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ABSTRACT

Objectives: To investigate the Psychiatric aspects of homicide in Nigeria, and, the psychosocial and forensic background of homicide offenders in Nigeria; to determine the role of the mental health services in the disposal of the accused by the criminal justice system.

Design: Retrospective study, involving interview of homicide convicts and, the scrutiny of court and prison documents for relevant clinico-forensic data.

Setting: Federal Prison, Jos, Nigeria.

Results: One hundred and eighteen subjects participated in the study. Psychotic disorder (mainly paranoid schizophrenia) and alcohol intoxication accounted for the offences of 28 (24%) accused. Amnesia for the events occurred in psychotic offenders. Psychiatric services were underutilised in the trial and disposal of the accused. Marked psychosocial maladjustment in offenders was suggested by a high rate (45%) of substance use disorders predating the homicide events. Thirty three (28%) offenders had dysfunctional family circumstances. Eighty six per cent of the accused were first time offenders. Adverse life events, predominantly in relation to the victims, were reported by 33 (28%) of the accused in the month predating the events.

Conclusions: Psychiatric disorders and substance use are significantly involved in homicide events in Nigeria. There is a need for close liaison between the psychiatric and criminal justice systems, in the disposal of all homicide accused. A continuing study of homicide in Nigeria is recommended, to bridge the gap in our present level of knowledge.

INTRODUCTION

The propensity to violent behaviour by psychiatric patients is aggravated when personality difficulties and substance use disorders are existing co-morbidities(1). Homicide has been associated with adverse life events(2). A serious crime such as murder may be the first evidence of psychiatric disorder. Thus, the psychiatric assessment of all violence including homicide offenders, remains an important aspect of clinico-legal procedure(3).

In Nigeria, the psychiatric aspects of homicide, including the psychosocial and forensic background of homicide offenders, remain little investigated. The only published works on homicide, have been those of Asuni (4), Biennen(5), Bohannan(6), and, Ogungbemi and Ahmed(7). These studies were limited in geographical scope, as they dealt with homicide in western Nigeria, the city of Kaduna, and, the domain of the Tiv tribesmen of Nigeria respectively. The paper seeks to address these limitations, and, to examine the role of the existing mental health services in the trial and disposal of the homicide offenders in Nigeria.

MATERIALS AND METHODS

Homicide convicts at the Jos federal prison, whose catchment area includes the states of Adamawa, Borno, Benue, Bauchi, Plateau, Taraba and Yobe (total population of about 35 million

(8)) were included in the study only after they had given their consent. Court and prison documents were scrutinised to obtain corroborating information on the subjects' responses.

The following variables were investigated: the psychiatric and forensic histories of the offenders, including the role of psychiatric morbidity and/or substance use disorders in the homicide events, adverse life events in the month preceding the homicide incidents, the aftermath of the events including, the role of existing mental health services in the trial and disposal of the accused by the criminal justice system. The motives associated with the homicide offences were examined.

RESULTS

One hundred and eighteen subjects age range 14-65 years, mean (\pm sd) 33.9(\pm 10.9) years, participated in the study. Sixty per cent of offenders were in the 20-50 year age group. There were 113 (96%) males and 5(4%) females. Thirty three(28%) convicts were single, while 77(65%) were married. Eighty four (71%) offenders were illiterate. Eighty (68%) subjects were rural dwellers, while 38(32%) were urban dwellers.

Psychiatric aspect: role of psychiatric/substance use disorders in the homicide events: Eleven (68%) of the 16 accused referred for pre-trial psychiatric assessment had killed their victims as a result of psychotic motives (paranoid schizophrenia, depressive disorder, one; acute undifferentiated psychotic state, two). In six offenders, the index offence was the first evidence of psychiatric disorder.

Five (4%) persons may have committed their offences due to acute psychosis precipitated by cannabis use. One adolescent killed his aunt whilst acutely psychotic due to amphetamine taken for the first time, under peer pressure. Two (2%) offenders had histories of epilepsy-one of whom on recovering from a grand-mal attack, killed his victim.

