SOCIODEMOGRAPHIC AND PSYCHIATRIC CHARACTERISTICS AMONG HOMICIDE OFFENDERS IN SERBIA - THE PROVINCE OF VOJvodina (1996-2005)

Summary

Introduction. Recent studies have shown a growing correlation between violence and mental illness, but there is a higher risk of violent crimes only in certain cases of mental disorders. This study presents sociodemographic and psychiatric characteristics of homicide offenders in Serbia, in the Province of Vojvodina in a 10-year period (1996-2005). Material and Methods. The obtained data are based on performed forensic and psychiatric expert investigations of 154 homicide offenders in preceding period, considering sociodemographic data, personal history and current psychiatric status. Data were analyzed using the statistical John’s Macintosh program. Results. The male offenders were in the great majority (92%) as well as a low level of education (87%). A positive history of criminal acts was found in 24% of the subjects. Minority of subjects (21%) consumed alcohol on a daily basis. At the time of committing the crimes, 57% of homicide offenders were under the influence of alcohol, and just 2% of other psychoactive substances. Among the offenders who had previously received psychiatric treatment (31.2%), the most frequent diagnosis was alcohol addiction (25%) and anxiety disorders (22.9%). During the psychiatric examination 70.8% of the subjects were diagnosed with mental disorder: personality disorders (41%), alcohol addiction (84%), neurotic disorders (65%), schizophrenic psychosis (5.2%), affective disorders (3.2%), paranoid psychosis (2.6%), organic disorders (19%), psychoactive drug addiction (13%) and mental retardation (0.6%). Emotionally unstable personality disorder was dominant among personality disorders (55.6%). Diminished mental competency was established in 77.9% of subjects at the time of the homicide, being rather sever in most of them. All those diagnosed to have a psychotic disorder were mentally incompetent. Conclusion. Emotionally unstable disorders were the most common among the offenders who underwent forensic evaluation. A relatively low presence of psychiatric disorders imposes the need for de-stigmatization particularly of the patients suffering from major mental illnesses.

Key words: Homicide; Violence; Forensic Psychiatry; Mental Disorders; Personality Disorders; Psychotic Disorders; Socio-economic Factors; Crime; Alcoholism; Mental Competency

Sažetak

Uvod. Skorašnja istraživanja pokazuju sve veću povezanost između nasilja i duševnih oboljenja, ali je samo u određenim slučajevima mentalnih poremećaja prisutan povećani rizik za nasilne zločine. Ova studija predstavlja sociodemografske i psihijatrijske karakteristike počinilaca ubistva u Srbiji, tokom desetogodišnjeg perioda (1996–2005). Materijal i metode. Podaci su dobijeni na osnovu sudsko-psihijatrijskih veštačenja 154 izvršioca ubistva u navedenom periodu, uzimajući u obzir sociodemografske karakteristike, prethodnu psihijatrijsku istoriju i trenutni psihijatrijski status. Za analizu podataka korišćen je statistički program John’s Macintosh programe. Rezultati. Među počiniocima dominiraju muškarci (92,2%) i osobe niskog obrazovnog nivoa (87%). Nađeno je da je 24% ispitanika već vršilo krivična dela. Alkohol je svakodnevno konzumiralo 21,4% ispitanika. Tokom vršenja zločina ubistva, 57,1% počinilaca bilo je pod dejstvom alkohololola, a samo 2,6% pod dejstvom drugih psikoaktivnih supstancija. Među onima koji su već bili pod psihijatrijskim tretmanom (31,2%), najčešće dijagnoze su bile zastupljenosti od alkohola (25%) i anksioznih poremećaja (22,9%). Psihijatrijskim pregledom, mentalni poremećaj je dijagnostikovan kod 70,8% ispitanika: poremećaj ličnosti (41%), zavisnost od alkohola (8,4%), neurotski poremećaj (6,5%), shizofrene pizmue (5,2%), poremećaj raspoloženja (3,2%), paranoidna pizmaza (2,6%), organski poremećaj (1,9%), zavisnost od droga (1,3%) i mentalna retardacija (0,6%). Među poremećajima ličnosti dominiraju emocionalno-nestabilni (55,6%). Ustanovljeno je da je tokom ubistva kod 77,9% počinilaca bila smanjena uračunljivost, kod većine od njih bitno, a svi kod kojih je dijagnostikovan psihotični poremećaj su proglašeni neurakunljivim. Zaključak. Među počiniocima ubistva koji su sudsko-psihijatrijski veštačeni, najčešće su dijagnostikovani emocionalno nestabilni poremećaj ličnosti. Relativno manja zastupljenost psihotičnih poremećaja nameće potrebu za destigmatizacijom, posebno pacijenata koji boluju od teških duševnih oboljenja.

