

# Forensic Psychiatric Evaluation for Military Absenteeism in Taiwan

Nian-Sheng Tzeng, MD, Chih-Kang Chen, MD, Tzong-Shi Wang, MD, MSc, Hsin-An Chang, MD, Yu-Chen Kao, MD, MSc, Hui-Wen Yeh, RN, MSN, Wei-Shan Chiang, MSc, and San-Yuan Huang, MD, PhD

The relationship between military absenteeism and mental health problems has been noted; however, factors affecting military absenteeism by enlisted personnel have not been studied systematically. In a medical center in Taiwan, we performed a chart review of 26 forensic psychiatric evaluations of enlisted personnel who were absent without leave (AWOL) or deserted their service from 1994 to 2014. The findings showed that many of these recruits had a lower level of education (50.00% had just nine years of education), intellectual disability (46.15%), depressive disorders (30.76%), and suicidal ideation (53.85%). Depressive disorder was overrepresented in comparison with findings in a previous study. Further study is needed to confirm whether psychiatric screening before service enlistment and early psychiatric intervention for service members with mental illness or emotional disturbance could help in the prevention of desertion or going AWOL.

**J Am Acad Psychiatry Law 44:352–58, 2016**

Military absenteeism, including absence without official leave (AWOL) and its more severe form, desertion (permanent leave without authorization) influences manpower, discipline, leadership, and morale

in military service.<sup>1–3</sup> The behavior is often regarded as a military crime, and may result in court-martial prosecutions.<sup>4,5</sup> Criminal prosecutions in courts-martial may result in forensic evaluations in these cases.<sup>1,3,6–9</sup> Taiwan maintains armed forces to face the challenging international security concerns in East Asia.<sup>10</sup> Therefore, it is important to study the question of forensic psychiatric evaluation of enlisted personnel who commit military absenteeism in Taiwan for the influences of desertion or AWOL on manpower, discipline, leadership, and morale in military service.<sup>1–3</sup> There are several studies in the United States and other countries of military personnel who have committed desertion or been AWOL.<sup>11–16</sup> However, there are no psychiatric studies on the forensic psychiatric evaluation of enlisted personnel who have committed military absenteeism in Taiwan.

Taiwan's criminal court system is an inquisitorial system, in which the accused, his relatives, guardians, or the lawyers can try to persuade the judges or prosecutors to request psychiatric evaluations, based on the psychiatric history, records of psychopathology or unusual behaviors in the criminal behaviors reported by witnesses, with or without insanity pleas.<sup>17,18</sup> Forensic psychiatric evaluations in Taiwan's inquisitorial legal system are court ordered by judges or, in some rare cases, ordered by the prose-

---

Dr. Tzeng is Attending Psychiatrist, Assistant Professor and the Director of Program for Forensic Psychiatry Training, Department of Psychiatry, School of Medicine, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan, and the Director of Student Counseling Center, National Defense Medical Center, Taipei, Taiwan. Dr. Chen is Attending Psychiatrist, Department of Psychiatry, School of Medicine, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan. Dr. Wang is Attending Psychiatrist, Department of Psychiatry, Taipei Tzu-Chi Hospital, Buddhist Medical Foundation, Taipei, Taiwan. Dr. Chang is Attending Psychiatrist and Assistant Professor, School of Medicine, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan. Dr. Kao is the Director and Assistant Professor, Department of Psychiatry, Tri-Service General Hospital, Song-Shan Branch Taipei, Taiwan. Ms Yeh is a lecturer, Department of Nursing, Kang-Ning College of Healthcare and Management, Kang-Ning University, Taipei, Taiwan, and a PhD student, Institute of Bioinformatics and System Biology, National Ciao-Tung University, Hsin-Chu, Taiwan. Ms. Chiang is a Research Associate, Department of Psychiatry, School of Medicine, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan. Dr. Huang is Attending Psychiatrist and Professor, Department of Psychiatry, School of Medicine, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan. The views expressed herein do not necessarily represent the official policy of the Ministry of Defense, Taiwan. Address correspondence to: Nian-Sheng Tzeng, MD, Department of Psychiatry, Tri-Service General Hospital, 325, Sec. 2, Chenggong Road, Nei-Hu District, 114, Taipei, Taiwan. E-mail: pierrens@mail.ndmctsgh.edu.tw.

