

## **RISK MANAGEMENT PROJECT/ TRAINING**

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### **Vignette D**

#### **Assessment context**

This risk assessment will form the basis for the patients' release from the forensic psychiatric care. After this assessment the clinic will decide if they should recommend the patients release or not.

#### **Personal Data**

Name : D.  
Date of birth : 1975  
Marital status : Married (only registered in country X)  
Occupation : none  
Religion : Muslim (Alevitic)

#### **Criminality**

Patient is sentenced to three years imprisonment and forensic psychiatric treatment in case of homicide. The patient has not been convicted before.

#### **The family milieu**

Both parents come from a medium-sized town in country Y (present European country). Father arrives in 1964 as an immigrant. Patient and his two youngest sisters were born in country Y. The parents don't speak the Y language very well and are still very much oriented towards the old, non-European, country X. The children are brought up strictly. According to patient, the father hits the children.

#### **Course of life**

- 1975** Patient is born as the tenth child of twelve; he's the second son. According to the mother, the birth was uncomplicated.
- 1978** He's being brought up strictly, but he's also being spoiled. He can absolutely not stand it when his parents are not around. Then, he becomes very frightened. If he is not allowed to come along with them, he starts yelling and banging his head against the wall. Most of the time he gets what he wants. On the other side, patient has been hit a lot by his father, and this was encouraged by mother.
- 1979** Patient goes to kindergarten without any problems.
- 1982** Patient's performance at school is reasonably good. He gets along fine with the teachers and the other pupils. At the same time, patient says that he was teased a lot. His father did not allow him to have friends.
- 1988** After primary education, patient goes to lower vocational education and in the third year to the lower economic administrative education. While the family is still oriented towards country X,

patient is looking for closer connections with the country Y culture. This often leads to conflicts. The patient thus lives in two separate worlds, as the country X son at home and as a country Y boy outside. He becomes estranged from his parents, who have absolutely no idea of what he is doing outside. According to patient, he's shy with girls, but after friends take him along to a prostitute, he knows he's 'alright'. He often has the intention to run away from home.

- 1989** On November 22nd, patient is reprimanded on paper for burglary in junction. He gambles a lot on slot machines and regularly loses large amounts of money.
- 1990** By reading sex-magazines, he discovers his interest in homosexuality. Through an advertisement in one of these magazines the patient has a once-only sexual contact with a 48-year old man. According to patient he'd only done it out of curiosity. After that, he gets involved in a relationship with a somewhat older woman. He learns a lot from her about sex.
- 1992** In May, patient reads a contact-advertisement in which is being asked for friendship with a 16-18 year old boy. Patient contacts W., 48 years old, who is known as a quiet, single man. He's got a big shepherds dog, which a lot of the neighbors are afraid of. W. is on welfare, but he has a lot of money. According to patient, they talk about sexual contact the first few times. He visits W. a lot. From May 1992, the patient receives large amounts of money for clothing and school. In the beginning, the patient says he did not feel obliged to compensate for the money he got from W. Later, he gives different versions with regard to the relationship and claims he was being raped after a month. Patient has got a bank account of his own at W.'s address, into which W. pays 150 euros monthly as a contribution towards school expenses. Later, patient tells that from August on they had SM-contacts, in which the dog was also involved. To friends who ask patient where he gets the money from, he tells he gets it from a woman. When his family asks him where he gets the fancy clothes from, he does not give any or just vague answers.
- 1993** In January, patient quits the first year middle economic administrative education, because his school performance is so bad, continuation makes no sense. He applies for a job with the police, but is refused. After that, he has a couple of jobs as a production-worker. He has to give the bulk of the earned money to his parents, something he can hardly accept. He's got a need for large amounts of money. He has got a country Y- girlfriend, to the dismay of his parents, they want him to get married to a country X- girl. Patient runs away from home a few times and then stays with his girlfriend. This leads to conflicts with father, in which the police have a soothing role. The relation with his parents is seriously disturbed when patient escapes to a country X- town in May. He stole a large amount of money from a closet in his parents' house. When this money is all spent after a few weeks, he returns to country Y. Through mediation of an employee of 'Alien Affairs', a reconciliation is established and patient is allowed to come back home. The parents press patient more and more to marry a country X- girl. In July, the patient stays in country X with his parents. According to patient, his grandfather picked a bride for him, according to the parents, patient picked a girl from his fathers home town himself. After three weeks, patient returns to country Y. Under pressure, he breaks off the relationship with his country Y- girlfriend. During this period of time there is supposed to have been a short-lived contact with an outpatient clinic for mental health care. In October, patient gets country Y nationality and citizenship. In November, patient buys a 'blow-up doll', worth 300 Euro. His mother does not like it. December, he leaves for country X, for this trip he gets a loan at the bank.
- 1994** January 7<sup>th</sup>, when he is in country X, he marries before the law to a country X- woman. January 19<sup>th</sup>, he gets involved in a relationship with a country Y woman. He doesn't tell her he just got married. January 24<sup>th</sup>, patient has a job interview at the Military Police. He is refused. January 27<sup>th</sup>, patient's parents receive a letter from W., in which he orders payment of a loan

