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A forensic-psychiatric study of sexual offenders in Rio de Janeiro, Brazil

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ABSTRACT

Sexual violence is defined as any sexual act forced upon a person who did not give his or her consent. Our objective is to investigate the socio-demographic features, clinical correlates, criminal behaviour characteristics, and the level of penal responsibility of sexual offenders who were referred to forensic psychiatric assessment in the city of Rio de Janeiro, Brazil. This is a cross-sectional descriptive study. All written reports made in the year of 2008 by court-appointed psychiatric experts on individuals charged with having committed sexual crimes and referred to the main forensic hospital in the State of Rio de Janeiro, Brazil, for assessment were reviewed. Forty-four expert reports were identified. All alleged offenders were male. Nineteen (43.2%) offenders did not receive any psychiatric diagnostic. Nine offenders (20.4%) were diagnosed with mental retardation. In 16 cases (36.4%), some form of mental or neurological disorder was diagnosed. Thirty-one (70.4%) offenders were considered fully responsible, eight (18.2%) partially responsible, and five (11.4%) not responsible by reason of insanity. The sexual crimes allegedly perpetrated by the offenders were rape (n=14, 32%), attempted rape (n=4, 9%), indecent assault (n=26, 59%), and indecent exposure (n=5, 11.4%). In 10 cases (22.7%), the offender was under alcohol influence at the moment of the crime. The profile of Brazilian sex offenders subject to forensic psychiatric assessment were male, caucasian, single, working part time, with no mental disorder, who perpetrated indecent assault.

1. Introduction

Sexual violence (SV) is a multidimensional concept that has a number of definitions, depending on the context it is used. For Bradford et al.,[1] it is defined as any sexual act forced upon a person who did not give his or her consent. Besides imposed sexual activity, SV usually also includes extreme physical violence against the victim.

SV victimizes men and women of all ages. It can present itself in a number of ways. It is not limited to acts of non-consented sexual intercourse (rape or attempted rape), but also includes penetration of other parts of the body, using the penis, fingers or other objects, inappropriate caresses and kisses, sexual harassment, and coercion.[2] Defining sexual crimes is not a straightforward task: while motivation-based definitions emphasize the offender purpose of obtaining sexual satisfaction, legal ones rely on the definitions of sexual crimes found in penal statutes.[3]

Sexual violence has profound, pervasive, and enduring effects on the physical and mental health and well-being of the victims. Long-term physical consequences include gynecological and pregnancy complications, chronic pelvic pain, premenstrual syndrome, gastrointestinal disorders, migraines and other frequent headaches, and facial and back pain.[2] Chronic psychological consequences include major depression, post-traumatic stress disorder, engaging in high-risk or harmful behaviors and attempted or completed suicide.[4,5] Sexual violence also has social consequences, such as strained relationships with family, friends, and intimate partners and lower likelihood of marriage.[6,7]

It is believed that incidents of SV are underreported. This is due to the "culture of secrecy" surrounding sexual assault cases. Victims

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Table 1
Comparison between the groups with no mental disorder, with mental retard and with other diagnostics.

		With no mental disorder (n = 19)		Mental retardation (n = 9)		Mental or neurologic disorders (n = 16)	
		Average/n	SD/%	Average/n	SD/%	Average/n	SD/%
Age[a]		41	12	47	16	47	11
Age at the time of the crime[b]		40	13	49	15	44	11
Education[c]	Up to 5 yrs	9	56, 3%	9	100, 0%	9	75, 0%
	More than 5 yrs	7	43, 8%	0	,0%	3	25, 0%
Marital status[d]	Partnered/married	9	47, 4%	1	11, 1%	9	56, 3%
	Single	10	52, 6%	8	88, 9%	7	43, 8%
Psychiatric records[e]		5	26, 3%	5	55, 6%	10	62, 5%
Previous significant use of alcohol[f]		3	15, 8%	2	22, 2%	8	50, 0%
Previous use of cannabis[g]		4	21, 1%	0	,0%	1	6, 3%
Previous of use of cocaine[h]		3	15, 8%	0	,0%	4	25, 0%
Rape or attempted rape[i]		8	42, 1%	3	33, 3%	7	43, 8%
Indecent assault[j]		12	63, 2%	4	44, 4%	10	62, 5%
Indecent exposure in public[k]		1	5, 3%	2	22, 2%	2	12, 5%
Victim[l]	Female adult	3	16, 7%	1	11, 1%	6	37, 5%
	Female minor	11	61, 1%	5	55, 6%	8	50, 0%
	Male minor	3	16, 7%	1	11, 1%	1	6, 3%
	No victim	1	5, 6%	2	22, 2%	1	6, 3%
Relationship of the perpetrator with a victim[m]	Known	12	63, 2%	4	44, 4%	9	56, 3%
	Unknown	6	31, 6%	3	33, 3%	6	37, 5%
	No victim	1	5, 3%	2	22, 2%	1	6, 3%
Place[n]	Residence of perpetrator	8	42, 1%	3	33, 3%	3	18, 8%
	In the street	9	47, 4%	5	55, 6%	10	62, 5%
	Others	2	10, 5%	1	11, 1%	3	18, 8%
Use of alcohol at the time of the crime[o]		2	10, 5%	1	11, 1%	7	43, 8%
Imputability[p]	Imputable	19	100, 0%	2	22, 2%	10	62, 5%
	Semi-imputable or unimputable	0	,0%	7	77, 8%	6	37, 5%

