

Dangerous behavior as a device in publications about “criminal minds”: An integrative literature review*

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Objective: to analyze “hazardousness” as a device through the publications in the fields of Social, Humanities and Health Sciences. **Method:** an integrative review of publications available in reference databases of the PUBMED, MEDLINE, LILACS, SCIELO and BDTD databases, from 2014 to 2017. Thematic analysis was used for data treatment and analysis. **Result:** a total of 43 productions were selected, organized in groups that point out the elements that compose the device, including the intertwining of knowledge, risk, guilt and intervention strategies. **Conclusion:** hazardousness as a device exposes a series of knowledge-power relationships that reproduce over time, but it also allows establishing other intervention strategies for the process of social reintegration of these subjects.

Descriptors: Dangerous Behavior; Device; Human Rights; Mental Health; Collective Health.

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A periculosidade como dispositivo nas publicações sobre os “loucos-criminosos”: uma revisão integrativa da literatura

Objetivo: analisar a “periculosidade” como um dispositivo a partir das publicações que se encontram nos campos das Ciências Sociais, Humanas e da Saúde. **Método:** revisão integrativa das publicações disponíveis nas bases de dados da PUBMED, MEDLINE, LILACS, SCIELO e a BDTD, entre os anos de 2014 a 2017. Foi utilizada a análise temática para tratamento e análise dos dados. **Resultado:** foram selecionadas 43 produções, organizadas em grupos que apontam os elementos que compõe o dispositivo, entre eles o entrelaçamento de saberes, risco, culpa e estratégias de intervenção. **Conclusão:** tomar a periculosidade como um dispositivo expõe uma série de relações de saber-poder que se reproduzem ao longo do tempo, mas permite também estabelecer outras estratégias de intervenção para o processo de reintegração social destes sujeitos.

Descritores: Periculosidade; Dispositivo; Direitos Humanos; Saúde Mental; Saúde Coletiva.

La peligrosidad como dispositivo en publicaciones sobre “locos criminales”: revisión integradora de la literatura

Objetivo: analizar la “peligrosidad” como dispositivo a través de las publicaciones en los campos de las Ciencias Sociales, Humanitarias y de la Salud. **Método:** revisión integradora de publicaciones disponibles en bases de datos de referencia de PUBMED, MEDLINE, LILACS, SCIELO y BDTD, de 2014 a 2017. Se utilizó el análisis temático para el tratamiento y el análisis de datos. **Resultado:** se seleccionaron 43 producciones, organizadas en grupos que señalan los elementos que componen el dispositivo, entre ellos la combinación de estrategias de conocimiento, riesgo, culpa e intervención. **Conclusión:** tomar la peligrosidad como un dispositivo expone una serie de relaciones de conocimiento-poder que se reproducen con el tiempo, pero también permite establecer otras estrategias de intervención para el proceso de reintegración social de estos sujetos.

Descriptorios: Peligrosidad; Dispositivo; Derechos Humanos; Salud Mental; Salud Pública.

Introduction

No matter how much progress has been made in recent years in the field of Psychosocial Care in Brazil, one of the current challenges is in the social reintegration of subjects in mental distress and in conflict with the law, especially in view of the setbacks that are witnessed in the Mental Health policy in recent years in Brazil⁽¹⁾. However, advances have been made within the scope of this Policy, under the influence of the Psychiatric Reform and the Anti-Asylum Fight, proposing a new paradigm of care for treatment in alternative places to Custody and Treatment Hospitals.

Among them, the creation of programs aimed at the "crazy-offender", such as the Comprehensive Care Program for the Judiciary Patient (*Programa de Atenção Integral ao Paciente Judiciário*, PAI-PJ) in Minas Gerais and the Comprehensive Care Program for the Crazy Offender (*Programa de Atenção Integral ao Louco Infrator*, PAILI) in Goiás⁽²⁾, both supported by recommendation number 35, of July 2011, of the National Council of Justice⁽³⁾, which guides the courts to adopt non-integration through the Security Measure, prioritizing social reintegration. However, the hospital-centric trend and the strong marketing appeal of the pharmaceutical industry⁽⁴⁾ ignite the old practices of social isolation as a way of treating these subjects.

