# The Assessment of the Clinical Social Danger by the Subject Committing a Crime

# Diana Galletta<sup>1\*</sup>, Fabio Policino<sup>2</sup>, Ilaria Lauria<sup>1</sup>, Aurino Cecilia<sup>1</sup>, Pierpaolo Di Lorenzo<sup>2</sup>, Emanuele Capasso<sup>2</sup>, Claudia Casella<sup>2</sup>, Massimo Niola<sup>2</sup>

<sup>1</sup>Department of Neuroscience and Reproductive and Odontostomatological Sciences, University of Naples Federico, Naples, Campania, Italy <sup>1</sup>Unit of Psychiatry and Psychology, University Hospital "Federico II", Naples, Italy <sup>2</sup>Legal Medicine Unit Department of Advanced Biomedical Sciences, School of Medicine, University of Naples "Federico II", Naples, Italy

## Abstract

Currently in Italy sometimes the criminal cohorts based on the combined provisions of articles 202 (Applicability of security measures), 203 (Social danger) and 133 (Gravity of the crime: Evaluation of the effects of the penalty) of the code they feel the need to assess whether the human person who has committed a criminal offense is "socially dangerous ".

The Italian criminal code establishes that for socially dangerous people who have committed a criminally relevant act (crime or quasicriminal) envisaged as such at the time of its commission, additional security measures may be applied and maintained.

Even in cases determined by the law in which the legislator makes the need for rehabilitation prevail for a fact not foreseen by the law as a crime (defined as a quasi-criminal, these are mandatory cases: The impossible crime, the criminal agreement not executed, committing a crime if the instigation is not upheld) safety measures can be applied to socially dangerous people.

The assessment of clinical social danger is based on the study of the state of mind: At the time and after the arrest, by reading the judicial documents (to find out about the crime formalized at the time of the prosecution by the Public Prosecutor), the interrogation reports and/or statements made, and any health documentation.

Keywords: Criminal cohorts • Health documentation • Public prosecutor • socially dangerous • Rehabilitation

# Introduction

In Italy currently sometimes the criminal cohorts based on the combined provisions of criminal code articles 202 (Applicability of security measures), 203 (Social danger) and 133 (Severity of the crime: Evaluation of the effects of the penalty) of the code feel the need to evaluate whether the subject who has committed a crime of criminal relevance is "socially dangerous". If the commission of a criminal act is partially or totally released from the free capacity of discernment, therefore connected to a state of mental illness, it is necessary to establish whether this psychopathological condition can lead the subject again to commit new crimes [1].

#### Questions for the forensic psychiatrist, for adult in criminal field

- Capable of discernment at the time of the crime.
- Bring legal proceedings: That is capacity to consciously participate in the process.

- Social dangerousness: That is probability to commit secondary criminal acts involving than in the internment in the judicial psychiatric hospital.
- Prison compatibility.

# **Material and Methods**

There are two cases of judgments concerning social dangerousness extracted from a series of forensic reports, carried out to ascertain the health conditions in the subjects punished by the criminal law (Figures 1 and 2) [2].

In a sample of 120 persons, only 25 were affected by mental disorders (Tables 1-4).

\*Address for Correspondence: Diana Galletta, Department of Neuroscience and Reproductive and Odontostomatological Sciences, University of Naples Federico II, Naples, Campania, Italy, Tel: 393407432457; E-mail: diana.galletta@unina.it

**Copyright:** © 2023 Galletta D. This is an open-access article distributed under the terms of the creative commons attribution license which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

Received: 21 November, 2022, Manuscript No. JFR-22-80511; Editor assigned: 24 November, 2022, PreQC No. JFR-22-80511 (PQ); Reviewed: 09 December, 2022, QC No. JFR-22-80511; Revised: 12 April, 2023, Manuscript No. JFR-22-80511 (R); Published: 19 April, 2023, DOI: 10.37421/2157-7145.2023.14.546

MENTAL DISEASES IDENTIFIED IN PRISONERS

Just for the prisoner suffering from major depression was formulated assessment of incompatibility with prescription of hospitalization in psychiatric environment

Figure 1. Mental diseases identified in prisoners.

