Indian Society for Sleep Research (ISSR) Newsletter "SleepWatching India"

Sleep Forensics

Clinical Case Studies of Parasomnias involving Sleep Forensics

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From Editor's Desk

In the First Issue of "Sleep Forensics", a case of Sexsomnia was published.

I got a lot of good feedback. The readers requested for more information regarding the state of affairs on such issues in India from Medical and Legal perspective.

I invited Dr. Manvir Bhatia to share her experiences in this field from a clinical and social perspective in India. To understand legal perspective, I invited Adv. Rakesh Kumar to shed light on law in India regarding such cases.

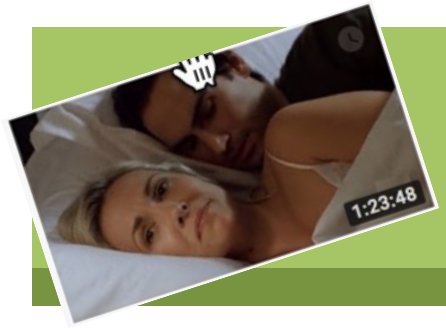
I am thankful to them for sharing their experiences.

I look forward to your feedback and valuable suggestions to improve/enhance this initiative. You can email us on sleepwatching@yahoo.com.sg

Wishing you all a Happy and Prosperous new year!!

Sleep Well. Sleep on Time.

Dr. Tripat Deep Singh



Watch the movie "In the wrong Bed"

A movie depicting the case of Sleepwalking and Sexsomnia.

https://www.youtube.com/watch?v=UYnFfStLohY

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Dr. Manvir's commentary on Sexsomnia case

Parasomnia are disorders with abnormal behavior and physiologic events occurring during entry into sleep, within sleep or during arousal from sleep. They may occur during NREM sleep, REM sleep or during transitions to – from sleep.. The three states: wake, NREM sleep & REM sleep are modulated by neurotransmitters and external input. The states normally are maintained in a stable fashion in 24 hour period, parasomnias occur as a result of dissociation of this. Parasomnias can include complex movements, emotions, dreams & autonomic nervous system activity

Disorders of arousals are a mixture of wakefulness and NREM sleep. RBD is mixture of REM sleep with waking or NREM sleep. Sleep related abnormal sexual behaviors are classified as confusional arousals in NREM – related Parasomnias. Another entity is Parasomnia overlap disorder (POD) with RBD and a disorder of arousal, sexsomnia or sleep related eating disorder. The descriptions of sexual activity during sleep date to 1986. Since then few cases have been reported worldwide, some co-existing with sleep eating & sleep walking. Dr. Colin Shapiro in 2003, first used the term "Sexsomnia" to describe this new entity. The other terms for this condition include "Sexsomnia" and "Sleep Sex". The abnormal sexual behaviors include sexual molestation, fondling masturbation, loud vocalizations during sleep, followed by morning amnesia. The common factors contributing are sleep deprivation, shift work, alcohol use, along with OSA, with occasional medications (Escitalopram).

"Dr. Colin Shapiro in 2003, first used the term "Sexsomnia" to describe this new entity. The other terms for this condition include "Sexsomnia" and "Sleep Sex"..."

These behaviors have major interpersonal, clinical & occ criminal consequences causing physical, psychosocial effects along with forensic implications.

It is impossible to definitively diagnose Sexsomnia. Some researchers have suggested the presence of certain factors for diagnosing Sexsomnia:

Sexsomnia

"Sexual behaviors which arise from the platform of sleep are now recognized by international scientific and clinical peer review consensus as an actual clinical condition which may be diagnosed and treated"

1. A family history of sleepwalking;
2. Prior incidents of sleepwalking;
3. Disorientation upon awakening;
4. Observation of confusional / automatic behavior during the event;
5. Amnesia for the event;
6. Trigger factors such as the use of drugs or alcohol, sleep deprivation, or stress;
7. No attempt to conceal the incident; and
8. The behavior is out of character for the individual.

It is also suggested that nocturnal polysomnography ("PSG") should be used to study the contributing causes and other conditions which may be causing Parasomnia.

