

Murder Recidivism Among offenders with Mental Illness in Thailand

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Abstract

The available information and data regarding the recidivism rates of mentally ill offenders involved in murder cases in Thailand are limited. Therefore, it can be argued that the direct approach to addressing the problem in the Thai correctional system is both ineffective and lacking in foresight on the part of management. Hence, the present study endeavours to investigate the aetiology, demographic characteristics of victims, and procedural aspects associated with instances of murder recidivism among individuals with mental illness in the context of Thailand. This study employed a qualitative research methodology to gather data through in-depth interviews with individuals who have a history of offending and also suffer from mental illness. The participants included prison officers, nurses, social workers, and psychologists. The purposive selection method was employed in order to carefully choose a group of samples that aligned with the specific objectives of the research. The data derived from the in-depth interview was subjected to content analysis techniques in order to identify significant topics or groups of concepts. Research has revealed that individuals with mental illness in Thailand who have previously committed murder tend to engage in recidivism that is predominantly spontaneous in nature. These instances of recidivism typically involve the perpetration of violence against family members and often involve the use of readily available weapons during the commission of the crime. It is worth noting that the recurrence of criminal behaviour among individuals with mental illness tends to exhibit a similar pattern to their initial offence. This implies that the acquired criminal behaviour of offenders with mental illness bears resemblance to that of offenders without mental illness. This study proposes that it is imperative for pertinent authorities to engage in vigilant monitoring of individuals with mental health issues who have been released or reintegrated into society following their involvement in criminal activities. Moreover, there exists a strong correlation between mental offenders' release and the involvement of families and communities. It is imperative for families to actively contribute to

the care of psychiatric patients, demonstrating attentiveness and diligently mitigating risk factors associated with violent behaviour. It is imperative for community members or leaders to possess a comprehensive understanding of individuals within their community and to collaborate in order to effectively oversee and provide support for psychiatric patients residing within the community. In the event that individuals within a community detect symptoms or indicators of psychiatric ex-convicts, it is imperative that they promptly notify the local health department so as to facilitate the expeditious referral of said individuals for psychiatric treatment.

Keywords: Recidivism, Homicide, Murder of Family Members, Offenders with Mental Illness, Social Learning Theory

Introduction

Following their release, a significant number of prisoners persist in engaging in criminal activities, as extensively documented by numerous news organisations. An illustrative instance, which received extensive attention from the media, involved an individual who engaged in the act of stabbing students. Subsequently, they asserted that they had received instructions from celestial voices to perpetrate the murder of children fifteen years subsequent to their initial offence ([Bangkok Post, 2020](#); [Boonbandit, 2020](#); [Thairath Online, 2020](#); [The Nation, 2020](#)). On the evening of March 29, 2020, an individual perpetrated a fatal stabbing incident involving a 4-year-old female child within a restaurant located in the Nakhon Chai Si District of Nakhon Pathom Province. This information is sourced from multiple news outlets, including the [Bangkok Post \(2020\)](#), [Boonbandit \(2020\)](#), [Thairath Online \(2020\)](#), and [The Nation \(2020\)](#). There appears to be an upward trend in the incidence of criminal behaviour exhibited by individuals with mental illness. According to the Thai Department of Mental Health, the number of offenders with mental illness being held in Thai prisons or correctional institutions increased from 3,315 in 2018 to 4,867 in 2021 ([Galya Rajanagarindra Institute of Thailand, 2022](#)). The majority of criminal acts perpetrated by individuals with mental illness pertain to crimes against life and bodily integrity, followed by offences involving property ([Chayintu & Satra, 2000](#); [Kamonwutipong, 2022](#); [Rajanukul Institute, 2019](#); [Tasanachaikul, 1989](#)).

Table 1. Number of General Prisoners and Prisoners with Mental Illness Held in Thai Prisons/Correctional Institutions Between 2017-2021

Year	Number of General Prisoners	Number of Prisoners with Mental Illness
2018	323,975	3,315
2019	319,912	3,947
2020	300,768	4,235
2021	249,678	4,876

Source: ([Galya Rajanagarindra Institute of Thailand, 2022](#))

According to [Table 1](#) presented above, there was a decrease in the total population of incarcerated individuals in Thai prisons and correctional institutions from 2018 to 2021. However, it is noteworthy that during this period, there was an observed increase in the number of individuals with mental illness who were being detained. Significantly, research has revealed that individuals with mental illness who engage in criminal behaviour are more prone to experiencing repeat offences after being released from incarceration ([Bangkok Post, 2020](#); [Boonbandit, 2020](#); [Boseley, 2015](#); [Charette et al., 2015](#); [Fries et al., 2013](#); [Kamonwutipong, 2022](#); [Thairath Online, 2020](#); [The Nation, 2020](#)). It is probable that individuals with mental illness who have been incarcerated will experience recidivism, specifically in relation to minor offences within a two-year timeframe following their release and in relation to more severe offences within a five-year timeframe following their release ([Bogaerts et al., 2018](#); [Fries et al., 2013](#)).

There is a substantial body of evidence, as reported in various news sources ([Bangkok Post, 2020](#); [Boonbandit, 2020](#); [Thairath Online, 2020](#); [The Nation, 2020](#)), indicating a high likelihood of recidivism in individuals who have been convicted of murder and subsequently released. This phenomenon instills a sense of fear among individuals within the societal framework. Furthermore, it is imperative for pertinent governmental entities in Thailand to ascertain effective strategies to address the criminal activities perpetrated by individuals suffering from mental illness. Two prior studies have investigated the criminal activities perpetrated by individuals with mental illness in the context of Thailand. The initial study conducted in 1989 documented the prevalence of individuals with mental illness

engaging in criminal activities primarily involving bodily harm and endangerment, followed by offences related to property (Tasanachaikul, 1989). According to Tasanachaikul (1989), the individuals most commonly affected by these offences were primarily the parents or partners of the perpetrator. The subsequent study, conducted in the year 2000, examined the occurrence of recidivism among individuals with mental illness who had previously engaged in criminal behaviour.

