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Forensic Psychiatric Evaluations of Women Accused of Felonies: A Three-Year Descriptive Study

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ABSTRACT: Descriptive statistics are presented for 95 female offenders evaluated in the Forensic Psychiatry Clinic for the New York Criminal and Supreme Court (First Judicial District). Demographic data, criminal charges, psychiatric diagnoses, prior mental health treatment, and victims of offenses are examined.

KEYWORDS: psychiatry, criminalistics, mental illness, demography

We present here a descriptive study of women who have been indicted for felonies by the Supreme Court in the First Judicial District of the State of New York and referred by the court for psychiatric evaluation by the Forensic Psychiatry Clinic for the New York Criminal and Supreme Courts. The study spans the three years of 1975, 1976, and 1977, reporting on 95 female subjects.

The Forensic Psychiatry Clinic is located in the Criminal Court Building in the borough of Manhattan, county of New York. It provides services to the Criminal Court, the Supreme Court, and the Department of Probation, drawing the majority of its referrals from Manhattan, but providing selected services to the neighboring boroughs of Brooklyn and the Bronx. Note that the determination of which persons will be evaluated at the clinic is made by judges, attorneys, and probation officers, rather than by mental health personnel. Further, it must be stressed that not everyone who comes to the attention of the criminal justice system is sent to the Forensic Psychiatry Clinic for evaluation.

The subjects of this study represent that subpopulation of women indicted for felonies who were selected by the professionals in the criminal justice system for referral for psychiatric examination. We are reporting on those women perceived by judges, attorneys, and probation officers as possibly having mental health problems. Our subjects are those who were noticed; we have no data regarding how many inappropriately pass unnoticed in the system.

Defendants are referred to the Forensic Psychiatry Clinic pursuant to either Article 730 or

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Article 390.3 of the Criminal Procedure Law of the State of New York. The former article calls for psychiatric evaluation to determine whether or not a person is competent to stand trial; the latter authorizes mental health evaluations as an adjunct to the assessment of whether or not a defendant is a suitable candidate for probation.

Purpose of the Study

The investigators undertook this study to determine the descriptive characteristics of the subpopulation of women indicted for felonies who are referred by members of the criminal justice system for forensic psychiatric evaluation. To ensure that the sample was reasonably representative of this subpopulation, all women who met the two threshold criteria—formal indictment on a felony charge and referral by a criminal justice system professional for psychiatric evaluation at our clinic—during the three years from 1975 to 1977 were included in the subject population.

The specific characteristics described in this study are the criminal charges against the defendants, their ages, psychiatric diagnoses, educational level, marital status, the religious affiliations, ethnic group, admitted use of alcohol and drugs, prior arrest records, choice of employment, and whether their natal families were intact. Also tabulated are the existence of prior mental health services to the defendants and the type of legal process that prompted the referral for psychiatric evaluation. For a smaller subsample, we describe the persons who were victimized and who pressed the charges against the indicted women.

This study was undertaken to provide data to both members of the mental health system and the criminal justice system on women accused of felonies who have been referred for forensic psychiatric examination between 1975 and 1977 in the geographic area serviced by the Forensic Psychiatry Clinic and, by implication, to stimulate further thought regarding the screening processes that lead to such referrals and the mental health needs of a subpopulation of women who enter the criminal justice system's service network.

Method

Each of the women referred for evaluation of competence to stand trial was examined by at least two psychiatrists on the staff of the Forensic Psychiatry Clinic. In some instances, a third psychiatrist or a clinical psychologist or both also examined the subject. Those women referred during an evaluation of their suitability for probation were interviewed by one psychiatrist, although the psychiatrist in some instances supplemented his/her examination by obtaining a psychodiagnostic test report from a clinical psychologist.

In addition, for each defendant, a copy of the felony indictment statement was obtained and a report from the Department of Corrections regarding the defendant's prior arrest record. In some instances, the Department of Probation provided a preliminary social assessment of the defendant. Rarely, reports were provided from other mental health facilities. The quality and quantity of the data varied considerably for the different defendants.