#### Typology and cases of physical illnesses associated those psychic

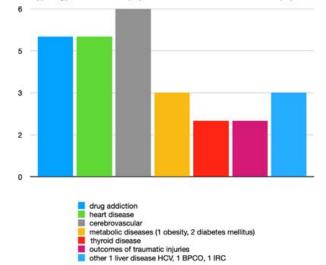


Figure 2. Typology and cases of physical illnesses associated those psychic.

7 Prisoned
1 Major depressive episode
1 Persistent depressive disorder (Dysthymia)
1 Adjustment disorder
1 Personality disorder NAS
3 Anorexia
18 (14 Home detention, 1 psychiatric prison, 3 prison)
3 Dementia
2 Persistent depressive disorder (dysthymia)
2 Borderline personality disorder
2 Intellectual disability and substance abuse
1 Bipolar i disorder and intellective disability
1 Antisocial personality disorder and intel disability
1 Chronic schzophrenic psychosis
1 Major depressive disorder and abuse of alcohol
1 Dementia in a history of alcoholism
1 Borderline personality disorder drug addiction
1 Schizo-affective disorder
1 Major depressive episode

# Table 1. 7 prisoned.

In 5 cases of 113, the Judge asked the question of social dangerousness: The cases of Antonio and Salvatore are illustrated.

Only in 5 cases of 120, the Judge posed the question of social dangerousness: The cases of Antonio and Salvatore are illustrated.

## The case of Antonio

Antonio, a 40-year-old man who lives in a small village in the hinterland of Sicily, was arrested on 2010 because of his wife's accuse of having used violence against her, threatening her with a weapon fire. It was used like the source of the complaint by the prosecution, and Antonio was interned at the district of Palermo Ucciardone [3].

The wife, scared that her husband could really implement his plan, took refuge at his mother's house, located on the first floor of the same building, where the couple lives with their children.

The wife declares that it is not the first time that her husband had similar attitudes. In fact, in the past she led to medical assistance at the hospital emergency; in these circumstances, she did not consider taking legal action against her husband for their children's sake and the hope to save the marriage.

The defense intends to challenge the current situation, emphasizing family misunderstandings, which led the wife to describe her husband as a violent person [4].

## The case of Salvatore

Salvatore, a 20 year young man with a clean record, was trialed for armed robbery and sexual assault on an underage woman. He was diagnosed, by medical examiner, psychosis unspecified with mental defect: he was judged not attributable and socially dangerous, and he was placed in a security facility.

This diagnosis was made by the expert without any psychodiagnostic test given: The judge, undecided about the response, appointed another judge to define the criteria regarding the unfit to plead and the social dangerousness [5].

Salvatore is only son of three older sisters. He graduated 8<sup>th</sup> grade diploma with a delay of 3 years (at 17 years), with the support of special needs teacher. He started working in brother-in-law's fruit and vegetable shop that was previously owned by his father, who died when he was 12.

The work was hard, typically physical (consisting in relocation loads), from 4 am to 8 pm: Salvatore was underpaid (20 euros per weekend) and he was absolutely forbidden to use cash box.

He lived in a small room in the back of the store, authorized by his brother-in-law. In his free time, Salvatore went out with friends, even recently met they, hanging out at pubs, eating hamburgers and drinking beer, spending all his salary.

One day, he was hungry and had little money to eat in a pub. For these reasons, he requested his brother-in-law for more, who clearly refused; he left the shop angry.

As a result, he staged an uncovered armed robbery in his neighborhood, just a little distant from the fruit and vegetable shop: He stopped a 16-year-old girl returning from school, threatened her with a knife in his pocket, he got the little money that the girl had with her. Before escaping, Salvatore touched her breasts for a few moments [6].

The young woman robbed declared that had not seen Salvatore's hand holding a knife. Salvatore, during the interview, said that was the kitchen knife in the shop used to cut vegetables.

The assessment of clinical social danger is based on the study of the state of mind:

- At the time and after the arrest, by reading the judicial documents (to find out about the crime formalized at the time of the prosecution by the Public Prosecutor), the interrogation reports and/or statements made, and any health documentation.
- Psychiatric assessment, through an internal, neurological and psychiatric clinical-objective examination (conducted with at least three of the techniques of free interviews), giving mental tests, any laboratory and instrumental investigations.

The assessment of social dangerousness is consisted of the psychic examination (conducted with the technique of free interviews: at least three) and the administration of psycho-diagnostic tests.

