



**COMPARISON BETWEEN CLIENTS IN
FORENSIC-PSYCHIATRIC TREATMENT
AND PRISON IN SWEDEN 1995-2018**

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Abstract

Purpose: The study aims to establish a summary of the main characteristics of gender, age, types of crimes and previous criminal records of the offenders sentenced to forensic-psychiatric care in the time period 1995 to 2018 in Sweden and to compare them with offenders sentenced to imprisonment for the same types of crime types in the same time period in Sweden as well as to link different types of crimes to mental illness. Furthermore, the study attempts to find correlations between the group sentenced to forensic-psychiatric care and different types of crimes.

Method: Using official statistical data from BRÅ, serious crimes, age, gender and criminal records for all individuals sentenced to forensic-psychiatric care during 1995 to 2018 are described together. This group was compared to all individuals which were convicted to prison in the same period. Furthermore, correlations between types of crimes and the group of individuals sentenced to forensic-psychiatric care were examined in order to find any statistical difference between the two groups.

Result: A few differences between the groups were found. The individuals in the forensic-psychiatric care group did not differentiate much in age, and also had similar criminal records, unlike the prison-group. Additionally, a meaningfully higher amount of women was prevalent in the forensic psychiatric care-group compared to the prison-group. A small correlation between individuals sentenced to forensic psychiatric treatment and arson were confirmed as well as stronger correlations with offenders sentenced to FPT and crimes of theft, vehicle theft, arson and homicide were found.

Conclusion: These findings provide data for future research as well as potential support for courts to identify more suitable treatment for offenders with a mental illness. Additionally, the findings in this paper presents the health care system and social services with opportunities to analyse and prevent trajectories into more serious offending in particular regards to individuals who are young and/or have a mental disorder.

Keywords:

Serious crimes; Mental illness; Offenders with mentally disorders;
Forensic-psychiatric treatment; Prison sentence

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ABBREVIATIONS

BRÅ	The Swedish National Council for Crime Prevention
FPT	Forensic Psychiatric Treatment
Prop.	Government Legislative Bill
RMV	The National Board of Forensic Medicine
RPU	Forensic Psychiatric Examination
SCB	Statistics Sweden
SFS	The Swedish Code of Statues

INTRODUCTION

For a long time, the correlation between crime and mental disorders has been a reoccurring subject of attention in the media and an important topic of discussion within academia. This is due to the difficulties people with mental disorders may entail in the judicial system (Ennis & Litwack 1974; Kondo, 2001; Lamb, Weinberger & Gross, 2004; Slobogin, 2000), the health care system (Knaak, Mantler & Szeto, 2017; Lien et al., 2019; Skosireva et al., 2014), as well as in the eye of the public regarding fear of violent crimes committed by offender with a mental illness (Brockington et al., 1993; Lagos et al., 1977; Wolff et al., 1996). Fear of offenders with mental illnesses has increased alongside changes and reforms regarding the deinstitutionalization process of mentally ill offenders (Folkhälsomyndigheten, 2019; Roach, 2012). For rehabilitation purposes, offenders with mental disorders more commonly live among the rest of the population, which is unlike the past, when they were more likely to simply be hid away in a prison-like hospital (Dowbiggin, 1997; Turner, 2004). However, despite increased fear towards offenders with a mental illness, the judicial system is required to base their decision on the law and on a psychological assessment of the individual (Bennet & Radovic, 2016; Lernestedt, 2009). For this reason, it is important to continue to evaluate and search for correlations through statistical analysis, which might present opportunities to discover demographic differences between those admitted to psychiatric care and those convicted to prison for similar crimes.

Although controversial to some degree, identifying characteristics within the group of individuals with mentally disorders who have committed crime is beneficial for the future of mental health practice, as well as the criminal justice system, since it gives a more profound comprehension of the correlation between crime and mental illness (Ennis & Litwack 1974; Olofsson, Sjödin & Nilsson, 2015; Sturup, Sygel & Kristiansson 2013). Assessments of psychological well-being are difficult to conduct, and require a great deal of time and resources, often at the cost of the patient's liberty and well-being (Ennis & Litwack 1974; Hart 1998; Munthe, Radovic & Anckarsäter, 2010). Perhaps with statistical data to offer additional insights, this process might be facilitated, eventually leading to better evaluations which protect the society and less harm being done to those undergoing mandatory psychological evaluations.

By discovering reoccurring characteristics within the group sentenced to forensic psychiatric treatment, higher understanding of the group is achieved which might aid in adapting the treatment and sanctions needed to help these patients. This information

might also be useful within purposes of prevention, as trajectories of the group might become better understood. Discovering any correlations between specific crimes and offenders with a mental disorder is yet another step towards achieving a better understanding of this particular group of offenders. Even if the link is non-existing, it is important to examine the data to rule out any assumed correlations. To summarize, the significance of examining correlations between specific crimes and offenders with mental disorders, or to rule out any such correlations, is to (1) facilitate the complicated process of forensic psychiatric examinations, (2) prevent crime from reoccurring through trajectory analysis, and (3) ascertain the appropriate treatments or sanctions needed for certain offenders, as ideal treatment will lead to reduction in recidivism.

AIMS OF STUDY

The aims of the current study are to establish a summary of the main characteristics of the offenders sentenced to forensic-psychiatric care in the time period 1995 to 2018 in Sweden and to compare them to offenders sentenced to imprisonment in the same time period in Sweden, as well as to link different types of crimes to mental illness. Looking at descriptive data available from BRÅ, the expectations are to identify differences in age, previous criminal records, gender and type of crimes committed among the two groups. The hypotheses are as follows: Offenders sentenced to forensic-psychiatric care in comparison to those sentenced to prison are (1) older, since the onset of many mental disorders (like schizophrenia) tend to develop later in life (de Girolamo et al., 2012), (2) have a higher proportion of women (Spohn & Beichner, 2000), (3) have a higher proportion of offender with previous criminal record (Weithmann et al., 2019), and finally, (4) have a higher percent of committing violent crimes, like arson and assault (Vinkers et al., 2011). Furthermore, it is hypothesized that the results will show a correlation between serious crimes and offenders sentenced to forensic-psychiatric care. The strongest correlation is expected to be found between arson and assault within the group of offenders sentenced to forensic-psychiatric treatment (Vinkers et al., 2011).

