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Self-Reports of Violence By Ex-Mental Patients, Ex-Offenders,  
and the General Population

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Self-Reports of Violence By Ex-Mental Patients, Ex-Offenders,  
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ABSTRACT

Self-report data is used to compare the relative incidence of aggression and violence among ex-mental patients, ex-offenders and the general population and to examine the effect of social-demographic variables on the frequency of these behaviors. Frequency was measured by reported frequencies of aggressive behaviors during the preceeding year, by whether respondents could recall serious disputes, and by the recency of the disputes they recalled. In support of studies that have relied on official arrest statistics, the evidence suggests that ex-offenders engage in violence with greater frequency than the other two groups and that they have a greater tendency to physically attack and injure their antagonists during violent disputes in which they have been involved. Ex-mental patients appear to use weapons more frequently than the general population, but they are no more likely to injure antagonists. In contrast to labeling theory, police were no more likely to become involved or to make an arrest in incidents involving ex-patients or ex-offenders. The evidence also suggests that males are more physically violent than females but that there are no sex differences in verbal aggression. Age appears to be the best predictor of both verbal and physical aggression.

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Prior research has consistently demonstrated that media reports of ex-mental patients tend to focus on their involvement in violent crime and bizarre behavior (Nunnally, 1961; Scheff, 1966; Steadman and Coccozza, 1978; Gerbner, 1980). These studies suggested that the pervasive public image of the behavior of ex-mental patients as violent and bizarre is highly inaccurate. Recent attempts to document whether ex-mental patients are in fact more violent than the general population have focused on their relative arrest rates. These studies (Melick et al., 1979; Rabkin, 1979; Sosowsky, 1980; Steadman, 1981) show that ex-mental patients had lower rates of arrest for violent (and other) offenses than the general population prior to 1965 but that since 1965 and the advent of massive deinstitutionalization programs, ex-mental patients as a group have higher arrest rates than the general population.

Two recent works (Steadman et al., 1978; Ribner and Steadman, 1981) have compared the arrest rates of ex-mental patients, ex-offenders and the general population in the 1970s. They found that ex-mental patients had a higher rate of arrest for violent offenses than the general population, but that they had a much lower rate of arrest than ex-offenders. The group differences remained even when prior arrest histories and age, the two factors most associated with recidivism, were controlled.

These comparative studies are limited in that they rely on arrest rates as measures of violence. Critics have pointed out the limitations of this type of data for determining the actual frequencies of particular types of behavior (e.g., Jacoby, 1978). They point out that a very small proportion of violent (or other criminal) actions leads to arrest. Further, labeling theory (e.g., Becker, 1963) implies that ex-mental patients and ex-offenders have a greater chance of being arrested than others for similar behavior. If persons with these backgrounds are viewed as more dangerous, they may have a greater probability of being brought to

the attention of the police, and if police know that a suspect is a former mental patient or has a criminal record, they may be more likely to make an arrest. As yet there are no studies comparing the violence of ex-mental patients, ex-offenders and the general population that do not rely on arrest data.

The main purpose of this study is to compare the degree of self-reported aggression and violence exhibited by ex-mental patients, ex-criminal offenders, and the general population. Based on the arrest data, one would predict that ex-offenders are the most violent and that the general population is the least violent of the three groups. Since ex-offenders and ex-mental patients may have different social demographic characteristics that are associated with violence, the failure to control for these characteristics may result in spurious relationships. In this study, we control for age, education, sex and race when looking at differences between these populations in aggression and violence. At the same time, we examine the effect of these social-demographic variables on verbal and physical aggression. Prior research clearly shows that violence tends to decline with age (see e.g., Wolfgang and Ferracutti, 1967). There is also evidence that males are more aggressive than females under most circumstances (see Frodi et al., 1977; for a review). Relationships between violence and race and social class have been found using arrest data, but studies using self-report measures -- which focus on less severe behaviors -- have been more equivocal (Braithwaite, 1981; Hindelang, 1978; Ball-Rokeach, 1973).

We begin by examining how frequently these groups report having engaged in aggressive acts of varying severity during the year preceding the interview. Respondents were asked how often they engaged in serious arguments in which they shouted or screamed at someone, how often they had slapped or pushed someone, how often they had hit someone with a fist or object, and how often they had threatened or actually used a weapon. Then, we examine the frequency of violence

using more indirect techniques. Respondents were asked to recall the last time they were involved in a slapping or hitting incident, and the last time they were involved in an incident where a weapon was used. Whether they could recall such incidents and how long ago these incidents occurred were used as measures of frequency (see e.g., Sorenson, 1977). These measures are better for examining the frequency of weapon disputes because they focus on a longer time frame. The frequency of these disputes during the preceding year may be too low to allow group comparison. In addition, they may be less dependent on the respondent's memory in that it may be easier to remember a single incident and how long ago it occurred in the preceding year. The indirectness of these measures may also be useful in eliminating the possible effects of the social desirability factor, i.e., the tendency of persons to under-report behaviors that are socially undesirable, since respondents are not likely to be aware that mentioning a more recent event implies greater frequency. However, a disadvantage is that the incidents described are not necessarily ones in which respondents themselves engaged in physical attack since they could have been victims. (This shortcoming is handled to some extent by the measures described below). In general, if these different kinds of measures yield similar results, we will have more confidence in the results.

