

Psychotic Disorder Related to Alcohol and Homicide: A Case Report

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ABSTRACT

Acute alcoholic hallucinosis is a distinct psychotic disorder associated with chronic alcohol use. Clinically, this condition is characterized mainly by vivid auditory hallucinations, often accompanied by persecutory delusions and affective symptoms. Our aim is to describe the case of a man who developed a psychotic disorder induced by alcohol use and committed homicide, being considered not criminally responsible for his actions.

Keywords

Alcoholic hallucinosis, Alcohol abuse, Psychotic disorder, Homicide.

Introduction

Alcohol abuse can produce serious psychotoxic effects that may lead to extreme violent behavior and consequently to serious criminal offence such as physical assault, rape, armed robbery, attempted murder and homicide, all due to an altered brain function and generating psychotic-like symptoms. Studies have confirmed a significant statistical relevance in causal relationship between alcohol abuse and violent offences [1].

A study examined all cases of criminal homicide that occurred in northern Sweden between 1970 and 1981, with a focus on alcohol intoxication, alcohol abuse, and mental illness. The findings revealed that alcohol intoxication was present in a substantial

proportion of cases, both among offenders and victims. Chronic alcohol abuse emerged as a central factor in most of the homicides, often interacting with social and interpersonal conflicts. Severe mental disorders, such as psychoses, were also identified among some offenders, but they occurred less frequently compared to the strong association with alcohol. Alcohol, more than mental illness alone, represented the primary risk factor for homicide in the region during the study period [2].

Other study, conducted by Pétursson and Guðjónsson [3], analyzed all homicides that occurred in Iceland between 1900 and 1979, focusing on the psychiatric aspects of the offenders. The results showed that approximately one-third of the homicide perpetrators presented with psychosis, intellectual disability, or had committed suicide after the crime. Another third of the offenders were diagnosed with personality disorders, alcohol or drug dependence, or neuroses. A particularly relevant finding was the association

with alcohol consumption: more than 60% of the offenders were under the influence of alcohol at the time of the homicide, and about 50% of the victims were also intoxicated.

A Brazilian study investigated the association between the presence of psychiatric disorders in 462 incarcerated individuals and the types of crimes committed by them. A relationship was found between lifetime alcohol dependence and fraud and conspiracy, as well as with armed robbery and homicide [4].

Alcohol-Induced Psychotic Disorder (AIPD), also known as “alcoholic hallucinosis,” is characterized by vivid hallucinations, persecutory or jealousy-related delusions, with preserved consciousness [5]. Karampela et al. [6] highlight the complexity and the diagnostic and therapeutic challenges associated with the coexistence of psychotic disorders and alcohol use disorders. Although frequently co-occurring, each condition can trigger or exacerbate the other, thereby requiring a more rigorous and integrated clinical approach.

The aim of this article is to describe the case of a man who developed a psychotic disorder induced by alcohol use and committed homicide.

Case Report

J., a 48-year-old married male with elementary-level education and employed as a plumber, was charged with the homicide of a man by stabbing. He had no previous history of psychiatric treatment but reported a long-standing pattern of alcohol consumption beginning in adolescence, with a current daily intake of approximately one liter of *cachaça* (sugarcane liquor). He also described prior episodes of agitation and nervousness that had required emergency medical care.

According to him, before the crime he began experiencing auditory hallucinations and persecutory ideas, stating that he heard voices and hid under a car because he believed people were persecuting him. He further reported that multiple voices were commanding him to kill, and he felt surrounded by individuals attempting to invade his home. When the victim, a friend, came to visit him and entered the house, he reacted violently, claiming: “there were lots of voices telling me to kill... he entered my house and then I hit him... I had been running around the house all night because they wanted to kill me.”

During the forensic interview, J. appeared suspicious and had difficulty providing information in a coherent manner. He displayed auditory hallucinations and persecutory delusions accompanied by significant anxiety. He repeatedly verbalized fears of being persecuted and harmed, at one point asking whether “they cannot come in here, right?” He was oriented in time and partially in space but showed memory impairment and gaps concerning the period of the offense. Lip movements consistent with *mussitacions* were also observed.

The psychiatric evaluation concluded that J. presented with a

Psychotic Disorder Induced by Alcohol Use. In accordance with Article 26 of the Brazilian Penal Code [7], he was considered **not** criminally responsible for his actions at the time of the offense and was referred to a forensic psychiatric hospital for compulsory treatment.

Discussion

Acute alcoholic hallucinosis, a distinct psychotic disorder associated with chronic alcohol use. Clinically, this condition is characterized mainly by vivid auditory hallucinations, often accompanied by persecutory delusions and affective symptoms such as marked anxiety or mood disturbances, while consciousness typically remains preserved. Acute alcoholic hallucinosis represents the second most common alcohol-related psychosis after delirium tremens [5]. The present case clearly illustrates this severe mental disorder and its psychopathological and forensic implications.