Ključne reči: ubistva; nasilje; forenzička psihijatrija; mentalni poremećaji; poremećaji ličnosti; psihotični poremećaji; socioekonomski faktori; kriminal; alkoholizam; psihička uračunljivost
Introduction

In addition to being the centre of attention in the field of criminology, forensic psychiatry and forensic psychology for decades, murder as the most serious criminal act also represents a phenomenon of wider social significance. According to the United Nations Office on Drugs and Crime (UNODC) data, 468,000 murders were committed in 2010, 5% of which in Europe [1].

In terms of psychology and psychiatry, murder is the result of a dynamic interactive relationship between the victim, perpetrator of the criminal act and a constellation of factors. Risk factors for committing violent crimes can roughly be divided into two groups: individual factors (biological, personal, sociodemographic, clinical) and environmental factors.

Although numerous risk factors have been registered, the link between mental disorders and homicide has been in the focus of attention for centuries. Regardless of the methodological limitations, studies have shown that there is a growing correlation between violence and mental illness in recent decades [2]. Results of the studies performed in 2004 indicate that over 90% of the homicide offenders have a psychiatric diagnosis, but that in certain cases of mental disorders there is a higher risk of violence and violent crimes [3].

Individuals suffering from schizophrenia, paranoid psychosis and manic depression are more prone to violence than individuals diagnosed with other mental disorders [4]. Results obtained in the retrospective study clearly show a tenfold higher probability of homicidal behaviour among individuals diagnosed with schizophrenia, regardless of gender [5], while another study has established that the risk of homicide among males is 6.5 times higher than in the general population [6]. Auditory hallucinations and persecutory delusions increase the risk of violent behaviour and can be connected to the motive for homicide [7].

Personality disorder is one of the most frequent diagnoses among those who commit homicide [8]. The prevalence of personality disorders in homicide is high and according to some studies it ranges between 34% [5] and 54% [3]. The most common types are antisocial, narcissistic and borderline personality disorders [9–11].

The authors have found a significant connection between homicide and alcohol consumption [12]. Recent studies have shown that alcohol abuse is a significant risk factor for homicide [13] and violence in general [14]. Not only does alcohol consumption lead to an increase in the number of homicides, but there is also a difference between alcohol-related and non-alcohol-related homicides [15–17].

Material and Methods

This retrospective study includes 154 homicides committed on the territory of the Province of Vojvodina, Serbia in the period between 1996 and 2005. The data were obtained from performed forensic and psychiatric expert investigations and divided into the following categories: sociodemographic data, personal history (including past psychiatric history, substance abuse history, past history of violence), and current psychiatric history (including diagnoses, alcohol or drug abuse preceding the offense). Data were analyzed using the statistical program John’s Macintosh program (JMP) (Perform basic analysis and graphing: Distribution analysis, use a bar chart to visualize the distribution of categorical variable, test probabilities (Pearson), H0 – there is no difference between the groups). The p-value below the significance level of 0.05 (alpha) indicated a statistical significance of the difference.

