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RESEARCH ARTICLE

A STUDY OF MENTALLY ABNORMAL FEMALE OFFENDER IN IRAQ

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ABSTRACT

Researches dealing with female criminality are not only limited, but often present contradictory findings. It is widely accepted that substantial proportion of crime by women is associated with mental disorder. In general it would appear that women are more law abiding than men. **Aims:** The study was designed to determine socio-demographic data, type of crime and type of mental illness among all female offenders referred to forensic psychiatric committee for psychiatric evaluation. **Subject & Method:** The study sample consisted of (51) female offender in AL- Rashad mental Hospital during the period from 1st Oct. 1998 to 30th of Jun. 1999. **Results:** The female offenders were interviewed according to semistructured interview questionnaire (SSIQ) based on DSM-IV. The age range of patients was (22-59) year, mean was (36.5 y +/-10.07). (51%) of the sample were within the age of (30-39) year, (33%) of them were single and (88 %) were house wives (33 %) were illiterate (70%) were from urban area. Vagrancy was the commonest offence among mentally abnormal female offender. Schizophrenia was the commonest disease among them (80 %). Majority of them had no history of previous referral to Forensic psychiatric committee (67%). Majority of them had history of previous admission to psychiatric hospital(53%). Murderers were characterised by low education, house wife, married, & their age in mid thirties and were diagnosed as schizophrenic. The results of this study was compared with studies in this country and other parts of the world. **Conclusions:** 1-All of the female offenders who were referred for psychiatric evaluation were found to be mentally ill except for one and the most frequent mental illness was schizophrenic. 2-The type of crimes committed by those females were vagrancy (45%), followed by delinquent Antisocial behavior (20%), and murders (11%). 3-Schizophrenia was the most common diagnosis among mentally abnormal female offender i.e. (80%) followed by mental subnormality (6%). 4-One-third of the sample were single, followed by the divorced who constituted (29%) while the widows were least represented among the sample (12%). 5-One-third of the sample (33%) have previous history of convictions. 6-Majority of female offender (70%) were compulsorily detained at hospital for treatment. While only (13%) were discharged for family care. **Recommendation and Suggestion:** 1- Establishing a mental health act in Iraq is more than necessary. 2- Any offender carry a mere suspicion of mental disturbance should be referred to Regional psychiatrist for psychiatric evaluations. 3-There should be some sort of cooperation and liaison between forensic psychiatric services and the courts. 4-Mentally ill female offender who are admitted to the mental hospital (forensic ward) should have close observation and follow up by hospital and community to prevent relapse and committing another offence. 5-A semi structural interview according to DSM-IV which used in this research need to be reevaluated again to determine its reliability and validity.

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INTRODUCTION

One of the cardinal facts about crime is that it is overwhelmingly a masculine activity. Nine men are convicted of offences of all types for every one woman, and among juveniles about six boys for every girl (Gibbens, 1975).

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Male offenders were known for long period as the main source of crime. Recently, the cause of crime and the role of female offenders in committing them from a psychological perspective have been put into consideration (Al-Sammarr'a, 1997). Historically women have committed fewer crimes and less serious crimes than men. "They have lower rates of crime in all nations, all communities within nations, for all age groups, for all periods of recorded history, and for practically all crimes (Robinson, 1997).

