

# HOMICIDE IN IRELAND 1992 – 1996

Dr. Enda Dooley,

Director of Prison Medical Services,

Department of Justice, Equality and Law Reform.

BAILE ÁTHA CLIATH
ARNA FHOILSIÚ AG OIFIG AN tSOLÁTHAIR
Le ceannach díreach ón
OIFIG DHÍOLTA FOILSEACHÁN RIALTAIS,
TEACH SUN ALLIANCE, SRÁID THEACH LAIGHEAN, BAILE ÁTHA CLIATH 2,
nó tríd an bpost ó

FOILSEACHÁIN RIALTAIS, AN RANNÓG POST-TRÁCHTA, 4 - 5 BÓTHAR FHEARCHAIR, BAILE ÁTHA CLIATH 2, (Teil: 01 - 6476834 nó 01 - 6476835; Fax: 01 - 4752760) nó trí aon díoltóir leabhar.

#### DUBLIN

PUBLISHED BY THE STATIONERY OFFICE

To be purchased directly from the

GOVERNMENT PUBLICATIONS SALE OFFICE,
SUN ALLIANCE HOUSE, MOLESWORTH STREET, DUBLIN 2,

or by mail order from

GOVERNMENT PUBLICATIONS, POSTAL TRADE SECTION, 4 - 5 HARCOURT ROAD, DUBLIN 2, (Tel: 01 - 6476834 or 01 - 6476835; Fax: 01 - 4752760) or through any bookseller.

 © Government of Ireland 2001

# **Contents**

	INTRODUCT	ION		 	 	 		ļ
Chapter 1	METHOD			 	 	 		7
Chapter 2	RESULTS			 	 	 		Ç
Chapter 3	DISCUSSION			 	 	 	•••	23
Chapter 4	SUMMARY			 	 	 	•••	27
	ACKNOWLED	GEM:	ENTS	 	 	 	•••	29
	REFERENCES	<b>.</b>		 		 		3

### Introduction

This study examines the characteristics of homicides occurring in Ireland during the five year period 1 January 1992 to 31 December 1996. The data builds on that which was presented in a previous similar study<sup>1</sup> covering the twenty year period prior to that covered in the present study. To facilitate overall comparison a number of tables and figures will amalgamate data from the previous study with that outlined here to present a twenty-five year cohort.

The earlier study covered a period of significant social and economic change and, in dealing with homicide, sought to outline the factual characteristics of these events as opposed to the sensational media headlines which so often accompany these tragedies. This study builds on the earlier work and seeks to identify and outline the patterns of these events occurring during the 1990s. This period has been associated with an apparent levelling of the overall crime rate with decreases in various categories. The major exception has been in the area of sexual offences where a major increase in reporting and conviction has occurred during this decade.

In relation to the area of homicide there was little overall increase until the mid-1990s (particularly 1996). More recent Garda figures<sup>2, 3</sup> would indicate that there has been a subsequent small decrease in the overall level of recorded homicides. At the time of the original twenty-year review noted above there was a dearth of criminological research on the subject of homicide in this country. Most consideration of the subject to that time was in the media and usually related to sensational events. In the intervening years there has been a greater interest in the subject and a number of studies have appeared, though a number are either historic or cross-sectional (dealing with a particular year)<sup>4, 5</sup>. The Annual Reports of the Garda Commissioner have, in recent years, provided a more detailed analysis of various crime patterns, including homicide. Given the relative rarity of homicide it is unwise to draw long-term conclusions based on single year figures particularly as a concentrated cluster of events (for example gangland related killings) may have the effect of distorting the picture over a relatively short period. Hence, there remains a need for a contemporary longitudinal review of the phenomenon and it is that which this study seeks to provide.

### CHAPTER 1

### Method

Information was gathered from a retrospective analysis of the Garda Crime files in cases of felonious homicide (excepting cases of death due to dangerous driving and suicides prior to this being decriminalised in 1993) occurring between 1 January 1992 and 31 December 1996. The categories of homicide included Murder, Manslaughter, Infanticide, and 'Psychiatric' cases (i.e. those found unfit to plead or dealt with under Insanity legislation). Analysis was undertaken on all cases of homicide including not only those which resulted in successful detection and conviction but also those cases where, for a variety of reasons, conviction did not occur. As in the previous study data was gathered using a specifically designed questionnaire and was analysed using the Epi Info (v6.4) Epidemiology Database program. While the information presented in this study concentrates on the five-year period under consideration where pertinent data and tables are presented showing trends over the twenty- five year period covered by both this and the earlier study.

### **Results**

#### **Demographic Data**

During the study period there was a total of 205 incidents resulting in the death of 214 victims. The average population of the State during this period was 3,575,900 and this gives an average homicide rate for the five years of 1.2 per  $10^5$  per year. Comparative figures for 1996 (based on cases recorded by the police) for other jurisdictions are given in Table 1.

Table 1

Country	Total Homicides	Rate per 100,000
England & Wales	681	1.3
Northern Ireland	35	2.1
Scotland	135	2.6
Belgium	118	1.2
France	1,171	2.0
Netherlands	273	1.8
Germany	1,249	1.5
Portugal	391	3.9
Italy	1,010	1.8
Greece	264	2.5
Switzerland	199	2.8
Austria	176	2.2
Hungary	271	2.7
Poland	1,134	2.9
Norway	43	0.9
Sweden	199	2.2
Denmark	69	1.3
Finland	160	3.1

Source: Criminal Statistics England and Wales 1996. London Stationery Office

From this table it is apparent that, notwithstanding public and media concern at the incidence of homicide, Ireland continues to have one of the lowest rates of homicide in the world.

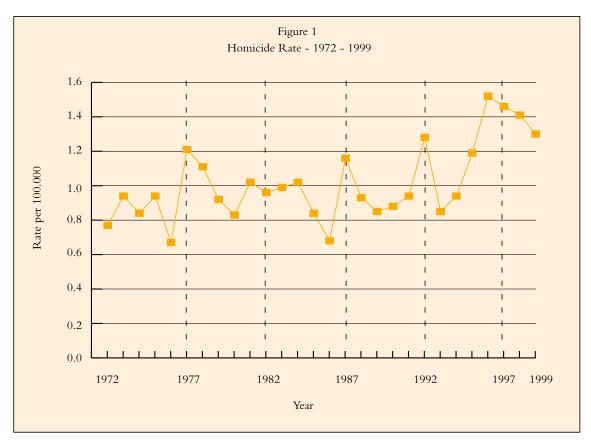
Table 2 gives a breakdown of the annual number of incidents and number of victims during the period of this study.

