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# A Review of Offenders Remanded in a State Psychiatric Hospital

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## ABSTRACT

**Patients remanded over a two-year period to Woodbridge Hospital by Court Order were studied retrospectively. Schizophrenia was the most common diagnosis, theft and robbery the most prevalent offences. Males greatly outnumbered females. There were important gender differences, with males tending to commit sexual offences and females, theft and mischief. Males were less likely to be acquainted with their victims but those who caused hurt were more likely to know their victims. Outrage of modesty and theft were more likely to be committed against strangers. The reconviction rate was 26%, with repeat offenders more likely to commit sexual offences and theft. Patients who had previous psychiatric hospitalisation were more likely to be attending follow-up prior to and after release from remand and were more likely to have schizophrenia. Those assessed to be fit to plead were either fined or given jail sentences. Unsoundness of mind and unfitness to plead were associated with further remand in this hospital.**

**Keywords: court order, remand, criminal offences, victims, reconviction**

## INTRODUCTION

Persons who have committed offences and have a past record of psychiatric treatment or who are suspected to be suffering from mental illness are remanded by Court Order to Woodbridge Hospital. This is the largest psychiatric hospital in Singapore. During the period of remand a psychiatric assessment of the accused is carried out, with findings detailed in a court report. An important consideration is whether the offender was of "sound" or "unsound" mind at the time of the alleged offence. This is of relevance to the outcome of the court case. Soundness of mind is a legal term and is usually ascertained by the following criteria:

- (a) whether the accused was capable of knowing the nature of his actions, and
- (b) whether he knew what he was doing was wrong or contrary to the law.

Thus a person might have been suffering from a psychotic illness at the time of the alleged offence but

not be of unsound mind. On the other hand, if he were found to be of unsound mind, the Court will recommend to the Minister of Law to order that the accused be further confined to Woodbridge Hospital for care and treatment. Should he not be of unsound mind, the Court will deal with the case according to the severity of the offence, taking into account any mitigating factors (eg. the presence of psychiatric illness).

Persons found to be unfit to enter a plea in court are further remanded until they are fit to do so, or in some cases released to the custody of their families. Persons accused of serious offences such as murder or rape are usually not remanded to Woodbridge Hospital. Instead, psychiatric assessment of these individuals is carried out in a psychiatric ward of Changi Prison.

## METHODOLOGY

All male and female offenders who were remanded to Woodbridge Hospital between 1 January 1993 – 31 December 1994 were included in this study.

The names of all remand patients are recorded in a register kept in the remand wards. All other information were obtained from the hospital casenotes, court reports, the charge sheets and statements of facts supplied by the police. In the case of patients remanded more than once during the study period, the most recent offence was recorded while the number of previous remands and admissions were taken into account. Diagnoses were made according to ICD-9 criteria. For the ethnic distribution of the Singapore population, the 1990 census data were used.

To establish bivariate correlations between variables, cross tabulation analysis was adopted. The chi-square statistic was used to examine for associations.

## RESULTS

### Demographic characteristics

There was a total of 337 patients comprising 293 males and 44 females. The majority of offenders belonged to the 30 – 39 year old age group and the ethnic composition of the offenders corresponded to the ethnic composition of the population of Singapore. When the ethnicity of the offenders was

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compared across 3 different age groups ( $\leq 20$  years, 21 – 49 years and 50 years and above), differences did not reach statistically significant levels. Although there appeared to be a trend for ethnic minority races to be over-represented in the  $\leq 20$  year group, the generally small number of offenders in this group precluded any meaningful conclusions (Table I).

In terms of educational attainment, about 47% had no education or only primary level education, 33% had secondary or vocational level education. Those with polytechnic or university education formed the minority (8%).

### Diagnosis

The most prevalent diagnosis was that of Schizophrenia, present in 42% of the patients. Twelve percent had no psychiatric diagnosis, 5% suffered from neurotic disorders and 5% had epilepsy. Those with "other diagnoses" comprised individuals with more than one diagnosis. For instance, there was a patient diagnosed to be suffering from mental retardation with epileptic psychosis and personality disorder. The comorbidity of these patients made it difficult to assign them to any single diagnosis. A comparison of diagnosis with age yielded no statistically significant results ( $p > 0.05$ ) (Table II).

