

CASE REPORT

SEXUAL SADISM TOWARDS A MINOR AND DIOGENES SYNDROME WITH THE HIDING OF A CADAVER

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Abstract

A case of sexual assault and murder of a minor perpetrated by a subject who kept the body hidden for more than a year in his own home is illustrated, with waste of all kinds and configuring a pathological personality profile of Syndrome of Diogenes. *ASEAN Journal of Psychiatry, Vol. 22(9) November, 2021; 1-8.*

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Introduction

Sexual abuse, sexual assault, sexual homicide and associated paraphilia's have been observed throughout human history [1].

Establishing the profile of the sexual offender is one of the most frequently asked questions in Forensic Psychopathology and, without a doubt, one of the most difficult to answer, although it can be said that there is no specific typology or a specific pathology that conditions or generates this type of criminal behaviour [2].

On many occasions, mental health professionals (be it a psychologist or a psychiatrist) find that they cannot offer an explanation for the aggressor's *iter criminis* or, if they find one, it is a simple speculative approach, in such a way that the expert opinion of a mental disorder is much more heterogeneous as a concept [3,4].

For Safarik, deciphering whether sexual behaviour is to serve non-sexual needs (e.g. power, control, domination) or non-sexual behaviour is meeting sexual needs (torture), is a construction that many in Psychiatry and Criminology quickly admit as extremely difficult to interpret.

In this way, and as stated by González, within sexual violence, it is necessary to delve into the

motivations of these aggressors, as well as the variables that favour and/or promote sexual assault.

From this perspective, within the characteristics of the different sexual offenders, a differentiation can be established between those who act on impulsive behaviours and those who are governed by premeditated and planned behaviours.

For Clemente fortunately, impulsivity is not the only psychological variable that defines sexual offenders and, statistically, if a subject has high scores on said scale, one must be cautious in its interpretation regarding the commission of said alleged illicit act [5].

González considers that sexual offenders who plan the episode of violence maintain behaviours based on humiliation and fear of the victim, generating a high level of verbal and physical aggressiveness with the use of force and intimidation.

In these cases, what is important is the aggressive component of the action and not the sexual behaviour associated with it, which makes recidivism high.

Within this typology, the most dangerous ones are the sexual offenders in whom an antisocial personality disorder or psychopathy coexists, since the violence they exert during the aggression is excessive and can reach brutal cruelty towards the victim.

From this line of argument, it is necessary to review the concept of paraphilia, which according to Marset and following the DSM-V diagnostic manual, the essential characteristic of paraphilia is the presence of repeated and intense sexual fantasies of the excitatory type, of sexual impulses or behaviours that generally include:

1. Non-human objects,
2. Suffering or humiliation of oneself or of the partner
3. Children or other non-consenting persons, and which are manifested for a period of at least six months (Criterion A of the DSM-V) [6].

This article aims to illustrate a case of sadistic sexual homicidophilia or lustful sadistic murder, in which the aggressor is sexually aroused by committing a murder on a minor less than 9 years of age.

Subsequently, they abandon the corpse "to her fate", living with her in their own home for a year; during this time frame, there was a progressive increase in bad odours (derived from the putrefaction of the corpse) and poor hygiene as a result of the increase in garbage and waste (derived from the schizotypal disorder and Diogenes syndrome of the aggressor).

This prolonged period may respond to what Reale et al. consider, that with regard to sadistic sexual offenders, they are more likely to see their case remain unsolved, denying their responsibility throughout the time in which the police and/or judicial investigation is carried out.

In fact, understanding this type of aggressor (sexual sadist) goes beyond an analysis of the dynamics of the crime, since a multifaceted approach must be carried out for the analysis and interpretation of the crime, using

psychometric data of that behaviour, exhibited in the interaction of the offender with the victim [7].

Diogenes syndrome (named after the Greek philosopher and cynic), is a neurobehavioral syndrome characterized by severe neglect and domestic misery, pathological accumulation of waste or garbage, compulsive hoarding, lack of shame with respect to healthy and/or hygienic living conditions and denial of the disease (anosognosia); the latter being that which prevents most of this type of people from seeking medical and/or psychological help [8,9]

The syndrome has been described mainly in the elderly, although there are some cases in the literature in younger people.

Likewise, two types of Diogenes Syndrome have been described according to their behaviour regarding the accumulation of objects: The Active type or collector of objects that accumulates at home and the Passive type that, passively, allows it to be invaded by the accumulation of its own garbage.

Adult subjects with this type of syndrome, present a complex and unique behaviour that becomes the manifest expression of comorbid pathological personality traits, characterized by a combination of avoidance, paranoid, and anankastic (or obsessive) traits.

Hoarding behaviour can appear in obsessive compulsive personality disorder, in collecting or as other causes (Lera et al.)