This article was funded by a grant from the Tri-Service General Hospital (Research Fund: MAB-102-69).

Disclosures of financial or other potential conflicts of interest: None.

cutting attorneys, with or without insanity pleas by the evaluatees before the court proceedings. The judge or prosecutor could appoint a psychiatrist or even a psychiatric team to perform the evaluations.<sup>19</sup> The courts-martial adopted the same procedures. According to the Criminal Code of the Republic of China, the definition of legal insanity is that an offense is “committed by a person who [has a] mental disorder. . .and, as a result, is unable or less able to judge his act or lack[s] the ability to act according to his judgment.” Similar to some other countries,<sup>20–24</sup> diminished responsibility, or partial criminal responsibility, is the definition of an offense committed “as a result of obvious reduction in the ability [to exercise good] judgment.”<sup>25</sup> For legal insanity, the offense is not punishable, and for diminished responsibility, the punishment may be reduced.<sup>25</sup>

The accused are sent for evaluation to a medical center department of forensic services on a scheduled day, or, in some complicated cases, hospitalized for a short period. While the service member is there, psychiatric diagnostic interviews, mental and physical examinations, psychological assessments, routine laboratory workups, and sometimes brain imaging studies, such as computed tomography, or even electroencephalograms, are administered. Two board-certified psychiatrists, or one 3rd- or 4th-year psychiatry resident, under the supervision of a senior board-certified psychiatrist, perform or supervise the performance of the workup. A final report is issued after each case is discussed at biweekly forensic psychiatry conferences in the psychiatry department of the medical center and then is mailed to the courts or attorneys’ office. This procedure is similar to other forensic psychiatric evaluations in Taiwan.<sup>19,26,27</sup>

The report is then sent to the court as an official document. In 2003, cross-examination was adopted from the adversarial system; however, the forensic evaluations are still court-appointed in most criminal cases, and the judge decides whether attorneys from both sides can cross-examine the evaluators as expert witnesses.<sup>28</sup> In courts-martial or common criminal courts in cases involving substitute servicemen (defined below), or sometimes in the military or local prosecuting attorneys’ offices, the presence of “suspected mental problems needing evaluation” mandates a forensic psychiatric assessment for enlisted personnel who are accused of going AWOL or deserting.<sup>10,30,39</sup>

The relationship between military absenteeism and mental health problems has been studied. Even though some political and cultural reasons may prevent these data from being published or discussed in many countries, there are several reports in the literature discussing military absenteeism, after Western wartime experiences from the two world wars in the 20th century.<sup>2,11–13,29,31,32–36</sup> Studies of forensic psychiatric evaluations for persons who engaged in military absenteeism after those wars are few.

There is obligatory military service duty for male nationals above 18 years of age in Taiwan.<sup>10</sup> The person who chooses not to fulfill his military service for religious or conscientious reasons can choose a substitute service in other uniformed services, such as constabulary police troops, fire brigades, correction services, environmental protection service, or other public sections.<sup>10,30,37</sup>

We sought to find out which psychiatric diagnosis or problems were present in those servicemen who committed desertion or AWOL and were referred for forensic psychiatric evaluation. Consequently, we conducted a chart review of individuals who were guilty of absenteeism from the military in a relatively peaceful time and underwent assessment by members of the forensic psychiatric department of a medical center in Taiwan, using a retrospective method that is similar to other studies for analyzing forensic psychiatric evaluations.<sup>38,39</sup> Unlike other studies performed in wartime<sup>33–35</sup> or countries deploying troops during regional conflicts, Taiwan has been in a relatively peaceful state since several conflicts with mainland China in the 1950s.<sup>2,4,16</sup> We could only collect forensic reports from this peaceful time. We also reviewed relevant literature to provide a more comprehensive picture of this topic.

## Subjects and Methods

The 26 persons who went AWOL or deserted were referred by the judges of the courts-martial for forensic psychiatric evaluations between 1994 and 2014. All 26 forensic psychiatric assessment files were archived in the medical record database of our military medical center and were reviewed by the authors.

The authors read all the forensic psychiatric reports and confirmed the evaluatees’ age, sex, years of education, psychiatric diagnosis, and psychiatric symptoms at the time that they were AWOL. Demographic data, psychiatric diagnoses, psychopathol-

ogy, and other manifestations of mental illness were recorded and then analyzed. The forensic psychiatrists' professional opinions about legal insanity or diminished responsibility were also obtained from these forensic reports.

