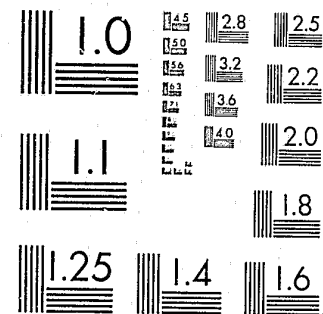


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INTERPRETING THE RELATIVE RECIDIVISM RATES OF  
OFFENDERS AND MENTAL PATIENTS\*

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ABSTRACT

Prior work has demonstrated a consistently higher rate of arrest for ex-offenders than for ex-mental patients, although as a group ex-patients are more often arrested than the general population. From 1968 and 1975 data from Albany County, New York, the current study examines some of the possible explanations for the higher rates of offenders as compared to ex-mental patients. When age and prior arrests, the variables with the strongest association with subsequent arrest, are controlled, offenders are still more often arrested after release than ex-patients. The implications of these findings for differential policies for detention in correctional and mental health systems are discussed.

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As reported in an earlier paper (Steadman et al., 1978b), released offenders had significantly higher overall recidivism rates than ex-mental patients released to the Albany County, New York area for both 1968 and 1975. Likewise former patients had higher rates of arrest than the general population for both years. The 1968 ex-offender sample's arrest rate per 1,000 was 267.8, compared with the ex-patient rate of 77.9 per 1,000 and the general population rate of 27.5 per 1,000. Ex-offenders in 1975 had a 695.0 per 1,000 recidivism rate compared to a 111.2 per 1,000 rate for released patients and a 32.5 per 1,000 general population rate.

The preliminary analyses previously reported suggested that the overall differences in these recidivism rates might be due to the higher number of prior arrests of offenders and the association between prior and subsequent arrests for both offenders and mental patients. The current work examines some additional, albeit limited, variables that provide a more comprehensive explanation of these large differences in recidivism rates between offenders and mental patients.

The importance of the criminal justice experience of mental patients for criminal justice and mental health planning is apparent in the recent report by Cocozza and colleagues, (1978) demonstrating the increasingly lengthy criminal histories of persons now being admitted to and released from state mental hospitals. Their speculation was that these data may indicate shifting responsibilities between the criminal justice and mental health systems. Just how these mental patient data fit with other arguments that as mental health statutes have become more restrictive persons with mental health problems who should be hospitalized, are incarcerated (Abramson, 1972) is unclear. What is clear is that recent research indicates the importance of empirically examining the actual

relationships between mental health and criminal justice systems for:

(1) adequate planning in both systems; and (2) for theories of social control that focus on the differential detention and release standards for offenders and mental patients.

A criminal offender is released when deemed worthy of parole or when his maximum sentence has been served. In the first instance there is wide latitude permitted by the parole board, while in the latter situation, regardless of any threat of danger the offender may be seen as posing to society, release is mandatory. Among mental patients involuntarily detained in public mental hospitals because of dangerousness<sup>1</sup>, there is never any specific maximum sentence at which time they must be released. While mental health statutes certainly set maximum limits, which are often brief, orders of commitment may be renewed with judicial review as long as the patient continues to meet the dangerousness standard. As long as they are seen as posing a danger to the community and to be in need of treatment they may be retained.

In contrast, offenders must be released when their maximum sentence is served regardless of any "estimated probabilities" of future behavior. Mental patients retained under the aegis of danger to others or self never reach such a point. While entitled to regular legal review, as long as they are determined to pose a danger to the community they may be retained. These differential release policies result in a uniform overprediction of dangerousness among the mentally ill (Scheff, 1966; Cocozza & Steadman, 1978) through many assumptions that lack empirical support.

<sup>1</sup> Involuntary patients are a majority of all state hospital patients (55% in 1978 in New York). It is unclear what proportion of all involuntary patients are retained for dangerousness rather than "grave disability" or other civil commitment standards relating to a person being so impaired as to not appreciate their need for care. Thus, for analyzing the manner in which state hospitals may contrast with jails and prisons as social control mechanisms, it is useful to focus on the criteria employed for involuntarily committing

The attribution of unpredictability and danger has always been associated with the label "mentally ill". The detention of the mentally ill has always been to greater or lesser degrees predicated on their perceived dangerousness. This tendency has grounded the revision of every state mental health statute since the landmark 1968 revision of the California mental health statutes. Of the 45 jurisdictions with emergency commitment statutes, 38 rely on dangerousness to others or self as the sole criterion for commitment (Fagan, 1976). This is so despite the growing literature demonstrating the inability of psychiatrists or any other professional group to accurately make such predictions (Cocozza and Steadman, 1978).

