

Descriptive Study of Health Status in Sex Offenders Incarcerated: Relationship Between Medical Problems and Offense Type

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Abstract: The study of medical problems in sex offenders has received little empirical attention. This study was conducted to describe health status of sex offenders incarcerated and for study if exists differences in the prevalence of different categories of medical problems in sex offenders compared with other control groups. A total of 126 males (age range 21-63 years) were divided in different groups (sex offenders, non-sex offenders and non-offenders). The health status was assessed utilizing a self-report health survey. It was found that existed significant differences between groups in medical problems informed (Chi-squared = 4.59; $p = 0.03$). Sex offenders had a high percentage of physical health problems (43.9 %), whereas non-sex offenders had a high percentage of mental health problems (82.6 %). This study provides preliminary evidence of the existence of an association between type of offence committed (sexual or non-sexual) and medical pathology (physical or psychiatric) and is useful for determine that strategies of health care could be more positives in each group of offenders. These findings could be a guide for future studies that examine health problems in wide samples of offenders.

Key words: Medical Problems · Health Status · Sex Offenders · Control Groups

INTRODUCTION

The study of medical and health problems in sex offenders has received little empirical attention. In the studies found, can be seen that mostly of researches have examined only the mental health problems when have studied medical problems in sex offenders [1-7]. These investigations show that sex offenders have high prevalence of mental disorders, mainly substance use disorders and other Axis I disorders, as mood disorders, impulsive control disorders, anxiety disorders, eating disorders, etc. [1-7]. The studies that examine physical health in sex offenders have found higher prevalence of hepatitis B and C infection in comparison with general population [8] and chromosome abnormalities, as XYY syndrome [9]. These few investigations about health status indicate that are necessary more works that examine different health problems, mental and physical (as nutritional and endocrine disorders, digestive and kidney disorders, neurological disorders,

cardiovascular diseases, rheumatism diseases, respiratory disorders, infectious diseases, etc.) mainly, in sex offenders.

Some studies consulted did not include other clinical control groups (for example of non-sex offenders) for to compare the prevalence of health problems found in sex offenders [3,5-9] and none include a control group from general population [1-9]. Furthermore, different studies indicates that persons convicted have worse physical health than persons from general population [10] and that different offenders groups (as older-younger prisoners, women-men prisoners, minority ethnic groups, etc.) have distinct health problems and medical needs [10,11].

Aim and Objective: Taking into account these limitations and findings, this study aimed to describe the health status of spanish sex offenders incarcerated and to describe if exists differences in the prevalence of different categories of medical problems in sex offenders compared with different control groups.

MATERIALS AND METHODS

Participants: One hundred and twenty-six males (mean age 40.24 years, SD = 10.75 and range 21-63 years) participated in this study. These participants were divided into different groups: two groups of participants incarcerated in several closed prisons (a sex offenders group and a non-sex offenders group) and control group of non-offenders. The sex offenders group was comprised by 56 males prisoners (mean age 42.04 years, SD = 9.03) incarcerated and convicted by contact sex offences (rape, fondling of genitals or breasts over clothing, etc.) against adult (victims over 18 years of age) or against children (victims under 18 years). In the non-sex offenders groups were included 31 males (mean age 38.65 years, SD = 10.64) who had never been convicted for sexual offences. This group comprised participants convicted and incarcerated by offences as: domestic violence offences, property and fraud offences and drug offences. Lastly, the control group of non-offenders males was recruited from general population. A total of 39 men (mean age 38.92 years, SD = 12.82) were included in this group. The participants included were non-convicted persons and without prior convictions. These groups did not differ by age ($F(2,125) = 1.42$; $p = 0.24$), marital status (single, married, divorced; $\text{Chi-squared} = 3.16$; $p = 0.53$) or by professional-occupational status ($\text{Chi-squared} = 15.37$; $p = 0.12$).

Measures: For assess the presence of different disorders, diseases, etc. in each participant was used a brief interview (an extension of an unpublished interview previously used in different studies [12,13] about health status and about presence of medical problems along life. By means of this measure participants were asked about their health status and if suffer any medical pathology (diagnosed by a medical specialist).

Firstly, participants were asked "How is now your health status? Describe this status briefly", for obtain a description of habits and self-reported symptoms that suffer the participant interviewed. After, participants were asked to respond "yes" or "no" to the questions: a) "Have you suffered any medical pathology?, if it is yes describe this pathology"; and b) "Have been this illness diagnosed by a medical specialist (neurologist, cardiologist, rheumatologist, etc.)?". Participants were informed about different types of medical problems, thus if one of participant indicated the presence of medical pathology this persons was included in one of the

following groups of pathologies: substance abuse (abuse of alcohol, cocaine, cannabis or other drugs excluding tobacco), psychopathological disorders (depression, anxiety, psychosis, etc.), nutritional and endocrine disorders (obesity, diabetes, etc.), digestive and kidney disorders (hiatus hernia, prostate diseases, etc.), neurological disorders (migraine, epilepsy, traumatic brain injury, etc.), cardiovascular diseases (hypertension, heart failure, etc.), rheumatism diseases (arthritis, rheumatism, etc.), respiratory disorders (asthma, allergies, etc.), infectious diseases (HIV, hepatitis, etc.) and neoplasms (benign, pre-malignant, malignant). Persons with no self-reported medical problem or only tobacco use were defined as "without any pathology".

