



HOMICIDE IN IRELAND

1972 — 1991

Department of Justice



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Introduction

The last twenty years or so have seen dramatic changes in the social fabric of Irish society. This period has more or less coincided with the period of membership of the EEC (now EU). Standards of living, particularly in rural areas, have improved. The introduction of free secondary education in 1967 has led to a significant increase in overall education standards. While the epidemic emigration of the 1940's and 50's reduced to a trickle this was replaced during much of the 1980's by escalating unemployment in a disproportionately young population. Involvement in European affairs together with increasing exposure to external influences through the media, foreign travel, etc., has coincided with what might be termed an increasing secularisation of Irish society.

While crime rates have undoubtedly increased¹ this has been predominantly in the area of property crime. While violent crime has increased this has not been mirrored in an increase in the overall homicide rate as stated in official statistics².

Notwithstanding this apparent stasis in the level of homicide we have little information of a scientific nature on the patterns of homicide within our society, whether these have changed over this period of social change, and whether the pattern of homicide in this country differs from that in other jurisdictions. Homicide crimes by their serious nature absorb large amounts of police resources in their detection, of court time and resources in trial, and on conviction these crimes are likely to attract lengthy prison sentences. Apart from mere scientific curiosity there is a practical benefit to police, courts, and prison service in having an accurate base of information which, for example, may facilitate detection and subsequent sentence and rehabilitation planning. To date this criminological database has been lacking in Ireland³. Other jurisdictions do undertake analysis of homicides rates and trends⁴. Review of the scientific research literature on the subject⁵⁻⁸ reveals a relative paucity of systematic descriptive studies of homicide in the European context, with the possible exception of the Scandinavian countries⁹⁻¹⁷. The few comprehensive studies that have been undertaken¹⁸ are often limited to a review of completed murders, i.e. court decisions of murder, rather than the broader phenomenon of homicide. The present study aims to attempt to bridge this gap in criminological knowledge in the Irish context.

This study is limited to a description of the characteristics of homicide occurring in Ireland. It does not purport to comprehensively review and discuss the legal issues involved in homicide such as degrees of responsibility, etc. Definitions of various types

of homicide, their seriousness, and the legal process involved in prosecution differ depending on the jurisdiction involved. Much of Irish law in this area mirrors the English legal system in terms of definition, case precedent, etc. For a recent review of English case law in relation to the prosecution of homicide cases the reader is urged to consult Mitchell¹⁸.

CHAPTER 1

Method

Data was gathered from a retrospective analysis of all available Garda Crime files in cases of felonious homicide (excepting suicides and reckless or dangerous driving cases) occurring between 1 January 1972 and 31 December 1991. Broadly this would include the categories of Murder, Manslaughter, Infanticide, and Psychiatric cases (unfit to plead and insanity). The analysis included not only cases which resulted in successful detection and conviction but also those which did not so result for a variety of reasons (including excusable homicide, e.g. accidental or self-defence). Information under a variety of headings was gathered using a specifically designed questionnaire (Appendix 1), and the information was analysed using the Epi Info (v5) Epidemiology Database program¹⁹. In addition to a global analysis of the figures for the twenty year period a separate analysis was undertaken of each four-year period to attempt to detect any significant shifts in the pattern of homicide occurring within the period of investigation. It had been hoped to include a more comprehensive review of factors which might influence decision and sentencing practice in the courts, particularly the possible influence of psychiatric evidence in relation to verdict or sentence length. Unfortunately, this was not possible as, except in cases of appeal, there is no written transcript of the court proceedings kept. Unlike the U.K., where following many homicide cases including those where a mandatory life sentence is passed the trial judge will submit a report to the Home Secretary outlining the circumstances of the trial, the weight given to particular evidence, together with a recommendation regarding the minimum duration of sentence, no such formal procedure exists in Irish courts. In cases where the accused immediately pleads guilty to murder there may be relatively little examination of the circumstances of the offence. Paradoxically, it is often these cases which are the more bizarre and unusual and which give rise to much difficulty many years later when consideration has to be given to release.

CHAPTER 2

Results

Demographic Data

During the period of the study a total of 610 incidents occurred resulting the death of a total of 669 victims. The average population of the State during this period was 3,371,246. This gives an average homicide rate for the 20 years of 9.9 per million per year. The comparative figures (based on offences recorded by the police rather than convictions under a particular category) for other European jurisdictions are contained in Table 1.

TABLE 1
Homicide Offences Recorded by the Police — 1990

Country	No. of Homicides	Rate/million
England & Wales	669	13
France	1,171	21
Germany	743	12
Hungary	201	19
Ireland	27	8
Italy	1,563	27
Northern Ireland	82	52
Norway	47	11
Scotland	87	17
Sweden	121	14
Switzerland	110	16

Source : Council of Europe

Table 2 gives a breakdown of the annual number of incidents and number of victims during the study period. While the greatest number of incidents (41) occurred in 1987 and the greatest number of victims in any single year in 1974 (54) there has been no overall increase in the number of homicides in each 4 year period of the twenty years under review.

Of the 610 incidents 584 resulted in the death of a single person. A further 17 incidents resulted in two deaths, 3 in three deaths, and six separate incidents resulted in 4, 5, 5, 7, 8, and 13 deaths respectively. A total of 33 people were killed in four incidents (car bombs in Dublin and Monaghan) on a single day in 1974.

In 28 cases there was no perpetrator (or even suspected perpetrator) detected thus giving a total of 582 cases where a definite or suspected perpetrator was identifiable.

TABLE 2
Number of Homicide Incidents and Victims

Year	No. of Incidents		No. of Victims	
1972	23	104	27	139
1973	28		29	
1974	25		54	
1975	28		29	
1976	20	119	22	126
1977	36		36	
1978	33		33	
1979	31		35	
1980	28	130	29	139
1981	35		37	
1982	33		36	
1983	34		37	
1984	35	129	35	137
1985	29		31	
1986	24		25	
1987	41		46	
1988	33	127	34	128
1989	30		30	
1990	31		31	
1991	33		33	
	610		669	

Age

The age of the victims ranged from 0 to 87 years with a mean age of 37.1 (S.D. 20.2) years. Table 3 outlines the proportion of victims in each age decade together with the rate (per million) for the population in each particular age group.

TABLE 3
Age of Victims

Age (yrs)	No. of Victims	%	Rate/10 ⁶ per year
0-9	37	6.1	2.85
10-19	64	10.5	4.95
20-29	161	26.5	16.50
30-39	108	17.8	12.90
40-49	82	13.4	11.78
50-59	55	9.1	9.10
60-69	43	7.1	8.17
70-79	41	6.7	11.58
80—	17	2.8	12.84
	608	100.0	

In two cases there was insufficient information available to establish the age of the victim.

The age of the perpetrators ranged from 13 to 75 years with a mean age of 28.8 years (S.D. 11.2). 48.9% were between the age of 17 and 26 years (inclusive) and 81.3% were between 17 and 40 years. There has been no overall shift in the mean age of the victims or perpetrators during the period under review (Table 4). The mean age of the victims (37 years) is somewhat older than that of the perpetrators (29 years). Taken in conjunction with the standard deviation (which is a measure of spread around this mean value) it is apparent that there is a much greater spread towards the extremes of age in the case of the victims than in that of the perpetrators who are much more closely clustered around the mean value.

In the small number of incidents with multiple victims or perpetrators it was only possible to record the age of a single (usually the primary) victim or perpetrator.

TABLE 4
Mean victim and Perpetrator Age during each 4 year period

Period	Mean age (Victims)	Mean age (Perpetrators)
	yrs.	yrs.
1972-75	37.75	29.45
1976-79	34.71	29.10
1980-83	40.25	28.94
1984-87	38.02	29.23
1988-91	34.58	27.57
Overall	37.05 (s.d.20.18)	28.83 (s.d. 11.23)

Elderly Victims

In recent years a number of dramatic incidents have raised concern that the incidence of homicide involving elderly victims has increased, particularly in relation to the killing of elderly rural dwellers in the course of robberies. During the period of the study 101 incidents (16.6% of the total) involved a victim who was aged 60 years or more. The number of incidents in each of the four-year periods of the study showed no overall increase. Homicides involving this group did, however, show a number of differences from the overall sample and these are outlined in Table 5.