BACKGROUND

Offenders with mental disorders have been characterised numerous times (Elsayed, Al-Zahrani, & Rashad 2010; Feder 1991; Cooper, Mclearn & Zapf, 2004; Weithmann et al. 2019), however, in Scandinavia as selected samples rather than an absolute number of the whole population and with the focus on specific variables like schizophrenia

(Belfrage, 1998; Lidberg, 1983), violent crimes (Estrada, 2006), age (Långström, 1999) and so on. The Scandinavian studies have not yet taken a whole population (e.g. the whole group of prison-sentenced, or the group sentenced to forensic psychiatric treatment). An overview of the current literature reveals that a complete characterisation of offenders sentenced forensic-psychiatric has never been done in Sweden. Similar studies have been done in Germany (Weithmann et. al., 2019) and in the Netherlands (Vinkers et. al., 2011), however only by using percental comparison and statistical graphs in their descriptive statistics.

A statistical correlation between offenders sentenced to FPT and other groups of offenders has not yet been completed. Though, causal relationships between one or two specific mental disorders and a specific crime has been studied several times (Crichton, 1999; Elsayed, Al-Zahrani, & Rashad 2010; Feder 1991; Cooper, Mclearen & Zapf, 2004; Weithmann et. al., 2019, Vinkers et. al., 2011). Schizophrenia has been linked to violent behaviour and assault (Varshney 2016; Vinkers et. al. 2011), while arson has been linked to psychopathy and antisocial disorder (Vinkers et. al., 2011; Omar & Stockburger, 2014). Findings in the literature of mental illness and crime reveals that people diagnosed with schizophrenia have an increased risk of committing violent crimes in comparison with the rest of the population (Hodgins et al., 2007; Skeem, 2008; Yates et al., 2010), however, the link with other major affective disorders to crime has not yet been proven (Hodgins, 2002). However, a group of researches advocates that the more common demographic variables like age and criminal history are the factors to be examine to predict violent assaults and only in combination of substance abuse and a personality disorder will the risk of violent offenses increases even more (Fazel, 2009; O'Grady, 2008; Bonta et al., 1998). Patients in forensic treatment has been found to be older and higher percental with previous criminal history (Weithmann et al., 2019; Vinkers et. al., 2011). Furthermore, the gender of the offenders has been labelled as a key predictive factor in violent crimes with men having a higher risk of committing violent crimes (Bartlett, 2004; Chesney-Lind, 1986). Female offenders with a mental disorder have been connected with a higher risk of committing assault and arson (Noblett & Nelson, 2001; Dickens, 1999; Neil, 2012). When looking at the percentage of women, more women are sentenced to forensic care than prison (Innocenti et al., 2014), which has been explained as female offenders with mental disorder more often suffer with severe symptoms of mental disorder, like emotional instability, as well as behaviours of aggression and self-harm (Hill et al., 2014).

Comparison between offenders sent to imprisonment and those sentenced to forensic psychiatric care have been researched a few times (Weithmann et al. 2019; Vinkers et al., 2011), however, no assessments were made in order to test for correlations between the groups and statistical differences.

Criminal responsibility and mental illness

The Swedish criminal justice system is similar to other Western penal systems (Persson, 2017), however, unlike other penal systems in the rest of the world, the offenders with severe mental disorders do not receive a status of diminished responsibility. As of 1965 (SFS 1962:700) the immutability demand of the mentally ill was abolished and those with a mental disorder are still deemed responsible as well as liable for damages and they are encumbered with a criminal record on equal terms as those without mental disorders (Svennerlind et. al., 2010). Even though offenders are equally held criminally responsible for their crimes, their sanctions might still differ. The sanction is based on the seriousness of the crime, as well as the age and mental state of the offender (Strömholm, 1991).

An individual with a mental illness cannot be freed from liability of damages (Hellner, 2001) or be exempted from receiving a criminal record when having committed a crime (Krona et al., 2017). Additionally, they cannot be discharged without an approval of an administrative court. The only exception from criminal responsibility is the age of minors (SFS 1962:700). Even though the age of criminal responsibility is 15, complete responsibility for ones' crimes is not given until the age of 21. Between 15 and 21 special provisions in regard to choice of sanctions and measures are specified in criminal law (ibid.). In most cases offenders under 18 are sentenced to youth facilities or other kind of institutional care. It is only under very rare circumstances a person under 18 years is sentenced to imprisonment (Jareborg, 2004).

While the Swedish Criminal Code does not acknowledge an underlying connection between a mental illness and a criminal act as a reason to be exempted from penal sanctions (Lidberg & Belfrage, 1991), the court is given the option to commit an offender with a severe mental disorder to forensic psychiatric care. The prerequisite for forensic psychiatric treatment sentence is that the offender is in the need of psychiatric care due to a severe mental disorder at the time of the trial (Svennerlind et. al. 2010).

