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0521580730 - Criminality and Violence among the Mentally Disordered: The Stockholm

Project Metropolitan

Sheilagh Hodgins and Carl-Gunnar Janson

Excerpt

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Introduction

Since the 1960s there has been a significant increase in documented criminality and violence among persons suffering from major mental disorders in Western industrialised societies. This criminality causes immeasurable suffering for the victims and their families, as well as for the perpetrators and their families. The mental disorders increase the risk of criminality and violence, even more among women than among men, and as many mentally ill women as men regularly assault others. However, the impact of the women's behaviours may be even more far reaching than that of the males, for many of these women carry children through pregnancy and then are responsible for their upbringing. A mother who is both mentally ill and anti-social or violent or both, may confer certain genetic predispositions on her child, affect the child's development with inappropriate behaviour during the pregnancy, and provide inadequate or inappropriate parenting. The measurable costs include not only this human suffering and damage to future generations, but also a considerable financial burden to the health and social services and criminal justice systems. These costs include psychological care and social services for the victims, the costs of police, lawyers, judges and expert witnesses, all necessary to process the perpetrator through the criminal justice system, and the further costs associated with psychiatric or custodial care, or both, for the perpetrator. While this increase in criminality and violence among the mentally ill has become evident since the policy of deinstitutionalisation was implemented in the mental health field, as will be discussed, other individual factors which are, not yet, clearly understood, also appear to be playing a causal role in determining these illegal behaviours.

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Most writing and research about crime and mental disorder have focused necessarily on the immediate problem which confronts clinicians and law makers, that of assessing the risk of violence among persons with major mental disorders. This book attempts to step back from the immediate, day-to-day preoccupations with assessment and management, and to describe the phenomenon; the criminality and violence perpetrated by the mentally ill, and to try to identify the complex chain of factors which cause it. To accomplish this task, we examine a unique cohort of 15,117 persons who were studied from pregnancy through to the age of thirty.

Project Metropolitan includes all the persons born in Stockholm in 1953, and who were still living there a decade later. These persons grew up in a type of society which probably never existed previously and may not again. Sweden, at this time, was a true social-democracy, providing all of its citizens with extensive, high quality, health and social care, education and housing. The post-war economy was prospering and there was virtually no unemployment. Those with special needs received special services, the best there were on offer at the time, as well as housing, pensions and other social services adapted to their needs. A tradition of thorough record keeping and documentation on health, social services, schooling, criminal activities enabled the collection of extensive objective data on the cohort members and their families. Further, a sense of social responsibilities and an understanding of the importance of scientific research led to active participation by cohort members in completing various questionnaires and tests.

Project Metropolitan was not originally established to study mental disorder and crime. However, this book will demonstrate how it has been used to advance our knowledge of this problem. The findings described in this book provide concrete evidence of the value of longitudinal cohort studies like Project Metropolitan in which data are collected prospectively. As will be shown, such an investigation can be used to answer important questions, many of which were not even thought of at the time the study was originally designed and undertaken. The funds and manpower invested in such long-term endeavours are substantial, but as we hope to show, the benefits far outweigh the costs. Such investigations, if well conceived, include data which would traditionally be thought of as belonging to several different disciplines – sociology, criminology, psychology, psychiatry and medicine. The necessity of examining all these different types of data for the same individual and of collaboration between researchers with different training, experiences and traditions of research will also become evident as we proceed.

The book begins by describing the context – the knowledge base – that was used to develop the questions asked, and to interpret the findings.

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On the one hand, there is an extensive literature on how and why certain persons become offenders while others do not. On the other hand, there are equally extensive, but completely distinct literatures on how and why each of the major mental disorders develops. Unfortunately, as yet, there is almost no knowledge of how and why some persons develop both a major mental disorder and persistently commit crimes. These knowledge bases, one focusing on antisocial or criminal behaviour and the other on the major mental disorders, have each produced typologies. That is, they have used descriptive data to identify homogeneous groups, each of which follow different development trajectories from conception to adulthood. The challenge for the scientists working in one or other of these areas is to identify the complex chain of biological, psychological and social factors and the continuous interactions among these numerous factors which determine the offending behaviour or the mental illness. Based on this knowledge, we have just begun, as will be seen, to develop a typology of mentally ill offenders and to attempt to identify the complex chain of factors and the interactive processes which lead to both offending and mental illness.

