Forensic Psychiatry 2

The link between crime and mental disorder
The link between crime and mental disorder

Aims and Objectives (from handbook)

- To develop an understanding of
  - The types of offences committed by mentally-disordered offenders
  - The aetiology of certain crimes including violent offences, sex offences, criminal damage and fire-setting
  - The ranges of offences committed by offenders with schizophrenia, affective disorder and personality disorder
  - Genetic and gender-specific factors in offending
The link between crime and mental disorder

To achieve this

• Case Presentation
• Journal Club
• 555 Presentation
• Expert-Led Session
• MCQs

• Please sign the register and complete the feedback
The link between crime and mental disorder

Expert Led Session

The link between crime and mental disorder
Author: Dr Victoria Sullivan
SEX OFFENDING
Sex offending

Jimmy Savile
Gayle Newland (aka Kye Fortune)
Bill Cosby
Sexual Offence

“A criminal offence involving sexual behaviour occurs when one party does not give, or is incapable of giving fully informed consent or where the difference in power between two parties is such that one is not in a position to make a truly free choice.”

O’Connell 1990
Sex Offending

**Serious sexual offences**
- Rape
- Sexual assault
- Sexual activity with children

**Other sexual offences**
- Soliciting
- Exploitation of prostitution
- Unlawful sexual activity between 2 consenting adults
<table>
<thead>
<tr>
<th>Offence</th>
<th>Description</th>
<th>Maximum Sentence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rape</td>
<td>Penetration of vagina, anus or mouth by penis where the victim at the time does not consent, and the perpetrator knows they do no consent or is reckless as to whether they consent. An offence of basic intent</td>
<td>Life imprisonment</td>
</tr>
<tr>
<td>Assault by penetration</td>
<td>Intentional penetration of vagina or anus with a part of body or anything else, without consent</td>
<td>Life imprisonment</td>
</tr>
<tr>
<td>Sexual assault</td>
<td>Intentional sexual touching of another person without consent. Covers a wide range of behaviours and circumstances. Accordingly it is triable either way</td>
<td>10 years imprisonment</td>
</tr>
<tr>
<td>Causing sexual activity without consent</td>
<td>Intentionally causing another to act in a sexual way without consent, for example forced masturbation, a woman facing a man to penetrate her or forcing sexual activity with a third party</td>
<td>Life imprisonment if penetration involved, otherwise 10 years</td>
</tr>
</tbody>
</table>
Frequency of sexual offending

- 11% victims of serious sexual assault report the incident to the police (Povey et al 2009)
- Under-reporting due to
  - Shame and fear
  - Victim known to offender
- Study by Feist et al 2007 of 676 alleged rapes
  - 8% false allegation
  - 70% not charged
  - 13% convicted (not necessarily for rape)
- 6% rape allegations lead to a conviction for rape
Types of sex offender

• 1% sexual offenders are female

• Compared with matched population controls, sex offenders have odds ratios of
  – 6.3 for psychiatric admission
  – 4.8 for schizophrenia
  – 5.2 for affective psychoses
  – 3.4 for bipolar affective disorder.
Assessment of sex offenders

• Four domains of psychological problem to consider
  – Sexual interests
  – Distorted attitudes
  – Problems with socio-affective management
  – Problems with self-management
Risk assessment tools

• Static-2002

• Risk Matrix 2000

• Sex Offender Risk Appraisal Guide (SORAG)

• Rapid Risk Assessment for Sex Offender Recidivism (RRASOR)

• Risk of Sexual Violence Protocol (RSVP)
Psychological treatment

• Aim to reduce risk by identifying and modifying dynamic risk factors

• Sex Offender Treatment Programme (SOTP)
  – Standardised
  – Usually group
  – Adapted programme for low IQ
  – Efficacy – evidence conflicting
Assessment

- 4 semi-structured interviews
- Assessment of psychopathy (PCL-R) and psychometric testing
- Some have PPG

Core Programme

- Essential for all – increase sense of responsibility for offence and victim-empathy
- Increases motivation and skills to avoid re-offending
- Supplemented by thinking skills programme to improve decision-making skills and coping strategies

Extended programme

- Shorter, related treatment programmes
- Anger and stress management
- Relationship skills
- Behavioural therapy (to address fantasies) – done on an individual basis

Booster programme

- During the year before release
- Revision of the core programme
- Produce strategies for relapse prevention
Pharmacological Treatment

• As part of a comprehensive treatment package

• 3 classes
  – SSRIs
  – Antiandrogens
  – Luteinizing hormone-releasing hormone agonists
Reconviction rates

