

Psychosis and Homicide: A Forensic Study of Individuals with Schizophrenia (Experience of the University Psychiatric Hospital Arrazi Sale)

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Abstract

Original Research Article

Objective: This study aims to analyze the sociodemographic, clinical, and criminological characteristics of patients with schizophrenia who commit homicide, providing insights into critical risk factors and informing future interventions.

Methods: We examined a sample of patients with schizophrenia who committed homicide, assessing variables such as age, gender, marital status, education level, psychiatric history, substance abuse, clinical characteristics, and details of the homicide act. **Results:** The majority of patients were male (85%), over 30 years old (70%), and single (65%), with a lower level of education (75%). A high prevalence of psychiatric history (85%) and substance abuse (70%) was observed. Delusions of persecution were present in 65% of the patients at the time of the act. Most homicides involved weapons (40%) or physical force (30%), with family members or acquaintances being the most frequent victims (90%).

Conclusion: The findings underscore the importance of integrated treatment approaches addressing both psychiatric symptoms and substance abuse. Targeted interventions for managing close personal relationships are crucial in preventing homicidal behavior in patients with schizophrenia. Future research should focus on developing standardized risk assessment procedures and exploring long-term outcomes of comprehensive care strategies to enhance public safety.

Keywords: Homicide, Schizophrenia, Violence.

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INTRODUCTION

Schizophrenia is a serious psychiatric illness that affects approximately 1% of the population worldwide. It involves emotional, cognitive, and behavioral symptoms that are often difficult to treat [1].

The existence of a positive correlation between mental disorders and dangerousness has been found in numerous studies using various methodologies

Patients with severe mental illness, including schizophrenia, can be violent against themselves or others, all Western countries have put in place legislative measures for the protection of patients and the public [1].

In developed countries, mental disorders are responsible for 0.16 homicides per 100,000 inhabitants per 100,000 population, or one in 20 of all homicides. Thus, most authors agree that authors agree that the prevalence of violent acts committed by patients with psychiatric disorders with psychiatric disorders is higher than in the general population [2].

Indeed, in daily psychiatric practice, the subject being evaluated remains unique, and the clinician must

make a balanced judgment, taking into account the variability of the factors involved. This evaluation implies on the other hand a rigorous, systematic, and non-dogmatic clinical attitude.

A better knowledge of the risk factors for violent acts in mental disorders is thus necessary for the development of therapeutic and preventive strategies. preventive strategies.

The present study, carried out in Ar-razi Hospital in Salé, has the following objectives: To elaborate a sociodemographic, clinical and criminological profile of patients with schizophrenia who committed medicolegal acts. And also, to determine the predictive factors of the dangerousness and to elaborate the preventive means of violent acts by patients with schizophrenia.

CLINICAL STUDY

MATERIALS AND METHODS

A retrospective study was conducted on 13 patients diagnosed with psychotic disorder, all of whom were involuntarily hospitalized in the medicolegal department at Razi. Data were collected using a

standardized operation sheet encompassing the following elements:

- A. Sociodemographic characteristics of the patients.
- B. Personal and family medical histories, with particular emphasis on criminal and legal backgrounds.
- C. Semiological characteristics of the illness, including diagnosis, duration of psychiatric commitment, and details of therapeutic management.
- D. Characteristics of the forensic evaluation.

RESULTS

1-Sociodemographic characteristics:

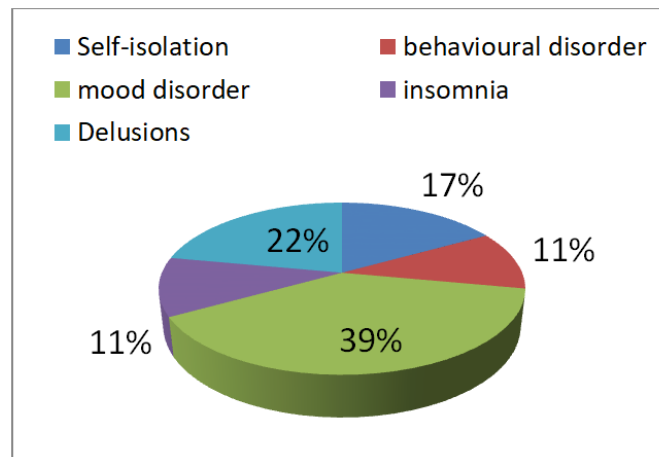
70% (n= 9) are over 30 years old.
85 % (n=11) are males
69% (n=8) are single
76% (n=10) have a high school education or less

2-Medical history:

