

A report on the criminal responsibility of offenders  
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## Abstract

Intellectual Developmental Disorder (IDD) encompasses deficits in intellectual and adaptive functioning across various domains with heterogeneous clinical manifestations and different behavioral impacts. Functional impairments are now more important in the diagnostic criteria for DSM than IQ scores, which indicates a greater understanding of IDD. Forensic psychiatry faces challenges when it comes to assessing the criminal responsibility of a defendant with IDD, especially in cases where the alterations may be mild and heterogeneous but have a strong impact on criminal behavior. We present two notable cases of individuals with mild intellectual disability who committed various crimes, which emphasizes the complexities of forensic evaluations in this context. A 22-year-old man is charged with computer fraud in Case 1. The man's behavior, characterized by organized fraud driven by frustration and social isolation, shows significant deficits in adaptive functioning and social interactions. Case 2 is about a man who was charged with stalking and displayed impulsive and disorganized behavior, which was related to deficits in social cognition and persecutory delusional ideas. We used the Defendant Insanity Assessment Support Scale to retrospectively analyze the cases and assess key dimensions of criminal responsibility, such as knowledge of the crime, appreciation of its nature, reasoning, and control over behavior. The evidence suggests that even minor intellectual impairments can significantly impact overall functioning and criminal behavior, requiring thorough evaluations incorporating medical, criminological, and functional perspectives.

**Keywords:** Intellectual developmental disorder, criminal responsibility, DIASS, forensic evaluation, IQ  
Disturbi dello sviluppo intellettivo, imputabilità, DIASS, valutazione forense, QI

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## A report on the criminal responsibility of offenders with intellectual developmental disorders

### Introduction

The DSM-5-TR Intellectual Developmental Disorder (IDD), previously referred to as Intellectual Disability (ID), describes a condition that begins during the developmental period and involves deficits in intellectual and adaptive functioning across conceptual, social, and practical domains (American Psychiatric Association, 2022). Based on DSM-5-TR prevalence rates, IDD has an overall general population prevalence of approximately 10 per 1,000; however, the global prevalence varies by country and level of development, being approximately 16 per 1,000 in middle-income countries and 9 per 1,000 in high-income countries (Nair et al., 2022). While the diagnosis was primarily based on IQ scores below 65-75, it now emphasizes deficits in adaptive functions such as problem-solving, judgment, interpersonal communication, and behavioral control (American Psychiatric Association, 2022). This shift takes into account the limitations of only relying on IQ scores, which may not adequately capture the actual functioning and practical and social challenges faced by individuals with IDD. By focusing on adaptive functioning, the current diagnostic criteria provide a more comprehensive understanding of the individual's abilities and needs, improving the accuracy and relevance of diagnoses in clinical and forensic settings (Tassé et al., 2012; Schalock et al., 2010).

Several studies indicate that individuals with IDD may be more likely to commit certain offences, such as violent and sexual crimes, compared to individuals without IDD (Edberg et al., 2022; Latvala et al., 2023). Compromised judgment, limited adaptive capacities, and lifestyle-related risk factors, such as socioeconomic disadvantages, communal living arrangements, educational limitations, and prior abuse, including sexual victimization, could lead to this tendency (Griffiths & Fedoroff, 2014). Aggressive behavior is frequent among adults with IDD, and it can be attributed to different biological, psychological, social, developmental, and environmental factors (Ali et al., 2015; Jones et al., 2008). Recent studies have highlighted that individuals with intellectual disabilities also suffering from psychoses or mood disorders are at a higher risk of being charged with crimes compared to those without comorbidities (Hauser & Kohn, 2024; Rossa-Roccor et al., 2020; Thomas et al., 2019).

Deficits in social interaction resulting from intellectual disability can impede the development of adaptive behaviors, heightening the risk of emotional dysregulation and socially deviant conduct (Rossa-Roccor, Schmid, Steinert 2020; Plesa Skwerer, 2017, pp. 91-161).

