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## Correlates of Offenders Among Individuals with Severe Emotional Disturbances

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**CORRELATES OF OFFENDERS AMONG INDIVIDUALS WITH SEVERE  
EMOTIONAL DISTURBANCES**

**Jaimie Peoples, BS**

**An Abstract Presented to the Faculty of the Graduate  
School of Lindenwood University in Partial  
Fulfillment of the Requirement for the  
Degree of Masters of Science**

**2000**

## ABSTRACT

Mental illness, in the context of severe and enduring mental illness, is a growing problem particularly among incarcerated individuals and is likely to have implications for the way mental health services are utilized in local jails, state prisons, and federal prisons. The goal of the current study was to determine a relationship between persons suffering from mental illness among individuals with a criminal background.

As the prison populations increase, so do the number of mentally ill individuals involved in the criminal justice system. Many criminals suffer from homelessness and health-related concerns (e.g., substance abuse, HIV infection), these individuals may alternate between the community where they commit mostly minor offenses, community rehabilitation agencies, and serving time in jail or prison.

The purpose of this thesis project was to examine the potential correlates of delinquency among thirty-five individuals with severe emotional disturbance or a mental illness. Specifically, the goal was to explore associations between mental illness and criminal behavior based on (1) disability; (2) type of crime; (3) gender; (4) race; (5) age; (6) marital status; (7) education; (8) military service; and (9) citizenship.

The population that was surveyed was classified by two defining characteristics: (1) diagnosed by a practicing physician as having a mental illness; and (2) formally charged through the criminal justice system as having committed a crime. Following the guidelines of simple random sample chose the population of the sample. Thirty-five individuals were chosen to participate in this study. The type of research design chosen for this study determined the sample size. For this study a correlational research was

chosen. The sample was chosen from a collection of case files from Challenge Unlimited, Inc. Each file chosen to be included in this study was randomly selected from a collection of case files of individuals receiving vocational rehabilitation services. The pertinent information was recorded onto a questionnaire so that there is no room for misinterpretation of the information.

Of the variables examined between severe emotional disturbance and criminal behavior no statistical relationship was established. In general, of the twenty-five (71%) individuals of the participants of this study diagnosed with a severe emotional disturbance and involved with the criminal justice system were thirty-one individuals between the ages of twenty-three and sixty-four (88%), twenty single individuals (56%), thirty-one individuals never serving in the military (88%), and thirteen individuals never completed high school (36%). Of the thirty-five participants with criminal records, twenty-five (71.4%) had diagnosed of severe emotional disturbance. Among these thirty-five participants, twenty-six (74.3%) were convicted of major offenses, whereas nine (25.7%) were convicted of non-major offenses.

The proportion of the subjects in this sample involved in the criminal justice system diagnosed with a severe emotional disturbance was inconsistent with the sixteen (16%) percent reported by Ditton (1999, 1) in a study of 1,733,750 inmates incarcerated in the Nation's prisons and jails.

Based on the statistical tests conducted using the SPSS computer program a relationship was not established among the following: (a) individuals diagnosed with a severe emotional disorder and criminal behavior; (b) individuals between the ages of

twenty-three and sixty-four diagnosed with a severe emotional disorder with a history of criminal behavior; (c) males diagnosed with a severe emotional disorder with a history of criminal behavior; (d) single individuals diagnosed with a severe emotional disorder with a history of criminal behavior; (e) Caucasian individuals diagnosed with a severe emotional disorder with a history of criminal behavior; (f) individuals earning a GED diagnosed with a severe emotional disorder with a history of criminal behavior; and (g) individuals serving in the military diagnosed with a severe emotional disorder with a history of criminal behavior.

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**A Culminating Project Presented to the Faculty of the  
Graduate School of Lindenwood University in Partial  
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Degree of Masters of Science**

**2000**

**COMMITTEE IN CHARGE OF CANDIDACY:**

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## Chapter I

### INTRODUCTION

Approximately one of seven Americans has a disability (LaPlante, 1992, 5). All of the available evidence leads to the conclusion that persons with disabilities interact with the criminal justice system as frequently as do their peers (Keilitz & Miller, 20). This interaction may occur when a person with a disability is arrested for a crime, witnesses a crime, or is a victim of a crime.

The number of mentally ill individuals in the criminal justice system has grown dramatically during the past 30 years. Many criminals suffer from homelessness and other health-related concerns (e.g., substance abuse, HIV infection), these individuals may alternate between the community where they commit mostly minor offenses, community rehabilitation agencies, and serving time in jail or prison.

Persons suffering from chronic mental illnesses are frequently caught up in the criminal justice system, but justice agencies are usually ill equipped to respond effectively to the problems they pose. Jailing them keeps them off the streets, but this provides only a short-term solution costing the citizens a high price in taxes. Probation may be warranted in

some cases, but conventional supervision and services are often insufficient. Many mentally ill persons need the most elementary of necessities as well as medication. Additionally, they require more intensive monitoring than most probation departments are able to devote to them.

Over the last ten years, the federal probation system has made great strides in addressing the needs of mentally disordered offenders. Appointing mental health specialists was the first step in acknowledging the sophisticated needs of this population. Mental health specialists are similar to probation officers who supervise a caseload of offenders diagnosed with an emotional mental disorders. These specialists work with offenders to enforce compliance with court conditions, to monitor risk to the community, and to provide or arrange needed treatment in areas including substance abuse, mental health, education, employment, and vocation training. Offenders with mental health problems are often in denial about the severity or existence of their problem and the ways their disorder affects their ability to function. For this reason, mental health specialists must have an understanding of mental disorders commonly found in this offender population and of the behaviors typical for each disorder.

Some of the more common disorders among offenders are depression, bipolar mood disorder, post traumatic stress disorder, adjustment disorders, anxiety disorders, narcissistic personality disorder, and antisocial personality disorder (Ditton, 9). To prevent the deterioration of offenders mental health, specialists must know about prescribed psychotropic medications and their side effects (Ditton, 15). The recidivism rate for this population is higher than that of the general offender population in that these offenders often commit new offenses or need emergency psychiatric hospitalization (Ditton, 25).

Mentally ill offenders are poorly equipped to serve as advocates for their own welfare. They often face multiple challenges, including homelessness, unemployment, estrangement from family and friends, substance abuse, and other serious health conditions such as HIV/AIDS, tuberculosis, and hepatitis (Abram & Teplin, 1991, 10). In turn, community-based providers often find mentally ill offenders challenging to serve because of their coexisting conditions, noncompliance, criminal records, unkempt appearance, and clinically difficult and challenging presentation (Palermo, G.B, Smith, F.J., & Liska, F.J., 1991, 2). Consequently, mentally ill individuals may cycle repeatedly through the health, mental health, social service, and criminal justice systems, each with its unilateral focus, and never become stabilized because of a lack of

coordinated care and treatment. This system cycling is discouraging to the mentally ill offender and costly to the network of community-based providers.

Special educators, rehabilitation professionals, and criminal justice researchers have concluded that persons with mental retardation, learning disabilities, emotional disorders (most often called mental illness in criminal justice publications), and hearing impairments are arrested in numbers disproportionate to their prevalence in the general population (Bernstein & Rulo, 1976, 10). Other researchers have directly and indirectly determined that persons with disabilities are more likely than other persons to be victims of crime (Balkin, 1981, 30). Several factors help explain these phenomena: (a) the gullibility of many persons with disabilities, (b) their poor self-esteem, (c) their difficulty understanding concepts about crime, and (d) the situation of many persons with disabilities in high-crime neighborhoods.

Although there is a long history of research on the relationship between crime and disability, most of the efforts to address the problems identified have been attempts to change laws, develop advocacy programs, and, most recently, develop educational programs to enhance the ability of disabled individuals to protect themselves. The role police

officers play is usually neglected in the literature. This omission is indefensible, because it is the officer who is the first point of contact for citizens with disabilities who are arrested or victimized or who witness a crime. In the case of casual contact, it is probably unimportant for an officer to know that a person has a disability. In some situations, however, knowledge of a disability, and of its impact, is critical.

The purpose of this study is to examine the potential correlates of delinquency among 50 individuals with severe emotional disturbance or mental illness. Specifically, the goal was to explore associations between mental illness and criminal behavior based on (1) disability; (2) type of crime; (3) gender; (4) race; (5) age; (6) marital status; (7) education; (8) military service; and (9) citizenship.

## Chapter II

### LITERATURE REVIEW

Approximately 670,000 mentally ill people are admitted to United States jails each year (Steadman, 1984). This is nearly eight times the number of patients admitted to state mental hospitals (Torrey, 1962). Some mentally ill offenders must be held in jail because of the seriousness of their offenses and should receive mental health treatment while incarcerated. Many others who are mentally ill, however, have committed less serious, nonviolent offenses such as disturbing the peace, vagrancy and trespassing (Landsberg, 1980). There are at least three reasons why the diversion of these individuals into community-based mental health programs would be preferable to incarceration: 1) community treatment programs provide a public safety benefit by reducing the likelihood that the mentally ill offender will be rearrested (Steadman, 1984), 2) community treatment programs provide a management benefit by enabling jails to operate more efficiently, to focus on keeping dangerous offenders off the streets, and to more effectively ensure the safety of jail staff and other detainees, 3) community treatment programs provide more effective mental health treatment through an array of integrated services that most jails do not offer. Jails are critical places to address mental health issues because of the sheer number of mentally ill

persons behind bars on any given day. Jails serve as the first point of entry into the criminal justice system for nearly 10 million individuals arrested each year, as many as 13% of whom suffer from severe mental disabilities (National Institute of Justice, 1995), compared to less than 2% in the general population (National Institute of Mental Health, 70).

