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Another point of view on addiction – casuistic statements of forensic psychology, psychiatry and sexology

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ABSTRACT

Background: This overview study was motivated by the effort to deepen the understanding of the consequences of the behaviour of a person with some form of addiction for his/her family ties, surroundings, relationships, and interpersonal interactions throughout life.

Aim: The goal of this paper was to penetrate complex situations of personality from a different perspective on addiction (e.g.. in the prison subculture), using case studies. The second goal was to point out the importance of the validity and reliability of expert opinions.

Methods: The study was based on secondary data analysis. The materials were processed using two illustrative case studies. These were based on expert opinions from the fields of psychology, psychiatry, and sexology, including forensic findings and a résumé.

Results: In two case studies two respondents with addictions were described from the points of view of psychology, psychiatry, sexology, and criminal law. Specifically speaking, one male addicted to the prison subculture and one female addicted to her ex-husband were delineated. These case studies have enabled a deeper understanding of the complex personality situations of these addicted persons. The importance of the validity and reliability of expert opinions was also demonstrated and discussed.

Conclusion: The conclusions of the paper point out the role of expert opinions as expert tools that play a major role in the Czech judiciary. Expert opinions constitute an important aspect of many trials. The analysis has shown that forensic psychiatry, sexology, and psychology are justifiable in the Czech justice system. The results of experts' assessments objectively capture the reality (in terms of the same results being achieved by different experts), and help to understand, evaluate, and conclude the complex situations encountered in trials correctly and accurately.

KEY WORDS

Psychology, psychiatry, expert opinion, family, addiction, case study, validity, reliability

INTRODUCTION

The behaviour of every human individual not only affects the individual him-/herself and his/her career but also has an impact especially on his/her family ties, surroundings, relationships, and interpersonal interactions. In some cases, there are situations where a person's behaviour comes into conflict (especially in families) with the external environment in such a way that it leads to **interference or endangerment of normal functioning, or even goes beyond the given limits and standards**, or also the laws of the society in the most serious cases. The society must then evaluate and punish these violations of the law through the police, prosecutors, and judges. Human behaviour is a complex process that is influenced by a number of variables at any given moment, whether we are talking about the constant characteristics of a personality, situational unusualness and the specific reactions of an individual, or about the influence of the external environment. In the process of assessing the guilt of a per-

son there are situations in which it is difficult to determine certain facts, for example, the degree of guilt of an individual, his/her ability to realise the badness of his/her own behaviour, the emotional condition, and the ability to perceive and control his/her behaviour, the real impact of experienced trauma on the individual's personality, the influence of personality (in terms of failure) on how an individual acts, the reality of memories of a certain situation, etc. (1).

DESCRIPTION OF THE RESEARCH STRATEGY

The data obtained, described in case reports, was processed according to expert opinions No. 54/274/10 and No. 344/553/14 listed in the expert diaries of the co-author (psychiatrist). Information provided in the illustrative case-focused studies was obtained through psychiatric and sexual examination (psycho-pathological and sexo-pathological analysis), psychological examination (clinical and psycho-diagnostic analysis), the diagnostic and forensic conclusions of experts (a psychiatrist and clinical psychologist), including conclusions arising from court proceedings in connection with expert opinions from a psychiatric and psychological point of view, including a résumé of all the assessors. Findings from a study from 2009–2014 were also taken as criteria for the selection of sources and theoretical background literature (including empirical research). A set of 360 expert opinions was prepared within the comparative analysis. The expert opinions that were selected were ones in which two experts were recruited because of the complexity of the matter under consideration, one in the fields of healthcare, psychiatry, or sexology, and one with a specialisation in clinical psychology. Basic agreements or discrepancies in the conclusions reached were evaluated within this analysis. A comparative analysis of psychological and psychiatric assessments has shown that the use of experts appears to be well-founded and valid in most cases (2).

EXPERT OPINIONS

Forensic expertise activities, prevention and treatment activities, research and teaching activities – these are the main forms of activities in the field of forensic psychiatry and psychology. Prevention and treatment activities deal with the protection of society against further criminal activities of offenders and their treatment within an institute of protective treatment or security detention. Research activities are focused on research on factors influencing the commission of illegal and anti-social behaviour, on the issue of post-penitentiary care, on research on some special disciplines, etc. In the area of criminal law, the expertise deals with the assessment of the perpetrator's cognitive and control abilities at the time the offence is committed, his/her current health condition, his/her ability to participate in criminal proceedings, and his/her social dangerousness from a medical point of view, as well as consideration of the appropriateness of protective measures. In civil proceedings, consideration is given to assessing legal capacity in the area of property and labour law and in the areas defined by special regulations; expert activities in the fields of family and labour law are frequent. In civil law, forensic psychiatry and forensic psychology deal with "families with dependent individuals", mainly in disputes concerning custody of a child, regulation of the rights and obligations of those who are under-aged, regulation of mutual contacts, etc.

