



# **PSY 224**

# **Psychopathology of Deviant Behaviour**

## Course Manual

**Taiwo Abigail Olubola**

# Psychopathology of Deviant Behaviour

PSY224



University of Ibadan Distance Learning Centre  
Ibadan Open and Distance Learning Course Series Development  
Version 1.0

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ISBN: 978-021-343-0

*General Editor:* Prof. Bayo Okunade

**University of Ibadan Distance Learning Centre**  
University of Ibadan,  
Nigeria

Telex: 31128NG

Tel: +234 (80775935727)  
E-mail: [ssu@dlc.ui.edu.ng](mailto:ssu@dlc.ui.edu.ng)  
Website: [www.dlc.ui.edu.ng](http://www.dlc.ui.edu.ng)



## Vice-Chancellor's Message

The Distance Learning Centre is building on a solid tradition of over two decades of service in the provision of External Studies Programme and now Distance Learning Education in Nigeria and beyond. The Distance Learning mode to which we are committed is providing access to many deserving Nigerians in having access to higher education especially those who by the nature of their engagement do not have the luxury of full time education. Recently, it is contributing in no small measure to providing places for teeming Nigerian youths who for one reason or the other could not get admission into the conventional universities.

These course materials have been written by writers specially trained in ODL course delivery. The writers have made great efforts to provide up to date information, knowledge and skills in the different disciplines and ensure that the materials are user-friendly.

In addition to provision of course materials in print and e-format, a lot of Information Technology input has also gone into the deployment of course materials. Most of them can be downloaded from the DLC website and are available in audio format which you can also download into your mobile phones, IPod, MP3 among other devices to allow you listen to the audio study sessions. Some of the study session materials have been scripted and are being broadcast on the university's Diamond Radio FM 101.1, while others have been delivered and captured in audio-visual format in a classroom environment for use by our students. Detailed information on availability and access is available on the website. We will continue in our efforts to provide and review course materials for our courses.

However, for you to take advantage of these formats, you will need to improve on your I.T. skills and develop requisite distance learning Culture. It is well known that, for efficient and effective provision of Distance learning education, availability of appropriate and relevant course materials is a *sine qua non*. So also, is the availability of multiple plat form for the convenience of our students. It is in fulfilment of this, that series of course materials are being written to enable our students study at their own pace and convenience.

It is our hope that you will put these course materials to the best use.



Prof. Abel Idowu Olayinka

Vice-Chancellor

## **Foreword**

As part of its vision of providing education for “Liberty and Development” for Nigerians and the International Community, the University of Ibadan, Distance Learning Centre has recently embarked on a vigorous repositioning agenda which aimed at embracing a holistic and all encompassing approach to the delivery of its Open Distance Learning (ODL) programmes. Thus we are committed to global best practices in distance learning provision. Apart from providing an efficient administrative and academic support for our students, we are committed to providing educational resource materials for the use of our students. We are convinced that, without an up-to-date, learner-friendly and distance learning compliant course materials, there cannot be any basis to lay claim to being a provider of distance learning education. Indeed, availability of appropriate course materials in multiple formats is the hub of any distance learning provision worldwide.

In view of the above, we are vigorously pursuing as a matter of priority, the provision of credible, learner-friendly and interactive course materials for all our courses. We commissioned the authoring of, and review of course materials to teams of experts and their outputs were subjected to rigorous peer review to ensure standard. The approach not only emphasizes cognitive knowledge, but also skills and humane values which are at the core of education, even in an ICT age.

The development of the materials which is on-going also had input from experienced editors and illustrators who have ensured that they are accurate, current and learner-friendly. They are specially written with distance learners in mind. This is very important because, distance learning involves non-residential students who can often feel isolated from the community of learners.

It is important to note that, for a distance learner to excel there is the need to source and read relevant materials apart from this course material. Therefore, adequate supplementary reading materials as well as other information sources are suggested in the course materials.

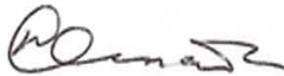
Apart from the responsibility for you to read this course material with others, you are also advised to seek assistance from your course facilitators especially academic advisors during your study even before the interactive session which is by design for revision. Your academic advisors will assist you using convenient technology including Google Hang Out, You Tube, Talk Fusion, etc. but you have to take advantage of these. It is also going to be of immense advantage if you complete assignments as at when due so as to have necessary feedbacks as a guide.

The implication of the above is that, a distance learner has a responsibility to develop requisite distance learning culture which includes diligent and disciplined self-study, seeking available administrative and academic support and acquisition of basic information technology skills. This is why you are encouraged to develop your computer skills by availing yourself the opportunity of training that the Centre’s provide and put these into use.

In conclusion, it is envisaged that the course materials would also be useful for the regular students of tertiary institutions in Nigeria who are faced with a dearth of high quality textbooks. We are therefore, delighted to present these titles to both our distance learning students and the university's regular students. We are confident that the materials will be an invaluable resource to all.

We would like to thank all our authors, reviewers and production staff for the high quality of work.

Best wishes.

A handwritten signature in black ink, appearing to read 'Bayo Okunade', with a stylized flourish at the end.

Professor Bayo Okunade

Director

# Course Development Team

Course Writer

Taiwo Abigail Olubola Ph.D.

Content Editor

Prof. Remi Raji-Oyelade

Production Editor

Dr. Gloria O. Adedoja

Learning Design & Technologist

Folajimi Olambo Fakoya

Managing Editor

Ogunmefun Oladele Abiodun

General Editor

Prof. Bayo Okunade

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# About this course manual

Psychopathology of Deviant Behaviour PSY224 has been produced by University of Ibadan Distance Learning Centre. It is structured in the same way, as other psychology course.

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## How this course manual is structured

### The course overview

The course overview gives you a general introduction to the course. Information contained in the course overview will help you determine:

- If the course is suitable for you.
- What you will already need to know.
- What you can expect from the course.
- How much time you will need to invest to complete the course.

The overview also provides guidance on:

- Study skills.
- Where to get help.
- Course assessments and assignments.
- Activity icons.
- Study sessions.

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We strongly recommend that you read the overview *carefully* before starting your study.

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### The course content

The course is broken down into study sessions. Each study session comprises:

- An introduction to the study session content.
- Learning outcomes.
- Content of study sessions.
- A study session summary.
- Assessments and/or assignment, as applicable.



## Your comments

After completing this course, Psychopathology of Deviant Behaviour, we would appreciate it if you would take a few moments to give us your feedback on any aspect of this course. Your feedback might include comments on:

- Course content and structure.
- Course reading materials and resources.
- Course assessments.
- Course assignments.
- Course duration.
- Course support (assigned tutors, technical help, etc).
- Your general experience with the course provision as a distance learning student.

Your constructive feedback will help us to improve and enhance this course.

## Course overview

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### Welcome to Psychopathology of Deviant Behaviour PSY224

PSY 224 exposes learners to the theories and contemporary conceptions of deviant behaviour in adults and children. The Study Sessions of this course will therefore teach you how to analyze problems of deviance on a socio-psychological scale and provide an in-depth study of some deviant behaviour patterns. .

This course manual supplements and complements PSY224 UI Mobile Class Activities as an online course. The UI Mobile Class is a virtual platform that facilitates classroom interaction at a distance where you can discuss / interact with your tutor and peers while you are at home or office from your internet-enabled computer. You will also use this platform to submit your assignments, receive tutor feedback and course news with updates.



---

## Psychopathology of Deviant Behaviour PSY224—is this course for you?

PSY224 is a 3 unit course which attempts to provide a clear understanding of deviance in the context of criminal justice system. The issues of psychopathic personality, alcoholism and drug addiction, as well as suicide, genocide and homicide, different forms of violence and prostitution are covered in the course.

### Course outcomes



#### Outcomes

Upon a successful completion of Psychopathology of Deviant Behaviour PSY224, you will be able to:

- analyse the concept of mental illness and criminal responsibility.
- point out how deviant behaviour and psychopathology are related or different.

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## Timeframe



#### How long?

This is a one semester course.

45 hours of formal study time is required.

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## Study skills



As an adult learner your approach to learning will be different to that from your school days: you will choose what you want to study, you will have professional and/or personal motivation for doing so and you will most likely be fitting your study activities around other professional or domestic responsibilities.

Essentially you will be taking control of your learning environment. As a consequence, you will need to consider performance issues related to time management, goal setting, etc. Perhaps you will also need to reacquaint yourself in areas such as essay planning, coping with exams and using the web as a learning resource. Your most significant considerations will be *time* and *space* i.e. the time you dedicate to your learning and the environment in which you engage in that learning.

We recommend that you take time now—before starting your self-study—to familiarize yourself with these issues. There are a number of excellent web links & resources on the Course Site. Go to “Self-Study Skills” menu on the course site.

---

## Need help?



Help

As earlier noted, this course manual complements and supplements PSY224at UI Mobile Class as an online course.

You may contact any of the following units for information, learning resources and library services.

**Distance Learning Centre (DLC)**  
University of Ibadan, Nigeria  
Tel: (+234) 08077593551 – 55  
(Student Support Officers)  
Email: [ssu@dlc.ui.edu.ng](mailto:ssu@dlc.ui.edu.ng)

**Head Office**  
Morohundiya Complex, Ibadan-  
Ilorin Expressway, Idi-Ose,  
Ibadan.

**Information Centre**  
20 Awolowo Road, Bodija,  
Ibadan.

For technical issues (computer problems, web access, and etcetera), please send mail to [webmaster@dlc.ui.edu.ng](mailto:webmaster@dlc.ui.edu.ng).

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## Academic Support



Help

A course facilitator is commissioned for this course. You have also been assigned an academic advisor to provide learning support. The contacts of your course facilitator and academic advisor for this course are available at [onlineacademicsupport@dlc.ui.edu.ng](mailto:onlineacademicsupport@dlc.ui.edu.ng)

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## Activities



Activities

This manual features “Activities,” which may present material that is NOT extensively covered in the Study Sessions. When completing these activities, you will demonstrate your understanding of basic material (by answering questions) before you learn more advanced concepts. You will be provided with answers to every activity question. Therefore, your emphasis when working the activities should be on understanding your answers. It is more important that you understand why every answer is correct.



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## Assessments



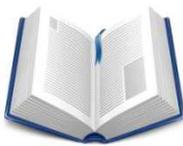
### Assessments

There are three basic forms of assessment in this course: in-text questions (ITQs) and self assessment questions (SAQs), and tutor marked assessment (TMAs). This manual is essentially filled with ITQs and SAQs. Feedbacks to the ITQs are placed immediately after the questions, while the feedbacks to SAQs are at the back of manual. You will receive your TMAs as part of online class activities at the UI Mobile Class. Feedbacks to TMAs will be provided by your tutor in not more than 2 weeks expected duration.

Schedule dates for submitting assignments and engaging in course / class activities is available on the course website. Kindly visit your course website often for updates.

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## Bibliography



### Readings

For those interested in learning more on this subject, we provide you with a list of additional resources at the end of this course manual; these may be books, articles or websites.

# Getting around this course manual

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## Margin icons

While working through this course manual you will notice the frequent use of margin icons. These icons serve to “signpost” a particular piece of text, a new task or change in activity; they have been included to help you to find your way around this course manual.

A complete icon set is shown below. We suggest that you familiarize yourself with the icons and their meaning before starting your study.

 <b>Activity</b>	 <b>Assessment</b>	 <b>Assignment</b>	 <b>Case study</b>
 <b>Discussion</b>	 <b>Help</b>	 <b>Outcomes</b>	 <b>Reflection</b>
 <b>Study skills</b>	 <b>Summary</b>	 <b>Time</b>	 <b>Tip</b>



# Study Session 1

## Contemporary Conception of Psychopathology and Deviant Behaviour

### Introduction

In this Study Session, you will examine the concepts of psychopathology and deviant behaviour.



#### Learning Outcomes

When you have studied this session, you should be able to:

- i. *define* psychopathology.
- ii. *highlight* the rationale for studying abnormal behaviour.
- iii. *point out* the behaviour which is normal or abnormal.
- iv. *differentiate* between psychopathology and deviant behaviour, as well as their meeting points.

### 1.1 What is Psychopathology?

**Psychopathology** The scientific study of mental illness or mental distress or the manifestation of behaviours and experiences which may be indicative of mental illness or psychological impairment.

