**International Journal of Medical Science and Clinical Invention 10(8): 6874-6881, 2023**
**DOI:10.18535/ijmsci/v10i8.03**
**https://valleyinternational.net/index.php/ijmsci**

**Original Article,**

# The correlation between crime and religiosity in forensic psychiatry service patients

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**Abstract:**

**Aim:** Religion has been perceived as a means of social control throughout human history, emphasizing the association between religiosity and crime. The present study aimed to investigate the correlation between religious commitment and crime in forensic psychiatry service patients.

**Method:** The study was conducted on 100 patients hospitalized in the forensic psychiatry service after committing a crime. Sociodemographic and clinical data form, Religiosity Scale (RS), Intrinsic Religious Motivation Scale (IRMS) were administered to the participants.

**Results:** The mean Intrinsic Religious Motivation Scale, Religiosity Scale and sub-dimension scores of the patients were high. A significant difference was determined between the RS total and sub-dimension scores of the patients who committed murder, and the total score was lower when compared to the patients who were incarcerated for other crimes ($p<0.05$). The "Religious Knowledge" sub-dimension score of the patients incarcerated for theft was significantly higher ($p<0.05$). It was observed that there was a moderate and positive correlation between the mean IRMS and RS scores (r: .468, $p<0.05$).

**Conclusion:** The study findings demonstrated that the religiosity levels of the forensic psychiatry service patients were high based on the scale scores, and religiosity differed based on the type of crime committed. Further studies are required to investigate the correlation between crime and religion.

**Keywords:** forensic psychiatry, religion, crime, murder.

## Introduction:

Religion is a belief system that provides a sense of commitment to a spiritual power (1). Religiosity is the organization of the life of an individual based on the rules and directives of a religious order. Similar to the impact of the culture of an individual, religion dynamically determines individual's behavior (2). The behavior of individuals who internalize religious values, in other words, those with high internal religious motivation, is determined and controlled by religion (3). Thus, religion and religiosity are significant for the determination of one's personal principles and social relations based on these principles (4).

Attitudes and behavior that cause harm and endanger society in life and sanctioned by law were described as crimes (5). People with criminal behavior could have certain different traits when compared to others, and it was reported that these differences could be associated with criminal behavior (6). Research on the factors that promote or prevent crime demonstrated that commitment of crime was affected by age, race, and gender variables, as well as psychiatric disorders (7,8). It was determined that certain criminal individuals could suffer from psychotic symptoms or mood disorders when they commit a crime (9). Especially violent crimes were associated with schizophrenia (10,11). Another study emphasized the correlation between mental illness and violent

crime and demonstrated that substance use and mental illness comorbidity would significantly increase the risk of criminal behavior (12). Violent crimes are more common in psychiatric disorder patients with psychotic symptoms, while there is a unique and incomprehensible correlation between crime and psychiatric disorders (13,14). Secure forensic psychiatry services have been established to hospitalize individuals with psychiatric disorders for protection and treatment after committing a crime. These services also serve to determine criminal liability of individuals who had committed a crime but never diagnosed with a psychiatric disorder. These services are available in certain provinces in Turkey, including Elazig (15).

Sacred religious teachings have a potential to incite moral behavior (16). In previous studies, the correlation between religiosity and crime aroused a certain curiosity, and it was considered a social control tool, and studies reported that there was an inverse correlation between religiosity and criminal behavior (17,18). Certain studies reported that religiosity could affect the type of crime committed (19). It was reported that religiosity particularly reduced drug use and both violent and non-violent crimes (20). The significance of the religion in crime investigations is undeniable. The above-mentioned fact suggests that religiosity could have an effect on criminal behavior in psychiatric patients. Although most studies argued that religion positively affects mental health, rehabilitates individuals, and is an obstacle to crime, this correlation has always been questioned. These differences of opinion exist; however, the present study aimed to investigate whether religiosity serves as a buffer against crime among forensic psychiatry service patients, and whether it has an effect against on certain crimes categorized in the current study.

