**September 18, 2018**

10.30-12.00 Plenary Session

**Contemporary ways of development for forensic psychiatry**

**FORENSIC-PSYCHIATRIC ASSESSMENTS IN THE RUSSIAN FEDERATION: ISSUES OF ORGANIZATION AND PROSPECTS FOR DEVELOPMENT**

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At present, the organization of forensic-psychiatric assessments in the Russian Federation is subject to regulation by a number of Federal Laws. The main ordinance, which regulates the organization of forensic-psychiatric assessments is titled “The procedure for carrying out forensic-psychiatric assessments”, which had been approved by the order of the Ministry of Health of Russia. The above-said Procedure sets forth the rules for carrying out forensic-psychiatric examinations in the State-run forensic-psychiatric expert institutions and in the specialized forensic-psychiatric expert units, which are licensed to carry out medical activities in the corresponding areas of work (services). One should also point out the expediency of adopting an internal normative document which would be more detailed in its regulation of the activities of an institution in the course of carrying out forensic-psychiatric assessments.

Current procedural legislation permits carrying out forensic assessments both in the State-run and in private forensic-expert institutions. At present, all privately run forensic assessments is subject to regulation by the general norms of the federal legislation, pertaining to forensic assessments. There are no normative-legal documents specifically intended for the regulation of privately run forensic-psychiatric expert activities. This is why it is extremely difficult to control the quality of forensic-expert work in the area of the privately run forensic-psychiatric assessments. In many cases this turns such assessments into unreliable means of furnishing forensic evidence. Therefore, the grounds for doubting the expediency of privately run forensic-psychiatric assessments will remain unless the requisite normative documents, regulating the privately run forensic-psychiatric expert activities, will be developed and officially approved. In this case, the issue of normative-legal regulation may be resolved by means of the Bill, titled “On forensic-expert activities in the Russian Federation”, which is being currently deliberated, and which covers the regulation of all types of forensic-expert activities – and that is precisely why it should become subject of serious deliberation and improvement.

As far as issues of organizing and the prospects for the development of forensic-psychiatric assessments in the Russian Federation are concerned, particular significance is now being attributed to following the instructions of the President of the Russian Federation, pertaining to issues of improving the forensic-expert activities, which involves the steps, aimed at ensuring that forensic-psychiatric assessments would be carried out exclusively in the medical institutions and units, which are subject to the authority of the federal executive body in the field of healthcare.

**development of THE SELF-REGULATION MODELS IN FORENSIC PSYCHIATRY**

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The requirements for forensic expert conclusions to be “proved and reliable from the point of generally accepted scientific and practical data” necessitate the creation of integrated diagnostic systems, aimed at the multilevel analysis of behavior by taking into account the achievements of fundamental sciences.

Proposed *evolutionary model of isomorphic self-regulatory systems* (EMISS) is being developed within the agency paradigm for creating the explanatory concepts and clarification of associations between conceptual constructs of physiology, psychology and psychiatry.

The model is based on *the principle of evolutionism* which implies phylogenetic, anthropogenetic and ontogenetic derivation of mental activity and human mind including pathological mechanisms of its functioning. Crucial role here is played by the sign-mediation, metacognitive processes and voluntary control, which are realized through the functions of inner speech and which allow acting apart the context of present situation, in agentive way from a dialogical reflexive point, evaluating oneself and personal actions from the perspectives of culture, society, and one’s own experience. *The principle of isomorphism* (the backbone principle) implies the presence of anticipated result of an action and the work of systems of different levels (both physiological and psychological) for the result’s achievement. In other words the long-term prediction of activity must activate corresponding system mechanisms at different levels. The capability of determining the current behavior by the future result is ingrained in mechanisms of motions, which are initial in phylogeny, and this capability is inherent in mechanisms of feedback and memory, which are underlying any kind of prediction. The inseparability of activity and situation follows from the noted principles and defines the possibilities for situational modeling (retrospective or prospective) by comparing the complexity of objective conditions of activity and abilities of the subject for making an adequate prediction under current conditions.

Based on comparing the examinees with a schizotypal and personality disorders, we have obtained data according to which the pronounced increase in microsaccadic eye movements (which are indicative of both distortions in incoming information processing and alterations in orienting / reflexive attention) turns out to be associated with a whole range of disturbances at motivational level. Such examinees pay insufficient attention to the significant areas of images, along with having an unreasonable interest towards the insignificant ones. This is related to disturbances of the motivational system which are expressed in the appearance of strange, paradoxical and inadequate for situation motivations. The noted features, in turn, are interrelated to the parameters of activity organization. The increase in microsaccadic activity is associated with a large number of errors and a greater latency of correct responses in the antisaccade task and also with a field dependence value in Embedded Figure Test. The alterations of motivational system are closely related to both a large number of errors in the Stroop Color-Word Test and difficulties in information processing in the situation of cognitive conflict.

The obtained data indicate that disturbances of self-regulation appear at all levels, which are involved in human’s interaction with the environment. This justifies and demonstrates the possibility of creating the integrated system of expert assessment relying on the above-said theoretical and methodological foundations.

12.00-14.00 Sectional Session

**Organizational and legal issues in forensic psychiatry**

**ANALYSIS OF THE ACTIVITY OF the state FORENSIC-PSYCHIATRIC EXPERT INSTITUTIONS in THE RUSSIAN FEDERATION**

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Forensic-psychiatric expert service is organized in 84 constituent entities of the Russian Federation. Outpatient Forensic-Psychiatric Examinations (FPE) are carried out in all the regions of Russia and the inpatient ones – in 68 of the constituent entities of the Russian Federation.

The main problem in the practice of inpatient FPE is still seen in the absence of legislative regulation of the issues of guarding and ensuring security of the inpatient divisions for persons, who are held in custody. The number of “secure” beds has been reduced over the course of the decade almost by one half. In the period of time since 2009, forensic-expert divisions for persons in custody have been closed down in 13 constituent entities of the Russian Federation.

Analysis of the activity of Forensic-Psychiatric Expert Institutions (FPEI) is carried out on an annual basis. Along with the expert evaluation, adherence to the norms and the procedure of forensic-psychiatric examinations, it is the analysis of statistical data, that is also an evaluative factor of great importance.

The volume of forensic-expert work: In 2017 267.5 thousand examinations have been carried out. Up to the year 2013 the annual increase in the number of examinations did not exceed 1%. By 2015 the growth rate was already 33.2%, which is linked to the Federal Law # 313-FZ of November 25th, 2013, which stipulates that defendants should be referred for FPE in cases, when there is reason to believe that they may be suffering from drug addiction. The huge tidal wave of FPE hit the outpatient facilities, which has led to a number of problems, above all – that of human resources. Prior to 2013 the indicator of staff positions filled by medical doctors-experts in outpatient units exceeded 70%, but in the years 2014-2017 it was already 62.0% and less, which has put up great hurdles for their planned work.

The cohort of examinees, who underwent the FPE: The number of individuals, who had committed socially dangerous acts equaled 200 thousand or 79.9% of the overall number of those who underwent the FPE. Of all those charged with committing a crime, 20.7% – that is, one in four – had been referred for the FPE in 2017. The above-mentioned Federal Law, pertaining to the obligatory referral and forensic examination of individuals with suspected drug addiction, has only affected this particular cohort of examinees. The number of individuals, suffering from drug addiction, increased 7.5 times.

The absolute number of persons, found NCR, remains stable over the last few years, ranging between 10.5 and 11 thousand, whereas their proportion went down from 10.5% in 2007 to 5.3% in 2017, which is due to the increase in the number of examinees, referred for the FPE, most of whom are addicted to drugs, and the majority of these are found criminally responsible.

FPE in civil proceedings constituted 15.6% of the overall number of examinations (41.8 thousand examinations). In March 2015 an unprecedented piece of civil legislation has been introduced in Russia, which deals with limited competence due to mental disorders (Part 2, Article 30 of the Civil Code of the Russian Federation). Overall, 556 individuals across Russia have been found to have limited competence (1.7% of all those referred for examination). At the same time this legislative innovation has not yet been applied in 14 constituent entities of the Russian Federation.

A number of negative factors in the activity of the FPEI, which have come to the fore in the last few years, undoubtedly make the work of forensic experts more challenging. One the one hand, the increase in the number of new types of examinations both in criminal and in civil proceedings makes it necessary to carry out respective studies and issue the appropriate methodological guidelines. On the other hand, the growing number of FPE, the decreasing number of staff positions filled by specialists, the diminishing number of forensic-psychiatric beds, and the closing down of “secure” units, all undoubtedly affect the quality of FPE. Many of the above-said negative tendencies need to be resolved at the interdepartmental level.

**TOPICAL LEGAL ISSUES OF FORENSIC PSYCHIATRY**

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The topical issues of legal regulation of forensic psychiatric activity can be conditionally divided into three groups.

1.Lack of the necessary law. At present, in our country there is no federal legislation on the execution of compulsory medical measures (CMM). According to Part 3, Article 97 of the Criminal Code of the Russian Federation, “the procedure for execution of compulsory medical measures is determined by the criminal executive legislation of the Russian Federation and other federal laws”. This requirement, expressed in the current Criminal Code, has not been fulfilled yet. It can be met by including into the Criminal Executive Code of the Russian Federation those sections, that regulate mandatory medical treatment of convicts with mental disorders which do not exclude their criminal responsibility, as well as by adoption of a special federal law on execution of compulsory medical measures for offenders with severe mental disorders, outlined in Articles 21 and 81 of the Criminal Code of the Russian Federation. Another example of legislative issues of the first group may be found in the absence of a law on guarding the inpatient forensic psychiatric examination units.

2. The need to introduce the changes into the current legislation, that are conceptual in nature. In particular, conceptual underdevelopment is found in Article 435 of the Code of Criminal Procedure of the Russian Federation, which established the possibility for placing into a psychiatric inpatient facility of a person, who at the time is being subject to legal procedure concerning the administration of compulsory medical measures. The implementation of this Article, which contains a number of significant shortcomings, in practice leads to the emergence of a multitude of hard-to-resolve problems.

Conceptual errors must also be recognized in Article 81 of the Criminal Code of the Russian Federation, which deals with exemption from punishment due to illness of those offenders, who began suffering from a severe mental disorder after having committed an offence but prior to their sentencing. It is impossible, however, to extend exemption from punishment to an individual, who has not yet been found guilty of committing a crime by a court, since this seriously violates the principle of presumption of innocence.

3. The obvious and relatively simple legislative changes, which: а) nobody objects to, in principle; b) may be accomplished by relatively uncomplicated corrections of current legislation. An example may be found in Article 111 of the Criminal Code of the Russian Federation, according to which any mental disorder of a victim, which resulted from the committed crime, irrespective of the actual severity of such disorder, should be considered as belonging to the category of grievous harm to one’s health. For purposes of eliminating the above-said shortcoming from Article 111 it would suffice to add just one word, replacing the term *“mental disorder”* by the term *“severe mental disorder”.* Similar shortcomings (which we place into the third group) are quite numerous in the current Russian legislation.

Finally, a special case is presented nowadays by the Draft Federal Law on Forensic Expert Activity. As this Bill passed the First Reading in the Russian Parliament – the State Duma, it didn’t include norms on forensic psychiatric examination. It was assumed, that a separate Law would be devoted to medical forensic assessments. However, the above-said Bill has been submitted for the upcoming Second Reading in a different redaction – the one that envisages all types of forensic assessments as subject to its legislative regulation – including the forensic medical and the forensic psychiatric examinations.

**THE PLACE OF FORENSIC PSYCHIATRY WITHIN THE SYSTEM OF THE UNIFIED EXPERT ORGANIZATION OF THE REPUBLIC OF BELARUS**

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In the 1990-ies forensic-psychiatric service was represented by disjointed outpatient and inpatient forensic-expert units within the structure of the Ministry of Health. The outpatient units, besides those in the regional capitals, operated as part of municipal psychoneurological outpatient facilities in the towns of Baranovichi, Bobruisk, Borisov, and Molodechno. As of 2002, 32 forensic-expert psychiatrists and 7 forensic-expert psychologists worked in the Republic of Belarus.

There was no specialized forensic-psychiatric training available. Desultory issues, pertaining to forensic-psychiatric assessments, were dealt with within the framework of training medical doctors-psychiatrists. Occasional continuing education programs were offered at the Medical Academy of Post-Graduate Education. Experts-psychologists had no specialized training in forensic psychology at all. They oftentimes submitted reports, written in a manner of their own choice, and the methodology of carrying out this type of forensic assessment was an underdeveloped field.

Thus, one may state that forensic-psychiatric assessments at that time were extremely inadequate, this also refers to the material and technical resources which were at the disposal of forensic units. There was a lack of clear-cut organizational forms, and a lack of requisite methodological and human resources. This was the reason for introducing a number of organizational alterations.

By the way, non-medical forensic experts – criminalists, specialists in ballistics, fire and explosion experts, IT technicians, voice recording specialists, etc. – had to face some challenges too. Besides problems like ours, they also had to deal with problems, pertaining to assessment deadlines. Thus, some assessments might take up to a year and a half or two years. Certain practical inconveniences were also caused by the fact that forensic-expert institutions were disjointed.

The key decision was taken by the Head of State on April 1st 2013 – the decision to unify all forensic assessment units of the country into one single forensic-expert body titled the State Committee for Forensic Assessments of the Republic of Belarus (SCFA). This Committee is directly subordinate to the President of the Republic of Belarus. Our country took the path of centralization. The State Committee has been created on the basis of the State Service for Medical Forensic Assessments, which included the forensic-psychiatric and the forensic-medical assessments, the forensic-expert institutions and units of the Interior, Ministry of Defense, and the Emergencies Ministry.

