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ORIGINAL ARTICLE / ОРИГИНАЛНИ РАД

Psychiatric characteristics of homicide perpetrators in Serbia

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SUMMARY
Introduction/Objective Homicide, a major public concern, has always attracted the attention of criminology, psychiatry, psychology, and other related disciplines.
The objective of this study was to determine the frequency and type of mental disorders in 94 attempted/committed homicide perpetrators.
Methods The authors conducted a psychiatric assessment of all perpetrators based on psychiatric interviews, psychological testing, and the examination of available medical records.
Results The key findings of this study imply that there is a large percentage of violent crime perpetrators with mental disorders (62%). When we excluded people with personality disorders from this group, we found that the most common major mental disorders among the perpetrators were psychosis and alcohol use disorders (approximately 10% each).
Conclusion The results highlight the importance of the early identification and treatment of people with mental disorders in the general population, as this could reduce the possibility of criminal behavior. The high overall incidence of mental disorders in the group of homicide perpetrators indicates the need for a reform of psychiatric services in Serbia and the promotion of psychiatry in the community, which would contribute to bringing professionals closer to people with mental disorders and thus, timely recognition and treatment of these patients.
Keywords: homicide; mental illness; psychosis; alcohol use disorders; personality disorders

INTRODUCTION

Homicide, a major public concern, has always attracted the attention of law, criminology, psychiatry, psychology, sociology, and other related disciplines. According to the United Nations' data, the overall number of people killed in homicides increased from 362,000 in 1990 to 464,000 in 2017 [1]. The same source states that the global homicide rate was 6.1 per 100,000, the American continent had the highest rate of 17.2, while the rate in Europe was 3 in 2017 [1]. For people aged 5–29, one of the top five causes of death is homicide [2].

Studying the phenomenon of homicide certainly requires taking into consideration human aggression which is defined as the deliberate use of force against another person. Aggression is the result of complex interactions between neurobiological, psychological, and environmental factors. It has been shown that the male sex is associated with a higher frequency of aggressive behavior. However, sex differences in aggression are less pronounced in individuals with mental disorders [3]. Aggression in the population with mental disorders has not been sufficiently explored, despite its obvious importance [4]. The opinion of earlier experts that the risk of aggressive behavior in the population of psychiatric patients is no greater than in the general population was replaced by research data indicating that there is an increased risk of aggression in people with certain psychiatric diagnoses [5]. In other words, mental disorders, regardless of other factors, are associated with an increased rate of aggressiveness, with an estimated risk of approximately 4% [6]. The risk of aggressive behavior is even greater when there is comorbidity of a mental disorder with the abuse of psychoactive substances [7, 8].

Schizophrenia, the most prevalent psychotic disorder, increases the risk for aggression [9]. Studies suggest that individuals with schizophrenia are four to seven times more likely to commit violent crimes, and four to six times more likely to exhibit general aggressive behavior, compared with the general population [10]. Flynn et al. [11] concluded that 90% of the homicide offenders with schizophrenia experienced psychotic symptoms at the time of the offence. Furthermore, previous research reported that 10% of homicide perpetrators were described in psychiatric reports as being mentally ill at the time of their offence, 4% of whom were thought to have schizophrenia [12]. A significant part of increase in the risk of aggression in people with schizophrenia is caused by comorbid psychiatric disorders caused by psychoactive substance use [4, 9]. Research on bipolar disorder has revealed a higher risk of violence during acute manic episodes even when controlling for psychoactive substance use [4].

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A diagnosis of depression has also been associated with an increase in violent crimes, including homicide [13]. In addition, the interaction between personality traits and aggressive behaviors has drawn the attention of researchers who identified people with personality disorders (PDs) as high-risk population [14, 15]. And finally, it is important to note that substance abuse has shown to have a negative effect on inhibition or impulse control, supporting the hypothesis of a biological link between psychoactive substance use disorders and aggression [16, 17].

The only available study conducted in the Republic of Serbia on 154 homicide perpetrators found that 55% had been diagnosed with mental disorders. The most frequent diagnosis was PD (63%), followed by psychosis (13%) and alcohol dependence (14%). It is also interesting that the aforementioned study indicated that as many as 45% of people with mental disorders from a group of perpetrators were diagnosed for the first time in forensic services following the offence [18].

The primary objective of this study was to determine the frequency and types of mental disorders among homicide perpetrators to underline the need for adequate psychiatric treatment of individual patients prone to aggressive behavior.

