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Sex Offenders: A Descriptive Analysis of Cases Studied at a Forensic Psychiatry Clinic

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ABSTRACT: This is a report on a descriptive study made of defendants charged with at least one count of sexual assault who were examined at the Forensic Psychiatry Clinic of the Supreme Court of the State of New York for the Borough of Manhattan during the calendar year 1974.

KEY WORDS: psychiatry, criminal sex offenses

The issue of sexual offenses has been attracting increasingly more attention in recent times from various lay and professional interest groups. The dramatic increase in the number of sex-related crimes being reported to the police has undoubtedly been an important variable that has served both as a cause and an effect of this increased attention. For example, the number of such complaints received by the New York City Police Department during 1974 (5565) was nearly double that reported in 1969 (3076) [1].

The number of reports dealing with sexual offenses has been on the increase. A search of the published material on this subject revealed that much of what has been written deals primarily with the implication of such offenses for the legal, medical, and psychological needs of the victims of such crimes [2-6]. There are several other articles on the statistical analysis of the incidence of such crimes in various metropolitan areas in the United States and in Western Europe [7-10].

Relatively little has been published about the perpetrators of such crimes [11-13]. Specifically, there are no reported studies of offenders of such crimes who have been referred to a forensic psychiatry clinic.

The Forensic Psychiatry Clinic services the Criminal Court as well as the Supreme Court for the Borough of Manhattan. For the purpose of this study, however, only the cases serviced for the Supreme Court are included in the sample. In 1974, 1085 examinations of defendants were requested by the Supreme Court, and 991 of these were completed.

The defendants are referred to this clinic at various stages during court proceedings: (1) during pre-pleading investigation, (2) during procedures to determine fitness to proceed to trial, (3) before sentencing, or (4) after sentencing. The same defendant can be referred for more than one examination. He can, for example, be referred for "fitness" determination and, later, for a before-sentencing evaluation.

Persons referred regarding their fitness to proceed to trial come at the recommendation of the court, their own defense attorneys, or the prosecuting attorney on the case. These

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are defendants considered to be sufficiently impaired in their functioning so as to raise the basic question of their ability to proceed to trial. They are examined by at least two psychiatrists, or by one psychiatrist and one psychologist, regarding whether or not, as a result of mental defect or mental disease, they have sufficient capacity (1) to understand the charges pending against them and the nature of the court proceedings and (2) to assist in their own defense. In making this determination a clear distinction is made between "fitness to proceed" and "mental illness." All persons who are not fit to proceed are mentally ill, but not all mentally ill persons are unfit to proceed to trial.

Persons referred at the point of pre-pleading or before-sentencing investigations generally come from the Department of Probation. These are usually individuals who are believed to have a history of psychiatric illness, who have shown erratic and unstable behavior suggestive of psychiatric disorder, or who have been charged with committing a bizarre offense. Also, among before-sentencing cases are those who are referred for assessment of their suitability for placement on probation. All pre-pleading and before-sentencing cases receive a general psychiatric evaluation and in many instances are also examined by a psychologist.

The after-sentencing cases seen at the clinic are, in general, also referred by the Department of Probation. These cases involve defendants who have completed the legal process, have been sentenced by the court, and are under the supervision of the Department of Probation. These individuals also receive a general psychiatric and psychological evaluation.

The Forensic Psychiatry Clinic, in addition to conducting psychiatric and psychological examinations, also provides three other major services.

First, in cooperation with the Department of Probation, it acts as a referral agency seeking to expedite the placement of specific probationers in private or public facilities where treatment and guidance suitable to the needs of that probationer can be provided.

Second, it offers an interdisciplinary weekly training seminar on issues pertinent to the field of psychiatry and law. This seminar is attended by representatives from the court, the Department of Probation, Legal Aid, the District Attorney's Office, and the New York Police Department.

Third, the clinic maintains a Projects Committee to research various problems of law and psychiatry, to evaluate research proposals by other court-affiliated facilities, and to provide up-to-date information to the court.

