

Threats to kill: a follow-up study

L. J. Warren¹, P. E. Mullen^{1*}, S. D. M. Thomas¹, J. R. P. Ogloff¹ and P. M. Burgess²

¹ Victorian Institute of Forensic Mental Health and Centre for Forensic Behavioural Science, School of Psychology, Psychiatry and Psychological Medicine, Monash University, Australia

² University of Queensland, Australia

Background. Mental health clinicians are frequently asked to assess the risks presented by patients making threats to kill, but there are almost no data to guide such an evaluation.

Method. This data linkage study examined serious violence following making threats to kill and the potential role of mental disorder. A total of 613 individuals convicted of threats to kill had their prior contact with public mental health services established at the time of the index offence. The group's subsequent criminal convictions were established 10 years later using the police database. Death from suicidal or homicidal violence was also established.

Results. Within 10 years, 44% of threateners were convicted of further violent offending, including 19 (3%) homicides. Those with histories of psychiatric contact (40%) had a higher rate (58%) of subsequent violence. The highest risks were in substance misusers, mentally disordered, young, and those without prior criminal convictions. Homicidal violence was most frequent among threateners with a schizophrenic illness. Sixteen threateners (2.6%) killed themselves, and three were murdered.

Conclusions. In contrast to the claims in the literature that threats are not predictive of subsequent violence, this study revealed high rates of assault and even homicide following threats to kill. The mentally disordered were over-represented among threat offenders and among those at high risk of subsequent violence. The mentally disordered threateners at highest risk of violence were young, substance abusing, but not necessarily with prior convictions. Those who threaten others were also found to be at greater risk of killing themselves or being killed.

Received 14 March 2007; Revised 7 August 2007; Accepted 16 August 2007; First published online 9 October 2007

Key words: Crime, risk assessment, threats, violence.

Introduction

Evaluating the risks of violence either to the self or to others takes on a special urgency when a threat to suicide or to kill is uttered. Threats to kill can be directed at the clinician, colleagues, a named third person, or the target can be unspecified. Our medical colleagues often use mental health professionals as a referral resource when such threats are made, almost irrespective of whether the threatener is mentally ill or just angry and disturbed. Whether we like it or not, all mental health professionals, not just forensic specialists, are now expected to be able to evaluate the risks in those making threats to others. Failing to effectively evaluate threats to kill can create both professional and medico-legal problems should the patient subsequently act on the threats (Southard & Gross, 1982; Carstensen, 1994; Kennedy & Jones, 1995).

The evidence base to guide the assessment of patients making threats to kill remains limited. The literature on threats in the workplace, specifically those witnessed by health professionals, is rich in detail about the context and nature of the threat, but rarely provides data on the subsequent behaviour of the threatener (Flannery *et al.* 1995; Brown *et al.* 1996; Coverdale *et al.* 2001; Davies, 2001; McKenna *et al.* 2003). This contrasts with threats of self-harm, where an extensive literature is available to guide the clinician in an evaluation of risk; much of it deriving from studies of suicide in the general population rather than just patient groups.

Research has been conducted on threats to harm public figures. These studies broadly suggest that threats in this context are irrelevant to the prediction of violence (Dietz *et al.* 1991a; deBecker, 1997; Calhoun, 1998) or even reduce its likelihood (Dietz *et al.* 1991b; Meloy, 2000). The research on threats and subsequent violence in the stalking situation has produced contradictory conclusions, although the balance of the evidence is in favour of a connection (Kienlan *et al.* 1997; Harmon *et al.* 1998; Mullen *et al.*

* Address for correspondence: P. E. Mullen, D.Sc., FRC Psych., Victorian Institute of Forensic Mental Health, Locked Bag 10, Fairfield, Victoria, Australia 3078.
(Email: paul.mullen@forensicare.vic.gov.au)