Criminal Mutilation of the Human Body in Sweden—A Thirty-Year Medico-Legal and Forensic Psychiatric Study

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Abstract

During the 30-year period 1961–1990, a total of 22 deaths with criminal mutilation/dismemberment of the human body were registered in Sweden. The mutilations occurred in time clusters, mostly during the summer and winter periods, and increased during the three decades, with incidence rates of 0.05, 0.1, and 0.125 per million inhabitants and year, respectively. Mutilation was noted 6.6 times more often in large urban areas than in the rest of Sweden. Defensive mutilation, in order to get rid of the corpse or make its identity more difficult, was noted in ten instances, aggressive mutilation following outrageous overkilling in four, offensive mutilation (lust murder) in seven, and necromanic mutilation in one instance. In the last-mentioned case the cause of death was natural, while all deaths in the first three groups were homicidal, or homicide was strongly suspected.

All perpetrators were males, in six instances assisted by other persons. In more than half of the cases the perpetrator's occupation was associated with application of anatomical knowledge, e.g., butcher, physician, veterinary assistant, or hunter. The perpetrators of the defensive and aggressive mutilations were mostly disorganized, i.e., alcoholics or drug users with previous psychiatric contacts and criminal histories, while the lust murderers were mostly organized, with a history of violent crimes (including the "serial killing" type), drug...
abuse and mental disorders with anxiety and schizophrenia, in that order to a diminishing degree. There were differences in mode of mutilation, depending on whether the mutilation was carried out by a layman, a butcher, or a physician. In only one case was the perpetrator convicted for the mutilation act itself; in the remaining instances the manslaughter, as a more serious crime, assimilated the mutilation. When the mutilation made it impossible to establish the cause of death, the perpetrators, despite strong circumstantial evidence indicating murder, were acquitted.

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The forensic psychiatric evaluation reports of the 4th Specialization Board of the Council of Forensic Medicine from 2009 to 2011 in Turkey were screened retrospectively. One hundred thirty-five adult perpetrators of parricide (125 male, 10 female) were detected, 51.9% of whom committed patricide, 40% of whom matricide and 8.1% of the perpetrators committed double parricide. Most of the perpetrators used sharp instruments as the killing method. Although the past few years have seen a significant increase in the use of synthetic cannabinoids, very few fatalities have been reported whereby synthetic cannabinoids have contributed or were solely responsible for the death of an individual. We report a rapid death of an individual following ingestion of 5 F-PB-22 and 5 F-AKB-48. World Health Organization. Guidelines for medico-legal care of victims of sexual violence. The development and publication of these guidelines has been made possible by the generous financial support of the Governments of the Netherlands, Belgium and Sweden. The collection of forensic evidence is explained in section 5; treatment options and follow-up care are covered in section 6. The special case of sexual violence against children is dealt with separately (section 7). The main part of the guidelines concludes with a section on documentation and reporting, including the provision of written reports and court testimony (section 8). Child: an individual under the age of 18 years. (The definition of children in particular varies considerably between countries and states.) Legal considerations surrounding the autopsy should be considered and included in autopsy discussions. Pathologists need to be concerned with issues of authorization, performance, disfigurement, organ retention, failure to diagnose, and unauthorized release of the autopsy findings (report). ‘Autopsy’ means a postmortem dissection of a dead human body in order to determine the cause, seat, or nature of disease or injury and includes the retention of tissues customarily removed during the course of autopsy for evidentiary, identification, diagnostic, scientific, or therapeutic purposes. The purpose of the forensic autopsy is to determine the cause and manner of death. State statutes do not require authorization from next of kin for forensic autopsies.