Regarding 102 offenders not referred for pre-trial psychiatric assessment, 25 (24%) had contact with traditional healers for the treatment of symptoms suggestive of psychiatric disorder-psychotic motives may have accounted for the offences of 13 such persons.

Offenders' substance use histories were as follows: alcoholism, 41(35%)(28 were seriously dependent-17 committed their offences whilst acutely intoxicated); regular cannabis use, nine (8%) (five may have been ill with a schizophreniform illness at the time of their offences); and, amphetamine use, three (3%)(one of whom as stated earlier, killed his aunt whilst acutely intoxicated with amphetamine). Thus, 53 (45%) offenders had positive histories of substance use disorders predating their offences-23 (43%) were deemed to have committed their offences as a result of such involvement.

The courts recognised that psychotic motives and alcohol intoxication accounted for the offences of 28 (24%) accused. However, based on three findings from this study, psychiatric disorder/substance use disorders-including alcohol intoxication, may have accounted for the offences of 53 (45%) persons. Psychiatric and, substance use disorders played no role in the offences of persons killing their victims in circumstances of group activity.

Life events in the month preceding the homicide event: In the month before the homicide events, 33 (28%) offenders experienced adverse life events. Twenty six (79%) of these offenders reported these events as occurring in relation to their victims.

Offenders' recall of the homicide events: One hundred and nine (92%) convicts had full recall of their offences, nine (8%) offenders (psychotic) had partial or no recall of the details of their offences.

Forensic aspects offenders' criminal histories: Sixteen (14%) offenders had previous criminal convictions for: manslaughter, one; attempted murder of wife, one (not the victim in the index offence); acts occasioning grievous bodily harm, seven; attempted suicide, four; criminal but non-violent offences, five.

Motives/premeditation: Seventy four offenders killed without premeditation, while 44 killed with premeditation. Offenders' motives were classified into those whose offences occurred in group activity, and those in which individual activity was associated with the offenses. The motives of group offenders (n=43) were as follows: religious riots, seven (16%); mob action on suspected thieves, seven (16%); feuds over farmland, eleven (26%); armed robbery, five (12%); political feuds, five (12%); ritual murder, four (9%); and fights over stolen cattle, four (9%).

Seventy five (64%) convicts killed, in circumstances of one-to-one activity. Motives accounting for such events,

included alcohol intoxication and psychiatric disorder in 28 (37%) cases, sexual jealousy in 13 (17%) cases, revenge in response to personal insult and previous trespass in 13 (17%) cases and, allegations of witchcraft, 10 (13%) cases, self-defence in 4 (5%) cases, initiation rites (*shaudi* ceremonies) by Fulani tribesmen in four cases (5%), concealing (abandoning neonate in the bush) illegitimate childbirth in one case (1%), jealous rage by an infertile co-wife killing her colleague's infant (1%) and, accidental situation, one case (1%).

Aftermath of events: Twenty one (18%) offenders took measures to avoid discovery by either concealing the corpse at the site of event, or dumping it elsewhere. Twenty seven (23%) offenders, reported themselves to the police or other authorities. Sixty four (54%) offenders were arrested at the scene of the events. Six (5%) offenders attempted suicide after killing their victims.

Outcome of trial and disposal of the accused: During the trial of 16 (14%) accused, 11 had psychiatric assessment done. Psychiatric examinations occurred after several months of confinement in remand custody. Psychotic motives were held to account for the offenses of 11 of these accused-for which the not-guilty-by-reason-of-insanity verdict was passed.

The high court verdicts were as follows: guilty of murder with mandatory death sentence, 90 (76%); manslaughter with life imprisonment, 11(9%); and, not guilty by reason of insanity, 11 (9%); armed robbery-with-murder with mandatory death sentence, five (4%); and, infanticide one (1%) (the accused caused the death by negligence, of her neonate-born in the bush, and left to die, to conceal illegitimacy).