Intellectual developmental disorders present significant challenges in forensic psychiatric assessment (Edberg et al., 2022). The difficulty is particularly marked in mild forms, where impairments in reasoning, social functioning, and behavioural regulation may be subtle, variable over time, and not readily apparent during examination (Lindsay et al., 2013; Søndena et al., 2008). The presence of comorbid neurodevelopmental disorders—such as autism spectrum disorder (ASD) (Barlattani et al., 2023) or attention-deficit/hyperactivity disorder (ADHD) (Billstedt et al., 2017; Taylor & Lindsay, 2018)—further increases the complexity of these evaluations. In such contexts, the interpretation of clinical findings and their relevance to the alleged offence may be more susceptible to cognitive biases already described in the forensic psychiatric literature, which in turn can contribute to the variability of expert opinions and, in some cases, to a low inter-rater agreement in determinations of criminal responsibility (Acklin et al., 2015; Gowensmith et al., 2017; Kunkler & Roy, 2023).

The Defendant's Insanity Assessment Support Scale (DIASS) (Parmigiani G, Mandarelli G, Meynen G, Carabellese F, Ferracuti S) was introduced to guide the evaluation of the possible link between psychiatric disorders and criminal acts. The DIASS moreover enhances the transparency of the forensic assessment by focusing on four dimensions of criminal responsibility: "Knowledge/understanding of the crime", "Appreciation of the crime", "Reasoning", and "Control of voluntary motor activity".

Two Italian cases of individuals with mild IDD who committed crimes are presented in this report. Defendants with severe/profound IDD are usually not considered to be criminally responsible, but those with mild/moderate severity need more complicated forensic psychiatric evaluation and reasoning. The subjects in both cases affected by IDD are seen as perpetrators of different crimes with different psychopathological components. We applied the DIASS to retrospectively analyze the cases and assess key dimensions of criminal responsibility, such as knowledge of the crime, appreciation of its nature, reasoning, and control over behavior.

### Cases presentation

#### Case 1

A 22-year-old man has been charged with computer fraud for issuing fraudulent debit orders to multiple organizations while posing as law enforcement, providing

his own IBAN to secure personal financial gain. Due to the method by which the crime was committed and the defendant's positive psychiatric history, the court requested a forensic psychiatric assessment. The defendant was diagnosed with "Nonspecific Learning Disorder" and "mild to moderate Intellectual Disability" in childhood. Later, tic-like symptoms, coprolalia, and repetitive behaviors were observed and initially suspected to be linked to Gilles de la Tourette syndrome but then attributed to an obsessive etiology. Treatment with antipsychotics (Aripiprazole, Risperidone) and anxiolytics (Benzodiazepines) was administered by a neurologist and psychiatrist, with partial therapeutic efficacy. The defendant has no family history of psychiatric conditions and did not complete a high school diploma, although he had the support of a special education teacher.

Additionally, he reported a current and past absence of interpersonal relationships. During the forensic psychiatry assessment, the patient exhibited signs of stress, emotional isolation, mood deflection, irritability, nervousness, flattened affectivity, and low adaptive behavior levels. He demonstrated an understanding of his wrongdoing but lacked awareness of the legal consequences, attributing his actions to deep-seated anger. The defendant has undergone multiple Wechsler Adult Intelligence Scale - IV (WAIS-IV) (25) evaluations over the years, resulting in non-overlapping IQ scores - an IQ of 74 in 2014, an IQ of 74 in 2015, and an IQ of 49 in 2018. A psychodiagnostics evaluation, including the WAIS-IV, Vineland-II - Adaptive Behavior Scales, Second Edition (Vineland-II) (25), and Autism Diagnostic Interview-Revised (ADI-R) (26) was requested by the forensic expert and indicated an I.Q. score of 54 at WAIS-IV and 74 at Vineland-II suggesting slightly below-average intellectual functioning and moderate adaptive behavior deficits. The diagnosis performed with the ADI-R revealed an Autism spectrum disorder with concomitant intellectual impairment. The forensic psychiatric evaluation concluded a substantially diminished criminal responsibility due to his neurodevelopmental and intellectual impairments with a recommendation for non-custodial security measures, such as probation, along with therapeutic interventions to address his mental health and mitigate social dangerousness.