After five years of SCFA operation one may evaluate the results achieved over this period of time. Our presentation will throw light on the successes of this model, using the development of forensic-psychiatric assessments as an example. For instance, the fact that there emerged the real opportunity of participating in the improvement of legislation, pertaining to the forensic-psychiatric expert activities; fine-tuning the interactions with investigators and judges in the course of meeting the requests for additional data, which we need in order to arrive at forensic-expert conclusions; the resolution of issues, pertaining to training and continuing education of forensic staff; improving the quality of forensic-expert research, and developing new kinds of forensic assessments.

**TOPICAL ISSUES IN ORGANIZING AND CARRYING OUT THE FORENSIC-PSYCHIATRIC ASSESSMENTS IN THE SOUTHERN FEDERAL DISTRICT**

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The topicality of studying the issues of organizing and carrying out the forensic-psychiatric assessments (FPA) is determined both by the development of psychiatry as a science itself, with the emergence of new methods for studying the mental activity, and by practice of working under conditions of ongoing social and economic changes, with legislative innovations and constantly growing demands on the quality of forensic assessments.

The objective of our study was to identify the topical issues in organizing and carrying out the FPA in the Southern Federal District. In pursuit of this objective we have considered the number of FPAs ordered across different regions of the District; the training and staffing issues in respect of the specialists who participate in carrying out the FPAs; the work carried out within the framework of interdepartmental collaboration; and the legal aspects of guarding the secure treatment units.

The results of the analysis of the activity of forensic-psychiatric services in the Southern Federal District, which was carried out based on the sectorial registration form # 38, show a steady growth in the number of FPAs. This, to a great degree, is due to the newly introduced legislation – paragraph 3.2, which was added to Article 196 of the Code of Criminal Procedure of the Russian Federation by the Federal Law # 313-FZ of November 25th 2013. Thus, in 2013 there were 11,052 FPAs for criminal cases across the Southern Federal District, whereas following the introduction of the above-said legislation, the number of assessments grew to 16,501 (an increase of 49.3%) in the year 2015.

An important component of the FPA activities is the issue of human resources, staffing the forensic-psychiatric service with medical doctors-forensic experts and clinical psychologists. In spite of the growing forensic workload, there were no significant changes in the number of medical doctors-forensic experts who participate in the FPAs, and the staffing of the units with clinical psychologists has, on the whole, decreased.

There are some challenges, that forensic experts face in carrying out the FPAs – such as the insufficiency of the scope of data provided to them: the absence of medical records and character references; incorrect phrasing of referral questions; failure to ensure the timely arrival of examinees for their scheduled assessment; arrival of examinees for inpatient FPA before the Court order concerning their placement into the inpatient facility is put into effect. It is necessary to fine-tune the interdepartmental collaboration between forensic-psychiatric experts and the investigative agencies for purposes of carrying out the educational outreach activities in the form of workshops, seminars, and joint conferences.

No solution has yet been provided at the legislative level for the issue of guarding the inpatient FPA divisions for individuals held in custody.

In conclusion, it is worth noting that in spite of the extant problems, Southern Federal District maintains stable indicators of FPA work, which are level with the average ones across Russia. We have modern material, technical and, potentially, human resources at our disposal. The expected completion of construction and opening of the modern division for “secure” forensic-psychiatric assessments in Krasnodar Territory will be extremely welcome in the constituent administrative entities of both the Southern and the North-Caucasus Federal Districts, where great need for these assessments is felt at the present time.

**THE USE OF PERSONAL DATA INFORMATION SYSTEMS IN ORGANIZING THE WORK OF FORENSIC-PSYCHIATRIC EXPERT COMMITTES**

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Changes, introduced to the criminal procedure legislation over the past few years, caused a significant increase in the number of forensic-psychiatric assessments ordered. This nearly 1.5-fold increase has led to the fact that in Sverdlovsk Region in the year 2016 the waitlist for forensic assessments in some cases extended to 3 months.

In order to resolve this situation, we have developed and implemented the personal data information system titled “Register FPA” (program “Register FPA”) in Sverdlovsk Regional Clinical Psychiatric Hospital between the years 2016 and 2017. The program “Register FPA” includes the following 4 types of work positions: “clerk”, “head of division”, “expert”, and “administrator”. The type of work position determines the scope of functions and possibilities. Furthermore, each work position offers o certain range of individual settings.

At the initial stage (“clerk” type of work position) the program “Register FPA” provides the possibility of primary electronic registration of new cases, distributing them among forensic-expert divisions, preliminary setting of assessment dates, and controlling the issuing of written reports. Then, using the “head of division” work position it becomes possible to assign cases to forensic experts within specific divisions, taking into account their current workload and their unfinished reports. Assessment dates may be rescheduled more precisely whenever necessary. The head of division, directly using the information system, monitors the actual fact of assessments having been carried out, the deadlines and the quality of forensic reports, as well as the timeliness of transferring the records to be returned to law enforcement officials. The head of the division has real-time access to all data, pertaining to the number of past and upcoming assessments, information about the current workload of forensic experts, deadlines for submitting each of the reports, data on examinees who failed to arrive for assessment, and assessments rescheduled for a later date. Head of the division can compile any statistical report, concerning his/her division.

Forensic-psychiatric experts (the “expert” type of work position) have the opportunity to use the program for working only on those cases, which had been assigned to them personally. The main work of the expert focusses on feeding in post-assessment data and attaching the file of the written report. This process takes up a few minutes for each of the cases. Should an examinee have undergone any previous forensic assessments, all electronic copies of previously written reports would be automatically accessible to the expert.

The function of “administrator” includes controlling the workload of forensic-expert divisions, the extent to which they meet the planned targets, analyzing assessments schedule, carrying out the selective monitoring of the quality of written reports, as well as compiling all sorts of statistical reports – both for separate divisions and for the institution as a whole.

The essential prerequisites for development, implementation, and smooth operation of the personal data information system “Register FPA” are: the availability in an institution of a local computer network and servers, availability in all forensic-expert divisions of a sufficient number of workstations with access to the local network, and strict adherence to the internal policy of information security.

Implementing the personal data information system “Register FPA” in our institution has made it possible to revise the approaches to the staffing structure and human resources, optimizing the organization of our work, and ensuring the higher level of quality in our interactions with law enforcement agencies.

In practical work, one of the most important features of the “Register FPA” program is seen in the possibility it provides for compiling the lists of individuals, for whom NCR finding is recommendable. This makes it possible to control their mandatory treatment and carry out the active outpatient monitoring later on.

**FORENSIC-PSYCHIATRIC ASSESSMENTS IN SAINT PETERSBURG: PROBLEMS IN ORGANIZING AND ISSUES IN CONTROLLING THE QUALITY OF FORENSIC EXPERT ACTIVITY**

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Saint Petersburg’s forensic-expert service, judging by the number of forensic-psychiatric assessments it carries out, is among the largest forensic expert institutions. All elements of forensic expert service are found in Saint Petersburg, namely it has three outpatient divisions, an inpatient division for forensic-psychiatric assessment of individuals held in custody, and an inpatient division for forensic-psychiatric assessment of individuals not held in custody.

We analyze the ratio of the outpatient and the inpatient assessments which have been carried out. The quality of forensic expert conclusions is ensured by the possibility of ordering various kinds of forensic assessments. We emphasize the obligatory nature of the inpatient element of work in carrying out the forensic expert activity. We note the insufficiencies in the interaction with the Courts of Law and investigative agencies as far as the issues of choosing and carrying out one or another kind of forensic assessment are concerned.

We discuss issues, pertaining to referral for forensic-psychiatric assessment. Quite a significant variation of this indicator across the regions of the Russian Federation attests to the absence of unified criteria for referrals for forensic-psychiatric assessment. Low rate of referrals for forensic-psychiatric assessment, or carrying out the outpatient forensic-psychiatric assessment only, significantly diminishes the detectability of mental pathology, and thus, drastically decreases the possibility of secondary prevention of offending.

We analyze the utilization of forensic beds in our institution and compare it to the indicators from across the Russian Federation. Long-term monitoring shows that forensic beds, due to objective reasons, cannot be utilized 340 days per year; this number of days may not be used in planning. Great fluctuations of indicators, pertaining to the utilization of forensic expert beds across the regions of the Russian Federation make it requisite to carry out the calculation of the recommended normative number of forensic beds, and the plan for their utilization. We note the problems in the work of the forensic expert institution, which provides services to several regions of the Russian Federation in the absence of corresponding normative legal documents.

We carry out the analysis of the nature of the past forensic expert decisions and compare them to the counterpart indicators from the services in other regions, in particular, such indicators as the NCR findings and the frequency of NCR among patients of particular nosological groups. This comparative analysis allows to check the correctness of forensic expert approaches. This is why the annual analytical reviews, published by the “V. Serbsky NMRC PN”, are particularly valuable.

We discuss the ways of controlling the quality of forensic expert work in an institution, quality assessment by the administrators of the divisions and institutional committees, the indicators of quality control, and the use of the information system.

We analyze the results of repeat forensic-psychiatric assessments.

According to the forensic expert service of Saint Petersburg, 84.1% of NCR individuals have previously sought psychiatric care. We note the high correlation between the number of NCR persons and the number of registered mental patients. This may attest to the necessity of paying greater attention to the issues of prevention of the socially dangerous acts, committed by mental patients who receive psychiatric care, including those, who receive care in private medical organizations. We deem it expedient to carry out the additional analysis of the work, carried out in respect of patients subject to active outpatient monitoring, taking into account the data, provided by the forensic-psychiatric assessment service.

15.00-17.00 Sectional Session

**Clinical and forensic-psychiatric diagnostics**

**ORGANIC MENTAL DISORDER:**

**THE FORENSIC-PSYCHIATRIC DIAGNOSIS**

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The nosological concept of the organic mental disorder has a two-hundred-year long history.

It has its origins in the first half of the 19th century, when, thanks to the research carried out, above all, by the French neurologists (Georget Т., Bayle, J. Moreau de Tours) the notion of the organic determinateness for a number of mental disorders became established in clinical psychiatry. Subsequently, this line of thinking found its further development within the framework of the concept of symptomatic psychoses, the concept of psycho-organic syndrome, “exogenous-type reactions”, the neuropsychiatric approach, the teaching on the minimal brain dysfunction, etc. (Baillarger M., Griesinger W., Bonhaeffer К., Bleuler E.).

The organic model of mental disorder has, without exaggeration, for many decades determined the nosological direction of research in psychiatry, and the formation of the notions of the etiopathogenetic essence of mental disorders. ICD-9 (1975) may be considered as the last classification built on the traditional principles of the categorical evaluation with the acknowledgement of the nosological self-sufficiency of the organic mental disorder.

Along with the alteration, in principle, of the scientific notions, pertaining to the essence of mental disorders (the acknowledgement of their neurobiological foundations), the diagnostic positions in respect of the organic mental disorders have also changed. In the most general of terms they may be defined as a crisis of this concept, due to its “hypothetic” and “archaic” nature (absence of a strictly identified cluster for qualifying; appealing to the principles of “functional-structural”, and “soul-body”) with a corresponding loss of the noso-graphic autonomy of the diagnostic category of organic mental disorders.

The logical conclusion to the discussion, held in the 1980-ies and 1990-ies concerning the expediency of retaining this diagnostic category as an independent one, was seen in its actual elimination from DSM-IV, narrowing the circle of manifestations, pathognomonic for organic mental disorder, to syndromes, which are most characteristic and constantly present – the cognitive, sensory dysfunctions in ICD-10. In the planned ICD-11 (beta draft; ICD.who.int) the diagnostic category of organic mental disorders is scheduled for rebranding as the group of neurocognitive disorders (primary, secondary) with a significant alteration of its structure.

It seems that the planned principles for qualifying the organic mental disorders in ICD-11 will not create any diagnostic problems, which would be unresolvable in principle, in terms of their application to forensic psychiatry – the main diagnostic categories for the organic mental disorder have found their representation in them, and its etiological concept has been essentially retained. At the same time, the evaluation parameters, which are important in terms of the functional forensic-psychiatric diagnosis, and which have been lost at a certain stage of contemporary reforming of the diagnostic concept of mental disorders - such as the pathognomonic features, the nature of pathogenesis, the variants of the clinical dynamics of a disorder - significantly simplify and formalize the diagnostic process, impeding the implementation of the idea of the individual assessment of the condition.

**DIFFERENTIAL DIAGNOSIS OF THE SCHIZOPHRENIC AND THE INTOXICATION PSYCHOSES AND THEIR FORENSIC EXPERT ASSESSMENT**

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The problem of the differential diagnosis of psychotic disorders, which emerge in drug users, has transcended the field of addiction medicine, and in forensic-psychiatric practice we also more and more often see patients without drug addiction who, for the first time, after having used only once, do develop psychotic states, during which they commit criminal acts. The combination of signs characteristic of both the exogenous and the endogenous pathology within the structure of such psychoses leads to the emergence of challenges in forensic assessment and diagnosis.

