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William R. Morrow

Donald B. Peterson

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FOLLOW-UP OF DISCHARGED PSYCHIATRIC OFFENDERS—

"NOT GUILTY BY REASON OF INSANITY" AND "CRIMINAL SEXUAL PSYCHOPATHS"

WILLIAM R. MORROW AND DONALD B. PETERSON *

What percent of psychiatric offenders discharged from a state hospital "get in trouble" again? What kinds of "trouble"? What demographic case-history variables are prognostic of this outcome? How similar are such offenders to prison inmates and to other psychiatric patients, respectively, in recidivism patterns? The present study was designed to answer these questions for: (a) offenders found "not guilty by reason of insanity" (NGRI) and (b) "criminal sexual psychopaths" (CSP).

A literature search reveals a dearth of follow-up studies of psychiatric offenders. We have located only one published follow-up of NGRI offenders,[1] from which it is difficult to draw meaningful conclusions because of methodological shortcomings.[2] A large sample of CSP parolees from a California state hospital had a 5-year cumulative recidivism rate of 26.6%[3]—slightly below that of sex offenders paroled from California prisons.[4] CSP recidivism was associated with type of offense, youth, lower occupational status, and previous psychiatric hospitalization.

NGRI patients are officially defined as both psychiatric patients and criminals. Do they resemble one category more than the other in recidivism rates and prognostic background variables?

Published data are available on recidivism rates and prognostic variables for psychiatric patients and for prison inmates. Discharged patients have fairly high rates of rehospitalization (e.g. for a recent state hospital cohort of first-admission schizophrenics—26% rehospitalized in 1 year, 40% in 3 years, 48% in 5 years[5]), but negligible rates of post-hospital criminal behavior (lower than for the general population) except for patients with a previous criminal record (rare).[6] Demographic variables associated with psychiatric re-hospitalization include extent of previous psychiatric hospitalization,[7] diagnosis,[8] variables linked with socio-economic status,[9] and (inversely) age.[10]

Prison inmates' criminal recidivism within 3 years after release averages about 35%.[11] (Their rates of post-release psychiatric hospitalization appear to be negligible.) Demographic variables

* Dr. Morrow is Research Coordinator at Fulton (Missouri) State Hospital and Visiting Associate Professor of Psychology at the University of Missouri. Dr. Peterson is Superintendent of the Fulton State Hospital.

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A more detailed, mimeographed report of this study is available on request from the senior author.

[1] Zeidler, Hawes, Tomissis, & Uffelman, *A Follow-Up Study of Patients Discharged from a Hospital for the Criminally Insane*, 1 J. SOC. THER. 21 (April 1961).

[2] Unspecified and variable duration of follow-up; incomplete follow-up procedures; substantial percentage of cases not located; incomplete reporting of critical results, in particular for a "miscellaneous" group; and combining of disparate groups in reporting certain findings.

[3] Frisbie, *Recidivism among Treated Sex Offenders: a Study of 1921 Male Dischargees from a California State Hospital*, 29 (2) FED. PROB. (April 1965).

[4] *California Department of Mental Hygiene, California Sexual Deviation Research* (1953), pages 21–22.

[5] Peterson & Olson, *First-Admitted Schizophrenics in Drug Era: Follow-up Anoka Schizophrenic Cohort 1956–1958*, 11 ARCH. GEN. PSYCH. 137 (1964).

[6] New York State Department of Mental Health, *Criminal Acts of Ex-Mental Patients*, AMER. PSYCH. ASSOC. MENT. HOSP. SERVICE (1962); Brennan, *Mentally Ill Aggressiveness—Popular Delusion or Reality?* 120 AM. J. PSYCH. 1181 (1964).

[7] Robins, *Prediction of Outcome of Convalescent Leave of Patients from a Public Psychiatric Hospital*, 29 PSYCH. Q. SUPPL. 281 (Part 2, 1955); Schofield, Hathaway, Hastings, & Bell, *Prognostic Factors in Schizophrenia*, 18 J. CONSULT. PSY. 155 (1954); Zubin, Sutton, K. Salzinger, S. Salzinger, Burdock, & Peretz, *A Biometric Approach to Prognosis in Schizophrenia*, in HOCH & ZUBIN (EDS.), COMPARATIVE EPIDEMIOLOGY OF THE MENTAL DISORDERS Ch. 10 (1961).

[8] Zubin et al., *op. cit. supra* note 7.

[9] Zigler & Phillips, *Social Competence and Outcome in Psychiatric Disorder*, 63 J. ABNORM. SOC. PSY. 264 (1961).

[10] *Ibid.*

[11] GLASER, THE EFFECTIVENESS OF A PRISON AND PAROLE SYSTEM Ch. 2 & 3 (1964).

associated with recidivism include previous criminal record, type of offense, variables linked with socio-economic status, and (inversely) age.[12]

Given these comparative findings, what *differential predictions* are suggested by the hypothesis that NGRI patients resemble psychiatric patients more than they resemble prison inmates, or vice versa?