TABLE 5
Significant differences between Elderly (60 yrs. and over) and other Homicide victims

	Elderly (n = 101)	Non-elderly (n = 509)	X ²	p <
<i>Location</i>				
Victim's home	74 (73.3%)	136 (26.7%)	80.89	0.0001
<i>Method</i>				
Sharp instr.	14 (13.9%)	148 (29.1%)	10.00	0.002
Gun	6 (6.0%)	109 (21.4%)	13.19	0.0003
Blunt instr.	21 (20.8%)	48 (9.4%)	10.84	0.001
Asphyxiation	22 (21.8%)	56 (11.0%)	8.78	0.003
<i>Motive</i>				
Robbery	28 (27.7%)	47 (9.2%)	26.72	0.0001
Mental illness/ disorder	23 (22.8%)	35 (6.9%)	24.75	0.0001

This group were more likely to be killed in their own home. Elderly victims were significantly less likely to be killed by stabbing or other sharp instrument and by shooting, but were significantly more likely to be killed by blunt instrument, and by strangulation or asphyxiation. Homicide by physical battery was more common in the elderly group but the difference was not statistically significant.

The relationship between the perpetrator and victim showed no significant differences from the overall sample, i.e. there was no greater tendency for victims to be killed by strangers.

In relation to the motive for the killing of this elderly group there were a number of significant differences from the overall sample. In a significantly higher proportion the prime motive was either robbery or some form of mental illness or disorder. In the 13 cases where the motive was some form of psychotic illness the perpetrators were on average older (mean age 40.8 yrs.) than the mean perpetrator age (33.4 yrs.) for the elderly group.

In terms of case outcome, disposal, etc., this group showed no significant differences from the overall sample.

Juvenile Homicide

Unlike other jurisdictions, particularly in North America, where there has been a worrying rise in the number and proportion of homicides committed by juveniles under 18 years of age^{20, 21} there has been no evidence of such a trend in Ireland. Overall 51 (8.4%) cases involved a perpetrator who was aged under 18 years. No perpetrator was aged under 13 years and 25 (49.0%) were 17 years old. Over half (28) of this group killed by stabbing or sharp instrument. The main motives were anger/rage in 21 cases and robbery in a further 6 cases. The victims were predominantly "friends" (21 cases) or strangers (14 cases). Over half (28) of these cases resulted in a manslaughter verdict with a further 8 cases leading to a murder verdict. Where a sentence of imprisonment (either effective or suspended) was imposed the mean sentence length was 54.5 months. This does not differ significantly from the mean sentence length in the overall sample of 57.1 months (excluding those cases where a 40 year sentence was imposed for capital murder).

Sex

In 439 (72.0%) of the incidents the main victim was male. In the 587 incidents where the sex of the perpetrator was known [including a small number of cases (5) where there was no indication as to the precise identity of the perpetrator(s)] the main perpetrator was male in 545 (92.8%) and female in the remaining 42 (7.2%) cases. This gives a male:female ratio for homicide perpetrators of 13.9:1. In 396 cases both perpetrator and victim were male, while in a further 149 cases a male perpetrator killed a female victim.

In those cases where the perpetrator was female the victim was male in 27 cases and female in 15 cases. Females are significantly more likely to kill a spouse or relative than males. Of the 42 cases where the known perpetrator was female, in 14 (33.3%) the victim was a spouse and in a further 22 (52.4%) the victim was a relative. The respective figures for male perpetrators (545) are 37 (6.8%) and 79 (14.5%) and this difference is highly significant ($X^2 = 86.00$; $df=2$; $p < 0.0001$). In only one case (2.4%) did a woman kill a stranger, compared to 159 (29.2%) of cases where the perpetrator was male. This pattern of females predominantly killing family members is similar to that seen in other jurisdictions²².

Location of incident

The matter of physical location of the incidents was examined from two aspects. Firstly, the incidents were categorised on the basis of whether they occurred indoors or outside, and whether on private or public ground. These findings are presented in Table 6—

TABLE 6
Location of Incident

Location	No.	%
Victim's Home	220	36.1
Perpetrator's Home	37	6.1
Other Indoor location	67	11.0
Outdoor private	57	9.3
Outdoor public	225	36.9
Not known	4	0.7
	<hr/> 610	<hr/> 100.0

Where the perpetrator and victim were living in the one location and the incident occurred therein this was considered as the victim's home for the purpose of this analysis. Examples of Outdoor Private locations would be a garden, on a farm, etc., whereas Outdoor Public locations would typically be areas such as streets, parks, etc. As is apparent from the Table most incidents occurred either in the victim's home or outdoors in a public place.

Incidents were also categorised on the basis of the Garda Division in which they occurred. The country is divided into 18 separate Garda Divisions (see Appendix 2). While these divisions broadly follow county boundaries there are various areas where sections of a county are included in another Division. In later analysis of these incidents in relation to the local population efforts were made to take these anomalies into account.

Apart from the 18 country Divisions the Dublin Metropolitan Area (D.M.A.), which includes the city area together with part of the North county and part of north Wicklow, is divided into a number of Districts. The 17 D.M.A. Districts have been amalgamated into 5 Divisions for the purposes of this analysis (see Appendix 3). The number of incidents occurring in the various Divisions is indicated in Table 7—

As indicated previously an effort was made to analyse the proportion of incidents occurring in any particular Garda Division relative to the population of that area. This was complicated somewhat by the fact that in a number of instances the boundary of a particular Garda Division does not correspond to a county boundary. The population was calculated by taking the average value based on the census figures for 1971 and 1991. Appropriate adjustments were made (again based on census figures for electoral districts, etc.) to take into account discrepancies between Garda divisions and county boundaries. The D.M.A. was treated as a single area for this purpose. The homicide rate (per million of the population per year) for the various areas of the country is outlined in Table 8 below.

Timing and Circumstances

For the purposes of this analysis the day was divided into three 8 hour periods, 4 a.m. to 12 midday, 12 midday to 8 p.m., and 8 p.m. to 4 a.m. In 20 (3.3%) cases it was not possible to establish the time of the incident even within the wide bands indicated. Of the remainder 57 (9.3%) occurred between 4.00am and midday. A further 136 (22.3%) occurred between midday and 8.00pm. The majority of incidents, 397 (65.1%), occurred between 8.00pm and 4.00am the following morning.

There was a significant difference in the timing of those incidents which eventually resulted in a psychiatric verdict, i.e. Unfit to Plead (UTP) or Guilty But Insane (GBI) in

TABLE 7
Location of Incident by Garda Division

Garda Division	No. of Incidents	%
Donegal	16	2.6
Galway West	18	3.0
Mayo	12	2.0
Roscommon/Galway	17	2.8
Sligo/Leitrim	17	2.8
Carlow/Kildare	23	3.8
Cavan/Monaghan	28	4.6
Laois/Offaly	9	1.5
Longford/Westmeath	17	2.8
Louth/Meath	46	7.6
Wexford/Wicklow	18	3.0
Waterford/Kilkenny	22	3.6
Clare	5	0.8
Cork E.R.	41	6.7
Cork W.R.	14	2.3
Kerry	13	2.1
Limerick	43	7.1
Tipperary	19	3.1
Tech. Bureau Admin.	3	0.5
DMA North Central (C, D, & U Districts)	59	9.7
DMA South Central (A, B, & E Districts)	39	6.4
DMA Northern (H, J, K, & R Districts)	53	8.7
DMA Southern (G, L, M, & P Districts)	52	8.5
DMA Eastern (F, N, & W Districts)	25	4.1
	609*	100.0

*One incident occurred outside the country but was prosecuted within Ireland.