**Psychopathology** is the scientific study of abnormality, and it is about understanding the nature, causes, and best treatment approaches to the various psychological disorders. In psychopathology, interest is in either resolving the mental health problems, or at least moderating the symptoms of these disorders for a number of reasons:

1. They interfere with people living normal, happy and productive lives
2. They are often associated with a much higher incidence of other risky health behaviours (such as smoking).
3. They place a huge strain on our economy in terms of work-time lost, hospitalisation and treatment costs.

### 1.2 Rationale for Interest in Abnormal Behaviour?

**Psychological disorders** Disorders of the mind involving thoughts, behaviours, and emotions that cause either self or others significant distress.

We need to be interested in studying abnormal behaviour because mental illnesses are by far the most common of all conditions that affect our well being. Psychopathology is part of our everyday life. No matter what your eventual chosen career is, you will probably have to interact or deal with someone (even just in your everyday life) who is suffering from a psychological disorder. The more you know about **psychological disorders**, the better you will be able to identify, understand, assist, and perhaps even treat these individuals.

## 1.3 Deciding what Behaviour is Normal or Abnormal?

**Personality traits** The relatively enduring patterns of thoughts, feelings, and behaviors that distinguish individuals from one another.

As with **personality traits** or dimensions, most indexes of psychological function can be thought of as continuums. The question of normality is deciding where to place the limiting points on that continuum. These limiting points are, at least to some extent, culturally and socially determined. As such, they are changeable, and reflect the current values of our society. For example, what is seen as a multiple personality disorder in some cultures may pass as a special talent for communicating with spirits or deities in some others. In the western culture, someone who often has conversations with non-existent beings might be regarded as strange, and perhaps in need of treatment. In other cultures they might be regarded as a “shaman” or “Babalawo”, and given a special and honoured place in the community. What is accepted as a normal range of sexual orientations and behaviour in one culture or time may be classed as deviant in another. According to this contemporary view, the causes of abnormal behaviour are many. There is a broad mixture of theoretical approaches to abnormal psychology, and each emphasises a different approach to understanding and treating different disorders. Generally, the causes of abnormal behaviour can be broadly divided into the biological and environmental factors, and combinations of these.

**Maladaptive** Inadequate or inappropriate adjustment to the environment.

**Maladaptive behaviours** Types of behaviours that inhibit a person's ability to adjust to particular situations

Any behaviour that causes problems will be regarded as abnormal in the context of this discourse. One term which is used extensively in the field of psychopathology is **maladaptive**. Abnormal behaviours are often referred to as **maladaptive behaviours**. Most behaviour studied by abnormal psychology are failures to adapt to an environment. Adaptation involves a balance between what people want to do on the one hand, and what the environment (including society at large) permits them to do on the other hand. So, adaptation depends on two things: first, the personal characteristics of the individual and, second, the nature of the environment that confronts us. The term adaptation is often used in evolutionary contexts to describe the survival of an individual in a physical environment. When we say that an animal is adapted to its environment, we mean that it has those characteristics which enable it to function effectively in that environment. It is able to deal with the demands which the environment places upon it and, therefore, to survive (in a physical sense). It has the capacity to seek and digest food, and to find a mate and successfully procreate. The terms adaptation and maladaptation are also used within psychopathology to refer to people's capacity or incapacity to modify their behaviour in response to a changing environment. In this context, however, the emphasis is not so much on a person's physical survival (although physical survival is also often compromised where there is a psychopathology), but more-so on a person's psychological survival. We can define maladaptive behaviour, then, as behaviour that deals inadequately with some situation. This might particularly be the case where the situation is a stressful one.

### 1.3.1 Diagnosing Maladaptation

When psychologists (and other mental health professionals) make decisions about whether someone has a mental disorder or not, they will make reference to a diagnostic classification system like the Diagnostic



and Statistical Manual of Mental Disorders (DSM) by American Psychiatric Association (APA) and international classification of diseases by World Health Organisation (WHO). This maladaptation criterion can be found in virtually all the criteria for the different disorders in the DSM. If there is no maladaptation, then there is not really a problem. Normality is even more difficult to define than abnormality. However, certain traits that a normal person possess to a greater degree than individuals diagnosed as abnormal includes the following:

- a. **Appropriate perception of reality:** Normal individuals are usually fairly realistic in appraising their reaction and capabilities and in interpreting what is going on in the world around them.
- b. **Ability to exercise voluntary control over behaviour:** Normal individuals feel fairly confident about their ability to control their behaviour.
- c. **Self-esteem and acceptance:** Well adjusted people have some appreciation of their own worth and feel accepted by those around them.
- d. **Ability to form affectionate relationships:** Normal individuals are able to form close and satisfying relationships with other people. They are sensitive to their feelings of others to gratify their own needs.
- e. **Productivity:** Well adjusted people are able to channel their abilities into productive activity.

## 1.4 Deviance Behaviour

**Deviancy** The state of departing from usual standard or accepted behaviour.

**Deviancy** could be defined as manifestation of behaviour which falls outside of some normal range. This normal range could be defined either socially (by reference to what is seen to be acceptable behaviour by people around the individual) or statistically (by reference to statistics on how most people behave). In other words, deviance can be regarded as behaviour that is non-conforming with respect to accepted norms, and strongly disapproved. Deviant behaviour can be criminal or non criminal. Giddens (1993) defined deviance as non-conformity to a given norm, or set of norms, which are accepted by a significant number of people in a community or society. This perspective is close to the sociological theory which viewed deviance as not independent in existence, but is socially constructed through processes of interaction. This approach represented a commitment to a thoroughly sociological understanding of deviance, and marked a break with the absolutism characterizing common-sense understandings. The assumption then is that no deviance can exist unless it has been labeled as such.

**Deviant behaviour** does not adhere to social or cultural norms.

**Deviant behaviour** is behaviour that is a recognized violation of social norms. Formal and informal social controls attempt to prevent or minimize deviance. One such control is through the medicalization of deviance. It is not the act itself, but the reactions to the act, that make something deviant. Crime, the violation of formally enacted law, is formal deviance while an informal social violation such as picking one's nose is an example of informal deviance. It also means not doing what the majority does or alternatively doing what the majority does not do. For

instance, behaviours caused by cultural difference can be seen as deviance.

## 1.5 Difference between Psychopathology and Deviance

It is important to differentiate psychopathology, or what could be referred to as maladaptive behaviour from behaviour which is simply deviant. A maladaptive behaviour is usually seen as creating a problem of some sort – as defined by the individual, the people around them or by society at large. Whereas a deviant behaviour is simply a behaviour which is unusual by some standard or another - deviance from the norm does not, of itself, produce maladaptation. We can define deviant behaviour as behaviour which falls outside of some normal range. It does not necessarily mean criminal behaviour. Criminal behaviour is defined by the law whereas deviant behaviour is regarded as deviant because it is not conformable to the societal norms. Hence, a criminal behaviour will be both deviant and criminal while the deviant behaviour may not be criminal so long as it is not defined by the law.

You will later find out as you continue your training in psychology that the distinction between maladaptive behaviour and deviant behaviour is reflected in all of DSM diagnostic criteria mentioned earlier. For example, see the diagnostic criteria for Transvestic Fetishism below.

### Diagnostic Criteria For Transvestic Fetishism

- A. Over a period of at least 6 months, in a heterosexual male, recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving cross-dressing.

*Criterion A (above) describes the deviant behaviours in terms of what it is that makes the behaviour unusual by some standard or another. Of course, deviancy itself is not enough. To come to the attention of a psychologist, the behaviour must also result in maladaptation. This is reflected in the Criterion B below.*

- B. The fantasies, sexual urges, or behaviours cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.



What if people behave strangely? As long as they are not putting themselves at some physical or psychological risk (or causing others harm), such may not be brought to the attention of a psychologist. This is the essence of studying the psychopathology of deviant behaviour.

## Study Session Summary



Summary

In this study session, you explored contemporary conception of psychopathology and deviant behaviour. In the process, we defined psychopathology and deviant behaviour and also made between the two terms distinction



## Assessment



### Assessment

#### SAQ 1.1

1. Define psychopathology and explain why you think it is important.

#### SAQ 1.2

1. What do you think a comprehensive knowledge of psychopathology can enable us do.

#### SAQ 1.3

1. Explain the role of environmental context in deciding whether behaviour is normal or abnormal.
2. What are personality traits and how do they matter in relation to maladaptive behaviour?
3. Enumerate specific traits that a normal person possesses which an abnormal may not possess.

#### SAQ 1.4

1. Define what deviancy means and explain the parameters usually used in determining whether behaviour is deviant or not.
2. Compare and contrast deviancy and psychopathology.
3. Suggest ways in which features of both may overlap.

---

## Assignment



### Assignment

Choose two forms of psychopathology and examine the diagnostic criteria for them as stated in the DSM or ICD. Identify the criteria that point to deviancy and the parts that point to maladaptation.

Forward your findings to your tutor via Study Session One Assignment Page on course website.

---

## Bibliography

### Resources

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## Study Session 2

# Deviant Behaviour in Adults and Children

## Introduction

In this Study Session, you will be exposed to theories of deviant behaviour as they apply to children and adults.



### Learning Outcomes

When you have studied this session, you should be able to:

- i. *point out* the social foundations of deviance.
- ii. *highlight* the functions of deviance.
- iii. *discuss* different socio-psychological theories of deviant behaviour.
- iv. *point out* the uniqueness of psychological theories.

## 2.1 Social Foundations of Deviance

This notion assumes that:

- Deviance varies according to cultural norms
- People become deviant as others define them as such
- Both rule making and breaking involve social power.

## 2.2 Functions of Deviance

- Affirms cultural values and norms
- Clarifies moral boundaries
- Promotes social unity by creating an us/them dichotomy
- Encourages social change
- Provides jobs to control deviance
- Deviant acts are always assertions of individuality and sense of identity, comprising acts of rebellion against group norms

## 2.3 Theories of Deviance

Deviant theories could be grouped into two; some theories are environmentally focused while others are disposition-oriented. The first set of theories is called situational theories while the other category is called dispositional theories. However, the last category combines the first to approaches to explain the development of deviance. The interactionist theory is a term tied in part to an analysis of variance/ understanding of how two variables or two classes of variables influence an outcome. The approach settles person-situation debate.



## 2.3.1 Situational Theories

### 2.3.1A. Psychological Perspective

Social learning theory postulated that individuals learn deviant behaviour through **social interaction** within the environment. This could occur through modeling from family members, media or peers who serve as models. Social learning theory focuses on the learning that occurs within a social context. It considers that people learn from one another, including such concepts as observational learning, imitation, and modeling. Among others, Albert Bandura is considered the leading proponent of this theory.



Tip

*Social interactions are the acts, actions, or practices of two or more people mutually oriented towards each other's selves, that is, any behaviour that tries to affect or take account of each other's subjective experiences or intentions. This means that the parties to the social interaction must be aware of each other. This does not mean being in sight of or directly behaving towards each other. For instance, friends writing letters are socially interacting. Social interaction is therefore not defined by type of physical relation or behaviour, or by physical distance. It is a matter of a mutual subjective orientation towards each other.*

### General Principles of Social Learning

1. People can learn by observing the behaviour of others and the outcomes of those behaviours.
2. Learning can occur without a change in behaviour. Behaviourists say that learning has to be represented by a permanent change in behaviour, in contrast social learning theorists argued that because people can learn through observation alone, their learning may not necessarily be shown in their performance. Learning may or may not result in a behaviour change.
3. Cognition plays a role in learning. Over the last 30 years social learning theory has become increasingly cognitive in its interpretation of human learning. Awareness and expectations of future reinforcements or punishments can have a major effect on the behaviours that people exhibit.
4. Social learning theory can be considered a bridge or a transition between behaviourist learning theories and cognitive learning theories.

### How the Environment Reinforces Modelling

People are often reinforced for modeling the behaviour of others. Bandura suggested that the environment also reinforces modeling. This is in several possible ways:

1. The observer is reinforced by the model. For example a student who changes dress to fit in with a certain group of students has a strong likelihood of being accepted and thus reinforced by that group.
2. The observer is reinforced by a third person. The observer might be modeling the actions of someone else, for example, an outstanding

class leader or student. The teacher notices this and compliments and praises the observer for modeling such behaviour thus reinforcing that behaviour.