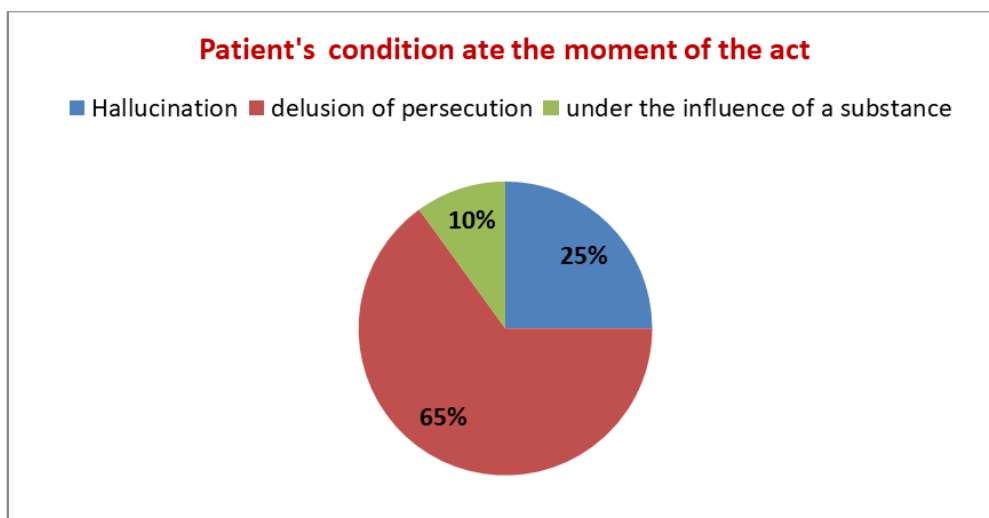
	Yes	No
Psychiatric history	85%	15%
Previous judicial history	60%	40%
Addictive behaviour	70%	30%
Psychiatric Familial history	10%	90%

3-The clinical characteristics of the study population:

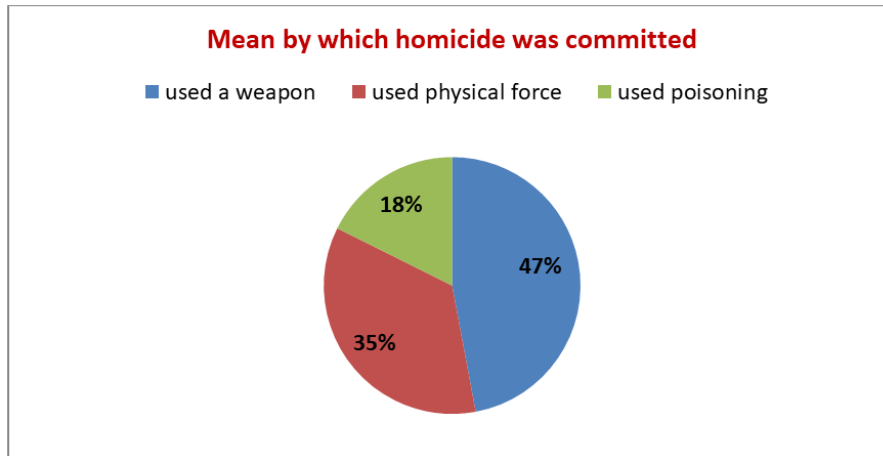
- Onset symptoms:



➤ Average age of symptom onset	26 years old
➤ Duration of the disease progression	15 years.
➤ Insight	Positive verbal insight: 60% Negative: 40%



4. Characteristics of the Homicide Act



Relationship with the Victim

- **60% (n=8)** of the victims were family members of the patient. This includes parents, siblings, or close relatives. The familial connection often plays a significant role in the dynamics leading to the homicide, as patients may act out due to perceived threats or delusions involving their close family.
- **30% (n=4)** of the victims were acquaintances or friends of the patient. These homicides are

often driven by personal conflicts or misunderstandings exacerbated by the patient's mental state.

- **10% (n=1)** of the victims were strangers. While less common, these cases typically involve a random or impulsive act of violence without a prior relationship between the patient and the victim.

Current awareness of the committed act	92,30% of the study population is currently aware of the act.
Legal consequences:	100% Irresponsibility + psychiatric commitment

DISCUSSION

The sociodemographic, clinical, and criminological characteristics of patients with schizophrenia who commit homicide reveal significant insights when compared with existing literature. This section will discuss our findings in relation to other prevalence studies, highlighting the unique attributes of our study population.