The use of 'severe mental disorder' has been defined in the Swedish law. It is explained as a list of example diagnoses which may establish a severe mental disorder (Prop. 1990/91:58). Beside the list, a distinction is made between the *category* and the *degree* of the disorders, both of which have to be calculated in order to assess whether or not a disorder is severe. For example, schizophrenia is always severe when seen as a category of disorders, but it may not be severe with regard to its degree (Kullberg, Grann & Holmberg, 1996). On the other hand, depression is not immediately categorized as a severe disorder in its category (*ibid.*), but it can be severe when taking its degree into account. The findings of mental disorder as ground for forensic psychiatric care rather than imprisonment remains a decision made by the court which, in almost all cases, is based on the recommendations of forensic psychiatric evaluations (Nilsson et al., 2009).

Forensic psychiatric treatment in the Swedish legal system

The intention of the Swedish forensic care is, beside improving patients' mental health and social ability, to reduce the mortality rate in mental illness (Sommer, 2016). Each legislation focuses to reduce the risk of criminal recidivism (Lund & Forsman, 2005); however, the emphasis of the Swedish legislation is treatment and rehabilitation of the offenders (*ibid.*). In order to determine the sentence in a criminal case, a court may request a minor forensic psychiatric examination of the suspect. This takes about an hour to complete and the result shows if a larger forensic psychiatric examination is recommended (RMV, 2020). There are three kinds of patients which may be treated under the rules of the Forensic Mental Care act (SFS, 1991b:1129). These are:

- (1) Patients who already receive court ordered institutional care and are already detained and/or are under a court ordered forensic psychiatric evaluation.
- (2) Patients sentenced by court to forensic psychiatric care without special court supervision.
- (3) Patients sentenced by court to forensic psychiatric care with special court supervision.

However, patients who are already in prison or detained and in the need of voluntary institutional care usually receive the care within the forensic psychiatric care as well. (Svennerlind et. al., 2010). Every year approximately 1300 offenders get send by the court to be pre-elevated (e.g. §7-intyg) to test if they have any mental disorders. Around 500 of them leads to a deeper forensic psychiatric examination (e.g. RPU). About half of them get send to the forensic psychiatric care (RMV, 2020).

METHODS

Data collection and the data set

The data used in the current paper covered all available court decision by every judicial authority in Sweden which include the General Courts (Tingsrätt) from all 48 districts in Sweden, the six Courts of Appeal (Hovrätten) and the Supreme Court (Högsta domstolen). The data is collected from The Swedish National Council for Crime Prevention (BRÅ). In 1995, BRÅ took over the processing and production of legal statistics from Statistics Sweden (SCB) which means that statistics from before 1995 has to be specifically requested. Due to the timespan available for this research and the uncertainty of the older data being provided, the data set in this study has been limited to the available data from 1995 to 2018. Statistics from 2019 will be published later in 2020 after the finishing of this paper.

In the dataset the prosecution decisions are divided into statistics according to age, sex and the number of previous convictions. The age report is based on the age the person has reached at the time of the judicial decision. Previous convictions are defined in the statistics as all previous court decisions (e.g. verdicts, penalties or indictments) for a period of ten years before the date of the decision reported in the statistics. Moreover, a person can be convicted of multiple crimes in the same lawsuit. In the statistics, the offenses in the laws are reported according to the main crime principle. This means that the accounting is done according to the offense in a law that has the harshest penalty. In cases where a lawsuit involves several offenses with the same penalty scale, one of these offenses has been chosen randomly as the main offense in the accounting. The statistics show the penalties imposed in the judgments and which have been approved in criminal penalties. Since several sanctions can be imposed in a single prosecution decision, just like the criminal record, only the main sanction is reported in the statistics on prosecution decisions. This means that only the strictest sanction (the main sanction) in sentencing where there are several penalties is reported.

The variables used from the dataset are as follows:

- 1) Age in eight age groups 15-17, 18-20, 21-24, 25-29, 30-39, 40-49, 50-59, 60+,
- 2) Gender as either male or female
- 3) Previous convictions divided into those without previous convictions and who had one or more previous convictions in the last 10 years.

Descriptive statistic

Demographics of municipality of the court of convictions were excluded due to missing data as well as changes in the registration: 1995-2000 there are no recordings of areas, 2001-2007 the area were divided according to countries and 2008 and onwards according to regions. Due to the risk of clouding the result, the study of areal demographic and crimes in Sweden, will be left for a different paper.

The method chosen for the current paper is descriptive statistic. This method has been chosen after weighting the advantages and disadvantage and found it appropriate to complete the aim of the paper in a sufficient manner. A clear disadvantage of using a quantitative method is that it is not capable of presenting the context around the crimes which have been committed. A qualitative method might achieve deeper understanding and help to explain the actions of the individuals in a way which a quantitative method will not be able to cover (Higgins, 2009). However, considering the aim of this study, which is to identify key characteristics and compare two different groups, a qualitative method would not be able to serve the purpose the current study. While using this data is beneficial for the purposes of generalization, another weakness of only drawing patterns and correlations from the numerical data is the lack of foundation to establish any mechanisms of causation (Mukaka, 2012).

A statistical test is only as good as the data which has been collected. If a researcher picks out the data by biases or using flawed procedures, then the result of the statistical analysis will misrepresent and mislead the population (Bachman & Paternoster 2017). The result will rather be a result of the gap between the sample and the actual population. The current paper is based on actual numbers and not a just sample which reduce any selective bias or use of faulty procedure. Furthermore, statistics are suitable for making patterns and correlations which are clear and visible. Even if the correlations do not reveal a causal connection, they can be used to test the strength or probability of a relationship between two variables (Mukaka, 2012).

Court rulings

In the period 1995-2018 1.477.737 court decisions were made. From these cases, 0,5% were sent to forensic-psychiatric care and 21% were sentenced to prison. All of the crimes in Sweden are decreasing, which can also be observed in the negative trend of individuals sentenced to forensic-psychiatric care: in 1995 only 367 individuals were sent to FPT, while in 2018 there were 322. In the period 1995-2018 309.828 individuals

were sent to prison while 7.680 individuals were sentenced to mandatory forensic psychiatric treatment. In other words of the two groups in study only 2,4% were sentenced to FPT instead of prison. Additionally, the offenders being sent to prison have decreased even more: From 14.704 cases in 1995 to 10.658 cases in 2018, which means it has been reduced with 27,5 %.

