Diagnostic Evaluation of the Juvenile Offender:
Toward the Clarification of Often Overlooked Psychopathology

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ABSTRACT: On the basis of previously reported findings that a high percentage of court-referred children suffered from serious psychopathology other than sociopathy, attention is called to some essential, though often overlooked, elements of the diagnostic evaluation of delinquents. Emphasis is on a meticulous history, including careful attention to the significances of family histories of serious psychiatric and/or neurological disorders. The importance of a detailed perinatal and medical history, with emphasis on determining a possible history of significant insult to the central nervous system, is stressed. A systematic mental status evaluation is strongly recommended. Techniques for assessing the existence of significant hallucinatory and delusional experiences in children are suggested. The uses of psychological and neurological evaluations to augment the psychiatric are discussed. The poor social situation from which many delinquents come as well as the obvious intrafamilial psychodynamic factors influencing delinquent behavior are recognized as frequent impediments to the search for less obvious psychotic and/or organic vulnerabilities in the juvenile offender. Case histories of several children who had previously been dismissed as merely sociopathic, illustrate the thesis of the paper.

The purpose of this paper is to clarify the essential elements of a diagnostic evaluation that should bring to light a variety of often overlooked psychiatric disorders that affect many children who come in conflict with the law. This was prompted by our previous observation that a high percentage of court-referred children suffered from serious psychopathology other than sociopathy [1, 2], and that the ordinary brief psychiatric evaluation afforded such children in a court setting was not likely to disclose such pathology. In fact, one-third of

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the children referred to the court clinic during its first 2 years demonstrated signs of either central nervous system impairment or psychosis, or both.

The poor social situation from which most so-called delinquent children come is well documented [3-7]. Similarly, the psychodynamic factors affecting these children and families are also well known [8-12]. However, because such psychosocial factors are often so overwhelmingly obvious, other extremely important psychiatric and neurological factors affecting delinquent behavior are often overlooked. It is to the disclosure of these other ignored aspects of personality functioning that this paper addresses itself.

Guze and his colleagues [13] believed that schizophrenic and organic disorders were rare among a group of imprisoned felons. However, after seeing a large number of children with serious psychopathology, the early descriptions by Healy and Bronner [14], Oltman and Friedman [15], and others of psychopathology in offenders seemed more accurate. Clinical observations, coupled with epidemiological findings of serious psychiatric disorder in former delinquents [16], led to the conviction that meticulous diagnostic measures are necessary. The observations that follow spring from immersion within a juvenile court system over the past 3 years [17], during which time several hundred children and families were evaluated.

**Relationship of Offense to Psychiatric Disorder**

The severity of an offense for which a child was referred to court was not necessarily a reliable measure of the severity of the child’s psychopathology. For example, a child who had murdered may have done so in self-defense, while a persistent truant may have been suffering from a psychotic disturbance. This should be appreciated because often only dramatic delinquents (children with assaultive or sexual offenses) are referred to psychiatrists and receive detailed evaluations. Certain qualities of the offense often gave some clues about the possible nature of the child’s psychiatric status. For example, a violent act, followed by no ascertainable memory of it, sometimes suggested to the psychiatrist the possible need for close attention to the potential neurological vulnerabilities of the child. Several epileptic children were seen who genuinely had no clear memory of their action. Our point is that a minor offense may be associated with a major psychiatric problem, and a child should not be required to wait until he has committed more numerous or serious offenses to receive attention. Epidemiological studies indicated, however, that the young-