The psychopathological assessment was performed through several clinical interviews for the anamnestic data collection and the diagnostic classification and through a psycho-diagnostic protocol including projectives test, rorschach test, for the assessment of affect and representation of the self; the Minnesota multiphasic personality inventory-2 to investigate the possible presence of alterations in the structure of personality; empathy quotient test adult version, in order to assess the ability to be in relationship with others.

Currently in Italy sometimes the criminal cohorts based on the combined provisions of articles 202 (applicability of security measures), 203 (social danger) and 133 (gravity of the crime: evaluation of the effects of the penalty) of the code they feel the need to assess whether the human person who has committed a criminal offense is "socially dangerous ".

The Italian criminal code establishes that for socially dangerous people who have committed a criminally relevant act (crime or quasicriminal) envisaged as such at the time of its commission, additional security measures may be applied and maintained [7].

Even in cases determined by the law in which the legislator makes the need for rehabilitation prevail for a fact not foreseen by the law as a crime (Criminal Code, art. 202) (defined as a quasi-criminal, these are mandatory cases: The impossible crime, the criminal agreement not executed, committing a crime if the instigation is not upheld) safety measures can be applied to socially dangerous people.

The application of each safety measure (Criminal Code art. 88) is subject to the judge's assessment of the subject's social danger (Criminal Code, art. 89).

According to Art 203, the subject is socially dangerous, even if not attributable or not punishable, when who has committed any of the facts indicated in art. 202 (crime or quasi-crime) "when it is probable that he will commit new facts (...) crimes".

The assessment of social dangerousness concerns the subjects with mentally illness mentally ill due to total or partial (D.lgs 81/08 (art. 2, letter r) vice (Criminal Cassation, section I, sentence n. 40808) and not mentally illness.

According to the criminal code, social dangerousness is a trait of the individual, like understood the "probability of committing" criminally relevant offenses.

The assessment of social dangerousness is up to the judge. According to law (Criminal Cassation, section I, sentence n. 8996), the riskiness is: "Property or innate quality of a specific factor" (including human) "having the potential to cause damage". Jurisprudence states that the assessment of social dangerousness is "autonomous", "the exclusive task of the judge, who cannot abdicate it in favor of other subjects or renounce it".

According to court of cassation, sentence n. 1313/2003, the psycho-forensic evaluation supports judicial decisions; consequently, the criminal judge assesses the social dangerousness and he decides to take action [8].

Having ascertained the social dangerousness of the mentally ill, the Judge activates the social protection and prevention system of "security measures" to protect the person himself and/or the community.

In addition, according to criminal code's art. 219 and art. 206, the judge cannot contemplate medical-psychiatric emergencies: "Mentally ill, drunk" or habitual "drunk", a person addicted to the use of narcotic substances, a person in a state of chronic poisoning due to alcohol or drugs" (criminal code, art. 108; criminal code, art. 109).

#### Assessment by the Judge: Legal social dangerousness

The Judge establishes the social dangerousness of the person based on the feedback from the circumstances indicated in article 133 of the criminal code. The Judge deduces the "quality of a socially dangerous person" from "circumstances" established by the Law (Article 133 of the criminal code): Seriousness of the offence (nature, means, object, time, place, any other modality of the action; severity of the damage or danger caused to the injured person; intensity of wilful misconduct or degree of guilt); ability to commit a crime, that is criminal and judicial background, conditions of individual, family and social life, conduct and life prior to the crime, conduct contemporary or subsequent to the crime, reasons and character (criminal cassation. section VI, sentence n.1313).

The Jurisprudence adds that to assess the social dangerousness, the Judge must take into account events subsequent to the crime, the positive behaviour held during the expiration of the sentence (described in reports), the granting of penitentiary and procedural benefits, any findings expert regarding the conditions mental and behavioral (criminal code, sentence n. 40808; criminal code, section I, sentence 8996; criminal code, art. 133).

According to law 81/2014 (criminal code, art. 133), there are individual traits to examine the riskiness, without social, family and personal aspects (Tables 2-4).

#### Social dangerousness evaluative/checked guidelines

Legal

#### Seriousness of crime

Nature, means, object, time, place, any other mode of action; severity of the damage or danger caused to the injured person; intensity of willful misconduct or degree of guilt.

