

LEGAL PROBLEMS OF USE OF COMPULSORY PSYCHIATRIC TREATMENT IN RUSSIA AND BELARUS

Andrey L. Santashov¹, Mikhail Yu. Kashinskiy², Leonid N. Tarabuev³

¹ *Moscow Academy of the Investigative Committee, Moscow, Russia*

² *Academy of the Ministry of Internal Affairs of the Republic of Belarus, Minsk, Belarus*

³ *Vologda Institute of Law and Economics of the Federal Penitentiary Service of Russia, Vologda, Russia*

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The subject of the research is the problems of legislative regulation of compulsory psychiatric measures in the criminal legislation of the Republic of Belarus and the Russian Federation.

The purpose of the article is to confirm or refute the hypothesis that there are defects in legislative regulation that prevent the effective use of compulsory psychiatric treatment. They are not eliminated in the Criminal Codes of the Russian Federation and the Republic of Belarus. Research methodology. On the basis of a system-integrated approach on an interdisciplinary basis, a scientific analysis of special legal and forensic psychiatric scientific literature and interpretation of the criminal legislation of the Republic of Belarus and the Russian Federation were carried out.

Main results. An analysis of the Criminal Codes of the Republic of Belarus and the Russian Federation showed that compulsory psychiatric treatment is an independent institution of criminal law, which is regulated in sufficient detail in the national criminal legislation. The article includes a comparative legal analysis of the norms of the criminal legislation of both states (Chapter 14 of the Criminal Code of the Republic of Belarus and Chapter 15 of the Criminal Code of the Russian Federation) that regulate psychiatric coercive measures applied to persons with mental disorders who have committed illegal acts. Based on the results of the study, a number of problems were identified in the legislative regulation of psychiatric compulsory measures in the criminal codes of both states, the authors propose directions for further improvement of the current criminal legislation.

Conclusions. The Criminal Codes of the Republic of Belarus and the Russian Federation contain only general criteria for choosing the type of psychiatric measures of a coercive nature, in the most general form, the procedure for their change and termination is provided, they need editorial clarification of their purpose. There is no legislative definition of the concepts of “coercive security measures and treatment” (Chapter 14 of the Criminal Code of the Republic of Belarus) and “compulsory measures of a medical nature” (Chapter 15 of the Criminal Code of the Russian Federation), etc., which causes serious difficulties in law enforcement practice and indicates the need to continue work to improve the current criminal legislation.

The terminology used “coercive and security measures and treatment” (Chapter 14 of the Criminal Code of the Republic of Belarus) and “coercive measures of a medical nature” (Chapter 15 of the Criminal Code of the Russian Federation) does not reflect the specifics of these measures, which in their essence and content are exclusively psychiatric measures. The identified problems of legislative regulation of psychiatric compulsory measures in the criminal legislation of both states require their further resolution, and based on the interdisciplinary medico-legal nature of the problems involved, with the obligatory involvement of forensic psychiatrists in their solution.

1. Introduction.

One of their effective means of countering crime and socially dangerous acts (hereinafter - SDA) of persons with mental disorders is the timely and adequate application of special coercive medical measures to this category of persons - psychiatric Coercive measures [1-2].

In general, the tangible result from the application of these measures to persons with mental disorders who committed crimes or SDAs ensured their legislative regulation as in international normative legal acts (Standard Minimum Rules for the Treatment of Prisoners (when treating offenders on August 30, 1955), Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care (adopted by UN General Assembly Resolution 46/119 of December 17, 1991), Convention on the Transfer of Persons with Mental Disorders for Coercive Treatment (concluded in Moscow on March 28, 1997), and in the criminal legislation of most countries of the world [3, p. 77; 4-14].