SD = Standard deviation; DF = degrees of freedom.
[a] ANOVA − P = 0.311.
[b] ANOVA − P = 0.212.
[c] Chi-square = 5627 − 2 DF − p = 0.060.
[d] Chi-square = 5022 − 2 DF − p = 0.081.
[e] Chi-square = 5052 − 2 DF − p = 0.080.
[f] Chi-square = 5175 − 2 DF − p = 0.075.
[g] Chi-square = 3340 − 2 DF − p = 0.188.
[h] Chi-square = 2691 − 2 DF − p = 0.260.
[i] Chi-square = 0.278 − 2 DF − p = 0.870.
[j] Chi-square = 1006 − 2 DF − p = 0.605.
[k] Chi-square = 1776 − 2 DF − p = 0.411.
[l] Chi-square = 5330 − 6 DF − p = 0.502.
[m] Chi-square = 2624 − 4 DF − p = 0.623.
[n] Chi-square = 2348 − 4 DF − p = 0.672.
[o] Chi-square = 6329 − 2 DF − p = 0.042.
[p] Chi-square = 18,512 − 2 DF − p < 0.001.

often choose silence in an attempt to forget the assault altogether and to escape the shame and embarrassment that accompanies sexual violence.[8] Because of this, the epidemiology, the causes and the consequences of SV have been receiving growing attention from researchers and health and human rights activists.

According to Prentky & Knight,[9] the majority of sexual criminals is not acutely ill from the psychiatric point of view and thus would have to face criminal charges for their acts. However, some studies[10–13] have shown that a substantial proportion of sexual aggressors exhibit mental diseases, such as personality disorders, substance abuse, mood disorders and compulsive sexual behavior.

Sexual aggressors seem to be a highly heterogeneous group, since there are large variations in the type of offense and the way they commit them.[14] In spite of there being many non-scientific publications concerning the profile of sexual criminals/aggressors, including sensationalist media reports, we found that there is a lack of scientific studies on these types of aggressors in the Brazilian scientific literature.

The evaluation of criminal responsibility, according to the Brazilian Penal Code, is based on a biopsychological concept.[15] This implies that full penal responsibility can only be excluded if the offender was, at the time of the criminal deed, suffering from a mental disorder (i.e., a biologic cause) and, as a consequence, was completely incapable of understanding the unlawful nature of his/her acts or to restrain him/herself from committing them (psychological consequences). The existence of a causal link between the mental disorder and the offense must be established beyond doubt.[16] The possibility of cases with limited responsibility, resulting from partial impairment of cognitive or volitional functions, is also acknowledged by the Brazilian penal law. Those who are deemed not responsible for their unlawful acts are committed to involuntary inpatient treatment in forensic mental hospitals. Therefore, the diagnosis of a serious mental disorder is an essential prerequisite to exclude the penal responsibility of any sexual offender and to have him or her treated rather than punished. In Brazil, the assessment of the mental state at the time of the offense is made during the judicial proceedings phase by a court appointed forensic psychiatrist and is called the penal imputability exam.[15]

The objective of this study was to investigate the sociodemographic features, clinical correlates, criminal behavior