

Mental diseases and criminal offences committed by persons placed at the Forensic Department of the Penitentiary in Zenica, Federation of Bosnia and Herzegovina

Edin Bjelošević¹, Adisa Krehmić², Halima Hadžikapetanović¹, Sanel Čoralić³, Sonja Bjelošević¹

¹Mental Healthcare Centre, Healthcare Centre Zenica, ²School of Medicine, University of Zenica, ³Forensic Department, Zenica Penitentiary; Zenica, Bosnia and Herzegovina

ABSTRACT

Aim To investigate an impact of various biological, psychological and social factors on perpetration of criminal offences by persons with mental disorders and to examine legal requirements for placement of persons with mental disorders, who committed criminal offences.

Methods This retrospective, descriptive study based on the analysis of data collected from records of the Zenica Penitentiary, Forensic Department (age, qualifications, employment status, marital status, mental disorders, information related to earlier treatments, type of committed criminal offense, duration of the security measure of mandatory psychiatric treatment and custody) included 154 examinees.

Results The study included 154 male examinees. An average age of the examinees was 34 years. An average duration spent at the Forensic Department was 3 years, murder was committed by 68 (44.15%) examinees, and 34 (22.07%) examinees committed attempted murder. Eighty-five (55.19%) examinees suffered from schizophrenia, 30 (19.48%) had delusional disorder, and 19 (12.33%) had mental retardation.

Conclusion The highest number of committed crimes was in correlation with schizophrenia, (the highest number of examinees suffered from schizophrenia). It is necessary to work on the establishment of a forensic hospital in the territory of the Federation of Bosnia and Herzegovina in order to create good conditions for rehabilitation of patients with mental disorders who committed criminal offences.

Key words: schizophrenia, accountability, murder

Corresponding author:

Edin Bjelošević
Mental Healthcare Centre, Healthcare
Centre Zenica
Fra Ivana Jukića 2, 72000 Zenica,
Bosnia and Herzegovina
Phone: +387 32 444 411;
Fax: +387 32 242 113;
E-mail: edinvesna@gmail.com
ORCID ID: <http://www.orcid.org/0000-0002-2359-3641>

Original submission:

15 March 2017;

Revised submission:

06 April 2017;

Accepted:

17 April 2017.

doi: 10.17392/905-17

Med Glas (Zenica) 2017; 14(2): 262-268

INTRODUCTION

The World Health Organization describes mental health as a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stress of life, can work productively and fruitfully, and is able to contribute to his or her community. From this positive standpoint mental health is a basis for human wellbeing and efficient functioning of individuals and a community (1). Experts from the field of mental health have been trying to define normal and abnormal behaviour. Although there is often a very thin line between normal and abnormal behaviour, over time some consensus has been reached on what is abnormal behaviour and experience, and it is contained in modern diagnostic guidelines, Diagnostic and Statistical Manual of Mental Disorders (DSM 5) (2) and International Classification of Diseases and Causes of Death (ICD -10) in the form of diagnostic criteria of mental disorders (2,3). According to ICD-10 mental disorders are placed in the group F from F00 to F99 (3).

There is a question when a person is mentally incapacitated or with reduced mental capacity.

“A mentally incapable person is the one who, at the time of perpetrating the criminal offence, was incapable of comprehending the significance of his acts or controlling his conduct due to a permanent or temporary mental disease, temporary mental disorder or retardation (mental incapacity)” (4). If the capacity of a perpetrator to comprehend the significance of his act and his ability to control his conduct were considerably diminished due to any of the mental conditions referred to in paragraph 1 of Criminal Code (CC) of the Federation of Bosnia and Herzegovina (FB&H), he may be punished less severely (considerably diminished mental capacity) (4). If a perpetrator committed an unlawful act in the state of mental incapacity there are conditions stipulated by the law to place him by coercion in a medical institution (5).

In FB&H there is no adequate medical institution for placement, treatment, resocialization and rehabilitation of persons who committed a criminal offence in the state of mental incapacity due to permanent or temporary mental disorder or mental retardation. Such persons are placed at the Forensic Department of the Penitentiary in Zenica in order to serve their security measures of com-

pulsory psychiatric treatment and custody. From the professional, psychiatric, ethical and legal aspect, their placement in the Forensic Department of the Penitentiary Facility in Zenica rather than a medical institution is of great concern.