Coercive psychiatric measures (hereinafter - CPM) can be conditionally divided into two groups: involuntary psychiatric measures carried out in order to provide psychiatric care to citizens who, due to their mental disorders, are potentially dangerous for others and (or) themselves, but they have not yet committed any unlawful acts and involuntary psychiatric measures applied to citizens with mental disorders who have committed illegal acts that, by the nature of the act committed by them and their mental state, pose a danger to society. Accordingly, the first group of measures is regulated by national and international legislation governing the provision of psychiatric care, and the second group of measures - by criminal law. At the same time, in criminal law science there are still no unified points of view on the legal nature of CPM [15], and their legislative definition is absent in regulatory legal acts.

As the analysis of special literature has shown, as well as the results of our own research [16-18], the criminal law rules governing the appointment, application, implementation and cancellation of CPM to persons with mental disorders who have committed crimes or SDAs have

a lot of gaps, which causes difficulties in their application in practice, which has been repeatedly pointed out in their writings of academic lawyers (Yu.M. Antonyan, A.I. Boyko, S.V. Borodin, A.V. Belovodsky, S.E. Vitsin, Yu.A. Gerasina, V.I. Gorobtsov, A.Ya. Grishko, A. I. Druzin, V.S. Egorov, N. V. Zharko, N. G. Ivanov, A. A. Krymov, R. I. Mikheev, Yu. R. Mikheev, G.V. Nazarenko, S. V. Polubinskaya, B.A. Protchenko, A.V. Ragulina, A.I. Sitnikova, B.A. and others), as well as forensic psychiatrists (A.D. Balashov, T.B. Dmitrieva, V.V. Dukorsky, V.P. Kotov, D.A. Malkin, M.M. Maltseva, V.V. Maltsev, V. B. Pervomaisky, E. I. Skugarevskaya, A. A. Tkachenko, B. V. Shostakovich, etc.). At the same time, it is quite obvious that CPM, applied to persons with mental disorders who have committed crimes or SDA, "are an interdisciplinary institution, since they are studied and actively developed not only by criminal law, but also by forensic psychiatry", respectively, the problems of appointment, application, implementation and cancellation CPM, like "the problem of insanity and diminished sanity, refers to complex interdisciplinary problems of science and practice, the legislative regulation of which currently needs further improvement" [16, p. 130].

In order to theoretically understand the problems of legislative regulation of CPM towards persons with mental disorders who have committed illegal acts, and to study the experience of neighboring states, we carried out a comparative legal analysis of the relevant regulations of the criminal legislation of the Republic of Belarus and the Russian Federation.

2. Terminology and legislative regulation of CPM.

In terms of terminology, CPM in the criminal codes (hereinafter referred to as the Criminal Code) of both states is designated differently: "coercive security and treatment measures" (Chapter 14 of the Criminal Code of the Republic of Belarus) and "coercive measures of a medical nature" (Chapter 15 of the Criminal Code of the Russian Federation). However, the specified terminology used in the Criminal Code does not reflect the essential characteristics of these measures, which "in their

content are not just medical, but psychiatric” [19], implemented in medical institutions (health care organizations), the main activity of which is the organization and provision of psychiatric help.

Analysis of the Criminal Code of the Republic of Belarus and the Russian Federation showed that CPM is an independent institution of criminal law, which is regulated in sufficient detail in the national criminal legislation: in the Criminal Code of the Republic of Belarus, Section IV Coercive Security Measures and Treatment, Chapter 14, which contains eight articles (Art. 100 - 107); in the Criminal Code of the Russian Federation - Section VI Other measures of a criminal-legal nature, Chapter 15, which also contains eight articles (Articles 97 - 104). In these sections and chapters of the Criminal Code of the Republic of Belarus and the Russian Federation: the goals are indicated (Art.100 of the Criminal Code of the Republic of Belarus and Art.98 of the Criminal Code of the Russian Federation), the grounds for appointment (Art.102 of the Criminal Code of the Republic of Belarus and Art.97 of the Criminal Code of the Russian Federation), listed types (Art.101 of the Criminal Code of the Republic of Belarus and Art.99 of the Criminal Code of the Russian Federation), in the most general form, the procedure for their change and termination is provided (Art.103 of the Criminal Code of the Republic of Belarus and Art.102 of the Criminal Code of the Russian Federation), offset of the time of their application (Art. 105 of the Criminal Code of the Republic of Belarus and Art.103 of the Criminal Code of the Russian Federation), as well as the possibility of their application together with the execution of punishment (Art.107-107 of the Criminal Code of the Republic of Belarus and Art.104 of the Criminal Code of the Russian Federation), in contrast to the criminal legislation of foreign countries, where CPMs, as a rule, “are not singled out as an independent institution of criminal law, but are part of security measures or other criminal legal measures,” and the legislator almost does not define their goals “[3, p. 77–78].