TABLE 8
Homicide Rate by Garda Division

Garda Division	Av. Popn. 1971-91	No. of Homicide Victims*	Rate/10 ⁵ per yr.
Donegal	118,230	17	7.18
Galway West	111,181	18	8.09
Mayo	110,119	13	5.90
Roscommon/Galway	111,275	18	8.09
Sligo/Leitrim	72,464	21	14.49
Carlow/Kildare	143,200	23	8.03
Cavan/Monaghan	108,401	36	16.61
Laois/Offaly	103,948	11	5.29
Longford/Westmeath	86,998	18	10.35
Louth/Meath	191,807	48	12.51
Wexford	133,854	19	7.10
Waterford/Kilkenny	154,067	22	7.14
Clare	82,963	5	3.01
Cork E.R.	267,428	41	7.67
Cork W.R.	114,182	14	6.13
Kerry	119,833	13	5.42
Limerick	143,621	44	15.32
Tipperary	135,754	20	7.37
D.M.A.	950,151	263	13.83

*A small number of victims (6) were not classifiable by Garda Division.

TABLE 9
Time of Occurrence of Homicide Incidents

Time of Incident	No.	%
04.00 — 12.00	57	9.3
12.00 — 20.00	136	22.3
20.00 — 04.00	397	65.1
N/K	20	3.3
	<hr/> 610	<hr/> 100.0

court. Of these 31 cases 7 (22.6%) occurred between 4.00am and midday, 13 (41.9%) between midday and 8.00pm, and only 10 (32.3%) between 8.00pm and 4.00am the following morning. In one case (3.2%) the time of occurrence was unknown. This variation from the overall sample is highly significant ($\chi^2 = 17.18$; $df=3$; $p < 0.0006$).

Degree of Pre-meditation

An attempt was made to assess the circumstances of the individual incidents, whether the assault was planned and intentional, or whether it was unplanned and occurred spontaneously as a result of provocation, disinhibition, etc. A further category were those cases where the homicide incident was considered to have occurred secondary to some other crime, e.g. in the course of a robbery or during a sexual assault. In 14 (2.3%) cases it was impossible to even tentatively assess the circumstances. In 233 (38.2%) it was considered that the assault causing the homicide was planned (though the eventual outcome might not have been intended). A further 270 (44.3%) cases were considered to have been unplanned, impulsive events. In 93 (15.2%) it was felt that the homicide incident had occurred as a secondary event in the commission of another crime.

Method of Homicide

The method of homicide is outlined in Table 10. Examination of each four-year segment of the twenty years under review indicated that while individual methods showed temporary variations there was no significant change in the proportion due to any particular method.

TABLE 10
Method of Homicide

Method	No.	%
Sharp instrument	162	26.6
Blunt instrument	69	11.3
Physical battery	133	21.8
Hand-gun	42	6.9
Rifle/shotgun	73	12.0
Strangulation/asphyxiation	78	12.8
Poisoning	2	0.3
Other methods	49	8.0
N/K	2	0.3
	<hr/> 610	<hr/> 100.0

The use of a sharp instrument, such as a knife or an axe, and physical battery were the most common methods of causing death in this series. The Other methods category contained a variety of methods and these are outlined in Table 11—

The use of a hand-gun was significantly more common where the perpetrator and victim were strangers. Twenty-six (15.3%) of the 170 cases where the victim and perpetrator were strangers involved the use of a hand-gun. Overall use of a hand-gun occurred in 42 out of 610 (6.9%) cases. This excess of hand-gun use in stranger homicides is statistically significant ($X^2 = 25.99$, $p < 0.0001$). The use of a firearm was significantly more common in those cases considered terrorist or subversive in nature in that 23 (62.2%) out of 37 such cases involved the use of a firearm compared to 115 (18.9%) out of 610 overall ($X^2 = 50.72$, $p < 0.0001$).

TABLE 11
Other (miscellaneous) methods of Homicide

Method	No.	%
Drowning	17	34.7
Fire	13	26.5
Bomb	12	24.5
Struck by Car	3	6.1
Exposure	2	4.1
Fall from height	1	2.0
Starvation (neglect)	1	2.0
	49	100.0

Strangulation or asphyxiation as a method was more common where the motive was sexual. Twenty of 37 (54.1%) of such sexual motive cases involved strangulation compared to 78 of 610 cases (12.8%) overall ($X^2 = 60.15$, $p < 0.0001$).

In the 133 cases where physical battery was the method of killing the perpetrator was intoxicated in 96 (72.2%). This compares to 283 cases (46.4%) overall in which the perpetrator was intoxicated ($X^2 = 45.48$, $p < 0.0001$).

Relationship between Victim and Perpetrator

This analysis sought to establish the closeness of relationship between the victim and perpetrator, from husband and wife at one extreme to strangers at the other. The information is outlined in Table 12—

TABLE 12
Relationship between Victim and Perpetrator

Relationship	No.	%
Married (incl. de facto)	51	8.4
Other blood relation	101	16.6
Friend (known > 24 hours)	180	29.5
Acquaintance (known < 24 hours)	86	14.1
Stranger	170	27.9
Not Known	22	3.6
	610	100.0

From this Table it can be deduced that approximately a quarter of homicides involve family members and a further quarter involve strangers unknown to each other. Over a

half of homicides involve people who would be well known to each other (family or friends).

Motive

Based on analysis of the various statements and evidence contained in the Crime File a subjective attempt was made by the author to attribute a primary motive for the homicide incident. In many cases the motive was obvious from the circumstances while in others an estimate was made by the author based on the evidence available. In a number of cases it was impossible to attribute any particular motive. This was particularly the case where the victim was not discovered for some time after the event and where no suspect or perpetrator was apparent. The breakdown of incidents by motive is contained in Table 13—

TABLE 13
Motive for Homicide

Motive	No.	%
Anger/rage	248	40.7
Robbery	75	12.3
Jealousy	13	2.1
Revenge	30	4.9
Psychosis	31	5.1
Other mental abnormality	27	4.4
Sexual	37	6.1
Self-defence	44	7.2
Sadistic	17	2.8
Accident	19	3.1
Suicide pact	0	0.0
Terrorism/subversive	37	6.1
Other	10	1.6
Not known	22	3.6
	610	100.0

By far the single most common motive for homicide is some form of anger, rage, or quarrel which leads to the fatal assault. Killing in the course of some form of robbery is the second most frequent motive. This pattern of motivation shows a consistency internationally^{4, 23}.

The small number of incidents in the Other motive category were listed in Table 14—

TABLE 14
Other (miscellaneous) Motives for Homicide

Motive	No.
Gangland feud	2
Recklessness	1
Break up of a relationship	1
Chronic child abuse	1
Financial gain (Insurance)	1
Impulsive (fear)	1
Concealment of birth	1
Panic after childbirth	1
Stress after childbirth	1
	10

“Psychiatric” Cases

In only 58 cases (9.5%) of the total was the primary motive for the homicide considered to be some form of psychotic illness or other mental disorder. These cases, however, showed a number of significant differences compared to the overall group. Firstly, the perpetrators were more likely to be female (though this tendency did not reach statistical significance). Seven (12.1%) of the 58 perpetrators were female compared to 42 (7.2%) out of 587 in the overall sample ($X^2 = 2.34$, $p < 0.13$). This finding that a higher proportion of abnormal homicide is committed by women is similar to that found elsewhere²². There was a much greater tendency for female perpetrators to kill other women. This occurred in 7 (12.1%) cases compared to 15 out of 610 (2.5%) in the overall sample ($X^2 = 24.68$, $p < 0.0001$).

The victims were more likely to be young. In 17 (29.3%) of the 58 cases the main victim was aged under 15 years compared to 44 (7.2%) out of 610 in the overall sample ($X^2 = 46.76$, $p < 0.0001$).

