



An Investigation on Behavioral Pattern of Homicide in People with Psychotic Disorders, People with Personality Disorders and People without any Mental Disorders

Saberi Seyed Mehdi¹, Gharehdaghi Jaber¹, Ahmadi Armindokht¹, Masafi Saideh² and Rezaei Omid^{3*}

¹Legal medicine research center, Legal medicine organization, Tehran, Iran

²Department of psychology, Kish International Branch, Islamic Azad University, Kish, IRAN

³Department of Psychiatry, University of Social Welfare & Rehabilitation Sciences, Tehran, IRAN

Available online at: www.isca.in, www.isca.me

Received 26th November 2013, revised 9th January 2014, accepted 6th March 2014

Abstract

Homicide is the act of a human killing another human. It is not always a punishable act under criminal law, and is different to murder from a formal legal point of view. The mental state of the perpetrator of these crimes differs from that of one who commits murder. The purpose of this study is to reach a criminal behavior pattern in three dimensions (i.e. motivation, criminal act, and behavior after the crime) which can solve some problems in process of judicial judgments and precise decision making. This research is a cross-sectional survey on a statistical society of all the people who have committed human killing since 2001 through 2009 and have been referred to Tehran Legal Medicine center to be observed by psychiatrists. Sampling method is targeted in which 230 people were selected randomly. Required information was collected through related documents archive. Statistical tests of χ^2 , data was analyzed and in terms of previous motivations, no significant difference was seen ($p < 0.05$, $\chi^2 = 1.75$). In terms of lethal weapons, a significant difference was seen ($p < 0.05$, $\chi^2 = 6.156$). Also, in terms of the behavior after crime, some significant differences were seen in the groups ($p < 0.05$, $\chi^2 = 21.775$). Every 3 groups of people with psychotic disorders, persons with personality disorders, and healthy ones have committed homicide with previous motivation. In terms of lethal tools, health ones often use lethal weapons to do homicide; and in terms of the behavior after crime, the psychotics mostly have unusual behaviors and do not leave the crime location.

Keywords: Behavioral pattern, homicide, psychotic disorders, personality disorders.

Introduction

One of the problems of mental health system and judiciary systems in all the nations is committing the crimes by psychopaths¹. In U.S. about 1,000 homicides are committed by the people with deep mental disorders². There are two major mental disorders groups as psychotic disorders and personality disorders. In Psychiatry, Psychotic disorders are mental disorders in which the personality is seriously engaged with illusion, delirium, and bizarre and disturbing behaviors which are considered in DSM-IV-TR classification of diagnostic axis I. Personality disorders are a class of personality types and enduring behaviors associated with significant distress or disability, which appear to deviate from social expectations particularly in relating to other humans and are included as mental disorders on Axis II of the Diagnostic manual of the American Psychiatric Association. Lack of obvious mental disorder refers to persons who, after diagnostic assessments performed, do not have quite criteria for a type of mental disorders described in diagnostic axes I and II³. Death penalties are different on people with mental disorders and without such disorders, and judge sentences according to personal mental health which have committed homicide⁴. Detecting mental disorders on accused person are done by psychiatrists through

getting biography and performing interviews. But, there are some evidences that sometimes health accused person with no mental disorder pretends to have mental disorders in order to be released from death sentence which can make some problems in process of judicial judgments and precise decision making. Therefore, recognition of criminal behavior pattern and its comparison in people with/without mental disorders can strongly help. A criminal profile may contain such psychological, criminal and behavioral information and their dependent variables⁴. Criminal profile helps judiciary systems to be able deciding about sentencing by assessment of the documents acquired from crime scene⁵.

Homicide behavior: Homicide is the act of a human killing another human. Murder, for example, is a type of homicide. In other words, homicide is a criminal behavior that causes to make another human being dead. Such a task is evaluated in three stages including motivation, criminal acts and behavior after the crime. It seems that criminal behavior is composed of three parts of motivation, how to do criminal act, and behavior after the crime⁶.

Motivation to commit crime: Means purpose to kill another person which can be objective (external) or delusional.

Historically in Criminology and Behavioral Sciences, motivation is considered as one of the most fundamental criteria to classify homicide. In this knowledge of behavior field, classification of homicide behavior is defined based on the motivations including monetary benefit, revenge, removing an obstacle from the path, jealousy and sex⁷.

