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Simulation in forensic contexts: diagnostic challenges and assessment strategies

Abstract

Simulation in forensic psychology is defined as the conscious imitation of psychological or psychiatric symptoms with the aim of obtaining an external benefit, such as avoiding legal sanctions, obtaining compensation or influencing legal proceedings. This phenomenon, distinct from dissimulation and factitious disorder, can take several forms: pure simulation, oversimulation and metasimulation. Risk factors include personality profiles such as antisocial and histrionic disorder, as well as judicial, occupational and civil contexts where there are clear incentives to simulate. Forensic assessment of simulation differs from clinical assessment in its objective approach and the need to detect potential deception, using structured interviews, psychometric tests (such as MMPI-2, SIMS, TOMM, and SIRS), and collateral sources to identify discrepancies and overreactions. However, screening presents challenges, such as the risk of false positives and negatives, the sophistication of simulating strategies, and the need for ongoing training for practitioners. The legal implications of simulation can include criminal and civil penalties, as well as revocation of fraudulently obtained benefits. Ethically, the forensic psychologist must act with rigor, objectivity and transparency, documenting his or her findings and defending his or her conclusions in court. Specialized training, research into new detection techniques and interdisciplinary collaboration are recommended to improve the reliability of evaluations and contribute to justice in legal proceedings.

Keywords: simulation, forensic psychology, expert evaluation, psychometric testing, legal liability, professional ethics

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Introduction

The simulation of psychological symptoms represents a complex phenomenon in the forensic field, with direct implications in judicial decisions, criminal liability assessments and compensation processes. Its detection requires a specialized approach, as the intentional distortion of symptomatology can compromise the validity of diagnoses and, therefore, the fairness of the legal system. Recent studies highlight that up to 20% of forensic evaluations face suspicions of simulation, especially in cases linked to post-traumatic stress disorders and psychotic pictures.[1] This phenomenon not only questions the reliability of psychological expertise, but also poses ethical challenges in professional practice, where the balance between scientific rigor and legal consequences is fundamental.

Presentation of the concept of simulation in forensics

Simulation in forensic psychology refers to the intentional and conscious production of false or exaggerated physical or psychological symptoms, motivated by external incentives, such as avoiding a criminal sanction, obtaining compensation or obtaining a benefit in a judicial process.[2] This behavior does not constitute a mental disorder in itself, but is a voluntary and premeditated pattern of behavior that can occur in any medical-legal or judicial context.[3] Simulation can take different forms, from the complete invention of a clinical picture to the exaggeration of real symptoms or the artificial maintenance of already resolved symptoms.

Importance of the detection of simulation in the judicial process

The identification of simulation is a relevant challenge for forensic psychology professionals, as its presence can significantly alter judicial decision making and the administration of justice.[4] Misdiagnosis can lead to unwarranted exoneration of responsibility, improper awarding of financial benefits, or imposition of inappropriate measures.[5] Therefore, the evaluation of simulation requires rigorous procedures and the use of multiple sources of information, which allow distinguishing between a true pathology and a simulated performance.[6] In addition, simulation poses ethical challenges, as the forensic psychologist must maintain objectivity and avoid hasty judgments, protecting both the rights of the evaluee and the integrity of the judicial process.[7]

Legal and ethical implications

From a legal point of view, simulation can constitute procedural fraud, with criminal and civil consequences for the person who practices it. The forensic psychologist must be trained to identify the indicators of simulation and adequately document his or her findings, since his or her report can be decisive in the resolution of a case.[8]

Ethically, the professional must act with impartiality, avoiding bias and ensuring that his or her conclusions are based on objective and contrasted evidence. Continuous training and updating in simulation detection techniques are fundamental aspects for the responsible practice of forensic psychology.[7]

Definition and conceptual delimitation

Simulation is defined as the conscious production of false or exaggerated symptoms of a psychological disorder, with the aim of obtaining an external benefit, such as evading a criminal sanction, accessing economic compensation or manipulating judicial decisions.[9] This behavior implies a deliberate decision to deceive, maintaining the effort for as long as necessary to achieve the desired goal. According to the International Classification of Diseases (IDC-10 & IDC-11), simulation is characterized by the absence of actual disease and the presence of clear external incentives.[10,11]

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Simulation must be distinguished from other related phenomena, such as dissimulation, factitious disorder and general deception:

(i) Dissimulation: Consists of the concealment, minimization or disguise of real symptoms, usually to avoid negative consequences (e.g., in custody or employment proceedings). Unlike simulation, in dissimulation the individual presents a real clinical picture, but tries to reduce its visibility or severity.