## Method and Material:

The study was approved by the local ethics committee (Approval No:2023/07-38). The study was conducted in accordance with the ethical standards specified in the Declaration of Helsinki, 1983 revision. The present study was conducted at XXXX Hospital High Security Forensic Psychiatry Service (HSFP) between June 2023 and July 2023. Since women's ward was not active at the time, all participants were male. The study was conducted with patients in remission who were incarcerated in the forensic psychiatry service for observation or treatment after committing a crime. Structured interviews were conducted with the participants by the psychiatrist based on DSM-5 standards and lasted about 30 minutes. Sociodemographic data form, Intrinsic Religious Motivation Scale, and Religiosity Scale were completed after the patients signed informed consent forms. Individuals who could not answer the interview questions, had a history of neurological disease, auditory or speech disabilities, or a history of alcohol and substance abuse during the last 6 months were excluded from the study. Eight patients refused participation after the interview was initiated, and 14 patients were excluded from the study since they did not respond to all interview questions. Thus, the study sample included 100 male patients. Patients who were not between 18 and 65 years old, were illiterate, with a known metabolic disease, or mental retardation were excluded from the study.

## Data Collection Instruments

**Sociodemographic Data Form:** The form is a semi-structured questionnaire that included questions on demographic data such as age, marital status, education level, place of residence, income, and clinical evaluation questions such as crime committed, history of inpatient treatment in psychiatry service, tobacco and alcohol use.

**Religiosity Scale (RS):** The scale was initially developed by Yaparel (21). Later, Hünler (22) improved the scale to include 27 items in three sub-dimensions: religious behavior, religious beliefs and emotions, and religious knowledge. The lowest possible scale score is 27 and the highest possible score is 135. The studies conducted in Turkey demonstrated that the religiosity scale was a valid and reliable measurement tool. The Cronbach Alpha value of the scale was calculated as .94 for the religious behavior sub-scale, .92 for the religious beliefs sub-scale, and .94 for the religious knowledge sub-scale in the present study.

**Intrinsic Religious Motivation Scale (IRMS):** The 10-item scale was developed by Hoge (23) to measure intrinsic religious motivation. The lowest possible scale score is 5 and the highest possible score is 50. The validity and reliability of the Turkish version were determined by Karaca (24). The Cronbach alpha coefficient of the scale was .82 in the present study.

## Statistical Analysis

Statistical analysis was conducted on SPSS (Statistical Package for Social Science) 22.0 Windows software. Kolmogorov-Smirnov test was employed to determine normal distribution of the continuous variables. Spearman Correlation analysis was used to determine the correlations between numerical variables, and Independent Samples t-test and One-Way ANOVA were employed to compare the two independent groups. The level of significance was accepted as $p<0.05$ and 95% confidence interval. The statistics of continuous scale variables are presented with standard deviations and means, minimum and maximum values of the properties, and categorical variables are described with counts and percentages.

## Results:

Most patients were 44 years old or older (29.9%). 56.4% of the participants were married, few were college graduates, 60% were unemployed, 56.4% had middle income, and 70.1% resided in urban centers (Table 1).

**Table 1. Patient Demographics**

| Variable | n=100 | % |
|---|---|---|
| Age group** | | |
| **20-25** | 16 | 13.7 |
| **26-31** | 27 | 23.1 |
| **32-37** | 23 | 19.7 |
| **38-43** | 16 | 13.7 |
| **≥44** | 35 | 29.9 |
| **Mean age (min/max)** | 38.01±12.13 (20/74) | |
| Marital status | | |
| **Married** | 66 | 56.4 |
| **Single** | 51 | 43.6 |
| Education | | |
| **Literate** | 10 | 8.5 |
| **Primary school** | 32 | 27.4 |
| **Middle school** | 31 | 26.5 |
| **High school** | 32 | 27.4 |
| **College** | 12 | 10.3 |
| Profession | | |
| **Unemployed** | 71 | 60.7 |
| **Worker** | 13 | 11.1 |
| **Small business owner** | 25 | 21.4 |
| **Public servant** | 8 | 6.8 |
| Income level | | |
| **Low** | 39 | 33.3 |
| **Middle** | 66 | 56.4 |
| **High** | 12 | 10.3 |
| Place of residence | | |
| **Rural** | 22 | 18.8 |
| **Township** | 13 | 11.1 |
| **Urban** | 82 | 70.1 |

The mean Intrinsic Religious Motivation Scale, Religiosity Scale and sub-dimension scores of the patients were found high (Table 2).