Criminal act: Begin to operate killing until the end that can be done using a lethal weapon and in the form of a common criminal act (e.g. to knife, gun shots, etc.) or without lethal weapon (e.g. burning, several blows to the body with the fist or kick, choked off by hand, etc.)⁸.

Behavior after the crime: The set of practical actions of killer related to behavior after the crime subject. This variable is evaluated based on usual behavior after the crime (e.g. escape, elimination of crime evidences, crime denial, etc.) or unusual behavior after the crime (e.g. staying in the crime place, introducing him/herself to the police, and any behavior that confirms the lack of attempt for crime privacy). In term of time aspects, this behavior is measured within the first hours after the crime committing. Assessment of a criminal behavior whether in terms of psychology or criminology can make better results to explain the behavior and simplify description around criminal liability⁸. In the work of Santtila et al. which was done on 502 items of homicide, 21 cases of specification were surveyed on commit murders, then significance of acts after the crime has been revealed in criminal interrogations⁹. Walter and Keppel have found some cues in their studied among different murderers. They have used a body of behavior before the crime, criminal act, and the behavior after the crime as some tools to do interrogation¹⁰. Richard-Devantoy et al. have compared psychological and criminological profile of 37 commit murders having psychotic disorders with 73 murderers having mental disorders¹¹. The results of this study show that commit murders with major mental disorders have same specifications with health people. So, this research tries to survey behavioral pattern (including such components as motivation, crime tools and the behavior after crime) in three groups of people with psychotic disorders, personality disorders and without mental disorder in order to help judicial judgment through comparison of the specifications related to each group with another group¹¹.

The queries of this investigation are as follows: i. How is pattern of homicide behavior in the people with psychotic disorders? ii. How is pattern of homicide behavior in the people with personality disorders? iii. How is pattern of homicide behavior in the people without mental disorders?

Material and Methods

This research is a survey and is considered as a traverse study done on a statistical society of all the people who have committed human killing since 2001 through 2009 and have been referred to Tehran Legal Medicine center to be observed by psychiatrists. Sampling method is targeted in which 230

people were selected randomly. Entrance criterion to this study is to have either psychotic or personality or no mental disorders and exit criterion includes such factors as mental retardation, epilepsy, and drug abuse. Required information was collected through related documents archive.

Such people were evaluated by therapist assistants and the diagnosis of psychotic disorders; personality disorders and lack of mental disorders were conducted about them. Triple stages of homicide (i.e. motivation, how to do homicide and behavior after the crime) were extracted. According to these three factors, eight pattern homicide behavior were obtained and then surveyed in each three group (i.e. people with psychotic disorders, people with personality disorders and people without mental disorders) and finally data was analyzed by using SPSS software, and three variables (i.e. motivation, using lethal tools, and behavior after the crime) were surveyed by χ^2 test. Significant difference with a confidence level of 95 percent ($p < 0.05$) was considered.

Eight behavioral patterns are as follows: i. Motivated- with weapon- Usual behavior, ii. Motivated- with weapon- Unusual behavior, iii. Motivated- without weapon- Usual behavior, iv. Motivated- without weapon- Unusual behavior, v. No motivation- with weapon- Usual behavior, vi. No motivation- with weapon- Unusual behavior, vii. No motivation- without weapon- Usual behavior, viii. No motivation- without weapon- Unusual behavior.

Ethical considerations: Since data collection is required to evaluate patients' medical cases and documents, efforts have been done to protect the secrets contained in them as much as possible and patients' personal information kept confidential. As the names of documents owners are not presented and there is no need to use confidential information available in the documents, so obtaining consent is not necessary and we are confronted with no ethical limitation in this research.

Results and Discussion

Table 1 shows frequency of homicide motivation variable in 3 groups (psychotic disorders, personality disorders and people without mental disorders) that includes with plan and Without Plan.

Table-1
Frequency of homicide motivation variable in 3 groups

Groups	Motivation		Total
	With plan	Without plan	
Psychotic Disorder	42	17	59
Personality Disorder	22	15	37
Without Mental Disorder	84	50	134
Total	148	82	230

Table 2 shows frequency of homicide lethal Weapon variable in 3 groups (psychotic disorders, personality disorders and people

without mental disorders) that includes with lethal weapon and without lethal weapon.