On the other hand, the diagnosis of cases of diogenes syndrome in the senile stage presents greater complexity, being a clinical challenge, given that said phenomenology is usually associated with processes of dementia or neurocognitive deterioration, for which a differential clinical diagnosis must be made.

This differential diagnosis of Diogenes Syndrome must be established with the following psychopathological clinical entities [10]:

- Obsessive Compulsive Disorder (OCD).
- Obsessive compulsive personality disorder (anankastic).
- Schizophrenic disorder or psychotic derivatives (schizoid, schizotypal, etc).
- Dementia.
- Lesion of the left or bilateral orbitofrontal cortex.
- Anorexia nervosa.
- Major depression.
- Generalized anxiety disorder.
- Social anxiety disorder.
- Substance abuse disorders.

Establishing the differential diagnosis has its clinical importance, since Diogenes Syndrome does not suppose a psychopathological clinical entity in the complete sense, but rather we are faced with a set of (psychopathological) symptoms associated with each other.

Thus, the clinical comorbidity of subjects likely to be suspicious and hyper vigilant (typical of people with paranoid personality traits), obsessive and meticulous (typical of subjects with anankastic personality traits) and socially avoidant (typical of subjects with avoidant personality traits) can be defining of this type of syndrome.

The Case

From the base of the wording of the sentence, the case deals with a middle aged man who contacted the victim, a 9-year-old girl, while playing with other children her age in a city square?

The defendant offered the minor sweets in order to gain her trust and proposed that they meet again that same afternoon in said square. The victim, a cheerful and confident open-minded girl, agreed. The minor left her house at around 3:00 pm, heading for the aforementioned square, and between that time and 5:00 pm, the subject took her to his house.

Once inside the house, the accused placed the minor on the bed, tying her wrists with two nylon ropes that, in turn, were tied to the longitudinal bars of the bed frame, lowering her underclothes and penetrating her (with an object or with the penis) producing a significant tear in the perianal area, affecting the tissues that separate the anal and vaginal orifice, as a result of which significant bleeding was produced. To prevent blood from flowing out, the accused inserted, with unusual force and using a blunt object, the underwear that she had been wearing, into the body cavity, moving the garment to the area that occupied the bladder. (Figure 1 and Figure 2)



Figure 1. Moments of the transportation of the accused by the Police: Arrest and entry to the Courts.



Figure 2. Moments of the transportation of the accused by the Police: Arrest and entry to the Courts.

As a result of all this, the girl suffered very serious injuries with ruptured ducts and tissues, causing the opening of a new, unnatural duct in the pelvic area, and causing her terrible and intense suffering resulting in death from traumatic shock.

The minor tried desperately to free herself from the restraints that immobilized her, leading to wounds on her wrists from which she bled. During the entire time she remained alive, lying on the mattress and tied by her wrists, she had no chance of defending herself against her assailant.

The mattress was impregnated with blood and liquids from the rotting of the corpse.

Days after the death of the minor, the accused wrapped the body in plastic, placing various objects over it, including a small table.

Between September and October 2001, the subject set up a partition that separated the bed where the corpse was found, from the living room of his home.

The body remained in the house of the accused, on the mattress, from March 3, 2001 to February 21, 2002, without at any time being moved or hidden in a place that was not accessible or visible to those who entered the property. In his

statement, he said that, at first, he was terrified of living with the corpse of the minor, but that later he was no longer so afraid of being with her.

Throughout this time, he lived in the irrational and delusional hope that the problem would solve itself. Being a bricklayer, he could have hidden the body between the walls, but he did absolutely nothing to hide it. From then on, he stopped cleaning the house, accumulating garbage.

As a result of the process of putrefaction of the body of the minor, the neighbours of the community began to notice bad smells coming from the house of the accused, in light of which the landlord addressed him on several occasions, to clean the house, but the requests were ignored.

In 2000, the accused began to get behind in the rent.

The employer for whom he worked and to whom he was linked by an old friendship, being aware of the defendant's problems with his landlady, offered to pay the rent directly, by withholding part of his corresponding salary, which was accepted by the accused.

As a result of these payment arrangements, the landlady, in the first months of 2001, addressed the employer on several occasions to urge the accused to clean up the house. The businessman repeatedly reiterated to the accused to do so, but he took no notice.

One day, about 15 days before the body was found, the businessman explicitly stated to the accused that, if he did not clean the flat, he would take care of it himself-through his workers without the subject showing any opposition.

On an unspecified date and in response to a call from the landlady reiterating her complaints about the bad smell that came from the defendant's house, the businessman ordered all his employees to accompany him to the defendant's house to clean it. Once there, the businessman opened the door of the house-which was not locked and, observing the state of absolute neglect, filth and mess in which it was found, ordered his workers to clean it up, providing them with gloves and garbage bags.