Offenders' family histories: A family history of criminality was reported by 11(9%) offenders. In one case this involved the loss of life. Twenty two (19%) subjects reported history of psychiatric disorder in their families. Thirty three (28%) subjects' families were poorly integrated/dysfunctional(characterised by varying degrees intra-family violence). Thirty (25%) subjects reported their families as having had varying degrees of exposure to external aggression in 70% of such cases, this related to feuds over land for farming and cattle grazing.

DISCUSSION

Studying homicide motives, is only a shorthand for studying the social situation in which homicide occurred(6). The motives for homicide in this study, either described the basic reasons underlying the fatal event for example jealous rage or self defence, or merely described the situation, for example feuds over religious matters. In this study, individuals who killed in group activity had acted in response to situations which provoke adverse sentiments of a large number of persons at a point in time, for example economic, political and religious interests. Political and religious sentiments run deep in Nigeria, often with fatal consequences. From the early 1980's, thousands of lives have been lost due to religious unrest in northern Nigeria.

For example in 1982, a series of religious riots provoked by the Maitatsine Islamic religious fundamentalists led to the loss of thousands of lives in northern Nigeria.

Collectively, communal strife over farmland and cattle constituted the most frequent motive for murder by those who had acted in group activity. The predominantly agrarian occupation of the populace in Nigeria may account for this observation. Farmland and cattle are highly priced, to be defended at all costs, sometimes with disastrous consequences.

In this study, offenders convicted for killing suspected thieves, had acted as members of vigilante groups. In northern Nigeria, vigilante groups called *Yanbanga*, often take the law into their hands (probably due to lack of faith in the criminal justice system), carrying out physical punishment on suspected or actual thieves, without recourse to due process of the law.

The motives for ritual murder may be cultural, religious or economic. Asuni(4), observed that ritual murder while being illegal, may occasionally be conducted when a paramount chief dies. It is traditional that he should be buried with some other deceased person who would serve him in the next life. In this study, subjects convicted for the offence of ritual murder, had done this, to obtain parts of the human anatomy for ritual ceremonies to enhance material fortunes. Some ritualists believe that the most powerful "juju" should contain parts of the human anatomy which can only be obtained through murder. A "juju" consists of various herbal and animal products used in rituals to enhance personal fortune.

The motives of those who killed individually may be subsumed under acts precipitated by adverse emotions (anger, jealous rage, and shame); revenge; self-defence; psychiatric disorder and alcohol intoxication. Insult on one's religion or moral conduct of oneself or close relatives can provoke angry feelings and violence. The expression of, and response to insulting language or behaviour in most cultures, depends on the individuals involved and the social context in which it occurs. Thus, Fluehr-Loban(9) observed that in Sudan an insult from a woman is more devastating than that from a man, because the two cannot meet as equals like men. She observed that most homicides in Sudan were in response to insults in the presence of others, with one's courage and honour being put to test for others to observe.

In this study, jealous rage provoked by actual or imagined infidelity by the offenders' wives had provoked violent reaction and killing of the wives' paramours. In this culture, women are considered a most precious form of private property to be carefully guarded, to keep the family line pure, avoiding the adulterating influence of other men.

Revenge in response to witchcraft was reported in ten cases (13.3%). In a predominantly uneducated populace such as in Nigeria, events including illness which cannot be understood may be attributed to the influence of supernatural forces or malevolent persons. Individuals suspected of practising witchcraft on oneself or one's

relations may be attacked as was observed in this study. Homicide in response to be-witchment has featured in similar African studies(4-5,9).

The Shuadi initiation rites practiced by the Fulani tribesmen, is a test of courage and manhood. It involves fighting with sticks by a pair of young adult men. Successful contestants may be presented with a beautiful bride and a traditional title. Unfortunately, the physical injuries incurred by contestants, can prove fatal.