Currently, in Brazil, when people commit an offense in which the existence of a mental disorder is proven, they are subjected to a security measure and must receive care until their hazardousness ceases, which is arbitrated by a health team to guide the Judicial decision. After cessation of their hazardousness is legitimized, a process of de-hospitalization and social reintegration is followed and, to that end, efforts have been made to adapt the security measures to the guidelines of the Unified Health System (*Sistema Único de Saúde*, SUS) and of the Psychiatric Reform. Among them, in 2014 the Ministry of Health established the Psychotherapeutic Care Teams for the Evaluation and Monitoring of Therapeutic Measures applicable to the person with mental disorder in conflict with the Law (*Equipes para Atendimento Psicoterapêutico*, EAP)⁽³⁻⁴⁾. Operationalized by a multi-professional team, it aims to connect the justice agencies and the points of the SUS psychosocial care network as a strategy to ensure proper health treatment, minimizing the risks of a new crime being committed⁽⁵⁾.

As can be seen, hazardousness is fundamental in the fate of these subjects, whether in maintaining hospitalization or in de-hospitalization, making it possible to take it as a device that orders and sustains the ways in which institutions, laws, knowledge, practices and others elements are organized⁽⁶⁾ around the subjects considered "criminal-minds". By device, we consider the tangle of regime crossing and intersecting lines, producing effects

in a multi-linear and disordered manner, showing the way in which power distances and approaches the points between the elements that compose it, as well as the role that knowledge, practices and discourse have in this dimension⁽⁶⁾. The dynamics existing in power games can change the light and enunciation regimes, causing changes in the way it is presented over time⁽⁶⁾.

Therefore, this article presents an integrative review, as part of a doctoral research by the first author at the Institute of Collective Health of the Federal University of Mato Grosso, whose objective is to analyze "hazardousness" as a device from the publications of the area of Social and Human Sciences at the interface with Health.

Method

This is an integrative literature review⁽⁷⁾ that explored the scientific bases of the health area and of the Social and Human Sciences in Health, surveying the publications on hazardousness considering its use in the interface of the referred knowledge fields. The varied sampling structure of integrative reviews, together with the multiplicity of purposes, has the potential to result in a comprehensive portrait of complex concepts, theories or health care problems of importance for the social contexts⁽⁸⁾.

Considering that the device is also composed of knowledge that orders and directs it⁽⁶⁾, the guiding question for the review was proposed, namely: How does hazardousness appear in the scientific publications that deal with the "criminal-mind"?

The time frame of the review was the period from January 2014 to December 2018, justified by the legal establishment of outpatient treatment in an open environment for non-accountable patients in Brazil (represented by the EAP proposal) until the year of the search itself. The consulted electronic databases were the following: National Library of Medicine (NLM) through PubMed, Medical Literature Analysis and Retrieval System Online (MEDLINE), Latin American and Caribbean Literature in Health Sciences (*Literatura Latino-americana e do Caribe em Ciências da Saúde*, LILACS), and Scientific Electronic Library Online (SciELO); which comprise international and national journals; as well as the Brazilian Digital Library of Theses and Dissertations (*Biblioteca Digital Brasileira de Teses e Dissertações*, BDTD), which covers publications from postgraduate research.

Initially, the search started from the word "periculosidade" as *per* the Descriptors in Health Science (*Descritores em Ciências da Saúde*, DeCS) in the Portuguese language, as "dangerous behavior" in English, and as "conducta peligrosa" in Spanish, yielding a total of 2,495 publications. In view of the large number of publications found, and that their exploration showed distancing from the review object, it was necessary to

include the Boolean resource "AND" *Mental*, favoring the achievement of the desired specificity.

With this refinement, 660 publications were captured in which a new selection filter was applied, now from reading the titles and abstracts and, when necessary, consulting the content of the text. At this point, duplicate publications were discarded; as well as those in other languages not previously established (Portuguese, English, French, Spanish); not available in full; in the format of book abstracts/book review; which did not specifically refer to the subject in mental distress in conflict with the law ("criminal-mind").

With this, a total of 617 works were excluded, divided into: (293) publications that discussed hazardousness as a situation that can cause illness or risk to the integrity of oneself or another, whether people, animals or the environment. Other (101) publications for understanding hazardousness from a biomedical perspective, aiming at a better identification of these subjects for medical or judicial guidance for hospitalization.

The (51) publications that dealt with children, adolescents and the age of criminal responsibility and (43) studies that sought to link hazardousness to the characteristics of other diseases and their consequences resulting from poor care, as an element that can harm a certain pre-existing condition, were also excluded; in addition to (49) publications due to repetition among the selected databases, (27) for being in a language other than those previously established, and (17) for dealing exclusively with the mental health policy. (15) papers were excluded for discussing gender, sex and identity, as well as (7) for addressing the effects of hospitalization, (7) for discussing the effects of the crisis, (4) for dealing with themes about literary and videographic works, (2) for dealing with the effects from the street/immigration situation, and (1) which discussed the danger of the economy and its effects on legal judgments.

