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A Psychiatric-Legal Analysis of Psychotic Criminal Defendants Charged with Murder

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ABSTRACT: A sample of 25 criminal defendants charged with murder and suffering from psychosis from a large urban multi-ethnic, multi-cultural community pool was studied. Subject characteristics and information about the homicide and decedents are described. Suggestions for further study are briefly discussed.

KEYWORDS: psychiatry, psychosis, homicide, murder, mental disorder, violence, aggression

Homicide has been a long standing societal problem. All human societies have attempted to control the non-socially sanctioned killing of others and have enacted legal prohibitions against the homicidal act. All jurisdictions in the United States have laws proscribing the killing of others and specifying penalties for committing homicide.

Criminal homicide is usually divided into two types: murder and manslaughter, with murder being the more serious of the two types. In California, murder is defined as the "unlawful killing of a human being, or a fetus, with malice aforethought" [*1*]. Other states have a similar definition. Conviction for the crime of murder may subject the defendant to the ultimate penalty in states where capital punishment is permitted.

Despite the possibility of the death penalty, or at a minimum long-term imprisonment, murder persists as a significant societal problem. With a recent national homicide rate of greater than 21,000 per year, a rate 1.5 times greater than the 1950s, and as the fifth leading cause of death for persons under 65 in the United States, homicide is a significant and increasing public health problem [2]. While incapacitation of convicted murderers seeks to protect society from subsequent homicides by these persons, its deterrent function to prevent others from killing has yet to be realized.

Although the accuracy of prognosticating future behavior has substantial limitations, identification of risk factors for certain aberrant behaviors may have some utilitarian value. Research, for example, into short-term forecasting of physically violent behaviors in specific settings such as the psychiatric inpatient ward has recently shown some promise [*3*] as well as the association of mental disorder with violence [*4*]. When studying individuals who kill, psychiatrists have found a substantial portion of their study samples of murderers to suffer from psychosis [*5,6*]. However, these and other psychiatric studies [*5–8*] have examined murderers from a broad perspective and do not confine their study to murderers from a specific diagnostic category. In contrast, our paper focuses on a subset of murderers, those who suffer from psychosis.

In this paper, we provide information derived from psychiatric evaluation of criminal defendants accused of having committed murder and suffering from psychosis. Because these evaluations were pretrial, none of these individuals had actually been convicted of murder at the time of the evaluation. Nonetheless, what is relatively unique about the present study is that the sample was drawn from the county of Los Angeles which has a diverse multi-ethnic, multi-cultural population numbering about nine million persons [*9*]—a population exceeding that of most states [*10*].

Methods

The data for this study was collected during the period from March, 1987 to January, 1992, from psychiatric evaluations of 63 defendants performed at the request of the Los Angeles County Superior Court. Of these 63 persons, 25 suffered from psychosis and formed our study sample. Information was obtained by record review of each subject. The review gathered information on the defendant's demographic profile, psychiatric history, diagnosis, psychotic symptoms during the alleged murder, use of alcohol or drugs near the time of the alleged murder, information about the homicidal act, characteristics of the decedent, and the psychiatric-legal issues of the case.

Results

Demographic Information

The 25 defendants allegedly killed 27 persons. The average age of the group was 34.7 years. The group contained 3 (12%) females and 22 (88%) males. The ethnic breakdown of the group was 6 (24%) African-American, 3 (12%) Asian/Pacific Islander, 5 (20%) Hispanic white, 9 (36%) other white, and 2 (8%) Hispanic black. Concerning marital status, 2 (8%) were married, 16 (64%) were single, 4 (16%) were divorced, 2 (8%) were separated, and 1 (4%) was of unknown status. Thirteen (52%) of the group were born in the United States, 3 (12%) in Mexico, and 9 (36%) elsewhere. Fifteen (60%) were English-speaking, 5 (20%) only spoke Spanish, 1 (4%) was bilingual in English and Spanish, and 4 (16%) were monolingual in a language other than English or Spanish.

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Diagnosis and Relevant History

The DSM-III-R diagnoses [*11*] of our samples was as follows: schizophrenia (15 [60%]), schizoaffective disorder (1 [4%]), psychotic disorder not otherwise specified (8 [32%]), and bipolar disorder with psychotic features (1 [4%]). Although bipolar disorder is classified as a mood disorder, this subject's psychotic symptoms were more prominent than his mood symptoms and we therefore included him in this sample of psychotic defendants. Twelve (48%) also qualified for a substance use disorder.

Thirteen (52%) of the sample either acknowledged or had a documented history of inpatient psychiatric hospitalization. Only 2 (8%) of the 25 subjects were taking prescribed psychotropic medication at the time of the alleged murder.

Among the 25 subjects, 9 (36%) had a prior criminal history (prior felony arrests) and 8 (32%) had a prior history of physical violence. Six (24%) of the subjects had a positive history for both crime and violence.

