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Domestic Homicide Cases Related to Schizophrenic Offenders

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A B S T R A C T

The goal of this study was identification of highly specific patterns of schizophrenia related domestic homicides by comparing schizophrenic homicide offenders with related domestic homicide group of offenders diagnosed with other psychiatric disorders. This study was based on the comparison of schizophrenic homicide group and other homicide group of offenders on the basis of differences in psychosocial and sociodemographic patterns and the modality of crime. The survey was conducted on mentally insane domestic homicide offenders diagnosed with schizophrenia (n=44) and second group of mentally insane offenders diagnosed with other psychiatric diagnosis (n=43). All offenders were admitted to Department of Forensic Psychiatry (Neuropsychiatric Hospital »Dr. Ivan Barbot«, Popovaca, Croatia) for psychiatric evaluation. They have undergone psychological testing and psychiatric evaluation in order to make forensic expert analyses of each case particularly. This study showed some specific characteristics in the cases of schizophrenic offenders; they are more often commit parricides and siblicides, the victims are often males with their own physical strength. Furthermore, schizophrenic offenders were indifferent upon killing their victim; they were less often provoked by a victim itself and were sober tempore criminis. Moreover, in the same homicide group we found young, single offenders with high school education, average intelligence and with positive psychiatric heredity. Finally, in the same group of offenders we have found no history of military serving, less social developmental disruptions, less history of drug and alcohol abuse during adolescence and adult age.

Key words: *domestic homicide, schizophrenic offenders, mental insanity*

Introduction

The overall role of schizophrenic patients in cases of violent criminal offences still remains controversial. The long history of discrimination and stigmatization of mentally ill persons was harmful for their reintegration in the society. The research on schizophrenia and violence[1,2,3] showed an increased rate of violence and homicides among schizophrenics comparing to general population. Other evidence suggests that smaller percentage of schizophrenic patients in general population cannot contribute to increased violent criminal offences committed by this homicide group. Given all these facts, there is clear evidence of lower risk of being violently attacked by schizophrenic patient then by someone who is mentally healthy[4]. The assessment of risk factors for schizophrenic patients to act violently showed significantly increased risk in pure social environment with inappropriate social care and with comorbid psychiatric disorders such as substance abuse, alcoholism, antisocial personality disorder, jealous psychotic behavior and paranoid psychosis[5,6,7]. Moreover, other factors contributing to increased risk for schizophrenic patients to become violent are too short or inadequate medical and pharmacological treatment and drug resistant schizophrenia[8].

By analyzing all available epidemiologic studies published in the last 18 years in the review of Angemayer[9] and despite different methodological approach there are clear evidence of scientifically based fact that supports significant correlation between schizophrenia and the research of Taylor and Gunn[10] on homicides committed in England and Wales between 1957 and 1995 showed a decrease of 3% per each year in number of homicides com-

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mitted by mentally ill people. The evidence based data on murders committed in England and Wales between 1996 and 1999 showed that out of 1,594 convicted homicide offenders, 545 (34%) were mentally ill, but only 85 (5%) convicted offenders were diagnosed with schizophrenia[11]. Overall, in the United Kingdom, there is approximately 10 homicides per year committed by people suffering from schizophrenia[12]. The study in New Zealand showed that mentally abnormal homicides constituted 8.7% of the 1498 homicides. Diagnostically, 55 had a primary schizophrenic disorder, 19 another psychotic disorder, 13 major depressive disorder (primarily from the infanticide group) and 5 a bipolar disorder. Alcohol or substance abuse diagnoses were made in 10 cases. As comorbid conditions were not systematically recorded, the personality and substance misuse problems are almost certainly underestimates of the true prevalence[13].

