

Trends & Policies in Criminology and Justice

An Analysis of The Types of Abnormal Motive Crimes and Their Countermeasures

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*See also: Yoon, J., Park, J., Ahn, S., & Kim, M. (2014). Violent offending with unspecified motivation toward strangers. *Korean Institute of Criminology and Justice*.

Yoon, J., Kim, J., & Park, E. (2017). Treating unmotivated crime offenders: criminogenic factors and intervention strategies. *Korean Institute of Criminology and Justice*.

Summary

- Criminals with abnormal motives are predominantly men in their 30s and 40s, many of whom are unemployed, have a criminal record, and belong to a socio-economically vulnerable group.
- Motives for committing crimes include venting frustration, relieving stress, seeking relief from tension arising from hallucinations or delusions, pursuing fun or stimulation, expressing social discontent, and having a pessimistic perception of one's situation. In some cases, a distinct motive may not be identified.

- Crimes with abnormal motives are classified into three types, namely social complaint type, persistent anger type, and mental disorder type. It is necessary to develop crime prevention measures tailored to each type.
- For the social complaint type of crime, crime prevention measures including counselling, job support, and efforts to mend family ties are recommended for those who experience social disconnect and, consequently, harbour harmful or antisocial thinking. Japan's support policy for Hikikomori is suggested as a model.
- For the persistent anger type of crime, strengthening inter-agency coordination is recommended to enhance the management of high-risk offenders released from prisons in the local community by sharing information among correctional facilities, probation offices, and the police, with regular case management to monitor risk factors for reoffending. The Multi-Agency Public Protection Arrangements (MAPPA) in the UK can serve as a recommended reference.
- For the mental disorder type of crime, it is important to resolve institutional gaps caused by the current Mental Health Act, introduce a judicial hospitalisation system to facilitate the hospitalisation and psychiatric treatment of patients with severe mental disorders who have been neglected, and introduce an outpatient treatment order system for mild symptoms of mental illness in patients at risk of self-harm or harm to others.

01. Need for Research and Objectives

Background

- Recently, incidents of so-called *mudjima* (don't ask why) crimes have emerged; these serious violent crimes include assault and murder committed against random people for no apparent reason, causing anxiety among the public. Unlike traditional crimes that involve retaliation against a specific person based on a grudge, *mudjima* crimes have an unclear motive that is difficult to understand through rational thinking. Accordingly, the official government term for these crimes is 'abnormal motive crimes'.
- As seen in the cases of Cho Sun at Sinrim Station and Choi Won-jong at the Bundang department store, abnormal motive crimes involve the perpetrator acting on persecutory or delusional thoughts not based on causality or facts, such as, 'I didn't want to see someone living happily' or 'a group is chasing and harassing me'. To prevent such crimes, it is essential to analyse the causes, characteristics, and specific types of the crimes in order to propose policy and institutional improvement measures. Hence, based on past studies analysing the characteristics of abnormal motive crimes (Yoon et al., 2017; Yoon et al., 2014), we aim to reconfirm the nature of these crimes and suggest institutional measures based on our findings.