Table 2

Year	Number of Incidents	Number of Victims
1992	45	46
1993	30	31
1994	33	38
1995	42	44
1996	55	55
Total	205	214

Five incidents, one each in 1992, '93, and '94 and two in 1995 resulted in the deaths of two people. A further two incidents in 1994 resulted in the deaths of three people. With these exceptions all incidents led to the death of a single victim. 149 of the incidents were perpetrated by a single individual. A further 29 incidents had two perpetrators, 10 had three, 9 had four, and one incident had five. In the remaining seven cases there was insufficient information to give any accurate indication of the number of perpetrators involved.

While conclusions are often drawn from dramatic short term increases (or more likely dramatic incidents) in rates of homicide it is apparent when the figures for a protracted period are taken that, while some increase in homicide has occurred this has not been anywhere near as dramatic as sensational reports might lead us to believe. This study together with a previous similar study have analysed figures for the period 1972 to 1996. Figure 1 below amalgamates the data from these two studies and, in addition, includes the provisional figures for 1997 (53), 1998 (51) and 1999 (47) contained in the Annual Reports of An Garda Síochána to give an indication of the national homicide rate over a period of almost thirty years.



The age of the victims ranged from 0 to 86 years with a mean age of 34.9 (standard deviation 17.6) years. Table 3 outlines the proportion of victims in each age cohort together with the rate (per 10<sup>5</sup> of the population in that particular age group – average of 1991 and 1996 census figures). In cases of multiple homicide the age of the primary victim was included.

Table 3

Age (yrs)	Number of victims	%	Rate/10 <sup>5</sup> per year
0-9	12	5.9	0.43
10-19	20	9.7	0.59
20-29	53	25.9	1.99
30-39	49	23.9	1.91
40-49	33	16.1	1.50
50-59	20	9.7	1.25
60-69	8	3.9	0.60
70-79	6	2.9	0.62
80-	4	2.0	0.94
	205	100.0	

When compared to the rates for the 20 years outlined in the previous study a number of shifts are noted. While the overall proportion of victims in the 0-9 age cohort showed little change the rate increased by over  $\frac{2}{3}$  compared to previously. This is due largely to the fall in the overall proportion of the national population in this age group. In addition the 30-59 year age cohorts showed varying rate increases while the elder cohorts (60 years plus) showed lower rates than previously.

The mean age of the victims (34.9 yrs; s.d. 17.6 yrs) was somewhat older than the perpetrators (29.6 yrs; s.d. 12.4 yrs). As in the previous 20 year period the age range of the victims shows a much greater spread towards the extremes compared to that of the perpetrators. The mean age of perpetrators has shown almost no change over the twenty-five year period since 1972.

#### Juvenile Homicide

While homicide committed by juveniles is a source of major (and understandable) concern (particularly in North America<sup>6</sup>) the low proportion of homicide perpetrated by juveniles in Ireland, which was noted in the previous study, has continued during this period. In total 17 (9.1%) of perpetrators were under the age of eighteen with no perpetrator under 14 years. Nine (53%) of the seventeen killed by stabbing or using some form of sharp instrument. The main motive in this group was considered to be anger/rage (11 cases), and robbery or revenge in a further two cases each. The victims of this group were family members (4 cases), friends or acquaintances (10 cases), and strangers in 3 cases. In two cases a court verdict of murder occurred while a further 7 cases resulted in manslaughter verdicts. In a single case a lesser conviction occurred and in six cases no conviction occurred.

#### Gender

In 151 (73.7%) of the 205 cases the main victim was male while in the remaining 54 (26.3%) cases the victim was female. In 200 cases the gender of the perpetrator was known and in 180 cases (90.0%) the main perpetrator was male with a female perpetrator in the remaining 20 (10.0%) cases. Overall there has been little alteration in the male to female perpetrator ratio.

In 134 cases both victim and perpetrator were male while in 46 cases a male perpetrator killed a female victim. In the 20 cases where the perpetrator was female the victim was male in 15 cases and female in

5 cases. As has been shown previously female perpetrators are significantly more likely to kill a spouse or family member compared to males. In the present study female perpetrators killed a spouse in 7 (35%) cases, or a family member in 9 (45%) cases. In only a single case did a female perpetrator kill a stranger. The corresponding figures for male perpetrators are the killing of a spouse in 18 (10.2%) cases, and family members in 25 (14.1%) cases. In 47 (26.6%) cases the victim of a male perpetrator was a stranger. This difference (spouse or family members vs others) is highly significant ( $X^2 = 24.2$ ; p<0.00001).

Considerable concern, particularly in the media<sup>7, 8</sup>, was expressed at the apparent explosion in the proportion of female victims during 1996 (see Table 4 below). While there was certainly an increase in the total number and proportion of female victims in that year figures for 1997 & 1998 would indicate that the increase in 1996 has not been sustained. Again this finding confirms the importance of analysing data over a sustained period rather than relying on short-term aberrations which may have specific explanation.

Table 4

Year	Male Victim	Female Victim	Total	% Female
1992	37	8	45	17.8
1993	21	9	30	30.0
1994	25	8	33	24.2
1995	35	7	42	16.7
1996	33	22	55	40.0
[1997	37	16	53	30.2]
[1998	41	10	51	19.6]

#### Location of incident

For comparative purposes these incidents were categorised on a similar basis to that undertaken in the previous study. Table 5 presents the intimate local geography of the incident and Table 6 categorises the incidents on the basis of the Garda Division in which they occurred. While changes occurred in the Garda Divisional structure in 1997 the period covered by this present study retains the then existing structure whereby the country was divided into 18 separate divisions. In addition the Dublin Metropolitan Area (which includes the city, part of Fingal, and part of north Wicklow) is divided into a number of districts and these have been amalgamated into 5 Divisions for the purpose of this analysis (and to provide a consistent basis for comparative analysis with previous study findings).