(ii) Factitious disorder: Also known as Münchhausen syndrome, it involves the deliberate production of symptoms, but the main motivation is to assume the sick role and receive medical care, without clear external incentives. Voluntary control exists, but the purpose is internal and psychological, not utilitarian.

(iii) Deception: This is a broader term that encompasses any intentional alteration of information, either to obtain a benefit or to avoid a detriment, and may not necessarily be linked to the simulation of psychopathological symptoms.

The following table summarizes the key differences between simulation and factitious disorder:[5]

Feature	Simulation	Factitious disorder
External incentives	Yes	No
Secondary benefit	Yes	Yes
Organic basis	No	No
Voluntary control	Yes	Yes
Psychological conflict	Yes	No

In the forensic context, simulation is usually detected when there are notable discrepancies between reported symptoms and objective findings, lack of cooperation in the evaluation, lack of response to conventional treatments and presence of antisocial personality traits. The presentation of symptoms in medico-legal situations and the existence of clear external incentives are factors that increase the suspicion of simulation.[9,12]

Types and classifications of simulation

Simulation can take various forms, which are differentiated by the relationship between the symptoms presented and the real existence of a pathology:[13]

(i) Pure simulation: Consists of the complete invention of a non-existent clinical or psychopathological picture. The individual creates symptoms from scratch, with no real basis, in order to deceive the evaluator and obtain an external benefit.

(ii) Over-simulation: Refers to the exaggeration or amplification of real symptoms. Here, the individual suffers from a genuine disorder or injury, but deliberately increases the intensity or severity of the symptoms to maximize the expected benefit.

(iii) Metasimulation: Implies the artificial maintenance of symptoms of a clinical condition that has already been resolved or that never existed. The simulator prolongs the symptomatology beyond the natural course of the disease, with the aim of continuing to obtain advantages.

The motivations that lead a person to simulate can also be grouped into three broad categories, according to the typology proposed by Gisbert Calabuig:[13]

(i) Offensive simulation: The objective is to evade criminal or civil liability, such as avoiding a conviction, an administrative sanction or a legal obligation. It is frequent in judicial contexts where the accused seeks to be declared unimpeachable or incapable of facing a trial.

(ii) Exonerative simulation: Seeks to avoid civil, labor or prison obligations, such as evading military service, dodging an undesirable job or avoiding imprisonment to serve a sentence.

(iii) Lucrative simulation: Seeks to obtain an economic benefit, such as compensation for a work accident, an income for disability or compensation for psychological damage. This type of simulation is common in civil and labor litigation.

Mental disorders more likely to be simulated

Simulation usually focuses on those disorders whose symptomatology is subjective, difficult to objectify and susceptible to manipulation. The most frequently simulated pictures in the forensic setting include:[1]

(i) Post-traumatic stress disorder (PTSD): Due to the subjective nature of the symptoms (nightmares, intrusive memories, hypervigilance), PTSD is one of the most frequently simulated diagnoses, especially in psychological injury litigation settings.

(ii) Psychotic symptoms: The simulation of psychotic symptoms, such as hallucinations or delusions, is common in criminal proceedings where the defendant seeks to be declared unaccountable. However, inconsistency and lack of congruence in presentation are often indicators of simulation.[14]

(iii) Dementias: Cognitive symptoms, such as memory loss or disorientation, can be easily simulated, especially in cases where one seeks to avoid legal liability or access disability benefits.

(iv) Toxicomania and dissociative disorders: These conditions may also be subject to simulation, as the symptoms may be difficult to verify objectively.[15]

(v) Mental retardation: The simulation of intellectual disability is observed in contexts where the individual seeks to avoid criminal sanctions or access social benefits.

