

Evaluation of Psychiatric Expertise in Criminal Matters Made in Casamance (Senegal/West Africa)

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Abstract

Introduction: The relationship between mental disorders and violent or transgressive behavior is long recognized by the general public and by the laws of most countries. Psychiatric expertise is today an essential tool in the service of justice. It aims to link mental illness and crime to orient sick criminals towards care rather than in prison. **Objective:** Assess the criminal expertise made in Casamance. **Methodology:** A retrospective study with descriptive and analytical purposes covering the period from January 1, 2012 to December 31, 2023 was carried out at the Ziguinchor psychiatric center. Expert reports and documents of the legal proceedings made it possible to enter our database. The entry was performed on Excel 2013 spreadsheet and analysis by software R 4.3. **Results:** Out of a total of 42 expertise reports, the study population consisted of men (97.6%), the average age was 34.4 years \pm 7.3. They were Senegalese (78.6%), single (69%) and unemployed (26.2%). The professional occupation was unstable (60%). A third of the subjects were educated at the Koranic school and the rest had not exceeded the secondary cycle. Appraisers had psychiatric history (51.22%). Drug consumers represented (40.48%). The diagnosis mentioned by the expert was schizophrenia (42.9%). Appraisers had history of incarceration (6%). The most committed offense was murder (26.2%). The expert had concluded a non-responsibility (52.38%). **Conclusion:** Our study has noted that the appraisal in criminal is a man, young, single, of low level of instruction and evolving in the informal sector. The study also reveals that the appraisals are mainly psychotic and charges are remarkable.

Keywords

Psychiatric Expertise, Criminal, Casamance

1. Introduction

The relationship between mental disorders and violent or transgressive behavior has long been recognized by the general public [1]-[3]. Societies have gradually implemented systems to treat mental patients and punish offenders.

For more than a century, judges have been turning more and more towards experts, including doctors, to help them make decisions, which has enabled justice to evolve and diversify its approaches.

Thus, psychiatrists gradually invested the heavy task of explaining the act by a “speech of truth” for a bereaved family, a frightened society and a justice on the lookout [4] [5]. Psychiatric expertise has today become an essential tool in the service of justice, whether in criminal law or civil law [6]. The criminal psychiatric expertise aims to link mental illness and crime to orient sick criminals towards care rather than in prison [7] [8].

In Senegal, numerous psychiatric expertise in criminal matters were asked by the courts to elucidate certain cases. The objective of our study was to assess psychiatric expertise in criminal matters made in Casamance (southwest of Senegal) on the basis of the reports provided.

2. Methodology

This is a retrospective study with descriptive and analytical purposes carried out at the level of the Émile Badiane psychiatric center in Ziguinchor. The city of Ziguinchor is located in the natural region of Casamance located in southwest Senegal (West Africa). This study covers the period from January 1, 2012 to December 31, 2023. All expert reports in criminal matters and the documents of the available and exploitable legal proceedings have been included. Non-criminal psychiatric expert reports and those that cannot be used are excluded from the study. Socio-demographic, clinical and judicial data were collected on a pre-established, tested and validated form. The authorization of the ethical committee was collected. Anonymity and confidentiality have been respected. The data was entered on Excel spreadsheet version 2013 and then processed for a statistical analysis with the R version 4.3 software. The results were presented in the form of proportions.

3. Results

3.1. Descriptive Study

3.1.1. Socio-Demographic Data

During the eleven years corresponding to our study period, 51 psychiatric expertise was carried out in the center, including 42 in criminal matters or 82.35%.

The average age of our subjects (person subject to expertise) was 34.4 ± 7.3

years. The most represented age group was [26 - 35 years] with a frequency of 42.9% (n = 18).

