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Psychiatric Evaluations of Sexual Offenders

REFERENCE: Packard, W. S. and Rosner, R., **"Psychiatric Evaluations of Sexual Offenders,"** *Journal of Forensic Sciences*, JFSCA, Vol. 30, No. 3, July 1985, pp. 715–720.

ABSTRACT: Ninety-five defendants charged with sexual offenses were evaluated in a forensic psychiatry clinic. Their psychiatric diagnoses, as well as social, demographic, and criminal characteristics, were studied. Almost half were found to have personality disorders, while one-fifth were given a diagnosis of schizophrenia, affective disorder, or an atypical psychosis. Surprisingly few were diagnosed as having a paraphilia.

KEYWORDS: psychiatry, jurisprudence, criminal sex offenses

The problem posed by the sexual offender to society is large and complex, and has been receiving much attention from the criminal justice system and psychiatry. Yet psychiatric studies of this group of offenders are few, especially where psychiatric diagnosis is the focus of attention. In reviewing the literature, there were no studies in which the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) was the diagnostic instrument used.

Henn and associates examined the records of 239 defendants referred for psychiatric evaluation at a Forensic Mental Health Service in St. Louis between 1952 and 1973, and found 38% had personality disorders and 11% were either schizophrenic or schizoaffective [*1*]. It is not stated what diagnostic instrument was used. Bonheur and Rosner [*2*] reviewed the records of 64 defendants seen from 1973 to 1979 charged with a sexual offense, who were referred for psychiatric evaluation by the Criminal or Supreme Court of New York for Manhattan, and received a full battery of psychological testing. Schizophrenia was the diagnosis given to 46.9%, while the rest were seen as personality disorders. Lau examined 142 sexual offenders remanded to a psychiatric observation unit in a prison department, and found 24% were schizophrenic, only 1.5% had personality disorders, and 66% had no mental disorder [*3*]. The diagnostic criteria for this study are not stated.

Several studies have examined other characteristics of sexual offenders such as demographic, social, psychological, and criminal features [*4–9*]. Some studies have focused on a specific type of sexual offender such as the rapist [*10–15*], or the pedophiliac [*16,17*]. Abel and others [*18*] have noted that there is frequent overlapping of paraphilic behaviors in the sexual offender, so that classification by a specific deviant behavior may be artificial and misleading.

Abel has divided sexual offenders into three diagnostic categories: the paraphiliac who habitually and compulsively commits only sexual offenses; the schizophrenic or psychotic individual whose sexual offenses are a product of the psychosis; and the antisocial personality, whose sexual offenses are part of other nonsexual, sociopathic behavior patterns [*18*]. Although his source is not given, Abel reports that psychotic individuals comprise less than 5%

Presented at the 36th Annual Meeting of the Academy of Forensic Sciences, Anaheim, CA, 21–25 Feb. 1984. Received for publication 12 Sept. 1984; accepted for publication 19 Oct. 1984.

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of all individuals seeking treatment for sexual offenses, while 29% of those charged with rape have antisocial personalities. The paraphiliacs, he implies, make up the majority of sexual offenders.

This study examines the psychiatric diagnoses of sexual offenders referred for psychiatric evaluation by the court using the *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association, DSM-III [*19*], as well as examining demographic, social, and criminal characteristics of this population.

Methods

Ninety-five defendants referred to the Forensic Psychiatry Clinic of the Supreme Court of the State of New York for the Borough of Manhattan, who were charged with at least one sexual offense, were evaluated from January 1980 through June 1983. Defendants were referred for two types of examinations. For the first type, competency (or fitness) to stand trial, each subject was interviewed by two psychiatrists, and in some cases by a psychologist as well. A semistructured interview format was followed including a full psychiatric history, mental status examination, and questions pertaining to court procedure. A psychiatric diagnosis using DSM-III was given in all cases where the defendant was found not competent to stand trial, and in some cases where the defendant was found competent. In some instances psychological testing was performed.

