# Can Psychopathic Traits Predict Homicidal Behavior in Male Murderers?

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## ARTICLEINFO

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## ABSTRACT

**Background:** The Increase in homicide has made criminologists think about basis of this crime. It seems the most successful, prolific killers are extraordinarily ordinary. **Method:** This research was carried out as cross-sectional study among 136 male criminal inmates in Tehran prisons. These individuals are evaluated by using SCL-90-R.

**Results:** Most of these individuals were within 30-37 age range with an average age of 33.6. About 87% of them had psychological traits, among which aggression, anxiety, and somatization were the most abundant (P<0.01).

Conclusion: This investigation clearly shows that majority of the cases in our study suffer from some of psychological traits such as aggression, depression, paranoia etc. Although according to Islamic Criminal Law, these psychological traits do not result in a reduction in penalty responsibility, but supposing in the presence of mild psychological disorders or traits, tendency to commit more severe crimes such as homicide may increase.

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► *Implication for health policy/practice/research/medical education:* 

Pay serious attention to mental disorders

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#### 1. Introduction:

One of the complicated and disturbing issues of social life, which has been the focus of attention by researchers, sociologists, criminologists and psychologists is to reply to questions such as "why man commits crimes?, "How can

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we prevent the occurrence of crimes?", "How can we decline the level of crimes in a society?" and so on. Identifying the attitude of a criminal, recognizing the patterns of antisocial behavior in man, assessing the inherent and acquired factors effecting such an attitude and its course of development from potential to actual, assessing the level of responsibility and self-awareness of criminals and the role of unawareness in loss or decline of criminal (penal) responsibility and etc are the most

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important concerns of those involved. Murder (homicide) is one of the most serious crimes which in the Islamic codes of punishment, will be punished by the heaviest punishment, although there are conditions where criminal responsibility is not applicable (1).

According to the Islamic penal code (1), there are certain conditions where a person is free of criminal responsibility; they include insanity, mental disability and immaturity. The concept of insanity in the Islamic penal code is defined as having severe mental disorders which may cause a person to become unaware of what he/she is doing and its consequences (the same). These include schizophrenia and bipolar disorder. However, some studies indicate there are other kind's mental disorders, such as personality disorder, depression, bipolar disorder, impulsive behavior, failure to control anger and / or excitation, sexual sadism and etc among some criminals (2).In our country, recent studies have revealed that mental disorders in over- 15 population of Iran are as frequent as including 21% of this group. These disorders are mainly seen as depression and anxiety. It is also shown that this rate increases along with age (3). It should be known that the term "Mental health" is a very broad concept and includes, mental wellness, a sense of selfsufficiency, abilities. understanding intergener-ational correlations and the ability to appreciate one's own potential intelligence and emotional capacities, so that one can identify his/her abilities and cope with normal stressors of daily life and become a professionally efficient person. It seems that in many convicts (criminals) lack of mental health is an important factor in perpetration of crimes (4). There is no report of research projects aimed to find these disorders in murder convicts in Iran's The present research conducted to find mental disorders in male inmates convicted for murder, who are kept in Tehran's prisons.

# 2. Materials and Methods:

This has been a cross- sectional study and all male murder convicts being kept in Tehran's prisons in 2011 are included in it. Sampling method was simple census that was conducted after obtaining permits from related officials to review the subject's records. The selected records belonged to these prisoners who had a trial and been convicted for murder by the courts (136 cases). All subjects were between 22 to 77 years old with a mean age of 33.6 (SD: 4.6) divided into 7 age groups.

SCL90R Α revised version of questionnaire for assessing mental disorders was used in this study. This test has been used frequently in various epidemiological studies and its stability and validity in Iran is reported to be as high as 90% (5). Each subject was interviewed individually and the initial form and SCL90R questionnaire were completed by the interviewer. The duration of each interview and completion of the questionnaire was one hour.

The SCL90R questionnaire includes 90 items, which are replied, according to likert 5-grade scale, with 0=none, 1=a little, 2=some, 3=very and 4= severely. This tool assesses 9 aspects of mental disorders including somatic complaints. Obsessive Compulsive, interpersonal sensitivity. depression, anxiety, aggression, phobia, paranoid thoughts and psychosis. Including 7 additional items which are not categorized and are mentioned as (other), this test provides 3 indicators: GSI, which shows the general level of subject's mental activity without emphasis on any specific disorder; PST, which shows the lowest level of disorders, and PSDI, which indicates the severity of disorder using the following terms; normal, intermediate and highly disorders. In order to determine the prevalence of each aspect, a cut point (equal to or higher than "1") was used and the mean of one or higher in each aspect was considered as representing a disorder. Descriptive statistical methods were used to analyze the data and determine the prevalence of mental disorders, and Chi-square statistical test was used to compare the mean scores.

