

# Legal, medical and epidemiological characteristics of persons exempt from criminal liability in the National Prison Institute of Peru, 2014-2019

Sindeev A

Norbert Wiener Private University. Lima. Peru.  
National Prison Institute of Peru.

---

## ABSTRACT

**Objectives:** To describe and correlate the epidemiological, clinical and legal characteristics of persons exempt from criminal liability registered in the National Prison Institute of Peru in the period 2014-2019.

**Material and method:** Retrospective, cross-sectional descriptive study with correlational components and secondary sources. The sample consisted of all the persons exempt from criminal liability who formed part of the prison population of Peru during the study period. A validated data collection sheet was used. Data were analyzed through descriptive statistics using SPSS v24 software. For inferential analysis, a simple binary logistic regression was carried out.

**Results:** A total of 179 persons exempt from criminal liability were identified in 36 Peruvian prisons; 94.4% were males, with an average age of 35 years; 6.1% were undocumented. 67.0% had a diagnosis of the schizophrenia spectrum. The main crimes were against freedom (39.1%) and against life, body and health (36.8%). In 74.6% of cases, the duration of involuntary commitment was more than five years; 11.5% remained in prison after the date of release. In 18.4%, involuntary commitment was established by the Peruvian National Prison Institute. Associations between variables such as diagnosis, type and severity of the crime were found.

**Discussion:** Aspects that violate national and international regulations (excessive length of involuntary commitment, in unsuitable locations, unjustified imprisonment, etc.) were identified, affecting the fundamental human rights of persons exempt from criminal liability in prison.

**Keywords:** forensic psychiatry; insanity defense; liability; security measures (MeSH).

---

Text received: 09/08/2020

Text accepted: 29/10/2020

## INTRODUCTION

Defining exemption from criminal liability due to insanity is an ongoing issue in international criminal law that has yet to be fully resolved, since it involves questions taken from different sciences and disciplines. The legal treatment of the concept of criminal liability varies according to each country (possibilities of medical diagnosis, cultural context and national case law). The theoretical concepts and management of exemption depend on a complete understanding of epidemiological, medical/psychiatric, social, legal and

cultural factors, which in turn generate considerable difficulties for legal administrators<sup>1-3</sup>.

Although the legal regulation of mentally ill criminal offenders has progressed since its first developments in the early 19th century, the legislative system and its dealings with involuntary commitment and psychiatric treatment requires more scientific analysis and practical improvements. Socio-demographic and medical-legal aspects of exemption have recently taken on particular importance in a number of countries, due to the fact that an increasing number of persons with psychotic disorders commit violent crimes,

while simulating a psychiatric disorder enables offenders to avoid or reduce sentencing for very serious crimes. It is necessary to find a balance between the offender's rights and the need for a safer society<sup>4,5</sup>.

Modern societies strongly associate mental disorders, in particular schizophrenia, with persons who are dangerous and more likely to commit violent crimes. However, studies do not confirm this belief, although they do recognise that a higher possibility of crimes being committed by a mentally ill person may be associated with other unfavourable factors, such as poor education, unemployment, early onset of the disease and certain characteristics of the disorder itself, drug abuse, associated personality disorder, a background of violence, abandonment by the family and lack of access to specialised treatment<sup>6,7</sup>.

When a crime is committed by someone with a disorder mental that affects a person's cognitive capacities for behavioural regulation or understanding of the nature and social consequences of actions (and omissions), then there is exemption from criminal liability due to a mental disorder. In most cases, the person understands the nature of their actions, but not their consequences, or cannot control them. The concepts of exemption from criminal liability and mental illness are interrelated, but it would be a serious mistake to give them the same weight. Not all mentally ill persons who commit a crime are exempt from criminal liability. Neither is it a requirement to have a background of diagnosis and psychiatric treatment to be declared exempt as a result of diminished responsibility<sup>1</sup>.

The protection of citizens' health is socially and politically important. Strategic priorities should include vulnerable groups within society. Specialised care for persons with mental disorders should be guaranteed by the state and carried out according to the principles of legality, equality, non-discrimination, humanity and protection of human rights<sup>8</sup>.

By way of contrast, the Constitutional Court of Peru reported massive and generalised violations of the human rights of persons with diminished responsibility and the existence of an unconstitutional state of affairs with regard to them and to the mental health of prison inmates in general<sup>9,10</sup>.

The Ombudsman of Peru commented on the non-existence of any policy on the treatment and rehabilitation of persons with diminished responsibility. It also stated that there was a serious infringement of fundamental human rights of this sector of the population, such as the right to liberty, physical safety and health, due to, amongst other factors, the stigmatising spirit of the current Peruvian Criminal Code, which

assumes that persons exempt from criminal liability due to mental illness are highly dangerous, combined with a high degree of prejudice amongst healthcare professionals and authorities<sup>11-14</sup>.

There are very few studies in Peru on diminished responsibility, while official records or statistics on the issue are also few and far between<sup>15-18</sup>.

The aim of this study was to describe and correlate epidemiological, clinical and legal characteristics of persons with diminished responsibility imprisoned at centres of the National Prison Institute of Peru in the period 2014-2019.

## MATERIAL AND METHOD

Descriptive observational study con correlative components, retrospective, cross-sectional with secondary information sources.