These “psychiatric” homicides occurred more frequently in the victim’s home, 31 (53.4%) of 58 compared to 220 (36.1%) of 610 overall ($X^2 = 8.40$, $p < 0.004$). The pattern of the incident occurring at night was reversed in that 15 (25.9%) occurred during the early morning period (4 a.m. to midday) compared to a total of 57 overall; a further 21 (36.2%) occurred during the afternoon (midday to 8 p.m.) period compared to 135 in the overall group. This tendency for psychiatrically motivated incidents to occur during the day-time was highly significant ($X^2 = 33.63$; $df=3$; $p < 0.0001$) and mirrors the finding (noted above) for those incidents which eventually lead to a psychiatric disposal in court to occur during the day-time.

This psychiatrically motivated group were less likely to kill strangers and more likely to kill relatives. Seven (12.1%) killed a stranger compared to 170 (27.9%) overall whereas 34 (58.6%) killed a spouse or relative (mainly a relative as only 3 cases involved spouses) compared to 152 (24.9%) in the overall sample. This tendency of the psychiatrically motivated group to kill relatives is highly significant ($X^2 = 38.91$; $p < 0.0001$).

Death was less likely to be caused by physical battery (5.2% vs 21.8% overall) and more likely to be caused by strangulation (20.7% vs 12.8%) overall.

The use of Drowning as a method of homicide was particularly noteworthy in this group. In the total survey there were only 17 cases of homicide caused by drowning. Eight of these occurred in the “psychiatric” group. All eight victims were under eleven years of age (four were under one), all were killed by a close relative, and in 7 cases this relative was female (usually the mother). In only two of these eight cases did a conviction result. In the single case involving a male perpetrator the outcome was a Guilty but Insane verdict. One of the seven female perpetrators pleaded guilty to infanticide and a fine was imposed. The other seven cases resulted in either no charge being brought or a Nolle Prosequi being entered.

In the overall sample it was considered that 233 (38.2%) of incidents were planned or intended. The corresponding figure for the “psychiatric” group was 41 (70.7%) of 58. This difference is highly significant ($X^2 = 28.67$; $p < 0.0001$).

The "psychiatric" group were significantly more likely to commit suicide in the immediate aftermath of the homicide incident. Five (8.6%) did so compared to a total of 12 (2.0%) in the overall sample group ($X^2 = 14.71$; $p < 0.001$). Intoxication at the time of the incident was relatively infrequent in this group in that only 8 (13.8%) showed evidence of being intoxicated at the time of the incident compared to 283 (46.4%) of the overall sample. The tendency for psychotic perpetrators of homicide not to be intoxicated has been noted elsewhere¹⁶.

As would be expected the majority (but by no means all) of this group had a previous psychiatric history. Forty-two (72.4%) had evidence of previous psychiatric contact compared to 74 (12.2%) of the overall sample.

While the motive for the homicide incident was considered to be some form of mental disorder in this group it is of note that in only 29 (50.0%) was a psychiatric defence raised. In a further 5 (8.6%) cases psychiatric evidence was submitted in mitigation. In 24 (39.7%) of the 58 cases the outcome was a psychiatric disposal by the court (usually Guilty but Insane, occasionally Unfit to Plead). This represents 77.4% of all psychiatric verdicts by the courts during this period. In a single case a verdict of Infanticide resulted. It is worth noting that in 11 of these 58 cases (19.0%) no charge was brought on the instructions of the DPP, or a Nolle Prosequi was entered. This compares to similar decisions in 50 (8.2%) of the overall sample and the discrepancy is significant ($X^2 = 9.88$; $p < 0.002$).

Action of perpetrator after the incident

An attempt was made to categorise the action of the perpetrator after the incident from, at one extreme persistent denial or concealment of involvement, through admission (possibly after some delay), to the suicide of the perpetrator at the other extreme. In general, persistent denial for longer than 24 hours after initial questioning in relation to the incident was classed as denial or concealment regardless of subsequent admission. The breakdown of subsequent action is contained in Table 15—

TABLE 15
Action of the Suspect/Perpetrator after the homicide incident

Action after incident	No.	%
Concealment/denial	236	38.7
Admission of involvement	355	58.2
Self-injury by perp.	5	0.8
Suicide of Perpetrator	12	2.0
Other (Garda investigation)*	1	0.2
N/K	1	0.2
	610	100.0

*This case involved the death of a man with a history of heart problems in police custody. He had alleged (prior to his sudden death) that he was assaulted in custody. A full Garda investigation of the events surrounding this death took place. As a result a charge of manslaughter was brought against a member of the Garda Síochána which resulted in an acquittal.

In the majority of cases the perpetrator admitted involvement spontaneously or when questioned by the police. In over a third the perpetrator sought to conceal his/her involvement or persisted in denial when questioned by the police. A small number followed up the incident by an episode of self-injury and in 12 cases the perpetrator committed suicide immediately after the homicide incident (a further 3 perpetrators killed themselves while on remand prior to trial).

Influence of Alcohol/Drugs

Based on the evidence presented within the Crime File an attempt was made to assess the influence of intoxication, both of the perpetrator and the victim on these incidents. While this particular assessment is necessarily subjective, given that it is based on accounts of consumption, etc., rather than scientific estimations of blood or urine alcohol, it is based on the probability that one or other party would have had (at the time of the incident) approximately the level of intoxication as would render driving illegal. The results of this assessment are outlined in Table 16—

TABLE 16
Involvement of Intoxication in Homicide Incidents

Party Intoxicated	No.	%
Perpetrator	283	46.5
Victim	255	41.9
Both	201	33.0
Neither	239	39.2
Perpetrator only	80	13.1
Victim only	45	7.4

Because there is overlap between the various categories the totals exceed 100%.

Slightly under half (46%) of the perpetrators were intoxicated and somewhat fewer (42%) of the victims. In a third of cases both victim and perpetrator were intoxicated whereas in 39% of cases neither party was intoxicated. In 42 and 20 cases respectively it was unknown whether the perpetrator or victim was intoxicated at the time of the incident. The finding that approximately half the perpetrators were intoxicated at the time of the incident is similar to that in other jurisdictions^{5, 16}.

Previous Psychiatric History

It is often assumed that some form of mental abnormality is a prerequisite in the perpetrators of homicide. This is especially true in the more bizarre or inexplicable incidents. It was decided to examine the background of the perpetrators to identify cases where there was a clear history of previous psychiatric involvement. In only 74 (12.2%) cases was there any such evidence. Twenty (3.3%) had only a history of GP or out-patient contact while a further 54 (8.9%) had a history of in-patient treatment. In most of these cases this psychiatric history was not relevant to the homicide incident. In the 70 (11.5%) cases where it was possible to establish a primary diagnosis the breakdown was as follows—

TABLE 17
Previous Psychiatric History in Homicide Perpetrators

Psychiatric diagnosis	No.	%
Schizophrenia	9	1.5
Other psychosis	2	0.3
Affective illness	19	3.1
Neurosis	5	0.8
Alcohol Abuse	12	2.0
Drug Abuse	1	0.2
Personality disorder	14	2.3
Organic illness (incl. mental impairment)	8	1.3
No diagnosis known	540	88.5
	610	100.0

Apart from those cases where the perpetrator had a previous psychiatric history which may or may not have been of relevance in committing the offence a further (and to a degree overlapping) category of cases arose where evidence of psychiatric disorder which was considered relevant to the commissioning of the offence was adduced in Court, either in defence to the charge or in mitigation in relation to sentence. The figures which follow are based on a perusal of reports of the trial as exist in the Crime Files.

Unfortunately, with the exception of those cases which progress to appeal there is no standard accessible account of trial proceedings kept. Consequently, there might well be cases apart from those outlined below where psychiatric evidence was presented. It is, unfortunately, impossible to assess the influence, if any, of this evidence on the trial process. In 550 (90.2%) cases there was no positive indication in the files that psychiatric evidence had been presented in court. In a further 38 (6.2%) cases psychiatric evidence has been presented in defence to the charge (either in relation to Fitness to Plead or as a plea of Guilty but Insane). In 22 (3.6%) there was indication that psychiatric evidence had been presented at some stage prior to sentencing, usually in mitigation.

