

CRIMINAL PSYCHOLOGY

“ we are what we repeatedly do”

NOEMI Y.
DOMINGO,RCRIM,MSCRIM

Life is not all smooth sailing: one must face difficult and



TERMS TO PONDER

PSYCHOLOGY

- SCIENTIFIC STUDY ON BEHAVIOR AND MENTAL PROCESS

CRIMINAL PSYCHOLOGY

- THE SCIENTIFIC STUDY ON THE MENTAL PROCESS OF A WOULD BE CRIMINAL.

CRIMINAL BEHAVIOR

- a study that understand offender better and answer questions like: who criminals are, why do they commit an offence (In order to define ways of preventing criminal), how do they think, what do they do (in order to predict their future actions and assist investigation in catching offenders).

HUMAN BEHAVIOR

- treatment shown by a person to another or towards another individual

PSYCHOLOGIST

- tends to use science as a method to understand behavior

ETYMOLOGY OF PSYCHOLOGY

PSYCHE

- MIND
- Understanding the pedagogy of thinking

LOGUS

- STUDY
- Using sciences to determine the concept of behavior

BRANCHES OF PSYCHOLOGY

GENERAL
Principles of Human
Behavior

COMPARATIVE
genetic vs
evolutionary theory

GENETIC growth
& development

CHILD psychological
& social interaction

ADOLESCENTS
emotional & social
maturity

SENESCENT
behavior of old age

ABNORMAL etiology
of personality
defects

EXPERIMENTAL
observations,
experiments and
investigation of
behavior

DIFFERENTIAL
similarities and
differences

DYNAMIC
interpretation of
mental phenomena

PSYCHOLOGICAL
internal organs
connection to mental
process

APPLIED function of
psychology to
human society

EDUCATIONAL
aspects of teaching
& learning

LEGAL application
of psychology in legal
proceedings

CLINICAL
diagnosis and
evaluation of human
mind

BUSINESS aspect
of management

INDUSTRIAL
management &
administration

SPORTS
recreational and
coping up
mechanism

SCHOOLS OF PSYCHOLOGY

1. STRUCTURALISM (1879 BY WILHEM WUNDT & EDWARD B. TITCHENER)
 - DISCOVER ALL ELEMENTS OF WHICH CONSCIOUSNESS BE COMPOUND
2. FUNCTIONALISM (1898 JAMES ANGEL, MAYNARD HUTCHINS, HARVEY CARR)
 - KNOW THE VALUES OF MENTAL EXPERIENCES FOR ADJUSTMENT IN THE ENVIRONMENT
3. PSYCHOANALYSIS (1900 BY SIGMUND FREUD, ALFRED ADLER, CARL JUNG & KAREN HORNEY)
 - TO DISCOVER THE CAUSE AND CURE OF PERSONALITY DISORDERS
4. BEHAVIORISM (1912 BY EDWARD THORNDIKE, JOHN WATSON, IVAN PAVLOV, KENNETH SPENCE, EDWARD ALBANY)
 - EXPLAIN BEHAVIOR IN TERMS OF STIMULUS AND RESPONSE
5. GESTALT (
 - DETERMINE THE WHOLE PATTERN OF BEHAVIOR OR EXPERIENCE
6. PURPOSIVISM
 - KNOW THE PURPOSE OF EACH TYPE OF BEHAVIOR

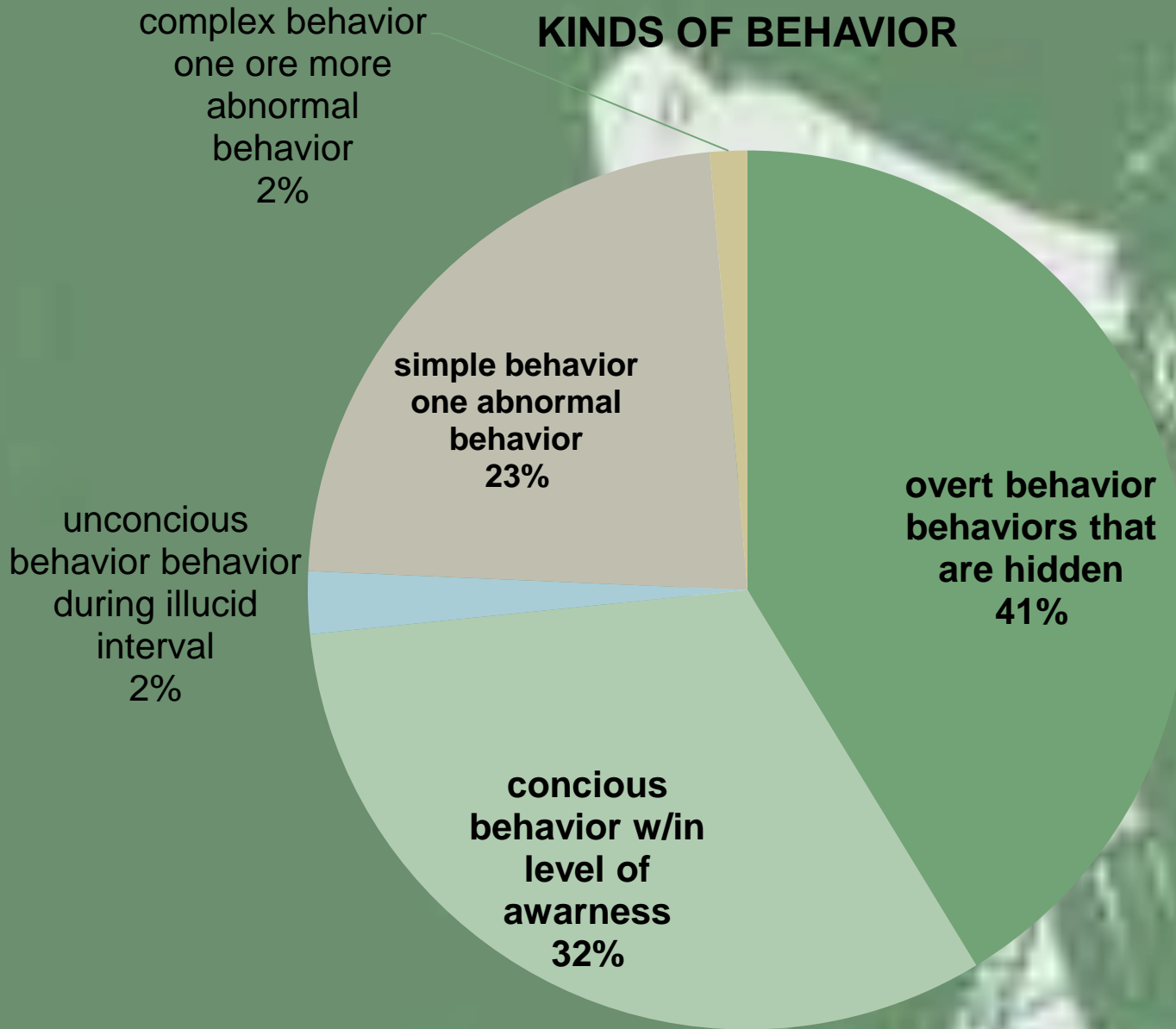
Abnormal psychology

deals with psychopathology and abnormal behavior, often in a clinical context. The term covers a broad range of disorders, from depression to obsessive-compulsive disorder (OCD) to personality disorders. Counselors, clinical psychologists, and psychotherapists often work directly in this field.

6 Elements of Abnormality

1. Suffering- person suffers from psychological behavior
2. Maladaptiveness-when a person is extremely happy and extremely intelligent
3. Deviancy-behavior which are in consonant with the society
4. Violation –breaking the standards of the society
5. Social Discomfort-cannot adopt himself towards society
6. Irrationality-unpredictability

KINDS OF BEHAVIOR



Statistical Approach



Behavior that differs from most of people's is considered abnormal.

Behavioral Approach



Abnormal behavior is a set of faulty behaviors learned through the traditional learning techniques of reinforcement and extinction.

Medical Approach



Abnormal behavior is disease-like and can be diagnose and treated.

