



## DANGEROUSNESS IN PSYCHIATRY

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### SUMMARY

The term dangerousness includes three inductions, the penal response implied by the recognition of the danger, the search for a cause in an attempt to eradicate it, and the recognition of the consequences to render justice to the victim. Addressing psychiatric danger cannot be done without the look of history, the development of this concept replayed repeatedly for two centuries, and without the reference to law. But the clinical approach remains essential. He must put into perspective repeated situations of violence in order to better understand them and take into account the opinions of patients and those around them.

### I. CONCEPT OF "DANGEROUSITY"

The concept of dangerousness was born in the XIXth century in a context of social defense and the will to protect the population against crime.

At the beginning of the 20th century, the dangerousness of an individual referred to "delinquent habits".

The term dangerousness includes three inductions, the criminal response involved in recognizing the danger, looking for a cause in an attempt to eradicate it, and finding the consequences to do justice to the victim.

The complex notion of dangerousness currently has two meanings, criminological and psychiatric.

**Criminological dangerousness:** It can be the subject of several definitions. All are nevertheless based on identical criteria:

- The absence of psychiatric pathologies.
- The existence of a risk of repeat or reiteration of a new serious offense.

For DEBUYST, it is "the probability of an individual committing an offense against persons and against property".

**Psychiatric dangerousness:** is a symptomatic manifestation linked to the direct expression of mental illness. "A risk of taking action primarily linked to a mental disorder and in particular to the mechanism and theme of delusional activity".

SENNINGER speaks of "pathological dangerousness" which concerns the mentally ill considered dangerous,

who presents a probability of going on to an aggressive act.

For AMBROSI "the dangerous state" corresponds to a "psychological risk, that is to say a state where impulsive decision-making is imminent and from which emerges the impression of" just before "the psychological collapse.

Addressing psychiatric danger cannot be done without looking at history, the development of this concept having been replayed repeatedly for two centuries, and without reference to law. But the clinical approach remains essential. He must put into perspective repeated situations of violence in order to better understand them and take into account the opinions of patients and those around them.

### Understanding the crime

For DE GREEF, criminal psychiatry must be able "to detect as soon as possible the morbidity of such symptomatic manifestation" and "to penetrate both its meaning and its functioning". For this author, "the feeling of injustice suffered" plays a role in the propensity to take action.

The development of psychodynamic approaches centered on the demonstration of the intentionality of the act, of the motivation, of the unconscious participation intervening in the dynamics of the act will push authors to favor new clinical entities such as "Perverse personality", "criminal personality", "psychopathy" (SCHWEITZER MG, PUIG-VERGES N.2002. Ibid.) Or "character neuroses".

### J.L SENNINGER distinguishes 5 pathological criminal trajectories

The precocious dangerous patient inaugurates psychic disorders by a passage to the violent act (ex: unmotivated crime of the schizophrenic)

The late dangerous patient, who takes action after a certain period of development of the disorders (eg paranoid delirium of persecution).

It is not so much the delusion of persecution that is directly at issue, but rather the situation experienced by the patient as an imminent danger of death.

The intermittently dangerous patient whose risk of taking action depends on the course of the disease (ex: bipolar disorder)

The acute dangerous patient, whose action is unpredictable and brutal and does not necessarily correspond to an acute course of the disease.

The chronic dangerous patient, evoking the passages to the psychopathic act, whose violence seems to be a modality of existence.

Aggressive acts do not occur so much during multiple decompensations, revealing his fragility, as in situations where his experience is that of a risk for his physical or mental integrity.

### II. Violence in its relationship between psychiatry and justice

#### Evolution towards the concept of violence

Bénézech (1997): State, situation or action in which a person or a group of people puts others or property at great risk of damage, violence or destruction»

Millaud (Inst Ph Pinel): State in which a person is likely to commit a violent act

Multidisciplinary, psychosocial assessment: lawyers, shrink, socio.

#### Notions to differentiate

- Dangerous situation
- An individual or a group of individuals feel threatened, real or imagined, by internal or external aggression against the integrity of their structure (Buffard).
- Dangerous state
- A complex of conditions under the action of which it is likely that an individual will commit an offense (Senninger).

### III. Characteristics of violent patients

Age (young)

Gender (male)

Socio-economic status: poverty, unemployment, disadvantaged environment

Marital status

Alcohol or drug abuse

ATCD of violence: lived or acted

### IV. Four specific factors

1. Brain damage
2. Presence of specific psychotic symptoms
3. Associated psychopathic personality
4. Alcohol or drug abuse

Brain damage

Recent works: Tardiff, Volavka, Krakowski...