Table-2
Frequency of using lethal tools in 3 Groups

Groups	Weapon		Total
	With lethal weapon	Without lethal weapon	
Psychotic Disorder	28	31	59
Personality Disorder	26	11	37
Without Mental Disorder	85	49	134
Total	139	91	230

Table 3 shows frequency of homicide behavior in 3 groups (psychotic disorders, personality disorders and people without mental disorders) that includes usual and unusual behavior.

Table-3
Frequency of homicide behavior variable in 3 groups

Groups	Behavior		Total
	Usual	Unusual	
Psychotic Disorder	20	39	59
Personality Disorder	19	18	37
Without Mental Disorder	93	41	134
Total	132	98	230

Table 4 shows frequency of homicide behavioral patterns in 3 groups (psychotic disorders, personality disorders and people without mental disorders) that include 8 patterns which they have been explained in method part. Also this table shows that there is more behavioral pattern 1 and 5 in persons of without mental disorder.

Finally in terms of previous motivation to do homicide, there is no significant difference among groups ($p < 0.005$, $df = 2$, $\chi^2 = 1.75$). In other words, also people with psychotic disorders do homicide with previous motivation.

In terms of using/not using lethal tools, a significant difference can be seen between people with personality disorders and people with psychotic disorders. In other hand, redundancy of using lethal weapon in people without mental disorders is considerably higher ($p < 0.005$, $df = 2$, $\chi^2 = 6.156$).

Comparison of the behavior after the crime among groups shows a significant difference. Unusual behavior in people with psychotic disorders in comparison with two other groups, particularly the group with no mental disorders, statistically is significant ($p < 0.005$, $df = 2$, $\chi^2 = 21.775$). Findings prove that behavior after the crime done by psychotics is unusual (table 5).

Table-4
Frequency of homicide behavioral patterns in 3 groups

Groups	Patterns								Total
	Pattern 1	Pattern 2	Pattern 3	Pattern 4	Pattern 5	Pattern 6	Pattern 7	Pattern 8	
Psychotic Disorder	14	24	2	2	2	4	13	0	60
Personality Disorder	12	7	3	0	6	8	0	0	36
Without Mental Disorder	56	18	8	2	32	16	0	2	134
Total	82	49	13	4	42	37	1	2	230

Table-5
 χ^2 Test: Pattern of homicide behavior in 3 group

χ^2	P value	df	Without Mental Disorder	Personality Disorder	Psychotic Disorder	Variables	
1.75	0.417	2	84 50	22 15	42 17	With Plan Without Plan	Motivation
6.156	0.046	2	85 49	26 11	28 11	With Weapon Without weapon	Weapon
21.775	0.005	2	39 41	19 18	20 39	Usual Unusual	Behavior

In documents related to homicide, mental health of accused person is assessed to do sentencing and criminal liability which is performed by psychiatrists through getting biography and making interviews with the patient and because having mental disorders causes flexibility on judge's sentence, many of healthy murderers pretend to have mental disorders, so recognition of behavioral pattern of homicide can help in judicial judgment.

In above mentioned cases, judge refers the issue to corresponding expert (i.e. psychiatrist) for medical assessment and if the psychiatrist confirms the madness during the crime, the judge will not try the patient based on Article 51 of Islamic Penal Code, but will refer the patient to mental hospital for treatment and patient should stay in hospital to achieve improved which may take a long time and even in case of continuity in serious conditions, the patient will stay in mental hospital for many years or till end of life.

Some think that if the crime was sudden and without any previous planning and the offender had not considered any attempt to escape arresting and punishment, then this fact would show madness and if the crime was committed using reason and logic and seemed to be intelligent so that no crime has been committed, then offender might not be mad. But, it is to say that although psychotic patients commit a crime suddenly and without planning or even with no reason and in many cases a crime is committed affected by psychosis motivation (i.e. hallucinations and delusions), thereby this is performed with precise previous planning which can be approved in a kind of mental abnormalities called delusional disorders¹².

Psychotic patients commit a crime due to various reasons, but generally the motivations resulting to commit a crime in non-psychotic persons would cause to commit a crime by psychotic patients¹. Also, they sometimes may commit the crime due to some reasons which are caused by their psychosis behaviors (i.e. hallucination and delirium). For instance, a patient who has auditory hallucination and the command which orders him/her to kill another person might commit homicide. Another patient might kill his/her neighbor in order to prevent being killed, because has persecutory delusions and supposes that the neighbor intends to murder him/her. Even, a psychotic patient, without any ordinary or psychosis overt and hidden motives, may fist some body and cause to kill him only due to automatic behavior and no reason can be mentioned in this regard by killer.

