Reviewer's report

Title: The association between psychiatric diagnosis and violent re-offending in adult offenders in the community

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Reviewer: Deborah M Capaldi

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This article concerns the risk for violent reoffending of adjudicated offenders who receive community-based sanctions and who are also ordered to undergo a psychiatric assessment. The issue of decision making around adjudication of offenders, particularly with regard to their risk of violent offending, is clearly of high importance, and the availability of a large Swedish sample followed up over a 5-year period is valuable.

Whereas the study is, overall, well done, there are some issues that detract from the presentation and interpretability.

1. It should be made more clear early in the Introduction that the issue being examined is risk for violent offending among offenders who might or might not have had prior violent offenses. Second, there are very substantial selection factors affecting the sample, which are likely to relate to the way in which the psychiatric diagnoses were associated with the outcome of violent reoffending. This is a very important issue because the findings are presented as a basis for decision making. The first selection factor is that offenders who were given a custodial sentence were removed. Although this was justifiable, it certainly may be that in that group the diagnoses were more strongly associated with risk for violent reoffending (e.g., if they showed violent tendencies associated with schizophrenia, severe antisocial personality disorder, severe bipolar depression etc., they may have been more likely to be incarcerated). Second, only a very small proportion of the offenders given noncustodial sentences were court ordered for psychiatric assessments (4.8%) – and such an order was more likely if the offender had a known history of psychiatric disorder, or whose offense characteristics or behavior in police custody raised mental health concerns. Thus, the study is not assessing risk for violent reoffending associated with a diagnosis for all of the offenders with noncustodial sentences but only a small proportion. Given the likely reasons for ordering an assessment, the cases that were assessed, but did not receive a diagnosis, may have been different from those not assessed (e.g., more likely to have subclinical levels of symptoms). Thus, conclusions regarding the lack of importance of diagnoses to future offending should be considerably tempered. In particular, no mention is made in the abstract (which unfortunately is as far as many readers get) that there were substantial selection effects that may have affected findings.

2. The second major issue relates to the conclusions regarding the association of
SUD and PD with risk for violent reoffending. It certainly seems odd to conclude that disorders that doubled the chance of violent reoffending after adjustment for controls can add only minimally to prediction of violent reoffending. This leads to concerns regarding the analytic approach. As a hazard model was used, it was not clear if time was entered as a first step (i.e., the prediction was to the timing of the next offense). If so, then time usually accounts for a very large proportion of the variance and every other predictor for much less. The authors should clarify whether this was the case. It seems that the main issue of interest was simply whether the individual reoffended or not during the 5-year period, in which case a dichotomous variable could have been used as the outcome in a logistic regression analysis, and the proportion of variance explained by the predictors would have been more clear. Second, the prediction models and additive proportions of variance explained might be more clear if men and women were considered in separate models, or the models focused on men only if the sample size for women is too small to consider separately. If time is not in the model, then the proportion of variance explained by sex could be obscuring prediction. A further possibility is to block by age. Diagnoses may be more important predictors at certain ages. Finally, risk for violent offending may vary by the type of substance use diagnosis. It is possible that a diagnosis of hard-drug use is a stronger risk factor than diagnoses of alcohol or marijuana use.