3. The imitated behaviour itself leads to reinforcing consequences. Much behaviour that we learn from others produce satisfying or reinforcing results. For example, a student in my multimedia class could observe how the extra work a classmate does is fun. This student in turn would do the same extra work and also receive enjoyment.
4. Consequences of the model's behaviour affect the observer's behaviour vicariously. This is known as vicarious reinforcement. This is where in the model is reinforced for a response and then the observer shows an increase in that same response. Bandura illustrated this by having students watch a film of a model hitting a inflated clown doll. One group of children saw the model being praised for such action. Without being reinforced, the group of children began to also hit the doll.

### **Contemporary Social Learning Perspective of Reinforcement**

1. Contemporary theory proposes that both reinforcement and punishment have indirect effects on learning. They are not the sole or main cause.
2. Reinforcement and punishment influence the extent to which an individual exhibits a behaviour that has been learned.
3. The expectation of reinforcement influences cognitive processes that promote learning. Therefore attention plays a critical role in learning. And attention is influenced by the expectation of reinforcement. An example would be where the teacher tells a group of students that what they will study next is not on the test. Students will not pay attention, because they do not expect to know the information for a test.

### **Cognitive Factors in Social Learning**

Social learning theory has cognitive factors as well as behaviourist factors (actually operant factors).

1. **Learning without performance:** Bandura makes a distinction between learning through observation and the actual imitation of what has been learned.
2. **Cognitive processing during learning:** Social learning theorists contend that attention is a critical factor in learning.
3. **Expectations:** As a result of being reinforced, people form expectations about the consequences that future behaviours are likely to bring. They expect certain behaviours to bring reinforcements and others to bring punishment. The learner needs to be aware however, of the response reinforcements and response punishment. Reinforcement increases a response only when the learner is aware of that connection.
4. **Reciprocal causation:** Bandura proposed that behaviour can influence both the environment and the person. In fact each of these three variables, the person, the behaviour, and the environment can have an influence on each other.



5. **Modeling:** There are different types of models. There is the live model, and actual person demonstrating the behaviour. There can also be a symbolic model, which can be a person or action portrayed in some other medium, such as television, videotape, computer programs.
6. **Behaviours that can be learned through modeling:** Many behaviours can be learned, at least partly, through modeling. Examples that can be cited are, students can watch parents read, students can watch the demonstrations of mathematics problems, or seen someone acting bravely and a fearful situation. Aggression can be learned through models. Much research indicates that children become more aggressive when they observed aggressive or violent models. Moral thinking and moral behaviour are influenced by observation and modeling. This includes moral judgments regarding right and wrong which can in part, develop through modeling.

### Conditions Necessary for Effective Modeling

Bandura mentions four conditions that are necessary before an individual can successfully model the behaviour of someone else:

1. **Attention:** the person must first pay attention to the model.
2. **Retention:** the observer must be able to remember the behaviour that has been observed. One way of increasing this is using the technique of rehearsal.
3. **Motor reproduction:** the third condition is the ability to replicate the behaviour that the model has just demonstrated. This means that the observer has to be able to replicate the action, which could be a problem with a learner who is not ready developmentally to replicate the action. For example, little children have difficulty doing complex physical motion.
4. **Motivation:** the final necessary ingredient for modelling to occur is motivation, learners must want to demonstrate what they have learned. Remember that since these four conditions vary among individuals, different people will reproduce the same behaviour differently.

### Effects of Modelling on Behaviour

1. Modeling teaches new behaviours.
2. Modeling influences the frequency of previously learned behaviours.
3. Modeling may encourage previously forbidden behaviours.
4. Modeling increases the frequency of similar behaviours. For example a student might see a friend excel in basketball and he tries to excel in football because he is not tall enough for basketball.

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### Classical School

#### Hint

The earliest situational theories of deviance came from sociology. The classical school of criminology and the Italian school were the two earliest theories that attempted to explain deviant behaviour. The Classical School comes from the works of Cesare Beccaria and Jeremy Bentham. Beccaria assumed a utilitarian view of society along with a social contract theory of the state. He argued that the role of the state was to maximize the greatest possible utility to the maximum amount of people and to minimize those actions that harm the society. He further proposed that deviants commit deviant acts (which are harmful to the society) because of the utility it gives to the private individual. If the state were to match the pain of punishments with the utility of various deviant behaviours, the deviant would no longer have any incentive to commit deviant acts. Here, Beccaria argued for just punishment as raising the severity of punishments without regard to logical measurement of utility would cause increasing degrees of social harm once it reached a certain point.

The Italian School is a criminological school that studies the biological factors which may contribute to crime and deviance. The three broad classic sociological studies on deviant behaviour are Structural Functionalism, Symbolic Interactionism, and Power Conflict studies.

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#### 2.3.1B Structural-Functionalism

These theories proposed that deviations come from the formation of norms and values which are enforced by institutions. Deviations are not deviant by nature, but are caused when institutions arbitrarily institute particular prescriptions or proscriptions. Therefore, deviation is simply what is defined as not normal by norms, values, or laws. Theorists from this school study how institutions on a macro level affect deviance.

#### 2.3.1C Symbolic Interactionism

The theories in this category postulated that Deviance comes from the individual, who learns deviant behaviour. The deviant may grow up alongside other deviants or may learn to give excuses for deviance. The focus is upon the consciousness and the mind of the individual as opposed to the institutions from where the norms come from. Prominent among those with this perspective is Edwin H. Sutherland who propounded the Differential Association Theory. In his differential association theory, he posited that criminals learn criminal and deviant behaviours and that deviance is not inherently a part of a particular individual's nature. Also, he argues that criminal behaviour is learned in the same way that all other behaviours are learned, meaning that the acquisition of criminal knowledge is not unique compared to the learning of other behaviours. Sutherland outlined some very basic points in his theory, such as the idea that the learning comes from the interactions between individuals and groups, using communication of symbols and ideas. When the symbols and ideas about deviation are much more favorable than unfavorable, the individual tends to take a favorable view upon deviance and will resort to more of these behaviours. Criminal behaviour (motivations and technical knowledge), as with any other sort of behaviour, is learned.



### **Some Basic Assumptions**

1. Learning in interaction using communication within intimate personal groups.
2. Techniques, motives, drives, rationalizations, and attitudes are all learned.
3. Excess of definitions favorable to deviation.
4. Legitimate and illegitimate behaviour both expresses the same general needs and values.

### **Neutralization Theory**

Another symbolic interactionism theory comes from Gresham Sykes and David Matza. They called it neutralization theory which explains how deviants justified their deviant behaviours by adjusting the definitions of their actions and by explaining to themselves and others the lack of guilt of their actions in particular situations. There are five different types of rationalizations, which are the denial of responsibility, the denial of injury, the denial of the victim, the condemnation of the condemners, and the appeal to higher loyalties. The denial of responsibility is the argument that the deviant was helplessly propelled into the deviance, and that under the same circumstances, any other person would resort to similar actions. The denial of injury is the argument that the deviant did not hurt anyone, and thus the deviance is not morally wrong, due to the fundamental belief that the action caused no harm to other individuals or to the society. The denial of the victim is the argument that possible individuals on the receiving end of the deviance were not injured, but rather experiences righteous force, due to the victim's lack of virtue or morals. The condemnation of the condemners is the act by which the deviant accuses authority figures or victims for having the tendency to be equally deviant, and as a result, hypocrites. Finally, the appeal to higher loyalties is the belief that there are loyalties and values that go beyond the confines of the law; friendships and traditions are more important to the deviant than legal boundaries.

### **D. Labeling Theory**

Frank Tannenbaum and Howard S. Becker propounded the labeling theory, starting with Tannenbaum's "dramatization of evil." The assumption is that when a supposed deviant is subjected to punishments meted out by the institutions, the actor reacts to the labels that are applied to him or her. As time goes on, the "deviant" takes on traits that define what a real deviant is supposed to do and takes on the role of such a label by committing deviations that conform to the label. Individual and societal preoccupation with the deviant label leads the deviant individual to follow a self-fulfilling prophecy of conformity to the ascribed label. Thus, these two sociologists criticize institutions for creating deviants rather than their supposed role of stopping deviation.

Edwin Lemert developed the idea of primary and secondary deviation as a way to explain the process of labeling. Primary deviance is any general deviance before the deviant is labeled as such. Secondary deviance is any action that takes place after primary deviance as a reaction to the institutions. When an actor commits a crime (primary deviance), however

mild, the institution will bring social penalties down on the actor. However, punishment does not necessarily stop crime, so the actor might commit the same primary deviance again, bringing even harsher reactions from the institutions. At this point, the actor will start to resent the institution, while the institution brings harsher and harsher repression. Eventually, the whole community will stigmatize the actor as a deviant and the actor will not be able to tolerate this, but will ultimately accept his or her role as a criminal, and will commit criminal acts that fit the role of a criminal. This form of deviance theory follows the concept of self-fulfilling prophecy. This concept was developed by Robert K. Merton to explain how a belief or expectation, whether correct or not, affects the outcome of a situation or the way a person (or group) will behave. Thus, for example, labeling someone a deviant, and treating that person as such, may foster deviant behaviour in the person who is subjected to the expectation.

### E. Power-Conflict Theories

Power conflict theorists see the manifestations of power in certain institutions as the cause of deviance. The institution's ability to change norms, wealth, status, etc come into conflict with the individual's self. Therefore, these theorists study how the use of power from institutions and the society affects the deviant behaviours of the individual. See the table below for different propositions.

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|----|---|
| 01 | Bourgeoisie control over social junk and social dynamite.<br>- Steven Spitzer |
|----|---|
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|----|--|
| 02 | The analysis of different punishments correlated to the social capacity and infrastructure for labour. Throughout history, when more labor is needed, the severity of punishments decreases and the tolerance for deviant behaviour increases.<br>- Georg Rusche |
|----|--|
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- |    |   |
|----|---|
| 03 | The modern world did not approve of diversity but was not afraid of social conflict. The late modern world, however, is very tolerant of diversity but is extremely afraid of social conflicts, which is an explanation for the political correctness movement. The late modern society easily accepts difference, but it labels those that it does not want as deviant and relentlessly punishes and persecutes.<br>- Jock Young |
|----|---|
- 
- |    |   |
|----|---|
| 04 | <p>A. Torture has been phased out from our modern society due to the dispersion of power. No need anymore for the wrath of the state upon the deviant individual.</p> <p>B. The modern state praises itself for its fairness and dispersion of power.</p> <p>C. The dispersion of power is used to control individuals together in a mass.</p> <p>D. Institutions are built to control people with the use of discipline.</p> <p>E. The modern prison (more specifically the panopticon) is a template for these institutions because it controls its inmates by the perfect use of discipline.</p> |
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F. In a sense, the postmodern society is characterized by the lack of free will on the part of individuals. The hyper-fatalistic and extreme structural function view that it is institutions of knowledge, norms, and values which categorize and control humans.

- Michel Foucault

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## **2.3.2 Dispositional Theories**

### **2.3.2A. Attributions / Typifications Theory**

In trying to distinguish an individualistic psychology of labeling from more genuine social psychology one soon runs to the distinction between stereotypy as a property of mind and typified traits as a joint property of mind and social order. It is toward the latter concern that promising efforts of sociologists have been directed. The work on moral identities is a basic work in this area. A rigorously formalized social-psychological paradigm with a rich experimental tradition may be found in work on the attribution of deviance to individuals. Often combining the precepts of strict attribution theory and the expectation-states theory of Stanford school, many recent efforts focus on the allocation of blame to deviants and the consequent application of graded sanctions. Hamilton (1978) has attempted theoretically to link attribution with responsibility. Another body of work both theoretically identifies and empirically supports the counter-intuitive (and counter-labeling and counter conflict theory) hypothesis that asocial advantages may increase the degree of attributed responsibility for deviant acts and thus lead to the severer sanctioning of higher status deviants. Theories that attribute deviance as property of the mind and typified traits would be the focus of review in this section.

### **2.3.2B. Psychoanalytic Theories**

Sigmund Freud who is the father of psychoanalysis regarded humans as inherently antisocial. He suggested that individuals are held to be biologically endowed with egocentric pleasure seeking and destructive impulses which conflict with the demands of the social group. To ensure social survival, these impulses must be controlled or redirected by individuals themselves, and this is achieved in two ways. First, the primary process activity of the id is opposed by the emergence of the secondary process, an ego function guided by the reality principle. The development of reality oriented thinking and imagination thus permits delay of gratification through the employment of fantasy and painfulness, or the inhibition of overt motor discharge.

Second, in channeling id drives, the ego is guided by the superego, which represents the internalisation of group standards. The superego has two components, the ego ideal and the conscience. The conscience is concerned with moral standards and rules while the impulses contrary to these are neutralized or prevented from reaching consciousness through the ego's defense mechanisms. The ego-ideal is the standards to which the self aspires and hence provides the ego with positive values and goals.