**Table I – Comparison of ethnicity of offenders across three age groups**

Ethnic groups	Age groups					
	Less than or equal to 20 years old		21 to 49 years old		Greater than 50 years old	
	No.	%	No.	%	No.	%
Chinese	10	62.5	180	64.3	29	72.5
Malay	4	25.0	45	16.1	5	12.5
Indian	0	0	39	13.9	5	12.5
Others	2	12.5	16	5.7	1	2.5
Total	16	100	280	100	40	100

**Table II – Comparison of diagnosis across three age groups**

Primary diagnosis	Age groups					
	Less than or equal to 20 years old		21 to 49 years old		Greater than 50 years old	
	No.	%	No.	%	No.	%
Schizophrenia	3	18.8	121	43.2	20	50.0
Mood disorders	1	6.3	12	4.3	2	5.0
MD or Epilepsy	4	25.0	35	12.5	2	5.0
PD/Alcohol/ Substance abuse	4	25.0	41	14.6	9	22.5
No mental illness	3	18.8	35	12.5	3	7.5
Others	1	6.3	36	12.9	4	10.0
Total	16	100	280	100	40	100

MD = Mental Retardation  
PD = Personality Disorder

### Offences

The most common offences were theft and robbery, committed by 80 patients (23.7%), and outrage of modesty (OOM) and acts of indecency (23.4%). About 5% had been charged with more than one offence and 15% were involved in miscellaneous offences (eg. illegal parking, consumption of illicit drugs). Vandalism according to the Vandalism Act Cap 341, refers to the unauthorised writing, drawing, painting, marking or inscribing on any public or private property, any word, slogan (caricature, drawing, mark or symbol). It also includes stealing, destroying or damaging of any public property. Such offences were committed by 30 (9%) offenders. Thirty individuals (9%) were also charged for endangering human lives by committing "rash acts" eg. by throwing objects out of high rise buildings.

Males were more likely to commit outrage of modesty (OOM) ( $p < 0.005$ ). Females were more likely to commit mischief and theft ( $p < 0.005$ ). Persons who had caused hurt or mischief were more likely to have had no previous record of being remanded whereas those who had committed OOM and theft were more likely ( $p < 0.005$ ). There did not appear to be any association between diagnosis and type of offences committed ( $p > 0.05$ ). Relatively few offences were committed by those under of 20, although there seemed to be a slight increase in sexual offences perpetrated by those in this age group. These differences were, however, not statistically significant ( $p > 0.1$ ).

### Knowledge of victim by accused

In 17.5% of cases, victims were known to the offenders. Assaulters were more likely to be acquainted with their victims. On the other hand, OOM and theft were more likely to have been committed on strangers ( $p < 0.005$ ). There was a fairly strong correlation between the gender of the accused and whether or not they knew their victims (eg. females were more likely to know their victims than males [ $p < 0.05$ ]).

### Previous remands and admissions

Some 26% of the patients had been remanded on more than one occasion, of whom 8 had been remanded more than 5 times previously. Six of the 8 patients had been charged with theft and robbery during their most recent offence. For 40% of the patients it was their first admission to a psychiatric hospital.

### Outcome

Three hundred and fifteen patients (93.5%) were certified fit to plead. They were more likely to be fined or given jail sentences ( $p < 0.005$ ). In 2.1% of cases, their charges were dropped or they were given a discharge amounting to (or in some cases, not amounting to) an acquittal. There were 310 (92%) who were found to be not of unsound mind at the time of the alleged offence.

Those who were certified to be of unsound mind at the time of committing the alleged offences were

more likely to be ordered by the Courts to be further detained, whereas those who were not of unsound mind were more likely to be fined or given prison terms ( $p < 0.0005$ ).

### Outpatient follow-up

#### Before committing alleged offence

Only 15% were attending the hospital's outpatient clinic prior to committing the alleged offence(s). Clinic attenders were more likely to be those who had received inpatient treatment in the past ( $p < 0.005$ ).

#### After committing alleged offence

Those who had a history of previous admissions were also more likely to be attending outpatient follow-up after being discharged from the remand wards ( $p < 0.0005$ ). A strong relationship between diagnosis and whether or not the patient attended the outpatient clinic could be demonstrated. Patients with a diagnosis of Schizophrenia were more likely to be followed up whereas those with mental retardation, personality disorder, substance abuse or with no psychiatric diagnosis were not ( $p < 0.0000$ ).

