

Homicide and mental illness

Perpetrators' prior contacts
with psychiatric services

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Summary of report 2020:7

Brå – a knowledge centre for the criminal justice system

Brå, the Swedish National Council for Crime Prevention, works to reduce crime and improve levels of safety in society. We do this by producing data and disseminating knowledge about crime and about work on combating crime and crime prevention, primarily to the government and agencies operating within the criminal justice system.

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Summary

Background and aim

This report describes diagnosed mental health disorders among perpetrators of homicide in Sweden between 2005/06 and 2017¹.

For the purpose of this study, the Swedish National Council for Crime Prevention (Brå) has combined data on homicides, which it collects regularly from the criminal justice system, with information on homicide perpetrators' prior contacts with outpatient and inpatient psychiatric services and their accessing of medication for mental illness. The information on medication and contacts with psychiatric services was obtained from the National Patient Register and the Prescribed Drug Register, both maintained by the Swedish National Board of Health and Welfare.

The study's main focus has been directed at contacts with care services in the twelve months immediately prior to the homicide. The prevalence of mental illness, operationalised in this way, is described for all perpetrators for the period in question, broken down into categories including gender, age and type of homicide. The study also includes an analysis of the trend over time. In all, the study has analysed information relating to approximately 800 homicide perpetrators.

Brå has recently conducted a detailed analysis of homicides linked to what has been termed the criminal milieu (Brå 2020b). This report provides an additional perspective on homicide in Sweden. The results of previous studies show that while shootings linked to the criminal milieu have increased in Sweden over recent years, these cases still do not account for a greater proportion of homicides than homicides within the family. In addition, the legal documentation examined in this research shows that there are more often indications of mental illness among the perpetrators of these family-related incidents (Brå 2019b). The aim of the current study has been to use healthcare data to develop more in-depth knowledge about mental illness and homicide.

¹ The start of the period varies depending on the availability of data.

Four out of ten perpetrators had contact with psychiatric services in the year prior to the crime

The results show that during the period 2006–2017, four out of ten homicide perpetrators had been in contact with psychiatric services at least once during the year prior to the crime – i.e., had received inpatient or outpatient psychiatric care and/or medication for mental ill health. Hospitalisation, an indicator of more serious mental illness, had been experienced by every sixth perpetrator. In general, it is approximately seven times more common for a perpetrator of homicide, whether a woman or a man, to have been in contact with psychiatric services during the year prior to the crime than it is for someone in the general population to have such contacts in the course of a calendar year.

Homicide mainly involves males

Homicide for the most part involves violence committed by males. There were only a few female perpetrators during the period examined (8 per cent) but, according to all the indicators included in the study, the prevalence of diagnosed mental health disorders was higher among female than among male offenders. However, there is much to suggest that the difference noted between women and men in the level of mental illness may be an overestimate, since women are more likely to seek and obtain psychiatric care (CES, 2017). Nonetheless, it cannot be ruled out that the actual prevalence of mental illness may in fact be greater among female homicide offenders than among males. Committing a serious violent crime constitutes a much greater norm violation for women than for men (Pettersson 2013); in other words, the threshold is higher, for which reason mental illness may be a more critical component.

In terms of their absolute numbers, however, there were considerably more male perpetrators with a diagnosed mental health disorder during the period in question (n=293) than women (n=32). In addition, only a few women had received treatment for serious psychiatric conditions such as psychoses or antisocial personality disorder, i.e. diagnoses that the literature points to as specifically increasing the risk for homicide.

Addiction and personality syndromes much more common than in the general population

The main psychiatric conditions found among perpetrators were addiction and substance misuse, anxiety disorders and depressive

disorders. This is not notably different from the pattern found in the population at large – but at the same time, the prevalence of all these diagnoses is higher among homicide perpetrators than among the general population. The over-representation of some psychiatric conditions is particularly marked, however: this applies mainly to dependency diagnoses, particularly those relating to a combination of several drugs. There is also a much higher prevalence of personality syndromes among homicide perpetrators, although such conditions are considerably less prevalent by comparison with other psychiatric conditions.

Mental disorders more common in family-related cases

It is particularly common for the perpetrator to have had prior contact with the psychiatric services in cases where the homicide targets someone in the family. In total, 45 per cent of perpetrators in these cases had been in contact with care services and/or received medication during the year prior to the offence. Among female perpetrators, this was the case mainly in the context of partner homicides, while among male perpetrators there were clearer elements of mental disorders in cases involving homicides against other types of family member. The men in these cases were also more likely to have more serious psychiatric conditions, such as psychoses.