The criteria are mainly clinical, & no definitive marker exists for diagnosis of sleepwalking or Sexsomnia. For legal implication the defense, prosecutors and investigators have to consider the surrounding and criteria for Sexsomnia. Its more common in males.

CONCLUSION:

- Its important to question patients with snoring & OSA about Sexsomnia & vice versa.
- Sexsomnia is a medical problem & not a primary psychological or psychiatric problem.
- Enquire about medications – (Escitalopram) & the relationship with appearance of Sexsomnia.
- H/O Childhood traumatic histories.
- Family history of Sexsomnia.

There are major issues to detect this condition as sexsomnia is not well known by health worker. In addition, patients & partner not likely to share the sexual symptoms of the disorder with the doctor. Thus probably more cases exist than the detected ones. In history it's important to gather information from bed partner/ family/ timing/ details of incident/ attitude of patient when awakened.

I am describing 2 cases seen by me, who came on their own, after considerable delay & facing a lot of embarrassment.

1. 19 years old boy, student in college. He gave history of fondling his girlfriend in sleep, with no recall on waking up. This was very occasional initially, so he disregarded it but recently the frequency increased. This occurred 1-2 after sleep onset. He was extremely embarrassed about this. There was no history of sleep talking, walking in childhood, drug abuse or snoring. He did notice increase in the episodes during exam, (? sleep deprivation).He was not willing for Polysomnography. Thus counseling was done and explained about triggers. There has been no subsequent follow up.

2. 18 years old boy presented with complaints of obscene texting to his girlfriend ,in sleep with no recall in morning. This was in contrast to his personality as he usualy didn't use abusive language. Sometime later, he was sharing bed with his sister, she woke up as he was fondling her. He felt very embarrassed & humiliated & was unable to discuss this issue with anyone.

It is obvious that the individual is reluctant to talk or discuss this with anyone, causing anxiety, shame & delay in seeking help. The exact presence in our country is difficult to estimate. In addition, existing culture prohibits free discussion. Keeping all this in mind, direct questions in history should include questions on sexual activities in sleep, ask about content of sleep talking, and when a patient complains of abnormal behavior in sleep, more details about the exact nature of events to be obtained. Once confirmed, the cause should be established and the condition managed appropriately.

References:

1. Parasomnia Overlap Disorder with Sexual Behaviors during Sleep in a Patient with Obstructive Sleep Apnea; Rodolfo Soca et al; Journal of Clinical Sleep Medicine; 2016; Vol 12; 1189-1191.

2. Sexsomnia and REM- predominant obstructive sleep apnea effectively treated with a mandibular advancement device; Miguel Meira e Cruz et al; Sleep Science; 2016; 140-141.

3. Sexomnia: Overcoming the Sleep Disorder Defense; Rami S. Badawy, J.D.; National Districts Attorneys Association; 2010; 19-23.

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Adv. Rakesh's commentary on Sexsomnia case

Dear Editor

Apropos your valuable piece of information published under the title sleep forensic, I would like to congratulate you for making the world aware of such latest scientific development in the field of forensic science. I would like to share my limited knowledge in this regard in the following manner:

1. All over world, under common criminal law the criminal or person accused of committing a crime and his consequent liability is tested by *actus reus (guilty act) mens rea (guilty mind).* In common parlance this means that a criminal act alone does not warrant criminal liability and punishment. The prosecution agencies/police/state /complainant is required to show and prove that person committing such crime are mentally sound and aware to primarily realize that the said act is wrong and a criminal offence.

2. If that person or the defence is capable showing that the accused is incapable of committing such crime and /or does not have any awareness of the same and /or the said act was committed by without his knowledge or awareness then he should not be punished for such crimes.
3. However the criminal system is not that much easy and is quite complex. It has evolved to its present form after 100 years of evolution process.

4. Moreover the defense and/or Albia of no awareness of committing such crime and developing such defense will be quite difficult job for the defense.

5. Primarily in case of big country like India despite there being resources available, there is a tendency on the part of proving agency, media and police etc. to prove and declare the accused as a criminal. That creates a presumption in the mind of public at large and judge that the accused person is guilty of committing such crime.

