

Original Research Article

A study on the nature of criminal offences in prisoners with psychiatric disorders

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ABSTRACT

Background: There are very few Indian studies related to the nature of criminal offences in individuals with psychiatric disorders.

Methods: Sample consisted of 50 prisoners admitted to a Mental hospital. Their diagnostic categorization was done according to ICD-10 diagnostic research criteria and criminal offences using the Indian Penal code (IPC). The criminal offences and nature of psychiatric illness were divided into two broad groups as violent/non-violent criminal offence and schizophrenia/non-schizophrenia groups respectively.

Results: 46 males and 4 female prisoners participated. Murder (IPC 302) was the most common crime among the prisoners. 88% (44) of them had a history of violent crimes and 12% (6) had non-violent crimes. The violent crimes were mainly murder (IPC 302), attempt to murder (IPC 307), and culpable homicide not amounting to murder (IPC 304) and voluntarily causing grievous hurt by dangerous weapons (IPC 323, 324, 325, 326). The non-violent crimes were destroying, damaging or defiling (IPC 295), kidnapping (IPC 363), theft (IPC 379) and sexual crimes (IPC 376). All females had committed murder while males had other crimes in addition to murder.

Conclusions: Murder, attempt to murder, rape, kidnapping, grievous injury and theft were the crimes committed by the prisoners. Murder was the most common crime committed by both male and female prisoners. Most prisoners with violent crimes (murder) had a diagnosis of schizophrenia. This has implications for mental health services, training of mental health professional research and policy in forensic psychiatry in the Indian setting.

Keywords: Crime and mental illness, Schizophrenia and crime, Violence and psychiatric illness

INTRODUCTION

The relationship between crime and psychiatric illness has always been intriguing to psychiatrists. A psychiatric patient who has committed a crime is doubly stigmatized. He/she is a “psychiatric patient” and also a “criminal”. Most people have an ambivalent attitude towards these prisoners who has a psychiatric illness. This leads to their treatment by them with suspicion rather than compassion.

Once a person with psychiatric illness is alleged to have committed a crime, his/her case is left to be dealt with by

courts, prisons, police departments and closed psychiatric institutions. They are at times treated in high-security units due to their criminal behaviour which may be dangerous to others. Such prisoner at times loses the support of his/her relatives and friends, as the crime committed is mostly against near and dear ones. Such prisoners with psychiatric illness cannot be treated by private psychiatrists but only by a few psychiatrists and mental health personnel especially working in forensic psychiatric units of government institutions. The National Human Rights Commission (NHRC) has reported inordinate delays in the trial of such prisoners suffering from psychiatric illness.^{1,2} These delays may be due to

various reasons. At times such prisoners are unjustly detained for prolonged periods due to lengthy court procedure leading to grave injustice to them. Sometimes they have done criminal offences against near relatives or friends so the relatives and friends are not willing to pay private lawyer's fees to fight their cases. Many are homeless and left abandoned with no one to help them fight their legal battles. On rare occasions, false cases may be alleged on them and they are unable to stand up for themselves because of their psychiatric condition. Many private lawyers are not sufficiently motivated to defend them in their legal cases due to the lack of proper support from relatives and other authorities.³

Few studies have been done on such prisoners suffering from psychiatric illness in mental hospitals admitted as indoor psychiatric patients and most of them have been done on prisoners lodged in high-security institutions such as prisons or large community-based studies. There are some foreign studies available but very few Indian studies. This study will evaluate the socio-demographic profile, nature of crime and its associations in prisoners with psychiatric disorders in a closed prisoner's psychiatric ward.

This has implications for mental health services, training of mental health professional, research and policy in the field of forensic psychiatry in India.^{3,4}

Aim

To evaluate the nature of the crime committed by prisoners admitted to a Regional Mental Hospital.

Objectives

To study the socio-demographic profile of prisoners. To study the nature of the crime committed by the prisoner. To study the association if any between the socio-demographic profile, psychiatric diagnostic categories and nature of the crime committed by the prisoners.

METHODS

Study design

It was a cross sectional study.

Sample

The study sample consisted of prisoners admitted to a prisoner ward in a Regional Mental hospital during a period of 2 years from Jan 2010 to December 2011.

Size of sample

A total of 50 out of 61 prisoners fulfilling inclusion criteria were selected for the study.

