

Alcoholism and Mentally Incompetent Perpetrators of Criminal Deeds

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Summary

Although alcohol is one of the more investigated criminogenic factors, there are not many studies comparing it to the other factors encountered among the mentally incompetent perpetrators of criminal deeds. This paper presumes that there are differences among the mentally incompetent perpetrators of criminal deeds depending on the presence of diagnoses of alcoholism and alcohol-related disorders. The study uses the retrospective method, based on the comparison of data contained in legal-medical documentation of mentally incompetent perpetrators of criminal deeds. The sample consisted of 97 mentally incompetent perpetrators of criminal deeds with alcoholism (among the other diagnoses established) and 233 mentally incompetent perpetrators of criminal deeds recognized in the other diagnostic categories. The results showed that there is no statistically significant difference in structure of criminal deeds between the mentally incompetent perpetrators of criminal deeds depending on the presence of diagnosis of alcoholism. (Alcoholism 2003; 39: 83-92).

Key words: Alcohol dependence; Criminology - criminal deed; Mental incompetence

INTRODUCTION

The connection of alcohol and crime is beyond discussion. The role of alcoholism
• is especially important in the so called aggressive criminality (murders, crimes

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against the body, sexual crimes), because of the connection between the alcohol consumption and aggressive behavior. Some studies stress that alcohol increases the aggression only when the person under the influence of alcohol is provoked¹. The numerous studies have tried to establish the level of correlation of alcohol and specific types of crimes. The studies carried out on criminals from penitentiaries throughout USA have shown that alcohol had been present in 41-62% of crimes against life and body vs. 38-47% in other types of crimes.²

The studies in our country and throughout the world have proved the connection between the consumption of alcohol (being drunk) and the worst kinds of violence (murder, rape, etc.). The analyses of the studies show that most of the killers had been under the influence of alcohol at the time of crime. Very severe crimes have been done by the persons under the influence of alcohol in which the alcohol had been just one of the causes of criminal deed.

The connection between crime, alcohol abuse, addiction to alcohol and alcohol-related disorders is complex. The direct causal connection is rare. The addiction to alcohol can influence the criminal activity, and it is not accidental that the criminal acutely intoxicated with alcohol commits a crime for which he gets caught. However, it is also not rare that the perpetrators of criminal deeds defend themselves using the fact that they had been under the influence of alcohol and thus mentally incompetent.³

The relation between alcohol and crime is most frequently viewed through the relation of alcoholism and crime in general, i.e. through the relations between the alcoholic criminals and alcoholics who had not committed a crime. There are very few studies comparing the mentally competent alcoholics and other mentally competent perpetrators of criminal deeds.

The Article 40. of Penal Law of Republic of Croatia, subsection 2 states: "The person is considered mentally incompetent if he/she, at the time of crime, has not been able to understand the significance of his/her actions or has not been able to control his/her will because of the mental illness, temporary mental disturbance, inadequate psychological development or some other severe mental disturbance".⁴¹⁵

The forensic psychiatry accepts alcoholism as a disease, but is not completely ready to consider it equally with other permanent mental diseases or mental retardation. That is why alcoholism can not serve as a general reason for mental incompetence or reduced mental competence.⁶¹⁷

The Article 41. of the law mentioned above states that the person is not considered mentally incompetent if he/she, by his/her own accord, has got himself/herself into the state in which he/she has not been able to understand the significance of his/her actions or has not been able to control his/her will, because of using alcohol, drugs

and other substances, or if at the time of crime the deed has been contemplated or serious criminal negligence has been established and the law finds the deed eligible for criminal penalty.

AIM OF THE STUDY

The aim of this study was to investigate if there are any differences between the mentally incompetent perpetrators of criminal deeds, depending on the presence of diagnosis of alcoholism.

METHODS AND SAMPLE

In this study, we have used the retrospective method, based on the comparison of data contained in legal-medical documentation of mentally incompetent perpetrators of criminal deeds treated at the Department of Forensic Psychiatry of the Dr. Ivan Barbot Neuropsychiatric Hospital in Popovaca, Croatia, in the period from 1995-2002.