(2600 Euro). W. wants his 'loan' back, because most of the money is spent on patient's gambling-addiction. If the patient doesn't contact him, judicial steps will follow. Patient comes into conflict with his father. He holds the view that he got the money in return for the sexual activities. On his mother's question how he is going to handle this problem, he says he knows a solution. January 28<sup>th</sup>, patient went to W. after first picking a knife out of the shed behind his parents' house. Patient is planning to stab him down if talking won't work out. After he spent a couple of hours with W. he tells him he can't pay the money back. Then, W. desires payment in "natura", namely sexual contact. When patient suggests having Sado-Masochistic sex, W. agrees. Patient ties him by hands and feet to the bed and blindfolds him with a handkerchief. Then, he stabs him twice in the heart with the knife. After that he puts a pillow over the head and pulls out the telephone cord. Patient takes a bag with him, in which he puts a safety-deposit and some other things. He hopes that by this he can embezzle the records of the borrowed money. He gets home by taxi. He made a friendly and relaxed impression on the taxi driver. When he arrives at home, he gets into a conflict with his father for being away from home that long. That evening, he goes out with a couple of friends. These friends don't notice anything in particular. January 29<sup>th</sup>, the victim is found by a downstairs neighbor. The police find a file with information about the 'loan' to patient, his name, address and pictures. Patient has signed an agreement for this loan and for the repayment, his signature is on the record. Patient denies he ever signed for a loan. February 5<sup>th</sup>, his mother and brother pick patient up at relatives and drop him off at the police station. He confesses the crime and is taken into custody. March 3<sup>rd</sup>, he goes to a forensic psychiatric center for observation. He introduces himself as 'K', because he wants to be a country Y- man and not a country X- man. He takes on a very charming stance towards a female group-leader. In conversations with group-leaders, he usually takes on a submissive, smooth-tongued position. On other occasions, he's arrogant and very immodest. When he doesn't feel understood or when he feels he is being treated unfairly, this is often followed by a diversity of physical complaints. Towards his group-mates he behaves macho. He tells some bragging stories, which mostly are about money or expensive goods, but when they ask further, he can't give an answer. By his behavior and pose he demands a lot of attention, sometimes very compelling and commanding. Patient has the disposal of a lot of money he receives from his country Y- girlfriend. Although patient claims not to feel anything for her anymore, he accepts the money. When she comes to visit him, he tries to evade contact with her. Patient is very much concerned during the visit of two sisters. However, when they want to know more about the offense, he reacts briefly. His parents visit him once. Mother does the talking and father, as well as patient, sit there very quietly. It is noted that patient evades eye contact with father. At the psychological as well as at the psychiatric examination, patient asks the examiner questions that cross the personal boundaries. The conversations are superficial. Questions that are personally directed at him confuse him. He feels ashamed when he is asked about the crime. He tells different versions of the way the crime happened and his motives. He struggles in particular with his homosexual feelings; he's curious about sex with men, he thinks it's exciting, but he'd rather deny it. About his heterosexual experiences he speaks proudly and in detail. He often speaks very conceited and contemptuous about his conquests. On June 21<sup>st</sup> he's being sentenced to four years imprisonment for murder and forensic psychiatric treatment. Patient as well as the prosecutor appeal to a higher court. He changes lawyers at least two times, because he can't come to an agreement on how to conduct the defense. October 21<sup>st</sup>, the higher court arrives at a different statement of the evidence and destroys the verdict. The court sentences patient in case of manslaughter to three years imprisonment and forensic psychiatric treatment. Patient still doesn't agree with the forensic psychiatric treatment and appeals to the Supreme Court.

**1995** January 31<sup>st</sup>, patient withdraws the appeal to the Supreme Court.

**1997** April, admission to a forensic psychiatric selection hospital that determines which hospital is most suitable for patient. Patient dreads being closely watched for seven weeks. He is afraid to do everything wrong. He has his objections with regard to the house rules. He is not always accessible to criticism and he is often incompatible. He regularly shows behavior that crosses

the border. When he is involved in a disagreement he tries to make others get along with his point of view. His moods are shifting. One moment he is friendly, another moment he keeps whining and is difficult to stop. He often blames others and when he does not get what he wants, he withdraws to his room. He is often drawing attention and he plays off the group leaders against each other. Sometimes they think he purposefully breaks the rules to draw attention. Patient believes he never makes mistakes, but others do and he thinks he is a fantastic person.

August, he is admitted to the forensic psychiatric hospital for treatment.

### **Diagnoses (from psychological assessment in the hospital)**

DSM-IV diagnosis: narcissistic personality disorder with histrionic and antisocial traits.

PCL-R: factor 1: 15; factor 2: 9; total score 25,3.

### **Adjustment in hospital**

During the first two years in the hospital, patient often has conflicts with his group-leaders. He is denigrating, threatening, coercive and demands a lot of attention. He regularly shows behavior that crosses the border. Patient is being kept in isolation for a couple of times because of rising tensions and conflicts, in which he becomes aggressive. When patient has a conflict with a staff member, he becomes very stubborn and refuses to go to work or therapy. He believes he is a fantastic person who never makes mistakes, but others do. He plays off the group-leaders against each other and shows very manipulative behavior. One time, he falls in love with a female group-leader and develops an obsession for her. He discovers her phone number and car license number.

After two years, staff decides to provide patient more structure and an individual treatment approach. This approach seems to work and patient starts to work seriously at his treatment. Slowly, he makes some improvements. Although he keeps having conflicts, he stays calm and does not become aggressive. His leaves are gradually extended and in July 2001, patient enters into the transmurals phase. He's going to live outside the hospital, but he still works in the hospital. His supervisors visit him three times a week. This phase is quite difficult for patient and causes strong feelings of frustration and stress, because he has never lived on his own in the past. He feels lonely and has financial problems because he spends too much money. He is being brought back into the hospital twice for a short period of time, because of conflicts with the staff about violation of rules, for example he is not open about financial matters and the contact with his new, country Y girlfriend. In this relationship, he is very coercive and (sexually) demanding, whereas his girlfriend wants to take it slowly. When patient has conflicts with his supervisors he tends to quit his work and study. In general, he has good contacts with his family, they often visit each other and he seems to be honest with them. The conclusion is that patient is making progress, albeit slowly. He has become less egocentric, but still denies his problems and displays little self-insight.