1. As for *recidivism rates*: (a) The hypothesis of close similarity to psychiatric patients and dissimilarity to prison inmates implies high psychiatric rehospitalization rates but low criminal recidivism rates. (b) Close similarity to prison inmates and dissimilarity to psychiatric patients implies high criminal recidivism rates but low psychiatric breakdown rates. (c) Close similarity to both groups implies high rates of new "NGRI episodes," i.e. psychiatric disturbance resulting in criminal recidivism and typically leading to rehospitalization, but low rates of rehospitalization alone and of criminal recidivism alone. (d) Dissimilarity to both groups implies low rates of recidivism (of either type).

2. As for *prognostic variables*: (a) The hypothesis of close similarity to psychiatric patients and dissimilarity to prison inmates implies that prognostic variables are those characteristic of mental patients but not of prison inmates, namely diagnosis and previous psychiatric hospitalization but not previous criminal record or type of offense; whereas (b) close similarity to prison inmates and dissimilarity to psychiatric patients implies the reverse.

METHOD

Subjects

The two study groups included all adult male NGRI (N = 44) and CSP (N = 43) offenders committed to Missouri's statewide security unit and discharged 1956–February 1962 (for most CSP offenders, on 3-year probation).

NGRI current legal offenses were: 54% economic, 29% assaultive (11% homicide), 9% arson, 7% child molestation, 2% rape. Previous offenses: 34% none, 11% one, 20% two, 34% three or more. Diagnosis: 45% functional psychosis (mainly schizophrenic), 14% chronic brain syndrome, 14% mental deficiency, 27% neurosis or personality or situational disorder. Previous psychiatric admissions: 66% none, 14% one, 16% two, 5% three or more. At admission 23% were married, 47% separated, divorced, or (2%) widowed; 30% never married. Race: 66% white, 34% Negro. Occupation: 6% managerial or professional; 6% clerical, sales, or skilled; 88% unskilled or semiskilled. Mean age at admission was 33½ (S.D. = 14); months of hospitalization, 32 (S.D. = 31). Mean schooling: 9 years (S.D. = 4½).

CSP current legal offenses were: 88% child molestation, exhibitionism, homosexuality; 7% rape; 5% statutory rape. Previous offenses: 34% none, 11% one, 20% two, 34% three or more. Diagnosis: 100% neurosis or personality or situational disorder. Previous psychiatric admissions: 66% none, 14% one, 16% two, 5% three or more. At admission 35% were married; 25% separated, divorced, or (2%) widowed; 40% never married. Race: 98% white; 2% Negro. Occupation: 6% managerial or professional; 31% clerical, sales, or skilled; 63% unskilled or semiskilled. Mean age at admission was 35½ (S.D. = 13); months of hospitalization, 29 (S.D. = 25½). Mean schooling: 9 years (S.D. = 3½).

Data Collection

Follow-up. Comprehensive search procedures (including central-file searches by criminal records and mental health agencies in each state) were used to secure information on each subject's post-hospital location (or death), criminal record, psychiatric rehospitalization.[13] A subject was classified as located if he personally replied to our form inquiry or personally signed a postal receipt form, or if any agency reported a formal contact with him during the follow-up period.[14] All subjects were located (most at more than one point in time, and most in Missouri).

Each subject was classified as a "failure" for a given number of full years of follow-up if, within that period, he was convicted of a felony-type offense and/or rehospitalized (beyond temporary-observation only) in a psychiatric inpatient facility; otherwise, as a "success." Ignored in classifying outcomes were misdemeanor convictions[15]

[12] *Ibid.*, Chapters 3 & 11.

[13] Our request for routine copies of our subjects' post-hospital F. B. I. records was denied with the explanation that the F. B. I. refuses all such requests for lack of staff. If such records had been made available, a large net savings of labor to us and other agencies would have resulted. We wish to second Glaser's recommendation (*op. cit. supra* note 11) that the F. B. I. re-establish its 1945–50 policy of making such records available in response to legitimate requests from state law enforcement agencies and research organizations.

[14] One NGRI subject was considered located by a letter from his next-of-kin giving details about his post-hospital situation and adjustment.

[15] Three NGRI subjects had misdemeanor convic-

and routine "investigated and released" arrests. Deaths (rare)[16] were excluded in computing failure rates.

Prognostic variables. Data were obtained on the following background variables: age at release, marital status, education, occupational level, job stability, intelligence, Zigler-Phillips "social competence" scale[17] based on preceding six variables, race, number of previous psychiatric admissions, diagnosis, number of previous felony convictions, current offense economic vs. other (NGRI only), and whether current plus previous offenses included one or more economic offenses.[18]

Data Analysis

The data were analyzed separately for each group (NGRI and CSP). The *non-cumulative* number of failures, successes, and deaths was tallied, and the percentage of failures was computed for subsamples defined by number of full years of follow-up available (2, 3, 4, or 5 years depending on release date). In addition, for *3-year follow-up* subsamples there was determined: (a) the *cumulative* percentage of failures, by years since release; (b) the percentage of each type of failure (offense-category or rehospitalization-only); and (c) the prognostic relationship between each background variable and outcome.

