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Forensic Psychiatric Evaluation of Persons with Posttraumatic Stress Disorder Undergoing Criminal Trial

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A B S T R A C T

The aim of our study was to determine if there is a difference between the type of crime committed by persons diagnosed with posttraumatic stress disorder (PTSD) and that committed by other offenders. The study included 389 male patients at the Department of Forensic Psychiatry in Popovaca who underwent forensic psychiatric evaluation to establish a psychiatric diagnosis, evaluate the mental capacity, and provide advice on further treatment. The data on the number of individuals with PTSD vs. other psychiatric disorders and the data on family violence vs. other criminal acts were analyzed with χ^2 *test. Of a total of 389 forensically evaluated male patients, 45 (11.6%) suffered from PTSD. Study subjects with PTSD only or PTSD comorbid with the other psychiatric disorders committed family violence significantly more often than subjects diagnosed with the other psychiatric disorders* $\chi^2_1=40.092$, $P<0.001$. *Subjects with PTSD, whether or not comorbid with the other psychiatric disorders, committed family violence significantly more often than subjects with other psychiatric diagnoses.*

Key words*: criminal acts, family violence, forensic psychiatric evaluation, mental capacity, posttraumatic stress disorder*

Introduction

Assessment of the mental state of a subject with posttraumatic stress disorder (PTSD) at the time of offence puts a forensic psychiatrist in an exceptionally responsible situation. First of all, the psychiatrist should assess the accuracy of the diagnosis. Most diagnostic criteria for PTSD are based on the responses of the person and are subject to possible manipulation, i.e., personal interpretation of the events rather than objective account[1–3]. Diagnostic problems are more pronounced when there is a secondary benefit involved, as it is usually the case in situations where forensic evaluation is needed[3].

Basic objection to evaluation of the PTSD symptoms is that all existing emotional difficulties may be presented within the frame of PTSD irrespective of their etiology[4]. For example, in case of malingering, a person may describe traumatic events that did not really happen. The symptoms can be associated with a real traumatic event, but actually result from some previous traumatic experience or basic characteristics of personality. Aggravation and exaggeration of symptoms are also possible, as well as repression, which leads to minimization of the problems. In forensic evaluation, retrospective assessment of thoughts, feelings, and perception at the time of criminal act may represent a problem, especially if no neutral or objective sources of information are available[2,3,5].

Most frequent errors that lead to unjustified diagnosis of PTSD include the omission to recognize the expected emotional distress in psychiatric disorder and administration of more criteria than needed for accurate diagnosis[6,7]. Errors may also include omission to take into account the experience of previous traumatic events, diagnose pre-existing psychopathology, check psychiatric heredity or establish differential diagnosis. Also, some physicians pay more attention to treatment and professional and social rehabilitation, while others have overprotective attitude toward persons with PTSD[7].

The obligation of forensic psychiatric experts is to establish not only the presence or absence of diagnostic criteria for PTSD[8,9], but also differential diagnoses that in-

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clude other emotional reactions after stress, such as adjustment disorder, permanent personality changes due to catastrophic experience, or malingering[2–4]. Because of the possible difficulties in assessment of PTSD, which are more frequent in individual approach to evaluation, it is recommended that the evaluation be performed by a team of experts.

In objective forensic psychiatric analysis of PTSD, forensic psychiatrists do not focus only on actual clinical picture, but try to reconstruct as completely as possible the overall development of the disorder, since its clinical manifestations do not necessarily match its severity in all phases. After the diagnosis of PTSD has been established, more objective quantification of PTSD symptoms is performed, as well as evaluation of specific association between individual symptoms and particular legal problem for which the evaluation is needed[3,5].

In a previous study, PTSD diagnosis was established in only 9 (7.5%) of 120 subjects undergoing forensic psychiatric evaluation for committing criminal acts, associated directly or indirectly with the Homeland war in the Republic of Croatia[10]. After the Homeland war, there was an increase in the number of individuals with previously established PTSD who were referred for forensic evaluation because they committed a criminal act.

The aim of this study was to determine if there was a difference between the type of criminal acts committed by subjects with PTSD and those committed by other offenders.

Subjects and Methods

The study included 389 male patients who were suspected of committing a criminal offence and therefore underwent forensic psychiatric evaluation at the Department for Forensic Psychiatry, Dr Ivan Barbot Neuropsychiatric Hospital, Popovaca, between January 1st 2000 and December 31st 2005. The purpose of the court-ordered psychiatric evaluation was to determine a diagnosis and evaluate the mental capacity of the subjects and provide recommendations for further treatment.