Thus, a total of 43 publications were reached that met the established criteria and relevance to the review object, with 32 scientific articles, 06 theses and 05 dissertations (Figure 1).

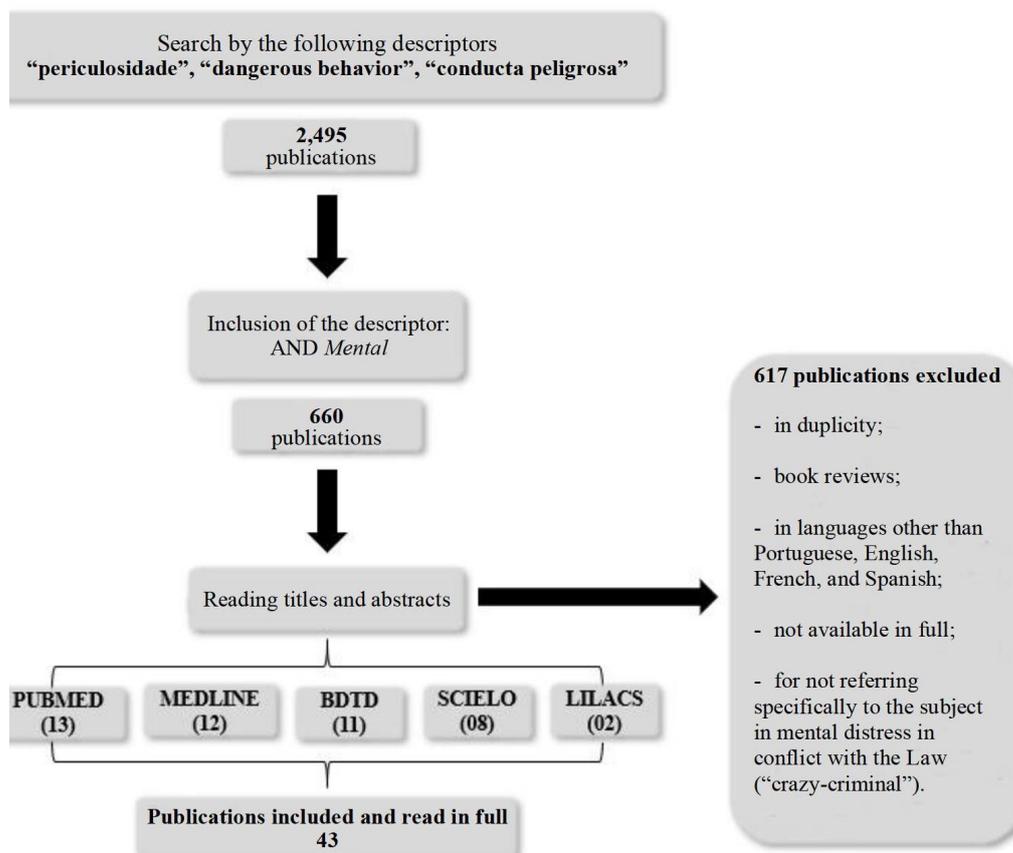


Figure 1 – Work selection process. Cuiabá, MT, Brazil, 2020

The 43 selected publications were read in their entirety, guided by a comprehensive perspective and treated by thematic analysis seeking to identify the nuclei of meaning related to the analytical object

targeted⁽⁸⁻⁹⁾ in response to the review question. All the ethical aspects of research with this nature were respected, using secondary data, signaling and informing all sources.

Results and discussion

From these nuclei and their meaning approximations, four categories were constructed: The intertwining of knowledge about hazardousness (7); Guilt in subjects considered non-imputable (03); Hazardousness as an assigned quality (23); and Practices for the subjectification of dangerous subjects (10). The results of the review were organized into four topics that correspond to

the aforementioned categories. The publications were grouped into each of the four categories and discussed concurrently.

The intertwining of knowledge about hazardousness

This category covers publications that deal with the articulation between diverse knowledge that seeks the meanings about hazardousness and were organized in Figure 2.

Studies	Year	Type	Country
Os Sentidos do Risco no Campo da Saúde Mental.	2017	Original	Brazil
Inimputabilidad, peligrosidad criminal y medidas de seguridad curativas: mitos y realidades.	2017	Original	Costa Rica
Por uma sociedade sem hospitais de custódia e tratamento psiquiátrico.	2015	Original	Brazil
Entre silêncios e invisibilidades: os sujeitos em cumprimento de medidas de segurança nos manicômios judiciários brasileiros.	2015	Thesis	Brazil
Medicalização, risco e controle social.	2015	Original	Brazil
From group data to useful probabilities: the relevance of actuarial risk assessment in individual instances.	2015	Original	USA
Crime e loucura: a psiquiatria forense e a medicalização da periculosidade criminal.	2014	Thesis	Brazil

Figure 2 – Studies distributed by year, type and country of the “The intertwining of knowledge about hazardousness” category. Cuiabá, MT, Brazil, 2019

It is understood that there is an intertwining between medical and legal knowledge, permeated by the existence of a “third discourse”, which naturalizes these subjects as “abnormal”, justifying the hybridization of treatment and control practices. Although covered by a concept of health, these practices would aim at the social control of a portion of the population through behaviors considered deviant⁽¹⁰⁾.