Generally speaking, of all criminal offenses committed by mentally ill people in Croatia, majority of those are responsible for homicides[14]. Our research showed that among all criminal offences, mentally insane persons diagnosed with schizophrenia are more often involved in violent acts compared to other mentally ill people[15]. The research of Angermeyer[9] also pointed that relationship between mentally ill homicide offender and his victim is usually close, meaning that homicide victims are familiar to the offender. Among all homicide victims, close family members (intimate partners, parents and children) represented 74% of all homicide cases[13]. In the case of domestic homicides committed by offenders diagnosed with schizophrenia, the victims are almost usually family members and close relatives. This fact is based on social circumstances where patients released from hospital treatment are usually accepted back to their family where they are controlled and forced by family members to take their medications which they usually refuse. All these facts contributes to the situation where mentally ill patients become highly frustrated by controlling family members which in turns could result in homicide of family members[8]. In North America and Europe parricide is rare case of homicide and it comprises 4% of all homicide cases[16,17,18]. However, it is worth mentioning that parricide forms 20 to 30% of homicides committed by psychotic persons[19,20]. Many studies indicate that patricide committed by sons is the most frequent form of all parricide. On the other hand psychotic homicide offenders most often commit matricide. Previous studies claimed that matricide itself represent typical homicide committed by schizophrenic person[21,22]. More recent studies have shown that despite the fact that schizophrenia represents majority of diagnosis among this type of homicide, matricide could not represent typical homicide case committed by schizophrenic offender[23].

Analyzing all available scientific data we have found many controversial findings which suggest that relationship between mental illness and domestic homicide cases are not yet clearly understood, specifically in homicide cases related to schizophrenia. The most probable reason for this controversy lies in small number of analyzed samples and insufficient number of variables[24]. This reearch is focused on recognizing the modalities of homicide patterns as one of the most important factors for early recognition and prevention of violent crimes such as homicide by choosing the right treatment for mentally ill patients. The aim of this study was to determine the differences between mentally insane domestic homicide offenders diagnosed with schizophrenia and comparing with other domestic homicide offenders with various psyhiatric disorders at level of sociodemographic and psychosocial variables and modalities of criminal offence.

Materials and Methods

The survey was conducted at the Department of Forensic Psychiatry in Neuropsychiatric Hospital »Dr Ivan Barbot« in Popovaca, Croatia. The experimental poll comprised overall of 44 mentally insane domestic homicide offenders diagnosed with schizophrenia and 43 mentally insane domestic homicide offenders with other psychiatric disorders.

Two groups were compared on the basis of sociodemographic and psychosocial differences and differences in modality of criminal offence. Diagnoses were established according to ICD-10[25]. The data were collected and analyzed by computer based program SPSS, version 11. We used χ^2 test to compare different variables. Logistic regression analysis was preformed to test the relationship between predictive variables (sociodemographic and psychosocial differences and differences in modality of criminal offence).

Results

The analysis on 36 sociodemographic and psychosocial variables established the statistically significant differences in 11 variables ($p<0.05$) (Tables 1 and 2). The final model of analysis with established variables is predictable for distinction between mentally insane domestic homicide offenders diagnosed with schizophrenia and the other group of mentally insane domestic homicide offenders with different psychiatric disorders. Statistical odds ratio was less 1%. The multivariate analysis of sociodemographic and psychosocial variables itself did not show predictive factors for distinction between mentally insane domestic homicide offenders diagnosed with schizophrenia and the other group of mentally insane domestic homicide offenders with different psychiatric disorders (Tables 3 and 4). By monitoring 14 patterns of homicide offence modality using univariate nonparametric analysis we found statistically significant differences in 4 variables (Table 5). The final model of analysis with established variables is predictable for distinction between mentally insane domestic homicide offenders diagnosed with schizophrenia and the other group of mentally insane domestic homicide offenders with different psychiatric disorders. Statistical odds ratio was less 1%. Mentally insane domestic homicide offenders diagnosed with

TABLE 1
COMPARISON OF MENTALLY INSANE DOMESTIC HOMICIDE OFFENDERS WITH SCHIZOPHRENIA (N=44) AND OTHER PSYCHIATRIC DIAGNOSIS (N=43) BASED ON SOCIODEMOGRAPHIC VARIABLES