An expert opinion itself is understood as a means of proof (§89 (2) of the Law of Criminal Procedure) and it is subject to critical evaluation; it is not binding for the court, like any other evidence, but considerable importance is usually attributed to it. These professional views allow the judge to assess situations more objectively and precisely (3).

Formally, the expert opinions of a psychiatrist and psychologist differ slightly. A psychiatrist assesses (for example) the presence of a mental disorder, the ability to understand the meaning of criminal proceedings, the ability to recognize the unlawfulness of behaviour under the influence of a mental disorder, the dangerousness of being free, etc. A psychologist evaluates aspects such as the cognitive and intellectual level of a person, personality structure, value orientation, the level and control of aggressiveness, motivation, etc. In addition to the general requirements for formal documents of this type, expert opinions must also meet other conditions for validity and feasibility.

METHODOLOGY, AIM OF WORK

The main objective of the work was to penetrate deeper into complex situations of the personality of an individual with certain forms of addiction, and not only from the perspective of criminal law. Furthermore, we also wanted to highlight the crucial importance of the expert opinions that were prepared. The case study method was chosen to determine the set objectives. A case report (casus) is one of the research methods of qualitative research. It is frequent in all areas of human sciences, especially in the medical, psychological, educational, social, legal, and other fields; case reports contain detailed and systematic descriptions of the steps taken, reactions, responses, and effects.

The choice of this method for the purposes of our research was that its application is usable not only for building the theoretical background of the disciplines

but also for practical use outside the theoretical-scientific line and also to provide information from real and specific case reports. Another reason for this selection is that it is based on description, and it is analysed in terms of developmental manifestations (from the time of origin to the present time). In the preparation of illustrative case reports, which are mainly used in analyses of a specific issue, combinations of other methods were used (anamnesis, interview, observation, test methods, etc.), which enabled us to obtain a more comprehensive picture of the reality and thus capture the essence of the phenomenon under investigation, in our case by more detailed profiling of the respondents. The following case reports are based on the expert materials of two expert reports of assessors in the health care field; the psychiatry and sexology sectors, health care sector, and psychiatry, specializing in clinical psychology. The first respondent is dependent on the prison subculture; the second respondent is dependent on her former husband.

CASE REPORT (Study) No. 1 – Man addicted to the prison subculture

The experts assessed a 31-year-old convicted man for the District Court in proceedings for a conditional release from imprisonment. The assessee was found guilty of deliberate murder by the judgement of the regional court, committing the **crime of murder** pursuant to §219 (1) of the Criminal Act; he was sentenced under §219 (1) of the Criminal Act to the punishment of **10 (ten) years in prison**. Pursuant to §39a par. 1, 3 of the Criminal Act, he was placed in a security prison for execution of the sentence of imprisonment. According to §72, par. 2 a), b) of the Criminal Act, the defendant was ordered to undergo protective sexological, anti-alcoholic, and anti-toxicomaniac treatment in the constitutional form (4).

Experts from the health care sector (spheres of psychiatry and sexology and of psychiatry and clinical psychology) examined the 31-year-old man sentenced to 10 years for murder on an outpatient basis in prison; after eight years of imprisonment, he requested conditional release from imprisonment.

Own psychiatric and sexological examination

The assessee subjectively stated:

Personal anamnesis:

- Education: he completed the eight-year elementary school; he did not repeat any school year; he had average school results, with one to two satisfactory grades from the fifth year and always with an 'A' grade for his behaviour. Then he studied at a professional training centre in the field of upholstery.
- Employment: he worked in the field for only one month; then he went to work in a construction company; at the age of 18 he obtained a driving licence for groups A, B, C, E, and T and then from the age of 18 he worked as a driver for various companies.
- Criminality: he reports that he has been prosecuted about four times, for the first time at the age of 16 for car theft, then for fighting… six months in custody, then in Bory Prison; eight years and four months in prison in total.

Social anamnesis: he completed full vocational education; he is trained in the upholstery field but he did not work in that field; he worked as a professional driver. He is poor; he has never had his own apartment. He is single, childless, and had a girlfriend for three years before commencing his sentence.

Sexual anamnesis: He has no gay experience; he is heterosexually oriented; masturbation from the age of 13. He supposedly had normal masturbation fantasies – classic intercourse between a man and a woman. *"It's completely different here than the general public outside think; they put gays in a special department."* He had never encountered a prisoner who disturbed him or wanted or asked him for homosexual intercourse; neither did he see any homosexual intercourse between his co-prisoners. Here it is usual that everyone does it alone in the toilet, taking a porn magazine in their hands and going through the public to the toilet with this artwork. He goes to masturbate in the toilet with the magazine once or twice a week. In these magazines, he seeks women of his age as a masturbation model. Coitarché – he first had sexual intercourse at the age of 14; it was sexual intercourse with a friend. Then he had random romances. He has had about eight female sexual partners in his sex life. He prefers "classic" intercourse, oral both-sides intercourse. He always uses a condom. He was never aggressive during sex. He has no fantasies about sexual aggression. Sex was fun for him. He never had problems with sex. Morning erections are regular; he never had problems with erection during sex.