There are high levels of stigma and discrimination reported by persons with mental disorders (6). Stigmatization prevents natural resocialization of persons with mental retardation, which affects the course of a therapeutic process (7). Forensic psychiatry is applied psychiatry for legal purposes (8). In the field of criminal law forensic mental health is a wider area, which involves the assessment and treatment of persons with mental disorders, whose behaviour resulted or could have resulted in the perpetration of criminal offences (8). A research conducted in the USA has discovered that 95% of the public believe that a legal intervention could prevent expected damage if it were anticipated that a person with mental disorder could be violent towards other persons (9). Having been discharged from hospital, 18.7% of patients with mental disorders committed at least one violent act within the first 20 weeks after discharge (10). The Law on Mental Health clearly stipulates that custody in a hospital needs to be therapeutic, or “in the interest of protection of health, security or protection of others” and that civil rights of individuals must not be violated (11). The research has shown that there is 5% of persons suffering from schizophrenia among those convicted of murder (12).

The aim of the study was to examine an impact of different biological, psychological and social factors to the perpetration of criminal offences by persons with mental disorders and examine legal conditions for placement of persons with mental disorders who committed a criminal offence. The purpose of the study was to underline the legality of placement of persons with mental disorders in the institution where they are placed.

EXAMINEES AND METHODS

Design and study sample

In this retrospective and descriptive study, data gathered from protocols of the Forensic Department of the Penitentiary in Zenica, FB&H, were analysed. The study included a period from the establishment of the Forensic Depar-

tment in 1996 until 2015. The study included a total number of 154 examinees placed at the Forensic Department of the Zenica Penitentiary to serve their security measures of compulsory psychiatric treatment and custody, but also those who served their imprisonment sentences. All examinees were males as the Penitentiary in Zenica admits only male perpetrators of criminal offences. According to the current data of the Forensic Department, out of the total number of examinees who served their security measures of compulsory psychiatric treatment, there were 18 persons with mental or psychiatric disorders, who are defined by Article 3 paragraph 1 and paragraph 2 of the Law on Protection of Persons with Mental Disorders in the FB&H as “mentally ill person with a mental disorder, a person with insufficient mental development, alcohol or drug addict or persons with other mental disorders” and “a person with serious mental disorders is a person with such mental disorders that prevent him from comprehending significance of his acts or is not able to control his will or his abilities are reduced to the extent that he/she needs psychiatric assistance”, respectively (13).

Data collected for the purpose of the analysis included the examinees’ age, place of residence, property or financial status, qualifications, professional experience, marital status and family environment, socio-pathological aspects such as alcoholism and other forms of toxic mania, diagnoses of diseases or mental disorders, data on past medical treatments, information on individual characteristics and personality, type of committed crime, duration of the measure of compulsory psychiatric treatment and custody.

An approval for the study was obtained from Zenica Penitentiary.

Statistical analysis

Methods of descriptive statistics, ANOVA test, χ^2 test were used for the analysis of the data: age, education level, marital status, employment status, type of criminal offence broken down by age, type of criminal offence broken down by qualifications of a perpetrator, duration of the security measure, number of murders and attempted murders.

The $p < 0.05$ was considered as statistically significant.

RESULTS

The study included 154 examinees placed at the Forensic Department of the Penitentiary in Zenica. All the examinees were males. The examinees were mostly in the age groups of 30-39 and 20-29 years of age, 53 (32%) and 49 (30%), respectively. Majority of the examinees had secondary school degree, 67 (43.50%), and primary school, 49 (31.81%), followed by the examinees without primary education, 19 (12.33%). As far as the employment is concerned, most examinees were unemployed, 87 (56.49%), followed by the retirees, 38 (24.67%), and 16 (10.38%) examinees were employed. There were 61 (39.61%) single persons, 35 (22.72%) divorced and 34 (22.07%) examinees were married (Table 1).