Table 5

Location	No.	%
Victim's Home	74	36.3
Perp's. Home Other indoor location	10	4.9 7.8
Outdoor private	16 23	7.8 11.3
Outdoor public	79	38.7
Not known	3	1.0
	205	100

Table 6

Garda Division	No. of Incidents	%
Donegal	7	3.4
Galway West	, 7	3.4
Mayo	5	2.5
Roscommon / Galway	4	2.0
Sligo / Leitrim	4	2.0
Carlow / Kildare	8	3.9
Cavan / Monaghan	5	2.4
Laois / Offaly	3	1.5
Longford / Westmeath	_	0.0
Louth / Meath	8	3.9
Wexford / Wicklow	7	3.4
Waterford / Kilkenny	4	2.0
Clare	1	0.5
Cork E.R.	11	5.4
Cork W.R.	6	2.9
Kerry	6	2.9
Limerick	21	10.2
Tipperary	10	4.9
DMA North Central (C, D, & U Districts)	18	8.8
DMA South Central (A, B, & E Districts)	9	4.4
DMA Northern (H, J, K, & R Districts)	24	11.8
DMA Southern (G, L, M, & P Districts)	32	15.7
DMA Eastern (F, N, & W Districts)	5	2.5
	205	100

As previously an analysis was undertaken relating the proportion of incidents occurring in various Garda Divisions with the population (average of 1991 & 1996 census) of that particular area. Given the fact that in a number of cases the county and county borough boundaries now used for enumeration purposes in the official census do not correspond with the boundaries between Garda Divisions there has been some amalgamation of counties in compiling the following table. The D.M.A. Area was treated as a single area for this purpose. Table 7 outlines the homicide rate for the various Garda Divisions.

Table 7

Garda Division	Av. Popn.	No. of Homicide Victims	Rate / 10 <sup>5</sup> / Year
Donegal	129,056	7	1.09
Galway / Roscommon (Galway West &	236,545	11	0.93
Galway / Roscommon)			
Mayo	111,119	5	0.90
Sligo / Leitrim	80,468	4	1.00
Carlow / Kildare	170,103	9	1.06
Cavan / Monaghan	104,173	5	0.96
Laois / Offaly	111,435	3	0.54
Longford / Westmeath	92,828	_	0.00
Louth / Meath	198,998	8	0.80
Wexford / Wicklow	203,194	7	0.69
Waterford / Kilkenny	167,638	4	0.48
Clare	92,462	3	0.65
Cork (Cork E.R. & W.R.)	415,440	19	0.92
Kerry	124,012	6	0.97
Limerick	163,499	21	2.58
Tipperary	133,154	10	1.50
D.M.A.	1,041,784	92	1.77
	3,575,903	214	

From the Table above it can be seen that there are a number of anomalies in the homicide rate between various Divisions. As expected the largest proportion of cases occurred in the greater Dublin area which is by far the largest urban area in the country. When, however, the rate is calculated on the basis of population the Limerick Division (covering Limerick city and county) has by far the largest homicide rate (2.58 / 10<sup>5</sup> / yr.). This figure is, worryingly, almost 70% greater than that (1.53) for the previous twenty year period. When this finding was previously publicised it drew a degree of criticism<sup>9</sup> on the basis that it was confirming pejorative impressions of Limerick, particularly of Limerick city. While there are, undoubtedly, areas of significant social deprivation in Limerick this is no different to other large urban areas in the country which do not come anywhere near to matching the overall rate for Limerick. Unlike other transient changes this unfortunate pre-eminence of Limerick in terms of its homicide rate has been persistent and is a finding which merits further investigation and, hopefully, the addressing of social or other deficits which might contribute to this anomaly.

A number of other rate shifts have occurred during the period of this study compared to the previous twenty year period. Border areas (particularly Sligo / Leitrim; Cavan / Monaghan; and Louth / Meath) which suffered from a spill over of violence, including subversive related homicide, during the period when the Northern Troubles were at their height have shown a decrease in homicide of c. 50%.

#### **Timing and Circumstances**

The time at which the incidents occurred is outlined in Table 8. As previously the day was divided into three 8 hour periods for the purpose of this analysis. In twelve cases it was not possible to estimate the time of incident. As in the previous study the bulk (64.4%) of these incidents occurred between 8.00pm and 4.00am with smaller proportions at other times.

Time of Incident No. % 04.00-12.00 22 10.7 12.00-20.00 39 19.0 20.00-04.00 64.4 132 N/K 12 5.9 205 100

Table 8

The proportion of incidents (12/5.9%) where it was not possible to accurately establish the precise time of the incident has increased markedly compared to that (20/3.3%) in the previous twenty year period.

The pattern previously identified whereby homicides which were perpetrated by individuals considered to be mentally disordered (either suffering from psychotic illness or other mental disorder) showed a reversal of the night-time predominance carried through in this study. Fifteen incidents were considered to have been instigated by a perpetrator who was actively mentally disordered at the time of the incident and, of these, ten (66.7%) occurred during the morning or afternoon periods. The variation from the overall sample (excluding those cases where the time of the incident was not known) is highly significant ( $X^2$ =9.61; df=2; p <0.008).

While it is often difficult to accurately estimate the degree of premeditation, particularly where an incident appears to develop almost spontaneously and where, arguably, a fatal outcome was unintended or unexpected the author in reviewing the circumstances of these incidents attempted to categorise the degree of intent. Incidents considered to have been 'planned' include not only those where death was

intended but also other premeditated assaults. In many cases the fatal outcome would not have been envisaged or intended. Table 9 outlines the circumstances of these incidents.

Table 9

Circumstances of incident	No.	%
'Planned' (including planned assaults) 'Impulsive' (incl. unplanned assaults)	112 76	54.6 37.1
Homicide in the course of other crime (robbery, sexual assault, etc.)	14	6.8
Not known	3	1.5
	205	100

#### Method of Homicide

The method used in these 205 homicide incidents is outlined in Table 10. Compared to the previous twenty year period the most significant change is the increased proportion involving the use of firearms (27.3% vs 18.9%).

Table 10

Method	No.	%	(1972-91 %)
Sharp Instrument	55	26.8	26.6
Blunt instrument	16	7.8	11.3
Physical battery	47	22.9	21.8
Handgun	21	10.2	6.9
Rifle / Shotgun	35	17.1	12.0
Strangulation / asphyxiation	20	9.8	12.8
Poisoning	1	0.5	0.3
Other methods	9	4.4	8.0
N/K	1	0.5	0.3
	205	100.0	

The nine homicides due to other methods included one due to caustic burns, two due to drowning, five due to fire, and one as a result of being struck by a car.

