



GLOBAL JOURNAL OF HUMAN-SOCIAL SCIENCE: A
ARTS & HUMANITIES - PSYCHOLOGY
Volume 15 Issue 9 Version 1.0 Year 2015
Type: Double Blind Peer Reviewed International Research Journal
Publisher: Global Journals Inc. (USA)
Online ISSN: 2249-460X & Print ISSN: 0975-587X

A Study of Mental Health Problems in Criminals in Terms of Depression, Anxiety and Stress

By Neelu Sharma, Om Prakash, Dr. K. S. Sengar & Dr. A. R. Singh

Allied Sciences/Ranchi University, India

Abstract- Offenders residing in prison face many problems. Isolation from families, overcrowding in prison, guilt, and stigmatization are main causes of deterioration in mental health of prisoners. Present study intends to assess mental health problems in two groups of convicted criminals: murderers and rapists in terms of depression, anxiety, and stress. Based on purposive sampling technique, 72 convicted criminals were selected from Birsa Munda Central Jail Hotwar, Ranchi, India. Both groups of criminals were matched on various socio-demographic parameters such as: gender, age, education, religion, marital status, residence, and occupation. All participants were assessed on Depression Anxiety and Stress Scale (DASS). Obtained responses were scored by using standard scoring procedures and subsequently statistically analyzed by using Chi-square test. In present study, rapists' group have shown significant difference on scale of depression in comparison to murderer's group. Whereas there were no significant differences found between both groups on level of anxiety and stress. Mental health problems were found prevalent in both groups but more prominent in rapist's group. Rapists' group have shown more symptoms and severity of depression, anxiety, and stress than the murderers' group in present study.

Keywords: mental health problems, criminal, depression, anxiety, stress.

GJHSS-A Classification : FOR Code: 730211



Strictly as per the compliance and regulations of:



© 2015, Neelu Sharma, Om Prakash, Dr. K. S. Sengar & Dr. A. R. Singh. This is a research/review paper, distributed under the terms of the Creative Commons Attribution-Noncommercial 3.0 Unported License (<http://creativecommons.org/licenses/by-nc/3.0/>), permitting all non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

A Study of Mental Health Problems in Criminals in Terms of Depression, Anxiety and Stress

Neelu Sharma ^α, Om Prakash ^σ, Dr. K. S. Sengar ^ρ & Dr. A. R. Singh ^ω

Abstract- Offenders resides in prison faces many problems. Isolation from the families, overcrowding in prison, guilt, and stigmatization are main causes of deterioration in mental health of prisoners. Present study intends to assess mental health problem in two groups of convicted criminals: murderers and rapists in terms of depression anxiety and stress. Based on purposive sampling technique, 72 convicted criminals were selected from Birsa Munda Central Jail Hotwar, Ranchi, India. Both the groups of criminals were matched on various socio-demographic parameters such as: gender, age, education, religion, marital status, residence and occupation. All participants were assessed on Depression Anxiety and Stress Scale (DASS). Obtained responses were scored by using standard scoring procedures and subsequently statistically analyzed by using Chi-square test. In present study rapists group have shown significant difference on scale of depression in comparison to murderer's group. Whereas there were no significant differences found between both the groups on level of anxiety and stress. Mental health problems were found prevalent in both the groups but more prominent in rapist's group. Rapists group have shown more symptoms and severity of depression, anxiety and stress than the murderers group in present study.

Keywords: mental health problems, criminal, depression, anxiety, stress.

I. INTRODUCTION

Prisoners are very much tending to develop mental health problems. Prison is the place where criminal persons have to reside for years and sometimes for life long. It is a huge and substantial issue in front of mental health professionals why mental health of prisoners gets deteriorated after imprisonment and they develop psychiatric illness. It is also important issue that individual who commits crime are they having susceptibility to develop psychiatric illness before committing the crime or they develop it after imprisonment? Mixed kind of research literature is available on this issue. Some researchers says that criminals are having tendency to develop mental disorder and some says unfavorable prison environment develop different kind of mental and physical ailment in them (Wormith, 1984, Cooper, 1974; Walker, 1983, Sneha & Garg, 2012).