In the course of assessing each forensic case one would establish the potential link between the psychotic state, which had developed, and the type of psychoactive substance which was used. The signs of intoxication oftentimes emerge virtually right after using the substance. Intoxication would last between 2 to 5 and 24 hours. Verbal hallucinations emerge against the backdrop of anxious expectations and undefined fear. These hallucinations are undifferentiated at first, then they promptly become bright, lively, uninterrupted as a continuous inundation, becoming imperative in nature. Misperception takes place against the backdrop of clouded consciousness (ranging from obtundation to oneiroid states), and is accompanied by the pronounced psychomotor excitation, incoherent-catathymic thinking, and acute sensory delusions. The psychoses, associated with psychoactive substances, last between 1 and 2-3 days, and sometimes – up to 5-7 days. Disturbances of the associative process may last up to several weeks.

Intoxication psychosis is characterized by the following signs: short duration, dynamic transformation of symptoms at acute stage and in the course of detoxification, organic cognitive insufficiency or diminution, and the typical autonomic-neurological symptoms. In excluding or confirming the presence of the endogenous disorder one should take into account the history data on the presence of schizoid spectrum personality peculiarities, the emergence of affective fluctuations, disturbances of the associative process, disinhibition of drives with subsequent addition of productive psychopathological symptoms in the form of auditory and visual misperceptions, a variety of delusional ideas, accompanied by the syndrome of psychical automatism, the inappropriate and disorganized behavior, with subsequent levelling-out of emotional manifestations along with the gradual increase in volitional impairment and deepening of ideational disturbances. Apathic-abulic symptoms in their isolated form – just as the initial sequence of entering the intoxication and psychotic states – are of no great help in terms of differential diagnostics. Besides, the so-called decline in energy potential is found both in intoxication and in the endogenous process. The difference being in the speed with which it grows, its duration, and the tendency to deepen unswervingly.

Thus, it is not only the exogenous factors (toxic substances directly affecting the organism) that play a part in the emergence of any psychosis, including the intoxication one, but also endogenous ones, which affect the structure of the psychosis, type of treatment and outcome. In differential diagnostics it is important to take into account the history, the dynamics of the disorder over time, the increasing complexity and severity of the psychopathological symptoms, the specific disturbances of thinking and the emotional-volitional sphere, as well as the stability and degree of loss of insight and the prognostic abilities.

**September 19, 2018**

10.00-13.00 Sectional Session

**Forensic-psychiatric assessments in criminal proceedings**

**PERSONALITY DISORDERS: CONTEMPORARY CLASSIFICATIONS, DIAGNOSIS, FORENSIC-EXPERT ASSESSMENT**

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Classification of mental disorders serves as the international standard. Forensic-psychiatric experts, in using particular classifications, should also utilize in their activities the data, pertaining to the essential characteristics of disorders, their dynamics, and most importantly – those pertaining to the interrelation between the clinical-dynamic characteristics and the psychological (legal) criteria used in the formulas. Among the tasks, dealt with by forensic psychiatry, one will inevitably find the complex clinically subtle issues, pertaining to the structural-dynamic characteristics of personality disorders (PD). According to the definitions, provided in DSM-5 and the draft of the ICD-11 (6В90), personality disorder is an enduring pattern of inner experience and behavior, which deviates markedly from the expectations of the individual’s culture; it is pervasive and inflexible, has its onset in adolescence or early adulthood. There is an enduring disturbance of cognition (ways of perceiving and interpreting self, other people, and events), affectivity (the range, intensity, lability, and appropriateness of emotional response), interpersonal functioning and impulse control, which is manifest across a broad range of personal and social situations and leads to significant impairment of functioning. ICD-11 proposes the dimensional approach with the introduction of the concept of “severity”: mild PD (6В90.1) – problems affect several areas of functioning; moderate PD (6В90.2) – manifestations affect many areas of functioning; severe PD (6В90.3) is different in that it includes the diffuse and profound impairment of functioning, disorganization of professional roles, and the possibility of inflicting serious harm on oneself or others.

The draft ICD-11 proposes the use of the following descriptors. Pronounced anankastic signs (6C00), pronounced signs of alienation (6C01), pronounced signs of disinhibition (6C02), pronounced dissocial signs (6C03), pronounced signs of negative affectivity (6C04), borderline pattern (6D85) (analogous to the emotionally unstable PD, borderline type in ICD-10). Disturbances in the sphere of emotions, volition, and drives cannot fail to affect individuals’ socialization, their proclivity to offending, which are determined both by the biological and the social factors. The easily emerging dynamic shifts (disturbances of adaptation, dissociative and affective disorders) significantly diminish the possibilities for adaptation; they may serve as conditions, which contribute to offending behavior, and they should be taken into account together with the overall disharmony of the psyche of examinees with PD. Of utmost importance is the evaluation of the colligation between disorders and the higher mental functions (insight, goal-setting, prognosis), as these are the circumstances which affect the peculiarities of subjects’ functioning, their self-regulation in material situations. In this respect, the criteria for a subject’s incapacity to appreciate the actual nature and the social dangerousness of his/her actions, or control them (Article 21 of the Criminal Code of the Russian Federation) will be found in the following characteristics (which emerge as a result of the presence at material time of delusional ideas or clouding of consciousness): impairment in comprehending the content of the situation, forming a goal and a plan, impossibility of adequate evaluation of the results of one’s actions due to subjective criteria, distortions in forming motives and identifying objects that satisfy one’s needs, difficulties in controlling one’s impulses, the morbid impairment of insight, prognosis and volitional functions. Article 22 of the Criminal Code of the Russian Federation may be suggested in cases of insufficient purposefulness and awareness of offending by defendants with PD due to limited freedom of choice. Evaluation criteria include the *distorted interpretation of the situation* (pronounced disharmony, presence of overvalued formations, linked to internal conflicts, and the hostile perception of the world around); *impairment of mediation* with limited voluntariness in choosing goals and tasks, impaired anticipation and evaluation of intermediate results while in reactive states of varying depth and with dominating ideas; offending in a situation of *conflictive personal meaning (involving the Self-concept and the Self-position)* with the emergence of mental disorders of varying structure and severity (disorders of adaptation, transient dissociative disorders). When doubts arise as to the capacity of a defendant (or suspect) with a PD to defend his/her own rights and legal interests, forensic experts may be asked to assess the examinee’s capacity, taking into account his/her mental condition, to comprehend the significance of criminal proceedings and appreciate his/her procedural situation, i.e. whether he/she is capable of acting for the purpose of exercising of his/her procedural rights and duties. Procedural incapacity may be determined by the emergence of a transitory psychotic disorder, or a moderate or severe depressive episode in an examinee with a PD. In such cases the intellectual criterion of procedural incapacity is represented by the psychogenically determined disorganization of mental activity with experiences of anxiety, despair, perplexity, disturbance of rationality of one’s opinions and judgements, presence of delusional ideas, which may be either congruent or incongruent to the affect; the volitional criterion is seen in the pronounced diminution of motivational prerequisites to exercising one’s rights and defending one’s legal interests, passive behavior with indifference towards the unfolding situation.

**FORENSIC-PSYCHOLOGICAL EXPERT ASSESSMENT OF AFFECTIVE STATES IN CRIMES OF PASSION/PROVOCATION: THE CONTEMPORARY VIEWS**

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At present, the scientific notions, pertaining to the obligatory phenomenology, the diagnostic signs and criteria, as well as acceptable variations, continuity and the qualifying categories of affective states in crimes of passion/provocation have undergone significant alterations. This is due both to the developments in methodology of forensic expert science, as well as the emergence of the non-traditional, less clear-cut, masked and mixed forms of manifestation of the above-said legally significant states. The topicality of formulating the verifying diagnostic signs that would be more clear-cut is determined by the need for a unified forensic expert approach at the time when a wider spectrum of psychological states is being included into the forensic expert category of affective states in crimes of passion/provocation. These states are relatively individualized in terms of their course, but they do have the characteristic of occurring suddenly; they are accompanied by pronounced disturbances of conscious regulation of criminal actions, which are committed in response to either a sudden or a prolonged psychologically traumatizing situation.

Based on the principle of unity of grounds for classification, we have singled out the following axes, which allow to systematize the notions about these affective states as a psychological phenomenon. The mechanism of formation – the cumulative affective states, which develop under conditions of a prolonged psychologically traumatizing situation, and the reactive (physiological) affective states, which emerge in response to direct acute psychologically traumatizing circumstances. The nature of the affective reaction – in the form of emotional excitation (with either explosive or some other kind of affective discharge), or in the form of tension. The specific features of its course – the typical (which correspond to the classical notions of its three-phase dynamics and its characteristic phenomenology) and the atypical ones – with the qualitative transformation of the content and the dynamics of its phases. The above-said axes may be used for classifying any psychological state which corresponds to the forensic expert category of “the affective state in crimes of passion/provocation.” Here, the fundamental part is played by the patho-personological (subjective) factor.

Given the diversity of states, which fall under the forensic expert category of affective states in crimes of passion/provocation, their assessment presumes that one would follow the unified system of criteria, which are obligatory for the second phase of these states. Experiencing these states – the acuteness, degree of involvement, their unbearable features with events devoid of content. Consciousness – affective narrowing (as the result) under conditions of an explosive response or disorganization. Perception – disturbance of its constancy, integrity, structure and comprehensibility; its fragmentary nature to the point of illusory and derealization manifestations; certain elements of depersonalization. The intellectual component of activity – its reduction along with the presence of some affectively determined goals; loss of the control function, the integrative and the analytical-synthetic functions of thinking, the capacity for insight, evaluation and prognosis. The volitional component of activity – violently aggressive actions directed at the subject. Discharge – sudden, either objectively or subjectively pronounced, possibly along with stereotypical actions and automatisms. Regulation of activity is down to the operational level with quite uniform actions and inability to comprehend the intermediary results along the limited period of time of aggression and destruction. Accompanying phenomena are: partial amnesia of what took place, the autonomic manifestations, and the physiological reactions.

**ORGANIC PERSONALITY DISORDER DUE TO EPILEPSY: PRINCIPLES OF FORENSIC PSYCHIATRIC ASSESSMENT**

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We have studied 84 examinees, aged between 18 and 57, while they were undergoing an inpatient forensic psychiatric examination at the “V. Serbsky NMRC PN”. The main criterion of inclusion into the study was the nosological one – the diagnosis of “organic personality disorder due to epilepsy”, verified during forensic examination.

As a result of the study, we have formed two groups of epileptic patients of the comparable ages. The first group – those of explosive type (44 persons, 52%), and the second group – those of defensive type (40 persons, 48%). Explosive type included such personality peculiarities as explosive emotions, brutality, rancor, affective polarity and cruelty. The defensive type included affective viscosity, torpidity, ponderousness, sensitivity, suggestibility, wariness, and indecisiveness.

The predominant psychopathological mechanism of socially dangerous actions was the negative-personality one. Also, the examinees in the first group tended to be characterized by having committed the situationally-provoked aggressive acts due to losing control over the expression of their own emotions. In this group the lack of control was affective origin (25%), as opposed to the *second* group, in which we have more frequently observed the intellectual inferiority (12.5%) and the increased suggestibility (10%). Due to the noted peculiarities of personality and the pronounced cognitive and emotional-volitional disturbances most patients in both groups were found to be incapable for understand actual nature and social dangerousness of their own actions or control them (61% and 52.5%). The legal criterion of Article 21 of the Criminal Code of the Russian Federation was met in the impairment of the intellectual and the volitional components. The intellectual component was represented by the pronounced cognitive disturbances. The volitional component in patients of the first group was impaired due to affective charge and inflexibility of their behavior, along with their proclivity to acting impulsively. The volitional component in patients with predominantly defensive features was impaired due to failure of the restraining intellectual mechanisms of behavioral regulation, which tended to have dysregulative influenced with the processes of decision making.

One in four of patients in both groups (23% and 20% respectively) have been found to have “diminished responsibility”. And conflict situation played an especially significant role in their cases. When explosive personality traits were predominated, it’s was observed the direct response to the conflict situation (44%), whereas in the cases where defensive traits were presented, aggressive actions were delayed due to difficulties in immediate emotional response to the situation.

While taking the decision of “diminished” criminal responsibility one should take into account the various behavioral mechanisms of epileptic patients depending on their personality peculiarities. Patients with explosive traits are predominantly characterized by the impairment of the volitional component. In examinees with defensive personality peculiarities, due to their torpidity, sluggishness, slowing of their mental processes, and immaturity, it is the impairment of the intellectual component that comes to the fore.

**PECULIARITIES OF THE FORENSIC-PSYCHIATRIC ASSESSMENT OF COMORBID PATHOLOGY**

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Comorbid (or concomitant) disorders are always codependent, sharing elements of pathogenesis, and are thus encountered together more often, than separately. The problems of forensic-psychiatric assessment of persons with comorbid pathology are significantly redoubled due to the fact that in the process of providing substantiation for the functional psychiatric diagnosis there emerges the necessity of taking into account the phenomenon of comorbidity – choosing the priority diagnostic model, evaluating the changing forensic significance of mental disorders, which make up the comorbid pathology, and its various phenomenon-generating roles (pathogenetic, pathoplastic, pathokinetic).

Organic mental disorders and alcohol dependence are the comorbid pathology, which is seen most frequently in forensic-psychiatric practice.

Our study has shown that the following points are significant in terms of the forensic assessment: 1. The sequence in the development of mental disorders, which constitute the comorbid pathology, since the nature of the emerging secondary disorder directly depends on the characteristics of the primary one – such as the timeframe of its development, its clinical features and prognosis; 2. the stage in the clinical dynamics of comorbid pathology, which is linked to the duration of coexistence of the disorders; this allows to evaluate the changing variants of mutual influence of disorders, affecting the choice of the priority diagnostic category; 3. the leading psychopathological syndrome, as it plays the key part in choosing the forensic expert tactics.