Statement of Purpose

This study is a survey of those persons charged with sexual offenses who were examined at the Forensic Psychiatry Clinic of the New York State Supreme Court, for the Borough of Manhattan, during 1974. The purpose of the study was twofold: first, to determine a demographic profile of the sexual offenders examined at this clinic and, second, to compare the psychiatric determination made of the alleged sex offenders to that of the overall population examined at the clinic during the same period. This second purpose, restated, would be to answer this question: Are the alleged sexual offenders examined at the Forensic Psychiatry Clinic more often found to be not fit to proceed than the general clinic population?

Method

The method employed in this study involved identifying individuals who were charged with at least one count of a sexual offense and who were referred for examination to the Forensic Psychiatry Clinic of the Supreme Court of the State of New York, for the Borough of Manhattan, during 1974. Seventy-four of the 991 cases examined met this criterion.

Each individual was interviewed by at least one psychiatrist. Many were also examined by a clinical psychologist.

Psychiatric interviews focused on the defendant's background, his personal and social habits, family structure and relationship with parents and siblings, school record, employment history, drug and alcohol habits, history of medical-neurological problems, criminal record, his understanding of his current legal situation, and psychiatric history.

Psychological examination included administration of widely accepted standardized tests of intelligence (for example, the Wechsler scales) and projective tests, including the Rorschach, the Thematic Apperception Test, word association tests, the House-Tree-Person Test, and the Bender Visual Motor Gestalt Test.

The clinic file of each of the subjects was reviewed and relevant data were summarized. To insure the privacy of the subjects and to protect their human rights, no identifying characteristics, such as name and address, were used in the summaries.

In 27 cases, certain relevant data were missing or questionable as a result of conflicting statements made by the defendant to different interviewers. Missing details were found mainly in cases where the defendant was unable or unwilling to submit to the required examination and was usually referred to Bellevue Hospital for prolonged observation and resulting determination of his psychiatric status.

The Department of Probation file on each of these 27 cases was reviewed to obtain the missing data or to verify those details in question. In few cases certain data could not be confirmed and as such were classified under the heading of "Information Missing."

The completed data summary for each of the subjects dealt with the following variables: type of referral to the clinic, charges specified in the indictment, age, ethnic background, parents' marital status, sibling rank, subject's marital status, education, employment record, medical-neurological history, drug and alcohol usage, psychiatric history, arrest and prison record, and psychiatric determination made by the clinic.

Classification by Type of Offense

The official definitions of sex offenses referred to in this study are contained in Ref 14. The breakdown of the sample according to the type of charges contained in the current indictment revealed that in 72% of the cases the charges were solely sex-related and ranged from sexual abuse, third degree, to rape and sodomy in the first degree. The remainder had been charged with such other offenses as assault, robbery, burglary, possession of a dangerous weapon, and in one case, homicide, in addition to the sexual offense charges (Table 1).

Description of the Subjects

The 74 subjects studied were all males ranging in age from 17 to 58. Nearly 90% were 40 years or younger, with the greatest percentage of the total (40.50%) falling in the 21 to 30

TABLE 1—*Breakdown of the subjects by type of offense and race.*

Offense	White	Black	Hispanic	Total
Rape, first, second, and third degree	5	18	8	31
Rape, sodomy, and sexual abuse	3	4	1	8
Sodomy, first, second, and third degree	1	2	0	3
Sexual abuse, first, second, and third degree	2	4	4	10
Sexual and nonsexual offenses	3	17	2	22
Total	14	45	15	74

range. A statistically higher proportion of the subjects, however, were 17 to 20 years old. In fact, there were more defendants at the 20-year-old level (11%) than at any other single age level (Table 2).

Nearly 61% of the subjects studied were blacks, 20% were of Hispanic origin, and 19% were whites (Table 3).

Marital status of the subjects is described in Table 4.² Forty-two (56.5%) of the subjects reportedly had never married or had never maintained an informal conjugal relationship with a woman for any length of time. Fourteen others (19%) reported having been "married" at least once but were no longer married, primarily because of separation or divorce and in a few cases because of their spouses' death. Only 13 (17.75%) were found to have had a husband-and-wife relationship with a woman at the time of the commission of the instant offense.