Table 1. Demographic characteristics of examinees

Characteristic	No (%) of examinees
Age (years)	
Under 19	4 (2.59)
20-29	49 (31.81)
30-39	53 (34.41)
40-49	34 (22.07)
50-59	16 (10.38)
60-69	9 (5.84)
Total	154 (100)
Education	
No qualifications	19 (12.33)
Primary school	49 (31.81)
Secondary school	67 (43.50)
College	0
University	3 (1.94)
Student	1 (0.64)
Unknown	12 (7.79)
Total	154 (100)
Employment status	
Employed	16 (10.38)
Unemployed	87 (56.49)
Pensioner	38 (24.67)
Student	1 (0.64)
Unknown	12 (7.79)
Total	154 (100)
Marital status	
Married	34 (22.07)
Single	61 (39.61)
Divorced	35 (22.72)
Widower because of wife’s murder	13 (8.44)
Unknown	11 (7.14)
Total	154 (100)

Of 154 examinees 85 (55.19%) were diagnosed with schizophrenia, 30 (19.48%) had the diagnosis of delusional disorder, 31 (20.12%) had the diagnosis of specific personality disorder, 19 (12.33%) were diagnosed with mental retardation, 10 (6.49%) with persistent delusional disorder, four (2.59%) examinees had the diagnosis of acute brief psychotic disorder, four had a manic episode, three (1.94%) had the diagnosis of PTSD and one (0.64%) examinee had the di-

agnosis of a depressive episode and one had dissociative disorder (Ganser syndrome) (specific developmental speech disorder).

Ninety-four (62%) examinees had one diagnosis, 43 (29%) examinees had two diagnoses and 13 (9%) had more than two diagnoses.

Of the total number of examinees, 54 (33%) abused alcohol, 13 (8%) examinees consumed drugs and 97 (59%) did not abuse either alcohol or drugs.

Of the total of 109 criminal offences against life and body, 68 (62%) examinees committed murders, 34 (31%) attempted murder, and seven (7%) examinees inflicted serious bodily injuries to their victims. Of 68 murders in total, 37 (54.41%) were committed against family members and 31 (45.58%) against other persons. Attempted murder was noted in 34 cases, of which 13 (38%) were against family members, while 21 (61.76%) were against other persons (Table 2).

Table 2. Distribution of 102 murders and attempted murders according to persons against whom such crimes were committed

Murders and attempted murders against	No (%) of murders	No (%) of attempted murders
Mother	8 (11.76)	2 (5.88)
Father	6 (8.83)	0
Wife	14 (20.58)	6 (17.66)
Other family members	9 (13.23)	5 (14.7)
Other persons	31 (45.58)	21 (61.76)
Total	68 (100)	34 (100)

The most frequent criminal offences were committed by the examinees aged 20-29 years, 65 (28.13%), those aged 30-39, 65 (28.13%) and examinees in the age 40-49, 58 (25.10%). Most frequent criminal offences in these age groups were against life and body (total of 107) in 21

(19.62%), 41 (38.31%) and 26 (24.29), cases, respectively, ($p=0.052$) against property (total of 50) in 20 (40%), 11 (22%) and 10 (20%), respectively, and against public health order and legal transactions (total of 36) in nine (25%), 10 (27.77%) and 10 (27.77%), respectively (Table 3).

The highest number of the examinees, 30 (19.48%), were pronounced the measure of mandatory psychiatric treatment and custody in the period between six months and one year, as well as one to two years (Table 4).

Table 4. Duration of the security measure of mandatory psychiatric treatment and custody

Duration of the security measure of mandatory psychiatric treatment and custody	N (%)
Up to 5 months	12 (7.79)
6 - 12 months	30 (19.48)
1 - 1 year and 12 months	30 (19.48)
2 years - 2 years and 12 months	21 (13.63)
3 years - 3 years and 12 months	16 (10.38)
4 years - 4 years and 12 months	15 (9.74)
5 years - 5 years and 12 months	7 (4.54)
6 years - 6 years and 12 months	5 (3.24)
7 years - 7 years and 12 months	1 (0.64)
8 years - 8 years and 12 months	3 (1.94)
11 years - 11 years and 12 months	5 (3.24)
13 years - 13 years and 12 months	2 (1.29)
14 years - 14 years and 12 months	1 (0.64)
15 years - 15 years and 12 months	1 (0.64)
17 years - 17 years and 12 months	3 (1.94)
18 years - 18 years and 12 months	2 (1.29)
Total	154 (100)

The examinees with the secondary school degree most frequently committed criminal offences, 99 (43.42%) ($p<0.001$), followed by the examinees with primary school qualifications 65 (28.50%) (Table 5).