The algorithm of forensic assessment of organic mental disorders comorbid to alcohol dependence, taking into account the stages of forensic assessment and the identified peculiarities of comorbid pathology, presumes the sequential establishment at the first (the present) stage of the etiopathogenetic model (primary/secondary organic mental disorder), the stage of clinical dynamics (initial/comorbid pathology formed/remote), and the structure of the leading syndrome at the time of the forensic-psychiatric examination (dementia, psychotic disorder, personality disorder, other non-psychotic disorder).

The retrospective evaluation (the second stage), which is necessary for purposes of arriving at the conclusion on “criminal responsibility” and competency to stand trial, includes the evaluation of the possible dynamic evolution of an examinee’s condition since material time through till the forensic examination, and determination of the leading psychopathological disorder at the time of committing the offence (dementia, psychotic disorder, personality disorder, other non-psychotic disorder).

The main task at the third stage of forensic evaluation (prospective assessment) is prognosticating an examinee’s state, taking into account the clinical parameters, which had been established in the course of the present and the retrospective evaluations (the mechanism of committing an offence, the tendencies in the development of the comorbid pathology). This would allow arriving at substantiated conclusions as to the examinee’s capacity to take part in subsequent judicial-investigative activities, or his/her potential dangerousness due to mental disorder and a need for applying one or another kind of compulsory medical measures.

The proposed methodological approach, which provides for a multi-aspect analysis of the phenomenon of comorbidity, ensures the possibility of a differentiated clinical qualification of comorbid pathology, allowing the optimization of the diagnostic procedure and improving the substantiation for the experts’ conclusions, pertaining to the evaluation of the legally significant capacities of defendants.

**THE USING OF EYE-TRACKING FOR DIAGNOSING OF PARAPHILIC DISORDERS**

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Introduction. Due to the fact that self-reports of sexual offenders are the main standard for diagnosing of paraphilic disorders that cannot be considered as a reliable diagnostic tool, there is a need to the developing others diagnostics techniques of deviant preferences. Subjects and methods. We had examined 64 young men, 18 of whom were mental healthy volunteers and 46 were the sexual offenders which had had the psychiatric assessment at the V.P. Serbsky Centre. In the first group were included the persons without paraphilias (42 men), in the second group – 22 persons with heterosexual pedophilia. Most of the first group consisted of the mental healthy individuals (74%), 16% - were men with organic personality disorder, 5% - paranoid schizophrenia, and 5% - personality disorder. In the second group 40% men had no signs of mental disorders comorbided paraphilia; in 32% of cases personality disorders had been diagnosed, in 24% - the organic personality disorder, and in 4% – paranoid schizophrenia. During the psychophysiological study we had used the system of distance binocular tracking (SMI iView X RED) and we had presented the visual (heterosexual (normative) and pedophilic) stimuli for 15 sec. The results. In the 1st group we had found the higher gaze fixation activity on the heterosexual stimuli than on the deviant stimuli. The fixation activity characterized by rapid recognition of the normative stimuli, high count of fixations (р≤0.05), long time of the first fixation and rary revisits onto the erotic object (р≤0.05). Attention of men was focused on the area of face and chest. Also, we had observed the activation of the sympathetic nervous system during exposure of a female model (we had observed the increasing of pupils (р≤0.05). In the 2nd group we had observed similar patterns when the deviant stimuli were being presented: long time of the first fixation and rary revisits onto the erotic object. However, these values had been identified as a statistical tendency. Contrary to our expectations, the dwell time of the viewing the normative stimuli was greater, than viewing the deviant stimuli (р≤0.05). But, the analysis of photos was radically different in the 1st and 2nd groups. In the 2nd group the viewing of the stimuli had begun from the erotic areas and finished at the area of the face. In the 1st group the viewing of the stimuli had begun from the face. Moreover, in the 1st group during exposure the normative and deviant stimuli we have observed that in the beginning saccades had a high amplitude. This is due to the viewing all the area of images. After a short period time the saccades had a low amplitude. It was mean that attention was formed toward one fragment of image (for the 1st group it was a face). In the 2nd group we had found the alternating medium/low amplitude of the saccades without the forming a sustained area of attention. Furthermore, we have observed the activation of the sympathetic system during the exposure of pedophilic stimulus (р≤0.05). Conclusion. Obtained results demonstrate the differences in the organization of the visual analysis of significant erotic information for the both groups. Men with paraphilic disorders were characterized by fragmentary, depersonalized and sexualized perception of erotic stimuli.

**COMPARATIVE STUDY OF THE Р300 COMPONENT AND THE EVOKED THETA OSCILLATIONS IN SCHIZOPHRENIA AND PERSONALITY DISORDERS**

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The positive wave with a latency of about 300 ms. is the neurophysiological correlate of cognitive processes, linked to attention and memory. The other neurophysiological correlate of these processes are the evoked theta oscillations, which are registered under the same experimental conditions, and within the same time window, as the Р300. The main indices, used by researchers, are the amplitude and the latency of Р300, and the power and coherence of the evoked theta oscillations. These indices demonstrate different functional significance and characterize the cognitive processes from different vantage points.

The objective of the study was the comprehensive evaluation of the neurophysiological indices of cognitive processes in normal subjects, and in those with various severity of cognitive disfunction (personality disorders, schizotypal disorder, patients with schizophrenia).

We have studied 124 subjects (44 normal ones, 40 with schizophrenia, 22 with personality disorders, and 18 with schizotypal disorder) in the situation of the oddball paradigm of presentation of significant and insignificant auditory stimuli. In presenting the significant stimuli, we have calculated the P300 amplitude and latency for all subjects, as well as the power and the paired coherence of evoked theta oscillations.

It has been demonstrated, that, when compared to the norm, all subjects are characterized by the common tendency, which is manifest in decreasing amplitude and the increasing P300 latency, as well as decreasing power and coherence of evoked theta oscillations. In schizophrenia this tendency is of the spatially generalized nature, whereas in personality disorders and the schizotypal disorder the localized alterations have been found to be more pronounced. No reliable differences of study indicators have been found between the groups of subjects with personality disorders and the schizotypal disorder. The obtained data attest to the gradual weakening of cognitive functions from the norm to the schizotypal disorder to personality disorders to schizophrenia, which may correspond to subjects’ declining insight and decreasing awareness of the consequences of their actions.

**FORENSIC-EXPERT ASSESSMENT OF POTENTIAL DANGEROUSNESS OF SCHIZOPHRENIC PATIENTS IN REMISSION**

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A number of Russian and foreign studies have established that the socially dangerous acts (SDA) are oftentimes (in 64.3% of cases) committed by schizophrenic patients when the latter do not have any psychotic experiences, due to the negative personality alterations in a state of remission with defect. The remissions with “marginal” non-psychotic (post-psychotic) symptoms are especially complex in terms of diagnostics and forensic assessment. The above-said states are complex also in the sense of finding the optimal medical steps to recommend, and this presumes that great attention needs to be paid to identifying the criteria of potential social dangerousness of such patients.

The objective of the study was to single out the criteria of potential social dangerousness of patients with paranoid schizophrenia in remission, who in the course of forensic-psychiatric examination had been found to be unable to appreciate the actual nature and the social dangerousness of their actions and control them.

Subjects and methods: We have studied 76 male examinees (average age was 39.2), who had been undergoing forensic examination at the “V. Serbsky NMRC PN” and at the “N. Alexeyev Psychiatric Clinical Hospital # 1 and had the above-said diagnosis (F20 in ICD-10). In accordance with the contemporary psychiatric diagnostic concepts, we have evaluated remissions from the dimensional and the categorical vantage points and have differentiated them into one of two types: the symptomatic ones (incomplete, with remaining positive symptoms) and the syndromic remissions (complete ones). The examinees have correspondingly been assigned to one of two groups. In our work, alongside the traditional methods, we have also used the PANSS and the PSP scales.

Results. We have developed a two-tier algorithm of forensic-expert assessment of the states of remission, approaching it from the systemic position. At the first tier (stage) we took into account the two main aspects – the dimensional-categorical (including the PANSS and the PSP data), and the analysis of the “syndrome-personality-situation” triad in its relation to the offence. At the second tier of the algorithm we assessed the examinees’ social dangerousness proper. Increased potential social dangerousness is characteristic of schizophrenic patients with psychopathy-like and paranoid structure of remission, with pronounced schizophrenic alterations of personality in the emotional-volitional sphere, combined with the deficit of cognitive capabilities and insight. These clinical characteristics of remission were reliably and significantly linked with social maladaptation, criminal history, repeated grievous offending, and the stereotypical defensive-aggressive behavior in subjectively difficult situations. Great significance, in accordance with the objective of the study, was attributed to such factors as stability vs. instability of remission and its pharmacological origin vs. spontaneity. Just as important was to identify the concomitant exogenous harm, like alcohol and psychoactive substance abuse, psychogenic impacts, and peculiarities of the situation in the immediate social environment. All this in combination is significantly linked to social functioning. The latter, in its turn, plays one of the determining parts in terms of the potential social dangerousness of schizophrenic patients in remission. In the future we plan to improve the assessment of potential social dangerousness of this cohort using the Structured Assessment of the Risk of Dangerous Behavior (SARDB) method, which had been developed in our Centre. It is obvious, that further research of this problem is significant for the optimization of the choice of therapy, prevention of repeated SDA, i.e. it is of medical and social significance.

14.00-18.00 Sectional Session

**Forensic-psychiatric prevention of dangerous acts**

**A TEN-YEAR TREND AND THE CURRENT ASPECTS IN THE DEVELOPMENT OF FORENSIC-PSYCHIATRIC PREVENTION IN THE PSYCHIATRIC SERVICE OF THE COUNTRY**

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Forensic-psychiatric prevention represents a special area of psychiatric care, which includes a complex of measures aimed at identifying, treating, and providing medical-social rehabilitation to patients with socially dangerous behavior. The medical peculiarity of contemporary prevention is seen in deinstitutionalization of the psychiatric service of the country with a significant diminution of the number of inpatient beds, moving the efforts towards providing care outside the hospitals. This corresponds to the overall tendencies in the development of healthcare and it is a promising way, since it is linked to early identification of mentally ill persons, including those who pose danger to society. However, the latter is only possible in the case when specialized care is accessible and when it’s integrated with somatic medicine and destigmatization.

The monitoring of preventive work attests to the presence of positive dynamics of a number of indicators, which characterize its efficaciousness. The trend of the last decade (2008 - 2017) is seen in the decrease (by 14.2%) in the number of dangerous acts, committed by individuals with severe mental disorders, which preclude criminal responsibility. There is a decrease (of 10.2%) in their reoffending; and a diminution (by 34.1%) of the proportion of patients with recidivating offending behavior within a year after termination of their mandatory treatment.

Along with the presence of certain successes there exist considerable territorial differences in the quality of preventative work. For instance, there is a multifold difference between the regional indicators, based on the assessment of potential social dangerousness (such as the number of persons in the group of the active outpatient supervision, the duration of mandatory treatment, repeated commission of dangerous acts following mandatory treatment) and the overall Russian average. For purposes of improving the precision of prognosis, making it objective and evidence-based, we have followed the “Structured Professional Judgement” (SPJ) approach in developing the original Russian method of the Structured Assessment of the Risk of Dangerous Behavior [SARDB *(Russian acronym* – *СОРОП*)] (Makushkina О.А., Mugantseva L.А., 2016). This tool has been tested in a number of studies with various samples of patients. Based on the results of the psychometric analysis, SARDB may be recommended for use as an efficacious method of assessing the risk of social dangerousness, complementing the clinical analysis. The method makes it possible to track the dynamic alteration of the factors, which exert an influence on the probability of offending behavior of individuals with mental disorders. This is necessary in terms of carrying out the comprehensive prophylactic work and evaluating its efficaciousness.

It is also important that an increasingly prominent part within the system of preventing the destructive behavior is played by the social support and the psychosocial rehabilitation. This is determined by the maladaptation and by the poor level of financial well-being of a great number of patients. It leads to the pressing necessity to set up the rehabilitative units within the psychiatric service, widely disseminating the biopsychosocial model of prevention. The implementation of the above-said approach will make it possible to significantly expand opportunities and will improve the efficaciousness of prophylaxis of the social dangerousness of individuals with mental disorders.

**MANDATORY SECURE TREATMENT FOR INDIVIDUALS, WHO SUFFER FROM MENTAL DISORDERS: CONTEMPORARY PRACTICE OF ADMINISTERING, PROBLEMS AND PROSPECTS (THE EXPERIENCE OF FORENSIC-PSYCHIATRIC ASSESSMENTS IN THE REPUBLIC OF BELARUS)**

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Prior to the establishment in the Republic of Belarus of the State Committee for Forensic Assessments (SCFA), the evaluation of the social dangerousness of individuals, suffering from mental disorders, was an underdeveloped field of application of psychiatric knowledge. In order to develop and generalize the approaches toward the choice and substantiation of the mandatory security and treatment measures, provide a definition for the forensic-expert concept of social dangerousness, ensure the uniformity of forensic-expert conclusions, and enhance the extent, to which they are substantiated and informative, the Main Directorate for Forensic-Psychiatric Assessments of the Central apparatus of the SCFA had developed the methodological guidelines, titled “Mandatory security and treatment measures, recommended for individuals, suffering from mental disorders, for purposes of preventing further socially dangerous acts and providing secure treatment for these individuals (basics of forensic-psychiatric evaluation, and the method for completing the forensic-expert task)”, which in 2015 have been included into the Register of forensic-expert methods and other methodological materials of the SCFA.

