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THE IMMORAL WOMAN AS SEEN IN COURT

A PRELIMINARY REPORT

V. V. ANDERSON¹

It is not the purpose of this paper to discuss the magnitude and seriousness of the so-called vice problem. Numerous vice commission reports dealing with its various aspects are at hand. It was hoped however, that a study of this sort might throw some light upon one phase of the situation, namely, the offender herself; what she is and what she needs; what her physical and mental condition are, and what main lines of treatment are indicated. More particularly was it our purpose to secure facts for orientation in regard to a certain group of women offenders passing through this court.

For the purpose of the study a group of one hundred individuals representing "the run of the mine" in court was chosen. No other basis for selection was required than that each individual should have been arrested for an offense against chastity. An effort was made to examine each person more or less in the order in which she appeared in court.

The case records were collected during the months of January and February, 1917, at which time the probation officers in court endeavored to secure an examination wherever possible of each woman offender of this type.

It is quite likely that the group selected is a representative one, and presents a fair picture of this type of offender in general. At least the situation is not overdrawn.

The following table of arrests would indicate that the worst side of the picture is not brought out, for the majority of our individuals are first offenders, not quite one-fifth being recidivists. The term recidivist is used to refer to those who have been arrested three or more times.

TABLE I.

SHOWING FREQUENCY OF ARRESTS AMONG 100 IMMORAL WOMEN IN COURT.

First offenders	56
Second offenders	25
Recidivists	19
Total	100

¹Medical Director, Municipal Court, Boston, Mass.

Eighty-one per cent of our cases were either first or second offenders—individuals who from a purely legal and social point of view had not yet become serious problems. Likewise the majority were young people, though none were under seventeen years, these being tried before the Juvenile Court.

TABLE II
SHOWING AGES OF 100 IMMORAL WOMEN IN COURT.

Oldest age	54 yrs.
Youngest age	17 yrs.
Average age	26 yrs.
Total number under 30 yrs.....	74

The average age is 26 years. The large percentage of our cases (74%) under 30 years is not at all surprising in view of the requirements for such a calling.

The frequency of alcoholism and drug addiction among immoral women is well recognized. While in this particular study no attempt was made to go seriously into this phase of the problem, to determine the relation of alcohol and drugs to the immoral conduct of these women, still a certain amount of data along these lines was secured. The following table indicates the proportion that showed use of such upon examination:

TABLE III.
SHOWING PROPORTION OF 100 IMMORAL WOMEN USING ALCOHOL AND DRUGS.

Alcohol	34
Drugs	12
No evidence of either.....	54

Thirty-four per cent, or a good one-third were in the habit of using alcohol. Twelve per cent, almost one out of every eight individuals was a drug habitue.

It is quite likely that a much larger percentage of these cases were using both alcohol and drugs than is shown here, for only those cases were recorded that gave evidence of such on examination.

The industrial inefficiency of the prostitute is a well known fact. Their incompetence and consequent inability to support themselves by legitimate means has been offered as a most important factor underlying their delinquencies. Among this particular group of immoral women such wholesale inefficiency is not found. On the contrary the number of individuals that seemed to be supporting themselves by legitimate means was surprising.

TABLE IV.

SHOWING INDUSTRIAL EFFICIENCY OF 100 IMMORAL WOMEN IN COURT.

Regularly employed	17%
Irregularly employed	33%
Odd jobs	2%
Never work	31%
Housework at home.....	17%

Seventeen per cent were regularly employed, while about 50% seemed to be self-supporting. These facts are possibly better understood in connection with later tables of mental findings.

As above mentioned, the average age of the group is 26 years; all are, from a physical point of view, adults. The mental ages, however, as shown in the following table would indicate that from the point of view of their mentality we are dealing with a much younger group of individuals, many having the mental level of children. (In this connection it should be remembered that native intelligence reaches its complete development not far from 16 years of age.)

TABLE V.

SHOWING THE MENTAL LEVEL OF 100 IMMORAL WOMEN IN COURT.