### **Why Are Mentally Ill Arrested?**

Mentally ill offenders are often arrested because jails lack adequate procedures to divert the qualified mentally ill offenders into community-based treatment programs. Less than 5% of jails polled nationwide in 1992 had instituted procedures to divert mentally ill inmates from the criminal justice system into the mental health treatment system (Steadman, 1111). Where treatment programs do exist in jails, effectiveness is often undermined by inadequate staffing and weak links to the professional mental health community.

Mentally ill offenders are often jailed because community-based treatment programs are either nonexistent, filled to capacity, or inconveniently located. Police report that they often arrest the mentally ill when treatment alternatives would be preferable but are unavailable (Abram, 1036). Consequently, jails often detain mentally ill

misdemeanants for months at a time pending the availability of psychiatric examinations, psychiatric beds, or transportation to public psychiatric hospitals, which, in rural communities, can be far from jail facilities (Torrey, 1612). In 1992, due to the lack of psychiatric services, beds, or transportation to a hospital, a shocking 29% of jails surveyed reported to have incarcerated mentally persons against whom no criminal charges were filed (Torrey, 1612).

Mentally ill offenders are often jailed for relatively minor offenses. Jail officials affirm that seriously mentally ill individuals are commonly jailed for relatively minor breaches of the law, such as vagrancy, trespassing, disorderly conduct, alcohol-related charges, or failing to pay for a meal. When it is mental illness and not criminal intent that underlies a petty criminal act, treatment in mental health programs is demonstrably more effective at reducing recidivism and a sentence to jail.

### **What Happens to the Mentally Ill in Jail?**

People with mental illness entering the criminal justice system have complex service needs that incarceration does little to alleviate. In fact, by the time most people with mental illness leave the criminal justice system,

their problems have been exacerbated. People with mental illnesses have difficulty protecting themselves while incarcerated. Jails and prisons are often harsh, dangerous environments for inmates, and are especially so for the mentally ill. Common symptoms of mental illness include bizarre and disorganized behavior; these behaviors make mentally ill prisoners vulnerable. Bizarre behavior often annoys correctional staff and other inmates and leads to victimization. Disorganization makes prisoners with mental illness easy prey for aggressive fellow prisoners. Finally, untreated mental illness may make inmates' behavior erratic, alarming others and at times provoking violent responses from guards and other inmates.

Like all prisoners, inmates with mental illness learn institutional behaviors that help them cope with incarceration but that compromise their successful transition back to the community. Some of these behaviors may include aggressiveness and intimidation of others or, conversely, extreme passivity, manipulative behavior and reluctance to discuss problems with (or "rat" to) authority figures (Barr, 21). These behaviors create barriers to engagement in mental health services and treatment. Former prisoners may associate the structure of mental health treatment facilities, such as hospitals and supportive residences, with prison, and

behave accordingly toward staff and fellow patients.

Inmates with mental illness may be punished for disruptive behaviors in ways that exacerbate their illnesses. The standard punishment for disobeying prison or jail rules is "punitive segregation" - locking inmates in small single (or occasionally double) cells for 23 hours a day. Better known as solitary confinement, the punishment prevents contact with the general population, prohibits participation in programs or prison work, and often denies the inmate access to reading materials or hygiene products. A person with mental illness who has not violated rules, but whose presence in general population is deemed by correction officials to pose a threat to the safety and security of the facility (Barr, 21), will be sentenced to administrative segregation. Despite the kinder-sounding name, administrative segregation is just as isolating as punitive segregation and often as restrictive in terms of movement and privileges. People with mental illness are particularly likely to find themselves in punitive or administrative segregation due to behavior that is symptomatic of their illness, but also this must be done to protect the mentally ill from

### **Is It a Trend or an Epidemic?**

The prevalence of serious mental illness in prisons is partly

attributable to our society's increasing proclivity for using prisons and jails to manage the socially ill and their attendant human misery. In the 15 years between 1979 and 1994, the population of state and federal prisons tripled from 300,000 to 1 million (Maguire, 1996). Tonry (1995) and other commentaries (Clear, 94 - 108)(Callahan, 331 - 338) have argued that this disturbing trend is due not to rising criminality but to political manipulation of public fears. Among other factors, the ability of judges to tailor sentences to individual circumstances has been sharply curtailed, which makes it less likely that alternatives to incarceration for offenders with mental illness will be employed.

### **What Choices Do Mentally Ill Offenders Have?**

One alternative for persons with mental illness who commit felonies is the insanity plea. Contrary to widespread misconceptions, it is rarely used. An eight-state study of the insanity plea (Callahan, 331) shows that the defense is raised in less than 1% of felony indictments, and succeeds in only a quarter of these cases. Barriers to data collection make it in only a quarter of these cases. Barriers to data collection make it difficult to assess whether the use of the insanity plea has diminished in recent years. Many states moved to tighten standards of legal insanity following

the acquittal (and subsequent indefinite hospitalization) of John Hinckley for attempting to assassinate President Reagan, but differences in procedures among the surveyed states did not strongly influence how often the plea was successfully used (Callahan, 335). Furthermore, the plea was far more likely to be granted in a verdict from the bench than in an intense trial. These findings are supported by what is known as causal observation: people do not like to see insanity used as an excuse for committing a crime.

In Washington as in other states, persons found "not guilty by reason of insanity" are not released from custody, but involuntarily committed to mental institutions. They can be conditionally released if the court approves, but their period of liability for detention generally far exceeds the time they would serve in prison if they simply pled guilty (Revised Code of Washington, 9A, 9.94A, 10.77). Except for the most serious crimes, defendants and their lawyers have a powerful disincentive to using the plea.

### **Why Should Resources Be Provided in Jail?**

Deficiencies in the procedures and resources of community mental health and other social service systems have been blamed for failure to

keep more persons with mental illness out of prisons and jails. Reliance in the United States on penal incarceration can also be attributed to cultural factors, such as fear of crime and reluctance to acknowledge mental illness as an excuse for bad behavior. Among the obstacles to change are legal structures, such as mandatory minimum sentencing, and the logistical demands of processing a high volume of cases through the criminal justice system. These factors, together with a perceived demand for harsher punishments, constrain the exercise of clinically informed planning in individual cases. Thus, United States jails and prisons have become the "treatment of choice" for persons with mental illness (Jemelka, 481-491).

Given that increasing numbers of persons with mental illness can now be found in prisons, there are a variety of reasons for providing adequate mental health treatment while they are there. Legal opinions have greatly influenced correctional practice in state and federal prison systems. As of 1993, there were 38 state prison systems operating under court orders or consent decrees and related federal court decisions regarding the constitutional rights of prisoners under the Eighth and Fourteenth Amendments (Butterfield, A1). In 1980, a landmark case in general prison reform and in mental health care, *Ruiz v. Estelle*, (Steadman, 490) established six basic components for a "minimally

adequate mental health treatment program.”

1. Systematic screening and evaluation to identify prisoners who require mental health treatment;
2. The means to ensure that treatment includes more than segregation and close supervision;
3. Participation of trained mental health professionals employed in sufficient numbers to provide individualized treatment to those with serious mental disorders;
4. The maintenance of accurate, complete, and confidential records of treatment;
5. Refraining from administering behavior altering drugs in dangerous amounts, by dangerous means, or without adequate supervision and review; and
6. The identification and treatment of inmates with suicidal tendencies.

These and other recent court decisions have led to a “right to treatment” posture by correctional administrators, who wish to avoid litigation but must convince reluctant state legislatures of the need to provide mental health care to offenders with mental illness. Prisoners with mental illnesses are almost entirely dependent on the courts for legal

protection of constitutional rights to treatment and humane care, and on the morals and diligence of the correctional system charged with their welfare (Steadman & Cocozza, 490).

Apart from the legal requirement to provide adequate medical care to prisoners, many prison staff have an interest in the humane treatment of prisoners. The majority of officers are interested in making their work meaningful through activities that help prisoners get better, rather than worse. Officers believe, however, that only a small minority of their peer holds such views. This phenomenon has been dubbed "pluralistic ignorance," (Toch, 7 - 21) and it resembles the complexities of public attitudes toward offenders. There is an effective cultural demand for a tough posture, even if most participants in the culture, upon closer examination, may not share the attitudes attributed to them.

In addition to legal requirements and staff interest in the decency of their workplace, there is reason to hope that adequate clinical care of prisoners with mental illness will reduce the costs they impose on the criminal justice system. Various studies have shown that disturbed offenders are disproportionately involved in disciplinary incidents (Toch, 7 - 21). These incidents carry system costs for processing of infractions, disciplinary segregation, use of specialized "intensive management" units,

and loss of good time credit (Lovell, 165 - 179). In addition to these quantifiable costs, there is wear and tear on staff who must cope with persons who often do not respond well, or predictably, to the technique ordinarily applied to troublesome inmates.

### **Substance Abuse and Chemical Dependency**

In the first national survey of 3,180,363 adults on probation, conducted in 1995, nearly 2,226,254.1 or 70% of adults on probation reported past drug use; 1,017,716.16 or 32% said they were using illegal drugs in the month before their offense; and 587,731.08 or 14% were on drugs when they committed their offense (Mumola, 1). More than 63,6072.6 or 20% were on probation for driving under the influence of drugs or alcohol, and 795,090.75 or 25% of other probationers said they had been drinking at the time of their offense (Mumola, 1).

