

Mentally Disordered Offenders as Victims: From Classic Greek Poetry to Modern Psychiatry

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Many mentally disordered offenders were themselves victims of physical, sexual, and/or mental abuse.^{1–4} Furthermore, investigators in the field of forensic psychiatry have demonstrated that certain psychiatric disorders, particularly those prone to violence, share common features with post-traumatic stress disorder (PTSD).^{5,6} Evidence suggests the existence of a traumatogenic process contributing to a consistent violent phenomenology. Indeed, the disruption of the lives of mentally disordered offenders and their possible harsh treatment and poverty and inevitable marginalization, in combination with losses due to their offenses, can result in a continuum of victimization.

This article reviews the case of a person who committed a series of grave offenses, including mass murder, patricide, and incest. The case, although exceptional, clearly demonstrates all the characteristics of abusive experience in childhood and the long-term hazardous effects.

O.T., at the time of his offenses, was in his late adolescence. After a minor road dispute, he cruelly killed five strangers by hitting them with a wooden stick. Some years later, when the crime was solved, he ascertained that one of the victims was his natural father. Subsequently, he attempted to commit suicide, by hitting his eyes and face several times with two long needles. Soon after he recovered from the wounds, he was subjected to the recommended criminal procedures. At that time, the punishment for

such crimes was execution. However, the court accepted that the offender was mentally ill and ordered his children, two sons and two daughters, to take care of him. Nevertheless, a few years later, the sons asked O.T. to leave, and as far as is known, he and his daughters became drifters for years. People who knew them stated that his behavior was clearly psychotic. Some years later O.T. died under obscure circumstances. His sons killed each other in a fight a few years later.

There is evidence from his psychiatric history that, early in his childhood, O.T. suffered multiple physical and mental abuses by his biological parents, as a result of his father's delusionally fixed idea that O.T. would be his murderer. Nevertheless, the mother failed to protect the child, although at least one source suggests that she interceded in favor of foster care. At last, under obscure circumstances, O.T. was placed into foster care. Little is known of his personal history while in foster care, except that others usually bullied him. He left the home of his stepparents in his adolescence, and soon after he committed the series of crimes.⁷ There is also inaccurate speculation that his mother sexually abused O.T. in his childhood. Incest occurred, but not until he was an adult and apparently as a consequence of established offending behavior.

Although violence is common human behavior, O.T. was an exceptionally violent person. Perhaps a better understanding of such violence can be achieved by determining what kinds of people in what kinds of situations, with what qualities of social relations, at what phase of their lives, and toward whom are more likely to engage in dangerous behavior.⁸

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Oedipus: Now wife, I will tell you all. . . . Making my way toward that triple crossroads, I saw a herald and then a brace of colts drawing a wagon and on it an old man like the one you have just described. The old man himself and the one in the lead were about to thrust me off the road with force. The one who tried to push me, the driver, I struck him in anger. The old man watching me coming up to his wagon, strikes me straight at the head with his double whip. I paid him back but not the same strike. With this hand and with my stick I knock him and roll him out of the wagon sprawling him on the ground and then I killed all the others [Ref. 7, lines (ll.) 800–13].

The Drama

Physical and Sexual Abuse During Childhood

Jocasta: A prophecy came to Laius—not from Apollo himself, but from his priests—that it was his destiny to be killed by our child. Our son, our own flesh and blood. . . .

The boy wasn't three days old, and his father pinioned tightly the child's ankles, and ordered a henchman to leave him on a barren, trackless mountain [Ref. 7, ll. 711–19].

O.T.'s is not a unique case. The literature shows that many mentally disordered offenders have suffered physical and/or sexual abuse during childhood.^{2,3,9} Several conditions have also been associated, at least in the sense of a common finding in relevant studies, with this kind of abuse, including dissociation, multiple personality disorder, eating disorders, somatization, self-mutilation, and suicidal behavior.^{10,11} Furthermore, there is evidence that such abuse can be an additional factor in a patient's disability.¹² It can be assumed that the higher the levels of abuse the lower the level of social adaptation and function. The primary trauma from the abuse can be analyzed and linked to the development and maintenance of a posttraumatic sense of personality^{11,13} that can be triggered by several abuse-related events or procedures.¹⁴ Perhaps physical, sexual, and/or mental abuses during childhood contribute to delinquency, but it is questionable whether abuse is a causal factor in commission of a major felony.^{15,16} Nevertheless, the lack of empathy for the victim's suffering could be woven into the web of cognitive distortions, facilitating minimization and justification. For example, men who report having being sexually victimized as children can form a rationalization for the lack of empathy.^{17,18} Yet girls are abused four or five times more commonly than boys, and women make up only a small proportion of adults who abuse children.¹⁹ As human developmental energy does not disappear, but can be transformed and rechanneled, the early exposure to violence may,

