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MENTAL DISORDERS AND VIOLENT CRIME

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ABSTRACT

This study addresses the question of whether mental disorders and violent crime are correlated. It is hypothesized that when someone has a mental disease they are more likely to commit a violent crime. Many articles have been written about the relationship between these two variables but the approach used in this article has never been used before. To research the relationship between mental disorders and violent crime the Survey of Inmates was examined. This survey is an in-depth interview with each detainee and asks questions regarding the type of crime that has been committed, the inmate's current mental health situation, and many other important questions about the person's background. A logistic regression model was used to find if there was a correlation between mental disorders and violent crime. Many factors were controlled for including drug and alcohol abuse during the offense, gender, age, and race. The results showed that people diagnosed with depression, PTSD, and schizophrenia were more likely to show involvement in violent crime compared to those with no mental illness. However, bipolar disorder was negatively correlated to violent crime.

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Chapter 1

Introduction to Violent Crime

With shows such as Criminal Minds, Law and Order, and Dexter, America has become obsessed with criminals, especially criminals who commit violent crime. People want to know what causes these people to commit such violent acts. Are there any predictors that may indicate if someone is capable of such aggression? Many of these shows highlight individuals who have mental disorders and portray these people as being more likely to commit violent acts. This study is to see if this stereotype is true among a sample of prison inmates. Are people with mental disorders more likely to commit violent crimes?

This study is important because if there is a relationship between mental disorders and violent crime, we can better control violent crime and decrease the likelihood of these people committing these acts. If we know these characteristics are dangerous, better precautions and care can be given to the mentally ill. Also if the two are correlated, more research would be done to try to find a cure for these diseases thus reducing violent crime. If the two variables are not related, this research can help fight negative stereotypes of mentally ill. People can realize that the mentally ill are not a threat and more freedom can be given to these individuals.

There have been several articles researching this topic but very few articles have attempted to cover more than one disease. The articles that have covered more than one

disease have lumped mental disorders into one group. This study categorizes each disorder to see if particular diseases are more likely to produce violent behavior.

This study examines if violent crime and mental disorders are related by looking at the Survey of Inmates 2004 interview. This study groups people with mental disorders into four different categories; people diagnosed with depression, bipolar disorder, PTSD and schizophrenia.

The first hypothesis is that people diagnosed with depression will commit more violent crimes than people who are not diagnosed with a mental disorder. The second hypothesis is that people with bipolar disorder will be positively correlated to committing more violent crimes. The third hypothesis is that people with PTSD will also be more likely to commit violent behavior.

The final hypothesis is that schizophrenia will have a spurious relationship with violent crime. Alcohol and drug use are positively correlated to both violent crime and schizophrenia. It is hypothesized that it is this drug and alcohol use that causes people to commit violent crime, not the diagnosis of schizophrenia itself.

Chapter 2
Literature Review

There has been a lot of research done on this topic and many different results have been found. In some of these mental illnesses, to be diagnosed with the disorder certain violent characteristics must occur. The textbook "Understanding Abnormal Behavior" defines the symptoms of each disorder. Depression is characterized by intense sadness, feelings of futility and worthlessness, and withdrawal from others. To be diagnosed with bipolar disorder an individual must show mania, a condition characterized by elevated mood, expansiveness, or irritability, often resulting in hyperactivity. This book states PTSD is a disorder characterized by anxiety, dissociation, and other symptoms that last for more than one month and that occur as a result of exposure to extreme trauma. Schizophrenia is a group of disorders characterized by severely impaired cognitive processes, personality disintegration, affective disturbances, and social withdrawal (Sue, Sue, & Sue, 2008). All of these defining characteristics of each disease make a person more susceptible to violent outbreaks.

One article proposing that depression's key characteristics cause violent crime is "Depression and Crime" (Woddis, 1957). This article focuses on three main things; showing that some people who commit crimes are depressed and never diagnosed, in some cases when someone is cured for depression their tendency to commit criminal acts is also cured, and most relevant to my paper, that after very violent acts a person no longer seems to be depressed, as if the violent act itself had cured their depression. This article provides fifteen case examples of depressed people who commit some type of crime. The article suggests that these people may commit these crimes because they

want to get caught and be punished. However, this article is rather dated. It's predictions about depression and violent crime may no longer be valid. This is another reason why this study is important.

