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ADAPTATION OF TREATMENT TO CAUSE IN MALE JUVENILE DELINQUENCY

G. M. WILLSON*

It is proposed to report data as to the relative importance of factors operative in causing delinquency among boys. The individuals upon whom this report is based were committed to the State Home for Boys at Jamesburg, New Jersey, during the period from January 1924 to June 1925, inclusive. They were between the ages of 8 and 17 years at the time they were studied.

It is the further purpose of this article to offer some suggestions as to the use which may be made of a knowledge of these causal factors in dealing with the boy and with his home environment. These suggestions touch upon preventive work to some extent, but are chiefly concerned with treatment during a period of institutional commitment.

PART I. CAUSES OF DELINQUENCY

Possible Approaches to the Study of Causation: There are two major methods of approach to the determination of the causes of delinquency. The more objective method proceeds by means of a tabulation of the incidence of all significant, personal and environmental factors, good and bad, in a large group of individuals. The degree to which delinquency is present in each individual, whether zero or maximum, is then to be compared with the corresponding incidence of each factor tabulated. Tendencies for delinquency to be correlated highly with certain environmental and personal factors should and do appear.¹ The interaction of factors may conceal a relationship at first inspection, but the application of partial correlation methods will usually serve to disclose apparently significant associations of factors.

This method of approach has the advantage of being objective and quantitative. But it requires the estimation of environmental

*Psychologist, New Jersey State Department Institutions and Agencies. For the work of tabulation of causes, the writer is indebted to Miss Marion Derrick, formerly Clinical Assistant in the Psychological Division of the State Psychiatric Clinic at the State Home for Boys at Jamesburg, New Jersey.

¹See for example: Slawson, John, *A Socio-Psychological Study of the Delinquent Boy*. Prepared for the Division of Mental Defect and Delinquency, New York State Board of Charities. Unpublished. Anderson, V. V., *The Psychiatric Clinic in the Treatment of Conduct Disorders*. New York, 1923. National Committee for Mental Hygiene.

and personal factors in quantitative terms, a procedure which is always difficult and often almost impossible. Furthermore, this method can establish only the extent of coincidence of factors. Some more elusive factor not susceptible to quantitative measurement may be the common cause both of the delinquency and coincident apparently causal factors. Upon the correct identification of this remote cause may hinge the success of preventive measures. For example, Burt finds that certain temperamental interactions within the home are apparently more significant than the physical conditions of the home.² But this interplay of personalities is elusive and hardly subject to quantitative procedures.

The second approach to the determination of causes is the method of subjective judgment following a scientific study of the individual and of his environment. In the hands of an experienced and unprejudiced investigator, this method makes up in its insight for the identification of elusive factors what it lacks in objectivity. The reliability of such a method may be greatly increased by combining the judgments of several competent individuals each of whom has access to the facts. This procedure reduces to a minimum the influence of prejudice and pre-conception.

Both of the above methods should be used whenever possible. The one will furnish a valuable check on the other. Each requires complete familiarity with the primary facts. Each becomes more valid when non-delinquents are included among the individuals studied in order to extend the range for statistical treatments or in order to prevent the development of prejudices due to narrow experience.

Method of this Study: The data reported below are derived from the combined judgments of five competent individuals who have access to the facts resulting from a study of each delinquent. These findings are supplemented with some data as to incidence of various causal or coincident factors in this and other groups.

Shortly after the commitment of a boy to the institution, he is interviewed and examined by the physician, the psychologist, the psychiatrist, the educational director and the disciplinarian. Each of these examiners uses the best of such objective methods of measurement as are available and supplements the same with subjective estimates and opinions in every case. An investigation of the boy's home is made by a trained worker who reports on the economic and moral aspects of the home and on the boy's history with respect to

²Burt, Cyril, *The Young Delinquent*. London. 1925. University of London Press.

health, education, work, delinquency, etc. These six reports are presented to the members of a Classification Committee consisting of the superintendent of the institution and the six investigators who have contributed the reports. In this conference, free discussion is had and a major and usually one or more minor or contributing causes of the boy's delinquency are determined upon. In a small per cent of cases, two major causes of apparently equal weight are indicated. Then follows a consideration of appropriate therapeutic measures to be applied with the boy in the institution and with the boy and his environment after parole.