He had one serious relationship with a girlfriend; she was a saleswoman, two years younger; they were childless and they understood each other in everything.

***Note**: During an expert examination in 2001, he informed the experts that he was expecting a baby with this girlfriend; a son was born and they immediately put him up for adoption because of their financial problems.*

During this expert examination, he repeatedly stated that he was single and childless!

It testifies to his totally flattened emotions – denying his own child, not knowing him.

He was unfaithful to his girlfriend three times. Although he was already in custody and then serving a sentence, she continued to visit him for three years; then she quit. They lived together in a sublet apartment in Brno.

Infringement in question

The assessed person subjectively stated:
If the girl had not come to the car at all, he would not even have had sex. It certainly happened on the road that he did it by himself. She was his third hooker; he had a white girl twice, and a Gypsy once. '*Opportunity made the thief*'. He began to have sex with a condom; he could not do it; it always took a lot of time while under the influence of pervitin, even one hour; he had 20 minutes of sex with her; he wanted to take off his condom to ejaculate; she did not allow it and wanted him to withdraw. He was not nervous when it was done for the third time; he found it normal, like going to the toilet here (in the prison) with a magazine. At that time the nervousness fell away from him; a fellow-driver left the service station and went to the car with a whore; he was not nervous when it was for the third time.

He once visited a brothel; it was a cleaner environment. There was a prostitute lying like a log of wood in the car park lot, there were pimps. He did not know she was still a juvenile; they had classic sex; he pressed her belly, did not know she was pregnant, he did not know. He was not thinking about catching AIDS after he had taken off his condom.

There was probably no sexual overtone; he just got angry. If he had not been angry, he would not have strangled her. If she had not come to that window of the car, there would not have been any sex. She was terribly forceful; so, when she was offering herself to him and when she offered sex to him, he agreed.

Under the influence of alcohol, he had chased people with a knife in the past; he does not know if he wanted to stab them; he does not remember half of it; he was taken to the alcohol detention station; the police arrived for him; then he went home. After one year he had a trial in court; it was violence against a group of residents; he cut one of them on his hand; he was paranoid about that group.

He acknowledges his aggressiveness: "*… that something might be wrong there.*" He and his girlfriend were visiting the video store; choosing films together, but normal sexual themes, no sado-masochism, and he never squinted at any video cassettes with an aggressive theme on the shelves of the video store. He learned computer skills here in prison; he did not work on a PC in civilian life and could not even go to some adult sites.

After about 20 minutes of sex in the cab, he told her that he would take off the condom so as to be able to ejaculate; she told him she would call the other girls who could do it even without a condom. He disagreed; she wanted to go for a friend; so, she got up and he took advantage of it and secretly took the condom off his penis; she noticed it; they started nudging; he drove into her still erect, without the condom; but she noticed it and pushed him away, sat down, and then it came… He was strangling her; he heard a male voice calling out: "Petra". He did not want to finish any more; there was such confusion that he did not know how long he was strangling her for. He climbed down into the driver's cab; there were many whores around the cab; he told them she was no longer there, and then left.

He himself believes that he will not do it again when he gets out of prison. He expects much from protective sexological and anti-toxicomanic treatment. "I am clever enough to know that I have someone to come to when I have some troubles, on an outpatient basis." In a circle of more people, he will probably open up more when they lead him to do so. He himself does not know what he is focused on, but he admits he likes older women. He responded to a "Private Sex Advertisement" in an advertising newspaper; he found an ad there and went to see her; she was 39 years old and he was 21 years old. It was completely different; the sex was better. It was better because she did not lie there like a board… She was very experienced and active.

Psycho-pathological, sexo-pathological analysis

"Qualitative disorders of sexual motivation cannot be understood as those that have been learned. They have the nature of **enduring features of sexual motivation**. Educational influences affect them only to a very limited extent; they do not affect disorder of sexual motivation itself. They only decide how a disabled person learns to live with his/her disorder so that he/she does not interfere with morality and legal standards" (3).

