

Criteria for limited sanity for individuals that committed a sexual assault

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The results of scientific research conducted within the framework of the doctoral thesis "Forensic psychiatric evaluation of persons who have committed sexual criminal offenses". For the purposes of the study the author analyzed 286 cases of forensic psychiatric examinations regarding the subject, who committed the sexual offense and were at the forensic psychiatric examination in Kiev city center forensic psychiatric examination in 2000 to 2016 (16 years). To determine the relationship between the degree of opportunities to realize their actions and manage the solution and expert author on the group - "responsibility" - was empirically selected group - "limited responsibility", which was formed artificially, based on the national concept of "limited responsibility". Revealed that the identified socio-demographic and clinicals in this scientific research can be to determine criteria "limited responsibility" in forensic psychiatric examinations persons who have committed sexual offenses .

Purpose of the study

The aim of the research was to develop criteria for forensic psychiatric assessment of individuals (suspects, accused persons), who have committed sexual assault, with the selection of the group with "limited sanity". It was based on the study of clinical and pathopsychological, socio-demographic patterns of mental disorders, using the method of situational analysis.

Research methods

To achieve the purpose of the study, the following methods were used: information-analytical, clinical-psychopathological, socio-demographic, experimental-psychological, situational, expert, and statistical analysis methods.

Subject of the study

The subjects of the research were mental and behavioral disorders in individuals that committed a sexual assault.

Methods and materials

The study is based on the analysis of a continuous sampling of individuals that committed a sexual assault who were undergoing forensic psychiatric examination in the Kyiv City Center of Forensic psychiatric expertise from 2000 to 2015 year, total of 287 examinee were under expertise.

Information was collected by copying data from various official documents: medical records of an inpatient, criminal case materials, acts of forensic psychiatric assessment (FPA) into a specially designed examination card, which contains general information about the subject and expertise, anamnestic, socio-demographic, clinical and individually psychological characteristics of the subject, data on the identity of the victim, the crime and the post-criminal situation, the behavior of

the examinee during the period of the FPA.

Background

Among serious offence against the person, a special place is occupied by crimes against sexual integrity. A characteristic feature of this type of crime is that its most dangerous manifestation is violent crime (rape, violent gratification of sexual passion in an unnatural way). It is these crimes that are often associated with other forms of criminal violence - murders, bodily harm of varying severity, beatings, torture etc. In addition to physical injuries, victims are suffering from psychological injuries too, which can destroy the whole future life of a person [1].

The fight against criminality and, in particular, sexual assault, is one of the most important areas of ensuring the national security of Ukraine. The right to sexual freedom, the right to sexual inviolability, the right to inviolability of sexual life are derived from personal human rights, namely the right to freedom and personal inviolability, privacy [2]. The social danger of this type of offense is determined by a number of unfavorable trends in its structure and dynamics, which determines the high importance of the problem of forensic psychiatric assessment of persons who have committed violent acts against sexual inviolability and sexual freedom of an individual. In the structure of sexual violence, there is an increase in aggression, cruelty of criminals, an increase in the number of violent rape, and serial sexual aggression [3].

Until recently, no clear criteria have been developed for forensic psychiatric assessment in individuals who have committed sexual assault, in particular the criteria of "limited sanity". Based on this comprehensive study of individuals, united by a common feature - the presence of the element of aggression in the structure of sexual assault it is relevant and timely to identify clear criteria for assessment of mental condition of these people.

Results and discussion

In order to determine the connection between the degree of the ability to realize one's actions and to govern them and the decision of expert questions, all the observations were divided into two comparison groups: Group 1 - 200 observations: the subjects, recognized as "sane", Group 2 - 14 observations: the subjects that are recognized as "insane"; Group 3 - of "limited sanity" - 73 observations. This group mainly (71 observations) was formed artificially with the first group - "sane", based on the concept of "limited sanity".

The concept of limited sanity is based on a systematic approach, which was developed in the Ukrainian forensic psychiatry by V. B. Pervomajskyj and the methodological position of F. V. Kondratiev's "personality-activity " [4], [5].

Diagnostics of paraphilia, determination of its forms and types was carried out according to the criteria for the diagnostics used in ICD-10, as well as definitions adopted in Ukrainian psychiatry. Sexual deviation and various forms of unusual sexual interests from generally accepted as part of the ethnic cultural forms of sexual behavior [6], [7].

To evaluate the correlation between nominal variables, for example, gender and seriality, or "group of sanity" and "personality type", the Cramer's V and phi indicators are widely used [8]. The latter coefficient, in turn, is used for no more than 2 categories in a variable (for example, gender - "man" or "husband" and seriality - whether or not (2x2). Cramer's V can be used for any number of categories. the number of categories is presented in [table 1](#).

The number of categories (DF = (number of rows - 1) * (number of columns - 1))	Weak correlation	Average correlation	Strong correlation
1	0.10	0.30	0.50
2	0.07	0.21	0.35
3	0.06	0.17	0.29
4	0.05	0.15	0.25
5	0.05	0.13	0.22
Cohen's w	0.10	0.30	0.50

Table 1. The number of categories in the variable and the correlation strength of Cramer's V.