All of the information obtained on each defendant was placed in a central file. The data in the file were reviewed by two psychiatrists, who summarized and coded them in such a way as to facilitate evaluation while simultaneously protecting the anonymity of the individual defendants.

The coded data were analyzed and tabulated by a research associate who was not an employee of the Forensic Psychiatry Clinic and who had no direct knowledge of or contact with the individual subjects.

At various stages during this project, review and authorization to proceed were obtained from the Research Committee of the Forensic Psychiatry Clinic, as per its mandate from the administration of the Criminal and Supreme Courts.

Limitations

This study is not representative of all women indicted for felonies, since the Forensic Psychiatry Clinic sees only an unrepresentative sample of women felons. Further, this study is not representative of all those women felons who are in need of mental health services; the clinic has no way of ascertaining how many alleged women felons within the criminal justice system are in need of mental health services.

Also note that not all women who engage in felonious activities are apprehended, charged by the district attorney (prosecutor), or indicted by a grand jury, so that some women felons remain undetected or otherwise at large in the community. It is not possible to extrapolate from our study sample to that larger total population of women felons.

Finally, the conditions in New York are not representative of the conditions in the United States as a whole. Our data are inherently biased by the geographic area served by the Forensic Psychiatry Clinic.

The statements made in this study apply only to the defined subject population and are not strictly applicable to any other population.

Description of the Study Sample

Between 1975 and 1977, the Forensic Psychiatry Clinic evaluated 95 women indicted on 11 kinds of felony charges. Table 1 presents the charges and the numbers of women in our study population who were accused of each of the eleven categories of felonies. In general, crimes against persons were more frequent than crimes against property or so-called "victimless" crimes. In our population, 26 women were charged with murder, 22 with assault, 20 with manslaughter, 5 with homicide, and 1 with reckless endangerment. In comparison, only seven women were charged with robbery, three with larceny, two with arson, and one with criminal mischief. The "victimless" crime of criminal possession of a weapon involved only five women; criminal possession of a controlled substance involved only three. This may suggest that persons in the criminal justice system are more likely to consider the possibility of psychiatric illness among women who have engaged in violent behavior against others. It may also suggest that a higher proportion of those who engage in violent crimes are, in fact, emotionally ill. Alternatively, there may be reasons related to legal strategy and courtroom techniques that account for the greater number of referrals among women accused of interper-

TABLE 1—*Defendants' criminal charges.*

Charge	Number of Subjects
Murder	26
Assault	22
Manslaughter	20
Robbery	7
Criminal possession of a weapon	5
Homicide	5
Criminal possession of a controlled substance	3
Larceny	3
Arson	2
Criminal mischief	1
Reckless endangerment	1
Total	95

sonal violence as compared to women who have been accused of nonviolent felonies. It is beyond the scope of this study to make that determination.

In Table 2 are presented data about the ages of the defendants. The largest numbers of defendants were relatively young. In the 16 to 20 age group there were 17 women, 20 were aged 21 to 25, and 16 were 26 to 30. Thus women under age 31 constituted more than half of the subjects in our study sample. Women under age 51 made up almost 95% of our population.

The psychiatric diagnoses of the women are shown in Table 3. Thirty-six were diagnosed as suffering from schizophrenia; thirty-four were said to have personality disorders. Three women presented organic brain syndromes. One woman had epilepsy. In 13 cases, the diagnosis was deferred, and in 8 cases, the women were found to have no mental disorder.

Table 4 presents data on the educational level attained by each of the defendant women. The vast majority (60) had at least some experience in high school, although the majority of them did not finish high school (data not shown). A substantial minority (30) never reached high school. Only three defendants had attended college.