### Population and sample

The reference population used was the 95,548 inmates in the 68 prisons of Peru at the end of 2019, 60,669 (63.5%) of whom were convicted offenders<sup>18</sup>. The sample matched all the persons exempt from criminal liability due to mental illness (n = 179) identified as such during the investigation, who formed part of the prison population between January 2014 and December 2019. A number of them (n = 83) were released during this period as they had completed their period of forced internment and were transferred to a psychiatric hospital or had died. The others (n = 96) remained in prison at the end of the study. The inmates whose diminished responsibility had not been reliably certified by a sentence or court order were excluded. The years prior to 2014 could not be included due to the almost total lack of records.

### Data gathering technique

Documentary analysis was used to gather the data<sup>19</sup>. The data sources were the official documents of the Peruvian public institutions: sentences, rulings and court orders issued by the judiciary, criminal identification sheets, decisions and orders from the National Prison Institute of Peru; psychiatric reports from the Institute of Legal Medicine; reference sheets from the Ministry of Health. The unit of analysis was the patient with diminished responsibility.

The diminished responsibility or exemption from criminal liability in the sample studied had been legally imposed under article 20, point 1, of the Peruvian Criminal Code: "Those persons who do not possess

the faculties to understand the criminal nature of their actions or determine their level of understanding of same as a result of psychological anomalies, serious disorders of cognition or difficulties of perception that severely affect their conception of reality, shall be exempt from criminal liability". This status is only applicable to adult offenders<sup>20</sup>. The medical diagnoses were the outcome of unstructured clinical psychiatric interviews and based on clinical opinion, knowledge and professional experience, with the support of diagnostic guides and international psychiatric evaluations<sup>21,22</sup>.

The information was gathered in January to May 2020 by the principal investigator. A data collection sheet prepared by the authors was used. It consisted of 15 items, of which 8 related to the epidemiological characteristics, and the other 7 to clinical and legal ones. The instrument was validated by experts, with Aiken's V content values equal to or more than 0.89 in all the items.

### Statistical analysis

The collected data underwent a detailed review by the principal investigator to ensure quality and coherence. The participants were codified to protect their identity. A data base was configured, which was then analysed with descriptive statistics based on the SPSS v24 software (SPSS Inc., USA), to obtain the absolute and relative frequency distributions for the qualitative variables and the means for the asymmetric quantitative variables. A simple logistic binary regression was developed for the inferential analysis, making use of the odds ratio measure of association, the chi square test, considering  $p < 0,05$ , and a confidence interval of 95%.

### Ethical considerations

The study was approved by the Institutional Ethics Committee for Research of the Norbert Wiener Private University (File No. 001-19 of 21 May 2019), and met the standards of the Helsinki Declaration<sup>23</sup>. No informed consent was required given that the study involved a documentary analysis. The confidentiality of the information and its use solely for scientific ends were ensured throughout all the study procedures.

## RESULTS

### Descriptive analysis

The results of the study showed that there were 179 persons exempt from criminal liability due to mental illness who passed through the Peruvian prison system from 2014 to 2019. These persons were found in 36 (41.9%) of the prisons nationwide. The prison with the largest population of persons with diminished responsibility was Lurigancho prison (Lima prison department), the only one in Peru that provides psychiatric hospitalisation, with 36.9% (n = 66) of cases, followed by Cusco Varones prison (Sur Oriente Cusco prison department) with 10.6% (n = 19) and Huánuco prison (Oriente Pucallpa prison department) with 7.3% (n = 13) of cases. The distribution of persons with diminished responsibility according to prison departments can be seen in Table 1.

94.4% (n = 169) of the sample were men. The average age was 35 years, with minimum and maximum ages of 20 and 72 years; 11 persons (6.1%) had no identity document and were not included in the National Registry of Identification and Marital Status. The main socio-demographic characteristics of the persons with diminished responsibility can be seen in Table 2.

The average duration of the involuntary commitment was 11.2 years, with the minimum period being 6 months and the maximum 35 years. In 74.6% of the cases, the length of involuntary commitment was more than five years, and over 33.6% were confined for more than 10 years. 11.5% remained in prison although the detention period established by court order had effectively expired. A previous criminal background was found for only 11.2% of the persons with diminished responsibility. Other legal characteristics of these persons can be seen in Table 3.

The main psychiatric diagnoses in the sample can be seen in Figure 1. 22.3% (n = 40) consumed illegal drugs prior to hospitalisation. 46.9% (n = 84) of the persons with diminished responsibility were found to have a background of psychiatric treatment before committing the crime. 67.7% (n=65) of the 96 persons with diminished responsibility recruited at the end of the study were medically discharged.

### Bivariate analysis

Associations between specific clinical variables (e.g. diagnosis) and legal ones, such as the type of crime, were identified. These can be seen in Table 4.

Table 1. Distribution of persons with diminished responsibility according to regions of the National Prison Institute of Peru, 2014-2019.

Regions	n	%
Lima	98	54.7
Sur Oriente Cusco	22	12.3
Norte Chiclayo	19	10.6
Oriente Pucallpa	15	8.4
Centro Huancayo	10	5.6
Sur Arequipa	8	4.5
Nor Oriente San Martín	4	2.2
Altiplano Puno	3	1.7
Total	179	100

Table 2. Socio-demographic characteristics of persons with diminished responsibility according to the National Prison Institute of Peru, 2014-2019.