Subsequent research has indicated that the majority of recidivism among individuals with mental illness is associated with crimes against life and bodily integrity, followed by offences against property (Chayintu & Satra, 2000). The discontinuation of psychiatric treatment has been identified as the primary factor contributing to the high rate of recidivism among offenders with mental illness. Additionally, it has been observed that some perpetrators engaged in substance abuse prior to committing their crimes (Chayintu & Satra, 2000). Scholars endeavour to establish a comprehensive definition for the criminal offences committed by individuals with psychiatric conditions. The authors elucidate that human behaviour is subject to a multitude of internal and external factors, encompassing biological, psychological, environmental, and social influences, which lie beyond the control of the individual engaging in said behaviour. Therefore, it can be argued that assigning complete accountability to human beings for their actions may not be warranted, as they tend to perceive offenders as individuals requiring treatment.

Moreover, criminal conduct exhibited by individuals with mental illnesses can be attributed to the influence of societal factors and environmental conditions, which significantly shape an individual's personality and cognitive processes. These factors invariably play a role in individuals engaging in criminal behaviour (Thongyai, 2020). In accordance with psychological theory, individuals with psychiatric conditions engage in criminal behaviour not as a result of external influences but rather due to the presence of mental illness or internal pressures within their subconscious mind. This phenomenon leads to instances where psychiatric patients engage in criminal behaviour, exhibiting a lack of self-control. Therefore, it is not accurate to assert that psychiatric patients are inherently culpable. Mental illness is recognised as a significant contributing factor to criminal behaviour (Chutinan, 2018).

Following the completion of these two studies, there has been a lack of subsequent research conducted on the topic of recidivism among individuals with mental illness in Thailand, specifically in relation to murder offences. The research findings of the two aforementioned studies are constrained due to the absence of data pertaining to the characteristics, causes, or procedural aspects associated with the crimes under investigation. The existence of a notable research gap necessitates attention in order to adequately address the issue of recidivism among individuals with mental illness who have committed offences in Thailand. Therefore, the data presented in this study offers relevant information for Thai public institutions, such as correctional services and mental health services, to effectively address this issue and enhance support for mentally ill offenders in their reintegration into society after release.

Hence, the primary objective of this study is to examine the underlying factors, demographic characteristics of victims, and procedural measures associated with instances of murder recidivism among individuals with mental illness in Thailand. The study will be conducted through in-depth interviews with a selected sample of individuals who have been convicted of murder and have a history of mental illness, with the aim of investigating recidivism rates in this population. The data obtained from conducting in-depth interviews will be subjected to analysis in order to present the findings in a descriptive manner. By implementing this approach, it will enhance the protection of both offenders and society from instances of recidivism.

Literature Review

Definition of Recidivism

Recidivism pertains to the act of an individual who has been incarcerated or is undergoing trial for a criminal offence, subsequently engaging in further criminal behaviour that leads to their re-incarceration ([Thailand Department of Correction, 2018](#)). Recidivism may manifest in cases where an individual with mental illness perpetrates a severe offence subsequent to their reintegration into society subsequent to a period of confinement in a psychiatric facility or correctional institution. In the context of Thailand, recidivism pertains to the act of engaging in criminal behaviour that is assigned a unique court case number ([Galya Rajanagarindra Institute of Thailand, 2022](#)).

Theories Related to Recidivism Among Offenders with Mental Illness

The field of Personality Theory suggests that individuals who engage in criminal behaviour possess distinct traits that set them apart from non-criminal individuals. These differences are believed to be influenced by genetic variations (Eysenck & Gudjonsson, 1989). According to Personality Theory, criminal behaviour can be understood as a manifestation of certain personality traits, including a deficiency in self-control, a tendency towards aggressive behaviour, a preference for seeking pleasure through arguments and conflict, and a pessimistic or antisocial worldview (Akers, 1997; Blaszczynski, McConaghy, & Frankova, 1989; Eysenck & Gudjonsson, 1989; Khantee, 2015; Krueger et al., 2005; Wulach, 1988). In a similar vein, Personality Theory can be classified alongside Psychoanalytic Theory, as both theories posit that deviant behaviour originates from internal issues within an individual.

As a result, this theory is employed in the context of direct intervention aimed at the rehabilitation of individuals, rather than focusing on punitive measures. This phenomenon can be attributed to the manifestation of diminished self-control in the cognitive and affective domains of individuals who exhibit both criminal behaviour and mental illness. When an individual is provoked, there is a likelihood that they may abruptly manifest their emotions through the use of physical force. Therefore, it is imperative that public institutions (including justice systems and public health systems) prioritise the provision of treatment and rehabilitation for individuals with mental illness who have committed offences.

The Social Learning Theory proposes that criminal behaviour is a consequence of individuals acquiring criminal behaviour through the process of learning and subsequently consenting to engage in illegal activities. The acquisition of behaviour and attitude is facilitated through the process of socialisation with fellow individuals engaged in criminal activities (Brookes, 2021; Khantee, 2015; Sutherland, 1947). According to the Social Learning Theory, the occurrence of recidivism among individuals with mental illness can potentially be attributed to acquired behaviour and/or the act of imitating peers. This behaviour may be influenced by exposure to media depictions of certain behaviours or the knowledge

gained from previous criminal activities. In instances where no plan is formulated or preparation is undertaken, it has been observed that the characteristic traits, patterns, and processes associated with the commission of a subsequent crime can mirror those observed in a prior offence (Khantee, 2015; Sutherland, 1947).

According to various scholarly sources (Grand Canyon University, 2019; Otu Offei, 2021; Petherick, 2017; Tasanachaikul, 2005; Wolfgang, 1957), the Victim Precipitation Theory posits that individuals who fall victim to harm or fatality possess the ability to foresee and expect circumstances that may potentially expose them to such risks. There are two forms of victim anticipation: active anticipation, characterised by conscious anticipatory behaviour, and passive anticipation, characterised by unconscious manifestation of victim personality traits (Grand Canyon University, 2019; Otu Offei, 2021; Petherick, 2017; Tasanachaikul, 2005; Wolfgang, 1957). In this context, the lifestyle of a victim can potentially contribute to, incentivize, or trigger an offence. The actions, spoken words, and behaviours of victims falling within this framework can be either deliberate or inadvertent. Therefore, comprehending the phenomenon of recidivism among individuals with mental illness necessitates a comprehensive understanding of both the victims and the perpetrators involved.