In addition to the psychopathologies and disorders that are most frequently simulated, it has been observed that there are a number of psychological profiles prone to simulation. In this regard, several studies indicate that subjects with antisocial personality disorder and those with histrionic traits have a greater tendency to simulate, due to their ability to manipulate and their constant search for attention or personal benefit.[16]

Factors and profiles associated with simulation

Several studies and reviews in forensic psychology have identified certain personality profiles as having a greater propensity for the simulation of psychological or psychiatric symptoms. Among the most prominent are individuals with antisocial personality disorder, characterized by a persistent pattern of disregard for social norms, impulsivity, manipulation and lack of remorse. These subjects usually show a remarkable capacity for deception and manipulation, which facilitates simulation in contexts where they can obtain external benefits.[5]

Also, individuals with histrionic personality traits, who tend to seek attention and dramatize their experiences, may be more likely to exaggerate or invent symptoms, especially when they perceive that this may result in recognition or secondary advantage.[17] Other risk factors include:

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(i) History of previous fraudulent conduct or repeated manipulation in the personal, work or judicial environment.

(ii) High intellectual capacity, which allows sustaining complex and adaptive narratives during the evaluation.

(iii) Presence of an unfavorable criminal or employment history, which may motivate the search for exoneration or compensation.[5]

However, it is important to emphasize that simulation does not constitute a mental disorder, but a voluntary and intentional pattern of behavior, which may be present in people without significant psychopathology, although the presence of the aforementioned factors increases the likelihood of its occurrence.[18]

Several studies have concluded that contextual circumstances favor simulation. In this regard, the context in which the psychological evaluation takes place is a determining factor for the appearance of simulating behaviors. In the forensic field, the circumstances that most frequently favor simulation are:

(i) Criminal proceedings: Defendants may simulate symptoms in order to be considered unaccountable, to obtain mitigating factors or to avoid prison sentences. Judicial pressure and the possibility of modifying the outcome of the process act as powerful incentives.[13]

(ii) Labor processes: In situations of disability claims or sick leave, some subjects may exaggerate or invent symptoms to access compensation, income or avoid returning to work. The frequency of repeated sick leave and lack of recovery from conventional treatments may be signs of simulation.[17]

(iii) Civil litigation: In personal injury, child custody, or family litigation, simulation may be used to gain financial advantage, custody, or to influence a court decision. For example, in custody disputes, a parent may dissimulate or simulate symptoms to influence the resolution of the case.[17]

The presence of clear external incentives, such as economic benefits, exemption from liability or legal advantages, is a key factor in suspecting the possible existence of simulation in these contexts.[13,17]

Simulation assessment and detection

Psychological assessment in the forensic context presents substantial differences with respect to traditional clinical assessment.[9,12] In the clinical setting, the relationship between the professional and the patient is based on trust, confidentiality and collaboration, seeking the well-being and improvement of the patient. In contrast, in forensic assessment, the main objective is to provide objective and relevant information for judicial decision-making, which implies a less empathic and more skeptical relationship.[19,20]

The evaluee in the forensic context may have conflicting interests to those of the evaluator, since the result of the evaluation may entail legal benefits or damages. This increases the likelihood of simulative or dissimulative behaviors, so the expert must adopt a critical attitude and use more rigorous and systematic procedures.[21]

Indicators and signs of suspicion

The detection of simulation is based on the identification of a series of indicators that together increase the likelihood that the evaluee is faking or exaggerating symptoms. Among the main signs of suspicion are:

(i) Notable discrepancies between the symptoms reported by the evaluee and the findings observed in the behavior or the results of the applied tests.

(ii) Clinical overactivity, with excessive symptomatic manifestations, not very congruent or implausible in relation to the expected clinical picture.