Of course, the literature is consistent in reporting higher rates of arrest over the past fifteen years for released patients in comparison to the general population. (Rappeport & Lassen, 1965 & 1966; Zitrin, et al, 1976; Durbin et al, 1977; Sosowsky, 1978; Steadman et al, 1978a). These reported rate differentials have indirectly lent support for overprediction and the differential treatment policies of patients, although these overall rates have been recently shown to be deceptive. Two studies have delineated prior criminality as significantly explaining substantial differences in patient recidivism rates (Steadman et al, 1978a, 1978b).

These studies indicate that, first, in comparing former patients with the general population, those patients with no prior criminal record were no more likely to be arrested than persons in the general population. Yet as the number of prior arrests patients had increased, so did the rates of recidivism. In other words, because those patients previously arrested were so often rearrested after release, and because such patients were a greater proportion of the total patient populations in state mental hospitals (40% in New York in 1975 for males), the overall arrest rates

of ex-mental patients dramatically increased over the past fifteen years (Steadman et al., 1978a). A related study comparing ex-patients with ex-offenders as well as with the general population, found that offenders were much more likely to be arrested after release than ex-patients. Initial analyses suggested this might be due to the greater proportion of offenders than patients with prior criminal records (Steadman et al., 1978b).

This paper continues these analyses by focusing on factors that might explain the very substantial differences in recidivism rates of former patients and offenders previously established.

#### Research Design

All persons released from state mental hospitals and all offenders released either from the state prisons or the county jail in 1975 and 1968 to Albany County, New York (excluding intoxication and traffic offenses) were chosen. The 1975 data provided as recent information as possible while still offering an adequate follow-up period. The 1968 data reflected the early stages of the massive deinstitutionalization programs in New York State. Since the cohorts were not expected to be large, two points in time were deemed necessary to assure validity in the observed rates. The 1968 and 1975 mental patients groups numbered 307 and 204, respectively. There were a total of 167 offenders released in calendar 1968 into Albany County and there were 252 offenders released in 1975.

Two data sources were employed. First the Department of Mental Hygiene's computerized records provided the demographic characteristics and hospitalization histories. Second, the New York State Department of Criminal Justice Services provided the data on all prior and subsequent criminal activity. These latter data were used to determine the level and

type of criminal activity of offenders and mental patients after return to the community. Both groups were followed during their first year and a half back in the community.

Before comparing the mental patients and offenders with regard to variables that affect recidivism rates, some substantial differences in demographic characteristics should be noted.

In both 1968 and 1975, ex-offenders were more often young, non white and male than the released patient samples. The mental patients average age at time of release was 44. For the offenders, the 1968 average was 32 and for 1975 it was 28. Also, the mental patients in both years were much more often white than were the offenders. Of the 1968 group of released mental patients, 87% were white as were 84% of the 1975 group, while only 58% of the 1968 offender group and 51% of the 1975 group were white. Further, almost all of the offenders were males, 93% in 1968 and 90% in 1975, while only about half of the mental patients were males, 52% in 1968 and 61% in 1975. What makes these demographic characteristics so important is the usual strong relationship that each of these has to crime rates. In most studies young, non-white males are a group with especially high crime rates.

In addition to demographic differences, arrests for women patients in both years were rare. Only 10% (N=5) of the 1968 women patients were arrested prior to their hospitalization, and in 1975 only 14% (N=11) of the women had prior arrest records. In 1968 only 2% (N=3) of the women patients were arrested after release and for the 1975 women only 5% (N=4) were subsequently arrested. Because of these few women patients who have either prior or subsequent arrests and the small number of women offenders, women were eliminated from the analyses reported here. This left 159 ex-patients and 155 ex-offenders for 1968 and 122 ex-patients and 226 ex-offenders for 1975.

Given the agency records available on each subject, a relatively limited number of independent variables are included in these analyses. Included are: Demographic variables of age, race, and sex; Hospitalization variables of the total number of prior hospitalizations and total number of prior days in a mental hospital; Criminal history variables of total prior arrests and total subsequent arrests.

#### Findings

The initial relationships examined were the zero order correlations between demographic, hospitalization and criminal history factors and arrest after release. Evident from the data was a consistent relationship between age and prior arrest factors with recidivism for all offender and patient groups. For 1968 and 1975 released patients, prior arrest was more strongly associated with subsequent arrest than age (for prior arrests -  $r=.26$  and  $r=.23$  respectively) but for 1968 and 1975 offenders, age was more strongly related than prior arrests (for age  $r=-.14$  and  $r=-.19$  respectively). Race and hospitalization factors were significantly related to arrest after release for the 1968 patients and the 1975 offenders, but these relationships were not consistent across sample years or groups.