in the future, be expressed destructively as counterviolence. Most often, it is not directed against the sources, but is displaced onto other targets. Hence, it becomes manifest as crime, substance abuse, and suicide. This is a chain reaction of violent feelings, attitudes, relations, and interactions resulting in a vicious cycle of violence.²⁰ It is beyond doubt that physical and sexual abuse are traumatic *per se*, becoming even more destructive in the presence of other factors, such as in particularly vulnerable individuals, and of lasting effect. Gender socialization is another risk factor, especially in cultures that accept some degree of physical or sexual victimization, primarily of women.^{21–23}

O.T. expressed almost all the described behavior: he was aggressive, a heavy drinker, a murderer, and a suicidal individual. At the same time he was a vulnerable person who suffered both emotional and long-lasting physical trauma. Nonetheless, most of his life, he had poor social stability and was a drifter, without close relationships with friends or family members.

Recently, some investigators have speculated that there is a link between the development of certain personality disorders and the experience of traumatic events in childhood. Some of them propose that antisocial personality disorder (ASPD), borderline personality disorder (BPD), and other types of psychopathy have their origins in PTSD.^{6,24,25} Individuals who show symptoms of trauma also have chronic anger in several situations. Their anger is of greater magnitude and longer lasting than that of others with lower trauma symptom scores.²⁶ In fact there are some diagnostic overlaps between BPD and PTSD in the DSM-III-R and DSM-IV, such as the persistent symptoms of increased arousal and restricted range of affect.^{25,27–30} Such a link provides a framework for research into whether an early acute or chronic trauma can manifest as personality disorder, post-traumatic stress, or dissociative symptoms.

Studies suggest that PTSD can be associated with repeated aggression and that such interrelation can be a causal factor in ensuing violent and criminal behavior in certain persons.^{31–33} Research on the intensity and duration of the triggering traumatic event(s), has revealed a dose-response effect. Genetic factors and social characteristics also play important roles.^{34,35} Some of these aspects can be seen in the present case. For example, the sons of O.T. were under the supervision of the governor for years after the crimes of their father. They did not experience

poverty, violence, or neglect during their childhood and adolescence, and, generally, they had a stable life. However, all these positive environmental factors⁸ did not prevent them from killing each other.

Social Relationships and Social Milieu

Messenger: I stumbled on you down the flanks of Kithaeron.

Oedipus: What were you doing there?

Messenger: Watching over my flocks.

Oedipus: Were you a shepherd rambled on the mountain?

Messenger: I was your savior my son don't forget it.

Oedipus: What was wrong with me when you picked me up?

Messenger: You can see it. Your ankles tell the story.

Oedipus: Oh! Why do you remind me this old affliction?

Messenger: I set you free! Your ankles were pinned together.

Oedipus: What a dreadful mark I carry from the cradle.

Messenger: You also have your name from that.

Oedipus: Dear gods who did this to me? Was it my mother?

My father? Tell me!

Messenger: I don't know. The one who gave you to me knows more.

Oedipus: You mean that you took me from someone else and you didn't find me yourself?

Messenger: No, another shepherd passed you onto me [Ref. 7, ll. 1026–40].

