Schizophrenia Research 140 (2012) 198–203

Contents lists available at SciVerse ScienceDirect

Schizophrenia Research

journal homepage: www.elsevier.com/locate/schres

Criminal offending before and after the onset of psychosis: Examination of an offender typology

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ARTICLE INFO

Article history:
Received 11 February 2011
Received in revised form 26 June 2012
Accepted 29 June 2012
Available online 20 July 2012

Keywords:
Psychosis
Offender
Typology
Onset

ABSTRACT

Objective: Clinicians often consider whether or not offenders with psychosis have a history of offending pre-dating the onset of their illness. The typology of offenders based on age at first offence, developed in the field of criminology, has been recently extended to mentally disordered groups, but this ignores the potential role of illness onset.
Method: Using a large UK cohort of individuals with both psychosis and offending histories (n = 331), we compared those with a history of offending pre-dating their illness (pre-morbid offenders) to those who commenced offending after becoming unwell (post-morbid offenders). We compared the demographic, clinical and offending pattern characteristics of the two groups.
Results: 198 (60%) had offended before the onset of psychosis. These pre-morbid offenders were more likely to be male, have a lower pre-morbid IQ and have had a history of neurological abnormality. Pre-morbid offenders also committed more crime overall, but this was due to an excess of acquisitive, drug and minor offending, rather than violent offending, which was comparable to the post-morbid offending group.
Conclusion: Currently, standardised clinical risk assessment tools view offenders with mental illness as a homogenous group with respect to life-course patterns of offending in relation to illness. Taking account of an individual's pathway to offending may improve risk assessment and management.

1. Introduction

The association between psychosis and both violent and non-violent offending is well established (Walsh et al., 2002). The focus of forensic mental health research has now shifted from quantifying the excess of offending in psychosis, to attempting to explain it. As in the general population, co-morbid substance misuse is a very strong predictor, especially of violent offending (Fazel et al., 2009). Additional mediators are thought to include childhood conduct disorder and antisocial personality disorder, cognitive deficits, positive symptoms of psychosis; and social vulnerabilities, such as unemployment, housing instability, poor family relations and experience of victimisation (Kooyman et al., 2007).

In the general population, examining age of onset of antisocial behaviour has helped delineate developmental trajectories to offending, most notably life-course persistent versus adolescent onset offenders (Moffitt, 1993; Moffitt et al., 2002). Amongst those with psychosis 'early-onset offenders', who offend before age 18, have been compared with 'late-onset offenders' and found to commit more (particularly non-violent) offences, have higher rates of antisocial personality disorder and increased levels of childhood behavioural, educational, psychiatric and substance use problems (Tengström et al., 2001; Hodgins, 2008).

Clinically, forensic mental health professionals tend to distinguish patients who commenced offending after becoming unwell from those who had a 'pre-morbid' history of offending. A sizeable one-third of offenders with schizophrenia offend for the first time after their first psychiatric presentation (Tiihonen et al., 1997, Brennan et al., 2000, Wallace et al. 2004), at an age when it is uncommon to commence offending in the general population. Those with pre-morbid offending histories are regarded by clinicians as having more criminological risk factors, including the presence of co-morbid personality disorder, and being less influenced to offend by their psychotic symptoms.

Despite its appealing face validity, a pre-morbid versus post-morbid offending typology has scarcely been examined and no direct comparison of these 2 groups has been done to our knowledge. Using national register data, a Danish research group has compared those with and without a history of criminality prior to first presentation, identifying positive as symptoms to be strongly associated with prior convictions (Munkner et al., 2009). The same group examined risk factors for

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doi:10.1016/j.schres.2012.06.041

post-morbid offending amongst those without criminality at illness onset, identifying substance use disorder at diagnosis to be a strong predictor (Munkner et al., 2005). To our knowledge, only one study has directly compared pre-morbid and post-morbid offenders with psychosis and this was extremely small (n = 24) and thus insufficiently powered (Schanda et al., 1992). Recently, a large case–control study of high security inpatients with schizophrenia, compared groups defined by whether or not they had offended before first psychiatric admission (Jones et al., 2010). However, due to the typical time period between illness onset and first admission, we believe first admission to be a poor proxy measure of illness onset and high security inpatients represent a highly selected group of mentally disordered offenders. In this study, 'pre-admission offenders' were more likely to be male, African/Caribbean, from a larger family, have more paternal criminal convictions, a younger age of maternal separation, and to have used illicit drugs and cigarettes at a younger age. Additionally, 'pre-admission offenders' accrued more court appearances and spent more time in psychiatric hospitals.

In order to examine in detail an offender typology based on offending in relation to onset of severe mental illness in a general psychiatric sample, we utilised data from a large UK cohort of individuals with chronic psychosis living in the community. We hypothesised that pre-morbid offenders would commit more offences overall, have higher rates of dissocial personality disorder and substance misuse, but lower indices of illness severity.

