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Descriptive Study of Egyptian Female Criminals

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ABSTRACT

The application of clinical psychiatric knowledge and skills to the needs of the Egyptian legal system require a plenty of information about the interface between psychiatry and law. The current study is a description of 20 mentally ill female criminals, 25 non-mentally ill prison criminals and a control group of 25 mentally ill non-criminal females. All of them were subjected to thorough psychiatric, psychodemographic, and psychological assessment. The diagnosis of cases was done according to the Egyptian Diagnostic Manual (DMP1). Factors related to the criminal acts such as weapon used, victim-criminal relationship, type and cause of crime were also investigated.

The need for tools to predict dangerousness in mentally ill patients was discussed in the light of the available results.

INTRODUCTION

The presence of mental disease at the time of commission of an alleged criminal act is an essential threshold requirement for use of insanity defence.

The generally accepted criteria for fitness to plead, according to Marcae (1983) are that the accused should be able to understand the nature of the charge and the possible consequences to himself, to follow the proceedings in court, to challenge the jury and to properly instruct his defence. If the accused is unable to fulfill these requirements and is found to be unfit to plead, the trial does not proceed and he is committed on a hospital order.

Women with a tendency to neurosis or psychosis or psychopathic personalities with a low threshold of irritation, may commit criminal acts when subjected to particular stress or irritation during their reproductive period (Trube, 1975). There is a peak of committing violence during the menstrual and premenstrual phases (Muclure and Wetzel, 1972; Pallis *et al.* 1976)

It has also been proved that there is a significant correlation between oestrogen levels and anxiety, irritability, depression and criminal acts (Backstron and Mattson, 1975)

Aim of the Work

To differentiate between the "prison criminals" and "Mental Hospital Criminals" who are not guilty by reason of insanity, and to identify the variables related to crimes committed by females then to describe their psycho-social and psychiatric profiles.

SUBJECTS & METHODS

The study was carried on 45 randomly selected females who committed violent crimes: 25 were from El Kanater Female Prison (following the agreement of the

Ministry of Interior) and the remaining 20 were Mental Hospital criminals (following agreement of the Board of Control and Ministry of Health). Both groups were compared to a third group chosen randomly from Abassia Mental Hospital. It comprised 25 mentally ill female patients who did not commit any crime.

All members of the study were subjected to a thorough detailed physical and psychiatric examination.

The family and criminal histories were taken in detail with special emphasis on history of criminality and mental illness among family members. Factors related to the committed crimes were studied meticulously to clarify the type and causes of the crime, the weapons used, the relationship with the victim as well as the mental mechanisms involved.

The patients were assessed by a battery of psychometric tests, these were:

a) The Arabic version of the Wechsler Adult Intelligence Scale (WAIS) (Melika, 1960).

b) The Arabic version of the Eysenck Personality Questionnaire EPQ (Eysenck and Eysenck, 1975).

c) The Depression Scale(D) of the Guilford battery (Anastasi, 1978).

d) The Psychopathy scale of the Minnessota Multipahsic Personality Inventrory (MMPI) (Melika et al. 1974)

e) The Porteus Maze test manual for the Impulsivity / adaptability.

RESULTS

Table (1) shows that:

- Group A patients were significantly older than group "B" and "C".

-Most of group B,C females were from urban areas while on the other hand, higher percentage of the mentally ill criminals were from ruralareas.

-The majority of group A females were house wives while considerable percentages of the other two group had been occpied in different jobs.

Table (2) shows that:

-The majority of group"A" criminals had lost either one or both parents and had more familial dysharmony than did the other two groups ($P>0.05$).

-Group C had the least percentages of mental disorders among their families, but at the same time they had the highest percentage of criminal acts done by other members of the family than the other two groups ($P<0.01$).

Table (3) shows that:

-Of the mental criminals, a higher proportion of psychoses especially schizophrenia had been reported.

-Of the prisoned criminals, higher proportion of personality disorders, psychopathy and drug dependence had been estimated.

From table (5) item (a) group (A) patients manifested intellectual deterioration in the form of differences between their verbal and performance IQ scores, owing to the mental disorder itself, the prolonged hospitalization with its consequences, notably sensory deprivation.

Table (5) item (b) group (C) criminals scored slightly higher in neuroticism, psychoticism, and criminality than the other two groups which reflected their tendency for impulsivity, cruel acts and easy loss of temper ($p>0.05$)

Group (C) criminals were significantly depressed than group (A) criminals who got the least scores in the depression scale (itemC).

Pathological impulsiveness and maladaptation were found more often in group A, C females (item E).

The porteus mazes test is the test recommended to be used for the prediction of dangerousness in psychotic patients.