Characteristics	n	%
Origin (n = 179)		
Lima Metropolitana and Callao	69	(38.5)
Coast, except Lima and Callao	35	(19.6)
Peruvian highlands	67	(37.4)
Peruvian rainforest	7	(3.9)
Foreign	1	(0.6)
Educational level (n = 179)		
Illiterate	11	(6.2)
Special education	1	(0.6)
Primary	29	(16.2)
Secondary	120	(67.0)
Vocational	2	(1.1)
University	16	(8.9)
Occupation outside prison (n = 179)		
Unemployed with occasional work	93	(52.0)
Labourer	78	(43.5)
Employee	3	(1.7)
Professional	5	(2.8)
Marital status (n = 179)		
Single	165	(92.2)
Married	9	(5.0)
Cohabitee	4	(2.2)
Widower	1	(0.6)

## DISCUSSION

This study is the first one in Peru to quantify persons exempt from criminal liability due to mental illness who passed through the national prison system, and the first to describe their epidemiological, clinical and legal characteristics. Adequate identification and recording of persons with diminished responsibility in prison is the first step in recognising the problem when official figures cannot be found. Strategies are also needed that can help to put an end to the massive and general violation of their fundamental rights, reverse the unconstitutional state of affairs through the Constitutional Court<sup>9</sup>, and to plan the appropriate medical and preventive measures. It is important to evaluate the problem in all its dimensions, with the added perspective of national and international experiences.

The socio-demographic results obtained enabled us to identify a characteristic profile of the patients with diminished responsibility in the sample: male, middle aged, from the capital or mountain regions, different number of years in secondary education, unemployed or working in jobs where specialised academic training is not required, without a partner or children. This profile matches other Peruvian<sup>16,17,24</sup>, Latin American<sup>6,25</sup>, European<sup>26,27</sup> and African studies<sup>28</sup>. On the other hand, a study in the USA found an average age of 42.2 years; older than the ages found in this study, although the American study only included persons with diminished responsibility sentenced for sexual crimes. The same study showed considerable ethnic diversity; reflecting the American population in general<sup>29</sup>.

As regards the legal characteristics, the main offences in the sample were against sexual freedom (39.1%) homicide, assault and drug-related offences (36.8%), followed by offences against property (14.5%). A Colombian study showed a sample distribution of 10.2%, 74.0% and 11.1%, respectively<sup>6</sup>. A study in Belgium showed a predominance of violent crimes (58.0%), followed by sexual (20.9%) and other offences (21.1%)<sup>26</sup>. Swedish persons committed offences against property, homicide and sexual offences in 40.9%, 12.1% and 9.4%, respectively<sup>30</sup>. In studies carried out in Russia, the offences committed by persons exempt from criminal liability were against property (41.0%), homicide (15.7%) and sexual offences (3.1%). Hospitalised patients under special regime committed serious offences with violence in 48.4% of cases, offences against property without violence were the most common offence committed by outpatients with diminished responsibility

Table 3. Legal characteristics of persons with diminished responsibility according to the National Prison Institute of Peru, 2014-2019.

Characteristics	n	%
<b>Offence committed* (n = 179)</b>		
Homicide and assault (title I)		
Homicide (article 106°, 108°)	36	(20.1)
Parricide (art. 107°)	20	(11.1)
Grievous bodily harm (art. 121°)	10	(5.6)
Crimes against freedom (title IV)		
Coercion (art. 151°)	1	(0.6)
Kidnapping (art. 152°)	2	(1.1)
Trafficking of persons (art. 153°)	1	(0.6)
Rape (art. 170°)	47	(26.2)
Touching, acts with sexual connotations or sexual acts without consent (art. 176°)	19	(10.6)
Crimes against property (title V)		
Aggravated larceny (art. 186°)	1	(0.6)
Aggravated theft (art. 189°)	23	(12.7)
Fraud (art. 196°)	1	(0.6)
Aggravated damage (art. 206°)	1	(0.6)
Financial and monetary offences (title X)		
Manufacture and Forgery of currency legal tender (art. 252°)	1	(0.6)
Crimes against public safety (title XII)		
Manufacture, supply or possession of hazardous materials and waste (art. 279°)	1	(0.6)
Promotion or encouragement of illegal trafficking of drugs and other substances (art. 296°)	7	(3.9)
Crimes against the public administration (title XVIII)		
Illegal exercise of profession (art. 363)	1	(0.6)
Crimes against public order (title XIX)		
Falsification of documents (art. 427°)	1	(0.6)
No data	6	(3.3)
<b>Place of involuntary commitment determined by judge (n = 179)</b>		
Hospital Víctor Larco Herrera (HVLH)-Lima. Peru	34	(19.0)
Hospital Hermilio Valdizán (HHV)-Lima. Peru	22	(12.3)
National Institute of Mental Health Honorio Delgado-Hideyo Noguchi (INSM HD-HN)-Lima. Peru	10	(5.6)
Other establishment of the Ministry of Health	7	(3.9)
Establishment of the Social Security (EsSalud)	4	(2.2)
Public welfare establishment	5	(2.8)
Not specified	64	(35.8)
Department of Mental Health of the National Prison Institute of Peru	33	(18.4)

Note. \*According to current Peruvian Criminal Code (DL No. 635 of 1991).