2. Methods and materials

2.1. Sample

We derived our sample by selecting all 331 subjects from the UK700 study cohort (n = 708) who had a lifetime history of at least one criminal conviction.

The UK700 cohort was recruited to take part in a randomised controlled trial of intensive versus standard case management (Burns et al., 1999). Individuals were recruited from four inner-city UK centres, three in London and one in Manchester. Inclusion criteria included age 18–65 years; a diagnosis of psychosis according to Research Diagnostic Criteria (Spitzer et al., 1978), two or more hospital admissions with psychotic symptoms, one within the past 2 years; and absence of organic brain injury or primary diagnosis of substance misuse. Recruitment took place between February 1994 and April 1996. Only 13% of those approached refused to participate. Ethics approval was obtained for each of the four study centres prior to commencement of the study.

2.2. Definition of comparison groups

'Pre-morbid offenders' were defined as those sentenced for their first conviction prior to the year in which their illness developed. 'Post-morbid offenders' were defined as those who received their first conviction during or subsequent to the year of their illness onset. Age of illness onset was the estimated age at which psychotic symptoms first developed, utilising multiple sources of information, including self and collateral report, and case-note review.

2.3. Convictions

Lifetime criminal records were obtained for the entire sample in February 1999 (3 to 5 years after the UK700 baseline assessments), from the Offenders Index (Home Office, 1998), which includes all charges leading to a court conviction. Convictions were coded into the sixteen offence groups, corresponding to the Offenders Index codebook. Convictions were then pooled into four broader offence groups: violent (actual physical harm to others, robbery, arson, possession of firearm), aggressive (criminal damage and threats), acquisitive (theft, burglary and fraud) and other (breach of bail or supervision requirements, drugs and driving convictions).

2.4. Socio-demographic and clinical risk factors

Socio-demographic and clinical variables were obtained from a broad range of structured baseline interviews conducted for the purposes of the UK700 study, including the Operational Criteria Checklist for Psychotic Illness (OCCPI; McGuffin et al., 1991), the Comprehensive Psychopathological Rating Scale (CPRS; Asberg et al., 1978), the Scale for the Assessment of Negative Symptoms (SANS; Andreasen, 1984) and the Personality Assessment Schedule—Revised (PAS-R, an abbreviated version of the PAS; Tyrer et al., 1979). The National Adult Reading Test (NART; Nelson, 1991) was used to estimate pre-morbid IQ. 'History of neurological abnormality' was a variable coded as present if there was any history of neurological symptoms, an abnormal EEG, an abnormal MRI, a history of epileptic seizures, or head injury resulting in admission (although history of 'organic brain injury' was an exclusion criterion for study recruitment).

2.5. Statistical analyses

The demographic, clinical and offending characteristics of the entire sample were firstly described and the proportional distribution of the sample into pre-morbid and post-morbid offenders was calculated. Pre- and post-morbid offenders were compared, using logistic regression analysis, with regard to the quantity and type of convictions, and presence of socio-demographic and clinical risk factors. Dichotomous variables were created to enable proportions and odds ratios to be reported, with continuous measures being dichotomised around the median value. Analyses of clinical factors were adjusted for those demographic factors found to differ between the two groups. All analyses of offending patterns were additionally adjusted for potential time to offend since the post-morbid offenders would have less years to offend by definition. Potential time to offend for pre-morbid offenders was calculated by subtracting 11 (the age of criminal responsibility in England) from their age when their criminal record was obtained. Potential time to offend for post-morbid offenders was calculated by subtracting their age at illness onset from their age when their criminal record was obtained.

3. Results

3.1. Characteristics of whole sample

Our sample consisted of 331 subjects, all of whom had at least one conviction (47% of the original UK700 trial cohort). 88.3% had either schizophrenia or schizoaffective disorder; 6.0% an affective psychosis; and 5.7% 'other' psychosis. The age of illness onset ranged from 11 to 59 years (median 24 years).

74.4% of the sample was male. The median age when baseline measures were obtained was 37 years (SD 10.9; mean 37.6). 55.4% was ethnically 'White', 36.7% 'African-Caribbean' and 7.8% 'Asian or other'. Only 8.8% was born into social class A or B (NRS A-E classification), 6.9% was actively homeless, only 17.2% had been employed in the past 2 years and only 7.2% was living with a spouse or partner.

The median number of convictions was 4 (range 1 to 76). 50.5% had been convicted for a violent offence. Although ABH (Actual Bodily Harm) was the most common violent offence, 7.9% of the sample had been convicted of GBH (Grievous Bodily Harm) or attempted manslaughter, 3.9% of arson and 5.1% of sexual offences with victims. 38.7% of the sample had been convicted of aggressive crimes (most commonly criminal damage), 79.2% of acquisitive crimes (predominantly theft) and 41.1% of 'other' crimes (mainly breach of supervision conditions and drugs offences). There was a wide variation in the age of onset of offending, spanning 11 to 56 years, the median was 20 years.