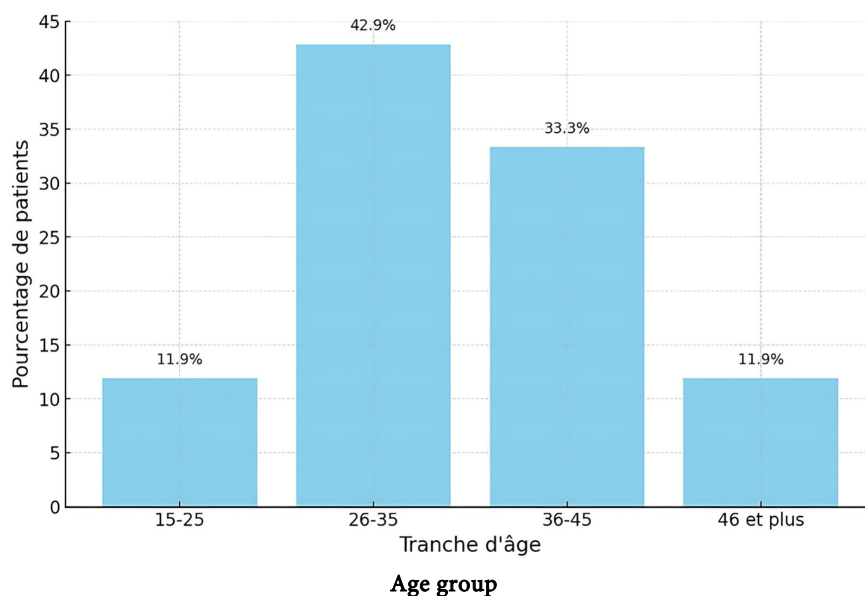


Figure 1. Distribution of subjects according to the age group.

The majority of subjects were male sex 97.6% (n = 41) with a ratio sex (m/f) of 38 (Figure 1).

Singles were in the majority in our study population with a frequency of 69% (n = 29) (Figure 2).

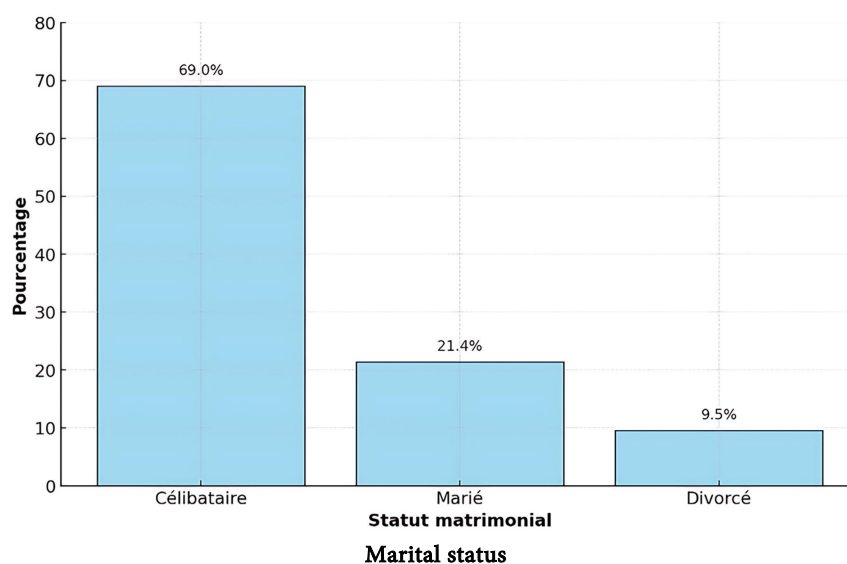


Figure 2. Distribution of subjects according to the matrimonial situation.

In our series, 31% (n = 13) of our study population were educated at the Koranic school (Table 1).

Table 1. Distribution of subjects according to the level of education.

Level of education	Workforce	Percentage
Koranic school strictly	13	31.0%
Middle school	10	23.8%
Primary	10	23.8%
Illiterate	6	14.3%
High school	3	7.1%

Most of our subjects were unemployed with a frequency of 26.2% (n = 11) and more than 60% did not have a stable profession (Figure 3).