In relation to those deaths involving handguns it was notable that this method was more common in incidents involving strangers. In 13 (61.9%) of the 21 deaths by handgun the perpetrator and victim were considered strangers. In a further 3 cases the relationship was unknown. This excess of handgun use in stranger homicides is statistically highly significant ( $X^2=17.01$ , P<0.0001).

#### Relationship between Victim and Perpetrator

This particular analysis seeks to indicate the relationship between victim and perpetrator. While this is straightforward at the extremes (spouse / family member or absolute stranger) the categorisation on the basis of familiarity (whether the victim and perpetrator knew each other well or only had a brief acquaintance) often posed more difficulty. The figures for the present study period are outlined below and indicate little overall change from the previous twenty year period.

Table 11

Relationship	No.	0/0	(1972-91 %)
Married (incl. de facto) Other blood relation Friend (known >24 hours) Acquaintance (known <24 hours) Stranger Not known	24	11.7	8.4
	34	16.6	16.6
	78	38.0	29.5
	11	5.4	14.1
	48	23.4	27.9
	10	4.9	3.6

#### **Motive**

Given that in this piece of retrospective research none of the perpetrators were personally interviewed at the time of the incident it was necessary to rely on the various statements contained in the Crime File in an effort to attribute a primary motive for the particular incident. In some cases motive was obvious from the circumstances or statements made at the time. In other cases, particularly where no perpetrator was apprehended a subjective attempt was made by the author to attribute a motive based on the information available. Finally, in a small number of cases where evidence was minimal (particularly where a victim was undiscovered for some considerable period of time and no suspect or perpetrator was detected) it was not possible to attribute any motive for the event. Due to the increase in organised crime related homicides occurring during the 1990's a category was included in the present analysis to specify these. Table 12 outlines the Motive for these homicides.

Table 12

Motive	No.	%	(1972-91 %)
Anger / quarrel / rage	103	50.2	40.7
Robbery	14	6.8	12.3
Jealousy	7	3.4	2.1
Revenge	18	8.8	4.9
Psychosis	7	3.4	5.1
Other mental disorder	8	3.9	4.4
Sexual	9	4.4	6.1
Self-defence	4	2.0	7.2
Sadistic	2	1.0	3.1
Accident	8	3.9	3.1
Suicide pact	0	0.0	0.0
Terrorism / Sectarianism	3	1.5	6.1
Gangland / Organised crime	15	7.3	_
Other	1	0.5	1.6
Not known	6	2.9	3.6
	205	100.0	100.0

While there has been little significant change in many of these categories it is notable that with the gradual resolution of the conflict in Northern Ireland during recent years the proportion of homicides attributable to terrorism or sectarian causes has diminished considerably. As indicated above the dramatic increase in high-profile organised crime related homicides, particularly during the mid-1990s necessitated the inclusion of a discrete category to facilitate analysis of these events. Previously, such homicides were a sporadic event and constituted no more than a handful of incidents in the previous years.

#### Organised Crime related Homicides

During the 1990s, particularly during the middle years of this decade, there was a marked increase in the incidence of these high profile crimes. In many cases these were apparently related to disputes concerning control over the supply of illicit drugs and other criminal activity. During the period of this study (1992 to 1996 inclusive) 15 incidents were considered to fall into this motivational category, 3 in 1993, 2 in 1994, 2 in 1995, and 8 in 1996. Fourteen incidents resulted in the death of a single person and one in the deaths of two individuals.

Nine (64.3%) of the fourteen incidents where the number of perpetrators was identified were undertaken by two or more individuals. This differs significantly from the patterns observed in the overall sample whereby homicide was most frequently perpetrated by a single individual ( $X^2=10.46$ ; p< 0.0013).

Apart from a single incident in both Cork and Limerick the remainder of these incidents occurred in the Dublin area.

In all cases the homicide incident involved a firearm, 12 by handgun and 3 by rifle or shotgun and this is highly significant ( $X^2=39.20$ ; p<0.00001).

Not surprisingly these incidents were peretrated mainly by strangers (9 cases). In a further 4 cases the lack of any suspect meant that any possible relationship with the victim was unidentifiable. In 2 cases the perpetrator was considered a 'friend' (in that they were known to each other for some time). Again this difference from the overall sample population is highly significant ( $X^2=24.17$ ; p<0.0001).

Illustrative of the planned nature of these events is the fact that their timing shows a much greater spread throughout the 24 hours of the day. Three occurred between 4 a.m. and 12 midday, a further 7 between midday and 8 p.m., and 5 between 8 p.m. and 4 a.m. Again this reversal of the pattern whereby the majority of incidents occur late at night is significant (X<sup>2</sup>=11.17; df=3; p<0.02).

In all these cases the perpetrator(s) left the scene immediately and made no admission of involvement. This led to an eventual situation where only three of these cases resulted in a conviction (all with murder verdicts). In 7 cases no perpetrator had been detected while in a further 4 cases there was insufficient evidence to charge any suspect. In one case proceedings were awaited. Again (and understandably in view of the planned nature of these events) this lack of conviction is significantly higher than in the sample as a whole where 118 (57.6%) incidents had resulted in some form of court conviction ( $X^2=7.76$ ; p<0.01).

#### 'Psychiatric' Cases

In 15 (7.3%) of these cases the primary motive for the incident was considered to be some form of psychotic illness or other mental disorder. This proportion has not shown any significant variation over the twenty-five period of this and the preceding study. The present study confirms most of the findings and differences from the overall sample which were identified from the previous twenty year study period.

Nine (60%) of the 15 perpetrators were female compared to 20 (10%) in the overall sample ( $X^2$ =40.45; p<0.00001). Thirteen (86.7%) of the incidents occurred in the victim's home (which in many cases was also that of the perpetrator) compared to 74 (36.3%) in the overall sample ( $X^2$ =15.51; p<0.0001). As was outlined in the previous study there was an excess of female mentally disordered perpetrators killing female victims. In the overall sample five of the twenty female perpetrators killed a female victim while

in the mentally disordered group four out of nine female perpetrators killed a female victim. In twelve (80.0%) of the fifteen cases the victim and perpetrator were related compared to the overall sample where this was the situation in 58 (28.3%) of the 205 cases (X<sup>2</sup>=18.67; p<0.00001). In none of these cases were the perpetrator and victim considered to be strangers.