Thai Legal Regime as to Offenders with Mental Illness in Thailand

Individuals with mental illness are often perceived as having a diminished level of awareness or consciousness in relation to a broader society. This perception has led to the belief that individuals with mental illness are more prone to engaging in criminal behaviour against others (Arin, 2013; Sangrugsa, 2003; Yoyrurob, 2007). Consequently, legislation has been implemented with the explicit purpose of regulating, mitigating, and sanctioning individuals of this nature (Kamonwutipong, 2022; Kongsakon, 2008). Section 3 of the (Thailand Mental Health Act, 2008) also known as the Second Amendment, establishes a legally binding characterization for individuals who have mental illnesses and engage in criminal activities. These individuals are referred to as defendants with mental health disorders. In line with Thai law, individuals who are accused in this manner should receive distinct treatment throughout the course of an investigation and/or legal proceedings. This

treatment should be extended by both investigators and the Thai Court. The scope of this definition encompasses individuals who have been mandated by the judiciary to undergo treatment subsequent to the issuance of a verdict in a criminal proceeding (Kamonwutipong, 2022).

The Thai Criminal Procedure Code stipulates that in order for a court to render a conviction, it is necessary to establish that the individual in question possessed awareness of the repercussions stemming from their conduct (Kamonwutipong, 2022; Kongsakon, 2008). For instance, Section 14 of the (Thailand Criminal Procedure Code, 1934) states that;

“In the course of an inquiry, preliminary hearing or trial, should there be a reasonable belief that the accused or defendant is insane and therefore unfit to plead, the inquirer or court, as applicable, shall order a medical official to hold a psychiatric evaluation of the person in question and thereafter make a personal appearance to give statement or testimony as to the outcome of the evaluation.

In the event that the inquirer or court finds the accused or defendant insane and unfit to plead, the inquiry, preliminary hearing or trial shall be suspended until the person in question recovers his sanity or is fit to plead.

Where appropriate, the inquirer or court shall also be authorized to deliver the person in question to a lunatic asylum, custodian, Commissioner of Changwator other person willing to take charge of him. In the event that the preliminary hearing or trial has been suspended pursuant to the foregoing paragraph, the case may be disposed of by the court for a provisional period.”

When an offender with mental illness can be tried in the Thai Court. Section 65 of the (Thailand Criminal Code, 1956) holds that;

“Whenever any person commits an offense at the time of not being able to appreciate the nature, or illegality of his act or not being able to control himself on account of defective mind, mental disease or mental infirmity, such person shall not be punished for such offense. But, if the offender is still partially able to appreciate the nature or illegality of his act, or is still partially able to control himself, such person shall be punished for such offense, but the Court may inflict less punishment to any extent than that provided by the law for such offense.”

According to Thai criminal law, when an individual with a mental illness commits a crime, it is still considered an offence. However, no penalties can be imposed on the perpetrator due to the understanding that they committed the crime without intention or awareness of the consequences. This is attributed to their inability to comprehend morality or exercise self-control (Arin, 2013; Sangrugs, 2003; Yoyrurob, 2007). Simply stated, it is important to note that the transgression in question should not be attributed to the perpetrator's genuine thoughts or intentions (Kamonwutipong, 2022; Kongsakon, 2008). However, in the event that an individual with a mental illness demonstrates an ability to comprehend the repercussions of their behaviour or exhibits self-control, it is necessary to administer punishment. Nevertheless, according to Thai law, the court is obligated to impose a reduced penalty compared to what is specified by the law (Kamonwutipong, 2022; Kongsakon, 2008).

Research as to Recidivism Among Offenders with Mental Illness

This study examined both international and domestic literature in order to investigate the research. Research indicates that individuals who have mental illness and engage in criminal behaviour are more likely to reoffend after being released from incarceration (Bangkok Post, 2020; Bogaerts et al., 2018; Boonbandit, 2020; Boseley, 2015; Chang et al., 2015; Charette et al., 2015; Fries et al., 2013; Kamonwutipong, 2022; Pflueger et al., 2015; Schaffner et al., 2021; Thairath Online, 2020; The Nation, 2020). The phenomenon of recidivism among individuals with mental illness may be attributed to factors such as alcohol abuse and substance use (Chang et al., 2015; Håkansson & Berglund, 2012; Pflueger et al., 2015; Schaffner et al., 2021), as well as the effects of underlying mental illness (Chayintu & Satra, 2000; Filov, 2010; Tasanachaikul, 1989).

The phenomenon of recidivism among individuals with mental illness encompasses a range of criminal behaviours, such as sexual offences, violent offences, and drug offences (Chang et al., 2015; Pflueger et al., 2015; Schaffner et al., 2021; Stansfield et al., 2020; U.S. Government Accountability Office, 2018). Additionally, it includes offences against life and body as well as property offences

(Chayintu & Satra, 2000; Tasanachaikul, 1989). The study conducted by Broadhurst et al. (2018) in Australia revealed that a mere three individuals with mental illness were found to have committed murder against a family member. This finding holds considerable significance. On the other hand, the reoffending rates among individuals with mental illness in Asia predominantly pertain to crimes involving physical harm to others as well as offences against property. Notably, instances of homicide are frequently perpetrated against parents or intimate partners (Chayintu & Satra, 2000; Tasanachaikul, 1989).

According to Liem et al. (2019), homicide is common in many countries. According to the CDC (2022), the United States of America (CDC, 2022) experiences approximately 25,000 instances of homicide on an annual basis. The primary means employed in cases of familial homicide are firearms, which account for approximately 60% of incidents, followed by knives, which are involved in approximately 27% of cases (Buyuk et al., 2011; Heide, 2013). Instances of this phenomenon commonly occur within the domestic setting (Anthony, 2014; Heide, 2013; Mulvey, Fournier, & Donahue, 2006), where individuals perpetrate acts of homicide either individually or through collaborative efforts to commit murder (Trost, 2015; Wang, 2015).

