Crime against a minor and dissociative phenomenon due to the combined effect of toxic consumption by the offender

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1 INTRODUCTION

The casuistry deals with an aggressor with a long history of the combined consumption of toxic substances of cocaine and alcohol, who perpetrated the murder of a minor under 13 years of age. The victim was assaulted while she was going down the stairs of a block of flats and was taken, against her will, to the aggressor's home.

Regardless of the motive for the assault, the perpetrator restrained the victim, choked her with a dog leash until she asphixiated. Subsequently, he gave her multiple postmortem puncture wounds with a knife, one of which was a grave stab into the left ear (breaking the knife, with the blade remaining inside the auditory organ) and another wound in the left chest. In the autopsy, the introduction of a ballpoint pen into the minor's trachea was also appreciated.

The aggressor, who was evaluated directly by the writer, stated that, although aware of his conduct "because he was told *a posteriori* of the consequences of his actions", he maintained that he had no recollection of the alleged events.

Likewise, he stated that he was in a critical and/or adverse psychosocial situation due to the recent death of his mother and that, due to this, the pattern of use and abuse of toxic substances (cocaine and alcohol) had increased.

2 METHOD

The directed clinical interview (or anamnesis) was carried out on the confessed author of the murder, while he was still a preventive inmate at the prison where he was located. The clinical health documentation of the aggressor's mental condition was also read, as well as the Forensic Medical Report

and the Report of the National Institute of Forensic Toxicology that were involved in the case (and to which reference will be made in the section “Results”, in order to avoid prolixity).

Likewise, psychological tests were administered in order to be able to assess the scope of the clinical-symptomatic phenomenology of the psychological, psychopathological and/or psycho-emotional state of the subject with respect to the severity of the pathological psychic behavior and the causes of the criminal acts.

Scene of the Crime

3 RESULTS

The subject was administered multiple psychological tests, the most notable being (among many others administered): the Millon Clinical Multiaxial Inventory (MCMI-IV, 2018), the PAI (2011), the 16PF of Cattel (1995) and Impulsivity Scales (Plutchick and Barrat's BIS-11). He was also administered tests that assess substance use: such as the Cocaine Craving Questionnaire (CCQ) and the Multidimensional Alcohol Craving Scale (EMCA).

It should be noted that the administration of the tests was conducted at the prison where he was admitted as a preventive inmate and awaiting trial by the Jury of the Provincial Court.

The results of some of the tests administered are as follows:

- In relation to the MCMI-IV, a score of 1 must be indicated in "Disability (V)", which is the value for having answered an item that, according to the instructions of the manual, is interpreted as

of "doubtful validity". However, it is necessary to insist that it is not a question of doubtful validity, given that the respondent offered a correct answer to item no. 49 and for which, without a doubt, the respondent appeared the year before the evaluation on the covers of several magazines and the press, as it is a case of social and media impact. Likewise, he presents a statistically significant sincerity of TB=82 and an inconsistency with a value of W=9, which would respond to the psychological and/or psychopathological profile of a drug addict and this is a group that usually alters reality for their own interests. That said, one must be cautious in the psychological and psychopathological interpretation of the graph resulting from the MCMI-IV, given that it is a profile of the nature of a drug addict.

- The Grossman Facets of the MCMI-IV suggest that the informant presents psycho-emotional instability, characterized by the presence of basic personality traits of the paranoid and borderline-dependent type that would configure a fragile personality structure with low tolerance for frustration, and obvious aggressiveness.

INVENTARIO CLÍNICO MULTIAXIAL DE MILLON-IV

RESUMEN DE LAS PUNTUACIONES Y PERFIL

CÓDIGO DE PUNTUACIONES MÁXIMAS =3 2A 2B
AJUSTES DE LAS TASAS BASE = X, A/CC

INVALIDEZ (V) = 1
INCONSISTENCIA (W) = 9

VALIDEZ		Puntuación PD	Puntuación TB	Perfil de las tasas base 0 35 75 100
Índices modificadores				Bajo Medio Alto
Sinceridad	X	68	82	
Deseabilidad social	Y	13	59	
Devaluación	Z	20	75	