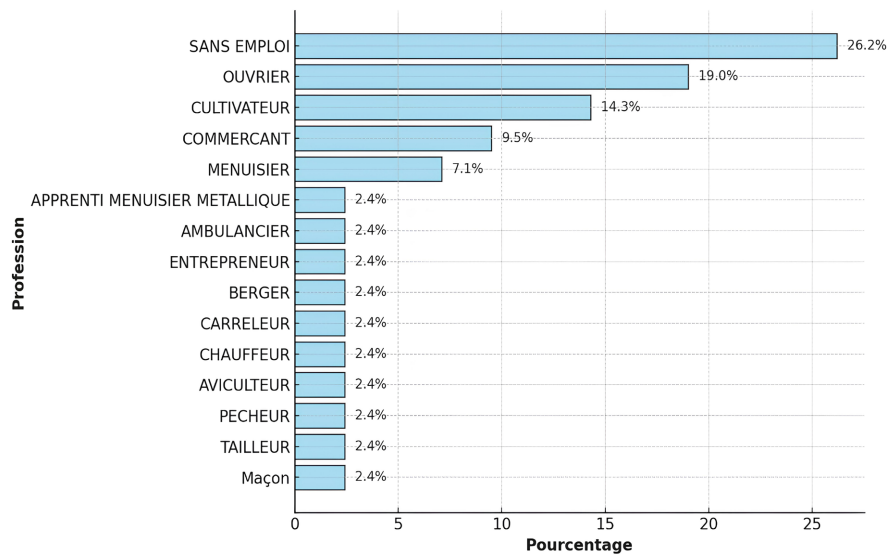


Figure 3. Distribution of subjects according to the profession.

3.1.2. Clinical data

Twenty-one subjects (50%) had psychiatric history, 9.76% (n = 04) medical history and 39.02% (n = 17) no history.

In twenty-five of our subjects (59.50%), the consumption of psychoactive substances was not informed. We found a consumption of psychoactive substances in 17 patients or 40.48% of our subjects. The alcohol and cannabis association were observed in 07 subjects or 16.70% (Table 2).

Table 2. Distribution of subjects according to the nature of the SPA consumed.

Nature of substance	Workforce	Percentage
Not informed	25	59.50%
Alcohol	4	9.50%
Alcohol, cannabis	7	16.70%
Cannabis	6	14.30%
Total	42	100.00%

The most frequently retained diagnoses were: schizophrenia (42.9%; n = 18), persistent delusional disorders and acute and transient psychotic disorders (BDA

in French) at 14.3% (n = 06) each (Figure 4).

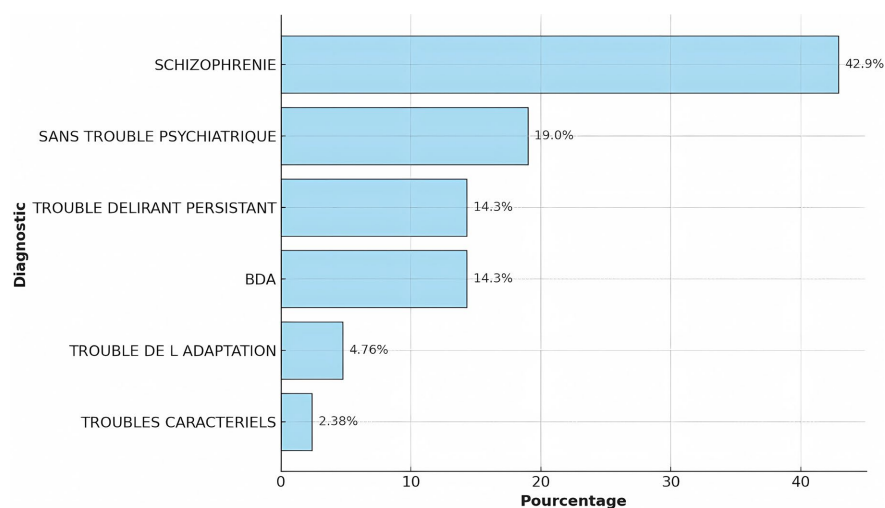


Figure 4. Graphic representation of subjects according to the diagnosis.

