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PRACTICAL APPLICATION OF THE RESULTS OF INTENSIVE STUDY OF DELINQUENTS¹

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During the past three years the New York Probation and Protective Association has made intensive studies of over five hundred delinquent young women who have been referred to Waverley House from many sources and for various reasons.

The method employed in making the intensive studies during this three-year period represents a gradual growth but a sound one in that each part adopted had been tried out and had proved of practical value. For example, mental examinations were first used to secure proper commitment for the obviously psychopathic or feeble-minded; a little later they were given to troublesome cases who taxed all resources.

Suggestions based on reactions to psychological tests proved so directly useful that it was thought desirable to incorporate a thorough mental examination into the study of all Waverley House cases. By so doing it was hoped that a contribution might be made to the gradually accumulating fund of information on the causation of delinquency and, further, it was believed that immediate and practical help could be obtained in rational disposition of cases.

Our system of making intensive studies necessarily includes routine procedures but in each case the girl is regarded as an individual and work with her is undertaken with an open mind in a sincere effort to understand her and the various factors which have combined to make of her what she is.

The five main sources which contribute to our study of the behavior of each girl are her statement, investigation, physical and mental examinations and her reaction to Waverley House.

1. The girl's own *statement* includes besides family history in detail, information concerning her religion, education, work record, recreation, health and habits, alien history, court record, personal history.

The latter may begin with early reminiscences and work up to the present, giving, where possible, a logical development of delinquent tendencies. It enters into the attitude towards home, family and

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school; the attitude towards her delinquency and reasons for it. It may or may not be true but in either case it is significant.

2. Following the statement and based on it comes the *investigation* which includes that of home, of school and work records, of friends, relatives or organizations that have been interested in the case from various standpoints.

Investigation is essential in understanding the case, as it confirms or disproves the girl's statement, establishes her age and provides other exact data, shows advantageous or disadvantageous factors in environment; gives an idea of the attitude of the family towards the girl and her delinquency and affords an opportunity to compare the case under discussion with other members of her family. Investigation may also suggest preventive measures for other children in the household.

3. A *physical examination* includes general inspection, weight, height, examination of eyes, teeth, mouth, throat, heart, lungs, abdomen, pelvic organs. Blood tests for venereal diseases are also made.

Such a physical examination is of value from at least three important standpoints.

First, necessary treatment is instituted for various abnormalities, —a measure which benefits not only the individual but also society where infectious diseases exist.

Secondly, one may remedy conditions, which, acting as irritants, are often direct causative factors in delinquency, such as defective vision, bad teeth, spinal curvatures, flat foot.

Thirdly, one is enabled to give suggestions for suitable work or for sensible living, taking into account physical handicaps.

4: The *mental examination* includes besides the Binet-Simon series about twenty other psychological tests which deal with habit-forming activities, attention, memory, motor control, adaptability, the power to plan, to choose and to compare.

A mental examination is one of the best ways of really knowing the individual, and is therefore valuable, aside from establishing a diagnosis of definite mental abnormality. The examiner gains an insight into the co-operative faculty of the girl and into her methods of approach to a task, as well as information concerning her neatness, accuracy, speed, perseverance, ways of self expression, tastes, special abilities or disabilities, capacity to grasp and execute directions, tendency to learn by experience, etc., etc. The aid which a mental examination gives in the proper disposition of a case is of a definite nature and, although in making a decision, we take into consideration all available

data, in order to have a fair and comprehensive idea of the case, nevertheless, the results of the mental examination afford us basic material for our conclusions.

5. *Reaction to Waverley House environment* is an important adjunct to the information obtained in the various ways outlined above and affords one an opportunity to see at close range how industrious a girl is and how teachable, how assertive, how adaptable and resourceful, how well ethical qualities have developed.

After the case has been studied, according to the method described, a brief summary or report is prepared which includes and which seeks to correlate significant facts obtained from various sources. Suggestions based on these facts are made at the close of the summary.

In the case histories which follow I have deliberately omitted cases of obvious or uncomplicated feeble-mindedness and have chosen those which, I hope, will illustrate how our thorough studies are of definite help in diagnosis and hence, in furnishing sound bases for immediate disposition, as well as for further care.