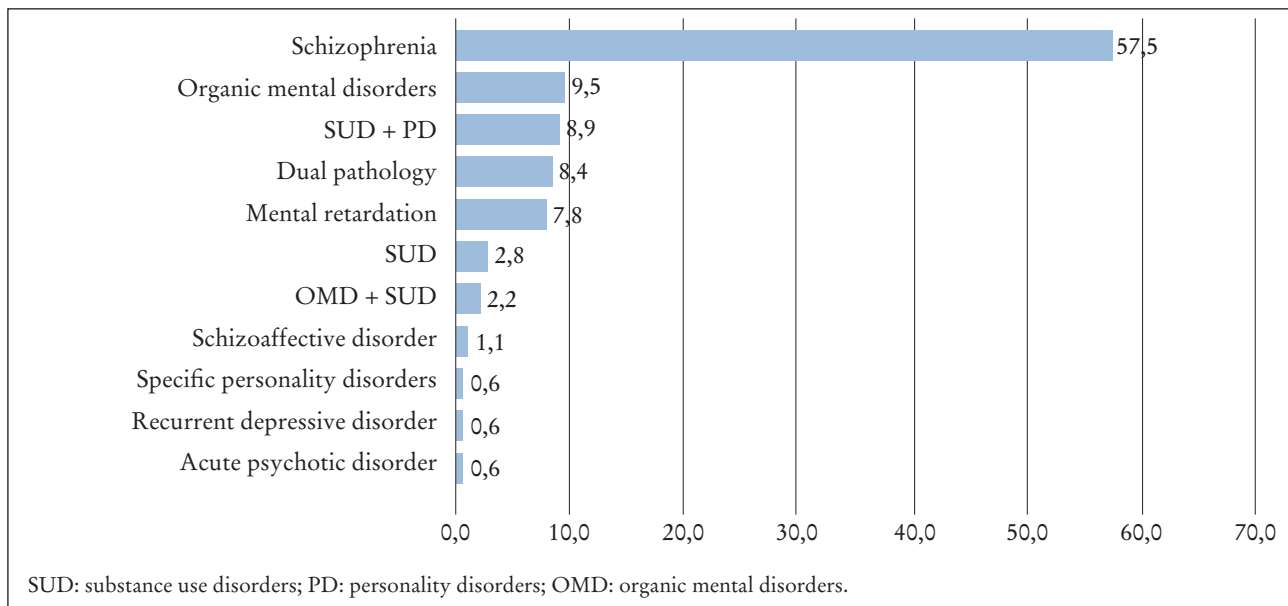


Figure 1. Clinical diagnoses of persons exempt from criminal liability, National Prison Institute of Peru, 2014-2019, according to the 10th revision of the International Classification of Diseases (ICD-10) of the World Health Organization.

(57.7%)<sup>27,31</sup>. South African persons with diminished responsibility committed offences against persons in 87.9% cases and against property in 7.7% of cases<sup>28</sup>. The differences found can be explained by the specific characteristics of the criminal law in each country, as well as the diversity of criteria, procedures and resources used to establish diminished responsibility due to mental illness and the different systems of obligatory commitment and confinement used.

A notable feature of the study was the predominance of schizophrenia spectrum disorders (67.0%), although organic mental disorders, mental retarda-

tion and drug-related pathologies were also common. The prevalence of schizophrenia in the study sample (57.5%) was similar to the one reported in the Colombian (63.0%)<sup>6</sup>, but significantly higher than the findings in the Swedish research (33.6%)<sup>30</sup> and lower than the Canadian study (77.9%)<sup>32</sup>. The Turkish study showed a prevalence of schizophrenia of 42.5%, below the level in this study, but the presence of affective disorders was significantly higher (19.5%)<sup>33</sup>. One possible explanation may be differences in diagnostic criteria, times and conditions of the medical-legal evaluation, and access to information about the psychiatric back-

Table 4. Association between clinical variables and offences amongst persons with diminished responsibility according to the National Prison Institute of Peru. 2014-2019.

Variable	c2	OR (IC: 95%)	p
<b>Crimes against public safety and property</b>			
Background of drug abuse	30.34	0.12 (0.05-0.27)	<0.001
<b>Homicide and assault</b>			
Schizophrenia spectrum disorder	4.13	2.02 (1.02-4.00)	0.044
<b>Crimes against freedom</b>			
Mental retardation	15.68	21.10 (2.68-166.46)	0.044
<b>Serious offences</b>			
Background of drug abuse	15.99	0.21 (0.09-166.47)	<0.001

Note. IC: confidence interval; OR: odds ratio.

ground prior to the offence, which is a factor mentioned by other authors<sup>3,4,28</sup>. In Peru, there is no forensic psychiatric hospital, which is one of the structural defects in the diagnosis, treatment and rehabilitation of persons exempt from criminal liability, especially when compared to other countries<sup>29,30</sup>.

The mental pathology of patients with diminished responsibility also varies, depending on the type of sample, according to other characteristics such as the offence that was committed. In this study, the prevalence of diagnoses related to congenital or acquired organic cerebral pathologies (19.5%) was lower than in the American study, which found intellectual or cognitive impairment in 64.0% of the persons with diminished criminal responsibility<sup>29</sup>.