Sociodemographic variables	Schizophrenia (%)	Other diagnoses (%)	χ^2; df; p
Age			
Below 21	6.8	0.0	
22–30	25.0	14.0	
31–40	31.8	16.3	
41–50	20.5	7.0	
51–60	11.4	23.3	
Above 60	4.5	39.5	23.304; 5; 0.000
Marital status			
married/illegitimate	34.1	65.1	
divorced/widower	11.4	16.3	
single	54.5	18.6	12.254; 2; 0.002
Level educations			
not finished primary school	9.1	44.2	
finished primary school	27.3	18.6	
finished secondary school	59.1	34.9	
faculty diploma	4.5	2.3	13.857; 3; 0.003
Profession			
without profession	4.5	7.0	
agricultural	4.5	18.6	
worker	72.7	65.1	
clerk with secondary school	4.5	4.7	
clerk with faculty	4.5	2.3	
others	9.1	2.3	6.189; 5; 0.288
Employment			
employed	22.7	14.0	
unemployed	40.9	30.2	
pupil/student	4.5	0.0	
pensioner	31.8	55.8	6.427; 3; 0.093
Social status			
excellent	0.0	2.3	
very good	11.4	11.6	
medial	36.4	41.9	
under average	31.8	25.6	
bad	20.5	18.6	1.525; 4; 0.822
Offender lives			
alone	6.8	16.3	
with family	43.2	55.8	
with parents	43.2	25.6	
in an institution/other	6.8	2.3	5.304; 3; 0.151
Residence			
capital	11.4	7.0	
city	18.2	11.6	
medial town	20.5	9.3	
smaller town	13.6	11.6	
village	36.4	60.5	5.576; 4; 0.233
Family migrated from village to the city	25.0	25.6	0.004; 1; 0.950
Family migrated from other country	18.2	9.3	1.442; 1; 0.230
Earlier social's office intervention	52.3	60.5	0.593; 1; 0.441
Earlier criminal offences	43.2	41.9	0.016; 1; 0.901
Earlier homicide or homicide attempt	11.4	11.6	0.001; 1; 0.969
Served military term	61.4	86.0	6.813; 1; 0.009

TABLE 2
COMPARISON OF MENTALLY INSANE DOMESTIC HOMICIDE OFFENDERS WITH SCHIZOPHRENIA (N=44) AND OTHER PSYCHIATRIC DIAGNOSES (N=43) ACCORDING TO PSYCHOSOCIAL VARIABLES

PSYCHOSOCIAL VARIABLES	Schizophrenia (%)	Other dg (%)	χ^2; df; p
Heredity			
Positive psychiatric heredity	29.5	11.6	4.255; 1; 0.039
Addiction in the family	36.4	55.8	3.312; 1; 0.069
Father's asocial behavior	18.2	9.3	1.442; 1; 0.230
Mother's asocial behavior	4.5	7.0	0.237; 1; 0.626
Difficult delivery	11.4	9.3	0.100; 1; 0.752
Psychophysical development disorders			
Specific disorders in speech and language development	9.1	4.7	0.668; 1; 0.414
Learning and formal knowledge disorders	6.8	9.3	0.181. 1; 0.670
Disorders in development of locomotoric functions	2.3	4.7	0.370; 1; 0.543
Emotional disorders	15.9	18.6	0.111; 1; 0.739
Social development disruptions	38.6	67.4	7.242; 1; 0.007
Problems during education	34.1	44.2	0.931; 1; 0.335
Run away from home	2.3	7.0	1.097; 1; 0.295
Abuse of addictive substances	9.1	32.6	7.299; 1; 0.007
Asocial company	9.1	2.3	1.838; 1; 0.175
Juvenile delinquency	6.8	2.3	1.001; 1; 0.317
While growing up offender lived			
With parents	97.7	93.0	
In a foster home	0.0	2.3	
In an institution	2.3	4.7	1.430; 2; 0.489
While growing up had support in crises	54.5	58.1	0.114; 1; 0.735
Intelligence			
Highly beyond average	2.3	0.0	
Beyond average	6.8	7.0	
Average	70.5	30.2	
Under average	11.4	39.5	
Borderline	2.3	14.0	
Mental retardation	6.8	9.3	18.614; 5; 0.002
Suicide attempt	70.5	76.7	0.442; 1; 0.506
Alcohol consumption			
Doesn't drink	36.4	9.3	
Drinks moderately	22.7	7.0	
Alcohol abuse	27.3	18.6	
Alcoholism	13.6	65.1	25.996; 3; 0.000
Earlier psychiatric treatment	90.9	69.8	6.183; 1; 0.013
EEG			
Normal	68.2	41.9	
Borderline	2.3	7.0	
Altered	29.5	39.5	
Epilepsy	0.0	11.6	9.523; 3; 0.023

schizophrenia were more often killing males (45.5% vs. 34.9%) and were more often using physical force (13.6% vs. 7.0%) and were less intoxicated *tempore criminis* (27.3% vs. 74.4%) comparing to other mentally insane offenders with different psychiatric diagnoses.