Results

The homicide offenders were predominantly male, with a statistically significant difference (142 out of 154, i.e. 92.2%). The female offenders were older than men, their respective average age being 41.4 and 35.8.

Out of 90 subjects (58.4%, that being more than a half of the total study sample of 154 offenders) who were not married, 69 (44.8%) had never been married, 18 (11.7%) were divorced and 3 (1.9%) were widowed.

More than half of the subjects had no children (51.9%, n=80/154) or employment (59%, n=91/154), and their level of education was low (87%, n=134/154).

A positive history of criminal acts was found only in one-fourth of the subjects (Graph 1), most of which were theft crimes (41%, n=15/37), while only 5 subjects committed violent crimes. Before they committed homicide, 16 offenders had received a jail sentence.

With regard to alcohol use, slightly less than half of the subjects consumed alcohol occasionally (48%, n=74/154), while slightly more than one fifth of them consumed alcohol on a daily basis (Graph 2).

At the time of committing the crimes, more than a half of offenders were under the influence of alcohol (57%, n=88/154), advanced intoxication having been determined in two thirds of them (Graph 3). The great majority of subjects (97.4%, n=150/154) were not under the influence of other psychoactive substances at the time of committing the crimes.

As for the previous psychiatric diagnoses and treatment, the results show that the majority of the subjects never received psychiatric treatment (68%, n=104/154). Upon examining homicide offenders who did undergo psychiatric treatment, it was de-
during the psychiatric examination performed for the purpose of forensic expertise, significant majority of subjects were diagnosed with mental disorder (71%, n=109/154). Graph 5 gives the categories of mental disorders among the diagnosed subjects, showing that personality disorders were dominant, followed by alcohol addiction, neurotic disorders, schizophrenic psychosis, affective disorders, paranoid psychosis, organic disorders, psychoactive drug addiction and mental retardation.

Graph 1. Positive history of criminal activity

Graph 2. Consumed alcohol on a daily basis

Graph 3. Level of intoxication in group of offenders who were under the influence of alcohol

terminated that the most frequent diagnoses were alcohol addiction and anxiety disorders (Graph 4)
In the group diagnosed with personality disorders, emotionally unstable personality disorder was dominant, with both its types, impulsive (38%, n=24/63) and borderline one (17.5%, n=11/63).

With regard to the assessment of mental competency at the time of the homicide, diminished mental competency was established in most subjects. All subjects diagnosed with a psychotic disorder were mentally incompetent (Graph 6).

Discussion

Bearing in mind the ten-year length of study as well as its specific objective to establish psychiatric characteristics of homicide offenders, it can be said that this is a unique study performed so far on the territory of this region of Serbia. The results of the study contribute to the de-stigmatization of major mental illnesses. The greatest drawback of this study is that data were collected retrospectively, which implies a potential lack of certain information.

We would like to point out our reasoning for the study sample, particularly regarding the time frame (1996-2005). This period in the social circumstances in Serbia and the Balkans had considerable impact on the characteristics of homicide. Namely, the world forensic literature pays special attention to the factors that characterize homicide as predominantly rational as opposed to predominantly affective. In their daily professional work at the Department of Psychiatry in the field of psychiatric expertise of homicide offenses the authors have noticed that the number of homicide has shifted towards predominantly rational homicide in the period of study design.

From the sociodemographic aspect, homicide offenders appeared most likely to be single males, with low level of education, their average age being 36. Compared to studies on homicide published in international literature, the results were similar for half of the homicide offenders – the majority of homicides were committed by subjects of the male gender, while cases of female offenders ranged from 10% to 15%.

Studies have shown the existence of specific circumstances in cases of domestic violence in which the women were the victims [18, 19]. Another distinct characteristic is the fact that women commit infanticide more often than men [20, 21].

In comparison with the results of other studies, in which younger homicide offenders are dominant, the male homicide offenders are older on average in our sample, while the average age of women does not differ from other studies. This may be due to cultural differences and changes in the age structure of homicide offenders over time, which has been contemplated by other authors as well [22, 23].