Another article discusses how depression effects youths in particular. In "A Multivariate Analysis of Youth Violence and Aggression" over 600 Hispanic youths are examined. (Ferguson, San Miguel, & Hartley, 2009). This study used the Child Behavior Checklist to examine violent behavior. The children's parents or guardians would check off certain violent or aggressive behavior that their child preformed. The children and parents were also asked about bullying and other noncriminal violent activities. The aim of this study was to see what factors influence delinquent youth behavior. In particular, peer influences, antisocial characteristics, psychological abuse, and depression were the independent variables that may influence violent behavior. This study found that depression had the highest positive correlation with violent crime.

There are several articles that address people diagnosed with bipolar disorder and violent crime. In Psychiatric Quarterly one article talked about the relationship between these two variables at great length. The paper "Bipolar Disorder and Violence" discusses an overview of factors that contribute to violent crime, in particular the diagnosis of bipolar disorder (Feldmann, 2001). This article found that violent acts occur most often in bipolar patients who are having acute episodes. When bipolar patients have conceptual disorganization, auditory hallucinations, unusual thought content, suspiciousness, uncooperativeness, or hostility, these patients are at a much higher risk to become violent.

Another article discussing the diagnosis of bipolar disorder found similar results. This article studied 112 people diagnosed with bipolar disorder (Swann, et al. 2011).

This study examined personal background and other factors that could contribute to a patient's criminal behavior. Of those diagnosed with the disorder, 29 reported a criminal history. This article concluded that criminal activity is more likely to occur during manic episodes. Specifically, the inability to evaluate stimuli is one of the main reasons people with bipolar disorder can be prone to commit crimes. This article corresponds with the theoretical framework that the way mental diseases disturb a person's perceptions increases the likelihood that this person will commit a violent crime.

The third mental disorder, PTSD, is a major component of violent crimes. However, most of the articles involving PTSD discuss how the victims of violent crimes may experience PTSD. There is not a very large amount of research examining if the diagnosis of PTSD can cause people to commit violent crimes. Yet, there are many articles that talk about how PTSD confuses a person's way of processing stimuli. This confusion can cause people experiencing PTSD to commit a violent crime because they think they are in terrible danger. They may think they are in a warzone when in fact they are safe at home. "PTSD: When the Crime Punishes the Perpetrator" describes how murderers sometimes get PTSD after killing someone. It explains all of the symptoms of PTSD and how these symptoms can affect everyday life (Aprile, & Vincent, 2008). This article states that PTSD causes psychological stress and physiological reactions to things that are not actually happening. It gives clear examples of characteristics of PTSD and how these symptoms may affect the defendant. These examples are important in showing how people with this disorder may act improperly to a situation and may cause these people to commit what they think are necessary violent acts.

The final mental disorder discussed in this paper, schizophrenia, is comprised of different characteristics that cause a person to turn to crime. The article "Schizophrenia, Substance Abuse, and Violent Crime" found that one of the main problems with determining if people with schizophrenia are correlated to violent crime is the fact that many schizophrenics partake in alcohol and drug abuse, two factors that are known to cause violent behavior (Fazel, et al. 2009). This study compared people who had been admitted to a mental health hospital for schizophrenia to the general population. Over 1,000 patients with schizophrenia (13%) had committed a violent offense compared to over 4000 (5%) of the general population. Despite the increased risk for violence that is associated with drug abuse, the diagnosis of schizophrenia on its own is known to cause violent crimes. In fact, the criteria for schizophrenia disease include violent tendencies.

One article found support for the hypothesis that people diagnosed with schizophrenia commit more violent crimes even when controlling for factors such as alcohol use. In "Major Mental Disorders and Criminal Violence in a Danish Birth Cohort" the authors examined people who were born between January 1, 1944 and December 31, 1947 in Denmark. They were able to discover all records of violent crime that occurred in Denmark and records of people who had ever been hospitalized for a mental disorder. This study found that there were a significant number of people that had been diagnosed with schizophrenia and had committed a violent crime compared to their counterparts.

Other than articles examining each particular disease and how the disease's components can cause a person to commit violent crime, there has been some research done on mental illness itself and how it can affect violent tendencies. One article that has

done similar research to this study is Dr. Felson's paper "Mental Disorder and Offending in Prison." (Felson, Silver, & Remster, 2012).   This article also used the Survey of Inmates to look at an inmate's mental health state and whether or not they had committed a violent crime while in prison. The main difference between this study and Dr. Felson's study is that Dr. Felson grouped mental disorders as one main category. The current study broke down mental disorders into four different components to determine if each disease was correlated with violent crime. Dr. Felson's study also examined violent crimes that occurred while the inmates were in prison. This study examined the crime that each inmate was in jail for.