Legal Outcome

While the cases in this study have been referred to as homicides this is a description of the act rather than of the legal outcome. For a variety of reasons the killing of one or more people by another may not result in a legal (court) decision of homicide. At one extreme homicide may occur as an accident or in self-defence and not justify a charge. At the other extreme, in spite of intensive investigation by the police no perpetrator may be apprehended or there may be insufficient evidence to charge a suspect.

Analysis was undertaken of the investigative and legal outcome of the incidents of homicide during the period under review. In approximately a third of cases no conviction resulted, while in over 50% of the sample a conviction for murder or manslaughter resulted. The remainder were either convicted of other forms of homicide (infanticide or psychiatric) or of lesser offences (Table 18).

TABLE 18
Legal Outcome of Homicide Incidents

Case Outcome	No.	%
No Charge/Conviction	203	33.3
Murder	111	18.2
Manslaughter	205	33.6
Infanticide	2	0.3
Psychiatric (UTP/GBI)	31	5.1
Lesser conviction	55	9.0
Outcome undetermined/unknown	3	0.5
	610	100.0

Disposal

In Ireland conviction for murder carries a mandatory life sentence. In cases where an Insanity plea (under the Trial of Lunatics Act 1883) is successful (technically a verdict of not guilty of murder) the Court is obliged to order the detention of the accused in the Central Mental Hospital for treatment until further order of the Government. Apart from

these categories the court retains the power to impose an appropriate sentence, taking into account the nature of the offence and any mitigating circumstances. For an offence as apparently serious as manslaughter the court has, on conviction, the discretion to apply anything from a discharge at one extreme to a life sentence at the other. The following Table indicates the range of sanctions applied. In Table 18 above it will be seen that there were 111 convictions for murder. The apparent discrepancy in Table 19 in that there are only 107 life sentences recorded is explained by the fact that in a further four cases a conviction for capital murder occurred. In these cases death sentences were commuted to sentences of 40 years imprisonment without remission and these have been recorded in the category of Other Disposal.

TABLE 19
Legal Disposal of Homicides

Disposal	No.	%
Life Sentence	107	17.5
Discretionary Sentence —effective	174	28.5
Discretionary Sentence —suspended	61	10.0
Psychiatric (UTP or GBI)	31	5.1
Other Disposal	231	37.9
Undetermined/Unknown	6	1.0
	610	100.0

The category of Other Disposal includes those cases where a trial did not occur due to factors such as failure to apprehend a perpetrator, lack of evidence, the death of the perpetrator, a decision by the DPP not to proceed (Nolle Prosequi), together with those cases where the accused was found not guilty. Table 20 outlines the breakdown of this category.

TABLE 20
Description of outcome in "Other Disposal" category

Outcome	No.	%	
No perpetrator detected	53	22.9	
Perpetrator absconded	5	2.2	9.6
Death of perp. (nat. causes)	2	0.9	
Suicide of perp. (pre-trial)	15	6.5	
No charge (DPP)	21	9.1	21.7
Nolle prosequi (DPP)	29	12.6	
Case dismissed	5	2.2	33.9
Not guilty (unspecified)	17	7.4	
Not guilty (direction of judge)	8	3.5	
Not guilty (AOABH or GBH)	4	1.7	
Not guilty of Manslaughter	20	8.7	
Not guilty of Murder	24	10.4	
Probation Act/Comm. service	10	4.4	11.2
Discharged	3	1.3	
Fine	8	3.5	
Death commuted to 40 years	4	1.7	
Sentence deferred	1	0.4	
Outcome unknown	1	0.4	
Case pending	1	0.4	
	231	100.0	

Broadly speaking in over 50% of the "other disposal" category the case did not proceed due to insufficient evidence or resulted in an acquittal in court. In over 20% no perpetrator was detected while in a further 10% the perpetrator absconded or died prior to arrest or trial. In over 10% the court applied some form of sanction on conviction. Mostly this involved either an indefinite deferral of sentence or Probation. At the other extreme are included the small number (4) of cases where a capital murder conviction resulted in the commuting of a Death sentence to one of 40 years imprisonment.

In 53 cases no perpetrator was detected or there was insufficient evidence to bring a charge (in cases where the likely identity of the perpetrator might have been known to the Gardai). In 12 (22.6%) cases there was no identifiable motive. Twenty-six (49.1%) of these "undetected" cases came under the motive category of Terrorist/subversive. This represents 70.3% of the Terrorist/subversive motive category.

Female perpetrators were significantly more likely not to be charged or to have a Nolle Prosequi entered. In those cases involving a female perpetrator (42) no charge or prosecution occurred in 14 (33.3%) compared to 36 (6.6%) of the 545 cases involving male perpetrators ($X^2 = 35.75$; $p < 0.0001$). In a further 10 (23.8%) cases a conviction resulted in a suspended sentence compared to 51 (9.4%) in cases involving male perpetrators ($X^2 = 8.75$; $p < 0.003$).

TABLE 21
Sentence Length where Discretionary Sentence was applicable

Sentence Length	1972-75	1976-79	1980-83	1984-87	1988-91	Overall
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
< 12 mts.	2 (5.7)	5 (9.4)	2 (4.3)	4 (8.1)	2 (3.6)	15 (7.1)
12-24 mts.	11 (31.5)	12 (22.7)	16 (34.0)	7 (14.3)	5 (9.1)	49 (20.5)
2-5 yrs.	17 (48.6)	24 (45.3)	18 (38.3)	15 (30.6)	22 (40.0)	96 (40.2)
5-10 yrs.	5 (14.2)	9 (16.9)	7 (14.9)	19 (38.7)	25 (45.5)	65 (27.2)
> 10 years	— (0.0)	3 (5.7)	4 (8.5)	4 (8.1)	1 (1.8)	12 (5.0)
Mean (mts.)	44.5	50.3	68.0	84.2	69.0	64.2
Mean (excl. 40yr. sentences)	44.5	50.3	49.7	67.4	69.0	57.1

Sentence Length

A total of 239 incidents resulted in a sentence of imprisonment, either effective or suspended. This was apart from those cases which received a mandatory life sentence. Length of sentence varied from 1 month to 40 years with a mean sentence length of 64.2 months for the twenty year period of the study. The mean sentence length increased from 44.5 months during the years 1972-75 to 84.2 months during the period 1983-87. It fell back to 69.0 months during the years 1988-91. The rise in during the periods 1979-83 and 1984-87 can partly be explained by the distorting effect of two incidents in each of these

periods when a sentence of 40 years was imposed. If these exceptional cases are excluded then it is apparent that, with the exception of the period 1980-83, there has been an increase in the mean sentence length throughout the study period (Table 21). The most noticeable increase has been in sentences of between 5 and 10 years in duration.

In the 205 cases which resulted in a Manslaughter conviction (Table 18) 193 cases resulted in an effective or suspended prison sentence. These cases involved 182 males and 11 females. It was noticeable that the 11 females convicted received an average sentence of 44.7 months whereas the 182 males received an average sentence of 63.9 months.

CHAPTER 3

Discussion

As indicated in the Introduction this study has sought to review the phenomenon of homicide in Irish society over a twenty year period. What is apparent from the outset is that while levels of crime in general, including crimes of violence, may have increased this has not been accompanied by an overall increase in homicide. In the context of figures from other European jurisdictions (Table 1) it is apparent that Ireland has a lower rate of homicide than all of the other countries surveyed.

While there is no such thing as a “typical” homicide the general picture involves the killing of a man in his thirties by another, somewhat younger, man. The incident is likely to occur late at night, to be un-premeditated, and to involve stabbing or physical battery. Frequently one or both parties will be intoxicated. In a majority of cases the victim and perpetrator are known to each other and the motive is some form of anger or rage. In the aftermath of the event it is most usual for the perpetrator to be immediately co-operative with the police.

