once before the charge that brought them into this study. The mean number of prior arrests for each subject was 3.74. It should be noted that no firm distinction was made between arrests made in the Family Court system and arrests made in the Criminal Court system. Adolescents aged 16 or older are the concern of Criminal Court and Supreme Court in New York State. Adolescents aged 15 or younger are the concern of Family Court. The records of Family Court hearings are not currently forwarded to Criminal Court and Supreme Court, in accord with the effort to protect minors, who are regarded as less responsible than adults. In New York, responsibility begins at age 16.

TABLE 4
THE DEFENDANTS' PREVIOUS ARREST RECORDS

Age	Number of Subjects	Prior Arrest	First Arrest
16	9	7	2
17	17	11	6
18	19	13	6
totals	45	31	14

Data was gathered about the family structures of the defendants. Thirty-three subjects reported that they came from separated families. Twelve subjects reported that they came from intact families. We made no evaluation of the quality of the parenting or family rapport in each

TABLE 5
THE DEFENDANTS' FREQUENCY OF ARRESTS

Age	Persons Previously Arrested*	Number of Arrests**	Mean
16	7	31	4.42
17	11	31	2.80
18	13	54	4.15
Totals	31	116	3.74

*This refers to the *total number of subjects* by age group that had been arrested before the current study.

**This refers to the *total number of occasions* upon which these subjects were arrested, classed by age group.

home. There are more intact families than separated families for the sixteen-year-old defendants' group; the reverse is true of the families of the seventeen- and eighteen-year-old defendants.

TABLE 6
DEFENDANTS' NATAL FAMILIES

Age	Number of Subjects	Separated	Intact
16	9	4	5
17	17	13	4
18	19	16	3
Totals	45	33	12

The level of education attained by the defendants was reviewed. Formal education was taken as the number of years and months spent in an academic setting. The seventeen-year-old defendants' group had the lowest mean grade level, 8.41 years of formal education. The mean for the sixteen-year-olds was 9.33 years. The mean grade level for the eighteen-year-old defendants' group was 9.68 years of education. The standard deviations for the age groups varied considerably. The lowest standard deviation was that of the sixteen-year-olds' group, S.D. ± 0.8 . For the seventeen-year-olds' group, S.D. = ± 1.89 . For the eighteen-year-olds' group, S.D. = ± 3.8 years.

TABLE 7
THE DEFENDANTS' HIGHEST FORMAL EDUCATIONAL LEVELS

Age	Number of Subjects	Mean Grade Level	Standard Deviation
16	9	9.33	± 0.8
17	17	8.41	± 1.89
18	19	9.68	± 3.8
Summary	45	9.35	± 2.0

The racial and/or ethnic classification of the defendants was tabulated. The largest number of adolescents in our study sample were Black persons, with a total of 26 defendants. This was followed by ten Hispanic defendants and seven White defendants. Two subjects were classified as "Other," meaning that one was Oriental and one was not sure of his own racial/ethnic status. While recognizing the complexity of ethnic analysis, the researchers have deliberately chosen to accept the most simple ethnic categories for Table 8.

TABLE 8
DEFENDANTS' ETHNIC/RACIAL GROUPS

Age	Black	White	Hispanic	Other
16	4	2	3	0
17	10	3	4	0
18	12	2	3	2
Totals	26	7	10	2

In Tables 9 through 12 are presented the analysis of the data regarding the charges brought against the adolescents and the Court's final dispositions of the cases against the defendants. Two persons included in this study were not given a sentence within the criminal justice system. One sixteen-year-old defendant was declared to be not guilty by reason of insanity (N.G.R.I.). He was committed to the care of the Department of Mental Hygiene of the State of New York. The second person was an eighteen-year-old who died in detention prior to sentencing.

TABLE 9
DEFENDANTS' CHARGE AND DISPOSITION
SUMMARY FOR SIXTEEN-YEAR-OLD GROUP

Charge	Disposition	Number of Subjects
Murder	Probation	3
Murder	Mental Hospital	1
Murder	Prison: 0-4 years	1
Murder	Prison: 0-7 years	1
Murder	Prison: 3.5-10 years	1
Murder	Prison: 4-12 years	1
Murder	Prison: 7-21 years	1
Total		9

TABLE 10
DEFENDANTS' CHARGE AND DISPOSITION
SUMMARY FOR SEVENTEEN-YEAR-OLD GROUP

Charge	Disposition	Number of Subjects
Murder	Probation: 5 years	4
Manslaughter	Probation: 5 years	1
Murder	Prison: 0-7 years	8
Murder	Prison: 0-8 years	1
Manslaughter	Prison: 7-21 years	1
Murder	Prison: 15 years to life	1
Murder	New York State Reform School	1
Totals		17