Procedure: The participants were advised previously that participation in this research was voluntary, also were informed that the study followed ethical guidelines. Initially participants provided sociodemographic data, after were interviewed about their health status and history of medical problems. The interview was administered to offenders in prisons, whereas non-offenders participants were interviewed in university dependencies. All persons included in this study completed the assessment in one session. Subsequently, after the data collection, were examined the frequency of medical problems by group (comparing sex offenders, non-sex offenders and non-offenders).

Statistical Analysis: The Chi-square test was used to compare frequencies of categorized medical problems in the different groups. The program Statistical Package for the Social Sciences (SPSS) Statistics (version 17) was used for the statistical analyses. These analyses were conducted with significance levels set at 0.05.

RESULTS

The findings concerning the percentage of medical problems in the total sample studied by groups are shown in Table 1.

Using the chi-square test was found that existed a significant relationship between group and medical problems informed ($\text{Chi-squared} = 61.50$; $p < 0.01$). The medical and health status self-reported were dependent on the group of pertinence of participants. In this table can be seen a significant relationship between participants without pathology and the control group of

Table 1: Percentage of medical problems studied in different groups of participants

	Sex offenders	Non-sex offenders	Non-offenders
Without any pathology	26.8	25.8	87.2
Substance abuse	33.9	41.9	5.1
Psychopathological disorders	7.1	19.4	0
Nutritional and endocrine disorders	5.4	3.2	5.1
Digestive and kidney disorders	7.1	0	0
Neurological disorders	5.4	0	0
Cardiovascular diseases	7.1	6.5	2.6
Rheumatism diseases	5.4	0	0
Respiratory disorders	0	3.2	0
Neoplasms	1.8	0	0

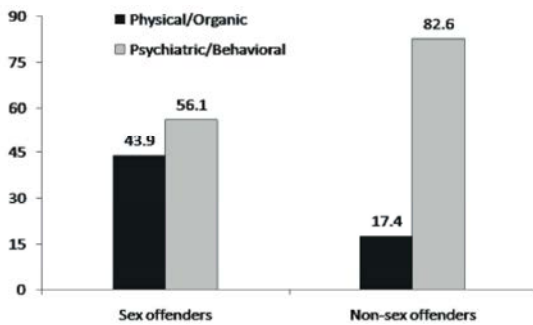


Fig. 1: Percentage of physical/organic and psychiatric/behavioral problems in sex offenders and non-sex offenders.

non-offenders. Since most prevalent health problems were very similar in the two offender groups (as can be seen in Table 1), the medical problems studied were grouped in two broad categories (psychiatric-behavioural problems and physical-organic problems).

In offenders groups, participants with history of substance abuse and with psychopathological disorders were included in category of "psychiatric-behavioural problems", whereas participants with nutritional and endocrine disorders, digestive and kidney disorders, neurological disorders, cardiovascular diseases, rheumatism diseases, respiratory disorders and neoplasms were included in category of "physical-organic problems". It was found a significant relationship (Chi-squared = 4.59; $p = 0.03$) between type of medical problem (psychiatric/behavioural and physical/organic) and group of pertinence of offenders (sex offences or non-sex offences). As can be seen in Figure 1, the percentage of participants with physical/organic problems in sex offenders was higher than the percentage of participants with these problems in the non-sex offenders group. By contrast, the percentage of participants with psychiatric problems from the non-sex offenders group was higher than the percentage of members with mental problems of sex offenders group.

DISCUSSION

This investigation examined the prevalence of medical problems in sex offenders in relation to different control groups (of non-offenders and non-sex offenders). The findings obtained indicated that non-offenders group have a higher prevalence of participants without any pathology compared with offenders groups. In relation to offenders, the sex offenders group have a high percentage of physical problems, whereas that non-sex offenders group have high number of participants with mental health problems (substance use and other psychopathological disorders). The significant difference found between type pathology, mental or physical, reported by these groups of offenders may be an index about health needs of Spanish prisoners convicted by sex or non-sex offenders.

The current study is useful for determine that health care strategies that could be more positive in each group of offenders. Thus according to results of this study, the Spanish convicted for sex-offences may be obtain more benefit from health care strategies for manage physical problems, as programs of healthy eating, programs of prevention and early detection of physical illness, sessions of how manage the organic pathology (for example epilepsy, asthma, hypertension, obesity, diabetes, etc.) and about correct use of medication in different pathologies. Whereas convicted by non-sex offences may be obtain more benefit of health programs that influence in psychiatric problems, for example programs of mental well-being, programs of social skills and programs about manage of substance misuse, between others.

In this investigation several limitations should be acknowledged. Firstly, the small number of participants in each group warrants a cautious interpretation of these results. Secondly, the method used to assess medical problems could be completed by an objective and independent verification of participant medical histories.

The main finding of this study provides preliminary evidence of the existence of an association between type of offence committed (sexual or non-sexual) and medical pathology (physical or psychiatric) that suffer the incarcerated offenders, although future research should consider strategies to overcome the limitations of this investigation. These findings could be a guide for future studies that examine health problems in a wide sample of different subgroups of offenders.

Conflict of Interest: The authors declare that they do not have any conflict of interest.

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