

Kuan-Pin Su,^{1,3} M.D.; Jeng-Ming Yu,² M.D.; Tien-Wei Yang,² M.D.; Shang-Ying Tsai,^{1,3} M.D.; and Chiao-Chicy Chen,^{2,3,4} M.D.

Characteristics of Mentally Retarded Criminal Offenders in Northern Taiwan

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ABSTRACT: The characteristics and criminal behavior in mentally retarded individuals remain largely unstudied. This retrospective study sought to establish a set of reference of criminal behavior characteristics in an ethnic Chinese mentally retarded group. Data were collected from forensic psychiatric evaluation of 32 mentally retarded offenders. Of the 32 offenders, only four (12.5%) cases were female. Mean age at the time of the offenses was 31. By IQ testing, 23 (71.9%) of the group fell into the mild mental retardation range, seven (21.9%) into the moderate mental retardation range, and two (6.2%) into the severe mental retardation range. Nineteen (59.3%) of the group also suffered from additional mental disorder. Eight (25%) had definite neurological deficit. Fourteen (43.8%) were repeat offenders. A total of 24 (75%) of the offenders had committed crimes against property, with 13 having committed petty theft. Furthermore, the pattern of offending shows differences from that of the general population or other mental disorders. The property offenses, especially petty theft and arson, were frequently seen. There was no noteworthy above average frequency of sexual offenses.

KEYWORDS: forensic science, forensic psychiatry, mental retardation, criminal characteristics, intellectual disability, Taiwan

With the growing awareness of human rights of the mentally handicapped, criminologists and forensic psychiatrists have shown renewed interest in the subject of mentally retarded criminal offenders. Special forensic problems can be encountered when dealing with mentally retarded offenders. Traditionally, society has oversimplified criminality as being associated with reduced mental function, which could be best summarized by an early 20th century assertion that "the greatest single cause of delinquency and crime is low grade mentality, much of it within the limits of feeble-mindedness" (1). However, the relationship between mental retardation and criminality is complex. Generally speaking, the prevalence of borderline intellectual functioning and mildly retarded offenders has been increasing. This increased rate is expected because of both the increasing frequency of offenses along with high

rates of identifying intellectual impairment (2,3). Despite the importance of this subject, very few studies have been reported in this area, and these reports have paid little attention to analysis of the types of offenses committed by mentally retarded people (4-6).

In Taiwan, mental retardation accounts for 14% to 17% of court-ordered pretrial forensic psychiatric evaluation of criminal cases (7,8). This percentage is second only to schizophrenia, which accounts for 46% of forensic psychiatric evaluation cases. Rin (8) correlated the severity of mental retardation with the degree of legal responsibility, with severe mental retardation (IQ<35) classified as non-responsibility, while moderate and mild mental retardation was classified as diminished responsibility. Therefore, it is important to identify the nature and extent of the mental deficit among the mentally retarded criminals to assist the legal system in explaining their actions.

This study was undertaken to provide a descriptive overview of characteristics of criminal behavior among the individuals with developmental disability. The purpose is trying to emphasize the necessity of psychiatric assessment and to facilitate prevention and rehabilitation programs in Taiwan.

Methods

All of the subjects in this study were referred by the courts for pretrial forensic evaluation during the period from 1981 to 1997 at Taipei City Psychiatric Center, a psychiatric hospital designated as a center for the northern Taiwan catchment region. Data for this study were obtained by retrospective review of clinical and legal records. The diagnosis of mental retardation and other psychiatric disorders was reassessed according to DSM-IV criteria. Thirty-two offenders met criteria for mental retardation.

The full forensic psychiatric examination at Taipei City Psychiatric Center includes a psychiatric interview, physical examination, neurological examination, mental status evaluation, psychological evaluation, electroencephalographic study, and if indicated, neuroimaging tests (9). The evaluation team included forensic psychiatrists, a neurologist, a senior psychiatric resident, and a clinical psychologist.

Results

The general sociodemographic and clinical characteristics of the mentally retarded offenders are presented in Tables 1 and 2. Of the 32 offenders, only 4 (12.5%) cases were female. Mean ages at the time of the offenses of the group, the male subgroup, and the female subgroup were 31, 30.5, and 34.5, respectively. Although the ages of the group ranged from 14 to 57, most (68.7%) were in the 20 to 40-age range.