The vast majority of homicides involve a single perpetrator and a single victim. In the series under review there were no cases of repeat homicide, i.e., committing a further offence after conviction or release from prison following a previous homicide offence. The small number of multiple killings have been mainly mass killings as a result of bomb explosions. Of the 26 incidents where there was more than a single victim 12 were due to some forms of terrorist or sectarian motive. Nine of these involved some form of bombing incident and the remainder involved firearms.

There is no evidence to date in reviewing these cases, particularly those where no perpetrator was detected, that there has been any pattern of serial killing (the killing of a number of victims by a perpetrator or group of perpetrators in separate incidents over a period of time). This pattern of killing has been particularly prevalent in the United States (though found sporadically elsewhere) and is well documented in North American criminological literature^{23, 24, 25}. In four cases in the present study two separate perpetrators were each responsible for two separate homicides occurring within days of each other.

Within the mass of results presented there are a number of findings which merit further discussion.

The overall detection rate approached 96% (582 out of 610 incidents). These were cases where the Gardai were satisfied as to the likely identity of the perpetrator following investigation of the incident. This does not tell the full story as awareness of the perpetrator does not mean that a charge is brought, much less that a conviction results. For a variety of reasons a conviction for murder resulted in less than 20% of cases (though over 57% resulted in conviction for some form of homicide). The annual crime figures under the category of Murder in the Annual Report of an Garda Síochána have been unintentionally misleading in that they give a figure for incidents investigated (possible murders). Murder is a legal verdict of a court. Unwarranted criticisms^{26, 27} of the apparent failure by the Gardai to bring perpetrators to justice have been based on this misunderstanding. This study has shown that in a third of cases no charge or conviction results following the incident. There is a variety of possible reasons for this outcome. In some cases no perpetrator is detected or there is insufficient evidence to bring charges (where the perpetrator may be known). Secondly, following investigation by the Gardai the Director of Public Prosecutions may decide that a prosecution is not warranted (for example in cases of accidental homicide). Finally, even where there is sufficient evidence to bring a prosecution the accused may be acquitted in court of the particular offence.

Homicide is predominantly committed by men (over 90% of perpetrators are men). The victims are more evenly distributed but are still predominantly male (72%). It is worth noting that homicide by females is predominantly a family affair (over 85% killed a spouse or family member). Female perpetrators are less likely to be indicted and more likely to receive a shorter sentence on conviction than males.

The overall homicide rate for the country is marginally under 10 per million per year. The rate for individual Garda divisions varied from a low of 3.01 (Clare) to a high of 16.61 (Cavan/Monaghan). The relatively high rate in a number of border divisions (Sligo/Leitrim, Cavan/Monaghan, and Louth/Meath) is probably related to their geographical proximity to Northern Ireland with its associated terrorist and subversive troubles over the period of the study. This has to some degree spilled over into these areas in relation to a number of shootings and bombings occurring on the southern side of the border. The rate for the D.M.A. area (13.83) reflects the fact that this area includes the largest urban area in the State with its rapidly sprawling suburban hinterland. The single major unexplained anomaly in the divisional rates is that for Limerick (15.32) which essentially covers the city and county of Limerick. Cork East Riding division which contains the much larger city of Cork has a rate which is almost exactly half of the Limerick rate. The surrounding divisions (Clare, Kerry, Tipperary) all have rates less than half that of Limerick. Any explanation for this discrepancy goes further than being related to geographical factors or urbanisation.

The majority of homicides occurred during the late evening / early morning hours (8 p.m to 4 a.m.). This probably links with the fact that some degree of intoxication (almost exclusively alcohol) was present in over 60% of incidents. In assessing the circumstances of the incidents it was considered that overall 44.3% (270) were unplanned, impulsive events. Where either the perpetrator or victim was intoxicated the proportion of unplanned incidents rose to 58.2% (196 of 337 incidents where either party was intoxicated). Where both victim and perpetrator were intoxicated the proportion of incidents which were considered to have been impulsive rose to 65.7% (132 out of 201).

The most common method of inflicting homicide is the use of a sharp instrument (knife, axe, etc.). This occurred in over a quarter of cases and was followed by some form of physical battery in over a fifth of cases. Hand-guns were significantly more likely to be used in incidents where the perpetrator and victim were strangers, and also where the homicide was attributable to terrorist or subversive motives. Notwithstanding concerns expressed by the media and other agencies that the use of hand-guns is becoming more common (particularly by criminals in the course of robbery, etc., or to settle disputes over territory, etc.) there is no evidence that homicide by hand-gun had become more common during the period of the study (incidents occurring up to the end of 1991). Obviously this situation could change were hand-guns to become more available for any reason.

Homicide by strangulation or asphyxiation was associated with a sexual motive. The significant association of death by physical battery and intoxication of the perpetrator is indicative of the unplanned nature of such events.

These findings indicate (unsurprisingly) that the method used generally depends on the circumstances of the event and the means available at that time. Prior planning or intention enables an appropriate method (and the required equipment) to be organised. In the majority of incidents (including many of those cases in which an assault was planned, often at short notice following a dispute or argument) the event occurred with insufficient premeditation to facilitate the organisation of a definite method or weapon. The main exception to this are those cases considered terrorist or subversive in nature which often involve much planning. These tended to involve firearms or explosives. The degree of planning and the frequent existence of a support network for the perpetrators contributes to the low detection rates for this category of motivation. The relative paucity of the use of firearms (particularly hand-guns) in "civil" homicides in this country compared to other jurisdictions²³ reflects the relative inaccessibility of such weapons in this country. Hand-guns are a relatively efficient means of killing (compared to physical battery, etc.) and their limited availability probably contributes to the relatively low homicide rate in this country.

The association of strangulation with sexual motivation probably reflects the circumstances of many of these homicides in that they occur in situations of close physical proximity between perpetrator and victim (often during a sexual assault).

There is a perjorative perception that people who commit an act of homicide are "mad", suffering from some form of mental illness, or at very least mentally disordered in some way. It seems difficult to accept that somebody who takes the life of another should be "normal". This ambiguity is, however, the situation in the vast majority of cases where the aberrant behaviour occurs in the context of an otherwise routine lifestyle.

In the 58 cases where the primary motive for the homicide was considered to be some form of mental disorder there was a significant excess of female perpetrators and of young victims. The predominant pattern of homicide occurring impulsively, at night, by physical battery in a state of intoxication was reversed. Almost half of all homicides by drowning occurred in this group, usually involving the killing of a child by the mother. A quarter (4) of all victims under the age of one year died by drowning. This finding differs markedly from the pattern in England where drowning is a method in only a small minority of child homicides²⁸.

It had been hoped to examine the influence (if any) of psychiatric evidence on the outcome of any court proceedings. Unfortunately, this was not possible as there is no available written transcript of trial proceedings (including the presentation of any expert witnesses) kept, except in cases of appeal. From the information available it was possible to establish that psychiatric evidence was presented in defence to the charge in 38 cases and in mitigation, following a guilty plea or conviction, in a further 22 cases. In the remainder it was unknown if such evidence had been presented, or clear that it had not been so.

In a majority of homicides one or both parties was intoxicated. The overall proportion of perpetrators and victims who were intoxicated (46.4% and 41.8% respectively) rose to 60.5% and 56.4% in the incidents which occurred during the period 8 p.m. to 4 a.m. Given the association between intoxication and violent behaviour this finding will come as no surprise.

As discussed above the occurrence of a homicide (in the present context the accidental or intentional killing of one or more people) does not necessarily imply a crime. Even in the event of an apparent criminal offence it is by no means guaranteed that this will lead to a conviction for some form of homicide. In this study the outcome in almost exactly one third of cases (203 out of 610) was that no conviction for any offence occurred.