Finally, we examine how violent these groups were in the more serious incidents in which that they had been involved and whether they elicited different responses from police. Specifically, for incidents involving hitting and incidents involving weapons, we determine whether they had engaged in a physical attack themselves during the incident, whether their antagonist was injured, whether the police were involved, and whether an arrest was made. From these data, one can determine whether offenders and patients are treated differently than the general population by police and others for similar types of incidents.

## METHODS

### Sample

Interviews were conducted in Albany County, New York, between October, 1979 and June, 1980, with a total of 534 persons from three samples: a representative sample of the general population (N=245); ex-mental patients residing in the community for at least one year (N=148); and ex-offenders who also had been living in the community for at least six months (N=141). The sampling procedures varied by group.

A multi-stage process was used to obtain a representative sample of the general population. Thirty-five census tracts of Albany County were identified and street names were selected randomly from a list of every street in each tract. The actual number of streets selected within a tract corresponded directly to the population of that tract in the 1970 census. Each tract was stratified by the sex of a respondent to yield an equal number of males and females within each tract. Once the street and sex of the respondent were established, it was determined randomly which dwellings would be selected. Interviewers were given an assignment card which instructed them to go to a specific dwelling and interview a person of the sex detailed on the card who was over the age of 18. If such a respondent was not home and another person was, the interviewer would request the phone number of that residence in order to contact the respondent at a later time. If the interviewer encountered a person who qualified, and the person refused to participate, it was counted as a rejection (24% of all eligible respondents refused). The interviewer would then skip "X" number of houses on the same side of the street until solicitation of another residence yielded a respondent agreeing to be interviewed. For cases where no one was home the interviewer would employ the above method of skipping houses until a respondent was found or the specified street was completed.

The sample of ex-mental patients was generated mainly from Albany County social clubs for ex-mental patients who were residing in the community. Club staff screened out those patients who had recently been released from a state mental hospital and who had not spent at least six months of the preceding year in the community. Interviews were then scheduled for 142 ex-patients. A mail follow-up of patients released to Albany County from state mental hospitals produced another 17 patients yielding a total sample of 159. Eleven of the interviews were omitted from analysis because the respondent did not adequately comprehend the questions.

The sample of ex-offenders included prison parolees and former county jail inmates. One hundred and forty nine offenders who had been released to parole status in Albany County, New York, between 10/78 and 12/79 were contacted through the mail by the Albany County Division of Parole office staff. After an initial and follow-up mailing, a total of 76 parolees agreed to participate. Another 50 offenders were produced from contacts with 150 convicted Albany County Jail inmates released between 10/78 and 12/79 (excluding loitering or vagrancy offenses). In order to obtain more interviews with females, contact was made with a nearby community day program for female offenders. This program provides auxiliary services (counseling, recreation, legal) for women who were released from the state prisons or the local jail to Albany County. Fifteen interviews were obtained for a total of 35 interviews with female offenders. These three procedures produced the 141 offender interviews.

The ex-mental patients in this sample were quite similar on most major demographic characteristics to the general population sample, while the offenders were somewhat distinct. The ex-mental patients were predominantly white (88%), averaged 35.5 years of age, and 51% were female. The general population sample was 86% white, averaged 37.1 years of age and 49% were female. In contrast, only

57% of the ex-offender group were white, the average age was 26.9 and 25% were females. On some other characteristics the ex-patients were more similar to the ex-offenders. Only 29% of the ex-mental patients and 19% of the ex-offenders had more than a high school education compared to 44% of the general population. And only 7% of the ex-patients and 20% of the ex-offenders were currently married, as compared to 62% of the general population. These substantial differences on social-demographic variables that could be related to aggression suggested the necessity of statistical controls to assess the extent to which group rate differences were a function of social-demographic differences.

While these intergroup differences can be statistically controlled, another obvious problem in any research using formerly institutionalized respondents is the representativeness of the sample for the populations from which they were drawn. These persons may be difficult to locate and they may be less likely than the general population to be willing to participate in research projects, particularly when sensitive topics are involved. In this research, however, the patient sample is quite representative while the offender group may be only somewhat biased.

In terms of demographic characteristics, our samples are not very different from the population of ex-mental patients in the state and the population of ex-offenders in Albany county. Our patient sample is younger ( $\bar{X} = 36$  vs. 41 years of age) and includes more females (49% vs. 56%) and fewer nonwhites (12% vs. 28%) than the statewide released patients. However, the statewide data includes ex-patients over 65 years of age, while our sample does not, and it includes residents of New York City, who are more likely to be nonwhite. We also have information on the ex-offenders population from Albany county in 1975. Our sample is similar in age ( $\bar{X} = 27$  vs. 28). It includes more females (25% vs. 10%) and slightly more nonwhites (48% vs. 42%). We purposely over-sampled female ex-offenders because there would have been too few of them for analysis of sex differences otherwise.