However, this third discourse is not approached in depth by the author, and can be understood as resulting from the conjunction between psychiatric knowledge about these subjects and the intervention power in the judge’s decision⁽¹¹⁾. Added to the notion of “risk” which, in view of the possibility of indeterminacy of the truth about the subject, whether due to the uncertainty about the prognosis of mental disorder and/or the unpredictability of human action, would justify such interventions. What escapes the light regimes produced by medical and legal knowledge becomes a “risk” that deserves attention and control, creating other power strategies.

Hazardousness and “risk” would be, as an expression of the fear arising from a society under a constant “catastrophic” threat, the care of the medical knowledge and its use in guiding the most “healthy” way of life, avoiding the possible threats of illness⁽¹²⁾. An approach that enables a series of preventive interventions, based on the uncertainty and fear it generates in people⁽¹³⁾. In this sense, the existing social control over subjects considered dangerous is reasserted and expanded, encompassing

those who escape medical and legal rationality, in the name of prevention due to the imminent risk and uncertainty they represent to the current power. It is the biopower that is placed in the regulation of existence, aiming at maintaining the life of the subjects in order to guarantee the strength of their power as a State⁽¹⁴⁾.

An element whose comprehension is not capable of showing an image in its entirety and which produces fear is expressed in the lack of knowledge found in the legal instances about the relationship between non-accountability and hazardousness. Such judicial decisions can be taken from imaginary constructions that somehow support it, given the understanding of the reality arbitrated by jurists, supported by the anticipated risk that these subjects may represent for society⁽¹⁵⁾.

As a strategy used to address this issue, the creation or use of objective criteria for the establishment of hazardousness, the psychiatric assessment in determining risk allows for the medicalization of these individuals as a resource to respond to the fear and insecurity that society may experience in the face of someone considered dangerous⁽¹⁶⁾. Although incipiently, mathematical and statistical data have also been used as a complementary resource to analyze the possibility of the subject engaging in new events, even if associated with specialists in legal processes⁽¹⁷⁾.

This intertwining of knowledge sought to reach subjects who escape their light regime⁽⁶⁾ and produced more efficient control strategies, enabling the creation

of ambulatory treatment interventions in an open environment. In addition to restraint in still existing hospital institutions, insofar as the risks of illness can be controlled, consequently, this control also extends to the subjects themselves, even in open spaces. Although punctual practices exist, such as the Comprehensive Care Program for the Judiciary Patient (PAI-PJ) in Minas Gerais and the Comprehensive Care Program for the Crazy Offender (PAILI) in Goiás, these experiences demonstrate the possibility of applying psychosocial care in an open environment prioritizing treatment to the detriment of hospitalization⁽²⁾. Although this approach reproduces control strategies, substituting the notion of vulnerability allows advancing these practices, both in the production of preventive interventions against illness, and in the reduction of excess control⁽¹⁸⁾.

The intertwining of knowledge that was historically built around hazardousness shows how this device is organized in different lines, with a view to the subjectivation processes of subjects considered dangerous. With this, the understanding of those who are placed before these professionals is guided in the imputation of interventions for the control of these subjects, from the hybrid practices of treatment/punishment to the

prevention of risk conditions that can produce chronic illness. Although not covered by them, their approach to risk becomes a resource for questions that do not find answers in the objective criteria, allowing for diffuse and more efficient interventions and control strategies.

Such controls emerge with a view to the production of docile bodies, modified by the scanning that is drawn by the subjects' discipline, evidenced by the light and enunciation regimes, characteristic of the device. Even if they are launched on them with the strength that this diverse knowledge has, this is where we can move from these delimitations and build the differences, insofar as the device has the characteristic of being mobile and without defined limits, therefore depending on the forces at work⁽⁶⁻¹⁹⁾.

Guilt in subjects considered non-imputable

Few studies go on to deconstruct the concept of hazardousness as an element that supports the judicial decision. This is due to the fact that it is an inconsistent construction, since the prediction of human behaviors is controversial and, consequently, guilt for their actions becomes questionable (Figure 3).