The man who was assessed and convicted is certainly not a person without psychopathology present in the structure of his personality. His pathological personality features profile into the area of immaturity and dis-sociality. He is egocentric; the key picture is dominated by a simplex personality with features of immaturity. He underwent an acceleration of sexual development, and yet his sexuality remained imma-

ture and undifferentiated. He had already committed acts of criminal delinquency during adolescence. He can produce hostile and aggressive behaviour in stressful situations; he uses a defence mechanism to displace his own pathological behaviour. He is socially in-adaptable; he has a poor ability to distinguish between erotic and non-erotic signals and women's interest in and rejection of him. He has a tendency to impulsive behaviour, which he himself cannot correct, and he as a layperson explains these conditions as his "nervousness" or "jitters". Despite his own rich experience with the abuse of addictive substances, such as alcohol, or other stimulants, such as methamphetamine (pervitin), which release suppressed and hidden aggression as well as aggressive elements in sexual behaviour, he only formally proclaims his future (but not permanent) abstinence from these addictive substances and tries to transfer responsibility to the institute of protective measures (protective treatment against alcohol, anti-toxicomaniac treatment). The assessee is not aware of any sexual anomalies; he only proclaims verbally that he is probably a deviant if the experts wrote it; but he again transfers correction of his sexual behaviour to the institute of protective sexological treatment, which is expected of him in a psychiatric treatment hospital. This leads the experts to think about the degree of social danger in the event of his being freed; as he has not yet developed a view of his psycho-pathology and sexo-pathology, his level of social danger is still rather high. The expert's consideration of the forecast related to the possible process of resocialization of the person under review calls for the need to be alerted to the fact that insufficient interiorization (acceptance of experience into the psyche) of social standards of behaviour and often also dysfunctional learned standards transferred from the prison subculture to the psychiatric facility are frequent complications. *The person under review is only capable of adequate partial re-socialization because of his impaired personality structure.*

Diagnostic (psycho-pathological, sexo-pathological) conclusion

- Sexual anomaly. Specification of this sexual anomaly is less certain; it is most probably a highly incomplete development of sexuality with predispositions for aggression.
- Mixed personality disorder, dissocial and emotionally unstable personality disorder. Impulsive type.

Using an outpatient form in the prison, the expert examined the 31-year-old man convicted of murder and sentenced to 10 years of imprisonment. In the proceedings related to the convicted person's conditional release (after eight years of imprisonment), the District Court recruited experts from the fields of health care (psychiatry, sexology) and psychiatry with a specialization in clinical psychology. With the psycho-pathological and socio-sexual analysis, the expert reaches the same conclusions as those reached eight years ago in 2002 by the experts who elaborated the expert opinion during the preparatory proceedings for the assessee. The assessee does not suffer, and did not suffer, from any mental illness; he is affected by a mixed personality disorder and sexual anomaly which cannot be specified further because the sexuality of the person being examined still appears to be immature and undifferentiated.

Psychological examination

Clinical and psycho-diagnostic analysis

The personality of the assessee appears to be primarily extroverted, little differentiated, and having immature features. There is immaturity which can lead to impulsive behaviour, especially in situations that the person being examined considers threatening. He sees himself as a person who has no problems with his behaviour; he feels that he can evaluate his moral functioning. There are features of primary emotional deprivation in childhood, acceleration of sexual development, and criminal delinquency already in adolescence. He is not afraid of manifestations of primitive aggression; he himself produces these under pressure; alcohol and drugs act as a trigger. Pathological personality features are profiled in the areas of immaturity and dissociality; the level of egocentrism and immaturity is pathologically increased. In stressful situations, he can produce hostile (offensive) and aggressive behaviour, which he can suppress in a familiar environment (and if highly motivated).

His emotionality appears to be unstable, slightly differentiated, and flat. Socially, the assessee is in-adaptable; he manages orientation in relationships, especially heterosexual relationships, badly; the ability to show empathy towards the other people is greatly reduced. He uses a defence mechanism to displace his own pathological behaviour.

Psychological conclusion

The 31-year-old man sentenced to 10 years for murder (he has been examined) is currently requesting to have the sentence shortened to eight years, followed by sexological, anti-alcohol, and anti-toxicomanic protective treatment. In the anamnesis there is the essential developmental fact of – long-term emotional deprivation during early school age. In adolescence,

he displayed criminal behaviour and openly aggressive behaviour without control while under the influence of alcohol.

- Personality extroverted, simple; emotionality little differentiated; personality with features of immaturity, simple.
- Currently emotionally stabilized; there are no neurotic phenomena from the group of reactive anxiety and depression.

Awareness of the depth of the pathological behaviour with criminal activity is formal, but in line with the corrective experience of the personality. The aggressiveness of this personality is clearly expressed, and hypertrophic; it has a rude, destructive, and offensive nature. Currently heavily repressed. The ability to create corrective experiences is formal. Overall, his re-socialization can be evaluated as possible, using the third level of the six-degree re-socialization scale (where 1 = the best, 6 = the worst degree of potential for re-socialization). However, it is at the discretion of the assessee (with his/her voluntary component not being disturbed in any way) whether he/she avoids a condition of drunkenness, in which it is easier to provoke affects and aggression.

Court proceedings in connection with expert opinions

Now there is a selection of (abbreviated answers) given by experts to questions put by the court.

Psychiatric viewpoint:

The convicted person does not suffer from mental illness, and therefore he is able to understand the purpose of conditional release; he is able to defend himself effectively and partially acquire corrective experience (he has corrective experience with addictive substance abuse and its effect on his organism from his previous criminal activities; however, he does not know completely how to handle this experience and learn; his attitudes are ambivalent, proclamative, and uncritical).