It has been reported in different studies and review of meta analysis that criminals are more liable for mental disorder as compare to non criminal population.

Author α σ ρ ω: Ranchi Institute of Neuro-Psychiatry and Allied Sciences/Ranchi University, Vigyan Vihar Society, Chandigarh (UT) India. e-mail: nsharma.rinpas@gmail.com

The common psychiatric disorders prisoners suffers from includes anxiety, depression, psychoses, personality disorder and substance misuse, and it also elevates suicide risk in criminals (Baillargeon et al. 2009; Fazel et al. 2008).

Prison is the place where prisoners especially those who have committed grave crimes such as murder, sexual assaults, robbery have to be there for long time. Jail is not a pleasant place to live because no matter how well disciplined and managed it is it estranged prisoners from their families, friends, outer world and society. Alienation from the family and society is the most prominent cause to damage the well being of prisoners (Yang et al, 2009; Mackenzie & Mitchell, 2005) which cause stress and other mental health related problems in prisoners (Rutherford & Duggan, 2009). There are some other reasons such as delay in legal proceedings which may develop hopelessness and helplessness in under trial prisoners and develop stress, depression and anxiety. No matter what are the reasons but it is apparent from the studies done on different time periods that persons behind the bars are suffering from different types of mental agony and disorders. Stress and depression are very frequently experienced by prison population (Birmingham, 2004; Gunter, 2004; Drapalski et. al.2009; Lafortune, 2010).

Apart from the alienation from the family and society prisoners faces some other problems in prison which deteriorate their psychological wellbeing as problem of overcrowding (Nurse et al. 2003), unhygienic cell environment, delay in legal proceedings (under trial cases), physical and mental suffering by prison officials and group clashes and conflict among prisoners group. Once they get punishment by court they get stigmatized as 'offender by society. This stigmatization worries them about their future after release from the prison and leaves most damaging effect on offenders (Schnittker & John, 2007). Prisoners who adapt the circumstances becomes capable to adjust in prison but those who finds themselves unable to adjust with the jail environment start felling guilty, shows aggression, suicidal behavior and develops stress and depression, anxiety and other psychiatric problems (Dye, 2010).

Frequent researches have been done by researchers on time to time to find out the rates of mental disorder among criminal populations. Inmate

prisoners' show elevated anxiety depression in comparison to the normal population (Castellano & Soderstrom, 1997).

There are ample amount of research literature that states that restricted, unhealthy and conflictual jail environment develop mental illness in inmates. Some criminals who have done extremely heinous crime are kept in a isolated and segregated cells in prison due to severity of their crime and this isolation from the other inmates make them frustrated, depressed and develop mental disorder in criminals (Nurse et al. 2003; Anderson, 2004). In few studies it was found that criminals who were kept in prison in solitary confinement had past history of treatment of mental disorders and diagnosis of schizophrenia and depression (Singleton et al. 1998; Coid et al. 2003).

Some comparative researches which studied psychiatric illness among different group of offenders, states some groups are having more prevalence of mental illness than other groups. Eher *et al.* (2010) done a comparable study on 807 Austrian sexual offenders imprison in Austrian jail between 2002 and 2009. They reported that sexual offenders exhibit elevated rates of mental illness, sexual disorders, personality disorders and substance abuse disorder.

Fazel et al. compared 8,495 convicted sexual offenses between 1988 and 2000 with a sample of 19,935 men from the general population. They found in their study that sex offenders were five times more likely to have been hospitalized for schizophrenia or other psychotic disorders, and were three times more likely to have a history of bipolar disorder. Overall 24 percent of sexual offenders had a history of psychiatric hospitalization, and less than 5 percent of men in the general population.

Research related to the mental health issues in prisoners has a dearth in India. Very a few studies have been conducted with the criminals.

