

Original Article

A Descriptive Study of Female Prisoners: Evaluation of Socio-Demographic Profile, Crime Pattern and Psychiatric Morbidity

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ABSTRACT

Background: Female prisoners are associated with high percentage of psychiatric disorders. Majority of the studies done are for male prisoners. Studies on female prisoners are mostly from western countries and studies in India are very limited.

Aim: To evaluate the socio-demographic profile, crime pattern and psychiatric morbidity in female prisoners.

Materials and Methods: The data of 44 Female prisoners referred to Institute of Mental Health Chennai from 2001 to 2016 were assessed. Data was obtained from the case records.

Results: The mean age of female prisoners was 36.4. 79.5% were Hindus, 75% were from rural area, 34.1% were illiterate, 67.4% were married, 54.5% were unskilled workers, 72.7% were in the lower/upper lower socio economic status. The crime pattern was 70.5% were murderers, 5% were related to kidnapping, use of dangerous weapons, 4.5% were related to theft. Among the psychiatric disorders, 36.3% had depression, 29.5% had schizophrenia, 9.1% had bipolar disorder, 13.6% had other psychosis. In case of murder, the common victims were family members, (70.6%) of which 45.8% were kids. 50% female prisoners had been suffering from psychiatric illness before being referred to Institute of Mental Health as prisoners.

Conclusion: The results suggest that there is high prevalence of psychiatric co-morbidity in female prisoners which pose a serious challenge to the psychiatrists and policy makers.

Keywords: Female prisoners, crime pattern, psychiatric morbidity.

Introduction

Crime is an act or omission which law thinks fit to punish⁽¹⁾ and a criminal is a person who violates the law⁽²⁾. In this modern world crime has become a part and parcel of the society. It is unfortunate that crime which was said to be a monopoly among males is no longer so. When compared to male criminality, the percentage of female

criminality is much less and this is the reason for its neglect for a very long time⁽³⁾. Woman are considered the foundation stone of every family, but however in recent times there has been a significant increase in the number of women coming in conflict with law in India^(4,5) as well as in other parts of the world.⁽⁶⁾ There is a common perception that the criminal behavior of women

and the delinquent behavior of girls are not serious problems.

Women are more likely to commit minor offenses and have historically constituted a very small proportion of the offender population⁽⁷⁾. But these facts mask a trend that is beginning to attract attention. When compared to common public, people with crime records are prone to have more mental health issues, which mostly can go undetected. Many previous studies have found a high prevalence of psychiatric illness in prisoners, of both gender⁽⁸⁾. Substance abuse, anti social personality problems, and poor coping skills are said to mainly associated with prisoners.⁽⁹⁾ Misra (2001)⁽¹⁰⁾ states that female criminality is a result of diverse socio economic, cultural and environmental factors like urbanization. A prison setting in itself can lead to mental health issues and according to Singleton⁽¹¹⁾ those who are psychotic are likely to be locked up in prison for longer time than usual when compared to other inmates.

Most of the research among female prisoners are scarce and the few studies done have been from western countries. Studies done in female prisoners have shown more psychiatric morbidity⁽¹²⁾ than their male counterparts. Women and men are different not only in their obvious physical attributes, but also in their psychological makeup⁽¹³⁾. Hence studies done in male prisoners cannot be generalized to female prisoners. Since very limited studies have been done in India particularly in the female prisoners the following study will help us to evaluate the psychiatric morbidity in female prisoners and give insight regarding further research in this field.

Aim and Objectives of the study

1. To study the psychiatric morbidity in female prisoners.

Materials and Methods

The study was done in Institute of Mental Health Chennai which provides mental health care for the past 200 years. It is one of the largest tertiary care

Institute in India catering to the mental health needs of tamilnadu, Pondicherry and other neighboring states. In Tamilnadu this is the only hospital with separate criminal wards for both males and females. The plan of study was approved by the ethical committee of Madras Medical College.

The methodology used for the study was retrospective chart review. The data of all the female prisoners referred to Institute of Mental Health, Chennai from 2001 to 2016 were analyzed. The data was collected from the case records. The socio-demographic data, clinical history, criminological history and psychiatric diagnosis made as per ICD-10 were obtained. 51 patients had been referred to Institute of Mental Health, Chennai during this period. Of them, five were excluded from the study due to insufficient data for our study from the case records. Two were excluded because they were rape victims. Finally 44 patients case records were analyzed and evaluated.

Results

In our study we found that majority (Table 1), 18 patients (40.9%) belonged to the 31-40 years age group, followed by 11 patients (25%) in the 41-50 years age group. The mean age was 36.4 in our study.

Socio demographic profile showed (Table 1), 35 patients (79.5%) belonged to the Hindu religion. 33 out of the 44 patients belonged to the rural setting (75%). Most of the patients in the study were illiterate (34.1%), followed by patients with only primary school education (31.8%). Out of the 44 patients, 29 patients (67.4%) were married and living together. Separated and divorced patients were 5 each in our study.