02. Main Findings

Concept and Characteristics of Abnormal Motive Crime

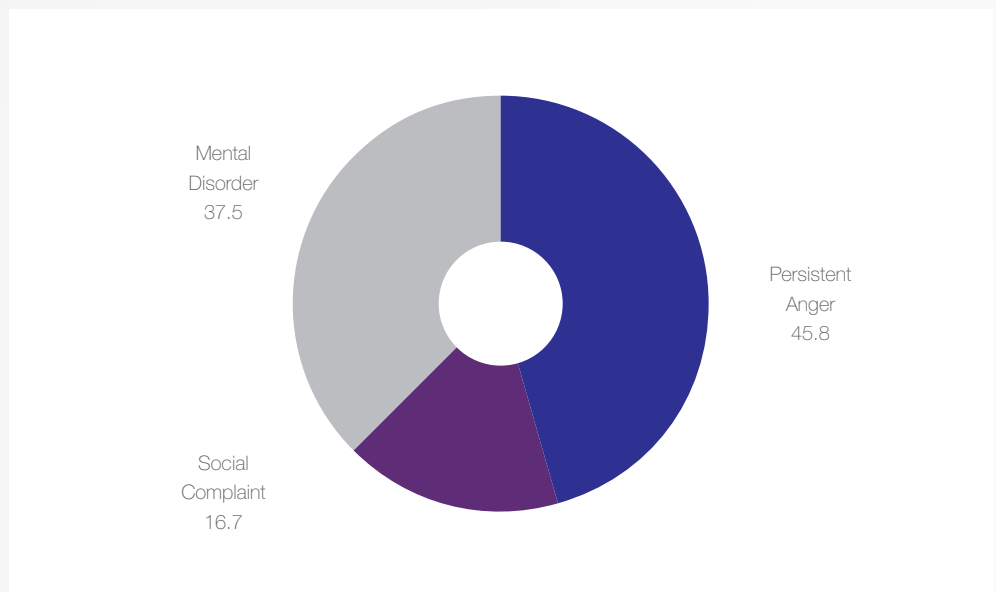
- Abnormal motive crimes are defined as crimes that 1) target unspecified individuals, 2) involve the use of violence, and 3) have unclear motives. Generally, crimes with clear motives such as theft, sexual crimes, or terrorism are not included in abnormal motive crimes.
- Sociodemographic characteristics of abnormal motive criminals indicate that these offenders are predominantly in their 30s and 40s, followed by those in their 20s. The majority of perpetrators are male, and more than 70% of them have no income.
- Abnormal motive offenders often have extensive criminal records. Only about 25% have no prior criminal record, whilst nearly 40% have six or more prior convictions. It is estimated that at least 30% of abnormal motive offenders have a history of previous abnormal motive crimes. Recidivism risk assessments classify over 80% of these offenders as high-risk.
- The motives of abnormal motive criminals include approximately 75% for "venting frustration or relieving stress," "committing crimes due to hallucinations or delusions," and "pursuing fun, self-display, or for no particular reason." As is widely known, cases involving social discontent or a negative outlook on one's situation account for approximately 15 percent of the total.
- The daily activities of abnormal motive offenders typically involve wandering alone outside, spending time at home watching TV, playing games, sleeping, or indulging in drugs and alcohol. They tend to escape and hide from social connections whilst seeking refuge in specific stimuli. Their upbringing is often characterised by absent or abusive parents who rarely form secure attachments within the home, a high incidence of involvement in juvenile delinquency, and a history of being a target of bullying and harassment. As adults, they often display a failure to integrate into social institutions such as marriage and work.

Specific Types of Abnormal Motive Crimes

- Abnormal motive crimes are categorised into three types based on the motives for the crime and the crime characteristics: 'Social complaint type,' 'Mental disorder type,' and 'Persistent anger type.' Some criminals may exhibit a combination of two types.
- Social Complaint Type
 - Primarily dissatisfied with society or holds a negative outlook on their own situation, leading them to commit crimes
 - Experiences a sense of depression during the crime and harbours vague hostility towards society most days
 - Often comes from a background in which parents divorced in childhood, has strained relationships with parents and siblings, and exhibits a desire for suicide, including thoughts or fantasies of self-harm

- **Mental Disorder Type**
 - Mostly characterised by mental disorders such as schizophrenia, often with a history of psychiatric treatment
 - In terms of interpersonal functioning, often lacks intimacy and experiences delusions, hallucinations, auditory hallucinations, and distorted thinking related to cognitive, perceptual, and thinking skills
- **Persistent Anger Type**
 - Often misinterprets the actions or intentions of others, committing crimes either in fits of anger or for sheer amusement without specific reasons; this subcategory includes cases of alcohol-induced violence or habitual violent offences
 - Frequently experienced parental absence during childhood and has a tendency to indulge in alcohol or drug
- These three types of criminal behaviour can be reviewed as follows: Criminals of the social complaint type are predominantly involved in attempted murder or preparatory acts of murder. Those with mental disorders focus on attempted murder and acts of harm, and persistent anger types are mostly focused on acts of harm.