In 14 per cent of the cases studied (corresponding to 144 incidents), both the perpetrator and the victim had a history of mental illness in the year prior to the crime. A high proportion of these incidents – over a third – involved partner homicides. Half the cases of partner homicide committed by women were preceded by the perpetrator having been subject to threats or violence by the victim. This suggests that some of these incidents may have been cases of self-defence or followed a period during which the woman had herself been victimised, something which has also been noted in other studies (Matias et al., 2020; Weizmann Henelius et al., 2012).

Difficult to measure mental disorders in young men involved in criminal milieu

By comparison with other types of homicides, the proportion of perpetrators who had been in contact with psychiatric services in the year prior to the offences was smaller among those who had been involved in homicides in the criminal milieu (36 per cent), although this proportion is still by no means negligible. All these perpetrators were male, and there was usually a background of drug-related psychiatric outpatient and/or inpatient services in 2017. In other

problems. The explanation may be that more serious forms of mental ill health are less common in this group, since violence is less of a norm violation in this group of men, but levels of mental illness may also be underestimated, since these men are less inclined to seek and obtain medical attention (SKL, 2018; Lehti, 2009; Wang et al., 2007a). However, there is research evidence that mental illness is more common among male gang members than among other young men (Coid et al., 2013). In other words, many young men who commit acts of homicide may have mental health problems that are not revealed by indicators based on contacts with psychiatric services.

In cases involving homicides in the criminal milieu, it was unusual to have conducted a forensic psychiatry investigation to establish whether the perpetrator had been suffering from a serious mental disorder at the time of the offence. However, such investigations had almost always been conducted in cases involving family-related homicides. Three out of ten people who had undergone a forensic psychiatric investigation, irrespective of the type of homicide perpetrated, had been assessed as having had a serious mental health disorder, with the proportion being slightly higher among women. However, higher proportion of men received a psychiatric diagnosis in the context of an investigation.

No clear trend over time

During the period examined, no clear trend was observed regarding the number of homicide perpetrators who had diagnosed mental health disorders during the year prior to the crime. The number of perpetrators who had been in contact with psychiatric services and/or received medication for mental illness varied between 20 and 40 per year. Approximately ten per year had received inpatient psychiatric care.

However, during the latter part of the period examined, more perpetrators had received treatment for personality syndromes, anxiety syndromes and ADHD during the year prior to the offence. Similar increases can also be seen in the general population (particularly for the latter two diagnoses).

Most of those treated for a mental disorder do not commit violent crimes

Even if the prevalence of psychiatric conditions is greater among homicide perpetrators than in the general population, very few people with mental ill health commit these crimes. The annual figure of 20-40 perpetrators with diagnosed mental health disorders should be compared with the over 400,000 people who received care from

psychiatric outpatient and/or inpatient services in 2017. In other words, the absolute majority of psychiatric patients do not have the additional risk factors that, in addition to mental illness, are usually required for a person to commit homicide. Thus, with the exception of a very small number of cases, mental illness in itself has little explanatory value in relation to homicide.

There is an expectation – especially when the media direct a spotlight at homicide cases in which the perpetrator had sought help shortly prior to the offence – that, in addition to providing care and treatment, psychiatric services should also be able to identify people at risk of violent behaviour. There are, in fact, a number of different risk assessment tools that are used to a varying degree, but given the large volume of patients and the small numbers of homicides, the ability of the psychiatric services to predict this type of risk is likely to be limited. Preventing mental illness in a broader sense may therefore also be a reasonable strategy in the context of violence prevention.

In terms of more targeted preventive measures, it may be important to do more to encourage young men with mental health problems to seek help. The same masculinity norms underpin both violent behaviour (Pettersson, 2013) and a lower propensity to seek help for mental ill health (SKL, 2018). Research also shows that, in some cases, psychotropic medication can have a preventive effect on violence (Chang et al., 2017; Fazel et al., 2014; Lichtenstein et al., 2012).

However, the causal relationships underlying homicide are extremely complex and have not been charted in detail (Loeber and Farrington, 2011; Rueve and Welton, 2008; HaggårdGrann, 2005). With family-related homicide, it is more often the case that the perpetrator has been in contact with psychiatric services shortly before the crime, and the Swedish National Board of Health and Welfare (2018) has shown that many of the victims have also often been in contact with various social agencies prior to the event. However, the prevention measures proposed by the National Board of Health and Welfare are mainly aimed at services other than healthcare (e.g., social services, the police and the Swedish Public Employment Service). This reflects the fact that mental illness is rarely identified as a critical determinant of homicide within the family, and work on crime prevention needs to pay particular attention to situations in which mental illness appears in combination with other risk factors (e.g., unemployment, previous criminal history, a forthcoming separation).



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