Mental illness has previously been stated as a cause of a family member being murdered (Adinkrah, 2017; Barber, 2020; Baxter et al., 2001; Heide, 2013; Liettu et al., 2009). However, today, many causes and factors are stated as to this type of crime (West & Feldsher, 2010) – such as abuse or negligence in childhood (Barber, 2020; Ewing, 1990; Heide, 2013; Kanyajit, 2014; Tang, 2018; Teche & Gomide, 2018; Viñas-Racionero et al., 2017), anti-social behaviour (Heide, 2013), mental illness or mental health disorders (Adinkrah, 2017; Barber, 2020; Chayintu & Satra, 2000; Choakdamrongsuk, 2014; Heide, 2013; Tasanachaikul, 1989) and personality disorders (Barber, 2020; Liettu et al., 2009). Furthermore, factors such as substance use, alcohol addiction, domestic violence and stress from an individual's familial and/or social environment may stimulate this crime type (Chang et al., 2015; Heide, 2012; Heide & Frei, 2010; Manujantararat et al., 2023; Pflueger et al., 2015; Schaffner et al., 2021).

In the context of Thailand, there exists a solitary study that pertains to the occurrence of familial homicide. The study, conducted in the year 2021, discovered that these occurrences were spontaneous in nature and involved the utilisation of readily available weapons, such as sticks, kitchen utensils, and agricultural implements. A significant number of offenders have reported a history of being subjected to abuse and domestic violence perpetrated by their victim(s). As a consequence, the individual engaged in the act of homicide as a result of the exacerbation of their anger stemming from their concurrent substance or alcohol misuse. The individuals affected by the incident were identified as parents and relatives, while the crime itself took place either within or in close proximity to the familial dwelling (Manujantararat et al., 2023).

Methodology

Research Design

The current investigation has generated qualitative data through the use of in-depth interviews. The sample comprised five individuals who have been identified as offenders with mental illness and who have subsequently reoffended by committing murder. Additionally, the sample included 15 prison staff members who are directly involved in the supervision and provision of care for individuals with mental illness within the prison setting. During the in-depth interviews, the researchers employed the practice of taking notes and recording audio to ensure accurate transcription and effective data collection. The objective of this research endeavour was to gather empirical data pertaining to the underlying factors contributing to the recurrence of criminal behaviour among individuals with psychiatric conditions who are incarcerated in Thailand. This entails examining the motivation and underlying factors behind an individual's engagement in criminal activities, as well as analysing the distinctive behavioural patterns exhibited by offenders throughout the various stages of the criminal act, from initiation to apprehension and subsequent incarceration. This study utilised a method of two-way communication through the use of note-taking and voice recordings during the interview process.

Sample Selection

The researchers utilised purposive sampling in order to select a sample of five individuals who were offenders with mental illness and had a history of committing murder and subsequently reoffending. The participants underwent pre-assessment using the Brief Psychiatry Rating Scale (BPRS) conducted by nurses in order to evaluate the progress of their symptoms. In order to be eligible for inclusion in the study, the research participants, who were individuals with a history of offending, were required to have obtained a score ranging from 18 to 36 on the Brief Psychiatric Rating Scale (BPRS) assessment. Purposive sampling was employed to select suitable correctional staff members, resulting in a group of informants consisting of 5 control officers, 5 nurses, 3 social workers, and 2 psychologists who are actively involved in the treatment of a minimum of 30 prisoners.

Table 2: Question Groups Employed Within the In-Depth Interviews Held

Questionnaire for Prison Staff		Questionnaire for Offenders with Mental Illness	
Part	Question Group	Part	Question Group
1	Personal information – e.g., age, gender, employment position, length of public service	1	Personal information – e.g., age, education background, occupation before incarceration, average income, family relations, childhood and history of psychiatric illness
2	Duties and responsibilities toward offenders with mental illness during their incarceration	2	Re-offense activity
3	Behavioural correction and rehabilitation practice	3	Life in prison
		4	Behavioural correction and rehabilitation practice

The questions asked in the in-depth interviews were considered and approved by the Research Ethics Committee of Mahidol University, Thailand, to ensure accuracy and adherence both with the research objectives held and the rules pertinent to ethical assessments in human research.

Data Collection and Data Validation

The data collection process adhered strictly to the regulations set forth by the Thai Department of Corrections. During each interview, the researcher provided a comprehensive explanation of the study's objectives to the participants. In addition, the researcher sought the participants' consent to record their interview using audio recording equipment. In instances where authorization for audio recording was withheld, the researcher resorted to transcribing the interview through manual note-taking. The duration of each interview ranged from 1 to 2 hours. In the event of inconsistencies or ambiguities in specific data items, interviews were conducted multiple times. During the course of the interviews, participants were afforded the prerogative to decline responding to any question that elicited discomfort without incurring any adverse consequences.

The researcher established rapport with each participant by engaging in casual conversation on general subjects prior to commencing the interview, thereby mitigating potential anxiety among the participants. The present study utilised a triangulation technique in order to establish the reliability and accuracy of the collected data. The aforementioned data underwent testing or re-examination using alternative methodologies. The utilisation of methodology triangulation Two important research methods commonly used in academic studies are data triangulation and investigation triangulation. Data triangulation involves the use of multiple sources or types of data to validate findings and enhance the credibility of the research. The same data was tested or re-examined with different method as follows 1) methodology triangulation 2) data triangulation and 3) investigation triangulation.

Data Processing and Analysis

The data obtained from the in-depth interviews was analysed and processed via content analysis to determine the topics and categories that emerged. This allowed the identification of patterns and themes. The findings are presented below as descriptive content.

Results

The cohort of individuals with mental illness who were involved in the study consisted of two female participants and three male participants, all of whom were between the ages of 40 and 55. The majority of the research participants had completed secondary education but subsequently discontinued their studies and experienced unemployment as a result of their mental health conditions. At the time of their offence, all individuals were unmarried and living in the familial household, where their families derived their livelihood from agricultural activities.