DISCUSSION

The topic of the insanity defence has attracted considerable attention from lawyers, mental health professionals and others. Moreover, this defence continues to be the subject of interest, debate and controversy.

TABLE I

The socio-demographic variables of the 3 groups.

Variable	Group A Mental hospital Criminals N=20	Group B Mental hospital non-Criminals N=25	Group C Prison Criminals N=25	Test	A V. B	A V. C
Mean age	39.05	32.76	33.6	t		
SD ±	3.2	3.4	4.1			
Residence	No %	No %	No %			
-Urban	6 30	15 60	13 52	X2	2.2	4.02
-Rural	14 70	10 40	12 48		P>0.05	<0.05
Occupation						
-House wives	19 95	13 52	17 68			
-Profesional	-- --	4 16	-- --	X2	11.7	6.05
-Semi-Prof.	-- --	4 16	2 8		>0.05	>0.05
-Skilled	-- --	2 8	2 8			
-Unskilled	1 5	2 8	4 16			
Marit Stat.						
-Married	14 60	10 40	17 68		2.55	2
-Divorced	4 20	6 24	2 8	X2	>0.05	>0.05
-Unmarried	4 20	9 36	6 24			
Education						
-Illitrate	13 65	7 28	10 40	X2	6.13	4.5
-School grad.	7 35	14 56	13 52		>0.05	>0.05
-University graduate	0 0	4 16	2 8			

TABLE II

Family Background

	Group A Mental hospital Criminals N=20		Group B Mental hospital non-Criminals N=25		Group C Prison Criminals N=25		D.F.	A.VB	A.V C
Family troubles	No	%	No	%	No	%		2.3	3.3
loss of both parents	7	35	6	24	6	24		P>.05	P>.05
Loss of father	7	35	7	28	7	28	4		
Loss of mother	3	15	4	16	5	20			
Separate parents	1	5	3	12	4	16			
No family his.	2	10	5	20	3	12			
Family history of mental disorders								9.44	3.3
+ ve	3	15	13	52	3	12	1	P<0.01	P<0.05
- ve	17	85	12	48	22	88			
Family history of criminality								2.8	4.98
+ve	3	15	6	24	11	44	1	P>0.05	P<0.05
- ve	17	85	19	76	14	56			

N.B. Test used (x2)

TABLE III

The Psyhiatric Diagnosis of the 3 Groups according to the Egyptian Diagnostic Manual

Diagnosis	Group A Mental hospital Criminals N=20 No	%	Group B Mental hospital non-Criminals N=25 No	%	Group C Prison Criminals N=25 No	%	A.V.B.	A.V.C
-Schizophrenia	10	50	9	36	1	4	0.94	3.5*
-Manic- depressive	5	25	8	32	--	--	1.6	2.6**
-Mental retardation	4	20	2	8	2	8	1.7	1.6
-Drug depend & person. dis.	1	5	3	12	14	56	0.4	2.1*
-O.B.Syndrome	--	--	2	8	--	--	1.3	--
-Reactive depression	--	--	1	4	4	16	1.6	1.8
-No psychiat. disorder	--	--	--	--	4	16	--	1.7

N.B. Test used (X2) * $p<0.05$ ** $p<0.01$

TABLE IV

Comparing the Factors related to the Commitment of Crimes in Both Groups (group A&groupC)

Variable	Group C Prison criminals N = 25	Group A Mental hospital criminals N = 20
Incidence of violent crimes	34.9 %	36.8 %
Types of crimes committed by the sample	Murder (20 cases) Beating (4 cases) Up to death or infirmity (1 case)	Murder (18 cases) Trivial quarrelling (2 cases)
Weapons used	Cutting sharp objects and poisoning.	Firearms and throwing from high places.
	Both groups equally used heavy objects and strangulation	
Victim-criminal relationship	Mostly relatives especially of the first degree All victims in the prison criminal group were husbands	
Causes of crime	Accidental murder quarrelling and violence then vendentta	In about 50 % of cases, no particular causes, then accidental murder
Mean age of lst crime	28.32	31.1

