

N.I. RASPOPOVA<sup>1</sup>, M. SH. JAMANTAYEVA<sup>2</sup>*S.D. Asfendiyarov Kazakh National Medical University*<sup>1</sup> - *department of psychiatry, psychotherapy and narcology*<sup>2</sup> - *department of internship and residency in psychiatry and narcology***SOME FEATURES OF AGGRESSIVE BEHAVIOR OF WOMEN, ADOLESCENTS AND MENTAL PATIENTS**

*The article presents an overview of characteristic features of aggressive behavior of individuals in changing socio-economic conditions. It analyses the mechanisms of formation of aggressive wrongful acts committed by women and adolescents. The formation of aggressive behavior and the implementation of aggression by mentally ill are influenced by both subjective, social and environmental factors, and mainly, current psychopathological syndromes.*

**Keywords:** *aggressive wrongful acts, women, adolescents, mental patients.*

The prevalence of aggression and aggressive behavior in people with mental disorders, leading to socially dangerous acts, is an actual problem of modern psychiatry. There are numerous works on the problem, but theoretical aspects are still insufficiently studied.

A well-known investigator of aggressive behaviors R.E. Tremblay states that research on human aggression had been a flourishing industry in the 20th century. He noted that to describe development of theories, methods, and results on aggression over the past century needed at least one book. In the 21st century one can observe an interesting paradox that the more humans become "civilized" the more they appear to be preoccupied by violence [1]. The second decade of the 21st century has been witnessing a multitude of serious aggressive acts, attacks and violence on this globe. Currently the concept of aggression remains a topical problem the scientists are faced with.

R.E. Tremblay hopes that with the help of large international longitudinal projects and large-scale longitudinal studies and experiments important progress will be made in the prevention of chronic physical violence. Also different types of prevention programmers will help identify important causal factors of chronic aggression for certain types of individuals [1]. Changing social economic conditions affect interpersonal relations, value orientations, and moral directions of the individual. These changes also affect certain manifestations of mental disorders linked with psychogenic influence, and the nature of aggressive illegal acts. This applies particularly to women as the most vulnerable to the adverse psychogenic unfavorable traumatic socio-psychological factors. They are observed to experience increasing number of anxious states, due to psychogenic depression, decompensation of personality disorders. The character and subject-matter of psychopathological experiences is changed to reflect modern information field, shaping public interest in such things as witchcraft, extrasensorys, and sectarian beliefs. Female patients are characterized by a high rate of growth of social maladjustment that is connected with the debut of mental illness, alcoholism, difficult interpersonal relationships. Most often aggressive illegal acts are committed by them in relation to their immediate environment, husbands, parents, children, relatives, and friends. The victims of socially dangerous acts directed against persons are most likely to be individuals connected with the woman related, emotional or intimate relationships [2, 3].

Noteworthy is a high prevalence of aggressive illegal acts accomplished by real domestic reasons, especially selfish, particularly cruel and committed in the group. There are some types of aggressive socially dangerous acts (SDA), which particularly stand out. They are caused by difficult material and economic conditions, by inability to provide for the family and children. Such acts are committed with the purpose of attracting attention to their plight.

Studies show that women, who have committed aggressive acts, are marked by high proportion of non-psychotic forms of pathology, the predominance of exogenous hazards, alcohol and drug abuse, personality disorders of constitutional and organic nature, affective disorders, and psychoorganic syndrome manifestations. Features of emotional response, irritability, rigidity of affect, a tendency to states of emotional arousal are a breeding ground for aggressive actions of these individuals. In general, they are characterized by a low level of social adaptation, family maladjustment because of divorce or the husband's alcoholism, his systematic anti-social behavior in the family. In connection with frequent decompensation of personality disorders, the women are often forced to be hospitalized in a psychiatric hospital.

Although evidence indicates that women can show more mild violence than men, some studies have not found gender differences in serious violence and committed assault [4, 5]. The total rate of criminal behavior in male patients was significantly higher than that in female patients. Male patients were also more likely to engage in violent criminal behavior than female patients. Schizophrenia is related to increased propensities for criminal behavior among both men and women, and male patients may be more likely to be convicted due to the violent nature of their criminal behavior [6, 7]

Criminal acts committed by non-pathological mechanisms observed in women with personality disorders, were characterized by predominance of affectogenic and situational-impulsive motives. Difficult social factors affected the unfavorable dynamics of psychopathy with frequent development of de-compensation, sharpening their inherent personality traits, reduced background mood, prone to hysterical forms of response, and auto aggressive tendencies. In these cases, aggressive acts committed under the influence of emotional arousal, were characterized by a desire for immediate resolution of the situation, elimination of the conflict as the source of psycho-traumatic experiences. The aggressive acts were primarily aimed at nearby people (relatives, children, and friends). It was as a response both to the actual psychogenic traumatizing factors and to the "conditional" psychogenic that had exerted influence upon something meaningful to the individual "zone of experiences" which involved the sphere of motives, aims and aspirations having been altered by the personality disharmony.