The prevalence of drug use (22.3%) reported in the research was less than in the Chilean study amongst pyromaniacs<sup>25</sup> and sexual offenders in the American study<sup>29</sup> with a prevalence of 41.1 and 47.0%, respectively.

The study on Italian women who had committed homicide and were declared exempt from criminal liability showed a prevalence of schizophrenia (60.0%) similar to the results in this study, although the sample used here was made up mostly of male patients who had committed other crimes<sup>34</sup>.

This study also set out to associate mental pathologies with the type of criminal offence, and found a statistically significant association between schizophrenic spectrum disorders and offences such as homicide, parricide and grievous bodily harm; while mental retardation was associated with crimes against freedom, mainly sexual assault, which matches the results in other studies<sup>29,33,34</sup>.

Escobar-Echavarría et al. reported schizophrenia as a risk factor when the victim is a family member or acquaintance. However, mental retardation is a protective factor against the same variable<sup>6</sup>. On the other hand, a statistically significant association was found between drug abuse and offences against property (aggravated theft) and against public safety (drug trafficking). The same variable was associated with serious offences, consisting of those with sentences of more than five years<sup>20</sup>.

More wide-ranging and homogenous research projects are required that include links between the mental pathology and the type of criminal conduct. Other aspects that should be considered in future studies are the characteristics in the development of mental disorders, such as premorbid conditions, the onset of the illness, its progress, access to health services, availability and adherence to treatment, comorbidities, social and family support. etc., and the resulting

likelihood of dangerous and illegal behaviour<sup>3,26,31</sup>.

In the vast majority of the cases studied, the duration of the involuntary commitment was more than five years, with an average of 11.2 years and a maximum of 35. These findings match those in the American study on the average duration of hospitalisation (10.5 ± 6.7 years). However, the maximum duration of internment was longer (45 years)<sup>29</sup>. The maximum term was forty years in the Colombian study<sup>6</sup>. On the other hand, the European studies showed that forensic psychiatric hospitalisation was on average shorter than in this study (0.4-4.5 years)<sup>26,30</sup>. In the Russian study, only 5.1% of cases were interned for more than ten years<sup>4</sup>, which is way below the results obtained this study (33.6%). The excessive length of mandatory hospitalisation, which is issued in court according to the prison sentence established for the type of offence<sup>20</sup>, contradicts medical criteria and evidently infringes rights to health and freedom. This situation was denounced by the Ombudsman on a number of occasions<sup>11-14</sup>. The studies show that in cases of offences committed as a result of psychotic disorders, prolonged internment leads to a progressive deterioration of the personality, physical impairment and problems in family, labour and social adaptation<sup>4</sup>.

In this study, 67.7% of the persons with diminished responsibility had been given a medical discharge, which was not taken into consideration by the court administrators as a determining factor in terminating the confinement provided for in the Criminal Code<sup>20</sup>. A similar problem was reported in Peruvian psychiatric hospitals<sup>24</sup>. In addition, 11.5% of the persons with diminished responsibility stayed in prison even though the confinement period had ended, which is a serious infringement of their right to freedom.

According to the Peruvian Mental Health Act and its regulations, the length of enforced hospitalisation should not exceed the time established by the medical committee of the healthcare department. Patients with diminished responsibility are only hospitalised in conditions of clinical instability and to bring about objectives that cannot be achieved through outpatient treatment. Stigmatising activities such as custody, hostels or preventive imprisonment should be eradicated since they generate stigmas associated with mental asylums. Alternatives to hospitalisation include mandatory outpatient treatment or a protected home or residence<sup>35,36</sup>, in line with the conclusions drawn in international studies<sup>6,37</sup> carried out in contexts similar to those in Peru.

Other findings in this study include the fact that 6.1% of the persons exempt from criminal liability due to mental illness did not have any identification

in the Peruvian national system, making it impossible for them to carry out civil or legal actions and thus violating their rights to identity<sup>38</sup>.

Most of the persons with diminished responsibility in the prison system should have been sentenced to commitment in public hospitals but did not go there because of the lack of beds. They were sent to prison modules to live alongside other prisoners where they are exposed to abuse and mistreatment<sup>12,13</sup>. However, the budget for hospitalisation of persons with diminished responsibility was assigned to the 15 hospitals under the control of the Ministry of Health, of which 11 did not report that they had been admitted<sup>14</sup>.

The situation is even more serious since 18.4% of the sentence stipulated that prison healthcare units as the location where the patient's sentence was to be served. In addition, 35.8% of the sentences do not specify the place of internment. This means that a significant number of persons with diminished responsibility are in prisons, which clearly contradicts article 74 of the Criminal Code<sup>20</sup> and is a serious violation of these patients' fundamental rights. The only prison that has a psychiatric hospital service in Peru is Lurigancho, but the psychiatric care conditions to be found there do not meet the technical standards for healthcare, according to a report by the Ministry of Health<sup>39</sup>. It should also be mentioned that Peru does not have an adequate forensic psychiatric system in comparison to other countries<sup>26-27,29-32,40</sup>.