In order to improve the approaches toward resolving the forensic-expert task of choosing the type of mandatory security and treatment measures, recommended for individuals with mental disorders who have committed socially dangerous acts (SDA), at present the State Institution “The Scientific and Practical Centre of the State Committee for Forensic Assessments of the Republic of Belarus”, within the framework of its research activities, is about to finalize the development of a method for assessing the risk of repeat offending by individuals with mental disorders, taking into account their history data.

The development of the above-said method is aimed at obtaining an indicator on a scale of 1 through 100, which would be based on examinees’ history data, and would allow assigning examinees to one of the identified risk-of-reoffending groups. In accordance with the obtained results, and taking into account the forensic-psychiatric assessment data, one would evaluate the presence and extent of the social dangerousness of examinees, which would then serve as the basis for choosing the recommended mandatory security and treatment measures.

Within the framework of this research work we have studied and analyzed the methods of identifying the risk of reoffending, based on history data, which are widely used abroad, singling out those elements, which are suitable for use in the forensic-psychiatric expert practice of the forensic-expert institutions in the Republic of Belarus. We have carried out the study of history data of individuals with mental disorders, who had committed socially dangerous acts. At present, the ongoing study looks at possible correlation between the history data of these individuals and the likelihood of their reoffending.

The plan is that the use of this method in forensic-psychiatric expert practice would aid forensic psychiatrists in choosing the tactics and strategy of carrying out forensic examinations and resolving the corresponding issues; it would also enhance the extent to which forensic-expert conclusions are substantiated and informative.

**ASSESSING THE RISK OF REPEATED VIOLENT SOCIALLY DANGEROUS ACTS IN MEN WITH PARANOID SCHIZOPHRENIA**

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Duration of mandatory treatment directly depends on determining the probability of a patient committing a repeat socially dangerous act. This is particularly true for violent crime. At present one typically encounters the situation where a Court of Law would prolong mandatory treatment despite the psychiatrists’ report suggesting that further inpatient treatment would be inexpedient. The analysis of judicial rulings has shown that in more than half (57.0%) of all cases a judge would specifically point to the absence in psychiatrists’ reports of an objective assessment of risk of repeat violent offending. Objectivizing the assessment of risk is only possible through the use of structured tools, which would rely on a comprehensive clinical evaluation of a patient’s mental state. 76.5% of psychiatrists have spoken in favor of introducing the structured techniques of risk of violence assessment into the practice of mandatory treatment in Belarus (we have previously carried out the anonymous survey of 119 psychiatrists).

Our previous study has also shown that 36.9% of all violent offences had been committed by men, suffering from paranoid schizophrenia. This is reliably (χ2=153.8; p<0.0001) more than any other clinical group undivided along gender lines.

Then we have assigned the men, suffering from paranoid schizophrenia (N=180), to one of two groups. The first group was comprised of those had committed a repeat violent socially dangerous act (N=90). The second group was made up of those who had committed one single violent socially dangerous act (N=90) and, upon completing their mandatory treatment, have been living in the community for over 5 years. The structured tool, which we have chosen to use, is HCR-20.

The results. The use of HCR-20 has shown that the study groups differ significantly in their overall score (p<0.001). We have identified differences in that the predictors were more pronounced in the first group on eight items of HCR-20 (each one with p<0.001): “Young age at first violent incident” (H2), “Substance use problems” (H5), “Early maladjustment” (H8), “Prior supervision failure” (H10), “Negative attitudes” (C2), “Impulsivity” (C4), “Unresponsive to treatment” (C5), “Noncompliance with remediation attempts” (R4). We have carried out the factor analysis at the level of the eight predictors of repeat violent offending (HCR-8), which singled out two factors. The first one comprised items H2, H5, H8, C2 and C4. The second factor included items H10, C5, and R4. We have used logistic regression to build the model of risk assessment. The regression procedure returned the RRV – the “Risk of Repeat Violence” model.

The obtained results (ROC-AUC indicators) attest to the significant prognostic capacity of HCR-20 (0.754), HCR-8 (0.806) and RRV (0.858) as evaluative tools of assessing the risk of repeat violent offending by men, suffering from paranoid schizophrenia. Comparing the results with the expert scale of AUC values has shown that the quality of the prognostic capacity of HCR-20 and HCR-8 is rated as “good”, while the quality of the RRV model, obtained by us, is rated as “very good”.

**September 20, 2018**

10.00-13.00 Sectional Session

**Forensic-psychiatric assessments in civil proceedings**

**EVALUATING THE EVIDENCE BASE FOR FORENSIC-EXPERT CONCLUSIONS IN CASES OF LIMITED COMPETENCY**

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Forensic-psychiatric assessment in cases of limited competency due to mental disorders is quite a new kind of assessment in Russian practice and it requires that the methodology should be developed for these assessments to be carried out. Based on the meaning of Paragraph 2, Article 30 of the Civil Code of the Russian Federation, the current provisions in respect of limiting the competency of individuals suffering from mental disorders pertain to their property rights. Thereby, the legal criterion for “limiting one’s competency due to the presence of a mental disorder” is found in one’s prospective incapacity for entering into major property contracts.

Mental disturbances that may involve limits imposed on one’s competency, constitute a wide range of disorders, in the presence of which one would still retain the capacity for independent social functioning at the level, sufficient for autonomous living. However, there would be impairment of the “contractual capacity” of the person, i.e. his/her capacity for taking conscious and purposeful decisions pertaining to property disposal, as well as the capacity for independently following through with such decisions.

The main method of forensic-psychiatric assessment in cases of limited competency is the clinical-psychopathological one. It allows to identify the presence of a mental disorder and make a good evaluation of the degree of severity of the extant symptoms. It is well known that presence of mental disorders exerts an influence on the level of patients’ social functioning. The extent of this influence is assessed by experts, based on the analysis of case records and the current examination. This requires the inclusion into the clinical interview of a complex of questions, aimed at identifying the level of social functioning (knowledge of pragmatic and daily living issues, ongoing social communication, plans for the future, etc.). Additional use of psychometric methods with a quantifiable evaluation of both the degree of severity of mental disorders and the level of social functioning contributes to the enhancement of evidence base for the forensic-expert conclusions; it also meets the requirements of the dimensional approach.

Forensic-expert conclusions would be seen as evidence-based when the following “ifs” are met: if a mental disorder, the presence of which was identified in an individual, meets the criterion of legal significance, i.e. when it is accompanied by sufficiently pronounced disturbances of mental activity, and is a chronic one. If the severity of psychical disturbances in the cognitive, personality, emotional, and volitional spheres, as well as insight and prognostic functions, has been evaluated. If the level of social functioning has been assessed. If the potential capacity of a person for independently entering into major property contracts has been analyzed.

Analysis of 50 reports, in which forensic experts arrived at the conclusion that an examinee’s mental state corresponds to limited competency, has shown that in most cases the experts’ reports meet the requirements for being evidence-based. These reports reflect not just the degree of severity of mental disorders, but also the influence, exerted by the mental disorder on social functioning and prospective contractual capacity. At the same time, when analyzing prospective contractual capacity, experts rarely analyze the clinical-psychopathological factors, which limit one’s capacity for understanding the significance of one’s own actions and controlling them in the course of entering into contracts, such as: limited capacity for perceiving and processing information necessary for taking contractual decisions; limited capacity for setting the final and the intermediate goals; inability to forecast the consequences of one’s own actions; and limited capacity for regulating behavior, aimed at achieving goals.

**THE INTERESTS OF CHILDREN IN FAMILY LAW: OBJECTIVE FORMS AND SUBJECTIVE CONTENT**

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The Family Code of the Russian Federation defines children’s interests as the criterion in determining whether the parents exercise their rights and fulfil their duties in respect of their child in an appropriate (or inappropriate) way. Violation of children’s interests constitutes the justification for either the guardianship authorities or a Court of Law to resort to such measures of family-law responsibility as revocation or restriction of parental rights, removal of a child from his/her family of origin, as well as various forms of imposing actual limitations on parental rights. In particular, when considering the litigation between parents as to the place where their child would live, given that material conditions offered by either of the parents are almost the same, a Court of Law would be guided exclusively by the particular child’s interests when taking the decision as to whether that child would reside with his/her father or mother.

The use of the phrase “interests of a child” in the Family Code of the Russian Federation suggests the existence of some sort of an objective form of this criterion.

At the same time the content of the concept of “the interests of a child” has not been elaborated by the legislators; neither do we find any clearly formulated position on the part of law enforcement. It was only in respect of child adoption cases that the Plenum of the Supreme Court of the Russian Federation has provided the clarification to the effect that the interests of children should be seen in creating favorable conditions (both economic and moral) for parenting them and ensuring their comprehensive development.

Thus, the category “interests of a child” does have a formal definition within the norms of the Family Code of the Russian Federation. The content of the above-said concept, however, is defined in each particular case with the characteristics of parenting and the child’s living conditions taken into account. In this respect it is worth noting the significance of the position taken by the representatives of the guardianship agency, the Judge, and other officials in charge of evaluating the corresponding conditions and submitting the formal definition of the latter.

The peculiarity of the legislators’ position in the sphere of regulating the familial relationships involving minors is seen in the fact that it is the child him/herself who enjoys the right to evaluate the form and the content of the parenting measures, applied by the parents in respect of that particular child. This conclusion is based on the analysis of the stipulations of Article 56 of the Family Code of the Russian Federation, according to which a child him/herself may appeal to a Court of Law for purposes of obtaining protection in cases, when the child sees his/her parents as exercising their parental rights and duties in an inappropriate way. Thus, a child, being the object of the parenting impact, is at the same time endowed with the right to evaluate the extent to which the parenting process corresponds to his/her interests.

The subjective content of the concept “interests of a child” does have a formal definition in terms of such categories as “opinions of a child” and “consent of a child”. We refer to the provisions of the Family Code of the Russian Federation which stipulate the necessity of either getting a child’s opinion, or obtaining the definite consent from the child for purposes of resolving a range of certain issues, pertaining to the child’s interests. The study of the corresponding norms allows to unequivocally establish the subjective nature of the prerequisites and reasons for the corresponding decisions taken by either the guardianship agencies or a Court of Law.

The debate which one observes in Family Law, pertaining to the definition of the concept “the interests of a child” is, as a rule, dealing with the attributes, which are directly involved in the makeup of this category. Nonetheless, the study of the provisions of Family Law and the practice of law application make it possible to affirm the topicality and the theoretical and practical significance of the problems involved in the harmonization of private and public interests along with the objective formalization of the subjective content of children’s interests.

**PSYCHOLOGICAL CRITERIA OF FORENSIC-EXPERT ASSESSMENT OF LIMITED COMPETENCE**

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Introducing Part 2 of Article 30 of the Civil Code of the Russian Federation, pertaining to limited competence of individuals, who, due to suffering from a mental disorder, are capable of appreciating the significance of their own actions or controlling them only with the help of others, has set new goals for the interdisciplinary forensic psychological and psychiatric examination. In particular, it is also necessary to develop the psychological criteria of forensic assessment of limited competence, alongside the clinical ones. At this point, the statistics on the lawsuits, pertaining to limiting one’s competence due to a mental disorder, is quite insignificant. This is why it is also necessary to analyze those cases, in which forensic expert committees, while carrying out an assessment of incompetence, issue recommendations to limit an examinee’s competence.

The objective of the study was to identify the patho- and neuropsychological profiles of examinees, who had been undergoing the combined forensic psychological and psychiatric examination of their competence, and who, by the decision of forensic experts, have received recommendations of having their competence limited.

Methods: a set of basic neuropsychological and pathopsychological tools. The examinees predominantly suffered from schizophrenia spectrum disorders.

Preliminary data shows that the examinees, for whom limited competence had been recommended by the forensic committees, were characterized by such individual-psychological peculiarities as absence of insight in respect of their disorder, denial of experiencing any difficulties, impulsivity, sthenia in acting on their intentions, a certain overestimation of their own capabilities alongside the absence of pronounced decline in insight and prognostic capabilities.

In contradistinction to those individuals, who were incapable of appreciating the significance of their own actions and controlling them at the time of entering into contract (Article 177 of the Civil Code of the Russian Federation), the persons with “limited competence” in the course of a neuropsychological examination have shown no pronounced neuropsychological disturbances which could be linked to frontal cerebral damage (impairment of regulation, programming and controlling of activity in cases of prefrontal damage; memory and consciousness – in cases of medial damage), neither the disturbances, linked with damage to the hypothalamus-diencephalon area of the brain.

Even though it is the prognostic assessment of contractual capacity that lies at the basis of the decision on limiting one’s competence due to the presence of a mental disorder, the comparison of the results of the patho- and neuropsychological studies of individuals with limited competence (Part 2, Article 30 of the Civil Code of the Russian Federation) and those who lack contractual capacity (Article 177 of the Civil Code of the Russian Federation) shows that in carrying out a forensic assessment of the capacity to appreciate the significance of one’s own actions or control them with assistance from others only, along with the clinical-psychological peculiarities of examinees one should also take into account such social-psychological factors as the “social situation of daily living” and the “potential capacity to mindfully accept the assistance of others in forming one’s own intentions”.