Sociodemographic Characteristics

Our study found that 70% of the patients were over 30 years old, and 85% were male. These findings are consistent with the broader literature, including studies by Swanson *et al.*, (1990) and Teplin (1990), which also reported a higher prevalence of violence among older and male psychotic patients [3, 4] For instance, Swanson *et al.*, found that men are more likely to exhibit violent behavior compared to women, and Teplin highlighted a higher prevalence of schizophrenia among incarcerated men compared to the general population. Additionally, Richard-Devantoy *et al.*, (2009) observed that schizophrenic murderers often had specific socio-professional statuses, often being single, without children, and unemployed. This aligns with our findings where 65% of the patients were single and 75% had a high school education or less [3]. The socio-professional instability is a recurring theme in the

literature, indicating a link between social marginalization and the likelihood of committing homicide.

Furthermore, the article by Zhang *et al.*, (2015) discusses the variations in the rules and regulations for involuntary admission and treatment of patients with mental disorders across different countries. The article highlights how cultural, traditional, economic, and human resources differences affect the criteria and procedures for involuntary admission, which might influence the sociodemographic profile of patients subjected to such measures [5]. This context is crucial in understanding the background of patients who end up committing homicide, as many may have been subjected to involuntary treatment due to their severe mental disorders and potential danger to themselves or others.

Medical History

The high prevalence of psychiatric history (85%) and substance abuse (70%) in our study is in line with the findings of Swanson *et al.*, (1990), who reported that substance abuse significantly increases the prevalence of violence. Richard-Devantoy *et al.*, (2009) also noted that schizophrenic murderers often had previous psychiatric follow-ups and histories of substance abuse, which were more frequent compared to

murderers without mental disorders [4]. Furthermore, Whiting *et al.*, (2021) emphasize that the presence of comorbid substance misuse exacerbates the risk of violent behavior in individuals with schizophrenia spectrum disorders [6].

Additionally, the Doppelgänger phenomenon discussed by Barbieri *et al.*, (2022) presents an extreme case of delusional misidentification, leading to violent outcomes. This case underscores the complex interplay of psychiatric symptoms, such as hallucinations and delusions, in driving violent behavior [3].

The article by Zhang *et al.*, (2015) also highlights that involuntary admission and treatment are often necessary measures to protect patients and society, but they remain controversial due to ethical and legal issues surrounding personal liberty and patient rights. This is particularly relevant for patients with severe psychiatric histories who may not have the capacity to consent to treatment, thus necessitating involuntary measures [5].

Clinical Characteristics

The average age of symptom onset at 26 years and the duration of disease progression of 15 years in our study correspond with typical patterns observed in schizophrenia. Insight into their condition, present in 60% of patients, did not necessarily prevent violent behavior. This observation is supported by Asnis *et al.*, (1997) [6], where a significant portion of patients with homicidal ideation also had histories of homicide attempts [4].

Richard-Devantoy *et al.*, (2009) highlighted that 86% of schizophrenic murderers exhibited delusional psychopathology at the time of the act, with themes such as persecution, mysticism, and megalomania being predominant. This is consistent with our findings where 65% experienced delusions of persecution, underscoring the role of psychotic symptoms in the commission of homicides [3]. Furthermore, the study by Whiting *et al.*, (2021) Psychiatry emphasizes that individuals with schizophrenia spectrum disorders are at a higher risk of violent behavior, particularly when comorbid with substance misuse [4].

The experience with legally mandated treatment in various countries, as detailed by Skeem *et al.*, [7] suggests that such measures, although controversial, can be effective in managing patients with severe mental illnesses who pose a risk to themselves and others. This supports the necessity of clinical interventions for patients with significant psychopathology to prevent violent outcomes [8].

Characteristics of the Homicide Act

In our study, the use of weapons (40%) and physical force (30%) were common methods of

committing homicide. This diversity in methods is reflected in Richard-Devantoy *et al.*, (2009), where firearms, knives, and blunt force were frequently used. The predominance of family members and acquaintances as victims (60% and 30%, respectively) in our study highlights the role of close personal relationships in these acts. Richard-Devantoy *et al.* noted that 86% of victims were known to the schizophrenic murderers, with a significant portion being family members [3, 9].

Additionally, the case reported by Barbieri *et al.*, (2022) highlights the extreme case of the Doppelgänger phenomenon, where the perpetrator's delusional misidentification led to the homicide of an individual perceived as their double. This case underscores the complexity of psychotic delusions and their potential to trigger violent acts [3].

Implications for Clinical Practice and Policy

Given the high prevalence of substance abuse and the significant role of delusions and hallucinations in driving violent behavior, it is imperative to develop targeted interventions that address these specific risk factors. Integrated treatment approaches that combine psychiatric care with substance abuse programs could potentially reduce the risk of homicidal behavior in patients with schizophrenia.