Since we control for demographic characteristics in some of our analyses these differences should not affect our conclusions.

It is likely that members of an ex-patient social club are neither the worst adjusted nor the best adjusted ex-patients. The best adjusted might not routinely need or use this type of social support and the least adjusted might be disinterested or unwelcomed if particularly hostile. Further, since the particular facility in question was a new state hospital with a heavy preponderance of outpatient to inpatient programs, many social club members being maintained in the community at this facility would be inpatients in most other catchment areas. This would also result in a sample with relatively low adjustment. Overall, then, the sample of ex-patients does not appear to be an inappropriate one from which to draw generalized inferences.

The ex-offenders may not be as representative as a group as the ex-patients. It is possible that the most violent offenders were less likely to participate in the study because they feared that admission of what could be criminal acts might lead to prosecution or the revocation of parole. Given this possibility, we may be biasing the results against confirming our hypothesis that the actual rates of offenders are higher than the other two groups.

#### Measures of Aggression

Each respondent was asked about the frequency with which they had engaged in aggressive actions of varying severity against different targets in the preceding year. Specifically, each respondent was asked "How many times in the last year have you shouted, screamed, or had a bad argument with your child/children; your spouse; other family or relatives; any other people you know; a stranger?" "How many times in the last year have you pushed or shoved or slapped...?" "How many times in the last year have you hit with your fist or an object...?" "How many

times in the last year have you threatened to hurt or actually hurt someone with a knife or gun?" Thus, with the exception of the question about weapon use, aggression against five different categories of targets was determined. The possible responses to these questions were "never; one or two times; three or four times; monthly; twice a month; and weekly." These were coded from zero to five and used (with the exception of the weapon item) to construct additive scales that combined responses to different targets.<sup>1</sup> In the first set of analyses, then, there are frequency measures for four types of behaviors: serious arguments; pushing or slapping; hitting; and threatening or actually using a weapon.<sup>2</sup>

A second set of items focused on violent conflicts in which the respondent had been involved. Respondents were asked to "recall the last dispute that you can remember clearly that you were involved where a gun or knife was drawn or used." If respondents were able to recall an incident, they were asked about details of the incident, including a description of exactly what each person did during the incident. It was determined from that description whether the respondent had engaged in a physical attack himself during the incident or not. In addition, among other things, respondents were asked how long ago the incidents had occurred, who, if anyone had been injured, whether the police had been involved and whether anyone was arrested. Later, respondents were asked similar questions about the last incident they could remember clearly "where there was slapping or hitting with a fist but no gun or other weapon was involved."

## RESULTS

### Frequencies of Behavior During the Year

The first question is whether the three groups report different frequencies of aggressive behavior during the preceding year. The means of the frequency measures (three scales and the single item on weapon use) for the three groups are

compared using Duncan Multiple Range Tests to determine whether the differences between groups are statistical significant (Table 1). We also present the percentages of respondents who report at least one incident during the year to give the reader a better idea of the frequency of these behaviors.

TABLES 1 and 2 about here

Before making group comparisons, note the infrequency of violent behavior among the general population. Only 15.1% of the respondents report having hit someone during the preceding year and only 1.6% report having used a weapon. Even pushing and slapping — more mild forms of aggression — only occurred an average of one or two times during the year according to these reports and more than half of these respondents indicate that they had never engaged in these behaviors during the year.

The results suggest that for all four types of incidents ex-offenders engage in significantly more aggressive behavior than the other groups. Ex-patients and the general population, on the other hand, report similar frequencies in their aggressive behavior. The general population actually report more arguments and slapping/pushing than the patients, although only the former is statistically significant. Data to be presented below will show that this is due, in part, to the fact that ex-patients are less likely to be married and have children, conditions which result in more arguments and slapping/pushing. Ex-patients report more severe incidents than the general population, but these differences are not statistically significant. For example, 8.1% of the ex-patients and 1.6% of the general population reported that they threatened or actually used a weapon during the year.

Results from the regression analyses of these frequency variables are presented in Table 3. Means, standard deviations and zero-order correlations are

TABLES 3 and 4 about here

presented in Table 4. In these analyses, there are two dummy variables representing the three groups, where the general population is the omitted category. Therefore, the effect of each of the dummy variables (ex-patient and ex-offender) represents the comparison of that group with the general population. Control variables include the major social-demographic variables (age, race, sex, and education), the number of days institutionalized during the year, marital status and the number of children the respondent has. The last three variables are included because they may affect opportunities for aggression. Respondents who have been institutionalized during the year will have had less opportunity for aggression since we asked them to only report incidents that occurred when they were in the community. In fact, the effects of this variable were positive, but slight and statistically significant in only one case. Marital status and number of children are included because our items on aggression toward spouse and children are coded zero if respondents do not have these relations.

