



## Explanations for violent behaviour—An interview study among forensic in-patients



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### ABSTRACT

The alleged relation between mental disorder and violent criminal behaviour has been investigated mainly from an epidemiological perspective. Population-based registry studies have shown that violence occurs more frequently among people with mental disorders, like schizophrenia and bipolar disorder, compared with control subjects, but that the increased risk is largely mediated by drug abuse and socio-economic deprivation. The aim of this study was to explore how patients who have committed violent or sexual crimes and have been sentenced to forensic psychiatric care by a Swedish court of law construed their criminal actions in terms of causes. Forty-six participants from six different Swedish forensic psychiatric clinics were included in the study. A semi-structured interview study was conducted and the data was analysed using a thematic analysis. A large group of the participants did not believe that the mental disorder played any role in the criminal events. Contributing causes that were mentioned were drug abuse and social factors.

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### 1. Introduction

What is the relation between mental disorders and violence? Is violence more common among people with mental disorders than in the general population? The question has primarily been investigated from an epidemiological perspective. Such studies have found that violence occurs slightly more frequently among people with major mental disorders, i.e., schizophrenia and other psychotic disorders, compared with control subjects (e.g., Arseneault, Moffitt, Caspi, Taylor, & Silva, 2000; Elbogen & Johnson, 2009; Fazel & Grann, 2006; Joyal, Dubreucq, Grendon, & Millaud, 2007; Swanson, Holzer, Ganju, & Jono, 1990). The total number of crimes that can be ascribed to persons with these disorders, however, is in the order of a few percents (Wessley, 1997), and in the general population, individuals with psychotic disorders sentenced for violent crimes are a small number. There was one violent crime – simple assault – in 450 patient years for schizophrenia in one of the studies showing the highest relative risks (Lindqvist & Allebeck, 1990). Furthermore, the overlap between schizophrenia and other adult mental disorders with childhood-onset aggressive antisocial behaviour disorders is in the range of 25–60% (Hodgins, Cree, Alderton, & Mak, 2007; Kim-Cohen et al., 2003) and it has been shown that the increased risk for violent crime among patients with schizophrenia is largely mediated by drug abuse and socio-economic deprivation (Fazel, Långström, Hjern, Grann, & Lichtenstein, 2009; Fazel, Lichtenstein, Grann, Goodwin, &

Långström, 2010; Steadman, Mulvey, Monahan, et al., 1998; Swanson et al., 1990). It could hence be suggested that major mental disorders do not by themselves cause crime, but that among people with a history of destructive and anti-social behaviour, past and current drug abuse and poor social and economic status, a major mental disorder slightly increases the already increased risk of violent behaviour.

Sweden and a few other jurisdictions in the world have a unique kind of penal system when it comes to the handling of mentally disordered criminal offenders, which does not entail acquitting criminal offenders on the grounds of unaccountability. If a Swedish court of law judges that a criminal offender has been acting under the influence of a severe mental disorder she cannot be sentenced to prison, nor will she be acquitted. Instead, she may be sentenced to forensic psychiatric care that is a criminal penalty among others, given that there is a need for psychiatric treatment at the time of the trial. It has been suggested from the legislators that *under the influence* should be interpreted in causal terms, which indicates that an underlying idea in the Swedish system is that mental disorders can cause someone to commit a crime. In order to specify what causation might mean in these circumstances, the Swedish legislators write: “the causality demand is not fulfilled if the mental disorder did not have a “decisive influence” on the act” (Prop., 1990/91:58, p 457ff).

This understanding of causation can be assimilated with the epidemiological data. That a severe mental disorder has a *decisive* influence on someone's behaviour does not necessarily mean that it is the only cause behind the crime. A possible interpretation of *decisive influence* can instead be spelled out in counterfactual terms: it is true that a severe mental disorder caused a criminal act if the crime *would not have taken place* if the offender *did not suffer* from the severe mental disorder. That

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does not leave out the possibility of there being other equally decisive factors at play. To take an example: A person who suffers from schizophrenia robs a store. Does the fact that he is schizophrenic automatically lead to the conclusion that he was acting under the influence of the disorder? No, it may of course be the case that he acted for reasons that were not at all related to the disorder. He could be committing the crime because he wanted money to pay off a gambling debt. In this hypothetical case the person would still have committed the crime even if he did not suffer from schizophrenia.<sup>1</sup> In contrast, if the person's belief that he had to pay off a debt were part of a system of delusional beliefs where he falsely conceived of himself as being followed by a loan shark, then it would perhaps be true that he would not have robbed the store if he wasn't suffering from these delusions. In the latter case, in contrast to the former, it would hence be accurate to say that a severe mental disorder had a decisive influence on the act. But again, this does not preclude the possibility that there were other causes in motion at the same time. Even if it is true that our person would not have committed the crime if he did not suffer from the severe mental disorder, it may at the same time be true that the crime would not have happened if the offender was not provoked by the victim, if he had eaten a steady breakfast, had not been drunk, and so on.