### **Ethics**

This study was conducted in accordance with the Code of Ethics of the World Medical Association (Declaration of Helsinki). The Institutional Review Board of Tri-Service General Hospital approved the study and waived the need for individual written informed consents (No. 2-102-05-044).

### **Statistics**

Simple descriptive statistics were used.

### **Results**

From 1994 to 2014, 26 persons who had enlisted in the military or engaged in alternative civil service had gone AWOL or deserted. They were sent to the forensic psychiatric service at our military medical center for evaluation of their "mental problems" and included 23 (88.4%) who were fulfilling their compulsory or military obligation as soldiers, 2 (7.7%) who were lower-rank officers (both second lieutenants), and 1 (3.8%) who was a substitute serviceman in a correctional institute. None was a career soldier, such as regular armed forces officer, noncommissioned officer, or soldier. All were men, average age  $23 \pm 3.75$  years. Thirteen (50%) of them had completed only nine years of compulsory education in Taiwan.

Psychiatric diagnosis, psychopathology, and characteristics found in the charts upon review of the AWOL incident were as follows. Intellectual disability (intelligence quotient  $< 70$ ) and borderline intellectual functioning were diagnosed in 12 (46.15%) of the men: 8 of the men had mild developmental disability and 4 had borderline intellectual functioning. Depressive disorders were diagnosed in eight (30.76%): two with major depressive disorder, three with dysthymic disorder, and three with depressive disorder not otherwise specified. For all the persons with depression, depression diagnoses were present both at the desertion/AWOL and the time of evaluation. Five (19.23%) had schizophrenia (four paranoid type and one disorganized type). Five (19.23%) had personality disorders (two antisocial, one borderline, and one schizotypal). Fourteen (53.85%)

had thought about suicide, and nine (34.62%) had attempted it. Two of the latter nine had experienced some form of dissociation during the period of AWOL. In 2 cases, the desertion occurred while they were under the direct influence of psychotic symptoms (auditory hallucinations or persecutory delusions); the remaining 24 reported maladjustment and inability to tolerate the stress of military training and duties. Twenty-four (92.30%) were AWOL within half a year after enlistment. Four (15.38%) repeated their AWOL attempts. Three (11.53%) committed other crimes: for example, theft and assault.

In Taiwan, the courts frequently ask forensic psychiatrists to provide professional opinions about the offenders' criminal responsibility, including impairment of responsibility or being legally insane (discussed below). Of the professional opinions that our center provided for the courts in the forensic psychiatric evaluation reports, 16 (61.53%) subjects had partial impairment of responsibility. Among these, three (11.54%) were legally insane and thirteen (50%) were regarded as having a diminished sense of responsibility. Ten (38.47%) accepted full responsibility for their malfeasance as deserters and did not raise the question of diminished responsibility.

The findings noted above were obtained from forensic reports, not the court's decisions. The courts-martial decisions or sentences were not all available to the authors, and few judges felt it necessary to notify the forensic psychiatry service about sentences or court decisions, even when requested to do so. Therefore, the court's decision about criminal responsibility was not included in the results.

### **Discussion**

Psychiatric or psychological problems related to desertion are rarely discussed. We believe that our study may be the first attempt to examine the forensic assessment of military or substitute service members in peacetime. Psychiatric evaluations in the military are commonplace for purposes such as pre-enlistment screening, medical discharge, criminal investigation, and re-evaluation of erroneous diagnoses.<sup>41-43</sup> Sometimes, service members develop a mental illness after they serve for a time and need further psychiatric assessment for discharge from the military.<sup>25,44</sup> Generally speaking, the propor-

**Table 1** Comparison of Previous Research on Military AWOL in Different Military Samples: Experiences From Western Wars