The social relationships within families with a mentally disordered member have been studied for years and concern the influence of social experiences in childhood on psychiatric morbidity in adulthood.^{36,37}

Persons who attribute their problems to a mental illness, in contrast to a physical, medical, or biological problem, report less positive social relations and lower quality of life. Perceived stigma, lower self-esteem, and higher level of depressive symptoms can explain these findings. Conversely, the absence of close family relationships seems to relate to the onset of depressive disorders.^{38,39} However, frequent contact with family and friends is linked to a higher probability of violent events.⁴⁰ Research in the field of family violence indicates that violence perpetrated by mental patients against their families may be highly prevalent and warrant special attention.^{31,42} Parents are the relatives most likely to live with the mentally ill individual. They, not surprisingly, are the most frequent initiators of commitment petitions for dangerous behavior.^{40,43–44}

The influence of social networks and social support in the community on violent behavior by persons who have mental disorders has been broadly investigated. Variables that have been examined include family status, household composition and cli-

mate, employment status, relations with friends, history of substance abuse, previous violence, and psychiatric disorders. Those studies concluded that chaotic and deprived environments dramatically increase the violent behavior among persons who have mental disorders.^{42,45–48}

Victimization Due to the Offense

Direct Losses

Messenger: . . . Suddenly in his delirium, a god showed him the way. He bent the bolts and burst in screaming. He saw the woman hanging by the neck. When he saw her he gave a heart-breaking sob and eased her down. It was a horror for anyone to watch what followed. He pulled out her hairpins and the golden jewelry, he lifted them high and forced them into his eyes, spluttering out something like they would no longer see neither his suffering nor the evil he had caused, but in the darkness of blindness they could see the ones who never should have seen, blind to the ones once longed to see [Ref. 7, ll. 1258–76].

O.T. was a victim of neglect and torture, and he suffered much adversity as a child. The poem leaves no doubt that even his survival on the mountain on which he was left to die was fortuitous. However, he succeeded in going on with his life in a socially acceptable way. The cornerstone event that substantially altered his life was the first major offense, when he killed the strangers. After that, he became the perpetrator of a series of offenses, which destroyed his life and the lives of all the persons he loved. Furthermore, his descendants were outcasts in the community for generations, because of the publicity given to the case.

A major offense is a cornerstone life event. The short- and long-term effects of such man-made disasters on the persons involved are hard to predict.^{49–51} A physical relationship between the victim and the offender is one of the most profound causes of substantial victimization. Offenders who kill members of their family often experience the loss of a parent, a spouse, or a child. Such offenses are favorite stories for the mass media and the public, worldwide. For the media the ordeal of those involved is a profitable topic. The profile given to the offender by the media usually manipulates the reaction of the public and perhaps, if not definitely, influences the criminal procedure.^{52–53} Yet, very little can be done to diminish the influence of these factors, if changes in the criminal and health care systems are not contemplated.

The Criminal and Mental Health Care Systems

Oedipus: I order you citizens of this country where I hold the throne, banish this man, whoever he may be. Never shelter him, never speak to him, and never allow him to take part in your prayers and the sacrifices to the gods. Never let him drink the holy water. Instead, drive him out from your homes. He is the miasma, as the Pythian oracle has just revealed to me. So I honor the god, I honor the murdered man and I curse the murderer [Ref. 7, ll. 236–46].

The mentally disordered offender is a person who lives on the border between the criminal justice system and the health care system. According to one standpoint, he or she can be viewed either as criminal or as patient, but it is difficult to be regarded entirely as having both identities. To achieve such goals jurists must try to establish some sort of psychological identification with the mentally ill perpetrator and see things from the patient's point of view.⁵⁴ In the poem, O.T. has both identities. At the same time, he is the offender and the judge. He can perceive things from either point of view. However, he is bound to the morals of the community. There is no mercy for the perpetrator. Such a person is prohibited from receiving treatment or emotional healing (the holy water). Apparently the horror evoked in the public determined the verdict.^{52–55}

Another important topic is the subjective nature of the observations on which psychiatric diagnoses currently depend. Although significant improvements have been made, psychiatric diagnoses are still far from attaining unquestionable objectivity.^{57–58} Nevertheless, the diagnostic and therapeutic agreements are only part of a series of problems. When the criminal justice system is involved, another question arises. Where will the treatment be provided? Statistics show that in the past decades, the number of offenders with diminished responsibility who have received a prison sentence has declined in favor of hospital orders.⁵⁹ However, despite all efforts, it seems that mentally disordered offenders will continue to be sent to prison, and a humane psychiatric service must be provided within the prison system whenever a psychiatric bed in another setting cannot be offered.⁶⁰

Epilogue

Chorus: Oh; the terror, the worst we have ever seen. What madness swept over you? What evil crushed your wretched life? Oh! You miserable one, we pity you but we can't bear to look.