¹ Department of Psychiatry, Taipei Medical College-Affiliated Wan Fang Hospital, Taipei, Taiwan.

² Department of Adult Psychiatry, Taipei City Psychiatric Center, Taipei, Taiwan.

³ Department of Psychiatry, Taipei Medical College, Taipei, Taiwan.

⁴ Department of Forensic Medicine, College of Medicine, National Taiwan University, Taipei, Taiwan.

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By IQ testing, 23 (71.9%) of the group fell into the mild mental retardation range, seven (21.9%) into the moderate mental retardation range, and two (6.2%) into the severe mental retardation range. Nineteen (59.4%) of the group also suffered from additional mental disorder. Seven (21.8%) had conduct disorder with a history of serious and frequently multiple behavioral problems noted from early childhood. Four (12.5%) had a diagnosis of antisocial personality disorder. Six (18.8%) qualified for a psychotic disorder diagnosis, including two with schizophrenia, one with delusional disorder, and three with brief psychotic disorders. Four qualified for a mood disorder diagnosis, including three with major depressive disorder and one with bipolar disorder. Fourteen (43.8%) had prior criminal convictions. Eight (25.0%) had definite neurological and/or EEG evidence of brain damage. Two subjects suffered from epilepsy.

The result of psychiatric forensic evaluation revealed that nine (28.1%) were judged as no responsibility, 19 (59.4%) as partial

responsibility, and four (12.5%) as full responsibility. Among the cases that were judged as full responsibility ($N=4$), three were mildly retarded, one was moderately retarded. The cases that were judged as diminished responsibility ($N=19$), 15 were mildly retarded with four of them having an additional psychotic illness. The other four were moderately retarded with one of them having a history of psychotic illness. The cases that were judged as no responsibility ($N=9$), five were mildly retarded, but four of them were having an additional psychotic illness. Two were moderately retarded, with one having an additional psychotic illness. The remaining two cases were severely retarded.

The classification of the criminal offenses is shown in Table 3. A total of 24 (75%) of the offenders had committed crimes against property, with 13 having committed petty theft. Six (18.8%) offenders had committed crimes against a person, including three cases (9.4%) of sex offenses and three cases (9.4%) of manslaughter. All the sex offenders were male and two of the homicide offenders were female. The other two were against society.

TABLE 1—Sociodemographic characteristics of 32 mentally retarded offenders.

	Mild <i>n</i> = 23	Moderate <i>n</i> = 7	Severe <i>n</i> = 2	Total <i>n</i> = 32 <i>n</i> (%)
Sex				
Male	19	7	2	28 (87.5)
Female	4	0	0	4 (12.5)
Age at offenses				
<20	4	1	0	5 (15.6)
20-29	5	3	0	8 (25)
30-39	10	2	2	14 (43.8)
>40	4	1	0	5 (15.6)
Marital status				
Single	17	5	2	24 (75)
Married	6	2	0	8 (25)

TABLE 2—Clinical characteristics of 32 mentally retarded offenders.

	Mild	Moderate	Severe	Total <i>n</i> (%)
Cormorbid psychiatric illness	13	6	0	19 (59.3)
Psychotic	4	2	0	6 (18.7)
Mood disorder	4	0	0	4 (12.5)
Conduct disorder	3	4	0	7 (21.8)
Other	2	0	0	2 (6.3)
Neurologic abnormality	1	2	1	4 (12.5)
Diffused EEG change	5	2	1	8 (25)

Discussion

Compared with previous studies of court-ordered forensic psychiatric evaluation, the seven to one ratio of male to female mentally retarded offenders, which is higher than 4.7 to 1 ratio reported among mentally ill offenders (10). The percentage of young adult (under age 30) offenders in mental retardation was 40%, which was lower than the 52 to 53% reported in mentally ill offenders (7,10). The explanation may be that mentally retarded people tend to be protected in their early life and thus have less opportunity to commit crime (11). Furthermore, a considerable majority (71.9%) fell into the mild mental retardation range, with representation declining the more severe the retardation. This would not be unexpected since as the degree of retardation increases fewer and fewer persons are found. Nonetheless, other reasons for the lower frequency of mentally retarded offenders with more severe retardation include a lesser ability to commit crimes with increasing intellectual impairment and the increased likelihood that those with more severe retardation may be diverted prior to formal charging.