With regard to the history of violence and previously committed crimes, we came to an unexpected result: in majority of the cases violent crimes had not been registered, nor was there any information on prior aggressive behaviour. Such a result implies that predicting the risk of future dangerousness is complex in spite of the fact that the history of violence and criminal history have been identified as risk factors of violent crimes and are represented in most assessments of violent behaviour [24, 25].

Over half of this study sample subjects were under the influence of alcohol at the time of the homicide, which is in accordance with the results of other studies [26–29]. In this study, only a small number of subjects were under the influence of psychoactive substances at the time of homicide, which can be explained by the fact that drug abuse was significantly lower in this region of Serbia in the period covered by this study compared to the period that followed.

The obtained results indicate that only a small number of individuals diagnosed with psychotic disorders are prone to homicidal behaviour. Based on psychiatric testimonies, which are included in this study, it was determined that all homicide offenders diagnosed with psychotic disorders were mentally incompetent with regard to the criminal act. Criminal law of the Republic of Serbia declares mental incompetency when an individual is not able to grasp the significance of his/her act.

![Graph 6. Assessment of mental competency at the time of homicide](image-url)
Most individuals with personality disorders or could not control his/her actions due to mental illness, temporary mental disorders, mental retardation or other more serious mental disorders, and such individuals are not subject to penal measures but rather medical measures of safety [35].

Compared to the small number of homicide offenders with psychotic disorders, the number of diagnosed personality disorders is significantly high. Although many studies have proved a correlation between personality disorders and violent crimes [36], the following must also be taken into consideration when evaluating the risk of future dangerousness:

- Most individuals with personality disorders are not prone to violence
- Abnormal personalities are more propitious victims than delinquents
- No personality disorder is necessarily associated with violent behaviour permanently
- From a dynamic and motivational position, personality disorder alone cannot explain violent behaviour [37].

In this study, based on types of personality disorder (PD) according to the International Statistical Classification of Diseases and Related Health Problems (ICD 10) [38], the most common PD is the emotionally unstable personality disorder, the impulsive type being more common than the borderline one. Characteristics like impulsiveness, tendency towards unpredictable behaviour, poor self-control, strong tendency towards conflict and outbursts lead these individuals to violent behaviour.

Dissocial personality disorder (ICD 10) takes the third place in our study sample subjects. Violent behaviour associated with this PD is characterized by its early, stable, versatile onset (applied in different contexts) and frequency within the group. This group is characterized by low empathy, intolerance to frustration, irresponsibility and disregard for authority, disregard for social norms of behaviour, inability to experience guilt and tendency towards blaming others.

The difference between homicide offenders with PD and homicide offenders with psychotic disorders is reflected in the fact that psychotic homicide offenders can be reincorporated into society once they begin taking medication and cease to be a threat to others, while this is not the case with PD, especially in individuals with marked psychopathy, because enduring maladaptive patterns of behaviour, cognition and emotion are to be dealt with in PD.

In addition to using risk assessment to predict aggressive behaviour and dangerousness, which is only a supplementary means, a thorough psychological and psychiatric forensic assessment is necessary in order to prevent recurrence.

**Conclusion**

This study shows predominant sociodemographic characteristics of homicide offenders: male gender, lower levels of education, single marital status, while younger age and earlier history of violent behaviour have not been substantiated. With regard to psychiatric disorders in cases of homicide offenders who underwent forensic evaluation, emotionally unstable disorders were the most common. A relatively low presence of psychotic disorders implies the need for de-stigmatization of those patients suffering from major mental illnesses. Stigmatization of psychotic patients in this context is the result of the way the homicides were executed, in other words, due to elements of bizarreness, unexpectedness and impulsivity, all of which arouse reactions such as lack of understanding and fear felt by the society.

**References**