Chapter 2 describes the Metropolitan Study, the data we have used to answer our questions. The overall design of the study, the implementation and data collection phases are described. The records from which the data were extracted, are presented, the procedures used to conceptualize and code the data are described, and when relevant, the procedures used to combine data for the present analyses are presented.

Chapter 3 includes a brief introduction to the cohort members and their families and describes the social context in which they were born, raised, and began their adult lives. While the subsequent chapters focus mainly on the characteristics of the cohort members, an understanding of the social environment in which they grew up is important. Every person perceives, is influenced by, and influences his/her environment in unique ways. While we do not pretend to understand or even accurately describe the complexity of these person/environment interactions, we do think that it is important to at least describe the social reality in which the cohort members lived.

Data extracted from psychiatric and school records was used to classify cohort members into five groups. Three groups of subjects had been admitted to a psychiatric ward by age thirty: (1) those with diagnoses of major mental disorders; (2) those with alcohol and/or drug related disorders; (3) those with other disorders. A fourth group of subjects were mentally retarded, and the fifth group is composed of all those cohort members who had never been admitted to a psychiatric ward nor to a special stream in

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school for retarded children. This latter group the most numerous, constitute our comparison group. Chapter 4 presents comparisons of the official criminality of the five groups of cohort members, separately for men and women. Our findings are then compared and contrasted with the results from other birth cohort studies, from follow-up studies of the criminality of patients with major mental disorders who have been discharged to the community, and investigations of the prevalence of major mental disorders among convicted offenders.

Chapter 5 critically reviews the principal explanations proposed in recent years to explain the criminality of persons with major mental disorders. We attempt to examine the extent to which findings from the present analyses as well as those from other investigations concur with the various explanations.

Chapter 6 presents an alternate hypothesis to explain the increased risk of criminality observed among men and women with major mental disorders. It is hypothesised that there are two types of offenders with major mental disorders. The early-starter displays a stable pattern of antisocial behaviour from a young age, while the late-starter shows no evidence of conduct disorder until late adolescence or early adulthood when the symptoms of the major mental disorders begin to develop. It is further hypothesised that the developmental paths, and the causal factors involved in the criminality of these two types of mentally ill offenders differ.

The final chapter discusses the implications of our research for further scientific investigations and for mental health and criminal justice policies and practices. While even at the end of this book it will be apparent that we still do not understand precisely how and why persons with major mental disorders commit crimes, our findings along with those from many other investigations, do constitute a body of knowledge which can be used to contribute to the development of programmes aimed at preventing crime and violence among the mentally ill. Using this knowledge to revise current mental health and criminal justice policies and practices would lessen the suffering caused by these illegal behaviours and would reduce the associated costs. Further, this new knowledge could be used to develop programmes aimed at providing optimal parenting for the children of individuals who suffer from major mental disorders. The changes to policies and practices, which are suggested by our findings, are presented and discussed, and the feasibility and costs of implementing such changes are assessed.

We think that the analyses presented here demonstrate the wealth of knowledge that can be gained from prospective, longitudinal investigations of unselected birth cohorts. Even though Project Metropolitan was not originally designed to study the relation between major mental disorders and

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criminality, nor the development of mentally ill offenders, we hope this book demonstrates that it has been successfully used for this purpose. This new knowledge only adds to all the other contributions made by the project in other fields of study. Furthermore, Project Metropolitan demonstrates how information collected routinely by governments, when de-identified, can be used to advance knowledge about many different issues in a cost-effective manner.

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CHAPTER 1

**RESEARCH ON THE CRIMINALITY
AND VIOLENCE OF THE MENTALLY ILL**

Scientists contribute to resolving the social problem of crime committed by mentally disordered persons in two very different ways. One, they conduct applied research designed to contribute information useful for amending laws and providing services for mentally ill offenders. Two, scientists pursue more basic research on the causes of violence among persons with major mental disorders. The research described in this book falls within the second category, but, as will be seen, it provides much useful information for those who are responsible for the planning and organisation of services for persons with major mental disorders, for developing effective treatment programmes and management strategies, and for creating legal dispositions which prevent crime and violence in this population in the most humane manner possible.