Study	Study Population	Finding	Cases, <i>n</i>
Heine (1945) <sup>32</sup>	U.S. Army soldiers	Those with mental illness go AWOL more and have more rigid habit systems, emotional immaturity, and inability to handle problems in a less direct manner.	<i>N</i> = 133
Guttmacher and Stewart (1945) <sup>33</sup>	U.S. Army soldiers	Overall social maladjustment on the part of the AWOL group with respect to their intelligence, job stability, education, emotional stability, and personal habits.	<i>N</i> =133 (in AWOL group, with a matched control group)
Bromberg et al. (1945) <sup>34</sup>	U.S. Navy recruits	Emotional disturbances and negative attitudes toward the Navy, military service, or the war itself.	<i>N</i> =248 ( 23.3% in 1,063 Naval offenders)
Davis et al. (1945) <sup>35</sup>	U.S. Army Air Force recruits	Mental disorder (usually constitutional psychopathy) and mental deficiency were the main factors in 63%; military maladjustment in 37%.	<i>N</i> =100 (AWOL prisoners)
Feldman and Maleski (1948) <sup>36</sup>	U.S. Army newly recruited trainees	Maladjustment was reflected in the behavior of the AWOLs both prior to and after their entrance into military service; hostility, more egocentric behaviors, less responsibility in their social relationships, various somatic complaints and functional disturbances.	<i>N</i> =185
Clark (1948) <sup>11</sup>	U.S. Army soldiers	24 items of MMPI were selected to form a tentative "recidivist" scale	<i>N</i> =100, AWOL (55 attempted repeated AWOLs)
Clark (1953) <sup>12</sup>	U.S. Army soldiers (in basic training)	One abbreviated scale differentiated recidivists from non-recidivists	<i>N</i> =104 (74 attempted two or more times)
Zuring (1954) <sup>1</sup>	Dutch Army soldiers in Indonesian colonial wars	65% were found to be neurotic, 35% psychopathic, 43.5% of inferior intelligence and 29.2 % normal, according to an assessment by the colonial Army Division Board	<i>N</i> not mentioned in the article

tion of those with depressive disorders and intellectual disability is higher among enlisted personnel who receive forensic psychiatric evaluations than among others in Taiwan and those in the military in other countries who are under criminal investigation.<sup>19,40,41,45</sup>

In 1917, Tausk, in reference to the wartime Austro-Hungarian Empire, divided war deserters into seven categories: 1) hysterical or epileptic disturbances, 2) restless or wandering souls, 3) fear of punishment, 4) inability to stand the strain of duty, 5) anxiety or obsessional ideas, 6) homesickness, and 7) "war neurosis." His was a psychoanalytic viewpoint, and he argued that desertion during war is a manifestation of Freud's theory of a "disturbed father-son relationship."<sup>13</sup>

Several authors have discussed the psychological factors rather than psychiatric diagnoses related to desertion. In these studies, mostly of World War II experiences of military personnel who were AWOL or deserted, the researchers found prob-

lems with emotions, personality, intelligence, or adjustment to military life (Table 1). U.S. Army research in 2004 reported that "(t)he primary reasons cited for going AWOL centered on dissatisfaction with Army life (40%), family problems (39%), homesickness (37%), feelings that promises made upon enlistment were not kept (27%), a lack of motivation (26%), and unfair treatment (21%).<sup>2</sup> A senior military police officer in Taiwan reported that stressors found in 2,072 military draftees who were AWOL in 2001–2003, ranked as personal stressors (44%), family stressors (22%), social relations stressors (18%) and military stressors (16%).<sup>31</sup> Difficulties related to mental disorders or disadvantageous psychological traits and consequent maladjustment seemed to be related more to AWOL. In our study, only two persons deserted under the direct influence of psychotic symptoms; all others (*n* = 24) reported maladjustments and an inability to tolerate the stress of military training and duty; these findings were compatible with those in previous studies.

Zuring *et al.*<sup>1</sup> studied desertions from the Dutch Army during the Indonesian colonial wars (1945–1949) and found that 65 percent of the evaluatees, were neurotic, 35 percent psychopathic, 43.5 percent had intellectual disability, and 29.2 percent normal, according to an assessment by the colonial Army Division Board. We found intellectual disability in 12 (46.15%) and personality disorders in 5 (19.23%) cases in our study, rates similar to those found in the wartime Dutch Army; however, in our study, the frequency of depressive disorder was higher (30.76%).

Dieckhofer and Vogel<sup>7</sup> showed that about one-third of all persons with so-called “poriomania” (a passion for wandering or journeying away from home) were “feeble-minded.” Such persons were more inclined to fraud, pseudologia, abuse of alcohol, prostitution, and suicide (15%). The personalities of men with poriomania were characterized by unsteadiness, instability, and a tendency to engage in wishful thinking. In our study, only 12 (46.15%) had intellectual disability, 14 (53.85%) had suicidal ideation, and 9 (34.62%) had attempted suicide. It is difficult to compare our findings with those of the previous study because of the different populations.