**Table 2. Mean Intrinsic Religious Motivation Scale, Religiosity Scale and sub-dimension scores**

| IRMS/RS and sub-scale | Mean ± S | Min/Max |
|---|---|---|
| **IRMS** | 28.35±4.72 | 12 / 40 |
| **Religiosity Scale** | 109.60±14.32 | 28 / 135 |
| **Religious Beliefs/Emotions** | 41.47±6.60 | 12 / 60 |
| **Religious Knowledge** | 19.11±5.69 | 6 / 50 |
| **Religious Behavior** | 41.47±6.60 | 9 / 60 |

There was a statistically significant difference between the education level of the patients and their "Religious Knowledge" sub-dimension scores. The mean religious knowledge score of the patients who were college graduates was lower when compared to others ($p<0.05$). The mean Religious Knowledge sub-dimension score of the patients who used alcohol was higher when

compared to those who did not use alcohol (p<0.05). There was a significant difference between the reasons for being in the service and the mean "Religious Belief" sub-dimension and total Religiosity Scale scores, and it was determined that the scores of the patients hospitalized for observation were lower when compared to the patients hospitalized for protection (p<0.05). There was a significant difference between the Religiosity scale and sub-dimension scores of the patients incarcerated for murder, and the total mean score of those who committed murder was lower (p<0.05). There was a significant difference between the "Religious Knowledge" sub-dimension scores of the patients incarcerated for theft and others, and the religious knowledge of thieves was higher (p<0.05). No difference was determined between the Intrinsic Religious Motivation Scale, Religiosity Scale and sub-dimension scores based on patient age, marital status, active psychiatric treatment, self-mutilation, suicidal history, insult or sexual crimes (Table 3).