3.1.3. Legal and Judicial Data

Four subjects (6%) had history of police custody and/or incarceration (Table 3).

Table 3. Distribution of subjects according to the history of incarceration and police custody.

History	Workforce	Percentage
ATCD of incarceration	3	3.1%
ATCD of police custody	1	2.4%
None	38	94.4%

The most observed charges in our study population were murder, assassination and voluntary fire, with respective rates of 26.2% (n = 11); 19% (n = 08) and 11.9% (n = 05) (Figure 5).

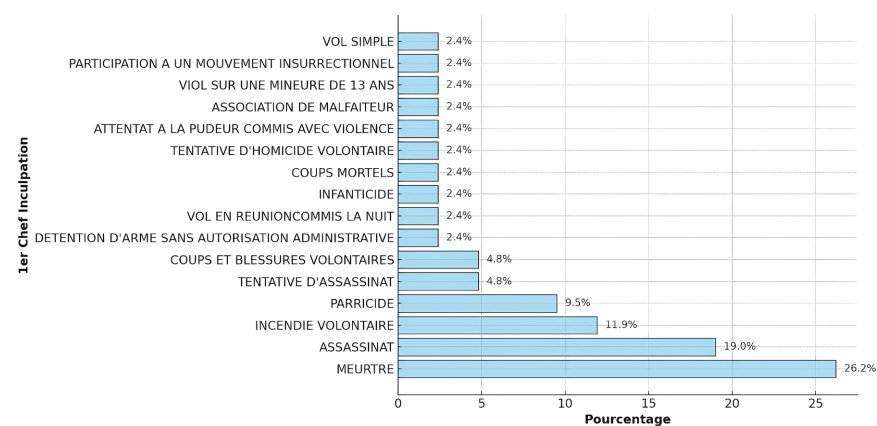


Figure 5. Graphic representation of the subjects according to the charging chief.

The conclusion (a professional specialized in psychiatry, appointed by the judge

to give a technical opinion in the context of a legal case) of the expert to a non-responsibility was 52.38% (n = 22) of the cases (Figure 6).

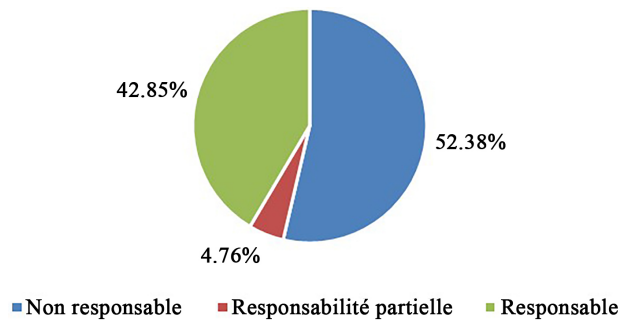


Figure 6. Graphic representation of subjects according to the conclusion of the expert on responsibility.

3.2. Analytical Study

In our work, not all the crimes were taken into account in this part. We have preferentially chosen to analyze with those related to “murder” and “rape”.

Table 4. Age crossing according to charges.

Variable	Age		P-value
	≤35yers old	>35year old	
Assassination			1.000
No	19 (79.2%)	15 (83.3%)	
Yes	5 (20.8%)	3 (16.7%)	
Fatal blows			0.429
No	24 (100%)	17 (94.4%)	
Yes	0 (0.00%)	1 (5.56%)	
Infanticide			1.000
No	23 (95.8%)	18 (100%)	
Yes	1 (4.17%)	0 (0.00%)	
Murder			0.731
No	17 (70.8%)	14 (77.8%)	
Yes	7 (29.2%)	4 (22.2%)	
Parricide			1.000
No	22 (91.7%)	16 (88.9%)	
Yes	2 (8.33%)	2 (11.1%)	
Assassination attempt			0.178
No	24 (100%)	16 (88.9%)	
Yes	0 (0.00%)	2 (11.1%)	
Voluntary homicide attempt			0.429
No	24 (100%)	17 (94.4%)	
Yes	0 (0.00%)	1 (5.56%)	
Rape on a minor			0.429
No	24 (100%)	17 (94.4%)	
Yes	0 (0.00%)	1 (5.56%)	

Young subjects under 35 are mainly more concerned by criminal acts in our

work (Table 4).

