

Case Report

‘Chain snatching’ a manifestation of Kleptomania: An Impulse Control Disorder: Legal implications

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ABSTRACT

Impulse control disorders (ICDs) present significant public health concern. Researchers and clinicians have paid little attention to it. The exact cause for the development of an impulse control disorder is difficult to be determined. Kleptomania is an impulse control disorder is poorly understood and that can cause significant impairment and serious consequences. A case of kleptomania, where the manifestation was an urge to snatch gold chains of women pedestrians which was potentially exacerbated by multiple predisposing factors, will be reviewed. The legal implications will be discussed.

Key words: kleptomania, impulse control disorder, legal implication.

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INTRODUCTION

‘Chain snatching’ robberies are on the rise in every State in India. Similar to a Purse-Snatch, a robber approaches a woman walking along a sidewalk, a park, or deserted street. Women who are alone, old or with small kids are frequently targeted. The robber will pull the gold chain off the woman’s neck and flee to a waiting vehicle. The robber may attack the woman from behind, the front, or distract her by asking a question just before the robbery. The suspect may or may not be armed and threaten the victim during the attack. These robberies occur at all times of the day.

In many cases, police register a theft case under Section 379 or “use of criminal force for attempt to steal” under Section 356 of Indian Penal Code (IPC). The punishment for these charges is imprisonment up to two years. In many cases, the accused come out on bail in one or two months. And after lying low for some time, they resort to the same offences again.

The main reason behind chain snatching is that they can gain a loot at one go, unlike dacoity and robbery that needs planning. Another matter of concern for police is that 90 percent of cases of chain snatching end in acquittal.

In IPC section 392, the court punishment may range between six months and 10 years, but no chain snatcher has been convicted for so long. In IPC section 397, however, the punishment is a mandatory period of seven years."

Interestingly, there is no separate section for chain snatching in IPC. So most states like Maharashtra, Tamil Nadu, Andhra Pradesh and others register these cases under IPC section 378 (theft). Karnataka police, especially Bengaluru police, was the first to treat chain snatching as a case of robbery. Technically, the punishment for IPC section 397 is lesser than 392, the police have decided to impose section 397- as the muggers can cause grievous injury or death while committing robbery or dacoity. The sections are booked based on complaints. If a woman says the miscreant used a weapon, then it will be booked under IPC section 397.

Kleptomania is an impulse control disorder characterized by a recurrent failure to resist stealing. Kleptomania is a complex disorder characterized by repeated, failed attempts to stop stealing. It is often seen in patients who are chemically dependent or who have a coexisting mood, anxiety, or eating disorder.

People with this disorder have an overwhelming urge to steal and get a thrill from doing so. The recurrent act of stealing may be restricted to specific objects and settings, but the affected person may or may not describe these special preferences. Detection of kleptomania, even by significant others, is difficult and the disorder often proceeds undetected. There may be preferred objects and environments where theft occurs. This paper intends to describe a case of kleptomania that clearly fits this latter category in an effort to clarify the psychodynamic and forensic implications of this legal, social, and psychological phenomenon.

CASE REPORT

Mr. T, a 49 years old male, Christian, educated up till 9th std., assisting his brother in the interlock tiles factory, married, from a middle-class family, urban background was referred by an old beneficiary and the informants were his wife and elder brother brought with the complaints (as reported by informants) of repeated (7 times) snatching of gold chain and hoarding it for 2 years and imprisonment thereof. According to the patient, his complaints were forgetting; urge to snatch chains and fear.