TABLE 11
DEFENDANTS' CHARGE AND DISPOSITION
SUMMARY FOR EIGHTEEN-YEAR-OLD GROUP

Charge	Disposition	Number of Subjects
Murder	Died prior to sentencing	1
Murder	New York State Reform School	2
Murder	Probation: 5 years	1
Manslaughter	Prison: 0-9 years	4
Murder	Prison: 0-8 years	1
Murder	Prison: 4-12 years	2
Manslaughter	Prison: 8.5-25 years	2
Murder	Prison: 8-15 years	1
Murder	Prison: 7-21 years	2
Manslaughter	Prison: 15 years to life	1
Murder	Prison: 15 years to life	2
Total		19

TABLE 12
DEFENDANTS' CHARGE AND DISPOSITION
SUMMARY FOR ALL ADOLESCENT CASES

Disposition	Number of Subjects
Died prior to sentencing	1
New York State Reform School	3
Mental Hospital	1
Probation: 0-5 years	9
Prison: 0-life imprisonment	31
Total	45

The following generalizations can be derived from our data. When adolescents become older, the sentences they receive become longer. In the sixteen-year-old age group, the longest punishment was 7 to 21 years in prison, whereas three eighteen-year-olds were given sentences of 15 years to life imprisonment.

Persons not sent to prison were sentenced to probation in nine cases in our study. Three youths were sent to a State "reform school."

With the exception of the one person found to be not guilty by reason of insanity, all of the defendants were sentenced within the criminal justice system. All of the defendants were found to be "fit to proceed," *i.e.*, competent to be tried. Some adolescents were successful through the "plea bargaining" process in obtaining some reduction in the seriousness of the charge against them; *i.e.*, the charge was dropped from manslaughter in the first degree to manslaughter in the second degree. However, none was able to entirely shift the category of charge against him from grave to minor.

Discussion and Summary

This survey was directed to sixteen-, seventeen- and eighteen-year-old males accused of murder and manslaughter. All of the defendants were sentenced within the criminal justice system, except for one who died and one who was found not guilty by reason of insanity. In our study sample at the Forensic Psychiatry Clinic from 1970 through 1974, none of the responsible adolescents avoided punishment.

A review of our data and of the relevant literature^{5,6,7} demonstrated the following demographic themes.

First, half of the youngsters in our study were diagnosed as having mental illnesses within the broad category of Personality Disorders. If one adds those adolescents diagnosed as suffering from Schizophrenia, then slightly over three-quarters of the study sample had significant, long-standing emotional diseases.

Second, a large proportion of the study sample used alcohol, and the number of person in each age group who admitted the use of alcohol increased with the age of the adolescents. In some cases, the use of alcohol may have contributed to the violent behavior.⁸

Third, it is noteworthy that the majority of our population had previous arrest records and were known to the criminal justice system. Even within

our relatively young group, many of the subjects had been arrested on several occasions. One subject, a sixteen-year-old male, had been arrested fifteen times before the events that led to his inclusion in our survey.

Fourth, most subjects were not successful in school. In general, they had attained academic levels below what would be expected for their chronological ages. While one might have expected that grade levels would increase with the subjects' age, in our sample we found that the seventeen-year-old age group had less formal education than the sixteen-year-old age group.

Fifth, three-quarters of the subjects in our sample came from Black and Hispanic backgrounds. In the majority of instances, the adolescents' families were not intact. Relatively reduced quantity and perhaps quality of parenting may be most common for our sample. It has been noted elsewhere that parental deprivation may be a predisposing factor towards violence.⁹

Several implications for future research can be drawn. It would be valuable to try to avoid the biases inherent in our sample by obtaining psychiatric evaluations of all adolescents accused of murder and manslaughter, rather than the sub-group referred to a forensic psychiatry service; by obtaining data from rural areas to supplement our urban sample; by surveying the findings from other geographic areas, to complement our mid-Atlantic States' location.

In view of the fact that many of the adolescents in our study sample were previously known to Family Court, the implication may be drawn that additional efforts must be made to provide services to youthful offenders before they reach the adult criminal justice system. Many of the youngsters in our survey population have had substantial academic difficulties, a fact which suggests that increased mental health services to the school system might locate potentially dys-social youths, and provide preventive health measures before difficulties escalate into violent behaviors. Our data suggest that late adolescents who are referred for forensic psychiatric evaluations related to accusations of murder and manslaughter may be identifiable as at risk for dys-social behavior problems earlier in their lives, at which time therapeutic interventions might be possible and lives might be saved.

The researchers believe that a multidisciplinary approach is required to study persons who deliberately cause the deaths of their fellow human beings. Out of such further study, it is hoped that persons at risk for engaging in deadly violence can be found before they kill. That the prediction of violent behavior is difficult, that over-prediction is the rule, that preventive detention should be avoided, are all accepted. Nonetheless, the seriousness of the social problem makes it imperative that research continue, so that violent behaviors may, some day, be prevented rather than punished.

Footnotes

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