### DISCUSSION

There was an overwhelming proportion of male offenders. This is not surprising considering the well known observation that crime is predominantly a male activity<sup>(1)</sup>. Lewis<sup>(2)</sup>, quoting 1986 Home Office Annual Criminal Statistics of England and Wales indicated that males were five or more times as likely to be convicted of a crime than females. Various reasons for this have been proposed including the view that androgens are responsible for the aggressivity of males. While the precise mechanisms are still unclear, it is obvious that apart from biological influences, environmental and social factors, parental and peer group influences and the role of teachers are also important in moderating the genetic and biological mechanisms.

There were obvious gender differences in the type of crimes committed. For instance, sexual offences were exclusively committed by males while theft was associated more with females who were also more likely to commit mischief. There was a slight increase in the proportion of the ethnic minority races although the significance of this finding is unclear at this stage. Schizophrenia was the most common diagnosis as established in other studies<sup>(3-5)</sup>.

In the United States it would appear that the mentally ill (including those with schizophrenia) were not more likely to be arrested for any offence<sup>(6)</sup>. By comparison, in an English study of remanded men in Brixton Prison, London, Taylor and Gunn<sup>(7)</sup> found a prevalence of 6.1% for schizophrenia, about 6 times more than would be expected in the general population, suggesting distinct over-representation of the mentally ill in offender groups.

Although there did not appear to be any relationship between diagnosis and offence in our study, others (eg. Lindqvist and Allebeck<sup>(8)</sup>; Walker

and McCabe<sup>(9)</sup>) found associations between schizophrenia and violent crime.

Persons with personality disorder, alcoholism and substance abuse were underrepresented. In contrast, a British study found persons with such diagnoses to equal or exceed the prevalence of schizophrenia<sup>(4)</sup>. The reasons for our findings could be:

- (1) the rates of alcoholism and substance abuse are probably lower in this country than compared to the United Kingdom.
- (2) persons with substance abuse disorders are directly admitted into the Drug Rehabilitation Centres for treatment, detoxification and rehabilitation.
- (3) the courts may have decided to penalise offenders with alcohol problems and those with personality disorders without remanding them for psychiatric reports.

It is not uncommon for assailants to know their victims. Walmsley<sup>(10)</sup> found that about half the assaulters in his survey were acquainted with their victims. While OOM offences and theft were more likely to be committed on strangers it is possible that such offences were less likely to be reported by persons known to the offender.

Our findings that shoplifters (classified under "theft") tended to be females is in accordance with the generally held view<sup>(11)</sup>. In fact shoplifting is reportedly the most common offence committed by females<sup>(12)</sup>. One difference from other studies is that our shoplifters tended to be younger (in their thirties) compared to those elsewhere<sup>(11)</sup> who were in their fifties.

In remand settings, individuals with no psychiatric diagnoses are invariably found. These individuals made up 12% of our remand population but was as high as 45% in the case of a Hong Kong study<sup>(13)</sup>. This could be due to the fact that in the latter, a prison population was studied whereas our study was concerned with a hospital population.

Although at the time of reporting many of the court cases had not been completed, of the completed cases it could be demonstrated that those who were fit to plead were either fined or given jail sentences. Only a minority had their charges dropped or were given discharges. As expected, those found to be of unsound mind or unfit to plead were further remanded.

Although the proportion of patients attending outpatient follow up at Woodbridge Hospital prior to the alleged offence seemed low, this could have arisen because as many as 40% of the patients were not previously known to this hospital. Some could have attended psychiatric clinics elsewhere in Singapore.

It is possible that some of these were either not suffering from psychiatric illness or that they could have had personality disorder or abused drugs or alcohol and not regard themselves as being in need of psychiatric help. Yet others could have had intellectual impairment or have psychiatric problems requiring attention but had yet to make an initial appointment. On the other hand, clinic

attenders were more likely to be suffering from Schizophrenia and had been admitted previously. These patients were also more likely to be attending outpatient follow-up after discharge from remand. Those with other diagnoses were either not given outpatient appointments or had probably defaulted from follow-up.

### CONCLUSION

Patients remanded in Woodbridge Hospital for psychiatric reports were studied. Males greatly outnumbered females with schizophrenia the most prevalent disorder. There were gender differences as to the type of offences committed and whether the victims were acquainted with the accused. Offences causing outrage of modesty and theft were more often perpetrated by repeat offenders who comprised a quarter of the remand population.

In accordance with established practice those found to be of unsound mind or unfit to plead were ordered to be further remanded. Those found to be fit to plead were either fined or given jail sentences for their crimes.

Patients who were attending outpatient follow-up after discharge from remand tended to be those with a history of previous admissions to this hospital. They were also more likely to have a diagnosis of schizophrenia.

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