To further assess the relative impact of prior arrests and age on recidivism for both patients and offenders, these factors along with race, and hospitalization variables, were examined using listwise multiple regression. Table 1 displays the standardized regression coefficients for these variables and the multiple Rs associated with them. What

TABLE 1 about here

emerges clearly in all sample groups is the significant effect ( $p<.01$ ) of more prior arrests and being young on subsequent arrest. For offenders

age has a greater influence on recidivism while for patients prior arrests have primacy. However, these sets of variables explain relatively the same amounts of variance (small in both instances) for both offender and patient groups (for 1968 offenders  $R^2=.073$ ; for 1968 patients  $R^2=.152$ ; 1975 offenders  $R^2=.102$ ; 1975 patients  $R^2=.129$ ).

To examine how similar the patient and offender recidivism rates are Table 2 shows the proportion of patients and offenders arrested after release controlling for age and prior arrest records. Since no differences

TABLE 2 about here

were found across years for the patient or offender samples both the 1968 and 1975 patient samples, and the 1968 and 1975 offender groups, were combined to provide greater confidence in interpreting differences and similarities between patient and offender recidivists. As shown in Table 2, as the number of prior arrests increases so too does the proportion of both patients and offenders who recidivate. Since all offenders have at least one prior arrest (i.e., the index arrest which includes them in our offender cohorts), no comparison with patients with no prior arrests is possible. Thus, there are four cells of comparison, the 18-29 and 30 and over year old groups with one prior arrest and the same age categories with two or more prior arrests. In every cell, proportionately more offenders recidivate than patients. However, only among the 18-29 year olds with two or more prior arrests do these differences attain statistical significance ( $Z=1.65$   $p<.05$ ).<sup>2</sup> Consistently, both younger offenders and younger patients have higher arrest rates after release. In every cell comparing age, and recidivism, the 18-29 year olds have higher proportions of recidivism than the comparable 30 year old and

<sup>2</sup> In this paper differences in proportions were tested by t-test.

over group. For offenders, these proportional differences are highly significant (for 1 prior  $Z=2.51$   $p<.001$ ; for 2 + prior  $Z=3.93$   $p<.001$ ) but for patients, age differences are significant only for those with no prior arrests ( $Z=4.36$   $p<.001$ ). Thus, the relative effect that age has on recidivism is consistent for offenders across both age categories, but for released patients age is less explanatory than prior arrests.

When controlling prior arrests for released patients, the increased recidivism rates of those with more prior arrests are significant only between one prior and two prior arrests for the 30 year old and over group (for 30 +  $Z=2.07$   $p<.02$ ). But, proportional differences are highly significant for both age categories when comparing those patients with no priors and those with multiple priors (for 18-29 yr. old  $Z=2.19$   $p<.015$ ; for 30 and over  $Z=5.72$   $p<.00001$ ). Offenders in both age categories are significantly more often arrested as the number of prior arrests increase. Comparing one prior arrest with two or more prior arrests significant differences exist in both the 18-29 and 30 and over year old categories. (for 18-29 yr. old  $Z=3.41$   $p<.0001$ ; for 30 and over  $Z=2.68$   $p<.004$ ).

It is evident that the regression analyses presented earlier which delineated prior arrests and age as the factors most significantly impacting on recidivism, only partially account for differences in the proportion of patients or offenders who are arrested after release. However limited these variables still significantly delineate high risk recidivists and are valuable indicies with which to interpret differences in overall recidivism rates. For example, since for our combined released patient sample, 61% are 30 years old and over, versus 40% of the offender sample, and since only 44% of the patients have a prior criminal record compared with 100% of offenders, the differences in overall arrest rates that were observed are not suprising. However, even within similar age and prior arrest cells, offenders were consistently more often arrested.

One explanation that has been offered for the offenders arrest rates being consistently higher than mental patients even when controlling for age and prior arrest factors, is the efficacy of treatment in a mental hospital in reducing the likelihood of recidivism. Within the limitations of our data, we examined what effect the number of prior hospitalizations had on reducing recidivism rates for the high risk offenders. This indicator of mental health treatment efficacy did not seem to suggest or support the above hypothesis. Of the 18-29 year old offenders with two or more prior arrests with no prior mental hospitalization (N=161) 61% were subsequently arrested compared to 62% of the same group with one or more prior mental hospitalizations. Likewise for 30 + year old group with multiple prior arrests (N=124), 38% of those without previous mental hospitalizations were subsequently arrested as were 40% of those with prior hospitalization. Likewise, among the mental patient samples, the numbers of prior hospitalizations in no way reduced recidivism. In fact, in the 1968 sample there was a significant ( $p < .01$ ) positive zero-order correlation of .42 between number of prior hospitalizations and number of subsequent arrests.

From these limited data on mental health intervention it would seem that one must look elsewhere for explanations of the differences observed here in the arrest rates of ex-mental patients and offenders. Not only are offenders more often arrested than ex-patients, but also offenders are more often arrested than ex-mental patients controlling for age and prior arrests.