Discussion and Conclusion

Back in 1939 Penrose showed reverse relationship between number of hospital beds at the psychiatric facilities and number of prisoners[26]. He also found negative relationship between number of patients in psychiatric hospitals and number of homicide offences. Penrose finally concluded that society itself and particularly mental health care provided for mentally ill people could prevent violent crimes such as homicides[26]. By establishing the relationship between mental illnesses and specific modality of homicide we could get more precise information for predictive factors on the basis of specific psychiatric diagnoses.

The goal of this study was searching for the differences in modality of domestic homicide offence on the ba-

TABLE 3
LOGISTIC REGRESSION ANALYSIS RESULTS FOR DIFFERENTIATING MENTALLY INSANE DOMESTIC HOMICIDE OFFENDERS WITH SCHIZOPHRENIA (N=44) AND WITH OTHERS PSYCHIATRIC DIAGNOSIS (N=43) BASED ON SOCIODEMOGRAPHIC AND PSYCHOSOCIAL VARIABLES

Sociodemographic variables	β	Wald's index	exponential β	p
Age	1.477	1.906	4.378	0.167
Marital situation	–0.020	0.000	0.980	0.983
Profession	–0.083	0.006	0.920	0.940
Employment	0.179	0.023	1.196	0.879
Social status	–3.372	3.682	0.034	0.055
With who offender lives	1.337	0.289	3.806	0.591
Residence	1.630	3.666	5.102	0.056
Family migrated from village to the city	–2.115	0.889	0.121	0.346
Family migrated from other country	1.243	0.171	3.468	0.679
Earlier social's office intervention	–5.355	3.111	0.005	0.078
Earlier criminal offences	3.149	1.806	23.312	0.179
Served military term	0.635	0.025	1.888	0.873
Psychosocial variable				
Existence of psychiatric heredities	1.618	0.298	5.044	0.585
Existence of addiction in the family	0.164	0.008	1.178	0.931
Father's asocial behavior	2.336	0.380	10.336	0.537
Mother's asocial behavior	–5.363	1.167	0.005	0.280
Had difficult delivery	–0.098	0.001	0.907	0.980
Disorders in speech and language development	8.539	2.713	5109.960	0.100
Learning and formal knowledge disorders	4.934	1.343	138.974	0.247
Disorders in development of locomotoric functions	–5.755	0.767	0.003	0.381
Emotional disorder	–5.213	1.136	0.005	0.287
Problems during education	1.873	0.714	6.508	0.398
Run away from home	–11.013	2.265	0.000	0.132
Alcohol abuse	–9.212	2.399	0.000	0.121
Asocial company	11.702	3.027	120765.53	0.082
Juvenile delinquency	10.032	1.622	22740.732	0.203
Environment while growing up	6.408	1.160	606.907	0.281
Support from family in the crisis	–3.358	1.785	0.035	0.182
Intelligence	0.892	0.860	2.441	0.354
Suicide attempt	3.649	2.102	38.450	0.147
Alcoholic consumption	1.628	2.943	5.092	0.086
Earlier psychiatric treatment	–5.926	3.013	0.003	0.083
EEG findings	0.983	0.851	2.673	0.356

Logarithm value of the final model = 36.375
χ^2 =84.221; df=33; p=0.000

sis of psychiatric diagnoses established by psychiatric expertise of mental insanity. Our results showed statistically significant differences between mentally insane domestic homicide offenders diagnosed with schizophrenia and the other group of mentally insane domestic homicide offenders with different psychiatric disorders. The differences between two homicide groups mentioned above are based on sociodemographic and psychosocial variables and modality of homicide offence. Mentally insane domestic homicide offenders diagnosed with schizophrenia were younger, single, with high school degree, positive familial heredity, and of average intelligence with normal EEG. On the other hand, they were missing military serving and they had less social developmental disruptions, less history of drug and alcohol abuse during adolescence and adult age. Mentally insane schizophrenic domestic homicide offenders, compared to other mentally insane homicide group were more often committing parricide and siblicide and were usually indifferent toward the act they committed and were less often provoked by the victim itself. Moreover, this homicide group of offenders was mostly killing the males by using their