Inclusion criteria

Both male and female prisoners. Prisoners who gave consent for the study. Both convicted and under-trial prisoners. Prisoner for whom permission was granted by Superintendent

Exclusion criteria

Prisoners having serious medical illness requiring urgent referral. Prisoners without proper medical and legal records

Tools

Tools were ICD-10 Diagnostic Criteria for Research.⁵ Kuppaswamy's socioeconomic scale (revised 2013).⁶ MINI PLUS.⁷

A total of 50 prisoners who met the inclusion and exclusion criteria were selected from the prisoner's ward of the hospital. They and their relatives were informed about the nature of the study and then their consents were taken in their mother tongue. The permission of the concerned authority of the closed prisoner's psychiatric ward was also taken. Also, the approval for the study protocol was taken from the Institutional Ethics Committee. The diagnostic categorization of the prisoners was done using ICD-10 research criteria and MINI PLUS. The nature of the criminal offences was categorised as per the IPC code.⁸ The criminal offences were divided into two categories i.e. violent and non-violent offences, while the psychiatric diagnostic categories for analysis into Schizophrenia and non-schizophrenia groups. The Kuppaswamy's scale for socioeconomic status was applied. The results obtained were statistically analysed using statistical software SPSS 20 and results were tabulated.

RESULTS

Out of 50 prisoners, there were 46 (92%) males and only 4 (8%) female prisoners (Figure 1). 52% (26) of the prisoners were in the age group of 30-39 years and 48% (24) were in other age groups (Table 1). 60% (30) were living in rural areas whereas 40% (20) were living in the urban areas (Table 2). 84% (42) were from the lower socioeconomic status and 16% (8) from the middle socioeconomic group (Figure 2). There were none from the upper socio-economic status. 22% (11) were illiterate, 48% (24) were below the SSC level and 12% (6) were having higher education above HSC. 26% (13) were unemployed, 30% (15) were farmers, 18% (9) had secured jobs and 26% (13) had other jobs. 32% (16) of the prisoners were unmarried, 64% (32) were married and 4% (2) were widow/widower. 70% (35) of the prisoners admitted to the prisoner's closed ward had schizophrenia while the rest 30% (15) had other diagnostic categories. 86% (43) were in the age group >30 years and 14% (7)

were in the age group <30 years. In age group >30 years 69.7% (30) had schizophrenia and in the age group <30 years 71.4% (5) had schizophrenia. An almost equal percentage of prisoners both above and below 30 years age group had a diagnosis of schizophrenia.

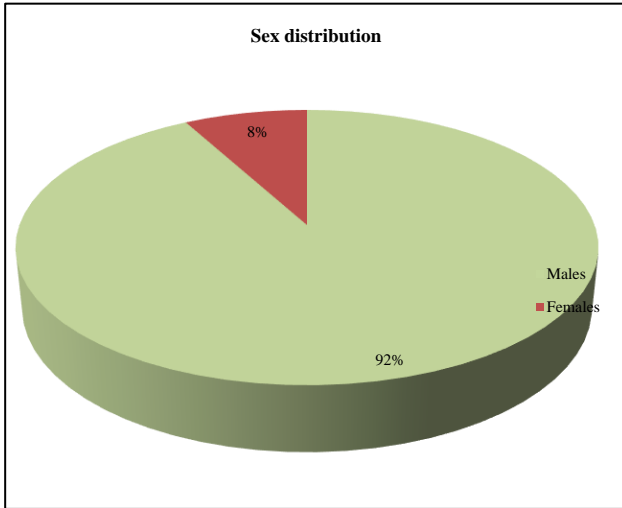


Figure 1: Sex distribution among the prisoners.

There were 46 (92%) males and only 4 (8%) female prisoners. There were a greater number of males than females.

Table 1: The age distribution of prisoners.

Age group (years)	No. of prisoners	%
20-29	7	14
30-39	26	52
40-49	10	20
50+	7	14
Total	50	100

Most of the prisoners 52% (26) were in the age group of 30-39 years.

Table 2: Location of the prisoners.

Place	No. of cases	%
Rural	30	60
Urban	20	40
Total	50	100

60% (30) were living in rural areas where as 40% (20) were living in the urban areas. There were a greater number of prisoners living in rural areas than urban areas.

84% (42) were from the lower socioeconomic status and 16% (8) in the middle socioeconomic group. There were none from the upper socio-economic status. The maximum were from the lower socioeconomic status.