The results suggest that ex-patients are no different from the general population in the frequency with which they report engaging in any of these behaviors. The results further suggest that the greater propensity of the general population to be involved in arguments is due to their greater likelihood of being married and having children. The slight (and insignificant) tendency for ex-patients to use weapons more than the general population completely disappears with these controls. However, it should be kept in mind that weapon disputes are very rare making it difficult to obtain any kind of effect using this highly skewed measure. Measurement based on a longer time period would appear to be more appropriate.

The ex-offenders are more aggressive than the general population for all types of aggression, as reflected by the positive betas. However, these relationships are weaker than the zero-order results, and they are statistically insignificant in the case of weapon use. Again, that may be due to the lack of variation in this

variable. The evidence suggests that two of the reasons why ex-offenders are more aggressive than the general population is that they are younger and less educated.

The effect of the social-demographic variables should be elaborated upon somewhat. First, age is the best predictor of these aggressive behaviors, with the exception of weapon use. For each type of aggression, the younger the respondent the more frequently he was aggressive during the year. Education is also a consistent predictor of aggression: for each type of aggression, the more educated the respondents the less frequently they engaged in aggression. Race, on the other hand, had only one significant effect: nonwhites reported slightly less slapping and pushing than whites. Finally, there were no sex differences in the frequency of these aggressive behaviors.

We also examined whether the socio-demographic variables (age, sex, race and education) had different effects for the different groups. Multiplicative terms were constructed involving each of the social demographic variables and the dummy variables representing ex-patients and ex-offenders. The variances explained by equations with these interaction terms included were then compared with the variances explained by additive models. Only one out of thirty-two terms produced a statistically significant increment in variance explained (at the .05 level) and this increment was slight (1.4%) and could be attributed to chance given the large number of interactions examined. Thus, we conclude that the socio-demographic variables have similar effects for all three populations.

#### Frequency as Determined by Last Incident Recalled

Comparisons of the three groups in terms of whether they could recall hitting and weapons incidents and, if they did, how long ago the incidents occurred, are presented in Table 1. As before, the evidence indicates that ex-offenders are violent more frequently than the other two groups: they are more likely to recall

both types of incidents, and the incidents they do recall have occurred more recently. In addition, for both measures and both types of incidents, ex-patients appear to be involved in violence more frequently than the general population. They are more likely to recall both types of incidents and the incidents they recall are likely to have occurred more recently. The reader may recall that differences between ex-patients and the general population in these behaviors were not significant using the other frequency measures.

#### TABLE 5 about here

Results from the regression analyses are presented in Table 5. In these analyses we control for sex, education, race and age.<sup>3</sup> Again, the general population is the omitted dummy variable and comparisons are made with this group. The results are similar to the results from the zero-order relationships in that ex-offenders are more likely than the general population to recall weapon and hitting incidents, and the incidents they recall are likely to have occurred more recently. Ex-patients also are more likely to recall both types of violent incidents than the general population, and the incidents they recall are likely to have occurred more recently.

Consistent with the results based on the annual frequency measures, age was strongly and consistently related to these frequency measures: the younger the respondents, the more likely they were to recall an incident and the more recently that incident was likely to have occurred. These relationships appear to be fairly strong for violent incidents. Also, males were more likely to recall the physically violent incidents, but there were no sex differences in recency. Further, there were no differences between the sexes in recall or recency of arguments. Education was generally unrelated to the variables reflecting recency. There was a slight tendency for the less educated to have engaged in a more recent weapon incident. There was also a slight tendency for more educated respondents to recall

arguments and for these arguments to have occurred more recently; however, the latter finding was not statistically significant. Overall, these results reinforce earlier findings of higher rates for ex-offenders than the other two groups and the importance of age among the social-demographic variable.

Interactions between the socio-demographic variables and the different groups were analyzed in the manner described earlier. There were no significant interactions involving recency for either type of incident. For recency, on the other hand, there were significant interactions involving age. The addition of age X patient and age by offender terms explained 5.7% ( $p = .001$ ) additional variance in the recency of hitting disputes and 4.8% ( $p = .001$ ) additional variance in the recency of weapon disputes. These interactions occur because age effects on recency were much stronger for the general population ( $r = .53$  for hitting disputes and  $r = .62$  for weapon disputes).

There was also a small but significant interaction involving education that explained 2.8% additional variance ( $p = .05$ ). This was due to the fact that education had an effect on recency for the general population ( $r = -.33$ ) but not the special populations.