#### 3. Results:

Table 1 shows the prevalence of various types of mental disorders and table2 indicates their severity according to GSI. These tables reveal that 18 subjects (13.2%) had no symptoms of mental disorder and the remaining (86.76%) had some kinds of mental disorder. There was a meaningful difference between subjects in terms of presence of various disorders in Chi-square test (P=0.003). This means that aggressive behavior, anxiety and somatic complaints were the most common, and compulsion and phobia were the least common problems. Notably, some convicts had higher than one score in more than a scale and in other words, had two or more psychological problems (e.g. a subject had high scores in depression, Anxiety and phobia scales).

On the other hands, according to table 2, 16.9% of subjects had mild disorders, while 30.15% had moderate and 39.7% had severe disorders.

#### 4. Discussion:

The Islamic penal code (1) clarifies that, only in certain conditions, Intentional murder will be considered as involuntary murder. The code indicates insanity as a reason for removal of penal responsibility. However, the concept of insanity is defined as a condition where a person has not voluntary control over his/ her deeds (actus reus) or is not aware of their consequences (mens rea). Schizophrenia and bipolar disorder are two examples of insanity where, and if, proven in a person penal responsibility is not applicable. The presence of such conditions is not uncommon in murder convicts. Eronen et al (6) conducted a survey for 13 years on murders that revealed the fact that in this

**Table 2:** Psychopathic traits severity based on GSI in cases

Psychological sign	frequency	percent
Normal	18	13.24
Slight	23	16.91
Moderate	41	30.15
Severe	56	39.70
Sum	136	100

**Table 1:** Psychopathic traits frequency in cases

scale	frequency	percent	Mean	Std	Chi-square	P value
somatic complaints	62	45.6	3.43	.621		
<b>Obsessive Compulsive</b>	23	16.8	2.69	.91		
interpersonal sensitivity	53	39	3.82	.485		
Depression	43	31.6	3.69	.565		
Anxiety	76	55.9	3.96	.495		
Aggression	112	82.4	3.81	.304		
Phobia	24	17.6	3.20	.715	163.42	.003
paranoid thoughts	24	17.6	3.44	.475		
Psychosis	32	23.5	2.91	.525		
Others	24	17.6	2.1	.842		
GSI	118	86.76	3.21	.525		
PST			57.618	19.178		
PSDI			3.328	.681		

group, the incidence of schizophrenia and bipolar disorder are 10 and 8 times, for women and men respectively, higher than general population.

However, other studies show that these criminals may have other psychological problems, in addition to the above mentioned ones. According to these studies. murderers have more psychological problems, such as impulsive behavior, vulnerability to stress, anger control problems (4, 6, 7), interpersonal relations (7), sexual sadism (8, 9), pedophilia and paraphilia (9), than other people. On the other hand, researchers have mentioned several types of personality disorders, such as anti-social (8, 9, 10), borderline (6, 11, 12), paranoid (6, 8, 12, 13), narcissistic (8, 14), reclusive (9) and schizoid personality (10) in murderers that is much higher than normal population. There are also several studies indicating that disorders like depression and bipolar disorder are more common among murderers (10, 12, 15). The incidence of depression among these criminals was 31.6%, which was much higher than the European norm.

It is worth considering that in most cases there is more than one mental disorder, seen among these criminals. As shown in this study, some subjects had high scores in more than one scale, and in other words had more than one mental disorder.

Research also indicates that most of these criminals had not received sufficient treatment despite their evident mental disorder (16, 17). Myers et al from Florida Univ. concluded from their survey that sufficient treatment, both emotional and medical or behavioral of criminals is a necessity (16). In the present study only 12% of the subjects had a history of taking medication (common anti-psychotic medication).