With more and more juveniles coming into the justice system, it is crucial that researchers deal not only with the specific behavior or circumstances that bring them to our attention, but also with their underlying, often long-term mental health and substance abuse problems. Although the prevalence of mental health and substance abuse disorders among youth in the juvenile justice system is largely unknown, recent

research suggests that these problems are significantly greater for juvenile delinquents than for other youth. It has been estimated that each year, of the youth who come in contact with the juvenile justice system, 150,000 meet the diagnostic criteria for at least one mental disorder, 225,000 suffer from a diagnosable alcohol abuse or dependence disorder, and 95,000 may suffer from a diagnosable substance abuse or dependence disorder (Cocozza, 1).

As drug abusing offenders are arrested more often, they are more likely to be incarcerated than are non-drug-using offenders. In addition, as drug abusing offenders are more likely to resume criminal careers after release from prison, they are more likely to be re-arrested and incarcerated more often than non drug using offenders (National Institute of Corrections, 1). A high level of criminal activity is also strongly associated with the frequent use of drugs and the use of multiple drugs (Bureau of Justice Statistics, 9).

### **How is Drug Use Related to Criminal Behavior?**

Drug use and crime are related in at least three ways: psychopharmacological, economic compulsive, and systemic (Bureau of Justice Statistics, 9). Drug users may commit a crime due to drug-induced

changes in physiological functions, in order to obtain money to buy drugs, and/or in the course of being a part of the drug business or culture. The relationship between drug use and crime may be further compounded by non drug-related economic necessity, a lack of alternative coping strategies, and general levels of drug use in society at large (Moon, Thompson, & Bennett, 3). In addition, the use of certain types of drugs such as cocaine or heroine may be more likely to precipitate criminal activity than others due to their addictive properties (Bureau of Justice Statistics, 9). Also, frequency of use is a factor as those who use drugs regularly are at greater risk for crime involvement than are irregular or nondrug users (Bureau of Justice Statistics, 9).

While involvement in crime may precede drug use, serious drug use appears to exacerbate criminal behavior. For those already involved with crime, increased drug use accelerates levels of criminal activity. According to the National Institute of Corrections (1), drug abusers are involved in three to five times the number of crime incidents as those who do not use drugs and have significantly higher numbers of arrest than do those who do not use drugs. Additionally, drug-abusing offenders are more likely to resume their criminal careers once released from prison (National Institute of Corrections, 5).

### How Many Inmates Are Mentally Ill?

In the last decade, the mentally ill prison population in the United States has changed dramatically. At mid-year 1998, an estimated 283,800 mentally ill offenders were incarcerated in the Nation's prisons and jails (Harlow, 11). In recent surveys, as seen in Table 1, completed by the Bureau of Justice Statistics, 16% of state prison inmates, 7% of federal inmates, and 16% of those in local jails reported either a mental condition or an overnight stay in a mental hospital (Harlow, 11). About 16%, or an estimated 547,800 probationers, said that they had had a mental condition or stayed overnight in a mental hospital at some point on their lifetime (Harlow, 11) (see Table 2).

**Table 2. Measures of mental illness among State prison inmates, 1997**

	<u>State prison inmates</u>		
	Percent	Estimated Number	Cumulative Percent
Reported a mental or emotional condition	10.0%	111,300	10.1%
Because of a mental or emotional problem, inmate had	10.7%		16.2%
Been admitted to a hospital overnight		118,300	
Taken a prescribed medication	18.9%	210,357	23.9%
Received professional counseling or therapy	21.8%	242,634	29.7%
Received other mental health services	3.3%	36,729	30.2%

**What is the Race of the Mentally Ill?**

Nearly a quarter of white state and local prison inmates and a fifth of white offenders on probation were identified as mentally ill (Table 4)(Ditton, 2)(Harlow, 3). The rate of mental illness among black and Hispanic inmates and probationers was much lower. State prison inmates with a mental condition were more likely than other inmates to be incarcerated for a violent offense (53% compared to 46%); more likely than other inmates to be under the influence of alcohol or drugs at the time of the current offense (59% compared to 51%); and more than twice as likely as other inmates to have been homeless in the 12 months prior to their arrest (20% compared to 9%)(Harlow, 5). Over three-quarters of mentally ill inmates had been sentenced to time in prison or jail or on probation at least once prior to the current sentence (Harlow, 5).

**Table 4. Mental health status of inmates and probationers**

	State prison inmates, 1997	Federal prison inmates, 1997	Jail inmates, 1996	Probationers , 1995
Identified as mentally ill	16.2%	7.4%	16.3%	16.0%
Reported a mental or emotional condition	10.1%	4.8%	10.5%	13.8%
Admitted overnight to a mental hospital or treatment program	10.7%	4.7%	10.2%	8.2%

*Reported either a mental condition or an overnight stay in a mental hospital or treatment Program.*

### **What Is the Gender of the Mentally Ill?**

Over 30% of male mentally ill inmates and 78 % of females reported prior physical or sexual abuse (Harlow, 5). Since admission, 61% of mentally ill inmates in state prison and 41% of local jails reported they had received treatment for a mental condition in the form of counseling, medication, or other mental health services (Harlow, 11).

### Offenders Identified As Mentally Ill?

Surveyed offenders were identified as mentally ill if they met one of the following criteria as shown in Table 1 (See Appendix I): they reported a current mental or emotional condition, or they reported an overnight stay in a mental hospital or treatment program (Harlow, 11).

**Table 1. Survey items used to measure mental illness**

Do you have a mental or emotional condition? (prison and jail inmates only)	yes no
Have you ever been told a mental health professional such as psychiatrist, psychologist, social worker, or psychiatric nurse, that you had a mental or emotional disorder? (probationers only)	yes no
Because of an emotional or mental problem, have you ever -	
Been admitted to mental hospital, unit or treatment program where you stayed overnight?	yes no
Received counseling or therapy from a trained professional?	yes no
Received any other mental health services?	yes no

The survey found that an estimated 1 in 10 state prison inmates reported a current mental or emotional condition, as shown in Table 2 (See Appendix I) (Ditton 2) (Harlow, 11).

**Table 2. Measures of mental illness among State prison inmates, 1997**

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Received professional counseling or therapy	21.8%	242,634	29.7%
Received other mental health services	3.3%	36,729	30.2%

The survey also found that eleven percent (11%) of state inmates said they had been admitted overnight to a mental hospital or treatment program at some point in their life (Harlow, 11). Overall, nearly a third of all inmates reported they had a current mental condition or they had received mental health service at some time (Harlow, 11).

### **Mental Illness Among State Prison Inmates in 1997**

To take into account underreporting of current mental or emotional problems, past admission to a mental hospital was included as a measure of mental illness. As shown in Table 2 (See Appendix I), overall, 16% of state prisoners met these criteria, including 10% who reported a current mental condition. An additional 6% who said they did not have a mental condition but had stayed overnight in a mental hospital, unit, or treatment program (Harlow, 11).

Previously estimated rates of mental illness among incarcerated populations vary, depending on the methodology of the study, the institution, and the definition of mental illness. Estimates, as seen in Table 3 (See Appendix I) range from 8% to 16% among studies with more rigorous scientific methods, including random sampling and a standardized assessment or psychological testing (Table 3 (Ditton, 2)) (Harlow, 11).

**Table 3. Previous studies of the prevalence of severe mental illness in prison or jail**

Study	Sample	Mentally ill
Guy, Platt, Zwerling, and Bullock (1985)	Philadelphia jail pretrial admissions	16%
Teplin (1990)	Cook County jail admissions (males)	10%
Steadman, Fabisiak, Dvoskin, and Holohean (1987)	New York State prisoners	8%

*Generally includes schizophrenia, bipolar disorder, and major depression.*

### **Previous Studies of Mental Illness in Prison**

Past estimates of the rate of mental illness among incarcerated populations are higher than those for the United States general population. Among a sample of male jail detainees in Cook County (Chicago) as seen in Table 3 (See Appendix I), Teplin found 9.5% had experienced a severe mental disorder (schizophrenia, mania, or major depression) at some point in their life, compared to 4.4% of males in the United States general population (Ditton, 2). The Epidemiological Catchment Area program found that 6.7% of prisoners had suffered from schizophrenia at some point, compared to 1.4% of the United States household population (Robin and Regier, 5).

### Mental Health Status of Inmates and Probationers

Using the same criteria described for state prison inmates, 16% of offenders in local jails or on probation and 7% of inmates in federal prisons were identified as mentally ill in recently completed BJS surveys as seen in Table 4 (See Appendix I) (Ditton, 3). Probationers were somewhat less likely than inmates in state prisons or local jails to report an overnight stay in a mental hospital or treatment program but more likely to report a mental or emotional problem. Federal inmates had lower rates on both measures

**Table 4. Mental health status of inmates and probationers**

	State prison inmates, 1997	Federal prison inmates, 1997	Jail inmates, 1996	Probationers, 1995
Identified as mentally ill	16.2%	7.4%	16.3%	16.0%
Reported a mental or emotional condition	10.1%	4.8%	10.5%	13.8%
Admitted overnight to a mental hospital or treatment program	10.7%	4.7%	10.2%	8.2%

*Reported either a mental condition or an overnight stay in a mental hospital or treatment Program.*

### **Mental Illness Among Inmates in 1998**

Assuming these rates have not changed since the surveys were conducted, an estimated 283,800 inmates in prison or jail were mentally ill as of June 30, 1998 as seen in Table 5 (See Appendix I) (Ditton, 3). State prisons held an estimated 179,200 mentally ill offenders; Federal prisons held 7,900; and local jails, 96,700. Of those on probation at yearend 1998, an estimated 547,800 were mentally ill (Harlow, 11).