Table 5. Crossing sex according to charges.

Variable	Sex		P-value
	F	M	
Assassination			1,000
No	1 (100%)	33 (80.5%)	
Yes	0 (0.00%)	8 (19.5%)	
Fatal blows			1,000
No	1 (100%)	40 (97.6%)	
Yes	0 (0.00%)	1 (2.44%)	
Infanticide			0,024
No	0 (0.00%)	41 (100%)	
Yes	1 (100%)	0 (0.00%)	
Murder			1,000
No	1 (100%)	30 (73.2%)	
Yes	0 (0.00%)	11 (26.8%)	
Parricide			1,000
No	1 (100%)	37 (90.2%)	
Yes	0 (0.00%)	4 (9.76%)	
Assassination attempt			1,000
No	1 (100%)	39 (95.1%)	
Yes	0 (0.00%)	2 (4.88%)	
Voluntary homicide attempt			1,000
No	1 (100%)	40 (97.6%)	
Yes	0 (0.00%)	1 (2.44%)	
Rape on a monor			1,000
No	1 (100%)	40 (97.6%)	
Yes	0 (0.00%)	1 (2.44%)	

Men are mainly implicated for most of the criminal acts identified in our series. Infanticide was found in a woman (Table 5).

Table 6. Crossing of the matrimonial situation according to the charges.

Variable	Marital status			P-value
	Single	Divorced	Married	
Assassination				0.446
No	24 (82.8%)	4 (100%)	6 (66.7%)	
Yes	5 (17.2%)	0 (0.00%)	3 (33.3%)	
Fatal blows				0.095
No	29 (100%)	3 (75.0%)	9 (100%)	
Yes	0 (0.00%)	1 (25.0%)	0 (0.00%)	
Infanticide				1.000
No	28 (96.6%)	4 (100%)	9 (100%)	
Yes	1 (3.45%)	0 (0.00%)	0 (0.00%)	
Murder				1.000
No	21 (72.4%)	3 (75.0%)	7 (77.8%)	
Yes	8 (27.6%)	1 (25.0%)	2 (22.2%)	
Parricide				0.706

Continued

No	25 (86.2%)	4 (100%)	9 (100%)	
Yes	4 (13.8%)	0 (0.00%)	0 (0.00%)	
Assassination attempt				0.225
No	28 (96.6%)	3 (75.0%)	9 (100%)	
Yes	1 (3.45%)	1 (25.0%)	0 (0.00%)	
Rape on a minor				1.000
No	28 (96.6%)	4 (100%)	9 (100%)	
Yes	1 (3.45%)	0 (0.00%)	0 (0.00%)	

In our series, most of the crimes were committed by singles (**Table 6**).

Table 7. (A): charges and schizophrenia. (B): charge managers and BDA (acute and transient psychotic disorders).

