

Female offenders with psychiatric disorders in Sri Lanka

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Background

Female offenders are characterised by higher rates of psychiatric morbidity. Studies in developed countries show an increase in the number of female prisoners in recent years. The objectives of this study were first to describe socio-demographic factors and rates of psychiatric morbidity in female offenders, and second, among females with psychiatric illness, to compare those with and without a history of offending.

Methods

A retrospective case control study was carried out among 71 alleged female offenders who had been admitted to the National Institute of Mental Health (NIMH), Sri Lanka over an 18 months period. Females attending an outpatient psychiatry clinic with no prior history of offending were considered as controls. Data were collected from court reports and patient records.

Results

Among the alleged offences, 63% were reported as "behavioural disturbance due to mental illness", and

14% as physical assault. The most common diagnoses among female offenders with psychiatric illness were schizophrenia (43%) and bipolar affective disorder (22%). Childhood sexual abuse was reported by 22% of cases compared to 12% of controls ($p=0.08$). Rates of marriage and employment were significantly lower among the female offenders with psychiatric illness, compared to the controls.

Conclusion

Patterns of psychiatric illness among female offenders in Sri Lanka may differ from that of the West. Among females with psychiatric illness in Sri Lanka, being single, unemployed and use of alcohol is significantly associated with offending compared to controls. Further research is required to explore these findings.

Key words: female offenders, Sri Lanka, psychiatric disorders

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Introduction

Females are reported to have unique mental health needs compared to males. They experience higher overall rates of mental health problems and require gender specific interventions (1). Findings from studies in the West suggest that female offenders have higher rates of psychiatric disorders when compared to the general population, females without a history of offending, and male offenders (2). Recent findings from the United States indicate that up to 73% of female prisoners in state prisons suffer from a mental illness (3). Admission of females to federal correctional facilities in Canada has increased by 35%, compared to a 21% increase in males over the last decade (4). Beck and colleagues have described an increase in the proportion of female offenders in comparison to males from 1:30 to 1:14 in the United States judicial system in recent years (5). Women represent 6% of the total admissions to correctional facilities in Canada (4). According to Prison Department statistics, 3.3% of convicted prisoners in Sri Lanka in 2014 were females (6). Further, a study conducted at the forensic psychiatry unit of the National Institute of Mental Health (NIMH), Sri Lanka revealed that 1 in 10 persons charged with murder are females (7).

Given these findings, the objectives of this study were to describe socio-demographic factors and rates of psychiatric morbidity in female offenders, and second, among females with psychiatric illness, to compare those with and without a history of offending. The findings are likely to provide important information regarding psychiatric morbidity among female offenders in this country, and to our knowledge of this is the first study of this nature in Sri Lanka.

Methods

The study was carried out at the NIMH, Sri Lanka, which has a dedicated unit for female offenders with psychiatric illness. Females suspected of offences are referred here for the opinion of the forensic psychiatrist via the Magistrate Courts, High Courts, Judicial Medical Officers and from general adult psychiatrists throughout Sri Lanka. A retrospective case control design was used, and data were gathered from patient records and court reports. All alleged offenders admitted to NIMH during this period, who were diagnosed to have a psychiatric disorder, were considered. Records of 71 female offenders admitted to the forensic unit from 2013 January to 2014 June was included in the study.

Following admission, psychiatric assessments of offenders had been carried out by registrars, the senior registrar and consultant psychiatrist attached to the forensic psychiatry unit. Assessments included repeated clinical interviews, mental state examination and collateral information from relatives, and the diagnosis was made based on the International Classification of Diseases 10th edition of World Health Organization.

The control group comprised of 96 females with psychiatric disorders, with no history of offending, who were attending an outpatient psychiatry clinic. The control group was selected by systematic sampling and data had been gathered and recorded based on findings of clinical interviews, mental state assessment and information from relatives.

Data on socio-demographic features and psychiatric disorders were collected for both the case and control groups.

Ethical clearance for the study was obtained from the Ethical Review Committee at the NIMH. Statistical evaluation was done using the SPSS software. Binomial tests were used to compare case and control groups.

Results

The mean age of cases and controls was 35 years (SD-12) and 37 years (SD-11) respectively. Among the cases 63% of alleged offences were described as 'behavioural disturbance due to mental illness', 14% as physical assault and 11% as murder. With regards to alleged violence, 63% of victims were family members. Most victims were females (56%). Recidivists comprised 47% of cases.

Among the cases, 39% were mothers and of these, 48% had dependent children under the age of 18 years.

The most common diagnosis among the cases was schizophrenia (43%) and bipolar affective disorder (22%). Other primary diagnoses included borderline personality disorder (8%), schizoaffective disorder (7%) and unipolar depressive disorder (5%). Mental retardation was reported in 5% of the cases.

Childhood sexual abuse was reported by 22% of cases and 12% of controls respectively ($p=0.08$). Only 22% of the cases were married, compared to 41% of controls ($p=0.01$). With regards to employment, 3% of cases were employed during the last 1-year compared to 45% of controls ($p<0.01$). Alcohol use during the last 1 year was seen among 4% of cases compared to none in controls ($p=0.04$).

Discussion

The most commonly reported diagnosis among female offenders in our study was schizophrenia and bipolar affective disorder. This is in contrast to findings reported

from the West. Fazel and Danesh in their systematic review of prison populations in Western countries from 1966 to 2001 reported that 4% of women had psychotic illnesses, 12% had major depression and 42% had personality disorders (8). Jordan and colleagues from the United States reported that 28% of female inmates met criteria for borderline personality disorder (9), in contrast to the 8% diagnosed in our study. These findings suggest that Sri Lankan female offenders may have a different profile of psychiatric disorders compared to the West.

Caddle and Crisp in 1997 from the United Kingdom reported that 61% of the female prisoners had children under the age of 18 years, which is higher than the rate found among cases in our study (10).

While it is reported that females with mental disorders are 27 times more likely to be convicted of violent crimes compared to the general female population, crimes of sexual nature are less commonly seen among female offenders (11,12). Conversely, among females who have committed sexual offences, up to 59% are reported to be mentally ill (13). In keeping with international findings, among the cases in this study, only a minority (3%) had been referred due to alleged sexual offences.

When females with psychiatric illness with and without a history of offending were compared, childhood sexual abuse was significantly more common among patients with a history of offending. Being single, unemployed, and the use of alcohol during the previous year were also significantly more common among female offenders compared to controls. This suggests that female offenders with psychiatric illness may have a more unstable socio-demographic background compared to their counterparts with no history of offending, but further research is needed to explore this hypothesis.

Limitations

Limitations that may have influenced the findings of this study include the fact that data was gathered retrospectively from case records, and that the treatment settings of case and control groups were different. Cases and controls were not matched for variables other than gender, and this too may have influenced the study outcomes. The female offenders' knowledge of the pending legal procedures may also have influenced their responses and the information collected.

Conclusions

The findings of this study suggest that schizophrenia and bipolar affective disorder are the more common diagnoses in female offenders with psychiatric illness in Sri Lanka. Thus female offenders in this country may have different characteristics with regards to psychiatric morbidity, compared to the West. Among females with psychiatric illness in Sri Lanka, being single, unemployed and use of alcohol is significantly

associated with offending compared to controls. Further research is necessary to explore this further, and to guide policy and planning regarding management of female offenders with psychiatric disorders in Sri Lanka.

Declaration of interest

None declared

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