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Homicidal Behavior and Schizophrenia in Albania

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Abstract: ***The generation of interpersonal violence is an interactive process of the perpetrator and victim, relevant to the surrounding people and the environment. The course and the outcome of violent behavior from schizophrenia may vary depending on the type of victim, which may elicit different social impacts. Compared to clinical management of the mentally ill (eg. risk assessment, improved treatment), the relatively rare and unpredictable violence among psychiatric patients are more likely to raise public concerns and increase the stigma of the patients. Cases of injury or murder among strangers in public places tend to raise public awareness and panic. Previous studies have also documented several forms of victimization. The investigation of homicide cases has shown that the mentally ill are less likely to attack strangers. In contrast, families and friends of individuals with mental disorders face the most significant risk of harm. Patients with severe mental disorders like schizophrenia commit half of the violent acts directly on family members.***

Keywords: skizophrenia, homicide, victim, acquaintances, relatives

1. Introduction

Schizophrenia is a severe mental disorder (1), which the public often related to violent behavior (2) and several studies have shown that schizophrenia increases the risk of violent behavior (3). Previous studies have focused on the clinical and criminological characteristics of schizophrenia patients committing violent acts, most of whose control groups were healthy people or patients without violent behavior. Few studies have sought to compare the characteristics of schizophrenic patients who commit interpersonal violence with different victim types. The generation of interpersonal violence is an interactive process of the perpetrator and victim, relevant to the surrounding people and the environment. The course and the outcome of violent behavior from schizophrenia may vary depending on the type of victim, which may elicit different social impacts. Compared to clinical management of the mentally ill (eg. risk assessment, improved treatment), the relatively rare and unpredictable violence among psychiatric patients are more likely to raise public concerns and increase the stigma of the patients (4).

Cases of injury or murder among strangers in public places tend to raise public awareness and panic. Previous studies have also documented several forms of victimization. The investigation of homicide cases has shown that the mentally ill are less likely to attack strangers (5). In contrast, families and friends of individuals with mental disorders face the most significant risk of harm. Patients with severe mental disorders like schizophrenia commit half of the violent acts directly on family members. A Japanese study showed that 34.8% of family members of schizophrenia patients had experienced physical violence from the patient (6). According to a meta - analysis, at least 40% of relatives of mental disordered people were injured by the patients. Schizophrenia has a stronger association with homicide than other diagnoses of mental disorders. Among patients with mental disorders who have murdered relatives, more than 50% were schizophrenia patients (7). Concerning the injury severity, relatives of people with mental disorders had a higher probability of suffering severe or fatal violence. Psychiatric criminals have a higher propensity to commit crimes alone, in public, and against strangers than nonpsychiatric criminals.

2. Material and methods

This retrospective study conducted at Institute of Forensic Medicine in Albania used a framework of forensic psychiatry sample, with the required law enforcement agencies providing the necessary information for the assessment, including demographic information, medical records, and the files of criminals. The data from their forensic psychiatric assessment and the files of criminals contain demographic, gender, ethnicity, year of birth, education level, marital status, place of residence, employment history, living situation, family history of mental illness, and drug abuse. We collected the data of criminological characteristics, the location of the interpersonal violence, the gender and relationship of the victims, the tools used, and the patients' criminal history.

3. Results and Discussion

In study participated 104 patients diagnosed with schizophrenia, 9.6% females and 90.4 males with a mean age 47 (±12.1) years with a range 23 - 81 years. Socio - demographic and behavior characteristics of participants are shown in table 1. The majority of patients (95.2%) had caused one victim, 3.8% caused two victims and only one (1%) patient caused 3 victims. In our study, the highest percentage of victims was acquaintances (44.2%), followed by relatives (40.4%) and strangers (21.2%). The proportion of relatives was lower than that reported in two previous studies, whereas the rate of relatives was 69.4% and 43.1%, respectively (8, 9), while higher than that of a study in Sweden with 13% (8), and comparable to Morgan with 33.3% (9, 10). Different characteristic of offenders may result in the difference of victim targets. Some relatives of the schizophrenic patients may consider violence as an inevitable consequence of the disorder and tolerate the patient's violent behavior (11, 12). Generally, the victims would not report to the police unless being severely injured.

Experts proposed in 1980s that individuals having schizophrenia and psychotic disorder diagnoses do not have high risks of violence (1). However, afterpublication of several studies in the last 20 years, this view started to change and presence of a medium - sized correlation has been being discussed (13).

It was proposed that individuals diagnosed with schizophrenia have tendency to violent behaviour but this opinion is still under debate. It was reported that prevalence of individuals with schizophrenia who committed murder among all murder cases is higher than prevalence of schizophrenia in general population. Prevalence of committing murder may vary among countries. For example, rate of murder cases in England and Wales are relatively lower than United States of America (USA): this rate is 1.8/100, 000 in England and Wales but 5.5 in USA. In a 3 - year follow - up study, among 1594 people who committed murder, 85 (5%) were found to get diagnosis of schizophrenia (14).

