

## PSYCHOLOGICAL STRUCTURE OF PERSONALITY OF SEXUAL DEFENDANTS AGAINST MINORS

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Current Russian and foreign concepts of sexual defendant's personality have predominantly clinical bias that doesn't allow to answer question why adult men and adolescents, less often women, commit crime, such molestation, indecent exposure, rape, and similar offenses.

The study consists of materials of 21 expert opinions of complex forensic sexological, psychological, and psychiatric assessment of the defendants under articles 131-135 of Criminal Code of Russian Federation (sex crime). This study doesn't include materials of expert opinions where defendants were diagnosed with Pedophilia (F 65.4 in ICD 10) and committed for inpatient psychiatric treatment.

The mean age of defendants was 38+11 years old, with min age - 21 years old and max - 67 years old. In one case, defendant was 27 years old female. Only in 3 cases defendants and victims were the same gender. In 17 cases (81%), defendants were relatives of victims or were residing with them, and usually were mother's partners. In the rest of the cases, defendants were well-known to the minors.

According to clinical psychology and psychology of corporeality, personality structure of defendants is based on deficit in emotional sphere, followed by underdevelopment of communicative sphere, and the apex consistent with distortions in value-semantic formations of psychopathic and borderline spectrum.

There are suggestions that in further studies will be discovered abnormalities of brain activity (similar to schizophrenia, bipolar disorder, and autism) that can be modified by childhood experience and environment, such as physical and sexual abuse, and will lead to pathological deviation in behavior including sexual deviation.

This study shows that this personality structure often forms with upbringing in incomplete and/or dysfunctional family (16 defendants), when one or both parents were absent. Impaired development happens due to psychological, physical, and sexual abuse that is often chronic in nature. The deformity of personal development appears as pseudo compensated and defiant behavior, including sexual behavior. For example, this probably leads to impaired gender role identification of defendants that more than quarter of them has prominent femininity. Only 6 examined male defendants (28%) were able accurately differentiate female gender by "the pose," "the figure," and "clothes", that shows that the rest of defendants have unformed representations about gender role stereotypes and their mismatch to cultural representations.

The deficit of emotional acceptance causes frustration in intimate relationships with adult partners who cause anger, negative and hostile feelings. In 15 examined defendants (71%) was detected deficit of emotional meaning of male gender that reflected inner conflict between socially conditioned attribution of oneself to male gender and unformed relevant gender role behavior. Results of this study bring closer the development of clinical-psychological conception of personality structure of defendants of sexual crime against minors.

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## ASSESSMENT THE PROBABILITY OF FORMATION OCCUPATIONAL STRESS AMONG HEALTH CARE WORKERS

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In current time, there is a wide discussion of occupational stress influencing on workers mental health. In 1974 H. Freudenberger, American psychiatrist suggested new terminology for psychological situation among health care workers in psychiatry clinics - «burnout», now well known as burnout syndrome. Mostly it is typical for profession "human-human system". First, we should take into consideration health workers.

In 2010 mental health and behavioral problem were included in the list of Occupational disorders of ILO (international labor organization).

**Aim:** Study of psychosocial risk factors in the formation of occupational stress.

**Subjects and methods:** Based on a questionnaire developed by WHO experts for the European model of "health management, environment and security in the workplace", conducted surveys of health care workers (HCW): medical doctors and nurses. Surveys were done among 68 health care workers of city hospital and 164 HCW of country side hospital. The questionnaire presented questions that reflect social status, lifestyle, character and security of employment, the presence of stress factors both production and non-production nature. Individual attention was paid to health, physical activity, and nutrition. Statistic methods as criteria of 2 were used.

**Results and discussions:** Analyzing the study we find: 19.1% of HCW were fully satisfied, 57.3% - more a less satisfied, 20.3% - less satisfied and 2.7% - were not totally satisfied by occupation job. Among city HCW less satisfied and not satisfied workers had a higher level than among country side's HCW ( $\chi^2=2.6$ ,  $p=0.036$ ). Sleeping problems more than once in week, met 37.4% of HCW, once per week or less - 28.0%, never - 34.6%.

Painkillers drugs have taken 67.8% of HCW, sedation pills - 33.3% of HCW.

Analysis of survey presented higher level of psychophysiological symptoms (two and more) among city HCW ( $\chi^2=7.8$ ,  $p=0.005$ ), and higher level of behavioral symptoms ( $\chi^2=3.9$ ,  $p=0.048$ ), among city HCW with complaints of fatigue at the end of working hours.

Survey conducted of the medical personnel showed high prevalence among them psychophysical, social and psychological, behavioural symptoms that allows to think of high probability of formation of a syndrome of professional stress.

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## ALCOHOLISM AND EATING DISORDERS

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The study included data from a 10-year follow-up of 119 patients with AN and BN. The aim of the study was to investigate the prevalence of alcoholism among parents and patients with anorexia nervosa and bulimia, as well as its role in the formation of eating disorders. Hereditary alcoholism of one or both parents (based on statistically confirmed data on hospitalization for alcoholic illness) was noted in 35 (29%) patients. Regular alcohol abuse was rather normative than reflecting individual psychopathology in 84 (71%) of patients' fathers, while being raised with an insufficient father's role, a lack of communication with him or his actual absence occurred in 73 (61%) patients with AN and BN. The etiological role of parental alcohol abuse in the development of anorexia nervosa has also been confirmed by the analysis of the terms of conception and duration of pregnancy in mothers of the examined patients: there was found a statistically significant ( $p \leq 0.01$ ) prevalence of conception periods attributable to culture-mediated periods of mass alcoholism in Russia: January (a decade of New Year celebrations), March (the celebration of February 23 - March 8), as well as the period of summer holidays. The prevalence of alcoholism among patients in the study group was 13% (16 cases) with a catamnestic follow-up duration of more than 5 years, while the prevalence of alcoholism in patients with bulimia nervosa was 3.2 times greater than that of anorexia nervosa. In this connection, the patients' subjectively marked change in the attitude towards alcohol intake is noteworthy: with prolonged restriction in food and low body weight, more than half of patients noted the appearance of cravings for alcohol, while before the onset of the disease, anorexia nervosa and bulimia 92 (77%) patients experienced a neutral or negative attitude towards alcohol, felt unpleasant consequences when taking even small doses of low-alcohol drinks, noted "body intolerance to alcohol". The existence of a relationship between the onset of alcoholism, prolonged eating restrictions and other ways to reduce body weight with anorexia nervosa and bulimia requires further study.