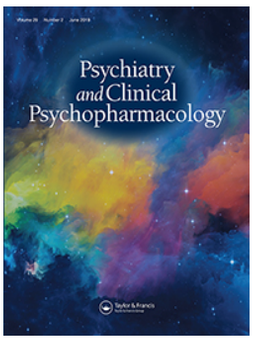

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Socio-demographic and clinical factors affecting repetitive crime for women applying to the infirmary in a prison

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ABSTRACT

OBJECTIVE: In the last two decades, parallel to the increase in the number of female offenders, the number of the studies researching the women's characteristics, the nature of the crime and the conditions for the crime process has also increased. The purpose of this study is to research the clinical and socio-demographic factors affecting the repetitive crime in women prisoners.

METHOD: A total of 105 female prisoners, who applied for psychiatric examination within the organization of Istanbul Bakirkoy Women's Prison and who granted their written consent have been included in the study. The socio-demographic data collection form, created by the researchers, and the SCID-I form for Structured Clinical Interview for DSM-IV Axis I Disorders, DSM-IV for Axis II Disorders, and also Taylor's Crime Severity Grading Scale, developed by Taylor have been utilized. The sample group was divided into two groups as repetitive offenders (25 people) and non-repetitive offenders (80 people), and such groups were compared socio-demographically according to their crime types and clinical characteristics.

RESULTS: In our study, it has been detected that repetitive offenders have more crime histories in their family, their psychiatric disease was initiated at earlier ages, they have longer disease histories, they have more applications to the psychiatric institution, they perform more self-destructive behaviours, they have experienced more suicidal attempts, the second axis disorders are more apparent for them, they have more alcohol and substance abuse, and they have also used alcohol substance while committing a crime. It has been determined that substance abuse, self-destruction, and separation in the family are independent factors predicting the repetitive crime apparently.

CONCLUSION: Multidimensional evaluation of women, who commit repetitive crimes, by mental health professionals and the judicial system will be more effective in preventing new crimes.

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Prison; women; crime; psychiatric disorders

Introduction

It has been reported that more than 10 million people in the world are in prison and that 1 million people are added to this number every decade [1]. According to the data provided under the World Female Imprisonment List 2015, the rate of female prisoners in the world is 2–9% based on the total prison population [2]. After 1980, there has been a dramatic increase in the number of female prisoners in the U.S.A., and in 1980, while there were 12,000 female prisoners in prisons in the U.S.A., this number almost increased by eightfold in 2001 and reached 93,000. The rate of increase in the number of female prisoners (9.5%) in such period is nearly double that of male prisoners (4.8%) [3].

According to the data provided on the official website of the Directorate General of Prisons and Detention Houses of the Ministry of Justice of the Republic of Turkey, there have been 291 closed prison institutions, 8 of which are intended for women, and 70 open prisons, 4 of which are intended for women, in Turkey as of 10.05.2017. In November 2016, the total number of people in the prisons was reported as 197,297 and the number of female prisoners was reported as 7894 [4].

In the last two decades, parallel to the increase in the number of female offenders in the countries such as the U.S.A., Switzerland, Finland, and England, the number of the studies researching the women's characteristics, the nature of the crime, and the conditions for the crime process has also increased [5–8]. Similarly, the number of studies, carried out with respect to female prisoners in our country, has increased in the recent years [9–12].

Most of the studies indicate that women have a tendency to commit the same kind of crimes as men; however, it is observed that women commit fewer crimes than men when the rates of crime are compared [7,13]. Bennett et al. state that the reason for the fact that women commit fewer crimes in comparison to men is that women have better social coping skills than men [14].

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The reasons for the criminal behaviour of women have been tried to be explained by different disciplines. Cesare Lombroso and William Ferroro, who are among the first theorists researching the female criminality, have tried to understand the female criminality based on the qualitative and quantitative data in their work "The Female Offenders" (1894) [15].

In their works "Five Hundred Delinquents Women" (1934) and "Toward a Typology of Juvenile Offenders" (1970), Eleanor and Sheldon Glueck emphasize two factors that determine the female criminality: biological and economic characteristics [15].

In respect of the Turkish society, it has been indicated that female offenders come from extended families, women suffer oppression within the family, they mostly commit violent crimes such as murder and injury in order to protect themselves, and such crimes are not pre-planned [16,17]. Any studies, carried out with respect to crimes and criminality, have revealed that crimes vary depending on many factors such as age, sex, marital status, education level and occupation, residential area, political and economic fluctuations, and living conditions [18].

