

Žene kao forenzički pacijenti – usporedba pacijentica oboljelih od shizofrenije i srodnih poremećaja s pacijenticama oboljelima od ostalih psihičkih poremećaja

/ Women as Forensic Patients – Comparison of Patients with Schizophrenia and Related Disorders and Those with Other Mental Disorders

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Žene su mnogo rjeđe forenzički pacijenti u odnosu na muškarce. Najčešće su hospitalizirane pod dijagnozom iz spektra psihotičnih poremećaja. Ipak, istraživanja pokazuju kako se forenzičke pacijentice mogu podijeliti u određene podskupine s različitim karakteristikama, ovisno o dijagnozi. Stoga je glavni cilj ovoga rada bio prikazati razlike između podskupina forenzičkih pacijentica. Uzorak se sastojao od 31 pacijentice Zavoda za forenzičku psihijatriju “Dr. Vlado Jukić”. Pacijentice su na Zavodu bile hospitalizirane u razdoblju od 2009. do 2023. godine. Podijelili smo ih u dvije podskupine: podskupina pacijentica s dijagnozom shizofrenije ili srodnim poremećajem te podskupina pacijentica kojima su dijagnosticirani drugi psihički poremećaji. Pojedine karakteristike dviju podskupina uspoređivale su se pomoću hi-kvadrat-testa i t-testa. Istraživanje je pokazalo kako se navedene dvije podskupine pacijentica razlikuju. Prva glavna razlika je u razini postignutog obrazovanja. Pacijentice bez dijagnoze shizofrenije ili srodnog poremećaja bile su slabije obrazovane. Druga razlika je u većoj prisutnosti komorbiditeta u pacijentica bez dijagnoze shizofrenije ili srodnog poremećaja. Ove razlike treba uzeti u obzir za unaprjeđenje ishoda liječenja kao i u svrhu prevencije pogoršanja bolesti, a posljedično i prevencije počinjenja samog djela.

/ Women are much less likely to be forensic patients than men. They are most commonly hospitalized for a diagnosis within the psychotic disorder spectrum. However, studies show that female forensic patients can be divided into specific subgroups with different characteristics, depending on their diagnoses. The main aim of this study was, therefore, to reveal the differences between the subgroups of female forensic patients. Our sample consisted of 31 female forensic inpatients of the Department of Forensic Psychiatry “Dr. Vlado Jukić”, who were hospitalized in the period from 2009 to 2023. We divided them into two subgroups: a subgroup of patients diagnosed with schizophrenia or related disorders, and a subgroup of patients diagnosed with other mental disorders. The individual characteristics of the two subgroups were compared using a chi-square test and a t-test. The study showed that differences exist between these two subgroups of patients. The first main difference is in the level of education. Patients who were not diagnosed with schizophrenia or related disorder were less educated. The other difference involved a more frequent occurrence of comorbidity in the patients who were not diagnosed with schizophrenia or related disorder. These differences should be taken into account in order to achieve the best possible treatment outcome and also to prevent the aggravation of the illness, consequently preventing the commission of the offence itself.

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UVOD

Žene čine samo manji dio forenzičkih pacijenata. Udio žena kao forenzičkih pacijentica varira između država. Prema dostupnim podacima europskih zemalja iz 2013. godine najveći udio forenzičkih pacijentica - 18 % činile su pacijentice u Engleskoj i Walesu. U drugim zemljama taj je postotak niži. Primjerice, u Španjolskoj i Italiji iznosi 8 %, a u Hrvatskoj 6 % (1). Treba uzeti u obzir da određene zemlje imaju drugačije definirano poimanje forenzičkog pacijenta. U Engleskoj se i osuđene osobe s duševnim poremećajima smatraju forenzičkim pacijentima te se podvrgavaju liječenju (2), dok se u Hrvatskoj forenzičkim pacijentima smatraju samo oni koji su u stanju neubrojivosti počinili protupravno djelo (3). To je jedan od razloga navedenih razlika u postotcima.

U Republici Hrvatskoj, Kaznenim zakonom definiraju se kriminalno ponašanje, odgovarajuće kazne i sankcije za počinjena djela te kaznena odgovornost – krivnja. Termin ubrojivost usko je povezan s krivnjom. Ako je osoba u trenutku počinjenja djela bila neubrojiva, ne može biti kriva. Prema čl. 4. Kaznenog zakona osoba može biti kažnjena samo ako je proglašena krivom za određeno kazneno djelo (4). Nadalje, pojmovi koji su definirani Kaznenim zakonom su neubrojivost, bitno smanjena ubrojivost i samoskrivljena neubrojivost (5,6). U Hrvatskoj sustav forenzičke psihijatrije ima dužnost skrbiti se za one osobe za koje je utvrđeno da su u trenutku počinjenja protupravnog djela bile neubrojive. Riječima Kaznenog zakona, neu-

INTRODUCTION

Women constitute only a smaller fraction of forensic patients. The proportion of female forensic patients varies between countries. According to the data obtained from European countries for 2013, the largest share of female forensic patients – 18%, was in England and Wales. In other countries, that percentage is lower. In Spain and Italy, for example, it amounts to 8%, while in Croatia it is 6% (1). It should be taken into account that certain countries have different definitions of forensic patients. In England, for example, convicted persons with mental disorders are also considered forensic patients and undergo treatment (2), while in Croatia, only those who have committed an offence in a state of insanity are considered forensic patients (3). This is one of the reasons for the observable differences in percentages.

In the Republic of Croatia, the Criminal Code defines criminal behavior, the corresponding punishments and sanctions for committed acts, as well as criminal responsibility – guilt. The term mental capacity is closely related to guilt. If a person was mentally incapable at the time of committing the act, they cannot be guilty. According to Art. 4 of the Criminal Code, only a person who has been found guilty of a specific criminal offence can be punished for that offence (4). Furthermore, the terms that are defined by the Criminal Code are mental incapacity, diminished mental capacity and voluntary self-induced mental incapacity (5, 6). In Croatia, the forensic psychiatry system has the jurisdiction and duty to care for those people who were found to be mentally incapable at the time of

brojiva osoba je „osoba koja u vrijeme ostvarenja protupravnog djela nije mogla shvatiti značenje svojeg postupanja ili nije mogla vladati svojom voljom zbog duševne bolesti, privremene duševne poremećenosti, nedovoljnog duševnog razvitka ili neke druge teže duševne smetnje“ (6). Njemački kazneni zakon na sličan način oslobađa pojedinca od kaznene odgovornosti, ako osoba nije bila sposobna razumjeti prirodu počinjenog djela ili nije mogla kontrolirati svoje ponašanje zbog duševne bolesti (7). S druge strane, u Engleskoj i Walesu procjena kaznene odgovornosti definirana je M’Naughtenovim pravilom prema kojem se mora dokazati da osoba nije razumjela prirodu kaznenog djela i/ili nije mogla razumjeti da je takav čin pogrešan zbog mentalne bolesti (8).

Psihotični poremećaji odnosno shizofrenija i srodni poremećaji najčešći su poremećaji kod osoba koje su počinile protupravno djelo i za koje je zbog nebrojivosti utvrđeno da nisu krive (9,10). Zbog tog su psihotični poremećaji ponekad povezani s agresivnim ponašanjem što povećava stigmatizaciju ovih bolesnika. Treba naglasiti da će samo oko 10 % ljudi koji pate od shizofrenije zapravo počiniti nasilni čin u nekom trenutku svog života (11). Uspoređujući osobe s psihotičnim poremećajem s općom populacijom može se uočiti da je u prvoj skupini riječ o povećanom riziku od nasilnog ponašanja, a ne o većoj pojavi samog agresivnog ponašanja (12-15). Rizik od kriminalnog ponašanja izraženiji je u bolesnicima sa shizofrenijom nego u muških bolesnika u usporedbi s općom populacijom (13,16).

Istraživanja pokazuju da u forenzičkih pacijentica sa shizofrenijom negativni simptomi imaju zaštitnu ulogu od razvoja nasilnog ponašanja, dok su pozitivni psihotični simptomi oni koji povećavaju rizik od nasilja (17,18). Wolf i sur. (18) navode kako je u 42,9 % forenzičkih pacijentica sa shizofrenijom dijagnosticirana ovisnost o psihoaktivnim tvarima (PAT) kao komorbiditet. Landgraf i sur. usporedili su forenzički i opći uzorak bolesnica sa shizofrenijom. Prema njihovom istraživanju prosječna dob počinjenja protupravnog djela bila je 36,9 godina, a najčešća

committing an offence. The Criminal Code defines a mentally incapable person as a person “who at the time of the perpetration of an illegal act was incapable of understanding the significance of their conduct, or could not control their will due to mental illness, temporary mental disorder, mental deficiency or some other severe mental disturbance” (6). In a similar way, the German Criminal Code exempts an individual from criminal liability if they were incapable of understanding the nature of the committed act or could not control their behavior due to a mental illness (7). On the other hand, in England and Wales the evaluation of criminal responsibility is defined by the M’Naghten Rule according to which it must be proved that the person did not understand the nature of the criminal offence and/or could not understand that it was wrong due to a mental illness (8).