At the same time, the Criminal Code of both states does not have a legislative definition of the very concepts of “Coercive security measures and treatment” (Chapter 14 of the Criminal Code of the Republic of Belarus) and “Coercive measures of

a medical nature” (Chapter 15 of the Criminal Code of the Russian Federation) used to refer to CPM.

3. Categories of persons to whom CPM applies.

By the nature of the criminal law impact on persons with mental disorders who have committed unlawful acts, the regulations in the Criminal Code of both states can be combined into two groups: criminal law regulations in which mental disorders in persons give the court the opportunity to apply CPM without imposing punishment (part. 2 Article 28, Article 101 of the Criminal Code of the Republic of Belarus and part 2 of Article 21, paragraph a, paragraph b of Part 1 of Article 97 of the Criminal Code of the Russian Federation) and criminal law regulations in which mental disorders in persons give the court the opportunity to apply CPM together with the imposition of punishment (part 2 of article 29, part 2 of article 30, article 106, article 107 of the Criminal Code of the Republic of Belarus and part 2 of article 22, p. .1 Article 97 of the Criminal Code of the Russian Federation).

It should be noted that the categories of persons with mental disorders to whom CPM can be applied differ slightly in the Criminal Codes of both states.

In the Criminal Code of the Republic of Belarus CPM can be applied to persons with mental disorders who have committed crimes: in a state of insanity (part 2 of article 28, article 101 of the Criminal Code); in a state of sanity, but who fell ill before sentencing or while serving a sentence with a mental disorder that deprives them of the opportunity to realize the significance of their actions or to direct them (Article 101 of the Criminal Code); in a state of diminished sanity (part 2 of article 29, part 2 of article 100 of the Criminal Code); in a state of sanity, but suffering from chronic alcoholism, drug addiction or substance abuse (part 2 of article 30, part 3 of article 100 of the Criminal Code).

According to Part 1, Article 97 of the Criminal Code of the Russian Federation CPM can be applied to the following categories of persons with mental disorders: those who have committed illegal acts, in a state of insanity; to persons who, after committing a crime, have a mental disorder that makes it impossible to assign or execute punishment; to

persons who have committed a crime and suffering from mental disorders that do not exclude sanity and to persons who have committed a crime against the sexual integrity of a minor under the age of fourteen years of age over the age of eighteen, and who suffer from a disorder of sexual preference (pedophilia) that does not exclude sanity. It should be noted that earlier, in the Criminal Code of the Russian Federation, the list of persons to whom CPM could be applied together with the prescribed punishment also included persons who committed illegal acts and suffered from such mental disorders as chronic alcoholism and drug addiction (Clause 1, Part 1, Art. 97 of the Criminal Code of the Russian Federation), however, in accordance with the Federal Law of December 8, 2003 No. 162-FZ, this paragraph has become invalid.

4. Purposes of CPM Application.

The Criminal Code of the Republic of Belarus for each of the selected categories of persons to whom CPM can be assigned, identifies its own goals: for persons who have been declared insane in relation to the act they have committed, these are warnings from these persons of new socially dangerous acts, protection and treatment of such persons (Part 1 Article 100 of the Criminal Code); for persons recognized as reduced sane - this is the creation of conditions for treatment and the achievement of the goals of criminal responsibility (part 2 of article 100 of the Criminal Code); for persons suffering from chronic alcoholism, drug addiction or substance abuse, this is treatment and the creation of conditions conducive to achieving the goals of criminal responsibility (part 3 of article 100 of the Criminal Code).