The prime objective of the studies researching the crime behaviour is to prevent crime; accordingly, studies, carried out until today, reveal that the rate of psychiatric diseases is higher than that of the general population with respect to the offenders. For example, as a consequence of any study, carried out with respect to the female offenders who have committed homicide, it has been observed that those who suffer from alcohol and substance addiction as well as from antisocial personality disorder have committed many more crimes [19]. The results of a more recent study have also indicated that substance addiction is particularly associated with violent crimes [20].

The purpose of this study is to research the clinical and socio-demographic factors affecting repetitive crime in female prisoners.

Method

Study centre and sampling

A total of 488 female prisoners applying to the infirmary for psychiatric examination have been examined by a psychiatrist between January and May 2012, in Istanbul Bakirkoy Women's Closed Prison, which has a capacity of 1000 inmates approximately. In all, 383 persons who have not granted their written consent and who have suffered from mental retardation, and who have been diagnosed with delirium and dementia and who have suffered from severe psychosis that will prevent having a negotiation have been excluded from the study. The other 105 female prisoners who have granted their written consent have been included in the study. Those who have applied for examination have been informed about the study, and a consent form bearing their signature has been obtained from those who agree to participate in the study, and any permits required for the study have been obtained from the Ministry of Justice of the Republic of Turkey.

The interventional method has not been applied in the study; however, it has been performed provided that the consent of the cases/persons has been obtained during the routine application for psychiatric polyclinic. The approval of the ethics committee has not been obtained since the approval of the ethics committee is not required for retrospective and cross-sectional studies that do not require any interventional procedures at the time of the study. However, in accordance with the declaration of Helsinki, the cases/persons have been informed about the matter both verbally and in writing, and their consent has been obtained accordingly. Also, the written authorization has been obtained from the Ministry of Justice. Permission was obtained with the letter numbered B.03.0.CTE.09.204.06.03-302/14861 on the date of 31.01.2012.

Measure

Socio-demographic data were collected by means of socio-demographic data collection form created by the researchers. SCID-I form for Structured Clinical Interview for DSM-IV Axis I Disorders has been utilized in order to make psychiatric diagnosis [21].

The criteria, prescribed under DSM-IV, have been utilized with respect to Axis II Disorders.

Taylor's Crime Severity Grading Scale developed by Taylor has been utilized in order to determine the severity of violence [22]. Taylor's Crime Severity Grading Scale is classified as follows:

0: Absent 1: Minimal 2: Mild 3: Moderate 4: Severe

In Turkey, the validation and reliability study has not been carried out; however, it has been utilized in multiple studies [23–26]. The text of measure consists of simple definitions, which are extremely short, and which will facilitate the quantitative assessment and statistical assessment with respect to pattern and severity of violent behaviour.

Statistical Analyses

The sample group is divided into two groups called repetitive offenders (25 people) and non-repetitive offenders (80 people). Groups have been investigated statistically based on the crime qualities and clinical characteristics on socio-demographical basis. SPSS 14 (Statistical Package for Social Science) statistical package program has been used in the research. The data were assessed by means of parametric and nonparametric statistical analyses. As descriptive statistics, the

mean, standard deviation, and percentage values have been presented. In respect of quantitative data, it has firstly been investigated whether or not they are distributed normally, and the Mann–Whitney *U* test was used for those which are not distributed normally. Chi-square test has been applied to qualitative ones. Odds ratio has been used for effect size. Binary Multiple Logistic Regression Analysis has been used for multivariate analyses where the result variable has a binary feature. Significance has been considered as p <0.05 with respect to all tests.

Results

Twenty-five prisoners of the sample group, consisting of 105 female prisoners, included in the study, have committed multiple crimes. No socio-demographically significant difference has been observed after having divided the sample group into two groups, called repetitive offenders (25 people) and non-repetitive offenders (80 people), and having compared such two groups. The mean age of both groups is 35 while the mean education period is 7.5 years. Clinically significant statistical differences have been observed between the groups; while the age of onset of the disease is 29 years for non-repetitive offenders, it is 19.5 years for repetitive offenders ($p < 0.001$). Also, it is observed that the duration of the disease is significantly different in both groups; non-repetitive offenders have stated that they have been sick for 7 years, while repetitive offenders have stated that they have been sick for 14 years ($p < 0.001$). It has been observed that psychiatric diseases were initiated in significantly early age for the repetitive offenders, and that disease symptoms have been available for a longer period of time accordingly. In respect of the number of hospitalization, no statistical difference has been observed between both groups (Table 1).