TABLE 4
COMPARISON OF MENTALLY INSANE DOMESTIC HOMICIDE OFFENDERS WITH SCHIZOPHRENIA (N=44) AND WITH OTHER PSYCHIATRIC DIAGNOSIS (N=43) ACCORDING TO CRIMINAL OFFENCE CHARACTERISTICS

CRIMINAL OFFENCE VARIABLES	Schizophrenia (%)	Other diagnosis (%)	χ^2; df; p
Number of victims			
One	84.1	88.4	
Multiple victims	15.9	11.6	0.335; 1; 0.536
First victim			
Parents	47.7	14.0	
Child	2.3	11.6	
Intimate partner	20.5	48.8	
Brother – sister	18.2	11.6	
Relative	9.1	14.0	
Stranger	2.3	0.0	17.883; 5; 0.003
First victim's gender			
Male	45.5	34.9	
Female	54.5	65.1	1.011; 1; 0.315
First victim's age			
To 21	2.3	2.3	
22–30	9.1	7.0	
31–40	11.4	18.6	
41–50	20.5	16.3	
51–60	18.2	23.3	
Above 60	38.6	32.6	1.586; 5; 0.903
Participation in offence	2.3	0.0	0.989; 1; 0.320
Means of committed offence			
Own physical strength	13.6	7.0	
Fire arms/explosives	15.9	25.6	
Cold weapon	40.9	41.9	
Other	29.5	25.6	2.044; 3; 0.563
Time of day			
0–3 hours	9.1	18.6	
4–7	6.8	2.3	
8–11	9.1	23.3	
12–15	15.9	9.3	
16–19	29.5	25.6	
20–23	29.5	20.9	6.606; 5; 0.252
Planed criminal offence	9.1	14.0	0.505; 1; 0.477
Alcoholism *tempore criminis*			
No one	72.7	23.3	
Offender	15.9	53.5	
Victim	0.0	2.3	
Both	11.4	20.9	22.191; 3;0.000
Crime scene			
House/apartment	77.3	65.1	
Courtyard/courtyard house	11.4	18.6	
Strange house/apartment	6.8	4.7	
Street	0.0	7.0	
Food and beverage facilities	2.3	2.3	
Other	2.3	2.3	4.462; 5; 0.485
Offender was provoked by the victim	20.5	41.9	4.656; 1; 0.031
Offender specifically abused the victim	34.1	16.3	3.652; 1; 0.056
Criminal offence confession			
Acknowledges in its entirety	56.8	37.2	
Partly admits	38.6	44.2	
Denies	4.5	7.0	
Silence defense	0.0	11.6	7.276; 3; 0.064
Emotional attitude toward homicide			
In remorse	6.8	16.3	
Indifferent	29.5	16.3	
Denies	0.0	11.6	
Justifies its actions	63.6	55.8	8.697; 3; 0.034

TABLE 5
RESULTS OF LOGISTIC REGRESSION ANALYSIS FOR DISTINCTION OF MENTALLY INSANE DOMESTIC HOMICIDE OFFENDERS WITH SCHIZOPHRENIA (N=44) AND WITH OTHER PSYCHIATRIC DIAGNOSIS (N=43) ACCORDING TO CRIMINAL OFFENCE CHARACTERISTICS

CRIMINAL OFFENCE VARIABLES	β	Wald's index	Exponential β	p
Number of victims	–2.809	2.524	0.060	0.112
First victim's gender	–2.130	4.493	0.119	0.034
First victim's age	0.019	0.003	1.019	0.958
Participation in offence	–17.832	0.000	0.000	1.000
Means of committed offence		4.394		0.222
Own physical strength	–4.040	3.826	0.018	0.050
Fire arms/explosives	0.300	0.053	1.350	0.817
Cold weapon	–0.865	0.466	0.421	0.495
Time of day		4.224		0.518
0–3 hours	2.248	1.726	9.467	0.189
4–7	–18.943	0.000	0.000	0.999
8–11	0.903	0.324	2.467	0.569
12–15	–1.650	1.101	0.192	0.294
16–19	–0.708	0.359	0.493	0.549
Planed criminal offence	–1.862	1.431	0.155	0.232
Crime scene		1.656		0.894
House/apartment	–0.251	0.009	0.778	0.924
Courtyard/courtyard house	0.062	0.001	1.064	0.982
Strange house/apartment	–2.791	0.785	0.061	0.376
Street	20.162	0.000	5.71E+08	0.999
Food and beverage facilities	0.491	0.020	1.634	0.887
Offender was provoked by the victim	0.778	0.678	2.176	0.410
Offender specifically abused the victim	–2.185	3.242	0.113	0.072
Criminal offence confession		1.240		0.743
Acknowledges in its entirety	–40.619	0.000	0.000	0.998
Partly admits	–41.580	0.000	0.000	0.998
Denies	–42.813	0.000	0.000	0.998
Emotional attitude toward homicide		3.821		0.281
In remorse	1.727	1.047	5.622	0.306
Indifferent	–1.916	2.432	0.147	0.119
Denies	26.886	0.000	4.75E+11	0.998
Offender's alcoholism *tempore criminis*	–3.026	8.132	0.048	0.004
Who is the first victim	0.544	1.961	1.722	0.161