This careful consideration and the assignment of causal factors does not occur until the officers concerned have had an opportunity to observe the boy's response in the institution for a period of about three months. Shortly after the boy is admitted to the institution, the conference has already considered preliminary reports from these officers and has started the boy on a tentative course of therapeutic measures.

Major Causal Factors: In Table I are presented the major causal factors in the delinquency of 620 consecutive admissions to the institution. These boys ranged from 8 to 16 years of age at admission and their offenses were typical of a group of this sort, being largely truancy, vagrancy and petty stealing, but including nearly every other crime except murder. It should be borne in mind that these figures do *not* represent minor or contributing causes. In 125 cases two major causes are listed, so that the total number of causes listed is 745. The classification is similar to but not identical with that of Healy.³ (See also Chart I.)

TABLE I
MAJOR CAUSES OF DELINQUENCY

620 Consecutive Admission Cases
N. J. State Home for Boys
January, 1924, to June, 1925, inclusive
125 cases are listed twice

CAUSE	NO.	PER CENT
Supervision in the Home		
Poor supervision (not specific).....	64	
Both Parents Work Outside Home.....	27	
Broken Home (parents divorced or one or both par- ents dead).....	122	
Immoral Home.....	35	
Very Foreign Home (with resultant poor supervision)	6	
Total	254	41 %

³Healy, Wm., *The Individual Delinquent*. 1917. Little, Brown and Co.

Environment Outside Home	
General	18
Gang (organized)	65
Total	83
	13.4%
Special Difficulties in Adjustment (not due to personality or mentality of boy)	
Stepmother, Step-father or Foster Home	21
Other Friction in the Home	8
School Maladjustment	32
Miscellaneous	12
Total	73
	11.8%
Defective Intelligence	167
	27 %
Other Personality Defects (From mild instability through psychopathic conditions to a very few actual psychopathic states)	
	136
	22 %
Physical Abnormalities	32
	5.2%
Total	745
	120.4%*

*Percentages total to more than 100% because certain of the 620 cases are listed twice, as indicated above.

CHART I
MAJOR CAUSES OF DELINQUENCY
(Data from Table I)

Lack of Supervision in the Home	41%
Defective Intelligence	27%
Other Personality Defects	22%
Bad Environment Outside Home	13%
Special Difficulties in Adjustment	12%
Physical Abnormalities	5%

It should be noted that each of the factors of Table I appeared as contributing causes in many additional cases not listed.

The first three major headings of Table I evidently refer to environmental causes. These appear as major causal factors in 66.2% of the cases (or 55% of the causes listed). The remaining three categories refer to causes inherent in the boy and appear as major factors in 54.2% of the cases (or 45% of the causes listed).

Of the environmental factors, poor supervision in the home leads the field, being responsible in 62% of the cases due to environment. If we add to this the number due to special difficulties in adjustment with parents or foster parents the total is 80% of the cases due to environment. Thus it appears that the home is overwhelmingly more influential than the street in producing delinquency.

Among factors inherent in the boy, mental defect runs somewhat ahead of the combined group of other personality defects. Of course mental defect, per se, is seldom an adequate cause of delinquency, but cases have been listed under this head when it appears that environmental or other factors would not have produced delinquency

in a boy not of defective mentality. It is impossible to say how much of other personality defect is based upon environmental causes acting in very early life. Only those cases have been listed under personality defects in which an environmental cause did not appear to be major.

On the other hand, an underlying physical cause probably exists for many of the personality defects and disturbances, perhaps for most of them. Heredity doubtless plays its part in all of these inherent causal factors either through the inheritance of specific defect or through the inheritance of physical predispositions toward infections and organic inferiority. Furthermore, mental defects or peculiarities may be sequelae of early physical disease. Therefore, the group listed as having physical abnormality as a major cause is undoubtedly too small.

Supplementary Data on Causation: School misplacement exists as a contributory cause in many more cases than indicated in Table I. A tabulation of such misplacement in 233 consecutive admissions to the institution during the first six months of 1924 (Table II) indicates that 47% of these boys had been placed in school two or more grades above the level indicated by their intelligence test scores to be the correct one, and that about 3% of cases had been placed 2 or more grades below their level of mental ability. This shows the tendency among public school authorities to promote on the basis of age in cases where ability lags behind. Such promotions are justifiable, of course, only to the extent that they place the pupils in school-rooms where a different method of approach brings greater academic achievements within their range of mastery.