PERSONALIDAD		Puntuación PD	Puntuación PC	Puntuación TB	Perfil de las tasas base 0 60 75 85 115
Patrones clínicos de la personalidad					Estilo Tipo Trastorno
Esquizoide	1	10	48	61	
Evitativo	2A	16	68	80	
Melancólico	2B	21	72	79	
Dependiente	3	18	88	92	
Histriónico	4A	6	30	38	
Tempestuoso	4B	11	48	59	
Narcisista	5	8	61	64	
Antisocial	6A	3	40	58	
Sádico	6B	9	64	63	
Compulsivo	7	19	68	69	
Negativista	8A	16	75	73	
Masoquista	8B	17	78	71	
Patología grave de la personalidad					
Esquizotípico	S	16	67	67	
Límite	C	22	92	93	
Paranoide	P	16	91	87	

PSICOPATOLOGÍA		Puntuación PD	Puntuación PC	Puntuación TB	Perfil de las tasas base 0 60 75 85 115
Síndromes clínicos					Presente Prominente
Ansiedad generalizada	A	11	67	79	
Síntomas somáticos	H	6	47	59	
Espectro bipolar	N	11	81	74	
Depresión persistente	D	20	74	82	
Consumo de alcohol	B	7	96	94	
Consumo de drogas	T	14	94	94	
Estrés postraumático	R	12	79	72	
Síndromes clínicos graves					
Espectro esquizofrénico	SS	14	72	68	
Depresión mayor	CC	15	70	77	
Delirante	PP	11	93	79	

INVENTARIO CLÍNICO MULTIAXIAL DE MILLON-IV

FACETAS DE GROSSMAN CON LA PUNTUACIÓN MÁS ALTA

FACETAS DE GROSSMAN		Puntuación PD	PC	TB	Perfil de las tasas base 0 35 75 100
Límite	**C**				Interpretable
Autoimagen inestable	C.1	7	89	85	
Arquitectura disgregada	C.2	7	85	85	
Temperamentalmente lábil	C.3	6	82	75	
Dependiente	**3**				
Expresivamente pueril	3.1	7	88	85	
Interpers. sumiso	3.2	5	90	85	
Autoimagen inepta	3.3	7	88	90	
Paranoide	**P**				
Expresivamente defensivo	P.1	4	70	68	
Cognitivamente desconfiado	P.2	4	80	75	
Dinámicas de proyección	P.3	8	98	93	

PUNTUACIONES DE LAS FACETAS DE GROSSMAN

		PD	PC	TB			PD	PC	TB
1	**Esquizoide**				**6B**	**Sádico**			
1.1	Interpers. desvinculado	2	38	40	6B.1	Expresivamente precipitado	4	70	64
1.2	Contenido escaso	7	82	75	6B.2	Interpers. desagradable	4	88	71
1.3	Temperamentalmente apático	4	60	65	6B.3	Arquitectura eruptiva	2	60	64
2A	**Evitativo**				**7**	**Compulsivo**			
2A.1	Interpers. aversivo	5	63	75	7.1	Expresivamente disciplinado	5	61	60
2A.2	Autoimagen alienada	8	97	95	7.2	Cognitivamente constreñido	9	80	80
2A.3	Contenido vejatorio	5	74	80	7.3	Autoimagen responsable	9	99	85
2B	**Melancólico**				**8A**	**Negativista**			
2B.1	Cognitivamente fatalista	6	61	60	8A.1	Expresivamente resentido	6	88	80
2B.2	Autoimagen inútil	6	88	89	8A.2	Autoimagen descontenta	6	68	70
2B.3	Temperamentalmente afligido	7	80	83	8A.3	Temperamentalmente irritable	5	72	70
3	**Dependiente**				**8B**	**Masoquista**			
3.1	Expresivamente pueril	7	88	85	8B.1	Autoimagen desmerecedora	9	90	80
3.2	Interpers. sumiso	5	90	85	8B.2	Arquitectura invertida	5	71	70
3.3	Autoimagen inepta	7	88	90	8B.3	Temperamentalmente disfórico	5	54	60
4A	**Histriónico**				**S**	**Esquizotípico**			
4A.1	Expresivamente dramático	1	54	60	S.1	Cognitivamente circunstancial	4	46	60
4A.2	Interpers. buscador de atención	3	35	45	S.2	Autoimagen disociada	8	87	75
4A.3	Temperamentalmente inconstante	3	34	36	S.3	Contenido caótico	8	95	85
4B	**Tempestuoso**				**C**	**Límite**			
4B.1	Expresivamente impetuoso	4	61	64	C.1	Autoimagen inestable	7	89	85
4B.2	Interpers. eufórico	3	46	60	C.2	Arquitectura disgregada	7	85	85
4B.3	Autoimagen sobreestimada	2	29	30	C.3	Temperamentalmente lábil	6	82	75
5	**Narcisista**				**P**	**Paranoide**			
5.1	Interpers. explotador	1	47	60	P.1	Expresivamente defensivo	4	70	68
5.2	Cognitivamente expansivo	4	52	60	P.2	Cognitivamente desconfiado	4	80	75
5.3	Autoimagen admirable	3	80	70	P.3	Dinámicas de proyección	8	98	93
6A	**Antisocial**								
6A.1	Interpers. irresponsable	2	65	65					
6A.2	Autoimagen autónoma	1	37	30					
6A.3	Dinámicas de irreflexión (paso al acto)	7	96	85					