Inadequate superego formation and functioning are central to psychodynamic accounts of deviant behaviour. Propositions of three sources of deviance have been made to explain its development. These

include harsh, weak or deviant superego. Inadequate superego formation and functioning are central to psychodynamic accounts of criminal behaviour, and Clover (1960) stated that “crime is one of the results of unsuccessful domestication” The assumption stated that since behaviour depends largely on the balance of the psychic energy system, disturbance in any component structure produces maladaptive development. For example, superego deficiencies may be expected to correlate with deficiencies in ego control, and failure to delay gratification. Further disturbances at parental relationships are unlikely to be confined to the oedipal stage and superego problems are hence associated with unconscious conflicts arising at all developmental stages. These conflicts motivate deviant acts in later life when early conflict situations are reproduced.

From the foregoing, the theory seems to rest on the following claims:

- a) Socialisation depends on the internalisation of society’s rules during early childhood.
- b) impaired parent-infant relationships are causally related to later criminal behaviour
- c) Unconscious conflicts arising from disturbed family relationships at different stages of development, particularly the oedipal stage, are the causes of some deviant acts.

The theory is clearly riddled with a lot of criticisms. For example, the theory would not explain the age distribution of offending. While the increase in delinquency at puberty might be linked to a resurgence of infantile conflicts at the end of the latency period, this would not account for desistance in late adolescence. Nevertheless, irrespective of the criticisms, psychoanalytic hypotheses cannot be rejected out of hand. The theory appears to be the only theory which attempts to deal systematically with the phenomena of affective experience.

### **2.3.2C Eysenck’s Theory of Deviance**

Eysenck (1975; 1977) construed deviancy as a disposition to be deviant, and as a continuously varying trait, which ranges from altruistic behaviour through normal conduct to antisocial behaviour that is victimless as well as to behaviour that is criminogenic and victimizes others. Eysenck came up with three dispositions of deviance: The first followed the descriptive model of personality and relates variations in human temperament to three independent dimensions of Neuroticism-Stability (N), Psychoticism-Superego (P), and Extraversion-Introversion (E). Eysenck Personality Questionnaire (EPQ) by Eysenck and Eysenck, 1975 measures the N, E, and P, and contains a Lie (L) scale, which taps traits of rigid conformity or lack of openness to experience.

The second proposition presents evidence for genetic influences on N, E, and P, which supports the biological basis of personality. N is held to reflect greater reactivity in the limbic and autonomic systems, resulting in stronger emotional responses to stress, and higher levels of drive. Underlying E is the level of cortical arousal or arousability, governed by activity in cortico-reticular circuits. *(These are physiological psychology terms and you will get familiar with them as you continue with your study in psychology)* Extraverts have low arousal relative to introverts, and are predicted to maintain “hedonic tone” (meaning pleasurable states of



consciousness), and to be less responsive to pain. More tentatively, P relates to circulating androgens. The third is a control theory of socialisation implying that this involves the acquisition of restraints in the form of conscience or superego. Morality or rule-compliance is a function of involuntary emotional responses to temptation, which are acquired through classical conditioning as a result of punishment of antisocial behaviour by parents and others. Since the extraverts are less susceptible to the pain of punishment, and form conditioned responses slowly, it implies that they will be less well socialized than introverts.

Eysenck's theory does not actually imply that deviance is biologically determined, but that adult conduct depends on the quality of conditioning received in childhood as well as the child's degree of condition ability. His main focus is primarily on individual differences. The most powerful explanatory components of the theory is clearly that, linking E with low arousal and under-socialisation. Eysenck has designed a scale to measure these traits. The scale is called Eysenck Personality Inventory (EPI) and later Eysenck Personality Questionnaire (EPQ).

### **2.3.2D Cognitive Developmental Theory**

These theories view deviance as part of a more general failure of moral development. Morality in these terms entails the acquisition of conforming behaviour and beliefs through conditioning, modeling, or identification, and represents the internalisation of society's rules through the influence of parents, teachers, or peers. Moral action is thus irrational conformity to culturally relative standards. Moral development involves cognitive growth in which children actively construct moral judgements through experiences of social interaction, rather than passively internalise those of socialising agents. Moral principles are led to relate to the structure or form of the moral reasoning process, i.e. how people think about and derive their beliefs, rather than the content of those beliefs. Piaget (1959) and Kohlberg (1976) were prominent movers of this theory. While challenging socialisation model, they both see morality as motivated by cognitive needs for self-realisation and the understanding of reality.

### **2.3.2E Interactionist Theories**

The interactionist theory is a term tied in part to an analysis of variance, that is, understanding of how 2 variables or two classes of variables influence an outcome. The approach settles person-situation debate. All the while, the more robust conceptual traditions in social psychology have become more closely tied to the concerns of the labeling perspective. Among the robust issues is typification, expectation states and attributions. However, the most rigorously formalized social-psychological paradigm with a rich experimental tradition may be found in work on the attribution of deviance to individuals. This often combines the precepts of strict attribution theory and expectation states theory. Many other efforts focus on the allocation of blame to deviants and the consequent application of graded sanctions. In general, all the scientific observations are theory filled and theories are also value filled as noted by Kurtines, Alvares and Azmitia, (1990). All deviance theories are however distinguished by their philosophical underpinnings and can be divided into classical, neoclassical, positivist and anti-positivist schools.

The classical school assumed that the human behaviour is always freely willed and rational. The neoclassicists saw a need to consider individual circumstances surrounding a deviance and this has remained the basis for criminal justice practice throughout the past century. Positivism on the other hand is the view that the human sciences should follow the methods of the natural sciences and be concerned with positive facts rather than metaphysical issues. Its application rests on the premise that human behaviour is determined and subject to natural laws. The positivists objected to the classical doctrine of free will and responsibility and argued that the use of proportionate punishment did not protect society from dangerous deviants because it failed to address the causes of crime. They proposed a scientific focus on the individual offender, rather than the deviant act, seeing the deviants as being essentially possessing pathological characters. In short, deviance as the tendency to be deviant was the target of attention.

The truth however is that, no single theory or approach is capable of explaining deviance as shown by the review of previous findings. Hence, in explaining deviance, we might need to follow an interactionist perspective to attain better understanding. This is the underlying philosophy of the interactionist perspective. Different theories follow this perspective. One of the most popular is the integrated theories.

### **2.3.2F Integrated Theories**

These set of theories emphasized the integration or combination of traditional theories together to explain deviant behaviour. For example, Akers (1990) proposed an integrated theory and viewed the process of becoming deviant in reinforcement terms. Hence, while anomie, subculture, and conflict theories identify the social conditions which determine the patterns and schedules of reinforcement, control theory specifies the outcome of the developmental process. Labeling reflects changes in differential reinforcement surrounding later deviant behaviour. However, most of the integrated theories are sociological and follow the tradition on unidirectional environmental determinism, and pay little or no attention to individual differences. This apart, it has been difficult to be able to come up with quite acceptable that will be strong enough to explain deviance and the nature of man. Attempts to integrate theories for example appear to treat the human actor as a passive recipient of multiple causes, and ignore critically different assumptions about the nature of human behaviour which underlie different theories. In other words, there is absence of a coherent model of man because man is the most complex subject to study.

The conclusion then is that in explaining deviance, a single component theory may not be able to do justice to it because deviance could be developed through multiple factors. And if one theory focuses attention only on one factor leaving out the other, the underlining factors will not be adequately examined and implementation of programmes to change deviance may not be successful.

## **2.4 The Uniqueness of Psychological Theories**

While other theories of deviance focus attention on deviance has been emanated from the society's reaction and relationships, the psychological



theories consider the individual involved in deviant behaviour and how the individual can be helped. Most of these theories assumed a positivist viewpoint proposing that the problem of deviance is within the individual and once the individual is cared for, the problem of deviance will disappear, as well as classical views. It is often assumed that an individual is deviant because he is deficient in certain skills and would require skill enhancement programmes to handle the situation. The behaviourist assumes that deviant behaviour is learned. In other words, faulty learning results into deviance. Hence, any behaviour that is learned could be unlearned. A deviant person will therefore be subjected to some learning conditions so he could unlearn faulty behaviour and learn acceptable behaviour. However, a substantial amount of work with historically shorter theoretical roots has emerged. Work in these areas tends to be conceptually closer to classical problems in social-psychology. This conceptual imagery could be divided into three areas: groups, situations, and attributions.

### **2.4.1 Groups**

Researches on deviance in and by groups have either concerns with organizational crime, the interactional context of deviance, or deviant subcultures. Much of the effort in these areas is either primarily sensitizing or founders on a basic problem in the social-psychology of deviance. The study of organizational crime is based on the pioneering efforts of Sutherland (1949). The attempts focus on modalities of deviance in an organisational setting. This attempt had its deep root in the deviant subcultures. But despite this, the subject has suffered conceptual neglect in the recent past. The aim of this approach is to focus attention also on the deviance of more powerful social and corporate groups. But substantial understanding from these efforts has yielded little. In your later studies, you will be more exposed to further information on white collar crimes and deviance.

### **2.4.2 Situations**

Two basic research trusts aim to determine the micro-situational contingencies of deviance. These contingencies are distinct from those that concern Marxian and conflict theories because they are not systematically correlated with the material interests of ruling groups. Of all works that focus on this area, Cohen and his associates (1979) work was the most promising of them all. They emphasize the role of the dynamic historical convergence of likely offenders, suitable targets and the absence of capable guardians in the production of crime rates. Cohen and his associates subtly develop the concept of opportunity for deviance, which in past work has often meant only the individual's perception of legitimate opportunity or the local availability of deviant support group. In this new work opportunity is conceived in terms of the intersection of changing spatial and temporal distributions of material targets (both people and possessions and likely offenders).

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## Study Session Summary



### Summary

In this Study Session, we have focused on different theories of deviant behaviour in children and adults. In the course of the Study Session, we examined various psychological theories postulated to explain deviant behaviour as it applies to children and adults.

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## Assessment



### Assessment

#### SAQ 2.1

Point out the social foundations of deviance.

#### SAQ 2.2

Highlight the functions of deviance in a conservative 21<sup>st</sup> century society.

#### SAQ 2.3

1. Compare the situational and dispositional theories of deviance.
2. Briefly explain the interactionist theories and state where it stands out from both the situational and dispositional theories.
3. Explain the importance of social interactions in a work environment.
4. What are the cognitive factors in social learning?
5. Discuss the structural-functionalism theory of deviation.
6. Give a general overview of the concept of Symbolic Interactionism.
7. Outline how Edwin Sutherland used his Differential Association Theory to explain criminal behaviour.
8. List 5 types of rationalization of deviant behaviour according to the Neutralization Theory?
9. Explain the overall feature of the Power-Conflict theory.
10. Enumerate the fundamental claims of the psychoanalytic theories.

#### SAQ 2.4

1. Show ways in which psychological theories differ from other theories of deviation.
2. Explain how the concepts of “groups” and “situations” have become useful in social psychology.

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## Study Session 3

# Mental Illness and Criminal Responsibility

## Introduction

In this Study Session, you will be exposed to the concept of crime which is a type of deviance. You will examine criminal responsibility and how mental illness is conceptualized in this context. This Study Session will enrich your knowledge on the relationship between mental illness and crime.



### Learning Outcomes

At the end of this Study Session, you should be able to:

- i. *discuss* deviance and criminal behaviour.
- ii. *list* types of crimes.
- iii. *analyse* the relationship between mental illness and crime.

## 3.1 Deviance and Criminal Behaviour

**Crime** An act or omission that is legally prohibited.

Deviance is the recognised violation of cultural norms. One familiar type of deviance is **crime**, or the violation of a society's formally enacted criminal law. Deviant people are subject to social control, or the means by which members of a society try to influence each other's behaviour. A more formal and multifaceted system of social control, the criminal justice system, refers to a formal response by police, courts, and prison officials to alleged violations of the law.

What is viewed as criminal varies over both time and place. What all crime has in common is that perceived violations bring about response from a formal criminal justice system. Crime contains two elements, the voluntary act (*actus reus*) and an intention to commit crime (*mens rea*). The concept of “insanity defense” became popular in the legal setting with the understanding that certain criminal acts are product of ‘disordered mind’. Insanity defense is a legal argument that a defendant should not be held responsible for an illegal act if the conduct is attributable to mental illness that interferes with rationality or that result in some other excusing circumstance, such as not knowing right from wrong.