#### Ability to commit a crime

Criminal and judicial records; conduct and life prior to the crime; conduct at the same time or subsequent to the crime; motivations and character; facts subsequent to the offense, positive behavior during the expiration of the sentence (described in reports), granting of penitentiary and procedural benefits, any expert findings regarding mental and behavioral conditions, subjective qualities; individual therapeutic programs; social status.

#### **Table 2.** Social dangerousness evaluative/checked guidelines.

# Code of criminal procedure (art.133) Judge's parameters for the evaluation of social danger. Gravity of the crime. Gravity of the crime. Capacity of committing a crime. Gravity of the crime: How, where and when it was committed effects gravity level of willing. Gravity of committing a crime: Motivations and character. Previous criminal records and behaviour and quality of life. Behaviour at the moment of the crime and after. Presonal, familiar and social life conditions.

Table 3. Code of criminal procedure (art. 133).

Clinical

Deduce by Diagnostics interviews and test, health relationship.

#### Concerning

Nature and means of offense; place of action of the crime; motivations and character of the person; facts subsequent to the crime; conduct held during the expiration of the sentence; nature and evolution of the pathology state during the analysis; mental and behavioral conditions, subjective qualities; individual therapeutic programs; social status.

#### Forensic science parameters for the evaluation of social danger

#### "Criminal history": Recurrence of non-legal facts

Classification of the disease according to the mind of Diagnostic and Statistical Manual of Mental Disorders (DSM-5): Nosographic prediction and prognosis of exacerbations and/or recurrent episodes of acting out potentially productive and injury to other persons and/or damage to property.

Detection updated purely clinical about not achieving therapeutic of a state of psychic equilibrium with poor impulse control, affective lability and inadequate feelings, dysphoric mood, low frustration, tolerance and emotional stress, tendency to react irrational and impulsive anger and fear.

How the crime is committed (clumsy, childish, inexplicable, very serious, impulsive, without motive, unjustified damaging and/or harmful).

Previous and current behaviour.

Any unheeding substance abuse can cause intensification of symptoms.

Social-working maladjustment, poor social-environmental control and/or familiar.

Table 4. Forensic science parameters for the evaluation of social danger.

The judge can re-construct the general picture of the offender's personality and can. By largely discretionary and conjectural intuition, formulate the criminal prognosis judgment of social dangerousness.

According to penal code's art. 203, the judge has the task of assessing the degree of danger and giving reasons; if not, he is not obliged to do it (Criminal Cassation, section VI, sentence n. 41677) [9].

The judgment of subsistent social dangerousness will result in judicial measures, or that is to consist in, or imprisonment in a "Residence for the Execution of Security Measures (REMS)", or in the granting of "probation" at a mental health center. This facility is characterized by:

- Day care.
- Mental health centers.
- Semi-residential services (day centers or CDs).
- Residential services (residential structures or SR: Therapeutic-rehabilitation and socio-rehabilitation).
- Psychiatric diagnosis and treatment services (SPDC).

# Assessment/check by consultant forensic psychiatrist: Clinical social danger

In the case of a subject suffering from mental disorder who has committed a significant crime, the judge appoints a medical expert, to always establish the capacity of discernment (mental illness due total or partial insanity) and sometimes social danger.

If the commission of an offense is partly or fully released from a free capacity of discernment, then related to a state of insanity, it is necessary to determine whether such a psychopathological condition can bring the subject again to commit new crimes.

The expert physician appointed report to the Judge about the psychiatric social dangerousness considering the nature and evolution of the pathological state and of the social condition (human and material) of life; in practice it illustrates the state of health of the person.

The judge can reconstruct the general picture of the offender's personality and can. By largely discretionary and conjectural intuition, formulate the criminal prognosis judgment of social dangerousness.

The expert knows that for the justice: The social dangerousness is different from the criminal capacity (Criminal code, section II, sentence n. 9572).

For Justice, the criminal capacity is the genus of the person who has already demonstrated that he is able to commit a criminally relevant deed for which in the background of his being remains the possibility that he is still able to commit others [10].

In other words, in a person who has already been condemned, it is assumed that the criminal capacity to a greater or lesser extent always exists.

The prognostic judgment of judicial social dangerousness is different from the equally prognostic one of psychiatric social dangerousness.