The other type of examination performed was the probation examination, which could be either at the pre-pleading, before-sentencing, or after-sentencing stages. The same format as the competency examination was used, except that questions about court procedure was omitted. A DSM-III diagnosis was given to all defendants in this second type of examination.

The examiners were all members of the staff of the clinic and their records of each examination were reviewed retrospectively by the authors.

Since DSM-III permits multiple diagnoses for one individual, the data will be presented so as to indicate the major psychopathology for each defendant. For example, the diagnoses of schizophrenia, affective disorder, atypical psychosis, and paraphilia are given precedence over the diagnoses of substance or alcohol abuse and personality disorder. The diagnosis of personality disorder is given precedence over the diagnosis of substance or alcohol abuse.

Results

All the defendants seen were male, and primarily young, with 31.6% under 21 years of age, 47.4% between 21 and 30, 16.8% between 31 and 40, 2.1% between 41 and 50, and 2.1% over 50. They were mainly from minority groups, with 50.5% black, 33.7% Hispanic, and 15.8% white.

The sample was mostly single (75.8%), with 10.5% married, and 11.6% divorced or separated. One third of the defendants had completed high school (35.7%), while 16.8% had at least one year of college, and 23.2% never completed ninth grade. The remainder (40.0%) started high school but never completed it.

A majority of the defendants (58.9%) had held only unskilled jobs, 7.4% had held a skilled job, and 30.5% had held semiskilled positions.

The parental relationship in the home where the defendant was raised was intact for only 30.5% of the sample. Most of the defendants admitted to alcohol use (61.1%) and to drug use (62.1%).

Of the 95 defendants, 13.7% were given a diagnosis of schizophrenia, 4.2% atypical psychosis, and 2.1% affective disorder, giving a total of 20% diagnosed as having one of these severe psychiatric disorders. One defendant in each of these three categories was also given an axis II diagnosis of a personality disorder (Table 1).

Personality disorder was the primary diagnosis of 43.2% (41 defendants) of the sample.

TABLE 1—*Psychiatric diagnosis.*

	Number	Percent
Schizophrenia	13	13.7
Atypical psychosis	4	4.2
Affective disorder	2	2.1
Personality disorder		
Antisocial	8	8.4
Passive-aggressive	5	5.3
Schizotypal	4	4.2
Schizoid	5	5.3
Paranoid	2	2.1
Avoidant	1	1.1
Borderline	1	1.1
Mixed, other	15	15.8
Paraphilia	6	6.3
Substance/alcohol abuse	4	4.2
Other diagnoses	7	7.3
No mental disorder	4	4.2
Unknown	14	14.7
Total	95	100.0

Antisocial personality was the diagnosis of 8.4%, passive-aggressive 5.3%, schizoid 5.3%, schizotypal 4.2%, paranoid 2.1%, avoidant 1.1%, and borderline 1.1%. The remaining 14.7% had either mixed or other, nonspecified types of personality disorder.

Only 6.3% of the sample were given a diagnosis of a paraphilia, and two thirds of them were also given a personality disorder diagnosis.

Substance abuse or alcohol abuse was the diagnosis of 4.2% of the sample, and various other diagnoses accounted for 7.4%. Only 4.2% of the sample were found to have no mental disorder.

Of interest was the psychiatric history of each defendant. Almost two thirds (66.3%) of the sample reported some psychiatric treatment in the past, with 10.5% having inpatient, 32.6% having outpatient, and 23.2% having both inpatient and outpatient treatment (Table 2).

The previous arrest records of the defendants showed 31.6% had no previous arrests, 20.0% had one, and the rest had two or more. As for type of previous offense, 43.2% had exclusively nonsexual offenses, 4.2% had exclusively sexual offenses, and 16.8% had both (Table 3). In terms of time served in prison, 51.6% reported none, 10.5% less than six months, 4.2% from six to twelve months, and 8.5% more than a year. In addition, 18.9% had been in a juvenile detention facility.