None of the individuals studied had completed a college program and only 16.25% reported having had any college experience. A large number of those individuals who reported college experience were high-school-dropouts who had in later years completed a high-school equivalency course, in many cases while serving in the Armed Forces or sentenced to a correctional facility, and then had proceeded to college. Less than 8% of the subjects completed a high school program without interruption and had earned a diploma. Nearly 27% had less than a ninth-grade education. The highest level of formal education achieved in about 47% of the cases ranged between the ninth and twelfth grades (Table 5).

Data on academic and social adjustment of the subjects while attending school in many cases were incomplete. Where that information was available, it was generally suggestive of poor academic performance or of behavioral problems, or both.

Regarding vocational skills, only eight subjects reported job experiences that involved specialized training and know-how such as, for example, bartender, beautician, or cook. Six others had at one time or another worked on jobs that are classified as semi-skilled, and three others had held clerical jobs. A substantial number (53) of the defendants were unskilled and had meager employment records, if any (Table 6).

TABLE 2—*Breakdown of subjects by age.*

Age Range	Number	Percentage of Total
20 and under	17	19.00
21 to 30	30	40.50
31 to 40	20	27.00
41 to 50	2	2.75
50 and over	5	6.75
Total	74	100.00

TABLE 3—*Breakdown of subjects by race.*

Race	Number	Percentage of Total
White	14	19.00
Black	45	60.75
Hispanic	15	20.25
Total	74	100.00

²The data in this table do not distinguish between legal and common-law conjugal relationships as long as the subject had viewed his relationship with a woman as constituting marriage.

Thirty-seven of the defendants were reared in intact homes where both parents were on the scene at least through the defendant's teenage years. Another 30 came from home environments where one or both parents were absent. Of these, there were at least three cases whose formative years were spent in an orphanage (Table 7).

Sibling rank could not be determined in a significant number of cases (17). In those cases where it was determined, it was found that a majority ranked as a middle child, and in only seven cases was the offender an only child (Table 8).

In 48 cases, the subjects reported moderate to heavy consumption of alcoholic beverages, either on a daily basis or primarily on weekends and special occasions. A somewhat smaller number (43) admitted to using drugs. This ranged from smoking pot to habitual abuse of multiple drugs and other chemicals extending over many years. In a number of cases (34) both alcohol and drug abuse were acknowledged by the subjects (Table 9).

TABLE 4—*Breakdown of subjects by marital status.*

Marital Status	Number	Percentage of Total
Never married	42	56.50
Married	13	17.75
Separated, divorced, widowed	14	19.00
Unknown	5	6.75
Total	74	100.00

TABLE 5—*Breakdown of subjects by education.*

Education	Number	Percentage of Total
Below 9th grade	20	27.00
9th to 12th grades	35	47.25
High school graduate	6	8.00
Some college	9	12.25
Unknown	4	5.50
Total	74	100.00

TABLE 6—*Breakdown of subjects by vocation.*

Occupation	Number	Percentage of Total
Skilled	8	10.75
Semi-skilled	6	8.00
Unskilled	53	71.75
Clerical	3	4.00
Unknown	4	5.50
Total	74	100.00

TABLE 7—*Family structure of the subjects.*

Parents' Relationship	Number	Percentage of Total
Intact	37	50.00
Separated	30	40.50
Unknown	7	9.50
Total	74	100.00

Forty-two of the subjects were known to have had prior experience with some form of a mental health care facility. Thirty-four of these had a history of at least one psychiatric hospitalization, and 12 of the 34 also had received outpatient treatment either before or after their hospitalization. Eight others also had been involved in psychotherapy at some point in their life. This ranged from two sessions with the school psychologist while in the fifth grade to intensive psychotherapy with a private practitioner extending over several years.

In addition, 14 of the subjects were known to have a history of a neurological problem. Of these, 12 of them were among those who also had been treated at a psychiatric facility on an inpatient or outpatient basis (Table 10).

Ten of the subjects studied had no prior arrest records. Of these, six were under the age of 20 and three others were between 21 and 30 years old.

Twelve others had been arrested at least once prior to the instant offense, seven of them on sex-related charges. Another 50 had a history of at least two, and as many as 20, prior arrests. In total, 62 of the subjects had known arrest records, and 26 of these had been charged at least once with sex-related offenses ranging from rape in the first degree to sexual abuse of a child in the third degree (Tables 11 and 12).