#### Characteristics of the Incidents

We next compared four characteristics of the incidents: whether respondent engaged in physical attacks themselves during the incident; whether the antagonist (or a friend or relative of the antagonist) was injured; whether the police were involved; and whether the police made an arrest when they were involved. The physical attack measure focuses directly on whether respondents were violent themselves. In some of the violent incidents described, only the antagonist engaged in physical attacks, and in other incidents the participants threatened but did not attack each other. Injury is a measure of whether the respondent actually

did any harm and thus focuses more directly on his dangerousness. Police involvement and arrest are useful to determine whether offenders or patients are treated differently at this stage of the criminal process. That is, are the violent incidents described by mental patients and offenders more likely to come to the attention of the police than those described by the general population? And, when they do come to the attention of the police, are they more likely to lead to arrest?

Comparisons of the three groups in terms of the characteristics of the violent incidents in which they have participated are presented in Table 1. Ex-offenders are more likely than the other two groups to have engaged in physical attack themselves during these incidents although the difference between ex-offenders and ex-patients is not statistically significant for the weapon incidents.<sup>4</sup> Ex-offenders are also most likely to have injured their antagonists, although the difference between them and the ex-patients is not statistically significant in the hitting incidents. The police are more likely to become involved in hitting incidents involving offenders, as compared to the general population, but an arrest is no more likely to be made. There are no differences between groups in police involvement and arrest in the incidents involving weapons. The ex-patients are more than twice as likely to engage in physical attacks during weapon incidents than the general population. Otherwise, none of the difference between these two groups are statistically significant.

Again, regression analyses were performed with controls for sex, education, race and age. For police involvement and arrest, we also controlled for whether someone was injured during the incident. Then, if group effects are still observed, we will know that they can not be attributed to group differences in the seriousness of the incidences.

The results from the regression analyses (see Table 5) suggest that ex-offenders are more likely than the general population to have engaged in physical



attack and to have injured the antagonist. There are no significant differences in police involvement or in the propensity of ex-offenders to be arrested for either type of incident. As before, ex-patients are more likely to have engaged in physical attacks than the general population in the weapon incidents, but not in the hitting incidents. Otherwise no significant differences are observed between the ex-patients and the general population.

The social-demographic variables also had effects. First, males were more likely than females to have engaged in physical attacks during these incidents, although the relationship was not statistically significant for weapon incidents. Otherwise, no sex differences were observed. Second, low education was associated with greater injury and police involvement in the hitting incidents but otherwise, had no effects. Third, youthful respondents were more likely to have engaged in a physical attack during the hitting incidents.<sup>5</sup> Otherwise, age had no effects. Finally, nonwhites were slightly more likely to have engaged in physical attacks during these incidents; the relationship was not statistically significant for the weapon disputes, however. In general, these variables did not explain much of the differences observed between the three study groups.<sup>6</sup>

#### DISCUSSION

The results suggest that the ex-offenders are the most frequently verbally aggressive and physically violent of the three groups. This is consistent with the study that compared the official arrest statistics of these groups (Steadman et al., 1978). In addition, ex-offenders are most likely to physically attack and injure their antagonist during violent disputes. These relationships were observed even with controls for social-demographic variables.

The evidence in regard to ex-mental patients is more complex. First, patients are no more likely than the general population to engage in the more mild

forms of aggression, i.e., verbal aggression and slapping/pushing. Second, ex-patients do appear to be more likely to be involved in weapon disputes than the general population. They were more likely to recall such incidents and the incidents they recalled tended to be more recent. In addition, they were more likely to have engaged in physical attack during the incidents they described. We attribute the failure to find significant differences between these groups in the self-reported frequency of weapon disputes in the preceding year to the rare occurrence of these incidents. This variable was too highly skewed to reveal effects. Finally, the evidence in regard to hitting incidents must be viewed as mixed. Ex-patients were more likely to recall such an incident and the incidents they recalled tended to have occurred more recently. However, they were no more likely to engage in a physical attack during the incidents they described. Nor were significant differences observed between these groups in the data focusing on hitting incidents in the preceding year. It is possible that the involvement of ex-patients in therapy (including drugs) or in community programs during the preceding year reduced the frequency of these events.

It is important to note that the differences that are observed between patients and the general population are relatively small, and that the ex-patients are not as violent as ex-offenders. In addition, ex-patients were no more likely to injure their antagonist during either hitting or weapon disputes. Therefore, the data certainly do not justify the pervasive public image of mental patients as "dangerous" or particularly violent.

The major limitation of this study, of course, is that it relies on self-reports. While there is evidence supporting the validity of this technique (Hindelang et al., 1979), the possibility exists that these reports are biased or inaccurate, and that the three groups differ only in the way they report aggressive behavior. Our strategy was to use multiple procedures for obtaining information, rather than

relying solely on questions about frequency within a particular time period. Thus, we supplemented the more common frequency measure with more indirect measures such as whether respondents could recall an event, and if they could, how long ago these events occurred. The fact that these different procedures generally yielded similar results suggests that the differences in the reported frequencies represent actual differences in behavior and not simply differences in reporting. Furthermore, they are consistent with arrest data, as noted earlier.