In the current indictment, 57.9% of the defendants had sexual charges alone, while the rest (42.1%) had sexual plus nonsexual charges (Table 4). Rape was the sexual offense most often charged when there was only one sexual charge (40.0%), followed by sexual abuse (19.0%), then sodomy (12.6%).

TABLE 2—*Psychiatric history.*

	Number	Percent
Inpatient	10	10.5
Outpatient	31	32.6
Inpatient and outpatient	22	23.2
None	31	32.6
Unknown	1	1.1

TABLE 3—*Type of previous offense.*

	Number	Percent
Sexual	4	4.2
Nonsexual	41	43.2
Sexual and nonsexual	16	16.8
Unknown	4	4.2
None	30	31.6

TABLE 4—*Charges.*

	Alone	With Nonsexual Offenses	Total	Percent
Rape	22	16	38	40.0
Sodomy	6	6	12	12.6
Sexual abuse	15	3	18	19.0
Multiple sexual offenses	12	15	27	28.4

For the 95 defendants, a total of 117 examinations were performed, of which 38.5% were for competency to stand trial, 52.1% were before sentencing, 7.7% were pre-pleading, and 1.7% were after sentencing. The findings of the competency examinations revealed 55.6% were competent, 28.9% were not competent, and 15.5% were referred for psychiatric hospitalization to determine competency. Compared to all defendants seen in the clinic for competency, regardless of charge, the sexual offenders had a lower rate of competency (Table 5).

The disposition for the sexual offenders was a prison sentence in 64.2% of the cases, with 11.6% granted probation, and 6.3% underwent psychiatric hospitalization.

Discussion

In summary, defendants charged with sexual offenses who were referred for psychiatric evaluation are most often single young males from minority groups. They are poorly educated, poorly trained vocationally, come from disrupted homes, and have been drug and alcohol useres. Most have had previous psychiatric treatment, and have had prior contact with the criminal justice system. The single sexual crime they are charged with most often is rape, and ultimately most serve a prison sentence.

Almost half of these sexual offenders are diagnosed as having personality disorders, and another fifth are severely ill with schizophrenia, an affective disorder, or an atypical psychosis. Only a small number are diagnosed as having a paraphilia.

The results of the present study differ from the previous studies that looked at psychiatric

TABLE 5—*Results of competency exams.*

	Sexual Offenders	All Offenders
Sample size	45	720
Competent	55.6%	61.8%
Not competent	28.9%	24.2%
Hospital referred	15.5%	14.0%

diagnosis in sexual offenders [*1-3*]. While we found higher rates of schizophrenia and personality disorder than Henn [*1*], we also found lower rates than Bonheur and Rosner [*2*], while the results of Lau [*3*] are so dissimilar to all of the studies that he may have either seen a different population, or was using a very different method of diagnosis. The use of DSM-III in the present study may be a major factor in the differences noted, since it is a more precise diagnostic tool than prior instruments.

The rather low rate of paraphilias suggests several explanations. One is that the defendants who are paraphiliacs deny their deviant sexual behavior to the psychiatric examiner, even in the face of their previous arrests for sex crimes. Since 21% of the sample had at least one previous sexual offense charge, but only 6.3% were diagnosed as paraphiliacs, one can speculate that the others with previous sexual offenses denied that sexually deviant behavior was a repetitive occurrence. Perhaps that part of the history was overlooked by the examiner. Another explanation is that only a small proportion of paraphiliacs get arrested, which others have suggested [*18*][2] or that they do get arrested but do not get referred for psychiatric evaluation since they may not appear as psychiatrically disturbed as the defendants with other psychiatric disorders.

Given the high rate of sexual offenders with psychiatric illnesses, and their previous need for treatment, the present study points to a tremendous need for psychiatric treatment in jails and prisons for this population. The tendency in this group toward being young, poorly educated, and poorly trained points to a need for educational and vocational rehabilitation within penal institutions. For the sexual offenders who are paraphiliacs, the recidivism rate is high. In both evaluation and treatment settings, awareness of the possibility of the diagnosis, and availability of treatment should be of paramount importance.

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