METHODS

We examined forensic psychiatric reports conducted at the Clinic for Psychiatry in Novi Sad, Serbia from 2001 to 2018, that assessed 94 attempted or committed homicide perpetrators. The authors conducted a psychiatric assessment of all perpetrators based on psychiatric interviews, psychological testing, and the examination of available medical records. Diagnoses of mental disorders were made based on official diagnostic criteria from the International Classification of Diseases (ICD-10), and relevant perpetrator characteristics were determined using the Minnesota Multiphasic Personality Inventory [19, 20]. To compare our results with the literature data, we also used the diagnostic category of major mental disorder (MMD) which is frequently used in research exploring the mental state of murderers. This category includes psychotic disorders, mood disorders, psychoactive substance use disorders, and excludes PDs, as well as mental retardation [21]. According to ICD-10, a specific PD is a severe disturbance in the characterological constitution and behavioral tendencies of the individual, usually involving several areas of personality, and is nearly always associated with considerable personal and social disruption. All PDs must meet the following criteria:

a) markedly disharmonious attitudes and behavior, usually involving several areas of functioning;

b) the abnormal behavior pattern is enduring, long-standing, and not limited to episodes of mental illness;

c) the abnormal behavior pattern is pervasive and clearly maladaptive to a broad range of personal and social situations;

d) the above manifestations always appear during childhood or adolescence and continue into adulthood;

e) the disorder leads to considerable personal distress, but this may only become apparent late in its course;

f) the disorder is usually, but not invariably, associated with significant problems in occupational and social performance.

Specific PDs include paranoid, schizoid, dissocial, emotionally unstable, histrionic, anankastic, anxious, dependent, mixed, and other. To diagnose most of the subtypes listed below, clear evidence is usually required for the presence of at least three traits or behaviors given in the clinical description [19].

All forensic records are properties of the Clinical Centre of Vojvodina, and their use was authorized by the Institutional Ethics Committee in 2017. We emphasize that local court rules require that all individuals charged with attempted or committed homicide receive psychiatric evaluations during trial to assess their mental competence. This is because Serbian criminal legislation determines that a perpetrator is guilty only if he is mentally competent at the time of the offence. If the perpetrator was unable to understand the significance of his criminal act or was unable to control his actions because of his mental disorder at the time of the offence, he was said to be mentally incompetent. Mentally incompetent perpetrators are not considered guilty and are not being sentenced to sanctions. Instead of sanctions, mentally ill perpetrators receive compulsory psychiatric treatment to reduce the risk of recidivism due to psychiatric illnesses [22].

The sample baseline characteristics were summarized using means or frequencies as appropriate. All statistical analyses were performed using IBM SPSS Statistics for Windows, Version 21.0. (IBM Corp., Armonk, NY, USA), and the results are presented in the text and figures. Descriptive statistics were used for data processing. Numerical features were presented through measures of central tendency (arithmetic mean), variability (range of values), and attributive features using frequencies and percentages [23].

RESULTS

The sample was mostly male (85%) and relatively young (median age: 37 ± 4.1, ranging: 15–80 years). In total, 41% of the study group completed elementary education, 45% secondary education, and 14% university education. As many as 27% of the study group had mental disorders among their close relatives, mainly alcoholism (68%), schizophrenia (12%), and depression (8%).

In total 26% percent of perpetrators had a history of criminal offences, with violent crimes being the most frequent (60.87%).

Of the sample 32% had a lifetime history of psychiatric illnesses. Among perpetrators who had received psychiatric treatment before the violent act, the most frequent diagnoses were PDs and psychoactive substance use disorders (27.9% each), followed by psychotic disorders (14%), mood disorders, neurotic, and stress-related disorders (9.3% each), organic mental disorders (7%), and mental retardation (4.6%). The most common psychiatric

comorbidities were substance use, PDs (40%), and psychotic disorders (12%).

According to the forensic psychiatric evaluation, 62% of the sample had a certain form of mental disorder. The results showed that 25% of the study population had MMDs such as schizophrenia, non-schizophrenic psychosis, mood disorders, or psychoactive substance use disorders. The types and frequencies of the MMDs in the study group are shown in Figure 1.

Interestingly, schizophrenia was recognized and treated before attempted or committed homicide in only 12% of patients with schizophrenia.

PD was diagnosed in 41% of patients. The types and frequencies of PD are shown in Figure 2.

As many as half of the perpetrators were under the influence of psychoactive substances at the time of the offence, and alcohol was the most commonly used substance (95.74%).