Alcohol abuse is a factor which provokes women to commit a tort. In these cases, illegal acts committed by women are unreasonable and particularly brutal, outwardly unmotivated, lack of reaction to the offense. As a rule, the offence is preceded by a long period of ill-treatment of children. In such cases, their inherent personality characteristics become aggravated, such as explosiveness, egocentrism, demonstrativeness, susceptibility to psychogenic changes of mood in a dysphoric type. In addition, the fore signs of alcohol degradation of the individual are manifested primarily in the moral and ethical decline, the loss of a sense of motherhood, formation of persistent antisocial mood.

The basis of aggression is the desire to get rid of unwanted children, who were a hindrance to the implementation of her plans, in particular, re-marriage. Women exhibiting alcohol dependence, commit aggressive offences in the group for selfish motives to take possession of an apartment, to appropriate wealth.

Aggressive acts committed by women on pathological delusional religious reasons, are often directed against children or close relatives, and are notable for violent cruelty. It is typical that in all cases the plot of delusional experiences reflects the theme of sectarian views, and, as a rule, not connected with orthodox religious teachings. Dominated by delusions of special importance, women are convinced that soon the world will end and everyone except members of the sect will die an agonizing death. Moreover, their delusional way of interpreting the behavior of others makes them believe that those people are «possessed by the devil". Their aggressive actions against children and close relatives are in nature of absurd and violent rituals involving injuries ending in death.

Forensic practice shows that women with mental disorders, who were accused of organizing assassinations, had hired killers to murder their husbands and individuals close to them. The most common offences were committed by a delusional explanation, at the same time, the subject -matter of delirium was noted to have changed, following popularization and persistent propaganda of new religious trends, as well as activities of extrasensories. Delusions of witchcraft and the impact could be extrapolated to children, who according to patients, were also harassed and exposed, became ill, committed suicide attempts. Attempts to commit murder were characterized by women as "protection" from the actions of sorcerers. In these cases the women committed a first time offence, they had a high level of social adaptation. In our practice, that was a case of an aggressive form of behavior with women, it had not been encountered before. A woman attempted murder of her children for the purpose of drawing attention to their plight, unable to provide her children financially.

Thus, the nature and structure of aggressive acts in women are influenced by social factors (reduced quality of life, financial problems, unemployment, alcoholism), and change of mentality. Under these conditions, especially significant become personality disorders, peculiarities of emotional response and individual perception of reality that define and shape aggressive behavior, which manifests itself mainly in the interpersonal relationships with individuals of the immediate environment.

Recently much attention has been paid to the causes and conditions for the formation of aggressive behavior in adolescents. A variety of aggressive manifestations are divided into non- pathological and pathological forms of aggressive behavior. The boundaries between them are most often fuzzy and present smooth transitions of quantity into a new quality. This is particularly true of pubertal changes of personality and borderline conditions, which are predominant and most clearly seen in the clinical material.

Non-pathological forms of aggressive behavior are more typical for persons with accentuated nature of disharmoniously taking place pubertal crisis, educational and social neglect. Patients with mild residual effects of early organic brain lesions during the period of pubertal crisis are observed to experience a spontaneous worsening of residual-organic disorders that can contribute to the formation of psychopathic disorder with aggressive behavior. The most important conditions for the formation of non-pathological forms of aggressive behavior in adolescents are diverse negative social factors, as well as early alcoholism, a high risk of substance use.

Pathological aggressive behavior is painfully motivated, or it occurs in the presence of altered emotionality, true libido disorders, and severe personality disorders. Pathological aggressive behavior in adolescents is more often a manifestation of pathologically proceeding pubertal crisis and nozologically neutral psychopathology or psychogenic conditions. It can be the equivalent of initial and latent mental disorders, or the only symptom in the initial offences.