Legal Approach



A criminal is not responsible for abnormal behavior if it is the product of some mental abnormality or defect.

FACTORS OF ABNORMAL BEHAVIOR

1. BIOLOGICAL FACTOR (HEREDITY)

2. ENVIRONMENTAL FACTOR

1. Family background

2. Pathogenic family structure-exposes unacceptable values

3. Disturbed family- characterized by incompleteness such as divorce

4. Disconduct family- characterized by non-satisfaction of parents

1. Childhood Trauma

1. Parental rejection

2. Over protection

3. Faulty discipline

3. SOCIAL FACTORS

1. Community

2. Peer pressure

3. Mass media

4. Economical stability

OTHER CAUSES OF ABNORMALITY

1. DISTAL- Early death of parents that caused depression

2. PROXIMAL- Disappointment in work or in school

3. REINFORCING- extra affection and sympathy

4. PSYCHOLOGICAL- affected ego

MAJOR FIGURES IN THE EARLY HISTORY OF ABNORMAL PSYCHOLOGY

1. **HIPPOCRATES (460-337B.C.)**- greek physician who believed that mental disease was a result of natural cause and brain pathology rather than penology
2. **PLATO (429-347 B.C.)**-greek philosopher who believed that mental patient should be treated lunatic and should not be held responsible
3. **ARISTOTLE (348-322 B.C.)**-greek philosopher, student of plato, believed that when imbalance occurs caused mental disorders
4. **MARTIN LUTHER (1483-1546)**-mental disorder is caused of evil
5. **PARACELSUS**-swiss physician, rejected demology as a caused of abnormal behavior believed in psychology causes mental illness
6. **THERESA OF AVILA (1515-1588)**-a spanish nun urged that mental disorder was an illness of mind
7. **BENJAMIN RUSH**-founded of american psychiatry
8. **SIGMUND FREUD**- psychoanalysis
 1. Acute stress disorder
 2. Martin “survivors guilt”
 3. Traumatic symptoms

Aspects of Behavior

Intellectual Aspects

Intellectual Level

idiot- below 25

imbecile –above 25-50

moron- 50-70

borderline disorder- 70-80

low average-80- 90

normal- 90-100

high average-100-120

superior-120-130

Thinking
Solving problems
Reasoning
Coping up

Processing of information

Emotional Aspect

pertains to our feelings (mood, temper and motivational force)

Social Aspect

pertains on how would we interact w/ others or relate w/ other

Moral Aspect

refers to our convenience and concept to what is good and what is bad

Psycho sexual aspects

refers to a man orr woman who expresses love

Political Aspect

pertains to ideology towards society/government

- **STRESS** – it is any event or circumstances that threatens the individual and requires some form of coping reaction.

- **COPING** – it refers to the ability of an individual to deal with the source of stress and control his or her reaction to it.

Categories of Stress

Eustress- positive stress caused by happy memories

Distress-Negative stress caused by emotional and physical stress

stressors

frustrations

Conflicts

Pressure/peer pressure

Too much and not enough work

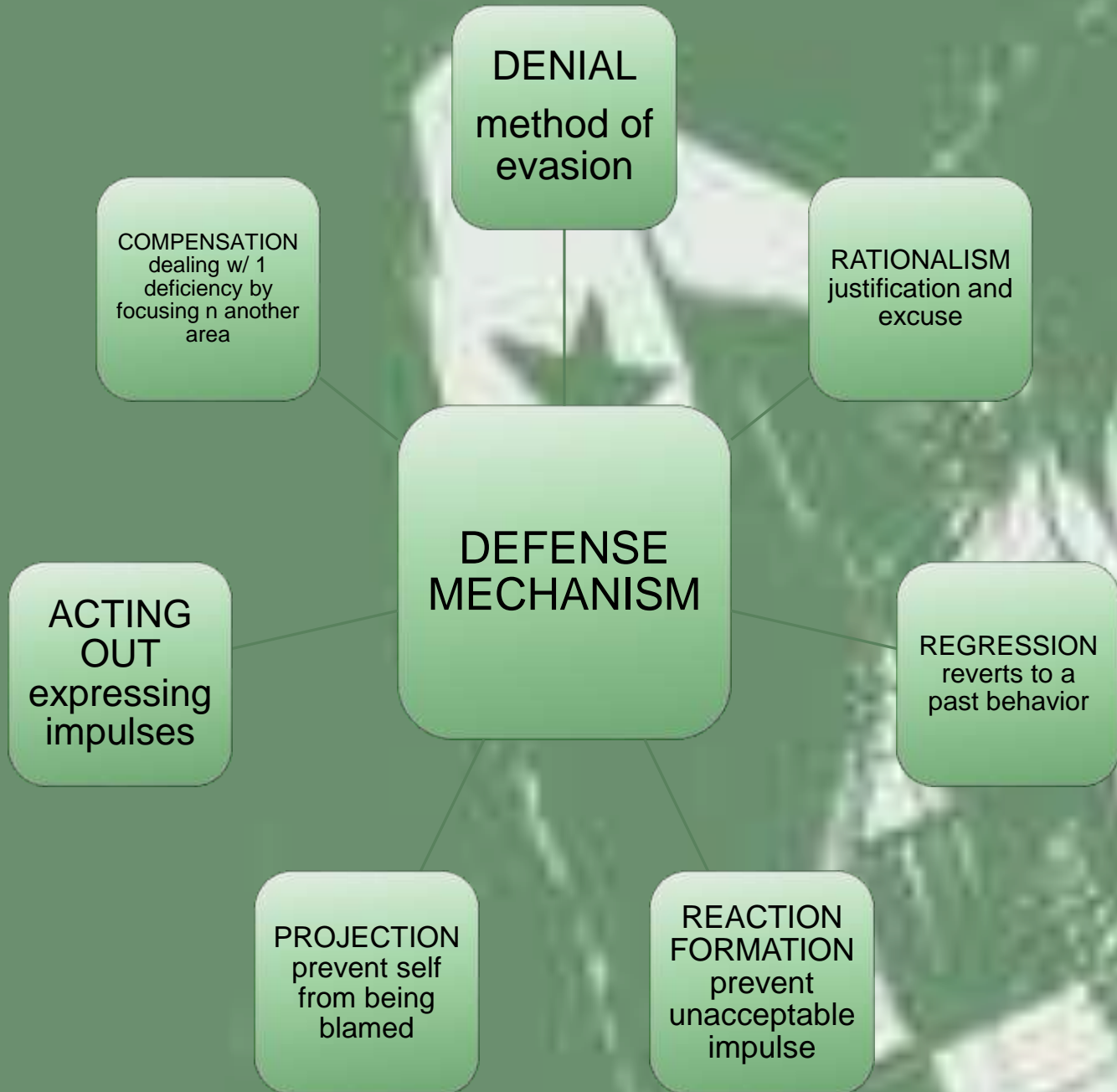
Crisis situations

- Rejection
- Revenge
- Restriction
- Response

Real and imaginary danger

Feeling of helplessness

Public speaking



Trauma

Occurs when
an individual
experienced
a tragic
accident or
abuse from
another

Realistic

FEAR

Exaggerated fear
on things that
has not yet
happened

unrealistic

Phobias



M IS FOR...



Myxophobia
(THE FEAR OF SLIME)

O IS FOR...



Ophthalmophobia
(THE FEAR OF BEING STARED AT)

Z IS FOR...



Zoophobia
(THE FEAR OF ANIMALS)

Brontophobia

is the
fear of
thunderstorms.



Tocophobia:
the fear of
giving birth

HEXAKOSIOIHEXEKONTAHEXAPHOBIA
THE FEAR OF THE NUMBER

666

W IS FOR...