In the Criminal Code of the Russian Federation, in contrast to the Criminal Code of the Republic of Belarus, the purpose of applying CPM to all selected categories of persons is the same - "curing the persons specified in Part 1 of Art. 97 of this Code, or improving their mental state, as well as preventing them from committing new acts provided for by Articles of the Special Part of this Code "(Article 98 of the Criminal Code of the Russian Federation).

It should be emphasized that the goals of

CPM in the criminal legislation of both states (Art. 98 of the Criminal Code of the Russian Federation and Art. 100 of the Criminal Code of the Republic of Belarus) differ from the goals of punishment, while two components can be conditionally distinguished in them:

1. legal - this is a warning from persons with mental disorders of new acts (SDA) (Article 98 of the Criminal Code of the Russian Federation and Part 1 of Article 100 of the Criminal Code of the Republic of Belarus), as well as the creation of conditions for achieving the goals of criminal liability (Parts 2-3 article 100 of the Criminal Code of the Republic of Belarus);

2. medical - this is a cure, improvement of the mental state (Art. 98 of the Criminal Code of the Russian Federation) or treatment (Part 1, Art. 100 of the Criminal Code of the Republic of Belarus).

Accordingly, in its content, the goal of CPM is a medico-legal one, which is to eliminate the social danger of a person caused by a mental disorder by coercive provision of mental health care to the person.

In addition, it should be noted that the medical component of the CPM goal, formulated by the Russian legislator, looks (is) more preferable, since it is focused on achieving the final result - "healing persons" or "improving their mental state" (Article 98 of the Criminal Code of the Russian Federation), and not for the process - "treatment" (part 1 of article 100 of the Criminal Code of the Republic of Belarus). At the same time, we agree with the opinion of B.A. Spasennikov and S.B. Spasennikov that "cure, recovery of persons suffering from chronic mental disorder (of which the absolute majority of those directed to Coercive treatment) is difficult to achieve in the current state of psychiatric science and practice" [20, p. 222], in this regard, in our opinion, the more realistically achievable medical component of the CPM goal is not to cure a person, but to improve his mental state (mental health). In this regard, we believe that it would be more appropriate to formulate the medical component of the CPM goal as "improving the mental state (mental health) of persons in which further use of CPM is not required".

5. Types of CPM, problems of their choice

and application.

The Criminal Codes of both states (Art. 98 of the Criminal Code of the Russian Federation and Art. 101 of the Criminal Code of the Republic of Belarus) provides for the allocation of four types of CPM, of which one is implemented on an outpatient basis and three in stationary ones, differing from each other only by the regime of detention: coercive observation and treatment by a doctor - a psychiatrist on an outpatient basis, Article 98 of the Criminal Code of the Russian Federation (coercive outpatient observation and treatment by a specialist physician in the field of psychiatric care, Article 101 of the Criminal Code of the Republic of Belarus); coercive treatment in a medical organization providing psychiatric care in inpatient conditions, of the general type of Article 98 of the Criminal Code of the Russian Federation (coercive treatment in a psychiatric hospital with the usual supervision of Article 101 of the Criminal Code of the Republic of Belarus); coercive treatment in a medical organization providing psychiatric care in inpatient conditions of a specialized type of article 98 of the Criminal Code of the Russian Federation (coercive treatment in a psychiatric hospital with enhanced supervision of article 101 of the Criminal Code of the Republic of Belarus); coercive treatment in a medical organization providing psychiatric care in inpatient conditions, of a specialized type with intensive supervision of Art. 98 of the Criminal Code of the Russian Federation (coercive treatment in a psychiatric hospital with strict supervision, Art. 101 of the Criminal Code of the Republic of Belarus).

Accordingly, both the legal and medical components of the CPM goal find common expression in their implementation conditions (outpatient and three inpatient options), which optimally contribute to the elimination of public danger. These types of CPM in the Republic of Belarus are implemented in psychiatric organizations subordinated to the Ministry of Health.