Types of crimes

The Swedish Criminal Code does not distinguish between crimes and infractions (BRÅ 2020). Nevertheless, the criminal code is structured as main groups of crimes which are divided into sub-categories. The sub-categories are often based on the seriousness of the offenses.

The offenses which are the focus in this study, have been grouped into six categories: (1.) Violent crimes, (2.) Sexual crimes, (3.) Theft & fraud, (4.) Criminal damages, (5.) Drug crimes, and (6.) Other serious crimes, which are of serious nature. Each category includes several paragraphs of both main categories and the sub-categories from the Swedish criminal code (See *Appendix: Paragraphs*).

- 1) The category of 'Violent crimes' is §1-8 (murder, assault and causing of harm to others) of chapter 3, §7 (molestation) from chapter 4, §1-2 (arson) from chapter 13 and §1-2 & §5 (assault of civil servant) from chapter 17 of the Swedish Criminal Code.
- 2) Sexual crimes contain all of chapter 6 (rape and other sexual force and exploitation).
- 3) Theft & Fraud includes chapter 8 (theft and robbery) and 9 (fraud) of the criminal code.
- 4) 'Criminal damages' is constituted of chapter 12 (various kind of damages).
- 5) Drug crimes includes the whole Narcotic Drugs Penal Law (SFS 1968:64), e.g. different kind of prohibition on selling, smuggling, using and carrying drugs.
- 6) 'Other crimes' is collected as chapter 4 (different kind of human exploration and abuse which disturb the peace and integrity of others) except §7 and §9 (endangerment for another person) from chapter 3.

The six categories are picked on the foundation of connections between mental disorder and crimes found in previous research (Vinkers et. all. 2011; Weithmann et. al. 2019; Volavka, & Citrome, 2011) and due to the seriousness of their nature. Due to the restricted use of imprisonment as a penalty in Sweden, the current study is using all

sentences of imprisonment regardless of the length of the sentences. This will allow a valid comparison of offenders sent to forensic psychiatric treatment and offenders sent to prison.

Correlations

By using the Pearson R correlation, it will be tested whether or not there is a noteworthy relationship between our variables (Schober et al., 2018): The offenders sentenced to forensic psychiatric care and different types of crimes. This will not prove a causal relationship or explain any causation between the two variables; however, the purpose of the correlation is to assign the probability of such relationship (Schober et al., 2018). An R-value which is 0.7 or higher will be considered as a strong statistical relationship, while values near 0.0 will be considered as weak or non-existing (Amadi, 2018). Both negative and positive correlations are considered as correlation and probabilities of causal relationship.

Ethical considerations

The data collected is from BRÅ (BRÅ, 2020¹). The foundation of the statistics is based on the information that is registered by the chambers of Swedish Prosecution Authority and the Swedish courts. The data is collected without private biases, but the data is collected in order to conduct research, which the Swedish government and police force can base the regulations of the law as well as enforcement of the law upon. The clients remain anonymous and no physical or psychological harm are done to them (BRÅ, 2020²). Since the current study is based on pre-collected, anonymous and official statistics, there has been taken no ethical precautions other than trust in the integrity of data and ethical considerations in collection process of the Swedish courts and the Swedish public prosecutor (a. a.). Even though the current study does not involve the process of gathering the data set, it does involve the presentation and interpretation of the data.

Certain ethical standards need to be followed by the researcher when presenting statistics in a study – whether it is based on pre-collected or not. The researcher's communication has to be clear which means no misrepresentation or falsification of the data in order to show an unbiased truth of reality (Gelman, 2018). These standards rest on two legs: (1) The responsibility towards the community of academia which includes the scientific integrity and beneficence of the research, and (2) the responsibility towards the group which is in centre of the study (e.g. protection of participants from

risks of any distress both physical and psychological) (Lesser & Nordenhaug, 2017). Colouring of the truth might result in incorrect fundamentals for future research, govern institution implementing law or restrictions which might not have been applied or unforeseen consequences of stigmatisation or limitation of the group of the mentally ill offenders. All research may result in unintended consequences (Lo & O’Connell, 2005), however due to its particular context of mental health and crime, the current research holds additional ethical obligations for the researcher beyond those mentioned above.

As well as the researcher has to be aware of the consequences of protentional external stigmatization, the research also has to be aware of use of language and protentional internal stigmatization of the group of mentally ill offenders in the study (Goddu et al., 2018). The terms ‘mentally ill’, ‘mentally disorder’ and ‘FTP group’ are the terms used in the current research. By putting the person before their disability, the labelling will be seen as less offence (Eisenberg, 1994). ”*Preferred expressions avoid the implication that the person as a whole is disabled or defective*” (ibid., p. 71). The person is now seen as a person with a disability rather than only their disability. Throughout the study the offenders sentenced to forensic treatment will be referred to as a part of the FPT group, ‘offender with mental illness’, offender with mental disorder or simply as forensic patients. The distinction is kept in this manner to avoid stigmatizing labelling of patients in forensic psychiatric treatment as well as to withhold certain level of respect when writing about people.