### Case 2

A 33-year-old man has been charged with stalking because he repeatedly engaged in conduct that harassed a neighbor, including leaving several insulting and nonsensical notes near her apartment's entrance, stealing the doormat, damaging the mailbox, hitting the apartment door with kicks and a ceramic knife, and tampering with a security camera to cause fear. These actions led to a justified fear for the neighbor's safety, forcing her to alter her lifestyle. From early childhood, the patient exhibited delays in language development, difficulties in social interaction, and behavioral disturbances and was diagnosed by territorial psychiatric services with ADHD, mild intellectual disability (IQ = 60), and Persecutory Delusional Disorder. Pharmacological treatment with mood stabilizers (Valproic Acid), antipsychotics (Aripiprazole), and Methylphenidate initially showed clinical improvement. However, Methylphenidate was later discontinued due to irritability and subsequent rebound effects, including impulsive behaviors. In adulthood, he has been under the medical care of the Adult Disability Center, and an administrator has been appointed to support him. The defendant has no family history of psychiatric conditions and did not complete a high school diploma, although he had the support of a special education teacher. Finally, he reported a current and past absence of interpersonal relationships. During the forensic psychiatric assessment, the patient displayed signs of stress, moderate internal tension, and severe communication difficulties. He exhibited delayed responses and inconsistent recognition of the forensic expert's role. Family member's involvement was needed to verify the provided personal and clinical information, as the defendant exhibited a vague, circumstantial, and contradictory communication style. The criminal behavior appears rooted in his clinical presentation, characterized by deficits in social cognition, limited coping strategies, and maladjustment. The forensic psychiatric evaluation concluded a substantially diminished criminal responsibility with a recommendation for non-custodial security measures, such as probation, along with therapeutic interventions to address his mental health and manage social dangerousness.

Defendant's Insanity Assessment Support Scale (DIASS)				
	Case 1		Case 2	
Defendant's mental state evaluation at crime time	Present	Absent	Present	Absent
Epistemic Component				
<i>Knowledge / Understanding</i>				
A1. Crime context	X			X
<i>Appreciation of the criminal behavior</i>				
B1. Subjective moral standard		X	X	
<i>Reasoning</i>				
C1. About possibility of non-acting/alternative choices		X	X	
C2. About consequences (pros and cons)		X		X
C3. Integration of relevant information	X		X	
Control component				
<i>Control of voluntary motor activity</i>				
D1. Ability to inhibit one's own behavior		X		X
D2. Ability to program, organize, finalize the action		X	X	
<i>Knowledge / Understanding</i>				
A3. Criminality of the act and moral standard		X		X
Case 1				
Epistemic component		Control component		
<input type="checkbox"/> Intact <b>X</b> Partially compromised <input type="checkbox"/> Compromised		<input type="checkbox"/> Intact <input type="checkbox"/> Partially compromised <b>X</b> Compromised		
Case 2				
Epistemic component		Control component		
<input type="checkbox"/> Intact <b>X</b> Partially compromised <input type="checkbox"/> Compromised		<input type="checkbox"/> Intact <b>X</b> Partially compromised <input type="checkbox"/> Compromised		

Table 1: Analysis of both described cases using DIASS

## Discussion

The intellectual developmental disorder is a heterogeneous condition with multiple possible causes and associated difficulties with social judgment, risk assessment, behavior self-management, emotions, interpersonal relationships, and motivation in school or the work environment (American Psychiatric Association, 2022). Individuals with IDD may exhibit impulsive and solitary behaviors that can lead to offending, but they are also at risk of becoming victims themselves (Díaz-Faes et al., 2023; Martí-Agustí et al., 2019; Neimeijer et al., 2021). In general, because of a lack of awareness of risk and danger, individuals with IDD may have a higher likelihood of committing crimes, with a prevalence of 4–10% in

criminal populations (Edberg et al., 2022; Latvala et al., 2023). Those with severe and profound intellectual disabilities tend to exhibit criminal behavior characterized by unpredictability and aimlessness, often resulting in chance-driven outcomes (Fogden et al., 2016).