An analysis of pronounced security measure of mandatory psychiatric treatment and custody because of the perpetration of one or more cri-

Table 3. Distribution of examinees according to the type of the criminal offence broken down by age

Criminal offence against	No (%) of examinees in age group (years)							p
	<19	20-29	30-39	40-49	50-59	60-69	Total	
life and body	1 (0.93)	21 (19.62)	41 (38.31)	26 (24.29)	9 (8.41)	9 (8.41)	107 (46.32)	0.052
freedom and rights*		3 (33.33)		1 (11.11)	3 (33.33)	2 (22.22)	9 (3.98)	
against marriage, family and youth†		3 (100)					3 (1.29)	
people's health‡		1 (50)		1 (50)			2 (0.86)	
sexual freedom and morality§		2 (50)	2 (50)				4 (1.24)	
property¶	5 (10)	20 (40)	11 (22)	10 (20)	4 (8)		50 (21.64)	
environment, agriculture and natural resources#				1 (100)			1 (0.43)	
public safety of persons and property**		6 (31.57)	1 (5.26)	9 (47.36)	2 (10.52)	1 (5.26)	19 (8.22)	
public order and legal transactions††	2 (5.55)	9 (25)	10 (27.77)	10 (27.77)	2 (5.55)	3 (8.33)	36 (15.58)	
TOTAL	8 (3.46)	65 (28.13)	65 (28.13)	58 (25.10)	20 (8.65)	15 (6.49)	231 (100)	

*six (66.66%) were related to endangering security and three (33.33%) to infringing inviolability of dwelling; †all were related to abduction of a child; ‡both were related to unauthorized production and sale of narcotic drugs; §all were related to rape; ¶11 (21%) were thefts, 22 (43%) were aggravated thefts, 3 (6%) were robberies, 7 (14%) were aggravated robbery, 1 (2%) was embezzlement and 7 (14%) were criminal offences of malicious mischief; #forest theft; **16 (84.21%) were offences of provoking general danger and 3 (15.78%) were serious criminal offences against public safety and property; ††10 (28%) were attacks against staff while carrying out security work, 8 (23%) against family members, 9 (26%) against other persons, 1 (3%) was removal or damage of an official seal, and 7 (20%) were related to illicit possession of weapons or explosive substances

Table 5. Examinees according to the type of criminal offences broken down by qualifications

Criminal offences against	No (%) of examinees by the qualifications							p
	No qualifications	Primary school	Secondary school	University	Student	Unknown	Total	
life and body	12 (11.11)	25 (23.14)	52 (48.14)	5 (4.62)		14 (12.96)	108 (47.36)	<0.001
freedom and rights		1 (14.28)	5 (71.42)			1 (14.28)	7 (3.07)	
marriage, family and youth			2 (100)				2 (0.87)	
people's health		2 (100)					2 (0.87)	
sexul freedom and morality	1 (25)	1 (25)	2 (50)				4 (1.75)	
property	7 (14)	20 (40)	13 (26)		3 (6)	7 (14)	50 (21.92)	
environment, agriculture and natural resources		1 (100)					1 (0.43)	
public safety of persons and property	3 (15.78)	6 (31.57)	8 (42.10)			2 (10.52)	19 (8.33)	
public order and legal transactions	4 (11.42)	9 (25.71)	17 (48.57)		1 (2.85)	4 (11.42)	35 (15.35)	
TOTAL	27 (11.18)	65 (28.50)	99 (43.42)	5 (2.19)	4 (1.75)	28 (12.28)	228 (100)	

minal offences showed that 105 (68.18%) examinees committed one criminal offense and 49 (12.82%) committed more criminal offences (data not shown).

Before the crime perpetration 104 (67.54%) examinees had been treated previously, and 50 (32.46%) had not been treated (data not shown).

Forty-five (29%) examinees had been previously convicted and 109 (71%) had not been convicted before (data not shown).