Causes, victims and Steps/Actions Involved in the Recidivism of Offenders with Mental illness

The findings from the comprehensive interviews indicated that the research participants' engagement in repeated acts of murder can be attributed to the worsening of their psychiatric symptoms resulting from the discontinuation of treatment and the absence of psychiatric medication. The subsequent hallucinations and delusions compelled the individuals to engage in further acts of homicide. Stated differently, one could argue that recidivism can be attributed to the presence of mental illness.

“I do not like to take medicine. Before reoffending, I had not taken medicine for a week. I heard an order to protect the peace of the country and to take care of the people. I needed to injure or kill this person so that people would be safe” (Offender with Mental Illness No.2)

Furthermore, it is possible that the occurrence of repeated instances of murder can be attributed to the provocation of the victims, who may have engaged in inappropriate verbal and nonverbal communication, as well as improper conduct towards the individual responsible for the acts of violence. Once more, it can be argued that the recidivism can be attributed to the mental illness itself.

“My relative usually rebuked me when a lot of customers were in the restaurant. I was distress and embarrassed because of this behaviour” (Offender with Mental Illness No.3)

“My relative usually ridiculed me when we met each other” (Offender with Mental Illness No.4)

According to in-depth interview with all offender with mental illness, it can sum up the data in [Table 3](#).

Table 3: Cause of Murder Recidivism Among Sample

Offender With Mental Illness No.	Internal Cause	External Cause	Substance Use
1	■		-
2	■		-
3		■	-
4		■	-
5	■		-

The analysis of data presented in [Table 3](#) reveals that the occurrence of murder recidivism within the sample is influenced by factors originating from both internal and external sources related to the offenders. Internal factors associated with the mental illness of the offenders, such as their cessation of treatment and limited availability of medication, have intensified their psychiatric symptoms and heightened the probability of reoffending. In this context, an external factor pertains to the perceived provocation by the victim, wherein their improper conduct and/or inappropriate verbal and nonverbal cues towards the perpetrator were found to be exacerbating.

In addition, it is noteworthy to mention that none of the individuals implicated in this study exhibited any indications of being influenced by substance abuse or alcohol consumption. [Figure 1](#) depicts the factors contributing to the recurrence of murder offences within the selected sample.



Figure 1: Causes of Murder Recidivism Among Offenders with Mental Illness in Thailand

The study has revealed that the individuals who experienced repeated instances of murder were relatives, whereas the weapons employed in the commission of the crime were readily accessible and conveniently obtained at the scene (such as a stick, knife or pipe).

“The girl was crying every day and very loudly. It annoyed me. On the day of the incident, the child had cried loudly and for a long time. Then, I took a knife and walked to her house, as was close to my house. I stabbed the child with a knife because I thought that if the girl died, I would not hear crying” (Offender with Mental Illness No. 1)

“On the day of the incident, I walked to my mother’s coconut garden behind my house and saw that my elder brother was helping his mother to collect coconuts in the garden. At that moment, I heard a voice ordering me to kill my elder brother. The voice said that my elder brother would steal the coconuts and would kill my mother. So, I took a big wooden stick from the garden and hit my brother's head. When my brother fell from the first hit, I continued to hit him many times. My mother made a loud call to my elder sister. When my elder sister came to the coconut garden, she helped my mother to separate my elder brother and me. The elder sister then took my elder brother to the hospital. My elder brother was seriously injured and later died” (Offender with Mental Illness No.2)

“My male cousin always scolded me and used harsh words against me. He always said that I was a mad person, an insane person, stupid and an idiot. This often made me feel embarrassed and ashamed. On the day of the incident, my cousin used the same vulgar words as before. It made me feel very angry and embarrassed because it was around lunch time and a lot of customers were in the restaurant buying noodles for lunch. Suddenly, I took a knife used for cutting pork bones, as was near me, and I slashed my cousin’s chest twice causing death instantly” (Offender with Mental Illness No. 3)

“My aunt liked to curse or reproach me, as embarrassed me. When I walked out to a shop near my house and I met my aunt, she would always say loudly that I was crazy and mad. I was so embarrassed when my aunt said

things like that loudly. Sometimes, I needed to go out to do something and I would see my aunt. I then had to rush home because I was afraid that my aunt would embarrass me. On the day of the incident, it was before noon. I went out to do some shopping at a shop near my house and I met my aunt. My aunt said loudly that I, as a crazy person or a mad person, was coming. The others and my aunt in that shop laughed at me. It made me so angry that I could not restrain myself. Then, I grabbed the steel pipe that was placed in front of the shop and smashed in on my aunt's face and head. My aunt was seriously injured and later died at the hospital" (Offender with Mental Illness No. 4)

"On the day of the accident, I walked into my mother's bedroom. It was about 2am at night. I did this because there was a voice telling me to kill my mother. The voice told me that my mother was evil and that she would kill my family. I went into the kitchen and grabbed a knife and then I walked into my mother's bedroom. I close the door loudly, so my mother woke up and screamed loudly. My brother, who slept in the next room, walked in to stop me. I suddenly stabbed my brother with that knife. My brother died instantly" (Offender with Mental Illness No. 5)

After data collecting, it can conclude information murder recidivism among mental illness offender in [Table 4](#).

Table 4: Summary of Details of Murder Recidivism Among Sample

Offender With Mental Illness No.	Offense	Victim	Weapon	Location
1	Murder	A girl	Knife	Restaurant near residence
2	Murder	Brother	Wood stick	Residence
3	Murder	Male cousin	Knife	Residence
4	Murder	Aunt	Pipe	Shop near residence
5	Murder	Brother	Knife	Residence

This research has also considered the prior offense(s) of the research participants.