It has been detected that 72% of the repetitive offenders and 41% of the non-repetitive offenders are convicts, and such difference between the groups has also been indicated statistically ($p = 0.013$) (Table 2).

Upon investigation of the applications to the psychiatric institutions before committing crime, it has been observed that there is significant difference between the two groups ($p = 0.04$, OR 3.19); accordingly, it has been detected that the rate of applications to the psychiatric institutions is 36% for repetitive offenders and 15% for non-repetitive offenders (Table 2).

It has been detected that there are significant differences between both groups in terms of suicide; while repetitive offenders attempt to commit suicide for seven times on average basis, such number is 2 for non-repetitive offenders ($p < 0.001$) (Table 1). Sixty-eight per cent of the repetitive offenders and 37.5% of non-repetitive offenders have attempted to commit suicide before ($p = 0.014$, OR 3.54). Also, it has been observed that repetitive offenders have exhibited many more self-destructive behaviours ($p < 0.001$, OR 7.28) (Table 2).

When the family story of the sample is examined, no difference has been detected between the groups in terms of the loss of family, the presence of separation story in the family, and the violence in childhood; however, it has been observed that the presence of offenders in the family is an important predictor ($p = 0.004$, OR 4.57). Fifty per cent of the family of the recurrent offenders and 18% of the family of the non-repetitive offenders have crime histories (Table 2).

Considering the diagnoses obtained in consequence of the examination, it has been detected that 3 of 105 patients (2.9%), included in the study, have suffered from schizophrenia and any other psychological disorders, 22 of them (21.0%) have suffered from substance-use disorders, 24 of them (22.9%) have suffered from mood disorder, 48 of them (45.7%) have suffered from anxiety and adjustment disorder, and 8 of them (7.6%) have suffered from comorbid psychiatric disease. When the groups are compared in terms of clinical diagnoses, it has been observed that the diagnoses are not different in the 1st Axis based on the DSM-IV classification system; however, repetitive offenders mostly meet the diagnosis criteria of the 2nd Axis ($p < 0.001$, OR 6.58) (Table 3).

When compared in terms of alcohol–substance abuse and crime qualities, it has been observed that pre-crime alcohol use is a factor increasing the repetitive crime ($p = 0.03$, OR 3.14), and it has been detected that the positive relationship between substance use and repetitive crime is much more significant ($p < 0.001$, OR 11.73) (Table 3).

When statistical research has been carried out with respect to the severity of the crime, it has been observed that both groups have mostly committed mild crimes, and no significant difference has been detected between the groups (Table 3).

In respect of the logistic regression model, in which substance abuse, self-destructive behaviour, and separations in family are handled together, it has been detected that $\chi^2 = 38.274$; df 3; $p < 0.001$, and that the total correct classification percentage of the model is 85.9% ($p < 0.001$). It has also been detected that the presence of substance abuse has increased the probability of repetitive crime by 15.344 times, that it has increased the self-destructive behaviour by 9.696 times, and that it has increased the separation in family by 4.28 times, and all three variables has been considered significant (Table 4).

Discussion

In consequence of the study, it has been observed that the most frequent psychiatric disorder is anxiety

Table 1. Comparison of the quantitative characteristics of the groups.

	Non-repetitive offenders mean ± standard deviation (*N* 80)	Repetitive offenders mean ± standard deviation (*N* 25)	Total mean ± standard deviation (*N* 105)	*z*	*p*
Age	35.16 ± 9.95	34.60 ± 7.79	35.03 ± 9.45	−0.015	0.98
Age of immigration	16.13 ± 11.43	16.70 ± 10.64	16.23 ± 11.21	−0.368	0.71
Education period (year)	7.50 ± 3.81	7.83 ± 1.83	7.64 ± 3.03	−0.330	0.74
Age of first crime	34.33 ± 16.0	22.0 ± 7.16	24.55 ± 10.58	−1.914	0.056
Age of current crime	32.24 ± 10.17	31.20 ± 7.66	31.99 ± 9.60	−0.122	0.90
Duration time in prison (month)	12.00 ± 11.31	30.90 ± 40.57	29.26 ± 39.14	−0.602	0.54
Age at onset of the disease	28.85 ± 12.03	19.56 ± 6.72	26.28 ± 11.42	−3.664	<0.001***
Duration of the disease (year)	6.66 ± 5.46	14.25 ± 8.57	8.58 ± 7.15	−4.092	<0.001***
Number of suicide	2.07 ± 1.19	7.35 ± 11.83	4.02 ± 7.57	−3.233	<0.001***
Number of hospitalization	1.67 ± 2.31	3.10 ± 3.69	2.32 ± 3.03	−1.707	0.08