(A)			
Variable	Schizophrenia		P-value
	No	Yes	
Assassination			0.431
No	18 (75.0%)	16 (88.9%)	
Yes	6 (25.0%)	2 (11.1%)	
Fatal blows			1.000
No	23 (95.8%)	18 (100%)	
Yes	1 (4.17%)	0 (0.00%)	
Infanticide			1.000
No	23 (95.8%)	18 (100%)	
Yes	1 (4.17%)	0 (0.00%)	
Mueder			1.000
No	18 (75.0%)	13 (72.2%)	
Yes	6 (25.0%)	5 (27.8%)	
Parricide			1.000
No	22 (91.7%)	16 (88.9%)	
Yes	2 (8.33%)	2 (11.1%)	
Assassination attempt			1.000
No	23 (95.8%)	17 (94.4%)	
Yes	1 (4.17%)	1 (5.56%)	
Voluntary assassination attempt			0.429
No	24 (100%)	17 (94.4%)	
Assassination attempt			
No	0 (0.00%)	1 (5.56%)	
Rape on a minor			1.000
No	23 (95.8%)	18 (100%)	
Yes	1 (4.17%)	0 (0.00%)	
(B)			
Variable	BDA		P-value
	No	Yes	
Assassination			1.000
No	29 (80.6%)	5 (83.3%)	
Yes	7 (19.4%)	1 (16.7%)	
Fatal blows			1.000
No	35 (97.2%)	6 (100%)	

Continued

Yes	1 (2.78%)	0 (0.00%)	
Infanticide			0.143
No	36 (100%)	5 (83.3%)	
Yes	0 (0.00%)	1 (16.7%)	
Murder			0.644
No	27 (75.0%)	4 (66.7%)	
Yes	9 (25.0%)	2 (33.3%)	
Parricide			0.474
No	33 (91.7%)	5 (83.3%)	
Yes	3 (8.33%)	1 (16.7%)	
Assassination attempt			1.000
No	34 (94.4%)	6 (100%)	
Yes	2 (5.56%)	0 (0.00%)	
Voluntary assassination attempt			1.000
No	35 (97.2%)	6 (100%)	
Yes	1 (2.78%)	0 (0.00%)	
Rape on a minor			1.000
No	35 (97.2%)	6 (100%)	
Yes	1 (2.78%)	0 (0.00%)	

It emerges from our work that serious crimes such as assassination, murder and parricides are the facts of schizophrenia (**Table 7(A)**). Rape is not the prerogative of psychotic disorders in our series (**Table 7(B)**).

Table 8. Crossing of the diagnosis according to the conclusion of the expert on responsibility.

Variable	Expert conclusion			P-value
	No responsible	Partial liability	Responsible	
BDA (Acute and transient psychotic disorders)				0.052
No	16 (72.7%)	2 (100%)	17 (100%)	
Yes	6 (27.3%)	0 (0.00%)	0 (0.00%)	
Schizophrenia				0.386
No	15 (68.2%)	1 (50.0%)	8 (47.1%)	
Yes	7 (31.8%)	1 (50.0%)	9 (52.9%)	
Adaptation disorder				0.544
No	20 (90.9%)	2 (100%)	17 (100%)	
Yes	2 (9.09%)	0 (0.00%)	0 (0.00%)	
Persistent delusional disorder				0.546
Non	20 (90.9%)	2 (100%)	13 (76.5%)	
Yes	2 (9.09%)	0 (0.00%)	4 (23.5%)	
Character disturbances				0.463
No	22 (100%)	2 (100%)	16 (94.1%)	
Yes	0 (0.00%)	0 (0.00%)	1 (5.88%)	

Apart from acute and transient psychotic disorders (or BDA in french), for all

other psychotic disorders, subjects could be declared responsible or not responsible (Table 8).

4. Discussion

4.1. Descriptive Study

4.1.1. Socio-Demographic Aspects

The average age of our subjects was 34.4 ± 7.3 years. These results were a little above those of Diop et Hodgins with respectively age medium-sized age [9] [10]. However, our figures are close to those found by other authors: 32 years by Diagne, 31 years by Eyraud and 32 years by Benezech [2] [11]-[13]. This young adult population could be explained by the characteristics of the Senegalese population in general, the under 35s of which represent 75% [14]. Several studies argue that young adults are more violent than the rest of the population, this also concerns mental patients [15] [16]. These same authors stipulate that the risk of accessing to act was higher in patients aged 30 to 40.