Alice B. Was referred from the Young Women's Christian Association as a runaway girl. Age 17 years, 10 months, at time of examination. Born and brought up in a small city of Pennsylvania. Both paternal and maternal relatives are Americans, thoroughly respectable, educated, refined and deeply religious. A paternal aunt, aged 28, is a paralytic from a birth injury, and is mentally undeveloped. The father, aged 42, showed roving tendencies as a young man and ran away from home three times. In a college where he spent two years he was coach and physical director and he has continued a lively interest in athletics. He is healthy, of good habits, and active in church work. The mother, aged 41, has had migraine all her life and considers herself "nervous." Shortly before the birth of her second child, the case we are presenting, she strayed away from home and spent two or three days wandering about. When she came to herself she was in a swamp. She managed to get to a hospital, where she was soon confined. The oldest child is said to be bright and healthy. The third child was a "blue baby" and died at seven months. The fourth child is "nervous" and has shown symptoms of chorea. The fifth is an epileptic with nocturnal seizures.

Alice has led a healthy, happy home life with wholesome outside interests and an unusual amount of outdoor exercise. A strong religious influence has surrounded her. She was duly "converted" at 13 and became an active church worker. She is well developed and

very attractive. The physical examination showed nothing more seriously abnormal than a slight facial asymmetry and occasional cardiac arrhythmia. When small she was subject to croup. She had typhoid at 12 and at 14 a severe attack of diphtheria. She is said to have had no convulsions as a child but had nocturnal enuresis until she was 11. During the summer, after she was 17, she had three attacks of unconsciousness, accompanied by frothing, and followed by heavy sleep. One of these attacks came on as she was going upstairs and she fell over the balustrade to the floor nine feet below. In school she made admirable progress and was ready to graduate from high school at 16. She excelled in music and considered taking it up as a means of livelihood but could not decide between it and physical training in which also she did unusually good work.

When she was 12 she had her first well defined restless period and felt that she must leave home. To this end she took small sums of money but she talked so much of her plans to various people that finally word reached her father and a strict watch was kept over her. She returned the money accumulated for her proposed flight and forgot her restlessness in following out a definite plan of work which kept her very busy. In the spring of 1914, shortly after she was 17, she had an irresistible impulse to leave home again. With part of a mileage book, a little money of her own, and a watch, treasured because it had belonged to her grandfather, but which she planned to pawn, she started out, taking practically no clothes with her. During the three months that she had gone she managed to make a living by singing in moving picture shows, but it was a precarious sort of existence; homesickness and remorse finally overcame her and she sent word of her whereabouts to her father who came for her immediately. The next impulse for flight came in February, 1915, when she appropriated a ten dollar bill which she found at home and came on to New York without baggage. No immediate prospect of work and some degree of contrition led her to write to her father before she had been away twenty-four hours, and he promptly sent for her.

She told her story without reserve and seemed quite unable to account for her behavior other than to say "Some impulse just seems to pull me to go and after I am gone I want to go back." She did well in the mental examination but showed disorientation for time in the day of the week and reacted to suggestion. A diagnosis was made of epilepsy with episodes of irrational wandering.

In this case there was an opportunity to make definite suggestions

regarding physical care, home life, occupation, etc., in all of which her family intelligently and most gratefully co-operated. Curiously enough they had never thought of the girl as an epileptic and it was a relief to them to have a rational explanation of her conduct, which had been such a grief to people of their type. At last accounts Alice was doing well in every way and had not left home again.

Clara D. Referred by the Police Department for investigation. Age 25 years, single; born in the United States as were her parents. The father, aged 73, is a steady worker, employed for twenty years by the City Parks Department. General health good; temperate. The mother, an epileptic, died at the age of 43. Five of twelve children lived. One child was smothered in infancy by the mother rolling on it, probably during an attack of epilepsy. An older brother has a violent temper and drinks to excess. Clara, the last born child, was a bashful, quiet girl who made few friends. She graduated from grammar school but found the higher grades so difficult, she would have been glad to leave before graduating had she been permitted to do so. She failed of promotion in the 7B grade. After leaving school she made an attempt as salesgirl but was discharged after two weeks because she mixed up her slips. She lost a position as cashier after a week because she could not make change fast enough. Discouraged by these experiences she settled down to do housework for her father and brother who considered her "lazy, dirty and neglectful of her work." For several months before she was brought to the attention of our Association, she had complained of insomnia, saying that she was afraid to sleep, as people tried her door, and she feared she might be drugged and assaulted. One occasion she called in an officer to search the house. She accused a young man, a mere acquaintance, of improper conduct with her, and her family, realizing that something was wrong, persuaded her to enter a hospital which specialized in neurological and mental cases. After two days her father received a telegram requesting him to come for her because she made so much trouble, and she was discharged, presumably with no diagnosis. Christian Science was then tried but failed to benefit or control the girl, who wandered away and was brought to Waverly House for investigation by a police officer.