Between 8 and 9 yrs.....	2%
Between 9 and 10 yrs.....	10%
Between 10 and 11 yrs.....	17%
Between 11 and 12 yrs.....	20%
Subnormal (12-16 yrs.).....	26%
Adult (16 yrs. +).....	25%

Forty-nine per cent of these individuals had a mental level below 12 years; 51% a mental level above 12 years.

Almost the same proportion of individuals as were found self-supporting were found to have a mental level over 12 years. Likewise with a percentage of fifty not self-supporting, we find about the same number—49%—are under 12 years. These facts become more significant in the light of the following table:

TABLE VI.

SHOWING THE MENTAL DIAGNOSIS OF 100 IMMORAL WOMEN IN COURT.

Normal	20	20%
Dull normal	32	32%
Feeble-minded	30	30%
Epileptic	6	6%
Alcoholic deterioration	2	2%
Drug deterioration	2	2%
Psychopath	7	7%
Psychosis	1	1%
	<hr/> 100	<hr/> 100%

Forty-eight per cent are pathological mental types, among which

feeble-mindedness ranks highest. Twenty per cent were apparently normal, using the term normal in the very broadest sense, and meaning by it to include those individuals who gave evidence of good general intelligence, were stable, well-balanced, and showed nothing pathological either in past history or present examination. To be sure, they all possessed traits of character that could be classed as delinquent; traits which varied greatly among the individuals themselves, and which were present in greater proportion and frequency than is to be found in the non-criminal population.

Thirty-two per cent were called subnormal—a class of individuals too intelligent and capable to be considered feeble-minded, and yet obviously inferior to the normally developed adult mind. This group might be better termed “The Dull Normal Group.”

“A normal mind requires a healthy body to attain its highest efficiency.” How necessary it is then to obtain a survey of the physical health of these individuals, as well as their mental condition. While feeble-mindedness can not be cured, physical health may be restored.

TABLE VII.

SHOWING THE PHYSICAL CONDITION OF 100 IMMORAL WOMEN IN COURT.

Good physical condition.....	14	14%
Fair physical condition.....	42	42%
Poor physical condition.....	36	36%
Bad physical condition.....	8	8%
	<u>100</u>	<u>100%</u>

Forty-four per cent were in poor or bad physical condition, and that from diseases other than venereal (tuberculosis, asthma, heart disease, Bright's disease, rheumatism, pelvic tumors, drugs, alcohol, etc.), and were urgently in need of medical treatment.

The relationship which the physical condition of these individuals bore to their industrial efficiency is shown in the following table:

TABLE VIII.

SHOWING RELATIONSHIP OF PHYSICAL CONDITION TO INDUSTRIAL EFFICIENCY OF 100 IMMORAL WOMEN IN COURT.

Physical Condition	Regularly Employed	Irregularly Employed	Odd Jobs	At Home	Do Not Work	Total
Good	1	5	0	4	4	14
Fair	12	14	0	5	11	42
Poor	3	12	1	8	12	36
Bad	1	2	1	0	4	8
	<u>17</u>	<u>33</u>	<u>2</u>	<u>17</u>	<u>31</u>	<u>100</u>

Thirty-two per cent were in good or fair physical condition, and were self-supporting.

Eighteen per cent were in poor or bad physical condition, and were self-supporting.

Twenty-four per cent were in good or fair physical condition, and were not self-supporting.

Twenty-six per cent were in poor or bad physical condition, and were not self-supporting.

Syphilis and gonorrhea were not included in the above list of diseases causing impaired condition of health referred to, for the reason that it seemed best, in view of their grave social significance, to discuss them separately.

TABLE IX.

SHOWING FREQUENCY OF VENEREAL DISEASE AMONG 100 IMMORAL WOMEN IN COURT.

Syphilis	39
Gonorrhea	32
Combined	10
Total	61

Among these one hundred individuals there were thirty-nine cases of syphilis and thirty-two cases of gonorrhea. In ten cases the condition was combined. In all, sixty-one individuals were suffering from venereal disease, (this is a conservative figure, as only positive bloods and smears were counted). These two conditions rank among the greatest of all social evils, and that principally because their nature is only grasped by a few. Medical men recognize the seriousness of the situation, but the full importance of a general education of the public along these lines is not appreciated.