Another article that is similar to this study but found contrasting results is "The Intricate Link Between Violence and Mental Disorder: Results from the National Epidemiologic Survey on Alcohol and Related Conditions" (Elbogen, & Johnson, 2009). In this article Elbogen and Johnson (2009) assign mental illnesses such as schizophrenia, bipolar disorder, and depression to be the independent variable in this study. They assign violent behavior to be the dependent variable . This experiment used the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). In both waves of the survey specific questions were asked to determine if a person had a mental disorder and if a person had ever committed a violent crime. These questions gave several specific scenarios that depicted violent behavior and asked if the participant had ever participated in this type of behavior. The questionnaire also asked if each individual had ever been diagnosed with a mental disorder. In this survey participants were interviewed face to face on two separate occasions and answered a large amount of questions about their background and behavior.

The authors found that there was a statistical significance between mental illness and violent crime. However, these two variables were only significant when people with mental illnesses also had substance abuse issues. If people with mental disorders did not use alcohol or drugs dependently, they were not any more likely than people without disorders to commit violent acts. The hypothesis that people with mental disorders are more likely to commit violent acts was not supported.

Theoretical Framework

Based on the previous research, this study is founded upon the idea that people who have a mental disorder cannot think clearly and this enables them to commit violent crimes because they either do not understand what they are doing is wrong or do not fully understand the consequences of their actions. These disorders confuse a person's sensual perceptions so they are not able to correctly perceive a situation. Research has shown that people with depression are not thinking clearly and their main goal is to get rid of their depression. The article "Depression and Crime" found that committing crime relives a person's depression therefore clearing their mind only after the crime has been committed. Their depression has caused a distorted sense of self worth, and the individuals believe they are a bad person and deserve to be caught.

One of the symptoms of bipolar disorder consists of unusual thought content. Bipolar disorder is also defined by having some violent behavior occur, especially during a manic episode. "Bipolar Disorder and Violence" describes the circumstances in which the thought process of someone with this disorder may be contorted.

People with schizophrenia often have delusions associated with their disease. There are some cases in which people with schizophrenia have had hallucinations in which someone tells them to commit a violent crime. The article "Schizophrenia, Substance Abuse, and Violent Crime" examines these brain abnormalities and how their improper function can lead to violent crime.

The same is true with PTSD. Those suffering from this disorder may misinterpret certain stimuli as dangerous and their body automatically goes into combat mode. For example, sometimes loud noises or sounds remind a soldier of wartime and when they hear this noise they think they are back in battle. The book "Understanding Abnormal Behavior" gives several examples of people with PTSD misinterpreting certain stimuli and reacting inappropriately.

All of these disorders are characterized by symptoms that deal with a part of the mind malfunctioning. When the brain does not work properly, the body may not realize the differences between right and wrong and long term consequences. This study focuses on the characteristic of misperceptions and how these mistakes lead to violent crime.

Chapter 3 Methods

Participants

Both state and federal prisons were selected for the Survey of Inmates

2004. This survey is a collection of personal data from inmates in both federal and local

jails. The survey asks a large variety of questions about the inmate's personal

experiences, background, and defining characteristics. The survey can be found on the

Bureau of Justice Statistics website www.bjs.gov . The prisons with the largest number

of inmates were chosen to be selected for this survey. The remaining prisons were

categorized according to size and randomly selected to be a part of the survey. A total of

18,185 inmates were interviewed. However, only 18,124 were used in this study. Sixty

one cases were dropped due to missing data.

Design and Apparatus

During the Survey of Inmates 2004 inmates were questioned using the computer

assisted personal interviewing program (CAPI). This program generates questions for the

interviewer to ask the inmates and follow up questions if certain answers are given. This

study is a correlational study. In this study the independent variable was categorized by

inmates being diagnosed with a mental disease by a professional. The dependent variable

was categorized by the offense the inmate was sentenced for. The mediator alcohol use

was categorized by whether the inmate had drunk alcohol at the time of the offense. A mediator is any variable that indirectly influences the relationship between the independent and dependent variable.

Drug use was categorized by whether the inmate was on drugs during the offense. Race was categorized into four different subgroups; non-Hispanic white, non-Hispanic black, Hispanic, and non-Hispanic other race.

Procedure

Each interview took approximately one hour. Inmates were told beforehand that their answers are completely voluntary and no specific personal information will be released. The answers to the questions asked were entered into the SPSS program. Frequencies, correlations, and bivariate logistical regressions were used to analyze the data.