TABLE V

Comparing the Results of Psychometric Assessment of the 3 Groups

Test	Group A Mental hosp. Criminals N=20 Mean SD	Group B Mental hosp. non-Criminals N=25 Mean SD	Group C Prison Criminals N=25 Mean SD	A.V.B	A.V.C
A) WAIS					
Verbal I.Q.	85.6 ± 3.8	85.2 ± 4.1	81 ± 2.8		
Performance I.Q.	68.6 ± 4.7	75.8 ± 3.2	81.5 ± 3.1	P>0.05	P>0.05
Total I.Q.	84.5 ± 3.7	86.8 ±4.2	81.5 ± 2.9		
B) EPQ:					
-Psychoticism	4.29 ±2.4	4.69 ±3.36	5 ± 2.24		
-Criminality	12.57 ± 5.4	15.56 ± 5.18	19.89 ±3.94		
-Neuroticism	10 ±4.78	14.72 ± 4.14	18.11 ±3.38	P>0.05	P>0.05
-Lie	16.71 ±2.3	14.17 ± 3.71	13.84 ±3.18		
-Extroversion	12.43 ±4.24	12.22 ± 4.51	12.68± 2.21		
C)Depressive Scale for depressive trait.	34.86 ±19.68	40.78 ±17.72	55.37±16.86	P>0.05	P<0.05
D) Psychopathy scale of MMPI	22.07 ±5.28	24.61 ± 6.75	26.69± 6.32	P>0.05	P>0.05
E) Porteus mazes adaptation assessment adaptation / impulsivity	41.7 ±13.23	35.7 ± 17.3	41.7 ± 13.23	P<0.05	P>0.05

Test used "t" test.

To establish a defence on the grond of insanity, the American Bar Association (1984) approved that a person is not responsible for criminal conduct if at the time of such conduct, and as a result of mental disease or defect, that person was unable to appreciate the wrongfulness of such conduct.

when used as a legal term in this standard, mental disease or defect" refers to:

i) Impairments of mind, whether enduring or transitory; or

ii) Mental retardation.

Either of which substantially affected the mental or emotional processes of the defendant at the time of the alleged offense (Shah, 1986).

There is a belief that such insanity acquittals enable dangerous criminals to escape criminal sanctions, to endanger the community by allowing short periods of confinement and high recidivism rates. Some of those beliefs are evidently fostered by selective media publicity given to notorious cases and are difficult to prove accuracy (Shah, 1986).

The present study revealed that the 3 groups had overlapping boundaries. The resemblance is the results of the sociodemographic variables, the family status, the psychiatric diagnosis and the psychometric assessment pointed out that sharing grounds existed and characterized both crime and mental illness. Both stemmed from nearly the same origin. They were derived from areas characterized by illiteracy, prevailing impulsive behaviour, and family troubles. Though the history of criminality prevailed in the families of the 2 groups of criminals, mental illness was more in the families of mental hospital group (table 2). So it is evident that the family patterns of behaviour and the personality predisposition are the differentiating factors that lead to the production of either crimes or mental illnesses.

The study of the 2 criminal groups raised speculations if there was a group that succeeded to escape the punishment by hospitalization. Both groups were nearly identical in many issues notably the age of the first crime, the incidence and type of violent crimes, the used weapons and the intimate relationship with the victims (mostly relatives especially of the first degrees) (Table4).

However, the group of prison criminals differed in some aspects from that of mental health criminals.It comprised higher incidence of non psychiatrically ill persons and personality disorders with an ultimate rise of other variables like personality disorders and drug dependence (Table 3)

Robertson (1985) postulates that the relationship between crime and illness is difficult to deduce.The difficulty of comparison between the rate of criminal offending committed by the mentally ill with that of the general population can be explained by the finding that mentally ill persons are more liable to detection and arrest.The analogy is derived from the size of the net's mesh that determine the type of fish caught.

All mental hospital criminals presented with psychiatric diagnoses sufficient to explain the crimes on the basis of mental mechanisms.The presence of thinking, perceptual or behaviour disorder may give the understandable clue especially on noticing that the crimes were motiveless in about 50% of cases. Satten (1960) suggested that murderers who lack an adequate or a comprehensible motive may represent an attempted defence against the outbreak of psychosis in which the ego seeks protecting itself from disintegration by discharging unsuitable anger through an act of violence.

On the other hand, the reasons for commitment of crimes could be clarified by other psychopathology depending on the labeled diagnoses. For instance, excitement was the highest mental mechanism behind violent crimes among mentally subnormals, although it is known that they are not aggressive or antisocial

in nature (Simmon, 1939). The motives for the crimes were derived from the environment especially in the families in cases of prison criminals. Reasons like quarrelling, altercation over money and vendetta were identifiable as causes for violent crimes (table4).

Although families are usually viewed as providing the primary support networks for individuals, Carmen et al. (1984) pointed out that female adults and children of both sexes are at highest risk for violence within the family. Violent family systems may produce a population at risk for chronic abuse as well as for psychiatric illness. It is likely that the outward displays of aggression were defences against intolerable feelings and vulnerability.