Wicca Phobia
(THE FEAR OF WITCHES)

Arachibutyrophobia
Fear of Peanut Butter Sticking to Your Palate



WEIRD PHOBIA .COM

Omphalophobia: fear of belly buttons

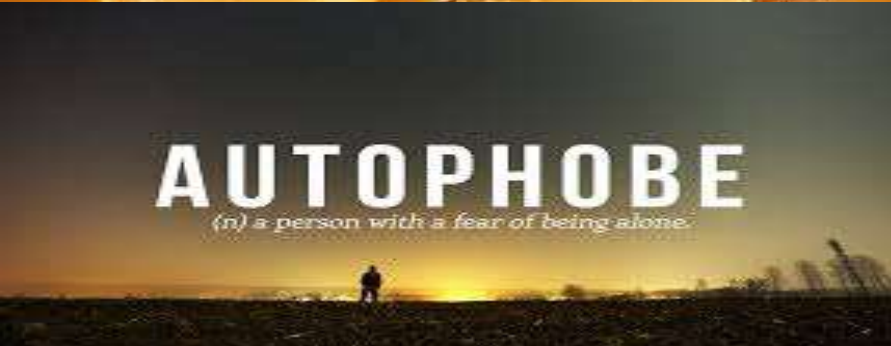


Glossophobia

The fear of speaking in
front of an audience



AUTOPHOBE
(n) a person with a fear of being alone.







MENTAL DISORDERS

Mood Disorders

Eating
Disorders

Personality
Disorders

Cognitive and
Developmental
Disorders

Anxiety
Disorders

Psychotic
Disorders

Substance Related
Disorders

Physical Disorders



Schizophrenia

..one of the most disabling and emotionally devastating illnesses known.

Facts

- Schizophrenia affects men and women equally.
- About 1% of the population suffers from schizophrenia.
- About 75% of patients developed schizophrenia between the ages of 15 – 25.

SCHIZOPHRENIA



symptoms

- ✓ Hallucination and delusion
- ✓ Disordered thinking
- ✓ Talking in nonsense
- ✓ Unusual perception
- ✓ Change in work performance
- ✓ Change in social relationship

SCHIZOPHRENIA

CAUSES

No one knows the cause of schizophrenia, but multiple factors have been discovered.

- ✓ Genetic
- ✓ Brain Chemical imbalance
- ✓ Environmental factors
- ✓ Family history

SCHIZOPHRENIA

CONTRIBUTORY FACTORS

Genetic Factor	80 – 85%
Siblings	8%
Offsprings	12%
Child with 1 parent affected	10%
Child with 2 parents affected	40%
Dizygotic twin	10%
Monozygotic twins	37%

SCHIZOPHRENIA



POSITIVE

VS

NEGATIVE

Symptoms reflect an increase in the presence of abnormal behavior.

1. Hallucination
2. Delusion
3. Thought disorder
4. Movement disorder

Symptoms refers to the absence of normal behavior found in healthy individuals. They may appear months or years before positive symptoms.

1. Alogia – lack of energy
2. Anhedonia - Social withdrawal
3. Avolition – lack of empathy
4. Attention impairment
5. Affective flattening

POSITIVE VS. NEGATIVE

SCHIZOPHRENIA

I saw an elephant under my bed.

I talked to God yesterday.

Where are those voices coming from?

They're following me.

The aliens are contacting me.

General Mac Arthur told me to free the Japanese soldier.

An old man told me that the Yamashita treasure is located on our backyard.



1. Paranoid Schizophrenia

- A person feels extremely paranoid, persecuted, grandiose or experiences combination of these emotions.

2. Catatonic Schizophrenia

- a person is withdrawn, mute, negative, and sometimes assumes very unusual posture.

3. Disorganized Schizophrenia


- A person is often incoherent but may not have delusion.

4. Undifferentiated Schizophrenia

- the person demonstrate disturbances of thought, perception, and emotion, but not the features peculiar to the other types.

5. Residual Schizophrenia

- the person is no longer delusional or hallucinating but has no motivation or interest in life. This symptoms can be the most devastating.

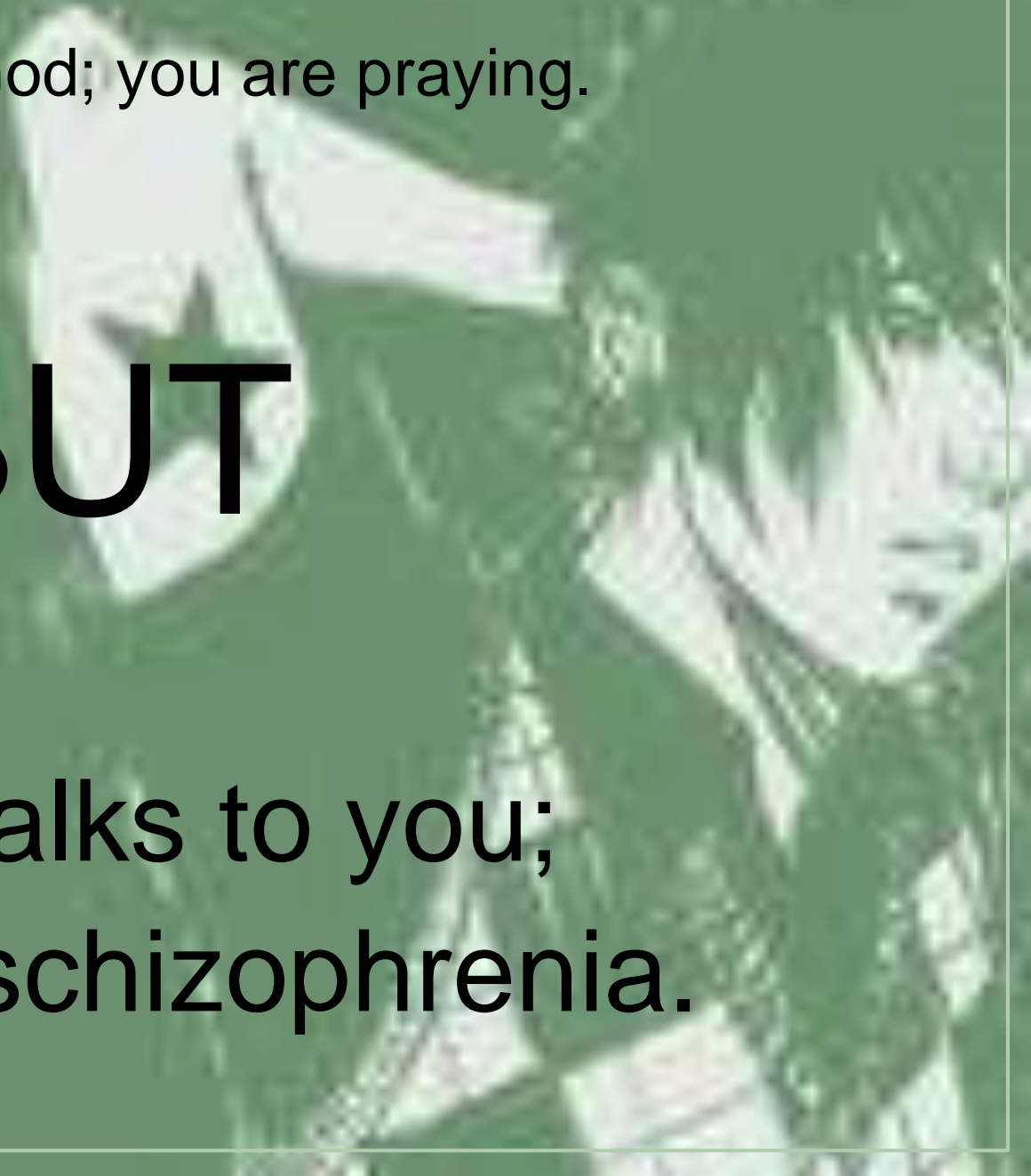
- 
- Institutional Care
 - Individual therapy
 - Antipsychotic Drugs
 - Community Approach