Several epidemiological studies confirm the strong association between alcohol and lethal violence. In a meta-analysis, approximately 48% of homicide offenders were found to have alcohol in their system, with about 37% being intoxicated [8]. Similarly, toxicological investigations in victims show high rates of positive blood alcohol concentrations [9].

Specifically in AIPD, case reports and clinical series document hetero-aggressive behaviors and an increased risk of severe crimes, as in the present case. Farcaş et al. [10] described episodes of self- and hetero-aggressiveness in patients with alcoholic hallucinosis, while Janiani et al. [11] reported hallucinatory commands with homicidal content. These findings align with broader research on psychosis and violent criminality, in which alcohol misuse emerges as the main trigger for offenses.

From a legal perspective, the distinction between voluntary acute intoxication and persistent alcohol-induced psychosis (“settled insanity”) is fundamental. In many legal systems, intoxication does not exclude criminal responsibility, but AIPD, due to its psychotic nature, may be considered in assessments of criminal responsibility [12].

From a public health standpoint, restrictive alcohol control policies have demonstrated a protective impact on reducing homicide rates. Recent studies in the United States indicate that states with stricter regulations present lower rates of alcohol-attributable homicides. Such data support the need for combined strategies involving both clinical treatment of AIPD and large-scale preventive policies [13].

Conclusion

Alcohol-Induced Psychotic Disorder represents a critical intersection between clinical psychiatry, criminology, and criminal law. Contemporary evidence indicates that although relatively uncommon, AIPD can culminate in episodes of extreme violence, including homicide, as in the present case. Forensic assessments must carefully distinguish between simple intoxication and alcohol-induced psychosis, recognizing their distinct legal implications. At the same time, public policies restricting alcohol consumption

and therapeutic interventions aimed at sustained abstinence are essential strategies to reduce the risk of alcohol-related homicides.

Psychiatric patients with a criminal history would benefit from treatment programs that often exclude them. It is important for mental health services to work actively to prevent loss of contact and non-adherence to treatment, which frequently precede violent behavior committed by individuals with severe mental disorders. It is also essential that society and governmental authorities reduce barriers to access psychiatric and psychosocial care.

References

1. Pallian TZ, Muzinic L, Radeliak S. Psychiatric comorbidity in forensic Psychiatry. *Psychiatr Danub.* 2009; 21: 429-436.
2. Rying M, Lindqvist P. Criminal homicide in northern Sweden 1970–1981: Alcohol intoxication, alcohol abuse and mental disease. *Int J Law Psychiatry.* 1986; 8: 19-37.
3. Pétursson H, Guðjónsson GH. Psychiatric aspects of homicide. *Acta Psychiatrica Scandinavica.* 1981; 64: 363-372.
4. Pondé MP, Caron J, Mendonça MSS, et al. The relationship between mental disorders and types of crime in inmates in a Brazilian prison. *J Forensic Sci.* 2011; 56: 679-682.
5. Soyka M. Acute alcoholic hallucinosis: A review. *Psychopathology.* 2023; 56: 383-391.
6. Karampela AI, Martin A, Lawrie SM. Diagnosis and management of comorbid psychotic and alcohol use disorders. *BJ Psych Adv.* 2025; 31: 78-87.
7. Brazil. Decree-Law No. 2,848 of December 7, 1940: Brazilian Penal Code. 1940. Retrieved from http://www.planalto.gov.br/ccivil_03/decreto-lei/del2848.htm
8. Kuhns JB, Wilson DB, Maguire ER, et al. The prevalence of alcohol-involved homicide offending: A meta-analytic review. *Homicide Studies.* 2014; 18: 251-270.
9. Hedlund J, Forsman J, Sturup J, et al. Pre-offense alcohol intake in homicide offenders and victims: A forensic-toxicological case-control study. *Journal of Forensic and Legal Medicine.* 2018; 53: 52-57.
10. Farcaş A, Manea MM, Szentagotai-Tătar A. Alcoholic hallucinosis: Report of two cases. *European Psychiatry.* 2012; 27: 1-1.
11. Janiani A, Gupta P, Kumar S. Alcohol-induced psychotic disorder with hallucinations. *Indian Journal of Psychiatry.* 2023; 65: 89-91.
12. Murphy JP, Trangenstein PJ, Jernigan DH, et al. State alcohol policy environments and homicide/suicide rates. *American Journal of Preventive Medicine.* 2024; 66: 234-242.
13. Trangenstein PJ, Curriero FC, Webster D, et al. Alcohol policy scores and alcohol-attributable homicide. *Prev Med.* 2021; 148: 106564.