RESULTS

Age

Table 3.1.1a: Total of each offender in each age-group 1995-2018										
Age	15-17	18-20	21-24	25-29	30-39	40-49	50-59	60+	Average	Total
FPT	67	367	834	1.146	2.308	1.756	799	403	36,9	7.680
Prison	202	16.165	41.935	48.779	86.017	69.619	35.981	11.130	36,4	309.828

Overall, the difference in age was not significantly different from the offenders sentenced to forensic psychiatric treatment and offenders sentenced to imprisonment. On average the offenders in FPT were 0,5 year older than the offenders sentenced in prison (see table 3.1.1a). As a factor to differentiate the FPT group from the prison group, age will not be considered since the average is too close to each other to be seen as a distinguished feature of the FPT group. The age groups of 21 to 49 accounts for

nearly 80 % of all convictions (resp. FPT 78,7 % & prison 79,5). Equally, the younger offenders under 21 years follow the same patterns in both groups, were the convicted under 21 accounts for under 6% of all the convictions (resp. FPT).

Table 3.1.1b: Total of offenders in each age-group in 1995 & in 2018									
1995 & 2018	15-17	18-20	21-24	25-29	30-39	40-49	50-59	60+	Average
FPT '95	2	16	36	63	133	74	28	15	35,8
FPT '18	4	17	39	68	89	44	38	23	36,0
Prison '95	35	760	1.963	2.627	4.858	2.975	1.183	303	34,9
Prison '18	10	587	1.396	1.776	2.959	1.902	1.373	655	36,7

When looking at the development of age over the period 1995-2018 (see table 3.1.1b), then the age of the clients in FPT stays approximately the same (0,2 years difference) while the age of the those sentenced to prison increases with about two years (34,9 to 36,7 years).

Table 3.1.2a: Total of offenders in each age-group in year 1995									
Age 1995	15-17	18-20	21-24	25-29	30-39	40-49	50-59	60+	Total
Arson	19	18	15	20	36	20	5	4	137
Murder	8	14	20	12	30	29	9	2	124
Molestration	1.826	1.378	1.225	1.148	1.943	1.179	455	188	9.342

Table 3.1.2b: Total of offenders in each age-group in year 2018									
Age 2018	15-17	18-20	21-24	25-29	30-39	40-49	50-59	60+	Total
Arson	6	9	11	19	17	8	8	5	83
Murder	7	28	38	19	38	16	18	6	170
Molestration	659	537	548	623	1.008	782	517	219	4.852

When looking at the development from 1995 to 2018 in age and specific crimes (arson, murder and molestation as shown in table 3.1.2a & 3.1.2b), the amount of convicted is reduced in both arson and molestation while murder convictions have increased with about 27% (resp. 124 to 170). The highest escalations are mainly among the young offenders (resp. 18-24) and the elder offenders (resp. 50-60+).

Gender

In the whole period 1995 to 2018 the total proportion of women of those offenders sentenced to forensic psychiatric treatment was 15%, which is noticeably higher than the proportion of women in the prison group (see table 3.2.1a). In the entire period the

Table 3.2.1a	Total of female and male offenders year 1995-2018 devoted into offenders sentenced prison and sentenced to FPT			
	Prison	Percent	FPT	Percent
Total of all crimes	311.058	100	7.721	100
Male	288.410	92,7	6.572	85
Female	22.648	7,3	1.115	15
Total of key offenses	188.278	100	7.190	100
Male	175.145	93,2	6.219	86,5
Female	13.133	6,8	971	13,5

proportion of women sentenced in FPT for any of the key offenses was 13,5% and 6,8% for the group sentenced to prison. In both group in

the key offense violent crimes had the highest value. In absolute numbers the female

Table 3.2.1b: Total of female and male offenders year 1995 & year 2018 devoted into offenders sentenced prison and sentenced to FPT								
	1995				2018			
	Prison	Percent	FPT	Percent	Prison	Percent	FPT	Percent
Total of all FPT and prison	14.704	100	367	100	10.658	100	322	100
Male	13.868	94,3	325	88,6	9.760	91,6	273	84,8
Female	836	5,7	42	11,4	898	8,4	49	15,2
Key offenses	8.896	100	349	100	6.182	100	291	100
Male	8.451	95,0	308	88,3	5.718	92,5	249	85,6
Female	445	5,0	41	11,7	464	7,5	42	14,4

proportion stay consistently lower than the proportion of males in the prison group. The proportion of women in the FPT-group is nearly double of the women in prison.

Table 3.2.2a: Convicted for arson in year 1995 & year 2018 devoted into sentenced to prison or sentenced to Forensic Psychiatric Treatment								
Arson	1995				2018			
	Prison	Percent	FPT	Percent	Prison	Percent	FPT	Percent
Total	50	100	30	100	45	100	23	100
Male	41	82,0	20	66,7	39	86,7	13	56,5
Female	9	8,0	10	33,3	6	13,3	10	43,5

Table 3.2.2b: Convicted for murder in year 1995 & year 2018 devoted into sentenced to prison or sentenced to Forensic Psychiatric Treatment								
Murder	1995				2018			
	Prison	Percent	FPT	Percent	Prison	Percent	FPT	Percent
Total	58	100	23	100	128	100	18	100
Male	54	93,1	20	87,0	123	96,1	18	100
Female	4	6,9	3	13,0	5	3,9	0	0

The development from 1995 to 2018 (see table 3.2.1b) shows that the proportion of all female convicted is increased from resp. 5,7% to 8,4% in the prison group and 11,4 to 15,2 in the FPT group, and when we look only at our key offenses the pattern stays the same: the female proportion increases between 6,7% and 6,9%. However, the development of the female proportions in both murder (see table 3.2.2b) and arson (see table 3.2.2a) convictions are decreased with 3% in the prison group and 13% in the FPT group for murders and respectively 4,7% for prison group and 10,3% for FPT for arson convictions.

Previous criminal convictions

The data in table 3.3.1a & 3.3.1b is based on the dichotomy of having a previous criminal record and having no previous convictions in the last 10 years. Both in the FPT group and the prison group have the majority of offenders a previous record. In the FTP nearly 3 times as many offenders had a previous record in comparison to the offenders in FPT with no record at all, while in the prison group the number is 4 times as many had a previous record in comparison to those who had no previous records.