Psychotic disorders, i.e. schizophrenia and related disorders, are the most common disorders among the persons who have committed an offence and who were found not guilty by reason of insanity (9, 10). For this reason, psychotic disorders are sometimes associated with aggressive behavior, which increases the stigmatization of these patients. It should be noted that only about 10% of the individuals suffering from schizophrenia will actually commit a violent act at some point in their lives (11). When comparing individuals with psychotic disorders with the general population, it is observable that only the risk of violent behavior is higher in the first group, but not the committed aggressive behavior itself (12 – 15). The risk of criminal behavior is more pronounced in female patients with schizophrenia than in male patients compared to the general population (13, 16).

In terms of female forensic patients with schizophrenia, studies show that negative symptoms have a protective role against the development of violent behavior, while positive psychotic symptoms are the ones that increase the risk of violence (17, 18). In their study, Wolf et al. (18) noted that 42.9% of female forensic patients with schizophrenia had been diagnosed with psychoactive substance addiction as a comorbidity. Landgraf et al. compared forensic and general samples of

djela bila su napad na osobu (48,6 %), ubojstvo (20,0 %) i namjerno izazivanje požara (17,1%), pacijentice su djela počinile same te su poznavale svoje žrtve (19). Fazel i sur. su pokazali da shizofrenija nije jedini poremećaj povezan s nasilnim ponašanjem te da ovisnost o PAT pokazuje još veći rizik od nasilja (12). Proučavajući drugu podskupinu forenzičkih pacijentica Tuentte i sur. uspoređivali su forenzičke pacijentice sa psihopatijom i bez psihopatije. Pokazali su da je prosječna dob počinjenja protupravnog djela za žene sa psihopatijom bila 22,7 godina, što je značajno niže u odnosu na žene bez psihopatije (prosječna dob 32,1 godina). Osim toga, žene sa psihopatijom počinile su manje nasilnih djela koja su završila smrću i obično nisu poznavale svoje žrtve (20). Karsten i sur. bavili su se forenzičkim pacijenticama s graničnim poremećajem ličnosti (BPD), a njihovo istraživanje pokazalo je da je preko 80 % tih žena bilo zlostavljano u djetinjstvu, uglavnom su bolovale i od ovisnosti kao komorbiditeta, a njihova djela češće su uključivala imovinsku i materijalnu štetu ili namjerno izazivanje požara, a manje nasilja usmjerenog na ljude u usporedbi sa ženama bez BPD-a (21).

Istraživanja koja se bave ženama kao forenzičkim pacijenticama nisu brojna. Još je manje istraživanja koja uspoređuju ili ukazuju na pojedine podskupine forenzičkih pacijentica određene njihovim dijagnozama.

Cilj ovog istraživanja je usporediti sociodemografske i psihopatološke karakteristike forenzičkih pacijentica sa shizofrenijom i srodnim poremećajima i onih kojima je dijagnosticiran drugi mentalni poremećaj.

METODOLOGIJA

Ispitanici

Uzorak je činila 31 pacijentica Zavoda za forenzičku psihijatriju "Dr. Vlado Jukić", a pacijentice su bile hospitalizirane u razdoblju od 2009. do 2023. godine. Riječ je o pacijenticama koje

female patients with schizophrenia. According to their study, the average age of committing an offence was 36.9 years, while the most common offences included personal assault (48.6%), homicide (20.0%) and arson (17.1%), and the patients mostly committed them on their own and they knew their victims (19). The study conducted by Fazel et al. showed that schizophrenia was not the only disorder associated with violent behavior, and that psychoactive substance addiction presented an even greater risk of violence (12). Studying another subgroup of female forensic patients, Tuente et al. compared female forensic patients with and without psychopathy. They observed that the average age of committing an offence among women with psychopathy was 22.7 years, which was significantly lower compared to women without psychopathy (average age was 32.1 years). In addition, women with psychopathy committed fewer acts of violence that ended in death, and they usually did not know their victims (20). Karsten et al. dealt with female forensic patients with borderline personality disorder (BPD) and their research showed that over 80% of those women were abused as children, they mostly had substance use disorder as a comorbidity and their offences more often involved property and material damage or arson, and less frequently violence directed at people, compared to women without BPD (21).

There are not many studies involving women as forensic patients. There have been even fewer studies that compare or point out the individual subgroups of female forensic patients according to their diagnoses. The aim of this study was to compare the sociodemographic and psychopathological characteristics of female forensic patients with schizophrenia or related disorders and those diagnosed with other mental disorders.

METHOD

Respondents

The sample consisted of 31 female forensic inpatients of the Department of Forensic Psychiatry "Dr. Vlado Jukić", who were hospitalized in the

su u nebrojivom stanju počinile protupravno djelo. Prema dijagnozama zabilježenima u medicinskoj dokumentaciji i vještačkim nalazima u 23 pacijentice radilo se o shizofreniji i srodnim poremećajima, u 7 pacijentica o poremećaju ličnosti (2 pacijentice s paranoidnim poremećajem ličnosti i 5 s graničnim poremećajem ličnosti), u 3 pacijentice o organskom psihičkom poremećaju te poremećaju ovisnosti, a u 2 pacijentice dijagnosticiran je poremećaj raspoloženja i intelektualne teškoće. Bilo je brojčano više potvrđenih dijagnoza nego što je pacijentica, jer su neke od njih imale više od jedne potvrđene dijagnoze. U tri pacijentice je uz dijagnozu shizofrenije ili srodnog poremećaja bila riječ i o poremećaju ličnosti kao komorbidnom poremećaju, dok je u jedne bila prisutna akutna intoksikacija PAT u trenutku počinjenja djela. U pacijentica s potvrđenim drugim dijagnozama komorbiditeti su bili sljedeći: u dvije pacijentice riječ je bila o akutnoj intoksikaciji uz poremećaj ličnosti u jedne i sindrom ovisnosti, od ranije prisutan u druge. U tri pacijentice radilo se o organski uvjetovanoj sumanutosti uz postavljene dijagnoze F01, F70 i F01 prema MKB-10. Kod jedne pacijentice s intelektualnim poteškoćama riječ je bila o agresivnom i impulzivnom ispadu u sklopu poremećaja ličnosti, dok se kod druge pacijentice s utvrđenim drugim dijagnozama radilo o teškom povratnom depresivnom poremećaju bez simptoma psihoze uz utvrđen i poremećaj ličnosti. Prosječna dob pacijentica bila je $43,9 \pm 15$ godina.

Parametri

Podatci o pacijenticama dobiveni su pregledom medicinske dokumentacije i vještačkih nalaza i mišljenja. Iz navedene dokumentacije prikupljeni su sociodemografski i psihopatološki podatci kao i podatci o protupravnom djelu. Prikupljeni su sljedeći podatci: dob počinjenja djela i prvog javljanja na psihijatrijsko liječenje pacijentica, razina postignutog obrazovanja, radni status, lišenost poslovne sposobnosti,

period from 2009 to 2023. These are patients that committed an offence in a state of mental incapacity. According to the diagnoses recorded in the medical documentation and expert reports, 23 patients were diagnosed with schizophrenia and related disorders, seven had a personality disorder (two suffered from paranoid personality disorder and five from borderline personality disorder), three patients had an organic mental disorder and substance use disorder, while two patients were diagnosed with a mood disorder and intellectual disability. There were more confirmed diagnoses than the patients because some patients had more than one diagnosis confirmed. In three patients, aside from the diagnosis of schizophrenia or related disorder, a comorbid personality disorder was also present, while one patient experienced acute intoxication with psychoactive substances at the time of the offence. In patients with confirmed other diagnoses, the comorbidities were as follows: in two patients, there was acute intoxication which was accompanied by a personality disorder in one patient and a previously established substance disorder in the other. Three patients suffered from organic delusional disorder, together with diagnoses of F01, F70, and F01 according to ICD-10. One patient with intellectual difficulties had an aggressive and impulsive episode as part of a personality disorder, while in another patient with confirmed other diagnoses, a severe recurrent depressive disorder without psychotic symptoms was observed, along with a personality disorder. The average age of the patients was 43.9 ± 15 years.

Parameters

Data about the patients were obtained by reviewing their medical records and expert reports and opinions. Sociodemographic and psychopathological data, as well as data on the criminal offence itself, were collected from the aforementioned documentation. The following data were collected: the age when the offence was committed and when the patient was first psychiatrically treated, education level, employment status, loss of working capacity, marital status, number of children, data on previ-

bračno stanje, broj djece, podatci o prethodnom psihijatrijskom liječenju i dijagnozi/dijagnozama zbog kojih se pacijentica prethodno liječila, podatci o ranijem zlostavljanju, postojanje ovisnosti o PAT, prisutnost poremećaja ličnosti, dijagnoza pod kojom je pacijentica vještačena.

