The hearing-aid our society needs: *CogEpiCrim* can help us hear the muffled screams

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Sir,

India has faced many pandemics and threats over the years. However, there are certain pandemics that have slipped under the fine lines of academic literature and mainstream media. Little coverage is given to them, and an increasingly insignificant effort has been spent on understanding them. The existing competition among the researchers and the government institutions to increasingly diminish the least possible efforts given to such pandemics, is the major reason behind increasing victims of such pandemics. These pandemics, as the Constitution of India defines them, are known as *crimes*.

Current state of research in fields of criminology, psychology, sociology, law etc. focus primarily on the act of understanding crime from the aspect of the criminal. As a result, excessive volume of literature is filled with theories defining the action, the reasons behind it and the possible circumstances that led to it. Ironically, the act of the person is given more attention than the thought *of the act* that plagued the person. [1][3]. It becomes painfully evident in stating the need to shift the narrative from – *punishing the crime* to *treating the criminal thought*.

The concept of disease can be understood through this clever conceptualization – “*any abnormal, pathological, societal and harmful state that restricts an individual’s ability to achieve his goals, perform his actions and lead a peaceful life*”. Hence, the answer. Crime, itself, is an act that is deviant from the acceptable societal state of an individual. But, defining crime to be a disease would be an understatement. It is the *thought of committing the crime* that infects a man. The act of crime is just a manifestation of that infection. A criminal may still commit a crime, post his punishment period, if that infection is not treated. Also, any normal individual may not commit crime for a long period, despite being infected by the thought, is no less threat to the society than an untreated person infected with flu roaming freely in crowded streets [5]. It becomes, therefore, quintessential for introducing the field of CogEpiCrim as part of the literature and research of government institutions and researchers aiming to curb crime.

I shall be taking the case of *rape* for defining the aspects of CogEpiCrim. CogEpiCrim is an interdisciplinary field of Cognitive Science, Epidemiology and Criminology that aims at understanding irrational human behavior from the intersection of these three fields.

The *thought of Rape* is a disease. It is an understatement to define it is a crime. The cases of sexual offence in India, have never seen a slide. They have been rising since recorded times. [4]. The data collected by NCRB (National Crime Records Bureau) and the Government of India, depicts at large approach of the government institutions in tackling rape – collecting

records, entering the numbers, and formulating the tables. Crime data is seldom visualized to obtain the psychological viewpoint for the same. A majority of cases of rape are committed on the individuals of female gender from the age of 18-30. In majority of these cases, the offender is known to the victim, as shown in Figure 2. In any taken rape case, the following happens (Figure 1).

Figure 1. The above figure depicts the routes taken by the Indian society for any rape case, or case of sexual offense

The lack of psychological profiling of the sexual offender results in the absence of methods to understand the thought of the action. In the case of sexual offence like rape with highly scarce data and methods, CogEpiCrim, plays a major role in identifying the research questions for the law enforcement authorities, government and academic researchers in understanding the thought behind rape.

The initial steps shall involve in defining the variable parameters of S (Susceptible), I (Infected), and R (Recovered). Which individuals are most susceptible to accepting any thought of committing any sexual offence. Here, the lack of the psychological profiling of offenders acts as a major obstacle. Which age-group of the population is most susceptible to accepting any thought of committing any sexual offence. Which cognitive biases of the individual play role in accepting such a thought (biases like gender bias, in-group bias), and which biases, if any, play role in refuting such a thought (out-group bias etc.) [2]. Which psychological triggers are associated with the first-response of an individual exposed to such a thought. Does morality and inherent-family traits provide any layer of immune response to such thoughts. What would include the symptoms of a person who has accepted the *thought of rape*. Are there any *asymptomatic infected individuals* which might constitute as offenders of angry rape, or dominant rape? These questions shall lead us in understanding the *thought behind the sexual offence* and defining the initial two parameters of susceptibility and infection for the pandemic of *thought of rape*. The third and final parameter of Recovery, would be defined as “an

individual who has been infected with the thought of rape, and has been treated to become immune to such future thoughts and the factors that might lead to it again.”

It is important for us, not to forget, that the role of policing and courts is not limited to providing justice to the victim, but also to provide justice to the society. This could only be served if we stop treating courts and justice systems as instruments to inflict punishment to criminal, but as instruments to stop the transition of members of society to criminals. Otherwise, it becomes only a matter of time, that all the members of society are serving members of jail and the justice system protects the empty houses.

Figure 2. The above figure depicts the percent of case in which the identity of the sexual offender was known to the victim of sexual offense. This includes *family members, family friends, relatives, neighbors, friends, employees/employer, or separated spouse*. The data has been obtained from NCRB data records stored in *Crime in India 2014-2018*.

Statement regarding Authorship:

The entire study was proposed, planned, and conducted solely, by the single author – Ajay Agarwal. No other person was involved in carrying out the study. The author shall be solely responsible for any questions that might arise.

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