Table 3.3.1a
Sentenced to forensic psychiatric treatment

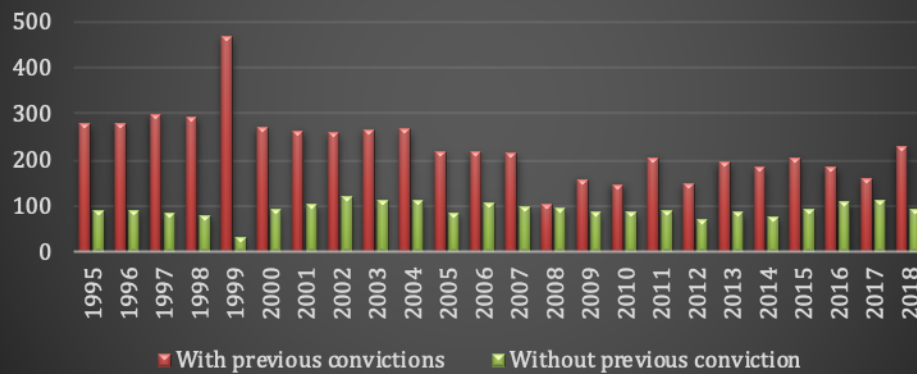
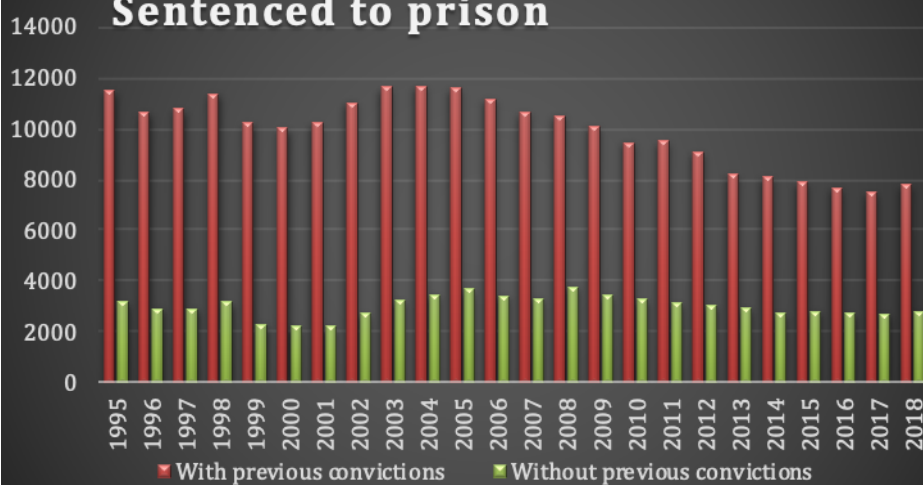


Table 3.3.1b
Sentenced to prison



Types of crimes

Table 3.4.1: Total offenders convicted for offense in the Key Crimes in year 1995-2018 – devoted into FPT & prison sentenced and percentage of FPT of total offender and within FPT-group

	FPT	Prison	FPT percentage of total offenders	Percentage of FPT of total FPT
Violent crimes	4.475*	56.583	7,3	62,2*
Theft & fraud	1.106*	79.971	1,4	15,4*
Criminal Damage	164	1.028	13,8*	2,3
Drugs	174	34.776	0,5	2,4
Sexual crimes	408	7.571	5,1	5,8
Other crimes	863	11.221	7,1	12

All key offenses	7.190	191.150	3,6	100
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In table 3.4.1 can we see that in absolute numbers, the violent crimes make up the highest amount of crimes committed by an offender sentenced to forensic-psychiatric treatment while criminal damages contain the lowest amount. When calculated in percentage, the criminal damage holds the highest percentage of FPT-sentenced (13,8%) when FPT and prison group are compared, but criminal damage is the less common crime in the FPT group alone (2,3%). Approximately 15,4% of the offenders sentenced to forensic psychiatric treat have committed theft or some kind of fraud, since theft & fraud are the most common crimes in the group sentenced to prison, in comparison to the prison group, the percentage of offenders sentenced to FPT is low (1,4%). Around 7,3 % of the violent offenders in the two groups are sentenced to FPT and 62,2% of all the criminals sentenced to FPT has committed a violent crime.

Table 3.4.2: Total offenders convicted for offense in the different violent crimes in year 1995-2018 – devoted into FPT & prison sentenced and percentage of FPT of total offender and within FPT-group

Crimes of Violence	FPT	Prison	FPT % of total	Prison % of total	FPT % of FPT
Murder	507	1.743	22,5 %*	77,5 %	11,3 %
Homicide	133	707	15,8 % *	84,2 %	3 %
Assault	1.985	37.780	5 %	95 %	44,3 % *
The causing of another's death, bodily harm or illness	12	685	1,7 %	98,3 %	0,3 %
Molestation	55	245	18 % *	82 %	1,2 %
Arson	688	971	41,5 % *	58,5 %	15,4 % *
Threats or assault of a civil servant	806	10.075	7,4 %	92,6 %	18 % *

When specified into specific offenses (see table 3.4.2) then arson stands out with the 41,5 % were sentenced to FPT of the offender who committed arson while only 15,4 % of the offenders in FPT group has committed arson. Also, 44,3% of the FPT-offenders were convicted for assault, making it the most common offense in both groups, while only 5% were sentenced to forensic psychiatric treatment. Assault or threats of a civil servant were significant lower (18%) in the FPT group. When offenders are convicted of killing another person 1 out of 4 times they are sentenced to forensic psychiatric

treatment (26,1%) while only 14,3 % of the offenders in forensic care have been convicted of either murder or homicide.