We found from our mental examination that the girl was a case of dementia praecox (paranoid form) and had her committed to a hospital for the insane. The family, while anxious to do everything for her, had had no insight into her condition and though realizing

that she was "nervous" were chiefly influenced in their attitude toward her by the belief that she was possessed of a stubborn will which needed breaking.

Ethel F. Age 16, American born. Referred as a girl in need of protective care. Parents born in Ireland. Father intemperate and shiftless; has never provided properly for his family. Mother, a hard working janitress, entirely illiterate. Three younger children are considered well but the school nurse reports that a 13-year-old boy is anaemic.

Ethel managed to get to the eighth grade but attended school irregularly, because of inadequate clothing. Except for recurrent attacks of sub-acute appendicitis she has been well but she has been frequently undernourished and has much headache from eye strain, due to astigmatism. In spite of a poor neighborhood and little supervision Ethel has not had bad associates and has remained virtuous. Her delinquency consisted in desiring to accept the invitation to live with a woman who had formerly been a neighbor, who offered her the chance to learn telegraphy. After a visit of five weeks at the home of this woman, during which time Ethel gained twenty pounds, she returned home at her mother's request, but she found conditions more intolerable than ever in contrast with those which she had just left. To her great disappointment her mother refused to consider her friend's offer, her objection doubtless being based on the fact that the woman, although now married, had previously borne a bad reputation. She did not explain the reason for her refusal to the girl, who promptly ran away from home, returning to the place which offered the coveted advantages her own home could not provide. Her mother reported her to the Police Department as a runaway, she was located and brought to Waverly House for investigation. The latter confirmed the story of wretched home conditions but as the girl was so young, and her parents insisted on her remaining at home, no attempt was made to place her elsewhere, as it was realized that her earnings were needed.

Mentally, she was considered normal for her age, social station and educational advantages. The mental report notes that she is impulsive, sensitive and imaginative and that in spite of desolate, sordid surroundings, she has kept her mind clean and her interests healthy. She is discriminating and able to give good reasons for her actions or for proposed plans. A recommendation was made that she be encouraged and helped to persevere in her ambition for advancement and this has

been done most thoroughly. She has been placed with the Western Union Telegraph Company where she is making good; there has been careful attention to the correction of physical handicaps (eyes and teeth); provision has been made for recreation and she has been helped with clothing.

Gladys H. Referred by the Social Service Department of a hospital for disposition. Age 18 years, 2 months. Born in New York, where she has spent her whole life. Parents American born. The mother died of "heart failure" about nine years ago, since which time a paternal aunt has taken charge of the family in a kindly way. The father is a man of good habits, who, for over twelve years has worked at night. He has taken much interest in his children, seeing to it that they attended school regularly and keeping track of their companions. An older sister took a nurse's training. The younger children are bright and industrious.

Gladys was easily managed as a child but as she grew up she seemed quite different from the other children. She had little interest in school; seemed lacking in normal affection; was jealous of her older sister and showed runaway tendencies. She kept her first position, that of lace cutter, for two years earning from four to five dollars per week, but during the two years from 16 to 18, she had one position after another. This was after she began to leave home which she did repeatedly, on one occasion staying away five months. Her runaways followed petty quarrels with her brother or fits of jealousy induced by what she considered partiality in the father's treatment of her older sister. During her five months' absence from home she became sexually delinquent, not in a promiscuous way, but cohabiting many times with one man. Illness finally took her to a hospital, where she had an operation for removal of appendix, left tube and ovary. She came directly from the hospital to Waverly House where a physical examination showed her to be infected with both syphilis and gonorrhea in addition to which she was in a weak and anaemic condition not having made a good recovery after her operation. She was unable to account for her conduct for which she expressed no regret.

Mentally, she was diagnosed as a subnormal, the diagnosis being based on inferior progress made in school and in work, faulty memory, inferior powers of observation and appreciation of relative values, poor planning, lack of foresight and of constructive imagination.

Mental conflicts, undoubtedly, played a part in determining her behavior.

A report was submitted to the judge who acted on our recommendation that the girl be committed to Bedford, where it was thought medical treatment, outdoor life and discipline could be provided. The report on this case noted also the desirability of changing the girl's mental attitude, which, in its egotism and tendency toward self pity interfered with her adaptability and hindered the development of altruistic interests.