The problem with Cramer's V is that for large DF values, there are no generally accepted reference values. That is why Cramer's V will be further listed in Cohen's w according to the formula $w = V \sqrt{a - 1}$, where "a" is the number of columns minus one. Since the groups below are represented as columns (3-1 = 2), that is, it can be simplified up to $V * 1.4142$. In this case, the number of columns should not exceed the number of rows. In the latter case, standard Cramer's V will be used.

The hypothesis of the study in this case is that if there really is a need to create a new category for "limited sanity", then we will see a correlation for many indicators, that is, certain properties of the subjects will, in fact, be inherent only to this group.

Correlation between the groups "sane" - "insane" - "with limited sanity" (artificially created group):

Group	Seriality		% of serial
	No seriality	With seriality	
Insane	12	2	14.3%
Limited sanity	43	30	41%
Sane	174	26	13%
DF	2		
Cramer's V	0.304 (average correlation strength)		

Table 2. Seriality

Insane	12	2	14.3%
Limited sanity	43	30	41%
Sane	174	26	13%
DF	2		
Cramer's V	0.304 (average correlation strength)		

Table 3. "Cliché"

Group	"Clichéness"		% of "Clichéness"
	No "Clichéness"	With SDA Behavior	
	Sequential, logical	Fell asleep near the victim	Inadequate
Insane	11	1	2
Limited sanity	73	0	0
Sane	197	0	3
DF	4		
Cramer's V	0.244 (average, but close to strong)		

Table 4. Behavior after the SDA

Categories: organic personality disorder, emotionally unstable type, epileptoid, social personality disorder, dissocial, obsessive-compulsive personality disorder, mild psycho-organic syndrome, without features	
DF	14
Cramer's V	0.257
Cohen's W	0.363 (average)

Table 5. Type of personality

Categories: hallucinatory-delusional, impulsive, self-serving, aggressive, violent-aggressive, aggravation of sexual desire in a state of alcohol or drug intoxication, other / unknown	
DF	12
Cramer's V	0.428
Cohen's W	0.605 (strong)

Table 6. SDA motivation

Categories: a wide range of diagnoses, ranging from organic brain damage to schizophrenia	
DF	36
Cramer's V	0.626
Cohen's W	0.885 (strong)

Table 7. The diagnosis

Categories: articles of the Ukrainian Criminal Code, including article 152 paragraph 1, 152 paragraph 2, 152 paragraph 3, 152 paragraph 4 etc.	
DF	36
Cramer's V	0.395
Cohen's W	0.559 (strong)

Table 8. By the nature of the SDA (articles from the Criminal Code)

Pairwise comparison of groups. Relative risk.

For further analysis, a pairwise comparison of the groups was carried out, namely, "limited sanity" with the insane and "limited sanity" with the sane. The hypothesis is that an artificially created group of "limited sanity" has different indicators with other groups. For this, we used the method of assessing relative risk, which is used for two dichotomous variables (2 nominal variables, which have only 2 categories).

Relative risk in the "limited sanity" group compared to the "sanity" group

Indicator	Value
Relative risk	0.50; 95% CI 0.19-0.127
Pearson Chi-square	61.315
Credibility	P<0.001

Table 9. "Clichéness"

"Limited sanity" group 50% more often had clichéd SDA than a group of "sane"; statistically significant.

Indicator	Value
Relative risk	0.214 (0.115-0.399)
Pearson chi-square	25.891
Credibility	<0.001

Table 10. Seriality

"Limited sanity" group almost 5 times more likely to commit serial offenses.

Indicator	Value
Relative risk	4.841 (1.115-21.024)
Pearson chi-square	5.322
Credibility	0.021

Table 11. *Alone or as part of a group (single / group)*

“Limited sanity” group almost 5 times more likely to commit a crime on their own, without a group; statistically significant.

Indicator	Value
Relative risk	0.282 (0.162-0.493)
Pearson chi-square	20.784
Credibility	<0.001

Table 12. *Intoxication (yes / no)*

“Limited sanity” group almost 4 times less likely to have committed the SDA while intoxicated.

Conclusion

Calculation of the correlation strength by indicators showed that after the introduction of an empirically distinguished group of individuals with “limited sanity”, there is a correlation (medium and strong) between the group of “sanity” and the presence of alcohol intoxication, the nature of the SDA, the diagnosis during examination, the motivation of the SDA, the type of emotion that dominates the person, the type of SDA, “clichéness” and seriality. “Limited sanity” from “sane” reliably and significantly differ in such dichotic indicators as “clichéness”, seriality, whether the SDA was committed independently or as part of a group, and whether examinee was intoxicated during the SDA or not. Consequently, these groups really are heterogeneous and the highlighting of the “limited sanity” of sexual assault is warranted.

References

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