

## PERSONALITY DISORDERS AS FORENSIC-PSYCHIATRIC ISSUE IN THE PROCESS OF EXPERTISE AND THERAPEUTIC PROCEDURE

Tija Žarković Palijan, Marina Kovač, Robert Varda

Neuropsychiatric Hospital “Dr. Ivan Barbor”, Jelengradska 1, 44317 Popovača

In the process of making a forensic expertise of persons who committed crimes at direct expense of others but also of themselves one finds personality disorders in comorbidity with other mental disorders which is directly seen in “timing” where one looks at a net of their own characteristics and reality itself.

Inside psychiatric comorbidity the most frequent diagnoses after ICD-10 (1992) and DSM-IV-TR (2000) seen are the following: personality disorders (antisocial, borderline, paranoid, schizoid, schizoaffective, passive-dependant), affective disorders (bipolar, depressive, anxious and PTSD), ADHD, dissociative disorder, paranoid psychosis and schizophrenia. Offenders of crimes such as attempt of homicide and homicide that are directly linked to alcohol intoxication and/or illicit drugs mostly have more psychiatric comorbidities, one of the most frequent is antisocial personality disorder.

A forensic case is today seen as the end consequence of a cumulative effect of more different factors which act synergistically through shorter or longer period of time which

eventually have a crime as a result. Factors that play an important role in any forensic case are: premorbid structure of personality, existing psychiatric disorder or a disease, i.e. comorbidity (which often remains unrecognised until the crime is committed), illicit drugs and alcohol abuse, psychosocial and socioeconomic factors, education level and former crimes.

There are strict rules in the process of forensic expertise of such offenders. The estimate of mental competence ranges from less mentally competent (with the interval from minute to largely) and the estimate is less frequently – mentally incompetent. Sometimes one finds mentally incompetent offenders who suffer from psychotic decompensation which is often caused by different factors (e.g. exogenous stress) and that is the very point when they become a therapeutic problem in the system. The thing is how to achieve harmony with other co-patients and personnel and what is the benefit of the therapeutic process. It is quite questionable which kind of treatment provides optimal results.

Corresponding author: rvarda@live.com, +385 98 454 123