Furthermore, early identification and management of psychotic symptoms, especially in individuals with a history of violence or substance abuse, are crucial. Regular monitoring and comprehensive care plans tailored to the individual needs of patients can help mitigate the risk of violent behavior.

Future Research Directions

Future research should focus on longitudinal studies to understand the long-term outcomes of interventions aimed at reducing violent behavior in psychotic patients. Additionally, more research is needed to explore the impact of various psychosocial factors, such as social support networks and employment status, on the risk of homicidal behavior.

Moreover, investigating the role of comorbid conditions, such as anxiety and mood disorders, in exacerbating violent tendencies can provide deeper insights into effective prevention strategies. Studies should also examine the potential benefits of early intervention programs in reducing the incidence of violence among individuals with schizophrenia spectrum disorders.

CONCLUSION

This study highlights that the majority of patients with schizophrenia who commit homicide are male, over 30 years old, and often single with a lower level of education. The high prevalence of psychiatric history and substance abuse among these individuals

underscores critical risk factors for violent behavior. Our findings emphasize the importance of integrated treatment approaches that address both psychiatric symptoms and substance abuse, as well as targeted interventions for managing close personal relationships. Future research should focus on developing standardized risk assessment procedures and exploring the long-term outcomes of comprehensive care strategies to prevent violent incidents in this vulnerable population.

REFERENCES

- Lam, A. A., Penney, S. R., & Simpson, A. I. (2020). A review of the prevalence of psychosis in sexual homicide. *The journal of the American Academy of Psychiatry and the Law*, 48(1), 56-64. doi: 10.29158/JAAPL.003887-20.
- Nielsen, O., Lyons, G., Oldfield, K., Johnson, A., Dean, K., & Large, M. (2022). Rates of homicide and homicide associated with severe mental illness in NSW between 1993 and 2016. *Australian & New Zealand Journal of Psychiatry*, 56(7), 836-843. doi: 10.1177/00048674211040016.
- Barbieri, C., Rocca, G., Bosco, C., Tattoli, L., Grattagliano, I., & Di Vella, G. (2022). The Doppelgänger phenomenon and death: a peculiar case of homicide by a subject with first-episode psychosis. *Forensic sciences research*, 7(4), 798-802. doi: 10.1080/20961790.2022.2055827.
- Whiting, D., Gulati, G., Geddes, J. R., & Fazel, S. (2022). Association of schizophrenia spectrum disorders and violence perpetration in adults and adolescents from 15 countries: a systematic review and meta-analysis. *JAMA psychiatry*, 79(2), 120-132. doi: 10.1001/jamapsychiatry.2021.3721.
- Zhang, S., Mellsop, G., Brink, J., & Wang, X. (2015). Involuntary admission and treatment of patients with mental disorder. *Neuroscience bulletin*, 31(1), 99-112. doi: 10.1007/s12264-014-1493-5.
- Asnis, G. M., Kaplan, M. L., Hundorfean, G., & Saeed, W. (1997). Violence and homicidal behaviors in psychiatric disorders. *Psychiatric Clinics of North America*, 20(2), 405-425. doi: 10.1016/s0193-953x(05)70320-8.
- Plahouras, J. E., Mehta, S., Buchman, D. Z., Foussias, G., Daskalakis, Z. J., & Blumberger, D. M. (2020). Experiences with legally mandated treatment in patients with schizophrenia: A systematic review of qualitative studies. *European Psychiatry*, 63(1), e39. doi: 10.1192/j.eurpsy.2020.37.
- Yeo, D. C. K., Poremski, D., & Koh, K. (2020). Migration psychosis and homicide in Singapore: An 8-year update. *Psychiatry & Clinical Neurosciences*, 74(1), 84-85, janv. 2020, doi: 10.1111/pcn.12948.
- Richard-Devantoy, S., Chocard, A. S., Bouyer-Richard, A. I., Duflot, J. P., Lhuillier, J. P., Gohier, B., & Garré, J. B. (2008). Homicide et psychose: particularités criminologiques des schizophrènes, des paranoïaques et des mélancoliques: À propos de 27 expertises. *L'Encéphale*, 34(4), 322-329. doi: 10.1016/j.encep.2007.06.006.
- Junginger, J. (1996). Psychosis and violence: the case for a content analysis of psychotic experience. *Schizophrenia bulletin*, 22(1), 91-103.
- Björkly, S. (2002). Psychotic symptoms and violence toward others—a literature review of some preliminary findings: Part 1. Delusions. *Aggression and violent behavior*, 7(6), 617-631.