"I was diagnosed by a psychiatrist with a type of psychosis, but I cannot remember the name. I had conflicts with my mother and my sister over taking my psychiatric medicine. This is because my mother and sister would force me to take

the medicine. I do not like taking psychiatric medicine because it makes me feel sleepy. My first murder was of students in a school near my house because a loud voice told me to murder a child using a knife” (Offender with Mental Illness No. 1)

“I was treated by a doctor and took psychiatric medication at home. My first offense was the murder of an uncle. I had not taken my psychiatric medicine for several days before the murder of my uncle because I felt that taking the medicine for a long time affected me. The side effects of taking the medicine made me easily irritated and sleepy. The first incident occurred due to a voice commanding me to kill, so I picked a knife and then slashed my uncle in the backyard. My uncle was seriously injured and was taken to the hospital. Finally, he died at a hospital” (Offender with Mental Illness No. 2)

“The first offense was when I killed my mother with a knife because there was a voice that said that I was the guardian of the people. I walked to the kitchen, and I saw my mother was cooking. I grabbed a knife and then stabbed my mother several times until my mother died. After the first offense, I was not sent to prison to serve my sentence because the court ordered the treatment of mental illness for me, and I returned to my house when my symptoms improved. Then, I left my residence to work with my cousin and his wife at a noodle shop in the market” (Offender with Mental Illness No. 3)

“The first crime I committed was killing my niece due to a voice from heaven. That voice ordered me to kill a child. I grabbed a large wooden stick and then hit the head of my niece when she was playing around the house” (Offender with Mental Illness No. 4)

“My first offense was to stab my father in his stomach with a knife in his bedroom. There was a loud voice telling me to kill my father as my father was a monster and that he would harm my mother and I” (Offender with Mental Illness No. 5)

According to [Table 5](#), it can summarize data toward offense, cause, victim, weapon and location of mental ill offender in Thailand below.

Table 5: Summary of Details of Prior Offenses Among Sample

Offender With Mental Illness No.	Offense	Cause	Victim	Weapon	Location
1	Murder	Hallucination	Female students	Knife	School near residence
2	Murder	Hallucination	Uncle	Chopper knife	Nearby residence
3	Murder	Hallucination	Mother	knife	Residence
4	Murder	Hallucination	Niece	Wooden stick	Nearby residence
5	Murder	Hallucination	Father	Knife	Residence

The present analysis reveals that there are notable similarities in the crime type, victim characteristics, weapon used, and location between the previous offence and the subsequent instances of murder recidivism within the examined sample. This finding indicates that both the initial offence and subsequent reoffending were characterised by spontaneous acts, taking place either within the familial dwelling or in close proximity, with family members serving as the targets of these crimes. The weapons employed in both the initial offence and subsequent reoffending were readily accessible and easily acquired. Following the commission of each criminal act, the individuals responsible exhibited a lack of intent to evade capture, opting instead to remain at the scene of the crime or in close proximity, thereby facilitating their subsequent apprehension by law enforcement authorities.

Steps of Murder Recidivism

This study used comprehensive interviews to identify three distinct stages in the process of recidivism among individuals with mental illness: arousal, commission of the offence, and internalisation of a criminal identity.

Step One: Stimulation

The current study has found that specific types of stimulation or provocation were what led to instances of repeated murder within the sample. The instances under examination were characterised by the intensification of psychiatric symptoms due to the cessation of treatment, inadequate medication, and/or the actions of the affected

individuals. Despite the fact that the individuals included in this study had committed murder as a result of experiencing psychiatric symptoms, they were found to have successfully undergone treatment for their mental illness and were subsequently reintegrated into society without the need for ongoing therapy for an extended period.

“When finishing the psychiatric medicine given by the Correctional Office, released offenders do not know where to receive more medicine. This is because they and their families do not understand the public health system and their rights in accessing health services. Furthermore, they do not go to see a doctor to obtain more medicine. Thus, the treatment is discontinued” (Nurse No. 5).

“Sometimes, there is the stimulation of offenders with mental illness that mean that they are unable to restrain themselves” (Psychologist No. 1)

To conclude, discontinued treatment and instigation from victims are stimulations which can be the first step in leading to recidivism among offenders with mental illness.

Step Two: Committal of Offense

The subsequent phase of this procedure demonstrates the unintended occurrence of murder recidivism within the sample. In this context, the criminal acts were not characterised by premeditation, and the weapons employed were readily accessible and easily wielded, such as knives, sticks, or pipes. Regarding this matter, the crimes were committed either at the perpetrator's residences or in close proximity to them. Additionally, it is worth noting that none of the perpetrators had engaged in substance misuse prior to their criminal actions.

“These crimes are unplanned and unprepared. Offenders grab anything at that moment to use as an immediate weapon against their victim. An example of this case is a case where the perpetrator was being scolded with impolite words on a regular basis. This made the offender angry and so he grabbed a knife and slashed the victim” (Prison Officer No. 5)

“The scene of such incidences is usually around the perpetrator’s residence” (Prison Officer No. 1)

“The offenders do not have a record of substance misuse. There is only a record of treating mental illnesses” (Nurse No. 3)

Step Three: Self-acceptance as a Criminal

The findings of this study indicate that a significant majority of individuals with mental illness who were examined in this research were identified by their close associates as individuals with psychiatric disorders. The thoughts and attitudes of the perpetrators were influenced by the behaviour and perspective of family members and individuals within the community or society. Therefore, the ultimate stage entails individuals with mental illness acknowledging their status as perpetrators of criminal acts.

“When released, offenders with mental illness do not have family members, relatives and peers to consult when they experience problems. This is because those people label such offenders as mentally ill or as mad. Then, people fear that offenders with mental illness might attack or injure them. Consequently, people stay far away” (Social Worker No. 1)

“Offenders with mental illness will usually reside with their family post-release. Outside of prison, offenders will face the same people, routines and environments that remind them of their offense. This can persuade them to accept that they might be criminals” (Psychologist No. 2)

Figure 2, below, it shows three steps involved in the committing of murder recidivism among offenders with mental illness in the cases considered in this research.