In Nigeria, pregnancy out of wedlock is a source of shame. Hence women may conceal illegitimate pregnancy and childbirth by giving birth in an isolated environment (as was the case with the neonate abandoned in the bush by his mother), where the baby is left to die or be picked up by someone willing to adopt it. Given the powerful social mores condemning illegitimacy, and the absence of homes for adoption, this form of homicide according to Fluehr-Loban(9), may appear in some way a humane act.

In conformity with findings in previous studies on homicide in Nigeria(4,7), this study found limited involvement of the mental health services in the trial and disposal of homicide offenders by the criminal justice system. The restricted use of psychiatric services by the criminal justice system, may be due to inadequate information on forensic psychiatry, and/or the scarcity of practising psychiatrists in Nigeria. The under-utilisation of the psychiatric services by the criminal justice system as observed in this study, implies that amongst homicide convicts executed, were those whose crimes may have been due to psychiatric disorder. In such circumstances, the not-guilty-by-reason-of-insanity verdict would have been most appropriate.

It is of interest that only 16 (14%) offenders had previous criminal histories. These findings suggest absence of the 'professional criminal' amongst homicide offenders in Nigeria. This contrasts with findings in some western studies(10,11). For example in the United States(10), and the United Kingdom(11), between 40% and 50% of homicide offenders had histories of criminal convictions predating their offences. In two persons with histories of criminal conviction, this was for attempted suicide. In Nigeria, attempted suicide is a criminal offence.

The observation that only six (5%) of the offenders made attempts on their lives after killing their victims, contrasts with the high rates of post-homicide suicides reported in the West(12). A factor accounting for the low rate of attempted suicide after homicide as observed in this study, is the observation that most of the homicide events occurred in circumstances in which the offenders might not feel direct personal responsibility and/or guilt for the death of the victim, for example, in deaths arising from activities involving large numbers of persons at a point in time, drunken quarrels and fights, and in accidental or unpremeditated killings. Reasons given by the offenders who attempted to kill themselves, were mainly panic arising from insight into the gravity of such events, including the realisation that a loved one or friend was no more, and, fear of long term imprisonment (which suggests

that some of the suicide attempts were the offenders' attempt to avoid punishment).

The proportion of psychiatric patients amongst homicide offenders, and those killing under the influence of psychoactive substances and alcohol intoxication has varied within and between studies(4-5,9,13-16). For example, in western Nigeria(4-5), a substantial proportion of homicide offenders were mentally ill. Alcohol played only a limited role in the homicide events. In contrast, alcohol unlike psychiatric disorder, played a significant role in the homicide events in the Afro-Arab Sudan(9), Philadelphia(13), and Scotland(14). However in Uganda(15), and the Nordic countries (16), both alcohol and Psychiatric disorder played significant roles in homicide events. The finding in this study, that a substantially high proportion of offenders were either mentally ill, or intoxicated with alcohol, around the time of their offences, conforms with findings elsewhere(4,7,15-16).

Some homicide offenders claimed amnesia for their crimes. This may be an attempt to eliminate from memory the traumatic event, or a belief that such claim of amnesia may constitute a legal defence. Amnesia may occur if killing occurred during acute confusional states, or in severe psychosis. In this study, only psychotic offenders were amnesic of their crimes, a finding which conforms with Taylor and Kopelman's(17) observation on a London sample of 203 offenders, of whom 10% claimed amnesia for their offences. Amnesia occurred only among those who were psychiatrically ill and had committed murder.

Of interest was the epileptic who post-ictally, killed his victim. The victim had mocked his assailant. In Nigeria, socially embarrassing remarks may be directed at epileptics, particularly after grand-mal fits; this may originate from the erroneous belief by some members of the community that epileptic seizures result from demonic possession or divine punishment for misdemeanor by the epileptic and/or his relatives. Violent behaviour has been associated with epilepsy. Prins(18) suggested that poor impulse control and brain damage, may account for violence by epileptics. Also, the social and psychological problems associated with epilepsy may result in anti-social behaviour.