The defendants' marital status is described in Table 5. The majority of the women were single (55.80%). The total number who acknowledged having had a long-term relationship with a man at one time in their lives was 44.20%. Married women made up only 10.52% of the sample; separated and divorced women constituted 20.00%; common law relationships accounted for 5.26%; and widows were 8.42% of the study sample.

A description of the intactness of the defendants' natal families is found in Table 6. For a full 60% of subjects, their parents had separated during the defendants' childhood. Only 34.73% of the defendants came from intact families. Noted that in 5.27% of the cases, our

TABLE 2—*Women defendants summarized by age group.*

Age Group	Number of Subjects
16-20	17
21-25	20
26-30	16
31-35	8
36-40	6
41-45	13
46-50	10
51-55	2
56-60	2
61-65	0
66-70	1
Total	95

TABLE 3—*Defendants' psychiatric diagnosis.*

Diagnostic Category	Number of Subjects
Schizophrenia (295-295.99)	36
Personality disorders (301-301.89)	34
Deferred	13
No mental disorder	8
Organic brain syndrome	3
Epilepsy	1
Total	95

TABLE 4—*Defendants' highest formal educational level.*

Grade Attained	Number of Subjects
0-4	4
5-8	26
9-12	60
Some college	3
Postgraduate	1
Unknown	1
Total	95

TABLE 5—*Defendants' marital status.*

Marital Status	Percent of Subjects
Single	55.80
Separated or divorced	20.00
Married	10.52
Widowed	8.42
Common law	5.26

TABLE 6—*Defendants' natal families.*

Family Status	Percent of Subjects
Separated	60.00
Intact	34.73
Unknown	5.27

data were incomplete and the marital status of the defendants' parents (separated or together) was unknown.

Table 7 shows the religious affiliations of the defendants. For more than half (49), no religious preference was acknowledged. Of the remainder of the population, 1 woman was Jewish, 17 were Roman Catholic, and 28 were Protestant.

The ethnic groups of the defendants are shown in Table 8. In our sample, 64.20% of the women were black, 15.77% were white, 12.63% were Hispanic, and the ethnic background of 7.50% was not determinable from our records.

In Table 9 are data regarding the use of alcohol and drugs by our study sample. Note that these data are self-reported, that no distinction is made between wine and hard spirits, and that no distinction is made between the use of mild and hard drugs. In our population, 73.5% of the women reported using alcohol and 44.2% reported using of drugs.

Prior arrests are shown in Table 10. In our population, 42 subjects had no prior arrest history; 38 had been arrested 1 to 5 times; 8 had between 6 and 10 prior arrests, 1 had been arrested between 11 and 15 times, 5 had 16 to 20 arrests, and 1 prostitute estimated that she had been arrested more than 50 times.

Table 11 shows the reported vocations of the defendants. Nineteen women were receiving welfare; thirteen were working as domestics; eleven reported doing odd jobs; eleven were

TABLE 7—*Religious affiliation.*

Category of Preference	Number of Subjects
No religious preference	49
Protestant	28
Roman Catholic	17
Jewish	1

TABLE 8—*Ethnic/Racial Groups.*

Group	Percent of Subjects
Black	64.20
White	15.77
Hispanic	12.63
Unknown	7.50

TABLE 9—*Alcohol and drug use reported.*

Category	Percent of Subjects
Use alcohol	73.5
Do not use alcohol	26.5
Use drugs	44.2
Do not use drugs	55.8

TABLE 10—*Previous arrest records.*

Number of Prior Arrests	Number of Subjects
0	42
1-5	38
6-10	8
11-15	1
16-20	5
50	1
Total	95

working in stores; five were working in factories; five worked as nursing aides; five worked as waitresses; and four did secretarial/clerical work. Other occupations included teacher (3), prostitute (3), Youth Corps (2), housewife (2), and physical therapist, social worker, go-go dancer (one each). In nine cases data on employment were incomplete in our records.

Whether or not the defendants had previous contact with formal mental health services is shown in Table 12. Data were incomplete on this point for 19% of the subjects; for the rest, 46% reported previous contact with mental health services and 35% did not.