In the psychological part of this expert opinion, it is stated that there was **no major change** in personality since the last expert examination in 2002; there was no progress towards improvement of the personality qualities of the person who was sentenced. There was only a developmental shift from adolescence and young adulthood to a state of adulthood and partial stabilization and ability of planned correction in a protected environment without the influence of alcohol and drugs (greenhouse effect).

It is also stated in the sexological part of this expert opinion that there was no positive shift in the sexuality of the sentenced person in comparison with the expert examination in 2002. He was diagnosed with psycho-sexual immaturity. Although he is 31 years old and an adult, he has not yet reached psycho-sexual maturity. Psycho-sexual immaturity can only be a transient manifestation of disharmonic psychosexual development. However, it should be remembered that the manifestations of psychosexual immaturity may be the first signs of a developing disorder of sexual preference, e.g. paraphilia-sexual deviation. The process of real resocialization of the sentenced person during his imprisonment has not yet been completed. The assessee still takes a completely uncritical attitude to his aggressiveness under the influence of alcohol or pervitin. He does not admit any aggression in his sexual behaviour (the person can still work on himself). So far, he has not created an insight into his psycho-pathology and sexo-pathology. He is uncritical of himself; he repeatedly writes requests and files complaints against court rulings and judgements. His degree of social dangerousness is still high.

Psychological point of view:

From the psychological point of view, the relationship of the sentenced person towards society is formally satisfactory, but he is not mature and lacks the ability to contain the limits and possibilities of adequate social functioning. He is hampered by the limitations imposed by the conditions of imprisonment and also by his personal resources. He has a positively naive relationship to the conditional release institute, with expectations without a rational appearance and correction; but his personality does not have adequate mechanisms to better perceive the possibility of conditional punishment. The likelihood of resocialization has been reduced. The assessee is a person with signs of a lack of adaptability which show a certain fixation in his lifestyle; his attitudes show dissociative accents and resistance to corrective influences (naively immature expectations). He is capable of social learning during his punishment. The possibilities of influencing his attitudes and lifestyle are difficult; his willingness to identify himself with the goals of re-socialization programmes is fulfilled; his options to develop his personality used all the possibilities that were offered, except treatment.

Résumé (unexpected) of an individual dependent on the prison subculture

After submitting this psychiatric, sexological, and psycho-logical expert opinion, the chair of the district court senate refused the request of the sentenced person (formerly punished four times; for the first time as a juvenile) for conditional release.

This time, the sentenced person did not appeal against the court judgement, but did something unexpected instead. He sought a prison psychologist, to whom he said that before he committed this murder of a young 17-year-old prostitute at the age of 23, he had murdered two young girls in Brno, something which he had not yet told anyone about. He told the prison psychologist that he was in a disco where he met two young girls whom he brought to his Brno apartment, where he murdered them both, hid them under divan beds, and then carried them to the bins.

After he had announced this fact, it was found that this was indeed the case of two unexplained murders of two girls in Brno whose murderer had not been captured. These murders are not yet statute-barred, and the experts believe that the sentenced prisoner himself feared he would be released after 1.5 years and would not be capable of handling life on the outside. **He was already dependent on the prison environment and the prison subculture.** He worked intramurally in the prison as a painter, and there was nothing he would be missing in his sentence. It would be extremely hard for him to assert himself and re-socialize extramurally, and his illegal and anti-social behaviour cannot be excluded.

CASE REPORT (study) No. 2 – Abused woman dependent on her ex-husband

Experts in the sector of health care (psychiatry and clinical psychology) were ordered in pre-trial to investigate the mental state of the injured woman – a witness in the criminal case of the accused former husband of the injured woman, who was prosecuted for the crime of **abusing a person living in a shared dwelling**, pursuant to §199 (1), (2) (d) of the Criminal Code (3).

A criminal complaint was filed by the victim against her former husband. Criminal proceedings were initiated by the Czech Police, as it was sufficiently justified to conclude that the crime of cruelty to a person living in a shared dwelling was committed by repeatedly saying "You bitch, you bitch, you bitch, I will kill you" by the ex-husband of the victim (towards his ex-wife); he was physically attacking her with his fists and kicks all over her body, strangling her, throwing pictures and pillows on her, then choking her; waking her up at night and forcing her to listen to him, preventing her from sleeping, pulling her off the bed by pulling her hair; despite her disagreement he got sexually satisfaction every day; he caused her injuries which she did not have treated in most cases; she felt his harrowing and humiliating behaviour as a grave hurt; she gave up seeking help and then attempted suicide.

Anamnesis, matrimonium

The anamnesis of the 39-year-old victim shows that the assessee is divorced but still living in a shared household with her ex-husband; she is the mother of one adult son and one under-age daughter who was born after the divorce and whose father is her ex-husband. She studied at a secondary vocational school; she worked as a shop assistant; now she is partially disabled as a result of depression and is employed as a worker in a sheltered workshop.