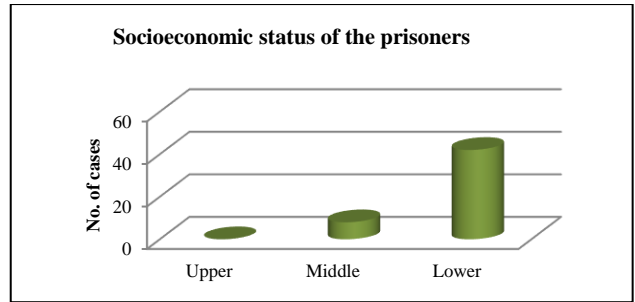


Figure 2: The socio-economic status of prisoners.

Table 3: Nature of the crime committed by the prisoners.

Nature of crime	No. of cases	%
Violent	44	88
Nonviolent	6	12
Total	50	100

88% (44) of the prisoners had violent crimes and 12% (6) had non-violent crimes (Table 3). Violent crimes were found in 100% (7) below age 30 years and 86.04% (37) of those above 30 years. Non-violent crimes 13.95% (6) were found only in the above 30 years age group. 100% (4) of female prisoners and 86.95% (40) of the male prisoners had violent crimes while 13.04% (6) males had non-violent crimes. 70.45% (31) of the violent prisoners had education below the SSC level and 29.54% (13) had education above the SSC level. Among non-violent prisoners, 33.33% (2) had education below SSC level and 66.66% (4) had education above SSC level. 68.18% (30) violent prisoners were married and 31.81% (14) were single/ widowed. 33.33% (2) nonviolent prisoners were married and 66.66% (4) were unmarried. 16.6% (1) of nonviolent prisoners were in the middle socioeconomic status and 83.33% (5) in the lower socioeconomic status. 15.90% (7) of the violent prisoners were in the middle socioeconomic status and 84.09% (37) were in the lower socioeconomic status. 50% (3) of non-violent prisoners were each from urban and rural areas respectively. 61.36% (27) of violent prisoners were living in rural areas and 38.63% (17) were from urban areas. 66.66% (4) of non-violent prisoners had schizophrenia and 33.33% (2) had other non-schizophrenia diagnostic categories. 70.45% (31) of the violent prisoners had schizophrenia and 29.54% (13) had other non-schizophrenia diagnostic categories (Table 4). Statistically, the data was not found to be significant ($P > 0.05$) using the Chi-square and Fisher's exact test (Table 5-11).

Table 4: Diagnostic categories of prisoners.

Diagnostic categories	No. of cases	%
Schizophrenia (SCH)	35	70
Non-schizophrenia (Others)	15	30
Total	50	100

70% prisoners had schizophrenia and 30% were non-schizophrenic. The maximum number had schizophrenia.

No significant correlation was found between age and the nature of crime using the Fisher's exact test (Table 5).

No significant correlation was found between sex and nature of crime using the Fisher's exact test (Table 6).

Table 5: Correlation between age and nature of crime in prisoners.

Nature of crime	Age (in years)		Fisher's exact test; P
	Below 30 years	30 years and above	
Non violent	0	6	0.383 NS
Violent	7	37	

Table 6: Correlation between sex and nature of crime.

Nature of crime	Sex		Fisher's exact test; P
	Females	Males	
Non-violent	0	6	0.589 NS
Violent	4	40	

Table 7: Correlation between the education level and the nature of crime.

Nature of crime	Education level		Fisher's exact test; P
	Below SSC	SSC and above	
Non-violent	4	2	0.591 NS
Violent	31	13	

SSC=secondary school certificate.

No significant statistical correlation was found between the educational level and the nature of crime using the Fisher's exact test.

Table 8: Correlation between marital status and the nature of crime.

Nature of crime	Marital status		Fisher's exact test; P
	Married	Single/widow	
Non violent	2	4	0.114 NS
Violent	30	14	

No significant correlation was found between marital status and the nature of crime on the Fisher's exact test.

Table 9: Correlation between socioeconomic status and the nature of crime.

Nature of crime	Socioeconomic status		Fisher's exact test; P
	Middle	Lower	
Non violent	1	5	1.0 NS
Violent	7	37	

No significant statistical correlation was found between socioeconomic status and nature of crime by using the Fisher's exact test.

No significant statistical correlation was found between location and nature of crime using the Fisher's exact test (Table 10).

Table 10: Correlation between location and the nature of crime.