The limitations of the study include the fact that the persons with diminished responsibility were identified from the available court records, and such data may have potential problems of under-recording. The years prior to 2104 could not be considered because there was almost no data for that period.

## CONCLUSIONS

The main epidemiological, clinical and legal characteristics of the persons exempt from criminal liability due to mental illness incarcerated in prisons of the National Prison Institute of Peru in the period 2014-2019 were described and presented in comparison with cases in other countries. Aspects of the current situation were identified that do not comply with national and international regulations (excessive length of internment, in unsuitable places and with unjustified deprivation of liberty, etc.), and infringe the fundamental human rights of this group. Associations between variables such as diagnosis and the type and seriousness of the crime were also found.

The findings of this study not only provide data to enable greater understanding of the problems associated with exemption from criminal liability due to mental illness in Peru, it also opens the way to proposals for corrective, preventive and promotional measures with a greater focus on human rights, interdisciplinary processes and crime prevention, as part of the reform of mental healthcare currently in progress. Major changes in the mental healthcare system are required, including but not limited to the creation of a comprehensive, solid and sustainable mechanism for care, assessment, treatment, rehabilitation and re-socialisation of persons with mental disorders who commit criminal offences, and the updating of the Criminal Code and other relevant legislation.

## Conflict of interest

None declared by the author.

## Financing

The study was financed by the Grant Fund for 2019 of the Norbert Wiener Private University (Lima, Peru). Ruling No. 077-2019-R-UPNW.

## CORRESPONDENCE

Andrey Sindeev  
Postgraduate School, Norbert Wiener Private  
University, Jr. Larrabure y Unanue 110,  
Santa Beatriz, Lima, Perú.  
E-mail: asindeev@samgmu.org

## REFERENCES

1. Mishukov SE. The diminished responsibility in the Russian Criminal Code. [Internet]. *Asuntos Actuales de la Educación y Ciencia*. 2017;1(59):26-32. Disponible en: <https://elibrary.ru/item.asp?id=28824113>
2. Bogacheva NS, Mironov AV. Sobre la situación de la inimputabilidad en el derecho penal de Rusia. [Internet]. *Camino hacia la sociedad civil*. 2017;1(25):70-4. Disponible en: <https://elibrary.ru/item.asp?id=29072609>
3. Harbottle F. Inimputabilidad, peligrosidad criminal y medidas de seguridad curativas: mitos y realidades. [Internet]. *Rev Fac Derecho*. 2017;(42):77-99. Disponible en: <https://doi.org/10.22187/rfd201715>
4. Buravtsov KA. Características clínicas y sociales de los pacientes con largos períodos de medidas

