



Schizophrenia and Homicide: A Case Report

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Abstract

Schizophrenia may be associated with violent behavior, especially in the presence of psychotic symptoms, such as delusions and hallucinations, and this violence is most often directed against family members. We present the case of a schizophrenic patient who murdered his mother. Questions about criminal imputability and the importance of prevention and treatment measures in these cases are discussed.

Keywords: Psychosis; Violent behavior; Responsibility

Introduction

Violence committed by individuals with severe mental disorders has become a growing focus of interest among physicians, law enforcement officials, and the general population. For several decades, there has been a debate in the psychiatric and legal literature on the correlation between violence and mental disorders [1,2].

Traditionally, the homicide rate is considered a “thermometer” for the prevailing degree of violence. The main approaches for investigating this relationship are studies of homicidal individuals, since homicide is considered the most serious expression of violence in a given society.

The association between schizophrenia and violent behavior is a robust finding: It has been described by several groups of independent researchers working in industrialized countries [3] and developing countries [4], with different cultures, social and health services and criminal justice systems, in studies examining different samples and using different methodologies. These findings imply great suffering, both for the VITIMES and the perpetrators, as well as a high financial cost to society. In addition, evidence has found that people with severe mental disorders have a higher risk of being victims of physical aggression [5].

There are few studies on violent behavior in individuals with schizophrenia in Latin America. In one of them [6] which included 253 stabilized outpatients. The prevalence of violent behavior in this sample was 3.5% in Chile, 14.6% in Peru and 55.4% in Bolivia. In this study, violent behavior was associated with the severity of psychotic symptoms, low family income, young age at onset of the disease and a higher number of hospitalizations.

Our aim is to report the case of a patient with psychotic disorder who murdered his mother.

Case Presentation

Paul, 30 years old, without profession, residing with his mother and brother. In the year 2020 he struck his mother with a knife in the back, which resulted in her death.

History of psychiatric problems since the age of 26, having been admitted several times in psychiatric hospitals, due to agitation, aggressive behavior against his mother, persecutory and mystical delusions and listening to voices, which said that he was the "beast of the apocalypse". According to his brother, he used of several antipsychotic medications in the past. There are no reports of alcohol or drug use. The patient had not been undergoing psychiatric treatment in recent

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months before the crime.

When asked about the reason for the crime, he stated that he heard the voice of God asking him to pray. He took a picture of himself and concluded that he was God. His mother asked to see the photo, but the voice said that only him could see it. He claims his mother insisted on seeing the photo and he decided to stab her. He states that he then heard the voice of God tell him to take off his clothes and go to the street, having obeyed that voice.

In the psychiatric examination, the presence of mystical delusions, auditory hallucinations, dissociated thinking and affective impoverishment was observed. The established psychiatric diagnosis was schizophrenia.

Discussion

In Brazil, the criterion adopted by the penal code [7] for assessment of criminal responsibility is biopsychological: Responsibility is only ruled out if the agent, at the time of the crime and due to mental illness or intellectual disability, was incapable of understanding (knowing the act's illegality) and determination (being free to choose between carrying out and refraining from the crime). The biopsychological model requires verification of a causal nexus between the abnormal mental state and perpetration of the crime. In other words, the abnormal mental state must be contemporary with the offense, and it must partially or completely deprive the offender of either of the psychological capacities (intellectual or volitional). According to Brazilian penal code, there also is the possibility of cases with limited criminal responsibility, resulting from partial impairment of cognitive or volitional functions. In cases of limited responsibility, the courts can also order the individual's compulsory treatment.

Several studies have investigated specific groups of patients with mental disorders, with the purpose of establishing correlations between violent or homicidal behavior and sociodemographic and psychopathological variables. Undoubtedly, schizophrenia is the most well-studied mental disorder in this regard.

In this case, there was a causal nexus between the mental illness and the homicide, so Paul was ruled not guilty by reason of insanity, in the forensic psychiatric assessment. Most of crimes committed by individuals with schizophrenia occur in the family setting and in the first years of the disease, as in this case. The case illustrates the importance of delusions and auditory hallucinations in the violent behavior.

Various studies have shown that the risk of violent behavior can increase in patients presenting delusions and auditory hallucinations [8]. Other studies have found an association between auditory hallucinations and persecutory delusional ideas and motivation for homicide [9-11]. More severe paranoia is associated with increased aggressiveness, even after controlling for factors like impulsiveness, command hallucinations, treatment with antipsychotics, substance abuse, age, and gender [11].

Mental healthcare professionals should increase the surveillance of patients that present delusions related to their parents, history of violent behavior in the acute phases, reports of threats toward family and friends, and absence or refusal of psychiatric treatment. It is important for social support and mental health services to be made available to families. Measures to protect the child should be offered actively to parents who present stress and lack of emotional equilibrium when they need to care for children.

Access to hospitalization when indicated or to alternative homes (protected homes, therapeutic communities) for individuals with mental disorders, when necessary, could help reduce the incidence of parricide and filicide and improve the quality of life for parents and children in many of these families.

Conclusion

The issue of criminal responsibility of individuals with mental disorders is challenging for criminal justice, psychiatry, and society. Determination of criminal responsibility is essential for adequate referral of persons in any system of criminal law, thus ensuring psychiatric treatment for those in need while safeguarding their human rights.

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