Victims of this group were disproportionately young. In 6 incidents the victim was under five years of age (three were under one year of age). All of these young victims were killed by a female perpetrator who was related to the victim (usually the mother).

The previous finding that these incidents were significantly more likely to occur during the day was again replicated. Ten (66.7%) of these incidents occurred during the morning or afternoon compared to (29.7%) in the sample as a whole  $(X^2=11.17, df=3; p<0.01)$ .

None of the perpetrators was considered to have been intoxicated at the time of the incident compared to the overall sample where 80 (39.2%) were intoxicated (X²=8.66; p<0.004). As would be expected 12 of these 15 cases had a previous psychiatric history (ten as in-patients and two on an out-patient basis) and again this is highly significant (X2=66.07, p<0.00001). Six cases were diagnosed as suffering from schizophrenia (one diagnosed after the homicide and five with a previous history), two with affective illness; two with alcoholism; two with personality disorder and one with an organic mental disorder. In two cases (both relating to the death of an infant caused by the mother) no precise psychiatric label was applied though it appeared that both police and prosecution services were sympathetic to the indication that the precipitator of the event was a state of acute panic surrounding an unexpected and unsupported birth.

Only 4 of these 15 cases resulted in a court verdict. Of the remaining 11 cases 8 were discontinued on the instructions of the DPP and 3 due to the suicide of the perpetrator. In the four cases where a court verdict occurred one resulted in a murder conviction, one in a manslaughter conviction, and two in a psychiatric verdict (either Unfit to plead or Not guilty by reason of Insanity).

#### **Previous Psychiatric History**

An assumption is ofter made, generally with little or no factual basis, that some form of mental disorder is a prerequisite in the perpetrators of homicide. In fact most homicides in this sample are impulsive, accidental events committed by people with no history of any mental disorder. From the information available there was no indication of any past psychiatric history in 181 (88.3%) of these cases. This figure is almost identical to that (88.5%) in a similar sample covering the previous twenty years. The perpetrators in the remaining 24 cases had some past psychiatric history. In 6 cases this was on a primary care or outpatient basis while in the remaining 18 cases the perpetrators had been in-patients in a psychiatric unit at some stage in the past. A previous diagnosis was recorded in 20 cases as follows – Schizophrenia – 6 cases; Affective illness – 2 cases; Alcohol abuse – 5 cases; Personality disorder – 6 cases; Organic brain disorder – 1 case. It is, of course, quite possible, that other perpetrators had a history of previous psychiatric contact which was not recorded in the statements.

The findings above relate to situations where there was a documented history of psychiatric disorder (which may or may not have had any relevance to the homicide incident – see below for a review of those cases where mental disorder was considered to have been the primary motive for the incident). In other (to a degree overlapping) cases an underlying mental disorder may have come to light for the first time following the homicide incident. Nevertheless in only 6 (5 in defence to the charge and one in

mitigation) of these 205 cases was there evidence that psychiatric evidence was adduced as part of the legal process. A psychiatric defence was only successful in 3 (1.5%) cases.

#### Action of the perpetrator in the aftermath of the incident

This particular analysis was an attempt, based on review of the statements, etc., to determine the action of the perpetrator in the aftermath of the incident. Such action might vary from outright denial (either on questioning or through the lack of even a suspect) to voluntary admission, to the suicide of a perpetrator. The breakdown is presented in Table 13 below -

Table 13

Action after incident	No.	%
Concealment / denial	80	39.0
Admission of involvement	118	57.6
Self-injury by perp.	1	0.5
Suicide of Perp.	6	2.9
	205	100.0

These proportions show little change from those for the previous twenty year period.

#### Influence of Alcohol / Drugs

On the basis of information recorded regarding the state and circumstances of both perpetrators and victims an analysis was undertaken regarding the possible influence of intoxication (of either perpetrator, victim, or both) on the event. This analysis is necessarily subjective and based on accounts of consumption, etc. rather than on actual scientific estimates of blood or urine concentrations. It does not seek to attribute the fatal incident directly to the effects of intoxication, merely to indicate that at the time of the incident one or other party would have a level of intoxication above that which would render driving illegal. The results are outlined in Table 14 –

Table 14

Party Intoxicated	No.	%*
Perpetrator	80	39.0
Victim	85	41.5
Both	63	30.7
Neither	93	45.4
Perpetrator only	17	8.3
Victim only	20	9.8
,		

<sup>\*</sup> These various categories may overlap and consequently the totals exceed 100%

Compared to the previous 20 year period there is little change in these findings with the exception of the proportion of perpetrators who were intoxicated which has shown some decrease.

#### Legal Outcome

Analysis of the investigative and legal outcome of these events was undertaken. It must be reiterated that the events described in this study refer to the act of the killing of one individual by the actions of

another. For various reasons these events may (quite justifiably) not give rise to a court conviction. In a number of cases a charge was not considered justified by the DPP for a variety of reasons. In other cases no suspect or perpetrator was apprehended in spite of intensive investigation. The outcome of these homicide events is outlined in Table 15 below.

Table 15

Case Outcome	No.	%	1972-91(%)
No Charge / Conviction	83	40.5	33.3
Murder	44	21.5	18.2
Manslaughter Infanticide	56 0	27.3 0.0	33.6 0.3
Psychiatric (UTP / GBI)	4	2.0	5.1
Lesser Conviction	17	8.3	9.0
Outcome unknown	1	0.5	0.5
	205	100.0	100.0

It can be seen that the proportion of those convicted (murder, manslaughter, or lesser conviction) shows little overall change from the proportions for the previous twenty year period. While a higher proportion have either not been charged or not convicted this difference just failed to reach statistical significance ( $X^2=3.65$ ; p<0.06). There has also been a decrease in the proportion of homicides receiving a psychiatric (infanticide, unfit to plead, not guilty by reason of insanity) verdict.

#### **Disposal**

Apart from conviction for murder (which still carries a mandatory life sentence) and a successful Insanity plea (where the Court is obliged to order the detention of the accused in the Central Mental Hospital for treatment until further order of the Government) discretion to impose an appropriate sentence, taking into account the nature of the offence and any mitigating circumstances, remains with the court. Table 16 outlines the range of disposal applied in these cases.