Što se tiče samog protupravnog djela važni su bili sljedeći podatci: podatci o prethodnom kažnjavanju, vrsta protupravnog djela, je li pacijentica samostalno počinila protupravno djelo ili zajedno s drugom osobom, je li djelo izvedeno do kraja ili je bila riječ o pokušaju i je li počinjeno pod utjecajem psihoaktivnih supstancija.

Statistička analiza

Uzorak od 31 pacijentice bio je podijeljen u dvije skupine: skupinu pacijentica s dijagnozom shizofrenije i srodnih poremećaja (23 pacijentice u skupini) i skupinu pacijentica s drugom dijagnozom (8 pacijentica). U rezultatima i dalje u tekstu ove dvije skupine bit će označene kao neubrojive pacijentice s dijagnozom shizofrenije i srodnih poremećaja (NP sa shizofrenijom i srodnim poremećajima) i neubrojive pacijentice s drugim dijagnozama (NP s drugim dijagnozama). Spomenute dijagnoze postavili su psihijatrijski vještaci tijekom procjene ubrojivosti. Za usporedbu traženih karakteristika korišteni su hi-kvadrat test i t-test.

REZULTATI

Sociodemografske karakteristike

Kada se govori o sociodemografskim karakteristikama, razlika se uočava samo u razini postignutog obrazovanja. Pacijentice sa shizofrenijom i srodnim poremećajima bile su obrazovnije, jer je gotovo 70 % bolesnica završilo srednju školu, dok je u skupini pacijentica s drugim dijagnozama oko trećine završilo srednju školu (37,5 %). Nisu se razlikovale u radnom statusu, broju djece i bračnom stanju (tablica 1).

ous psychiatric treatment and diagnosis/diagnoses for which the patient was previously treated, personal history of abuse, existence of psychoactive substance addiction, presence of personality disorders, the diagnosis made by a psychiatric expert.

As for the criminal offence itself, the following data were important: information about previous convictions, type of the offence, whether the offence was committed by the patient alone or with another person, whether the offence was completed or it was an attempt, and whether it was committed under the influence of psychoactive substances.

Statistical analysis

We divided our sample of 31 female forensic patients into two groups: a group of patients diagnosed with schizophrenia and related disorders (consisting of 23 patients) and a group of patients with another diagnosis (consisting of 8 patients). In the results and further in the text, these two groups will be labeled as patients who were found not guilty by reason of insanity due to schizophrenia or related disorders (NGRI with schizophrenia and related disorders) and patients who were found not guilty by reason of insanity with other diagnoses (NGRI with other diagnoses). The aforementioned diagnoses were made by psychiatric experts during the mental capacity evaluation. The characteristics of interest were compared using a chi-square test and a t-test.

RESULTS

Sociodemographic characteristics

In terms of sociodemographic characteristics, a difference was observed only in the education level. Patients with schizophrenia and related disorders were more educated, as almost 70% of the patients finished secondary school, while in the group of patients with other diagnoses about a third of them finished secondary school (37.5%). They did not differ in terms of the employment status, number of children and marital status (Table 1).

TABLICA 1. Sociodemografske karakteristike
TABLE 1. Sociodemographic characteristics

	NP sa shizofrenijom i srodnim poremećajima / NGRI with schizophrenia and related disorders	NP s drugim dijagnozama / NGRI with other diagnoses	
Razina obrazovanja / Education level	Osnovna škola / Primary 13 % Srednja škola / Secondary 69,6 % Viša stručna sprema / College 17,4 %	Osnovna škola / Primary 62,5 % Srednja škola / Secondary 37,5 % Viša stručna sprema / College 0 %	$\chi^2=8,013$, $df=2$, $p=0,018$
Radni status / Employment status	Nezaposlena / Unemployed 52,2 % Zaposlena / Employed 13 % Umirovljenica / Retired 13 % Invalidska mirovina / Invalidity pension 21,7 %	Nezaposlena / Unemployed 25 % Zaposlena / Employed 25 % Umirovljenica / Retired 37,5 % Invalidska mirovina / Invalidity pension 12,5 %	$\chi^2=3,593$, $df=3$, $p=0,309$
Bračno stanje / Marital status	Neudana / Single 43,5 % Udana / Married 17,4 % Razvedena / Divorced 26,1 % Udovica / Widowed 13 %	Neudana / Single 37,5 % Udana / Married 25 % Razvedena / Divorced 12,5 % Udovica / Widowed 25 %	$\chi^2=1,239$, $df=3$, $p=0,744$
Broj djece / Number of children	0 – 39,1 % 1 – 30,4 % 2 – 30,4 % 4 – 0 %	0 – 37,5 % 1 – 12,5 % 2 – 37,5 % 4 – 12,5 %	$\chi^2=3,711$, $df=3$, $p=0,294$

Psihopatološke karakteristike

Jedina razlika između NP sa shizofrenijom i srodnim poremećajima i NP s drugim dijagnozama bila je u broju dijagnoza u vještačkim nalazima. Više od 80 % NP sa shizofrenijom i srodnim poremećajima nije imalo komorbidni psihijatrijski poremećaj, dok se isto može reći za samo 12,5 % NP s drugim dijagnozama. Nije bilo statistički značajne razlike u dobi počinjenja protupravnog djela, dobi prvog javljanja na psihijatrijsko liječenje, ranijem zlostavljanju, u ranijim pokušajima samoubojstva niti u prisutnosti poremećaja ličnosti. Većina pacijentica u vrijeme prikupljanja podataka nije bila ovisna o PAT (87,1 %), psihijatrijski su liječene ranije, prije počinjenja protupravnog djela, a u obje skupine to je u većini slučajeva bilo bolničko liječenje (tablica 2).

Karakteristike protupravnog djela

Sve su pacijentice djelo počinile samostalno, nisu imale suučesnika. U obje skupine pacijentice većinom nisu bile ranije kažnjavane i nisu bile pod utjecajem PAT prilikom počinjenja protupravnog djela. Pacijentice su uglavnom poznavale žrtvu protupravnog djela (87 %). Pacijentice se nisu razlikovale prema vrsti protu-

Psychopathological characteristics

The only difference between the patients NGRI with schizophrenia and related disorders and patients NGRI with other diagnoses was in the number of diagnoses in the expert reports. More than 80% of those NGRI with schizophrenia and related disorders did not have a comorbid psychiatric disorder while the same can be said for only 12.5% of the patients NGRI with other diagnoses. There was no statistically significant difference in the age of committing the offence, the age of first contact with a psychiatrist for treatment, the personal history of abuse, suicide attempts or the existence of a personality disorder. The majority of the patients, at the time when the data was collected, did not have any kind of psychoactive substance addiction (87.1%), they were previously treated by a psychiatrist before committing the offence, and in both groups, this mostly involved hospital treatment (Table 2).

Characteristics of the offence

All the patients committed the offence alone, they did not have accomplices. In both groups, the patients were predominantly not previously convicted and they were not under the influence of addictive substances when committing the il-

TABLICA 2. Psihopatološke karakteristike
TABLE 2. Psychopathological characteristics

	NP sa shizofrenijom i srodnim poremećajima / NGRI with schizophrenia and related disorders	NP s drugim dijagnozama / NGRI with other diagnoses	
Dob počinjenja protupravnog djela / Age of committing the offence	42,48 ± 12,06	47,88 ± 22,11	t=0,870, df=29 p=0,392
Dob prvog javljanja psihijatru / Age of first contact with a psychiatrist	30,42 ± 8,26	43,17 ± 27,09	t=1,136, df=5,297, p=0,305
Uporaba psihoaktivnih tvari / Psychoactive substance use	Nema uporabe / None 91,3 % Ovisnost / Addiction 8,7 %	Nema uporabe / None 75 % Ovisnost / Addiction 25 %	$\chi^2=1,404$, df=1, p=0,236
Prethodno psihijatrijsko liječenje / Previous psychiatric treatment	Nisu ranije liječene / None 4,3 % Ambulantno liječenje / Outpatient treatment 4,3 % Hospitalno liječenje / Hospital treatment 91,3 %	Nisu ranije liječene / None 12,5 % Ambulantno liječenje / Outpatient treatment 12,5 % Hospitalno liječenje / Hospital treatment 75 %	$\chi^2=1,404$, df=2, p=0,496
Broj dijagnoza u vještačkim nalazima / Number of diagnoses in expert reports	1 – 82,6 % 2 – 17,4 % 3 – 0 %	1 – 12,5 % 2 – 75 % 3 – 12,5 %	$\chi^2=13,504$, df=2, p=0,001
Pokušaji suicida / Suicide attempts	Nijedan / None 81 % Bar jedan / At least one 19 %	Nijedan / None 75 % Bar jedan / At least one 25 %	$\chi^2=0,125$, df=1, p=0,724
Ranije zlostavljanje / Personal history of abuse	Ne / No 63,2 % Da / Yes 36,8 %	Ne / No 66,7 % Da / Yes 33,3 %	$\chi^2=0,024$, df=1, p=0,876
Poremećaj ličnosti / Personality disorder	Ne / No 82,6 % Da / Yes 17,4 %	Ne / No 62,5 % Da / Yes 37,5 %	$\chi^2=1,373$, df=1, p=0,241

pravnog djela niti po tipu žrtve (je li žrtva bila član obitelji ili ne) (tablica 3).