The expert physician must also know that judicial social dangerousness is different from psychiatric social danger.

The current forensic psychiatric approach requires evaluation of imputably strictly anchored to the examination of individual clinical case, disconnecting from math equation, too rooted in the social culture, "psychiatric illness, equivalent aggression, and equivalent crime".

The distinction between criminological risk (relating to recidivism, established in the judgment of the Judge concerning "judicial" social dangerousness) and psychopathological risk (concerning to recurrence of psychiatric illness, reported in the doctor's conclusion regarding to "clinical" social danger).

The clinical check of social danger concerns to define the pathological state at the time of the psychiatric visit (never the one in which the crime was committed), in acute (with relevant psychopathological traits) or chronic (with spontaneous remission or in psychopharmacological balance).

The assessment of clinical social danger is argued based upon statistical observations (as reported in literature), thesis about antisocial behaviour, and clinical examination findings.

The evaluation of the expert on the social dangerousness must not only provide the ineligibility for mental infirmity but also the presence of a psychopathological condition could re-establish the commission of an offense as in the past. For the clinical evaluation of the presence and persistence of psychiatric social dangerousness, it is essential to consider the internal indicators such as:

- Presence and persistence of a florid psychotic symptoms, comorbidity, dual diagnosis.
- · No insight of the disease.
- No adherence to health regulations.
- No compliance to health regulations.
- Signs of cognitive disorganization, emotional impoverishment and psycho-motor that prevent acceptable and reliable compensation.
   Since the genesis and dynamics of mental illness are multifunctional and circular, it is essential to take into account the external indicators such as:
- Characteristics of the family and social membership.
- · Existence and adequacy of mental health services in the area.
- Possibility of re-employment or alternative solutions.
- Type, level and degree of acceptance about the return of the subject in the environment in which he lived before the offense.
- Alternative opportunities to re-insertion.

It is, actually, inappropriate the criterion that a given diagnosis should be required to pay a judgment of inability to understand and take action: There are disturbed individuals, with varying degrees of impairment, and not as a disease entity ontologically due.

It is also essential that at categorical diagnosis should follow the functional one: The categorical analysis allows nosographic placement of the disorder according to the criteria of Diagnostic and Statistical Manual of Mental Disorders IV-Text Revision (DSM IV-TR) or of the international statistical classification of diseases and related health problems No. 10 (ICD 10).

Functional diagnosis allows verifying the functional impairment, and relative degree, that the diagnosed disorder resulted in the organization and functioning of a specific personality.

# **Results and Discussion**

It is shown below the outcomes about the case's clinical social danger.

#### Antonio

During the legal process, it was made a request for technical advice; Antonio underwent a psycho-diagnostic path for the study of the psychological profile and the structure of personality.

The psycho-diagnostic examination preceded and followed by clinical interviews, contemplated: Projective tests, Rorschach test, and Minnesota Multiphasic Personality Inventory 2 (MMPI-2), and Empathy quotient test.

The assessment did not detect the presence of psychopathological elements, cognitive disorganization or emotional and psychomotor impoverishment.

It is a good degree of resilience in terms of ability to cope with adversity in a positive way and to reorganize their lives in a constructive way. So much it is clear from the personal history of Antonio, which is equipped with work skills such as to allow him to achieve satisfactory results in addition to appearing devoted to family ties.

The positive psychological disposition allows him to operate in terms of construction and design for themselves, for their children and more generally for the family (at Rorschach test, the subject provides as many as 14 additional responses indicative of a more than good and adaptive capacity that allows it, especially if it is supported, to converge the resources available to targets profitable and effective).

The score scale TRT=46 (Scales of content) is also indicative of the subject's ability to argue with someone about their problems or difficulties, the ability to cope with a crisis or difficulty, the ability to believe that someone can help me figure it out.

In Corman test shows an ideal family represented by virtue of the real family, and this denotes the degree of satisfaction that derives from this, as well as the consideration and interest with respect to the needs emotional components of the same family; in particular, the subject draws his wife next to him to show a particular attention to the needs of the same, although there are elements of communication difficulties (MMPI-2: Clinical Harris and Lingoes subscales Pd1=65; scale content FAM=60).