The social and legal acceptance of domestic violence, the absence of reporting laws or agencies to report to the inadequacy of social services for victims of domestic violence, and the shame and stigma of such victimization are a few of the factors that contributed to the invisibility of family violence and to the illusion that such problems either did not exist or were insubstantial (Rosenbaum, 1986).

The consequences of marital violence are shocking. Wife abuse often results in injuries requiring medical attention and resulting in permenent deformities, traumatic injuries, miscarriages and possible death. Approximately one eighth of all homicides are interpersonal and not uncommonly the abusive husband is the victim, his wife driven to murder by the belief that it may be her only escape from the abuse (Fleming, 1979).

In the current study, murder was the commonest crime in the 2 criminal groups. Therefore, it needs further emphasis. Early literature focussed on the offender till there was a shift to the victim-offender relationship (Herjanic and Meyer, 1976). Some authors recently went even further by stating that in a great many cases, the murderers are rather reasonable normal persons, whereas the victims are the discordant individuals.At least they possessed strange quirks of personality and character that contributed mightily to their demise (Herjanic and Meyer, 1976). It is likely to mention that the higher percentage of first degree relatives victims in the present study can be explained by the commitment of their crimes as an immediate reaction to a situation whether real or falsified by disease.

we conclude that the ability to predict violence in mentally ill patients is a matter of great importance for legal and therapeutic purposes. We agree about the different approaches aiming to increase the predictive accuracy among others, it was deduced that large term prediction of behaviour is more difficult than short-term prediction. Prediction might be with reference to particularly critical conditions for each patient.As circumstances change, the clinician should be notified and the patient reassured.The use of two or more professionals rating or assessing the patient independently, then comparing the results is indispensable (Gable, 1986).

Unfortunately, mental health professionals, until that time, may have to tolerate considerable ambiguity and legal risk while moving toward more empirical modes of prediction and more innovative forms of treatment.

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المراجع العربية

- لويس كامل مليكة ١٩٦٠.
مقياس وكسلر بلفيو لذكاء الراشدين والمراهقين Æ مكتبة النهضة المصرية – القاهرة
-لويس كامل مليكة، محمد عماد الدين اسماعيل، عطية محمود ١٩٧٤.
اختبار الشخصية متعدد الأوجه . القاهرة. مكتبة النهضة المصرية.

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ABSTRAIT

Une étude descriptive des femelles criminelles Égyptiennes.

L'application de la notion et de l'habilté clinicale psychatrique aux besoin d'un système légal Egyptien a besoin de beaucoup d'informations sur la confrontation de la psychiatrie et de la loi.

L'étude présente est une description de 20 femelles malades mentalles et criminelles, et de 25 femelles criminelles qui ne sont pas des malades mentalles et d'un groupe de contrôlées formé de 25 femelles qui ne sont pas des criminelles.

Toutes, ont été Soumises à une évaluation méticuleuse, psychiatrique, psychodemographique et psychologique.

La diagnose a été effectuée selon "L' Égyptian Diagnostic Manual: DMP1".
Les éléments qui ont une relation à l'action criminelle comme l'arme utilisée, la relation entre la victime et la criminelle, la façon et la cause du crime, ont été aussi étudiés.

الموجز

دراسة وصفية لمرتكبات الجرائم من السيدات المصريات المريضات بمرض عقلى

اجريت هذه الدراسة الوصفية على ٢٠ سيدة من مرتكبات جرائم العنف بعد ثبات مرضهن العقلى وايداعهن مستشفى الامراض العقلية بالعباسية و٢٥ سيدة من المسجونات غير المريضات بمرض عقلى بسجن القناطر بطرا لارتكابهن جرائم عنف وكذلك ٢٥ سيدة مريضة بمرض عقلى تم اختيارهن عشوائيا من نزيلات مصحة نفسية حكومية واللاتى لم يرتكبن أية جرائم على الإطلاق .

وقد خضعت كل السيدات لفحص طبى ونفسى دقيق وبطارية من الاختبارات النفسية لقياس نسبة الذكاء وسمات الشخصية ودرجة التوافق ، كما أجريت دراسة سيكوديموجرافية . وقد شخصت الحالات طبقا لدليل تشخيص الأمراض النفسية المصري . وتم التركيز على بعض العوامل الخاصة بارتكاب الجريمة مثل نوع السلاح المستخدم والعلاقة بين الجانى والمجنى عليه وأسباب ودوافع الجريمة وغيرها .

وقد نوقشت النتائج ، وفى ضوئها أوضح البحث الاحتياج لمقاييس نفسية دقيقة للتنبؤ بالخطورة الكامنة للمريض العقلى قبل ارتكابه الجريمة .