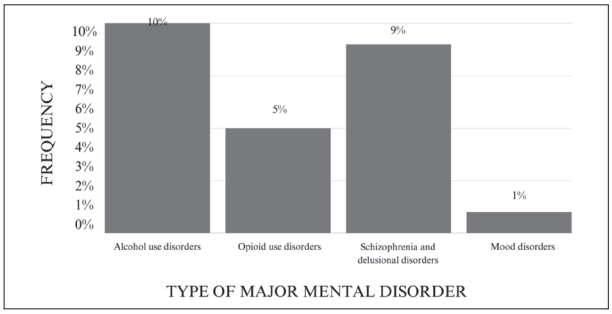

Figure 1. Major mental disorders in perpetrators

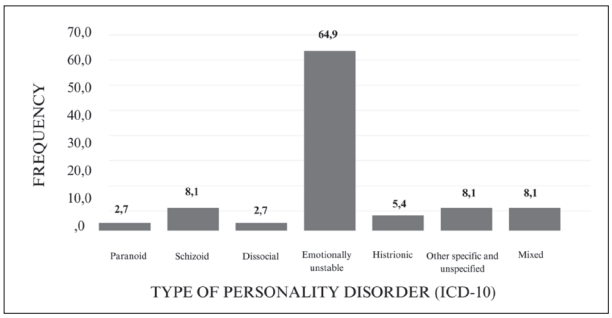

Figure 2. Types of personality disorders in perpetrators

DISCUSSION

The characteristics of our sample, in terms of sex, age, educational level, employment status, and previous criminal offences, are consistent with the literature. Previous research has described a male predominance in the population of killers, and this was confirmed by our finding that there were 85% of men in the study group [24]. The average age of the perpetrators in our sample was 37 ± 4.1, which is consistent with the literature describing murderers as young or middle-aged adults [25, 26]. High school education was the most common (45%) in our sample, followed by elementary school (41%), and university (14%). Statistical analysis showed that none of the educational categories were significantly more frequent in the investigated population. However, a study of homicide statistics between 1990 and 2005, from a range of countries similarly showed that homicide was more likely to decline in countries that invested more heavily in education [1]. Although some authors state that a lower educational level could be a factor contributing to aggression, our results do not indicate this association [27]. As many as 65% of the perpetrators in our study were unemployed at the time of the offence. The correlation between the prevalence of murders and unemployment is present in the literature, but we must emphasize that unemployment is also linked to mental disorders in general, which is why we cannot say that our results confirm this connection [27].

About a quarter of the sample (27%) had a close relative with a mental disorder. The most frequent diagnoses among perpetrators' relatives were alcoholism (68%), schizophrenia (12%), depression (8%), opiate dependence (4%), mental retardation (4%), and PD (4%). The significance of this result comes from the fact that previous research suggests that a family history of mental disorders is a significant independent risk factor for homicide [28].

It is well known that a history of violence is one of the most important predictors of future violence [29]. High rates of criminal recidivism are confirmed by our results, which show that 26% of the sample had been previously prosecuted, most frequently because of violent crimes (61%).

Almost one third of our sample (32%) was diagnosed and treated psychiatrically before committing a criminal act. This result must be taken seriously in the context of the prevention of crimes that may stem from untreated or inadequately treated mental disorders. In this context, it is important to mention the literature on the increased risk of homicides in mental disorders. Available evidence suggests that persons with serious forms of mental illness are 4–10 times more likely to commit homicide as compared to non-affected members of the general population [30].

The authors used the diagnostic category MDD which is frequently used in international research and Serbian practice, to explore the mental state of murderers to compare the presented results with the literature data. MMD includes psychotic disorders, mood disorders, and psychoactive substance use disorders, and excludes PDs and mental retardation [31].

Psychiatric forensic evaluation of our sample revealed that 25% of perpetrators had MMDs. We must emphasize that the literature data is inconsistent with regard to the frequency of mental disorders in the group of homicide perpetrators, and this percentage ranges from 10% to 91% [21, 31]. When we considered the distribution of individual MMDs in our study group, the most frequent was alcohol use disorder (10%), followed by psychosis (9%) and opioid use disorder (5%). Literature suggests that between 4% and 6.5% of homicide perpetrators suffer from psychotic disorders, mainly schizophrenia [32]. In this context, it has been reported that as many as 5.2% of extremely violent acts are committed by psychiatric patients, most commonly with schizophrenia [11]. As the proportion of perpetrators with psychosis in our sample

is almost twice as high as that in the literature, and as many as 88% of perpetrators with psychosis have not been diagnosed prior to the offence, we must wonder about the quality of psychiatric screening and treatment programs in Serbia. We emphasize that untreated psychosis contributes to the risk of violence [11]. It must be noted that psychiatric comorbidity significantly increases the risk of aggression, and the most frequent co-morbid mental disorders are psychoactive substance use disorders [4, 9]. It is important to note that schizophrenia *per se* increases the risk of homicide ten times, while its comorbidity with the use of psychoactive substances increases this risk by as much as 17 times [8].