American physicians think that it is necessary to distinguish between normal adolescent risk-taking such as theft, vandalism, violation of rules, and enduring antisocial behavior. Practitioners state that about 40 percent of children with conduct disorder grow up to be adults with antisocial personality disorder [8, 9].

Adolescents conduct disorder behavior should be considered in social context. Explaining how aggressive patterns of behavior are developed, scientists conclude that the origin of aggression in man was social learning. Children learn to aggress from bad environmental influences [10].

Children with aggressive behavior are present in all economic levels though they seem to be overrepresented in lower socioeconomic population [11]. Along with social status, an important risk factor is connected with parental substance abuse, mental illness, family conflict, and antisocial behavior of the parents [12].

Adolescent aggressive behaviors were studied as if they emerged during adolescence. The early onset form of physical aggression was observed by researchers with children before 10 years of age. Adolescents were observed showing an increase in violent offending boys and girls from 12 to 17 years of age [13].

Aggressive actions of mental patients have been studied since the allocation of forensic psychiatry as a separate subject. Throughout the development of forensic psychiatry, from its inception to the present, psychiatrists have been trying to compare the level of criminality of mentally healthy people and mentally ill. One of the first works on this subject belongs to W. Böker, H. Häfner (1973) [14]. The authors compared mental patients who had committed dangerous acts against life or had inflicted bodily harm, with a selected group of mental patients who had not committed violent acts, as well as with mentally healthy criminals who had committed similar actions. As a result, the researchers came to the conclusion that mental patients and feeble-minded no more and no less, commit violent crimes than the so-called mentally healthy people.

Similar data was obtained by G.Guze (1985), J. Monahan, N. Staelman (1984), L.Teplin (1985) [15, 16, 17]. Although most people with mental disorders do not exhibit violence or criminal behavior, the likelihood of committing violence is greater for people with mental disorders than those without [18].

Researchers in the former Soviet Union also showed interest in this problem. During the 70's and especially 80-ies of the last century, researchers of the Serbsky Center for forensic psychiatry developed an elaborate system of judicial - psychiatric statistics [19]. However, this system allowed analyzing only the information about mental patients - insane. A comparison with a population of criminals was impossible because crime statistics was confidential. After opening the data of criminal statistics in 1989, a comparison of crime level was made with dangerous acts of the mental patients recognized irresponsible [20,21,22,23]. The results showed that the growth curve of dangerous actions by mental patients repeats the curve of crimes growth in the population, and the proportion of the irresponsible among crimes perpetrators remains almost constant from year to year and is about 0.5% of cases.

However, the picture changes if we analyze the proportion of the irresponsible patients in certain crimes, especially violent, aggressive, directed against life and health of people. According to the V. P. Serbsky research Center, it turned out that those who had committed murder and attempted murder (these crimes in criminal statistics are combined into one category), the proportion of irresponsible patients has already reached 8 – 10% of cases annually. The proportion of irresponsible patients among the perpetrators of rape is 2% to 3%, disorderly conduct is 1, 2%. In other words, the percentage of these dangerous actions by mentally ill exceeds that of the population perpetrators of crimes: the murders - in 15-20 times, with rape – 5 times, with hooliganism – in 2 times. Foreign authors also write about high share of mentally-ill perpetrators of violent actions. Thus, J. A. Philips (2006) notes that "by moderate estimate, 10 to 30% of the convicted of murder in the United States have severe or transitory mental disorder" [24]. P. Taylor, J. Gunn (2000) indicate a higher proportion of patients with schizophrenia among those who committed murder [25]. These data cover more than 20 years, and the trend is stable enough. N. Nedopil (1999, 2001) refers to J. W. Swenson, who compared violent acts in the population of one community with violent acts committed by mentally ill in the same community [26, 27]. It turned out that mentally healthy people had done little more than 1% of dangerous actions, patients with schizophrenia about 3%, schizophrenia complicated by drug use, at 11.7%, persons without psychosis, substance users, at 41%. The natural conclusion is that abuses of alcohol and drugs, and patients with schizophrenia present particular danger. High risk of dangerous actions against the person by schizophrenia patients was emphasized by M. Erronen et al. (1998) [28]. Some studies show that there is significant relationship between schizophrenia and violence and crime [29]. Thus, aggressive behavior can occur in all people, both mentally healthy, and those detecting mental disorders. It seems evident that in the latter case, a significant influence on the formation of aggressive behavior and implementation of aggression can have psychopathological manifestations, mainly the actual psychopathological syndrome. It is possible to construct a scale of danger of psychopathological syndromes, and it only partially repeats the scale of severity and depth of syndromes. The most dangerous pole includes syndromes of disordered consciousness with complete disorganization of behavior with undamaged state of motor functions -the twilight disorders of consciousness; asthenic manifestations occupy the opposite pole. Hallucinatory-delusional, delusional affective, psychopathic-like syndromes are in the middle of the scale. However, an assessment of the risk syndrome in itself is not unambiguous.