Taking this dearth into consideration present study was planned with the two groups of convicted criminals: murderers and rapists and to assess mental health problem such as depression anxiety and stress in these groups of criminals. In present study we have also an aim to decipher which group of criminals has more prevalence of mental health related problems.

II. METHODS

a) Aim

Present study was planned to assess the mental health problems between two groups of convicted criminals: murderers and rapists in term of depression, anxiety and stress on Depression Anxiety and Stress Scale.

b) Design

This study was a cross-sectional study consist two groups of convicted criminals: murderers and rapists.

c) Sample

Study consist seventy two samples, which encompass forty murderers and thirty two rapists. Samples were selected from Birsa Munda Central Jail, Hotwar (Ranch, Jharkhand, India), based on the purposive sampling technique; criteria of sample selection were aged 25-45 years, educated up to 8th STD and above. They had to be able to give the informed consent for the study.

d) Tools

i. Socio-Demographic Data Sheet

This is a semi structured Performa. It contains information about socio demographic variables such as age, sex, religion, education, marital status, residence and occupation of the subjects.

ii. Depression Anxiety And Stress Scale

The Depression, Anxiety, and Stress Scales were developed by researchers at the University of New South Wales (Australia). The DASS is a 42 item self report instrument designed to measure three related negative emotional states of depression anxiety and tension/stress.

Each of the three DASS scales contains 14 items, divided into subscales of 2-5 items with similar content. The Depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, and lack of interest/involvement, anhedonia, and inertia. The Anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The Stress scale is sensitive to levels of chronic non-specific arousal. It assesses difficulty relaxing, nervous arousal, and being easily upset/agitated, irritable/over-reactive and impatient. Subjects are asked to use 4-point severity/frequency scales to rate the extent to which they have experienced each state *over the past week*. Scores for Depression, Anxiety and Stress are calculated by summing the scores for the relevant items.

The reliability scores of the scales in terms of Cronbach's alpha scores rate the Depression scale at 0.91, the Anxiety scale at 0.84 and the Stress scale at 0.90 in the normative sample.

e) Procedure

After attain permission from prison authority data collection process was start in prison. Sociodemographic information was collected using Socio Demographic Data Sheet. Depression Anxiety and Stress Scale was administered upon two groups of criminals to assess their depression anxiety and stress.

III. STATISTICAL ANALYSIS

The results were analyzed using statistical package SPSS-version 20.0. Socio-demographic variables of both the groups were analyzed and compared using chi-² test. Performance of both the groups on DASS was also analyzed by using chi-² test.

IV. RESULT

Present study assessed the mental health problems in two groups of convicted criminals: murderers and rapists and decipher that which group is having more mental health problems. The demographic data of both the groups are given in Table 1. There were no significant differences found in any socio-demographic variable between both the groups.

Table 2. reveals results of presence and severity of mental health problems in both the groups on DASS in terms of depression, anxiety and stress. Rapists group scored high in presence and prominence of mental health problems in terms of depression. On the depression scale 18(56.2) rapists had no symptom of depression, 8 (25.0%) had mild depression, 3(9.4%) had moderate level of depression and 3 (9.4.5%) had severe depression. While in murderer's group 34(85.0%) murderers were asymptomatic on depression scale, 3(7.5%) had mild depression, 2(5.0%) murderers had moderate level of depression, 1(2.5%) had severe level of depressive symptoms.

With respect to comparison of presence and severity level of depression between both the groups there was statistically significant difference found. On depression scale $\chi^2=7.601$, $p<.005$.

On Anxiety scale 20 (62.5%) rapists were found asymptomatic, 4 (12.5%) had mild level of anxiety, 5(15.6%) had moderate anxiety and 3(9.4%) had severe anxiety. Murderer's group has scored less on anxiety scale than the rapist's group. 32 (80.0%) murderers have not shown any sign of anxiety, 1 (2.5%) had mild level of anxiety, 5(12.5%) had moderate level of anxiety, 2(5.0%) had shown severe anxiety.