Reasons for the termination of the security measure of mandatory psychiatric treatment and custody were as follows: in three (1.94 %) examinees, the security measure of mandatory psychiatric treatment and custody ceased because of suicide, the natural death occurred in four (2.59 %) examinees, 23 (14.93%) were transferred to prison, 108 (70.12%) were released, and in 16 (10.38%) examinees the security measure was retained (data not shown).

Of the total of 154 examinees, 130 (84.41%) were found mentally incapacitated and the security measure of mandatory psychiatric treatment and custody was pronounced to them, while 23 (15%) examinees were found to have diminished mental capacity and in addition to the security measure of mandatory psychiatric treatment and custody, an imprisonment sentence was pronounced, in one (0.64%) examinee the security measure of mandatory psychiatric treatment and custody was pronounced with a suspended imprisonment sentence (data not shown).-

DISCUSSION

The study included 154 examinees placed at the Forensic Department of the Penitentiary in Zenica, Federation Bosnia and Herzegovina. Of the total number of examinees 55.19% had the diag-

nosis of schizophrenia. In addition to schizophrenia, the highest number of examinees, 19.48%, had the diagnosis of delusional disorder, 20.12% were diagnosed with specific personality disorder, and 12.33% with mental retardation; Pond et al. study showed 32.4% psychosis and 19.7% personality disorder (14).

Persons with schizophrenic disorders are four times more likely to commit violence than persons without schizophrenic disorder (15), which is confirmed by our study. The studies of criminality in patients in psychiatric hospitals and mental disorders among imprisoned offenders suggest a link between major mental disorders (schizophrenia and big emotional disorders) and crime. It was found that men with most serious mental disorders or a handicap had higher likelihood of committing criminal offences than men without disorders and were four times more likely to commit violence. Criminal behaviour occurred in more than half of those cases at the age of 18 years (16). In our research, we received information that the majority of people with mental disorders committed a crime in the age of 20-29 years, 28.13%.

The results of this study have shown that persons with more serious mental disorders and persons with intellectual difficulties have a higher risk of violent behaviour and perpetration of criminal offences confirming results of previous studies (16). Research conducted in relation to readmission to custody or prison has shown that 30.8% of persons returned to prison indicating that early detection of deteriorated condition leads to improvement in mental health and decrease in the number of returns to prison (17). It is in line with the research conducted by Evans et al. showing that 68% examinees had been previously treated and that 29% had an earlier measure of treatment

(17). Suicidal behaviour is a significant problem in American prisons, e.g. suicidal ideas precede suicidal behaviour in 16% of the prison population (18). Our study has found that 1.94% examinees committed suicide.

There is a huge problem in FB&H related to the lack of an adequate medical institution for custody, treatment, resocialization and rehabilitation of persons who committed criminal offences in the state of mental incapacity due to temporary mental disease or disorder. In Bosnia and Herzegovina the psychiatric hospital with a forensic department has been constructed in Sokolac town. Patients from the Federation of Bosnia and Herzegovina who committed criminal offences do not have access to it. In Germany patients are placed in forensic mental hospitals (19). Early signs of psychotic symptoms, physical aggression in childhood needs to be taken seriously by parents, teachers and mental health professionals. Such symptoms may later lead to aggressive behaviour (20). Early preventive strategies aimed at decreasing physical aggression among young children are likely to be more effective in decreasing violent behaviour in people with psychosis (21,22).

Individuals who meet diagnostic criteria for schizophrenic disorders had a higher risk of being violent in the age of 26, which was confirmed by a study conducted by **Walsh et al. (22)**. A study of Cechova-Vayleux et al. found that the average age of perpetrators was 37.8 years, they all had a psychiatric anamnesis, previous criminal records and history of violence against others. It corresponds to our research, indicating that the highest number of criminal offences was committed at the age 20

to 29 and **30 to 39 years (23)**. Out of the total number of murders in the presented study 54.41% were committed against family members. Similar results were obtained by Hanlon et al., 33% (24). The highest number of our examinees had secondary (43.42%) and **primary school education (28.50%)**, which was similar to the results of a study by Ghoreishi et al. (25).