**Criminal responsibility** therefore means that the conditions for liability to legal punishment have been established. Another word closely used with this concept is criminal commitment. **Criminal commitment** is a procedure whereby a person is confined in a mental institution either for determination of competency to stand trial or after acquittal by reason of insanity. Hart (1968) offers a conceptual analysis which identifies four basic senses of criminal responsibility:

1. Causal responsibility which implies that the act is responsible for producing an outcome;
2. Role responsibility implying that the person performed certain duties or obligations arising from a particular role;
3. Capacity responsibility (the individual possesses the ability to understand, reason and control conduct);
4. Liability responsibility.

Criminal responsibility becomes an issue as a result of the introduction of the concept of “mens rea”, or guilty mind, and the rule of “no crime without an evil intent”. This issue led to the introduction of insanity defense. Insanity defense is the legal argument that a defendant should not be held responsible for an illegal act if the conduct is attributable to mental illness that interferes with rationality or that result in some other excusing circumstances, such as not knowing right from wrong.

### 3.2 Types of Crime

Three major types of crime are recognised in the crime statistical reports known as the crime index. First, crimes against the person, or violent crimes, are defined as crimes against people that involve violence or the threat of violence. Examples are murder, rape, aggravated assault, and robbery. Second, crimes against property, or property crimes, are defined as crimes that involve theft of property belonging to others. Examples are burglary, larceny-theft, auto theft, and arson. A third category, victimless crimes, is defined as violations of law in which there are no readily apparent victims. Examples are gambling, prostitution, and the use of illegal drugs.

### 3.3 A Critical Analysis of Mental illness and Criminal Responsibility

It is not uncommon to find individuals suffering for one psychological dysfunctions or the other in the prisons rather among criminals. In the next Study Session series, we shall be discussing how mental illnesses could promote crime, but without the presence of intention to commit crime (mens rea). In some cases, individuals may be said to possess diminished responsibility. Diminished responsibility has been accepted in a range of cases, including depression, pre-menstrual tension, psychopathic personality and psychosis. It does not necessarily lead to more lenient disposal, and only about a third of males found guilty of manslaughter under this act have received a hospital order (Dell and Smith, 1983). There has been a lot of controversy surrounding the issue of ‘insanity defense’. This implies a defense for diminished responsibility, that is, the one who has committed an offence does not possess an intention to commit crime. But one major reason why there has been continued controversy concerning this is the lack of attention to the question of why mental disorder should affect the individual’s criminal responsibility. Some writers have argued that the presence of mental disease is enough to exculpate the person from criminal responsibility since we do not blame people for getting a physical disease. Some others were of the opinion that disease may mitigate blame



on the basis of sympathy and mercy, but it is not itself an excuse for action. There is in fact strong resistance to the idea that any form of mental disorder identified in the psychiatric classification is sufficient to exculpate. Notable in this view is the notion that those with personality disorders should be held criminally responsible (American Psychiatric Association, 1983). The truth however, is that offenders with mental illnesses should be subjected to treatment rather than incarceration. Some reports have shown that most of the so-called motiveless crimes, in which an individual attacks or kills someone for no apparent cause, are sometimes committed by people who are later diagnosed as having paranoid schizophrenia. This incidence is however not a common phenomenon.

#### Case Study

Mrs. A. living at Kajola area on one sunny afternoon called her neighbour that something was wrong. The neighbour found the only child, aged 8, dead. The police considered and later proved that the death was due to strangulation. The mother was arrested and charged with murder. After a few hours in goal Mrs. A. was transferred to Aro Psychiatric Hospital in Abeokuta by the Magistrate on the advice of the Attorney's Department. Investigation revealed that the accused had had a number of mild depressive attacks previously. She had consulted a psychiatrist but had never been in hospital for a mental illness. At the time of committal she had been depressed yet again: descriptively there was no doubt that over a period of weeks she had shown reduced initiative and activity and had worried about the well being of her family and her home. She had projected her doubts and hopelessness onto her child. Her memory for the death of her child was lost and what she did remember of events before and for some hours after was blurred and unclear. Mrs. A. was considered unfit to plead and was committed to a mental hospital. She was later brought to trial and acquitted on the grounds of insanity. She is now in normal health apart from a continuing amnesia for the event.

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## Study Session Summary



### Summary

In this Study Session, we have examined the concept of mental illness and the question of criminal responsibility. In the course of the Study Session, we discussed three major types of crime and also tried to establish a link between mental illness and criminal responsibility. In conclusion, we used a case study to drive home the point made earlier in the Study Session.

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## Assessment



### SAQ 3.1

1. Discuss crime and deviance pointing out specific areas of overlap.

**Assessment**

2. According to Hart, what are the 4 basic senses of criminal responsibility?

**SAQ 3.2**

List the 3 broad categories of crime and identify specific examples under each.

**SAQ 3.3**

1. Briefly analyse the relationship between mental illness and crime
2. Give an explanation of “insanity defence” and show why it may be controversial.

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# Study Session 4

## Patterns of Deviant Behaviour

### Introduction

The aim of this Study Session is to introduce you to certain patterns of deviant behaviour patterns, their symptoms as well as classification. The Study Session will also help you to differentiate between simple deviance and maladaptive behaviour deviance from maladaptive behaviour.



#### Learning Outcomes

When you have studied this session, you should be able to:

- i. *differentiate* between maladaptive behaviour and deviant behaviour.

### 4.1 Simple Deviance and Maladaptation

It is important to differentiate maladaptive behaviour from behaviour which is simply deviant. A maladaptive behaviour is usually seen as creating a problem of some sort – as defined by the individual, the people around them or by society at large. Whereas a deviant behaviour is simply a behaviour which is unusual by some standard or another - deviance from the norm does not, of itself, produce maladaptation. We can define deviant behaviour as behaviour which falls outside of some normal range. This normal range could be defined either socially (by reference to what is seen to be acceptable behaviour by people around the individual) or statistically (by reference to statistics on how most people behave). You will find that the distinction between maladaptive behaviour and deviant behaviour is reflected in all of the DSM diagnostic criteria. For example, the diagnostic criteria for Transvestic Fetishism are:

- A. Over a period of at least 6 months, in a heterosexual male, recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving cross-dressing.

Criterion A (above) describes the deviant behaviours – what it is that makes the behaviour unusual by some standard or another. Of course, deviancy itself is not enough. To come to the attention of a psychologist, the behaviour must also result in maladaptation. This is reflected in the second criterion:

- B. The fantasies, sexual urges, or behaviours cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

So, what if people behave strangely? As long as they are not putting themselves at some physical or psychological risk (or causing others harm), then we don't really need to worry about them. But most common deviant behaviours usually meet the criteria of constituting physical or

psychological risks to themselves or causing harms to others. Nevertheless, some psychological dysfunctions could possess direct relationship to criminal motivation and behaviour. The issue of mens rea an actus reus come up here again. When an individual possesses criminal motivation, we are saying that we could establish a criminal responsibility. Nevertheless, the underlying factor for the crime might simply be a psychological dysfunction. For example, certain personality disorders might make people to engage themselves in criminal behaviour. Humans are social by nature and they must interact with other people in order to survive. If they cannot interact in a socially acceptable way, they will experience problems. In other words, people's behaviour must be flexible and we need to adapt it in order to fit in with the particular situation/culture in which we find ourselves. The question here then is whether an offender may be considered as 'mad' or 'bad'? (That is, are they suffering from a disorder or just carrying out willful deviant behaviour?) More questions: what are the implications of such labeling? This will also determine whether the approach to handling them will be punishment or treatment. We shall now examine these various deviant behaviour patterns and their relationship to criminal behaviour and motivation.

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## Study Session Summary

In this Study Session, we have examined different patterns of deviant behaviour. Specifically, we made a distinction between maladaptive behaviour and a simple deviant behaviour.

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## Assessment



Assessment

### SAQ 4.1

1. Differentiate between the terms "social deviance" and "maladaptation".



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# Study Session 5

## Psychosis and Deviant Behaviour

### Introduction

In this Study Session, our focus will be on psychosis and deviant behaviour. In the course of the Study Session, we shall examine the basic symptoms of schizophrenia, its connection with criminality. We shall also discuss affective disorder and deviant behaviour.



#### Learning Outcomes

When you have studied this session, you should be able to:

- i. *discuss* the relationship between psychosis and deviant behaviour.
- ii. *identify* symptoms of schizophrenia.
- iii. *point out* and *explain* the symptoms of anxiety and mood disorder.
- iv. *explain* the relationship between affective disorder and crime.

### 5.1 Psychotic Disorder and Deviant Behaviour

The development of psychological and sociological theories of deviant behaviour has challenged medical model of mental illness from the 1960s onward. But while alternative perspectives are now reflected in the range of mental health services, they have had insufficient impact on the major psychiatric disorders such that they could not displace the illness notion. The fact however remain that the symptoms of mental illness are abnormal behaviour and experience, but there is no single criterion which is necessary and sufficient to define abnormality.

**Psychosis** a feature of mental illness typically characterized by radical changes in personality, impaired functioning, and a distorted or nonexistent sense of objective reality.

**Schizophrenia** a psychotic disorder (or a group of disorders) marked by severely impaired thinking, emotions, and behaviours.

**Psychosis** refers to a situation in which an individual experiences loss of touch with reality. The ability of psychotic individuals to perceive and respond to the environment becomes so disturbed that they may not able to function at home, with friends, in school or at work. They may have hallucinations or delusions, or they may withdraw into a private world. Hallucination is an experience of false sensory perceptions while delusion is a situation in which someone has false beliefs about some things. The most prominent of all psychotic illnesses is schizophrenia. **Schizophrenia** is a group of psychotic disorders characterized by major disturbances in thoughts, emotion and behaviour. These include disordered thinking in which ideas are not logically related, faulty perception and attention; bizarre disturbances in motor activity; and flat or inappropriate affect. It causes a patient to withdraw from people and reality, often into a fantasy life of delusions and hallucinations.

Although, schizophrenia appears in all socioeconomic groups, it is found more frequently in the lower levels, leading some theorists to believe that the stress of poverty is itself a cause of the disorder. However, the fact that schizophrenia causes its victims to fall from a higher to a lower socioeconomic level or to remain poor because they are unable to



function effectively makes it difficult for anyone to categorically assert that it is a stress of poverty. This form of explanation is referred to as downward drift theory. The research carried out by Keith, 1991 revealed that almost 3 per cent of those who are divorced or separated suffer from schizophrenia sometime during their lives, compared to 1 percent of married people and 2 percent of people who remain single.

## 5.2 Symptoms of Schizophrenia

The symptoms of schizophrenia involve disturbances in several major areas including thoughts, perception, attention; affect or emotion and life functioning. The range of people diagnosed as schizophrenic is very wide and extensive although, people diagnosed usually possess some of the diagnostic criteria. The DSM usually determines how many of the problems must be present, in what degree and for how long before the diagnosis could be made by a clinician. Schizophrenia is heterogeneous in nature in that it covers an array of uncommon behaviour among people which makes it appropriate to subdivide schizophrenia into types in line with the cluster of behaviour manifested by a particular patient.

The characteristic symptoms of schizophrenia fall in to two main categories. These are; the positive and negative symptoms. The positive symptoms consist of excesses, such as hallucinations, delusions and bizarre behaviour. The sufferer of schizophrenia may experience disorganized speech which is also known as formal thought disorder and describes the problems in the organization of ideas and in speaking so that a listener can understand. Delusion is another positive symptom which the individual holds tenaciously to a thought or belief that is false or far from reality. Here, the individual holds beliefs that the rest of the society would generally disagree with or view as a misinterpretations of reality.

The negative symptoms include behavioural deficits, such as avolition, alogia, anhedonia and flat affect. Avolition or apathy, refers to a a situation in which the individual experience lack of energy and seeming absence of interest in what are usually routine activities. Such individuals may pay little or no attention to grooming or personal hygiene, may go about with uncombed hair, dirty nails, unbrushed teeth, and dishevel or tattered clothes. Alogia is regarded as a negative thought disorder with several components. It could be manifested as poverty of speech or as poverty of content of speech. Anhedonia refers to an inability to experience pleasure manifesting itself as lack of interest in anything considered pleasurable activities.

Flat affect refers to situation in which virtually no stimulus elicits an emotional response from the individual. Such individuals may stare vacantly while the face is flaccid and the eyes appear lifeless.