The single most common reason (Table 19) was that no perpetrator was detected. This category includes not only those cases where there was no suspect but also those where the Gardai were aware of or suspected the identity of the perpetrator(s) but that there was not enough evidence to warrant a charge being brought.

The major group within this category were those cases where an accused was brought to trial but was acquitted or the cases was dismissed. In a further group the perpetrator or accused absconded from the jurisdiction prior to trial or died prior to trial. In the majority of suicides by perpetrators the event occurred at the time of the homicide or shortly afterwards. A small number occurred some time later while the accused was on remand awaiting trial.

In approximately a quarter of these 203 cases a decision was taken by DPP following a Garda investigation that no action should be taken or at the trial stage a decision was taken to enter a *Nolle Prosequi*. This is literally an unwillingness to prosecute (by the prosecution) and acts to stay the proceedings. It is not equivalent to an acquittal and does not prevent a new indictment at a later date for the same offence. Criticism has been made²⁹ regarding the work and function of the Office of the DPP, specifically the lack of justification or public accountability in relation to decisions in favour of or against prosecution.

In this study it was apparent that there were two particular and related categories where it would appear that there was a hesitancy to prosecute. These are in cases of apparent Infanticide (essentially the killing of a child under one year of age by its mother where the balance of the mother's mind may be disturbed due to the effects of childbirth), and in cases where there was evidence that the perpetrator was seriously mentally disturbed when the offence occurred.

During the twenty year period of the study there were only two convictions for Infanticide in Ireland. This study indicated that during that period a total of nine mothers killed their children under one year of age. In most of these cases there was no apparent dispute that the mother was suffering from some form of mental disorder at the time of the killing (and therefore would have met the criteria for infanticide under the Infanticide Act 1949). Nevertheless, in seven of the nine cases no charge was brought or a *Nolle Prosequi* was entered on the instructions of the DPP. During the same period in England & Wales a total of 136 convictions for Infanticide occurred¹. Even when the relative populations of the two jurisdictions are taken into account the English rate is still approximately 4 to 5 times greater. This apparent hesitancy to lay charges and the lesser likelihood of a homicide conviction for a female perpetrator has been noted in a number of studies^{22, 30, 31}.

With regard to homicide committed by apparently mentally disordered perpetrators it is notable that only 31 psychiatric verdicts were brought in by the courts. This represents only 5.1% of the total.

In a small number of cases a defendant was considered Unfit to Plead. At present the only psychiatric defence (with the exception of Infanticide) available is a plea of Guilty but Insane (at the time the offence occurred) under the Trial of Lunatics Act 1883. Such a verdict leads to indefinite detention in the Central Mental Hospital for treatment. As a result a plea of insanity is rarely entered and usually only in serious cases where the alternative on conviction would be a long prison sentence. There is no form of "diminished responsibility" verdict available in Irish Law. The inadequacies of the present situation in relation to psychiatric disorder before the courts have been discussed at length in various official reports^{32, 33}. In addition there has been media criticism at what is perceived at exploitation of the present apparent inadequacy in the law in this area³⁴.

It has been claimed that the lack of any form of diminished responsibility (on the basis of psychiatric disorder) verdict in Irish law, together with the relatively draconian consequences of a successful insanity plea has minimised the number of "psychiatric" cases coming before the courts. Compared to other jurisdictions where the proportion of perpetrators considered mentally disordered is much greater this would appear to be the case^{9, 12, 35}. Official statistics for England and Wales¹ indicate that in any single year approximately 15% of homicide convictions are brought in under the category of diminished responsibility (S. 2 of the Homicide Act 1957) on the grounds that the accused was "suffering from such abnormality of mind as substantially impaired his mental responsibility for his acts or omissions in doing or being party to the killing." This verdict allows discretion to the judge in sentencing and, if appropriate, the court can make an order allowing for psychiatric treatment in conditions of appropriate security and supervision. The existence of a diminished responsibility verdict in law in England has almost led to the demise of the insanity defence in murder cases³⁶. While the perceived inadequacies in the legal situation may contribute to the relative paucity of psychiatric verdicts in homicide cases it has been alleged³⁷ that there is a hesitancy or refusal on the part of the DPP to authorise the prosecution of people suspected of homicide or other serious offences if it is considered that they were mentally ill at the time of the offence. Given that it is not the practice of the DPP to comment on decisions taken by his office and in the absence of any forum for explanation of the rationale for the decision making process of the DPP's Office^{26, 27, 29} it is difficult to refute these claims of an apparent hesitancy to prosecute such cases.

Any discretion in disposal by the courts is limited by the fact that a murder conviction carries a mandatory life sentence. Furthermore, in those cases where the accused is found Guilty but Insane the Court is obliged to order indefinite detention for treatment in the Central Mental Hospital (regardless of whether or not this is considered the most appropriate location for any treatment) until further order of the Government.

In approximately two-thirds of the cases under review the investigation and court proceedings led to a conviction. In those cases (manslaughter, infanticide, and lesser conviction) where a discretionary sentence was possible it is noteworthy that the mean sentence length increased by over 50% with a particular increase in the number of sentences in the 5-10 year range. This increase in sentence length may be a reflection by the courts of public opinion that conviction for any offence involving the death of another person requires a clear demonstration of societal censure by means of a lengthy term of imprisonment. An alternative explanation is that quality of defence advocacy is succeeding in lessening possible murder convictions to manslaughter, manslaughter to grievous bodily harm, and so on. There has, however, been no significant shift in the relative proportion of murders, manslaughters, and lesser convictions during the period of this study which might support this contention.

In the small number of manslaughter offences committed by females where a discretionary sentence was imposed this was significantly shorter than in manslaughter convictions involving male perpetrators.

CHAPTER 4

Summary

This study has reviewed all homicides occurring in the Republic of Ireland during the period 1972 to 1991 (inclusive). To date there has been no similar study examining the criminological aspects of Irish homicide with emphasis on any changes that have occurred over this period. Unlike other crime the number of homicides committed annually has shown no sustained increase. The rate of homicide in Ireland appears to be among the lowest in Europe.

Homicides predominantly involve the killing of a male by another, somewhat younger, man. Most homicides occur at night and a high proportion involve intoxication in one or both parties. Most often the motive is some form of anger or rage and the incident occurs without planning or premeditation. In the small number of homicides involving female perpetrators the victim is significantly more likely to be a spouse or family member. The vast majority of homicides are detected by the police and a conviction occurs in approximately two-thirds of all cases. The exception to this high detection rate are those cases considered due to subversive or terrorist motivation where planning and the availability of a support system contribute to low detection and conviction.

Female perpetrators are significantly less likely to be convicted, and if convicted they receive significantly shorter sentences than their male counterparts. There has been a significant increase in the length of discretionary sentences applied. Infanticide appears to be relatively rare. "Psychiatric" homicides show a significant temporal shift from "normal" homicides in that they occur more often during the day-time period. In addition they show more pre-meditation and less involvement of alcohol. Victims are more likely to be young and also more likely to be family members.

Unlike the case in other jurisdictions there appears to have been little legal or public debate in relation to the classification of homicide, the appropriateness or necessity for a mandatory life sentence for murder convictions, the need for legal provisions in relation to homicide committed under possible psychiatric disability to be updated to reflect developments in psychiatric practice, etc. It is hoped that the information contained in this study will provide a factual basis to assist those who might engage in such a debate.