A study by Mazurczyk<sup>8</sup> of psychiatric evaluations for general military delinquency in the Polish army indicated that the environment and the perpetrator’s personality traits and intelligence determined whether typical military crimes, such as AWOL or desertion, were committed. We found intellectual disability in 12 (46.15%) and personality disorders in 5 (19.23%) cases, rates similar to those found in the Polish Army. Kolb *et al.*<sup>46</sup> showed that rates of unauthorized absence and desertion increased significantly from before to after treatment for alcohol abusers. In our sample, depressive disorders and mental insufficiency are overrepresented. Since the prevalence of alcohol and other substance use disorders is lower in the general populations in Taiwan and other Asian countries, this finding may correlate with the military population.<sup>47,48</sup> Chuang *et al.*<sup>25</sup> studied 152 military draftees with mental disorders who got suspensions from the military: 7 (4.6%) had gone AWOL, 48 (31.6%) had thought about it, and 23 (15.1%) had specific plans to be AWOL, but there was no discussion about psychiatric diagnoses and

actual or contemplated AWOL. None of these studies involved forensic subjects.

The Criminal Codes for military and substitute service members contain articles pertaining to desertion or AWOL in Taiwan.<sup>10,29</sup> Those who desert the battlefield or frontline can be sentenced to up to life in prison or even death; however, most deserters are given short-term punishment, months to one year in prison, and, in peacetime, most single attempters are actually given probation. As in other military systems, our service aims to provide accurate forensic psychiatric information about service members who desert or go AWOL as a result of suspected mental health problems.<sup>39,42,45</sup>

Taiwan has an inquisitorial system in the criminal courts, which differs from the adversarial system in Common Law countries, and the courts frequently request that forensic psychiatrists provide professional opinions about the offenders’ criminal responsibility. However, the judges have the final authority on whether to accept the forensic psychiatrists’ professional opinions by ruling on the offenders’ criminal responsibility. In our study, we found that our center provided professional evaluations for the courts opining that 16 of 26 (61.53%) subjects had partial impairment of criminal responsibility, as 3 (11.54%) were legally insane and 13 (50%) had diminished responsibility.

This study has some limitations. First, the number of AWOLs from peacetime Taiwan military units was low and the small sample may limit the generalization of the results. Second, the results were collected by retrospective chart review in one hospital and may not represent the entire population of military absentees. Third, the final court decisions were not always available, and we did not know whether the courts accepted the conclusions of our evaluations, but the acceptance rate of forensic psychiatric evaluation reports by the criminal courts for civilians is high in Taiwan. One Taiwan study reported a consistency rate of 93.6 percent between criminal records and corresponding court sentences in 84 cases at a psychiatric hospital over a 3-year period.<sup>39</sup> For Australian Vietnam draftees, AWOL charges during service were one of the factors related to post-Vietnam death rates.<sup>14</sup> We were unable to follow those evaluatees in our study who were acquitted or discharged, and we were unable to determine whether there was a similar factor regarding death rates. Finally, few recent articles about this topic

approached the discussion from a contemporary viewpoint.

## Conclusions

In this study, among 26 evaluatees who have committed desertions and received forensic psychiatric evaluations, depressive disorders and mental insufficiency were overrepresented. We reviewed several reports in the literature about mental health, diagnosis, and evaluations of the personnel who committed desertions. Since the retrospective study performed in peacetime is limited in number of cases and by the difficulty in following up the judges' verdicts and the outcomes of the evaluatees, further study is needed to confirm whether psychiatric screening before any military or civil substitute service enlistment and early psychiatric intervention for service members with mental illness or emotional disturbance would help in the prevention of desertion or AWOL.