Studies	Year	Type	Country
Periculosidade: uma (insustentável) qualidade atribuída.	2017	Dissertation	Brazil
Periculosidade e medida de segurança em uma perspectiva foucaultiana.	2017	Thesis	Brazil
Essa medida de segurança é infinita ou tem prazo de vencimento? – interlocuções e desafios entre o Direito e a Psicologia no contexto judiciário.	2014	Original	Brazil

Figure 3 – Studies distributed by year, type and country of the "Guilt in subjects considered non-imputable" category. Cuiabá, MT, Brazil, 2019

The fundamental and presupposed discussion for this controversy is the divergence found in its philosophical basis divided between Natural Law and Positive Law. The first understands that men have free will, being responsible for their attitudes and, therefore, their penalty must be applied according to its severity, as long as it is a legally defined crime. The second, most influential in the Brazilian Penal Code (PC) in force and effect, considers the biopsychological character of the agent, making it possible to generalize it to those who can commit a crime based on these certain criteria, that is, the existence of an intrinsic relationship between the crime and mental state of the agent⁽²⁰⁾.

Although it has a greater influence of Positive Law, the Brazilian PC bears the influence of both doctrines within itself, by seeking in the text of the law a guarantee for a decision that excludes the partial, speculative and

evaluative character, which Natural Law can enable the jurist; this would still allow a singular penal application, considering the subjective character of the crime⁽²⁰⁻²¹⁾.

Hazardousness would be seen as an "extra-penal" quality, whose legal order would aim only at the exclusion of individuals who are not socially tolerated, not as an object that deserves to be taken into account in the legal scope⁽²²⁻²³⁾. Such divergence of conceptions about the nature of criminal subjects and their imprisonment is present in the Brazilian Federal Constitution itself, in disagreement with international Human Rights conventions. This duality, which the Brazilian legal system has in its legal base, also speaks of an epistemological contradiction of the concept of guilt, which diverges from the idea of danger of the person who commits the crime, because where the act should be judged, the person is judged, in their potential for risk and danger⁽²³⁾.

As a consequence, there are positions that understand that people considered to be non-imputable should receive the same penal application as those imputable, considering that justice should only deal with the crime object⁽²³⁾. A controversial position, therefore, in view of the impossibility of predicting such hazardousness; this is established based on qualities selected by a group of technicians who hold the power over this truth. With regard to the field of Law, hazardousness would be the limit quality for understanding the guilt present in Brazilian Criminal Law, justifying security measures or the imputation of a criminal sanction⁽²²⁾.

In this context of coexistence, the search for guilt and the individual responsibility for the crime is subjected to the way in which truths are produced, interwoven and tensioned by Legal and Medical knowledge. As much as the determination of the security measure is in charge of Justice and sanity or madness is in charge of Psychiatry, a truth is produced in the criminal proceedings starting from the confluence (or at the borders) of these two knowledge areas or on their divergence⁽²¹⁾.

The attribution of hazardousness, in the legal sphere, excuses the subject for the crime and accredits it to the security measure resulting from non-imputability, submitting it to the control and surveillance of the State, without an anticipated deadline (as the penalty), due

to the characteristic linked to the subject⁽⁴⁾, because it will depend on the certified cessation of the dangerous condition. Such measures would have the intertwining of treatment (permeated by a humanitarian understanding) with containment (of those who resist adjustment), placing hazardousness as a device in its network of articulations and a power strategy for the control of the bodies⁽¹⁴⁻¹⁹⁾. It is a device that tends to the side of the knowledge-power, in its determination as confirmation of guilt for the judicial sentence and other conducts taken, whether therapeutic or of control.

The dispute between Natural Law and Positive Law, found in the Brazilian penal system, and the inclusion of Medicine as a participant in this process, show the force lines that make up the device, extrapolating the limits of the crime itself and producing subjectivities involving institutions, knowledge and practices^(6,19).

Hazardousness as an assigned quality

This category came from the works that considered hazardousness as a quality attributed to the subjects in intense suffering, whose function circulates between the confirmation of judicial non-liability and the production of a medical diagnosis. It was also the category with the largest number of publications (Figure 4).