**Table 3. Comparison of the mean IRMS, RS, and subdimension scores based on study variables**

| | Religious Behavior X±SD<br>t/F<br>p | Religious Knowledge<br>X±S.S<br>t/F<br>p | Religious Beliefs/Emotions<br>X±SD<br>t/F<br>p | Religiosity Scale<br>X±SD<br>t/F<br>p | Intrinsic Religious Motivation Scale<br>X±SD<br>t/F<br>p |
|---|---|---|---|---|---|
| Age group | | | | | |
| 20-25 | 42.87±2.60 | 19.25±4.69 | 49.75±5.25 | 111.81±8.47 | 30.37±2.91 |
| 26-31 | 42.70±6.67 | 19.07±5.14 | 48.59±7.92 | 111.03±15.54 | 28.25±4.42 |
| 32-37 | 40.47±8.10 | 16.47±5.88 | 48.21±8.78 | 105.13±18.96 | 28.69±6.22 |
| 38-43 | 39.28±5.07 | 19.57±2.90 | 46.57±6.22 | 105.42±12.84 | 27.92±3.34 |
| ≥44 | 41.40±7.18 | 20.56±6.73 | 49.48±7.37 | 111.97±12.16 | 27.51±4.89 |
| | .822 | 1.916 | 494 | 1.287 | 1.087 |
| | 0.514 | 0.113 | 0.740 | 0.279 | 0.367 |
| Marital status | | | | | |
| Married | 41.55±6.70 | 18.39±5.24 | 47.72±8.50 | 107.90±16.66 | 28.16±4.79 |
| Single | 41.35±6.53 | 20.05±6.15 | 50.00±5.40 | 111.80±10.28 | 28.60±4.67 |
| | -168 | -1.577 | 1.665 | -1.466 | -0.499 |
| | 0.867 | 0.117 | 0.081 | 0.123 | 0.618 |
| Education | | | | | |
| Literate[a] | 40.60±5.03 | 18.30±7.36 | 48.90±4.97 | 107.70±14.50 | 29.20±6.14 |
| Primary school[b] | 41.25±4.39 | 19.71±3.51 | 49.59±5.49 | 110.21±10.56 | 27.25±4.55 |
| Middle school[c] | 43.81±4.46 | 19.15±3.52 | 48.00±7.62 | 111.53±11.95 | 29.00±2.72 |
| High school[d] | 39.68±8.35 | 21.12±7.00 | 48.62±7.13 | 110.00±14.81 | 29.31±4.34 |
| College[e] | 41.27±10.80 | 12.27±5.71 | 48.36±13.17 | 102.81±26.16 | 26.18±8.07 |
| | 1.682 | 5.977 | .192 | .822 | 1.607 |
| | 0.159 | **0.000**<br>**e<a.b.c.d** | 0.942 | 0.514 | 0.178 |
| Active treatment | | | | | |
| Yes | 42.07±5.07 | 19.05±4.79 | 49.17±6.39 | 110.55±11.99 | 28.53±4.38 |
| No | 37.94±11.89 | 19.52±9.63 | 46.05±11.53 | 104.05±23.61 | 27.35±6.47 |
| | 2.433 | .-319 | 1.618 | 1.745 | .948 |
| | .017 | 0.750 | 0.108 | 0.84 | 0.345 |
| Self-mutilation | | | | | |
| Yes | 41.00±4.37 | 17.05±5.87 | 48.39±4.91 | 108.33±9.99 | 28.95±4.89 |
| No | 41.57±7.01 | 19.45±5.64 | 48.79±7.83 | 109.88±15.01 | 28.22±4.70 |
| | -.359 | -1.380 | -.230 | -.444 | 0.633 |
| | 0.729 | 0.170 | 0.818 | 0.655 | 0.528 |
| Suicidal history | | | | | |
| Yes | 40.90±7.64 | 18.52±5.64 | 48.33±8.81 | 108.23±18.65 | 27.35±4.53 |
| No | 41.59±6.39 | 19.25±5.73 | 48.80±7.07 | 109.96±13.21 | 28.57±4.76 |
| | -.433 | -.527 | -.263 | -.482 | -1.047 |
| | 0.667 | 0.599 | 0.793 | 0.701 | 0.288 |
| Alcohol/subatance use | | | | | |
| Yes | 44.63±5.62 | 20.36±3.69 | 52.90±5.46 | 117.00±12.00 | 29.00±2.48 |
| No | 41.14±6.64 | 18.99±5.86 | 48.28±7.43 | 108.83±14.37 | 28.29±4.90 |
| | 1.663 | .759 | 2.005 | 1.817 | .471 |
| | 0.095 | 0.449 | **0.022** | 0.055 | 0.639 |
| Hospitalization | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| reason | 39.29±9.69 | 18.59±7.85 | 45.40±10.29 | 104.00±18.96 | 28.51±5.53 |
| OBERVATION | 42.12±5.25 | 19.27±4.91 | 49.71±5.97 | 111.17±12.37 | 28.31±4.49 |
| Prevention | -1.974 | -.546 | -2.731 | -2.202 | .199 |
| | 0.051 | 0.585 | **0.007** | **0.030** | 0.860 |
| Defamation | | | | | |
| Yes | 41.03±7.55 | 21.37±7.30 | 50.74±4.89 | 113.18±8.51 | 28.51±5.28 |
| No | 41.60±6.33 | 18.54±5.02 | 48.11±7.89 | 108.53±15.52 | 28.31±4.58 |
| | -.387 | -832 | 1.636 | 1.488 | .199 |
| | 0.699 | 0.046 | 0.040 | 0.048 | 0.843 |
| Sexual assault | | | | | |
| Yes | 38.80±4.20 | 18.20±3.11 | 47.20±4.26 | 104.00±10.99 | 28.20±4.08 |
| No | 41.59±6.68 | 19.11±5.79 | 48.78±7.49 | 109.85±14.44 | 28.36±4.77 |
| | -.923 | -.367 | -.469 | -.894 | -.076 |
| | 0.219 | 0.714 | 0.640 | 0.304 | 0.939 |
| Murder | 38.23±4.16 | 13.30±5.05 | 44.38±5.31 | 97.92±8.51 | 28.30±5.40 |
| Yes | 41.87±6.76 | 19.84±5.36 | 49.25±7.44 | 111.06±14.25 | 28.36±4.66 |
| No | -.1.896 | -4.167 | -2.286 | -3.246 | -.041 |
| | **0.012** | **0.000** | **0.024** | **0.000** | 0.971 |
| Robbery | | | | | |
| Yes | 44.22±3.89 | 21.11±1.61 | 51.55±5.29 | 116.88±7.60 | 28.33±1.41 |
| No | 41.24±6.74 | 18.95±5.88 | 48.48±7.49 | 109.00±14.59 | 28.36±4.90 |
| | 1.305 | 1.092 | 1.203 | 1.598 | -.017 |
| | 0.195 | **0.009** | 0.231 | 0.113 | 0.987 |
| Simple laceration | | | | | |
| Yes | 42.21±5.97 | 19.60±4.80 | 42.21±5.97 | 111.28±14.02 | 27.98±4.87 |
| No | 40.78±7.11 | 18.67±6.41 | 40.78±7.11 | 108.06±14.52 | 28.70±4.60 |
| | 1.170 | .886 | 1.170 | 1.218 | -.825 |
| | 0.245 | 0.378 | 0.245 | 0.226 | 0.411 |

A significant positive correlation was determined between the mean Intrinsic Religious Motivation Scale and Religiosity Scale scores of the patients (Table 4).