RASPRAVA

Sociodemografske karakteristike

U ovom istraživanju uspoređena su sociodemografska i psihopatološka obilježja kao i obilježja protupravnog djela žena kao forenzičkih pacijentica sa shizofrenijom i srodnim poremećajima i onih kojima je dijagnosticiran drugi psihijatrijski poremećaj. Pacijentice se nisu razlikovale u radnom statusu, bračnom stanju niti broju djece koje su imale. Gotovo 50 % pacijentica bilo je nezaposleno, dok su zaposlene žene bile najmanje zastupljene u uzorku (16,1 %). Slabiju zaposlenost kod forenzičkih pacijenata pokazuju i druga istraživanja (19, 22). Za usporedbu, u općoj populaciji u Hrvatskoj, 33 % žena bilo je zaposleno. U usporedbi s tim podacima, postotak zaposlenih forenzičkih pacijenata bio je upola manji nego kod

legal act. They mainly committed the illegal act against people they knew (87%). The patients did not differ in the type of the offence nor in type of victim (whether the victim was a family member or not) (Table 3).

DISCUSSION

Sociodemographic characteristics

In this study, we compared the sociodemographic and psychopathological characteristics, as well as the characteristics of the offence, of women as forensic patients with schizophrenia and related disorders and those diagnosed with other mental disorders. Our patients did not differ in the employment status, marital status or in the number of children they had. Almost 50% of the patients were unemployed, while those employed were the least represented in the sample (16.1%). Low employment in female forensic patients was also observed in other studies (19, 22). For comparison purposes, in the general population in Croatia, 33% of women were employed. Compared

TABLICA 3. Karakteristike protupravnog djela
TABLE 3. Characteristics of the offence

	NP sa shizofrenijom i srodnim poremećajima / NGRI with schizophrenia and related disorders	NP s drugim dijagnozama / NGRI with other diagnoses	
Ranije kažnjavanje / Previous convictions	Bez ranijeg kažnjavanja / None 95,7 % Da, za drugu vrstu djela / Yes, for different offence 4,3 %	Bez ranijeg kažnjavanja / None 100 % Da, za drugu vrstu djela / Yes, for different offence 0 %	$\chi^2=0,359$, $df=1$, $p=0,549$
Vrsta protupravnog djela / Type of offence	Djela protiv čovječnosti i ljudskog dostojanstva / Offences against humanity and human dignity 4,3 % Djela protiv života i tijela / Offences against life and limb 43,5 % Djela protiv osobne slobode / Offences against personal freedom 21,7 % Djela protiv braka, obitelji i mladeži / Offences against marriage, family and children 8,7 % Djela protiv opće sigurnosti / Offences against general safety 13 % Djela protiv imovine / Offences against property 4,3 % Djela protiv javnog reda / Offences against public order 4,3 %	Djela protiv čovječnosti i ljudskog dostojanstva / Offences against humanity and human dignity 0 % Djela protiv života i tijela / Offences against life and limb 37,5 % Djela protiv osobne slobode / Offences against personal freedom 37,5 % Djela protiv braka, obitelji i mladeži / Offences against marriage, family and children 12,5 % Djela protiv opće sigurnosti / Offences against general safety 0 % Djela protiv imovine / Offences against property 0 % Djela protiv javnog reda / Offences against public order 12,5 %	$\chi^2=3,061$, $df=6$, $p=0,801$
Utjecaj psihoaktivnih tvari pri počinjenju djela / Influence of psychoactive substances at the time of the offence	Ne / No 91,3 % Da / Yes 8,7 %	Ne / No 75 % Da / Yes 25 %	$\chi^2=1,404$, $df=1$, $p=0,236$
Poznavanje žrtve / Known victim	Ne / No 0 % Da / Yes 87 % Djelo ne uključuje žrtvu / The offence does not include the victim 13 %	Ne / No 12,5 % Da / Yes 87,5 % Djelo ne uključuje žrtvu / The offence does not include the victim 0 %	$\chi^2=3,919$, $df=2$, $p=0,141$
Član obitelji kao žrtva / Family member as a victim	Ne / No 26,1 % Da / Yes 60,9 % Djelo ne uključuje žrtvu / The offence does not include the victim 13 %	Ne / No 37,5 % Da / Yes 62,5 % Djelo ne uključuje žrtvu / The offence does not include the victim 0 %	$\chi^2=1,312$, $df=2$, $p=0,519$

opće populacije (23,24). Istraživanja pokazuju da je niska stopa zaposlenosti čest slučaj kod psihijatrijskih bolesnika, a najviše varira ovisno o težini poremećaja i razini postignutog obrazovanja (25). Budući da je u većine naših pacijentica dijagnosticiran teži psihički poremećaj, niska stopa zaposlenosti nije iznenađujuća. Ipak, zanimljive rezultate dobili su Landgraf i sur. (19) prema kojima je postotak zaposlenih forenzičkih pacijentica sa shizofrenijom bio 18 %, dok je postotak zaposlenih pacijentica sa shizofrenijom koje nisu forenzičke pacijentice bio znatno veći i iznosio je 47 %. Ovi rezultati

to these data, the percentage of forensic patients who were employed was half the amount compared to the general population (23, 24). Studies have shown that a low employment rate is common in psychiatric patients, and it varies mostly depending on the severity of the disorder and the level of education (25). Since the majority of our patients suffered from more severe mental disorders, the low employment rate is not surprising. However, interesting results were obtained by Landgraf et al. (19), whose study indicated that 18% of female forensic patients with schizophrenia were employed, while the percentage of employed patients with schizophrenia who were not

ukazuju da bi uz samu dijagnozu mogli postojati i neki drugi čimbenici koji utječu na veću nezaposlenost forenzičkih pacijenata. Žene u našem uzorku uglavnom su bile neudane (41,9 %) ili razvedene (22,6 %). U dostupnoj literaturi slični su podatci uočeni za forenzičke pacijentice s lakšim oblikom psihičkog poremećaja kao i za psihijatrijske pacijentice iz opće populacije (19,22). Forenzičke pacijentice sa shizofrenijom bile su neudane u većem postotku u usporedbi s našim rezultatima (19). Veći udio neudanih pacijentica bio je očekivan, budući da se brak smatra zaštitnim čimbenikom smanjujući rizik od nasilnog ponašanja (26). Više od 60 % pacijentica imalo je barem jedno dijete, što odgovara postojećoj literaturi (10). Jedina razlika uočena je u razini postignutog obrazovanja. Pacijentice sa shizofrenijom i srodnim poremećajima pokazale su se obrazovanijima, jer ih je gotovo 70 % završilo srednju školu, a 17,4 % ostvarilo je višu stručnu spremu, dok je u skupini pacijentica s drugim dijagnozama postotak pacijentica sa završenom srednjom školom bio gotovo upola manji (37,5 %) i nijedna od njih nije ostvarila više od srednjoškolskog obrazovanja. Naši se rezultati razlikuju od postojeće literature prema kojoj su forenzičke pacijentice uglavnom imale niži stupanj obrazovanja bez obzira na dijagnozu (18,19,22). Zanimljivo je da su i druga istraživanja pokazala kako forenzičke pacijentice sa shizofrenijom imaju nižu razinu obrazovanja u usporedbi s pacijenticama sa shizofrenijom iz opće populacije. U literaturi se dosta ukazuje na povezanost niže razine obrazovanja i sklonosti nasilju ili ponavljanju nasilnog ponašanja (27,28).

Psihopatološke karakteristike

Nije bilo statistički značajne razlike između neubrojivih pacijentica sa shizofrenijom i srodnim poremećajima i onih s drugim dijagnozama u dobi počinjenja protupravnog djela, dobi prvog javljanja na psihijatrijsko liječenje, u podatku o ranijem zlostavljanju, pokušajima samouboj-

forensic patients was much higher and amounted to 47%. These results suggest that there could be some other factors that influence the higher unemployment of forensic patients in addition to the diagnosis itself. The women in our sample were mostly unmarried (41.9%) or divorced (22.6 %). In the available literature, similar data were observed for female forensic patients with less severe mental disorders and female psychiatric patients from the general population (19, 22). The percentage of unmarried female forensic patients with schizophrenia was higher in comparison to our results (19). The higher rate of unmarried patients was expected, since marriage is considered to be a protective factor that reduces the risk of violent behavior (26). Over 60% of patients had at least one child, which corresponds to the existing literature (10). The only difference was observed in the education level. Patients with schizophrenia and related disorders were more educated, as almost 70% completed secondary school and 17.4% completed college, while in the group of patients with other diagnoses the percentage of patients with completed secondary school was lower by almost a half (37.5 %) and none of them finished college. Our results differ from the existing literature, according to which female forensic patients mostly had a lower level of education regardless of the diagnosis (18, 19, 22). It is interesting that other studies have also shown that female forensic patients with schizophrenia have a lower level of education compared to the patients with schizophrenia from the general population. The literature mostly points to the connection between a lower level of education and propensity for violence or repetition of violent behavior (27, 28).