### **Demographics of Mentally Ill Inmates**

Nearly a quarter of white state prison and local jail inmates and a fifth of white offenders on probation were identified as mentally ill as seen in Table 6 (See Appendix I) (Ditton, 4). The rate of mental illness among black and Hispanic inmates and probationers was much lower. Among black offenders, 14% of those in state prison and local jails, and 10% of those on probation were identified as mentally ill (Harlow, 5). About 11% of Hispanic state prison and local jail inmates, and 9% of Hispanic offenders on probation had a mental illness (Harlow, 5). Black and Hispanic inmates in federal prison were half as likely as white inmates to report a mental illness (Harlow, 5). About 6% of black inmates and 4% of

Hispanic inmates reported a mental condition or an overnight stay in a mental hospital, compared to 12% of white federal prison inmates (Harlow, 5).

**Table 5. Estimated number of mentally ill inmates and probationers, 1998**

	Estimated number of offenders			
	State Prison	Federal Prison	Local Jail	Probation
Identified as mentally ill	179,200	7,900	96,700	547,800
Reported a mental or emotional condition	111,300	5,200	62,100	473,000
Admitted overnight to a mental hospital	118,300	5,000	60,500	281,200

*Based on midyear 1998 counts from the National Prisoner Statistics and Annual Survey of Jails and preliminary yearend 1998 counts from the Annual Probation Survey*

The prevalence of mental illness also varied by gender, with females reporting a higher rate of mental illness than males (Harlow, 3). Nearly 24% of female state prison and local jail inmates, and 22% of female probationers were identified as mentally ill, compared to 16% of male state prison and jail inmates and 15% of male probationers (Harlow, 3). Offenders between ages 45 and 54 were the most likely to be identified as mentally ill. About 20% of state prisoners, 10% of federal prisoners, 23% of jail inmates, and 21% of and 54 had a mental illness, compared to 14% of state inmates, 7% of federal inmates, 13% of jail

inmates, and 14% of probationers age 24 or younger (Harlow, 3). The highest rates of mental illness were among white females in state prison. An estimated 29% of white females, 20% of black females, and 22% of Hispanic females in state prison were identified as mentally ill (Harlow, 3). Nearly 4 in 10 white female inmates age 24 or younger were mentally ill (Harlow, 3).

**Table 6. Inmates and probationers identified as mentally ill, by gender, race/Hispanic origin, and age**  
Percent identified as mentally ill

Offender characteristics	State inmates	Federal inmates	Probationers	Jail inmates
<b>Gender</b>				
Male	15.8%	7.0%	14.7%	15.6%
Female	23.6%	12.5%	21.7%	22.7%
<b>Race/Hispanic origin</b>				
White*	22.6%	11.8%	19.6%	21.7%
Black*	13.5%	5.6%	10.4%	13.7%
Hispanic	11.0%	4.1%	9.0%	11.1%
<b>Age</b>				
24 or younger	14.4%	6.6%	13.8%	13.3%
25 - 34	14.8%	5.9%	13.8%	15.7%
35 - 44	18.4%	7.5%	19.8%	19.3%
45 - 54	19.7%	10.3%	21.1%	22.7%
55 or older	15.6%	8.9%	16.0%	20.4%

*Excludes Hispanics*

**Type of Crimes Committed By Mentally Ill Inmates**

Fifty-three percent of mentally ill state prison inmates, compared to 46% of other state prisoners, were incarcerated for a violent crime as seen in Table 7 (See Appendix I) (Ditton, 4). Approximately 13% of the mentally ill in state prison inmates had committed murder; 12%, sexual assault; 13%, robbery; and 11%, assault (Harlow, 5). Among inmates in federal prison, 33% of the mentally ill were incarcerated for a violent offense, compared to 13% of other federal inmates (Harlow, 5). More than 1 in 5 mentally ill federal prisoners had committed robbery (predominantly bank robbery) (Harlow, 5). Among inmates in local jails, 30% of the mentally ill had committed a violent offense, compared to 26% of other jail inmates (Harlow, 5). An estimated 28% of mentally ill probationers and 18% of other probationers reported their current offense was a violent crime (Harlow, 5). Nearly 1 in 5 violent offenders incarcerated or on probation were identified as mentally ill (Harlow, 5).

**Table 7. Most Serious Current Offense of Inmates and Probationers, By Mental Health Status**

Most serious offense	State prison		Federal prison		Local jail		Probation	
	Mentally ill inmates	Other inmates						
<b>All offenses</b>	100	100	100	100	100	100	100	100
<b>Violent offenses</b>	52.9	46.1	33.1	13.3	29.9	25.6	28.4	18.4
Murder*	13.2	11.4	1.9	1.4	3.5	2.7	0.5	0.9
Sexual Assault	12.4	7.9	1.9	0.7	5.2	2.8	6.8	4.1
Robbery	13	14.4	20.8	9.1	4.7	6.9	2	1.4
Assault	10.9	9	3.8	1.1	14.4	11	14	10.5
<b>Property offenses</b>	24.4	21.5	8.7	6.7	31.3	26	30.4	28.5
Burglary	12.1	10.5	1	0.3	9.1	7.4	6.4	4.3
Larceny/ theft	4.6	4.1	1.3	0.4	8.4	7.9	5.3	8.8
Fraud	3.1	2.6	5	4.9	5.2	4.4	11.7	9.2
<b>Drug offenses</b>	12.8	22.2	40.4	64.4	15.2	23.3	16.1	20.7
Possession	5.7	9.4	3.9	11.9	7.3	12.3	7.2	11
Trafficking	6.6	12.2	35.7	46.6	7	9.6	6.7	9.2
<b>Public-order offenses</b>	9.9	9.8	17	14.6	23.2	24.6	24.7	31.6

Note: Detail does not sum to total because of excluded offense categories. Includes non negligent manslaughter

### Length of Time Served By Mentally Ill Offenders

Unlike those in state prisons, the majority of mentally ill offenders in jail or on probation had committed a property or public-order offense. Almost a third of mentally ill offenders in jail and on probation had committed a property offense, and a quarter had committed a public-order

offense (Mumola, 3). Mentally ill offenders were less likely than other inmates to be incarcerated for a drug offense. About 13% of mentally ill inmates and 22% of other inmates in state prison were incarcerated for a drug offense (Mumola, 3). In federal prison, where the majority of inmates are incarcerated for a drug offense, 40% of those identified as mentally ill and 64% of other federal inmates were in prison for a drug-related crime (Mumola, 3).

#### **Employment Status of Mentally Ill Offenders**

Offenders on probation were asked about their current employment and sources of income in the past year as seen in Table 8 (See Appendix I). Over half of mentally ill probationers and three-quarters of other probationers were currently employed. An estimated 52% of mentally ill probationers and 27% of other probationers said they received income from government agencies in the past year (Mumola, 3).

**Table 8. Sources of income**

Probationers		
	Mentally ill	Other
<b>Currently employed</b>		
Yes	55.9	75.9
No	44.1	24.1
<b>Sources of income</b>		
Wages	69.3	86.8
Family/friends	17.9	16.3
Welfare	26.4	15.5
Pension	24.5	7.6
Compensation payments		7.7

**Hypotheses:**

1. There will be a positive relationship between severe emotional disturbance and criminal behavior.
2. Individuals between the ages of 23 and 64 will have a positive relationship between severe emotional disturbance and criminal behavior.
3. Males will have a positive relationship between severe emotional disturbance and criminal behavior.
4. Single participants will have a positive relationship between severe emotional disturbance and criminal behavior.
5. Caucasian participants will have a positive relationship between

severe emotional disturbance and criminal behavior.

6. Participants earning a GED will have a positive relationship between severe emotional disturbance and criminal behavior.
7. Participants never serving in the military will have a positive relationship between severe emotional disturbance and criminal behavior.

**Variables:**

**Independent Variables:**

Severe Emotional Disturbance = Chemical  
Dependence, Bipolar Disorder, Major Depressive  
Disorder, Schizophrenia

Criminal Behavior = Murder, Drug Offense, Forgery,  
Burglary, Battery, DUI (felony), Assault, Robbery,  
Sexual Offense

**Dependent Variables:**

Age = 18 - 22      23 - 64      65 - OVER

Gender = Male      Female

Marital Status = Never Married      Single

Married      Divorced

Peoples 35

Military Service = Separated    Widow/Widower  
Army    Air Force  
Marines    Navy    Reserves  
Race = White    Black    Hispanic  
Indian    Asian

Peoples 34

Education = GED    HS    Bachelor  
Masters

Highest Grade Completed:

## Chapter III

### RESEARCH METHODOLOGY

#### Population

The population that I plan to sample is classified by two defining characteristics: (1) diagnosed by a practicing physician as having a mental illness; and (2) formally charged through the criminal justice system as having committed a crime. The type of crime will not be a significant factor in this study.