Data regarding conviction and judicial disposition of those known to have been previously arrested were incomplete in most cases. However, nearly 34% of the sample was

TABLE 8—*Sibling rank of the subjects.*

Rank	Number	Percentage of Total
Only child	7	9.50
Oldest	8	10.75
Middle	26	35.25
Youngest	16	21.50
Unknown	17	23.00
Total	74	100.00

TABLE 9—*Alcohol and drug use.*

Response	Alcohol		Drug	
	Number	Percentage	Number	Percentage
Yes	48	64.75	43	58.00
No	16	21.75	22	39.75
Unknown	10	13.50	9	12.25
Total	74	100.00	74	100.00

TABLE 10—*Psychiatric history.*

Treatment	Number	Percentage of Total
Inpatient	22	29.75
Outpatient	8	10.75
Inpatient and outpatient	12	16.25
None	28	37.75
Unknown	4	5.50
Total	74	100.00

known to have served some time in prison, ranging from two months to over 15 years (Table 13).

Investigation of the subjects regarding their court classification at the point of referral to the clinic produced the data contained in Table 14.

Subjects who had been referred to the clinic at different steps of the court proceedings, for example, to determine fitness to proceed and later for a before-sentencing evaluation, were categorized according to the type of classification they had received on their original referral to the clinic.

The breakdown of the subjects in this study on the basis of court classification corre-

TABLE 11—*Number of prior arrests.*

Prior Arrests	Number	Percentage of Total
Once	12	16.25
Two or more	50	67.50
None	10	13.50
Record unknown	2	2.75
Total	74	100.00

TABLE 12—*Prior arrest record by type of offense.*

Prior Offense	Number	Percentage of Total
Sexual offenses	4	5.50
Sexual and nonsexual offenses	25	33.75
Nonsexual offenses	26	35.00
Charges unknown	7	9.50
None	10	13.50
Unknown	2	2.75
Total	74	100.00

TABLE 13—*Prison record.*

Previous Time in Prison	Number	Percentage of Total
None	26	35.00
6 months or less	4	5.50
7 months to 12 months	0	0
One year and above	21	28.50
Unknown	23	31.00
Total	74	100.00

TABLE 14—*Classification of subjects as determined by the court.*

Referral Classification	Number	Percentage of Total
Fitness to proceed	30	40.50
Prepleading investigation	13	17.50
Before sentencing	31	42.00
Total	74	100.00

sponds rather closely to that for the total clinic population examined in 1974. This is particularly so in the case of fitness referrals (Table 15).

Of the fitness-to-proceed sex-offense cases, in approximately 47% of the cases the subjects were not fit or the question of impaired capacity to proceed to trial was sufficiently strong to indicate prolonged observation in a hospital setting.

The overall clinic population that received fitness examinations produced significantly fewer cases that resulted in not fit determinations or in hospital referrals (24%).

Table 16 compares the results of the fitness cases from the sample population with those for the overall clinic population examined during the same period. The magnitude of the differences in the results becomes even more notable when the 30 fitness to proceed cases contained in the sample population are excluded from the total fitness to proceed cases examined in the clinic (Table 17).

Limitations

There are certain limitations inherent in this type of study. First, the sample population is biased in that it represents only those defendants who were evaluated at the Forensic Psychiatry Clinic.

Second, prior psychiatric history is often a major criterion for making referrals to the clinic.

Third, the size of the sample population is small, especially as compared to the known and even more so to the estimated number of perpetrators of such offenses during the same period of time covered by this study. It is widely known that only a small percentage of sex crimes is reported to the police. Estimates are that the actual incidence of sexual offenses is four to five times higher than the number reported to the police.