[Table 1] Types of Abnormal Motive Crimes

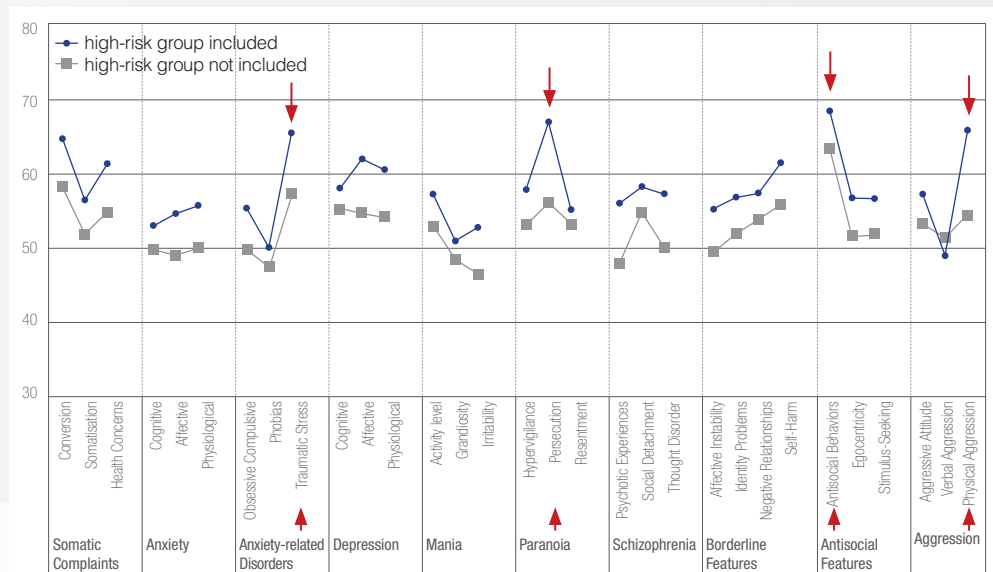


Source: Yoon, J., Park, J., Ahn, S., & Kim, M. (2014)

Violent offending with unspecified motivation toward strangers. *Korean Institute of Criminology and Justice*.

- Using a validated personality assessment tool (Personality Assessment Inventory, PAI) to examine the psychological characteristics of abnormal motive criminals, one observes that these offenders have elevated traumatic and paranoid thoughts due to social punishment or stigma, deprivation during growth and development, or involvement in delinquency. Additionally, there is an elevated level of antisocial behaviour driven by increased anger and manifested in a higher tendency to harm others physically. However, a low refusal to accept treatment has been measured, suggesting that if appropriate psychiatric or psychological intervention is provided, personality and behavioural corrections are likely possible.

[Table 2] Subscale Profiles of K-RCC High-risk Group Included/Not Included



Source: Yoon, J., Kim, J., & Park, E. (2017). Treating unmotivated crime offenders: criminogenic factors and intervention strategies. *Korean Institute of Criminology and Justice*.

03. Policy Proposals

Policy Recommendations for Each Type

- For the social complaint type of crime, it is crucial to restore the functions of interpersonal relationships stably, marked by extreme avoidance or dissatisfaction tendencies. To achieve this, Japan's support policy for Hikikomori is proposed as a model.
 - Since 2013, Japan has implemented measures at the local government level to grant Hikikomori access to services, outreach support, and family counseling. In each area, local Hikikomori Support Centers serve as the primary contact point. Hikikomori support groups are trained to dispatch to Mental Health Welfare Centers and Public Health Centers, and provide outreach counseling. In addition, volunteers are trained to make home visits, hold classes for carers, and provide group life guidance at temporary shelters. There is relatively more room for social rehabilitation for this type, as they have less criminal history compared to other types.
- For the persistent anger type of crime, post-release management in the local community is vital since many offenders belong to the high-risk group with substantial criminal records, mostly including the assault and injury group.
 - In contrast to sexual offenders, who undergo post-release electronic monitoring in the community, individuals released from prison for abnormal motive crimes are high-risk offenders without a well-established post-release management system in society. For instance, police patrols for high-risk offenders are carried out in a merely formal manner due to the absence of a legal basis. Additionally, there is insufficient coordination between correctional institutions, probation offices, and the police. Each institution operates independently, leading to extremely weak information sharing. Therefore, it is necessary to share information between correctional institutions and protection organisations or correctional institutions and the police to ensure uninterrupted treatment and management after release.