Yet we have so much to ask, so much to learn; but you cause us so much horror [Ref. 7, ll. 1297–307].

Aristoteles cited *Oedipus Tyrannous* as the greatest creation of Greek tragic poetry: “. . . A model for all to follow. . . .” The generations since the fifth century BC who have seen it staged have agreed with his assessment. Audiences find themselves moved to pity and fear by the development of the plot, as they see an image of their own fears.⁶¹ Oedipus violated the two most formidable taboos for all human societies. In the play, the gods wrote the future. Although the gods' will was the motif, human actions created their actual lives.

Oedipus' major trauma occurred in the first three days of life, perhaps too early for psychogenic sequelae. Hence, his resultant disability, reflected in his name, may be more important. However, this disability can symbolize the existence of a general traumatic process, due to the abuse that triggers violent behavior in later life. Oedipus represses all the memories connected with the abusive experience. He clearly lacks any associations, even with his very name, Oedipus, an everlasting mark for the physical abuse he had suffered in childhood.

The first quotation in this article is Oedipus telling his wife that he killed five persons and that his killings were motivated by a road dispute. Interpretations on the killings offered in this study suggest that the action was manslaughter. Oedipus was unable to manage his aggressiveness and find alternate methods to resolve the dispute. As a figure, he shares many of the common features that clinicians identify in offenders with a broad spectrum of psychiatric diagnoses. He justifies his aggressiveness and the implied crimes. His behavior is similar to that of victimized children in whom anger and rage are unresolved and the aggressive behavior is externalized to everyone, not only to those who aggress against them. Nevertheless, it can also be argued that the act was self-defense, because Laius (Oedipus' father) wanted him dead as an infant. Such an explanation of the poem appears to be rather weak. At the time of the offense, Laius did not represent any actual threat toward Oedipus, but it was the offender's interpretation of the minor dispute as excessively threatening that guided him—again, a common reaction that is seen in aggressive mentally disordered offenders.

Furthermore, the child Oedipus, because of his inherent love for his parents, assumes the guilt of the father. In modern terms, the child longs for the ide-

alized parent but acts in a destructive way. The roots of the lack of control over aggression can be linked to parental abuse and neglect rather than the incest myth of simple desire. In fact, Sophocles clarifies this point in the play. The Theban authorities arranged the marriage between Oedipus and Jocasta, neither of whom contributed to the arrangements.

The second passage quoted from the play is from Jocasta, both biological mother and wife of Oedipus, who reveals the prophecy that the father was to be killed by his son, so he physically abused and abandoned the child. A critical point is the “why” of the prophecy. Furthermore, why did the father not directly kill the child? There is speculation in the play. Jocasta emphasizes “not from Apollo himself, but from his priests.” This could be a punishment imposed on Laius by the community for past unlawful actions. Oral myths attribute to Laius the crime of child abduction. Such interpretation supports the notion that Laius might be an offender as well. This is a common finding among natural parents of offenders who also show offending and antisocial behavior.^{2,62} Another possible explanation is the fear of the public of the potential danger that a mentally disordered offender represents.⁵³ As far as it concerns Laius choice, not killing the child may suggest that he did not regard Oedipus as totally responsible for the fulfillment of the prophecy. Again, this is similar to the way the law treats most mentally ill patients, as having reduced responsibility for violating the criminal law.⁶³

The third quotation describes the rescue of the child and the permanent trauma of the ankle disfigurement that resulted in his being bullied and ridiculed. In this negative state of mind, he did not fare well in the foster family. He ran away and shortly thereafter killed the five men, including his father. This behavior suggests the displacement of rage from the victimization of child abuse and neglect.¹⁸

The fourth passage quotes Oedipus, who essentially takes on the guilt and responsibility for what his parents did. This self-blame is well noted in the literature, which shows that abused and neglected children blame themselves for the abuse because they are convinced that their parents’ actions were justified. In the same passage the guilty mother Jocasta hangs herself because she failed to provide safety to the infant; she had neglected and denied her child.