Psychopathological characteristics

There was no statistically significant difference between mentally incapable patients with schizophrenia and related disorders and those with other diagnoses when it comes to the age of committing the offence, the age of first contact with a

stva niti u prisutnosti poremećaja ličnosti. Većina je pacijentica bila u četrdesetim godinama u vrijeme počinjenja djela što je nešto starija dob u odnosu na postojeću literaturu, prema kojoj su pacijentice u vrijeme počinjenja protupravnog djela bile u tridesetim godinama (18,20,29). Pacijentice sa shizofrenijom i srodnim poremećajima započele su psihijatrijsko liječenje u tridesetim godinama života, dok su pacijentice s drugim dijagnozama bile u svojim četrdesetima. Degl' Innocenti i sur. (30) pokazali su u svom istraživanju kako je prosječna dob prvog doticaja s psihijatrijskom skrbi bila znatno niža, pacijentice su započinjale liječenje u dobi od dvadeset godina. Jedan od mogućih razloga kasnijeg traženje psihijatrijske pomoći i liječenja u našem uzorku je strah od diskriminacije koja još uvijek u stopu prati psihijatrijsku dijagnozu. Istraživanja pokazuju da je diskriminacija najviše izražena u slučaju osoba oboljelih od shizofrenije ili ovisnosti o alkoholu ili drogama (32). Thornicroft i sur. (32) pokazali su na uzorku pacijenata sa shizofrenijom iz 27 zemalja da je gotovo 50 % pacijenata doživjelo diskriminaciju u odnosima s prijateljima i članovima obitelji, a više od 70 % osjećalo je potrebu zatajiti svoju dijagnozu. Osvrćući se na situaciju u Hrvatskoj zanimljivo je istaknuti istraživanje Rončević-Gržeta i sur. (33) koji navode da stigmatizacija još uvijek postoji u društvu, ali da obrazovaniji ljudi, medicinski radnici i oni koji su na neki način bili u kontaktu s psihijatrijskim pacijentima puno manje izražavaju diskriminacijske stavove. U više od 90 % slučajeva prvo psihijatrijsko liječenje nije bilo nakon počinjenja protupravnog djela, već su pacijentice prethodno bile liječene, većinom bolnički što je u skladu s dostupnom literaturom (19,21). Oko 87 % pacijentica u uzorku u vrijeme prikupljanja podataka nije imalo nikakvu ovisnost. Dobiveni se rezultati razlikuju od drugih istraživanja prema kojima je zloraba PAT bila mnogo češća među pacijenticama s psihijatrijskom dijagnozom (18,29). Nadalje, Landgraf i sur. (19) pokazali su u svojoj stu-

psychiatrist for treatment, the personal history of abuse, suicide attempts or the existence of a personality disorder. Most of the patients were in their forties when they committed the offence, which is a slightly older age compared to the existing literature, according to which the patients were in their thirties at the time of the offence (18, 20, 29). Patients with schizophrenia and related disorders started psychiatric treatment in their thirties, while the patients with other diagnoses started treatment in their forties. In their study, Degl'Innocenti et al. (30) showed that the average age of first psychiatric treatment was much lower, and the patients started their treatment at the age of twenty. One of the possible reasons for later seeking help and psychiatric treatment in our sample might be the fear of discrimination and prejudice that is still associated with a psychiatric diagnosis. Studies have shown that discrimination is most expressed against people suffering from schizophrenia or alcohol or drug addiction (32). Studying a sample of patients with schizophrenia from 27 countries, Thornicroft et al. (32) observed that almost 50% of the patients experienced discrimination in relationships with their friends and family members, while over 70% felt the need to hide their diagnosis. When describing the situation in Croatia, it is interesting to highlight the study of Rončević-Gržeta et al. (33), who observed that stigmatization still exists in the society, but that discriminatory attitudes are much less expressed among individuals with higher education, medical professionals and those who have in some way been in contact with psychiatric patients. In over 90% of the cases, the first contact with a psychiatrist was not after committing the offence, but the patients had actually undergone previous psychiatric treatment, most of which was hospital treatment, which is consistent with the available literature (19, 21). Approximately 87% of the patients in our sample did not have any type of substance use disorder at the time the data was collected. Our results differ from other studies, according to which psychoactive substance abuse was much more prevalent among female patients with a psychiatric diagno-

diji da su forenzičke pacijentice sa shizofrenijom u većem broju slučajeva imale ovisnost kao komorbiditet u usporedbi s neforenzičkim pacijenticama. Dostupna literatura ukazuje na povezanost između ovisnosti o PAT i povećane sklonosti nasilnom ponašanju kod psihijatrijskih pacijenata (14,18,34). U literaturi se također povezuje pojava zloporabe PAT kao odgovor na ranije traumatično iskustvo. Prema tome, ranije doživljena trauma i posljedični razvoj ovisnosti mogli bi doprinijeti razvoju nasilnog ponašanja (29). Budući da pacijentice iz našeg uzorka uglavnom nisu imale traumatska iskustva, to bi djelomično moglo objasniti manju prevalenciju ovisnosti. Zanimljivo je da neka istraživanja pokazuju kako u pacijentica sa shizofrenijom poremećaj ličnosti, jednako kao i ovisnost, povećava rizik od nasilnog ponašanja (34). Također, određene vrste poremećaja ličnosti, poput antisocijalnog poremećaja ličnosti, čak i ako su jedina dijagnoza, povezane su s većim rizikom od nasilnog ponašanja (35). U našem uzorku samo je u oko 20 % pacijentica dijagnosticiran poremećaj ličnosti. Ipak, zanimljive hipoteze iznijeli su Hodgins i sur. (13) i Wolf i sur. (18) koji spominju dva načina razvoja nasilnog ponašanja kod osoba sa shizofrenijom. Prvi način prikazuje nasilno ponašanje osoba od rane dobi, s ranim početkom bolesti i s poremećajem ponašanja nalik antisocijalnom ponašanju koji je prisutan od djetinjstva. Antisocijalno ponašanje može biti povezano s većom sklonošću korištenju PAT, ali i s razvojem poremećaja ličnosti u odrasloj dobi (36). Drugi način razvoja nasilnog ponašanja može se uočiti kod osoba s kasnim početkom bolesti, bez poremećaja ponašanja u prošlosti, kod kojih se nasilno ponašanje objašnjava samo simptomima akutnog poremećaja. Pacijentice iz uzorka uglavnom nisu imale poremećaj ličnosti ili sindrom ovisnosti, a prvo psihijatrijsko liječenje započelo je u kasnijoj dobi, pa se njihovo agresivno ponašanje može objasniti prethodno navedenim hipotezama. Otprilike trećina pacijentica bila je zlostavljana. Takav

sis (18, 29). Furthermore, Landgraf et al. (19) showed in their study that there was a larger number of female forensic patients with schizophrenia who had substance addiction as a comorbidity compared to non-forensic patients. The available literature indicates a connection between psychoactive substance addiction and increased propensity for violent behavior in psychiatric patients (14, 18, 34). The literature also points to the emergence of psychoactive substance abuse as a response to an earlier traumatic experience. Therefore, the experienced trauma and the consequent development of addiction could contribute to the development of violent behavior (29). Since our patients mostly did not have traumatic experiences, this could partially explain the lower prevalence of addiction in the sample. Interestingly, some studies show that in patients with schizophrenia, a personality disorder increases the risk for violent behavior just as much as addiction (34). Furthermore, certain types of personality disorders, such as antisocial personality disorder, are associated with a higher risk for violent behavior even if they are the only diagnosis present (35). In our sample, only about 20% of the patients were diagnosed with a personality disorder. However, interesting hypotheses were presented by Hodgins et al. (13) and Wolf et al. (18), who mention two ways in which violent behavior develops in individuals with schizophrenia. The first one explains the violent behavior of people from an early age, with an early onset of the illness and a behavioral disorder that resembles antisocial behavior that has been present since childhood. Antisocial behavior can be associated with an increased tendency to use psychoactive substances, but also with the development of personality disorders in adulthood (36). The second way for violent behavior to develop can be observed in individuals with late onset of the illness, without a behavioral disorder in the past, in whom violent behavior is explained only through the symptoms of an acute disorder. Our patients mostly did not have a personality disorder or substance use disorder, and started their first psychiatric treatment at a later age, therefore their aggressive behavior