Table 16

Disposal	No.	%	1972-91(%)
Life sentence	44	21.5	17.5
Discretionary sentence - Effective	55	26.8	28.5
Discretionary sentence - Suspended	13	6.3	10.0
Psychiatric (UTP / GBI)	4	2.0	5.1
Other disposal	84	41.0	37.9
Undetermined / unknown	5	2.4	1.0
	205	100.0	100.0

The 'Other Disposal' category includes cases such as those where there was no suspect or perpetrator detected, where the DPP ordered that a charge should not be proceeded with, situations where an accused was acquitted in court, and situations where the suspect or accused died before trial. Table 17 outlines the breakdown of this particular category -

Table 17

Outcome	No.	%
No perpetrator detected	18	21.4
No suspect charged	13	15.5
Perp. Imprisoned abroad	1	1.2
Death of perp.	4	4.8
Suicide of perp.	4	4.8
Murder of perp.	1	1.2
No prosecution (DPP)	30	35.7
Acquitted (unspecified)	1	1.2
Acquitted (manslaughter)	4	4.6
Acquitted (murder)	5	6.0
Proceedings pending	3	3.6
	84	100.0

In broad terms in almost 50% of this group the case did not proceed due to lack of sufficient evidence or resulted in the acquittal of the accused in court. In over 10% proceedings were interrupted due to the death of the perpetrator and in c. 4% delays in the legal process meant that proceedings were still pending (at the end of 1999). In 31 cases there was no perpetrator detected or there was insufficient evidence to justify charges (where the likely identity of a perpetrator might have been known to the Gardaí). In 11 of the 15 cases where the motive category was 'Organised Crime / Gangland' no perpetrator was detected or charged.

Similar to the previous study finding was that female perpetrators were significantly more likely to have a nolle prosecui entered. Of the 20 cases involving a female perpetrator 10 (50%) had a nolle prosecui entered compared to 19 of the 180 where the gender of the perpetrator was known to be male ( $X^2$ = 19.52; p<0.0001).

#### Sentence length

A total of 68 cases resulted in convictions which attracted a finite sentence (either effective or suspended). The sentence length varied from 2 to 18 years with a mean sentence length of 71.1 months. This mean sentence length has increased marginally from the previous five year period when the mean was 70.3 months. Table 18 outlines the sentence length with the comparable figures for the previous five year period.

Table 18

Sentence Length	1992-96	%	1987-91	%
<12 months	0	(0.0%)	1	(1.8%)
12-24 mts.	3	(4.4%)	5	(8.8%)
2-5 yrs	32	(47.1%)	24	(42.1%)
5-10 yrs.	31	(45.6%)	24	(42.1%)
>10 yrs.	2	(3.0%)	3	(5.3%)
	68	100%	57	100%

The present study period has continued the pattern evident over the previous twenty years whereby there has been a shift from shorter sentences towards the middle range, particularly the 5-10 year range.

### Discussion

This present study seeks to add to be body of information concerning the phenomenon of homicide occurring in Ireland which was originally presented in a study<sup>1</sup> covering the twenty year period from 1972 to 1991. Similar data for the five year period up to the end of 1996 are presented here with comparison to the previous study period where appropriate.

Notwithstanding much media and public concern in relation to what is perceived as an increase in violent crime, including homicide <sup>10, 11</sup>, it is apparent from the information presented here that there has been little overall change in the pattern of homicide occurring in Ireland. Much less attention has been focussed on attempts to have concerns over crime put in context<sup>12, 13, 14</sup> or to challenge what is perceived as selective 'hyping' of particular aspects of certain crimes or victims<sup>15</sup>. While there has been some increase in the total number of homicides this increase has not been significant. Ireland continues to have one of the lowest homicide rates in the developed world. It is reasonable to be concerned at the increase in both total number of incidents and the rate per 10<sup>5</sup> which has occurred since 1996 but it remains to be seen whether this increase will be sustained or is merely a temporary phenomenon.

Furthermore, any increase that has occurred should be taken in the context of the increasing proportion of the overall population composed of males in the 15 - 30 year age group who are at maximum risk for many of the aggressive behaviours which may result in homicide. Comparison of the proportion of perpetrators in each age cohort would tend to contradict this proposal as the proportion both in the under 20 year age group and in the 20 - 29 group is almost identical to that for the previous twenty year period.

Numerous authorities have commented on the apparent increase in a variety of aggressive and violent behaviours (domestic violence, use of weapons, 'road rage', etc.) and have attributed this to a variety of causes ranging from a breakdown of social control, lack of parental supervision, to 'normalisation' of violence from prolonged exposure to media such as television and computer games. While violent behaviours may be increasing in our society this has not manifested itself in any sustained increase in the rate of homicide. It is worth bearing in mind that the rate of homicide in this country was much greater over a 100 years ago than at present<sup>4</sup>.

The present study has confirmed the finding previously that the 'typical' homicide in Ireland occurs late at night and involves the killing of a man in his thirties by another, somewhat younger, man. Frequently one or both parties will have been intoxicated and the incident will not have been premeditated. In the majority of cases the victim and perpetrator were known to each other and the incident occurred in the context of an argument or quarrel. The majority of perpetrators co-operated with the subsequent investigation. In the small number of cases involving female perpetrators the victims were more likely to be related to the perpetrator and to be young.

A number of the findings presented merit further discussion.

While the overall detection rate remains high - in 187 cases (91.2%) at least one perpetrator or suspect was identified - this does not necessarily translate into a conviction for a number of reasons. These may vary from insufficient evidence to prosecute to acquittal in court. The actual conviction rate for some form of homicide has dropped to slightly less than 50% of all cases compared to over 57% for the previous 20 year period.

Homicide remains overwhelmingly perpetrated by males on other males. In the small proportion of cases involving a female perpetrator the victim is much more likely to be a partner or family member.

While there was a dramatic increase in both the actual number and the proportion of female victims in 1996 which merited a large public and media concern<sup>7</sup> it should be borne in mind that on a number of years during the 1970s and 1980s the proportion of female victims of homicides varied between 30 and 43%, albeit of a smaller total number of victims in any year.

Concerns expressed over recent years concerning the apparent increase in the proportion of elderly victims, particularly those killed in the course of other crime, usually theft, do not appear to be sustained by the results of the present study. The rates for the over 60 year age cohorts have all decreased compared to those in the previous study.