Pollak (1950) thought that women might be as delinquent as men but more often go undetected and unreported. Prostitutes, steal from drunken clients, girls from unfaithful lovers who are embarrassed to report them, criminal abortion, infanticide, poisoning of husbands or shoplifting are all difficult to detect (Pollak, 1950) The most common offence committed by women is stealing, Shoplifting accounts for half of all convictions of women for indictable offence, In contrast, violent and sexual offences are uncommon (Gelder, 1996) Research dealing with females criminality is not only limited, but often presents contradictory findings. The identities of female criminals would be expected to range from the traditionally extremely feminine identities to extremely masculine identities (Robinson, 1997). In general it would appear that women are more law-abiding than men. Generally they are sentenced more leniently and they are more likely to be seen as sick. It is widely accepted that a substantial proportion of crime by women is associated with mental disorder. Psychiatric disorder is frequent amongst women admitted to prison with personality disorder and drug abuse being especially common (Weisheit, 1984). Interestingly among adult female offenders, prostitutes possessed slightly greater patterns of masculine identity than did non prostitutes. The presence of children in home would decrease female criminal involvement as the anticipation that the presence of children would restrict the gender role to feminine pattern⁽³⁾. Weisheit (1984) held that marriage or cohabitation would indicate a lack of autonomy and independence therefore the absence of marriage or cohabitation could be associated with a masculine criminal behavior (Weisheit, 1984). Clement (1993) hypothesized that criminal subject with children, and married/cohabiting relationship, would tend to have been convicted of "Feminine crime" this would include the less violent, Less aggressive act, crime without a victim present and lack of prior record. In contrast, a subjects without children, having employment outside the home or living without a male partner would tend to have committed violent or aggressive crimes and to have a prior record (Clement, 1993). The existence of the second wave of crime in women of menopausal age has naturally drawn attention to menstrual variations and the possible effect of the premenstrual syndrome on female crime. O'Connor (1987) studied female sex offender and showed that those convicted of indecency offences often had poor social skills and had a high incidence of mental illness, mental handicap and alcoholism (O'Connor, 1987).

Kearns and O'Connor (1988) studied mentally handicapped criminal offender compared with general criminal population they showed that these offenders ages were higher, the ratio of male to female offenders was similar and the proportion of married people was lower. The offences and committed were for the most part serious with greater number of offences against property and public order (Kearn, 1988). Eronen (1995) show that mental disorders appear to have a statistical relationship with homicidal behavior in countries with relatively low crime rate on the basis of the data there may be special sub group of women among whom the risk of homicidal behavior is very high (Eronen, 1995). D'Orban and O'Connor (1989) studied (17) female parricide (14 matricide and 3 patricide) and found that six of them were schizophrenics and five had psychotic depression while three had personality disorder and one was alcoholic. Two of the patricide had no psychiatric disorder but retaliated against violent father. Regardless of psychiatric diagnosis matricide were mostly single, socially isolated woman in mid-life, living

alone with domineering mother in a mutually dependent but hostile relationship (d'.Orban, 1989).

Crime and mental disorders: Criminal behavior attract psychiatrist attention when it is related to mental disorder. The relationship between the two is complex (AL-Mutter, 1996). Dietz (1992) have distinguished 5 patterns of relationship between mental disorder on one hand and criminality on other hand among mentally disordered offenders: Pattern I-offenders are those for whom crime is a response to psychiatric symptom, most often delusions or hallucinations. Pattern II-offenders they commit crime motivated by compulsive desire such as sex offences by paraphiles and offences regarded as evidence of disorders of impulse controls. Pattern III-offenders are those with personality disorder for whom the crime is merely one example of maladaptive pattern of voluntary and knowing behavior. Pattern IV-offenders that have coincidental mental illness that is unrelated to the crime. Pattern V- offenders are those who become mentally disordered as a result of their crime such as those who become depressed in prison (Dietz, 1992). The psychiatric disorder most likely to be associated with crime were personality disorder, alcohol, drug dependence and mental retardation. In addition to these categories there is sizable group of recidivist offenders who are socially isolated and often homeless and unemployed. They are frequently of low I-Q, Some have chronic schizophrenia. Recent evidence suggests an association between violence and psychosis especially those cases with paranoid Ideation (Gelder, 1996). The most serious types of offences are usually those against person. They account for less than 10% of offences over all. The most serious in this group is murder followed by manslaughter, grievous bodily harm, wounding and assault. This latter can mean slight contact with a person or a very serious beating (Gibbons, 1997).

Aims of the Study The purpose of this research is to: 1- Study of socio-demographic data of mentally abnormal female offender who are admitted to Al- Rashad mental hospital. 2-To find out the types of mental illness according to DSM-IV (American Psychiatric Association 1994) among the mentally abnormal female offender. 3- To study the correlation between type of offences & psychiatric diagnosis.