Poor home supervision is reported as existent, though not always as a major factor in 76% of a group of 250 cases (mostly delinquents) studied in the St. Louis Demonstration Clinic of the Commonwealth Fund's Division for the Prevention of Delinquency.⁴ In the same study the mother is reported as working outside the home in 30% of the cases. A study of 68 boys returned to the N. J. State Home for Boys for a 2nd or 3rd commitment indicates that either "broken home" or "mother working outside the home" existed in 49% of the cases. It is reported⁵ that an institution for delinquent boys in Idaho finds 78% of its population coming from defective homes. A

⁴Anderson, V. V., *The Psychiatric Clinic in the Treatment of Conduct Disorders*. New York, 1923. National Committee for Mental Hygiene. P. 31.

⁵Sisson, E. O., *Moral Education to the Front*, School and Society, May 9, 1925.

recent bulletin from the Children's Bureau at Washington⁶ reports that 40% of over ten thousand cases handled in one year by seven juvenile courts came from broken homes. Fifty per cent of 515 boys and girls studied in two juvenile correctional institutions in Illinois are reported as coming from broken homes.⁷

TABLE II

School Misplacement Before Commitment of 244 Consecutive Admission Cases
New Jersey State Home for Boys, Jan.-June, 1924*

As compared with Binet Mental Age, School Placement was—		
	Number	Per Cent
3 grades too low.....	4	1.7
2 grades too low.....	3	1.2
1 grade too low.....	15	6.3
Correctly placed.....	33	14.1
1 grade too high.....	68	29.2
2 grades too high.....	68	29.2
3 grades too high.....	31	13.3
4 grades too high.....	10	4.2
5 grades too high.....
6 grades too high.....	1	.4
Total	233	99.6

*Cases in special classes for defectives before commitment are omitted. Correct placement determined from Stanford Binet mental age on basis of an average chronological age of 80 months at the beginning of the first grade and assuming a 13 months increase in chronological age for each successive school grade.

PART II. UTILIZATION OF KNOWLEDGE OF CAUSES

The general trend of these data is not new or startling. Their value lies in the possibility of utilizing them in mapping out a campaign against delinquency. Space permits but a brief mention of some means of prevention. Institutional treatment of delinquency is discussed in somewhat greater detail and most of the points there made apply also in preventive work.

Prevention: The major preventive for delinquency certainly lies in an earlier study of all children looking for factors which may cause maladjustment and moving to eliminate or ameliorate them. Whatever a reform school can do for the erring adolescent, scientific social treatment could have done much better for the child had the early symptoms of his potential delinquency been detected. Is it not worth the while of the community to know as much about each child within

⁶Lenroot, K. F., and Lundberg, E. O., *Juvenile Courts at Work*. 1925. Washington Govt. Printing Office. U. S. Dept. of Labor, Children's Bureau, Publication No. 141, p. 225.

⁷Wannamaker, Claudia, *A Recreation Study of 1357 Illinois Children*. Institution Quarterly, Vol. 16, No. 2, June, 1925. Pp. 95ff.

its borders as the efficient correctional institution knows about the delinquents in its care?

The economic and social rehabilitation of the home will certainly be slow. Meanwhile it behooves society to organize and supervise more thoroughly the lives of its juveniles especially among the classes where homes are conspicuously failing. This supervision could be exercised without stigma to the child if it were begun before delinquencies appear. It would then become a privilege rather than a punishment. Home schools being organized for pre-delinquents in certain sections are a step in this direction. These, with the public schools of all grades, must assume an increasing responsibility for training every pupil, however inept, for some useful work within his ability and for releasing him gradually into that work—never relaxing their influence until the work itself and the new employer begin to exercise a steadying effect. There will always be a few for whom supervision must be lifelong.

The public schools especially should study each child as an individual and should adjust their offerings not to a conventional curriculum, but to the obvious requirements of the child. If this be done adequately, the schools will be entitled to longer hours of control over the child because they will provide him with recreation and with training of diverse sorts.

