

P20.02

The comparison of forensic-psychiatric traits between female and male perpetrators of murder or attempted murder

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The aim of this investigation was to define more clearly specific forensic-psychiatric characteristics of female murder or attempted murder perpetrators. The retrospective method applied was based on the comparison of the data from forensic-psychiatric assessments carried out in the Center for Forensic Psychiatry, Psychiatric Hospital Vrapče, Zagreb, from 1983 to 1997 (including 70 female and 70 male subjects – who committed murder or attempted murder). Compared with men, female offenders were most often in some way emotionally related to their victims, and they were more often victimized themselves before committing the crime. In men alcoholism was a more significant circumstantial factor in the assessment of their accountability. Psychiatric security measures were more often given to male offenders. The intensity of aggression was lower in females than in males. This investigation reveals that there are some sex specific forensic-psychiatric traits of murder or attempted murder perpetrators. The obtained results could be of help in everyday forensic-psychiatric practice, both in assessments and treatment.

P20.03

Factors influencing involuntary psychiatric admissions

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Objectives: To compare demographic data, clinical characteristics, and comorbid substance use between voluntarily and involuntarily admitted psychiatric patients.

Methods: Demographic data (gender, age, marital status, education, nationality, occupation, place of living), clinical characteristics (diagnosis according to DSM-IV, duration of illness, number of previous voluntary and involuntary admissions, length of hospitalization for the present episode), and substance abuse/dependence for 204 consecutive admissions (112 involuntary) were recorded over the course of 18 months.

Results: For the sample as whole, the typical committed patient: had a diagnosis of schizophrenia and other psychotic disorders (63%), as well as bipolar disorder (16%), had been admitted involuntarily previously (56%), and was single (56%). When we analyzed the subgroup of patients admitted for the first time ($n=78$), they were characterized by diagnosis (schizophrenia and other psychotic disorders, bipolar disorder, and organic psychiatric disorder, 75%). Length of hospitalization was significantly longer for involuntarily than for voluntarily admitted patients ($p=0.001$) for the whole sample, but there was a trend for the subgroup of first admission patients ($p=0.07$).

Conclusions: Involuntarily admitted patients are more likely to have a diagnosis of schizophrenia and other psychotic disorders and to have been hospitalized involuntarily previously. Our limited findings suggest that other factors (e.g., level of family or social support, socioeconomic level) should be examined in the future in order to better delineate the profile of involuntary patients.

P20.04

The temporal relationship between schizophrenia and crime

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Background: The crime rate among people with schizophrenia is known to exceed the crime rate in the general population.

Objective: To analyse the temporal relationship between the first committed (violent and non-violent) crime and the first contact to the psychiatric hospital system and when the diagnosis of schizophrenia is first given.

Method: A register based study linking The National Crime Register and The Psychiatric Central Research Register.

Results: A substantial part of especially the schizophrenic men commit their first crime before the first contact to the psychiatric hospital system.

Conclusion: A higher degree of cooperation and coordination between the judicial and the psychiatric system is needed to assess these individuals properly.

P20.05

A follow-up of mentally disordered offenders – recidivism and mortality

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Our knowledge about the outcome for hospitalised mentally disordered offenders is limited. Without such follow-up information, it is difficult to evaluate and improve the quality of forensic psychiatric treatment. The aim of the study was to analyse the rate of recidivism and mortality in a population based sample of people sentenced to forensic psychiatric treatment.

The sample encompasses all mentally disordered offenders in Örebro County, Sweden, discharged from a forensic psychiatric hospital ($n=47$) during the period 1992–1999. Variables studied were gender, age, index offence, diagnosis and duration of admission. Data concerning recidivism and mortality was retrieved from the National Police register and the Cause of Death register. The follow-up period comprised more than four years for half of the sample.

Approximately 30 percent of the sample was reconvicted during the follow-up period (no homicides). The sample yielded a significantly raised Standard Mortality Rate; 13.4 (95% CI 4.35–31.3), mostly due to suicide. The mortality was thus 13 times higher than expected compared with the general population. A forensic population obviously represents as much risk to themselves as to others.

P20.06

New legislation in the UK designed to increase public safety – a psychiatric view

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Introduction: The United Kingdom is preoccupied with Public Safety. New legislation, the Crime Sentences Act 1997, invokes an automatic life sentence on a person convicted of a serious violent or sexual offence, if they have a previous qualifying offence.

Objectives: To understand the use of this law in practice and how it impacts on Forensic Psychiatry.

Method: The number of automatic life sentences imposed over a twelve-month period was obtained from central government