Patient And Method: The patients of this study were mentally abnormal female offenders who were already have been admitted to Zainab forensic ward in Al-Rashad mental hospital. In addition to all female offenders who were referred from courts, police, security or other governmental agencies to the forensic psychiatric committee at Al-Rashad mental hospital for psychiatric and assessment and to decide about criminal responsibility and fitness to plead, during the period from 1st October 1998 to the 30th June 1999 were evaluated. The female offenders included in this study were (52). One of them was discarded from this study because she was regarded as mentally clear by forensic psychiatric committee and was received by her family. The rest of the group i.e. (51) were interviewed by the researcher. The interview was made before and after presentation to forensic psychiatric committee to know the disposal of offender after committee decision. The interview consisted of questionnaire (Appendix I) containing information about age, sex, address, and other socio-demographic variables it also included the source of referral, the nature of offences, previous history of forensic psychiatric referral, previous history of psychiatric admission, diagnosis

given by committee, criminal responsibility and fitness to plead. A semi-structured interview based on the DSM-IV (Appendix II) was used by the researcher to establish diagnosis according to DSM-IV (American psychiatric association, 1994). Epilepsy was diagnosed by direct questioning of offenders, an informant and EEG Mental retardation (sub normality) was diagnosed by direct questioning of offenders and/or an informant. The statistics used in this study were simple descriptive statistical measure as rate, mean and SD.

RESULTS

The frequency of referral according to age is presented in table (1), there age range was (22-59) year (mean \pm S.D 36.5 y \pm 10.07). About three quarter (i-e 70%) were less than 40 years of age. Regarding marital Status of mentally abnormal female offender, table (IV) showed that (17) of them (33%) were single and (15) of them (25%) were divorced, followed by (13) of them (29%) were married and lastly (6) of them (12 %) were widows. Level of education in table (VI) demonstrated that one third of the sample were illiterate while (12) of them (23%) were in primary school and (10) of them (20%) were in intermediate school. Table (VII) showed the past psychiatric history among female offender whom (27) of them (53%) had previous psychiatric history while of them (47%) were without past psychiatric history. Psychiatric disorders according to DSM-IV among Female offender was illustrated in table (VIII): (41) of them (80 %) were schizophrenic and (3) of them (6 %) were mentally subnormal and (2) of them (4%) were schizophrenic and drug abuse (dual diagnosis), and (2) of them (4%) were manic Depressive psychosis and (2) of them (4%) were schizoaffective disorder and lastly (1) of them (2%) was Epileptic.

Types of convictions among offenders showed in table (IX) in which (23) of them (45%) were convicted of vagrancy followed by (10) of them (20%) convicted of Delinquent Antisocial behavior and (6) of them (11 %) convicted of murder and (5) of them (10 %) convicted of physical assault (2) of them (4%) convicted of Attempted homicide, (2) of them (4%) convicted of verbal aggression, (2) of them (4%) convicted of prostitution and lastly, one of them (1%) was convicted by unlawful crossing of borders. Table (XI) showed frequency of previous referral to forensic psychiatric committee according to type of offence. They showed that (10) of them (59%) were convicted of vagrancy and (3) of them (18%) (were convicted of physical) assault and (2) of them (12 %) were convicted of delinquent Antisocial behaviors and (1) of them (6%) were convicted of murder and lastly (1) of them (6 %) were convicted of attempted homicide. Table (XII) showed that the disposal of patient who were referred to forensic psychiatric committee in which (36) of them (70%) were compulsory admitted for treatment while (7) of them (13%) were discharge for family care and lastly (8) of them (16%) were waiting for courts order.

Mean age: 36.5 S.D.: 10.27 Age Distribution of mentally abnormal female offender

Age group	No.	%
20-29	10	20
30-39	26	51
40-49	9	18
50-59	6	12
Total	51	100

(2) Religion of mentally abnormal female offender

Religion	No.	%
Muslim	50	98
Christian	1	2
Total	51	100

(3) Residence of mentally abnormal female offender

Residence	No.	%
Rural	15	29
Urban	36	71
Total	51	100

(4) Marital status of mentally abnormal female offender

Marital status	No.	%
Single	17	33
Divorced	15	29
Married	13	25
widow	6	12
Total	51	100

(5) Occupation of mentally abnormal female offender female offender

Occupation	No.	%
House wife	45	88
Government Employee	5	10
Student	1	2
Total	51	100

(6) Level of Education of mentally abnormal female offender

Level of Education	No.	%
College	3	6
Secondary school	5	10
Intermediate school	10	20
Primary school	12	23
Read & write	4	8
Illiterate	17	33
Total	51	100

7. Past psychiatric history of mentally abnormal female offender

No. of patient who have past psychiatric history	27	53
No. of patient without past psychiatric history	24	47
Total	51	100

DISCUSSION

The relationship between crime and mental illness from one of the important aspects of forensic psychiatry. Mental disorder resulting in disturbed social behavior often result in police intervention with regard to responsibility and fitness to plead⁽¹³⁾. Psychiatric referral from police were investigated by Sims and Symonds (1975) and they found that most of the referrals were suffering from psychosis.