I plan to examine several different variables. These variables include (1) disability; (2) crime committed; (3) age; (4) race; (5) educational level; (6) socioeconomic status. Since the correlational research design does not establish a cause and effect relationship, the six variables listed above are equally important. Among these variables one variable will not be emphasized more than another.

#### Procedural Technique

The procedure for choosing the sample to be included into the study

will follow with the guidelines of simple random sampling. The selection of the sample will begin with compiling a list of 75 persons receiving rehabilitation services from Challenge Unlimited, Inc. Once the list is completed each name will be assigned a number from 00 to 35. In the selection an arbitrary number is chosen using the table of random numbers. For the selected individual number, only the last two digits will be used represent each sample. If the selected number corresponds to the number assigned to any of the individuals in the population, then that individual is in the sample. After the number is chosen it is eliminated from the total sample to ensure that no number is chosen twice. This is repeated until 35 individuals are chosen to be in the sample.

### **Sample Size**

The sample size of the population to be included into this study will be approximately 35 individuals. Typically the minimum sample size depends on the type of research involved. This study will be characterized as a correlational study. The guidelines for correlational study include having at least 30 participants that needed to establish the existence or nonexistence of a relationship. I chose a slightly larger sample size because the larger the sample, the more likely it is to detect a significant difference between the different groups.

**Sampling Bias**

The main bias, which will be identified within the population, is that each individual will have needed to apply for rehabilitation services with the agency. This only allows for a small percentage of the population to be studied. Generally the type of individuals who apply for rehabilitation services from Challenge Unlimited, Inc. are referred from other agencies or services. The court system or their parole/probation officers often seek treatment and rehabilitation services from various agencies or resources mandate. There is a large percentage of the population who do not apply for rehabilitation services and will not be included in this study. Therefore, the generalizations found in this study can only apply to the sample studied.

Another bias identified is the fact that the crime committed is self reported by the individual being studied. All of the provided information gathered about individuals criminal history is given by their recollection. There are no formal criminal background checks or investigations into the legal background of an individual who is applying for services.

### Instruments

Due to the type of research project I plan to conduct there is not an instrument available to use in this project. I plan to survey case files of individuals receiving services from Challenge Unlimited, Inc. in order to collect data about predetermined variables. These variables include (1) diagnosis; (2) criminal history; (3) age range; (4) gender; (5) marital status; (6) military status; (7) race; (8) education.

A questionnaire was formulated to record the data collected from the files of persons receiving vocational rehabilitation services (See Appendix II). The questionnaire records data directly from the files so there was no room for misinterpretation of the data. After each questionnaire was completed it was numbered 1 through 35. The data was then entered into the Statistical Program for the Social Sciences. Each variable was coded and analyzed, as seen in Table 9.

TABLE 9. VARIABLES &amp; CODING

INDEPENDENT VARIABLE	CODE	
Disability	1	Chemical Dependency
	2	BI-Polar
	3	Learning Disability
	4	Depression
	5	Schizophrenia
	6	Mental Retardation
	7	Traumatic Brain Injury
	8	Cerebral Palsy
	9	Diabetes
Criminal Behavior	1	Murder
	2	Drugs
	3	Forgery
	4	Burglary
	5	Battery
	6	DUI
	7	Assault
	8	Robbery
	9	Sex
<b>Dependent Variable</b>	<b>CODE</b>	
Gender	1	Male
	2	Female
Race	1	White
	2	Black
	3	Hispanic
Age	1	0 - 18
	2	18 - 22
	3	23 - 64
	4	65 & over
Marital Status	1	Never Married
	2	Single
	3	Married
	4	Divorced
	5	Widow/Widower
Education	1	Never Attended
	2	Uncompleted
	3	GED
	4	High School Diploma
Military Service	1	Never Served
	2	Served in Army
Citizenship	1	US Citizen
	2	Other Nationality

### Physical Description

The case files that will be included in the data collection portion of this study are compiled throughout the time the individual receives services from the agency. The case files are six-sided files with each side containing different information. The following list includes the types of information that is stored on each side of the case files, which will be surveyed for this study.

- Side One: intake information (including personal background, medical history, educational history, and employment history), releases of information, medical documentation of disability,
- Side Two: narrative chronological tracking of all activity.
- Side Three: all information gathered in the Vocational Evaluation Program.
- Side Four: all information gathered in the Supported Employment Program.
- Side Five: all information gathered in the Placement Services Program.
- Side Six: all registration paperwork (including payroll information, Department of Mental Health registration form, individual profile form, Agency Discharge Summary, and Transaction Summary).

## Procedures

Information for this correlational study will be drawn from one source. The data on possible correlates of mental illness and criminal behavior will be obtained from case files of individuals receiving vocational rehabilitation services from Challenge Unlimited, Inc. This researcher developed for the study a data collection form, which includes variables previously demonstrated to be associated with either emotional disturbance or criminal behavior. This researcher, who will not make any inferences concerning information contained in the records, but simply will record data from the case files by performing a case record review of the files. Data will be abstracted for the structured application and supporting materials (psychological evaluations, hospital discharge summaries, psycho educational reports, psycho social evaluations, etc.) submitted to the agency, reflecting each individual's status and history prior to being selected as an individual receiving services. Problem behaviors and symptoms were recorded directly from the behavioral observations checklist completed at the time of the intake interview by the intake/recruitment coordinator. Each dependent variable was categorized as (a) disability; (b) gender; (c) race; (d) age; (e) marital status; (f) education; (g) military service; and (h) citizenship. The dependent

variables were categorized as type of crime. For the purposes of this study, offenders were defined as those participants who had been involved with the criminal justice system by committing any type of crime, regardless of the severity of the crime. This may include any individual currently or previously serving time in prison or currently or presently on probation or parole. The type of crime is irrelevant to this study, regardless of whether it is a felony, misdemeanor, or minor offenses. Also, for the purposes of this study, a person with a disability was defined as any person diagnosed by a physician as having a disability. The type of disability will range from physical disability, mental disability, developmental disability, or mental retardation.

Frequencies and percentages were used to describe the distribution of categorical independent variables for each of the eight groups. Means and standard errors were calculated for each of the interval independent variables and F statistics from analysis of variance were used to test for differences.

All variables that were statistically significant in these models will be combined to determine which variables were significantly associated with criminal involvement, when controlling for other variables. At each

step, the least significant variable was removed, until all remaining variables had an overall significant level of  $p < 0.05$ .

## Chapter VI

### RESULTS

In this section, individuals diagnosed with severe emotional disturbance and criminal behavior are compared. A person with a severe emotional disturbance is defined as a person who has been diagnosed by a licensed physician with Chemical Dependence, Bipolar Disorder, Major Depressive Disorder, and Schizophrenia. Criminal behavior is defined as a person convicted of murder, drugs offenses, forgery, burglary, battery, DUI, assault, robbery, and sexual offenses. These measures were chosen because the purpose of this study is to determine a correlation between severe emotional disturbance and criminal behavior and in order for individuals to qualify for vocational rehabilitation services they must be diagnosed with any type of disability.

Of the variables examined between severe emotional disturbance and criminal behavior in this study, which included mental illness, criminal background, age, gender, marital status, military service, race, and education no significant statistical relationships were established. In general, of the seventy-one percent of the participants of this study diagnosed with a severe emotional disturbance and involved with the criminal justice system were between the ages of twenty-three and

sixty-four (88%), single (56%), male (56%), never serving in the military (88%), and never completing high school (36%).

Of the thirty-five Challenge Unlimited, Inc. clients with criminal justice system records, twenty-five (71.4%) had diagnoses of severe mental disturbance ( $r = -0.2065$ ,  $n = 25$ ,  $p = 0.322$ ). Among those thirty-five clients, twenty-six (74.3%) clients were convicted of major offenses, whereas nine (25.7%) clients were convicted of non-major offenses.

Seventy-one percent (71.4 percent) of the total sample report being diagnosed with a severe emotional disturbance (chemical dependence, Bipolar disorder, depression, and schizophrenia) and twenty-nine percent (28.7 percent) reported diagnoses of other disabilities (learning disability, mental retardation, traumatic brain injury, cerebral palsy, and diabetes). Of the respondents diagnosed with an emotional disturbance forty percent (40 percent) were diagnosed with depression, twenty-eight percent (28 percent) were diagnosed with chemical dependency, twenty-four percent (24 percent) were diagnosed with schizophrenia, and eight percent (8 percent) were diagnosed with Bipolar disorder.

**Table 10 Percentages and Frequency of Diagnosis'**

<b>DIAGNOSES</b>	<b>FREQUENCY</b>	<b>PERCENT</b>
Chemical Dependency	7	20
Bi-Polar	2	5.7
Depression	10	28.6
Schizophrenia	6	17.1
Learning Disability	3	8.6
Mental Retardation	2	5.7
Traumatic Brain Injury	1	2.9
Cerebral Palsy	1	2.9
Diabetes	3	8.6
<b>TOTAL</b>	<b>35</b>	<b>100</b>

As shown in Table 11, among the subjects diagnosed with a severe mental disturbance, there were half as many males (54%) as females (44%) ( $r = -0.1854$ ,  $n = 25$ ,  $p = 0.375$ ), whereas the subjects diagnosed with other disabilities had nine times as many males (90%) as females (10%) ( $r = -0.4564$ ,  $n = 10$ ,  $p = 0.185$ ). All of the subjects included in the sample were predominantly white (60%). Minority subjects were all African-American, except for one Hispanic subject ( $r = -0.2054$ ,  $n = 25$ ,  $p = 0.325$ ) ( $r = 0.3218$ ,  $n = 10$ ,  $p = 0.365$ ). All of the subjects included in the sample were predominantly between the ages of twenty-three and sixty-four, except for five subjects who were between the ages of eighteen and twenty-two ( $r = -0.2552$ ,  $n = 25$ ,  $p = 0.218$ ) ( $r = 0.6845$ ,  $n = 10$ ,  $p = 0.029$ ).