<sup>3</sup> The seriousness of the criminal activity that does occur for both patients and offenders is quite similar. Subsequently arrested for violent crime were 8.3% of the patients compared with 14.3% of the offenders. For property offenses 35% of the patients compared with 34.2% of the offenders were arrested. Only in the number of minor offenses (41.7% vs. 30.1% respectively) and drug offenses (1.7% vs. 8.3% respectively) are there marked differences.

### Discussion

The ways in which recidivism rates of released mental patients and offenders are related to age and prior criminal record are quite evident from the data presented here. Significantly higher proportions of released patients and ex-offenders recidivate, when they are young and have multiple prior arrests. Former patients are less likely to be arrested after release if they are over 30 and have had no prior criminal contact. Similarly, offenders who are over 30 with only one prior arrest are less likely than other offenders to recidivate. Clearly, then, as the proportion of high risk groups increase among mental patient or offender populations, so will overall recidivism rates for that population. More importantly, however, when offenders and patients with similar age and criminal histories are compared, the patients are consistently less often arrested. Why this is so is unclear from our data. Regardless, the consistently higher offender rates raise a number of legal and policy questions concerning the differential release and commitment standards for patients and offenders discussed earlier.

Criminal law mandates that an offender be released to the community after serving his maximum sentence regardless of any probability of future violence. Further, although parole boards may evaluate the probability that an offender will recidivate after release as a key factor in their deliberations, there is no mandated psychiatric "expert" prediction of an offender's future behavior as typically occurs with regards to the release of mental patients detained because of dangerousness.

Parole decisions are informed by past behavior of the offender such as good conduct while in prison, prior criminal record, employment records, family status and moral culpability. While mental health release

decisions may incorporate some of these same criteria, this latter decision for involuntary patients may be based more on an assessment of dangerous or violent behavior that might be perpetrated in the future. Because of this medico-legal decision, the legal system may exert greater preventive detention on deviance that is labeled mental illness, than on that called crime, although such a policy is not warranted by any empirical findings presented here.

The rationale or present policy justifications for differential release statutes for offenders and patients fail to be supported by findings, rather they seem to be aligned to the long standing public attitudes toward differential forms of coercive control for persons who are seen as unpredictable (mental patients), even if those who are predictable (offender subgroups) are more often engaged in behavior resulting in arrest. Stereotype rather than empirical fact appears to dominate public policy in these areas.

While most involuntary patients in state mental hospitals are not detained because of their perceived dangerousness, for those patients that are the application of this essentially predictive concept raises the spectre of preventive detention that begs empirical support when the rationales for criminal detention are contrasted with the research data.

Despite any estimated probabilities of recidivism there comes a time when offenders maximum sentence is achieved and release is required. Ironically, such is not the case for the mental patient committed for dangerousness. As long as he/she meets the statutory criteria of clear and present danger to self or others, retention may occur. Of course, periodic review must take place, but there never is a point where release must

happen regardless of estimated probabilities of future violent behavior as occurs with the "maxed out" offender. Thus, a paradox exists between the empirical facts and some basic principles of social control which utilize predictive criteria for the preventive detention of those labeled dangerously mentally ill.



Table 1

Standardized Regression Coefficients for arrest after release for 1968 and 1975 ex-offender and released patient samples.

1968 Patients (N=159)		1968 Offender (N=156)	
Independent Variables	Beta	Independent Variables	Beta
Number of Prior Hospitalizations	.20**	Age	-.25**
Prior Arrests	.19**	Prior Arrests	.21**
Age	-.18**	Total Number of Prior Days in Mental Hospital	-.12
Race	-.12	Race	.08
Total Number of Prior Days in Mental Hospital	-.05	Number of Prior Hospitalizations	.08
Multiple R	.39**	Multiple R	.27*

1975 Patients (N=124)		1975 Offenders (N=226)	
Independent Variables	Beta	Independent Variables	Beta
Prior Arrests	.27**	Age	-.26**
Age	-.24**	Prior Arrests	.18**
Number of Prior Hospitalizations	-.13	Race	-.17**
Race	.06	Number of Prior Hospitalizations	.04
Total Number of Prior Days in Mental Hospital	.02	Total Number of Prior Days in Mental Hospital	.00
Multiple R	.36**	Multiple R	.32 **

\*p<.05  
\*\*p<.01

Table 2

Proportions of ex-offenders and former patients arrested after release controlling for age at release and number of prior arrests.

Age at Release	Prior Arrests					
	No Priors	1 Prior		2+ Priors		
	Patients	Patients	Offenders	Patients	Offenders	
18-29 (N)	19.0 (42)	25.0 (12)	37.1 (70)	44.0 (25)	* 61.4 (161)	
30+ (N)	18 (117)	5.3 (19)	11.1 (27)	27.9 (68)	37.9 (124)	

\* p<.05

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