The sample included (51) mentally abnormal female offender which approximately three time more than that of Al-Mutter who studied (18) female offenders (AL-Mutter, 1996). The number of mentally abnormal female offender we studied was not high compared to male-offenders during the same period, and one explanation is that families of female offender try to adopt the case of their female offender and try to sort it out unofficially especially

(8) Psychiatric disorder among mentally abnormal female offender

Psychiatric Disorders	No.	%
Schizophrenia	41	80
Mental sub normality	3	6
Schizophrenia + Drug abuse (dual diagnosis)	2	4
Manic Depressive psychosis	2	4
Schizo affective disorder	2	4
Epilepsy	1	2
Total	51	100

(9). Type of conviction among mentally abnormal female offender

Type of conviction	No.	%
Vagrancy	23	45
Delinquent antisocial behavior	10	20
Murder	6	11
Physical Assault	5	10
Attempted Homicide	2	4
Verbal aggression	2	4
Prostitution	2	4
Unlawful crossing of borders	1	2
Total	51	100

(10) Frequency previous referral to forensic psychiatric committee

Details about previous referral to forensic psychiatric committee	No.	%
No. History of previous referral to forensic psychiatric committee	34	67
History of previous referral for same conviction	9	18
History of previous referral for different conviction	8	16
Total	51	100

11. Frequency of previous referral of mentally ill offender to forensic psychiatric committee according to type. Of offence

Previous convictions	No. of mentally ill offender with past history of referral	%	Type of current conviction	No.
Vagrancy	10	59	Vagrancy	7
			Delinquent antisocial behavior	3
			Vagrancy	1
Physical Assault	3	18	Delinquent antisocial behavior	2
			Vagrancy	1
Delinquent antisocial behavior	2	12	Physical Assault	1
Murder	1	6	Physical Assault	1
Attempted Homicide	1	6	Murder	1
Total	17	100		

(12) Disposal of patient who were referral to forensic psychiatric committee

Disposal of committee	No.	%
Compulsory Admission	36	70
Discharge for family care	7	13
Waiting for courts order	8	16
Total	51	100

when the offence is not serious. The mean age of mentally abnormal female offender is (36.5) which is similar to the finding of Al-mutter (1996) in which mean age was (34.4) and similar to Baridon and Rosner (1981) which revealed that typical patient was black, in mid thirty, poorly educated and diagnosed schizophrenic. Gibbone *et al* (1997) recorded same

age (30s) (Gibbons, 1997). D Orban and O'Connor (1989) also showed that matricide were mostly single, socially isolated women in midlife (d'.Orban, 1989). This reflect the general epidemiological aspect that the same age is more susceptible to mental disturbance than others. with regard to residence: our sample showed that most of them were from urban area (70%)

13. Type of mental disorders among each crime

A- Vagrancy

Disorder	No.	%
Schizophrenia	22	96
Mental sub normality	1	4
Total	23	100

B - Delinquent Antisocial Behavior

Disorder	No.	%
Schizophrenia	7	70
Schizophrenia + Drug abuse	1	10
Schizo effective	1	10
Manic Depressive psychosis	1	10
Total	10	100

C - Physical Assault

Disorder	No.	%
Schizophrenia	3	60
Schizophrenia + Drug abuse	1	20
Mental sub normality	1	20
Total	5	100

D- Murder

Disorder	No.	%
Schizophrenia	5	83
Epilepsy	1	17
Total	6	100

E- Verbal aggression

Disorder	No.	%
Manic Depressive psychosis	1	50
Schizophrenia	1	50
Total	2	100

F- prostitution

Disorder	No.	%
Schizophrenia	1	50
Mental sub normality	1	50
Total	2	100

G - Attempted homicide

Disorder	No.	%
Schizophrenia	2	100
Total	2	100

H- Unlawful crossing of border

Disorder	No.	%
Schizophrenia	1	100
Total	1	100

Table (14) Details about murders

A- Education

Education level	No.	%
Secondary school	1	17
Intermediate school	1	17
Primary school	3	50
Illiterate	1	17
Total	6	100