TREATMENT

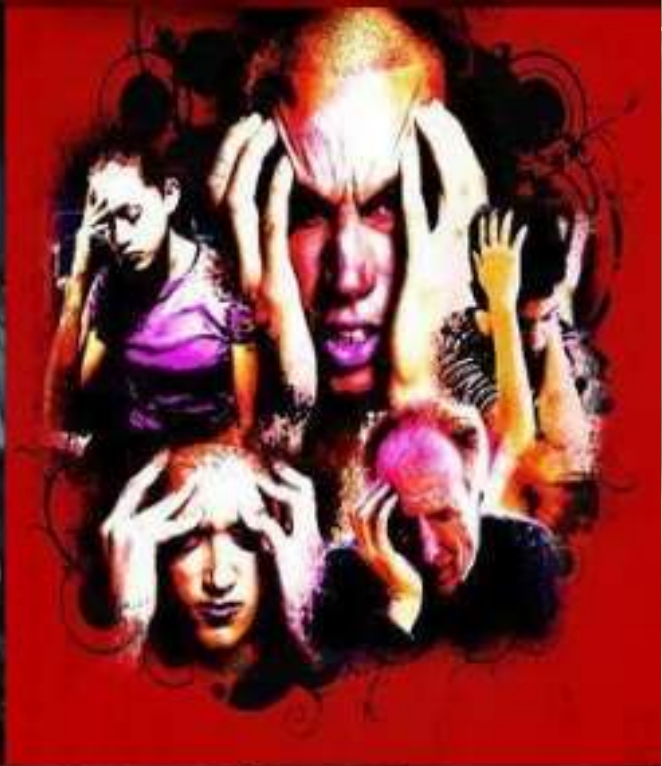
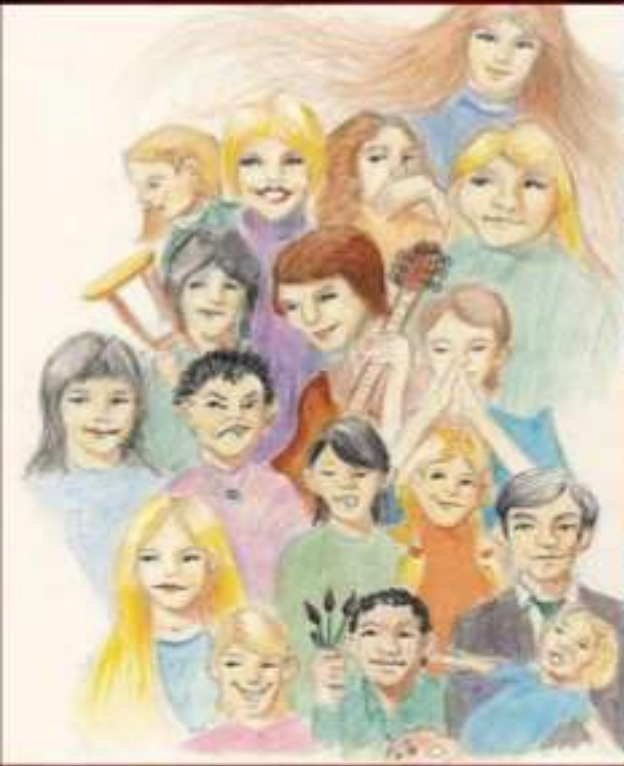
If you talk to God; you are praying.

BUT

If God talks to you;
you have schizophrenia.



PERSONALITY DISORDERS



A disorders that are believed to result from personalities that developed improperly during childhood.

It involves a maladaptive pattern of inner experience and behavior that is manifested 2 of the following:

- 1. cognition**
- 2. affective**
- 3. interpersonal functioning**
- 4. impulse control**

Cluster A – disorder marked by odd or eccentric behaviour.

- Paranoid Personality Disorder
- Schizoid Personality Disorder
- Schizotypal Personality Disorder

Cluster B - disorder characterized by emotional or erratic behaviour.

- Antisocial Personality Disorder
- Borderline Personality Disorder
- Histrionic Personality Disorder
- Narcissistic Personality Disorder

Cluster C – disorder characterized by anxious or fearful behaviour.

- Avoidant Personality Disorder
- Dependent Personality Disorder
- Obsessive-compulsive Personality Disorder

• Paranoid Personality Disorders

- People with this disorder shows pervasive distrust and suspiciousness for others.



CLUSTER A

• Schizoid Personality Disorder

- a diagnosis applies to people who show a pervasive pattern of detachment from relationships and restricted emotional range.



Schizoid
You are a classic loner. You prefer to be alone, and don't often show much emotion. People usually fear you, but in all actuality, you're not bad at all. You just like to be alone.
Keyword: Solitude



CLUSTER A

- **Antisocial Personality Disorder**

- It is characterized by a long standing pattern of disregards for other people's right often crossing the line and violating the rights.



Famous Psychopaths

CLUSTER B

• Schizotypal Personality Disorder

- a diagnosis given to people who shows a pervasive pattern of social and interpersonal deficits marked by acute discomfort with, and reduce capacity for close relationship and who experience cognitive or perceptual distortions.



CLUSTER A

• Borderline Personality Disorder

- It is shown to people who have recurrent impulsivity and pervasive pattern of instability of interpersonal relationship, self-image, and affects.



CLUSTER B

- **Histrionic Personality Disorder**

- Characterized by pervasive pattern of excessive emotionality and attention seeking.



CLUSTER B

- **Narcissistic Personality disorder**

- It is characterized by pervasive pattern of grandiosity, extreme need for admiration, and lack of empathy.



CLUSTER B

- **Avoidant Personality Disorder**

- Characterized by pattern of social inhibition, feeling of inadequacy, and hypersensitivity to negative evaluation.



CLUSTER C

• Dependent Personality Disorder

- Characterized by excessive need to be taken care of, which leads to their submissive, clinging behavior and fear of separation.