In this study, the prevalence of mental disorders (nearly 87%) is much higher than general population of Iran. Mahdavi *et al* (2), after conducting a national survey on mental health status of over- 15 population (35000 cases) using SCL90R, estimated

the prevalence of nationwide mental disorders to be 21%, with depression and anxiety as the most common ones. Mirzaei *et al* (3) had also mentioned a prevalence of 28.3% of present mental disorders among students of Tehran university of Medical sciences, according to results of SCL90R test.

In the present study, based on GSI, about 40% of subjects were in the range of severely ill (>3). This finding indicated highly disordered mental status of these criminals.

## 5. Conclusion:

According to our results, as well as other studies, the prevalence of severe mental disorders is very high among murder convicts, although legally not relieving the penal responsibility of them. The issue of penal responsibility of criminals with such mental disorders is a topic of discussion among scholars in many countries (18-20).

However, as already mentioned, according to the Islamic Penal code of I.R. Iran, only stark insanity relieves, the culprit from criminal responsibility. It seems necessary to pay serious attention to such kinds of mental disorders in hope to prevent catastrophic events, like manslaughter through appropriate and correct treatment for people with mental disorder.

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#### References

- 1. Eslami tabar Sh. Complete set of Islamic penal codes. Sima cultural press institute. 2003;2:56-69.
- 2. Schlesinger LB. The contract murderer: patterns, characteristics, and dynamics. Journal of forensic sciences. 1997;24(4) 45-51.
- 3. Mahdavi M, Naserzade H. Evaluation of mental health in over fifteen years old Tehranian youth. Hakim Journal. 2004;12:36-42.

- 4. Asnis GM, Kaplan ML, van Praag HM, Sanderson WC. Homicidal behaviors among psychiatric outpatients. Hosp Community Psychiatry. 1998.;45(2):127-32
- 5. Mirzaei R. Assessment, validity and reliability of SCL90R in Iran. Tehran Institute of Psychological Science. 2000;59(2):50-53.
- 6. Eronen M, Hakola P, Tiihonen J. Mental disorders and homicidal behavior in Finland. Arch Gen Psychiatry. 1999;53(6):497-501.
- 7. Piotrowski C. Confirmatory research on the assessment of murderers. Psychol Rep. 1997;81(3 Pt 1):1025-6.
- 8. Haller R. Malignant narcissism and sexual homicide. Arch Kriminol. 1999;204(1-2):1-11.
- 9. Firestone P, Bradford JM, Greenberg DM, Larose MR. Homicidal sex offenders: psychological, phallometric, and diagnostic features. J Am Acad Psychiatry Law. 1998;26(4):537-52.
- 10. Leach G, Meloy JR. Serial murder of six victims by an African-American male. J Forensic Sci. 1999;44(5):1073-8.
- 11. Yarvis RM. Axis I and Axis II diagnostic parameters of homicide. Bull Am Acad Psychiatry Law.1994;18(3):249-69.
- 12. Meszaros K, Fischer-Danzinger D. Extended suicide attempt: psychopathology, personality and risk factors. Psychopathology. 2000;33(1):5-10.

- 13. Hempel AG, Meloy JR, Richards TC. Offender and offense characteristics of a nonrandom sample of mass murderers. J Am Acad Psychiatry Law. 1999;27(2):213-25.
- 14. Cartwright D. The narcissistic exoskeleton: the defensive organization of the rage-type murderer. Bull Menninger Clin. 2002;66(1):1-18.
- 15. Meloy JR. Mental disorders and homicidal behavior in female subjects. Am J Psychiatry. 2000;152(8):1216-8.
- 16. Lindqvist P. Criminal homicide in northern Sweden 1970-1991: alcohol intoxication, alcohol abuse and mental disease. Int J Law Psychiatry. 1996;8(1):19-37.
- 17. Myers WC, Scott K, Burgess AW, Burgess AG. Psychopathology, biopsychosocial factors, crime characteristics, and classification of 25 homicidal youths. J Am Acad Child Adolesc Psychiatry. 1995;34(11):1483-9.
- 18. Torgersen S, Kringlen E, Cramer V. The prevalence of personality disorders in a community sample. Arch Gen Psychiatry. 2001;58(6):590-6.
- 19. Wiener L.; Pritchard C.; Weston M. Comprehensibility of approved jury instructions in capital murder cases. Journal of Applied Psychology. 1995; 80(4):455-467.
  - 20. Colman, Andrew M. Crowd psychology in South African murder trials. American Psychologist. 1991;46(10):1071-1079.