Still, there are at least two possible differences in the way these samples report incidents that could have affected our results. First, it could be argued that there are differences between the groups in defensiveness or in the propensity to present a favorable image to the interviewer. If the ex-mental patients and ex-offenders are more defensive, for example, and under-report the frequency with which they are aggressive then the differences we do find may be under-estimated. Evidence not presented suggests that this is not the case. There were no significant differences between the three groups in their responses to the aggression subscale of the Marlowe-Crowne Social Desirability Scale. Second, it could be argued that there are differences between the ex-mental patients and the other two groups in their ability to remember aggressive incidents. As a result, the differences we observe between the ex-patients and the general population may be under-estimated. We, in fact, have evidence that the memory of the ex-patients is somewhat less sharp than the other groups. They were able to recall significantly fewer number of actions in the incidents they described ( $r = -.22$  for the weapon disputes and  $r = -.23$  for the hitting disputes) than the other groups. These relationships were unaffected by controls for the recency of the incident and the education of the respondent.<sup>7</sup> However, the relationship between the number of actions remembered and the dependent variables in these analyses were quite small and with one exception (physical attack:  $r = .12$ ) not statistically significant. Thus,

they would have no noticeable impact on our results. Furthermore, it could be that incidents involving patients actually had fewer actions. Finally, it seems unlikely that memory processes could have affected the recency variable.

There was no evidence that conflicts involving ex-patients or ex-offenders were more likely to come to the attention of the police than conflicts involving the general population. Nor was an arrest more likely to be made when the police became involved in incidents involving persons from these groups. Thus, it appears that ex-offenders and ex-patients are not treated differently at this early stage in the legal process. This may help explain why the self-report data are consistent with arrest rate data: both appear to reflect the actual frequency of these behaviors, rather than legal processing.<sup>8</sup> It may be that the police and those who call the police do not know the backgrounds of these respondents. Perhaps in a smaller town where a person's history is better known to others, such effects would be observed. And, of course, we did not examine the possibility of differential treatment at later stages of the legal process.

The best predictor of the frequency of these aggressive behaviors was the respondent's age. The younger the respondent, the more frequently he/she engaged in verbal aggression and physical violence at each level of severity. The effects of age on physical violence was particularly strong among the general population, explaining about 27% of the variance in the recency of hitting incidents and 37% of the recency in weapon incidents. In general, the findings are consistent with the findings from the arrest rate studies (Melick, et al., 1979; Ribner and Steadman, 1981) which found that age was the best predictor of violent arrest in all groups, along with prior arrest record. Younger respondents were also more likely to have attacked the antagonist during disputes involving hitting, but not disputes involving weapons. One suspects that the greater tendency of youths to attack in hitting disputes is related to their superior physical fitness. Their greater frequency of all

types of aggression may be due to greater concern for identities in face-saving situations, the types of activities they engage in which may place them at greater risk, and the greater support of third parties for youthful violence (see Felson et al., n.d.).

There was also evidence that education had at least a weak relationship with the frequency of aggression and violence. The lower the respondents' education, the more frequently they reported engaging in arguments, slapping/pushing, hitting and weapon use during the year. The evidence based on other frequency measures was more equivocal. Less educated respondents (from the general population) reported more recent weapon disputes, but not hitting disputes, and there was no relationship between education and the propensity to recall an incident. However, education may be positively related to quality of memory and this may have off-set this relationship. It should be pointed out, however, that education was unrelated to the number of actions recalled during these incidents (see footnote 6). Less educated respondents were also more likely to engage in physical attacks themselves during hitting incidents, suggesting a greater propensity toward violence when they become involved in these types of incidents.

Race had very little effect on any of the aggression measures. Nonwhites were slightly less likely to engage in slapping and pushing and they were slightly more likely to have engaged in physical attacks themselves during these violent incidents.

There was some inconsistency in the findings regarding sex differences. There were no sex differences in the frequency of aggression reported during the year or in the recency of the violent incidents that were remembered. Recall, however, that the former are less adequate measures of the more serious incidents and that the latter include incidents where respondents were victims. Thus, there was evidence that males were more likely to engage in physical attacks than

females during these disputes. Further, there was a greater tendency for males to recall violence disputes, particularly those involving weapons. In addition, evidence not presented suggests strong sex differences in physical violence but not verbal aggression. Seventy seven percent (77.4%) of the antagonists were males in the hitting incidents and 90.3% of the antagonists were males in the weapon incidents. On the other hand, 52.6% of the antagonists were males in incidents we asked about involving verbal aggression which is no different from chance given that slightly over half the population is female. Thus, in general, the evidence suggests that males are much more likely to engage in physical violence but that there are no sex differences in verbal aggression. This supports Feshbach's (1970) contention, based on a review of the literature on children, that sex differences in aggression are due to a difference in mode of response rather than a difference in motivational state. While Frodi et al.'s (1977) review of the experimental literature on adults generally does not support this conclusion, the one study in which subjects who had been angered had a choice between verbal and physical aggression did provide support (Lando, Johnson-Payne, Gilbert and Deutsch, 1975).