Thirty three(28%) offenders experienced adverse life events in the month before their offences. 79% of these offenders reported these events as occurring in relation to their victims. The association of adverse life events with homicide has been highlighted by Vielma *et al*(2), who observed that 40% of a sample of homicide offenders had experienced a meaningful adverse life event, shortly before their offences. This underlines the need for early counseling of persons experiencing interpersonal crisis, in order to prevent stress progressing to overt violence.

In this study, 17(14%) offenders killed their victims whilst acutely intoxicated with alcohol, this proportion is much higher than observed in previous Nigerian studies(4-5). This may be a simple reflection of the increasing availability of, and consumption of alcohol in Nigeria. Cannabis and amphetamines are recognised factors in the genesis of acute homicidal aggression(19). As observed in

this study, one adolescent killed his aunt whilst intoxicated with amphetamine taken for the first time, while five of the nine cannabis dependent were presumed to have committed their offences as a result of psychosis precipitated by chronic cannabis use. In Nigeria, use of cannabis and amphetamines remains significant health and social problems, involving mainly the youth, a population sample requiring vigorous health education on the dangers of illicit drugs.

It is of interest that of the 102 persons not referred for a psychiatric assessment, 25 (26%) had histories of contact with traditional healers for the treatment of illnesses suggestive of psychiatric disorder, 13 (52%) such persons may have been psychotic at the time of their offences. Asuni(4) observed in western Nigeria, that some homicide offenders had previous contact with traditional healers, whose evidence unfortunately, is technically unreliable (and in-admissible in the courts). The unreliability of traditional healer's report may be due to lack of written records on their cases and, the difficulty in verifying whether the disease so treated was physical or psychiatric.

Although at trial, it was recognised that psychotic motives accounted for the offences of 11 (9%) subjects, there was reason to believe from the study, that if all cases were subjected to pre-trial psychiatric assessments, a higher proportion of offenders would have been found to have killed as a result of psychotic motives. This underlines the need, for a close liaison between the mental health services and the judiciary in the trial and disposal of homicide offenders. Such liaison, would increase the sensitivity of the police, counsels, and judges, on the need for psychiatric assessment of all homicide accused.

A significant number of the subjects reported dysfunctional family circumstances mainly in the form of varying degrees of violence. Also the majority of the offenders and their families were in the lower social stratas (classes iv-v) which often, are associated with deprivation and violence(20). Such violence may occur within the family and, outside the family from acquaintances and strangers.

Several concluding remarks may be made from this study. A positive aspect of the study is that it has highlighted some aspects of social behaviour and beliefs which if corrected, may reduce the needless loss of life in this region. For example the criminal justice system should endeavour to win the confidence of the populace, in order that people do not take the law into their hands, as was the case with vigilante groups. Ritual killing for material gain requires condemnation. Legitimate means of achieving economic success, should be encouraged. Prompt settlement of disputes regarding farmland and cattle grazing fields should be carried out by the authorities to ensure that tensions between communities do not progress to physical confrontation. Cultural practices, such as the *shuadi* ceremonies by the Fulani tribesmen may need modification, in view of their adverse effects on health.

The finding that a significant proportion of the offenders were involved in the regular use of alcohol and other psychoactive substances, emphasizes the need for

health education on the dangers of such involvement. Health education enabling the recognition of serious mental illness, and thus early search for treatment should be encouraged in order to reduce the incidence of psychotic-induced violence.

Finally, to bridge the gap in our present level of knowledge on the biopsychosocial aspects of homicide in Nigeria, there is a need for prospective studies that will recruit cases as they become available. Knowledge gained from such studies may lead to measures aimed at reducing the incidence of this most drastic of social events. Close liaison between the criminal justice system and the mental health services, would be helpful in this regard.

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