Increased risk of sexual offending in men with psychotic disorders

**QUESTION**  
*Question:* How common are lifetime sexual offences in men with psychotic disorders?  
*Population:* 345,508 people (171,949 women; 173,559 men) born in Denmark between 1 January 1944 and 31 December 1947. Exclusions: men and women who died or emigrated before age 44 years; men whose only recorded hospitalisations occurred when they were transferred to hospital by police after an arrest. Due to the low number of arrests in women, only men were included in the final analysis.  
*Setting:* General population, Denmark; data obtained from Danish national registers in 1991.  
*Assessment:* People who had been hospitalised with a diagnosis of psychotic disorder according to ICD-8 were identified using the Danish Psychiatric Register at the Institute for Psychiatric Demography in Aarhus, Denmark. Type of psychotic disorder (schizophrenia, schizoaffective disorder, psychosis associated with organic brain disorder, intercranial infection or injury, affective psychosis—including depressive psychoses and mania, and other psychoses) and presence of secondary diagnoses of personality disorder (PD) or substance use disorder (SUD) was recorded. Analyses were adjusted for potential confounders, including: socioeconomic status, marital status and total time of hospitalisation.  
*Outcomes:* Lifetime arrest rate for sexual offences, identified using Danish National Police Register records.

**METHODS**  
*Design:* Retrospective cohort study.

**MAIN RESULTS**  
During the 47 years of follow-up, 3809 men (2.2%) were hospitalised for psychiatric disorders. Among men who had never been hospitalised in a psychiatric ward, 0.9% were arrested for a sexual offence, compared to 4% of men who had been hospitalised for psychiatric disorders. Overall, 8.4% of the physically aggressive sexual offences (rape, paedophilia, frotteurism) and 9.0% of the non-physically aggressive sexual offences (public indecency, voyeurism, exhibitionism) were committed by men with psychotic disorders. Being hospitalised with a diagnosis of any psychotic disorder was associated with increased odds of arrest for any sexual offence compared to men who were not hospitalised (OR 3.67, 95% CI 3.05 to 4.43). When analysed separately by specific diagnosis, only affective psychoses were not associated with significantly increased arrest rates for any sexual offence.  
Across most diagnoses, the presence of comorbid personality disorder increased the risk of arrest for any sexual offence (OR 6.03, 95% CI 4.61 to 7.89) as did comorbid substance abuse (OR 4.59, 95% CI 3.37 to 5.72). A comorbid personality disorder or substance abuse disorder moderated the relation between schizophrenia and arrest for aggressive sexual offence, but not non-physically aggressive offences (see online table).

**CONCLUSIONS**  
Men who have been hospitalised with a psychotic disorder are more likely to be arrested for sexual offences than men who have not been hospitalised for psychiatric disorders. Comorbid personality disorder and substance use disorders increase the risk of sex offending.

**ABSTRACTED FROM**  

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The association of sexual offending and severe mental illness has not been widely studied, and we welcome the study by Alden and colleagues. In a nested case-control study of people born in Denmark 1944–7 and followed until 1991, they found a fourfold increased risk of hospitalisation for schizophrenia in sex offenders compared with the general population (adjusted odds ratio (OR) 4.2, 95% CI 2.9 to 6.0). This replicated findings of previous population-based case-control studies in Australia1 (crude OR 2.7), and in Sweden2 with follow-up until 2000 (adjusted OR 4.8, 3.4 to 6.7). Although a population study might have design advantages, low base rates for sexual offending and psychosis yielded only 152 sex offenders with psychosis (the Swedish report had 413).

The authors found an increased violence risk for psychosis with versus without comorbid personality disorder and a non-significant trend for comorbid substance abuse increasing risk. They acknowledged the difficulties with secondary diagnoses in psychosis, and robust validation studies of comorbidity are lacking. The reference cited for diagnostic accuracy is a non-blinded study of mothers with schizophrenia, finding concordance rates for schizophrenia between ICD-8 and DSM-III diagnoses of 84–86% (not over 90% as stated). Further, caution is warranted in interpreting comorbidity findings as individuals are more likely to be diagnosed with personality disorder if arrested previously for a sex offence.

Alden and colleagues were not precise with the terminology of offending. Specifically, they conflated paraphilias with offences. In law, a sexual offence where the victim is a child is termed “indecent assault”, “rape” etc., but not “paedophilia”. Therefore, it is incorrect to write “being convicted of paedophilia”. Importantly, paedophilia implies a deviant sexual interest, which may or may not be associated with a child sexual offence. The same holds for “exhibitionism” and “voyeurism”.

This and related studies1, 2 suggest that psychoses are associated with sexual offending, and that 4–5% of sex offenders will benefit from antipsychotic treatment. Generalisability of the data is unclear. A 1944–7 birth cohort cannot elucidate the impact of potentially important secular trends. For example, reporting of sexual offences in Sweden sank from 49 per 100,000 inhabitants during 1960–8 to 35 in 1970–9 and more than doubled again to 84 during 1990–9. As the Alden study ended in 1991, more recent work will establish if the association has changed in the intervening 17 years.

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