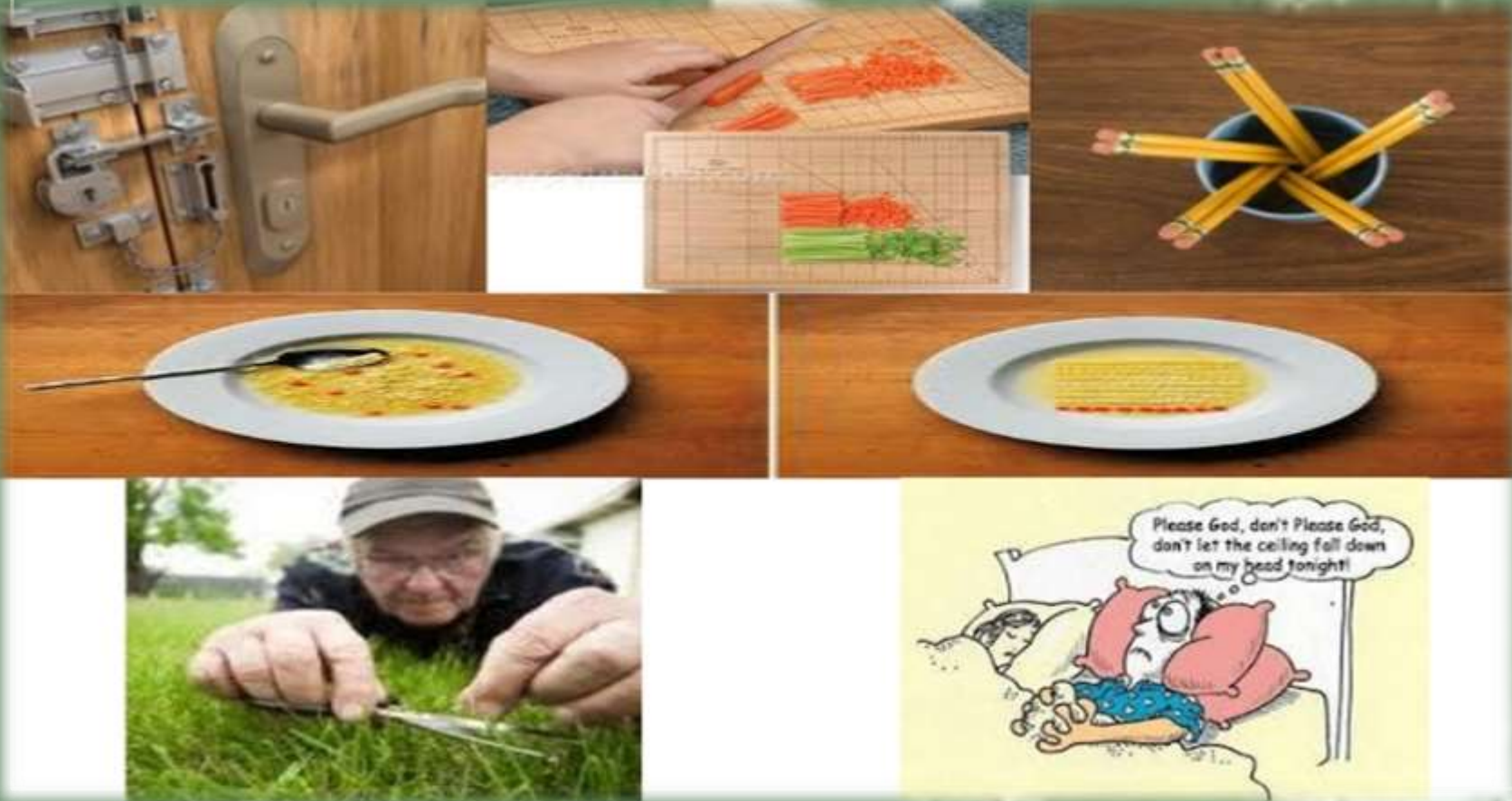
CLUSTER C



• Obsessive – compulsive Personality Disorder

- it is pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control at the expense of flexibility, openness, and efficiency.

CLUSTER C



ANXIETY DISORDER



A disorders characterized by emotional distress caused by feeling of vulnerability, apprehension, or fear.

- Social Anxiety Disorder (SAD)
- Generalized Anxiety Disorder (GAD)
- Obsessive-compulsive Disorder (OCD)
- Post Traumatic Stress Disorder (PTSD)
- Phobic Disorder
- Panic Disorder

It is persistent fear of social situation and being around with people.

SOCIAL ANXIETY DISORDER



Social Anxiety Disorder... You are not alone... Get help: www.adaa.org

A long term condition that causes you to feel anxious about a wide range of situations and issues, rather than one specific event.

GENERALIZED ANXIETY DISORDER




It is a mental health condition in which the person has obsessive thoughts and compulsive behavior.

OBSESSIVE - COMPULSIVE DISORDER

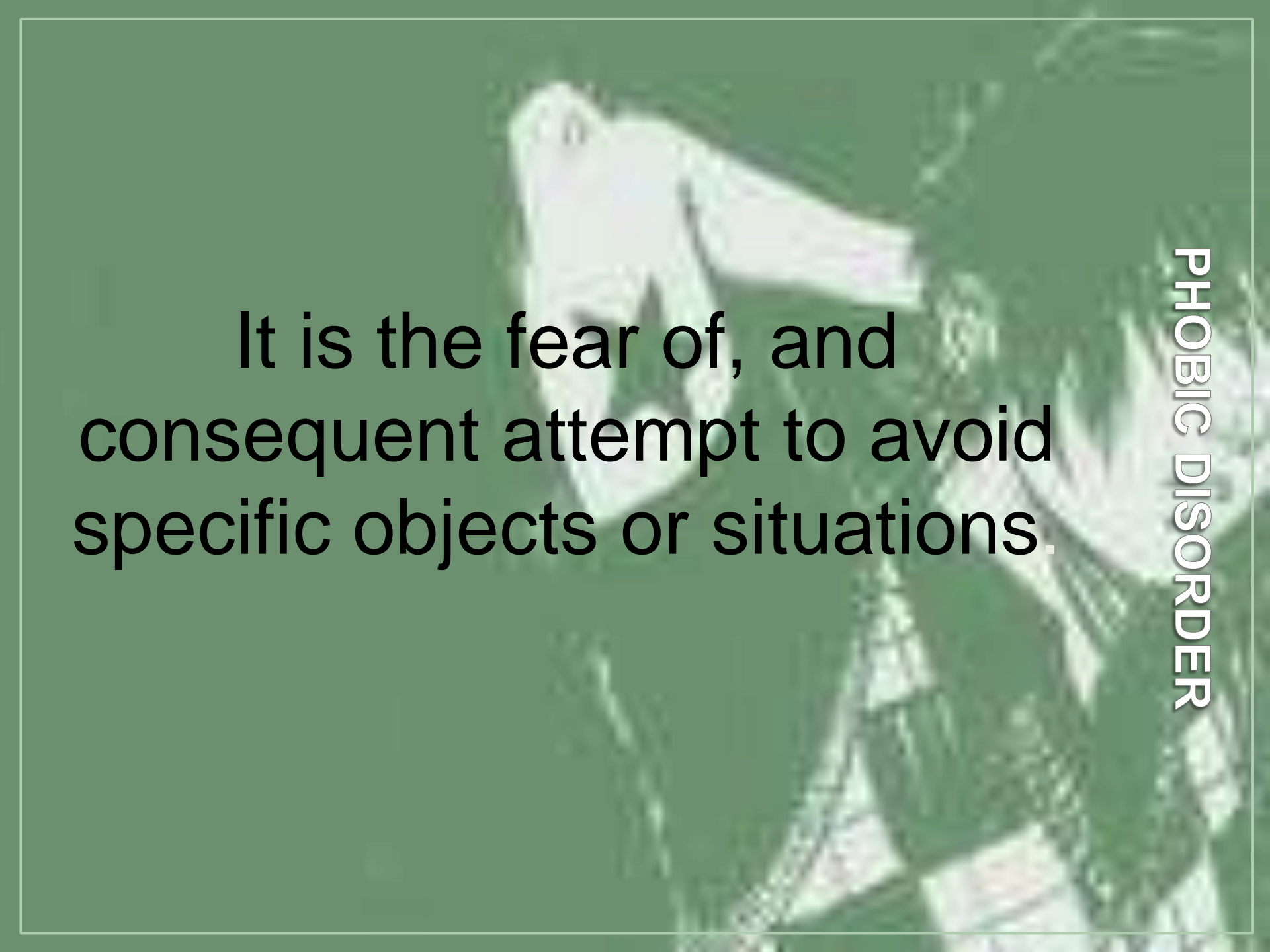


I am not obsessive
I am not obsessive
I am not obsessive
I am NOT OBSESSIVE
I AM not obsessive
I am not OBSESSIVE
I am NOT OBSESSIVE
I AM NOT OBSESSIVE
I am not obsessive

A photograph showing a person in a white shirt and dark pants being held back by several people in a crowd. The scene is chaotic, with people's hands and arms visible, suggesting a traumatic event or a moment of high stress. The background is a dense crowd of people.