Statistically significant difference was not found on anxiety scale between both the groups ($\chi^2 = 3.929$, $p < 0.269$).

However on stress scale both the groups have scored almost similar on all the levels of stress. 18(56.2%) rapists did not show any sign of stress, 6(18.8%) had mild level of stress, 5(15.6%) had moderate level of stress and 3 (9.4%) have shown severe stress. In murderers group 28(70.0%) were free from the stress, 8(20.0%) had mild stress, 2(5.0%) had moderate stress level and 2(5.0%) had severe level stress.

On stress scale no statistical significant difference was found between scores of performance of both the groups ($\chi^2 = 3.09$, $p < 0.37$).

V. DISCUSSION

Present study was intended to assess mental health problems in two groups of criminals that were rapists and murderers. This study assessed depression anxiety and stress and also decode which group is having more prevalence and severity of mental health problems.

Result of the present study reveals that mental health of murderers as well as rapists was impaired. In our study rapist's group have shown more depression in terms of severity level as well as prevalence than the murderer's group. In rapists group 43.8% subjects have shown depressive symptoms while in murderers group 15.0% subjects had depression. A number of researches have been done with criminals' shows conformity with the present study (Leue et al. 2004, Fazel et al. 2007, Mohan & Dhar, 2001). In all the studies rapists group have shown major depression, anxiety and other psychiatric illness more than the other criminals group and general population.

Some previous researches which studied prevalence of psychiatric illness in mixed population of prisoners found depression as one of the prominent diagnosis in prisoners. Birmingham *et al.* (1996) state that in terms of diagnosis, depression was the major psychiatric disorder in their study (18% of the total sample). Agbahowe *et al.*(1998) in Nigerian study account depression in 23% of the jail inmates. In study by Singh and Verma, (1976) depressive reaction was found in 16% of total sample. These findings of previous research are in agreement with the present study as in our study both groups of criminals have shown depression.

In our study rapist's group have revealed more occurrence of anxiety symptoms than the murderer's group. In rapist's group 37.5% sample had anxiety (12.5% mild, 15.6% moderate and 9.4% severe anxiety) whereas in murderers group 20% sample have shown anxiety disorder (2.5% mild, 12.5% moderate and 5.0% severe anxiety). This finding is consistent with the findings of previous studies which reports high amount of anxiety disorders in rapists in comparison to other groups of criminals (Leue et al. 2004).

However, findings of the present study are contradictory to some aspects of previous researches in which the most common diagnosis in criminals (murderers, rapists, pedophilic and other groups) group were alcohol or substance abuse disorder, personality disorder, psychosis, schizophrenia, affective disorders (Langstrom et al. 2004; Elsayed et al. 2010; Birmingham et al. 1996; Anderson et al. 2000; Anderson 2004 & Maden *et al.* 1992). This discrepancy with the previous researches may be due to differences between methodology of present and previous studies. Present study was a small sample sized study and psychological tool which we have used (DASS) assess

only depression, anxiety and stress. DASS doesn't assess broad range of psychiatric disorders (alcohol abuse, personality disorders schizophrenia or psychosis).

On stress scale both the groups of criminals scored almost similar as statistical difference between responses of both the groups was insignificant. It reveals that both the groups were equally stressed. This finding of the present study is consistent with the findings of earlier studies that report stress and depression are enormously occur among prisoners (Birmingham 2004; Gunter 2004; Drapalski et al. 2009; Lafortune 2010; Ahmad & Mazlan 2014).

Though in current study we came to an end that rapists group have had more mental health related problems than the murders group. A substantial question arrives here why they suffer more with mental health related problems? A number of reviews of studies have been done in western countries which states that why offenders are tend to be more inclined for reoffending and encompass more mental sufferings. Rape is considered a heinous crime in every civilized society and rapists are hated and disliked by the society. They face abhorrence, isolation, stigmatization, loss of relationship, embarrassment, shame, loss of source of income and social support whether they are inside the jail or released from it. This may worsen their mental balance may experience disempowerment, shame, stress, hopelessness, depression, anxiety and relapse to crime (Levenson & Cotter 2005; Tewksbury 2005; Levenson 2003).