None of these social-demographic variables had much of an impact on police involvement or the propensity of police to make an arrest. The only significant finding was a slight negative effect of education on police involvement in hitting disputes. On the other hand, whether someone was injured affected the probability of involvement and the probability of arrest for both types of incidents. There is no evidence, then, of discriminatory treatment at this stage of the legal process, on the basis of class, race, or sex. These findings do not support previous studies which show race effects on arrest, but they are consistent with research showing an absence of sex effects (e.g., Smith and Visher, 1981; Black and Reiss, 1970).

In general, this evidence presented is consistent with the evidence from the study of arrest rates. Differences between groups do not appear to be attributable

to differential treatment by the police. According to these self-reports, ex-offenders engage most frequently in aggressive behavior at all levels of severity and they are more likely to injure their antagonist. Ex-mental patients are more likely than the general population to use weapons and to be involved in hitting disputes, although the data in regard to hitting disputes was somewhat mixed. No differences were observed between ex-patients and the general population in the tendency to injure the antagonist nor in the frequency of more mild forms of aggression. Thus, while ex-mental patients do appear to be slightly more likely to engage in the most serious forms of violence than the general population, the strong negative stereotype of them as dangerous and unpredictable persons whose violence far exceeds that of the rest of society appears to be unsupported.

## FOOTNOTES

1. An alternative strategy would have been to construct a count of the number of incidents during the year by coding the response weekly as 52, monthly as 12, 1 or 2 times as 1.5, etc. We did not take this approach because we are doubtful about the accuracy of such counts. We believe that the categories at best justify an ordinal scale. In runs in which we converted these variables to such an interval scale, the patterns were similar but weaker.
2. We chose to code persons who are unmarried and childless zero on the aggression against spouse and children items and to treat these scales as measures of the total frequencies of aggression for a given year, based on the assumption that the list of targets is exhaustive. Respondents who are unmarried and childless are, therefore, likely to have lower frequencies of arguments and slapping because spouse and children are likely targets of these behaviors. We examined this possibility in the regression analysis where marital status and number of children are controlled.
3. It did not make sense to control for marital status and number of children because we did not have measures of these variables over time. Many of these incidents occurred many years before the interview. The previous analyses show no effect of marital status and number of children on these more serious forms of aggression, anyway.
4. There were no significant differences between the three groups in numbers of physical attacks by the antagonist in either hitting or weapon incidents. Therefore, differences between groups cannot be attributed to differences in the way others respond to them in aggressive situations.
5. For circumstances of the incident we use age at the time of the incident rather than present age.

6. Interactions between the socio-demographic variables and sample were examined here as well. Only two out of the 64 terms examined produced statistically significant effects (at the .05 level); these effects were slight and could be attributed to chance, given the number of effects examined.
7. The recency of the incident affected the number of acts remembered ( $\beta = -.30$  for weapon disputes and  $-.20$  for hitting disputes) but the effect of education was weak and only statistically significant for the hitting disputes ( $\beta = -.04$  for weapons dispute and  $-.09$  for hitting disputes).
8. It should be acknowledged that the respondent was asked whether someone was arrested, not whether he or she was arrested.

Table 1. Comparisons of Three Samples on all Variables,  
Without Controls.\*

	<u>Offenders</u>	<u>Mental Patients</u>	<u>General Population</u>
<b>FREQUENCIES</b>			
$\bar{X}$ argument scale	7.4 <sub>a</sub>	4.4 <sub>b</sub>	5.3 <sub>c</sub>
$\bar{X}$ slapping/pushing scale	2.2 <sub>a</sub>	.95 <sub>b</sub>	1.3 <sub>b</sub>
$\bar{X}$ hitting scale	1.21 <sub>a</sub>	.47 <sub>b</sub>	.33 <sub>b</sub>
$\bar{X}$ weapon scale	.39 <sub>a</sub>	.14 <sub>b</sub>	.04 <sub>b</sub>
<b>HITTING INCIDENTS</b>			
% who could recall incident	91.5 <sub>a</sub>	70.3 <sub>b</sub>	58.4 <sub>c</sub>
mean years since it happened	1.7 <sub>a</sub>	4.6 <sub>b</sub>	6.2 <sub>c</sub>
% who engaged in physical attack	80.6 <sub>a</sub>	65.4 <sub>b</sub>	61.5 <sub>b</sub>
% in which antagonist injured	30.6 <sub>a</sub>	20.0 <sub>ab</sub>	10.3 <sub>b</sub>
% in which police were called	24.2 <sub>a</sub>	21.4 <sub>ab</sub>	12.8 <sub>b</sub>
% in which an arrest was made (N=71)	35.3 <sub>a</sub>	39.1 <sub>a</sub>	38.9 <sub>a</sub>
<b>WEAPON INCIDENTS</b>			
% who could recall incident	55.3 <sub>a</sub>	36.5 <sub>b</sub>	17.6 <sub>c</sub>
mean years since it happened	3.3 <sub>a</sub>	5.8 <sub>b</sub>	8.4 <sub>c</sub>
% who engaged in physical attack	47.4 <sub>a</sub>	35.2 <sub>a</sub>	16.3 <sub>b</sub>
% in which antagonist injured	30.1 <sub>a</sub>	14.9 <sub>b</sub>	13.2 <sub>b</sub>
% in which police were called	43.6 <sub>a</sub>	43.4 <sub>a</sub>	41.9 <sub>a</sub>
% in which an arrest was made (N=75)	67.8 <sub>a</sub>	50.0 <sub>a</sub>	61.1 <sub>a</sub>