Syphilis and gonorrhea form a combination possibly as productive of evil as any scourge that has ever afflicted mankind. These two conditions are striking at the very sources of life, and deteriorating the human race. The high percentage of miscarriages associated with this condition, the fact that this disease ranks first in its ability to cause destructive diseases of the nervous system, the fact that in its wake follow idiocy, epilepsy, feeble-mindedness, insanity, locomotor ataxia and such, make the early recognition and treatment of syphilis a matter of the gravest importance to the general public.

The seriousness of gonorrhea, especially to women, and the growing army infected, is a source of much alarm to serious-minded students of the subject. Few diseases afflict women that are fraught with more permanent harm. It exists in every degree of severity. In some it produces only the very mildest symptoms, in others the fulminating signs are present—acute inflammation of the tubes and

ovaries, abscesses and peritonitis. Between these lie all degrees of pelvic ills, acute and chronic. This condition is the most prolific source of extra-uterine pregnancies, spontaneous abortions and sterility. It is a large and important factor in causing blindness, and many other serious conditions.

In short we have in these two conditions, diseases of such grave significance to society in general, and the individual in particular, that, providing they exist in such frequency as above indicated (61%) among this group of offenders, a serious duty becomes imposed upon those who would protect the general public, while seeking to do the best possible for the individual. And this duty consists in having every offender who through known illicit sexual relations has exposed himself or herself to the danger of infection with syphilis and gonorrhea examined to determine whether such a condition exists. And this not only in the light of protecting society from a serious menace to public health, but as a matter of common humane interest in the individual. It is the common belief that these conditions are only frequent among the common prostitute, and that a carefully gotten social history will reveal those who should have an examination made for venereal diseases, that the young individual, the first offender, who has not been promiscuous, is liable to be free from such.

The following table is significant, particularly in view of the fact that the majority were first offenders and were young individuals.

TABLE X

SHOWING RELATIONSHIP OF VENEREAL DISEASE TO FREQUENCY OF OFFENSE AMONG 100 IMMORAL WOMEN IN COURT.

	First Offenders	Second Offenders	Recidivists
	56	25	19
Syphilis	24	8	7
Gonorrhea	21	9	2
Combined	8	1	1
Total number with venereal disease.....	37	16	8

Fifty-six were first offenders, 25 were second offenders, and 19 were recidivists. Of these 56 first offenders, 66%, or two-thirds, were suffering from either syphilis or gonorrhea. The fact that only 42% of the recidivists showed positive laboratory findings, is possibly to be explained in the light of the well known interference of alcohol with the Wassermann reaction (recent alcoholism having been found common among the recidivists); also some were undoubtedly undergoing treatment at the time. Finally it must be borne in mind that the common prostitute, as time goes on, becomes more adept in protecting herself from venereal disease.

There is only one safe and sane method of finding out whether an individual needs an examination for venereal disease, and that is to determine exposure to such through having had illicit sexual relations.

Inasmuch as behavior finds its fullest explanation in the mental life of an individual, we have been led to expect a close correlation between abnormal mental conditions and misconduct. Such is the case in this group studied. In fact, so marked is the correlation that one can practically say that the greatest distinction between the first offender and recidivist is a psychological one, and consists in a difference in mentality of the individuals themselves.

TABLE XI.
SHOWING RELATION OF MENTALITY TO FREQUENCY OF OFFENCE AMONG 100
IMMORAL WOMEN IN COURT.

	First Offenders	Second Offenders	Recidivists	Totals
Normal	16	3	1	20
Dull normal	19	11	2	32
Feeble-minded	11	8	11	30
Psychopath	4	0	3	7
Epilepsy	3	2	1	6
Alcoholic deterioration	1	0	1	2
Drug deterioration	1	1	0	2
Psychosis	1	0	0	1
Totals	56	25	19	100

Thirty-nine and three-tenths per cent of first offenders, 47.2% of second offenders and 84.2% of recidivists were suffering serious mental handicaps. As it can be expected that on a hot summer day the majority of pedestrians will be found on the shady side of the street, so can it be predicted that a certain group of offenders, all things being equal, will find themselves unable to measure up to the social standards of the complex community life of today, and will appear again and again in court.