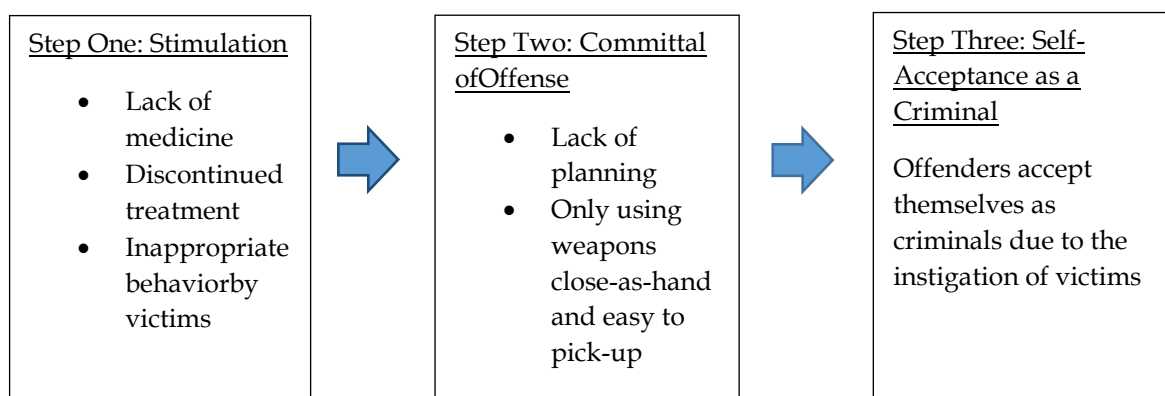


Figure 2: Steps Involved in the Committing of Murder Recidivism Among Sample

Discussion

This study examines the factors contributing to recidivism among individuals with mental illness, finding that both internal and external factors play a role. Notably, no significant correlation is observed between recidivism and substance and/or alcohol misuse in the sample population. Regarding the internal factors, the cessation of treatment resulted in the exacerbation of individuals' mental health issues and the occurrence of hallucinations, ultimately leading to a relapse into criminal behaviour among offenders with mental illness. On the other hand, external factors refer to the behaviour exhibited by victims (e.g., in their verbal and body language), which may inadvertently provoke individuals with mental disorders to engage in acts of aggression against them. Previous studies have indicated a connection between substance and alcohol misuse and the likelihood of reoffending among individuals with mental illness (Chang et al., 2015; Chayintu & Satra, 2000; Filov, 2010; Håkansson & Berglund, 2012; Pflueger et al., 2015; Schaffner et al., 2021; Tasanachaikul, 1989). However, the present study did not find evidence supporting this relationship.

Furthermore, it has been observed that recidivism occurs when individuals experience a loss of cognitive and emotional regulation, leading to impulsive acts of aggression towards their victims. This aligns with the principles of personality theory, which posits that individuals who engage in criminal behaviour often exhibit difficulties in regulating their emotions, displaying aggression, engaging in self-indulgent behaviours, experiencing conflicts with others, and/or demonstrating antisocial, psychopathic, or sociopathic tendencies (Akers, 1997; Blaszczynski et al., 1989; Eysenck & Gudjonsson, 1989; Khantee, 2015; Krueger et al., 2005; Wulach, 1988). Moreover, the aforementioned external factors align with the principles of Victim Precipitation Theory, which posits that victims may contribute to the circumstances that result in their harm or demise (Grand Canyon University, 2019; Otu Offei, 2021; Petherick, 2017; Tasanachaikul, 2005; Wolfgang, 1957).

In this context, direct stimulation refers to the act of engaging in inappropriate behaviour, such as using verbal and nonverbal cues, specifically

targeting individuals with mental illness who have committed offences. Passive stimulation has the potential to introduce bias, foster negative attitudes, and contribute to the labelling of individuals with mental illness who are offenders. Therefore, it can be argued that the behaviour of individuals who become victims can contribute to the occurrence of a criminal act. To comprehensively examine the recidivism rates among individuals with mental illness in Thailand, it is imperative to consider not only the perspectives of offenders but also the victim dimension.

Previous research has indicated that individuals with mental illness who reintegrate into society after being involved in criminal activities have a tendency to engage in further criminal behaviour ([Bangkok Post, 2020](#); [Bogaerts et al., 2018](#); [Boonbandit, 2020](#); [Boseley, 2015](#); [Chang et al., 2015](#); [Charette et al., 2015](#); [Fries et al., 2013](#); [Kamonwutipong, 2022](#); [Pflueger et al., 2015](#); [Schaffner et al., 2021](#); [Thairath Online, 2020](#); [The Nation, 2020](#)). These individuals are known to commit various types of offences, including but not limited to sexual offences, violent offences, drug offences, offences against life and bodily integrity, and property offences ([Broadhurst et al., 2018](#); [Chang et al., 2015](#); [Chayintu & Satra, 2000](#); [Pflueger et al., 2015](#); [Schaffner et al., 2021](#); [Stansfield et al., 2020](#); [Tasanachaikul, 1989](#); [U.S. Government Accountability Office, 2018](#)). The current study has revealed that a majority of individuals with mental illness who engage in criminal behaviour in Thailand demonstrate a tendency towards recidivism, particularly in the context of violent offences involving harm to individuals and property-related offences.

Prior studies have exhibited incongruity with the present discovery. According to [Janprasert \(2017\)](#), individuals who have mental illness tend to primarily live with their family. In instances where their mental illness worsens, it is common for them to engage in acts of aggression towards family members or cause damage to property within their household, including electrical appliances and vehicles. In certain instances, individuals who engage in unlawful behaviour within public spaces may cause harm to both individuals in close proximity and public infrastructure ([Janprasert, 2017](#); [Supawattanakul, 2018](#)). In Thailand, engaging in physical aggression towards individuals is considered a criminal offence that

pertains to the preservation of life and bodily integrity. Conversely, acts that result in the destruction or impairment of electrical appliances, automobiles, or public property are classified as offences pertaining to property.

Studies in the past, examining recidivism rates among individuals with mental illness have consistently reported findings that align with the results of the current study. Specifically, these studies have indicated that instances of recidivism involving murder tend to be spontaneous, involve the use of readily available weapons, and are not typically associated with premeditated conspiracies to commit murder. In accordance with Manujantararat et al.'s (2023), it can be observed that family members are the primary targets of victimisation, and the criminal incidents tend to transpire within the vicinity of the offender's residence. Individuals with mental illness who have discontinued their treatment may be compelled to commit acts of homicide against their own family members due to the presence of hallucinations and the influence of the victims. The current study has not identified any associations between substance use, alcohol consumption, or domestic violence. In the realm of criminal behaviour, it is important to recognise that the act of killing family members by individuals with mental illness can be triggered by a combination of internal and external factors.