In the period since the Family Law amendments have been passed, forensic psychiatric expert opinions on 389 persons were collected, while diagnoses were made according to the International Classification of Diseases – 10th revision[9]. In 9 individuals with pre-existing PTSD in their medical records, the diagnosis of PTSD was not confirmed during our forensic evaluation, so they were allocated to the group of subjects with other psychiatric disorders. PTSD only or PTSD comorbid with other psychiatric disorders was established during the evaluation in 45 (11.6%) subjects. Mean age of the subjects was 43.0±14.0 years (median, 41 years). Seventeen subjects with PTSD present at the time of evaluation were aged between 35 and 40. Majority of subjects were married (32 of 45 subjects) and had two children (28 of 45 subjects). With respect to education, 18 of 45 had finished elementary school and 20 of 45 had finished high school, while 7 had not completed elementary education. With respect to employment status, of these 45 subjects 15 were employed, 4 were retired, 17 were on sick leave, and 9 were unemployed.

Out of 389 forensically evaluated subjects in the study period, 56 (14.4%) committed family violence. Of them, 21 were diagnosed with either PTSD only or PTSD comorbid with other disorders, whereas 35 of 344 subjects who were evaluated had other diagnoses.

The data was collected retrospectively from a questionnaire regularly used in forensic psychiatric expertise. The data collected by the questionnaire included (*a*) general demographic data, (*b*) court records, (*c*) our own investigation, analysis, and examination performed during the forensic evaluation, (*d*) physical, neurological, and psychiatric examination, (*e*) psychological findings, (*f*) laboratory and other specialist examinations (x-rays of the lungs, heart, and head; electrocardiogram; electroencephalogram; and other specialist reports, e.g. from internist, neurologist; computerized tomography of the brain; magnetic resonance imaging; positron emission tomography, or other), and (*g*) opinion and conclusion.

The collected data was categorized into 1) general data, 2) sociopathic characteristics, and 3) forensic psychiatric characteristics. General data included age, sex, education level, employment, profession, marital status, marital situation, and number of children. Sociopathic characteristics included data on primary family, psychiatric disorders in close relatives, personality characteristics, suicides or attempted suicides, and homicides or attempted homicides, and violent behavior in close relatives. Forensic psychiatric characteristics included data on previous offences, type of crime, and complicity in a crime. If the subject was accused of family violence, other family members were included in the process of evaluation to assess the influence of violence on children and spouse.

Since the data was not equally detailed for all subjects, we used only data that were uniformly provided for all study subjects. In this study, we presented only forensic psychiatric data from the questionnaire. The questionnaire was administered in a previous, similar study[11].

After being examined, each subject was always presented at the meeting of the expert team. Diagnostic impression, capacity assessment, and recommendations were based on the team's synthesis of the assessments made by all present experts included in the evaluation process. Forensic psychiatric team consisted of 6 psychiatrists, 2 psychologists, social worker, special education teacher, and 2 residents. Since this study was retrospective, all expert opinions were reviewed by the principal investigator and two coauthors (psychiatrist and psychologist) to verify the accuracy of established diagnoses for the purpose of the study after having insight into complete documentation of the expert examination.

The data collected was categorized. The data on the number of subjects with PTSD vs. other diagnostic categories and data on family violence cases vs. other criminal acts were analyzed with χ^2 test. The other data was

TABLE 1
PRESENTATION ACCORDING TO THE NUMBER OF OFFENCES AND PSYCHIATRIC DIAGNOSIS

Psychiatric diagnosis	No. (%) of subjects*		
	family violence + attempted murder / murder of family member	other offences	total
PTSD only or comorbid	21 (37.5)	24 (7.2)	45 (11.6)
Other	35 (62.5)	309 (92.8)	344 (88.4)
Total	56 (100.0)	333 (100.0)	389 (100.0)

* $\chi^2_1 = 40.092$, $p<0.001$

presented as frequencies, because the number of subjects with PTSD in the study sample was <100.

Results

Out of 389 forensically evaluated subjects in the study period, 45 had PTSD. Of them, 32 subjects had PTSD comorbid with alcoholism (n=13), personality disorder (n=10), and other psychiatric disorders (n=9) (Table 1).

Subjects diagnosed with PTSD only or comorbid PTSD committed family violence significantly more often than other subjects diagnosed with other disorders (Table 2 and 3).

The most frequently recommended treatment was in accordance with the legal regulations, whether it was involuntary hospitalization (n=8) according to the Law on Protection of Persons with Mental Disorders or mandatory psychiatric treatment for subjects with diminished capacity as a precaution according to the Penal Law (n=24).

