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A COMPARATIVE STUDY OF RECIDIVISTS AND NON-RECIDIVISTS AMONG PSYCHOPATHIC FEDERAL OFFENDERS

Hulsey Cason and M. J. Pescor

Hulsey Cason is a well-known psychologist who has published numerous articles in his chosen field. Currently he is devoting his full time to research work on psychopaths at the Medical Center for Federal Prisoners.

M. J. Pescor is Warden and Chief Medical Officer at the Medical Center for Federal Prisoners. He has written a number of articles dealing with delinquency and drug addiction.

This report is based on the clinical records of 286 male psychopathic federal offenders admitted to and later discharged from the Medical Center for Federal Prisoners at Springfield, Missouri. All were received by transfer from other federal penal and correctional institutions. Twenty-five per cent were released from the Medical Center in 1940 and 1941, 38 per cent during 1942, and 37 per cent during 1943. Thus in 1945 all had been out at least one year and some over four years. On the basis of Federal Bureau of Investigation reports, as of the first six months of 1945, 42 per cent of the subjects had become recidivists, that is, either had served time or were serving time in city, county, state, or federal penal institutions subsequent to release from the Medical Center. On the other hand, 58 per cent were still presumably out of trouble. The recidivists and non-recidivists were then compared for various factors in an effort to find differential criteria. Schrek's nomogram was used in testing for the statistical significance of percentage differences between the two groups.¹

The Recidivist

In the order of statistical significance the following factors were found to have some value in distinguishing a recidivist from a non-recidivist:

1. While at Medical Center was serving a sentence for violation of the National Motor Vehicle Theft Act.
2. History of previous commitments to all types of penal and correctional institutions including juvenile.
3. While at Medical Center placed in punitive segregation for violation of institutional rules.
4. Upon release from Medical Center given a poor prognosis for social rehabilitation.
5. While at Medical Center was not assigned to work.
6. Principal antisocial activity, offenses against property.
7. While at Medical Center made a poor dormitory adjustment.
8. Had never married.

¹ Schrek, Robert. A nomogram for determining the statistical significance of the probable error of differences of percentages. *J. Lab. & Clin. Med.*, 25:2, 180-184, November, 1939.

9. Residence in one of the Central States.
10. Had no children.
11. Arrested for the first time when less than 13 years of age.
12. Parents separated or divorced before the subject reached the age of 18.
13. Subject the youngest child in the family.
14. History of four commitments with sentences of over one year.
15. History of nervous breakdown, unspecified, among blood relatives.
16. While at Medical Center reported for insolence.

The Non-Recidivist

In the order of statistical significance the following factors were found to have some value in differentiating a non-recidivist from a recidivist:

1. History of only one commitment with a sentence of over one year, in other words, a first offender.
2. No adverse behavior reports while at the Medical Center.
3. Good dormitory adjustment at the Medical Center.
4. No disciplinary action taken for violation of institutional rules while at Medical Center.
5. Parental home intact up to the age of 18.
6. Given a fair prognosis for social rehabilitation upon release from the Medical Center.
7. Made a good work adjustment while at the Medical Center.
8. Not subjected to punitive segregation for violation of institutional rules while at the Medical Center.
9. No history of commitments with sentences of one year or less.
10. Committed to adult penal institution after first arrest.
11. Inmate of adult penal institutions only.
12. Obedient and well-behaved as a child.
13. While at Medical Center was serving a sentence for some offense other than violation of the National Motor Vehicle Theft Act.
14. Made a satisfactory work adjustment while at the Medical Center.
15. Married, congenial relationships.
16. History of alcoholism.
17. Principal antisocial activity, violation of liquor laws.
18. While at Medical Center employed in the industries.
19. Childhood residence in a town of less than 5,000 population.
20. Clerical or sales occupation.
21. Member of non-white race.
22. History of homosexuality in the feminine or passive role.
23. Ignorance of the law or intoxication given as the excuse for committing crime.
24. Has one child.
25. Served 49 to 61 months on the last sentence.

The findings are more or less what one would expect. The first offender who makes a good institutional adjustment, who has normal family ties, and who has a wife and child to come home to is a good prospect for social rehabilitation. On the other hand, the individual with a long criminal record dating

back to childhood, who has been an inmate of both juvenile and adult penal and correctional institutions, who has made a poor institutional adjustment, whose parental home was disrupted, and who has no wife or children of his own is a poor prospect for social rehabilitation, especially if, in addition to the above factors, he is also a car thief.

Some statistical "jokers" appear in the results. For instance a history of alcoholism turns up as a favorable factor. Perhaps, the explanation is that alcoholism may have contributed to the delinquency of the individual in the past. Continued abstinence from alcohol after release removed this impediment to social adjustment, hence the better showing of the individual with an alcoholic history. Or it might be that the alcoholic takes out his resentment against society by getting drunk rather than committing some aggressive antisocial act which lands him back in jail. Passive homosexuality also appears as a favorable factor. The feminine type of sexual invert generally confines his asocial tendencies to unnatural sexual acts usually with a willing partner, hence discovery is not as imminent as it would be in the case of more aggressive antisocial acts such as crimes against property, assault, murder, rape, and the like.

The unfavorable factors are self-explanatory in most instances. Being unemployed while at the Medical Center is not a reflection on the institution as one might suspect at first glance. The recidivists were so uncooperative that they had to be placed in segregation, hence they could not be assigned to work. Just why recidivists tend to come from the Central States is not quite clear. Perhaps the location of the Medical Center has something to do with it. It is more convenient to institutions located in the Central States, hence the Center may receive more transfers from that area. However, it is well known that some of the most notorious outlaws come from the middle west. There may be an endemic focus for the spawning of criminal psychopaths in the Central States.