- Furthermore, many of these individuals have already been in the criminal justice system, as evidenced by their lengthy criminal histories. Thus, it is of the utmost importance that when a legal disposition is imposed for a prior offence, proper reformation programmes are implemented to ensure that the crime-inducing factors for reoffending are sufficiently reduced before offenders are released.
 - It is worth referring to the UK's Multi-Agency Public Protection Arrangement (MAPPA) as an example of how released prisoners are managed in the community. In each administrative area, responsible agencies include probation offices, the police, and prisons, alongside partner agencies such as local social welfare offices, public health centers, employment centers, juvenile crime teams, local housing offices, the education department, and electronic supervision centers. They categorise individuals into three risk levels with the aim of effectively managing the risk of released prisoners. Offenders with the lowest risk of reoffending (Level 1) receive case management, for example, every four months, whilst those with the highest risk of reoffending (Level 3) receive regular case management every four to six weeks. The police prioritise information sharing among institutions by entering details about individuals into databases and registering case evaluation results from probation offices in the police database.
- To prevent crimes related to mental disorders, it is crucial to comprehensively examine and improve the current management system for individuals with mental illnesses. The Mental Health Act, revised in 2017, has limitations in identifying and treating the increasing number of involuntary psychiatric patients. Each of the current types of compulsory hospitalisation – emergency, administrative and guardianship – has institutional blind spots.
 - First, emergency hospitalisation initiated by police is limited to 72 hours, which is inadequate for cases requiring long-term psychiatric care, and is often not actively implemented because police officers without psychiatric expertise make the transfer decision. Administrative hospitalisation is also passively implemented due to the burden of decision-making by the head of the municipality and the fear of human rights violations due to patient complaints. Guardianship faces high barriers, including co-operation with families and patients and the selection of multiple mental health professionals. In response to these institutional gaps, a judicial hospitalisation system is being discussed.
 - The judicial hospitalisation system, involving compulsory hospitalisation based on a judge's decision, requires meticulous policy design to address the limitations of the judge's understanding and expertise in mental health. It is crucial to design a detailed policy within boundaries that do not violate the individual's human rights. Particularly, conducting pre-judgment investigations before court decisions, where expert opinions from mental health professionals are presented to supplement the judge's limited expertise in mental health, is vital for assessing the necessity of judicial hospitalisation. During the trial and enforcement stages, multidisciplinary involvement of mental health experts, social workers, psychiatric nurses, and other relevant professionals is necessary.

- In addition, there is a need to actively enforce outpatient treatment orders that can be institutionally enforced where necessary in the local community, rather than leaving the decision to the voluntary intent of the patient. Such orders include psychiatric treatment of patients who present a risk of self-harm or harm to others in the early stages of an illness that does not require hospitalisation, severely mentally ill persons who require post-discharge care, persons who require psychiatric treatment as probationers, and persons who have been discharged from a treatment centre.

Conclusion

Nowadays, as social bonds are gradually weakening, persons with deviant and antisocial thinking increasingly seek stimuli to reinforce their thoughts, often in online spaces, whilst being socially disconnected. In this respect, abnormal motive crimes cannot be prevented solely through criminal policy measures; improved social welfare policies are simultaneously needed, along with informal social control systems, such as a sound civil society, operating concurrently. It is, therefore, time for all of civil society to make a collective effort to ensure that deviant behaviour is not left unchecked in our communities, including online spaces, whilst also expanding more thorough social safety nets in local communities to create communal cultures in homes and workplaces that strengthen social bonds.

“ The Korean Institute of Criminology and Justice (KICJ) was founded in 1989 as the only national crime and criminal justice research institute in Korea.
The KICJ conducts proactive interdisciplinary research to formulate and implement evidence-based policies for improved national crime prevention and criminal justice system. ”

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