**Table 11 Variables Related to Severe Emotional Disturbance**

VARIABLE		PERCENT	R	N	P
GENDER*	Male	54	-0.19	25	0.38
	Female	44			
GENDER**	Male	90	-0.46	10	0.19
	Female	10			
RACE *	White	60	-0.21	25	0.33
RACE **	White		0.32	10	0.36
AGE*	18 - 22				
	23 - 64		-0.26	25	0.22
AGE**	18 - 22				
	23 - 64		0.68	10	0.03

\*Individuals in the sample diagnosed with a severe emotional disturbance

\*\*Individuals in the sample not diagnosed with a severe emotional disturbance

Several other demographic classifications were examined including marital status, military service, and education. The twenty-five subjects diagnosed with a severe mental disturbance were predominantly single (56%)( $r = 0.0599$ ,  $n = 25$ ,  $p = 0.776$ ), never enlisting in the military (88%)( $r = 0.0218$ ,  $n = 25$ ,  $p = 0.918$ ), and their education was evenly dispersed among those subjects never completing high school (36%), receiving a GED (32%), and receiving a high school diploma (32%)( $r = 0.3758$ ,  $n = 25$ ,  $p = 0.064$ ). The ten subjects diagnosed with other disabilities were predominantly single (70%) ( $r = 0.4878$ ,  $n = 10$ ,  $p = 0.153$ ), never enlisting in the military (70%) ( $r = 0.6428$ ,  $n = 10$ ,  $p = 0.045$ ), and half received their GED (50%), a little less than half attained their high school diploma (40%) ( $r = -0.2678$ ,  $n = 10$ ,  $p = 0.454$ ).

**Table 12 Other Variables Related to Severe Emotional Disturbance**

VARIABLE		PERCENT	R	N	P
MARITAL STATUS*	Single	56	0.06	25	0.78
MARITAL STATUS**	Single	70	0.49	10	0.15
MILITARY SERVICE*	Never Serving	88	0.02	25	0.92
MILITARY SERVICE**	Never Serving	70	0.64	10	0.04
EDUCATION*	Never Finishing High School	36	0.38	25	0.06
	GED	32			
	High School Diploma	32			
EDUCATION**	GED	50	-0.27	10	0.45
	High School Diploma	40			
	Never Finishing High School	10			

\*Individuals in the sample diagnosed with a severe emotional disturbance

\*\*Individuals in the sample not diagnosed with a severe emotional disturbance



**Table 13** Frequency & Percentage of Variables

VARIABLE	FREQUENCY	PERCENT
<b>AGE</b>		
18 - 22	3	12
23 - 64	22	88
<b>TOTAL</b>	<b>25</b>	<b>100</b>
<b>GENDER</b>		
Male	14	56
Female	11	44
<b>TOTAL</b>	<b>25</b>	<b>100</b>
<b>MARITAL STATUS</b>		
Single	14	56
Married	5	20
Divorced	5	20
Widow/Widower	1	4
<b>TOTAL</b>	<b>25</b>	<b>100</b>
<b>MILITARY</b>		
Never Served	22	88
Army	3	100
<b>TOTAL</b>	<b>25</b>	
<b>RACE</b>		
White	15	60
Black	139	36
Hispanic	1	4
<b>TOTAL</b>	<b>25</b>	<b>100</b>
<b>EDUCATION</b>		
Uncompletion	9	36
GED	8	32
High School Diploma	8	32
<b>TOTAL</b>	<b>25</b>	<b>100</b>

For fifteen (60%) of the twenty-five subjects diagnosed with a severe mental disturbance considered as a major offender had committed an offense as serious as an act against another person (e.g., murder, battery, assault, and armed robbery). Only five (20%) of the major

offenders, the most serious adjudicated offense was an act against property (e.g., forgery or burglary). The most serious offense committed by five (20%) of the subjects was an act against public order (e.g., manufacture or possession of drugs).

As shown in Table 14, among the subjects with a criminal justice record diagnosed with a severe mental disturbance, was almost evenly divided between males (56%) and females (44%) ( $r = -0.0610$ ,  $n = 25$ ,  $p = 0.772$ ), whereas the subjects with a criminal justice record diagnosed with other disabilities had nine times as many males (90%) as females (10%) ( $r = 0.4444$ ,  $n = 10$ ,  $p = 0.198$ ). All of the subjects included in the sample were predominantly white (60%). Minority subjects were all African-American, except for one Hispanic subject ( $r = 0.2714$ ,  $n = 25$ ,  $p = 0.189$ ) ( $r = -0.6124$ ,  $n = 10$ ,  $p = 0.060$ ). All of the subjects included in the sample were predominantly between the ages of twenty-three and sixty-four, except for five subjects who were between the ages of eighteen and twenty-two ( $r = 0.0038$ ,  $n = 25$ ,  $p = 0.986$ ) ( $r = 0.5833$ ,  $n = 10$ ,  $p = 0.077$ ).

**Table 14** Variables Related to Subjects with Criminal Justice Records with a Severe Emotional Disturbance

VARIABLE		PERCENT	R	N	P
GENDER*					
	Male	56	-0.06	25	0.77
	Female	44			
GENDER**	Male	90	0.44	10	0.19
	Female	10			
RACE *	White	60	0.27	25	0.19
RACE **	White		-0.61	10	0.06
AGE*	18 - 22				
	23 - 64		0.03	25	0.09
AGE**	18 - 22				
	23 - 64		0.58	10	0.07

\*Individuals in the sample with criminal justice records diagnosed with a severe emotional disturbance

\*\*Individuals in the sample with criminal justice records not diagnosed with a severe emotional disturbance

**Table 15** Frequency & Percentage of Offenses

OFFENSE	FREQUENCY	PERCENT
Murder	5	20
Battery	2	8
Assault	4	16
Robbery	4	16
<b>TOTAL</b>	<b>15</b>	<b>60</b>
Forgery	4	16
Burglary	1	4
<b>TOTAL</b>	<b>5</b>	<b>20</b>
Drug Related	3	12
DUI (felony)	2	8
<b>TOTAL</b>	<b>5</b>	<b>20</b>

Several other demographic other classifications were examined including marital status, military service, and education. The twenty-five subjects with a criminal justice record diagnosed with a severe mental disturbance were predominantly single (56%) ( $r = -0.0725$ ,  $n = 25$ ,  $p = 0.731$ ), never enlisting in the military (88%) ( $r = 0.0437$ ,  $n = 25$ ,  $p = 0.836$ ), and their education was evenly dispersed among those subjects never completing high school (36%), receiving a GED (32%), and receiving a high school diploma (32%) ( $r = -0.2745$ ,  $n = 25$ ,  $p = 0.184$ ). The ten subjects diagnosed with other disabilities were predominantly single (70%) ( $r = 0.0503$ ,  $n = 10$ ,  $p = 0.890$ ), never enlisting in the military (70%) ( $r = -0.1273$ ,  $n = 10$ ,  $p = 0.726$ ), and half received their GED (50%), a little less than half attained their high school diploma (40%) ( $r = 0.3182$ ,  $n = 10$ ,  $p = 0.370$ ).

Table 16 Variables Related to Severe Emotional Disturbance

VARIABLE		PERCENT	R	N	P
MARITAL STATUS*	Single	56	-0.07	25	0.73
MARITAL STATUS**	Single	70	0.05	10	0.89
MILITARY SERVICE*	Never Serving	88	0.04	25	0.84
MILITARY SERVICE**	Never Serving	70	-0.13	10	0.73
EDUCATION*	Never Finishing High School	36	-0.27	25	0.18
	GED	32			
	High School Diploma	32			
EDUCATION**	GED	50	0.32	10	0.37
	High School Diploma	40			
	Never Finishing High School	10			

\*Individuals in the sample diagnosed with a severe emotional disturbance

\*\*Individuals in the sample not diagnosed with a severe emotional disturbance

## Chapter V

### DISCUSSION

#### Summary

The proportion of the subjects in this sample involved in the criminal justice system diagnosed with a mental illness, which was 71% of 35 participants, was inconsistent with the 16% reported by Ditton (1999, 1) in a study of 1,773,750 inmates incarcerated in the Nation's prisons and jails. Males outnumbered females in both the individuals involved in the criminal justice system and those individuals diagnosed with a mental illness; this gender difference was not statistically significant after accounting for other factors. Although many studies have shown that males are more likely to be involved in criminal activity, the gender gap is generally wider for major than for minor offenses (Henggeler, 1989). Gender differences in delinquency patterns are not well understood, due in part to the exclusion of females, who make up a small number of the total incarcerated population from many important studies (e.g., Loeber & Dishon, 1983; Shaw & McKay, 1969; West & Farrington, 1977). Although the absence of a persistent gender associated may be due to studying a population with a severe emotional disturbance rather than the general population, these findings could also be partially due to a narrowing gender gap in adolescent arrest rates (US Congress OTA, 1991).