It was gathered from the patient that, around 45 yr. of age he began to consume alcohol (beer) as part of experimentation prior to which he was only a social drinker. The frequency of his drinking pattern was once a month or sometimes once a week and the quantity being 150 ml Over a period of 2 years, the frequency of his alcohol consumption and quantity increased to once a week to almost daily- 650 ml of beer as reported by the patient. It was during this time, one fine day after reaching home from work, he went out to a bar bought a bottle of beer and consumed it on the street side all alone. Reportedly, on his way back home, he saw a woman walking by who wore a gold chain and had an urge to pull the chain off her neck and impulsively committed the act after which he reported that he felt really scared and tensed hence escaped the scene at once with that gold chain. On reaching his house, he was afraid about his act of snatching the chain but never revealed it to anyone for the fear of being punished and kept the chain in his cupboard locker. Thereafter, he reported that, similar such acts of snatching chain from women occurred amounting to 7 times in a span of 2 years (47 yr. to 49 yr. of age) with a gap of at least 3 or 4 months (approximately) between each act in which 4 times the acts were committed under intoxication and the rest not under intoxication. Between episodes of these acts, he reported feelings of guilt, remorse and fear of punishment. Reportedly, he was abstinent in the month of February (2015) due to religious reasons. Although craving was admitted by patient, withdrawal symptoms could not be elicited during this abstinence. From March till May (2015) his alcohol (beer- more than 4 pints) consumption increased i.e., it was on a daily basis (noon and evenings) and the reason being “tension due to the acts of chain snatching”, as reported by him. During the 7th time (April, 2015) when he snatched the chain from a woman on a street, a CCTV in the vicinity recorded the scene, which revealed to the police about the incident for which he was litigated. He reported that he was not sure if he was intoxicated at that time and added he does not remember certain things these days. Further investigations by the police personnel brought to light that he had a few more gold chains kept in his cupboard locker which was admitted by the patient upon probing. He was imprisoned for two and a half months and released on bail on the 27th of June, 2015.

Informants reported that they were not aware of these events until the police personnel brought it to their notice. According to his wife, she was doubtful about his alcohol consumption in the last one and a half

months but never confronted him and she never knew he consumed it so frequently in that much quantity. Relatives were also unaware of the fact that he had committed dissocial acts repeatedly for 2 years.

It was further elicited that his wife had noticed changes in his behaviour in the last 2 years for example, he would get angry easily (short lasting) most often at family members and memory disturbances and friends reported of his rude behaviour in the recent past.

Past history of fracture in the leg (ankle) in 2011 was in bed rest for almost 6 months to 1 year (periods of sad mood, decreased talk during this time reported); diagnosed with hypertension and high cholesterol levels around the same time and he is on regular medication as prescribed by the physician: hypertension kept under control according to patient and informants.

Family history of mental retardation in elder sister, alcohol abuse and ischemic heart disease in father. Pre-morbid personality revealed introvert by nature; less social interaction; prevailing mood: sad; poor in expressive speech, fear of rejection and shame, inferiority feelings about his inadequacies in work compared to his brother and others in their family, decreased self-esteem.

He was referred for a psychological assessment and the following scales were administered and the test findings are summarized

PGI Memory Scale (PGIMS) (an Indian adaptation of the Wechsler Memory Scale) the findings was Total dysfunction rating score is 16. The maximum dysfunction rating is 30.

Beck Depression Inventory-II (BDI-II) Developed for the assessment of symptoms corresponding to criteria for diagnosing depressive disorders listed in the ... DSM IV. The total score obtained was 35 which indicated severe depression.

Michigan Alcohol Screening Test (MAST) to provide a consistent, quantifiable, structured interview instrument to detect alcoholism. On which the total score obtained was 2 which indicated no apparent problem.

Severity of Alcohol Dependence Questionnaire (SAD-Q) a short, easily administered scale used to measure the degree of dependence experienced by users of different types of drugs. The total score obtained was 10 which indicated mild dependence.

Mini Mental Status Examination measures global cognitive performance and is often used as a screening test for dementia. On this the total score obtained was 29 which indicated normal cognition.

Raven's Standard Progressive Matrices (SPM) a well-validated measure of basic cognitive functioning for different cultural, ethnic, and socioeconomic groups- On SPM, the total score was 26, percentile point being 5 and grade V which indicated intellectually impaired. Discrepancy was within expected range. Corresponding IQ being 76.

Based on the history, clinical examination and psychological testing a diagnosis of Mild dependence of alcohol + Borderline level of intellectual functioning + Mood symptoms and memory dysfunction was made and a differential diagnosis of Pathological stealing/Kleptomania considered.

Psychoeducation was carried out with the patient and his relatives. Four sessions of counselling were carried out with the patient addressing his concerns. At 9 months follow up there was no further episodes of chain snatching and patient had been abstinent from alcohol and relatives had a close watch on his movements.