je udio niži u usporedbi s drugim istraživa-njima. Na primjer, de Vogel i sur. (29) utvrdili su da je 76 % forenzičkih pacijentica doživjelo neki oblik zlostavljanja u djetinjstvu, a 58 % ih je doživjelo zlostavljanje u odrasloj dobi. Nadalje, proučavajući forenzičke pacijentice s graničnim poremećajem ličnosti (BPD) i bez BDP-a, de Vogel je pokazala da su žene kojima je dijagnosticiran BPD češće bile zlostavljane (u 81,7 % slučajeva) u usporedbi s pacijenticama bez BPD-a (u 67,3 % slučajeva) (21). Krammer i sur. pokazali su svojim istraživanjem da je oko polovice pacijentica prethodno bilo zlostavljano (37). Proživljena trauma, posebno u djetinjstvu, često je povezana s povećanom sklonošću nasilnom ponašanju (38) i povećava rizik od razvoja psihičkih poremećaja (37). Prema tome, trauma bi mogla biti jedan od čimbenika rizika i za razvoj psihičkog poremećaja i za sklonost nasilnom ponašanju kod forenzičkih pacijentica. Naši rezultati ne podupiru prethodno rečeno, a glavno objašnjenje za takve rezultate je mali uzorak u kojem je vrlo malo žena s bilo kojim oblikom poremećaja ličnosti. Ipak, zanimljivu hipotezu iznijeli su Krammer i sur. (37). U njihovom istraživanju nije bilo značajne razlike između onih pacijentica koje su počinile nasilno protupravno djelo i koje su prethodno bile zlostavljane i onih koje nisu doživjele zlostavljanje. Iz toga se mogao izvesti zaključak da doživljeno zlostavljanje ne uzrokuje agresivno ponašanje žena već samo povećava rizik od takvog ponašanja. Prema tome, ne može se nužno očekivati postojanje traume u svih forenzičkih pacijentica. Nadalje, drugo objašnjenje za nižu prevalenciju zlostavljanja u našem uzorku može biti neadekvatna povijest bolesti i poricanje zlostavljanja, iako je možda ono i postojalo. Razlozi za poricanje mogu biti različiti, na primjer, strah od ishoda sudskog postupka i procesa utvrđivanja neubrojivosti, ako se zlostavljanje prizna ili želja za bržim oporavkom zbog čega pacijentice potisnu tako bolno iskustvo i ne žele ga spominjati. U našem uzorku je oko 20 % pacijentica pokušalo suicid. Dostupna

could be explained by the previously mentioned hypotheses. Approximately a third of the patients was abused. Such a result is lower compared to other studies. For example, de Vogel et al. (29) observed that 76% of female forensic patients experienced some form of abuse in childhood, and 58% of them experienced maltreatment as adults. Furthermore, in her study of forensic patients with and without borderline personality disorder (BPD), de Vogel showed that women diagnosed with BPD were abused more often (in 81.7% of cases) when compared to non-BPD female patients (in 67.3 % of cases) (21). Krammer et al. observed in their study that about half of the female patients had previously been abused (37). Experienced trauma, especially in childhood, is often associated with an increased propensity for violent behavior (38) and increases the risk of developing mental disorders (37). Therefore, trauma could be one of the risk factors for both the development of mental disorders and the propensity for violent behavior in female forensic patients. Our results do not support these findings, and the main explanation for such results lies in the small sample in which there are far fewer women with any type of personality disorder. However, an interesting hypothesis was presented by Krammer et al. (37). In their study there was no significant difference between those female patients who committed a violent offence and were previously abused, and those who did not experience abuse. This could lead to the conclusion that experiencing abuse does not cause female aggressive behavior, but only increases the risk of such behavior. Accordingly, we cannot necessarily expect the existence of trauma in all female forensic patients. Furthermore, another explanation for the lower prevalence of abuse in our sample may be in inadequate medical history and denial of abuse even though it may have existed. The reasons for denial can vary, for example, fear of the outcome of the court process and the process of establishing mental incapacity if the maltreatment has been admitted, or a desire for faster recovery, which is why the patients repress such a painful experience and do not want to mention it. In our

literatura, međutim, pruža drugačije podatke. Landgraf i sur. navode da je 40 % forenzičkih pacijentica sa shizofrenijom pokušalo suicid u razdoblju prije hospitalizacije (19). De Vogel i sur. naveli su još veći udio od 61,1 % forenzičkih pacijentica sa suicidalnim ponašanjem (29). Karsten i sur. utvrdili su da su forenzičke pacijentice s BPD-om sklonije samoozljeđivanju (u 66,2 % slučajeva) u usporedbi s pacijenticama bez BPD (u 31,1 % slučajeva) (21). Vinokur i sur. pokazali su da su pacijenti s ranim početkom shizofrenije imali više pokušaja samoubojstva od onih s kasnom pojavom bolesti (39). Budući da su pacijentice sa shizofrenijom i srodnim poremećajima iz uzorka prvi kontakt s psihijatrom imali uglavnom u tridesetima, moglo bi se pretpostaviti da se radi o kasnoj pojavi bolesti što bi onda objasnilo manju pojavu suicidalnosti u ovoj skupini pacijentica u usporedbi s rezultatima koje su predstavili Landgraf i sur. Nadalje, de Vogel (29) i Karsten (21) navode visok postotak pacijentica koje su doživjele neki oblik zlostavljanja, dok to nije bio slučaj s našim pacijenticama. Moguće je da je manji broj pokušaja samoubojstva povezan i s činjenicom da pacijentice nisu imale traumatičnih iskustava.

Jedina razlika između dviju skupina pacijentica bila je u broju dijagnoza u vještačkim nalazima. Samo 17,4 % NP sa shizofrenijom i srodnim poremećajima imalo je komorbidni psihijatrijski poremećaj, dok je u drugoj skupini 87,5 % pacijentica imalo više od jedne dijagnoze. Krammer i sur. su pokazali kako su u 60 % slučajeva njihove pacijentice imale više od jedne psihijatrijske dijagnoze. Uzorak su činile žene koje su većinom bolovala od sindroma ovisnosti, poremećaja ličnosti i poremećaja raspoloženja (37). Karsten i sur. pokazali su da pacijentice s BPD-om u više od 75 % slučajeva imaju barem još jednu psihijatrijsku dijagnozu, a u ovom slučaju to je bio sindrom ovisnosti. Govoreći o pacijenticama sa shizofrenijom Landgraf i sur. pokazali su da 43 % pacijentica ima komorbidni

sample, about 20% of the patients had attempted suicide. The available literature, however, provides different data. Landgraf et al. state that 40% of female forensic patients with schizophrenia had attempted suicide in the period before hospitalization (19). De Vogel et al. observed an even higher percentage of 61.1% of female forensic patients with suicidal behavior (29). In their study, Karsten et al. determined that female forensic patients with BPD were more prone to self-harm (in 66.2% of cases) compared to non-BPD patients (in 31.1% of cases) (21). Vinokur et al. showed in their study that patients with an early onset of schizophrenia had attempted suicide more times than those with a late onset of the illness (39). Since our patients with schizophrenia and related disorders had their first psychiatric examinations mostly in their thirties, the assumption that it was a late-onset illness could explain the less prevalent suicidality in this group of patients compared to the results presented by Landgraf et al. Furthermore, de Vogel (29) and Karsten (21) observed that a high percentage of female patients had experienced some form of abuse, which was not the case with our patients. It is possible that the lower number of suicide attempts is related to the fact that the patients did not have traumatic experiences.

The only difference between these two groups of patients was in the number of diagnoses in the expert reports. Only 17.4% of those NGRI with schizophrenia and related disorders had a comorbid psychiatric disorder, while in the other group 87.5% of the patients had more than one diagnosis. In their study, Krammer et al. observed that in 60% of the cases their female patients had more than one psychiatric diagnosis. The sample consisted of women who mostly suffered from disorders due to psychoactive substance use, personality disorders and mood disorders (37). Karsten et al. demonstrated that in over 75% of the cases patients with BPD have at least one other psychiatric diagnosis, and in this case, it was substance use disorder. In terms of patients with schizophrenia, Landgraf et al. presented that 43% of female patients had a comorbid psychiatric

psihijatrijski poremećaj (19). Wolf i sur. utvrdili su da je više od 40 % pacijentica sa shizofrenijom patilo bar od još jednog psihijatrijskog poremećaja, a to je sindrom ovisnosti (18). Naši se podatci razlikuju od literaturnih prema kojima su psihijatrijski komorbiditeti zastupljeni u većem postotku u obje skupine forenzičkih pacijentica. Ipak, može se primijetiti da nešto manji postotak pacijentica sa shizofrenijom i srodnim poremećajima ima komorbidne psihijatrijske poremećaje u usporedbi s pacijentica ma bez te dijagnoze.