Neither the process nor the discovery of the truth was guided by a divine agency. In the fifth passage

quoted from the play, Oedipus remains persistently dedicated to tracking down and ascertaining the identity of the criminal. Oedipus projects the evil-self to the unknown murderer of the king, while he minimizes the multiple murders he himself has committed as he becomes king and marries the widowed queen. It is not until the miasma (the plague) strikes the city of Thebes, or in other words the horror of the crimes, that he gradually and most painfully gains insight. It can be argued that his character is not of the type usually associated with mentally disordered violent offenders. Characteristics such as courage, capacity for guilt, and leadership are uncommon in such populations. However, there is evidence that although all individuals who fulfill DSM-III-R criteria for APD may be antisocial, they may differ substantially in psychological characteristics such as capacity for empathy, remorse, or guilt.⁶⁴

The play, 25 centuries after its original appearance, is still a priceless source of academic stimulation. Modern psychiatry is strongly influenced by genetic determinism. Current research supports a genetic predisposition to certain types of personality disorders prone to violence^{65,66} as well as to globally antisocial and criminal behavior.^{67,68} However, people express their behavioral phenotypes within specific environments of human interactions. Probably the best-fitting model is the one that specifies additive genetic and unique environmental effects.⁶⁹

This review, if nothing else, favors the notion that an abusive, chaotic, and deprived environment traumatizes the individual. Whether this is a causal factor in subsequent criminal behavior or just a further deterioration of a predetermined offender cannot be answered conclusively. Perhaps this question forms the basis for health care providers to work to alleviate some of the factors that seem to contribute to offending behavior.

References

1. Ressler RK, Burgess AW, Hartman CR, *et al*: Murderers who rape and mutilate. *J Interpers Violence* 1:237–87, 1986
2. Burgess AW, Hartman CR, McCormack A: Abused to abuser: antecedents of socially deviant behaviors. *Am J Psychiatry* 144: 1431–6, 1987
3. Hanson RK, Slater S: Sexual victimization in the history of child sexual abusers: a review. *Ann Sex Res* 1:485–99, 1988
4. Luntz BK, Widom CS: Antisocial personality disorder in abused and neglected children grown up. *Am J Psychiatry* 151:670–4, 1994
5. Fierman EJ, Hunt MF, Pratt LA, *et al*: Trauma and posttraumatic stress disorder in subjects with anxiety disorders. *Am J Psychiatry* 150:1872–4, 1993