Chapter 4 Results

The first step of analyzing the data was to look for the descriptive statistics for each variable. . A large number of inmates from both state and federal prisons were diagnosed with mental disorders. The largest percentage was for depression, with which over twenty percent of inmates were diagnosed. Over 10% of inmates had been diagnosed with bipolar disorder. Four percent had been diagnosed with schizophrenia, while 6.5% were diagnosed with PTSD. These numbers represent that there is a large enough sample of inmates with these disorders to represent the people diagnosed with mental disorders in the general public. Another important variable to examine was the dependent variable violent crime. Almost half of the inmates had committed a violent crime (45.3%). This reflects the fact that violent criminals are more likely to go to prison than criminals who only commit minor offenses. This is significant because it is usually hard to find a large number of violent acts that have been recorded. This is one of the most representative samples of prisoners that can be used. The remaining variables are important to the hypotheses because they act as control variables and may influence the relationship between violent crime and mental disorders. It is important to have a large enough number of cases and adequate variation for variable, so that the analysis will have adequate statistical power. This sample fulfills these conditions, and the number of cases is large enough that even relatively small effects might be statistically significant. To find the percentage of each variable that was used in the study a simple frequency test was run in SPSS for each variable. The results are shown below.

Table 1: Frequencies

VARIABLES	FREQUENCY (percent)
Controlled Variables: *Race*	
White	11743 (64.8)
Black	10898 (60.1)
Hispanic	14668 (80.9)
Other	16979 (93.7)
Age	
Sex	
Male	14248 (78.6)
Female	3876 (21.4)
Alcohol Use During Offense	
Yes	4973 (27.4)
No	9604 (53)
Don't Know	101 (.6)
Refused	38 (.2)
Drug Use During Offense	
Yes	5509 (30.4)
No	4139 (22.8)
Don't Know	43 (.2)
Refused	25 (.1)
Independent Variables:	
Diagnosed Depression	
No	14160 (78.1)
Yes	3646 (20.1)
Diagnosed Bipolar Disorder	
No	15864 (87.5)
Yes	1911(10.5)
Diagnosed Schizophrenia	
No	17015 (93.9)
Yes	774 (4.3)
Diagnosed Post Traumatic Stress Disorder (PTSD)	
No	16622 (91.7)
Yes	1151 (6.4)
Diagnosed with Another Disorder	
No	17460 (96.3)
Yes	336 (1.9)
Dependent Variables: Offense Type *Violent Crime*	
No	9860 (54.5)
Yes	8169 (45.3)
Property Crime	
No	13825(76.4)
Yes	4177 (23)
Drug Crime	
No	13572 (74.9)
Yes	4457 (24.6)
Public Order Crime	
No	16803 (92.7)
Yes	1226 (6.8)

The next step in analyzing the information is finding the correlation between each variable. This is necessary because it is important to see how pairs of variables are related to one another. Correlations show if there is a positive or negative relationship between each variable. The larger the sample size the more significant the results will be. This test will show if there is a significant relationship between violent crime and mental disorders. If there was no relationship between the two variables all of my hypotheses would be incorrect. These correlations show that there is a significant interaction between the independent and dependent variables. Almost all of these disorders were highly correlated with violent crime. Table 2 shows that Depression, schizophrenia, and PTSD were all highly correlated with violent crime. This is the first step in supporting the hypothesis that people diagnosed with depression and PTSD are more likely to commit violent crimes. Depression had the lowest correlation rate of .018. Post-Traumatic Stress Disorder was correlated at the .026 level. Schizophrenia had the highest correlation rate of .043. This could also show support for the hypothesis that people diagnosed with schizophrenia are only more likely to commit violent crime when there is a combination of the diagnosis and alcohol or drug use. Only bipolar disorder was not significantly correlated. This does not show support for the hypothesis that the diagnosis of bi-polar disorder is related to violent crime. A simple correlations test was run in SPSS to create the correlations found in the following table. In the following table ** means the relationship was significant at the .000 level while * is representative of the relationship being significant at the .05 level.