According to Part 1 of Art. 107 of the Criminal Code of the Republic of Belarus in the case of a crime committed by persons suffering from chronic alcoholism, drug addiction or substance abuse, the court, in the presence of a medical

certificate, along with the punishment for the crime committed, may apply coercive treatment to them. At the same time, coercive treatment for chronic alcoholism, drug addiction or substance abuse of persons sentenced to arrest, imprisonment or life imprisonment is carried out at the place of serving the sentence, and those sentenced to other types of punishment or other measures of criminal responsibility - at the place of residence by coercive outpatient observation and treatment. (part 2 of article 107 of the Criminal Code of the Republic of Belarus).

When deciding on the application and choice of the type of CPM in relation to a person with a mental disorder, the courts, in accordance with the Resolutions of the Plenum of the Supreme Court of the Republic of Belarus dated March 28, 2013 No. 1 "On the practice of using coercive security measures and treatment by courts in criminal proceedings" (hereinafter - Resolution of the Plenum of the Supreme Court of the Republic of Belarus on March 28, 2013 No. 1) and of the Plenum of the Supreme Court of the Russian Federation dated April 7, 2011 No. 6 "On the practice of using coercive medical measures by courts" (hereinafter - Resolution of the Plenum of the Supreme Court of the Russian Federation dated 7 April 2011 No. 6) along with the assessment of the nature of the act committed by the person, it is necessary to assess the mental state of the person who committed it, and also to find out whether the mental disorder of the person poses a danger to him or other persons, or there is a possibility of causing them other harm. That is, judges need to determine the presence, as well as the severity of the social danger of a person associated with his mental disorder. Obviously, in this situation, in order to make the right decision, judges need special knowledge of forensic psychiatry, which lawyers do not possess [21, 22]. It is no coincidence that in this situation, the court's decision on the use of CPM and the choice of their specific type, as well as the decision on issues of insanity and diminished sanity of a person, is preceded by the mandatory appointment and conduct of a forensic psychiatric examination (hereinafter - FPE). At the same time, as follows from the decisions of the Plenum of the Supreme Court of the Republic of Belarus on March 28, 2013 No. 1 and

the Plenum of the Supreme Court of the Russian Federation No. 6 dated April 7, 2011, the state of the person in respect of whom the proceedings on the application of coercive medical measures are being conducted, and other evidence collected in the case”.

As the analysis of special literature has shown, at present, the methodology for assessing social danger in persons suffering from mental disorders is a poorly developed area of application of psychiatric knowledge [23-27] on the prevention of new socially dangerous acts, protection and treatment of persons who committed them, is a continuation and logical completion of a whole range of issues addressed by an expert psychiatrist in relation to suspects (accused), as well as a central issue in relation to persons who fell ill with a mental disorder while serving a sentence [28-30].

Thus, based on the fact that the Criminal Code of the Republic of Belarus and the Russian Federation lists only general criteria for choosing the type of CPM, in the most general form, the procedure for changing and terminating them is provided, and there are no other regulatory legal acts detailing the application of CPM in the countries, it can be stated that that the problems of legislative regulation of CPM in the criminal legislation of both states require their further resolution, and based on the interdisciplinary medico-legal nature of the CPM problems raised with the obligatory involvement of forensic psychiatrists in their solution.

6. Conclusions

Summing up the results of our comparative legal analysis of the regulations of the criminal legislation of the Republic of Belarus and the Russian Federation regulating the application of CPM to persons with mental disorders who have committed illegal acts, the following conclusions can be drawn:

CPMs applied to persons with mental disorders who have committed crimes or SDAs in the Republic of Belarus and the Russian Federation are an independent institution of criminal law, which are terminologically designated in the Criminal Codes in different ways: “coercive security measures and treatment” (Chapter 14 of the Criminal Code of the Republic of Belarus) and