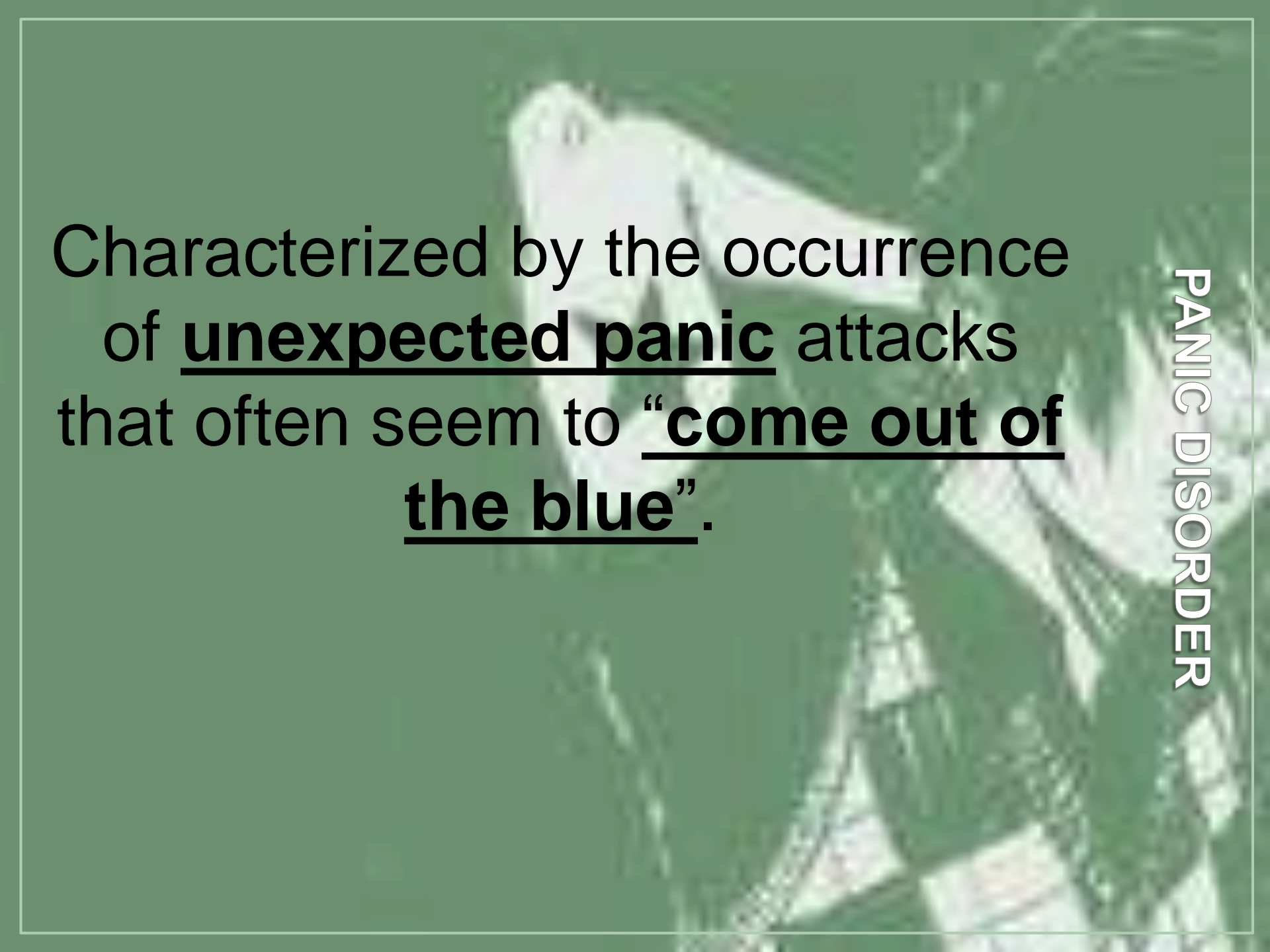
It can develop immediately after someone experiences a disturbing event or it can occur weeks, months, or years later.

POST TRAUMATIC STRESS DISORDER

A photograph of a person lying on a stretcher, possibly in a hospital or emergency setting. The person is wearing a white shirt and dark pants. A medical professional, wearing a white coat and a stethoscope, is standing by the side of the stretcher, looking at the person. The background is a plain, light-colored wall.

It is the fear of, and consequent attempt to avoid specific objects or situations.

PHOBIC DISORDER



Characterized by the occurrence
of unexpected panic attacks
that often seem to “come out of
the blue”.