\* Statistical significance or differences between groups are indicated by subscripts. Numbers not showing common subscript are significantly different from each other at the .05 level, using the Duncan Multiple Range Test.

Table 2. Percentage of Ex-Mental Patients, Ex-Offenders and the General Population Reporting Aggressive Acts of Varying Severity During the Preceding Year

<u>Category</u>	<u>Offender</u>	<u>Mental Patient</u>	<u>General Population</u>
Arguments	99.3	81.1	91.8
Slapping / Pushing	62.4	35.8	44.5
Hitting	48.9	22.3	15.1
Weapon	15.6	8.1	1.6

Table 3. Standardized Regression Coefficients for Frequency of Different Aggressive Behaviors During the Past Year

<u>Independent Variables</u>	<u>Dependent Variables</u>			
	<u>Argument</u>	<u>Slap/Push</u>	<u>Hitting</u>	<u>Weapons</u>
Patient	-.03	-.02	.02	.01
Offender	.12*	.10*	.18*	.08
Education	-.13*	-.20*	-.16*	-.14*
Marital Status	.20*	.18*	.02	.00
# of children	.11*	-.11*	.08*	.04
Age	-.42*	-.39*	-.24*	-.11*
Race	-.01	.11*	-.06	.02
Sex	-.02	-.05	.02	.01
Days Institutionalized	.07	.06	.04	.12*
R <sup>2</sup>	.209	.183	.130	.078

\* p<.05

Table 4. Zero Order Correlation Coefficients, Means, and Standard Deviations

	1	2	3	4	5	6	7	8	9	10	11	12	13	$\bar{X}$	S.D.	(N)
1) Arguments	--	.55	.36	.26	-.18	.25	-.09	.05	-.01	-.34	.08	.02	.16	5.6	4.2	(533)
2) Slap/Push		--	.57	.26	-.13	.20	-.14	.04	-.00	-.29	-.01	-.02	.13	1.4	2.3	(531)
3) Hitting			--	.34	-.06	.26	-.17	-.11	-.05	-.24	.05	.07	.17	.6	1.4	(533)
4) Weapons				--	-.02	.19	-.17	-.10	-.02	-.13	.10	.05	.19	.2	.7	(534)
5) Mental Patients					--	-.37	-.11	-.37	-.21	.07	-.12	-.10	.06	.3	.4	(534)
6) Offenders						--	-.19	-.20	-.13	-.31	.29	.22	.42	.3	.4	(534)
7) Education							--	.19	-.07	-.07	-.21	-.01	-.13	11.9	2.8	(532)
8) Marital Status								--	.37	.34	-.10	-.08	-.24	.35	.48	(534)
9) # of Children									--	.46	.07	.11	.12	1.4	1.7	(534)
10) Age										--	-.08	.11	.12	33.9	13.4	(532)
11) Race											--	.11	.12	.2	.5	(534)
12) Sex												--	.14	.5	.5	(534)
13) Days Institutionalized													--	30.3	61.9	(533)

Table 5. Standardized Regression Coefficients for  
Hitting and Weapon Incidents

Independent Variable	Dependent Variables					
	Recall	Recency	Physical Attack	Injury	Police Involved	Arrest
<b>HITTING INCIDENT</b>						
Patient	.10*	.12*	.05	.08	.05	.13
Offender	.18*	.25*	.11*	.18*	.07	-.06
Sex	.11*	.06	.21*	.04	.03	.05
Education	-.01	.00	-.03	-.18*	-.09*	-.04
Age	-.28*	-.40*	-.14*	-.07	-.01	-.09
Race	.05	.01	.09*	-.02	-.03	.05
Injury					.21*	.22*
<b>WEAPON INCIDENT</b>						
Patient	.19*	.20*	.20*	.01	.01	-.04
Offender	.25*	.26*	.27*	.20*	-.06	-.09
Sex	.21*	.02	.11	.05	.07	.01
Education	.03	-.15*	.02	-.07	-.03	.00
Age	-.10*	-.46*	-.04	-.01	.07	.10
Race	.11*	.02	.12	-.04	.00	.15
Injury					.34*	.20

\*p < .05

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