(iii) Prior history of repeated sick leave, litigation or frequent claims for disability or psychological harm.[17]

(iv) Alleged incapacity for work or social activities, but maintenance of leisure or recreational activities incompatible with the alleged symptomatology.[22,23]

(v) Evasive, uncooperative, or overly controlled behavior during the interview, as well as attempts to avoid objective tests or direct confrontations.[17]

(vi) Contradictory symptomatology, evasive or incoherent responses to directed questions, and presence of atypical or extravagant symptoms.[21]

The convergence of these indicators, especially in the presence of clear external incentives, increases the suspicion of simulation and justifies the application of specific evaluation procedures.[17]

Importance of multimethod evaluation

Given the complexity of the simulation and the absence of infallible diagnostic tests, the assessment must be multi-method, integrating various sources and techniques to obtain as complete and objective a picture as possible. This approach includes:

(i) Clinical and forensic interview: It allows the exploration of the evaluated person's account, identifying inconsistencies and assessing the congruence between the discourse and the observed behavior. The interview should be structured and oriented to detect contradictions or overreactions.[12]

(ii) Psychometric tests: Specific instruments are used for the detection of simulation, as well as general symptom assessment tests. It is essential to interpret the results in the overall context of the assessment and not in isolation.[24,25]

(iii) Collateral sources: Consultation of medical reports, employment history, information from family members or witnesses, and court records allows the information provided by the evaluee to be contrasted and possible discrepancies to be detected.[17]

The integration of data obtained from different methods and sources increases the reliability of the assessment and reduces the risk of error in simulation detection.[22,23]

Main instruments and psychometric tests

There are several psychometric tests designed to assess symptom validity and detect possible simulations. Among the most widely used in the forensic field are:[24–26]

(i) MMPI-2 (Minnesota multiphasic personality inventory-2): Includes specific validity scales (F, Fb, Fp, L, K) that allow the identification of atypical response patterns, overacting or inconsistencies, useful for the detection of simulation.[27]

(ii) SIMS (Structured inventory of malingered symptomatology): A brief and specific instrument for the detection of simulated

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psychiatric symptoms, with good sensitivity and specificity in forensic contexts.[28]

(iii) TOMM (Test of memory malingering): Test designed to detect the simulation of memory deficits, especially useful in cases of claims of brain damage or dementia.[29]

(iv) SIRS (Structured interview of reported symptoms): Structured interview that evaluates the veracity of reported symptoms, allowing differentiation between simulation, exaggeration and genuine presentation.[30]

The interpretation of these instruments should always be carried out in the overall context of the assessment and in combination with other sources of information, since no test is infallible or sufficient on its own to establish the existence of simulation.[24,25]

Challenges and limitations in detection

The detection of simulation presents multiple difficulties, derived from both the subjective nature of the symptoms and the ability of the subjects to adapt their account and behavior to the evaluator's expectations. The absence of universal diagnostic criteria and the variability in the presentation of clinical pictures make it difficult to differentiate between simulation and genuine pathology.[24,25] In addition, judicial pressure and the relevance of legal consequences may increase the sophistication of simulation strategies, especially in subjects with high intellectual capacity or previous experience in forensic contexts.[31]

One of the main challenges in the assessment of simulation is the risk of incurring false positives (identifying a genuinely ill subject as a simulator) or false negatives (failing to detect simulation in a subject who feigns symptoms). Both errors can have serious consequences, both for the evaluee and for the judicial system.[24,25]

The risk of false positives is especially relevant in atypical or rare clinical pictures, where the symptomatic presentation may seem implausible without simulation. On the other hand, false negatives may occur when the simulator has detailed knowledge of the symptoms and manages to sustain a coherent account during the evaluation.[24,25]

Effective detection of simulation requires specialized training and continuous updating on the part of the forensic psychologist. In-depth knowledge of psychopathology, experience in handling psychometric instruments and familiarity with judicial contexts are essential elements for a rigorous and objective assessment.[24,25]

Training should include learning specific interview techniques, advanced interpretation of psychometric tests and the development of skills for the integration of information from multiple sources. Constant updating in scientific and methodological advances makes it possible to improve the reliability of assessments and reduce the risk of error.[32]

Legal and ethical implications

Simulation in the forensic context has far-reaching legal repercussions, both for the person simulating and for the judicial process as a whole. From a legal point of view, simulation can be considered a fraudulent act, susceptible to criminal sanctions depending on the legislation in force and the seriousness of the consequences derived from such deception.[5] For example, in the criminal field, the simulation of symptoms can lead to improperly obtaining an exonerating or attenuating circumstance, which directly affects the administration of justice and the principle of equality before the law.[13]