While the overall homicide rate for Ireland during the study period was 1.2/10<sup>5</sup> per year there was marked variation between various Garda divisions. At one extreme there were no homicides recorded in the Longford / Westmeath area for the period under study. On the other hand the Limerick division (comprising Limerick city and county) had a homicide rate of 2.58 which was significantly above the rate in any other area of the country. The next highest rate (1.77/10<sup>5</sup> per year) was recorded in the Dublin Metropolitan Area (it was not possible to calculate a rate for the various districts within the DMA area). Most other areas of the country had homicide rates less than 1/10<sup>5</sup> per year. This pre-eminince of Limerick was noted in the previous study covering 1972-91 and so is not an isolated phenomenon. While the previous highlighting of this fact attracted a degree of negative comment<sup>9</sup> it remains an unalterable fact that, for whatever reason, pockets of the Limerick area, particularly within Limerick City, continue to have this unenviable record. It is not sufficient to attribute this fact to a concentration of social deprivation in areas of Limerick as similiar such concentrations would exist in any other large city within the country. A specific and dedicated exploration of the particular sociological and criminological factors which might contribute to this fatal propensity is overdue.

In recent years concern has been expressed regarding the possibility that certain unresolved disappearances (particularly of young women) are the result of the activities of a serial killer<sup>16, 17, 18, 19</sup>. Though this possibility remains open there was no attempt in this study to examine those cases which would be regarded as 'missing persons'. A small number of incidents in this present study were perpetrated by a single individual but these usually occurred over a brief time period (days) and so would more accurately be considered as multiple homicides rather than serial killing (i.e. the killing of a number of victims by a perpetrator or group of perpetrators in separate incidents over a period of time). While the topic of serial killing has occupied a great deal of professional<sup>20,21,22</sup> and media attention, particularly in North America, this attention has been out of all proportion to the frequency of such behaviour. To date, in this jurisdiction, there has been no clear evidence that a number of separate homicides have been the work of a single individual of group.

While the majority of homicides continue to occur at night there were two exceptions to this nocturnal predominance. As previously noted homicides considered to have been motivated by mental disorder occurred predominantly during the morning or afternoon as did the majority of the organised crime

related homicides. One possible explanation for these exceptions is the lack of association with intoxication in both these categories.

The proportion of homicides involving partners in a domestic relationship has increased from 8.4 to 11.7% of the total. This reflects something of a trend whereby there has been an increase in the proportion of incidents involving intimates (relatives or friends) with a corresponding decrease in the proportion involving acquaintances or strangers.

While acute intoxication remains a major factor in the majority of homicide incidents it is worth noting the trend for fewer perpetrators to be intoxicated (39.0% compared to 46.5% in the 1972-91 period) and the proportion of incidents where neither perpetrator or victim was intoxicated also increased. It should be borne in mind that when considering the influence of intoxication on such incidents it is quite possible in a proportion of cases that the provocation of a drunken victim may precipitate a subsequently fatal assault.

The proportion of homicides using the main two methods (use of a sharp instrument and physical battery) has remained remarkably consistent. There has, however, been a marked rise in the proportion using firearms from 18.9% (between 1972-91) to 27.3% in the present study period. To a certain degree this shift might be attributed to the increase in organised crime related homicides which were all committed using firearms. This risk of increase in homicide using handguns had previously been noted and it had been commented that this possibility would be more likely should handguns become more available. To some extent this would appear to have occurred during the 1990's in that among organised criminal gangs the availability of such firearms and the propensity to use them for, ostensibly, trivial reasons has become more widespread. Furthermore, the relationship between the degree of planning or premeditation and the method used is apparent from this study. The use of more 'immediate' methods (stabbing, physical battery, use of a blunt instrument, strangulation) was, to a greater degree associated with those incidents which were considered 'impulsive'. On the other hand 46 of the 56 incidents using firearms were considered to have been 'planned', including all 21 incidents involving a handgun.

To a degree the category of 'organised crime related' homicides has replaced those related to terrorist or subversive motive in this analysis. Both motive types show a number of similarities. The events are usually planned in advance, involve firearms (usually handguns), and are often undertaken with direct and indirect assistance. The suspect is not directly identifiable and usually leaves the scene immediately. Even if a suspect is identified there is no admission of involvement. These factors combine to lead to a relatively low conviction rate for these premeditated events.

While the concept of the 'mad' murderer is well entrenched in the public and media mind the proportion of homicides attributable to some form of mental disorder, which was never very high to start with, has diminished to 7.3% of incidents during this period from 9.5% in the period 1972-91. Nevertheless, the huge amount of publicity<sup>23, 24, 25</sup> given to a small number of incidents maintains the myth in the public mind that people with a history of mental disorder are inherently dangerous. Contrary to claims elsewhere<sup>26</sup> that the defence of insanity has been extensively used in murder cases in Ireland evidence from this study is that the proportion of homicides attributable to some form of mental disorder has decreased and that, furthermore, the proportion of cases receiving a psychiatric verdict has decreased markedly.

The overall picture of the relatively small number of homicides which might be attributable to mental disorder is one of domestic tragedy. To a disproportionate degree these events involve close relatives, more likely involving a female perpetrator and a young victim and usually occur in a domestic setting.

There is often a well documented psychiatric history (though by no means necessarily any history of previous violent behaviour). Unlike the situation in 'normal' homicide acute intoxication is rarely a factor in these events.

The striking factor concerning this particular category is the high proportion of cases which are discontinued. Only four of the fifteen cases resulted in a court verdict. There were no convictions for Infanticide recorded during the study period (three of these cases involved the killing of a child under the age of one by his/her mother and so, potentially, would have been liable to this verdict, if it was raised). Only two of these fifteen cases resulted in a psychiatric verdict (Unfit to Plead or Guilty but Insane). In all only three (1.5%) of the 205 cases in this study received a legal psychiatric disposal and this is a marked decrease from the proportion (5.1%) in the period 1972-91.