Correlations

Table 3.5.1: Correlation between FPT and key offenses							
Correlation	FPT	Violent	Theft & Fraud	Damage	Drugs	Sexual	Other crimes
FPT	1	0,79	0,90	-0,13	0,58	0,59	0,50
Violent	0,79*	1	0,73	-0,32	0,44	0,49	0,15
Theft & Fraud	0,90*	0,73	1	-0,16	0,39	0,51	0,35
Damage	-0,13	-0,32	-0,16	1	0,04	-0,43	0,09
Drugs	0,58	0,44	0,39	0,04	1	0,32	0,10
Sexual	0,59	0,49	0,51	-0,43	0,32	1	0,21
Other crimes	0,50	0,15	0,35	0,09	0,32	0,21	1

Table 3.5.2: Correlations between prison and Key Offenses							
Correlations	Prison	Violence	Theft & Fraud	Damage	Drugs	Sexual	Other crimes
Prison	1	0,88	0,72	-0,34	0,53	0,11536	0,29
Violence	0,88*	1	0,86	-0,52	0,20	-0,20	-0,12
Theft & Fraud	0,72*	0,86	1	-0,57	0,03	-0,54	-0,38
Damage	-0,34	-0,52	-0,57	1	0,34	0,38	0,26
Drugs	0,53	0,20	0,03	0,34	1	0,42	0,61
Sexual	0,12	-0,20	-0,54	0,38	0,43	1	0,88
Other crimes	0,29	-0,12	-0,38	0,26	0,61	0,88	1

In table 3.5.1, the correlations between FPT group and groups of key offenses show the highest correlations with violent offenses as well as theft and fraud crimes. By looking at table 3.5.2 in comparison, we do see that the same group of crimes are equally high among offenders sentenced to prison.

Table 3.5.3: Correlation between FPT & specific violent crimes					
Correlations	FPT	Arson	Murder	Molestration	Homicide

FPT	1	0,59	0,53	0,43	0,70
Arson	0,59*	1	0,13	0,38	0,39
Murder	0,53	0,13	1	0,12	0,36
Molestration	0,43	0,38	0,12	1	0,47
Homicide	0,70*	0,39	0,36	0,47	1

Table 3.5.3 indicates a strong correlation between being

sentenced to FPT and homicide, while the correlation with arson is small. Also, in table 3.5.4 the correlation between being sentenced to FPT and committing crimes of theft and vehicle theft are strong. In the correlation between the prison group and the FPT group a medium correlation is shown (table 3.5.5). Therefore, no indication of a strong correlation, which might suggest a difference in the offenders sentenced to prison and offenders sentenced to forensic psychiatric care. However, a 0,5 does not indicate a weak correlation either.

Table 3.5.4: Correlations between FPT & Fraud/theft crimes					
Correlations	FPT	Theft	Robbery	Vehicle theft	Fraud
FPT	1	0,78	0,61	0,78	0,63
Theft	0,78*	1	0,46	0,64	0,71
Robbery	0,61	0,46	1	0,27	0,36
Vehicle theft	0,78*	0,64	0,27	1	0,49
Fraud	0,63	0,71	0,36	0,49	1

Table 3.5.5: Correlation between the prison-group and the FPT-group		
Violence	FPT	Prison
FPT	1	0,52
Prison	0,52	1

DISCUSSION

Results from analysing the data by BRÅ suggests that multiple hypothesis were not supported. Expected similarities, which were predicted to be establish by looking at earlier studies on this subject, were not prevalent when looking at the data from BRÅ, even though the data displays the actual numbers of the population. Only one relevant

difference in the characteristics between offenders in forensic treatment and offenders in prison could be found.

When looking at the sociodemographic characteristics, the offenders in forensic treatment were not older than those sentenced to imprisonment, despite what research from previous studies had suggested (Coid, Hickey, Kahtan, Zhang, & Yang, 2007; Nijman, Cima, & Merckelbach, 2003; Weithmann et. al. 2019). The prevalence of previously convicted offenders in forensic treatment was on the same level as those in prison, which was also unexpected, as previous studies has shown that patients in forensic psychiatric care are more likely to be first offenders than are those without psychosis (Nijman et al. 2003). Explanation of the similarities of these two variables might be within the Swedish view of prison, serving more as a treatment opportunity equal to forensic psychiatric treatment rather than a punishment. The treatment methods are tailored for each inmate in order to find the one which will work best for the specific offender (Lund & Forsman, 2005). Further research of changes in both the Swedish law and social reforms of the society is needed in order to explain these developments.

Looking at gender, the prevalence of women was confirmed. The proportion of women offenders were twice as high in forensic psychiatric care in comparison with those in prison. The percentage in both prison and forensic psychiatric care followed the percentage from previous researches (Innocenti et al., 2014). Which means it might be beneficial to look at developmental factors (Hill et al., 2014) rather than societal ones to explain the higher percentage of women sentenced to forensic care.

The two main limitations of the current study are both found within the dataset. The dataset was restricted, as it had a limited number of characteristics available for analysis. It would be beneficial for further research to have access to more comprehensive data surrounding offenders, e.g. specific diagnoses related to specific offenses, severity of diagnoses, duration in forensic care as well as previous treatment.

Ethical considerations would be very important to deliberate when working with this type of data. As it stands now there are no newly discovered correlations between the criminal datasets and the psychiatric datasets, and any data regarding previous treatment which has been completed outside the psychiatric care (e.g. primärvården) is not available. However, such data would be beneficial for health service research, where it could be used to identify and estimate risks of recidivism and leading to

beneficial adjustments to the treatment and services which is needed. Due to the lack and/or restriction of the data collected, no description of the trajectories of each individual was possible to establish. If a study were to be made with this aim in mind, the use of longitudinal research would be needed in addition to qualitative data which can speak to any causal relationship.