• Hood et al (2002) followed up 192 sex offenders for 4 – 6 years following release from prison
  – 8.5% convicted for sexual offence
  – 18.1% imprisoned for any offence
  – Reconviction rates lower
    • Those who had offended against a child in own family
    • Those who had offended against adults
Stalking

Tatiana Tarasoff / Prosenjit Poddar  Barry George
Stalking

- Repeated intrusions involving unwanted contacts and / or communication
- 15% women lifetime prevalence
- Individual formulation required
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rejected</td>
<td>Angry, dependent man pursuing an ex-partner. Unable to accept rejection. Stalking maintains a semblance of a relationship.</td>
</tr>
<tr>
<td>Intimacy seekers</td>
<td>Socially incompetent fantasist seeking a relationship with someone with whom they are in love, or they believed to be in love with them. Includes delusional erotomania.</td>
</tr>
<tr>
<td>Incompetent suitor</td>
<td>Pursue intimate relationships inappropriately due to poor social skills and/or a sense of entitlement. May occur in LD or ASD. May be easy to persuade them to stop stalking one victim, but the behaviour may recur with someone else.</td>
</tr>
<tr>
<td>Resentful</td>
<td>Motivated by revenge for some slight / insult, so well aware of distress or fear of victim. Likely to threaten, but less likely to carry out violence. Paranoid PD common.</td>
</tr>
<tr>
<td>Predatory</td>
<td>Stalking is preparatory to a sexual assault.</td>
</tr>
</tbody>
</table>
FIRE-SETTING
Mick & Mairead Philpott
Fire-setting and mental disorder

- Mental disorder in arsonists (Rix 1994)

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personality disorder</td>
<td>54</td>
</tr>
<tr>
<td>Learning disability</td>
<td>11</td>
</tr>
<tr>
<td>Psychosis</td>
<td>8</td>
</tr>
<tr>
<td>Alcohol misuse</td>
<td>8</td>
</tr>
<tr>
<td>Depressive disorder</td>
<td>5</td>
</tr>
<tr>
<td>Substance misuse</td>
<td>3</td>
</tr>
<tr>
<td>Conduct disorder</td>
<td>1</td>
</tr>
<tr>
<td>Not known</td>
<td>1</td>
</tr>
<tr>
<td>No diagnosis</td>
<td>13</td>
</tr>
</tbody>
</table>
Motivation for fire-setting

**Criminal motivation**
- Financial compensation
- Hide / destroy evidence
- Political
- Wider pattern of antisocial behaviour
- Emotional – jealousy, *anger*, *revenge*

**Psychopathological motivation**
- To commit suicide
- Psychosis
- To communicate distress / seek support
- Boost self-esteem (i.e. to be the hero)
- Pyromania
Psychiatric Assessment

• Specific focus on history of
  – Childhood fireplay
  – Previous acts of fire-setting (including undetected)
  – Previous threats or targets
  – Types of fire set
    • Use of accelerants
    • Multiple seats
  – Motivation for previous acts
Psychiatric Assessment

- Functional assessment of index incident
  - Recent psychosocial stressors
  - Affect and circumstances of fire
  - Intoxication / disinhibiting factors
  - Acts of planning and preparation
  - Fascination / preoccupation with fire and associated items
  - Feelings immediately before and after the act
Pathological fire-setting

- ‘Habit and impulse disorder’ (ICD-10)

- Interest in fire and associated things
  - Likely to watch fire, call fire brigade and watch intervention

- Compulsive nature – anticipatory subjective tension followed by excitement

- More common in
  - Males
  - LD
  - Inadequate personality
Treatment

Very few modifiable risk factors to address

Educational vs psychological approach

Educational
- Typically with children
- Information on fire safety skills
- Information on risks and consequences

Psychological
- CBT-based group interventions in hospital settings
- (little available in prison or probation settings)
Reoffending

- Rates vary from 4 – 60%

- Risk factors for recidivism
  - Young age
  - Single
  - Developmental history of family violence or substance misuse
  - Early onset of criminal convictions
  - Lengthier prison stays
  - Relationship problems
  - More previous convictions for property offences

Dickens et al (2007)
VIOLENCE, HOMICIDE & INFANTICIDE
Christopher Clunis
Serious Mental Illness (SMI) & violence

2 – 10%

• PAR – violence in population due to schizophrenia

Rates of homicide due to SMI – studies have shown.....