Moreover, not all those who are charged with sex crimes are apprehended. The New York Police Department, known for its effectiveness and efficiency, reports arrests in about 51% of the sex-related complaints made during 1974. Not all those who are arrested reach

TABLE 15—*Breakdown of subjects' classification as compared to that for the overall clinic population.*

Referral Classification	Percentage of Sample Population, <i>n</i> = 74	Percentage of Overall Clinic Population, <i>n</i> = 991
Fitness to proceed	40.50	39.00
Prepleading investigation	17.50	6.50
Before sentencing	42.00	54.00
After sentencing	0.00	0.50
Total	100.00	100.00

TABLE 16—*Fitness determination of subjects compared to that for the overall clinic population.*

Determination	Sample Population Fitness to Proceed Cases		Overall Clinic Population Fitness to Proceed Cases	
	Number	Percentage	Number	Percentage
Fit to proceed	16	53.25	293	76.00
Not fit to proceed	8	26.75	48	13.00
Hospital referral	6	20.00	42	11.00
Total	30	100.00	383	100.00

TABLE 17—*Fitness determination of subjects compared to that for the adjusted overall clinic population.*

Determination	Sample Population Fitness to Proceed Cases		Adjusted Overall Clinic Population Fitness to Proceed Cases	
	Number	Percentage	Number	Percentage
Fit to proceed	16	53.25	277	78.50
Not fit to proceed	8	26.75	40	11.50
Hospital referral	6	20.00	36	10.00
Total	30	100.00	353	100.00

the courts or are in fact found to be guilty. Of those who do reach the Supreme Court, a very small number of them are referred to the clinic.

Fourth, information about the defendants' backgrounds and personal habits was generally obtained directly from the defendants.

Discussion

Demographic data obtained on individuals charged with sexual offenses examined at the Forensic Psychiatry Clinic reveal that most of them were young (90% below age 40, with the highest concentration, 40.50%, in the 20 to 30 year range), unmarried (75%) at the time of their current arrest, black (60%) males, limited in formal academic training (over 75% high-school dropouts), lacking marketable vocational skills (71.75% unskilled), and often unemployed. A significant portion (nearly 72%) of the sample population had police records consisting of at least one and as many as 15 prior arrests. In a large number of cases previous charges involved sexual offenses.

More than 40% of the subjects were known to have been reared in a home environment where at least one parent, usually the father, was not on the scene, and in at least 67% of the cases there were other siblings.

Many of the subjects reported alcohol (64.75%) or drug (57%) use, and at least 50% were known to have had some contact with a mental health facility prior to their current contact.

In attempting to answer the question Are the sexual offenders more disturbed psychiatrically than the general clinic population? it should be noted, first of all, that the criteria used to measure the degree of disturbance are not based on diagnostic classifications but are derived primarily from functional elements pertaining to fitness as defined in Article 730 of the New York State Criminal Procedure Code. Determination of not fit to proceed means that the defendant has mental disease or defect of such magnitude as to substantially impair (a) his capacity to understand (1) the charges pending against him or (2) the court procedures and (b) his ability to help in his own defense.

Based on such criteria, it was found that whereas only 21% of the overall clinic fitness population was found to be in need of treatment to restore them to that level of competence required by law, nearly 47% of the sexual-offender population examined with respect to their fitness were sufficiently impaired as to require treatment to restore them to that minimum level of functional capacity. As such, more than twice as many defendants charged with sexual offenses than defendants charged with other crimes were unable to meet the gross criteria of functioning.

While no generalizations of these findings are intended, other than to the sample population studied, there are striking similarities between certain demographic characteristics

of the sample population and that of the overall population arrested in New York City in 1974 on charges of sexual offenses.

The Sex Crimes Analysis Unit of the New York City Police Department points out in its annual report [1] that the majority of the individuals who were arrested for alleged commission of sexual offenses were young (88% were below the age of 39, with nearly 33% falling within the 20- to 29-year-old range), unmarried (75%), black (59%) males, and at least 50% had little or no vocational skills and were unemployed.

Conclusion

The results of this analysis demonstrate a greater lack of capacity to stand trial among those individuals charged with sexual offenses than among the general offender population examined at this Forensic Psychiatry Clinic. However, because of the small size of the sample and the bias inherent in the selection process whereby the defendants are referred to this clinic, it is not possible to extrapolate from this group of sexual offenders to the general population of sexual offenders.

The data do suggest the value of a larger study, preferably prospective in nature, to assess more adequately the specific psychiatric needs of perpetrators of sexual offenses. It is hoped that this pilot study will promote greater general interest and further research in this increasingly more important area.

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