A Review on Psychopathology in Sex Crimes
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Abstract: This essay aims to examine the psychopathology in sex criminals. The literature about the subject was reviewed. According to the literature, crime is regarded as a kind of deviation from the legitimate social norms of society. On the contray, punishment is a response to a crime or offense that is the act of inflicting a consequence or penalty on someone as a result of their wrongdoing, or the consequence or penalty itself. The execution of the punishment depends on the penal institutions where the liberty binding punishments are enforced upon arrest warrants. It may be accepted that the life in penal institutions is one of the most crucial life events creating stress. Penal conditions could trigger the psychological problems such as depression, anxiety, impulse control disorders, adjustment disorders, etc. All mental disorders influences social life which take a person away from the joy of living, make him/her unhappy, uneasy and unproductive because of the psychological and somatic indications. It is proved that there is a relationship between sex crime and mental disorders, based on the relevant scales. The sex criminals reliably show high-level psychopathology. The rate of depression and anxiety disorders with the adult and child sex criminals is higher than the normal population.

Keywords: sex crime, psychopathology, punishment, psychiatric disorder, sex criminal, prison

INTRODUCTION

Crime and Punishment

According to the simplest definition given by the Penal Act, crime is the action punished by the act [1]. Examining today’s social sciences literature, the crime is defined as a kind of deviation from the legitimate social norms of the society. The criminal person is identified as a person torn between norms of the society he/she lives in and his/her personal norms [1]. Although the social rules to be complied with generally change from one period to another, from one society to another and from one culture to another, the actions contrary to the said rules are defined as “crime” or “aberrant behavior” [2].

Punishment is a sanction enforced as a result of a judicial decision and in proportion to the obligation degree in order to subject the criminal person to some losses and therefore to specify the rejection of the society the said committed offense, among the other purposes created and followed by the state through the Law, against the actions considerably damage the society. Even though the methods of the societies have been different, they have absolutely reacted against and punished the crimes. While punishment was a reaction against the damaging actions in ancient crimes, it has become a fundamental tool in regular presentation of the public services and gained a legal characteristic in time [3].

The penal institutions required for execution of the punishment are the institutions where the liberty binding punishments are enforced upon arrest warrants. The existence of the prisons is unavoidable in fighting against crime and criminality which is the aim of the criminal justice system. These institutions are the places where the arrested and sentenced ones, for whom the liberty binding punishment decision are final, are sheltered in accordance with the purposes specified according to the universal and national laws on criminal execution, which have the determinant physical and security criteria and where shelter, food, health, training, recovery, sports and working services are provided and have a separate personnel and form of management [4].

It may be accepted that the life in prison is one of the most important life events creating stress. In terms of social aspect, the prison rules and social relationships are different from the individual’s social life he/she is accustomed to. The person is not free anymore and his/her relationships with others have been restricted. In terms of personal aspect, the psychological problems such as depression, anxiety, sleep problems further increase during this period. Stress increasing events such as decisions of heavy penalties or hearing illness of his/her child also increases the said problems [5]. Both social and personal changes affect the mental state of the convict. Almost all of the convicts are under the risk in terms of psychological disorders [6].
Prisons and Psychiatric Disorders

It has been determined that about 20% of the people experience depression in any period of their lives while 25% experience anxiety disorder. Both depression and anxiety disorders are mental disorders influencing social life which take a person away from the joy of living, make him/her unhappy, uneasy and unproductive because of the psychological and somatic indications [7].

Considering the rate of the psychological disorders, the influence of the environmental conditions of the prisons on the prisoners has drawn attention of many researchers. It is observed that the prisoners remaining alone in the prison experience further disorders such as depression and anxiety [8].

In a research by Teplin [9], it was found that 66% of the randomly selected 728 prisoners experience at least one of disorders such as schizophrenia, major depression and substance abuse. It is known that the rate of psychological problems appeared in prisons of USA [10] and Canada [1] are two or three times higher than the ones in the society. Similarly one third of the criminal people in England experience psychological problems [12]. It is known that the rates of psychotic disorders, major depression, anxiety disorder, anti-social personality disorders, post-traumatic stress disorder, learning disability and other serious disorders in USA state prisons [13-16], Canada federal prisons [17, 11, 18] and England prisons [19-22] are higher than the disorders seen in the general societies. Similar results have been obtained in Kuwait [1], Germany [23, 24] and our country (Turkey) [25-27] prisons.

The anxiety disorders are the disturbances frequently seen both in the general society [28] and in the prisons [29]. The anxiety disorders may be observed with the convicts with longer term of sentence [30] and arrested persons [27]. The researched conducted in the prisons show that the rate of anxiety of the convicts in the high-security prisons is higher because of restricted communication [21].

METHOD

Sex Crimes

The sex crimes are defined as one of the heaviest crimes among the crimes committed against the human. Although it is not a new subject, the sex crime have become debatable due to the awareness of the society and increase in the number of the experts of the subject in recent years [31]. The sex crime includes all actions without the desire of the targeted person such as verbal molesting, actions giving sexual pleasures, and rape at the extreme point. The sex crimes are social problem threatening people of all ages throughout the world. It is the crime increasing in the fastest way among the violent crimes particularly in recent years [32]. According to the data provided by World Health Organisation, at least one of the five women is exposed to sexual assault during her life [33].