Conclusion

To the best of my knowledge, this is the first attempt to provide an overview of correlations between offenders sentenced to forensic psychiatric treatment and prison in Sweden. The data which was used is based on absolute numbers rather than a sample, which means that a complete comparison between the groups can be provided. In sum, very few of the hypothesis were confirmed.

The age difference was minimal (0,5 years) and the amount with a criminal record was approximately the same. Both in prison and forensic psychiatric treatment, were the percent of conviction for a violent crime high (62,2% for FPT and 29,6% for the prison group), yet, those sentenced to forensic psychiatric care were significantly higher (a difference of approx. 33 %). Even though a strong correlation were expected for arson, it showed small correlation with the offenders in forensic psychiatric care. Further research is needed on causal relationship and explanation between mentally ill offenders and specific crimes as well as system specific handling of mentally ill offenders in order to explain the difference in the findings in Germany, the Nederland and now in Sweden. These findings will provide data for future research as well as potential support for court to find the ideal treatment for mentally ill offenders.

Recommendations for future research is to continue to look at ways to identify and develop knowledge on trajectories into more serious offending, which can be used by the health care system as well as the social services to prevent future crime in particular regards to individuals who are young and/or have a mental disorder.

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APPENDIX

PARAGRAPHS

Violent crimes

- 3 kap. Brott mot liv och hälsa
 - Mord (1)
 - Dråp (2 §)
 - Barnadråp (3 §)
 - Misshandel (5 §)
 - Grov misshandel (6 §)
 - Synnerligen grov misshandel (6 §)
 - Vållande till annans död (7 §)
 - Vållande till annans död, grovt brott (7 §)
 - Vållande till kroppsskada eller sjukdom (8 §)
 - Vållande till kroppsskada eller sjukdom, grovt brott (8 §)
- 4 kap. Brott mot frihet och frid
 - Ofredande (7 §)
- 13 kap. Allmänfarliga brott
 - Mordbrand (1 §)
 - Grov mordbrand (2 §)
- 17 kap. Brott mot allmän verksamhet
 - Våld eller hot mot tjänsteman (1 §)
 - Förgripelse mot tjänsteman (2 §)
 - Våld/hot/förgripelse mot biträdande tjänsteman (5 §)

Theft & fraud

- 8 kap. Tillgreppsbrott
 - Stöld (1 §)
 - Ringa stöld (2 §)17
 - Grov stöld (4 §)
 - Rån (5 §)
 - Grovt rån (6 §)
 - Tillgrepp av fortskaffningsmedel (7 §)
 - Grovt tillgrepp av fortskaffningsmedel (7 §)
 - Egenmäktigt förfarande (8 §)
 - Självtäkt (9 §)
 - Olovlig energiavledning (10 §)18
 - Brott mot 8 kap. (11 §)
- 9 kap. Bedrägeri och annan oredlighet
 - Bedrägeri (1 §)
 - Ringa bedrägeri (2 §)19
 - Grovt bedrägeri (3 §)
 - Grovt fordringsbedrägeri (3a §)20
 - Subventionsmissbruk (3b §)21
 - Utpressning (4 §)
 - Grov utpressning (4 §)
 - Ocker (5 §)
 - Häleri (6 §)
 - Grovt häleri (6 §)
 - Penninghäleri (6a §)22
 - Penninghäleri, grovt brott (6a §)23
 - Häleriförseelse (7 §)
 - Penninghäleriförseelse (7a §)24

- Oredligt förfarande (8 §)
- Svindleri (9 §)
- Ockerpantning (10 §)

Criminal damage

- 12 kap. Skadegörelsebrott
 - Skadegörelse (1 §)
 - Ringa skadegörelse (2 §)29
 - Åverkan (2a §)30
 - Grov skadegörelse (3 §)
 - Tagande av olovlig väg (4 §)

Drug

- Brott mot narkotikastrafflagen

Sexual Crimes

- 6 kap. Sexualbrott
 - Våldtäkt (1 §)
 - Grov våldtäkt (1 §)
 - Oaktsam våldtäkt (1a §)
 - Sexuellt övergrepp (2 §)
 - Oaktsamt sexuellt övergrepp (3 §)
 - Våldtäkt mot barn (4 §)
 - Grov våldtäkt mot barn (4 §)
 - Sexuellt utnyttjande av barn (5 §)
 - Sexuellt övergrepp mot barn (6 §)
 - Samlag med avkomling/syskon (7 §)
 - Utnyttjande av barn för sexuell posering (8 §)
 - Köp av sexuell handling av barn (9 §)
 - Kontakt med barn i sexuell syfte (10a §)
 - Sexuellt ofredande (10 §)
 - Köp av sexuell tjänst (11 §)
 - Koppleri (12 §)
 - Grovt koppleri (12 §)

Other crimes

- 4 kap. Brott mot frihet och frid
 - Människorov (1 §)
 - Människohandel (1a §)
 - Människoexploatering (1b §)
 - Grov människoexploatering (1b §)
 - Olaga frihetsberövande (2 §)
 - Olaga tvång (4 §)
 - Grovt olaga tvång (4 §)
 - Grov fridskränkning (4a §)
 - Grov kvinnofridskränkning (4a §)
 - Olaga förföljelse (4b §)
 - Hemfridsbrott/olaga intrång (6 §)
 - Hemfridsbrott/olaga intrång, grovt brott (6 §)
 - Kränkande fotografering (6a §)
 - Olovlig identitetsanvändning (6b §)
 - Olaga integritetsintrång (6c §)
 - Grovt olaga integritetsintrång (6d §)
- 3 kap. Brott mot liv och hälsa
 - Framkallande av fara för annan (9 §)