The time of day between school time and bed time, and the time of life between school time and work time—these are the points at which broken homes must be supplemented, work or recreational failures and maladjustments must be guarded against and pernicious gangs must be crowded out by wholesome interests.

Treatment of the delinquent in the community consists primarily of a belated application of preventive measures. But there are now wrong habits to be combatted. A bad habit must be replaced by a good one. Satisfaction must always follow the good response. In the tempting situations when the old habit is likely to reappear, the individual must be assiduously bolstered up with incentives toward the desired response. Suggestions for institutional treatment which follow apply for the most part to community treatment also.

Treatment in an Institution: The institutional treatment of a delinquent is blind and only by chance effective if it does not grow out of an adequate understanding of causes. Medical, psychiatric and psychological study and treatment, type of work, type of educational appeal, type of recreation, type of associates in the institution, type of officer in charge and conditions of parole must all be guided by

an ever-present consciousness of the handicap which is being combated.

The time which it need take an institution to achieve a cure is a function of the particular job to be done and does not usually depend upon the seriousness of the offense. Not all causal factors can be removed; many times the youth must be fortified against an irritating environmental factor or compensations must be effected to offset an inherent weakness, and sometimes the weakness is such as to render permanent custodial care necessary.

If the cause be a physical abnormality the treatment is fairly obvious. The condition is removed if possible, if not, it is reduced as much as is feasible. General health is built up and compensating abilities are developed. An effort is made to send the youth out to an environment where a minimum strain will be put upon the weak function.

In many cases where the prominent symptom is instability or other mental disorder, physical exploration, by Xray and otherwise, followed by the elimination of foci of infection or other toxic conditions, if any, has been shown to be effective. The writer has the privilege of being associated with Dr. Henry A. Cotton of the New Jersey State Hospital at Trenton, and can vouch for the value of work of this sort.⁸ Experience has shown that this physical work should be basic in any program of re-education whether the personality disorder be moderate or profound.

Slawson has studied the emotional deviations of delinquent boys through their responses on the Mathews Adaptation of the Woodworth Psychoneurotic Inventory.⁹ He found that, as compared with unselected boys, a reliably larger per cent of delinquent boys gave certain significant responses. Psychiatric and re-educational treatment, like any other training, must be adapted to the individual case, but the trends found by Slawson will serve to point out some typical training needs. It is assumed that physical causes of instability have been removed whenever possible.

More delinquent boys reported fighting and attacks of extreme anger. Boys evincing this emotional response pattern in excess need training in cooperation and opportunity to express aggressiveness in legitimate channels. Athletics and Scouting or other club activities

⁸See: Cotton, Henry A., *The Relation of Chronic Sepsis to the So Called Functional Mental Disorders*. 1923. London. Adlord and Son and West Newman, Bartholomew Close, E. C. 1. Reprinted from *The Journal of Mental Science*, Oct., 1923.

⁹Slawson, John, *Psychoneurotic Responses of Delinquent Boys*. *Journal of Abnormal and Social Psychology*, Vol. 20, No. 3. P. 261ff. October, 1925.

would probably be valuable but would require careful supervision in the case of such boys. Tact is especially necessary on the part of officers in charge of them.

More delinquent boys reported feeling that they were not liked as much as others, that they were "different." An opportunity to take an active role in a cooperative enterprise or to serve others in a way that will crowd out introverted trends should prove of socializing value in these individuals. Other boys reported chronic depression, "not usually happy," "wishes never born," etc. Objective recreational interests, competitive work activities, carefully selected reading, special privileges to be earned, and association with buoyant officers and companions are indicated in such cases. Some were unhappy because they were "bored" most of the time. The difference between delinquents and non-delinquents in this respect is very marked, being over 10 times its probable error according to Slawson's data. Such boys need richer appeals, opportunities for leadership, vocational ideals, and sometimes direct penalties for continuing to hold aloof. Penalties, however, should follow as natural consequences of a response rather than being imposed from higher up.

As compared with unselected boys, more delinquent boys reported fears of various sorts, "fear of thunder storms," "uneasy in small rooms," "more fears than most people," etc. These may be the weak inadequate types in many cases, but such fears may exist in otherwise stable and aggressive individuals. Careful psychiatric study of the origin of these fears and the exact conditions eliciting them should guide a course of suggestion and habit training. Changes in environment and associates may often be necessary.