In current study mental health of offenders was impaired. Grounds underneath of ill mental health of prisoners need to be explored more. Based on previous researches and current study we can advocate that large numbers of offenders were suffering with mental health related problems which may deteriorates their quality of life and make them vulnerable for reoffending.

VI. CONCLUSION

In present study mental health problems were found to be prevalent in both the groups of offender though rapist's group had more prevalence of mental health problems. The findings of the present study emphasize the need of assessment of psychiatric disorders in prison setting on a broad level. The high prevalence of depression, anxiety and stress in criminals points toward the dire needs of psychiatric assessment, management and rehabilitation programs in prison.

VII. RECOMMENDATIONS

Small sample size was a drawback of the present study. Female population was also excluded from the study. Comparison between male and female groups of prisoners can be done (with little change in methodology because female sexual offenders will not

be available easily in India) to explore which population is suffering more from mental health related problems. Hence, an assessment programme as well as intervention can be planned with prisoners in further researches.

VIII. ACKNOWLEDGEMENT

We are grateful to the Superintendent of Hotwar Central Jail (Ranchi, Jharkhand, India) for his support in conducting this study. We thank all the staff and inmates of the prison for their co-operation in completion of this research work.

REFERENCES RÉFÉRENCES REFERENCIAS

1. Leue, A. Borchard, B. & Hoyer, J. (2004). Mental disorders in a forensic sample of sexual offenders. *European Psychiatry*, 19 (3), 123-130.
2. Fazel, S. Sjöstedt, G. Långström, N. & Grann, M. (2007). Severe mental illness and risk of sexual offending in men: a case-control study based on Swedish national registers. *Journal of Clinical Psychiatry*, 68 (4), 588-596.
3. Dye, M. H. (2010). 'Deprivation, Importation, and Prison Suicide: Combined Effects of Institutional Conditions and Inmate Composition'. *Journal of Criminal Justice*, 38, 796- 806.
4. Schnittker, J. & John, A. (2007) 'Enduring Stigma: The Long-Term Effects of Incarceration on Health'. *Journal of Health and Social Behavior*, 40, 115-130.
5. Wormith, J. S. (1984). 'The Controversy over the Effects of Long-Term Incarceration'. *Canadian Journal of Criminology*, 26, 423-437.
6. Yang, S. Kadouri, A. Revah-Levy, A. Mulvey, E. P. & Falissard, B. (2009). 'Doing Time: A Qualitative Study of Long-Term Incarceration and the Impact of Mental Illness'. *International Journal of Law and Psychiatry*, 32, 294-303.
7. MacKenzie, D. L. & Mitchell, F. N. (2005). 'Inmates' Experiences in Prison'. *Journal of Contemporary Criminal Justice*, 21 (4), 309-313.
8. Castellano, T. C. & Soderstrom, I. R. (1997). 'Self-Esteem, Depression, and Anxiety Evidenced by a Prison Inmate Sample: Interrelationships and Consequences for Prison Programming'. *The Prison Journal*, 77 (3): 259-280.
9. Gunter, T.D. (2004). Incarcerated women and depression: A primer for the primary care provider. *Journal of the American Medical Women's Association*, 59(2), 107-112.
10. Fazel, S. Cartwright, J. Norman-Nott, A. & Hawton, K. (2008). Suicide in prisoners: a systematic review of risk factors. *Journal of Clinical Psychiatry*, 69, 1721-31.
11. Birmingham, L. (2004). Mental Disorder and Prisons. *Psychiatric Bulletin*, 28, 393-397.