The sample consisted of 97 mentally incompetent perpetrators of criminal deeds in which the alcoholism had been diagnosed (as the primary or as the co-morbid diagnosis). The control group consisted of 233 mentally incompetent perpetrators of criminal deeds diagnosed with other diagnostic categories. All subjects in both groups were males.

In this study, we have used the comparative design, considering the disbalance between the experimental group and the control group. The groups have been compared using the qualitative (level of education, marital status, type of crime, alcohol consumption during treatment) and quantitative variables (age at the time of crime, duration of treatment).

The statistical analysis has been done using the statistical package SPSS. We have applied t-test and χ^2 to calculate the statistical significances. The results obtained have been shown in tables.

RESULTS

Table 1 shows that the mean age at the time of crime among the mentally incompetent perpetrators of criminal deeds diagnosed with alcoholism equaled 39.8 years, while the mean age at the time of crime among the mentally incompetent perpetrators of criminal deeds diagnosed with other diagnostic categories was 36.6 years.

The difference between the two groups of mentally incompetent perpetrators of criminal deeds considering the age of subjects at the time of crime is statistically significant (t -test= 2.020; $p < 0.05$)

Table 1. The comparison of mentally incompetent perpetrators of criminal deeds diagnosed with alcoholism ($N = 97$) with those diagnosed with other diagnostic categories ($N = 233$) considering the age at the time of crime.

	Alcoholism M \pm S D	Other diagnostic categories M \pm S D	Statistical index	P
Age <i>tempore criminis</i>	39.8+13.18	36.6 + 12.87	$t = 2.020$	0.044*

* $p < 0.05$

The difference between the groups considering the subjects' duration of education is not statistically significant (χ^2 -test=4.744; $p > 0.192$). Although there is a greater percentage of subjects belonging to the categories "9-12 years" and "13 and more years" among the mentally incompetent perpetrators of criminal deeds without the diagnosis of alcoholism (56, 2%), while the categories "1-4 years" and "5-8 years" are found more frequently among the mentally incompetent perpetrators of criminal deeds with the diagnosis of alcoholism (56.7%), the difference is not statistically significant.

Table 2. The comparison of mentally incompetent perpetrators of criminal deeds diagnosed with alcoholism ($N = 97$) and those with other diagnostic categories ($N = 233$) considering the subjects' duration of education.

Duration of education	Alcoholism (%)	Other diagnostic categories (%)	Statistical index	P
1-4 years	24.7	18.0	$\chi^2 = 4.744$	0.192
5-8 years	32.0	25.8		
9-12 years	40.2	51.5		
13 and more years	3.1	4.7		

There is a statistically significant difference between the two groups of mentally incompetent perpetrators of criminal deeds considering the marital status (χ^2 -test= 13.110; $p < 0.05$). The greatest percentage of subjects of both groups were not married (50.5 % of subjects with alcoholism vs. 62.7% of others). The mentally incompetent perpetrators of criminal deeds with the diagnosis of alcoholism have been more frequently married (20.6% vs. 9.4%).

Table 3. The comparison of mentally incompetent perpetrators of criminal deeds diagnosed with alcoholism (N = 97) and those diagnosed with other diagnostic categories (N = 233) considering the marital status.

Marital status	Alcoholism (%)	Other diagnostic categories (%)	Statistical index	p
Married	20.6	9.4	$\chi^2 = 13.110$	0.022*
Not married	50.5	62.7		
Divorced	14.4	17.2		
Living with partner	1.0	1.3		
Single	8.2	3.0		
Widower	5.2	6.4		

*p < 0.05

Table 4. The comparison of mentally incompetent perpetrators of criminal deeds diagnosed with alcoholism (N = 97) and those diagnosed with other diagnostic categories (N = 233) considering the type of crime.