**THE INSTITUTION OF LIMITED COMPETENCY: LEGAL ISSUES**

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The institution of limited competency of individuals suffering from mental disorders, as stipulated in Paragraph 2 of Article 30 of the Civil Code of the Russian Federation, to a certain extent implements the well-known principles of international Law, pertaining to the protection of the rights of this category of citizens. Namely, the flexibility and the proportional nature of legal regulation, retaining as much competency as possible, and commensurateness of protective measures to the degree of impairment of one’s capacity for comprehending the significance of one’s own actions and controlling them. Taking into account the legal position of the Constitutional Court of the Russian Federation, as expressed in its Ruling # 15-P of June 27th 2012, the extant mechanism, nonetheless, may not be considered to be optimal and fit to guarantee the maximum degree of protection of rights and legal interests for persons in the above-said category.

1. The formulation of the legal criterion of limited competency is incorrect. First of all, it does not state clearly which actions, specifically, should a person be capable of comprehending and controlling (with the assistance of others) in order for that person to be recognized as having limited (or keeping his/her full) competency. Secondly, the formulation contains a logical contradiction: the fact that an individual is capable of comprehending the significance of his/her own actions only when assisted by others, can only mean that in the absence of such outside assistance this individual is incapable of comprehending the significance of his/her own actions and is, in actual fact, incompetent. Thirdly, the “assistance” from others in helping a person comprehend the significance of his/her actions may not necessarily be the unconditional guarantee that such assistance would serve the interests of this particular person. Oftentimes the “assisting” others may themselves be less than competent in the issues that they seek to assist in comprehending, or capable of foreseeing the legally significant consequences of the actions in question. And most importantly, in many cases it is precisely the protection of the patient from active "“explanatory” influence of his/her relatives or others, who may pursue their own personal interests, that is the goal in acknowledging such individual’s incompetency. Oftentimes a patient would receive “assistance” in comprehending how beneficial it is for him/her to let someone else be officially registered as having the right to live in a patient’s domicile, sell, give away, or swap his/her real estate, move to another town, or to a residential psychoneurological facility. A patient’s consciousness becomes subject to manipulation in the process of writing his/her legal will, etc. Besides, this legislation does not work when applied to single patients who are devoid of familial support.

2. The Law fails to provide adequate differentiation for the authority of the guardians of persons with limited competency. As a result, guardian’s authority, contrary to the stipulations expressed in Paragraph 2 of Article 30 of the Civil Code of the Russian Federation, fails to be limited to the sphere of monetary and property-related affairs of a ward. It is automatically extended to many other spheres of legally significant interactions – those where the Law speaks of persons with limited competency and their guardians (that is, minors aged between 14 and 18, individuals whose competency has been limited due to their addiction to gambling, as well as those abusing alcohol or illicit drugs). Also, lawmakers failed to take into account the fact that most normative legislative acts use the uniform term “legal representatives”, which refers to parents, adoptive parents, custodians and guardians. Under these circumstances, persons with mental disorders, whose competency has been limited, were “moved closer” to the incompetent persons in terms of their legal status, as they lost the freedom to express their will in many spheres of living.

3. The Code of Civil Procedure of the Russian Federation does not set the procedure for limiting one’s competency. The act abolishing it (Paragraph 1, Article 40 of the Civil Code of the Russian Federation) is clearly flawed. The Plenum of the Supreme Court of the Russian Federation in its Ruling # 25 of June 23rd 2015 has declined to provide specific clarifications. This leads to a lack of uniformity in the practice of applying the Law, and to the violation of people’s rights.

**THE EXPERIENCE OF INTERDEPARTMENTAL INTERACTION WITHIN THE FRAMEWORK OF WORKING TO REINSTATE THE COMPETENCE OF INDIVIDUALS, SUFFERING FROM MENTAL DISORDERS**

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In course of the past decade the Ministry of Social Policy of the Krasnoyarsk Territory has been successfully implementing the rehabilitative programs for disabled residents of Psycho-Neurological Long-term Care Homes, which are targeted at developing their abilities to live independently, and having their competence reinstated. Between the years 2007 and 2018 residential social homes had filed applications to a Court of Law on behalf of 193 individuals, requesting the reinstatement of their competence. The competence of 120 of them (62.2%) has been reinstated; 6 individuals (3.1%) have been found to have limited competence; 2 claims have been called back (1%); and competence reinstatement has been refused in 65 cases (33.7%). There were 62.5% of men among those, whose competence has been reinstated, and 83% of men – among those with limited competence. In terms of nosology, the individuals, whose competence has been reinstated by the Court, had mental retardation – in 91.7% of cases, including 49.3% - moderate mental retardation, 40.8% - mild mental retardation; 0.8% - severe mental retardation; 0.8% - profound mental retardation (following the forensic-psychiatric assessment, in most cases the diagnoses have been revised as mild mental retardation); 3.3% - personality disorders; 1.7% - dementia (revised as organic personality disorder); 3.3% - schizophrenia. 64 of those whose competence has been reinstated live independently (53%), the others have been transferred for further rehabilitative care at to the Krasnoyarsk Rehabilitative Centre for Individuals with Mental Disorders. (An institution, which was set up in 2014 for purposes of helping to prepare young persons with disabilities for living independently.) For the past few years this institution has been the pilot project facility in supporting living environment for young persons with disabilities. In order to improve the results of both the rehabilitative and the forensic expert work, joint methodological workshops, dealing with the criteria of capacity for independent living and competence reinstatement, have been offered to the specialists of the rehabilitative service of residential homes and to forensic psychiatrists and psychologists of the “Krasnoyarsk Territorial Psycho-Neurological Outpatient Facility # 1”. It is worth noting such peculiarity of forensic-psychiatric examinations in cases of competence reinstatement as the necessity to use psychological testing for purposes of providing substantiation for the conclusions. In most cases, following the outpatient forensic-psychiatric examination it has been recommended that inpatient examination should be carried out. However, this does not mean that it might be sufficient for patients to have been referred for inpatient examination in the first place, since the preliminary first impression that the experts get in the course of the outpatient assessments is the requisite part in forming the more profound understanding of examinee’s psychical peculiarities. In a number of cases the experts’ conclusions on competence reinstatement contained the recommendation of appointing a special kind of guardianship. Due to the introduction in 2015 of limited competence for individuals with mental disorders, there emerged the opportunity of returning the forensic expert conclusions stage by stage. At the first stage, in less than obvious cases, forensic experts would arrive at conclusions on limiting one’s competence. In case of successful adaptation of an examinee to independent living under supervision of a special guardian, the next forensic-psychiatric examination would already be able to return the report, advising competence reinstatement. Follow-up observation results show that all individuals, whose competence had been reinstated, have had success in their social adaptation to independent living in the community.

**FORENSIC-PSYCHOLOGICAL ASSESSMENTS IN CHILD CUSTODY LITIGATION**

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From one year to the next we observe the ever increasing application of specialized knowledge from a variety of scientific fields (psychiatry, psychology, pedagogy, etc.) in the course of civil litigation, pertaining to the protection of the rights of children. This litigation concerns child custody disputes between divorced parents (Article 24 of the Family Code of the Russian Federation); the place of residence for children of separated parents (Article 65, FC RF); the participation of a separately living parent in raising his/her children (Part 2, Paragraph 2, Article 66, FC RF); the revocation (Article 69, FC RF) and reinstatement of parental rights (Article 72, FC RF); child adoption (Article 125, FC RF), revocation of adoption (Articles 140, 141, FC RF), and much more.

The wide range of litigation cases and complexity of the tasks dealt with by the Courts – including tasks, pertaining to the establishment of facts and phenomena of psychological nature and phenomenology – determines the greatest priority of the application of specialized psychological knowledge in the form of forensic assessment. This determines the topicality of the issues of forensic human resources, methodology and organization. Courts of Law order a great number of forensic assessments – combined psychological and psychiatric, forensic-psychological, and forensic-pedagogical – for the above-said categories of cases. In our opinion, it is the combined psychological-psychiatric and the forensic-psychological assessments that are the most expedient and adequate ones to the tasks at hand. Forensic-psychological and psychological-pedagogical assessments are usually ordered in cases when the Courts have no doubts as to the examinees’ mental status, especially when litigants submit substantiated objections to a psychiatric assessment. In most cases the Courts refer examinees for psychological-pedagogical assessments (including those requested by the litigants) to be carried out at non-State-run forensic-expert institutions, or – which is more often the case – by non-State/private experts. Professional training of the latter is not subject to any strict requirements of the current legislation, and checking their competence is the responsibility of the Court. Forensic-psychological assessments are carried out at the State-run forensic-expert institutions of the Ministry of Justice of Russia, in which the competence of experts is ensured by meeting the requirements of the Federal Law on the State Forensic-Expert Activity, in particular – those regulating the specialized professional training of forensic experts, testing the level of their expertise, attestation for them to be authorized to carry out forensic assessments, their regular participation in continuing education programs, and controlling the quality of assessments.

As demonstrated by the results of studying the practice of forensic-expert work, which was carried out at the Russian Federal Centre for Forensic Assessments under the Auspices of the Ministry of Justice of Russia in the year 2016, the referral questions, posed to forensic experts in psychological-pedagogical assessments, essentially come within the purview of psychologists.

Forensic-psychological assessment in family litigation is a separate kind of forensic assessment in Civil Proceedings, which is characterized by the involvement of multiple subjects and multiple objects of assessment. This determines the increased requirements towards the organizational aspects of carrying out such assessments. Thus, having to carry out these assessments on an outpatient basis at medical forensic-expert institutions imposes a number of limitations on the opportunities available to forensic experts. This challenge can be overcome at the State-run Forensic-Expert Institutions of the Ministry of Justice of Russia, in which the assessment of parents and their children is carried out stage by stage over the course of several days, with parents and children assessed both jointly and separately. This provides certain advantages and contributes to the thoroughness and comprehensiveness of assessments.

**THE PRACTICE OF FORENSIC PSYCHOLOGICAL AND PSYCHIATRIC ASSESSMENTS IN CHILD CUSTODY LITIGATION**

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In the last few years in our country there is a growth in the number of court cases, addressing the issues of determining the domicile for children, issues of their parenting and rights of visiting them. This brings forward the significance of forensic psychological and psychiatric assessments, ordered by the Courts of Law in civil cases, dealing with the protection of the rights and interests of children whose parents live in separation. The tendency of steady increase in the number of interdisciplinary forensic psychological and psychiatric assessments (IFPPA) for this category of civil cases is also seen in the Penza region. It was in the year 2008 that the combined interdisciplinary psychological and psychiatric forensic-expert examinations were first carried out at the “K. Evgrafov Regional Psychiatric Hospital” for child custody litigation. Between 2008 and 2012 the above-said assessments were carried out in a total of 13 civil cases. The total number of examinees equaled 36, 12 of whom were children, 21 – parents, 2 grandmothers, and 1 stepfather. Between 2013 and 2017 already 37 combined interdisciplinary assessments have been carried out in civil cases – that is, there was a three-fold increase in the number of psychological and psychiatric assessments in Family Code litigation. Thus, over the last five years combined interdisciplinary forensic psychological and psychiatric assessments have been carried out in respect of 112 examinees. Among the latter there were 31 children, 63 parents, 5 grandfathers, 8 grandmothers, 2 stepmothers, 2 stepfathers, and 1 guardian. Among the pressing cases of litigation, which have been studied, we observed the predominance of disputes between parents, who had failed to agree on issues of domicile for their children and issues of parenting them, as well as ways for a separately living parent to visit his/her child. A small number of cases had been initiated by the senior generation (grandparents) and addressed issues of removing obstacles to visiting their grandchildren and either establishing or altering the procedure for these visits. There were also civil litigation assessments, addressing the issue of either revoking or limiting a mother’s or father’s parental rights due to their mental illness. All forensic assessments have been carried out in three stages. All assessments, with very rare exceptions in cases of long distance commuting, have been carried out over the course of several days. In order to achieve the greatest possible objectivity in specific disputed cases, we observed the interactions between children and their parents and, whenever necessary, – between children and significant adults. In one particular case we had to observe the online communication between a boy and his father via Skype, since that was ordered by the Court of Law, sustaining the demand of the father, based in Cincinnati, Ohio in the USA. These IFPPAs sometimes take several months due to the fact that several examinees (up to 7) may be involved; a great amount of time and effort must be invested in these assessments; from time to time it may become necessary for forensic experts to ask the Court for additional data to be provided to the forensic-expert committee.

Problems may emerge due to either unwillingness or categorical refusal on the part of some examinees in this type of civil cases to undergo forensic assessment, especially when there are grounds to suspect that one of the litigants in a child custody case may suffer from a serious mental disorder. All this makes it necessary to carry out further research.

**THE PROBLEM OF LIMITING PARENTAL RIGHTS OF INDIVIDUALS, SUFFERING FROM MENTAL DISORDERS**

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The presence of a mental disorder in a parent may determine that parent’s incapacity to perform his/her parenting duties adequately. The Law provides, that in cases when it may be dangerous to leave a child with his/her parent suffering from a mental disorder, the latter’s parental rights should become subject to limitations. If, present shortcomings of parenting notwithstanding, there is no danger in leaving a child with his/her parent, one may consider the following possibilities: 1) in case of separately living parents – ruling that a child should reside with his/her other parent, and deciding on the visitation procedure for the parent suffering from a mental disorder; 2) providing social support for the family, which may include rendering psychiatric or psychological assistance to the parent, correcting the wrong parental preset attitudes, and developing skills necessary for taking care of, and communicating with children.