Age at the time of application was not associated with mental illness diagnosis's and criminal activity. Middle aged individuals had more time at risk of involvement with the criminal justice system, but the association with ages probably goes beyond this explanation. The relationship between increasing age and delinquency is well-established (Henggeler, 1989; US Congress OTA, 1991). No lower limit on age at which individuals may have criminal justice records exists in Illinois, so the age association in these data could not be an artifact of any such arbitrary limit. However, individuals between the ages of 23 and 64 diagnosed with a severe emotional disturbance may be dealt with more leniently by the criminal justice system than older individuals, and as a result may not acquire a criminal justice record in spite of criminal activity.

The ethnicity differences in other studies on criminal behavior were not found in the individuals included in the sample with severe emotional disturbance due to the small homogenous sample included in this study. Caucasian participants are two times more likely to be diagnosed with a severe emotional disturbance and have a criminal background. A statistically significant relationship was not established between severe emotional disturbance and criminal behavior by race. According to Ditton

(1999, 1), nearly a quarter of white State prison and local jail inmates and a fifth of white offenders on probation were identified as mentally ill. The rate of mental illness among black and Hispanic inmates and probationers was much lower.

### **Hypotheses:**

Seven hypotheses were constructed to answer questions about correlation's between individuals diagnosed with a severe emotional disorder and criminal behavior. The following are these hypotheses:

1. There will be a positive relationship between severe emotional disturbance and criminal behavior.
2. Individuals between the ages of 23 and 64 will have a positive relationship between severe emotional disturbance and criminal behavior.
3. Males will have a positive relationship between severe emotional disturbance and criminal behavior.
4. Single participants will have a positive relationship between severe emotional disturbance and criminal behavior.
5. Caucasian participants will have a positive relationship between

severe emotional disturbance and criminal behavior.

6. Participants earning a GED will have a positive relationship between severe emotional disturbance and criminal behavior.
7. Participants never serving in the military will have a positive relationship between severe emotional disturbance and criminal behavior.

Based on the statistical tests conducted a relationship was not established among the following: (a) individuals diagnosed with a severe emotional disorder and criminal behavior; (b) individuals between the ages of twenty-three and sixty-four diagnosed with a severe emotional disorder with a history of criminal behavior; (c) males diagnosed with a severe emotional disorder with a history of criminal behavior; (d) single individuals diagnosed with a severe emotional disorder with a history of criminal behavior; (e) Caucasian individuals diagnosed with a severe emotional disorder with a history of criminal behavior; (f) individuals earning a GED diagnosed with a severe emotional disorder with a history of criminal behavior; and (g) individuals serving in the military diagnosed with a severe emotional disorder with a history of criminal behavior. Thus, all seven hypotheses are rejected as establishing a relationship between severe emotional disorder and criminal behavior.

**Table 17 Hypothesis**

<b>Hypothesis</b>	<b>Accept or Deny</b>	<b>P Score</b>
individuals diagnosed with a severe emotional disorder and criminal behavior	Deny	
individuals between the ages of twenty-three and sixty-four diagnosed with a severe emotional disorder with a history of criminal behavior	Deny	0.08
Males diagnosed with a severe emotional disorder with a history of criminal behavior	Deny	0.2
Single individuals diagnosed with a severe emotional disorder with a history of criminal behavior	Deny	0.89
Caucasian individuals diagnosed with a severe emotional disorder with a history of criminal behavior	Deny	0.06
individuals earning a GED diagnosed with a severe emotional disorder with a history of criminal behavior	Deny	0.37
individuals serving in the military diagnosed with a severe emotional disorder with a history of criminal behavior	Deny	0.73

**Limitations**

The findings of this study must be interpreted in light of several methodological limitations. Some limitations are due to the record review. Information obtained from guardians and parents of the participants in many cases and are not likely to have been as complete as information obtained directly from parents. The extent of underestimation is likely to be the same for all participants and is not thought to have resulted in any

bias in the estimation of associations with criminal justice involvement. However, underreporting may have caused some loss of statistical power. This may explain the lack of statistically significant associations for most of the demographic factors, for which information was most sparse.

There are advantages and disadvantages to conducting this type of study. Some advantages include the low cost since the data already exists. Also forced-choice items can minimize social desirability. Many of the questions asked in the initial intake interviews have exact answers and no variations can be permitted (e.g., gender, race, age, disability, crime, etc.).

The disadvantages of conducting a survey of this type involves the individuals self-reporting information and many times the individual may not be completely truthful, may not be objective, or they may not remember much of the important information. Another disadvantage is that in some instances certain data may be missing.

### **Suggestions for Future Research**

Participants who were older at the time of application to Challenge Unlimited, Inc. would not have had the benefit of receiving fully integrated services at an earlier age. The association between increasing age at application and criminal activity underscores the importance of linking individuals to an adequate system of care when the presence of severe emotional disturbance of care when the presence of severe emotional disturbance is first recognized.

The emerging concept of vocational rehabilitation for offenders, wherein offenders are expected to become a part of the community, may be reflected in some studies. Certainly, if offenders are to understand the community they reside in, they must understand that some people in that community (no matter what its ethnic or social composition) differ physically intellectually and emotionally from the offenders and other citizens. The data in this study would seem to indicate that many offenders are exposed to this information.

Future efforts to understand factors that place emotionally disturbed individuals at increased risk of delinquency should use longitudinal designs and larger sample sizes in order to better identify true antecedents of delinquency. Conducting structured diagnostic interviews with participants might illuminate the relationship between specific mental and emotional disorders and delinquency. Ascertaining these factors and the pathways by which they influence delinquency would then provide direction for allocation of resources into early interventions for those individuals with severe emotional disturbance who are at greatest risk of involvement in delinquent behavior.

## APPENDIX I

**Table 1. Survey items used to measure mental illness**

Do you have a mental or emotional condition? (prison and jail inmates only)	yes no
Have you ever been told a mental health professional such as psychiatrist, psychologist, social worker, or psychiatric nurse, that you had a mental or emotional disorder? (probationers only)	yes no
Because of an emotional or mental problem, have you ever -	
Been admitted to mental hospital, unit or treatment program where you stayed overnight?	yes no
Received counseling or therapy from a trained professional?	yes no
Received any other mental health services?	yes no

**Table 2. Measures of mental illness among State prison inmates, 1997**

	<u>State prison inmates</u>		
	Percent	Cumulative Percent	Estimated Number
Reported a mental or emotional condition	10.0%	10.1%	111,300
Because of a mental or emotional problem, inmate had			
Been admitted to a hospital overnight	10.7%	16.2%	118,300
Taken a prescribed medication	18.9%	23.9%	210,357
Received professional counseling or therapy	21.8%	29.7%	242,634
Received other mental health services	3.3%	30.2%	36,729

**Table 3. Previous studies of the prevalence of severe mental illness in prison or jail**

Study	Sample	Mentally ill
Guy, Platt, Zwerling, and Bullock (1985)	Philadelphia jail pretrial admissions	16%
Teplin (1990)	Cook County jail admissions (males)	10%
Steadman, Fabisiak, Dvoskin, and Holohean (1987)	New York State prisoners	8%

*Generally includes schizophrenia, bipolar disorder, and major depression.*

**Table 4. Mental health status of inmates and probationers**

	State prison inmates, 1997	Federal prison inmates, 1997	Jail inmates, 1996	Probationers, 1995
Identified as mentally ill	16.2%	7.4%	16.3%	16.0%
Reported a mental or emotional condition	10.1%	4.8%	10.5%	13.8%
Admitted overnight to a mental hospital or treatment program	10.7%	4.7%	10.2%	8.2%

*Reported either a mental condition or an overnight stay in a mental hospital or treatment Program.*

**Table 5. Estimated number of mentally ill inmates and probationers, 1998**

	Estimated number of offenders			
	State Prison	Federal Prison	Local Jail	Probation
Identified as mentally ill	179,200	7,900	96,700	547,800
Reported a mental or emotional condition	111,300	5,200	62,100	473,000
Admitted overnight to a mental hospital	118,300	5,000	60,500	281,200

*Based on midyear 1998 counts from the National Prisoner Statistics and Annual Survey of Jails and preliminary yearend 1998 counts from the Annual Probation Survey*

**Table 6. Inmates and probationers identified as mentally ill, by gender, race/Hispanic origin, and age**

Percent identified as mentally ill				
Offender characteristics	State inmates	Federal inmates	Probationers	Jail inmates
<b>Gender</b>				
Male	15.8%	7.0%	14.7%	15.6%
Female	23.6%	12.5%	21.7%	22.7%
<b>Race/Hispanic origin</b>				
White*	22.6%	11.8%	19.6%	21.7%
Black*	13.5%	5.6%	10.4%	13.7%
Hispanic	11.0%	4.1%	9.0%	11.1%
<b>Age</b>				
24 or younger	14.4%	6.6%	13.8%	13.3%
25 - 34	14.8%	5.9%	13.8%	15.7%
35 - 44	18.4%	7.5%	19.8%	19.3%
45 - 54	19.7%	10.3%	21.1%	22.7%
55 or older	15.6%	8.9%	16%	20.4%