Male sex represented 97.6% of our study population. This strong male representativeness is consistent with the data found in almost all studies going in the same direction as ours. In Senegal, Diop had found figures a little below with a rate of 85% [9]. Internationally, authors had reported proportions close to our result: Maâlej 91.2%, Eyraud 90% as well as Hodgins 91% [10] [11] [17]. This predominance of men could be explained according to the characteristics of the Senegalese prison population which is male in 97.2% of cases [18]. This male over-representation questions us, whether men are more exposed to the risks of developing criminal behaviors.

Depending on the matrimonial situation, our study population was mainly made up of singles with a rate of 69%. Our frequency is greater than that obtained by Diop (47%) [9] but close to that of Diagne (72.6%) and Maâlej (60%) [11] [17]. However, our result is higher than the data collected by the National Agency for Statistics and Demography during the last general population census, which obtained 54.1% of single men against 37.1% of women [14]. This observation can agree with the youth of our study population.

According to the professional occupation, the majority of our study population was unemployed (26.2%) or daily workers (19%). Diop [9], in his study conducted in Dakar, also reported figures close to ours. He had found 21.5% unemployed and 26% unstable employment. Diagne *et al.* [2] had objectified much higher proportions with 46.8% unemployed and 38.7% of daily workers. We have found that men, young people in financial precariousness are the most incriminated in criminal behavior. Moreover, some authors retain social maladjustment and professional instability as important predictors in the occurrence of criminal offenses [19] [20].

Regarding the level of education, 38.1% of the subjects had not exceeded the primary cycle and almost 93% were without qualified diploma. Our results are more important than those of Diagne which had objectified 69.3% of subjects who

did not access secondary education [2]. Figures similar to ours had been reported in a study carried out in France by Salane [21]. This is correlated with the precarious professional situation of the subjects incriminated. However, no cause and effect relationship can be advanced. But, we can say, like Stueve and Link, that a low level of study as well as a low socio-economic level would be associated with an increase in the risk of violence [22].

4.1.2. Clinical Aspects

In our study, 51.22% of our study population had psychiatric history. These results are in accordance with those of Diop which revealed that more than half of the accused had psychiatric history [9]. Also, Djoumessi Temah in his study conducted in Ziguinchor, had reported psychiatric history in almost 50% of patients in prison [23]. Hodgins, Canada, had also objectified similar rates [10]. This could be explained by irregularity in the follow-up of patients who find themselves in a given moment of their mental illness in committing forensic acts as well as the inaccessibility of psychiatric care in these areas.

The consumption of psychoactive substances had been found in 40.48% of our study population. Alcohol and cannabis were the most consumed substances. These results are above those of Diop (30%) and Hodgins (25%) [9] [10]. It should be noted that the use of drugs multiplies the risk of dangerousness [24] [25]. The major importance given to the consumption of drugs in the appearance of violent behavior is widely recognized by several studies [25]-[28]. These results could explain the fact that Casamance is a cannabis producer region [29].

In our study, the most frequently made diagnoses were: schizophrenia (42.9%) and acute and transient (or BDA) (14.3%) psychotic disorders. This predominance of psychotic disorders is consistent with numerous studies, both at national and international level [2] [9] [11] [17] [23] [30]. In addition, European research has highlighted an increased risk of violence of two to three times in individuals with schizophrenia compared to the general population [31].

4.1.3. Legal and Judicial Aspects

In our study, almost 6% of our population had a history of incarceration and or police custody. It should be noted that in the literature, we have found few studies on the prison history (judicial lockers) of the subject. Hodgins and Webster had obtained a higher percentage of incarceration history in psychotics in their study [10] [32]. The reduced rate of prison history can be explained by the tolerance of African society regarding the offenses committed by the “dangerous madmen” hence the weakness of the reports.

The most committed offenses in our study population were murder and assassination with respective rates of 26.2% and 19%. Our results comply with those of Diop who had objectified 24% of homicides and homicide attempts [9]. The predominance of psychotics in our study population and the consumption of drugs can cause the high death rate of man objectified in our study.