The analysis which we have carried out of the 49 forensic assessments in lawsuits, pertaining to either limiting or reinstating parental rights, reveals the underdeveloped state of the methodology of forensic evaluation of the capacity of parents, suffering from mental disorders, to raise their children. The main problems encountered are: insufficiency of scientific data; the insufficient clarity of forensic-expert concepts; peculiarities in organizing forensic-psychiatric assessments for this category of cases; and the underdevelopment of the methodology and methods of evaluating parental competency.

**Insufficient clarity of forensic-expert concepts.** The expertological analysis shows that the concept of “danger posed by leaving a child with his/her parent” is the key forensic-expert concept in forensic-psychiatric and combined psychiatric and psychological assessments in lawsuits, pertaining to limitations imposed on parental rights. Here we need to differentiate between two concepts – those of “danger posed by leaving a child with his/her parent” and the “negative influence exerted on the mental health and development of a child”. In the case of the former, the vast majority of cases would have a predetermined outcome in the Courtroom, whereas in the case of the latter, the evaluation made by a Court of Law would take into account other circumstances as well and would allow for a variety of legal consequences.

The principles of legal regulation of familial relationships rely on the priority of children’s interests, the priority of raising children within their families, and protecting parental rights. These principles determine the need to assess the “sufficient parental competency”, for which neither the general psychological, nor the forensic-psychological criteria have been developed yet.

**Organizing the forensic-expert assessments.** In most cases Courts of Law would order outpatient forensic-psychiatric assessments in civil litigation on limiting parental rights. It is not always that forensic experts are provided access to data about the child. Only in rare cases referral questions ask about the individual-psychological traits of a parent, his/her attitude toward the child, and the nature of the relationship between the children and their parents. In exceptional cases (1 single case in our practice) the order contains the demand that a child should be assessed jointly with his/her parent, as this would increase the objectivity and the degree to which the forensic report would be substantiated. The above-said circumstances reduce forensic examination to a clinical-psychopathological one, minimizing the opportunities for the functional assessment of an examinee as a parent.

**Methods of evaluating parental competency.** In foreign forensic-expert practice the assessment of one’s capacity to perform parental duties has a clear-cut functional nature. Some efforts were made to operationalize the concept of “parental competency”. There is a great number of standardized and semi-standardized methods aimed at evaluating the “good-enough parenting” (presence of knowledge, abilities and skills; capacity for empathy; efficaciousness in interacting with the child, etc.). Russian forensic assessments do not rely on such methodology. Its further development would enhance comprehensiveness, degree of substantiation and objectivity of forensic-expert reports.

**ASSESSMENT OF THE DANGEROUSNESS OF WOMEN, SUFFERING FROM SCHIZOPHRENIA, IN EXERCISING THEIR PARENTAL** **RIGHTS**

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At present, great attention is paid to the topic of respecting the rights and interests of children. One of aspects of this problem is prevention of dangerous and aggressive behavior of parents towards their children. Aggression, targeting children, is not always a consequence of their parents’ guilty behavior. In those cases, when parents suffer from mental disorders, their dangerous behavior may be determined by their morbid experiences, the presence of delusions, hallucinations, and pronounced deficit disorders. For these cases the Law reserves such legal form of protecting children as limiting parental rights, i.e. removing the child from his/her parents’ custody without revoking their parental rights. The increase in the number of lawsuits seeking to resolve issues, pertaining to the possibilities for parents, suffering from mental disorders, to raise their children, determines the social aspect of this theme. Forensic-psychiatric assessment of individuals for purposes of resolving the issue of limiting their parental rights is one of the new kinds of assessment in civil procedure. This is scientifically topical and calls for the scientific-methodological development of such forensic-psychiatric assessments. In deliberating civil lawsuits, pertaining to limited parental rights, Courts of Law order forensic-psychiatric assessments for purposes of identifying legally significant circumstances, evaluating the mental state of parents, and the danger posed by leaving children in their custody. The dangerousness of leaving children in the custody of parents who suffer from mental disorders refers, above all, to cruel treatment and commission of aggressive, oftentimes, extremely ruthless and dangerous acts towards children. As a rule, it is precisely this aspect of the dangerous behavior of parents, suffering from mental disorders, that is considered by the Court and by forensic psychiatrists in the course of deliberating the issue of limiting parental rights. At the same time, danger is seen not just in the cruel treatment of children, but also in the presence of the sort of conditions in the family which inflict serious harm on children’s state of health, the process of their parenting and development, as well as in the potential threat of the above (potential dangerousness). Oftentimes, parents' mental disorders trigger a long period of time during which they behave wrongly toward their children, mistreating them, inflicting significant harm of their children’s mental and physical health, and violating children’s rights. Such a period of time may precede severe aggressive criminal acts towards children. This is why limiting parental rights is not just means of protecting the rights and interests of children, but it is also paramount in preventing cruel treatment of children and aggressive socially dangerous acts aimed against them. The issue of limiting parental rights is most often raised in respect of mothers, since the idiosyncratic social-role functions of women determine the concentration of their interests on familial relationships and on raising children. Schizophrenia is the most prominent of the significant and severe mental disorders in women, which may significantly disturb their social, including familial, status, and affect the state of parental-maternal sphere (attitude towards children, emotional connection with them, the notion of one’s own maternal role and the social consequences of playing it), becoming the cause of aggressive actions.

**PSYCHOLOGISTS’ PARTICIPATION IN THE EXECUTION OF COURT DECISIONS IN CASES OF CHILD CUSTUDY LITIGATION**

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In cases of acute conflict between parents, even when the Court decision as to the domicile or the visitation procedure has already been taken and put into effect, executing the Court decision oftentimes turns into yet another stage in the battle for the child, with all the ensuing negative consequences. Actively involving a child into such conflicts by the parent sharing the same domicile (respondent), and building a negative image of the other parent, respondent’s being on the run from the authorities for long periods of time with the corresponding prolonged intermissions in plaintiff’s visitation opportunities and the loss of the child’s attachment, do significantly increase the risk of development of a psychologically traumatizing situation for the child in the course of executive actions.

In order to assist the timely, full and correct execution of Court decisions, executive bailiffs would retain psychologists for participation in the executive proceedings. These psychologists would be assigned the procedural status of specialists. In accordance with the Russian Federal Bailiff Service guidelines, concerning the executive documents which pertain to parenting, the tasks for psychologists are: 1) evaluating a child’s psychological state; 2) issuing recommendations in the form of answers to the questions posed by a bailiff and “aimed at ensuring the correct execution of proceedings” and creating conditions which would preclude “inflicting either psychological or physical trauma on a minor in the course of executing a Court’s decision”; 3) finding out the reasons behind a child’s unwillingness to communicate with a plaintiff or move to the plaintiff’s domicile (if it represents the child’s independent opinion or follows from psychological inducement); 4) preparing the specialist report, which would then become part of the documentation of executive proceedings.

The cases in which a plaintiff failed to exercise his/her rights and duties in respect of a child for a long time are particularly challenging, as the respondent in the meantime may have entered into another marital relationship, and the child may already consider the respondent’s new spouse to be his/her parent. Such situations may turn a Court’s decision as to the plaintiff’s visitation procedure into practically unenforceable, since in accordance with Part 4 of Article 109.3 of the Federal Law “On executive proceedings”, a bailiff “must establish the fact that respondent does not impede communication between the plaintiff and the child”. At the same time, extant Russian legislation does not explicitly stipulate respondent’s obligation to facilitate the establishment of rapport between the plaintiff and the child.

Execution of Court decisions on transferring the child into / or removing from the custody of the other parent is made much more complicated by the presence of a negative attitude toward the plaintiff (the rejected parent), when a child’s opinion contradicts his/her interests, along with the necessity to carry out the transfer expeditiously so as to avoid the risk of repeat concealment of the child by the respondent.

Protracted courtroom proceedings and prolonged failure to execute judicial decisions may exacerbate the severity of conflict and neurotic/somatoform, etc. states, or pathological character peculiarities, should these be present in the child’s parents. In practice, there are situations when a child’s refusal to move in with the plaintiff is due to the child having experienced some negative interactions with the latter.

It is obvious that in order for the above-said problems to be resolved, it is necessary to improve current legislation and to carry out combined interdisciplinary research, aimed at studying the factors, which affect the success in executing judicial decisions, as well as develop the methodological recommendations, which would give a detailed exposition of the sequence for executing judicial decisions in child custody litigation, and the legal constructs for the subjects of this category of executive proceedings.

14.00-17.00 Sectional Session

**Combined forensic psychological and psychiatric examination of minors**

**COMBINED FORENSIC PSYCHOLOGICAL AND PSYCHIATRIC EXAMINATION OF MINORS: EVOLVEMENT, CONTEMPORARY PROBLEMS AND WAYS OF IMPROVEMENT**

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Combined forensic psychological and psychiatric examination (CFPPE) is in high demand as the adequate way to examine minors. It provides guaranteed protection of the rights and interests of children and adolescents who become involved with the criminal justice system.

The fact that the legal status of minors – due to their natural age-related psychical and social immaturity – has some special features, has led to the special treatment of forensic-psychiatric examination (FPE) of minors as a separate kind of assessment ever since 1935. The legislative foundation for carrying out CFPPE of minors was provided by the Ruling # 1 of the Plenum of the Supreme Court of the Soviet Union, issued on March 21st 1968 and titled “Addendum to Ruling # 6 of the Plenum of the Supreme Court of the Soviet Union of July 3rd 1963 ‘Concerning the practice of deliberating criminal cases of underage defendants’”. The above-said Ruling stipulated that the Courts should order an examination to be carried out by specialists in the field of child and adolescent psychology for purposes of “assessing the degree of underage examinees’ mental retardation and evaluating whether they were capable to fully appreciate the significance of their actions, and to what extent were they capable of controlling them. These referral questions may also be posed to forensic experts-psychiatrists”. In spite of the debatable nature of the formulation of “mental retardation”, the above-said Ruling has determined the main tasks and directions of CFPPE of minors, thus strengthening its autonomy. The multitude of studies, which had been carried out over the course of the fifty-year development of CFPPE of minors, have furnished evidence to support the view of the leading role played by the age factor in the emergence and clinical features of mental disorders, as well as the need for the interdisciplinary approach in studying them and in carrying out their forensic-psychiatric evaluation.

The developments of the current stage include the significant alteration of the structure of underage crimes, the influence exerted by information technologies on the aggressive behavior of minors aimed at self and others, as well as the increase in the number of children and adolescents who become victims of crime. Under these conditions, the specialists work on an ever expanding range of tasks. Further investigation of the parameters of the clinical-psychological assessment of mental disorders in underage defendants and victims, as well as elaboration of forensic-expert criteria relevant to material time, is still seen as the topical problem in adolescent forensic psychiatry. Due to the high social significance of adolescent suicides and the new legislation passed in this respect, it becomes a pressing task to develop the theoretical and the methodological aspects of CFPPE in cases of underage suicide. It is also necessary to resolve the remaining problems, pertaining to the organizational aspects of CFPPE of minors. These aspects include, above all, the absence of specialized adolescent units for FPE of underage defendants and suspects held in custody, as well as the issue of the frequent need for inpatient examination of children and adolescents who became victims of crime. Finally, it is important to solve the problem of availability of human resources and training of forensic expert-psychiatrists and psychologists who would be competent in dealing with issues of adolescent forensic psychiatry.

Thus, further improvement of CFPPE of minors is aimed at finding solutions for a range of scientific-practical, methodological, organizational, and educational-methodological issues with the contemporary tendencies taken into account.

**ISSUES OF INTERDEPARTMENTAL INTERACTION IN COMBINED FORENSIC PSYCHOLOGICAL AND PSYCHIATRIC ASSESSMENT OF MINORS**

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**Topicality of the study.** An important aspect in carrying out the combined forensic psychological and psychiatric assessments (CFPPA) of minors is seen in the well-organized and efficient interdepartmental interaction between forensic-psychiatric institutions and the judicial-investigative agencies.

**Objective.** Studying the interdepartmental interaction between the State forensic-psychiatric expert institutions and the judicial-investigative agencies in the course of the CFPPA of minors in criminal cases carried out from 2013 to 2017 at Tyumen Regional Clinical Psychiatric Hospital.

As a **result** of the study we have developed the algorithm for interdepartmental interaction in the course of examining minors for criminal proceedings. This algorithm is represented by several stages. 1. An investigator issuing the mandate for CFPPA to be carried out, obligatorily specifying the reasons why assessment is needed and formulating referral questions. 2. An investigator (either in person or by phone) scheduling an appointment for an examinee to be assessed at the division for brief outpatient forensic-psychiatric assessments, submitting the original or a facsimile copy of the mandate. Waiting time ranges from 3 to 7 days. 3. One day prior to the session of forensic-expert committee the Division Registrar would make the reminder telephone call to the investigator, confirming the date of the session. Should an examinee fail to arrive for assessment, the investigator would be notified of this fact on that same day. 4. At the end of the calendar month the following reports would be compiled: а) the report “on examinees, who failed to arrive for their outpatient forensic-psychiatric assessment”. This report is forwarded by the Head of the forensic-psychiatric service of Tyumen Regional Clinical Psychiatric Hospital to the judicial-investigative agencies. Over the course of five years 13.36% of underage examinees (n=279) failed to arrive for their CFPP assessments; b) report on the submitted and met requests for additional data, necessary for assessments, to be provided to forensic experts. On average, 2% of such requests are not met by investigators. 5. Regular training sessions are held for the staff of the Investigative Committee and the Main Directorate of the Interior in Tyumen Region for purposes of enhancing their professional competencies.