Researches show that premorbid personal aims of the subject play a significant role in the implementation of aggression at all syndromal patterns, except for disorders of consciousness. In some cases, they lead to easy occurrence of aggressive and violent behavior, often repeating the same type of aggressive actions, in other cases they impede to such actions. Objectively existing psychotraumatic situation, or, especially in delusional behavior pathologically interpreted situation is of a significant importance in the implementation of aggression [30, 31]. The value of the complex "syndrome -person - situation" and its constituent factors, formation of criminal behavior in general and aggressive in particular, has been indicated by F. V. Kondratiev in a number of his studies (1994, 2004) [32,33].

Evidence indicates that criminal behavior is not only the result of the illness but also the result of psychiatric comorbidity (substance abuse, personality disorder) and medication non-adherence [34, 35].

Though the majority of researches of criminal relapse were found with not enough relationship between mental diseases and crime behavior, recent researches show that psychosis is a risk factor for a crime. Although most studies of criminal recidivism found little relationship between mental illness and criminal behavior, recent research suggests that psychosis is a risk factor for crime [36]. Compared to the general public, people with schizophrenia have higher rates of violence and criminal convictions for non-violent and violent crimes [37, 38]. Individuals with schizophrenia who are involved in the criminal justice system pose particular problems for professionals in the field of mental health. However, clinical practice guidelines offer little guidance to clinicians on how to solve the problem of criminal behavior among these patients [36].

Additional researches are necessary to deepen our interpretation links between schizophrenia and crime behavior. Moreover, doctors who treat patients with schizophrenia in the community are increasingly expected to assess and manage the risk of criminal behavior in those under their care.

Thus, rapid social transformation, economic reforms are accompanied by altered intricate processes in people's consciousness. It is somehow reflected in certain manifestations of mental disorders and the nature of aggressive illegal acts by psychiatric patients. The situation is intensified by the fact that updating of aggressive behavior in psychical patients is due to the influence of psychopathological component of mental disorder.

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**Н.И. РАСПОПОВА, М.Ш. ДЖАМАНТАЕВА**  
АГРЕССИВТІ ӘЙЕЛДЕРДІҢ ЖӘНЕ ПСИХИКАЛЫҚ НАУҚАС ЖАСӨСПІРІМДЕРДІҢ МІНЕЗДЕРІНІҢ КЕЙБІР  
ЕРЕКШЕЛІКТЕРІ

**Түйін:** Мақалада ауыспалы әлеуметтік-экономикалық жағдайларда жеке тұлғалардың агрессивті жүріс-тұрысының ерекшеліктерінің шолуы келтірілген. Әйелдер мен жасөспірімдердің жасаған агрессивті заңға қарсы әрекеттерінің түзілу механизмдері талданады. Агрессивті жүріс-тұрыстың түзілуіне және психикалық науқастармен агрессияның іске асырылуына субъективті, әлеуметтік-орталық факторлар, ең бастысы актуалды психопатологиялық синдромдар әсер етеді.

**Түйінді сөздер:** әйелдер, жасөспірімдер және психикалық науқастардың агрессивті құқыққа қайшы әрекеттері.

**Н.И. РАСПОПОВА, М.Ш. ДЖАМАНТАЕВА**  
НЕКОТОРЫЕ ОСОБЕННОСТИ ПОВЕДЕНИЯ АГРЕССИВНЫХ ЖЕНЩИН И ДУШЕВНОБОЛЬНЫХ  
ПОДРОСТКОВ

**Резюме:** В статье представлен обзор характерных особенностей агрессивного поведения индивидов в меняющихся социально-экономических условиях. Анализируются механизмы формирования агрессивных противоправных деяний, совершенных женщинами и подростками. На формирование агрессивного поведения и реализацию агрессии психически больными влияют как субъективные, социально-средовые факторы, так и, главным образом, актуальные психопатологические синдромы.

**Ключевые слова:** агрессивные противоправные деяния женщин, подростков, психически больных