6. That there is lack of scientific tools and lack of access to the accused to develop and plead such defense in the court of law.
7. All such scientific tool and mechanism, expert are primarily not available in public domain. The common public does not have easy excess to such mechanism to prove the innocence of the accused.

8. Moreover sleep forensic as per my limited understanding is still at nascent stage. Conclusive mass level research, conclusion and findings are required to develop it into a full proof solid concept.

9. Moreover it is seen that in all such crimes there are no eye witness at the crime scene except the accused and the victim. Explanation and clarification of chain of events leading to committing of crime will be a difficult job. This needs to be explored in further research.

10. That the post crime research assessment of situation and going through the medical history of the accused and further investigation by team of experts, recording of all such investigation by CCTV to ascertain the truthfulness of claims of the accused should be undertaken.

11. The main challenges in this regard are lack of awareness on the part of prosecution agency, common public, media, judges, accused as well as the victim. Thus developing it into an effective scientific mechanism is the call of the day.

12. There is also a social aspect of this problem i.e. poverty, lack of education, understanding etc. of such defense mechanism. Most of the players in this field as enumerated above will be ignorant and unaware about sleep forensic. There is need for including the same under the curriculum of criminology and forensic science. Despite all this it will be a debatable issue because as per my understanding such medical conditions/ailment prevailing in the accused to an extent will be incurable. Thus the law enforcement agency and judge may tend to ignore such defense raised by the accused in the court law because firstly it will be difficulty to prove such defense, secondly even if so they may argue that such person is a threat to society at large and thus by way of prevention he should be put behind bars or detained in a medical facility. Another limb of argument on their behalf will be saying that such person should be treated as criminally infail and misfit and unfit to be allowed in the society and thus should be kept in preventive detention/imprisonment.

13. They may also be treated at par with serial killers, perverts, persons with incestuous, inclination, cannibalistic tendency etc. who are medically conditioned to commit crimes and are doing so without being fully aware of their acts and/or there being such clear cut motive to commit those heinous crimes.

14. In all such cases state agency and course of law agreed that such person despite not being criminal in the strict sense of term should not be allowed to return to society and should be imprisoned.

15. While concluding I will once again appreciate that such literary pieces are rare and go on to help needy accused and show them ray of hope in fighting their case in the courts of law.

ISSR Membership

The Indian Society of Sleep Research (ISSR) works to protect sleep health and promote high quality patient care. These goals are dependent on the support of the professionals working in the field. Membership with the ISSR funds the activities executed for the benefit of all who practice sleep medicine or conduct sleep research.
The ISSR works to improve sleep health through advocacy, education, and strategic research and practice standards.

The Society will have Life members, Regular members and Corresponding members. In addition to membership the Life time members will receive subscription to-

1. Journal of Sleep and Biological Rhythm
2. "Sleep and Vigilance" Journal
3. Sleep Medicine Journal
4. ISSR News letter
5. ISSR Literature Updates

We encourage you to become member of ISSR and members to renew their membership so that we have your support in continuation of the field of Sleep Medicine.
For more details on membership please visit www.issr.in

Professional Sleep Societies and Web links

American Academy of Sleep Medicine (AASM)	www.aasmnet.org
American Association of Sleep Technologist (AAST)	www.aastweb.org
American Board of Sleep Medicine (ABSM)	www.absm.org
World Association of Sleep Medicine (WASM)	www.wasmonline.org
World Sleep Federation (WSF)	www.worldsleepfederation.org
European Sleep Research Society (ESRS)	www.esrs.eu
Australasian Sleep Association	www.sleep.org.au
Asian Sleep Research Society (ASRS)	www.asrsonline.org
Indian Sleep Disorder Association (ISDA)	www.isda.co.in
Indian Society of Sleep Research (ISSR)	www.issr.in
Board of Registered Polysomnography Technologists (BRPT)	www.brpt.org
World Sleep Society	www.worldsleepsociety.org

Letter to the Editor:

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Our readers are invited to write to the editor regarding their views on the published material and also to contribute interesting content or updates in the field.

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