Crime	Alcoholism (%)	Other diagnostic categories (%)	Statistical index	p
Murder	27.8	30.0	$\chi^2 = 2.836$	0.900
Attempted murder	20.6	16.7		
Violent behavior	25.8	24.0		
Theft	14.4	17.2		
Arson	8.2	7.3		
Sexual crimes	3.1	3.0		
Abuse in family	0	0.9		
Other crimes concerning property	0	0.9		

Table 4 shows that there are no statistically significant differences in the structure of crimes between the mentally incompetent perpetrators of criminal deeds diagnosed with alcoholism and those diagnosed with other diagnostic categories ($\chi^2 = 2.836$; $p > 0.90$). Almost a half of mentally incompetent patients have done or attempted murder (48.4 % of alcoholics and 46.7 % of other mentally incompetent perpetrators of criminal deeds). The next significant percentage of crimes belongs to the violent behavior, namely 25.8% among the mentally incompetent perpetrators of criminal deeds diagnosed with alcoholism and 24.0% among those diagnosed with other diagnostic categories. The frequencies of other types of crimes (theft, arson, sexual crimes) are also rather equal in two groups. The crimes of family abuse and crimes concerning property have been encountered less fre-

quently, only in a relatively small percentage of mentally incompetent perpetrators of criminal deeds diagnosed with other diagnostic categories (0.9%).

Table 5. The comparison of mentally incompetent perpetrators of criminal deeds diagnosed with alcoholism (N = 97) and those diagnosed with other diagnostic categories (N = 233) considering the consumption of alcohol during the treatment.

Alcohol consumption during treatment	Alcoholism (%)	Other diagnostic categories (%)	Statistical index	p
Yes	52.6	39.1	$\chi^2 = 5.108$	0.024*

*p < 0.05

Table 5 shows that 52.6% of mentally incompetent perpetrators of criminal deeds diagnosed with alcoholism, and 39, 1 % of others have consumed alcohol during the treatment. The χ^2 test value (5.108) proves that the difference is statistically significant (p < 0.05).

Table 6. The comparison of mentally incompetent perpetrators of criminal deeds diagnosed with alcoholism (N = 97) and those diagnosed with other diagnostic categories (N = 233) considering the duration of treatment.

	Alcoholism M + SD	Other diagnostic categories M + SD	Statistical index	p
Duration of treatment	5.6 ± 5.16	6.1 ± 5.69	t=0.641	0.522

Table 6 shows that the two groups of forensic patients do not differ significantly considering the duration of treatment (t-test = 0.641; p > 0.522).

DISCUSSION

Alcoholism is, by its nature, a particularly complex social phenomenon. It is caused by a number of complex biological, social and psychological relations and factors. The alcohol abuse is a risk factor appearing in most of the crimes. Some studies have proved scientifically that the influence of alcohol on the incidence of crime is significant even among the young population. One of these studies has shown that the criminal behavior among the young population is highly connected with alcohol (15%).⁹ The role of alcohol is also significant in the fact that the antisocial and disturbed behavior is narrowly connected with alcohol consumption.¹⁰ The risk for behaving violently and committing a crime is significantly higher among those who, besides alcoholism, suffer from some other psychological disturbances.¹¹

Analyzing the pre-delinquent path, the results obtained in this study show that there are no statistically significant differences considering the level of education between the mentally incompetent perpetrators of criminal deeds diagnosed with alcoholism and those diagnosed with other diagnostic categories (χ^2 test = 4.744; $p > 0.192$).

Comparing the marital status, it has been shown, that there are some statistically significant differences between the mentally incompetent perpetrators of criminal deeds diagnosed with alcoholism and those diagnosed with other diagnostic categories, namely in the category of married subjects (χ^2 test = 13.110; $p > 0.022$). This result suggests that alcoholics enter the marital and other communities more easily than the subjects with other serious mental disturbances, revealing also the different psychodynamics of the diseases.

Considering the structure of crimes, there are no statistically significant differences between the alcoholics and other forensic patients (χ^2 test = 2.836; $p > 0.900$). Almost a half of mentally incompetent subjects have done or attempted murder (48, 4% of alcoholics and 46.7% of other patients). The second place belongs to the violent behavior, third to the crimes concerning property, and the arson follows. Some of the studies have proved that there is a significant influence of alcohol on violent behavior and on the crimes concerning property.¹²

Alcoholism represents a great risk for violent behavior among the persons already suffering from some other psychiatric disease.^{13, 14, 15} The study carried out by Lunett et al. has shown that 23.3% of 45,544 violent deaths and murders had been correlated with alcohol. Results of this study show that 30.5% of suicides and 53.5% of homicides have been connected with alcohol.¹⁶