PANIC DISORDER



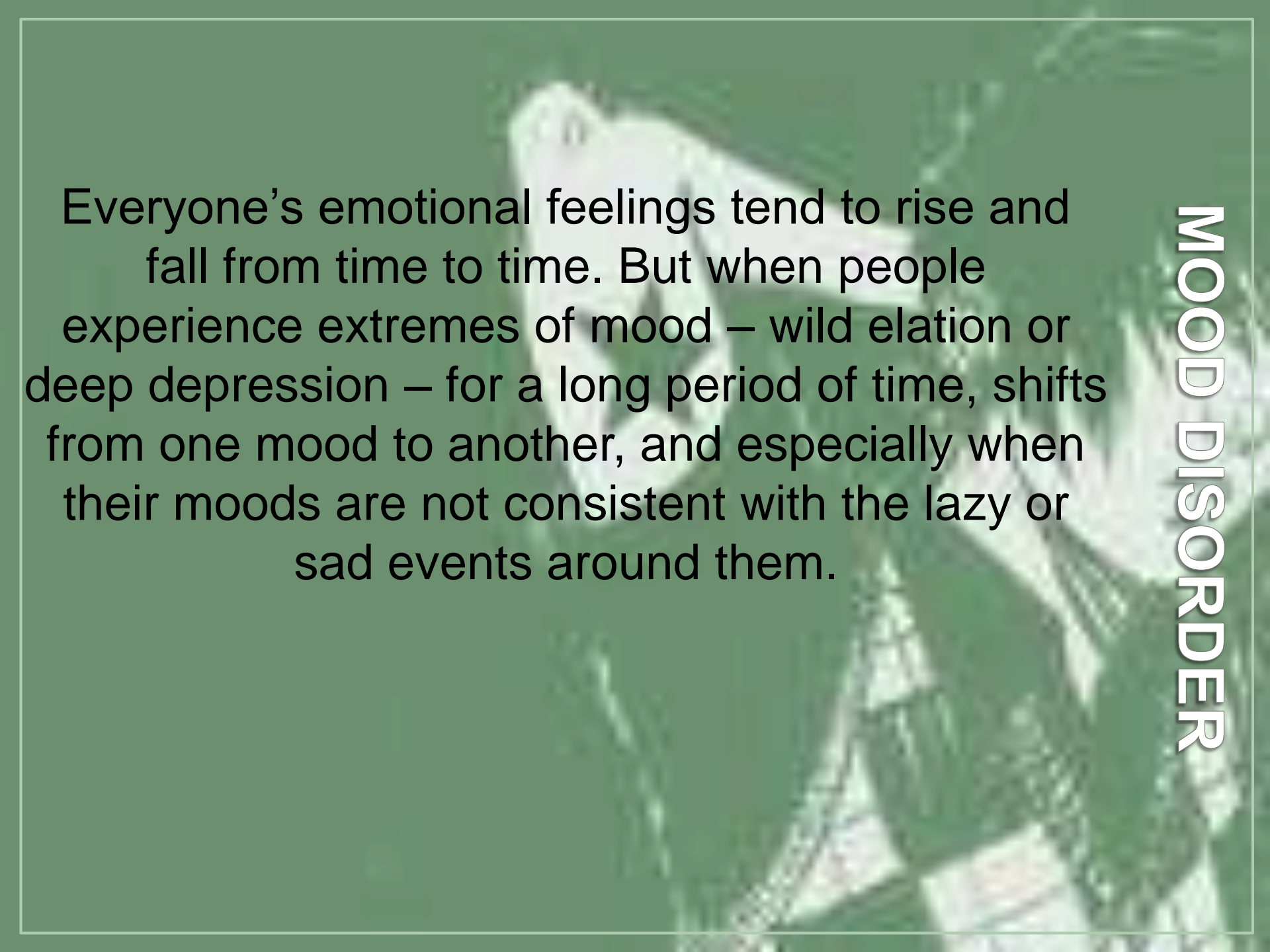
**AN ANXIETY
DISORDER**

is a Serious
Mental Illness



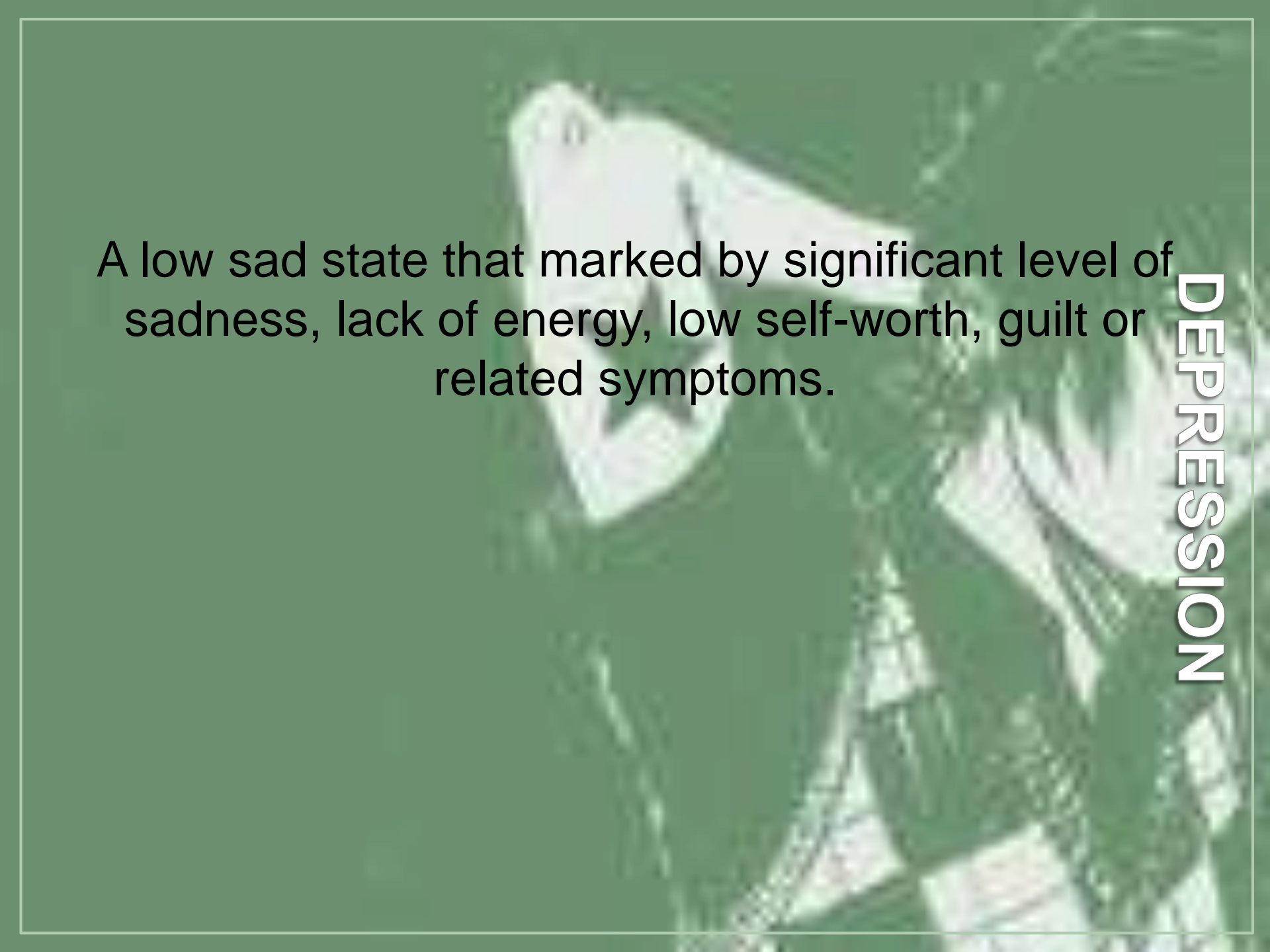
MOOD DISORDER

A syndrome whose predominant feature is disturbance in mood;
abnormally low (depression) and abnormally high (mania).



Everyone's emotional feelings tend to rise and fall from time to time. But when people experience extremes of mood – wild elation or deep depression – for a long period of time, shifts from one mood to another, and especially when their moods are not consistent with the happy or sad events around them.

MOOD DISORDER

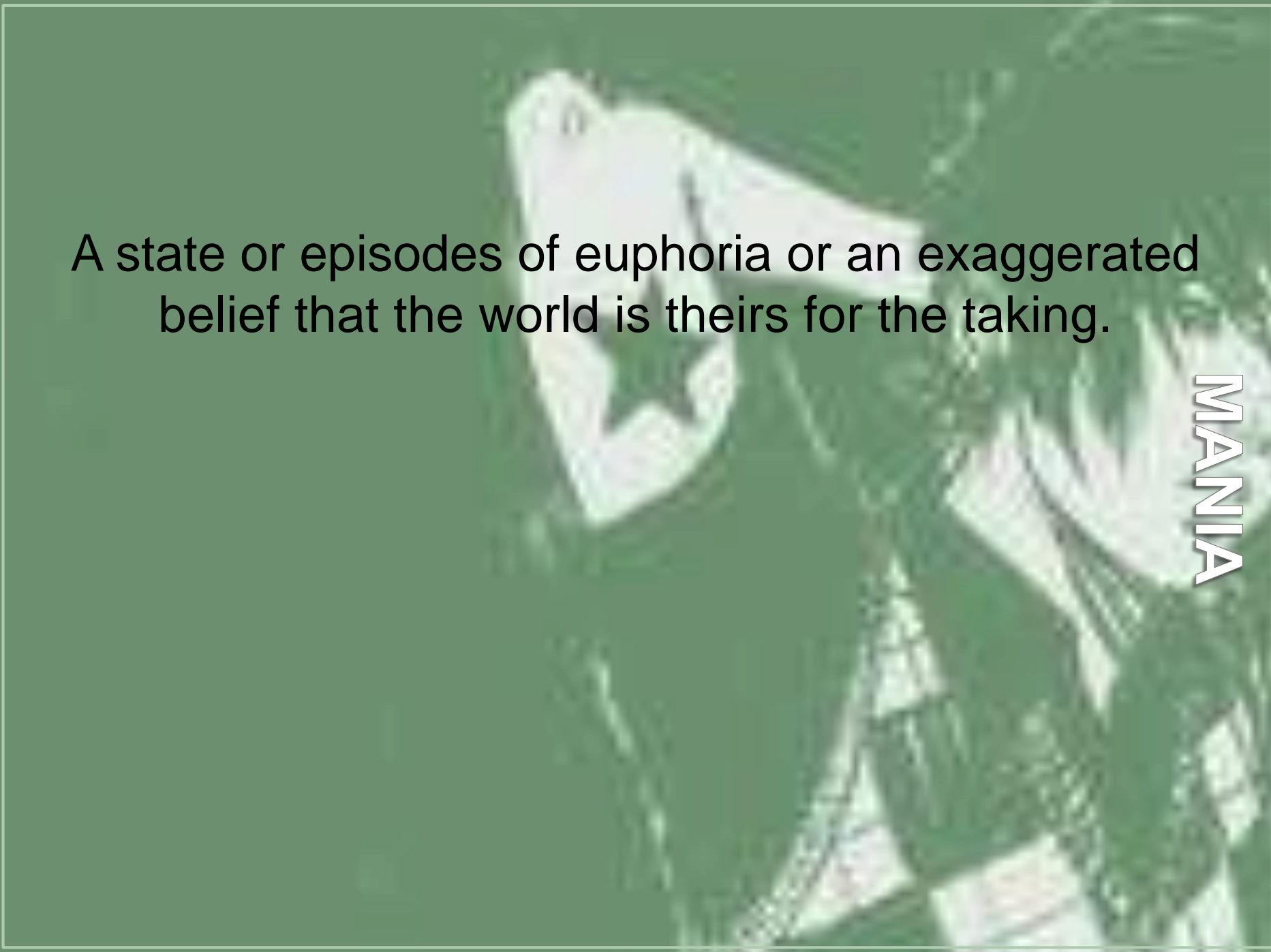
A photograph of a person lying on their back on a patterned blanket on a green lawn. The person is looking up at the sky, and their hands are resting on their chest. The image is overlaid with a semi-transparent green filter.

A low sad state that marked by significant level of sadness, lack of energy, low self-worth, guilt or related symptoms.

DEPRESSION

A state or episodes of euphoria or an exaggerated belief that the world is theirs for the taking.

MANIA



TYPE OF MOOD DISORDERS

1. Depressive disorder
 - a. Major Depressive Disorder
 - b. Dysthymic Disorder
2. Bipolar Disorder
 - a. Bipolar I
 - b. Bipolar II
 - c. Cyclothymic Disorder



Major Depressive Disorder

- It is characterized by depression, sadness, hopeless mood and loss of interest in all or almost all usual activities and past time.

DEPRESSIVE DISORDER

Dysthymic Disorder

- Less severe than major depressive disorder. It is consistent persistence of depressive mood.