The employees began cleaning in the living room, ending up at the place where the bed was located, where they observed the presence of a bundle wrapped in plastic. First, they placed the bundle on the floor, took the mattress and the bedframe outside, then proceeded to pick up the package at both ends of the plastic and deposited it out in the street.

A German shepherd belonging to the businessman began to sniff the bundle and was eventually able to remove a sock from a rotten foot with his mouth, revealing the existence of a human body wrapped in a blanket and in turn wrapped in plastic, from which innumerable insects of all kinds came out. The businessman, upon seeing such a scene, immediately notified the Civil Guard, and two agents appeared at the scene, whereupon they proceeded to verify the suspicions of the businessman. Next, they notified the Judicial Commission, proceeding to the removal of the body that, once identified, turned out to be that of the missing minor.

The accused, at the time of the events, was a consumer of alcohol in not particularly high

quantities; as well as, sporadically, cocaine, although said consumption did not alter his ability to differentiate between good and bad and to behave according to that understanding.

In turn, the accused-around that time and during his arrest-presented some basic personality traits of the type of schizotypal personality disorder, with a tendency to introversion, a cold mood, lack of empathy, yet without any mental illness that would modify his ability to know good from bad and to behave accordingly. As an added fact, at the time of the events, the accused was working as a bricklayer, carrying out his duties with special diligence.

Discussion

The psychological reports provided in the case, were contradictory and debate arose during the oral hearing: while a private psychological report concluded that a schizotypal disorder and delusions of grandeur were appreciated, the report of the Psychology Unit of the Institute of Legal Medicine disagreed and stated the non-existence of a personality disorder, his profile corresponding to that of a sexual offender. They added that the accused suffered from "a schizotypal disorder, but without a personality alteration". So, for these specialists, he was a shy, introverted individual, without empathy for others, cold, but "capable of discerning what is normal or not, and between good and evil". They also described him as "narcissistic", "fanciful", as well as "egocentric".

In the sentence handed down, the members of the jury determined and recorded in their conviction, the ruling out of the occurrence of pathological personality disorders or disorders derived from the consumption of alcohol or cocaine in the accused, the inexistence of modifying circumstances of criminal responsibility from the psychic point of view, and no appreciable attenuation from the assumptions of the immutability of the accused.

In this way, the results of the personality tests to which he was subjected by the public forensic psychologists do not allow us to draw any decisive or significant conclusion of mental alteration, and so the Jury granted a greater

degree of reliability and scientific rationality to the expert conclusions of said public experts.

Following on with what was detailed in the sentence, it is stated that the victim was subjected to extremely cruel conditions, both in the sexual assault and in the origin of the death, and as such the accused demonstrated excessive brutality. In this sense, the victim had to feel and experience so much despair and terror, as well as suffering terribly so much pain during the time that the behaviour perpetrated by the aggressor lasted, and until the agonising end.

The corpse remained for almost a year in the home of the accused, which not only prevented the finding of decisive biological proof or evidence, but also, and here lies the deepened significance, it prolonged the suffering - also terrible - of the victim's loved ones, especially her parents. For the Judge, the crime constitutes - in essence - a denial of the value that society in a democratic state attributes to the relevant legal principles deserving of protection, but seldom, as in the case of this process, can there be observed in the conduct of the responsible person such a high level of contempt for them and for the basic values on which a rational system of coexistence must be founded.

The sentence ends by considering the aggressor as the perpetrator of a crime of murder, punishable by 20 years in prison. The aggressor is also sentenced as the perpetrator of a crime of sexual assault, to a penalty of 15 years in prison and the payment of €200,000 compensation to the parents for civil liability, plus court costs [11].

Conclusion

Subjects affected by pathological and comorbid personality traits of the paranoid, anankastic-obsessive and avoidant type configure a unique personality type by which they avoid all types of social contact, as a subject with Diogenes Syndrome behaviour can describe. The case presented is compatible with this combined personality profile, to which the sadistic-schizotypal behavioural component should be added.

In relation to their behaviour of a paraphilic nature, and as has been described based on the sentence analysed, these types of subjects have their normal psychic functions, even without having sufficient inhibitory mechanisms to repress their sexual impulses for which there is no modifying circumstance of criminal responsibility, being totally attributable for their acts (cognitively and volitionally) and, therefore, criminally punishable. Furthermore, if the sadistic-aggressive component is added to the personality profile and deliberately and unnecessarily increases the pain of the victim (cruelty) in order to achieve more personal benefit on the part of the active subject of the crime (power or sexual pleasure) and makes it impossible for the victim to defend themselves (malice)-already fragile and vulnerable being a minor-the punishment of the sentence increases exponentially and considerably.

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