Occupational profile (Table 1), revealed 24 patients (54.5%) were unskilled workers, house wife /unemployed were 12 (27.3%). 32 of the 44 patients (72.7%) belonged to the lower/upper lower socioeconomic status based on modified kuppasamy scale (2012).

Table: 1 Socio demographic profile.

Variable 1: Age	N	%
≤ 20	3	6.8
21 – 30	8	18.2
31 - 40	18	40.9
41 - 50	11	25
51 - 60	2	4.5
> 60	2	4.5
Variable 2 : Religion	N = 44	%
Hindu	35	79.5
Muslim	6	13.6
Christian	3	6.8
Variable 3 : Area	N = 44	%
Rural	33	75
Urban	11	25
Variable 4 : Education	N = 44	%
Illiterate	15	34.1
Primary School	14	31.8
Middle School	9	20.5
High School	1	2.3
Graduate/Profession	5	11.4
Variable 5 : Marital Status	N = 44	%
Married and living together	29	67.4
Unmarried	0	0
Separated	5	11.6
Divorced	4	9.3
Widow	5	11.6
Variable 6: Occupation	N = 44	%
Unskilled	24	54.5
Semi skilled	3	6.8
Skilled	5	11.4
Profession	0	0
Unemployed / house wife	12	27.3
Variable 7: Socio economic status	N = 44	%
Middle/Lower middle	7	16
Lower/Upper lower	32	72.7
Lower	5	11.3

Crime details showed (Table 2), of the 44 patients, 31 patients (70.5%) had committed murder, of which 4 patients (9.1%) had committed a murder

and then tried to attempt suicide. The other crimes like kidnapping, using dangerous weapons, using obscene words all account for 25% of crime (11 patients). Two patients have committed theft (4.5%).

Among these prisoners 7 (15.9%) were convicted, of these five of them were sentenced for life. The remaining were remand prisoners 22 (50%) or under-trial 15 (34%) prisoners.

Table 2: Type of Crime and crime details

Sl.no.	Type of Crime	N = 44	%
1	Murder	31	70.5%
2.	Others	11	25%
3.	Theft	02	4.5%

Since murder was the most common crime in our study we studied the victim details (Table 3). The victim was found to be mostly related to the prisoner, with 24 victims (70.6%) being family members. Among family members, children were the common victims (45.8%) followed by the husband (25%). The other close relatives murdered were parents, daughter in law, and son in law.

Table 3: Victim Details of crime

Victim	N = 44	%
Family	24	70.6
Close Relation	2	5.9
Unknown	8	23.5
Family members as victim	n = 24	%
Kid	11	45.8
Husband	6	25.0
Parents	3	12.5
Others	3	12.5
Kid & Husband	1	4.2

Table 4: Psychiatric Diagnosis of female prisoners

Psychiatric Diagnosis	N = 44	%
Schizophrenia	13	29.5
Bipolar Mood Disorder (Mania)	4	9.1
Depression	16	36.3
Psychosis NOS	6	13.6
Mental Retardation	1	2.3
Others	4	9.1

Among the major psychiatric diagnosis (Table 4), depression was found to be common in our study in 16 patients (36.3%), of which two of them had

depression with psychotic features and one had depression with mental retardation. Schizophrenia was the next common diagnosis with 29.5% (13 patients). 13.6% had other psychosis 9.1% had bipolar disorder. In our study, six out of 44 patients had substance abuse, with alcohol in three of them, tobacco in two persons and cannabis in one person.

Comparison of Inpatients and Outpatients

In our study, three fourth of the patients (75%) were treated as in patients. The most common reasons for referral (Table 5) from prison and court were sleep disturbances (74.4%), followed by suicidal thoughts and hearing voices in 16 cases each (37.2%).

Table 5: Chief complaints for referral of female prisoners

Chief Complaints	Responses	
	N	%
Suspiciousness	11	25.6
Hearing Voices	16	37.2
Talking To Self	7	16.3
Excessive Talk	2	4.7
Anger Outbursts	6	14.0
Poor Self Care	10	23.3
Sleep Disturbance	32	74.4
Somatic Complaints	3	7.0
Suicidal Thoughts/Wishes	16	37.2
Low Mood/Crying Spells	13	30.2
Others	2	4.7
Total	118	100.0

Table 6: Comparison of diagnosis with Inpatient and Outpatients

Major Diagnosis	OP/IP					
	OP		IP		Total	
	N	%	N	%	N	%
Schizophrenia	2	18.2	11	33.3	13	29.5
Bipolar Mood Disorder (Mania)	0	.0	4	12.1	4	9.1
Depression	7	63.6	6	18.2	13	29.5
Psychosis	0	.0	6	18.2	6	13.6
Mental Retardation	0	.0	1	3.0	1	2.3
Others	2	18.2	2	6.1	4	9.1
Depression & Psychosis	0	.0	2	6.1	2	4.5
Depression & Mental Retardation	0	.0	1	3.0	1	2.3

With regard to the diagnosis (Table 6) schizophrenia, bipolar disorder and psychosis was

high among the in-patients. It is understandable that major psychosis required hospitalization. Among the In-patients, on assessing the type of crime, murder was found to be more common. On evaluating the past history, 22 patients (50%) had been suffering from psychiatric illness, before coming to the hospital. They were either untreated or inadequately treated. It tells us that proper treatment of the illness could have made them better and crime could have been avoided, saving many lives.