In the civil or labor sphere, simulation can lead to the unjustified granting of compensation, disability or economic benefits, which is detrimental to the institutions and to other persons who do meet the legal requirements.[33,34] If the existence of simulation is proven, the subject may face the revocation of the benefits obtained, the return of the amounts received and, in some cases, the opening of criminal proceedings for fraud, swindling or false documentation.[3]

It should be noted that simulation not only affects the simulator, but can also compromise the credibility of the experts and the judicial system. An expert report that does not detect a simulation can be challenged, and the professional could be involved in disciplinary or legal proceedings if negligence or lack of diligence in the evaluation is demonstrated.[9]

The forensic psychologist has the ethical and legal responsibility to act with rigor, objectivity and transparency when faced with the suspicion or detection of simulation. Their role is not only to identify the presence of symptoms, but also to assess their veracity and rule out the existence of external motivations that may influence the clinical presentation.[24,25] This implies the obligation to use validated assessment procedures, to integrate information from different sources and to document in detail the evidence supporting their conclusions.[35]

The expert report should clearly reflect the indications that lead to the suspicion of simulation, differentiating between genuine, simulated, oversimulated or metasimulated symptoms.[33] In addition, the forensic psychologist must be prepared to defend his or her conclusions in court and respond to possible challenges or requests for clarification by judges, lawyers or interested parties.[9]

From an ethical perspective, the professional should avoid making value judgments or unfounded accusations, and base his or her statements on objective and verifiable data.[36] Continuous training and updating in simulation detection techniques are obligations inherent to the responsible practice of forensic psychology.[24] Likewise, the psychologist must be aware of the limits of his or her assessment and recognize the possibility of error, recommending new assessments or the intervention of other specialists when there are reasonable doubts about the authenticity of the symptoms.[17,37]

Conclusions and recommendations

Simulation in forensic psychology is a complex and multifactorial phenomenon, which can occur in a wide variety of judicial, civil and labor contexts. Its detection requires a rigorous and multidisciplinary approach, combining in-depth knowledge of psychopathology, the application of specific instruments and the integration of information from various sources.[24] Personality profiles more prone to simulation, such as subjects with antisocial or histrionic disorder, and the presence of clear external incentives, are factors that should alert the professional during the assessment.[16,17]

The differences between clinical and forensic assessment, the importance of multimethod assessment and the use of validated psychometric tests are key elements to reduce the risk of error and increase the reliability of expert reports.[3,24] However, the detection of simulation presents inherent challenges, such as the risk of false positives and negatives, the sophistication of simulation strategies, and the need for ongoing training by practitioners.[35]

From a legal and ethical point of view, simulation can have serious consequences for the simulator, the judicial system and the professionals involved.[38] The forensic psychologist must act responsibly, objectively and transparently, properly documenting his or her findings and defending his or her conclusions in court.[17] To

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improve the detection and management of simulation in the forensic setting, it is recommended:

(i) Encourage specialized training and continuous updating of professionals in assessment techniques and simulation detection, including advanced handling of psychometric instruments and integration of collateral sources.[24]

(ii) Promote research on new assessment methods, validation of specific tests, and development of standardized protocols that allow for more accurate and objective identification of simulation.[35]

(iii) Enhance interdisciplinary collaboration between psychologists, psychiatrists, forensic doctors and jurists, to address simulation from a global perspective and ensure the protection of the rights of all parties involved.[17]

(iv) Raise awareness among legal operators of the importance of simulation and the need for rigorous and well-founded expert reports that contribute to fair and equitable decision making.[9]

(v) Maintain an ethical and responsible attitude in the preparation of reports, avoiding value judgments and ensuring objectivity and transparency in the presentation of findings.[17]

For all these reasons, simulation represents a constant challenge for forensic psychology, which demands a permanent commitment to professional excellence, continuous training and the defense of the ethical and legal principles that govern the practice of forensic psychology.

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Conflict of interest

The authors declare that they have no conflicts of interest relevant to this manuscript.

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