12. Cooper, H. H. A. (1974). 'The All-Pervading Depression and Violence of Prison Life'. *International Journal of Offender Therapy and Comparative Criminology*, 18 (3), 217- 226 .
13. Walker, N. (1983). 'Side-Effects of Incarceration'. *British Journal of Criminology*, 23 (1), 61-71.
14. Rutherford, M. & Duggan, S. (2009). Meeting complex health needs in prisons. *Public Health*, 123, 415-418.
15. Drapalski, A.L. Youman, K. Stuewig, J. & Tangney, J. (2009). Gender differences in jail inmates' symptoms of mental illness, treatment history and treatment seeking. *Criminal Behavior and Mental Health*, 19, 193- 206.
16. Lafortune, D. (2010). Prevalence and screening of mental disorders in short-term correctional facilities. *International Journal of Law and Psychiatry*, 33(2), 94-100.
17. Baillargeon, J. Binswanger, I. A. Penn, J. V. Williams, B. A. & Murray, O. J. (2009). Psychiatric disorders and repeat incarcerations: The revolving prison door. *American Journal of Psychiatry*, 166, 103-109.
18. Nurse, J. Woodcock, P. & Ormsby, J. (2003). Influence of environmental factors on mental health within prisons: focus group study. *British Medical Journal*, 327, 480 -485.
19. Singleton, N. Meltzer, H. & Gatward, R. (1998). Psychiatric Morbidity Among Prisoners in England and Wales. London: Office for National Statistics.
20. Coid, J. Petruckevitch, A. Bebbington, P. et al (2003). Psychiatric morbidity in prisoners and solitary cellular confinement, I: disciplinary segregation. *Journal of Forensic Psychiatry and Psychology*, 14, 298 -319.
21. Singh, G. Verma, H. C. (1976). Murder in Punjab: A psychosocial study. *Indian Journal of Psychiatry*.18, 243-251.
22. Marshall, W. & Barbaree, H. (1990). An integrated theory of sexual offending. In: Marshall W, Laws D, Barbaree H, editors. *Handbook of Sexual Assaults: Issues, Theories and Treatment of the Offender*. New York: Plenum, 363-85.
23. Langstrom, N. Sjostedt, G. & Grann, M. (2004). Psychiatric disorders and recidivism in sexual offenders. *Sex Abuse*,16,139-50.
24. Aigner, M. Eher, R. Fruehwald, S. Frottier, P. Gattirez-Lobos, K. & Dwyer, S.(2000). Brain abnormalities and violent behaviour. *Journal of Psychology & Human Sexuality*, 11, 57-64.
25. Wright, P. Nobrega, J. Langevin, R. & Wortzman G. (1990). Brain density and symmetry in paedophilic and sexually aggressive men. *Ann Sex Res*, 3, 319-28.
26. Sarkar, J. & Dutt, A. B. (2006).Forensic psychiatry in India: Time to wake up. *J Forensic Psychiatr Psychol*,17,121-30.
27. Mohan, C. & Dhar V. (2001). Study of psychiatric status of Central Jail under trials at psychiatric hospitals, Government Medical College, Jammu. *Indian Journal of Psychiatry*, 43 (Supplement): 59.
28. Maden, A. Swinton, M. & Gunn J. (1992). A survey of pre-arrest drug use in sentenced prisoners. *Br J Addict*, 87, 27-33.
29. Agbahowe, S. A. Ohaeri, J. U. Ogunlesi, A. O. & Osahon, R. (1998). Prevalence of psychiatric morbidity among convicted inmates in a Nigerian prison community. *East Afr Med J*, 75, 19-26.
30. Birmingham, L. Mason, D. & Grubin, D. (1996). Prevalence of mental disorder in remand prisoners: Consecutive case study. *BMJ*, 313, 1521-24.
31. Ahmad, A. & Mazlan, N. H. (2014). Stress and Depression: A Comparison Study between Men and Women Inmates in Peninsular Malaysia. *International Journal of Humanities and Social Science*, Vol. 4 No. 2.
32. Levenson, J. S., & Cotter, L. P. (2005a). The effect of Megan's Law on sex offender reintegration. *Journal of Contemporary Criminal Justice*, 21, 49-66.
33. Tewksbury, R. (2005). Collateral consequences of sex offender registration. *Journal of Contemporary Criminal Justice*, 21(1), 67-81.
34. Levenson, J. S. (2003). Policy interventions designed to combat sexual violence: Community notification and civil commitment. *Journal of Child Sexual Abuse*, 12(3/4), 17-52.
35. Eher, R. Rettenberger, M. & Schilling, F. (2010). Psychiatric diagnoses of sexual offenders. An empirical investigation of 807 delinquents imprisoned for child abuse and rape. *Z Sexualforsch* , 23, 23-35.
36. Andersen, H. (2004).Mental health in prison populations. A review with special emphasis on a study of Danish prisoners on remand. *Acta Psychiatrica Scandinavica*, 110, 5-59.
37. Sneha, R. & Garg, R. (2012). The problems of Undertrials. *Criminal Law*. <http://www.legalservices-india.com/>.
38. Houck, K. D. F. Loper, A. B. (2002). The relationship of parenting stress to adjustment among mothers in prison. *American Journal of Orthopsychiatry*, 72(4), 548-558.
39. Piselli, M. Elisei, S. Murgia, N. Quartesan, R. & Abram, K.M. (2009). Co-Occurring psychiatric and substance use disorders among male detainees in Italy. *International Journal of Law and Psychiatry*, 32, 101-107.
40. Gunter, T. D. Chibnall, J. T. Antoniak, S. K. Philibert, R. A. & Hollenbeck, N. (2011). Predictors of suicidal ideation, suicide attempts, and self-harm without lethal intent in a community corrections sample. *Journal of Criminal Justice*, 39, 238-245.