DEPRESSIVE DISORDER

Bipolar I

- Full blown mania that alternates with episodes of major depression.

BIPOLAR DISORDER



Bipolar II

- It is marked by mild manic (hypomania) episodes and major depressive episodes.

BIPOLAR DISORDER



Cyclothymic disorder

- It is a chronic fluctuation of mood disturbance involving numerous periods of hypomanic symptoms and numerous periods of depressive symptoms lasting for two years.

BIPOLAR DISORDER



SOMATOFORM DISORDER

- It comes from a Latin word “soma” which means body, hence somatoform disorders are thought to be disorders in which psychological problems “take the form” of a bodily problems. Whatever physical disorder the person experiences is produced solely by the mind.

TYPES SOMATOFORM DISORDER

1. Somatization Disorder
2. Undifferentiated Somatoform Disorder
3. Conversion Disorder
4. Pain Disorder
5. Hypochondriasis
6. Body Dysmorphic Disorder / Dysmormophobia
7. Dissociative Disorder
 - a. Dissociative Amnesia
 - b. Dissociative Fugue
8. Depersonalization disorder
9. Multiple Personality Disorder / Dissocitaive Identity Disorder
10. Malingering
11. Munchausen Disorder
12. Factitious Disorder by Proxy

SOMATIZATION DISORDER

A person in a white lab coat is shown from the chest up, holding their head with both hands. Their face is obscured by a large red 'X', suggesting pain or distress. The background is a dark, textured green.

- Complaints of symptoms. It is characterized by a combination of pain, gastrointestinal, sexual, and “pseudo neurological” symptoms

- It is characterized by one or more physical complaints.

***Neurasthenia** – characterized by fatigue and weakness



CONVERSION DISORDER

- It is the process of turning psychological conflict into physical symptoms. The patient often realizes some secondary gain from the pain.

PAIN DISORDER

- Characterized by severe and prolonged pain for which there is no medical explanation.



- It is sometimes referred to as “**HEALTH PHOBIA**”
- Characterized by an excessive preoccupation or worry about having a serious illness.

HYPPOCHONDRIASIS

BODY DYSMORPHIC DISORDER

- The preoccupation with an image or exaggerated defect in physical appearance.



Dissociative amnesia

- The inability to recall important personal information, usually of a traumatic or stressful nature, that is too extensive to be explained by normal forgetfulness.

DISSOCIATIVE DISORDER

Dissociative fugue

- It is the unexpected travel away from home or one's customary place of work, with inability to recall one's past.
- Characterized by confusion of personal identity or assumption of a new identity.

DISSOCIATIVE DISORDER



DEPERSONALIZATION DISORDER

- The individual feels unreal and strange from the self and surroundings enough to disrupt functioning.
- People with this disorder may feel that their extremities have changed in size or that they are watching themselves from a distance.



MULTIPLE PERSONALITY DISORDER

- A rare disorder in which two or more fairly distinct and separate personalities are present within the same individual, each with his/her own memories and behaviour pattern, with only one of them dominate the self at a time.



MALINGERING

- Individual deliberately feign the symptoms of physical illness for ulterior motive.

MUNCHHAUSEN DISORDER

A photograph of a young child in a hospital bed, appearing to be in pain or distress, with their mouth open and hands near their face. The image is overlaid with a semi-transparent green filter.

- Individual go beyond merely complaining about physical distress and inflict injuries upon themselves in order to look “sick”.

FACTITIOUS DISORDER BY PROXY

- A person induces physical symptoms in another person who is under that individual's care.



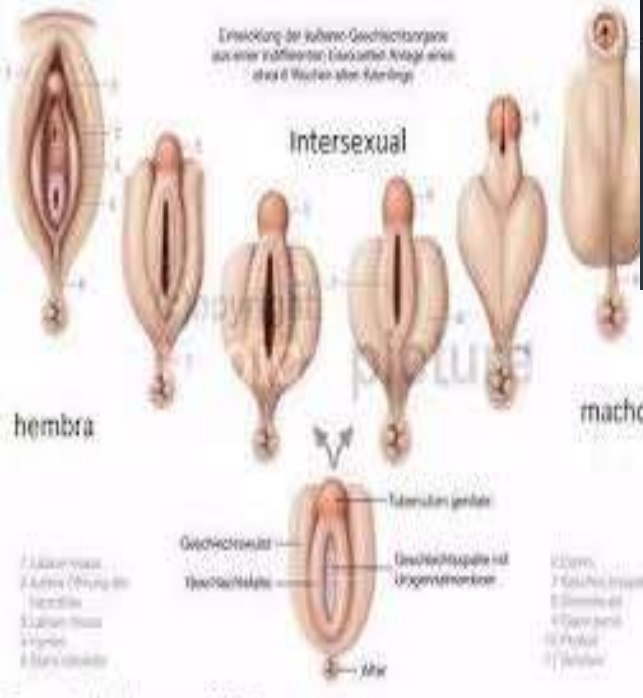


sexual deviancy

Paraphilia Psychiatry Sexual excitement to the point of erection and/or orgasm, when the object of that excitement is considered abnormal in the context of the practitioner's learned societal norms

Types Exhibitionism, fetishism, frotteurism, pedophilia, sexual masochism, sexual sadism, transvestic fetishism, voyeurism, paraphilia, not otherwise specified, an informal 'wastepaper basket' category

FIFTY SHADE OF GREY



Criminal profiling (also known as offender profiling and specific profile analysis)

-determine location of the offenders by gathering their personal attributes from crime scene behavior in order to assist in detection of them.

-typically used when offender's identity is unknown and with serious criminal offences such as murder, sexual assault. Profilers also work on crime series, where it is considered, that the crime is committed by the same offender.

Four main approaches to criminal profiling

The geographical approach – this looks at patterns in the location and timing of offences to make judgements about links between crimes and suggestions about where offenders live and work.

Investigative psychology – this grew out of geographical profiling and uses established psychological theories and methods of analysis to predict offender characteristics from offending behavior.

The typological approach – this involves looking at the characteristics of crime scenes to assign offenders to different categories, each category of offender having different typical characteristics.

The clinical approach – this approach uses insights from psychiatry and clinical psychology to aid investigation where an offender is thought to be suffering from a mental illness or other psychological abnormality.

The process of criminal profiling can be divided into five stages:

1. Profiling inputs-This step involves gathering all the information about the crime. This may be any kind of information that would help understand what happened, how it happened and why. On this stage gathering of background information about the victim such as his/her employment, activities, friends, habits, social status, criminal history is also very important.

2. Decision processing-During this step, all the information gathered in the first stage is being organized in order to classify the crime by type and style. A correct classification will assist the profiler in determining the direction of investigation.

3. Crime assessment After summarizing all the information gathered in previous steps, the crime assessment is made. The primary aim of this stage is reconstructing a sequence of events that took place before, during and after committing a crime and determining the behavior of both, victim and offender.

4. The offender profile This stage focuses on hypothesizing about the type of a person who committed an offence. The created profile will include information, which describes the offender. In some examples this information will include age, sex, location, social status, intelligence, physiological characteristics, etc.

5. Investigative use- There are two main ways in which an offender profile can help in investigation. Firstly, criminal profilers make a report for investigators so that they will concentrate their efforts on finding an offender, that matches characteristics in the profile and secondly it will be used for planning an interview process of suspects.

Criminal Behavior

These four areas include the following types of act:

Prohibited by law and are punished by the state

Considered to be violation moral or religious code and is believed to be punishable by a Supreme Spiritual being such as God

Violate norms of society or traditions and are believed to be punishable by community

Acts causing serious psychological stress or mental damage to a victim, but is somewhat affordable for offender (referred as “Psychological criminal behavior”).

highlight some circumstances and apply a person to a “relatively higher criminal risk group”.

Financial problems, or starvation – this is especially common problem in third world countries. When a person has to struggle every day just to get food to survive, the probability that they become thieves is high.

Low social status – when one is bullied because of it, they may easily become aggressors and fight back against the whole society.

Genetics – some genetical mental disorders, itself, includes increased aggression.