• Nearly 40% homicides committed before treatment
• 1 in 629 psychotic patients commits homicide before treatment
• 1 in 9090 psychotic patients commit homicide each year after receiving treatment  Nielssen and Large (2010)
Shaw et al (2006) surveyed 1594 homicides over 3 years

- 34% lifetime mental disorder
  - 5 – 7% schizophrenia
  - 7 – 10% affective disorder
  - 9 – 11% personality disorder
  - 7 – 10% alcohol dependence
  - 6 – 8% drug dependence

- 5 – 6% psychotic and 6 – 9% depressed at time of offence
Schizophrenia & homicide

- 72% known to MH services
- Single (78%)
- Unemployed (68%)
- H/o alcohol misuse (37%)
- H/o drug misuse (51%)
- H/o violent convictions (32%)

- More likely to use sharp instrument / strangulation
FEP and homicide

• Annual rate of homicide before treatment is 15 times higher than rate after treatment

• Could earlier treatment prevent some homicides?

• Countries where DUP is lower – fewer homicides in FEP

• Improved psychiatric care in England & Wales → fall in homicide rate by people with SMI
### Homicide perpetrators

<table>
<thead>
<tr>
<th></th>
<th>Schizophrenia</th>
<th>Affective disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Method</strong></td>
<td>More likely to use a sharp instrument</td>
<td>More likely to use strangulation, suffocation, asphyxiation or drowning</td>
</tr>
<tr>
<td><strong>Symptomatic at time of offence</strong></td>
<td>81%</td>
<td>75%</td>
</tr>
<tr>
<td><strong>Relationship of victim</strong></td>
<td>22% spouse / ex-spouse 23% family member 23% acquaintance 9% stranger</td>
<td>52% spouse / ex-spouse 16% son / daughter</td>
</tr>
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Rodway et al 2009
Violence and schizophrenia

• Increased rate of violence with MD, and SZ in particular

• Size of increase is modest and contribution of SZ to societal violence is small

• Very large part of the increased risk is due to substance use, which is more common in those with MD and SZ
Stranger Homicide

• 9% all homicides committed by psychotic offenders were stranger homicides
  – Equates to 1 in 14.3 million people per year

• Stranger homicides
  – More likely to be in a public place
  – Offenders have fewer negative symptoms
  – Larger proportion have had no previous treatment and longer period of DUP
  – Delusional beliefs about victim
Dominique Cottrez
Filicide, Infanticide & Neonaticide

- Filicide = killing of a child by his / her parent
- Infanticide = killing of a child before age of 12 months
- Neonaticide = killing of a child within 24 hours of birth
Incidence of filicide

• Associated with suicide
  – 16 – 29% maternal filicides
  – 40 – 60% paternal filicides
• 38% affective disorder
• 16% personality disorder
• 13% schizophrenia
• Average 32 cases filicide per year
  – 50% all child homicides
• Children under 1 greatest risk (55%)
• Male (67%) vs Female (33%) perpetrator
Maternal Filicides

- Women who kill their children….
  - 20 – 40 years
  - No association with marital status
    - Neonaticide more likely single
  - Poverty
  - 20% minority ethnic group
  - Depression
Motivation for filicide

- Altruistic / mercy killing
- Unwanted children
- Accidental
- Retaliation or spousal revenge
- Mental illness
MCQS
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MCQs

1. Which is the most prevalent personality disorder in prisoners?
   A. Borderline
   B. Anankastic
   C. Narcissistic
   D. Paranoid
   E. Antisocial
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MCQs

2. Which of the following is true for female offenders?
   A. Less likely to have a psychiatric disposal
   B. Higher rate of reoffending than men
   C. Less likely to self-harm than men
   D. Violent offences are more common than crimes of passion
   E. More likely to offend against family
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MCQs

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MCQs

3. Which is the most common mental disorder found in arsonists?
   A. Learning disability
   B. Personality disorder
   C. Psychosis
   D. Alcohol misuse
   E. Depressive disorder
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MCQs

3. Which is the most common mental disorder found in arsonists?

A. Learning disability
B. Personality disorder
C. Psychosis
D. Alcohol misuse
E. Depressive disorder
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MCQs

4. What percentage of violence is attributable to psychosis
   A. 1%
   B. 5%
   C. 10%
   D. 25%
   E. 50%
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MCQs

4. What percentage of violence is attributable to psychosis
   A. 1%
   B. 5%
   C. 10%
   D. 25%
   E. 50%
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MCQs

5. Which of these genes is not linked to violence?
   A. Dopamine transporter gene
   B. Serotonin transporter gene
   C. Monoamine-oxidase A (MAO-A) gene
   D. Monoamine-oxidase B (MAO-B) gene
   E. Catechol-O-methyltransferase (COMT) gene
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MCQs

5. Which of these genes is not linked to violence?
   A. Dopamine transporter gene
   B. Serotonin transporter gene
   C. Monoamine-oxidase A (MAO-A) gene
   D. Monoamine-oxidase B (MAO-B) gene
   E. Catechol-O-methyltransferase (COMT) gene
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Any Questions?

Thank you.