The results of this study show that there is a statistically significant difference between the alcoholics and the other forensic patients concerning the age at the time of crime (t -test = 2.020; $p < 0.044$). The statistical analysis (the comparison of means) has shown that the alcoholics had committed their crimes at a later age (39.8 vs. 36.5 years). Most probably, the alcoholic damage manifests primarily at a later age, so the alcoholics remain functional in their families and their communities for a long time compared to the subjects diagnosed with other diagnostic categories. The analyses show that the disturbances of behavior are directed at social functioning at first, while the psychological disturbances appear later in the course of disease, so the alcoholics manage to maintain control over their psychopathology. This is also confirmed by the studies pointing to the fact that the alcoholic becomes an aggressor when being provoked under the influence of alcohol.¹

Considering the other group of perpetrators of criminal deeds (mostly schizophrenics), it is undoubtedly obvious that the damage manifests much earlier and primar-

ily affects the person's emotions and urges and then the intellect. These persons are not able to process the emerging conflict at the psychological plane and the inability to control the psychopathology results in the need to destroy the object that threatens them.

The influence of alcoholism on crime rate has been proved also among the schizophrenic patients, at even younger age, but the influence has not been clearly proved at the higher age, when the diagnosis of schizophrenia has already been established.¹⁷ The problem of alcohol abuse among the schizophrenic patients is far greater than among the general population (17%).¹⁸

We have also found a statistically significant difference between the alcoholics and other forensic patients considering the alcohol abuse during treatment. During the treatment, 52.6% of mentally incompetent perpetrators of criminal deeds diagnosed with alcoholism and 39, 1% of those diagnosed with other diagnostic categories have consumed alcohol. Although a half of persons previously drinking alcohol stop to do so during treatment, the enormously high percentage of alcohol abuse in the second group of patients points to the necessity to investigate the conditions of treatment and their influence on alcohol consumption.

The comparison show that the two groups of forensic patients included in this study do not differ significantly considering the duration of treatment ($t\text{-test}=0.641$; $p > 0.522$). The patients stayed equally long in the course of treatment. The duration of treatment equaled averagely 5.6 years among the subjects diagnosed with alcoholism and 6.1 years among those diagnosed with other diagnostic categories, with enormously high standard deviations in both groups.

CONCLUSION

The aim of this study was to investigate if there are any differences between the mentally incompetent perpetrators of criminal deeds, depending on the presence of diagnosis of alcoholism.

The analysis of the results obtained shows that the alcoholics and other mentally incompetent perpetrators of criminal deeds do not differ significantly in level of education, structure of crimes and duration of treatment. The statistically significant differences between the groups have been observed considering the marital status (in the category of married subjects), age at the time of crime and alcohol abuse during treatment. The results show that the alcoholics are more frequently married, older at the time of crime and drink more alcohol during the treatment compared to the subjects of the control group.

The generalization of these conclusions requires the confirmation from further studies.

Sažetak

ALKOHOLIZAM I NEUBROJIVI POČINITELJI KAZNENOG DJELA

Iako je alkohol jedan od ispitivanih kriminogenih faktora, ima malo istraživanja u odnosu na druge neubrojtve počinitelje kaznenog djela. Ovaj rad polazi od pretpostavke da postoji razlika između neubrojivih počinitelja kaznenih djela s obzirom na dijagnozu alkoholizma i alkoholom izazvanih poremećaja. U istraživanju je primijenjena retrospektivna metoda koja je temeljena na komparaciji podataka sadržanih u sudsko-medicinskoj dokumentaciji neubrojivih počinitelja kaznenih djela. Uzorak je činilo 97 neubrojivih počinitelja kaznenih djela kod kojih je dijagnosticiran (i) alkoholizam, te 233 neubrojiva počinitelja kaznenih djela s drugim dijagnostičkim kategorijama. Rezultati istraživanja pokazali su da u strukturi kaznenih djela ne postoji statistički značajna razlika između neubrojivih počinitelja s obzirom na dijagnozu alkoholizma.

Ključne riječi: Alkoholizam; Neubrojivost; Kazneno djelo

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