Z: Mann–Whitney *U* test, $p > 0.05$: non-significant, ***$p < 0.001$: Very highly significant difference.

and adjustment disorders (45.7%), and that the repetitive offenders mostly fall under the 2nd axis diagnosis criteria of cluster B (borderline and antisocial personality disorder) based on the DSM-IV classification system, and that those who suffer from alcohol and substance-use disorder have committed more repetitive crimes. The findings are in compliance with the literature; it has been indicated that more frequent and serious crimes have been committed in the comorbid condition, where psychiatric disorder is combined with substance use and antisocial personality disorder, in comparison with those who suffer from only psychiatric disease [27]. Oncu et al. have reported a comorbid condition in 25% of forensic psychiatric cases committing recurrent offenses after compulsory clinical treatment, and they have also reported that 75% of them have personality disorder and/or alcohol substance-use disorder [24]. In the literature, there are numerous publications reporting that those who suffer from alcoholism, substance use, and antisocial personality disorder have committed more repetitive crimes than those who suffer from other psychiatric disorders [28–30].

In consequence of a longitudinal study carried out on a sample group consisting of 1353 people, aged between 13 and 27 years, using alcohol and substance, it has been indicated that the use of cannabis increases to commit crime [31]. In a recent review, it has been stated that those who meet the criteria for alcohol addiction and abuse have committed — two to three times more violent crimes [32]. In a study carried out on women in prison in our country,

Table 2. Comparison of groups in terms of socio-demographic, previous psychiatric application, self-destructive behaviour, and suicide attempt.

	Non-repetitive offenders (*N* 80)		Repetitive offenders (*N* 25)				
	S	%	*S*	%	χ^2	*p*	OR (95% CI)
Current situation							
Arrested	43	53.8	5	20.0	8.75	0.013*	
Convicted	33	41.3	18	72.0			
Both arrested and convicted	4	5.0	2	8.0			
Previous psychiatric application							
Yes	12	15.0	9	36.0	4.02	0.04*	3.19 (1.15–8.85)
No	68	85.0	16	64.0			
Self-destructive behaviour							
Yes	9	11.2	12	48.0	13.86	<0.001***	7.28 (2.55–20.75)
No	71	88.8	13	52.0			
Previous suicide attempt							
Yes	30	37.5	17	68.0	5.98	0.014*	3.54 (1.36–9.20)
No	50	62.5	8	32.0			
Loss of family							
Yes	9	11.2	3	12.0	0.11	0.91	1.07 (0.27–4.32)
No	71	88.8	22	88.0			
Separation story in the family							
Yes	14	17.5	9	36.0	3.81	0.051	2.65 (0.98–7.20)
No	66	82.5	16	64.0			
Presence of offenders in the family							
Yes	14	17.9	12	50.0	8.31	0.004**	4.57 (1.70–12.27)
No	64	82.1	12	50.0			
Violence in childhood							
Yes	25	31.3	9	36.0	0.39	0.84	1.24 (0.48–3.18)
No	55	68.8	16	64.0			

$p > 0.5$: Non-significant, *$p < 0.05$: significant difference, **$p < 0.01$: very significant difference, ****$p < 0.001$: very highly significant difference.

Table 3. Comparison of groups in terms of diagnosis, alcohol substance use, and crime characteristics.

	Non-repetitive offenders (*N* 80)		Repetitive offenders (*N* 25)				
	S	%	*S*	%	χ^2	*p*	OR (95% CI)
Axis 1 diagnosis							
Yes	76	95.0	25	100.0	0.29	0.59	0.75 (0.67–0.84)
No	4	5.0	0	0.0			
Axis 2 diagnosis							
Yes	26	32.5	19	76.0	12.99	<0.001***	6.58 (2.34–18.43)
No	54	67.5	6	24.0			
Axis 3 diagnosis							
Yes	4	5.0	2	8.0	0.01	0.94	1.65 (0.28–9.60)
No	76	95.0	23	92.0			
Alcohol abuse							
Yes	16	20.0	11	44.0	4.56	0.03*	3.14 (1.20–8.22)
No	64	80.0	14	56.0			
Substance abuse							
Yes	17	21.3	19	76.0	22.97	<0.001***	11.73 (4.05–33.96)
No	63	78.8	6	24.0			
Substance and alcohol use during crime							
Yes	28	35.0	18	72.0	9.14	0.002**	4.78 (1.78–12.08)
No	52	65.0	7	28.0			
Severity of violence of the crime							
Minimal violence	48	60.0	16	64.0	0.11	0.74	
Mild violence	7	8.8	5	20.0			
Moderate/severe violence	25	31.3	4	16.0			
Direction of crime							
Against to people	34	42.5	8	32.0	4.19	0.12	
Against to subject	7	8.8	6	24.0			
Against to public order	39	48.8	11	44.0			

