

Understanding the "Disturbed Violent Offender"

Disturbed violent offenders have presented a daunting challenge to researchers, partly because they are a difficult group to isolate and study. Many crimes committed by disturbed offenders are no different from those committed by non-disturbed offenders. In addition, the links between mental health problems and violence vary, even in a single individual.

In their recent book, *The Disturbed Violent Offender*, Hans Toch and Kenneth Adams provide both a systematic overview and a typology of violent offenders who have a history of mental health problems.

According to the authors, the aim of typologizing violent offenders is to allow interested observers of these persons to "think about them more easily and compare them along attributes that are of concern to themselves and their colleagues."

Toch and Adams began their study by identifying offenders who had been convicted and sentenced to the New York prison system between January and December 1985.

During that period, 8,379 of the 12,764 offenders admitted to the prison system were convicted of statutorily defined violent offences. These included a few crimes that traditionally might not be considered violent, as in New York State there are degrees of burglary and robbery to identify situations in which the victim was threatened or physically harmed.

The authors proceeded with their sample selection by matching the names of violent offenders with client records maintained by the New York State Office of Mental Health. The records are a listing of all persons who have received out-patient or in-patient treatment at a state-operated psychiatric facility. The analysis yielded a total of 1,833 matches. The treatment history of each individual was then obtained in order to "infer the nature and severity of mental health problems."

The authors then approached the New York State Department of Correctional Services. Information gathered during the inmate intake and classification process detailed past mental health involvement and criminal history. Material gathered from the correctional files provided new information on the nature of treatment for some forensic patients whose history had been unknown and some mental health patients who had not previously been identified as such.

A sample of 1,307 offenders was divided into three categories of mental health experience - substance abuse (n=83), psychiatric (n=540), and combined psychiatric and substance abuse (n=141). Offenders with no history of mental health treatment or with unverified treatment data became the comparison group (n=544).

The statistical analyses yielded a number of specific results. For example, offenders with mental health histories, in particular substance abusers, had "much more extensive criminal records" than did other offenders. The data also indicated that offenders with psychiatric histories were one-and-a-half times more likely than the comparison group to have been arrested for assault offences.

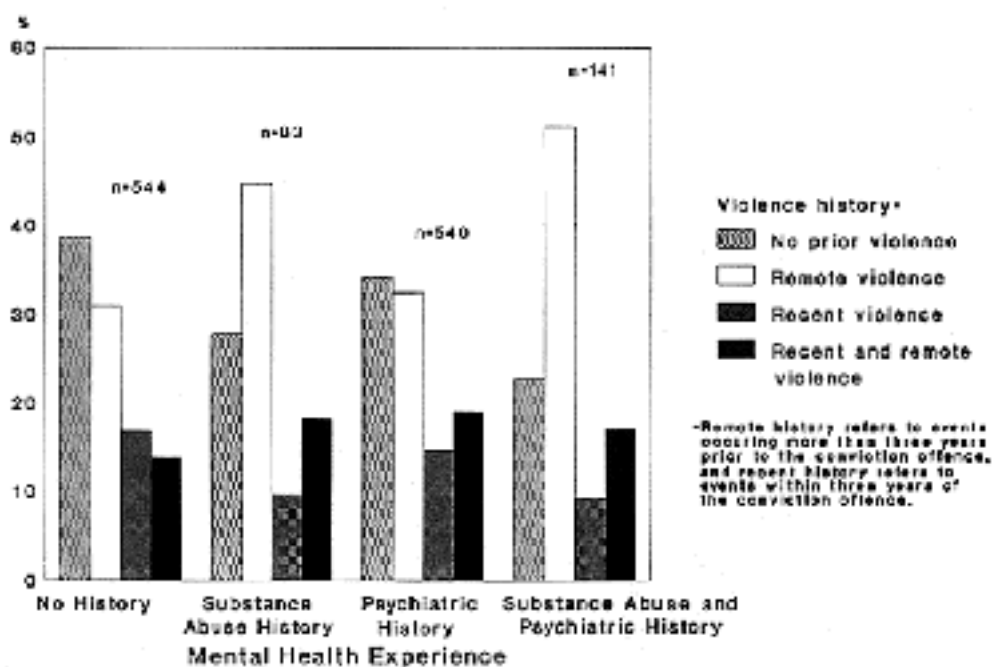
Substance abusers showed a greater likelihood of convictions for possessing or selling drugs and driving while intoxicated. This group also had a propensity for burglary and property offences. All groups of offenders with mental health histories showed greater involvement in nuisance offences than did the comparison group.