Nature of crime	Location		Fisher's Exact test; P
	Rural	Urban	
Non violent	3	3	0.455 NS
Violent	27	17	

50% (3) of non-violent prisoners were each from urban and rural areas respectively. 61.36% (27) of violent prisoners were living in rural areas and 38.63% (17) were from urban areas.

Table 11: Correlation between diagnostic categories and crime.

Diagnostic category	Nature of crime		Fisher's exact test; P
	Non-violent	Violent	
Schizophrenia	4	31	1.0 NS
Non-Schizophrenia	2	13	

No significant correlation was found between diagnostic categories and crime by using the Fisher's Exact Test

66.66% (4) of non-violent prisoners had schizophrenia and 33.33% (2) had other non-schizophrenia diagnostic categories. 70.45% (31) of the violent prisoners had schizophrenia and 29.54% (13) had other non-schizophrenia diagnostic categories

DISCUSSION

The socio-demographic profile, diagnostic category, crime and their associations of 50 prisoners that were evaluated are as follows:

Socio-demographic data

The most common age group of the prisoners was 30-40 years. There were a greater number of males as compared to the females and the male to female ratio was 11.5:1. 60% of the prisoners were living in the rural area and 84% were in lower socioeconomic status. 22% of them were illiterate and 48% had a primary level of education. 64% of them were married. Our study finding compares with those of the hospital-based studies, which had a smaller sample size and a greater male:female ratio, as compared to the prison-based and community studies which had a larger sample size and a lower male:female ratio.^{7,9-29} The number of prisoners from the rural area was

more, where it is assumed to have good social support as compared to the urban culture, so the likely hood of poor availability of mental health care staff at village level could be a reason for it. While in the case of the urban area this would be adequate leading to the enhanced outcome and less stay in hospital or criminal offences.

Our finding concretizes the drift hypothesis for schizophrenia as most of the prisoners were found to belong to lower socioeconomic status. Also in our study majority of the prisoners had below the primary level of education which also indicates towards the neurodevelopmental hypothesis of schizophrenia or psychiatric disorders which may have caused poor scholastic performance in these individuals as young children.

Crime

In our study, out of the 46 male prisoners, 14 were convicted and 32 were under-trial and all the four females were under-trial. Murder (IPC 302) was the most common crime among the prisoners. Most of them had records of violent crimes 88% (44) but some of them had nonviolent crimes 12% (6). The violent crimes were mainly murder (IPC 302), attempt to murder (IPC 307), and culpable homicide not amounting to murder (IPC 304) and voluntarily causing grievous hurt by dangerous weapons (IPC 323, 324, 325, 326). The non-violent crimes were destroying, damaging or defiling (IPC 295), kidnapping (IPC 363), theft (IPC 379) and sexual crimes (IPC 376). All females had committed murder while males had other crimes in addition to murder. The maximum punishment reported for crimes was death or life imprisonment plus a fine and the minimum punishment was two years imprisonment with fine. A maximum number of prisoners 76% (38) after regaining sanity were referred back to the court or prison. Only a very few who had not regained sanity were still receiving treatment at the prisoner's ward.

Our study compares with the following studies:

Jha et al recorded four categories of crime which were as follows: acquisitive crime 26%, aggressive crime 69% and sexual crime 1.77% and a miscellaneous group of crimes 2.99%.¹⁰

Somasundaram in his study found the following crimes: murder 72.2%, murder and attempted suicide 11.11%, attempt to murder 5.5%, theft 5.5% and simple hurt 5.5%.⁹

Murder 67%, assault 8.5%, theft 8.5% and miscellaneous crimes 16% were the crimes reported by Sethi et al in their study.³²

Swanson et al classified violent crimes into minor and serious levels. Minor violence included simple assault

without injury or weapon use and serious violence resulting in injury and sexual assault. He reported that the six-monthly prevalence of violent behaviour was 19.1%, out of which 3.6% were serious violent behaviour and 15.5% were non-violent. Positive symptoms were associated with violent behaviour and negative symptoms with less violent behaviour.³³

Patricia et al reported attempted murder 11%, rape 11%, and violent crimes against authority 9.2%, assault 5.2%, domestic violence 0.09% and robbery 8.2%.²⁰

Hodgins et al in their male mentally retarded population found, violence 16.8%, theft 34.5%, fraud 7.1%, vandalism 8.8%, traffic offences 25.7%, narcotic offences 4.4% and others offences 23.0%. In their female mentally retarded population they reported violence 3.8%, theft 6.3%, fraud 2.5%, traffic offences 2.5%, and others offences 1.3%.²¹

Our study findings compare with the Indian authors who reported more violent crimes than non-violent ones. They contrast with the prison-based and community studies where there were a greater number of non-violent crimes reported as compared to violent crimes. Our study classified crimes according to the Indian Penal code, whereas the other studies used different methods for the classification of criminal offences.