Ida J. Was brought to Waverley House by a detective as a missing person. Age 16 years, 5 months. Born in New York. Father born in Germany; mother in Ireland. The latter died of tuberculosis eleven years ago and the father, aged 49, is in an advanced stage of the same disease. He is intelligent, well educated, of good habits. He has been strict with his children, has a quick temper and is capable of bitterness, which qualities, doubtless, make him hard to live with.

Two years ago an older brother ran away from home because he resented his father's discipline, went West by "hopping freights" and is now serving a two years' term for larceny in a Missouri prison. An older sister is industrious and respectable.

Most of *Ida's* life to the age of 12 was spent in Roman Catholic institutions. When she came out she was wild and much preferred playing rough street games with her brother to helping with household tasks. She graduated from grammar school, was promoted in all grades and attended high school for two months. She found the confinement of school very irksome and was glad to leave. She worked for two months in a day nursery but was not satisfactory. When 15 she was seduced under promise of marriage. There was a quarrel and after a month her lover left her to marry a girl whom he had previously ruined. This experience added to *Ida's* bitterness. She continued to chafe against home restrictions and early in the winter of 1916, following a quarrel, she ran away from home, going to live with a girl known to her to be a prostitute, who agreed to give her the instruction necessary to start her in a similar career. After three weeks of street life, when she sometimes earned \$25 a night, she decided to go back to her home. There she was met by blows from her father and taunts from her sister which so angered her that she recklessly returned to prostitution and later went to live with a man. Her father sent out a general alarm, she was located within a week and brought to Waverley House.

The summary of the mental examination notes that *Ida's* mental habits have been so well established that she should be able to cope

satisfactorily with the ordinary demands of life. She has judgment and may show good insight into situations if not blinded by stubbornness. It is evident that she cannot be successfully driven and that had probably been the method most commonly employed at home. She is hard, resentful and bitter. It seems likely that her affection has never been really aroused and thus the most hopeful way of modifying her attitude has been neglected. Repression is such a prominent characteristic that it is reasonable to hold this trait responsible in a high degree for the girl's perverted emotional outlets.

Physically, the girl was anaemic and had a sub-acute pelvic inflammation, which improved under treatment. The Complement Fixation test for gonorrhoea and smears were reported doubtful.

Her father, realizing his inability to control her, wished to have her committed to an institution, but it was believed that such a disposition would but augment her hardness and recommendation was made that she be sent to the Waverly House Farm, where her love for activity and freedom could be wholesomely gratified, where a sense of personal responsibility might be fostered, where, in various natural ways, emotional energy could be expended, and where her physical condition could be improved. Her father was easily influenced to agree to this disposition, which has been most successful to date. Whether the marked change, physically, as well as in disposition and in general mental attitude, will persist when she is later returned to the city is, of course, a question which time must answer, but this experiment has made a valuable contribution to our understanding of the girl, has confirmed splendidly the findings of the mental examination and has strengthened our hold on her.

In presenting the above cases I am not assuming that they are in any way remarkable. They are typical of the class of young delinquents with whom many of us are dealing every day. What I would emphasize is that it was intensive study which brought to light the several significant facts which not only led to a diagnosis, but which also pointed towards a disposition which was sound and constructive because based on the needs of the individual.

The five cases cited had varying needs, but in each there were dominant ones, the relief of which was of material help in the girl's readjustment. To summarize briefly and specifically: in the case of the epileptic, suggestions were made regarding diet and proper elimination. She was advised to take up physical training rather than music, as the former offered less emotional strain. She was recom-

mended to start at once working towards a definite goal. The dementia praecox case had reached the stage when she could no longer make those social adjustments which rendered her desirable or safe in community life, and commitment to an institution was inevitable, once her condition was understood. In the third case, although the environment was so unfavorable, by enabling the girl to gratify her ambition to take up telegraphy, and by meeting some of her physical and material needs, she has been kept from further delinquency, has made gratifying progress in her work and shows a commendable feeling of responsibility towards her younger brothers and sisters. The fourth case with the double infection of venereal diseases needed, besides extended medical treatment and observation, discipline and mental study, to get at her complexes. Such a reformatory institution as Bedford promised to meet these requirements. Further, society was protected by such a disposition. The last case demanded a redirection of emotions and the furnishing of healthy outlets for energy which outdoor life, under sympathetic guidance, is supplying.

There is a tendency in some quarters to discredit laboratory findings and in spite of much excellent work which is being done in connection with courts, far too commonly, crime continues to be punished automatically, regardless of the physical, mental and social status of the offender.

On an organization such as this is laid the burden of helping to hasten the time when prescribing treatment for delinquents, without a preliminary thorough examination, will be regarded as a form of quackery as reprehensible in law as in medicine.