Characteristics of Alleged Homicide

Of the 27 decedents who died at the hands of the alleged perpetrators, 1 (3.7%) was a spouse, 3 (11.1%) were relatives, 10 (37%) were friends or acquaintances, 12 (44.4%) were strangers, and 1 (3.7%) had an unknown relationship to the murderer. Two (7.4%) of the subjects from the sample allegedly committed double murders.

The 27 alleged murders by the 25 subjects were reported to have been done by the following methods: 13 (48.1%) by guns only, 6 (22.2%) by a knife-type weapon, 3 (11.1%) by a stick-type weapon, 1 (3.7%) by a combination of weapons (knife and heavy object), 3 (11.1%) by use of other weapons or methods (cinder block, hanging, and suffocation/strangulation), and 1 (3.7%) by an unknown means.

Amongst the 27 murders allegedly perpetrated, 7 (25.9%) occurred at the decedent's residence, 3 (11.1%) at the defendant's residence, 2 (7.4%) at the joint residence of the decedent and defendant, 6 (22.2%) in the "streets," 7 (25.9%) elsewhere, and 2 (7.4%) were unknown.

Forensic Issues

Fifteen (60%) were actively delusional at the time of the alleged murder. Five (20%) had a history of alcohol or drug use near the time of the alleged murder. Only one (4%) subject suffered from command auditory hallucinations.

The issue of whether the defendant was competent to stand trial was requested in 20 cases with 10 (50%) thought by the psychiatric examiner to be incompetent. The issue of whether the defendant met California's M'Naghten-type insanity criteria was requested in 13 cases with 5 (38.5%) of these thought by the psychiatric examiner to meet the insanity standard.

Discussion

The approximately nine-to-one ratio of males to females in our sample reflects the underlying gender ratio of persons comprising the local jail and prison populations. The average age of our total sample was 34.7 years. This average age suggests that psychosis by itself cannot easily explain the homicides because the average age of the onset of psychosis in general is adolescence or early adulthood. Thus there is a time lag between the onset of psychosis and the subsequent homicidal act.

The 1990 census indicated that the ethnic/racial mixture of Los Angeles county's population was 40.8% Anglo, 37.8% Latino, 10.5% African-American, and 10.2% Asian-American [*9*]. The ethnic/racial breakdown of our sample reflects the prevailing heterogeneity and diversity of the larger population pool from which it was drawn.

Concerning marital status, only 8% were married. This low frequency of marriage among the sample is consistent with the symptoms of social isolation and limited interpersonal maturation commonly found among psychotic persons [*12*]. Interestingly, recently a controversy has developed over whether unmarried marital status is an independent factor associated with violent behavior [*13*].

The number of U.S.-born defendants accounted for about one-half of our sample and slightly more (60%) of the subjects were fluent in English. This suggests that social factors such as immigration and the language proficiency of the dominant society, or factors related to them such as social alienation, may play a small contributory role in some cases or murder.

Diagnostically, there is a clear majority (60%) of the psychotic sample who suffer from schizophrenia. In our sample of 25 psychotic subjects there is an outright predominance of schizophrenia over bipolar disorder. This is in marked contrast to the prevalence of schizophrenia and bipolar disorder found among the community-at-large in which the ratio of schizophrenia to bipolar disorder would be no higher than 2 to 1 [*14,15*]. Schizophrenia with its preponderance of psychotic symptoms appears to exert greater influence than bipolar disorder with its mood (affect) symptoms in the genesis of homicidal violence. It is noteworthy that slightly more than one-half of our sample had a history of psychiatric hospitalization, suggesting that in many cases, the psychosis was either untreated, undertreated, or not even identified until the time of the homicide. In particular, only two of the 13 subjects with a prior inpatient psychiatric hospitalization were taking prescribed psychotropic medication at the time of the alleged murder. This suggests that compliance to psychiatric treatment is poor and/or relapse or exacerbation of the psychotic disorder may have occurred among psychotic persons who kill others. The finding that almost one-half (48%) of our subjects had a co-occurring substance use disorder is not surprising since substance use is a risk factor for violent behavior [*13*]. Moreover, this finding is consistent with recent data that found that 47% of individuals with a lifetime diagnosis of schizophrenia or schizophreniform disorder met criteria for a substance use disorder [*16*]. Finally, substance use may exacerbate a psychotic disorder either directly as a causative agent, or indirectly by negatively affecting compliance to recommended psychiatric treatment.

Positive histories for criminality (36%) or physical violence (32%), or both (24%) were obtained. While these positive histories are associated with subsequent criminality and violence and represent a substantial portion of our sample, by themselves they are of limited prognostic value as the majority of our sample had no such history. Nonetheless, presence of a major mental disorder with or without co-occurring substance abuse is associated with a higher probability of violence when the following histories were present (listed in descending order): history of psychiatric hospitalization and arrest, history of arrest only, history of psychiatric hospitalization only, and no prior history of psychiatric hospitalization or arrest [*13*].