Types of schizophrenia include catatonic, disorganised, paranoid and undifferentiated types.

If you are interested in more details of schizophrenia symptoms and other psychotic illnesses, please consult your abnormal psychology textbooks where they are stated succinctly. Nevertheless, it is clear that this is a form of psychopathology, but how is the society viewing this problem?

Some writers have held that trances of shamans resemble the hallucination of schizophrenia, yet these trances are acceptable in their society and even praised by the people. This is buttressing the fact earlier said that abnormality sometimes could be relative to different societies, following socio-cultural theory. In our society today, people with schizophrenia are discriminated against, stigmatized and neglected and their needs are almost entirely ignored. For most part, you find many of them homeless and aimless in the street. The public view of mentally ill generally is that they are dangerous and this has fostered many other concepts used and led to researching into the areas where this illness could lead to crime.

### 5.3 Schizophrenia and Criminal Behaviour

For the most part, you may not find schizophrenia directly related to criminal motivation and behaviour. Surely there are some schizophrenics who act in a criminal manner through the sure disorganization of the disorder. However, a direct motivation towards crime (*mens rea*) is not so common. The paranoid schizophrenic subtype of schizophrenia may be more highly related to criminal behaviour than its counterparts. However, the individual may not believe they are acting for the sake of the crime or some benefit to themselves, but rather in a manner consistent with self defense.

#### Case Study

Mr A. is a 50 year-old Nigerian arrested by the police and charged for the murder of his wife and attempted murder of his first daughter. Mr. A has refused to plead his case while presented in court and has refused to give any useful information to the defense counsel attached to him. The defense counsel invited a psychologist to assess the status of this client. The man later revealed that he had a voice compelling him to act fast to attack his wife and his daughter because they were conspiring to kill him and take possession of all his items of property. Hence, he had to carry out the attack on self defense. He also confessed that the same voice has informed him of the plot of his defense counsel to join his immediate family to eliminate him and he will not cooperate with him because of this. The personality and mental status assessment carried out by the psychologist showed that this guy is sick and would require treatment although there was no prior history of mental illness. Both the Psychologist and consultant Psychiatrist agreed that the man is suffering for paranoid schizophrenia and subsequently placed on treatment.

### 5.4 Affective Disorder and Deviant Behaviour

Affective disorder refers to conditions that affect the emotional status of an individual

#### 5.2.1 Anxiety Disorders

Anxiety disorder is diagnosed when subjectively experienced feeling of anxiety is present. It is the vague sense of being in danger with the same features that could accompany a state of fear in danger, such as increase in breathing, muscular tension, perspiration, etc. DSM-IV categorised this disorder into six. These are Generalised anxiety, phobia, panic disorder,



obsessive-compulsive disorder, post-traumatic stress disorder and acute stress disorder.

Anxiety disorders (PTSD, phobias, etc.) likely have no direct relationship with criminal motivation. Again accidental criminal acts may occur with this disorder. Individuals with anxiety disorders often experience panic type states that may lead them towards accidental criminal acts (i.e., vehicular crimes, negligence etc.)

### 5.2.2 Mood Disorders

Disabling disturbances in emotion characterise this group of disorders. Depression and mania are the key emotions in mood disorders. Depression is the low, sad state in which life seems dark and its challenges overwhelming. Mania the opposite of depression and it is a state of breathless euphoria, or at least frenzied energy, in which people may have an exaggerated belief that the world is theirs for the taking.

An examination of criminal behavioural patterns will often highlight the presence of either a major depressive disorder or a depressive episode. While it is related, I would argue that it is unlikely that depression is a primary causal factor in crime. This is because a self-defeating pattern seems to be much more common in depression. However, a co-morbid relationship likely exists with other mental disorders (meaning that depression and other mental disorders coexist in the criminal mind). An individual who is in a psychotic or antisocial state may be triggered to act violently when experiencing hopelessness or other aspects of depression. While adults tend to express depression in a self defeating manner, youths and children tend to act aggressively. Therefore, it would not be surprising to find noticeable depression in aggressive youths who have committed violent crimes. Bipolar depression may also appear in violence. It would not be surprising to see a correlation between criminal activity and bipolar depression. The impulsively alone is highly related to criminal acts. Bipolar individuals act without thinking ahead of consequences.

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## Study Session Summary



### Summary

In this Study Session, we discussed the relationship between psychosis and deviant behaviour. Specifically we examined schizophrenia as a form of psychotic condition. We looked into the types and the symptoms, as well as the relationship between schizophrenia and criminality. We also examined affective disorder and its relationship with deviant behaviour. In the course of the study, we classified affective disorder into six, viz generalized anxiety, phobia, panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder and acute stress disorder.

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## Assessment



### Assessment

#### SAQ 5.1

Define psychosis and schizophrenia and show how they are technically related phenomena.

#### SAQ 5.2

1. Identify the positive symptoms of schizophrenia.
2. Give examples negative symptoms of schizophrenia.
3. What are the basic types of schizophrenia?

#### SAQ 5.3

1. From your understanding what are the major components of an anxiety disorder?
2. According to DSM IV what are the six types of anxiety disorder?
3. What is the relationship between anxiety disorder and criminal behaviour?
4. Identify the two basic emotions associated with mood disorders.

#### SAQ 5.4

1. Rate the role of depression as a cause of criminal behaviour.
2. Explain the differences in manifestation of criminal behaviour in adults and children.

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## Study Session 6

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# Personality Disorders and Deviant Behaviour

## Introduction

In this Study Session, you will explore personality disorders and their symptoms. Focus will be on antisocial personality disorder; why it is an important issue in the psychopathology of deviant behaviour; and appropriate assessment to identify this disorder.



### Learning Outcomes

At the end of this Study Session, you should be able to:

- i. *define* personality disorder.
- ii. *recognise* psychopathic personality.
- iii. *explain* the relationship between psychopathic personality and crime.
- iv. *present* how psychopathic personality disorder could be measured and treated.

## 6.1 General Introduction to Personality Disorders

Outside of the area of primarily diagnosed mental disorders (Axis I in the Diagnostic and Statistical Manual of Mental Disorders - 4th edition) is a number of disorders that can contribute a great deal to criminal behaviour and motivation. While these disorders may not be as readily known to the layman, they may in fact cause the majority of criminal behaviours with etiological relationships based in mental disorders. The disorders are characterised as Personality Disorders (Axis-II) and contain a number of relevant diagnosable conditions. Personality disorders are defined as the stable and enduring maladaptive patterns of behaviour which extended to meet up the DSM criteria for personality disorders. We shall examine some of these personality disorders and how they relate to deviance and crime.

Paranoid Personality Disorder is characterised by a pervasive distrust and suspiciousness of others. An individual with this disorder will often interpret another's motives as malevolent. This disorder often begins in early adulthood and is present in a variety of contexts. It is clear how such a disorder could lead to violence. When a person feels someone is motivated to harm them in some manner it is not surprising that the individual would act in a violent way to either prevent the acts they expect to have occur or respond aggressively to those they have seem as hostile. They may regard an act of violence manifested as self-defense.

Borderline Personality Disorders, which is possibly the most difficult mental disorder to treat, also can contribute to criminality. While the disorder, which is reflected by a pattern of instability of interpersonal relationships, self image, affect, and impulsively, predominately leads to self damaging behaviour, it also has a external component. These

individuals tend to have a marked instability in mood. They characteristically display inappropriate and intense anger and have very little anger control. This constant and recurrent anger and temper is often reflected with a history of physical fights and abuse.

Narcissistic Personality Disorder is characterised by a significant pattern of grandiosity, need for admiration, and lack of empathy. These 'narcissistic' individuals typically care only for themselves and how they appear to others. Typically this is not reflected in criminality or violent behaviour. However, when they are criticised or put down they may act with disdain, rage, or purposefully defiant counter-attacks. This is the 'Bully' personality. When they fall, they try to re-attain status through any means necessary. This might explain the reason why they could be involved in criminal behaviours

## 6.2 Antisocial Personality Disorder

One major personality disorder that requires singular treatment in this course is Antisocial Personality Disorder (APD) also referred to as psychopathic personality. Antisocial Personality Disorder is the most highly correlated mental disorder with crime. Individuals diagnosed with this disorder are the 'psychopaths' we are familiar with from television shows and movies that have sensationalized these individuals. They are also commonly referred to as Sociopath. Researches have established that they are many in the society with nearly 6% of men and 1% of women having the disorder. The criteria for the disorder require an ongoing disregard for the rights of others, since the age of 15 years and must be at least 18 years old to receive this diagnosis.

People with the disorder appear to be charming at times, and make relationships. However, to those people with this disorder, these are relationships in name. They are ended whenever necessary or when it suits them and the relationships are without depth or meaning, including marriages. They seem to have an innate ability to find the weakness in people and are ready to use these weaknesses to their own ends through deceit, manipulation, or intimidation, and gain pleasure from doing so. They appear to be incapable of any true emotions, from love to shame or to guilt. These individuals are quick to anger, but just as quick to let it go, without holding grudges. No matter what emotion they state they have, it has no bearing on their future actions, or attitudes. They are rarely able to have jobs that will be for any length of time, because they become easily bored, and instead will need constant change. People with this disorder live for the moment, forgetting the past, and having no plan for the future, nor thinking ahead of what consequences their actions would have. They want immediate rewards and gratification for their needs.

## 6.3 Relationship of Antisocial Personality Disorder with Crime and Deviance

An individual with Antisocial Personality Disorder has a pervasive pattern of disregard for the rights of others, and violations of them. The disorder is characterized by a lack of conformity or respect for lawful behaviour. They repeatedly carry out acts that are grounds for their arrest.



There is extremely high tendency for such an individual to be deceitful. They will often be found to be using aliases, repeatedly lying, and conning people for either profit or even pleasure alone. An individual with the disorder tends to be irritable, aggressive, participates repeatedly in physical fights or assaults, and displays a consistently reckless disregard for the safety of their self or others. Finally these individuals tend to lack remorse as displayed by their indifference for harming others. Why this disorder would contribute greatly to criminal behaviour is clear. It itself is a recipe for criminality.

## 6.4 Measurement and Treatment for Psychopathic Personality Disorder

The use of measurement is critical in psychology. Some instruments that have been used in the past to identify this disorder include Minnesota Multiphasic Personality inventory (MMPI) by Hathaway, S and Mckinley, J (1967) particularly the Psychopathic deviate subscale (50 items), Eysenck Personality Questionnaire (EPQ) by Isaac Eysenck and Eysenck, (1975) containing 90 items, and California personality inventory (CPI), particularly the socialization subscale by Gough (1954).

### **Treatment**

Because antisocial would always blame others for their problems, have a low tolerance for frustration, are impulsive and rarely form trusting relationships, working with these individuals could be difficult. People with psychopathic personality often lack the motivation to improve and are notoriously poor self-observers. In other words, they do not have insight to their problems. They simply do not see themselves as others do. Psychotherapy for people with APD should focus on helping the individual understand the nature and consequences of his disorder so he can be helped to control his behaviour. Exploratory or insight-oriented forms of psychotherapy are generally not helpful to people with APD. Therapists must be aware of their own feelings and remain vigilant to prevent their emotional responses to their patients from disrupting the therapy process. No matter how determined the therapist may be to help an antisocial patient, it is possible that the patient's criminal past, irresponsibility and unpredictable tendency toward violence may render him thoroughly unlikable. Experience of the therapist counts a lot in the treatment of people with APD. Their treatment will require someone who can anticipate their emotions and present an attitude of acceptance without moralizing.

One of the most effective psychotherapies found beneficial to individuals with APD is cognitive therapy. This therapy was first developed to help patients with depression, but it has recently been applied to APD. During the course of treatment, the therapist should set guidelines for the patient's involvement, including regular attendance, active participation and completion of any necessary work outside of office visits. The individual with APD who submits to therapy only to avoid a jail term is not intent on improving. Therapy must be more than a means by which the antisocial tries to elude the consequences of his behaviour. The cognitive therapy's major goal is to help the patient understand how he

creates his own problems and how his distorted perceptions prevent him from seeing himself the way others view him.

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## Study Session Summary



### Summary

In this Study Session, we examined personality disorder and deviant behaviour. In the course of the Study Session, we defined personality disorder, showed the symptoms of the phenomenon as well as discussed types of personality disorder. Finally, we examined psychopathic personality, and looked at the measurement and the procedures of its treatment.

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## Assessment



### Assessment

#### SAQ 6.1

In your own words what are personality disorders?