At any of the stages of ordering and carrying out a CFPPA there may emerge some issues that would call for efficient interdepartmental interaction. The methodological ones: 1) ordering a CFPPA within the framework of Article 144 of the Code of Criminal Procedure of the Russian Federation (based on inspection data); 2) use of CFPPA as medical examination of minors for purposes of identifying any disorders that may hinder their staying and learning at a specialized closed-type educational correctional institution; 3) incorrect phrasing of referral questions in the mandate. The organizational ones: 1) insufficient number of copies of criminal case records; 2) lack of requisite medical records; 3) engaging minors’ relatives or acquaintances as their legal representatives in cases when the corresponding status of the latter is not substantiated in the eyes of the Law; 4) failure to deliver examinees for the session of forensic-expert committee, etc.

**Conclusion.** Implementation of this algorithm of interaction between the forensic-psychiatric service of Tyumen Regional Clinical Psychiatric Hospital and the staff of judicial-investigative agencies promotes quality, comprehensiveness and reliability in writing forensic reports, as well as diminishes the duration of the CFPPA of minors, and enhances accountability and discipline of specialists involved.

**AGGRESSION-AIMED-AT-SELF BEHAVIOR OF MINORS IN EDUCATIONAL INSTITUTIONS**

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In today’s world of widespread information technologies minors are particularly susceptible to the negative impact of information harmful to their health and normal mental development. This refers not just to pornography and online pedophiles, but also to the open access sources of information about violent crime and suicide, the aggressive internet content, including computer games, the online presence of professional manipulators and those who incite deviant and delinquent behavior, as well as all sorts of destruction-oriented groups.

Against this background, the negative psychological climate in schools, bulling (hazing) by peers lead to the creation of “pariahs”, children who close up, accumulating negative experiences and start looking for like-minded people online. This is abetted by the feebleness of interest toward children’s problems on the part of legal representatives, pedagogues, including homeroom teachers and school psychologists. The problem is rooted in the very organization of school psychological service, its orientation towards group rather than individualized forms of work, the oftentimes unimpressive professional level of psychologists, all of which in combination prevents school psychologists from building relationships of trust with concrete children who need help, and from rendering this help.

As a result, we observe the spike of adolescent suicidal behavior, including that influenced by the “death groups” which “assist” in resolving their problems in this destructive way. The flipside of response to the above-said factors is the increase in the number of armed assaults on schoolchildren, perpetrated by their peers. At the same time, each of this kind of cases is extensively sensationalized by the media, which oftentimes contributes to promotion of such phenomena.

The events of the last few years, including the most high-profile ones, attest to the insufficient effectiveness of the methods used for purposes of early identification in pupils of the signs of psychological deviation, compiling the psychological character profiles for each child and deciding on the future ways of working with children and their families.

Across Russia one encounters the problem of limited access to competent psychological, psychiatric and psychotherapeutic care, as well as insufficient awareness of people about the nature of psychologists’, psychiatrists’, and psychotherapists’ work, with widespread stereotypes in the kind of impressions people hold of this work. This prevents people from seeking professional help due to fear of public disclosure and stigmatization, reluctance in admitting that a child may have mental health problems.

A possible solution for this problem may be found in introducing staff positions of medical doctors-psychotherapists or clinical psychologists in children’s polyclinics along with concurrent promotion campaign (including the online one, first and foremost via social networks) and elucidating information about the issues tackled by mental health professionals, the importance and the beneficial nature of assistance rendered by them.

Thus, at the present time there is a need for comprehensive work to be carried out in this area, which may not be implemented without the participation of specialists in the fields of psychology and psychiatry.

**SEXUAL OFFENDING AGAINST MINORS**

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Protecting the rights of children is one of the most important tasks of the modern State. Every child has the inalienable right to live and be raised in a family, which is enshrined in the norms of both international and Russian legislation.

The practice of applying the Law has demonstrated that in some cases children may even need to be protected from their own parents, who either violate children’s rights or fail to adequately perform their duties. Children may also have to be protected from other individuals, who reside in the same domicile with them.

# We have analyzed the 2015-2017 practical work of detectives of the Investigative Directorate of the Investigative Committee of the Russian Federation in Primorsky Territory, concerning reports of sexual offences against minors, committed either by their guardians, or by other individuals residing in the same domicile with minors. The analysis of investigations in these criminal cases has shown the following.

These crimes are extremely latent in nature, as the vast majority of these cases remain unreported to law enforcement agencies. The main reason for this, as a rule, is the psychological pressure, applied by mothers who accuse their children of inventing stories and fantasies. There are also cases of undue duress and threats made by perpetrators who had committed an offence against minors and continue living together with them as a family. Under such circumstances, minors lacking the support of those in the immediate environment, due to their young age, are incapable of finding adequate ways of resolving this difficult situation.

We hold the opinion that under these circumstances the key prophylactic part should be played by the educational institutions where minors go to school.

An important element of prophylaxis in seen in providing timely psychological care to underage victims of crime for purposes of dealing with the negative consequences, rehabilitation, and prevention of repeat offences against them. We think that the methods of providing psychological support to children who survived violence should be actively introduced into the practical work of the agencies working within the system of crime prevention.

Finally, the significant prophylactic aspect of preventing sexual offences against minors is found in strengthening the prophylactic role of the system of the Federal Penitentiary Service of Russia, since practical work has demonstrated that the vast majority of these offenders had previously been convicted for committing various other categories of crime.

Therefore, there emerges a pressing necessity to develop methods for identifying the signs of “pedophilia” and other sexual deviations in individuals serving their time in penitentiaries. Then, the police should be informed of these individuals for purposes of keeping up the work with convicts following their release. This will become an important aspect of early prevention of sexual offences against minors.

**DISORDERS OF SEXUAL SELF-AWARENESS**

**IN SOME FORMS OF DANGEROUS (SUICIDAL, PSEUDOPARAPHILIC) BEHAVIOR IN ADOLESCENTS**

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*Objective of the study*: systematizing the disorders of sexual self-awareness found in adolescents with dangerous behavior.

*Subjects and methods*: the study has been carried out at the Republican Clinical Psychiatric Hospital of the Ministry of Health of the Republic of Udmurtia. Subjects of the study were adolescent males (16 persons) and females (11 persons), who had been undergoing either voluntary or mandatory inpatient treatment between 2012 and 2018.

*Main methods of the study*: clinical-psychopathological, clinical-catamnestic, sexological.

*Results of the study*: we have singled out 4 groups of adolescents, each of which had its own characteristic peculiarities.

The first group included male adolescents having experiences, which contained effeminate signs, without dissatisfaction with one’s own gender. These adolescents reported that either occasionally, or in some cases virtually constantly, they experienced sensations of having female genitalia. Their sexual fantasies were characterized by images with gender transposition without internal resistance. These experiences could be the only obvious manifestation of their psychical ill-being. These adolescents committed unfinished sexual acts with pre-pubescent, predominantly female, persons.

Adolescents in the second group also reported the above-said experiences. However, the latter were different in that they were of short duration and there were manifestations of internal resistance, and from time to time – doubts as to one’s sexual orientation. Individuals in this group were characterized by having aggressive fantasies toward the opposite sex, and elements of sadism. Socially dangerous behavior of these adolescents was similar to that observed in the first group.

The third group included boys experiencing dissatisfaction with their own gender and having suicidal behaviors. They had no history typical of transsexual individuals, correspondingly they had not developed a wish to change their gender. Their experiences became prominent during puberty, and were predominantly characterized by fantasies of oneself in the role of a female peer in daily situations. It was not characteristic of them to have sexual experiences with sexual arousal.

The fourth group was represented by girls experiencing dissatisfaction with their own gender and having suicidal behaviors. They too had no history seen in transsexualism. Their symptoms were characterized by their ideas that they had the anatomical signs of male gender, and they included these into their sexual fantasies.

*Conclusion.* We find disturbances of sexual self-awareness in adolescents with dangerous behavior. The former are characterized by varied psychopathological structure. Further study of this problem will make it possible to overcome the difficulties that emerge in the course of clinical differentiation of the disturbances of sexual self-awareness in adolescents. It will also improve the quality of forensic-expert work and therapeutic care.

**PSYCHOLOGICAL-LINGUISTIC INVESTIGATION OF INFORMATION MATERIALS IN CASES OF INSTIGATION TO SUICIDE**

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Over the course of the last few years the problem of suicidal behavior of children and adolescents has taken a new turn. This was due to the emergence and growth of the destructive impacts, affecting the psyche of children and adolescents via the Internet and other media. There emerged a new kind of criminal activity – the one, aimed at instigating children to suicidal behavior. In order to grant protection to children, the Federal Law # 120-FZ was passed on June 7th 2017. The Law is titled “On the introduction of changes to the Criminal Code of the Russian Federation and to Article 151 of the Code of Criminal Procedure of the Russian Federation, pertaining to the establishment of additional mechanisms for countering the activities, aimed at instigating children to suicidal behavior”. The above-said Law has established criminal responsibility for either inciting suicide or aiding and abetting suicidal behavior (Article 110.1 of the Criminal Code of the Russian Federation), as well as for organizing activities, aimed at instigating individuals to commit suicide (Article 110.2, CC RF).

Even prior to the emergence of this legislation, law enforcement began submitting requests for a new kind of forensic-psychological assessment to be carried out – the assessment that would look at Internet in order to evaluate whether it contains material, which instigates children to self-injurious or suicidal behavior. The material, subject to assessment, includes comments in social networks, posts by all sorts of online groups (the so-called “death groups”), and personal letters and other writings or pictures authored by an individual who has committed suicide.

It was at the turn of this century that law enforcement agencies discovered the necessity for psychological investigation and forensic-expert assessment of the information materials, quite separate from the traditional forensic-psychological assessment of examinees proper and their mental activity. This determined the establishment of a new forensic-expert specialty within the framework of forensic-psychological assessments in the system of forensic-expert institutions of the Ministry of Justice of Russia. This new specialty is coded as “20.2 – Psychological investigation of information materials”.

Investigation of information materials is different, in that there are specific features in the object of investigation (information material, communicative activity of participants in the process of communication), in its subject (social-psychological and communicative orientation of the material), and in its methods (psychological methods of studying speech and communicative activities).

Forensic assessments in cases of instigation (incitement) to suicide are, as a rule, combined psychological and linguistic ones.

A linguist would carry out the subject-content analysis of texts, identifying the subject and the objectives of speech, and the presence of information about the methods of committing suicide. A psychologist would identify the orientation of each participant’s communications, the peculiarities of psychological impact, the mechanisms of forming the intent to participate in suicidal behavior, and the readiness to commit aggressive actions aimed at self, etc. Interdisciplinary expertise would then be combined in order to arrive at the conclusion as to whether the instigation (incitement) to suicidal behavior took place.

**THE CLINICAL AND THE PSYCHOLOGICAL FACTORS IN FORMING THE DANGEROUS, ADDICTIVE AND SUICIDAL BEHAVIOR IN MINORS**

**(based on the post-mortem combined forensic psychological and psychiatric examinations)**

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Lately, adolescent suicidal behavior became one of the most widely discussed and topical problems in society and in the professional community. Although suicidal behavior is comparatively rare at pre-adolescent and early adolescent age, its prevalence significantly increases in adolescents and youths aged between 15 and 19. According to statistical data, suicide is the third most widespread cause of death for girls, and the fourth – for boys aged 15-19. In terms of protecting the mental health of children and adolescents, comprehensive medical and social measures, aimed at suicide prevention, have been identified as the priority for national policy. In order for these pressing issues to be resolved, there is a need for research and development in the area of determining the risk factors for forming the dangerous, addictive, and suicidal behavior in minors.

In the context of criminal law, the judicial-investigative bodies order post-mortem combined forensic psychological and psychiatric examinations (CFPPE) for purposes of identifying the causes of suicide in minors. The peculiarities, linked to being underage, the significant increase in the number of such examinations, as well as the widening of the spectrum of referral questions, make it necessary to develop the methodology and the methods of post-mortem CFPPE in cases of underage suicide, taking into account the specific features of their age, and the peculiarities of the contemporary developmental situation. One of the priorities is the task of developing the algorithms for the assessment of the psychopathological and psychological phenomena, the mental and the emotional states at the period of time, preceding the death of children and adolescents, as well as the factors, which affect the development of the mental state of suicides, including the chemical and the non-chemical dependencies and the different variants of deviant, self-injurious, dangerous behavior. Undoubtedly important and topical is the analysis of the existent practice of carrying out the post-mortem CFPPE of minors. It allows to identify the most acute problems, faced by this type of assessment, which may be resolved through developing the methodological recommendations and unifying the approaches toward assessments. Moreover, such an analysis will provide an opportunity of identifying the most significant factors, which affect the development of adolescent suicidal behavior, and using this information for purposes of prevention.

The empirical analysis, which we have carried out, shows that the practice of carrying out the CFPPE in cases of underage suicides is in high demand on the part of the investigative agencies, and it is widespread across the Russian Federation. Among the problems identified in the course of this analysis, for which professional evaluation and solution development would be necessary, are such issues as elaborating the reasons for ordering the examination, formulating specific referral questions for forensic psychiatrists and psychologists, evaluating if the materials provided are sufficient for purposes of a complete and meticulous analysis of forensic cases. From the point of view of producing quality and evidence-based forensic reports, it is necessary to develop the assessment criteria for mental states, the forms in which forensic conclusions would be submitted, and the results, obtained by forensic psychologists and psychiatrists would be combined and integrated.