Discussion

The results of our study showed that subjects diagnosed with PTSD only or PTSD comorbid with other psychiatric disorders underwent forensic psychiatric evaluation for family violence more often than subjects with other psychiatric diagnoses.

TABLE 2
PRESENTATION ACCORDING TO THE LEVEL OF ACCOUNTABILITY ASSESSED BY A FORENSIC PSYCHIATRIST

Level of criminal responsibility	No. of subjects
full mental capacity	13
diminished capacity	24
mental incapacity	8
Total	45

TABLE 3
EXPERT RECOMMENDATIONS FOR FORENSICALLY EVALUATED SUBJECTS DIAGNOSED WITH POSTTRAUMATIC STRESS DISORDER

Recommendations	No. of subjects
treatment	32
penal measures	13
Total	45

PTSD is a sign of human inability to cope with real experience, which secondarily leads to poorer adjustment. Difficulties in functioning are most obvious in the family context, which should provide support to the ill family member on the one hand, but suffers the most due to the mental state of that family member on the other.

Traumatic experiences and their consequences in persons who experienced trauma have influence on their family members, partners, and close friends. Persons with PTSD have family problems more often because of their hostility and poorer control of aggressive impulses, which then leads to verbal, psychological, and physical abuse of family members[12]. Some studies indicate that persons with PTSD mostly commit violent and sex crimes[13]. Persons diagnosed with other psychiatric disorders are determined to be mentally incapacitated more often than those diagnosed with PTSD[8]. In most cases, persons with PTSD only or comorbid PTSD had diminished capacity. All persons who were found to be mentally incapacitated most often had comorbid PTSD and acute psychotic reaction (4 of 45 cases in our study). Goreta confirmed the diagnosis of PTSD in 7 of 25 subjects included in the study and this diagnosis influenced the assessment of defendant's capacity[14]. In case of »criminal acts against life and body« (felonies and aggravated assaults), diagnosis of PTSD had a stronger influence on the assessment of defendant's mental capacity, whereas in cases of robbery, theft, rape, and similar crimes, its influence on the assessment of mental capacity was not so pronounced.

Experts most often recommend treatment in accordance with the legal regulations. Involuntary hospitalization, based on the Law on Protection of persons with Mental Disorders[15], is ordered for persons who are found mentally incapacitated (8 in our study), whereas for persons who have diminished capacity (24 in our study), treatment is recommended in accordance with the Penal Law[15] and consists of mandatory psychiatric treatment as a safety measure or treatment of addiction as a safety measure[16]. The type of treatment that will be administered within the framework of recommended safety measures (inpatient or outpatient treatment) depends on the degree of threat, which must also be assessed during the forensic psychiatric evaluation. Therefore, according to

our experience, it is important that forensic psychiatric evaluation be performed by a team of experts[11].

Another reason why forensic psychiatric treatment of persons with PTSD or other psychiatric disorders is required is protection of potential victims. It is well known that persons with PTSD may be highly aggressive, as well as those with comorbid PTSD. Therefore, adequate treatment of these persons is important to prevent their aggressive behavior and reduce the threat they pose to the social environment[17] as well as secondary traumatization of their family[18–21]. Different treatment methods should be combined, including pharmacological[20–22], sociotherapeutic[19], and psychotherapeutic methods[18].

In our experience, family treatment within the forensic treatment program is very important, as well as a long-term follow-up of the family at high risk of repeated violence. These measures may contribute to improved life quality and prevention of further family violence.

Our study sample was limited by the number of subjects referred by court for expert evaluation and assessment of mental capacity. For this reason, we cannot make generalized conclusions. Therefore, more research is needed in this area. Nevertheless, our study showed that subjects with PTSD commit family violence significantly more often and therefore require adequate psychiatric and psychotherapeutic treatment.