it has been detected that one-fifth of the cases have been under the influence of any substance while committing crime [9], and in another study, it has been indicated that the repetitive offenders have used alcohol and/or substance while committing crime [24]. Copoglu et al. have reported that the crime group has used more substances, in consequence of the study in which they retrospectively examined the cases applied to the forensic psychiatry outpatient clinic [33].

In consequence of the studies, including the psychiatric evaluations of female populations in prisons, it has been reported that psychoactive substances have been used at rates as high as 50% [34,35]. It has been suggested in consequence of the studies that substance abuse is a determinant of criminal behaviour. Substance abuse causes an increase in the frequency of crimes, such as the sale and possession of substances, in particular. It has been indicated that women in prison have more alcohol and substance abuse on their background history than men, and it has been indicated in consequence of another study that they have been diagnosed with mental illness [36]. In our study, it has also been detected that the probability of repetitive crime increases with the presence of alcohol abuse as well as substance abuse (15,344 times higher than alcohol).

Table 4. Logistic regression model of the variables that can affect the presence of repetitive crime.

	B	S.E.	*p*	OR	95% CI for EXP (B)
Substance abuse	2.731	0.671	<0.001***	15.344	4.121–57.135
Self-destruction	2.272	0.693	<0.001***	9.696	2.491–37.741
Separation story in the family	1.454	0.661	0.028*	4.280	1.173–15.622

$\chi^2 = 38.274$; df 3, $p < 0.001$***. Total correct classification per cent % 85.9.
*$p < 0.05$, ***$p < 0.001$.

In the literature, there are publications suggesting that those who have experienced trauma in the early life period tend to commit crime. In consequence of a study, carried out in prison, it has been detected that women who have suffered from trauma in childhood have more depression and substance-use disorder than men experiencing similar situations. In the same study, it has been found that women who suffer from substance abuse on a serious basis tend to commit crime much more than men [37]. Based on the findings obtained from a research carried out in Germany, women who have committed violent crimes have experienced more physical, psychological, and sexual trauma in their childhood, when compared to men. [7]. In consequence of a recent study, carried out on 77 female samples in the penitentiary institution with respect to the relationship between early childhood trauma and anger behaviour, Akduman et al. have suggested that those who have experienced trauma histories in the childhood have higher anger scales [38]. Aksu et al. have found during their thesis study that there is a nearly significant linear relationship between the fearful attachment scores and state anger levels with respect to those who have penal record due to the violent crimes [39].

In our study, it has been reported that childhood trauma has been lower in both comparison groups, and no positive relationship between exposure to violence in childhood and criminal behaviour has been

detected. However, the results of our study have indicated that parental separation in childhood is one of the variables affecting the presence of repetitive crime; such data suggest that the separation of parents has been experienced traumatically even if it is not distinguished by persons.

Conclusion

In our study in which the clinical and socio-demographic factors affecting repetitive crime in female prisoners are investigated, it has been detected that repetitive offenders have more crime histories in their family, their psychiatric disease was initiated at earlier ages, they have longer disease histories, they have more applications to the psychiatric institution, they perform more self-destructive behaviours, they have experienced more suicidal attempts, the 2nd axis disorders are more apparent for them, they have more alcohol and substance abuse, and they have also used alcohol substance while committing crime. It has been determined that substance abuse, self-destruction, and separation in the family are independent factors predicting the repetitive crime apparently.

Since the sample fails to comply under our study, failure in use of the scaled structured on more detailed basis may be presented as the limitation of the study. In addition, the fact that our sample group fails to represent any and all female prisoners in the prisons available throughout Turkey is also a restriction. After all, it is of great importance that the study has been carried out with the prison, which is the largest women's prison in Turkey.

This study is valuable due to the fact that it is one of the rare studies, carried out face to face in the women's prison for and on behalf of our country, and that it contains the first data. In the future, performance of similar studies by using more structured interview techniques and scales will contribute to the literature of forensic psychiatry.

Disclosure statement

No potential conflict of interest was reported by the authors.

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