*Excludes Hispanics*

**Table 7. Most Serious Current Offense of Inmates and Probationers, By Mental Health Status**

Most serious offense	State prison		Federal prison		Local jail		Probation	
	Mentally ill inmates	Other inmates						
<b>All offenses</b>	100	100	100	100	100	100	100	100
<b>Violent offenses</b>	52.9	46.1	33.1	13.3	29.9	25.6	28.4	18.4
Murder*	13.2	11.4	1.9	1.4	3.5	2.7	0.5	0.9
Sexual Assault	12.4	7.9	1.9	0.7	5.2	2.8	6.8	4.1
Robbery	13	14.4	20.8	9.1	4.7	6.9	2	1.4
Assault	10.9	9	3.8	1.1	14.4	11	14	10.5
<b>Property offenses</b>	24.4	21.5	8.7	6.7	31.3	26	30.4	28.5
Burglary	12.1	10.5	1	0.3	9.1	7.4	6.4	4.3
Larceny/ theft	4.6	4.1	1.3	0.4	8.4	7.9	5.3	8.8
Fraud	3.1	2.6	5	4.9	5.2	4.4	11.7	9.2
<b>Drug offenses</b>	12.8	22.2	40.4	64.4	15.2	23.3	16.1	20.7
Possession	5.7	9.4	3.9	11.9	7.3	12.3	7.2	11
Trafficking	6.6	12.2	35.7	46.6	7	9.6	6.7	9.2
<b>Public-order offenses</b>	9.9	9.8	17	14.6	23.2	24.6	24.7	31.6

*Note: Detail does not sum to total because of excluded offense categories  
Includes non negligent manslaughter*

**Table 8. Sources of income**

Probationers

	Mentally ill	Other
<b>Currently employed</b>		
Yes	55.9	75.9
No	44.1	24.1
<b>Sources of income</b>		
Wages	69.3	86.8
Family/friends	17.9	16.3
Welfare	26.4	15.5
Pension	24.5	7.6
Compensation payments	10.2	7.7

**TABLE 9. VARIABLES & CODING**

<b>INDEPENDENT VARIABLE</b>	<b>CODE</b>	
Disability	1	Chemical Dependency
	2	BI-Polar
	3	Learning Disability
	4	Depression
	5	Schizophrenia
	6	Mental Retardation
	7	Traumatic Brain Injury
	8	Cerebral Palsy
	9	Diabetes
Criminal Behavior	1	Murder
	2	Drugs
	3	Forgery
	4	Burglary
	5	Battery
	6	DUI
	7	Assault
	8	Robbery
	9	Sex
<b>Dependent Variable</b>		<b>CODE</b>
Gender	1	Male
	2	Female
Race	1	White
	2	Black
	3	Hispanic
Age	1	0 - 18
	2	18 - 22
	3	23 - 64
	4	65 & over
Marital Status	1	Never Married
	2	Single
	3	Married
	4	Divorced
	5	Widow/Widower
Education	1	Never Attended
	2	Uncompleted
	3	GED
	4	High School Diploma
Military Service	1	Never Served
	2	Served in Army
Citizenship	1	US Citizen
	2	Other Nationality

**Table 10 Percentages and Frequency of Diagnosis'**

DIAGNOSES	FREQUENCY	PERCENT
Chemical Dependency	7	20
Bi-Polar	2	5.7
Depression	10	28.6
Schizophrenia	6	17.1
Learning Disability	3	8.6
Mental Retardation	2	5.7
Traumatic Brain Injury	1	2.9
Cerebral Palsy	1	2.9
Diabetes	3	8.6
<b>TOTAL</b>	<b>35</b>	<b>100</b>

**Table 11 Variables Related to Severe Emotional Disturbance**

VARIABLE		PERCENT	R	N	P
GENDER*	Male	54	-0.19	25	0.38
	Female	44			
GENDER**	Male	90	-0.46	10	0.19
	Female	10			
RACE *	White	60	-0.21	25	0.33
RACE **	White		0.32	10	0.36
AGE*	18 - 22				
	23 - 64		-0.26	25	0.22
AGE**	18 - 22				
	23 - 64		0.68	10	0.03

\*Individuals in the sample diagnosed with a severe emotional disturbance

\*\*Individuals in the sample not diagnosed with a severe emotional disturbance

**Table 12 Other Variables Related to Severe Emotional Disturbance**

VARIABLE		PERCENT	R	N	P
MARITAL STATUS*	Single	56	0.06	25	0.78
MARITAL STATUS**	Single	70	0.49	10	0.15
MILITARY SERVICE*	Never Serving	88	0.02	25	0.92
MILITARY SERVICE**	Never Serving	70	0.64	10	0.04
EDUCATION*	Never Finishing High School	36	0.38	25	0.06
	GED	32			
	High School Diploma	32			
EDUCATION**	GED	50	-0.27	10	0.45
	High School Diploma	40			
	Never Finishing High School	10			

\*Individuals in the sample diagnosed with a severe emotional disturbance

\*\*Individuals in the sample not diagnosed with a severe emotional disturbance

**Table 13      Frequency & Percentage of Variables**

<b>VARIABLE</b>	<b>FREQUENCY</b>	<b>PERCENT</b>
<b>AGE</b>		
18 - 22	3	12
23 - 64	22	88
<b>TOTAL</b>	<b>25</b>	<b>100</b>
<b>GENDER</b>		
Male	14	56
Female	11	44
<b>TOTAL</b>	<b>25</b>	<b>100</b>
<b>MARITAL STATUS</b>		
Single	14	56
Married	5	20
Divorced	5	20
Widow/Widower	1	4
<b>TOTAL</b>	<b>25</b>	<b>100</b>
<b>MILITARY</b>		
Never Served	22	88
Army	3	100
<b>TOTAL</b>	<b>25</b>	
<b>RACE</b>		
White	15	60
Black	139	36
Hispanic	1	4
<b>TOTAL</b>	<b>25</b>	<b>100</b>
<b>EDUCATION</b>		
Uncompletion	9	36
GED	8	32
High School Diploma	8	32
<b>TOTAL</b>	<b>25</b>	<b>100</b>

**Table 14 Variables Related to Subjects with Criminal Justice Records with a Severe Emotional Disturbance**

VARIABLE		PERCENT	R	N	P
GENDER*					
	Male	56	-0.06	25	0.77
	Female	44			
GENDER**	Male	90	0.44	10	0.19
	Female	10			
RACE *	White	60	0.27	25	0.19
RACE **	White		-0.61	10	0.06
AGE*	18 - 22				
	23 - 64		0.03	25	0.09
AGE**	18 - 22				
	23 - 64		0.58	10	0.07

\*Individuals in the sample with criminal justice records diagnosed with a severe emotional disturbance

\*\*Individuals in the sample with criminal justice records not diagnosed with a severe emotional disturbance

**Table 15 Frequency & Percentage of Offenses**

OFFENSE	FREQUENCY	PERCENT
Murder	5	20
Battery	2	8
Assault	4	16
Robbery	4	16
<b>TOTAL</b>	<b>15</b>	<b>60</b>
Forgery	4	16
Burglary	1	4
<b>TOTAL</b>	<b>5</b>	<b>20</b>
Drug Related	3	12
DUI (felony)	2	8
<b>TOTAL</b>	<b>5</b>	<b>20</b>

**Table 16 Variables Related to Severe Emotional Disturbance**

VARIABLE		PERCENT	R	N	P
MARITAL STATUS*	Single	56	-0.07	25	0.73
MARITAL STATUS**	Single	70	0.05	10	0.89
MILITARY SERVICE*	Never Serving	88	0.04	25	0.84
MILITARY SERVICE**	Never Serving	70	-0.13	10	0.73
EDUCATION*	Never Finishing High School	36	-0.27	25	0.18
	GED	32			
	High School Diploma	32			
EDUCATION**	GED	50	0.32	10	0.37
	High School Diploma	40			
	Never Finishing High School	10			

*\*Individuals in the sample diagnosed with a severe emotional disturbance*

*\*\*Individuals in the sample not diagnosed with a severe emotional disturbance*

**Table 17 Hypothesis**

<b>Hypothesis</b>	<b>Accept or Deny</b>	<b>P Score</b>
individuals diagnosed with a severe emotional disorder and criminal behavior	Deny	
individuals between the ages of twenty-three and sixty-four diagnosed with a severe emotional disorder with a history of criminal behavior	Deny	0.08
Males diagnosed with a severe emotional disorder with a history of criminal behavior	Deny	0.2
Single individuals diagnosed with a severe emotional disorder with a history of criminal behavior	Deny	0.89
Caucasian individuals diagnosed with a severe emotional disorder with a history of criminal behavior	Deny	0.06
individuals earning a GED diagnosed with a severe emotional disorder with a history of criminal behavior	Deny	0.37
individuals serving in the military diagnosed with a severe emotional disorder with a history of criminal behavior	Deny	0.73

**APPENDIX II**

**MENTAL ILLNESS & CRIME QUESTIONNAIRE**

**DISABILITY:** \_\_\_\_\_

**TYPE OF CRIME:** \_\_\_\_\_

FELONY MISDEMEANOR FINES

LENGTH OF TIME SERVED:

**GENDER:** MALE FEMALE

**RACE:** WHITE BLACK HISPANIC  
INDIAN ASIAN OTHER

**AGE RANGE:** 18 - 22 23 - 64 65 - OVER

**MARITAL STATUS:** NEVER MARRIED SINGLE  
MARRIED DIVORCED  
SEPARATE WIDOW/WIDOWER

**EDUCATIONAL LEVEL:** GED HS BACHELORS  
MASTERS OTHER  
HIGHEST GRADE COMPLETED:

**MILITARY SERVICE:** ARMY AIR FORCE  
MARINES OTHER  
NAVY RESERVES

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