4.1.4. Conclusion of the Expert on Responsibility

The expert, in our study, recognized the subject not responsible in 52.38% of cases, responsible for 42.85% and partially responsible for 4.76%. Our results are above those reported by Diop who had found 9.1% liability engaged, 17.4% attenuated, 32.4% non-responsible and 41.1% not informed [2]. Ngameni had found much higher rates with 94.5% of responsible patients [33]. In France, Eyraud had reported a “preserved” discernment in 73.23% of cases, an alteration of discernment in 13.38% and an abolition in 13.38% [11]. The differences observed between our results and those of other authors are probably linked to the size of the samples and also to socio-cultural differences.

4.2. Analytical Study

4.2.1. Crossroads of Socio-Demographic Parameters According to Charges

In our study, men and young people under 35 are mainly accused for most of the criminal acts identified. Our data, although statistically non-significant (P -Value > 0.05), agree with the results of several authors [9] [11] [33]. According to Ayrat, violence is intrinsically associated with masculinity. Indeed, his study conducted in France in 2010, reveals that 88% of individuals prosecuted by justice are men, a figure that reaches 94% when it comes to violent acts, assaults or murders [34]. In some international works, such as that of Brousolle on delinquency and deviance, the author spoke of “crime chromosome” [35]. Ouédraogo [36], referring to Bénézech *et al.*, reports: “Whatever the cultural environment, and the socio-political structure, it is well established, that there is a close dependence between criminal behavior, sex, and age.” The majority of identifiable offenders are young men. However, other factors can particularly be deterministic such as socio-cultural factors relating to the place of women in Senegalese society and their protective role of wife and mother, while men must assume the traditional role of providers of Household resources often constituting social and economic pressure: men undergo high expectations in terms of economic success, which can push them to adopt risk behaviors (crime, abuse of substances) in response to these pressures.

In our series, most of the offenses have been committed by singles. Indeed, several authors consider celibacy as a risk factor in violent behavior. Klassen and O’Connor point out that single people have an increased risk of violence compared to those living in couple [36]. These observations strengthen the hypothesis of the social stabilizing role of marriage. However, the question remains complex, because the current data does not make it possible to determine whether this protective role is attributable specifically to marriage or simply to being in a relationship, even without formalization by this institution.

4.2.2. The Crossing of Diagnosis According to Charges

It emerges from our work that serious offenses such as assassination, murder and parricides are much more the facts of schizophrenia. Moreover, despite the lack of a statistically significant link in our study (P -Value > 0.05), there is a general

link between serious mental disorders (including schizophrenia) and violent behavior [37]. Schizophrenia constitutes the most studied disorder for its links with violence. However, if there is an increase in the risk of violence linked to this disorder, it would be linked to multiple factors, in particular psychotic symptoms such as persecution delusions or hallucinatory injunctions [38] [39].

4.2.3. The Crossing of the Diagnosis According to the Conclusion of the Expert on Responsibility

People with psychotic disorders in our study could be judged responsible or not responsible with the exception of those whose diagnosis was acute delirious puffs (BDA). There is no statistically found link ($P\text{-Value} > 0.05$) between the two. However, this lack of causal link between psychotic disease and criminal responsibility has been objectified in several studies [11] [34]. It would be relevant to bring more precision to the question of the link between diagnosis and offense. Indeed, the causal link is frequently interpreted by the expert as direct and exclusive [40]-[42]. Besides, we have found no scientific evidence between diagnosis and offense in the literature. Although experts are often called upon to assess the responsibility of the accused during the incriminated facts, it is important to specify that mental disorders do not automatically lead to a reduction or abolition of this responsibility, in accordance with the principles of the Legal psychiatry.

5. Conclusion

Our study has allowed us to note that the epidemiological profile of the subject expert in criminal matters is generally an adult young, man, single, evolving in the informal sector and having a low level of instruction. The study also reveals that the patients involved in these crimes are mostly psychotics and the charges are of remarkable severity.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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