Matrimonium: She got married at the age of 16 and has now been divorced for 18 years; her husband was a gambler. It was only for about three years; her husband then paid off his debts and she accepted him back into the home. They still live together in a house; now she lives together with her ex-husband in a new house which they began to build together. She is the mother of two children. The 23-year-old son was born during the marriage; he lives alone. After the divorce, a daughter was born to her and her ex-husband.

Infringement in question

The assessee subjectively stated with regard to the subject matter:

I'd rather not say anything about it, I've already said everything. I don't want to hurt him again; everyone likes him. I didn't want things to go that far, but I wanted him to realize he couldn't treat me like that. He had a lot to do; the house; it all accumulated together; he had a sick dad at home; he began drinking a lot, especially at the end; there were quarrels, we argued often, and he is also very explosive, as am I. I just didn't want to argue, but I kept it inside me; I didn't want to solve it any more, I wanted to get relaxed. I don't want to hurt him in any way; I hope he will be conditionally discharged.

I have filed criminal complaints several times, but nothing has ever happened; when I filed one now, I did not expect that something was going to happen and it would be so complicated. As I hurt him, I let him move out of the house that we built ourselves; we did everything by ourselves (crying). My daughter asked why dad wasn't with us. Those interrogations at the police … that was terrible, I can't remember the last four years, they ask me how he beat me, I'm not able to describe it in detail. They interrogated me three times; I was often out of context because I couldn't remember all the things. I remember things that happened a long time ago; I don't remember what is happening now. I don't mean it this way. Since I filed my last criminal complaint, he's not laid a hand on me any more; I think he's afraid. Now he lives with us, he's better (knocking on her forehead). I made an attempt to take it back, withdraw it, but I can't. Sometimes I feel that

I'll take it back, but then again… he hurt my son… he said that I am guilty too, so I don't know… I never had anything on my face; he was beating me on the body, rather like psychological abuse; that's terrible. He can use words that hurt me.

My husband is so good now that I can't even explain it by myself. I don't know if he's changed or it's just the calm before the storm. We still live intimately together; he is so considerate now, even about sex; he doesn't force himself on me; it's just something different from when he raped me before. I wish he would quit drinking; even when he is a taxi driver, he drinks his five or six beers after a shift; he is a small and tiny man; but the worst thing is when he starts to combine beer with spirits, which makes him aggressive. And I am most afraid that our son has inherited it from him. My son works as a car mechanic; he lives with his girlfriend, and she told me that if he is drunk, he is verbally aggressive, swearing at her; but he's not beaten her yet. Maybe that's why I filed the criminal complaint, so that even my son could learn from it; to know that it shouldn't happen when a man is aggressive towards a woman…

Psycho-pathological analysis and forensic conclusions of a psychiatrist

By his own expert examination, by psycho-pathological analysis of the documentation, and by studying the medical documentation and exploration of the injured person, the expert concluded unequivocally that the assessee was injured and suffered from a transient neurotic mental disorder called an adjustment disorder.

Post-traumatic stress disorder was suspected. However, this has not been proven by the current expertise because it has not yet developed in the assessee and she is not affected by this mental disorder. Typical symptoms are the episodes of recurrence in traumatic memories *(psychotic reminiscence, so-called flashbacks)* or in dreams that appear against the background of the constant feeling of "numbness" and emotional numbness, fear of people, not responding to the environment, anhedonia, and intentionally avoiding activities and situations that resemble the trauma. This person does not meet the criteria. Flashbacks have not been explored. She has been living with her ex-husband since the divorce; their second child was born after their divorce; they have been bringing up the child together. She has strong features of dependence and a bond of inseparability **in relation to her ex-husband**. They have so far lived with a regular sex life and shared their economic life.

Diagnostic conclusion of a psychiatrist

- Disorders of adaptation; transient neurotic disorders; continuously treated.
- Emphasizing the personality features – psychasthenic and dependent personality, maladaptive dependent features.
- Combination of anxiety and depressive disorder.
- Disorders resulting from benzodiazepines – addiction syndrome.
- Problems in relation to the spouse – a clearly maladaptive picture.
- Suicidal attempt in the anamnesis – drug poisoning (after conflict with her ex-husband and son).
- Personality disorder resistant to alternative choices of solutions that were offered.
- Post-traumatic stress disorder not proven

Psycho-pathological analysis and forensic conclusions of the clinical psychologist

The expert examined a 39-year-old woman with a neat, rather unobtrusive appearance. During the controlled interview, the assessee cooperated acceptably, although she would have preferred to cancel the whole matter under consideration. She feels guilty for filing a criminal complaint against her ex-husband. She does not want to revoke what happened as described above but rather worries about the consequences of prosecution for the ex-husband. She is able to repeat all the events described during questioning. She speaks spontaneously with great emotion about her experiences. She is able to answer all questions in a credible way. The expert did not find any tendency to block information, pathological mendacious behaviour, or inclination to confabulation or fabulation. There is a slight tendency to improve her self-image in the situations she describes and also signs of a tendency to experience stronger emotions, what is termed hypersensitivity experience, which has no essential forensic importance regarding reducing the content credibility of the statement.