REFERENCES

1. MELTON GB, PETRILA J, POYTHRESS NG, SLOBOGIN C, Psychological evaluation for the courts: a handbook for mental professionals and lawyers (The Gilford Press, New York, 1997). — 2. KOZARIC- KOVACIC D, BAJS M, VIDOSIC S, MATIĆ A, ALEGIĆ KARIN A, PERAICA T, Croat Med J, 45 (2004) 427 — 3. KOZARIC-KOVACIC D, BOROVEČKI A, Malingering PTSD. In: CORALES TA (Ed), Focus on posttraumatic stress disorder research (Nova Science Publishers, New York, 2005). — 4. MAGERLE A, KOLUDROVIC M, KOVAC M, KRESO A, Expertise of persons who are suffering from posttraumatic stress disorder in compensation law. In: ZARKOVIC PALIJAN T,, KOVACEVIC D, Iz forenzičke psihijatrije [In Croat] (Ceres, Zagreb, 2001). — 5. GORETA M, Forensic significance of PTSD caused by war trauma. In: GORETA M, PEKO-COVIC I, BUZINA N, Psihijatrijska vještačenja: zbirka ekspertiza. [In Croat] (Naklada Zadro, Zagreb, 2004). — 6. PITMAN RK, PTSD Research Quarterly., 9 (1998) 1. — 7. KOLUDROVIC M., LISEC-REPIC V, MAGERLE A, Vještak, 26 (2006) 28. — 8. SIMON RI, Posttraumatic stress disorder in litigation – guidelines for forensic assessment (American Psychiatric Pub, Washington, D.C., 2003). — 9. WORLD HEALTH ORGANIZATION: The ICD-10 Classification of Mental and Behavioural Disorders; Clinical Descriptions and the Diagnostic Guidelines (WHO, Geneva, 1992). — 10. GORETAM, PEKO-COVIC I, Int J Law Psych, 27 (2004) 207. — 11. KOZARIC-KOVACIC D, NENADIC-SVIGLIN K, LJUBIN T, Sociopathic characteristics of drug addicts and individuals with personality disorder [In Croat] (Ministry of Internal Affairs of the Republic of Croatia, Zagreb, 1996). — 12. BYRNE CA, RIGGS DS: Gender issues in couple and family therapy following traumatic stress. In: KIMBERLING R., OUIMETTE P, WOLFE J (Eds), Gender and PTSD. (The Guilford Press, New York, 2002). — 13. KRISTIANSSON M, SUMELIUS K, SØNDERGAARD HP, J Am Acad Psych Law., 32 (2004) 399. — 14. GORETA M, Forensic psychiatry, psychoanalysis and criminal law. [In Croat] (Medicinska naklada, Zagreb, 2004). — 15. SABOR REPUBLIKE HRVATSKE, Law on Protection of Persons with Mental Disorders [In Croat] (Narodne novine, Zagreb, 1997). — 16. SABOR REPUBLIKE HRVATSKE, Penal Law [In Croat] (Narodne novine, Zagreb, 1997). — 17. KOZARIC-KOVACIC D, KOCIJAN-HERCIGONJA D, Mil Med, 41 (2001) 78. — 18. BRITVIC D, RADELIC N, URLIC I, Croat Med J 47 (2006) 76. — 19. POZGAINI., DEGMECIC D, PEREKOVIC V, BLAGOJEVIC-DAMASEK N, Soc psihijat, 32 (2004) 125. — 20. ALBUCHER RC, LIBERZON I, J Psych Res, 36 (2002) 355. — 21. YEHUDA R, J Clin Psych, 15 (1999) 33. — 22. PIVAC N, Croat Med J, 47 (2006) 440.

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FORENZIČKO-PSIHIJATRIJSKA PROCJENA OSOBA S POSTTRAUMATSKIM STRESNIM POREMEĆAJEM NAD KOJIMA SE PROVODI KAZNENI POSTUPAK

SAŽETAK

Cilj naše studije je utvrditi postoji li razlika u vrsti zločina počinjenih od strane osoba s dijagnosticiranim posttraumatskim stresnim poremećajem (PTSP) i ostalih počinitelja. Studija je uključila 389 muških pacijenata liječenih na Odjelu za forenzičku psihijatriju u Popovači, nad kojima je učinjena forenzičko-psihijatrijska procjena kako bi se utvrdila psihijatrijska dijagnoza, procijenio mentalni kapacitet, te pružila preporuka o budućem postupanju s pacijentom. Podaci o broju osoba s PTSP-om prema ostalim psihijatrijskim poremećajima, te o obiteljskom nasilju prema ostalim kaznenim djelima analizirani su χ^2 testom. Od ukupno 389 forenzički procijenjenih muških pacijenata, 45 (11.6%) bolovalo je od PTSP-a. Pacijenti koji su bolovali samo od PTSP-a ili od PTSP-a u komorbiditetu s nekom drugom psihičkom bolesti, činili su obiteljsko nasilje značajno češšće od onih s drugim psihijatrijskim poremećajima $\chi^2_1=40.092$, $P<0.001$. Pacijenti s PTSP-om, neovisno o postojanju još nekog psihijatrijskog poremećaja u komorbiditetu, činili su obiteljsko nasilje češće od pacijenata s ostalim psihijatrijskim dijagnozama.