Logarithmic value of the final model = 51.489
χ^2 = 69.107; df = 28; p=0.000

own physical force and was less intoxicated when committing the crime. According to Mittermayer[27], homicides in general, are committed mostly by males in the age group of 30 to 49 years (65%). We have found that mentally insane schizophrenic homicide offenders are males and in the age group of 22 to 50 years (77.3%), while mentally insane homicide offenders with other psychiatric diagnoses commit crime in the age of 50 or more (62.8%).

Furthermore, we have found less or moderate alcohol abuse among mentally insane schizophrenic domestic homicide offenders (59.1%) comparing to other mentally insane homicide offenders (16.3%).

We have found that nearly half of the cases of homicides committed by schizophrenic offenders associated with parricides (47.7%) unlike other mentally insane offenders who commit parricide in 14% of cases. Mentally insane offenders not diagnosed with schizophrenia mostly kill intimate partner (48.8%) unlike schizophrenic offenders (20.5%).

Finally, we can conclude that domestic homicides are characterized by several common patterns but also with few specific patterns which are characteristic for mentally insane schizophrenic homicide offenders. Our research clears out specific causes which could lead to extreme violence and ultimately to homicide. Further scientific research should focus on relationship between mental illness and homicide, particularly on cases of domestic homicides. By these findings we can contribute to early prevention of violence and homicide in our society.

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UBOJSTVA U OBITELJI OD STRANE SHIZOFRENIH POČINITELJA

SAŽETAK

Cilj istraživanja bilo je ispitati da li se neubrojive osobe s dijagnozom shizofrenije i osobe sa drugim psihijatrijskim dijagnozama, počinitelji ubojstva u obitelji, razlikuju po sociodemografskim i psihosocijalnim varijablama te prema modalitetu djela. Ispitivanje je provedeno u Zavodu za forenzičku psihijatriju Neuropsihijatrijske bolnice Dr. Ivan Barbot u Popovači. Ispitanici su muški počinitelji kaznenog djela ubojstva (N=87) podijeljeni u dvije skupine: neubrojivi počinitelji s dijagnozom shizofrenije (N=44) te neubrojivi počinitelji s drugom psihijatrijskom dijagnozom (N=43). Rezultati istraživanja ukazuju da neubrojivi počinitelji ubojstva u obitelji s dijagnozom shizofrenije češće: čine paricid i siblicid, češće su ubijali mušku osobu, fizičkom snagom, te su češće ravnodušni prema počinjenom djelu, a rjeđe su bili izazvani od žrtve i rjeđe su bili alkoholizirani *tempore criminis*. Oni su češće: mlađi i neoženjeni, sa srednjom školom, imaju pozitivan psihijatrijski hereditet, prosječne su intelektualne efikasnosti i češće imaju normalan EEG, a rjeđe: su služili vojni rok, rjeđe su smetnje u socijalnom razvoju, u adolescenciji rjeđe su zloporabili sredstva ovisnosti te alkohol u odrasloj dobi. Na temelju logičke analize rezultata istraživanja vrlo vjerojatno postoje neka zajednička obilježja ubojstva u obitelji, te specifična obilježja nekih podvrsta ubojstava unutar obitelji koje počine neubrojivi shizofreni počinitelji ili neubrojivi počinitelji s drugim psihijatrijskim dijagnozama.