Table 2: Correlations

	1	2	3	4	5	6	7	8	9
White (1)					.123**	-.064**	.064**	.038**	.086**
Black (2)					0.063**	0.063**	-0.063**	-0.04**	-0.046**
Hispanic (3)					-0.071**	0.016*	-0.016*	-0.014	-0.041**
Other (4)					-0.001	-0.027**	0.027**	0.029**	-0.011
Age (5)	0.123**	-0.063**	-0.071**	-0.001		-0.023**	0.023**	0.028**	-0.107**
Male (6)	-0.064**	0.063**	0.016*	-0.027**	-0.023**			0.089**	-0.034**
Female (7)	0.064**	-0.063**	-0.016**	0.027**	0.23**			-0.089**	0.034**
Alcohol Use During Offense (8)	0.038**	-0.04**	-0.014	0.029**	0.028**	0.089**	-0.089**		0.215**
Drug Use During Offense (9)	0.086**	-0.046**	-0.041**	-0.011	-0.017**	-0.034**	0.034**	0.215**	
Depression (10)	0.158**	-0.111**	-0.069**	0.023**	-0.02**	-0.197**	0.197**	0.052**	0.096**
Bipolar Disorder (11)	0.14**	-0.094**	-0.067**	0.021**	-0.028**	-0.183**	0.183**	0.043**	0.091**
Schizophrenia (12)	0.02**	-0.002	-0.041**	0.03**	0.025**	-0.034**	0.034**	0.02**	0.034**
PTSD (13)	0.082**	-0.062**	-0.045**	0.037**	0.022**	-0.138**	0.138**	0.028**	0.04**
Other Mental Disorder (14)	0.067**	-0.056**	-0.027**	0.025**	-0.006	-0.023**	0.023**	0**	0.013
Violent Crime (15)	-0.013**	0.039**	-0.059**	0.041**	0.008	0.185**	-0.185**	0.103**	-0.076**
Property Crime (16)	0.082**	-0.066**	-0.007	-0.018*	0**	-0.125**	0.125**	-0.063**	0.026**
Drug Offense (17)	-0.071**	0.048**	0.047**	-0.033**	-0.018*	-0.083**	0.083**	-0.073**	0.102**
Public Order Offense (18)	0.011	-0.05**	0.047**	0.005	0.013	-0.014	0.014	0.026**	-0.067**

	10	11	12	13	14	15	16	17	18
White (1)	0.158**	0.14**	0.0202**	0.082**	0.067**	-0.013	0.082**	-0.071**	0.011
Black (2)	-0.111**	-0.094**	-0.002	-0.062**	-0.056**	0.039**	-0.066**	0.048**	-0.05**
Hispanic (3)	-0.069**	-0.067**	-0.041**	-0.045**	-0.027**	-0.059**	-0.007	0.047**	0.047**
Other (4)	0.023**	0.021**	0.03**	0.037**	0.025**	0.041**	-0.018**	-0.033**	0.005**
Age (5)	-0.02**	-0.028**	0.025**	0.022**	-0.006	0.008	0**	-0.018**	0.013
Male (6)	-0.197**	-0.183**	-0.034**	-0.138**	-0.023**	0.185**	-0.125**	-0.083**	-0.014
Female (7)	0.197**	0.183**	0.034**	0.138**	0.023**	-0.185**	0.125**	0.083**	0.014
Alcohol Use During Offense (8)	0.052**	0.043**	0.02**	0.028**	0**	0.103**	-0.063**	-0.073**	0.026**
Drug Use During Offense (9)	0.096**	0.091**	0.034**	0.04**	0.013	-0.076**	0.026**	0.102**	-0.067**
Depression (10)		0.528**	0.295**	0.365**	0.104**	0.018*	0.036**	-0.055**	0
Bipolar Disorder (11)	0.528**		0.316**	0.323**	0.092**	-0.01	0.051**	-0.037**	-0.002
Schizophrenia (12)	0.295**	0.316**		0.225**	0.081**	0.043**	0.002	-0.05**	0.003**
PTSD (13)	0.365**	0.323**	0.225**		0.088**	0.026**	0.008	-0.034**	-0.007
Other Mental Disorder (14)	0.104**	0.092**	0.061**	0.088**		0.029**	-0.002	-0.033**	0.002
Violent Crime (15)	0.018**	-0.01	0.043**	0.026**	0.029**				
Property Crime (16)	0.036**	0.051**	0.002	0.008	-0.002				
Drug Offense (17)	-0.055**	-0.037**	-0.05**	-0.034**	-0.033**				
Public Order Offense (18)		-0.002	-0.003	-0.007	0.002				