“coercive measures of a medical nature” (Chapter 15 of the Criminal Code of the Russian Federation). At the same time, the terminology used “coercive and security measures and treatment” and “coercive measures of a medical nature” does not reflect the specifics of these measures, which in their essence and content are exclusively psychiatric measures;

in the Criminal Codes of both states, the most significant positions are indicated for making a decision on the use of CPM and the choice of their specific type: subjects to whom CPM can be assigned (part 1 of article 97 of the Criminal Code of the Russian Federation and part 2 of article 28, part 2 Article 29, part 2, Article 30, Article 100, Article 101 of the Criminal Code of the Republic of Belarus), the grounds for the application of CPM (Article 97 of the Criminal Code of the Russian Federation and Article 102 of the Criminal Code of the Republic of Belarus), the objectives of CPM (Article 98 of the Criminal Code of the Russian Federation and Art.100 of the Criminal Code of the Republic of Belarus), types of CPM (Art.99 of the Criminal Code of the Russian Federation and Art.101 of the Criminal Code of the Republic of Belarus), amendment and termination of CPM (Art.102 of the Criminal Code of the Russian Federation and Art.103 of the Criminal Code of the Republic of Belarus), offset of the time of their application (Art. 103 of the Criminal Code of the Russian Federation and Art. 105 of the Criminal Code of the Republic of Belarus and), as well as the possibility of their use together with the execution of punishment (Art. 104 of the Criminal Code of the Russian Federation and Art. 106-107 of the Criminal Code of the Republic of Belarus);

the categories of persons with mental disorders to whom CPM can be applied differ slightly in the Criminal Codes of both states. The Criminal Code of the Republic of Belarus for each of the four selected categories of persons to whom CPM can be assigned, allocates its own goals, in the Criminal Code of the Russian Federation, the purpose of applying CPM to all selected categories of persons is the same;

the goals of CPM in the criminal legislation of both states (Art. 98 of the Criminal Code of the Russian Federation and Art. 100 of the Criminal Code of the Republic of Belarus) differ from the goals of punishment and are medico-legal in their content, in

which two components can be conditionally distinguished: 1. the legal one is a warning on the part of persons with mental disorders of new acts (SDA) (Article 98 of the Criminal Code of the Russian Federation and Part 1 of Article 100 of the Criminal Code of the Republic of Belarus), as well as the creation of conditions for achieving the goals of criminal responsibility (Parts 2-3 of Article 100 of the Criminal Code of the Republic of Belarus); 2. medical - this is a cure, improvement of the mental state (Art. 98 of the Criminal Code of the Russian Federation) or treatment (Part 1, Art. 100 of the Criminal Code of the Republic of Belarus). The medical component of the CPM goal, formulated by the Russian legislator, looks (is) more preferable, since it is focused on achieving the final result - "healing persons" or "improving their mental state" (Art. 98 of the Criminal Code of the Russian Federation), and not on the process - "treatment" (Part 1 of article 100 of the Criminal Code of the Republic of Belarus).

At present, the Criminal Codes of both states contain only general criteria for choosing the type of CPM, in the most general form, the procedure for their change and termination is provided, the purpose of CPM needs to be edited, there is no legislative definition of the concepts of "coercive security measures and treatment" (Chapter 14 of the Criminal Code of the Republic of Belarus) and "coercive medical measures" (Chapter 15 of the Criminal Code of the Russian Federation), used to refer to CPM, etc., which causes serious difficulties in law enforcement practice and indicates the need to continue work to improve the current criminal legislation. Based on the specific interdisciplinary medico-legal nature of the CPM issues being raised we believe that forensic psychiatrists should also be involved in the rule-making activities to improve the regulations of criminal legislation governing CPM.