Many boys reported that they derived pleasure from hurting other people or animals. Ownership and responsibility for pets or responsibility for the welfare of smaller or more dependent boys is especially indicated in such cases. It may be possible to uncover and sublimate some specific origin of this emotional habit.

Muscular tics and awkwardness resulting in breakage of property were frequently reported, and symptoms of chronic fatigue and of other bodily ills are very much more numerous in delinquents according to the statements of these boys. Such cases would seem to be in especial need of physical upbuilding. But to remove the physical cause of a response pattern does not necessarily cure the habit. Such physical treatment must often be followed by special appeals and suggestions designed to form new habits.

Conduct disorders following severe infectious diseases such as encephalitis have thus far yielded, if at all, only to long continued hygienic living and occupational therapy. This type of work with juvenile post-encephalitics is being carried on with some promise of success in two specially planned cottages at the New York State Hospital at King's Park, Long Island.¹⁰

If the primary cause of a delinquency lies in an environmental factor, the remedy is often obvious but many times difficult to effect. Yet a special difficulty in adjustment can sometimes be remedied as soon as recognized. Such a case in The Jamesburg studies is that of a normal boy who came from Germany at 12 years of age to live with his parents who were strangers to him. The parents were severe and the boy began to run away. He disliked them. They had but to realize the cause of the boy's trouble and a new understanding and harmony ensued. The boy was returned to them comparatively soon and has made good for the past 18 months. But many such difficulties have resulted in long delinquent habit formation and a corresponding period of habit training is necessary even after the maladjustment is removed.

A cause lying in a faulty school appeal is relatively easy to diagnose. A proper grade placement in academic school or an individual appeal offering opportunity for each pupil to progress at his own rate (as in the Dalton or the Winnetka plans) may correct the difficulty. For the pupil of a non-verbal type of intelligence it will usually be necessary to present reading, arithmetic, geography, history, etc., through construction project work. In such a case, care must be taken that the construction work does not overshadow the correlated academic work and the program become one of manual training only. Placement in a special class for mental defectives where the emphasis will be upon work habits and social habits rather than upon academic achievement may be indicated. When such school adjustments have been made in the institution but cannot be continued outside, the institution should often delay the release of a boy until it becomes possible to parole him to work rather than to public school. Of course a period of special appeals as outlined above may enable a boy to adjust when returned to an ordinary school-room.

Unworthy ideals gained from an immoral home or a vicious gang must be replaced by pride in one's vocation and by ideals such as those fostered by the Boy Scouts. Institutional Scouting is past its

¹⁰Robeson, Harriet A., *The Children's Unit at King's Park State Hospital, State Hospital Quarterly* (N. York State), Vol. 10, No. 4, p. 578. August, 1925.

experimental stage. It is very important that the boys be housed in groups sufficiently small so that much of the spirit of good family life may be attained. To this end, the personality and wisdom of the officers in immediate charge of such a family group is a vital factor. They are the keystone of an institution's training system.

For juveniles, trade training is valuable but must often be incomplete. It must consist in giving the youth a start toward a trade. Under such conditions, the best thing that the youth gets from trade training is often a pride in his trade—a trade consciousness. Reading matter relating to the trade both of a technical and of a literary nature should be provided; the officer in charge should be enthusiastic; a trade group consciousness should be fostered among the trainees; and, most important, the youth should be paroled to an opportunity to utilize his training and enthusiasm.

The institution can often utilize its possession of a youth as a lever for effecting certain changes in his home. At any rate, it must be doubly conscious of all the factors that sent the youth to it when it plans for him a parole trial. Nor must it feel that it is doing the socially inadequate youth an injustice when it sends him to a custodial institution. Custody for him is a blessing not a curse. In an institution for the feeble-minded such children "show off their simple accomplishments to a simple audience. . . . They who, outside, must always be the followers, the drudges, the abused, become on the inside the leaders and in this leadership they hold up their heads and walk erect."¹¹

Much of the above costs money. An analysis of causes and a proof of needs are the best weapons in demanding more adequate institutional facilities.

¹¹Johnstone, E. R., *Social Objectives for Subnormals*. Training School Bulletin, June, 1924, p. 51.