6. Rosser R: Stress, personality disorder and post-traumatic stress disorder. *Curr Opin Psychiatry* 8:98–101, 1995
7. Sophocles: Oedipus Tyrannous, Oedipus on Colonus, Antigone, in Sophocles. Edited by Valsamakis S. Athens, Greece: Exandas, 1992
8. Estroff SE, Zimmer C, Lachicotte WS, *et al*: The influence of social networks and social support on violence by persons with serious mental illness. *Hosp Community Psychiatry* 45:669–79, 1994
9. Oliver JE, Cox J: A family kindred with ill-used children: the burden on the community. *Br J Psychiatry* 123:81–90, 1973
10. Baldwin LC: Child abuse as an antecedent of multiple personality disorder. *Am J Occup Ther* 44:978–83, 1990
11. Young L: Sexual abuse and the problem of embodiment. *Child Abuse Neglect* 16:89–100, 1992
12. Swett C, Halpert M: Reported history of physical and sexual abuse in relation to dissociation and other symptomatology in women psychiatric inpatients. *J Interpers Violence* 8:545–55, 1993
13. Briere J: The long-term clinical correlates of childhood sexual victimization. *Ann N Y Acad Sci* 528:327–34, 1988
14. Lewis DO, Moy E, Jackson LD, *et al*: Biophysiological characteristics of children who later murder: a prospective study. *Am J Psychiatry* 142:1161–7, 1985
15. Craissati J, McClurg G: The Challenge Project: a treatment program evaluation for perpetrators of child sexual abuse. *Child Abuse Neglect* 21:637–48, 1997
16. Freund K, Kuban M: The basis of the abused abuser theory of pedophilia: a further elaboration on an earlier study. *Arch Sex Behav* 23:553–63, 1994
17. Hilton NZ: Childhood sexual victimization, and lack of empathy in child molesters: explanation or excuse? *Int J Offend Ther Comp Criminol* 37:287–96, 1993
18. Renshaw-Kaye L: Child molesters: do those molested as children report larger numbers of victims than those who deny childhood sexual abuse? *J Addict Offend Counsel* 15:24–32, 1994
19. Bentovim A: Why do adults sexually abuse children? *BMJ* 307: 144–5, 1993
20. Gil DG: Preventing violence in a structurally violent society: mission impossible. *Am J Orthopsychiatry* 66:77–84, 1996
21. Hamilton JR: Violence and victims: the contribution of victimology to forensic psychiatry. *Lancet* i(8525):147–9, 1987
22. Kingsley H, Tibballs G (editors): *No Way Out: Battered Women Who Killed*. London: Headline Book Publishers, 1994
23. Horowitz MJ, Stinson C: Stress response syndromes: personality features related to neurotic responses to event. *Curr Opin Psychiatry*. 7:144–9, 1994
24. Hodge JE: Addiction to violence: a new model of psychopathy. *Crim Behav Ment Health* 2:212–23, 1992
25. Gunderson JG, Sabo AN: The phenomenological and conceptual interface between borderline personality disorder and PTSD. *Am J Psychiatry* 150:19–27, 1993
26. Dutton DG: Trauma symptoms and PTSD-like profiles in perpetrators of intimate abuse. *J Traumatic Stress* 8:299–316, 1995
27. American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders* (ed 3). Revised. Washington, DC: Author, 1987
28. Shea SG: *Psychiatric interviewing: the art of understanding*. Saunders Co. 1988, pp 341–406
29. Val E, Gaviria MF: *Borderline and other personality disorders, in Psychiatry: Diagnosis and Therapy*. Norwalk: Lange, 1988, pp 108–17
30. American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders* (ed 4). Washington, DC: Author, 1994
31. Laufer RS, Gallops MS, Frey-Wouters E: War stress and trauma: the Vietnam veteran experience. *J Health Soc Behav* 25:65–85, 1984
32. Collins JJ, Bailey SL: Traumatic stress disorder and violent behaviour. *J Traum Stress* 1:475–88, 1990
33. True WR, Rice J, Eisen SA, *et al*: A twin study of genetic and environmental contributions to liability for posttraumatic stress symptoms. *Arch Gen Psychiatry* 50:257–64, 1993
34. Zimmerman M: Diagnosing personality disorders: a review of issues and research methods. *Arch Gen Psychiatry* 51:225–45, 1994
35. Hillbrand M, Kozmon AH, Nelson CW: Axis II comorbidity in forensic patients with antisocial personality disorder. *Int J Offend Ther Comp Criminol* 40:19–25, 1996
36. Wahl CW: Some antecedent factors in the family histories of 568 male schizophrenics of the United States Navy. *Am J Psychiatry* 113:201–10, 1956
37. Tennant C, Bebbington P, Hurry J: Social experiences in childhood and adult psychiatric morbidity: a multiple regression analysis. *Psychol Med* 12:321–7, 1982
38. Mechanic D, McAlpine D, Rosenfield S, *et al*: Effects of illness attribution and depression on the quality of life among persons with serious mental illness. *Soc Sci Med* 39:155–64, 1994
39. Birtchnell J: Depression and family relationships: a study of young, married women on a London housing estate. *Br J Psychiatry* 157:758–69, 1988
40. Swanson J, Swartz M, Estroff S, *et al*: Psychiatric impairment, social contact, and violent behavior: Evidence from a study of outpatient-committed persons with severe mental disorder. *Soc Psychiatry Psychiatr Epidemiol*. 33(Suppl 1):S86–94, 1998
41. Bland R, Orn H: Family violence and psychiatry. *Can J Psychiatry* 31:129–37, 1986
42. Gondolf E, Mulvey E, Lidz C: Characteristics of perpetrators of family and non-family assaults. *Hosp Community Psychiatry* 41: 191–3, 1990
43. Green HM: Matricide by sons. *Med Sci Law* 21:207–14, 1981
44. Cook JA: Who “mothers” the chronically mentally ill? *Fam Rel* 37:42–9, 1988
45. Binder R, McNiel D: Victims and families of violent psychiatric patients. *Bull Am Acad Psychiatry Law* 14:131–9, 1986
46. Hiday VA, Scheid-Cook TL: A follow-up of chronic patients committed to out-patient treatment. *Hosp Community Psychiatry* 40:52–9, 1989
47. Martell DA: Homeless mentally disordered offenders and violent crimes: preliminary research findings. *Law Hum Behav* 15:333–47, 1991
48. Martell DA, Dietz, PE: Mentally disordered offenders who push or attempt to push victims onto subway tracks in New York City. *Arch Gen Psychiatry* 49:472–5, 1992
49. Shaw R: Prisoners’ children and politics: An aetiology of victimisation. *Child Soc* 4:315–25, 1990
50. Robinson S, Vivian-Burne S, Driscoll R, *et al*: Family work with victims and offenders in a secure unit. *J Fam Ther* 13:105–16, 1991
51. Rynearson EK, McCreery JM: Bereavement after homicide: a synergism of trauma and loss. *Am J Psychiatry* 150:258–61, 1993
52. Appelbaum PS: The parable of the forensic psychiatrist: ethics and the problem of doing harm. *Int J Law Psychiatry* 13:249–59, 1990
53. Angermeyer MC, Matschinger H, Riedl-Heller SG: Whom to ask for help in case of a mental disorder?—preferences of the lay public. *Soc Psychiatry Psychiatr Epidemiol* 34:202–10, 1999
54. Geertz C: “From the native’s point of view”: on the nature of anthropological understanding, in *Local Knowledge*. New York: Basic Books, 1983, pp 15–23