REFERENCES

1. Shesler A.V., Veselovskaya A.V. Public danger of a person as a basis for applying compulsory medical measures. *Vserossiiskii kriminologicheskii zhurnal = Russian Journal of Criminology*, 2021, vol. 15, no. 4, pp. 426–433. (In Russ.).
2. Merkur'ev V.V., Zvonov A.V., Yakovlev A.A. Criminal law measures providing for the treatment of socially significant diseases: a mandatory application or a selective addition. *Vserossiiskii kriminologicheskii zhurnal = Russian Journal of Criminology*, 2021, vol. 15, no. 3, pp. 332–340. (In Russ.).
3. Markova M.A. Compulsory medical measures in the criminal law of some foreign states. *Pravo.by*, 2017, no. 1 (45), pp. 77–82. (In Russ.).
4. Teplyashin P.V. Concept of the development of the Russian penitentiary system in light of interpreted principles of European penitentiary practice. *Vestnik Sankt-Peterburgskogo universiteta. Pravo = Vestnik of Saint Petersburg University. Law*, 2020, vol. 11, iss. 1, pp. 129–139. (In Russ.).
5. Chuprova O.N., Belous V.G. *Differentiation of responsibility in criminal law of Continental Europe and Russia*. Arkhangelsk, Institute of Management Publ., 2015. 197 p. (In Russ.).
6. Akhramenka N.F. *Scientific and practical commentary to the Criminal Code of the Republic of Belarus*, ed. by A.V. Barkov, V.M. Khomich. Minsk, GIUST BGU Publ., 2007. 1007 p. (In Russ.).
7. Bimbinov A.A., Shtage D. The development of medical criminal law in Germany and in Russia. *Vserossiiskii kriminologicheskii zhurnal = Russian Journal of Criminology*, 2021, vol. 15, no. 4, pp. 456–465. (In Russ.).
8. Malinovskii A.A. *Comparative criminal law*, Monograph. Moscow, Mezhdunarodnye otnosheniya Publ., 2002. 376 p. (In Russ.).
9. Krylova N.N., Serebryannikova A.V. *Criminal law in foreign countries (England, USA, France, Germany)*. Moscow, Zertsalo Publ., 1997. 192 p. (In Russ.).
10. Aistova L.S., Kraev D.Yu. *Criminal law of foreign countries*. St. Petersburg, Academy of the Prosecutor General's Office of the Russian Federation Publ., 2013. 132 p. (In Russ.).
11. Aryamov A.A., Bodaevskii V.P., Kisin A.V. *Criminal law of foreign states*. Moscow, KnoRus Publ., 2018. 324 p. (In Russ.).
12. Klyukanova T.M. *Criminal law of foreign countries*. St. Petersburg, St. Petersburg University Publ., 2015. 95 p. (In Russ.).
13. Zhalinskii A.E. *Modern German criminal law*. Moscow, TK Velbi Publ., Prospekt Publ., 2006. 560 p. (In Russ.).
14. Changhai Long. The problem of criminal sanctions in China: current situation and prospect. *Vestnik Sankt-Peterburgskogo universiteta. Pravo = Vestnik of Saint Petersburg University. Law*, 2020, vol. 11, iss. 1, pp. 173–179. (In Russ.).
15. Laptev D.B. On the legal nature of compulsory medical measures. *Rossiiskaya yustitsiya*, 2019, no. 12, pp. 24–27. (In Russ.).
16. Kashinskii M.Yu. On the need to improve the institution of compulsory security measures and treatment in criminal legislation. *Vestnik Akademii MVD Respubliki Belarus' = Bulletin of the Academy of the Ministry of Internal Affairs of the Republic of Belarus*, 2020, no. 2, pp. 126–131. (In Russ.).
17. Kashinskii M. Yu. Problems of improving the implementation of compulsory security and treatment measures for persons with diminished responsibility, in: *Sovershenstvovanie deyatel'nosti organov vnutrennikh del s uchetom sovremennykh realii*, the materials of the international scientific-practical conference dedicated to the 25th anniversary of Independence of the Republic of Kazakhstan and the 20th anniversary of the establishment of the educational institution (November 18, 2016), Aktobe, Aktobe law institute of the Republic of Kazakhstan named after M. Bukenbaev, 2016, pp. 104–107. (In Russ.).
18. Santashov A.L., Efremova N.M. The use of compulsory medical measures against convicts: problems of differentiation and individualization. *Vestnik instituta: prestuplenie, nakazanie, ispravlenie*, 2019, no. 1 (13), pp. 85–89. (In Russ.).
19. Shishkov S.N., Polubinskaya S.N. Legislative problems of mandatory medical measures (chapter 15 of the Criminal Code of the Russian Federation). *Lex Russica*, 2019, no. 6, pp. 161–172. (In Russ.).
20. Spasennikov B.A., Spasennikov S.B. *Insanity in criminal law*, Monograph. Moscow, Yurlitinform Publ., 2013. 256 p. (In Russ.).
21. Zhukovets K.G., Ostyanko Yu.I., Evtukhovich E.D. *Methodological recommendations on compulsory security and treatment measures recommended for persons suffering from mental disorder (illness), aimed at preventing new socially dangerous acts, protection and treatment of such persons (basics of forensic psychiatric assessment, meth-*