## References

- Zuring J: Psychiatric aspects of the problem of desertion. *Folia Psychiatr Neurol Neurochir Neerl* 57:73–83, 1954
- Ramsberger PF, Bell, D.B. Executive summary. Results and recommendations from a survey of Army deserters and leaders (Study Note 2005-02): United States Army Research Institute for the Behavioral and Social Sciences; 2004:p. v–viii
- Lande RG: Madness, malingering, and malfeasance: the transformation of psychiatry and the law in the Civil War Era. Washington, DC: Brassey's Inc., 2003
- Woodbury EM: Causes for military desertion: a study in criminal motives. *J Crim L & Criminology* 12:213–22, 1921
- Rudolf GM: Reaction to military life and criminal behaviour. In: Rudolf GM, Radzinowicz L, Turner JWC, eds. *Mental abnormality and crime. English studies in criminal science, Volume II*. Oxford, England: Macmillan, Ltd.; 1944
- Gilligan FA: Military law, in Principles and Practice of Military Forensic Psychiatry. Edited by Lande R, Armitage D. Springfield, IL: Charles C. Thomas Publisher Inc. 1997
- Dieckhofer K, Vogel T: [Social and legal problems in the so-called poriomania, with special reference to desertion and AWOL (in German with English Abstract).] *Schweiz Arch Neurol Neurochir Psychiatr* [Schweizer Archives of Neurology, Neurosurgery, and Psychiatry] 115:337–48, 1974
- Mazurczyk Z: Psychiatric-psychological aspects of the delinquency in the army (in Polish with English Abstract). *Psychiatr Pol* 32:415–21, 1998
- Turner MA, Neal LA: Military forensic psychiatry. *Br J Psychiatry* 183:10–11, 2003
- National Defense Report 2013, the Republic of China (Taiwan). Available at: [http://www.us-taiwan.org/reports/2013\\_october\\_taiwan\\_national\\_defense\\_report.pdf](http://www.us-taiwan.org/reports/2013_october_taiwan_national_defense_report.pdf). Accessed November, 20, 2014
- Clark JH: Application of the MMPI in differentiating A.W.O.L. recidivists from non-recidivists. *J Psychol* 26:229–34, 1948
- Clark JH: Additional applications of the awol recidivist scale. *J Clin Psychol* 9:62–3, 1953
- Tausk V: On the psychology of the war deserter. *Psychoanal Q* 38:354–81, 1969
- O'Toole BI, Cantor C: Suicide risk factors among Australian Vietnam era draftees. *Suicide Life Threat Behav* 25:475–88, 1995
- O'Toole BI, Marshall RP, Grayson DA, et al: Dobson The Australian Vietnam Veterans Health Study: I. study design and response bias. *Int J Epidemiol* 25:307–18, 1996
- Lande RG: Special military forensic issues, in Principles and Practice of Military Forensic Psychiatry. Edited by Lande R, Armitage D. Springfield, IL, USA: Charles C. Thomas Publisher Inc., 1997
- Criminal Code of the Republic of China (Taiwan). Available at: <http://law.moj.gov.tw/eng/LawClass/LawAll.aspx?PCode=C0000001>. Accessed November, 23, 2014
- Criminal Code of the Armed Forces, the Republic of China (Taiwan). <http://law.mnd.gov.tw/FLAWDAT0201.asp?lsid=FL005600/>. Accessed March, 28, 2014
- Kuo SH: Forensic psychiatry in Taiwan. *Int'l J L & Psychiatry* 6:457–72, 1983
- Mackay RD, Maher G, Reid KG, et al: Report on Insanity and Diminished Responsibility: report on a reference under section 3(1)(e) of the Law Commissions Act 1965, Laid before the Scottish Parliament by the Scottish Ministers
- Nedopil N, Bischof HL, Prochaska E: Psychopathologic differentiation of aggressive criminals as an aid in expert assessment (in German with English Abstract). *Offentl Gesundheitswes* 51(5): 250–255, 1989
- St. Denis EE, Sepulveda E, Tellez C, et al: Forensic psychiatry in Chile. *Int J L & Psychiatry* 35:496–503, 2012
- Fu PX, Wang J, Shi TT, et al. [The application of evaluation tools for criminal responsibility in forensic psychiatric expertise (in simplified Chinese with English Abstract)]. *Fa Yi Xue Za Zhi [J Forensic Med]* 26:210–13, 2010
- Spaans M, Barendregt M, Haan B, et al: Diagnosis of antisocial personality disorder and criminal responsibility. *Int J L & Psychiatry* 34:374–8, 2011
- Chuang WC, Kao CH, Chen CK, et al: Service suspension for mental disorders in armed forces draftees in the Penghu area. *BMC Psychiatry* 12:46, 2012
- Su KP, Yu JM, Yang TW, et al: Characteristics of mentally retarded criminal offenders in Northern Taiwan. *J Forensic Sci* 45:1207–1209, 2000
- Kuo SH, Chien CP, Mills MJ: Forensic psychiatry in Taiwan: civil litigation. *Int J L & Psychiatry* 10:297–309, 1987
- Rin H. Psychopathological study on criminal responsibility of mentally ill offenders. *J Formosan Med Assoc (Yi Xue Hui Za Zhi)* 75:175–82, 1976
- Rashkis HA: Notes on interviewing AWOL soldiers. *J Abnorm Soc Psychol* 40:100–1, 1945
- Enforcement Statute for Substitute Services, the Republic of China (Taiwan). Available at: <http://glrs.moi.gov.tw/EngLawContent.aspx?Type=E&id=228&KeyWord=%e6%9b%bf%e4%bb%a3%e5%bd%b9%e5%af%a6%e6%96%bd%e6%a2%9d%e4%be%8b> Accessed March, 28, 2014
- Hsia FY. Prevention and Investigation on Military Desertion [unpublished master's thesis], Feng Chia University; 2005 (in Traditional Chinese with English Abstract).
- Heine RW: Absent without leave among mentally retarded trainees. *J Clin Psychol* 1:141–6, 1945
- Guttmacher MS, Stewart FA: A psychiatric study of absence without leave. *Am J Psychiatr* 102:74–81, 1945.
- Bromberg W, Apuzzo AA, Locke B: A psychological study of desertion and overleave in the Navy. *Naval Med Bull* 44:558–68, 1945