The final step in analyzing the data was to check and see if the relationships between violent crime and a diagnosis of a mental illness hold up when other variables are controlled. To do this a multivariate logistic regression was run. This logistic regression model shows how each mental illness is correlated to violent crime when controlling for age, race, alcohol use, drug use, and gender. This model also gives the odds of people with each disorder having committed a violent crime. From these odds, the probability can be calculated. This table also shows the significance of each relationship. All three of the previous calculations are used in this model to either show support for the hypotheses or support the null hypotheses that no relationship exists. After this analysis was run, these data showed that almost each disease was associated with violent crime. Only people diagnosed with bipolar disorder had a lower probability of committing a violent crime compared to people who did not have a mental disorder. All of the diseases showed significant associations. Each p value was less than .05. Besides bipolar disorder, each diagnosis was correlated with violent crime at the .000 level. People with these disorders had a higher chance of committing violent crime than people who did not have a mental disorder. Comparatively, those diagnosed with depression had one of the lowest odds of committing a violent crime with a 1.23 chance. This means that the chance for every one person who commits a violent crime and does not have a mental disorder, there are 1.23 people with depression that commit a violent crime. Schizophrenia had the highest odds with a 1.43 chance. PTSD had a 1.34 chance.

These odds can also be computed into probability. To obtain the probability, from the odds, I divided the odds by the odds plus one (odds / odds +1). For example, to

obtain the probability of a person with depression committing a violent crime I divided

1.23 by 2.23. When assuming that everyone in the sample has a fifty percent chance of

committing a violent crime, people with depression have a 55% probability of

committing a violent crime, or a higher probability by 5%. People diagnosed with

schizophrenia have the highest probability of committing a violent crime with 59%.

People who have PTSD have a 57% probability. Bipolar disorder is the only disease

where people diagnosed with the disorder actually have a lower probability of

committing violent crimes than people who are not diagnosed with any mental disorders.

People with bipolar disorder only have a 47% probability of committing a violent act.

The table below shows the results from performing a logistical regression analysis in

SPSS. The B statistic represents the antilog of EXP B. This B statistic is necessary to

obtain the odds of each interaction. EXP B represents the odds of each relationship.

Table 3: **Violent Crime**

	B statistic	Significance	Exp (B)	Probability
Depression Disorder	.210	.000	1.234	55%
Bipolar Disorder	-.129	.042	.879	47%
Schizophrenia	3.6	.000	1.434	59%
PTSD	.299	.000	1.348	57%
Other Mental Disorder	.438	.000	1.55	61%

A logistic regression model was done for each offense. Depression and

Schizophrenia showed a significant relationship with drug offenses. Both disorders were

negatively correlated with drug offenses. People diagnosed with these two disorders

have a lower probability of committing a drug crime than people who do not have a

disorder.

Table 4: **Drug Offenses**

	B statistic	Significance	Exp (B)	Probability
Depression Disorder	-.278	.000	.757	43%
Bipolar Disorder	-.091	.224	.913	48%
Schizophrenia	-.468	.000	.626	38%
PTSD	-.134	.122	.875	47%
Other Mental Disorder	-.517	.002	.597	37%

There were no significant relationships for any public order offenses. Each

relationship had a *p* value greater than .05.

Table 5: Public Order Offenses

	B statistic	Significance	Exp (B)	Probability
Depression Disorder	.03	.746	1.03	51%
Bipolar Disorder	-.015	.899	.985	50%
Schizophrenia	-.01	.95	.99	50%
PTSD	-.181	.198	.835	46%
Other Mental Disorder	.014	.951	1.01	50%

After performing a logistical regression for the property crimes, only PTSD or

bipolar disorder showed a significant relationship. People with bipolar disorder showed a

positive correlation, while people with PTSD showed a negative correlation for property

crimes. People with diagnosed bipolar disorder had a 56% probability of committing a

property crime. People with PTSD had a lower probability of committing a property

crime than people who were not diagnosed with a disorder. People with PTSD had a

45% probability of committing a property crime compared to the 50% probability the

general public has of committing this crime.

Table 6: Property Crimes

	B statistic	Significance	Exp (B)	Probability
Depression Disorder	-.10	.855	.99	50%
Bipolar Disorder	.231	.001	1.26	56%
Schizophrenia	-.088	.359	.916	48%
PTSD	-.182	.023	.834	45%
Other Mental Disorder	-.171	.216	.843	46%

Chapter 5 Discussion

There has been a lot of conflicting research on mental illnesses and their affect on violent crime. This research is important because if there is a positive relationship between the two variables, better treatments need to be made available to help reduce violent crime. After analyzing the data from the Survey of Inmates 2004, a significant positive relationship was found for people with depression, PTSD, and schizophrenia.