Sex Criminals and Psychopathology

Many works state that there has been a relationship between sex crime and mental disorders, based on the relevant scales. In a research conducted in the Judiciary State Hospitals in Germany, Leue and et al., [34] executed a work on the sex criminals staying at the judicial hospitals because of therapeutic therapies according to the German Criminal Law. All of the sex criminals are male and diagnosed as paraphilia (pedophilia and sexual sadism) and impulse control disorders according to DSM-IV. According to DSM-IV, 30% of those have paraphilia while 25% of them have impulse control disorder. Some structured clinic interview method has been used in order to evaluate the sample. In the results, it has been observed that 73% (22) of the criminals with paraphilia disorder and 64% (16) of the criminals with impulse control disorder meet any of the anxiety disorder criteria. Considering the complete sample (55), the observed disorders are the panic disorder (3), agoraphobia (1), social phobia (21), specific phobia (22), post-traumatic stress disorder (15), and generalized anxiety (5). In addition, substance abuse disorder is observed with 31 individuals, and totally 32 individuals are observed to have mood disorders: major depression with 29 individuals, dysthymia with 3.

Stinson and et al. [35] have published their research as an article. The sample includes 68 individuals, all of which are male, with the ages between 23 and 78 and from different ethnic origin, staying at the rehabilitation institution operated by the state in the USA. This sample group has been divided into three main types such as pedophilia (46), rapists (13), and sex criminals assaulting both adults and children. Although the rapists, having 85% of psychopathy, compose the highest group, 31% of them show sensual symptoms. 59% of the pedophilia disorders show high psychopathy while 46% of them show serious affect disorders. 44% of the sex criminals assaulting both children and adults show psychopath while 33% of them show serious affect disorder symptoms. An important result is obtained in terms of depressive symptomatology of the sample. Namely, 29% of sample received important clinic scores from the Beck Depression Scale. About 9% of them show mild depressive symptoms, 14% of them show provisional moderate symptoms and 6% of them shows heavy depressive symptoms. In addition, during BDI-II application, 4 individuals use antidepressant pills and show high depression scores in this context. However, considering their clinic therapies, they were not included in the high depression group. It is stated that, after adding these individuals to the analysis, 35% of
the complete sample shows depressive symptoms clinically. While considering MMPI-II and MCM-II scores, it is found out that 22% of the sample shows anxiety symptoms. Interestingly, post-traumatic stress disorder is observed as the most generalized anxiety disorder throughout this group. In addition, it is observed that all of these individuals simultaneously show depression and anxiety symptoms.

In another research on the personality of the sex crimes conducted by Fabrizi and et al., [36] some hypotheses were developed based on a comparison of crimeless individuals and sex crimes. They took the road from the hypotheses stating that the sex criminals have higher anxiety level, higher probability of antisocial personal characteristics, higher anger and lower impulse control. There had been 2 groups both consist of 9 male with average age of 31. On the contrary to the three hypotheses suggested first, there had not observed a significant difference between the two groups in terms of anxiety, anger and antisocial behavior development. On the other hand, the controllable hostility feeling was significantly found higher in sex criminals. It is stated that those individuals easily react against provocative stimulations and sometimes show aggressive behaviors.

In a large scale research conducted by Sjöstedt [37], the sex crimes with psychiatric disorders between 1988 and 2000 in Sweden are handled. The generality of the psychiatric disorders of the 8596 sex criminal and individuals in the general population in the same years was compared. In the findings, it is found out that 2.8% of the sex criminals were schizophrenia (0.3% in the general population), 4.4% of them had all types of psychosis (0.9% in the general population), 2.2% had depression (0.8% in the general population), 11.3% had substance –use disorder (1.5% in the general population) and 4.2% of them had various personality disorders (0.2% in the general population). Considering all disorders, the rate of comorbidity is 24.1% in the sex criminals while it is 5.2% in the general population.

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In a doctoral thesis conducted based on a sample consisting of 858 criminal male, criminals committing another crime other than sex crime (296), rapists (251) and child molesters (311) were taken as sample. The research, which is conducted based on Coolidge Correlational Inventory (CCI), handled 14 personality disorders and generalized anxiety disorder and major depression disorder. In the result findings, the criminals of the other crimes other than sex crime received higher scores in antisocial scale and sadistic scale than the child molesters. In addition, the rapists show higher anti-social personality characteristics than the child molesters. The criminals of the crimes other than sex crimes received significantly lower scores in depression, dysthymia, generalized anxiety disorders according to the other two groups. No significant difference is observed between the rapists and child molesters in these fields.

CONCLUSION

Depression is one of the most frequently seen disorders in the prison sample. It is stated that the rate of depression in the high-security prisons was observed higher than the one in the medium-level security prisons. Some researches state that depression is higher in some different types of crimes. The researches show higher depression rates in the criminals of murder or attempted murder, serious offenses, political criminals and pathological gambling criminals. The sex criminals reliably show high-level psychopathology. The rate of depression and anxiety disorders with the adult and child sex criminals is higher than the normal population. Raymond and et al., [38] stated the generality rate of mood disorders as 31% (actual) and 67% (lifelong); generality rate of any anxiety disorder in their pedophilia sex criminal sample as 53% (actual) and 64% (lifelong). Kafka and Prentky (1994) worked with adult male sex criminals and stated that 75% of them were with mood disorder and more than 50% of them were diagnosed as having dysthymia.

REFERENCES