## Forensic Evaluation after Military Absenteeism

35. Davis DB, Wolman HM, Berman RE, *et al*: Absence without leave: psychiatric study of 100 A.W.O.L. prisoners. *War Med* 7:147–51, 1945
36. Feldman H, Maleski AA: Factors differentiating AWOL from non-AWOL trainees. *J Abnorm Psychol* 43:70–7, 1948
37. National Conscription Agency, Ministry of Interior: Conscription agency: XI. substitute service. Available at: <http://www.nca.gov.tw/EngVer/eng-1.asp/>. Accessed November 28, 2014
38. Yu JM, Yang TW, Chou JY, *et al*: [Analysis of discordance between conclusions of forensic psychiatric evaluation and court decisions, I: mental status at the time of offense (in Traditional Chinese with English Abstract)]. *Taiwan J Psychiatry* 19:225–36, 2005
39. Ho H, Tsuang MM, Lin HN, *et al*: [Results of forensic psychiatric evaluation and the court sentencing (in Traditional Chinese with English Abstract) ]. *Taiwan J Psychiatry* 11:262–68, 1997.
40. Tsai WC, Rin, H, Lin SN: Trend of forensic psychiatric examination in criminal offenders in Taiwan. *Taiwanese J Psychiatry* 10:243–50, 1996
41. Ritchie EC, Benedek D, Malone R, *et al*: Psychiatry and the military: an update. *Psychiatr Clin North Am* 29:695–707, 2006
42. Witztum E, Grinshpoon A, Margolin J, *et al*: The erroneous diagnosis of malingering in a military setting. *Mil Med* 161:225–9, 1996
43. Chen YJ, Shiah IS, Chen CK, *et al*: [Characteristics and diagnoses of military officers and sergeants prematurely discharged from service because of psychiatric disorder (in Traditional Chinese with English Abstract)]. *Taiwan J Psychiatry* 18:251–60, 2004.
44. Chang HA, Shiah IS, Chang CC, *et al*: A study of prematurely discharged from service and related factors in Taiwanese conscript soldiers with mental illness. *J Med Sci* 28:15–26, 2008
45. Mona ML, Diebold CJ, Walton AB: Update on the disposition of military insanity acquittees. *J Am Acad Psychiatry Law* 34:538–44, 2006
46. Kolb D, Baker GD, Gunderson EK: Effects of alcohol rehabilitation treatment on health and performance of Navy enlisted men. *Drug Alcohol Depend* 11:309–19, 1983
47. Helzer JE, Canino GJ, Yeh EK, *et al*: Alcoholism: North America and Asia. A comparison of population surveys with the Diagnostic Interview Schedule. *Arch Gen Psychiatry* 47:313–19, 1990
48. Degenhardt L, Chiu WT, Sampson N, *et al*: Toward a global view of alcohol, tobacco, cannabis, and cocaine use: findings from the WHO World Mental Health Surveys. *PLoS Med* 5:e141, 2008