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Appendices

APPENDIX 1

Homicide in Ireland – Questionnaire

[In all cases 9, 99, 999 indicate Not Known or Not Relevant]

- | | | | |
|--|---------|--|------------|
| 1. Incident No. | (1-3) | <input type="text"/> <input type="text"/> <input type="text"/> | |
| 2. Date of Incident | | | |
| Day | (4-5) | <input type="text"/> <input type="text"/> | |
| Month | (4-5) | <input type="text"/> <input type="text"/> | |
| Year | (4-5) | <input type="text"/> <input type="text"/> | |
| 3. Total No. of Victims | (10-11) | <input type="text"/> <input type="text"/> | |
| 4. Total No. of Perpetrators/Accused | (12-13) | <input type="text"/> <input type="text"/> | (N/K = 99) |
| 5. Age (yrs.) of Main Victim
(if < 1 yr. record 00) | (14-15) | <input type="text"/> <input type="text"/> | |
| 6. Age of Main Perpetrator/Accused | (16-17) | <input type="text"/> <input type="text"/> | |
| 7. Sex of Main Victim
(male = 1; female = 2) | (18) | <input type="text"/> | |
| 8. Sex of Main Perpetrator | (19) | <input type="text"/> | |

9. Location of Incident (20) ☐
- (victim's home = 1;
 perpetrator's home = 2;
 other indoor location = 3;
 outdoor private (garden, field, etc.) = 4;
 outdoor public (street, park, etc.) = 5;
 Other (please state) = 6.
10. Area (Garda District) of Incident (21-22) ☐☐
- (See list)
11. Time of Incident (23) ☐
- (04.00-12.00 = 1; 12.00-20.00 = 2;
 20.00-04.00 = 3; N/K = 9).
12. Method of killing (24) ☐
- [Sharp instr. = 1;
 blunt instr. = 2;
 physical battery = 3;
 Handgun = 4; Rifle/shotgun = 5;
 asphyxiation/strangulation = 6;
 poisoning = 7;
 Other (state) = 8.]
13. Circumstances of Incident (25) ☐
- [planned (incl. planned assault) = 1;
 "impulsive" (incl. unplanned assault) = 2;
 in the course of other crime
 (robbery, sexual, etc.) = 3.]
14. Relationship between Victim and Perpetrator (26) ☐
- [married (incl. de facto) = 1;
 blood relation = 2;
 friend (known > 24 hrs.) = 3;
 acquaintance (known < 24 hrs.) = 4;
 stranger = 5.]
15. Motive (27-28) ☐☐
- [Quarrel/rage = 01; robbery = 02;
 jealousy = 03; revenge = 04;
 psychotic = 05; other mental abnormality = 06;
 sexual = 07;
 self-defence = 08; sadistic = 10;
 accident = 11; suicide pact = 12;
 Terrorism/Sectarian = 13
 Other (state) = 14
 N/K = 99.]

16. Action after incident (29) ☐
 [concealment/denial = 1;
 voluntary confession (at scene or later) = 2;
 self-injury by perp. = 3;
 suicide by perp. = 4
 Other (state) = 5.]
17. Alcohol/Drugs
- a. Was the perp. intoxicated/under infl. (30) ☐
 at time of incident
 (No = 0; yes = 1; N/K = 9)
- b. Was the victim intoxicated/under infl. (31) ☐
18. Previous psychiatric history in perpetrator (32) ☐
 [None known = 0;
 GP/OPD = 1;
 In patient = 2.]
19. Primary diagnosis (if known) (33) ☐
 [Schizophrenia = 1;
 other psychosis = 2;
 affective illness = 3;
 neurosis = 4;
 alcohol abuse = 5;
 drug abuse = 6;
 personality disorder = 7;
 organic illness = 8;
 N/K = 9.]
20. Was psychiatric history raised in Defence/Mitigation (34) ☐
 [no = 0;
 in Defence = 1;
 in mitigation = 2;
 N/K = 9.]
21. Court Decision (35) ☐
 [Murder = 1; M/S = 2; Inf. = 3;
 Psychiatric disposal = 4;
 Lesser conviction = 5;
 No conviction = 6.]
22. Disposal (36) ☐
 [Life sentence = 1;
 Discretionary prison sentence – effective = 2;
 Discretionary prison sentence – suspended = 3;
 Psychiatric (GBI or UTP) = 4
 Other (state) = 5.]

23. If discretionary prison sentence (37-39)

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state number of months

24. Where no conviction resulted state reason (40)

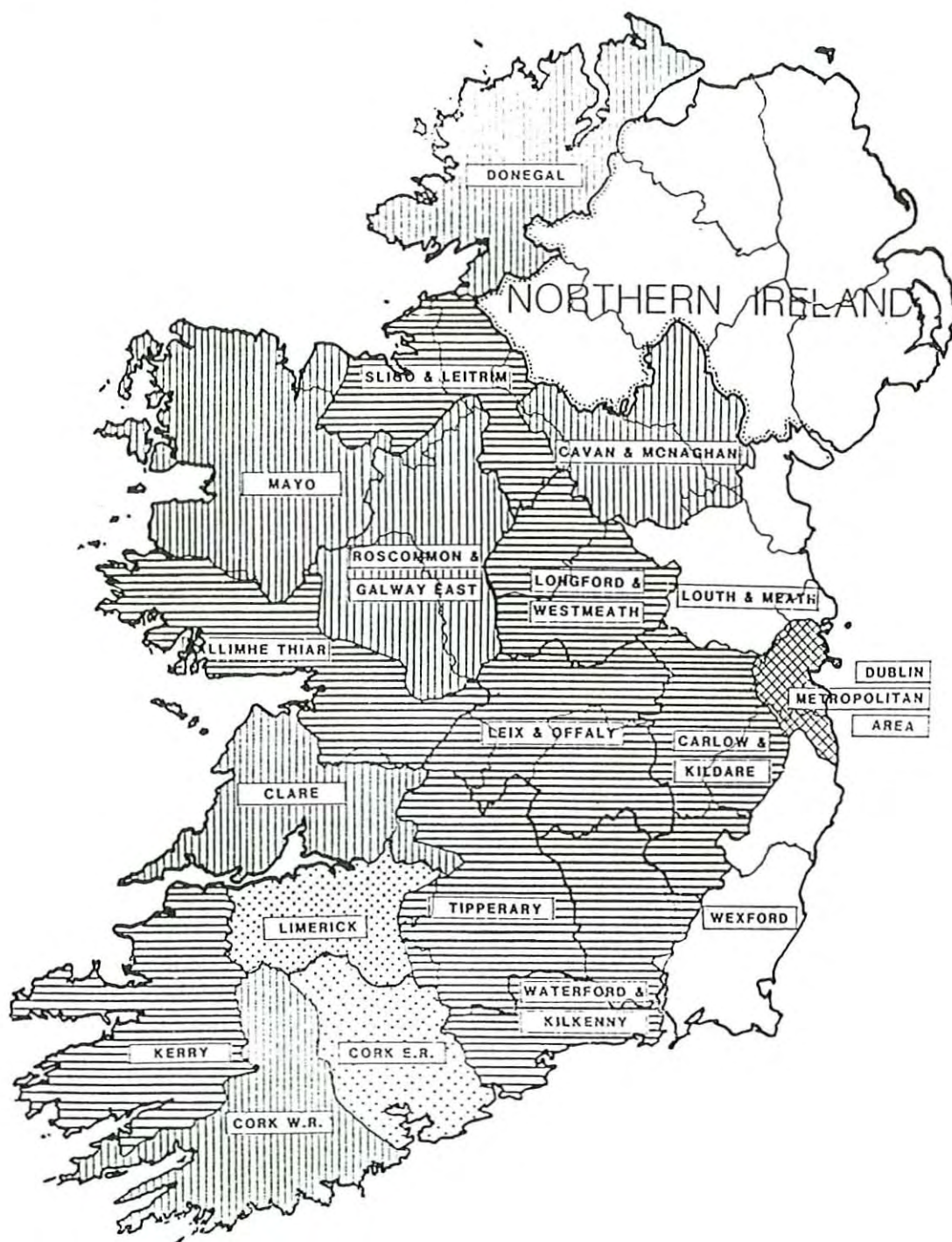
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No perpetrator detected = 1
Insufficient evidence to convict = 2
Other (state) = 3

Comments:
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.....
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APPENDIX 2

An Garda Síochána



Garda Síochána

The Dublin Metropolitan Area



Wt. P38937. 350. 1/95, Cahill. (M12659). G.Spl.