**APPLIED RESEARCH ON MAJOR MENTAL
DISORDERS AND CRIMES**

Applied research in this field is dominated by studies designed to improve the accuracy of assessing the risk of violent behaviour. These studies identify the characteristics of patients and their environments that are associated with violent behaviour in the future. They are conducted in clinical settings, with clinicians, and result in constant refinement of the procedures used to assess risk, improvements in the accuracy of these predictions, and more appropriate clinical and legal decisions about the placement and disposition of mentally ill offenders. Accurate selection of those who are likely to behave in an illegal or violent manner prevents abuses of the rights of those who are unlikely to hurt others. Further, these assessments 'of the risk of dangerousness' provide information on the conditions under which a patient is likely

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to behave aggressively and the conditions under which such behaviour is not likely, or is less likely, to occur. They are thus essential for decisions about where and under what conditions the patient can live safely in the community. This body of work has progressed at a tremendous rate over the past eighteen years and a great deal has been learned about the variables associated with aggressive behaviour in this population (see for example, Douglas and Webster, 1999; Quinsey, Harris, Rice, and Cormier, 1998; Menzies and Webster, 1995; Monahan and Steadman, 1994). Systematic procedures for assessing the violence of persons suffering from major mental disorders have been published (see for example, Webster and Eaves, 1995; Webster, Harris, Rice, Cormier, and Quinsey, 1994). These types of studies are of immediate relevance to clinicians and legal authorities who care for and manage the mentally disordered on a day-to-day basis.

For our purposes, it is essential to remember that prediction is not equivalent to explanation. Because a variable or set of variables predicts aggressive behaviour in the near future with relative accuracy does not necessarily mean that this variable or combination of variables are the determinants of the behaviour (for a further discussion, see Quinsey, 1995). Investigations of how to predict violence provide a great deal of information about the proximal determinants of violence among persons suffering from major mental disorders, and clues about the determinants farther removed in time. This results from the fact that most prediction studies are designed using information that can be readily collected in a clinical setting and they aim to provide information to clinicians that can be easily used. These investigations are not designed to uncover the etiology of violence among persons with major mental disorders.

Because mental health professionals are regularly required by law to assess the risk that a patient will behave violently or commit an illegal act in the future, it is not surprising that most of the research on crime and mental disorder has been limited to studies of how to make such predictions of 'dangerousness'. Inaccurate predictions can lead to horrific human tragedies or unwarranted confinement for the patient. Accurate predictions, on the other hand, can lead to placing patients in community treatment programmes that effectively prevent crime and violence. To date, the accuracy of these predictions has not been good (see for example, Bonta, Law, and Hanson, 1998; Borum, 1996). In order to increase the accuracy of these predictions, it is essential that they are based on results of empirical research. However, on what type of research should these procedures for clinical prediction be based? Presently, the literature on the prediction of 'dangerousness' among the mentally disordered consists of studies of variables that are easily ratable

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in a clinical situation, which were entered into a linear regression model and found to account for a 'significant proportion of the variance'. These types of studies are inadequate, both conceptually and methodologically, and consequently their results may be misleading. In order to improve the accuracy of these clinical predictions of dangerousness their scientific basis must be made sound. This requires abandoning variable oriented investigations which presume that the same predictors apply in the same way to all patients (Brown, Harris, and Lemyre, 1991) and developing prediction procedures based on a more general understanding of the development of individuals who as adults suffer from major mental disorders and commit crimes. The work presented in this volume attempts to contribute to advancing knowledge of these developmental processes.

It is not only criminal and violent behaviour on the part of persons suffering from major mental disorders that is difficult to predict. As noted by Magnusson and Stattin (1998):

Given the complex, often non-linear interplay of mental, biological and behavioral subsystems within the individual and an environment, operating in a probabilistic, sometimes very uncertain and unpredictable way, it is unrealistic to hope for accurate prediction of individual functioning across environmental contexts of differing character or over the life span... the final criterion for success in our scientific endeavours is not how well we can predict individual behaviour across situations of different character or across the life course, but how well we succeed in explaining and understanding the processes underlying individual functioning and development. (p. 287).

The scientific goal as noted by these authors is: (1) to identify the factors operating in human functioning and ontogeny; and (2) to identify and understand the mechanisms. Thus, while the prediction of behaviour is necessary in clinical situations in order to prevent violent and other criminal behaviour, prediction is an inappropriate scientific goal. Rather, the procedures used to make predictions of behaviour in clinical situations will increase in accuracy only if they are based on a more fundamental understanding of the patients whose behaviour is in question.