Studies	Year	Type	Country
Effect of direct and indirect contact with mental illness on dangerousness and social distance.	2018	Original	Korea
Cessation of hazardousness status: an analysis of 224 reports from the Instituto de Perícias Heitor Carrilho, Rio de Janeiro, Brazil.	2017	Original	Brazil
Cultural considerations in forensic psychiatry: the issue of forced medication.	2017	Original	USA
Insight et dangerosité psychiatrique: revue de la littérature.	2017	Original	France
Perceived hazardousness as related to psychiatric symptoms and psychiatric service use - a vignette based representative population survey.	2017	Original	Switzerland
Reconviction and revocation rates in Flanders after medium security treatment.	2016	Original	Belgium
A Medicina como voto de minerva: o louco infrator.	2016	Original	Brazil
O exame de verificação de cessação de periculosidade: a importância da avaliação ampliada em um caso com conclusão contrária ao parecer da equipe assistente.	2016	Original	Brazil
Crime e loucura na biopolítica contemporânea: ética, testemunho e psicanálise.	2016	Thesis	Brazil
Periculosidade e loucura no sistema penal: a percepção dos juizes acerca da periculosidade a partir da análise de sentenças de medida de segurança no estado de Mato Grosso.	2016	Thesis	Brazil
Tensions between policy and practice: a qualitative analysis of decisions regarding compulsory admission to psychiatric hospital.	2016	Original	United Kingdom
Improving medication adherence for severely mentally ill adults by decreasing coercion and increasing cooperation.	2016	Original	USA

(continua na próxima página...)

Studies	Year	Type	Country
Medida de Segurança: a violação do direito à saúde a partir do conceito de periculosidade.	2015	Original	Brazil
Das vidas que não (se) contam: dispositivos de desinstitucionalização da medida de segurança no Pará.	2015	Thesis	Brazil
O paciente com transtorno mental grave no hospital geral: uma revisão bibliográfica.	2015	Original	Brazil
Representações sociais sobre o 'louco' e a 'loucura': concepções e práticas de profissionais da atenção básica.	2015	Thesis	Brazil
Os esquecidos: familismo e assistência pública na inimputabilidade por doença e deficiência mental no Brasil.	2015	Thesis	Brazil
Predictors of the sex offender civil commitment trial outcomes in New York State.	2015	Original	USA
Les neurosciences au tribunal: de la responsabilité à la dangerosité, enjeux éthiques soulevés par la nouvelle loi française.	2015	Original	France
Stigmatising attitudes towards people with mental disorders: a comparison of Australian health professionals with the general community.	2014	Original	Australia
Medidas de segurança como meio de tratamento ao não-imputável: proposta de adequação positiva ao ordenamento penal.	2014	Dissertation	Brazil
Valoración forense del riesgo de violencia.	2014	Original	Spain
Conceptions of mental illness: attitudes of mental health professionals and the general public.	2014	Original	USA

Figure 4 – Studies distributed by year, type and country of the “Hazardousness as an assigned quality” category. Cuiabá, MT, Brazil, 2019

These criteria serve to support the judicial decision on the treatment in an open environment or the hospitalization of these subjects, as well as guide the social relations between health professionals and the community in general. There is a relationship between hazardousness and the type of diagnosis and the crime committed, highlighting cases of schizophrenia, paranoia and severe mood disorders, when related to the most violent crimes, with emphasis on sexual crimes or against children. In general, the association between these crimes and the diagnosis increases the length of stay in seclusion institutions, with less possibility of treatment in open spaces⁽²⁴⁻²⁵⁾.

This analysis is in line with the data from the 2011 Census conducted on the population in Security Measure in Brazil⁽²⁶⁾, in which schizophrenia appears first, with 42% of the diagnoses. Crimes against life appear first (43%), those against heritage second (29%), and crimes against sexual dignity third (15%). In the wake of the diagnosis, there is the seriousness of the crime which is based on the threat it represents to moral values, as well as on the behaviors that go against what certain societies consider important⁽²⁷⁻²⁸⁾. This quality would be central to such judicial or medical decisions and determinant for the stay in hospital or for the de-hospitalization process after its cessation^(24,27).

Although hazardousness is sustained by legal or psychiatric attempts to categorize it objectively, through

individual characteristics established by technical criteria, the relationship between the crime committed and the psychiatric diagnosis is also permeated by personal understandings of the professionals involved in this process. The contact that the health professionals have with people in mental distress is an important factor for attributing the hazardousness of some diagnoses⁽²⁸⁾, which can also function as an “anti-stigma” strategy⁽²⁹⁾. As the distance between health professionals and people in mental distress increases, in their respective practices and in their professional life, the perception of this danger is greater^(25,29-30). This perception is also influenced by the type of psychiatric diagnosis and by the hospitalization history at some point in the subject’s life, whether in a legal unit or not⁽³⁰⁾.