Associations

Most of the prisoners in our study were in the age group 30-40 years and had committed violent crimes. However, we did not have any elderly prisoners (>55 years). Similar findings have been also reported by the following studies: Taylor et al found that younger prisoners (<55 years) had more violent crimes as compared to elderly prisoners (>55 years) who had non-violent crime.³⁴

Most of the prisoners in our study who had schizophrenia had committed murder. Similar findings had also been reported by the following studies.

Parasuram, Jha and Somsundaram have reported a prevalence rate of schizophrenia as 45%, 33% and 52% respectively.^{9,10,31,35}

Rollin et al reported that 79 (80.61%) in his study of prisoners had schizophrenia.³⁶

Kishore et al, Bellak et al, Coid and Beran et al also observed a higher prevalence of schizophrenia in prisoners than the general population.³⁷⁻⁴⁰

Rylander et al found that schizophrenics in their active phase of the illness are more likely to commit violent crime.⁴¹

Cohen et al commented that most of the murders were direct outcomes of schizophrenia.⁴² However, Guze et al and Kloek found that there was no strong association between schizophrenia and criminality.^{28,43} There appears to be an association in our study between age and violent crimes and also between diagnostic categories and the nature of the crime.

Many issues were not dealt with adequately due to the very small sample size, specifically small group of prisoners admitted at a closed prisoner's ward of the hospital and a very short duration of the study. This may not be a representative of all prisoners with psychiatric disorders in India. A larger study of such type of prisoners with psychiatric disorders admitted at different prisoner wards in India needs to be undertaken. There was also a small number of female prisoners. As these patients were admitted through a criminal detention or reception order at times there were no informants or relatives with the patients. So we had to rely on the medical record, legal documents and reports given by the patients which may not be very reliable. However effect of these issues was tried to be minimized during the time of data analysis. All these factors have to be taken into consideration while planning any future studies on this subject.

Strengths

The study has been carried out on a specific, neglected, marginalized and doubly stigmatized population of prisoners with mental disorders. This study sheds light on the situation of prisoners in India in a small way. It also highlights the differences between prisoners with psychiatric disorders in hospitals, prisons and the community at large. This study being interdisciplinary will be useful to mental health, penal, legal and social workers.

Implications

This study has important implications for mental health services, training of mental health professional and further research and policy in the field of forensic psychiatry in India. The study highlights the situation of prisoners in a mental hospital. It will help us provide better-customized services and plan suitable interventions for such prisoners who have to be treated for their mental disorders within the constraints of the penal and legal system. Prisoners with psychiatric disorders are required to operate under security rules and regulations. This is an area of conflicting priorities between clinical treatment and security measures which presents many challenges. It will also help us to understand how to treat such prisoners in a better manner in a closed prisoner ward setting. Very few mental health professionals are exposed to the management of such type of prisoners with mental disorders.

Hence training needs to be imparted to mental health, penal and legal workers not having the opportunity to work with such type of prisoners. Very few Indian studies are available on the nature of criminal offences of prisoners with psychiatric disorders in closed prisoner wards hence further research needs to be done in this neglected area.

The study will help in formulating treatment and policy guidelines for such prisoners being treated for psychiatric disorders

CONCLUSION

Of the 50 prisoners 46 were males and 4 females. The age range of male prisoners was from 25-55 years and of female prisoners was 29-50 years. The mean age of both male and female was 35 years. There were a greater number of males compared to females and a greater male: female ratio 11.5:1. Their socioeconomic status of was mostly from the lower socioeconomic class and the location of most prisoners was from rural areas. Murder, attempt to murder, rape, kidnapping, grievous injury and theft were the crimes committed by the prisoners. Murder was the most common crime committed by both male and female prisoners. Most prisoners with violent crimes had a diagnosis of schizophrenia. However there was no significant statistical correlation between age, sex, socioeconomic status, diagnostic category and crime.

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