In conclusion, the process of resocialization is affected by many factors ranging from the deinstitutionalization process to stigmatization of persons with mental disorders in the society. It is necessary to work intensively on the opening of a forensic hospital in the territory of the Federation of Bosnia and Herzegovina in order to improve conditions for custody, treatment, resocialization and rehabilitation of persons who committed criminal offences in the state of mental incapacity due to permanent or temporary mental disease or disorder. In addition, legal conditions for placement of mental patients in medical institutions are to be created, because such an institution does not exist in the Federation of Bosnia and Herzegovina and therefore, new perpetrators of criminal offences caused by mental disorders could not be placed in an adequate institution. Early detection of mental disorders and adequate support and work with such persons are also important in order to reduce their aggressiveness and perpetration of criminal offences.

FUNDING

No specific funding was received for this study.

TRANSPARENCY DECLARATION

Conflict of interest: None to declare.

REFERENCES

1. Anonymous. The World Health Report 2001. Mental Health: New understanding, New Hope. Geneva: World Health Organization, 2001. <http://www.Who.int/whr/2001/en/> (07 February 2017)
2. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. (5th ed.). Arlington, VA: American Psychiatric Publishing, 2013.
3. Hrvatski zavod za javno zdravstvo. Međunarodna klasifikacija bolesti i srodnih zdravstvenih problema – deseta revizija, svezak 1. Zagreb: Medicinska naklada, 1994.
4. Parlament Federacije Bosne i Hercegovine. Kazneni zakon Federacije Bosne i Hercegovine (KZFBiH). Sarajevo: Službene novine Federacije BiH⁴, broj 36/03, 37/03, 2003.
5. Parlament Federacije Bosne i Hercegovine. Zakon o krivičnom postupku Federacije Bosne i Hercegovine (ZKPFBiH). Sarajevo: Službene novine Federacije BiH broj 35/03, 37/03, 56/03, 2003.
6. Mezey G, Youngman H, Kretzschmar I, White S. Stigma and discrimination in mentally disordered offender patients – a comparison with a non-forensic population. *J Forens Psychiatry Psychol* 2016; 27:1-13
7. Clement S, Schauman O, Graham T, Maggioni F, Evans-Lacko S, Bezborodovs N, Morgan C, Rüsch N, Brown JS, Thornicroft G. What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychol Med* 2015; 45:11-27.

8. Mullen PE. Forensic mental health. *Br J Psychiatry* 2000; 176:307-11.
9. Monahan J, Steadman H, Robbins CP, Silver E, Appelbaum P, Grisso T, Mulvey PE, Roth HL. Developing a clinically useful actuarial tool for assessing violence risk. *The Br J Psychiatry* 2000; 176:312-19.
10. Monahan J, Steadman H, Robbins P, Appelbaum P, Banks S, Grisso T, Heilbrun K, Mulvey E, Roth L, Silver E. An actuarial model of violence risk assessment for persons with mental disorders. *Psychiatr Serv* 2005; 56:810-15.
11. Gareth R, Reed J. Patients or prisoners? Time to reconsider the voting rights of mentally disordered offenders. *BJPsych Bull* 2016; 40:169-72.
12. Friedman R A. Violence and mental illness — how strong is the link? *N Engl J Med* 2006; 355:2064-6.
13. Parlament Federacije Bosne i Hercegovine. Zakona o zaštiti osoba s duševnim smetnjama. Službene novine Federacije BiH, br: 37/01. Sarajevo, 2001.
14. Pondé MP, Freire AC, Mendonça MS. The prevalence of mental disorders in prisoners in the city of Salvador, Bahia, Brazil. *J Forensic Sci* 2011; 56: 679-82
15. Arseneault L, Cannon M, Murray R, Poulton R, Caspi A, Moffitt TE. Childhood origins of violent behaviour in adults with schizophreniform disorder. *Br J Psychiatry* 2003; 183:520-25.
16. Hodgins S, Sheilagh H. Mental disorder, intellectual deficiency, and crime. *Arch Gen Psychiatry* 1992; 49:476-83.
17. Evans C, Forrester A, Jarrett M, Huddy V, Campbell C, Byrne M, Jamieson-Craig TK, Valmaggia LR. Early detection and early intervention in prison: improving outcomes and reducing prison returns. *J Forensic Psychiatry Psychol* 2017; 28:91-107.
18. Schaefer KE, Esposito-Smythers C, Tangney J. Suicidal ideation in a United States jail: demographic and psychiatric correlates. *J Forensic Psychiatry Psychol* 2016; 27:698-704.
19. Schalast N, Redies M, Collins M, Stacey J, Howells K. EssenCES, a short questionnaire for assessing the social climate of forensic psychiatric wards. *Crim Behav Ment Health* 2008; 18: 49-58.
20. Poulton R, Caspi A, Moffitt TE, Cannon M, Murray R, Harrington H. Children's self-reported psychotic symptoms and adult schizophreniform disorder: a 15-year longitudinal study. *Arch Gen Psychiatry* 2000; 57:1053 -8.
21. Dodge KA. Investing in the prevention of youth violence. *International Society for the Study of Behavioural Development Newsletter* 2002; 2: 8-10.
22. Walsh E, Gilvarry C, Samele C, Harvey K, Manley C, Tyrer P, Creed F, Murray R, Fahy T.
23. Reducing violence in severe mental illness: randomised controlled trial of intensive case management compared with standard care. *BMJ* 2001; 323:1093-6..
24. Cechova-Vayleux E, Leveillee S, Lhuillier JP, Garre JB, Senon JL, Richard-Devantoy S. Female intimate partner homicide: clinical and criminological issues. *Encephale* 2013; 39: 416-25.
25. Hanlon ER, Brook M, Demery JA, Cunningham MD. Domestic homicide: neuropsychological profiles of murderers who kill family members and intimate partners. *J Forensic Sci* 2016; 61:163-70.
26. Ghoreishi A, Kabootvand S, Zangani E, Bazargan-Hejazi S, Ahmadi A, Khazaie H. Prevalence and attributes of criminality in patients with schizophrenia. *J Inj Violence Res* 2015; 7:7-12.