**Table 4. The Correlation between Intrinsic Religious Motivation Scale and Religiosity Scale scores**

| Scale* | IRMS | RS |
|---|---|---|
| **Intrinsic Religious Motivation Scale** | r:1 | r: .468** **p:0.00** |

* Spearman Correlation Test ** p<0.001

## Discussion:

The present study demonstrated that religiosity was prevalent among the patients incarcerated in the forensic psychiatry service after committing a crime. Furthermore, it could be suggested that criminal patients hospitalized for preventive treatment were less religious when compared to patients who were hospitalized for observation.

Previous studies emphasized that religion aims to prevent crime and delinquent behavior in society, and significantly prevents crime among religious individuals (25). Other studies where the correlation between religiosity and psychiatric disorders was investigated, reported that religious individuals exhibited few psychological symptoms. However, a few studies argued that religious individuals suffered more from psychiatric disorders when compared to non-religious individuals (26). We also determined that patients' mean IRMS, RS and sub-dimension scores were high, suggesting that religion could not hinder criminality. However, it could be suggested that the spiritual services provided to the patients in our hospital could have played a role in the improvement of the religiosity of the patients. The scale scores demonstrated that the patients hospitalized for observation were less religious when compared to those hospitalized for preventive treatment. The difference could be due to the fact that patients hospitalized for protection and treatment were hospitalized for longer periods when compared to those hospitalized for observation and received treatment and benefited from the spiritual services in the hospital. In the study, a positive correlation was determined between the mean IRMS and RS scores, demonstrating that internally motivated religious individuals considered their beliefs a goal; and

thus, they were sincerely attached to their religion (3). In that sense, the present study was consistent with the literature.

The role of religion in deterring crime was based on the belief in supernatural penalties and rewards (27). Most religions adopted rules to regulate life, and these rules were especially clear in crimes that aim human life, such as murder. When these rules are obeyed, religion could be a deterrent and prevent crime. (28) In the present study, RS and sub-dimension scores of murderers were low. This could be due to the impact on the individual's reasoning skills, especially during the psychiatric attacks since all patients were psychiatric service inpatients. Also, the finding that religious knowledge sub-dimension score of the thieves was high could be explained by the possibility that religious knowledge of the thieves did not prevent them from committing theft. However, it was reported that religiosity in adolescents and young adults protects the individual from crimes such as theft (29).

Drugs and alcohol were prohibited in certain religions, and a meta-analysis reported that religiosity precluded drug use (30); however, in the present study, the religious knowledge sub-dimension scores of the patients who used alcohol was high. Consistent with our findings, Pettersson argued that religion was not effective in the prevention of certain behavior such as alcohol use (31).

Although there was no correlation between could not detect a relationship between laceration crime that was also categorized in the study and scale scores, studies reported that religion and religiosity prevented violence (32). Fermender et al. reported that religion could prevent destructive behavior and it could evidently prevent victimless crimes (33). In another study conducted with prisoners, an inverse correlation was determined between religiosity and violence (34).

Since only male patients were accepted in our forensic psychiatry service, the study was conducted with male patients. It was previously reported that psychiatric patients who commit violent crimes were predominantly male (35). The mean age of forensic psychiatric patients who committed a crime was reported about 40 (36), while it was 44 in our study, consistent with the literature. Most delinquent schizophrenia patients were unemployed (75.5%) in the literature (37), and the same rate was 60% in our study. It was reported that single patients committed crimes more when compared to married patients (37); however, in our study, married patients were the majority. Previous studies reported that the education levels of the criminals were low, albeit a few could have college degrees (38).

## Conclusion:

In the present study that aimed to investigate the correlation between criminality and religiosity in forensic psychiatry service patients, it was determined that religiosity level varied based on the crime committed, and murderers were particularly religious. The current study findings could help design and implement preventive strategies to improve public health and prevent crime. Future studies should be conducted with larger samples to investigate the correlation between crime and religiosity, since the findings could change rehabilitative interventions, and the present study findings could shed light on future studies.

**Ethics Committee Approval**: The present study was approved by XXX University Non-Invasive Clinical Research Ethics Committee (Approval No:2023/07-38).

**Conflict of Interest**: The authors declare no conflict of interest.

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