As Santtila et al on their research have referred to importance of behavior after the crime, in terms of using lethal tools, health people use weapon more than two other groups and people with psychotic disorders often do homicide with no lethal tools. About motivation to do homicide, no significant difference has been seen among groups and in each three groups, the murderer has done the crime with previous motivation⁹.

In many cases, non-psychotic person also commits the crime without planning and even previous motivation and performs no attempt in order to eliminate crime evidences or concealment of him. Walter and Koppel have found some cues among different killers; they obtained some tools for interrogation using a body consisted of behavior before the crime, criminal acts and behavior after the crime¹⁰. They generated a database which provides investigators with characteristics of violent crimes as some cues. They also published scientific guide article called profiling killers for FBI and criminal investigators around the world¹⁰.

Conclusion

Generally, this investigation shows that using lethal tools and the behavior after crime is different between healthy person and people with mental disorders which has caused different behavioral patterns in people with/without mental disorders and assign 1-5 behavioral patterns to themselves. The most important result of this research is the difference seen in behavior after the homicide crime for people with psychotic disorders, such people will not try to escape and rescue themselves and often they do not leave crime scene. On the other hand this study showed more behavioral pattern 1 and 5 in those without mental disorder which is in line with external motivation being less important in comparison with two other aspects including use of lethal weapons and behavior after the crime. These results can be very assistive in judicial expertise and will be effective to determine patients' criminal responsibility and justice establishment. Getting access to documents of 2004 and 2005 was one of the restrictions of this project, so by surveying other documents in the interval from 2001 through 2009, this research could find some differences about behavioral pattern of homicide in people with/without mental disorders which could help judicial references. In future studies, by taking into account other variables including age, education, social level, and relativity with murdered person, etc, it is possible to find different factors among commit murders that are healthy or have severe mental disorders. Ultimately, with respect to above mentioned cases, paying more attention to psychotic patients and simultaneously appropriate psychiatric contributions are proposed to minimize violent behaviors.

Acknowledgements

This study has been done by financial support of Centre for Forensic Research and is the result of plenty of friends and colleagues efforts. Therefore, we thank all the people helped us in psychiatric examination part, Forensics organization, and Department of Forensic Medicine Commission of Tehran Province.

References

1. Cosmides L. and Tooby J., Are humans good intuitive statisticians after all? Rethinking some conclusions from

- the literature on judgment under uncertainty, *Cognition*, **58**, 1-73 (1995)
2. Dawson J.M. and Langan P.A., Murder in families, Bureau of Justice Statistics special report, Washington, DC: U.S. Department of Justice; (1994)
 3. Personality disorders, Wikipedia, free encyclopedia website, http://en.wikipedia.org/wiki/Personality_disorders, Accessed September 16 (2012)
 4. Davis J.A., The use of behavioral scientists in law enforcement, *The Law Enforcement Quarterly*; January, 20-28 (1993)
 5. Turvey B.E., *Criminal Profiling: An Introduction to Behavioral Evidence Analysis*, San Diego: Academic Press; (1999)
 6. Homicide Wikipedia, free encyclopedia website, <http://en.wikipedia.org/wiki/Homicide>, Accessed September 6, (2012)
 7. Ganji H., *General Psychology Principles*, Tehran: Ravan; (1998)
 8. Crime, Wikipedia, free encyclopedia website. http://en.wikipedia.org/wiki/Criminal_act. Accessed September 14 (2012)
 9. Santtila P., Häkkinen H. and Canter D., et al. Classifying Homicide Offenders and Predicting their Characteristics from Crime Scene Behavior, *Scand J Psychol.*, **44(2)**, 107-118 (2003)
 10. Robert D., Keppel R.D. and Walter R., Profiling Killers: A Revised Classification Model for Understanding Sexual Murder, *Int J Offender Ther Comp Criminol*, **43(4)**, 417-437 (1999)
 11. Richard-Devantoy S., Chocard A.S. and Bourdel M.C. et al., [Homicide and major mental disorder: what are the social, clinical, and forensic differences between murderers with a major mental disorder and murderers without any mental disorder?], *Encephale*, **35(4)**, 304-314 (2009)
 12. Disease, Wikipedia, free encyclopedia website. <http://en.wikipedia.org/wiki/Disease>, Accessed September 17 (2012)