These factors, when combined, can lead to a state of anger and subsequent violent actions once the individual loses control of their consciousness. Therefore, homicides committed by individuals with mental illness, whether as a first offence or as a repeated offence, are more likely to be unintentional and unplanned acts of killing. Notwithstanding its spontaneous occurrence, the provided sample reveals striking similarities in the contextual factors and procedural aspects that culminated in both the initial offence and subsequent reoffending. Specifically, the victims in both instances were family members, the chosen weapon was readily accessible and convenient to seize, and the incidents took place either at or in close proximity to the perpetrator's place of residence. It is worth noting that individuals with mental illness have been observed to acquire and subsequently replicate the traits and patterns exhibited in their initial act of homicide. Tables 6 and 7, presented below, depict the aforementioned similarities.

Table 6: Comparison of Details (Cause and Victim) Between First and Recidivism Offenses in Sample

Offender With Mental Illness No.	Causes		Victims	
	First Offense	Recidivism Offense	First Offense	Recidivism Offense
1	Hallucination	Hallucination	Female students	Girl
2	Hallucination	Hallucination	Uncle	Brother
3	Hallucination	Hallucination	Mother	Male cousin
4	Hallucination	Hallucination	Niece	Aunt
5	Hallucination	Hallucination	Father	Brother

Table 6: Comparison of Details (Weapon and Location) Between First and Recidivism Offenses in Sample

Offender With Mental Illness No.	Weapons		Location/crime sciences	
	First Offense	Recidivism Offense	First Offense	Recidivism Offense
1	Knife	Knife	School near residence	Nearby residence
2	Knife	Stick	Nearby residence	Residence
3	Knife	Knife	Residence	Residence
4	Stick	Pipe	Nearby residence	Nearby residence
5	Knife	Knife	Residence	Residence

The phenomenon of individuals with mental illness learning from and imitating their initial criminal offence can be understood through the lens of Social Learning Theory. This theory posits that criminal behaviour arises from the process of acquiring knowledge about, imitating, and endorsing actions that violate legal norms (Brookes, 2021; Khantee, 2015; Sutherland, 1947). This acquisition of knowledge can encompass various aspects such as methodologies, principles, mindsets, incentives, and adherence to engaging in criminal activities or transgressing legal boundaries (Sutherland, 1947). Therefore, within the framework

of Social Learning Theory, individuals with mental illness have acquired knowledge or have come to accept the transgression of legal norms through the act of committing murder.

Recommendations

Individuals who have mental illness and engage in criminal behaviour are prone to reoffending, and effectively addressing this issue necessitates collaboration among relevant public entities, communities, and the families of these individuals. To begin with, it is imperative for governments to provide comprehensive education to communities, families, and carers on the most effective strategies for assisting individuals with mental illness who have engaged in criminal behaviour. In a similar vein, it is imperative for governments to assume the responsibility of furnishing and endorsing health and treatment services for individuals who have committed offences and are afflicted with mental illness, as well as extending this support to their families. This measure is crucial to guaranteeing uninterrupted access to necessary treatment.

Furthermore, it is imperative for governments to implement a comprehensive surveillance mechanism aimed at monitoring individuals with mental health disorders after their release from incarceration. This system would serve the purpose of preventing the discontinuation of treatment and mitigating the risk of relapse into criminal behaviour (Lamberti & Weisman, 2021). Communities that possess the capacity to comprehend and provide assistance to individuals who have committed offences and also suffer from mental illness have the potential to diminish the social stigma experienced by these individuals. Moreover, such communities can facilitate the monitoring of these offenders, enabling them to promptly respond in cases where mental health symptoms become aggravated. The families of these individuals who have committed offences can assume a comparable function, concurrently aiding in the enforcement of a rigorous medication regimen. Families that possess a higher level of education have the potential to mitigate the various factors that contribute to an increased likelihood of engaging in violent behaviour (such as negative attitudes and/or inappropriate verbal and body language being presented towards the offender).

Conclusion

The present study has examined the various attributes, etiological factors, individuals affected, armaments employed, and mechanisms associated with the recurrence of homicide among individuals with mental health disorders in the context of Thailand. Research has indicated that the occurrence of recidivism can be attributed to the worsening of psychiatric symptoms resulting from inadequate access to medication or appropriate medical support. The emergence of hallucinations, delusions, or auditory hallucinations can lead to the instigation of violent criminal behaviour. In this particular context, it is worth noting that the conduct of individuals who have been victimised, such as the display of inappropriate verbal and nonverbal cues, has the potential to incite criminal activity. The present study examines instances of murder recidivism characterised by spontaneous acts, where perpetrators utilised readily available and easily accessible weapons such as knives, pipes, or wooden sticks. Moreover, the individuals who suffered were those who were in close proximity to the wrongdoer, such as family members. Additionally, the offences took place either at the perpetrator's residence or in its immediate vicinity. It is noteworthy that individuals with mental illness acquire knowledge of criminal behaviours and processes in a manner that mirrors their counterparts without mental illness. The aforementioned findings have the potential to contribute to the resolution of public concerns and anxieties.

Limitations

The study was carried out amidst the COVID-19 pandemic, during which the Thai government and Thai Department of Corrections implemented stringent policies. The collection of data was limited. The study's sample size was restricted to include only individuals who achieved satisfactory scores (ranging from 18 to 36) on the Brief Psychiatry Rating Scale, thereby imposing limitations on the generalizability of the findings. Additional investigation is warranted regarding individuals with mental illness who engage in criminal behaviour, specifically in relation to recidivism rates for various types of offences. Notably, there is a lack of research in the Thai context regarding the recommitment of property-related crimes,

which represents the second most prevalent category of offences among offenders with mental illness.

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