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Research Article

**FREQUENCY OF CRIMINAL ACTS / TYPE OF CRIME
AMONG DIFFERENT PSYCHIATRIC DIAGNOSIS****Dr. Ishrat Bibi ^{1*}, Prof. Dr Mohammad Akbar Kazi ¹, Dr. Aisha Khalid ¹,
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Pakistan⁵ Steward Carney Hospital Boston, Massachusetts⁶National Institute of Cardiovascular Diseases Karachi, Pakistan**Abstract:****Objective:** To identify the frequency of criminal acts/type of crime among different psychiatric diagnosis.**Patients and Methods:** All the inpatient and outpatients above 18 years of age, involved in crime brought by law enforcing agencies of Pakistan through a valid legal documentation with history of offender crimes. The data was collected on semi structured proforma designed with the help of supervisor depict demographic variables, types of crime and psychiatric diagnosis.**Results:** The crime distribution killing cases were found most common 50.5%, wound were 40%, while assault by sexually were found 7.50% with 38.3% in age group 20-30 years with rural population predominance 62.5%.**Conclusion:** Killing and wounding are the most important criminal acts in the psychotic disorder patients and lack of education is the commonest demographic features behind psychiatric patients involve in the crime.**Key Words:** Demographic features, Psychotic disorders, Crime**Corresponding author:****Dr. Ishrat Bibi,**

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INTRODUCTION:

Mental health is one of God's greatest gifts to mankind. Conversely mental illness has debilitating effects not only on one's life but affects others in the environment as well [1]. This becomes all the more detrimental to society at large if it assumes the form of a negative and hostile reaction towards the world. Association between violence and mental disorders has contributed immensely to the stigma associated with mental illness in the society; because people erroneously see mentally ill individuals as dangerous. Pakistan has an ever growing population which is estimated to be above 160 million presently [2]. About 70% of our population live in rural areas and many people (even those living in cities) know little about mental diseases or its treatment [3]. According to Naqvi 13 there are 342 registered Psychiatrists with the Pakistan Medical and Dental Council, out of which only 150- 200 have adequate training. This would show a distressing ratio of one psychiatrist to a million people in Pakistan [4]. Mentally disturbed offenders are doubly stigmatized and the problems they raise can force a critical evaluation for the development of that society [5]. The type of offending behavior varies and can include arson, theft, domestic violence, physical assaults, sexual offending and homicide [6]. The study published in Indian journal of psychiatry had reported that around 31-37% of inmates suffer from psychiatric illness [7]. There are many factors which may contribute to increasing morbidity but in Pakistan strict laws and delayed justice can be the front runners. Previous research on mental health interventions to prevent violent repeat offending have been criticized and their intervention being flawed [8, 9] and a few have been done in non custodial samples [10, 11].

PATIENTS AND METHODS:

The patients involved in crime brought by law enforcing agencies of Pakistan through a valid legal documentation with history of offender crimes at institute of Psychiatry were included in the six months cross sectional study. The data was collected on semi structured proforma designed with the help of supervisor depict demographic variables, types of crime and psychiatric diagnosis. The inclusion criteria of the study were all cases inpatient and

outpatients referred from civil surgeon for psychiatric assessment, above 18 to 60 years and who were consenting to interviewed while the exclusion criteria of the study were all cases significant head injury, general medical disorder, neurological disorder and consent withdrawn. The data was analyzed in SPSS version 16.00. The frequency and percentage was calculated for type of crime in relation to age and gender distribution while the stratification was done for age, gender and type of crime.

RESULTS:

In present study, 38.3%, 28.1%, 15.3%, 12.7% and 5.6% patients were observed in 20-30, 31-40, <20, 41-50 and >50 years age groups. According to the marital status that, out of 196 cases married patients 130(66.3%) were in the majority as compared to the single patients 66(33.7%).

Table 1: The occupational status of patients states that farmers were in the majority 80(40.8%) and labourers were comparatively 74(37.7%), however Govt. servants were 22(11.22) and student were the minimal 20(10.2%).

Table 2: Majority of the cases were illiterate 51.02%, while primary and metric were 30.61% and 17.34% respectively.

Table 3: According to the language distribution Sindhi language was the most common 33.16%, 2nd most common age was Punjabi 24.48%, while Urdu language was found in 21.93% of the cases.

Table 4: Mostly cases were rural areas 62.5%, while 35.5% cases were from urban areas. Table 5

According to the crime distribution killing cases were found most common 50.5%, wound were 40%, while assault by sexually were found 7.50%. Furthermore in this study from crime qatli and was most common 35.72%, from wounding fractures and fir arm injuries were commonest 9.18% and 10.21% respectively, while from sexually assault 6.63% were natural sexual offenses results shows in TABLE:6.

In this study Psychotic disorder was significantly associated with killing crime p-value 0.001. Bipolar disorder was significantly associated with killing p-value 0.002. Personality disorder, Substance related and development disorder were significantly associated wounding 0.008 results shows in TABLE: 7.