We find that of the 27 victims, the murder defendant knew his/her victim (as a spouse, relative, friend, or acquaintance) in a majority (51.9%) of the cases, consistent with the national figure (52%) of all reported U.S. homicides [*2*]. In addition, a substantial

portion (44.4%) of the victims were killed in either their own home, the home they shared with the defendant, or the defendant's home. This finding suggests that in about one-half of the murders by psychotic persons, familiarity play an important role in who is murdered and where the murder occurs. On the other hand, our sample also reported murdered persons unfamiliar to them in a substantial portion (44.4%) of the cases.

Guns were used in 48% and knife-type weapons were used in 25.9% by the alleged murderers. In a recent national homicide survey, guns accounted for 61.6% of the homicides and knife-type weapons accounted for 18.8% [2]. Although our Los Angeles county sample of murder defendants used guns less often and used knife-type weapons more often than nationally in the homicides [2], our findings for total percentages for these two most popularly carried weapons is slightly less but comparable to the national figure. This suggests that the psychotic individual kills with weapons with a similar frequency as in the national sample and raises the issue of weapon control as a necessary potential solution for reduction of the murder rate.

The presence of command auditory hallucinations was endorsed in one instance (4%), indicating that this psychotic symptom was not important in the genesis of homicidal violence among the psychotic individuals in our sample. More than one-half (60%) of the subjects (whether directly related to the homicide or not) were actively delusional at the time of the alleged murder. This suggests that the presence of psychotic symptomatology is an important risk factor. Although the presence of delusions has been associated with aggressive actions [17], proving the causal linkage between psychotic symptomatology and resultant violent behaviors has been difficult and further work on this question is needed [18].

The use of alcohol or other drugs was thought to be a contributory factor in one-fifth of the cases. This suggests that although substance use may have been an important influence in some cases, the mental condition of the vast majority (80%) of the sample was not clouded by an exogenous chemical at the time of the alleged murder. In comparison, recent research has found substance abuse (either with or without a co-occurring major mental disorder) to have a stronger association with violence than the presence of major mental disorder alone [13]. Our findings did not highlight the effect of substance abuse at the time of the murder, but this may have been artifactually related to the defendant minimizing the extent of substance use at that time. Nonetheless, substance abuse by the sample's subjects was quite substantial (48%).

Although, the psychiatric-legal issues of the evaluation have no clearly discernible relationship to the characteristics of the murderer, they have some relevance to psychiatry's interface with the legal system. In 50% of the requests for competence to stand trial assessments and in 38.5% of the requests for insanity evaluations, the psychiatric examiner provided an opinion supporting incompetence and insanity, respectively. Thus, the legal system appropriately requested assessment of competence and insanity in these psychotic defendants.

Future Directions

In regards to demographic features of the murder defendants, the male gender and an unmarried marital status were more frequently found. Males greatly outnumber females among the prison population and those suffering from psychotic disorder tend to remain socially isolated and unmarried. Among psychiatric/psychosocial characteristics, substance abuse, the presence of psychotic symptomatology, poor treatment compliance, a history of criminality, a history of physical violence, and a history of psychiatric hospitalization are likely to be important risk factors that should remain the focus for future study, especially in establishing preventative measures.

The results of our study are subject not only to limitations inherent the retrospective design but also to the non-random nature of the sampling. Studies of violence in general focus on individuals who can be followed longitudinally in a variety of settings ranging from several days of a short-term psychiatric hospitalization to long-term community monitoring of insanity acquittees. However, the study of murder by its very nature is more problematic. The opportunity to longitudinally follow these subjects is limited, as once identified by the criminal justice system, they will likely remain institutionalized for several years, if not a lifetime, in a highly structured and supervised setting specifically designed to control violent behaviors. Thus it would be difficult to ascertain if homicidal violence, including that committed by psychotic individuals, is a singular event or a specific type of violence that is more recidivistic in nature. Nonetheless, careful data collection in large well controlled samples and the use of actuarial models may lead to greater prognostic accuracy of violence in general [19], and possibly also homicide.

Given the alarming number of total homicides in the U.S. [20], studies that may lead to the development of more effective preventative measures are clearly needed. The substantial portion (39.7%) of our total 63-murder defendant sample suggests that addressing the question of psychotic persons may help in reducing the number of homicides perpetrated by psychotic individuals.

Therefore, sufficient expenditures for the diagnosis, treatment, and forensic investigation of major mental disorders, including substance use disorders, will be necesssary in order to begin to efficaciously address the problem of psychotic murderers. However, even if such clinical and research programs are possible, unless significant changes in social policy such as enforceable treatment of psychotic and substance abusing persons and elimination of legal access of psychotic persons to firearms are actualized, we are not likely to see a decrease in homicides committed by the severely mentally disordered in the foreseeable future. Although coercive treatment is not a likely societal response because the right to refuse psychiatric treatment has been established [21], the greater restriction of firearms is nonetheless possible and may decrease the number of firearm-caused murders.

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