Test methods have shown that the victim is primarily an immature person, anxious, **with features of addiction**. She creates social relationships that she is afraid to leave and change. She is willing to suffer considerable discomfort just so as not to be abandoned and alone. Her emotional experience is chaotic, adherent, anxious, and unstable. She can be influenced easily because she often doubts herself and easily falls into guilt. A person with this personality profile can be an easy victim of manipulation by a superior interaction partner who has dominant personality features.

In an apparent effort to break away from her ex-husband, she succumbed to pressure from her surroundings and the temptations of her co-worker. With his "assistance", she went for medical treatment and filed a criminal complaint against her spouse. The ex-husband was temporarily expelled from their shared home. She was very worried and anxious about his return; she was afraid of his reaction. Now, with hindsight, she regrets her actions, mainly because the former husband now behaves thoughtfully towards her and provides her with financial security. She is able to forgive and forget very quickly.

Subjectively, the assessee claimed she was afraid of her ex-husband. But he does not prevent her from living with him. She seeks rational reasons for continuing this cohabitation; she naively believes in his change and his possible fear of punishment if he continues to display such behaviour.

The expert believes that the criteria for domestic violence are met in the case under consideration, and the personality of the assessee shows signs of a conflict with an aggressor. The image of post-traumatic stress disorder is not fully expressed, but chronic multiple neurotic manifestations are present. There are signals of learned helplessness, with distrust of police assistance. She tried to solve the situation by suicide or by attacks on her husband (before notifying this case to the police).

Court proceedings in connection with expert opinions

Now there is a selection of (abbreviated answers) given by experts to questions put by the court.

Psychiatric viewpoint:

From a psychiatric point of view, the personality of the assessee can primarily be assessed as not deviating from the population standard; disorder in the personality structure has been proven. She shows an emphasis on personality features in the sense of a dependent person (dependent on her partner) and she is affected by a personality disorder that is resistant to the offered alternative ways of solving her maladaptive and dysfunctional relationship with her ex-husband.

Psychological point of view:

From the psychological point of view, the personality of the assessee can be described as immature, dependent, anxious, and with a labile emotional component and average intelligence. The expert psychologist believes that during the period of her coexistence with her ex-husband, the assessee was subjected primarily to psychological pressure, attacks on her dignity, controlling behaviour, and confrontational tactics and it escalated into physical attacks in tense situations. The cyclic nature of the build-up of domestic stress is also visible; – the conflict itself – apologies, begging, blaming something else, and feeling guilt for her own participation on the conflict.

The personality of the assessee shows certain characteristics typical of the abused person's syndrome. Her (self-) confidence is fatally low; she does not trust her ability to break away from her ex-husband. She has given up all tendencies to separate because she does not feel good without him. She has attempted suicide, and now she is currently thinking about it again as an escape from her "hopeless" situation. She feels guilty for filing a criminal complaint against her ex-husband.

Her dysharmonic matrimonium and addiction to sedative substances led the assessee to seek psychiatric and psychological intervention. However, she would never have sought this unless her general practitioner had directed her to psychiatry. The effect of the treatment is limited because of the persistent stress and accentuation of the patient's personality features in an anxious (**dependent**) direction. Psycho-pathology is alleviated but it persists and is chronifying. If she continues to live together with her ex-husband and share her household and her bed with him, her mental condition will continue to require professional treatment.

Résumé of reviewers of the abused woman

The experts examined the 39-year-old injured woman as part of an examination of the witness's mental condition, using the outpatient method. The assessee is divorced but still living in a shared household with her ex-husband. She is the mother of an adult son and an under-age daughter who was born after the divorce and whose father is her ex-husband. At the time in question, she was affected by an acute reaction to severe stress with the consequent development of a transient neurotic disorder termed adaptation disorder. This transient neurotic mental disorder is going through an ongoing process of being cured in the case of the witness and the symptoms of the mental disorder are already partially reduced. Post-traumatic stress disorder has not been proven by this expertise.

The former husband of the person under review who filed a complaint against him for abuse and domestic violence has been convicted of this criminal offence, classified as a crime, with a final conviction. The injured woman, who, after her divorce, conceived with her ex-husband and raised their daughter together, still lives with her ex-husband, on whom she is pathologically dependent. Their coexistence remains

highly dysharmonic and dysfunctional, and the victim is still seeking psychological intervention, as well as having a psychiatrist prescribe anti-depressants and anxiolytics.