#### SAQ 6.2

1. What are the characteristic features of Antisocial personality Disorder?
2. Describe the emotional pattern of people with Antisocial Personality Disorder.

#### SAQ 6.3

Why would antisocial personality disorder be a recipe for crime?

#### SAQ 6.4

1. What would you assume are considered in coming up with a measure of antisocial personality disorders?
2. Enumerate the guidelines for effective psychotherapy of sociopaths.
3. Why do you think full commitment to psychotherapy is important for the treatment?

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# Study Session 7

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## Sexual Deviation (The Paraphilias)

### Introduction

This Study Session focuses on sexual deviation. This is another form of psychopathology that correlates significantly with deviance, particularly, sexual offending. In your course of study, you will examine the concept of paraphilia, identify the types of paraphilia, and analyse their relationship with criminality.



#### Learning Outcomes

When you have studied this session, you should be able to:

- i. *explain* sexual deviation.
- ii. *point out* the forms of sexual deviation.

### 7.1 The Paraphilias

A final category that must be considered when evaluating the influential mental disorders in regards to deviant or criminal behaviour is the Paraphilias. A paraphilia is a recurrent, intense sexual fantasy, or behaviour that involves non human objects, the suffering or humiliation of others or oneself, or children and other non consenting individuals. One must consider that some of the fantasy driven sexual behaviours that seem to fit into the paraphilias, as they are defined in the DSM-IV, are not pathological in that no significant distress or impairment of ones self or another individual occurs. However, an act that is at one time not distressful could escalate to such levels.

#### 7.1.1 Fetishism

A paraphiliac focuses upon the use of non living objects (ex. bras, shoes, panties). Fetishism clearly does not involve a violent act. However, I included it for it is not extremely uncommon for an obsessed individual to exhibit a fetish on the individual of their desires. Obsessed individuals who stalk may exhibit fetishism with that individual's objects that could potentially escalate once they do not receive adequate sexual gratification from that fantasy object.

#### 7.1.2 Frotteurism

A second paraphiliac disorder which focuses on the sexual gratification an individual receives via the touching and rubbing against a non consenting person. In its minor form (rubbing up against individuals in a public place) is not a violent act (unless someone has an observant and hot headed boyfriend). However, at its extreme frotteurism could involve a more violent sexual assault.

### 7.1.3 Pedophilia

This focuses on sexual activity and sexual gratification via acts against a prepubescent child. While not necessarily always physically violent, this act is clearly a violation of an individual's right. In the more extreme cases, both physical and mental abuse can be threatened or used during or in relation to the act. The most grotesque cases can even escalate to murder in order to hide the pathological individual's acts from discovery via the child's identification of the perpetrator.

### 7.1.4 Sexual Masochism

In this paraphilia which clearly involves violence, the actual disordered individual is the victim of the violent act. The subject receives sexual gratification from being humiliated, beaten, bound, or otherwise made to suffer. Even though the individual may be consenting to such an act illegal violence is occurring. According to the Nigerian Criminal Code, an individual cannot consent to be injured or harmed. It is clearly a pathological condition that is creating such behaviour.

### 7.1.5 Sexual Sadism

The final and most violent paraphilia, sexual sadism, reflects the sexual gratification received from applying psychological or physical suffering upon a victim (whether they consent or not [see sexual masochism]). Clearly, this act is the most violent of all the disorders. The individual with sexual sadism who cannot satisfy their urges via fantasy driven behaviour will often act violently upon their sexual partners. In extreme cases, these individuals become rapists. Serial rapists are clearly sadists who get gratification from the suffering of others. The paraphilias reflect the main motivational behaviours of violent sexual acts of a criminal nature. Serial and sexual offenders often fit into these criteria for they go beyond fantasy driven acts and act out their disorder with real life victims.

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## Study Session Summary



### Summary

In this Study Session, we discussed the concept of sexual deviation. In this wise, we defined the subject-matter, described each type of the phenomenon and also stated the relationship between the phenomenon of sexual deviation and deviant behaviour.



## Assessment



Assessment

### SAQ 7.1

Explain paraphilia and show why certain forms of it may not be pathological.

### SAQ 7.2

1. Discuss fetishism as a form of paraphilia
2. Contrast sexual masochism from sexual sadism.
3. Explain frotteurism and show why it may not be as serious as other forms of paraphilia

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# Study Session 8

## Social Problems: Alcoholism and Drug Addiction

### Introduction

In this Study Session, you will examine some deviant behaviours, that are seen as social problems. Focus is on alcoholism and drug addiction.



#### Learning Outcomes

At the end of this Study Session, you should be able to:

- i. *define* and *use* correctly the following bold terms:
  - **alcoholism**
  - **addiction**
  - **tolerance**
- ii. *identify* the symptoms and causes of alcoholism.
- iii. *outline* the processes involved in addiction.

### 8.1 Alcoholism

**Alcoholism** is a condition characterised by a preoccupation with alcohol and impaired control over alcohol intake. Alcoholism refers to any condition that results in the continued consumption of alcoholic beverages despite the health problems and negative social consequences. Alcoholism may also refer to a preoccupation with or compulsion toward the consumption of alcohol and an /or an impaired ability to recognize the negative effects of excessive alcohol consumption. Alcohol is here given a lot of attention because it is the commonest drug abused in Nigeria.

Concerns about alcohol focus on psychopharmacological violence. In his analysis of homicide, Wolfgang (1958) found that 55% of offenders and 53% of victims had been drinking, and many other studies obtained similar findings. Alcohol has also been implicated in other violent crimes. For instance, Shupe (1954) analysed urinary alcohol concentrations in 882 offenders following arrest. Levels indicating intoxication were present in 88% of those charged with cutting, 67% of murderers, and 45% of those charged with rape. These findings do not establish a causal relationship. Data on drinking levels in comparable groups who have not offended have not been reported, and most research draws on police reports or retrospective accounts of offender, of uncertain reliability. Offender reports may be biased, since claiming intoxication is a common form of deviance disavowal. Some studies also indicate that high proportions of nonviolent offenders have been drinking prior to offending, suggesting that drinking is associated with criminal behaviour in general, or perhaps a failure to avoid detection. Moreover, aggression is not the most common effect of alcohol. Despite some level of controversy surrounding the effect of alcohol on criminality, the balance of evidence favours a special link between alcohol and aggressive crimes,



and facilitative effect of alcohol on aggression has been demonstrated in laboratory studies by Bushman and Cooper, 1990.

Graham (1980) identified four categories of theory, which differ according to the role ascribed to alcohol itself.

- a. A direct cause is explicit in dis-inhibition theory, which assumes that alcohol acts on the brain mechanisms that inhibit aggression. This implies that it affects the neurotransmitter substance that serves as inhibitor of aggressive tendency of man. This view was however undermined by lack of evidence for brain centres of aggression and by the variable effects of alcohol. Moreover, there are high frequencies of occasions when alcohol is consumed and there was no aggressive consequence.
- b. other theories argued for indirect cause and assume that effects of alcohol are mediated by changes in arousal and cognition. Some researchers propose that alcohol reduces ability to attend to multiple cues and switch attention. With the result that the intoxicated person is more stimulus bound, less guided by inhibitory cues or anticipated future consequences, and takes more risks. Others suggest that alcohol affects cognition, narrowing the perceptual field, and makes behaviour more situational determined.
- c. The third approach emphasizes the motive for drinking which may be the attainment of anxiety reduction or feelings of power, which then interact with other effects of alcohol. For example, reduced ambiguities of situational cues may enhance feelings of control, which are potentiated in those with power concerns, leading to overestimated prowess.
- d. The last but not the least set of theories sees the alcohol-aggression correlation as reflecting pre-dispositional or situational factors. The following conclusions were reached from the various studies reviewed: Personality factors may lead people both to drink and behave aggressively. For example, Buikhuisen et al found that students who reported becoming aggressive after drinking were distinguished from unaggressive drinkers by more self-reported delinquency, hostility, dominance, impulsivity, and inconsistent upbringing, as well as by increased skin conductance recovery time after drinking. (ii). Expectation about the effects of alcohol and the culturally permitted time out form social rules allowed for drinkers, may also encourage deviant behaviour after drinking.(iii). There are some drinking situations themselves that are more conducive to aggression. These theories overlap rather than compete.

## 8.2 Drug Addiction and Deviant Behaviour

Mythology about drug use has fostered the belief that they are prominent causes of criminal acts, particularly violence. However, research indicates that delinquency and substance use are act of a deviant lifestyle that results from a variety of factors, and any association may be incidental. **Drug addiction** is a powerful motivation for some people to engage themselves in certain behaviour that are deviant. Before we talk about how it relates to deviant lifestyle, we must first have an understanding of the concept of drug addiction and how/why one becomes addicted.

The craving for certain drugs, such as opiates (heroin, or morphine), psycho-stimulants (amphetamine or cocaine) or synthetic street versions of these drugs, and certain other drugs such as alcohol and nicotine, as well as others can become overwhelming (Leshner, 1997). The addicts craving for the drug may be so severe to the extent that they sacrifice their jobs, family life and relationships, homes, and even freedom to obtain it. Addiction usually occurs when a pattern of compulsive and destructive drug-taking behaviour has emerged, often the person craves for the drug in a compulsive manner. The question then is what causes the transformation from trying out a drug to into addiction? The truth is that about three factors have been found to explain what makes psychoactive drugs so addictive. The first is the ability of most addictive drugs to over activate some pleasurable areas of the brain. Most of the psychoactive drugs act as either agonist or antagonists to the neurotransmitter substances in the brain.

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## Study Session Summary



### Summary

In this Study Session and unit one, we have examined alcoholism and drug addiction, prostitution and family violence as forms of social problem. Specifically, we defined the four concepts and also discussed their symptoms. We also examined the theories used to explain those phenomena.

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## Assessment



### Assessment

#### SAQ 8.1

Correctly explain alcoholism showing why there may be confusion to its proper meaning.

#### SAQ 8.2

Point out key symptoms of alcoholism.

#### SAQ 8.3

Analyse addiction and how it forms in a person?

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## Study Session 9

### Streetism and Delinquency

#### Introduction

In this Study Session, you will examine streetism and delinquency. The Study Session also examines the factors responsible for these phenomena.



#### Learning Outcomes

When you have studied this session, you should be able to:

- i. *explain* various childhood conditions such as streetism, delinquency and child trafficking.
- ii. *discuss* childhood developmental trauma.

#### 9.1 Streetism

Part of the childhood result of trauma is streetism. Streetism is a syndrome that involves minors found in the street on unwholesome times. Streetism is an English word implying the living of homeless or unmonitored children on the street, especially, when related to drugs, disease, crime, or delinquency. This term appears to be specific to Anglophone Africa. There are two types of street children as classified by Ebigbo (1997). These are “of the street type” and “on the street type”. The “on the street type” are the children found in the street during the day time but would go back to their homes later at nights. They are usually from low-income families and are rarely enrolled in schools. Some go to school but engage in absenteeism quite often and may eventually drop out of school for low performance. The “children of a street type” are the children who reside and subsist on the street. They live, sleep and virtually engage in all forms of activities for survival in the street. The two groups of street children are at risk of joining deviant gangs and engage in crimes. They are likely to also embrace a deviant lifestyle and a lot of research has been carried out on these children. Some researchers have also distinguish between the “of the street type” of children. For example, those who are thrown out and those who left on their own accord. The thrown outs are the ones that the parents abandoned to the street and needs to be in the street because there is nowhere to go having been abandoned by the parents. The other category left the house because of deviant acts and fear of punishment. The two categories are definitely at risk of deviant lifestyles.

Many of such children are prone to police arrest and label as delinquent when they are caught. Delinquency is defined by the law and it implies any antisocial or criminogenic behaviour committed by the minors against the laws guiding minors. For many young people today, traditional patterns guiding the relationships and transitions between family, school and work are being challenged. Social relations that ensure a smooth process of socialization are collapsing; lifestyle trajectories are becoming more varied and less predictable. The restructuring of the

labour market, the extension of the maturity gap (the period of dependence of young adults on the family) and, arguably, the more limited opportunities to become an independent adult are all changes influencing relationships with family and friends, educational opportunities and choices, labour market participation, leisure activities and lifestyles. It is not only developed countries that are facing this situation; in developing countries as well there are new pressures on young people undergoing the transition from childhood to independence. Rapid population growth, the unavailability of housing and support services, poverty, unemployment and underemployment among youth, the decline in the authority of local communities, overcrowding in poor urban areas, the disintegration of the family, and ineffective educational systems are some of the pressures young people must deal with.