According to the article "Depression and Crime," the defining characteristics of depression lead a person diagnosed with this disorder to be more susceptible to violent crimes. People with depression are withdrawn from others, they do not care about the goals society has set up for them. They are filled with feelings of self hatred and believe they have already failed the goals set up for them. It does not make a difference to them if they commit a violent crime because they think they deserve to be caught and live in jail. It shows support for the theoretical framework that these people are not thinking clearly. People who are depressed have a warped sense of self worth which causes people with depression not to think through their actions. They do not think about all of the consequences of committing a violent crime. They have not completely thought through their actions. All they focus on is the fact that they are going to get caught and that they may no longer be depressed after they are sentenced. A sense of relief comes after the violent act.

The results show support for the first hypothesis that depression is positively correlated with violent crime. People with depression have a 5% higher probability of committing a violent crime compared to people who are not diagnosed

with depression. The results support the theoretical framework that these people are not thinking clearly and thus are inclined to commit violent crimes. This correlation study showed similar results to the correlation study done by Ferguson, C. J., San Miguel, C., & Hartley, R. D. (2009). Both studies show a positive correlation between depression and violent crime. Despite the support for the first hypothesis, the percentage is very small. Even though it is statistically significant it is not a large enough percentage to fully support the hypothesis.

The definition of PTSD includes the irrational thoughts of dissociation. This dissociation supports the theoretical framework that people with this disorder do not understand what they are doing at the time. People with this disorder may be misinterpreting sensory perceptions and dissociating from their violent crime. The disorder itself is a diagnosis of wrong thought processes and unclear thinking when reliving trauma. The article by Aprile, J., & Vincent, I. I. describes how people with this disorder think and how different their thought process is from people without the disorder (2008). It gives clear examples of how defendants with PTSD may act toward certain stimuli. These examples can also be generalized to how everyone with PTSD may react to any given situation.

The results support the hypothesis that people with PTSD are more likely to commit violent crimes. People with this disorder have a 7% higher probability of committing a violent act compared to the general public. These results support the theoretical framework that at the time of the crime, these individuals did not understand what they were doing was wrong. They had reacted irrationally based on past stress or trauma.

There are many conflicting studies about the effect of alcohol and drug use in people diagnosed with schizophrenia and their affinity to commit violent crime. Several studies show that when controlling for alcohol and drug use, people diagnosed for schizophrenia are not more likely to commit violent crimes than people who do not have the diagnosis. However, there is also research that shows schizophrenia on its own is positively correlated with violent crime. The article "Major Mental Disorders and Criminal Violence in a Danish Birth Cohort" is a perfect example of a study that controlled for drug and alcohol use and still found a positive relationship between people with schizophrenia and violent crime.

This previous research shows support for the theoretical framework that people with schizophrenia do not understand what they are doing is wrong. The definition of schizophrenia itself states that people with this disorder have severely impaired cognitive processes (Sue, D., Sue, D. W., & Sue, S. 2008). They do not possess the capacity to understand that committing a violent crime is wrong. They may be so captivated by their hallucinations that they do not understand they are committing a crime. They may believe it is necessary to commit this act. They do not understand that it is wrong or even illegal.

The results do not support the final hypothesis. There was a significant relationship between the diagnosis of schizophrenia and violent crime even when controlling for drug and alcohol use. The results support the previous research done by Fazel, S., Långström, N., Hjern, A., Grann, M., & Lichtenstein, P. (2009). The results from that study and the results here both show that people with schizophrenia are more likely to commit a violent crime even when controlling for alcohol and drug use. People

diagnosed with this disorder have a 9% higher probability of committing a violent act compared to people without a mental illness.

 There have been several articles that discuss the relationship between violent crime and people diagnosed with bipolar disorder. The article written by Feldmann, T.B. found that people with bipolar disorder are more likely to commit violent crimes when they are having ecute episodes or a combination of other bipolar characteristics such as hallucinations, suspicions, etc. This paper also discussed how the symptoms of bipolar disorder itself support the theoretical framework that people with bipolar disorder cannot think clearly. In particular Feldmann, T.B. discussed how bipolar patients sometimes have unusual thought content. This means that these patient's brains are not working properly.