The results also indicated a connection between substance abuse and type of crime. Alcoholics had a greater likelihood of engaging in arson, assault, reckless endangerment, public order offences and intoxicated driving. In contrast, drug addicts were more likely to commit burglary and drug offences, including marijuana offences.

As the figure indicates, the group with no history of mental health treatment (comparison) had the highest proportion of offenders with no violence history (38.5%), while the substance abuse and psychiatric group had the lowest proportion (22.7%).

Figure 1

**Career Patterns of Violence History
by Mental Health Experience of Offender**



In addition, the substance abuse history group and the substance abuse and psychiatric history group tend to have histories of violence limited mostly to the remote past (44.6% and 51.1% respectively). All three mental health groups show greater chronicity of violence than does the comparison group, with the psychiatric group showing the most evidence of both recent and remote violence (18.9%).

After providing a detailed overview of disturbed violent offenders, the authors turn to the second part of their research task creating offender typologies.

Offender Typologies

The four groups (psychiatric, substance abuse, psychiatric and substance abuse, and comparison) are divided into a number of typologies, for example, impulsive burglar, addicted burglar, mature mugger, disturbed sex offender, alcohol exploder and skid row robber.

Toch and Adams note that while the comparison sample cannot be classified as disturbed, neither can it be classified as "mentally healthy." The authors emphasize that a continuum exists from mental illness to mental health and that movement along the continuum can be a goal of intervention.

Throughout their analysis, the authors stress that mental health problems and offence behaviour change over time, as do the relationships between the two. To organize this developmental complexity, the authors refer to an offence-mental health "career," meaning the patterns of experience that are common to groups of individuals.

The goal of the research was to illustrate patterns of behaviour in which the "advent of criminal acts and of symptoms that are serious enough to justify diagnosis and treatment can be located in time." In this way, offenders could at various times be shown to be unambiguously disturbed, engaging in crime, or both.

Differentiating an offender's patterns of behaviour into career "segments" is useful for treatment programs. For example, offences that are committed consistently after the completion of programs have different implications than those that occur when the offender is receiving mental health services or when the offender has not yet been diagnosed.

Sentencing and Programming Concerns

In concluding their study on disturbed violent offenders, the authors examined the problem of sentencing the "extremely disturbed but minimally violent offender" and the problems of programming for the "extremely disturbed and extremely violent offender."

As Toch and Adams see it, the problem with sentencing is that some inmates are primarily disturbed and secondarily offenders but are processed as if they were primarily offenders and secondarily disturbed. Mentally ill persons are deprived of treatment, and, what is worse, must now function in a difficult setting with limited coping capacities. (For further discussion, see H. Toch, *Men in Crisis: Human Breakdowns in Prison*, 1975).

One of the programming concerns is the fact that the disturbed violent offender does not fit well into the contemporary hospital setting. Offenders cannot leave the hospital until they are determined to be no longer dangerous, even if they are no longer considered disturbed.

In prison, the disturbed offender faces two particular problems: Prisons require participation in most

prison routines (such as adherence to instructions and involvement in programs), and they require close co-habitation in a setting where eccentricity is not appreciated.

Toch and Adams stress that prisons must "determine to what extent they are in the business of providing mental health assistance." They readily admit that this is not a simple distinction, as there are no clear lines drawn between rehabilitation and mental health services.

The differentiation of offenders into homogeneous groups allows for the creation of a therapeutic community for offenders with similar problems. Toch and Adams also advocate a special setting for troubled or disturbed inmates within the prison environment. Autonomy introduces flexibility and allows for some relaxation of routines if necessary. To eliminate the departmentalization of mental health and correctional staff, Toch and Adams suggest "staff teaming," encouraging both groups to work together. Inmates also benefit from this teaming because they avoid the "sick" label that comes with being treated by mental health staff.

The authors believe there is a need for experimentation with interface arrangements such as those proposed in this study. The disturbed violent offender requires interdisciplinary attention and interagency collaboration. Above all, institutions must provide programming and services that are sensitive to the complexity of individuals.

Further research is needed to develop models that respond to the multiproblem offender. The work of Toch and Adams should stimulate more interest in this exciting and relatively unexplored area.

Toch, H., & Adams, K. (1989). *The Disturbed Violent Offender*. Binghamton, New York: Vail-Ballou Press.