Just as this quality is attributed, its cessation can also be determined by previously defined criteria. According to a study based on 224 patient reports from a psychiatric forensic institute in Brazil, the association between cessation of hazardousness and absence of psychotic symptoms, and between the existence of a support network and the absence of the use of psychoactive substances was identified. On the other hand, hazardousness was considered to be present in cases in which impulsiveness, resistance to treatment, lack of personal support and the presence of stress were found by the hospitalized subjects⁽³¹⁾.

The use of diagnostic technologies to confirm hazardousness in an effort to target it and determine whether the subject is dangerous or not is problematized. As in the case of subjecting the accused subjects who show signs of hazardousness to neuroimaging, which is permitted by the trial Law in France⁽³¹⁾.

Against this direction, it is possible to consider the subject's understanding of their own condition for the assessment of their hazardousness. For this, the use of "insight" would allow analyzing the ability to judge the seriousness of the act committed and the treatment as a condition for their de-hospitalization, because: "*Insight is defined in psychiatry as the ability for a patient to be aware on the problem of being suffering from a psychiatric trouble*"⁽³²⁾. Although it is an important criterion, considering the perception of the individual who committed the crime, this element is little used in the medical practice, with its use still restricted only to research⁽³²⁾.

In view of this, the device is reasserted, as it is not about subjects *per se*, but rather about power regimes that, through their force lines, objectively address the relationships between the elements that constitute them. A network woven with various elements that are available and placed in the maintenance of a power relationship articulated also with scientific knowledge, but not exclusively by it⁽⁶⁾.

Practices for the subjectification of dangerous subjects

The existing practices aimed at dangerous subjects also show themselves as one of the elements pervaded by the hazardousness device, even if it has ceased. In the works that made up this category, and are presented in Figure 5, the existing practices are synthesized, from individual strategies to avoid new hospitalizations to practices in the community.

Studies	Year	Type	Country
The utility of outpatient commitment: I. a need for treatment and a least restrictive alternative to psychiatric hospitalization.	2017	Original	Australia
Labirintos da medicalização do crime.	2016	Original	Brazil
A description of the forensic monitoring system of the Missouri department of mental health.	2016	Original	USA
Nonemergency involuntary antipsychotic medication in prison: effects on prison inpatient days and disciplinary charges.	2015	Original	USA
Updates since Brown v. Plata: alternative solutions for prison overcrowding in California.	2015	Original	USA
Estudo de uma rede de atenção psicossocial: paradoxos e efeitos da precariedade.	2014	Original	Brazil
La Justice restaurative: ni soigner, ni réprimer? Le cas Louis, multi-récidiviste ni "dangereux" ni "malade".	2014	Original	France
Psychiatry with teeth: notes on coercion and control in France and the United States.	2014	Original	France and USA
The compliant court-procedural fairness and social control in compulsory community care.	2014	Original	Sweden
Le péril imminent dans la loi du 5 juillet 2011: quelles implications sur les soins?	2011	Original	France

Figure 5 – Studies distributed by year, type and country of the "Practices for the subjectification of dangerous subjects" category. Cuiabá, MT, Brazil, 2019

Among the individual practices, Restorative Justice is found in France, as a strategy that lies between care and punishment from an emblematic case, as a possibility for the recovery of social relations and the reduction of recidivism. This measure aims to cause the protection of those involved, also in the victim of the violence suffered, from an empathic reflection, providing a reorganization of the life projects of the non-imputable subjects⁽³³⁾. In Restorative Justice, the conciliatory logic

and the reparation of the relationship between victim and offender are called for to solve the conflict in contrast to Retributive Justice, in which the State is the main victim for having its laws violated and the outcome is the penalty that it performs⁽³⁴⁾. In Brazil, Restorative Justice is being implemented and aims to be an alternative to the repressive model and a possibility of reasserting human rights. The crimes that are inserted in this model are the ones with less offensive potential, but there is a tendency

for its expansion to more serious crimes⁽³⁵⁾. However, such generalization is viewed with caution by its critics, given the problematic application in relation to criminal typology as in domestic violence⁽³⁶⁾, as well as we can add those crimes that supposedly involve mental distress and in the context of profound social inequalities. Here, hazardousness seems to be marked by the severity in question.

Some practices directed at criminal-minds found in the publications drew attention for the way in which they justify their existence. One of them, in place in the United States⁽³⁷⁾, adopted outpatient treatment measures due to overcrowding in California. Such action was also justified in order to avoid non-compliance with rights provided for by Law, which establish the guarantee of access to mental health of the inmates. In this sense, alternative treatment practices to hospitalization emerged primarily for the correction of institutional practices and weaknesses, not for the treatment itself.