- In relation to the impulsivity tests, the Plutchick test yields a score of 25/45 and the Barrat BIS 11 test, a total score of 76/120 (yielding significant scores in the 3 subscales: cognitive, motor and impulsiveness), which suggests the existence of pathological basic personality traits of the impulsive type and that, due to an increase in the consumption of toxic substances, these scores may be compatible with a clinical-symptomatic exacerbation.

- The craving scales for cocaine use (CCQ) and alcohol use (EMCA), show a score of 342/630 and 58/60 respectively, which suggests compatibility with said impulsive behavior of incessant search for such substances.

In the case, the following documentation is considered interesting to point out in relation to the mental state of the subject around the dates when the murder was perpetrated (June 2018): the Forensic Medical Report concludes that "*According to the interviews and the findings of the analytical tests, it can be affirmed that the subject presents a chronic consumption of cocaine and alcohol, which we would describe as abuse, with good cognitive-executive, labor and social functionality*". Likewise, the report adds the following conclusion, stating that the Forensic Doctors "*cannot affirm that at the time of the events he would have acted "under the effects" of this substance, although given that he was a regular consumer at that time and that the subject refers to it, these circumstances must be set against both the findings at the scene of the events, the autopsy findings and the police and medical (welfare and forensic) assessments carried out as a result, respectively*".

In line with the above and in the same cited report, the Forensic Doctors describe that "... *the possibility of cocaine consumption (and possible acute intoxication) at a time prior to the events and referred to by the subject, although not fully discountable, must be contrasted both with the toxicokinetic characteristics of the substance and with the findings found in the procedure to remove the body (body of a minor with a dog leash around her neck, and head in a suitcase, due to the fear of the presence of a possible assailant who intended to break into the home …*".

In the Report of the Chemistry and Drugs Service of the National Institute of Toxicology and Forensic Sciences of the Ministry of Justice, hair and urine samples were taken from the subject four days after the alleged acts. The following results are stated in the said report: "*In the urine sample analyzed, the presence of cocaine, benzoylecgonine, temazepam and paracetamol was detected. The presence of ethyl alcohol was not detected in the urine sample analyzed. In the hair sample analyzed, the presence of cocaine, benzoylecgonine and cocaethylene (CE) was detected*".

4 DISCUSSION

- Although the results obtained from the psychometric, psychological and psychopathological evaluation of the aggressor yielded significant scores that suggest that he had a consumption of toxic substances (in this case, a combination of cocaine and alcohol), more important were the results (from the sample obtained four days after the alleged events in the case) of the toxicological analysis of hair from the National Institute of Toxicology and Forensic Sciences, which detected the presence of cocaine, benzoylecgonine and cocaethylene (CE).

- Said results obtained suggest that the aggressor presented, around the date of the perpetration of the acts, a psychic affectation of a cognitive and/or volitional order that altered his interpretation of reality.

- From the point of view of Forensic Psychology, and although the Expert has at his disposal the use of psychological and/or psychopathological evaluation techniques and instruments that allow him to explore the basic personality traits, mental alteration and the behavioral pattern of use, abuse and consumption of substances, our psychological evaluation methodology however, will always suffer from the fragility of their interpretation compared to medical techniques (which, in terms of statistical probability, are no less precise and the specific quantification is much higher than in Forensic Psychology).

- Consequently, the expert and professional opinion of the Forensic Psychologist Expert in the Courtroom is more open to discussion and provokes more juridical-legal debate with the Legal Operators that form each of the parties in the litigation. On many occasions, promoting good dialogue between the Public and Private Experts becomes necessary, being a key and necessary element for the clarification of the facts.

Keywords: pathological impulsiveness, murder, drug addiction, acting out, psychological evaluation, confrontation.

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