- de seguridad con internamiento en el hospital psiquiátrico. [Tesis doctoral]. [Internet]. Moscú: Centro Científico de Salud Mental; 2018. Disponible en: <https://www.dissercat.com/content/kliniko-sotsialnaya-kharakteristika-bolnykh-s-dlitelnymi-srokami-prinuditelnogo-lecheniya-v->
5. Tatyana LG. Cese del proceso penal en contra del sujeto con medidas de seguridad (cuestiones en discusión). [Internet]. Anales de la Universidad Estatal de Oremburgo. 2012;3(139):196-8. Disponible en: <https://cyberleninka.ru/article/v/prekraschenie-ugolovnogo-dela-v-otnoshenii-litsa-nuzhdayuschegosya-v-primenenii-prinuditelnyh-mer-meditsinskogo-haraktera>
  6. Escobar-Echavarría J, Molina-Osorio S, Restrepo-Bernal D. Caracterización sociodemográfica, psiquiátrica y legal de pacientes inimputables de Colombia, 2000-2013. [Internet]. Rev Colomb Psiquiat. 2017;46(2):82-7. Disponible en: <https://doi.org/10.1016/j.rcp.2016.05.003>
  7. Esbec E, Echeburúa E. Violencia y esquizofrenia: un análisis clínico-forense. [Internet]. Anuario de Psicología Jurídica. 2016;26(1):70-9. Disponible en: <https://doi.org/10.1016/j.apj.2015.12.001>
  8. Pishchita A. The legal rules of application of forced medical measures as the limits of the current legislation of the Russian Federation. [Internet]. Medichne Pravo. 2009;4(II):32-9. Disponible en: <http://medicallaw.org.ua/uploads/media/03.pdf>
  9. Sentencia del Tribunal Constitucional. Exp. N° 03426-2008-PHC/TC. [Internet]. Lima: Tribunal Constitucional; 26 Ago 2010. [Citado 29 Ene 2020]. Disponible en: <https://www.tc.gob.pe/jurisprudencia/2010/03426-2008-HC.html>
  10. Sentencia del Tribunal Constitucional. Exp. N.°04007-2015-PHC/TC. [Internet]. Lima: Tribunal Constitucional. 27 Jun 2019. [Citado 29 Ene 2020]. Disponible en: <https://tc.gob.pe/jurisprudencia/2019/04007-2015-HC.pdf>
  11. Defensoría del Pueblo del Perú. Decimonoveno Informe Anual de la Defensoría del Pueblo. Enero-Diciembre 2015. [Internet]. Lima: Defensoría del Pueblo; 2016. [Citado 29 Ene 2020]. Disponible en: <https://www.defensoria.gob.pe/wp-content/uploads/2018/05/decimonoveno-informe-anual.pdf>
  12. Defensoría del Pueblo del Perú. Salud mental y derechos humanos: La situación de los derechos de las personas internadas en establecimientos de salud mental. [Internet]. Informes Defensoriales. N°102. Lima: Defensoría del Pueblo; 2005. [Citado 29 Ene 2020]. Disponible en: <https://www.gob.pe/institucion/defensoria-del-pueblo/informes-publicaciones/1040886-informe-defensorial-n-102>
  13. Defensoría del Pueblo del Perú. Salud Mental y Derechos Humanos. Supervisión de la política pública, la calidad de los servicios y la atención a poblaciones vulnerables. Informes Defensoriales. N°140. [Internet]. Lima: Defensoría del Pueblo; 2009. [Citado 29 Ene 2020]. Disponible en: <https://www.defensoria.gob.pe/modules/Downloads/informes/defensoriales/informe-defensorial-140-vf.pdf>
  14. Defensoría del Pueblo del Perú. Resolución Defensorial N°019-2018/DP. Aprueban Informe Defensorial N°180-2018/DP: El derecho a la salud mental. Supervisión de la implementación de la política pública de atención comunitaria y el camino a la desinstitucionalización. [Internet]. El Peruano. 20 Dic 2018. [Citado 29 Ene 2020]. Disponible en: <https://busquedas.elperuano.pe/normaslegales/aprueban-informe-defensorial-n-180-2018dp-el-derecho-a-la-resolucion-no-019-2018dp-1725817-1/>
  15. Registro Nacional de Condenas. [Internet]. Lima: Poder Judicial del Perú; 2020. [Citado 29 Ene 2020]. Disponible en: [https://www.pj.gob.pe/wps/wcm/connect/CorteSuprema/s\\_cortes\\_suprema\\_home/as\\_servicios/as\\_enlaces\\_de\\_interes/as\\_registro\\_nacional\\_condenas/](https://www.pj.gob.pe/wps/wcm/connect/CorteSuprema/s_cortes_suprema_home/as_servicios/as_enlaces_de_interes/as_registro_nacional_condenas/)
  16. Miraval E. Aspectos bioéticos del tratamiento de trastornos mentales con electroshock. [Internet]. Acta Med Per. 2013;30(4):120-3. Disponible en: [http://www.scielo.org.pe/scielo.php?script=sci\\_arttext&pid=S1728-59172013000400012](http://www.scielo.org.pe/scielo.php?script=sci_arttext&pid=S1728-59172013000400012)
  17. Sindeev A. Perfil epidemiológico, clínico y legal de pacientes judicializados del establecimiento penitenciario Lurigancho, Lima, Perú, 2015-16. [Internet]. Rev Esp Sanid Penit. 2018;20(3):130-1. Disponible en: [http://scielo.isciii.es/scielo.php?script=sci\\_arttext&pid=S1575-06202018000300125&lng=es&nrm=iso&tlng=es](http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1575-06202018000300125&lng=es&nrm=iso&tlng=es)
  18. Instituto Nacional Penitenciario del Perú. Informe Estadístico. Diciembre 2019. [Internet]. Lima: Instituto Nacional Penitenciario; 2019. [Citado 29 Ene 2020]. Disponible en: <https://www.inpe.gob.pe/normatividad/documentos/4295-informe-estadistico-diciembre-2019/file.html>
  19. Hernández R, Fernández C, Baptista P. Metodología de la Investigación. 6ª ed. México: McGraw-Hill Interamericana; 2014.
  20. Código Penal del Perú. Decreto legislativo N° 635. Código Penal. Libro II. Parte Especial Delitos. [Internet]. Lima: Poder Ejecutivo; 1991. 2ª ed. Ministerio de Justicia y Derechos Humanos;