Karakteristike protupravnog djela

Sve su pacijentice samostalno počinile protupravno djelo. U literaturi se potvrđuje da su forenzičke pacijentice uglavnom bile bez suučesnika u vrijeme počinjenja djela (19,21,40). Samo je oko 3 % pacijentica prethodno bilo kažnjavano. De Vogel i de Spa navode kako je više od 50 % forenzičkih pacijentica prethodno bilo kažnjavano (40). Degl' Innocenti i sur. također navode kako je 51 % pacijentica prethodno bilo osuđeno (30). Razlozi za ovu razliku između naših rezultata i literaturnih mogu biti u veličini uzorka i u definiranju forenzičkih pacijenata u određenim zemljama. Kao što je spomenuto u uvodu, u nekim se zemljama forenzičkim pacijentom smatra i osoba koja je osuđena na zatvorsku kaznu zbog počinjenja kaznenog djela, ali joj je potrebno i psihijatrijsko liječenje. Osim toga, jedno od mogućih objašnjenja našeg rezultata može biti manja prevalencija ovisnosti u uzorku, jer je upotreba PAT povezana s povećanom agresivnošću i mogućim većim rizikom od ponavljanja nasilnog čina (12,14,18,34). Više od 87 % uzorka nije bilo pod utjecajem PAT prilikom počinjenja protupravnog djela. Ipak, u literaturi je postotak protupravnih djela počinjenih pod utjecajem tvari koje izazivaju ovisnost bio veći, oko 30 % (30,40). Razlog tome može biti veća prisutnost sindroma ovisnosti kao komorbiditeta kod ovih pacijentica (30). U 87 % slučajeva žrtva je bila

disorder (19). Wolf et al. observed that over 40% of schizophrenic patients suffered from at least one other psychiatric disorder, i.e. substance use disorder (18). Our data differ from the literature according to which psychiatric comorbidities are represented in higher percentages in both groups of forensic female patients. However, it can be observed that a slightly lower percentage of patients with schizophrenia and related disorders have comorbid psychiatric disorders when compared to patients without such diagnosis.

Characteristics of the offence

All the patients committed the offence on their own. The literature confirms that female forensic patients were mostly without an accomplice when committing the offence (19, 21, 40). Only about 3% of the patients had previously been convicted. De Vogel and de Spa reported that over 50% of female forensic patients had previously been convicted (40). Degl'Innocenti et al. also mentioned in their study that 51% of female patients had previously been convicted (30). The reasons for the difference between our results and those in the literature may be due to the size of the sample and the definition of forensic patients in certain countries. As mentioned in the introduction, in some countries, forensic patients are also considered to be individuals who have been sentenced to prison for a criminal offence, but who also need psychiatric treatment. In addition, one possible explanation for our results may lie in the lower prevalence of addiction in our sample, since the use of psychoactive substances is associated with increased aggressiveness and possibly a higher risk of repeating a violent act (12, 14, 18, 34). More than 87% of the women in our sample were not under the influence of psychoactive substances when they committed the offence. However, in the literature, the percentage of offences committed under the influence of psychoactive substances was higher, at about 30% (30, 40). This could be due to a greater presence of substance use disorder as a comorbidity in these patients (30). In 87% of the cases, the perpetrator knew the victim, and in about 60% of

osoba poznata počiniteljici, a u oko 60 % slučajeva to je bio član obitelji. Druga su istraživanja potvrdila kako su najčešće žrtve pacijentica bile osobe koje one poznaju, uglavnom bliske osobe poput članova obitelji ili partnera (40-42). Pacijentice se nisu razlikovale prema vrsti protupravnog djela. Najčešća protupravna djela bila su kaznena djela protiv života i tijela (u 41,9 % slučajeva). Dostupna literatura također spominje (pokušaj) ubojstva i tjelesnu ozljedu kao najčešće protupravno djelo. Zanimljivo je da je namjerno izazivanje požara drugo najčešće kazneno djelo prema dostupnim istraživanjima (18,21,30, 40). Iako su naši rezultati pokazali da nema razlika u vrsti protupravnog djela s obzirom na dijagnozu, Karsten i sur. (21) su pokazali kako su žene s BPD-om sklonije oštećenju imovine i namjernom izazivanju požara u usporedbi s pacijenticama bez BPD-a čija su djela bila više usmjerena na ljude.

ZAKLJUČAK

Za unaprjeđenje ishoda liječenja kao i u svrhu prevencije pogoršanja bolesti žena s forenzičkim poremećajima, a posljedično i prevencije počinjenja samog djela treba uzeti u obzir razliku prema određenim karakteristikama pacijentica: razini postignutog obrazovanja i postojanju komorbidnih psihijatrijskih poremećaja. Glavno ograničenje ove studije je mali broj ispitanica, posebno u skupini pacijentica bez dijagnoze shizofrenije i srodnih poremećaja, te je to potrebno uzeti u obzir prilikom promatranja rezultata. Osim toga, treba još jednom naglasiti tko se u Hrvatskoj smatra forenzičkim psihijatrijskim pacijentom i kako se sustavi forenzičke psihijatrije mogu razlikovati među pojedinim zemljama. Kako postoji povezanost nižeg stupnja obrazovanja i povećanog rizika za kriminalno ponašanje, otvara se mogućnost smanjenja rizika od nasilnog ponašanja poticanjem obrazovanja osoba sa psihičkim poremećajima u djetinjstvu i adolescenciji ili poticanjem prekva-

the cases it was a family member. Other studies confirmed that the most frequent victims of female patients were individuals they knew, mainly close persons such as family members or partners (40, 41, 42). The patients did not differ in the type of the offence. The most frequently committed offences were offences against life and limb (in 41.9% of the cases). Available literature also mentions (attempted) homicide and bodily harm as the most common offences. It is interesting that arson is the second most common offence according to the available studies (18, 21, 30, 40). Although our results showed that there were no differences in the type of offence in terms of the diagnosis, Karsten et al. (21) showed in their study that women with BPD were more inclined to property damage and arson compared to non-BPD patients, whose actions were more directed at people.

CONCLUSION

In order to improve the treatment outcomes, as well as to prevent the aggravation of illness in women suffering from forensic disorders and, consequently, to prevent the occurrence of the offence itself, the differences in certain characteristics among the patients should be taken into account: the education level and the existence of comorbid psychiatric disorders. The main limitation of the study is the small number of respondents, especially in the group of patients who were not diagnosed with schizophrenia and related disorders, and this should be taken into account when observing the results. In addition, the definition of individuals who are considered forensic psychiatric patients in Croatia should be emphasized once more, as well as the ways in which the systems of forensic psychiatry may differ in different countries. Considering the existing connection between lower levels of education and an increased risk of criminal behavior, the possibility arises of reducing the risk of violent behavior by encouraging the education of individuals with mental disorders in childhood and adolescence, or by encouraging the retraining of individuals in adult age. Since individuals

lifikacije osoba u odrasloj dobi. Kako je u osoba sa psihičkim poremećajima povećan rizik za nasilno ponašanje čemu doprinosi postojanje komorbidnih psihijatrijskih poremećaja treba otkrivati i liječiti i takve poremećaje kako bi se spriječilo počinjenje i ponavljanje protupravnih djela. Treba naglasiti važnost prepoznavanja i rada na ostalim rizičnim čimbenicima za nasilno ponašanje kao što je postojanje štetne uporabe ili ovisnosti o PAT-u kao i proživljen traumatski događaj koji povećava rizik i od razvoja ovisnosti i od nasilnog ponašanja. Rad na smanjenju diskriminacije također može doprinijeti ranijem javljanju na liječenje i boljoj kontroli bolesti. Potrebno je više ovakvih istraživanja s većim brojem pacijentica kako bi se s novim saznanjima poboljšao pristup ženama kao psihijatrijskim pacijenticama, smanjila često prisutna stigma i spriječilo nasilno ponašanje ili ponavljanje kaznenih djela.

with mental disorders have an increased risk of violent behavior, which is further exacerbated by the presence of comorbid psychiatric disorders, greater attention should be paid to the identification and treatment of such disorders as well, in order to prevent the commission and repetition of criminal offences. It is important to emphasize the need to recognize and treat other risk factors for violent behavior, such as the presence of psychoactive substance abuse or addiction, or experienced traumatic events, which increase the risk of both developing addiction and engaging in violent behavior. Efforts to reduce discrimination can also contribute to earlier treatment seeking and better management of the illness. More studies of this type, with a larger number of female patients, are necessary so that the new knowledge could be used to improve the approach towards women as psychiatric patients, reduce the often present stigma, and prevent violent behavior or the repetition of criminal offences.