In the presented cases, the defendant in case 1 underwent three WAIS-IV evaluations (74 in 2014, 74 in 2015, and 49 in 2018) before the forensic psychiatric evaluation, resulting in an IQ score of 54. Meanwhile, the defendant in case 2 only had one WAIS evaluation, reporting an IQ score of 60.

Both cases showed mild to moderate intellectual disabilities and significant challenges in social interactions and adaptive behaviors. In particular, the defendant in case 2 showed impulsive criminal behavior motivated by

a desire for interpersonal relationships, and the repeated crimes were driven by intense anger, frustration, and egocentrism, impairing his judgment and understanding of his actions' moral and social consequences. Conversely, the defendant in case 1 displayed more solitary conduct driven by anger and frustration, a stress-related response seemingly exacerbated by motor tics with difficulties in social understanding, egocentrism, and maladaptive coping strategies, worsened by feelings of rejection and frustration.

In both cases, even minor alterations of cognitive functioning may have significantly reduced overall functioning, which was a crucial factor for forensic experts to consider in their assessments. Moreover, evaluating criminal responsibility in individuals with intellectual and developmental disabilities presents significant challenges for forensic psychiatric assessments because of the risk of underestimating or overlooking crucial qualitative aspects necessary for a thorough analysis, leading to potential misjudgments (Aga et al., 2020; Fogden et al., 2016). In general, despite established legal criteria, the reliability and objectivity of insanity evaluations have been widely questioned because of the frequent disagreement among forensic experts regarding the same case (Parmigiani et al., 2022).

Both defendants lack interpersonal relationships and employment, relying on their families for financial support. In particular, the defendant in case 1 has a complex neuropsychiatric profile with organized, purposeful, and recurrent criminal behaviors attributed to significant adaptation issues and maladaptive coping strategies. His actions were influenced by intense anger and frustration, impulsive symptoms, and egocentrism, impairing his ability to fully understand his actions' moral and social consequences. While his intellectual disability may have contributed to impairing his judgment, it is not the sole cause of his criminal behaviors. Case 1's defendant's clinical condition presents a risk for further unlawful behavior, requiring a non-custodial security measure and mandatory participation in a therapeutic, rehabilitative program.

Also, the criminal behaviors attributed to the defendant of case 2 are closely related to the clinical characteristics presented by the defendant, as they express significant difficulties in social interactions, including deficits in understanding others' thoughts, feelings, and experiences and in adequately interpreting social cues. These deficits lead the defendant to engage in inappropriate and dysfunctional behaviors, with a certain ease in acting out. The criminal behaviors are, therefore, attributable to the defendant's reduced and dysfunctional coping strategies and overall maladaptation. As stated by the defendant himself, he experienced feelings of profound anger and frustration due to the perceived rejection in establishing relational contact with the same individual, which he managed through a dysfunctional stress response mechanism, namely by committing the criminal behaviors

in question, believing that these actions could reduce his levels of anger and frustration. This can be further associated with substantial egocentrism, which, as in the present case, prevented case 2's defendant from fully understanding the meaning and disvalue of his actions and from thoroughly evaluating their consequences, particularly from a legal standpoint. In other words, case 2 had a significantly limited ability to manage his internal experiences through alternative behaviors. For these reasons, his mental condition significantly diminished, though it did not wholly exclude his capacity to understand and will. The criteria for mental incapacity are not met, as there is no evidence of delusional ideas on the victim, absolute impulse control loss, or a degree of intellectual deficit so severe that it would prevent the defendant from even marginally understanding the meaning of his actions. The defendant in case 2 has a severe clinical condition, leading to social isolation, anger management issues, and a risk of further unlawful behavior due to a lack of internal resources and adaptive capacities. This condition of a mild to moderate level of social dangerousness has been addressed through a non-custodial security measure requiring mandatory participation in a therapeutic, rehabilitative program provided by local services.