This state of affairs is captured in the philosopher J. L. Mackie's analysis of causation. He suggests that causes are at a minimum INUS conditions, that is, "insufficient but necessary parts of a condition which is itself unnecessary but sufficient for their effects" (Mackie, 1965). Given this exploration a mental disorder might be a necessary part of some overall condition including other factors such as drug abuse, socio-economic problems, situational factors and so on, that leads to a certain event. The disorder is an insufficient part, which means that by itself it would not have caused the violent behaviour, but together with other equally necessary (but by themselves insufficient) factors it can be considered as a contributory cause for someone to commit a crime.

The present study addressed the question of the relationship between mental disorders and violent crimes from a different angle, namely the first-person perspective. The study was an interview study among in-patients in forensic psychiatric care in Sweden with the aim to investigate how the offenders themselves evaluate the possible causal factors behind their violent behaviour. The subjects in the study have all committed violent or sexual crimes and were sentenced to psychiatric care by a criminal court. The aim of the study was *not* to assess whether the court verdict was correct or not, the subjective opinions have little bearing on this. The subjects may not remember what happened, they may be insincere, or they may not at all know why they did what they did, to name a few possible sources of error. The answers given by the participants may therefore primarily reflect the subjects' perceptions and reflections at the time of the interview, rather than form an accurate description of their state of mind at the time of the crime. Still, the subjective viewpoint on this question has not as far as we know been systematically investigated and the offenders' own stories present a complementary perspective to what has been found about the connection between mental disorder and violence in other types of studies.<sup>2</sup>

## 2. Methods and design of the study

The study was conducted in the form of semi-structured interviews with the aim to capture the participants' beliefs about possible causes behind their criminal acts. We examined to what extent the subjects believed that the severe mental disorder was the cause of their criminal acts and/or what other factors they thought might have contributed.

<sup>1</sup> It could however be a bit more complicated than that. What if it was the case that the person in this example stole money to pay for drugs, but would not have started using drugs in the first place if he wasn't schizophrenic?

<sup>2</sup> Qualitative studies exploring other aspects of subjective experiences in relation to violent offending have been conducted, primarily with issues of recovery and redemption in focus (e.g., Ferrito, Vetere, Adshead, & Moore, 2012; Maruna, 1997).

### 2.1. Participants

Six of Sweden's largest forensic psychiatric clinics were selected for the study. All six clinics were visited on one occasion, consisting of one or two days. With the help of the representatives of the psychiatric staff, patients sentenced to inpatient care as a sanction for a criminal offence that, according to the court, had been committed under the influence of a severe mental disorder, were selected with the aim to include eight to ten patients from each clinic. The selected patients were informed about the study and asked to participate. The interviews took place in a private room on the ward.

The following inclusion criteria were used:

- (i) the subject should acknowledge that he or she suffered from a severe mental disorder,
- (ii) the subject should acknowledge that he or she had committed the crime for which he or she was sentenced, that is, not only performing the act in question, but also agree that it was a criminal offence, and
- (iii) the interview should not interfere with the patient's treatment or general welfare.

Fifty patients were selected for the study. Two of these declined to participate and in two cases it became clear during the interview that the subjects did not acknowledge that they had performed the criminal act for which they were sentenced, which means that forty-six patients were included in the study. Of these, thirteen subjects were convicted of murder, twenty-one subjects of other violent crimes (assault and aggravated assault), five subjects had committed arson and the remaining seven were sentenced for sexual crimes. Twenty-three of the subjects had been in forensic psychiatric care between one and five years, and the rest for more than five years. There were forty-three men and three women included in the study.<sup>3</sup>

### 2.2. Ethical considerations

All informants were given a verbal introduction to the study, including information about the confidentiality of the study and the possibility to stop the interview at any time they preferred. Patients in forensic psychiatric care present a particular concern from an ethical point of view since they are both patients and prisoners. In this study we particularly stressed that the interviews were conducted by persons who had no influence over decisions regarding the patient's prospects of probation, discharge or possible benefits within the care. Still, the subjects in this study are in a vulnerable situation, and we took caution not to pressure a subject if he showed any reluctance to answer a question or discomfort of some other kind. The study was approved by the Ethics Committee at Lund University, Dnr 54-01.

#### 2.2.1. Data collection

Interview data were collected between 2008 and 2009. After consent had been agreed and the subjects had been informed about the study and their rights, the interviews focused on two questions. The first question addressed the possible causes for the violent act. The subjects were asked whether they thought that the severe mental disorder was the sole causal factor, a contributing factor or not at all a factor behind the criminal act. We also asked the participants whether they thought that, given the same circumstances, they would do the same thing again. The second question was an attempt to encourage the subjects to look at the original situation, but from a different perspective. The idea was that the answers to this question also indicate which factors the subjects believed had led up to the crime, e.g., if a subject answers: "no, because I am well now", it suggests that the subject viewed the

<sup>3</sup> We will use the pronominal "he" consistently even when quoting a female participant, in order both to protect the anonymity of the subjects and to avoid unnecessary repetitions of "he or she".

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