LITERATURA / REFERENCES

1. Tomlin J, Lega I, Braun P, Kennedy HG, Herrando VT, Barroso R *et al.* Forensic mental health in Europe: some key figures. *Soc Psychiatry Psychiatr Epidemiol* 2020;56(1):109-17.
2. Hare DL, Furtado V, Guo B, Völlm BA. Long-stay in forensic-psychiatric care in the UK. *Soc Psychiatry Psychiatr Epidemiol* 2018;53(3):313-21.
3. Arbanas G, Marinovic P, Buzina N. Psychiatric and Forensic Characteristics of Sex Offenders With Child and With Adult Victims. *Int J Offender Ther Comp Criminol* 2022;66(12):1195-1212.
4. Turković K, Dika M, Goreta M, Đurđević Z. Principles for the protection of persons with mental illness with commentary and appendices /in Croatian/. Zagreb: Pravni fakultet Sveučilišta u Zagrebu, Psihijatrijska bolnica Vrapče, 2001.
5. Martinović I. The concept of mental capacity in criminal jurisprudence, legislation and case law /in Croatian/. U: Zbornik Pravnog fakulteta Sveučilišta u Rijeci. 2017;38(3): 1187-1204.
6. Criminal Code. *Narodne novine*, No. 125/2011, 76/14.
7. German Criminal Code (Strafgesetzbuch – StGB). https://www.gesetze-im-internet.de/englisch_stgb/. Accessed: December 2, 2023.
8. Herring, J. *Criminal Law: Text, Cases, and Materials*. 10th ed. Oxford: Oxford University Press, 2023. <https://www.oxfordlawtrove.com/10.1093/he/9780192855923.001.0001/he-9780192855923>. Accessed December 2, 2023.
9. Nicholson RA, Kugler KE. Competent and incompetent criminal defendants: a quantitative review of comparative research. *Psychol Bull* 1991;109(3):355-70.
10. Hodgins S. Female Forensic Patients May Be an Atypical Sub-type of Females Presenting Aggressive and Antisocial Behavior [published online Feb 10, 2022]. *Front Psychiatry*. doi: 10.3389/fpsy.2022.809901.
11. Buchanan A, Sint K, Swanson J, Rosenheck R. Correlates of Future Violence in People Being Treated for Schizophrenia. *Am J Psychiatry* 2019;176(9):694-701.
12. Fazel S, Gulati G, Linsell L, Geddes JR, Grann M. Schizophrenia and violence: systematic review and meta-analysis [published online Aug 11, 2009]. *PLoS Med*. doi: 10.1371/journal.pmed.1000120.
13. Hodgins S, Piatosa MJ, Schiffer B. Violence among people with schizophrenia: phenotypes and neurobiology [published online December 7, 2013]. *Curr Top Behav Neurosci* 2014. doi: 10.1007/7854_2013_259.
14. Brennan PA, Mednick SA, Hodgins S. Major mental disorders and criminal violence in a Danish birth cohort. *Arch Gen Psychiatry* 2000;57(5):494-500.
15. Fazel S, Yu R. Psychotic disorders and repeat offending: systematic review and meta-analysis [published online December 3, 2009]. *Schizophr Bull*. doi: 10.1093/schbul/sbp135.

16. Hodgins S. Female Forensic Patients May Be an Atypical Sub-type of Females Presenting Aggressive and Antisocial Behavior [published online February 10, 2022]. *Front Psychiatry*. doi: 10.3389/fpsy.2022.809901.
17. Bo S, Abu-Akel A, Kongerslev M, Haahr UH, Simonsen E. Risk factors for violence among patients with schizophrenia [published online March 23, 2011]. *Clin Psychol Rev*. doi: 10.1016/j.cpr.2011.03.002.
18. Wolf V, Mayer J, Steiner I, Franke I, Klein V, Streb J *et al*. Risk factors for violence among female forensic inpatients with schizophrenia [published online June 30, 2023]. *Front Psychiatry*, 2023. doi: 10.3389/fpsy.2023.1203824.
19. Landgraf S, Blumenauer K, Osterheider M, Eisenbarth H. A clinical and demographic comparison between a forensic and a general sample of female patients with schizophrenia. *Psychiatry Res* 2013;210(3):1176-83.
20. Tuente SK, de Vogel V, Stam, J. Exploring the criminal behavior of women with psychopathy: Results from a multicenter study into psychopathy and violent offending in female forensic psychiatric patients. *International J Forensic Mental Health*. 2014;13(4):311-22.
21. Karsten J, de Vogel V, Lancel M. Characteristics and offences of women with borderline personality disorder in forensic psychiatry: A multicentre study. *Psychology, Crime & Law* 2016;22(3):224-37.
22. Streb J, Lutz M, Dudeck M, Klein V, Fritz M, Franke I *et al*. Are Women Really Different? Comparison of Men and Women in a Sample of Forensic Psychiatric Inpatients [published online March 23, 2022]. *Front Psychiatry* 2022. doi: 10.3389/fpsy.2022.857468.
23. Statistical information from the Croatian Institute for Pension Insurance /in Croatian/. HZMO. <https://www.mirovinsko.hr/UserDocImages/listalice/mediji/2023/04/index.html#14>. Accessed: January 4, 2024.
24. Employees by sectors in January 2023 /in Croatian/. DZS. <https://podaci.dzs.hr/2023/hr/57985>. Accessed: January 8, 2024
25. Hakulinen C, Elovainio M, Arffman M, Lumme S, Pirkola S, Keskimäki I *et al*. Mental disorders and long-term labour market outcomes: nationwide cohort study of 2 055 720 individuals. *Acta Psychiatr Scand* 2019;140(4):371-81. doi: 10.1111/acps.13067.
26. Mužinić Masle L, Goreta M, Jukić V. The Comparison of Forensic-Psychiatric Traits between Female and Male Perpetrators of Murder or Attempted Murder. *Coll Antropol* 2000;24(1):91-9.
27. Krona H, Nyman M, Andreasson H, Vicencio N, Anckarsäter H, Wallinius M., Nilson T *et al*. Mentally disordered offenders in Sweden: differentiating recidivists from non-recidivists in a 10-year follow-up study. *Nord J Psychiatry* 2017;71(2):102-09.
28. Hodgins S. Violent behaviour among people with schizophrenia: a framework for investigations of causes, and effective treatment, and prevention. *Philos Trans R Soc Lond B Biol Sci* 2008;363(1503):2505-18.
29. de Vogel V, Stam, J, Bouman YHA, Ter Horst P, Lancel, M. Violent women: A multicentre study into gender differences in forensic psychiatric patients. *J Forensic Psychiatry Psychol* 2016;27(2):145-168.
30. Degl' Innocenti A, Hassing LB, Lindqvist AS, Andersson H, Eriksson L, Hanson FH *et al*. First report from the Swedish National Forensic Psychiatric Register (SNFPR). *Int J Law Psychiatry* 2014;37(3):231-7.
31. Rössler W. The stigma of mental disorders: A millennia-long history of social exclusion and prejudices. *EMBO Rep*. 2016;17(9):1250-3.
32. Thornicroft G, Brohan E, Rose D, Sartorius N, Leese M; INDIGO Study Group. Global pattern of experienced and anticipated discrimination against people with schizophrenia: a cross-sectional survey. *Lancet* 2009;373(9661):408-15.
33. Rončević-Gržeta I, Kušić I, Fogas D, Rebić J. Attitudes toward mentally ill persons. *Medica Jadertina* 2021;51(1):49-58.
34. Volavka J, Swanson J. Violent behavior in mental illness: the role of substance abuse. *JAMA* 2010;304(5):563-4.
35. Hodgins S, Calem M, Shimel R, Williams A, Harleston D, Morgan C *et al*. Criminal offending and distinguishing features of offenders among persons experiencing a first episode of psychosis. *Early Interv Psychiatry* 2011;5(1):15-23.
36. Kjelsberg, E. Exploring the Link Between Conduct Disorder in Adolescence and Personality Disorders in Adulthood. *Psychiatric Times* 2006;23(8):22-4.
37. Krammer S, Eisenbarth H, Fallegger C, Liebreiz M, Klecha D. Sociodemographic Information, Aversive and Traumatic Events, Offence-Related Characteristics, and Mental Health of Delinquent Women in Forensic-Psychiatric Care in Switzerland. *Int J Offender Ther Comp Criminol* 2018;62(12):3815-33.
38. Ali S, Adshead G. Just Like a Woman: Gender Role Stereotypes in Forensic Psychiatry [published online April 4, 2022]. *Front Psychiatry*, 2022. doi: 10.3389/fpsy.2022.840837.
39. Vinokur D, Levine SZ, Roe D, Krivoy A, Fischel T. Age of onset group characteristics in forensic patients with schizophrenia. *Eur Psychiatry* 2014;29(3):149-52.
40. de Vogel V, de Spa E. Gender differences in violent offending: results from a multicentre comparison study in Dutch forensic psychiatry. *Psychology, Crime & Law* 2019;25(7):739-51.
41. de Vogel V, Nicholls TL. Gender matters: An introduction to the special issues on women and girls. *International J Forensic Mental Health* 2016;15(1):1-25.
42. Robbins PC, Monahan J, Silver E. Mental disorder, violence, and gender. *Law Hum Behav* 2003;27(6):561-71.