A more fundamental understanding of such persons can be achieved by adopting the perspective of holistic interactionism. This perspective rests on four basic propositions:

- (1) the individual functions and develops as a total, integrated organism;
- (2) individual functioning within existing mental, biological and behavioural structures, as well as developmental change, can best be described as complex, dynamic processes;

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- (3) individual functioning and development are guided by processes of continuously ongoing, reciprocal interaction among mental, behavioural and biological aspects of individual functioning and social, cultural and physical aspects of the environment;
- (4) the environment functions and changes as a continuously ongoing process of reciprocal interaction among social, economic, and cultural factors (Magnusson and Stattin, 1998).

This approach implies identifying homogeneous sub-types of individuals among our population of interest and identifying how each type interacts differently with both its immediate and larger social environments. Using this approach as will be shown, has allowed us to contribute knowledge that is essential to unravelling the processes which lead to criminality and violence among persons with major mental disorders. However, such knowledge, it can be argued, is also the basis for the development of effective treatment programmes and for accurate risk assessment.

In addition to the research on risk predictions, other applied research on crime and violence by persons with major mental disorders focuses on describing persons who receive various legal dispositions. Such studies are important for understanding how laws are being interpreted and applied, and for evaluating the functioning of criminal justice and mental health systems (see, for example, Brooke, Taylor, Gunn and Maden, 1996; Satsumi, Inada and Yamauchi, 1997; Steadman, Cocozza and Veysey, 1999). Other research is conducted within security hospitals and correctional facilities in an effort to identify predictors of aggressive behaviour and treatment and management strategies to reduce such behaviours (Cooke, 2000; Quinsey, 2000). Many studies are undertaken to document the characteristics which distinguish those who recidivate once discharged, and the circumstances in which these offences occur (see for example, Quinsey, Colemn, Jones and Altrows, 1997). Unfortunately, little research is conducted in an effort to identify treatment programmes that are effective in preventing crime and violence in the mentally ill (Müller-Isberner and Hodgins, 2000).

The evaluation studies that have been done, not surprisingly concur in showing that, institutionalisation limits criminality among the mentally disordered. Several different components of hospital treatment such as immediate and precise sanctions for inappropriate behaviours, staff with expertise in intervening to prevent aggressive behaviour, medications and isolation during periods of agitation may be responsible for limiting illegal and/or aggressive behaviours of in-patients. Community treatment programmes, specifically designed for mentally disordered offenders, have

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also been found to be effective in limiting offending even among high risk cases (Heilbrun and Peters, 2000; Hodgins, Lapalme and Toupin, 1999; Müller-Isberner, 1996; Wilson, Tien and Eaves, 1995). These programmes which have documented low criminal recidivism rates in the years following discharge from an inpatient unit have a number of features in common. Staff has accepted a double mandate, that is they see themselves as treating major mental disorders but also preventing criminality and violence. Staff has legal powers to rehospitalise the patients quickly, either because of an exacerbation of the symptoms of the disorder or in order to prevent crime. Further, these programmes acknowledge the multiple problems presented by mentally disordered offenders and attempt to provide interventions specific to each problem. While these latter programmes are highly structured and specifically designed for mentally disordered offenders, less specific outpatient treatment for the major disorder has been associated both with less aggressive behaviour (Swartz, Swanson, Hiday, Borum, Wagner and Burns, 1998 a and b) and with more aggressive behaviour (Swanson, Borum, Swartz and Monahan, 1996).

**RESEARCH ON THE ETIOLOGY OF CRIMINALITY
AND VIOLENCE AMONG PERSONS WITH MAJOR
MENTAL DISORDERS**

Research on the etiology of criminality and violence among persons with major mental disorders aims to describe the developmental pathways which lead to both major mental disorders and illegal behaviours. This research is conducted in the context of two larger research domains, one which focuses on the development of criminal and aggressive behaviour, and the other on the development of each of the major mental disorders. As will become evident in the course of reading this book, the links between each of these disorders and illegal behaviours are not presently known. For example, does schizophrenia cause or lead to the illegal or violent behaviour? Or alternatively, are the determinants of schizophrenia distinct from the determinants of the illegal behaviours? The answers to these questions are not currently known. Consequently, research is at the stage of asking what factors differentiate the development of individuals who in adulthood both have a major mental disorder and commit crimes and/or violence from the development of individuals who are either only antisocial and violent or only mentally ill. In order to proceed with this research, a detailed understanding of what is known about the development of adult offenders and of each of the major mental disorders is required. A brief review of some of the principal findings from these literatures follows. These findings have guided the formulation of questions asked in the present investigation.