DISCUSSION

Expert opinions must also satisfy other conditions in addition to the general requirements for this type of formal document. The first is about validity, meaning that the information and assessment contained in the report are accurate and correct. This condition should be achieved through the expertise and experience of experts. The second condition, emerging at a time when the evaluation of two experts is used, is a certain reliability in the sense of the observers' consensus. This condition is a logical extension of the first condition, as a validly determined and described reality should appear equally to all professionals with sufficient qualifications in the field. The question of the validity and reliability of expert opinions is one of the key topics in the fields of medicine, psychiatry, psychology, etc., within court trials. Many studies have been devoted to this topic over the years. The results of the evaluation of the quality of expert opinions are constantly improving; the reasons and factors of *lower validity and reliability* included, for example, weakly specific diagnostic categories in earlier versions of diagnostic manuals (e.g. DMS-I, II, ICD-9), difficulties in reaching consensus in describing the current condition of a person under investigation, including the determination of a current diagnosis and description of psychic status, or the difficulty experienced by experts in making the transition from a classical environment (characterized by helping clients and patients) to a forensic environment (aiming at objective assessment and searching for hidden truth, regardless of the consequences for the person being investigated). Furthermore, the ability to detect intentional misrepresentation of the results by normal (non-pathological) individuals, errors in predicting violent behaviour, or difficulty in assessing the credibility of witnesses and suspects (caused by lesser experience in the evaluation of personality, or misconceptions and beliefs about memory and credibility as a psychological construct) hinder the validity and reliability. From the point of view of historical development in the last decades of the last century, the contradictory conclusions of experts have prevailed over the conclusions that would be in harmony, and this situation has been gradually improving over the last decade (5).

In 2009–2014, a set of 360 expert reports was prepared as part of the comparative analysis. Expert reports were selected in which two experts were recruited because of the complexity of the matter, one from the field of health care, psychiatry, or sexology, and one with a specialization in clinical psychology (we refer to research activities in terms of the above-mentioned subjects of forensic psychiatry and psychology). Basic agreements or discrepancies in the conclusions reached were evaluated within this analysis. A comparative analysis of psychological and psychiatric assessments has shown that the use of experts appears to be well-founded and valid in most cases. The 13:1 consensus/disagreement ratio in the forensic conclusions of the experts shows the high level of erudition and expertise of the experts. These results show that forensic psychiatry, sexology, and psychology are well-founded within the justice system of the Czech Republic (1). It should be noted that collecting data from the field of expert activities is very problematic and complex. Many expert opinions are interesting and it would be beneficial to publish them, even for the non-forensic community of psychologists, psychiatrists, and sexologists. However, the experts lack sufficient feedback. Upon a request of the contracting authority (police authorities, public prosecutor's offices, trials in criminal proceedings, trials in civil proceedings, trials in commercial matters, other legal or natural persons), an expert shall draw up a written expert opinion; and subsequently, as an expert, he shall be called by the court to orally confirm, supplement, and explain the expert opinion submitted in writing. The expert does so in the trial and then leaves the courtroom. However, the final verdicts of the trials will not be known to the expert (unless he asks the contracting party for the expert opinion for them).

If the psychological analysis views the issue significantly differently from the psychiatric one and there is no consistent expert conclusion, the prosecution or defence proposes the preparation of an independent expert opinion for the purpose of revision of the conclusion, which shall be decided by the court. If the expert opinion reaches diametrically different expert conclusions from the original expert opinion, then there are two completely different expert opinions and the court has to decide again. In these cases, the court orders an expert opinion from an expert institute. Once it has been drafted, the court will assess which two expert opinions have the same conclusions and the third expert opinion remains isolated and therefore the court will disregard it. Justice in the Czech Republic cannot work objectively without expert opinions. The work of experts is governed by law. The existing Act No. 36/1967 Coll. – Experts and Interpreters – has been amended four times – by Act No. 322/2006 Coll., Act No. 227/2009 Coll., Act No.

444/2011 Coll., and Act No. 183/2017 Coll. There has also been lengthy discussion about the forthcoming central database of all expert opinions in the Czech Republic, which would be accessible to, among other things, experts whose work would certainly be facilitated by this. However, the question remains of how this central database would be treated by GDPR.

CONCLUSION

With this article, we want to point out the important role of expert opinions as a professional tool that plays an important role in the contemporary judiciary. This study aims to present two respondents with some degree of dependence in terms of psychology, psychiatry, sexology, and criminal law in the form of case reports, an individual dependent on the prison subculture and a woman dependent on her ex-husband. The illustrative cases described will allow the reader to penetrate deeper into the complex situations of the personalities of individuals with specific forms of dependence. Furthermore, we wanted to draw attention to the importance of the validity and reliability of expert opinions. The analysis of the results shows that forensic psychiatry, sexology, and psychology are well-founded within the justice system of the Czech Republic. The results of expert assessments reflect reality objectively (in terms of achieving the same results when judged by several experts), and thus help to correctly and accurately understand, evaluate, and conclude complex situations occurring in court proceedings.

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