DISCUSSION

Kleptomania, also referred to as compulsive shoplifting, may be a fairly common disorder that results in significant personal distress and legal consequences. Kleptomania and other impulse control disorders seem to be more prevalent among those with psychiatric disorders.

Kleptomania is rarely brought to medical attention voluntarily. Patients usually present for treatment by legal mandate due to repeated shoplifting. Men are more likely to be sent to prison instead of being referred to treatment [1].

For both men and women with kleptomania, lifetime psychiatric comorbidity with other impulse control (20-46%), [2-3]; substance use (23-50%) [4-5] and mood (45-100%) [6-7] disorders are common. Personality disorders are also common in kleptomania.

It is evident in this case of chain snatching the stolen items were of no personal use, though it was made of gold the patient had just kept it aside without bothering to dispose it off. It was also noteworthy that the acts

of stealing were not premeditated. Rather, he experienced an urge and tension or anxiety prior to the act of stealing, followed by the feeling of satisfaction and gratification after committing theft. Mr.T also stated that he felt ashamed or guilty after committing theft.

He was prosecuted when he was caught of stealing the seventh time and spent in jail for two and a half months and released on bail with an advice to consult a psychiatrist. As the assessments revealed he had mood symptoms he was prescribed a mood stabilizer Lithium XR 400mg ½ -0-1 and Arip 5mg ½- 0-0 with which he became better. There were no further instances of chain snatching, completely abstinent from alcohol and no mood symptoms. His brother was monitoring his medication and was reported to be working well. He is on continual follow up till date. There was no further summons from the court.

Legal defenses for shoplifting by claiming kleptomania are difficult to establish. First a defense lawyer must maintain that the accused indulged in such an act as stealing for no financial benefit, revenge or such other motive. Next, a rigorous psychiatric evaluation be conducted, and the criteria for the actual diagnosis should be stringent.

With impulse-control disorders such as kleptomania and pyromania now being categorized officially in the Diagnostic and Statistical Manual 5, crimes committed by those with these conditions can also be said to be done with a/an “unsound” or “insane” mind.

In most jurisdictions, a person may defend criminal charges against him/herself on the grounds of insanity. The insanity defense comes in two forms: cognitive and volitional. Cognitive insanity relates to an individual who cannot distinguish from right from wrong. Volitional insanity relates to an individual who is unable to resist impulses, due to mental impairment, making him/her unable to act in conformance with the law. In the current case the dishonest intention is not apparent and hence the punishment should not be as prescribed in penal code but the one in need of treatment.

CONCLUSION

Clinicians should routinely inquire about urges to steal during the general psychiatric interviews with their patients. It is essential to approach kleptomania in a non-judgmental manner and to reinforce confidentiality due to patients' fear of legal consequences. Increased awareness and screening by clinicians may increase the number of patients seeking help. Individuals who suffer from this condition can reasonably expect a reduction and possible remission of symptoms with a combination of psychopharmacology and psychotherapy.

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SECTIONS OF INDIAN PENAL CODE, 1860 MENTIONED IN THIS REPORT

Section 356 in The Indian Penal Code- Assault or criminal force in attempt to commit theft of property carried by a person. Whoever assaults or uses criminal force to any person, in attempting to commit theft on

any property which that person is then wearing or carrying, shall be punished with imprisonment of either description for a term which may extend to two years, or with fine, or with both.

Section 378 in The Indian Penal Code- Theft. Whoever, intending to take dishonestly any moveable property out of the possession of any person without that person's consent, moves that property in order to such taking, is said to commit theft.

Section 379 in The Indian Penal Code- Punishment for theft. Whoever commits theft shall be punished with imprisonment of either description for a term which may extend to three years, or with fine, or with both.

Section 392 in The Indian Penal Code- Punishment for robbery. Whoever commits robbery shall be punished with rigorous imprisonment for a term which may extend to ten years, and shall also be liable to fine; and, if the robbery be committed on the highway between sunset and sunrise, the imprisonment may be extended to fourteen years.

Section 397 in The Indian Penal Code- Robbery, or dacoity, with attempt to cause death or grievous hurt. If, at the time of committing robbery or dacoity, the offender uses any deadly weapon, or causes grievous hurt to any person, or attempts to cause death or grievous hurt to any person, the imprisonment with which such offender shall be punished shall not be less than seven years.

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