Antonio shows be provided by the cognitive point of view, as it emerges from the indexes of the Rorschach test and the results reported to the Empathy quotient questionnaire. Specifically, there is an emotional intelligence in the form of both, personal and social competence: Empathy quotient score=43 reported at questionnaire, exceeds that of the Italian male population of reference.

The self-awareness allows Antonio gives a name and a sense to negative emotions and allows an objective assessment of their capabilities and limitations, so as to be able to propose realistic goals, choosing the most adequate personal resources to reach them (Rorschach test Fc=1; k=1); the Fay's test indicates the degree of awareness with respect to aspects of itself is not acceptable, projected into the kind of the opposite sex so that they can be recognized and managed.

A certain degree of self-control allows him to control his emotions, rather than repressed or suppressed, they are expressed in socially acceptable forms as it emerges from the Rorschach test indices M:FM=1:4; CF=1; and yet from Fay's test as described above.

Among the personal skills is the ability to feed their own motivation, keeping even in the face of adversity.

The ability to motivate seem to find the right balance between optimism and initiative that allows the subject to pursue their goals and actively react in the face of difficulties and frustrations, as it emerges from the Rorschach test formulas type of inner life TVI=0/1 and TVI=2/2 that provide information on the subject's ability to respond emotionally to the environment by giving precedence logic and rationality.

Social competence, as is clear from the result of the Empathy quotient questionnaire (score 43) demonstrates the ability to recognize emotions and feelings in others, ideally placing yourself in their shoes, being able to understand their points of view, interests and interior difficulties.

J Forensic Res, Volume 14:4, 2023

Antonio can perceive the inner world of the other as if it were his own, keeping, however, the awareness of his own otherness: The MMPI-2 scores scales ASP=49, SOD=48 and WRK=50 inform us of a good relational operation that sees the subject perfectly at ease with others and able to pursue his goals in the workplace.

Moreover, even the scales scores L=52, F=51 and K=43 (Validity scales) confirms the good fit and relational functioning, so that the subject does not try to distort the answers, doesn't try to give a picture of himself socially desirable nor unrealistic, and shows no defensiveness towards the test.

For the duration of assessment, the whole family showed full cooperation, interest and respect, understanding and sharing the aims of the technical advice assignment received. Antonio not only followed and supported by the family, but the same has shown a positive attitude towards it.

This argues in favor of a family that seems to play a positive function. The presence of a family environment as described above, as well as the total absence of psychopathological items, attributable to Antonio, militate in favor of the absence of external and internal indicators, for the evaluation of social dangerousness.

In relation to the elements of dependence on parental figures, fear of losing the affection, affective frustration experienced at an early age and still not resolved, the emphasis is on the experience and the meaning attributed to the non-recognition by the father:

Antonio's father has always been very absent in his life and his parents get married when he was seventeen years old so that just with majority age, he decided to change the last name of the mother with the father's.

The name of the father, the one who was "denied" and always wanted assumes a symbolic importance that coincides with the sense of identity and location of the subject in the social context, so that the phenomenon stigmatized as "exclusion", and more overall, the situation of dispossession that Antonio has experienced, were able to promote and contribute to the valence traumatic experience as it emerges from Koch test: The presence of a hole in the trunk corresponds to an element with traumatic valence in the evolutionary history of the subject; Rorschach test ratio Fc+c+C'/FC+CF+C=2.5:1 identify, from a psychological clinic view, "the child's reaction burned " which indicates a typical situation, in where the persistence of affective frustration, exhausted at an early age, are not yet resolved; also relational difficulties elements, exhausted within the family, emerge in MMPI-2 test (content scales): FAM =60 and in clinics subscales (Harris and Lingoes) in which the subscale Pd1=65 contributes to the elevation of scale score Pd=72 (Base Scales), providing information on the subject perception about relational difficulties experienced in the family contest.

From the psycho-diagnostic assessment and deepening, in which Antonio has been submitted, there emerges a full convergence of the indices within and between tests.

In conclusion, the assessment of personality structure and deepening psycho-diagnostics, carried on the person of Antonio, there is a total absence of psychopathological elements; there is no deterioration or disintegration of the personality or cognitive disorganization items (internal indicators); Antonio can also count on the presence of a collaborative and supportive family (external indicators).

The elements (indicators) for the evaluation of social danger, according to those that are external and internal indicators, have not had any feedback.