41. Zlotnick, C. Clarke, J. G. Friedmann, P. D. Roberts, M. B. Sacks, S. & Melnick, G. (2008). Gender differences in comorbid disorders among offenders in prison substance abuse treatment programs. *Behavioral Sciences and the Law*, 26, 403-412.

Table 1 : Showing socio demographic details of the groups

Variables		Rapist's Group	Murderer's Group	df	χ^2
Age	25-35 Years	20 (62.5)	26(65.0)	1	.048 (NS)
	36-45 Years	12(37.5)	14(35.0)		
Education	8th-10th	15(46.9)	23(57.5)	2	.805 (NS)
	Intermediate	13(40.6)	13(32.5)		
	Graduation & Above	4(12.5)	4(10.0)		
Marital Status	Married	19(59.4)	27(67.5)	1	.509 (NS)
	Unmarried	13(40.6)	13(32.5)		
Occupation	Employed	22(68.8)	24(60.0)	1	.590 (NS)
	Unemployed	10(31.2)	16(40.0)		
Residence	Urban	2(6.2)	2(5.0)	2	1.456 (NS)
	Rural	25(78.2)	27(67.5)		
	Semi urban	5(15.6)	11(27.5)		
Religion	Hindu	18(56.2)	21(52.5)	3	.710 (NS)
	Muslim	5(15.6)	8(20.0)		
	Christian	2(6.2)	4(10.0)		
	Others	7(21.9)	7(17.5)		

Table 2 : Showing types and severity level of symptoms

Types and Severity level of symptoms		Groups		df	χ^2
		Rapists N (%)	Murderers N (%)		
Depression	NS	18(56.2)	34(85.0)	3	7.601(.05)
	Mild	8(25.0)	3(7.5)		
	Moderate	3(9.4)	2(5.0)		
	Severe	3(9.4)	1(2.5)		
Anxiety	NS	20(62.6)	32(80.0)	3	3.929(NS)
	Mild	4(12.5)	1(2.5)		
	Moderate	5(15.6)	5(12.5)		
	Severe	3(9.4)	2(5.0)		
Stress	NS	18(56.2)	28(70.0)	3	3.09(NS)
	Mild	6(18.8)	8(20.0)		
	Moderate	5(15.6)	2(5.0)		
	Severe	3(9.4)	2(5.0)		