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55. Stone AA: Presidential address: conceptual ambiguity and morality in modern psychiatry. *Am J Psychiatry* 137:887–91, 1980
56. Halleck SL: *The Mentally Disordered Offender*. Washington, DC: American Psychiatric Press, 1987, pp 79–110
57. Quinsey VL, Maguire A: Offenders remanded for a psychiatric examination: perceived treatability and disposition. *Int J Law Psychiatry* 6:193–205, 1983
58. Quinsey VL: Assessments of the treatability of forensic patients. *Behav Sci Law* 6:443–52, 1988
59. Lord Widlesham: *Responses to Crime*. Oxford: Clarendon Press, 1987, pp 102–43
60. Burney E, Pearson G: Mentally disordered offenders: finding a focus for diversion. *Howard Law J* 34:291–313, 1995
61. Knox B: Introduction to Oedipus the King, in Sophocles: *The Three Theban Plays* (translated by Fagles R). New York: The Penguin Classics, 1984, pp 131–53
62. Cadoret RJ, Yates WR, Troughton ED, *et al*: Genetic-environmental interaction in the genesis of aggressivity and conduct disorders. *Arch Gen Psychiatry* 52:916–24, 1995
63. Szasz T: Psychiatric diagnosis, psychiatric power and psychiatric abuse. *J Med Ethics* 20:135–8, 1994
64. Hare RD, Hart SD, Harpur TJ: Psychopathy and the DSM-IV criteria for antisocial personality disorder. *J Abnorm Psychol* 100:391–8, 1991
65. Torgerson S, Onstad S, Skre I, *et al*: “True” schizotypal personality disorder: a study of co-twins and relatives, of schizophrenic probands. *Am J Psychiatry* 150:1661–7, 1993
66. Livesley WJ, Jang KL, Jackson DN, *et al*: Genetic and environmental contributions to dimensions of personality disorder. *Am J Psychiatry* 150:1826–31, 1993
67. Bock GR, Goode J (editors): *Genetics of Criminal and Antisocial Behaviour*. Chichester, UK: John Wiley & Sons Ltd, 1995, pp 183–95
68. Lyons MJ, True WR, Eisen SA, *et al*: Differential heritability of adult and juvenile antisocial traits. *Arch Gen Psychiatry* 52:906–15, 1995
69. Kendler KS, Evans LJ: Models for the joint effect of genotype and environment on liability to psychiatric illness. *Am J Psychiatry* 143:279–89, 1986