To summarize, both cases highlighted the diminished but not entirely excluded criminal responsibility due to their mental conditions, necessitating non-custodial security measures and mandatory therapeutic interventions to address their social dangerousness and promote rehabilitation.

Both cases were evaluated using the DIASS, an instrument that assists forensic experts in identifying which capacities relevant to mental criminal responsibility were present during the offense (Parmigiani et al., 2022). The instrument provides traceability, transparency, and reliability, reducing potential disagreement among experts regarding the same case (Parmigiani et al., 2022). The application of DIASS in case analysis enables to improve the assessment by evaluating various dimensions of each case. Contrary to initial expectations of finding an impaired epistemic component with an intact control component, we appreciated that even the ability to exert control could be compromised in these individuals with mild intellectual disability. For instance, in case 2, the control component is impaired, while the epistemic component is partially compromised. In case 2, the patient cannot inhibit behavior, program, organize, and finalize actions. The criminal conduct displayed was impulsive, seemingly unmotivated, disorganized, and lacking a reasonable goal. Conversely, in case 1, we observed a partial impairment of both components. In case 1, the defendant cannot inhibit behavior but retains the capacity to program, organize, and finalize actions. The crime committed was organized, likely premeditated, and aimed at obtaining personal benefit. We found that reasoning about consequences was absent in both defendants, as was the ability to understand the act's criminality and moral standards. However, we noted that the defendant in case 2 was un-



able to correctly interpret the situation (crime context) and to reason about the possibility of not acting (alternative choice), as well as being incapable of appreciating whether the action committed was morally wrong (appreciation of the criminal behavior). In contrast, the defendant in case 1 understood all these aspects. Transparency in forensic psychiatric assessment is one of the most valuable aspects of using DIASS. This allows forensic experts to achieve greater replicability and standardization of results, thereby providing concrete support for evaluation, especially in the most complex cases, such as those involving defendants with intellectual disabilities.

These findings underscore the importance of comprehensive forensic assessments considering the cognitive and functional impairments associated with intellectual disabilities and their impact on criminal behavior, including challenges in social interactions and adaptive behaviors.

## Conclusion

The presented cases underscore the complexities of forensic evaluations in individuals with mild IDD, revealing significant impairments in reasoning and understanding criminal behavior. The use of DIASS enhances the reliability and transparency of these evaluations, supporting the need for comprehensive and nuanced forensic assessments. Nonetheless, the forensic expert must conduct a comprehensive assessment of the individual's overall functioning and a dimensional evaluation of psychopathological aspects, following DSM diagnostic criteria. This approach is essential to accurately determine any potential causal relationship between ID and criminal behavior.

### Data availability statement

The original contributions presented in the study are included in the article/supplementary material; further inquiries can be directed to the corresponding authors.

### Ethics statement

There is no sensitive data in the two cases for which a psychiatric forensic assessment was carried out. The data has been completely anonymized and is not traceable to the individuals involved.

### Conflict of interest

The authors declare that the research was conducted without any commercial or financial relationships that could potentially create a conflict of interest.

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## Abbreviations

Intellectual developmental disorder (IDD)  
Intellectual disability (ID)  
Intelligence Quotient (IQ)  
Autism spectrum disorder (ASD)  
Attention-deficit hyperactivity disorder (ADHD)  
Defendant Insanity Assessment Support Scale (DIASS)  
Wechsler Adult Intelligence Scale - IV edition (WAIS-IV)  
The semi-structured interview Vineland-II - Adaptive Behavior Scales - Second Edition (Vineland-II)  
Autism Diagnostic Interview-Revised (ADI-R)

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