These rates raise the question of which characteristics of people with schizophrenia who committed murder differ from other people with schizophrenia. There are some studies about socio - demographic and clinical characteristics of these individuals and identities of their victims. This gives valuable information about these individuals who tend to behave violently and commit murder. However, it is still difficult to form a specific group and determine risk factors. Male gender, paranoid sub - type, low socio - economic status, alcohol abuse, substance abuse, non - compliance with medical treatment, presence of active delusions during murder and presence of antisocial personality are among risk factors. In a study which patients without criminal liability were evaluated in USA, Canada and Japan, socio - demographic characteristics of patients were found similar. In this study, all patients including some without schizophrenia were found to be between 20 and 29 years old, male, single, unemployed, had low educational level, committed violent crimes, having severe psychiatric disturbances and had both criminal and psychiatric history. (15). In a study done in Turkey, 898 patients admitted through legal channels were evaluated retrospectively, and it was found that, similar to previous studies, mostly 21 - 30 age group committed crime and 67% out of 840 male patients committed crime previously as well. In general, violent behavior tendency of patients with schizophrenia has been subject to debate and an unclarified issue. Prevalence of individuals with schizophrenia among murderers were reported to be higher than prevalence of schizophrenia among general public (16). In a three - year follow - up study, 85 out of 1594 people who committed suicide (5%) were found to have schizophrenia diagnosis (17). This statistical data suggests that this is a public health issue. Similar findings remind a few questions: “What are the differences between individuals with schizophrenia having tendency to violence or further committing murder and other individuals with schizophrenia? In addition to this, which factors affect risk of committing murder? By determining these risky individuals, is it possible to prevent violent acts which may reach to committing murder?”

General and clinical characteristics mentioned above indicate that a risk group can be identified. Factors such as male gender, low socio - economical status, being unemployed, not admitted to a psychiatry clinic despite psychotic symptoms, having antisocial personality traits, exacerbation in acute psychotic symptoms, presence of alcohol and substance abuse, previous violent acts, pre - defined paranoid sub - type, non - compliance with antipsychotic treatment, frequent hospitalizations and presence of suicidal ideas direct patients towards violence and subsequent murders. Non - compliance with treatment are thought to have serious relations with violent behaviors in patients with schizophrenia. It was proposed that substance abuse accompanying treatment non - compliance may increase risk of violence. Fazel et al. (18) found in their meta analysis that a great portion of risk of committing murder in patients with schizophrenia was due to substance abuse present in these patients. Moreover, it was stated that risk of committing violent act of these patients who have comorbid substance abuse is similar to patients with substance abuse but without psychosis. Actually these findings indicate that preventive programs focusing on substance abuse may be effective in reducing violent acts in these cases.

Another meta - analysis showed that 38.5% of all homicides were at the first psychotic episode and just before treatment started. Because homicide risk at that period is 15.5 times higher than post - treatment, early treatment of the first episode may prevent some of the murder attempts.

In another study, it was found that 86% of schizophrenia patients having murderous ideas have suicidal ideas as well (19). In another study, 55% of treatment - resistant and hostile schizophrenia patients found to have suicidal ideas. In this context, suicidal ideas in patients with schizophrenia may be perceived as predictors of hostile behavior. However, data in this field is inadequate. It will be difficult to make generalizations. After examining 39 cases under psychosis during homicidal act, it was found that 10.2% of acts were dueto errors of therapists or legal authorities and 15.4% were found to be able to be prevented by close communication of therapist and family members. In this study, it was concluded that all family members should get involved in the treatment and threats of psychotic patients should be taken into consideration (20). Family members can also be targets of schizophrenia patients having that risk. Patients with schizophrenia who are married and carry risk potential may particularly target their spouses. It was detected that violent act is generally directed towards a family member or someone close (21). At least, relatives of risky individuals should be warned and be reminded that treatments of these patients should be handled with care. Current data indicate that clozapine is the most rational treatment option to prevent violent behaviors in schizophrenia patients. Although not adequate, highest amount of data for the prevention of violent behaviors and aggression are from studies done with clozapine.

It is possible to predict violent acts which may result in murder. It should be kept in mind that a special group with schizophrenia has more risk factors. Substance abuse is an important and foremost risk factor. Other risk factors should

also not be undervalued. Closefollow - up of patients with schizophrenia and actively organizing their treatment are among preventive measures. Otherwise, it will be inevitable to overlook these patients and have unpleasant consequences. However, it should be known that not all patients diagnosed as schizophrenia are prone to violence but a special group has the severe hostility potential which may conclude with death. Unnecessary and exaggerated agenda may stigmatize all patients. Everybody should be extremely careful when discussing these issues.

4. Conclusion

In the interpersonal violence cases committed by schizophrenia patients, the victim type correlates with demographic characteristics of offenders such as living situation, age, and employment status, but not with the psychiatric symptoms. Acquaintances and relatives are more likely to be injured by schizophrenic patients, Co - residents, caregivers and relatives were more vulnerable to suffer severe violence, especially the females. It is essential to establish a guardianship system for patients with schizophrenia to improve caregiver awareness of the disease and risk management methods.

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Table 1: Socio - demographic and behavior characteristics of participants

Variables	N	%
Gender		
Female	10	9.6
Male	94	90.4
Age, M SD	47 (±12.1)	23 - 81
Civil status		
Single	67	64.4
Divorced	7	6.7
Married	30	28.8
Education level		
No education	2	1.9
Elementary	67	64.4
High	33	31.7
University	2	1.9
Economic level		
Low	73	70.2
Middle	29	27.9
High	2	1.9

Age of schizophrenia onset M, (SD)	24	±4.9
Time from onset to homicide, M, (SD)	10.1	±9.5
Suicidal behaviour		
No	92	88.5
Yes	12	11.5
Self - harming behaviour		
No	58	55.8
Yes	46	44.2
History of violence in family		
No	31	29.8
Yes	73	70.2
Alcohool use		
No	72	69.2
Yes	32	30.8
Drug use		
No	93	89.4
Yes	11	10.6