odology of expert assignment). Minsk, Main Department of Forensic Medical Examinations of the Central Office of the State Forensic Examinations Committee of the Republic of Belarus, 2015. 25 p. (In Russ.).

22. Shandra B.B., Ostapets I.Y. The change of person's worldview in the process of the criminal world subculture formation. *Sciences of Europe*, 2019, vol. 36, no. 3, pp. 64–68.

23. Tygart C.E. Criminal subculture influence among middle-class and nonaffluent youth. *Urban Education*, 1981, vol. 15, no. 4, pp. 481–484.

24. Richards S.C. USP marion: the first federal supermax. *The Prison Journal*, 2008, vol. 88, no. 1, pp. 6–22.

25. Echeburúa E., Fernández-Montalvo Ja., Amor P.J. Psychopathological profile of men convicted of gender violence. A study in the prisons of Spain. *Journal of Interpersonal Violence*, 2003, vol. 18, no. 7, pp. 798–812.

26. Spasennikov B.A., Smirnov A.M., Tikhomirov A.N. *Criminal behavior and mental disorders*, Monograph. Moscow, Yurlitinform Publ., 2016. 198 p. (In Russ.).

27. Spasennikov B.A., Smirnov A.M. The nature of prisoner's sexual excesses and the main directions of their prevention in penal institutions of a new type. *Ugolovno-ispolnitel'noe pravo = Penal Law*, 2011, no. 2 (12), pp. 33–36. (In Russ.).

28. Johnson H.D., LaVoie J.C., Spenceri M.C. Peer conflict avoidance: associations with loneliness, social anxiety, and social avoidance. *Psychological Reports*, 2001, vol. 88, no. 1, pp. 227–235.

29. Maslach C., Jackson S.E., Leiter M.P., Schaufeli W.B., Schwab R.L. *Maslach Burnout Inventory (MBI)*. Palo, Consulting Psychologists press, 1986. 112 p.

30. Smirnov A.M. *Long terms of imprisonment in relation to convicted men (criminal law and penal enforcement aspects)*, Cand. Diss. Vologda, 2009. 247 p. (In Russ.).

INFORMATION ABOUT AUTHORS

Andrey L. Santashov – Doctor of Law, Associate Professor, Chief Researcher (on Sociological Research), Research Department, Faculty of Training of Scientific and Pedagogical Personnel and Organization of Research Work

Moscow Academy of the Investigative Committee

12, Vrubelya ul., Moscow, 125080, Russia

E-mail: santashov@list.ru

ORCID: 0000-0003-1044-1697

Mihail Yu. Kashinskiy – PhD in Law, Associate Professor, Police Colonel, Postdoc, Scientific and Pedagogical Faculty

Academy of the Ministry of Internal Affairs of the Republic of Belarus

6, Masherova pr., Minsk, 220005, Belarus

E-mail: m.kashinsky@yandex.ru

ORCID: 0000-0001-5126-8734

Leonid N. Tarabuev – PhD in Law, senior lecturer, chair of combat and tactical-special training, faculty of engineering and economics,

Vologda Institute of Law and Economics of the Federal Penitentiary Service of Russia

2, Shetinina ul., Vologda, 160002, Russia

E-mail: tarabuev@list.ru

ORCID: 0000-0003-3372-9810

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