When we examined diagnoses that were not included in the category of MMDs (non-MMD diagnoses), 6% of our sample had mental retardation, while PD was present in 41% of all subjects. The most frequent type of PD was emotionally unstable (64.9%), followed by schizoid (8.1%), other-specific (8.1%), mixed (8.1%), histrionic (5.4%), dissocial (2.7%), and paranoid (2.7%). The frequency of PDs in our study group was significantly higher than that described in the literature, ranging from 13% to 24% in people convicted of a murder [32]. This result may indicate a lower threshold for diagnosing PD in our country, or that there is a higher incidence of murders resulting from impulsiveness as one of the characteristics of emotionally unstable PD. It is estimated that prisoners have PDs several times more frequently than the general population, indicating that this disorder is a risk factor for committing criminal offences [33]. This is also supported by the fact that aggression is a defining characteristic of borderline and antisocial PDs.

Exactly half of all perpetrators were under the influence of psychoactive substances at the time of the offence, most often alcohol (96%). This result is compatible with the results of similar research, where it is stated that 37–59% of men who committed offences were under the influence of psychoactive substances, most often alcohol [1].

The findings of the present research have to be interpreted with several limitations in mind. First, the sample sizes in this study are larger than in most previous clinical studies of homicide, but still insufficient to be generalized. Second, we obtained only data from a single center, thereby limiting general transferability. Finally, much of the information and the diagnostic assessment were based on the report of subjects who were interviewed after arrest in a pretrial evaluation, and these reports may have been biased by perceived self-interest.

CONCLUSION

We found that a significant number of perpetrators had mental disorders, suggesting that psychiatry could contribute to reducing the unacceptably high homicide rates.

The high overall incidence of mental disorders, as well as almost twice the incidence of psychoses and PDs in our sample when compared to the literature data, requires significant improvement in the existing health care system in Serbia because mental health strategies include identifying persons who are at high risk of aggression. This important task can be carried out by improving the recognition and treatment of mental disorders, especially in terms of secondary prevention, considering the high rates of criminal recidivism. Timely and adequate psychiatric treatment is a well-known factor in reducing crime rates in psychiatric patients. Improvement of the psychiatric care system in Serbia could be achieved through the reform of psychiatric services, which has already been suggested by experts and the state policy [34, 35]. This should include promotion of psychiatry in the community, person-centered care, as well as humanization and individualization of treatment which would contribute to bringing professionals closer to people with mental disorders, and thus, timely recognition and treatment of these patients.

Conflict of interest: None declared.

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Психијатријске карактеристике починилаца хомицида у Србији

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САЖЕТАК

Увод/Циљ Хомицид је као значајан друштвени проблем одувек привлачио пажњу криминологије, психијатрије, психологије и других сродних дисциплина.

Циљ овог истраживања био је да се утврде учесталост и врста менталних поремећаја код 94 извршиоца убиства или убиства у покушају.

Методе Аутори су извршили психијатријску евалуацију извршилаца кривичних дела на основу психијатријског интервјуа, психолошког тестирања и увида у доступну медицинску документацију.

Резултати Најзначајнији резултат овог истраживања је да постоји велики проценат починилаца насилних кривичних дела који задовољавају критеријуме за постављање дијагнозе менталног поремећаја (62%). Када смо из ове групе искључили особе са поремећајима личности, установили смо да су међу учиниоцима најагресивнијих кривичних дела најчешћи психотични поремећаји и ментални поремећаји настали због употребе алкохола (сваки по око 10%).

Закључак Резултати указују на значај раног дијагностиковања и третмана особа са менталним поремећајима у општој популацији, јер би то могло да доведе до редукције ризика од насилног понашања. Висока укупна инциденца менталних поремећаја у групи извршилаца убистава указује на потребу да се реформише психијатријска здравствена заштита у Србији. У прилог благовременом препознавању и лечењу менталних поремећаја, а самим тим и редукцији ризика од насилног понашања, потребно је унапредити концепт психијатрије у заједници који би допринео приближавању професионалаца особама са менталним поремећајима.

Кључне речи: хомицид; ментални поремећај; психоза; алкохолизам; поремећај личности