2016. [Citado 29 Ene 2020]. Disponible en: [http://spij.minjus.gob.pe/content/publicaciones\\_oficiales/img/CODIGOPENAL.pdf](http://spij.minjus.gob.pe/content/publicaciones_oficiales/img/CODIGOPENAL.pdf)
21. Asociación Psiquiátrica de América Latina. Guía Latinoamericana de Diagnóstico Psiquiátrico. Versión Revisada. [Internet]. Lima: APAL; 2012. [Citado 29 Ene 2020]. Disponible en: <http://www.apalweb.org/docs/gladpvr2012.pdf>
  22. The American Psychiatric Association Work Group on Psychiatric Evaluation. The American Psychiatric Association practice guidelines for the psychiatric evaluation of adults. [Internet]. 3ª ed. USA: APA; 2016. [Citado 29 Ene 2020]. Disponible en: <https://psychiatryonline.org/doi/pdf/10.1176/appi.books.9780890426760>
  23. Asociación Médica Mundial. Declaración de Helsinki de la Asociación Médica Mundial. Principios éticos para las investigaciones médicas en seres humanos. En: 64ª Asamblea General de la AMM. Fortaleza: AMM; 2013.
  24. Ministerio de Salud del Perú. Informe de la Dirección de Salud Mental sobre la situación de las personas con problemas de salud mental con inimputabilidad y medidas de seguridad. Reunión interinstitucional. Lima: Ministerio de Salud; 17 Mar 2016.
  25. Dresdner R, Folino J. Trastornos mentales y responsabilidad criminal en incendiarios. [Internet]. *Rev Esp Med Legal*. 2017;(43)2:58-63. Disponible en: <https://doi.org/10.1016/j.reml.2016.10.002>
  26. Jeandarme I, Saloppé X, Habets P, Pham T. Not guilty by reason of insanity: clinical and judicial profile of medium and high security patients in Belgium. [Internet]. *Journal of Forensic Psychiatry & Psychology*. 2019;30(2):286-300. Disponible en: <https://doi.org/10.1080/14789949.2018.1544265>
  27. Mokhonko AR, Makushkin EV, Mugantseva LA. Principales indicadores del servicio de psiquiatría forense de la Federación de Rusia en el año 2014: Revisión analítica. [Internet]. Moscú: Centro Médico Científico Federal especializado en psiquiatría y adicciones V.P. Serbskiy del Ministerio de Salud de la Federación de Rusia; 2015. Disponible en: <https://psychiatr.ru/download/2653?view=1&name=moch-23-%D0%9E%D0%9A.pdf>
  28. Houidi A, Paruk S, Sartorius B. Forensic psychiatric assessment process and outcome in state patients in KwaZulu-Natal, South Africa. [Internet]. *S Afr J Psychiat*. 2018;24:a1142. Disponible en: <https://doi.org/10.4102/sajpsychiatry.v24i0.1142>
  29. Stinson JD. Predictors of treatment noncompletion in a sample of inpatient sex offenders with serious mental illness. [Internet]. *Psychiatr Serv*. 2016;67(1):43-8. Disponible en: <https://doi.org/10.1176/appi.ps.201400415>
  30. Fazel S, Wolf A, Fimińska Z, Larsson H. Mortality, rehospitalisation and violent crime in forensic psychiatric patients discharged from hospital: rates and risk factors. [Internet]. *PLoS One*. 2016;(11)5:e0155906. Disponible en: <https://doi.org/10.1371/journal.pone.0155906>
  31. Tokareva GM, Buligina VG, Pritova EB. Social and pathopsychological treats of mentally ill with different level of social dangerousness. [Internet]. *Psikhologiya i Pravo [Psychology and Law]*. 2015;(10)2:41-52. Disponible en: <https://doi.org/10.17759/psylaw.2015100203>
  32. Goossens I, Nicholls T, Wilson C, Charette Y, Seto M, Crocker A. Examining the high-risk accused designation for individuals found not criminally responsible on account of mental disorder. [Internet]. *Canadian Psychology*. 2019;60(2):102-14. Disponible en: <https://doi.org/10.1037/cap0000080>
  33. İnan S, Yildizhan E, Öncü F. The Disease History, Sociodemographics, and Criminal Features of the Homicidal Forensic Psychiatric Patients. [Internet]. *Turkish Journal of Psychiatry*. 2018;29(4):258-68. Disponible en: <https://www.doi.org/10.5080/u22822>
  34. Carabellese F, Felthous AR, Mandarelli G, Montalbò D, La Tegola D, Rossetto I, et al. Psychopathy in Italian female murderers. [Internet]. *Behav Sci Law*. 2019;37(5):602-13. Disponible en: <https://doi.org/10.1002/bsl.2430>
  35. Congreso de la República del Perú. Decreto Supremo que aprueba el Reglamento de la Ley N° 30947, Ley de Salud Mental. Decreto Supremo N° 007-2020-SA. [Internet]. *El Peruano*. 5 Mar 2020. Disponible en: <https://busquedas.elperuano.pe/download/url/decreto-supremo-que-aprueba-el-reglamento-de-la-ley-n-30947-decreto-supremo-n-007-2020-sa-1861796-1>
  36. Poder Ejecutivo del Perú. Decreto Supremo que aprueba el Reglamento de la Ley N° 30947, Ley de Salud Mental. Decreto Supremo N° 007-2020-SA. [Internet]. *El Peruano*. 4 Mar 2020. Disponible en: <https://busquedas.elperuano.pe/normaslegales/decreto-supremo-que-aprueba-el-reglamento-de-la-ley-n-30947-decreto-supremo-n-007-2020-sa-1861796-1/>
  37. Qadir T, Fatima H, Hussain SA, Menezes R. Criminal responsibility and mental illness in Pakistan. [Internet]. *Lancet Psychiatry*.

- 2017;4(2):97-8. [https://doi.org/10.1016/S2215-0366\(16\)30447-3](https://doi.org/10.1016/S2215-0366(16)30447-3)
38. Congreso Constituyente Democrático del Perú. Ley orgánica del registro nacional de identificación y estado civil. Ley N°26497. [Internet]. Lima: Congreso Constituyente Democrático. 28 Jun 1995. [Citado 7 Mar 2020]. Disponible en: <https://www.reniec.gob.pe/portal/html/dni/ley26497.html>
39. Informe N°343-2019-DSAME-DGIESP/MIN-SA. Lima: Ministerio de Salud del Perú. 30 Sep 2019.
40. Peterson J, Heinz K. Understanding offenders with serious mental illness in the criminal justice system. [Internet]. Mitchell Hamline Law Review. 2016;42(2):536-63. Disponible en: <http://open.mitchellhamline.edu/mhrlr/vol42/iss2/3>