The need to update legislative provisions dealing with the issue of legal insanity has been outlined on numerous occasions in recent years<sup>26, 27, 28</sup>. During the period of this study the huge public and media interest relating to one particular case<sup>23</sup> where the matter of mental competency and responsibility was a core issue again highlighted the legislative and service deficits in this area. The long-standing failure to ensure that legislative provision matches (in as much as possible) contemporary mental health practice has led to a situation whereby public blame for various failures is projected onto the psychiatric and other professions for their apparent failure to predict such risk with certainty and intervene appropriately<sup>29</sup>. Systematic examination of homicide committed by mentally ill people in the UK<sup>30</sup> confirms that this is a relatively rare event and, in fact, a diminishing proportion of the total annual number of homicides<sup>31</sup>. Further recent research<sup>32</sup> in this area suggests that while people convicted of homicide show significant rates of mental disorder at some time in their lives most do not have severe mental illness or any contact with mental health services.

The actual legal disposal of these 205 cases has shown some changes. While there has been a slight increase in the proportion convicted of murder the proportion convicted of manslaughter has dropped from 33.6 to 27.3%. Similarly the proportion receiving a psychiatric verdict has dropped markedly. The proportion of cases where no conviction resulted has increased significantly.

In relation to sentencing the average sentence length for those receiving a definite sentence has continued to increase. This is attributable to the decrease in the proportion receiving shorter sentences less than 2 years and a corresponding increase in sentences in the 2-10 year range.

### CHAPTER 4

## Summary

The purpose of this study has been to build on the body of data previously presented concerning the phenomenon of homicide occurring in Ireland. The use of identical methodology in both this and the previous study has facilitated the detection of changes in the pattern of homicides occurring.

In overall terms while there has been some increase in the rate of homicide in recent years Ireland continues to have one of the lowest homicide rates in the developed world. The pattern of a 'typical' homicide (though no such thing exists) generally remains unchanged. These events generally involve young men and occur at night in the context of alcohol. The usual motivating factor is some form of argument or row and the fatal incident does not generally show any major degree of pre-planning. The overall detection rate remains high. In overall terms the proportion of female victims has shown little change though individual years (particularly 1996) have shown major variation. The proportion of elderly victims decreased compared to the previous twenty year period. Similarly, the proportion which might be attributed to or associated with some form of mental disorder in the perpetrator has decreased.

Homicide perpetrated by women differs in that it is more often related to domestic factors or some form of mental disorder.

While the generality is outlined above some concern must be expressed at the increase in well planned killings (to date generally related to organised crime). Experience is that the more planning which accompanies such an event the less the chance of detection or conviction. Similarly, the longer the interval between the occurrence of a killing and its coming to Garda notice the less chance of a successful conviction.

# Acknowledgements

The author wishes to acknowledge the co-operation and assistance received from the members of An Garda Síochána (Crime Branch), in particular from Supt. John Kelly and Gda. Martin Kilbane who facilitated access to the relevant records and at all times gave freely of their advice and experience.

While this study was undertaken with the support of the Department of Justice, Equality, and Law Reform any opinions expressed are those of the author alone and should not in any way be construed as expressing the official viewpoint of the Minister or Department.

### References

- 1. Dooley, E.(1995). Homicide in Ireland 1972 1991. Stationery Office, Dublin.
- 2. Annual Report of An Garda Síochána 1997. Stationery Office, Dublin.
- 3. Annual Report of An Garda Síochána 1998. Stationery Office, Dublin.
- 4. Wilbanks, W.(1996). Homicide In Ireland. Int. J. Comparative and Applied Criminal Justice 20; 59-75.
- 5. Keogh, E.(1997). Homicide In Ireland trends, patterns, and international comparasons. Communique An Garda Síochána Management Journal, March 1997, p. 3-13.
- 6. Heide, K.(1997). Juvenile Homicide in America: How Can We Stop the Killing? Behav. Sciences & the Law; 15, 203-220.
- 7. Irish Times, 29 May 1996. 'Dismay as mother of four is murdered'.
- 8. Sunday Tribune, 29 December 1996. 'Forty-seventh violent death rings in the New Year.'
- 9. Irish Independent, 18 February 1995. 'Anger in city over 'dated' murder figures'.
- 10. Sunday Tribune, 14 December 1997. 'Murder Irish-Style (Living dangerously)'.
- 11. Sunday Tribune, 14 December 1997. 'Last night another person...'
- 12. Sunday Independent, 12 May 1996. 'Making sense of murder'.
- 13. Magill, January 1998. 'Stop this madness (and tone down the headlines, too)'.
- 14. Magill, January 1998. 'Losing the plot'.
- 15. Sunday Tribune, 12 September 1999. 'The hierarchy of violent death'.
- 16. Irish Times, 23 September 1998. 'Files on missing women are reopened'.
- 17. Irish Independent, 23 September 1998. 'Garda chiefs dismiss serial killer concerns'.
- 18. Irish Times, 25 September 1998. 'Special Garda unit to examine possibility of serial killer of women'.
- 19. Irish Times, 26 September 1998. 'Serial killer theory gains ground'.

- 20. Scott, J.(1996). Serial homicide. BMJ, 312: 2-3.
- 21. McKenzie, C.(1995). A Study of Serial Murder. Int. J. Offender Therapy and Comparative Criminology, 39, 3-10.
- 22. Keeny, B. & Heide, K.(1995). Serial Murder: A More Accurate and Inclusive Definition. Int. J. Offender Therapy and Comparative Criminology, 39, 299–306.
- 23. Sunday Independent, 7 April 1996. 'Glimpse into a pitiless world'.
- 24. Sunday Independent, 7 April 1996. 'Justice done, only the hurt remains'.
- 25. Irish Times, 30 April 1997. 'Donegal man gets life for murdering girl aged 13'.
- 26. Sunday Business Post, 30 July 2000. 'Insanity in the dock'.
- 27. Irish Times, 12 April 1996. 'Psychiatry and law ill-served by way courts use experts'.
- 28. Irish Times, 5 May 1998. 'Changes in insanity legislation delayed by inaction'.
- 29. Irish Medical News, 15 May 1995. 'The implications of adhering to the 'guilty but insane' verdict'.
- 30. Report of the confidential enquiry into homicides and suicides by mentally ill people. Royal College of Psychiatrists. London; 1996.
- 31. Taylor, P. & Gunn, J.(1999). Homicides by people with mental illness: myth and reality. Br. J. Psychiatry; 174: 9-14.
- 32. Shaw, J. et al (1999). Mental disorder and clinical care in people convicted of homicide: national clinical survey. BMJ: 318: 1240-44.