B- Occupation

Occupation	No.	%
House wife	5	83
Governmental employee	1	17
Total	6	100

C- Marital state

Marital state	No.	%
Married	3	50
Single	2	33
Divorced	1	17
Total	6	100

D – Age

Age	No.	%
20-29	1	17
30-39	3	50
40-49	1	17
50-59	1	17
Total	6	100

and this finding is different from that of O'Connor (1997) in which most of insanity acquitties were from rural area (Gibbons, 1997). An explanation is because of any crimes committed in rural area will resolved among them traditionally without police and law intervention. Regarding marital status of our sample, we found that singles were predominant (33%) which is similar to that of Al- Mutter (AL-Mutter, 1996). This may reflect the fact that single are more susceptible to mental disturbance than married. Level of education of our sample mostly were illiterate (33%) which equal to that of Al-mutter⁽¹³⁾. In which mostly (22%) read and write and (22 %) were illiterate and similar to that of Baridon and Rosnen in which typical patient was poorly educated. This might be explained by fact that psychiatric illness might cause deterioration in the educational performance of the patient. On the other way round in that they come from social disadvantaged families or group and this might contribute to both poor educational performance and tendencies to criminality at the same time.

Most of our sample of mentally abnormal female offender have positive history of previous admission to psychiatric wards (53%) and this finding confirms those from a Danish birth cohort by Hodgine *et al* who found that women who had been hospitalized in psychiatric ward were more likely to have been convicted of criminal offence than person with no history of psychiatric hospitalization. The offenders who were hospitalized committed all type and on average, as many offence as did the never hospitalized group of the same sex (Hodgins, 1996). Mental disorder was prevalent in all our sample except one, this figure should stress the importance of offender's referral for evaluation facilities as mental disturbance may be on underlying cause or contributory in good percentage of them. In our study schizophrenic was found in (43) of the sample i.e. (84%) which consistence with Al-Mutter study and consistent with Baridon and Rosner (1981). Fide *et al* (1992) and Sims and Symond (1975) who found similar rates. With regard to type of convictions among mentally abnormal female offenders, vagrancy was the most common offence committed i.e. (45%) which is not consistence with Al- Mutter study, in which murder, sex crime and wandering were the commonest offence among female

referral, while Sims and Symond reported wandering to form the majority among female referral (Sims, 1975). The second commonest crime was Delinquent Antisocial behavior (20%) and followed by murder (11%) which is the most dangerous offence, there for we're studied in details in our study. Murderers included in our sample were characterized mostly by low education, house wife, married and age in mid thirty and mostly committed by schizophrenic. Our result was consistence with Jasim study (1992). In which female offender was in middle aged and schizophrenic. While Olaiwi study (1992) showed that offender in older age and schizophrenic (both male and female). The nonviolent crime ex. vagrancy were mostly re-convicted again, because of short duration of detention in hospital for treatment while the violent crime ex. murder and attempted homicide was rarely re-convicted again because of long duration of detention compared with non-violent crime. The disposal of patient who were referred to forensic psychiatric committee, most of them were compulsory admitted (70%) which either directly by committee order especially for those of vagrancy crime or after court permission for violent crimes ex. murder and attempted homicide. While (13%) of patient were discharged for family care especially for those of nonviolent crime ex. Vagrancy. While (16%) of patient were waiting for court orders.

Recommendation and Suggestion

- Establishing a mental health act in Iraq is more than necessary. Any offender carry a mere suspicion of mental disturbance should be referred to Regional psychiatrist for psychiatric evaluations.
- There should be some sort of cooperation and liaison between forensic psychiatric services and the courts.
- Mentally ill female offender who are admitted to the mental hospital (forensic ward) should have close observation and follow up by hospital and community to prevent relapse and committing another offence.
- A semi structural interview according to DSM-IV which used in this research need to be reevaluated again to determine its reliability and validity.

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