The mentally retarded have multiple handicaps in intellectual, emotional, neurological, and socioeconomic aspects. In this study, 25% had definite neurological and/or EEG evidence of brain damage. A higher frequency of brain damage is seen in most studies of mentally handicapped offenders. Twenty-five percent of 142 committed patients in Kugel et al.'s study were said to have an organic origin for their mental handicap (5). In 20 mentally handicapped offenders of Day's sample, 30% showed definite neurolog-

TABLE 3—Type of offenses committed by the mentally retarded offenders.

Offenses Against the Person		Offenses Against Property		Offenses Against Society	
Type	<i>n</i> (%)	Type	<i>n</i> (%)	Type	<i>n</i> (%)
Sexual assault	3 (9.4)	Theft	13 (40.6)	Danger to public	1 (3.1)
Manslaughter	3 (9.4)	Arson	7 (21.9)	Illegal substance possession	1 (3.1)
		Robbery	3 (9.4)		
		Criminal damage	1 (3.1)		
Total	6 (18.8)		24 (75)		2 (6.2)

ical and/or EEG evidence of brain damage (12). Moreover, 60% ($N=19$) of cases in this study have found to have an additional psychiatric illness including history of conduct disorder, but only 31.3% ($N=10$) of them were psychotic. It was judged as no responsibility when time of offense was psychotic. The severely mentally retarded offenders were judged as no responsibility because of their incompetence.

In this study, the most common type of offenses was offenses against property, including theft (40.6%) and arson (21.9%), and the next were offenses against persons, such as sex offenses (9.4%). Property offenses are the most commonly committed crimes between both mentally retarded and general population groups (3,10,13). In our sample, the mentally retarded subjects frequently committed petty theft, which suggested an unplanned component with a lack of sensible precautions, thoughtlessness, and sometimes an excitement factor (14). Arson is frequently seen among mentally retarded offenders (11,15). There were no data available about arson offence in comparing mental retardation with other mental illness or general population. In their study of 1160 court-ordered hospitalized patients, Walker & McCabe (3) found that mentally subnormal patients accounted for nearly half cases of arson committed by the group as a whole. This behavior may be interpreted as a childish prank, an attention-seeking device, the result of frustration or anger towards another person, or a cry for help (16). Sex offenses have consistently been overpresented in all studies (17). For example, sex offenses were found in 26% of mentally retarded offenders undergoing outpatient forensic evaluation (18) and in 28% of those having an inpatient forensic evaluation (3). In this study, there were no noteworthy above average frequency of mentally retarded offenders in the categories of assault or sexual offenses.

Mental health and legal professions have repeatedly noted the underidentification of mental retardation among criminal defendants (19,20). This phenomenon is also seen in Taiwan for a number of reasons. First of all, there is a lack of psychiatric training in law school and this evidence of mentality deficit is often undervalued. In addition, the relative uniformity of social pressure in Taiwanese society may act to force the judge to impose a heavier penalty and result in the misidentification of the mentality deficit (8). Therefore, the emphasis of psychiatric evaluation among criminal offenders prior to trial is mandatory.

Because of the retrospective nature of method used in this study, the reliability of diagnoses should be considered. There is a possibility that the diagnoses were made cautiously and conservatively because the evaluations were carried out for courtroom scrutiny and legal purposes. Another limitation of this study was the study group was restricted to court-referred population only. Further studies on prison population and a birth cohort study would have contribution to establish a comprehensive profile of mentally retarded offenders, which should be helpful to those working in both the mental health and criminal justice domains to tailor preventive and dispositional approaches.

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Additional information and reprint requests:

Chiao-Chicy Chen, M.D.
 Taipei City Psychiatric Center
 No. 309 Sung Te Road, Taipei, Taiwan 110
 Telephone number: 886-2-27263141
 Fax: 886-2-27596383
 E-mail: ChiaoCChen0228@gcn.net.tw