Preventive criminology would consist in determining beforehand the members of this group, and marking them for special supervision—such supervision as would take into consideration their peculiar needs and their special adaptabilities, if any success in adjustment is to be attained.

Having drawn attention to the physical condition, the mental condition, the industrial efficiency, the frequency of venereal diseases, alcohol and drugs among these women, it might be worth while to consider the constructive aspect of the situation; for, after all, it is the question of human salvage that we are more interested in here, and not the particular kind of punishment needed.

TABLE XII.

SHOWING RELATED MENTAL AND PHYSICAL CONDITION AMONG 100 IMMORAL WOMEN IN COURT.

MENTAL	Physical Condition			
	Good	Fair	Poor	Bad
Normal	3	8	6	3
Dull normal	5	11	15	1
Feeble-minded	2	18	8	2
Epilepsy	1	3	2	0
Alcoholic deterioration	0	0	2	0
Drug deterioration	0	0	0	2
Psychopath	3	1	3	0
Psychosis	0	1	0	0
Total	14	42	36	8

Twenty-seven per cent possessed good or fair mentality, and were in good or fair physical condition.

Twenty-five per cent possessed good or fair mentality, and were in poor or bad physical condition.

Twenty-nine per cent were in poor or bad mental condition, and in good or fair physical condition.

Nineteen per cent were in poor or bad mental condition, and in poor or bad physical condition.

In short, a certain number of our cases (27%) were in such physical and mental condition as would enable them to return to the community.

Twenty-five per cent were, from a mental point of view, capable of adjustment under intelligent supervision, but were physically in need of medical treatment.

Twenty-nine per cent were suffering from such mental handicaps as to render it unlikely that they would conduct themselves normally unless under very careful supervision—supervision suited to the special needs of their case.

Nineteen per cent were in such poor or bad mental condition, and such poor or bad physical condition as to render outside adjustment risky, but were in need of prolonged treatment under detention.

SUMMARY

In this study an attempt was made to secure for examination a group of one hundred women offenders in court, who might fairly well represent the so-called offenders against chastity.

The group selected contained 56 first offenders, 25 second offenders, and 19 recidivists. All told 81% were either first or second offenders.

The average age was 26 years.

Alcoholism was found in thirty-four persons, and drug addiction in twelve.

Forty-nine per cent had a mental level below 12 years; 51% were above 12 years.

Forty-eight per cent were suffering from serious mental handicaps, among which feeble-mindedness ranked highest (30%).

Forty-four per cent were in poor or bad physical condition from diseases other than venereal, and were in need of medical treatment.

More than three times as many persons who were regularly employed were found in good or fair physical condition as were found in poor or bad physical condition. The restoration of an individual's health might well be one of the most effective means for securing successful probation in her case; for the woman in bad health stood about one-third the chance of the woman in good health for regular employment.

Syphilis and gonorrhea were found present in 61% of these cases. There is no satisfactory method of selecting the particular individuals among known immoral women in court who should and who should not have an examination for venereal disease; for the first offender is just as liable to be infected as the common prostitute. In these cases 66% of the first offenders were suffering from syphilis or gonorrhea.

There is a very high correlation between the frequency of offense and the mental condition of these individuals. Thirty-nine and three-tenths per cent of first offenders, 47.2% of second offenders, and 84.2% of recidivists were suffering from serious mental handicaps.

Preventive criminology looks towards the ascertainment of the mental condition of such offenders in advance of their treatment.

Taking the group as a whole, about 27% were in such good physical and mental condition as would enable them under probation to return to the community.

Twenty-five per cent were from a mental point of view capable of adjusting themselves under well planned probationary supervision, but were physically in need of urgent medical treatment.

Twenty-nine per cent were suffering from such mental handicaps as to render it unlikely that they would conduct themselves normally in the community unless under very special supervision—supervision suited to the peculiar needs of each case.

Nineteen per cent were in such poor or bad mental condition, and such poor or bad physical condition as to render any attempt at outside adjustment inadvisable, and were in need of prolonged treatment under detention.