Some month after evaluation Antonio was released from prison. The restriction of the state of freedom of Antonio appears unduly excessive, especially with regard to the related personal injury and reiterated that the wife's complainant would have suffered in the past but never reported.

The intramural detention is excessive and preclusive of any possibility rehabilitation and re-education of the suspect, who is addicted to violent rather than family ties as well as with work skills such as to allow him the purchase of real estate.

# Salvatore

Salvatore was suffering from moderate intellectual disability with poor control of anger and sexual urges. The probability of deviant behavior was considered low; for this reason, the judge was informally suggested to place temporarily him, for a year, at a work school to learn a trade, improving the skills of relating and social sharing.

On a group of 5 individuals subjected to a social hazard assessment, only Salvatore founded to be socially dangerous. Antonio, like 4 other people, was not socially dangerous.

# Conclusion

This work aims to emphasize the importance of the relationship between social dangerousness and mental illness. both in the judgment stage and in enforcement of the sentence. In fact, it is very important prerequisite to apply safety measures that are: Rehabilitation and socialization function. Over time. а multifactorial view has developed regarding dangerousness and mental infirmity, starting with Penal Code's art. culminated with 24 and court of cassation' sentence n. 9163/2005.

From a legal term, there was the possibility to transform a security measure from detention to non-custodial, to abolish it after ascertaining the termination of the dangerousness, even without the minimum period having elapsed, to exclude its application not only in cases in which the infirmity has ceased or improved, but also when, although this is unchanged with respect to the view of the facts, it is in any case unlikely that the subject will commit new crimes.

From the clinical term, the need for a multifactorial check of insanity, relating psychic functioning and a possible riskiness of the offender was recognized, considering the confluence of several components (organic, constitutional, psychological, psychodynamic, social, situational, environmental factors and so on).

The contribution of the psycho-diagnostic examination to the assessment of social dangerousness is of great importance. The support of psycho-diagnostic tools represents a valid help in evaluating the psychological profile of the personality, the possible psychopathologies and the individual resources, in order to direct the rehabilitation and socialization processes. It will be necessary to evaluate the social dangerousness and the legally relevant insanity in an integrated and individualized approach; in this way, it will be possible to understand the psychic functioning at the time of the crime and the probability that subject offends again, thus making the application and execution of the sentence a concrete process of rehabilitation and reintegration, taking into consideration his personality and his ability to integrate into a society.

# References

- 1. Monahan, John. "Violence prediction: The past twenty and the next twenty years." *Crim Justice Behav* 23 (1996): 107-120.
- Castelletti, Luca. "Treating not guilty by reason of insanity and socially dangerous subjects by community psychiatric services: An Italian perspective." Rass Ital Criminol 3 (2018): 182-189.
- Hannah-Moffat, Kelly. "Criminogenic needs and the transformative risk subject: Hybridizations of risk/need in penality." *Punishment and* society 7 (2005): 29-51.
- Cottle, Cindy C, Ria J Lee, and Kirk Heilbrun. "The prediction of criminal recidivism in juveniles: A meta-analysis." *Crim Justice Behav* 28 (2001): 367-394.

- Hannah-Moffat, Kelly. "Punishment and risk." Berkeley, USA: The Sage handbook of punishment and society, (2013).
- 6. Hodgins, Sheilagh. "Mental disorder, intellectual deficiency, and crime: evidence from a birth cohort." *Arch Gen Psychiatry* 49 (1992): 476-483.
- 7. Quinsey, Vernon L. "The assessment and treatment of child molesters: A review." *Can Psychol Rev* 18 (1977): 204.
- Weinman, Maxine L, Peggy B Smith, and Ruth S Buzi. "Young fathers: An analysis of risk behaviors and service needs." *Child Fam Soc Work J* 19 (2002): 437-453.
- 9. Horvath, Paula, and Marvin Zuckerman. "Sensation seeking, risk appraisal, and risky behavior." *Pers Individ Differ* 14 (1993): 41-52.
- Coppola, Federica. "Mapping the brain to predict antisocial behaviour: new frontiers in neurocriminology,'new'challenges for criminal justice." UCL J Law Jurisprudence-Special 1 (2018): 103-126.

How to cite this article: Galletta, Diana. "The Assessment of the Clinical Social Danger by the Subject Committing a Crime." *J Forensic Res* 14 (2023): 546.