Results

Rates and Types of Recidivism

Noncumulative percent failures (excluding deaths) for (non-identical) NGRI subsamples were: 16% in 1 year (N = 44), 23% in 2 years (N = 43), 43% in 3 years (N = 35), 48% in 4 years (N = 29), 52% in 5 years (N = 25); CSP—5% in 1 year (N = 43), 10% in 2 years (N = 41), 18% in 3 years (N = 34), 15% in 4 years (N = 26), 25% in 5 years (N = 20). *Cumulative* percent failures (3-year follow-up) were: NGRI (N = 34)—17% in 1 year, 26% in 2 years, 43% in 3 years; CSP (N = 34)—3% in 1 year, 9% in 2 years, 18% in 3 years.

Differences in failure rates between NGRI and CSP groups were statistically significant ($p < .05$, 2-tail test) for 3- and 4-year subsamples, respectively, and approached significance for other subsamples.

As to *type of recidivism* (3-year follow-up): Most failures involved new offenses (NGRI—11 economic, 2 assaultive; CSP—1 assaultive, 5 child molestation) rather than psychiatric rehospitalization alone (NGRI, 2; CSP, none). Most recidivists repeated their previous offense category. As to *disposition* (3-year follow-up): Of 15 NGRI failures, 8 were rehospitalized, 6 imprisoned, 1 given probation; all 6 CSP failures were rehospitalized.

Prognostic Relationships (3-Year Follow-up)

Two background variables predicted ($p < .05$, 2-tail test) NGRI failures: previous felony convictions (none or 1 vs. 2 or more), and whether the man's criminal record (past plus present) included one or more economic offenses. The relationship between outcome and current offense (economic vs. non-economic) approached statistical significance.

No background variables predicted CSP outcome. However, given the lopsided outcome, dichotomous criterion, and small N (28 successes vs. 6 failures), nearly perfect prediction was required to reach statistical significance.

Discussion

Because of small sample size, the specific rates of failure obtained may be in error. However, it is of interest that the NGRI cumulative 3-year failure rate of 43% is not significantly greater than the corresponding rate of 35% for a large Federal prisons sample;[19] if we exclude two rehospitalization-only cases, the NGRI criminal-recidivism rate of 37% is almost identical with the prison rate. Similarly our CSP 5-year recidivism rate of 25.0% is almost identical with the California CSP 5-year rate of 26.6%.

Close similarity between our NGRI group and discharged prison inmates is suggested by their nearly identical criminal recidivism rates, predominance of economic offenses, and prognostic variables common to both groups. We were unable to obtain dependable data on how often new

tions. Each was later rehospitalized and/or convicted of a felony within the 3-year follow-up period.

[16] There were no NGRI deaths in the 1-year subsample, 1 in the 2- and 3-year subsamples, none in the 4- and 5-year subsamples; no CSP deaths in the 1-year subsample, 2 in the 2-year subsample, 3 in the 3- and 4-year subsamples, 2 in the 5-year subsample.

[17] Zigler & Phillips, *op. cit.*

[18] One man's previous conviction for "pushing narcotics" was classified as an economic offense. Another man's previous arson conviction for burning a car stolen as a means of escape from a correctional institution, was classified as a non-economic offense.

[19] Glaser, *op. cit. supra* note 11.

felonies were preceded by a psychiatric breakdown (i.e. a new "NGRI-type episode"). Hence the NGRI outcome rates are equivocal in their implications for similarity to non-criminal psychiatric patients. Dissimilarity to such patients is suggested by the lack of prognostic relationship between outcome and either diagnosis or previous psychiatric hospitalization.

If the tentative implication of these findings is correct, further questions are: In what other ways may NGRI patients be more similar to prison inmates than to psychiatric patients? To what extent are correctional rehabilitation models more applicable to NGRI offenders than are psychiatric treatment models?

Summary

Follow-up data on criminal offenses and psychiatric rehospitalization were obtained for adult male patients discharged 1956–early 1962 from a state-wide security unit who had been committed as "not guilty by reason of insanity" (NGRI group, N = 44) or as "criminal sexual psychopaths" (CSP group, N = 43). Comprehensive search procedures were employed. All subjects were located.

Excluding deaths, rates of failure (new felony and/or psychiatric rehospitalization) were: NGRI group—16% in 1 year, 43% in 3 years, 52% in 5 years; CSP group—5% in 1 year, 18% in 3 years, 25% in 5 years.

In the small samples studies, two statistically significant prognostic relationships (3-year follow-up) were found for the NGRI group, none for the CSP group. NGRI subjects were more likely to fail if (a) they had 2 or more previous offenses, or (b) their criminal record (past or present) included one or more economic offenses.

Comparison with published data suggested close similarity of the NGRI group to discharged prison inmates in criminal-recidivism rates, predominance of economic offenses, and type of background variables prognostic of recidivism. Outcome data were equivocal on similarity to other psychiatric patients; dissimilarity was suggested by findings on prognostic variables.

CSP recidivism rates were significantly lower than NGRI rates, and were almost identical with published rates of a comparable, larger California sample.