Duševna oboljenja i krivična djela osoba smještenih na Forenzičkom odjelu Kazneno-popravnog zavoda Zenica, Federacija Bosne i Hercegovine

Edin Bjelošević¹, Adisa Krehmić², Halima Hadžikapetanović¹, Sanel Čoralić³, Sonja Bjelošević¹

¹Centar za mentalno zdravlje, JU Dom zdravlja Zenica, ² Medicinski fakultet Univerziteta u Zenici, ³Forenzički odjel Kazneno-popravnog zavoda Zenica; Zenica, Bosna i Hercegovina

SAŽETAK

Cilj Ispitati utjecaj različitih bioloških, psiholoških i socijalnih faktora na izvršenje krivičnih djela od strane lica s mentalnim poremećajem, te ispitati zakonske uvjete u kojima su smještene osobe s mentalnim poremećajima, a koje su počinile krivično djelo.

Metode U ovom retrospektivnom deskriptivnom istraživanju analizirani su podaci prikupljeni iz protokola Forenzičkog odjela Kazneno-popravnog zavoda Zenica (dob, školska sprema, radni status, bračno stanje, mentalni poremećaji, podaci koji se odnose na ranije liječenje, vrsta počinjenog krivičnog djela, trajanje mjere bezbjednosti obaveznog psihijatrijskog liječenja i čuvanja) za 154 ispitanika.

Rezultati Istraživanje je obuhvatilo 154 ispitanika (muškaraca) prosječne starosne dobi 34 godine. Prosječan broj godina provedenih na Forenzičkom odjelu je 3 godine; ubistvo je počinilo 68 (44,15%) ispitanika, a 34 (22,07%) pokušaj ubistva. Od shizofrenije je bolovalo 85 (55,19%) ispitanika, 30 (19,48%) je imalo sumanutu poremećaj, a 19 (12,33%) mentalnu retardaciju.

Zaključak Najveći broj počinjenih djela bio je u korelaciji sa shizofrenijom (najveći broj ispitanika bolovao je od shizofrenije). Potrebno je raditi na podizanju forenzičke bolnice na području Federacije Bosne i Hercegovine, kako bi se osigurali dobri uvjeti za rehabilitaciju psihičkih bolesnika koji su počinili krivično djelo.

Ključne riječi: shizofrenija, uračunljivost, ubistvo