TABLE1: Marital status of the patients n= 196

Marital status	Frequency	Percentage
Single	66	33.67%
Married	130	66.32%

TABLE 2: OCCUPATIONAL STATUS OF PATIENTS n= 196

Occupational status	Frequency	Percentage
Farmer	80	40.81%
Labourer	74	37.75%
Students	20	10.20%
Govt. servant	22	11.22%

TABLE 3: Educational status of the patients n= 196

Education	Frequency	Percentage
Illiterate	100	51.02%
Primary	60	30.61%
Metric	34	17.34%
Total	196	100.0%

TABLE 4: Patients distribution according to language n= 196

language	Frequency	Percentage
Sindhi	65	33.16%
Urdu	48	24.48%
Panjabi	43	21.93%
Others	40	20.40%

TABLE5: Patients distribution according to residential status n= 196

Residence	Frequency	Percentage
Rural	125	64.5%
Urban	71	35.5%

TABLE 6: Patients distribution according to crime n= 196

Crime	Frequency	Percentage
Killing		
Qatl I Amd	70	35.72%
Qatl I shibhi Amd	15	07.65%
Qatal khata	10	05.10%
Qatal bis sabab	06	03.06%
Total	101	51.53%
Wounding		
Abrasion	02	01.02%
Bruises	08	04.08%
Lacerations	10	05.10%
Fractures	18	09.18%
Incised wound	12	06.12%
Stab wound	10	05.10%
Fire arm injuries	20	10.21%
Total	80	40.81%
Assault by sexually		
Natural sexual offenses	13	06.63%
Un natural sexual offenses	02	01.02%
Total	15	07.65%

TABLE:7 Association between psychotic disorder and crime n= 196

Psychotic diagnosis	Killing	Wounding	Assault sexually	P-value
Psychotic disorder	60	07	03	0.001
Bipolar disorder	30	11	04	0.002
Personality disorder	12	26	02	0.001
Substance related disorder	05	16	04	0.008
Development disorder	02	12	02	0.001

DISCUSSION:

The results show that the most common mental health issues in psychotic criminals belong to the Psychotic disorder, Bipolar disorder as compare to others conditions. In our study the occupational status of patients states that farmers were in the majority 80(40.8%) and labourers were comparatively 74 (37.7%), however Govt. servants were 22(11.22%) and student were the minimal 20(10.2%). However Aishatu Y, et al [12] demonstrated that about half of the inmates (45.6%) were unemployed as at the time of offence while only 25% were employed, 26.3% were peasant farmers. This is in agreement with the findings of studies conducted in Nigeria and Kenya [13]. Majority of the cases were illiterate 51.02%, while primary and metric were 30.61% and 17.34% respectively. While Aishatu Y, et al [12] stated that one hundred and forty five (23.8%) of the subjects had completed secondary school education, subjects with no formal education and secondary school drop outs accounted for 17.8% respectively, while only 15 (2.5%) had tertiary education. This concurs with the findings of some studies in Nigeria which showed similar pattern of educational status [14]. Good education or vocational training can provide an enhanced likelihood of legitimate source of income or influence a sense of reason to be a good citizen in a society; it may also equip the individual with the social skills needed to leave with people. In this series according to the language distribution Sindhi language was the most common 33.16%, 2nd most common age was Punjabi 24.48%, while Urdu language was found in 21.93% of the cases. One German survey reported that 49.6% of the public expressed the belief that someone with a mental disorder was unpredictable, while violent and aggressive behavior was associated with mental illness by about one quarter of respondents [15]. The public can also believe that people with mental health

problems are more likely to engage in criminal violent acts than members of the general public. Culture and ethnicity may also influence attitudes [16]. In this series according to the psychotic diagnosis, Psychotic disorder, Bipolar disorder, Personality disorder, Substance related disorder and Development disorder were found with percentage of 35.71%, 22.95%, 20.40%, 12.75% and 08.16% respectively. In a study reported that more than half of the subjects (57%) had a psychiatric morbidity [12]. In our study murder cases were found most common 50.5%, wound were 40%, while assault by sexually were found 7.50%. Aishatu Y et al [12] found the commonest crimes observed to be committed among the subjects in this study were violent crimes like armed robbery (37.7%) and murder (16.4%). Where theft (21.1%), assault (7.1%) and manslaughter (2.3%) were the other crimes committed. The higher proportion of violent crimes could be explained by the fact that the study was conducted in a maximum security prison as against ordinary prison where cases of non violent offenders may be higher. These findings are in consonance with a hospital based study conducted among subjects in Nigeria where high rates of murder were found as the commonest violent offence committed [17] However; findings from other studies conducted in Nigeria differed from this study [18, 19].

CONCLUSION:

It is concluded that killing and wounding are the most important criminal acts in the psychotic disorder patients. Poor socioeconomic status (farmer and labourer), lack of education are the commonest demographic features behind psychiatric patients involve in the crime. The major determinants of violence continue to be socio-demographic and factors such as being young, male, and of lower socio-economic status.

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