Table 13 shows the phase of legal proceeding that led to the referral. Twenty-five women were sent to the Forensic Psychiatry Clinic for a determination of their fitness to proceed; sev-

TABLE 11—*Defendants' reported vocations.*

Vocational Category	Number of Subjects
Welfare	19
Domestic	13
Odd jobs	11
Retail	11
Factory work	5
Nurse's aide	5
Waitress	5
Typist/secretary	4
Teacher	3
Prostitute	3
Housewife	2
Youth Corps	2
Go-go dancer	1
Physical therapist	1
Social worker	1

TABLE 12—*Outpatient mental health care.*

Status	Percent of Subjects
Prior outpatient mental health care	46
No previous outpatient mental health care	35
Unknown	19
Total	100

TABLE 13—*Type of referral.*

Category of Referral	Number of Subjects
Before-sentence evaluation	38
Prepleading investigation	30
Fitness to proceed	25
After-sentence evaluation	2
Total	95

enty were sent for evaluations of their suitability for probation; thirty came at the stage of prepleading investigation; thirty-eight came at the stage of before-sentence evaluation; and two came at the after-sentence phase of supervision.

In 74 cases in which the defendant women were charged with violent crimes against persons, we were able to obtain data about the victims' relationship with the defendants (Table 14). In 26 cases, the victims were friends of the defendants. In 17 cases, the victims were relatives of the defendants, most notably their children but also their husbands and stepfathers of the defendants. In four cases, the victims were neighbors of the defendants and in four cases they were police officers. In 23 cases, the victims were strangers to the defendants.

TABLE 14—*Defendants victims.*

Category of Victim	Number of Subjects
Friends ^a	26
Strangers	23
Relatives	17
Neighbors	4
Police officers	4
Total	74

^aFriends includes male and female friends and sexual partners.

Discussion and Summary

This review of 95 females referred by members of the criminal justice system for evaluation at the Forensic Psychiatry Clinic after indictment on felony charges between 1975 and 1977 reveals several characteristics for the population under study.

First, the majority of the women sent for psychiatric evaluation were charged with crimes of violence perpetrated against other persons. The most common targets of their violence were their own close friends and relatives.

Second, the great majority of the women were relatively young persons, the majority of whom were not married and themselves came from broken homes.

Third, while most of the women had entered high school, only four of them had gone on to college or university-level training.

Fourth, the majority of the women had no religious preference and no active religious affiliation.

Fifth, the great majority of the women came from racial and ethnic minority groups and tended to have low-paying jobs.

Sixth, the great majority of the women reported using alcohol; slightly under half reported using drugs.

Seventh, for almost half of the women, their first arrest was the one that brought them to the attention of the researchers—their current offense was their only arrest. Slightly more than one third of the women had been arrested one to five times before.

Eighth, almost half of the women had received prior mental health services; roughly one third were diagnosed as schizophrenic and another third were diagnosed as having chronic personality disorders.

Ninth, the great majority of the women were sent through the Department of Probation for evaluations in aid of sentencing, rather than being referred by attorneys for evaluation of their fitness to proceed.

The authors believe that this pilot study should be the basis for a more comprehensive investigation of women who enter the criminal justice system, preferably a study that would correct the inevitable biases of this project. It would be valuable to provide psychiatric screening evaluations for all for all women charged with felonies, rather than just that subpopulation referred by members of the criminal justice system. It would be valuable to sample suburban and rural populations as well as populations that reflect the geographic diversity of the nation, rather than just this intensely urban population. It would be most valuable to study the similarities and differences among all females accused of felonies and all males accused of felonies, using comparably large populations.

It is the authors' hope that their initial investigations will encourage others to study more closely those women who enter the criminal justice system, so that better screening mechanisms can be developed to identify those in need of mental health services, so that better ser-

vices can be provided, and so that data may be gathered to permit primary prevention techniques to be applied before women at risk come into the court's purview.

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