



Forensic Issues in the Traumatic Stress Field

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DESCRIPTION

Posttraumatic Stress Disorder (PTSD) acts an important part in the criminal, civil, and juvenile justice systems, because it is a thoughtful and ubiquitous problem in the lives of several children and adults who are involved in these systems. Traumatic stress specialists therefore must be aware of the distinct issues involved in leading research, providing skilled and clinical assessments and evidence, and conducting treatment, rehabilitation, and prevention interferences, in the legal (forensic) field.

There has been extensive research published on the STS experienced by police officers and first responders, but studies investigating potential VT experienced by forensic science practitioners are not as numerous. Merriem-Webster Online defines forensic science as “the application of scientific principles and techniques to matters of criminal justice especially as relating to the collection, examination, and analysis of physical evidence.” Trained individuals who apply these principles and techniques are typically defined as forensic scientists and the areas of expertise they encompass include physics, biology, chemistry, and the computer sciences. The overarching disciplines which are generally recognized as embodying the forensic sciences include biology/deoxyribose nucleic acid (DNA), chemistry/instrumental analysis, physics/pattern interpretation, crime scene/death investigation, and digital multimedia, with each of these being comprised of 25 distinct sub-areas.

Whether straight at the crime scene, at the bench, or at a computer, forensic scientists are regularly exposed to graphic content in the form of victim accounts (either through investigation notes or directly), disturbing crime scene photographs, details of assault, bloody or otherwise sullied physical evidence, informations on demographic, torture, or murder, and graphic digital material (most remarkably age and gender). As this population fits the Branson VT criteria of those who are commonly exposed to client details of trauma, which are often graphic, and their exposure is diverse and cumulative in nature, they are likely distressed with any disparity of PTSD,

Secondary Traumatic Stress (STS), or Vicarious Trauma (VT), depending on the degree of participation in their cases.

VT and STS have mainly been used to define symptoms experienced by psychoanalysts treating victims of trauma, and there are very rare evidence-based references for treatment for leading responders. In a study of the literature, out of 845 articles exist in the literature exact to first-responders, only two given actual treatment options which were determined through randomized measured trials. One study haphazardly assigned Amsterdam police officers to psychotherapy, and the second study randomly assigned disaster workers involved to the World Trade Center rescue efforts to cognitive behavioral therapy. The majority of the participants were married, middle-aged, white males. In both studies, the treatment groups getting psychotherapy or cognitive behavioral therapy presented statistically major improvements to levels of trauma as compared to the non-treatment groups. While first responders are not approved therapists, they are often intensely in-built within therapeutic activities involving victims and families of victims.

After being accepted in the official diagnostic terminologies, PTSD has applied a strong impact not only in the domain of clinical psychiatry but also in the domain of civil law and criminal. To be complete and useful in both civil and legal proceedings, forensic psychiatry approach to PTSD requires a frame of reference based on clear understanding of specific medicolegal matters as well as on medical evidence that provides straightforward clarifications and conclusions at a level of sensible certainty. Forensic psychiatric aspects of PTSD relevant to litigation for psychological damage refer to the extent to which the damaging event caused a new disorder or exacerbated some pre-existing disorder, difference between causal and contributing factors, the priority of contributing factors for the current disorder, the course of pre-existing disorders, eventual impairments in the absence of harmful events, and the role of malingering. In will contests, interrogating the mental ability of a testator suffering from PTSD alone is not justified unless critical mental problems were present tempore action. Similarly to the previous and in sense of precise legal criteria authorizing involuntary obligation as well as guardianship due to lack of

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mental ability, the diagnosis of PTSD alone is neither a causal basis for harmfulness to self and others sufficient for compulsory detention nor succeeds someone for a status of ward incapable of caring for his or her own interests due to mental disability.

CONCLUSION

In the legal ground of criminal proceedings, the insanity defense on the grounds of PTSD analysis hasn't proved to be very

effective and for the time being is quite unusual. Nevertheless, PTSD diagnosis might be suitable as a mitigating circumstance for reducing or reassessing sentences, while some serious comorbid medical situation might have considerable impact on competence to stand trial.