The possibility of de-hospitalization and reintegration of these subjects, through experiences with practices in extramural and collective spaces, is evidenced in the team monitoring at a Brazilian Psychosocial Care Center (*Centro de Atenção Psicossocial, CAPS*), even though there are structural and professional problems for the functioning of the unit⁽³⁴⁾; reinsertion by "Community Treatment Orders" in Australia, reducing the use of hospitalization for an organized treatment in the community itself⁽³⁸⁾ and the implementation of a law for outpatient treatment in France, with the concern of maintaining control and surveillance by the State⁽³⁹⁾, which has a specialized team monitoring system, similar to the "Forensic Monitoring System" in the United States⁽⁴⁰⁾.

Whether collective or individual, the strategies that constitute alternatives to hospitalization in psychiatric hospitals or judicial asylums have positive results in reducing recidivism⁽⁴¹⁾. As an example, the subjects who undergo treatment under conditional measures in Belgium have reduced recidivism rates when compared to those who are under a hospitalization measure⁽⁴¹⁾.

There are also more critical studies on the strategies in open and extramural spaces which, supported by the authority of Psychiatry, would be configured as an instrument for control and coercion, as in France and the USA⁽⁴²⁾, as well as differentiated initiatives such as "Compulsory Community Care", implemented in Sweden since 2008⁽⁴³⁾. This program provides for professional care aimed at controlling behaviors and treatment in the community, according to the needs of the subjects, even so without regularity by the courts that prioritize conducts aimed at social control at the expense of proper care⁽⁴³⁾. In a broader perspective, such social control would compose a biopolitical strategy based on the medicalization of crime and criminal hazardousness⁽⁴⁴⁾.

However, in order to enable follow-up, the use of medications that make it possible for the subject to remain in an open environment, avoiding involuntary hospitalization⁽⁴⁵⁾ gains space, but not escaping the use of physical restraint and punctual isolation for the administration of the medicinal prescription, regardless of the wishes of the concerned subjects⁽⁴⁶⁾ and the consequences of the long-term strategy, the indication of which should weigh up the cultural differences involved⁽⁴¹⁾. In other words, problematization does not affect the use of the medication itself, but tries to circumvent possible obstacles to its administration.

Although the works presented in this category deal with subjects considered dangerous, this device appears in order to organize all the strategies and practices found, whether they are already implemented or being implemented. Such practices have objectives that oscillate between control and treatment, often losing the boundaries that define them, causing effects on the subjectivities of these people.

In this way, hazardousness as a device is expressed and sustained through practices aimed at the control of bodies and the production of new subjectivities, inasmuch as, alongside Knowledge and Power, it composes the device in maintaining the power relationship via individuation processes⁽⁶⁾.

Final Considerations

The historical construction of the "criminal-mind" has been found since the 19th century with nuances influenced by legal and medical knowledge, guided by the values that society understands as right or wrong in a given space and time, imbricated in ethical, political, economic and social issues. In this sense, the role of Psychiatry and Law served as supporting elements that objectively order and legitimize the truths about these subjects and the practices resulting from their control.

The hazardousness device consists of historically constituted medical and legal knowledge, but also permeated by other knowledge that is used as elements for its establishment. As much as scientific knowledge is based on defined criteria for the utterance of truths, the possibility of escaping these lines becomes lower when hazardousness is associated with risk.

Although there are advances in these knowledge fields, the practices produced are presented as hybrids of control and treatment, the delimitation of which is lost and mixed, further evidencing a strategy of disciplining the bodies, producing subjectivities more adjusted to what is expected from the relationship between knowledge and power. Even the strategies that are presented today, such as the EAP in Brazil, can become resources for the same power relationship that was historically established. However, considering that the device is composed of power

and institutions, this relationship can be subverted by this Team to a logic that is more distant from the control and coercion of the subjects, with space for the voice and the power for themselves.

The risk of a person committing a crime as a result of their condition, given the above, is imprecise or incapable of guarantees without due questioning about the criteria for such a forecast. As a result, preventive strategies are produced through outpatient or community measures, alongside hospital practices. These practices for the subjectification of dangerous subjects involve institutions, laws and professionals, but both can serve as a more specialized control mechanism over the subjects, who no longer need to be monitored only in hospital institutions.

In this sense, this device combines several legal and institutional elements, knowledge and practices that go in the same direction of producing "criminal-mind" subjectivities. The works herein presented reassert this transversality, as there is no clear linearity of conduction and, at the same time, they tend to produce a way of adjusting these subjects, even if in opposition and in tension.

Therefore, it was useful to take hazardousness as a device, due to the wealth of elements that compose it, permeating the legal-medical order and comprising values and moral norms, socially and culturally constructed in time and space, and which are under threat by certain subjects and under certain conditions and situations.

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