Frontal injury

Neurological or neuropsychological signs, especially frontal

#### Specific psychotic signs

Positive symptoms in the foreground

Delusion of Persecution with Appointed Usual Persecutor

Influence syndrome

Driving auditory hallucinations

Violent act planned and directed towards the persecutor: the delusional content makes it possible to predict the AP Act in a private place: the family home.

The risk of violence increases when stopping or switching treatment.

#### Other specific signs

Grand delirium

Daydreams of assaulting others

Perverse Ideation and Practices

Fascination with arms

Written or verbal threats evoking a scenario under construction

#### Associated psychopathic personality

Seilagh Hodgins: Some schizophrenic patients reoffend not because of their psychosis but because of the association with an underlying TPA.

Putkonen and Joyal: 47% of murderers with schizophrenia have associated ART and alcohol abuse. In these cases, the history of violence precedes psychosis.

### V. ASSESSMENT OF THE RISK OF DANGEROUSNESS OF MENTAL ILLNESSES

The objective of assessing the dangerous state of a patient is to predict the occurrence of violent behavior and therefore to be able to implement strategies to prevent this violence.

There are different methods for assessing the risk of violent behavior and dangerousness of the mentally ill.

The anamnestic approach, which involves assessing the different modes of violence in the patient's history.

The clinical approach.

#### The risk assessment can be divided into three time frames

- immediate risk, which is imposed immediately and often in an emergency.

- short-term (from one week to one month), which allows the development of short-term care.
- in the long term, which raises the question of prognosis.

### VII. Confusion between justice and psychiatry?

For the general public, there is a very strong correlation between violent acts (such as murder, rape, incest, and assaults) and figures of the "mad" and the mentally ill.

Justice needs the expertise of psychiatrists to organize criminology scientifically: knowledge of the individual, individualization of the sentence and psychopathologization of the judicial facts coming to act as a scientific guarantee for confinement.

All this having the triple objective of helping the criminal to make the litigant presentable (that is to say, no longer present in the courts of assize people who do not respect the judicial codes), but also to designate those who do not are not adjudicable to, theoretically, treat them and finally to the management, by justice, of irresponsible civilians in the case of guardianships.

Furthermore, confusion also exists between the presence of a psychiatric disorder and criminal responsibility. You can have a mental disorder and be responsible for your actions.

### REFERENCES

1. High Authority of Health. Psychiatric danger: study and evaluation of risk factors for hetero-aggressive violence in people with schizophrenic disorders or mood disorders. March 2011.
2. Adelaide TONUS. Ethical issues of the evaluation of dangerousness in psychiatry, MASTER 2 "RESEARCH IN ETHICS", PARIS DESCARTES UNIVERSITY Faculty of Medicine Laboratory of Medical Ethics and Legal Medicine UNIVERSITY YEAR 2012-2013.
3. F. Millaud, J-L. Dubreucq. Assessment of the dangerousness of the psychotic mentally ill, *Annales Médico Psychologiques* 163 (2005) 846–851.
4. MENTAL Charles Gheorghiev et al. DANGEROUSNESS AND ILLNESS, *Psychiatric information* 2008/10 - Volume 84 pages 941 to 947.
5. TASSONE-MONCHICOURT C, DAUMERIE N, CARIA A, BENRADIA I, ROELANDT J-L. Dangerous states and mental disorders: images and realities, *L'ENCEPHALE* (2010) Supplement 1 to No. 3, 21-25.
6. Mathieu LACAMBRE. Introduction Legal Psychiatry OF Criminal Sciences 2016-2017.
7. Fidelle Under the supervision of Jean-Claude Bossard. Crime of the mentally ill Christine, Master of criminal law and penal sciences Directed by Yves Mayaud 2010.
8. Charles Gheorghiev, Pierre Raffray, Franck de Montleau. Dangerousness and mental illness *Psychiatric information* 2008/10 (Volume 84), pages 941 to 947.
9. Nathalie Bally. SUICIDAIRE RISK ASSESSMENT Liaison Psychiatry and Crisis Intervention Service DSMP –HUG.
10. Jean-Claude Archambault. Psychiatric expertise Faced with the dangerousness and recidivism of criminals.
11. Coline DARMEDRU, THE VIOLENT PATIENT IN UNIT FOR DIFFICULT SICK: Clinical and therapeutic approaches, descriptive study. Claude Bernard Lyon I University, December 7, 2015.
12. C.L. Peng, T. Cudennec. Agitation: a behavioral disorder, Hôpital Sainte Péline, Paris.
13. Bruno Gravier, Valérie Moulin, Jean-Louis Senon. The actuarial assessment of dangerousness: ethical dead ends and societal drifts, *L'Information psychiatrique* 2012; 88: 599–604.