Table 7: Family History of female prisoners

Family history	N	%
Family History of Psychiatric Illness	10	22.7
Nil	34	77.3
Total	44	100.0

22.7% patients had positive family history of psychiatric illness in our study (Table 7).

Discussion

In our study, the mean age was 36.4 and most of the female prisoners belonged to the age group 31-40 which correlates with the study done by Sandeep kumar goyal et al⁽¹⁴⁾ in which the mean age was 36.38. Female prisoners belonging to Hindu religion was the majority (79.5%) in our study. A study done in kerala by Anitakumari et al⁽¹⁵⁾ also found that 54.5 % prisoners belonged to the Hindu religion. 33 patients (75%) were from the rural setting among the female prisoners in our study, which is in concordance with the study of sandeep kumar goyal et al⁽¹⁴⁾ and sethi et al⁽¹⁶⁾. Majority of the patients (34.1%) were illiterate, similar to Sethi et al study.

On assessing, the marital status, majority were married (67.4%) similar to Singh/verma et al⁽¹⁷⁾ study and 23.2% were either divorced or separated.

On comparing the socioeconomic data with the crime pattern (Table 8) in our study we found that 32 patients (72.7%) were in the lower/ upper lower group suggesting that socioeconomic profile plays a pivotal role in crime pattern. On Fisher's exact test we found the value to be statistically

significant at p value of 0.047. Vinod kumar et al⁽¹⁸⁾ in their study found that 60% of the prisoners

were unskilled workers among the prison inmates which is similar to our data (54.5%).

Table 8: Comparison of type of crime and socio economic status

Type Crime	Socio Economic Status							
	Middle/Lower Middle		Lower/Upper Lower		Lower		Total	
	N	%	N	%	N	%	N	%
Murder	2	28.6	23	71.9	2	40.0	27	61.4
Theft	1	14.3	0	.0	1	20.0	2	4.5
Others	3	42.9	6	18.8	2	40.0	11	25.0
Murder& Suicide attempt	1	14.3	3	9.4	0	.0	4	9.1
Total	7	100.0	32	100.0	5	100.0	44	100.0

Test	Value	P-Value
Fisher's Exact Test	10.718	0.047

The crime pattern analysis in the female prisoners showed the 61.4% (27 patients) had committed murder. The study done by Vinod kumar et al also showed that 47% of prisoners have committed murder. This data shows that the crime pattern in females is similar to males with high percentage of patients committing murder.

The 44 female prisoners taken for study were assessed for psychiatric morbidity. 16 patients (36.3%) were diagnosed with depression and followed by schizophrenia in 13(29.5%) cases. In Anithakumari et al study⁽¹⁵⁾ mood disorders and adjustment disorder were found to be more common in female prisoners. Somsundram⁽¹⁹⁾ studied 53 prisoners admitted to the Government Mental Hospital. It was found that 40 of them suffered from schizophrenia, 10 from affective disorders (3 mania and 7 depression), in both gender. In our study we found that depression was high in female prisoners which has to be considered, diagnosed and treated appropriately. Depression was found more among convicts. Lack of visits from family members after the imprisonment and guilt due to the crime committed, the prison setting all could be a reason. Suicide attempt following murder was found in 4 patients which tells the important of understanding the nature of crime.

No study has previously assessed the crime pattern in female prisoners in hospital setting. No data or studies are available on the victim details,

which is very important. The family members were found to be most vulnerable victims among the female prisoners which states that aggression is directed towards family members especially kids.

Limitations of the study

1. This study is done from case records and not from patients directly which could lead to non-availability of data.
2. Since this is a tertiary psychiatric care hospital, only major psychiatric problems are referred/seen.
3. This study is a descriptive study and not a follow up study which maybe needed for detailed evaluation.
4. The sample size is small to generalize the findings to the general setting.

Conclusion

- Lower education level and lower socio economic status was seen in patients which should be taken in to account.
- The most common crime being murder and the vulnerable victims being family members creating awareness for early intervention might prevent them from executing violence against family members especially the innocent children.
- Previous history of mental illness should be considered seriously and if treated

adequately, there is a possibility of decrease in crime rate.

- The increasing trend of female criminality and the psychiatric disorder among these female prisoners has to be considered and timely intervention is to be initiated to prevent further offending. It poses a great challenge to the psychiatrist and the policy makers.
- This is the only study of female prisoners in a mental hospital setting which opens a plethora of possibilities for further research and understanding in this field.

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