 Despite the previous research and support for the theoretical framework, the results showed that the hypothesis that people with bipolar disorder commit more violent crimes is not supported. In fact, the data showed that people with this disorder are 3% less likely to commit a violent crime compared to the average person. These results may have occurred for several reasons. Most importantly, this is a very small percentage. It is not a large enough percentage to dismiss the hypothesis. Another reason these results could have occurred is based on the article by Feldmann, T.B. that stated that violent acts are more likely to occur during acute episodes. The people surveyed in this questionnaire may not have been suffering from an acute episode when they committed their violent act. These inmates may have never experienced the combination of symptoms that is positively correlated to violent crime. The article written by Swann, A. C., Lijffijt, M., Lane, S. D., Kjome, K. L., Steinberg, J. L., & Moeller, F. G. also reports similar results.

This article states that violence is most likely to occur during a manic episode (2011). Once again, it is possible that the inmates surveyed did not suffer from manic episodes. Even though the results did not support the hypothesis that people with bipolar disorder commit more violent crime, it does not mean that this hypothesis is wrong. More research and experiments have to be done to conclude if there is a relationship between these two variables.

There are several flaws with this study that could explain some of the unexpected results that were found. This study cannot be generalized to the public. The test subjects of inmates are not very similar to the general public. Their responses may not necessarily be similar to responses of someone who does have a mental disorder but has never been to prison. There may also be a higher number of prisoners with mental disorders than people with mental disorders in the general public. It is much more likely to find a connection between mental illness and violent crime because the population being surveyed is inmates. These individuals are prone to crime. This high number of subjects could have also caused the results to be significant.

Another problem with this study is that it is impossible to observe and record all violent behavior. This study only used the crime the inmates committed that caused them to be incarcerated. There could have been several other incidents of people with mental disorders committing violent crimes and never being caught.

Despite these flaws, these results are still very important. The results show there is a connection between violent crime and mental disorders among prison inmates. This information is crucial because it can be a guide as to how to deal with people with mental disorders. This information can also help lawyers defend patients with these disorders.

They do not have the same thought process as other people and this can be used as a defense or as mitigating circumstances to their crime. Since there is a large portion of people with mental disorders that are in jail, it is important that certain security measures be taken to help reduce the amount of violent acts that may occur in the jails. More importantly, more effective mental health treatment needs to be created to take care of these individuals while they are in jail.

Although this information is helpful in examining this theory of violent crime and mental disorders being correlated it is important that more studies be done. It is also important to remember that not all individuals who have a mental disorder are violent. The people interviewed in this study are much more likely to commit violent crimes because they are crime-prone individuals; they are inmates. They should not be treated any harsher than other citizens. This is only one study showing support for the hypothesis that people with certain mental disorders commit more violent crimes. This is not definite proof of any theory and more research can be done to further examine the relationship between these variables.

BIBLIOGRAPHY

Aprile, J., & Vincent, I. I. (2008). PTSD: When the Crime Punished the Perpetrator. *Crim. Just.*, *23*, 39.

Brennan, P. A., Mednick, S. A., & Hodgins, S. (2000). Major mental disorders and criminal violence in a Danish birth cohort. *Archives of General psychiatry*, *57*(5), 494-500.

Elbogen, E. B., & Johnson, S. C. (2009). The intricate link between violence and mental disorder: results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Archives of general Psychiatry*, *66*(2), 152-161.

Fazel, S., Långström, N., Hjern, A., Grann, M., & Lichtenstein, P. (2009). Schizophrenia, substance abuse, and violent crime. *JaMa*, *301*(19), 2016-2023.

Feldmann, T. B. (2001). Bipolar disorder and violence. *Psychiatric Quarterly*, *72*(2), 119-129.

Felson, R. B., Silver, E., & Remster, B. (2012). Mental disorder and offending in prison. *Criminal Justice and Behavior*, *39*(2), 125-143.

Ferguson, C. J., San Miguel, C., & Hartley, R. D. (2009). A multivariate analysis of youth violence and aggression: the influence of family, peers, depression, and media violence. *The Journal of pediatrics*, *155*(6), 904-908.

Sue, D., Sue, D. W., & Sue, S. (2008). *Understanding abnormal behavior*. Cengage Learning.

Swann, A. C., Lijffijt, M., Lane, S. D., Kjome, K. L., Steinberg, J. L., & Moeller, F. G.

    (2011). Criminal conviction, impulsivity, and course of illness in bipolar disorder.

    Bipolar disorders, *13*(2), 173-181.

Woddis, G. M. (1957). Depression and crime. *Brit. J. Delinq.*, *8*, 85.

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