Researchers worldwide have observed an increase in the rate of juvenile delinquency globally. The problem of juvenile delinquency is becoming more complicated and universal, and crime prevention programmes are either unequipped to deal with the present realities or do not exist. Many developing countries have done little or nothing to deal with these problems, and international programmes are obviously insufficient. Developed countries are engaged in activities aimed at juvenile crime prevention, but the overall effect of these programmes is rather weak because the mechanisms in place are often inadequate to address the existing situation. It is impossible to develop effective prevention programmes without understanding the reasons behind juvenile involvement in criminal activity. Different approaches are used in scientific and practical literatures on juvenile crime and violence to define and explain delinquent behaviour by young people. To criminologists, juvenile delinquency encompasses all public wrongs committed by young people between the ages of 12 and 20. Criminologists view the concept more broadly, believing that it covers a multitude of different violations of legal and social norms, from minor offences to serious crimes, committed by juveniles. Included under the umbrella of juvenile delinquency are status offences, so called because they are closely connected with the age status of an offender; a particular action or behaviour is considered a violation of the law only if it is committed by a juvenile (examples include truancy and running away). In an attempt to explain the theoretical underpinnings of delinquency, researchers have associated the specifics of youth behaviour with the home, family, neighbourhood, peers and many other variables that together or separately influence the formation of young people's social environment. While delinquency is a common characteristic of the period and process of becoming an adult, it is very important to note that juveniles often create stable criminal groups with a corresponding subculture and start to engage in the activities of adult criminal groups, in effect choosing delinquent careers. It is thus important that such problems are detected early and appropriate intervention is used to stem it or else, improper managing of it could lead to adult criminality.

### **9.1.2 Factors Explaining Juvenile Delinquency**

Many factors have been introduced to explain deviance among the minors. The intensity and severity of juvenile offences are generally determined by the social, economic and cultural conditions prevailing in a



country. There is evidence of a universal increase in juvenile crime taking place concurrently with economic decline, especially in the poor districts of large cities. In many cases street children later become young offenders, having already encountered violence in their immediate social environment as either witnesses or victims of violent acts. The educational attainments of this group are rather low as a rule, basic social experience acquired in the family is too often insufficient, and the socio-economic environment is determined by poverty and under- or unemployment. The causes of and conditions for juvenile crime are usually found at each level of the social structure, including society as a whole, social institutions, social groups and organizations, and interpersonal relations. Juveniles' choice of delinquent careers and the consequent perpetuation of delinquency are fostered by a wide range of factors, the most important of which are described below.

### **Economic and Social Factors**

Juvenile delinquency is driven by the negative consequences of social and economic development, in particular economic crises, political instability, and the weakening of major institutions (including the State, systems of public education and public assistance, and the family). Socio-economic instability is often linked to persistent unemployment and low incomes among the young, which can increase the likelihood of their involvement in criminal activity. The description above fits perfectly to the current situation in Nigeria. This might explain why there is now high level violence and criminality today.

### **Cultural Factors**

Delinquent behaviour often occurs in social settings in which the norms for acceptable behaviour have broken down. Under such circumstances many of the common rules that deter people from committing socially unacceptable acts may lose their relevance for some members of society. They respond to the traumatising and destructive changes in the social reality by engaging in rebellious, deviant or even criminal activities. An example of such a setting would be the modernization of traditional societies and the accompanying changes wrought by the application of new technologies; shifts of this magnitude affect the types and organization of labour activity, social characteristics, lifestyles and living arrangements, and these changes, in turn, affect authority structures, forms of obedience, and modes of political participation— even going so far as to influence perceptions of reality. In both developed and developing countries, consumer standards created by the media are considerably beyond the capacity of most families to achieve. Nevertheless, these ideals become a virtual reality for many young people, some of whom will go to great lengths to maintain a lifestyle they cannot afford. Because not all population groups have access to the necessary resources, including education, professional training, satisfactory employment and income, health services, and adequate housing, there are those who are unable to achieve their goals by legal means. The contradiction between idealized and socially approved goals and the sometimes limited real-life opportunities to achieve them legally creates a sense of frustration in many young people. A criminal career becomes one form of addressing this contradiction. Therefore, one of the

reasons for delinquent behaviour is an excessive focus on proposed goals (achieving success) coupled with insufficient means to achieve them. The likelihood of deviant acts occurring in this context depends in many respects not only on the unavailability of legal opportunities but also on the level of access to illegal opportunities. Nigeria has a nation is virtually in the verge of this and greater number of juveniles are continually engaging themselves in different forms of antisocial behaviour that are criminogenic in nature.

### **Urban Migration**

This is another significant factor explaining why there seems to be more juvenile delinquency in urban cities than rural areas or township. It has been observed that the ongoing process of urbanization in developing countries is contributing to juvenile involvement in criminal behaviour. The basic features of the urban environment foster the development of new forms of social behaviour deriving mainly from the weakening of primary social relations and control, increasing reliance on the media at the expense of informal communication, and the tendency towards anonymity. These patterns are generated by the higher population density, degree of heterogeneity, and numbers of people found in urban contexts.

### **Family Influence**

Studies show that children who receive adequate parental supervision are less likely to engage in criminal activities. Dysfunctional family settings—characterized by conflict, inadequate parental control, weak internal linkages and integration, and premature autonomy—are closely associated with juvenile delinquency. Children in disadvantaged families that have few opportunities for legitimate employment and face a higher risk of social exclusion are overrepresented among offenders. The plight of ethnic minorities and migrants, including displaced persons and refugees in certain parts of the world, is especially distressing. The countries in transition are facing particular challenges in this respect, with the associated insecurity and turmoil contributing to an increase in the numbers of children and juveniles neglected by their parents and suffering abuse and violence at home. The family as a social institution is currently undergoing substantial changes; its form is diversifying with, for example, the increase in one-parent families and non-marital unions. The absence of fathers in many low-income families can lead boys to seek patterns of masculinity in delinquent groups of peers. These groups in many respects substitute for the family, define male roles, and contribute to the acquisition of such attributes as cruelty, strength, excitability and anxiety. The importance of family well-being is becoming increasingly recognized. Success in school depends greatly on whether parents have the capacity to provide their children with “starting” opportunities (including the resources to buy books and manuals and pay for studies). Adolescents from low-income families often feel excluded. To raise their self-esteem and improve their status they may choose to join a juvenile delinquent group. These groups provide equal opportunities to everyone, favourably distinguishing themselves from school and family, where positions of authority are occupied by adults.



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## Study Session Summary



### Summary

In this Study Session, you learnt about childhood conditions such as streetism, delinquency and child Trafficking. You also examined childhood developmental trauma, how it is distinguished from post traumatic disorders earlier diagnosed by clinicians and current status about treating such children.

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## Assessment



### Assessment

#### SAQ 9.1

1. Compare and contrast streetism from delinquency.
2. Distinguish between “of the street” and “on the street” forms of streetism.
3. Enumerate and explain the factors that lead to child delinquency.

#### SAQ 9.2

Explain childhood development trauma looking at how it influences a potential to delinquency.

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# Study Session 10

## Family Social Problems

### Introduction

In this Study Session, you will examine social problems that are related to the family. Focus is on family violence, child trafficking and prostitution. Note that these problems are deviant behaviours because they are not morally accepted by the society, and they are also distressful to the individual and the people around them.



#### Learning Outcomes

When you have studied this session, you should be able to:

- i. *discuss* the forms and causes of family violence.
- ii. *point out* ways in which children could be exploited.
- iii. *identify* childhood developmental trauma.
- iv. identify causes of prostitution.

### 10.1 Family Violence

Violence between family members is not new but child abuse received attention and acknowledged as social problem not too long ago while husband to wife abuse received attention even decades later. Wife to husband abuse has just recently become a matter of concern. Domestic violence had been tacitly accepted as normal and rights of chastisement remain enshrined in laws which accord unequal rights of husbands over wives and of parents over children. All violence is shocking, but aggression between intimates is especially disturbing. Everybody wants to feel safe with those we know and love, but this type of sense of security is destroyed by violence.

#### 10.1.1 Child Abuse

It is sad to note that many research reports have shown that a considerable number of parents inflict physical pain on their children at some time during disciplinary encounters (UN, 2007). The United Nations recently released a report on the nature and causes of violence against children on a global level. The U.N. Secretary General's Study on Violence against Children was a joint initiative that began in 2003 and was sponsored by the Office of the High Commissioner on Human Rights, the United Nations Children's Fund (UNICEF) and the World Health Organisation. Reports of cruel and humiliating punishment, genital mutilation of girls, neglect, sexual abuse, homicide, and other forms of violence against children have long been recorded, but the grave and urgent nature of this global problem has only recently been revealed. The report noted that the need for action is evident in statistics the following statistics:

1. The World Health Organisation estimated that almost 53,000 child deaths in 2002 were homicides (occurring in the context of loved ones and known persons).



2. An estimated 150 million girls and 73 million boys under 18 have experienced forced sexual intercourse or other forms of sexual violence.
3. UNICEF estimates that in sub-Saharan Africa, Egypt and Sudan, 3 million girls and women are subjected to female genital mutilation every year.
4. The International Labor Organisation estimates that 218 million children were involved in child labor in 2004—126 million were engaged in hazardous work. In Nigeria, cases of child labour in different disguises abound. The case study presented below shows the guise at which this problem occurs.

#### **Case Study on Child Labour**

One Mrs. A, a 45 year old Nigerian, brought a child O. aged 13 years to Chief Mrs K. as a house help and claimed that the girl worked with her and she would be coming at the end of the month to collect her monthly salary because she had to remit the money to her parents to keep for the girl to go to school later. Investigations later revealed that the woman was actually the mother of O. and that her first child aged 15 has been placed somewhere for the same type of work and she had been going there every month to collect the salary on behalf of the girl. She actually had no intention of sending the children to school. She had remarried four times to different men apart from the father of her grown up children. She had therefore, been using these children to generate revenue for her upkeep. With this revelation, Chief (Mrs) K decided with the help of social worker to send the child to school personally and counselled Mrs. A to stop exploiting her children.

Cases like these abound within the society today. Children are often abused, manipulated and exploited by their parents and/loved ones. On some other occasions, they are trafficked to neighbouring countries to work for their masters. Some others are often sexually abused. This is a deviant behaviour because everybody would expect that children born by parents should be loved and cared for. When the same parents now turned round to be aggressive against the child, this could send some fearful jots through one's spine.

#### **10.1.2 Spousal Abuse**

Spousal abuse refers to the violence or mistreatment that a woman or a man may experience at the hands of a marital, common-law or same-sex partner. Spousal abuse may happen at any time during a relationship, including while it is breaking down, or after it has ended. This phenomenon occurs when one person in an intimate relationship or marriage tries to dominate and control the other person. Victims of domestic abuse or domestic violence may be men or women, although women are more commonly victimized. This abuse happens among heterosexual couples and in same-sex partnerships. Except for the gender difference, domestic abuse doesn't discriminate. It happens within all age ranges, ethnic backgrounds, and financial levels. The abuse may occur during a relationship, while the couple is breaking up, or after the relationship has ended.




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*Is an abuser's behaviour a psychopathology or a choice?*

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The above question has been found difficult to answer by researchers. Some theorized that the spousal abusers are psychologically sick and requires treatment to normalize. Some others felt that the abusers are using their behaviour to gain some personal rewards and this has been the motivator. They assumed that the behaviour is a matter of choice rather than loss of control for the following reasons.

- a. A batterer does not batter other individuals - for example, the boss who does not give him time off or the gas station attendant that spills gas down the side of his car. He waits until there are no witnesses and abuses the person he says he loves.
- b. If you ask an abused woman, "can he stop when the phone rings or the police come to the door?" She will say "yes". Most often when the police show up, he is looking calm, cool and collected and she is the one who may look hysterical. If he were truly "out of control" he would not be able to stop himself when it is to his advantage to do so.
- c. The abuser very often escalates from pushing and shoving to hitting in places where the bruises and marks will not show. If he were "out of control" or "in a rage" he would not be able to direct or limit where his kicks or punches land.

Whatever one belief, spousal abusers requires some psychotherapy because they are suffering for some psychological skill defects and except they are exposed to some skills training, they may never be able to acquire such skills and so may continue to victimize their spouse.

Let's now consider some types of spousal abuse.

### **Types of Spousal Abuse**

There are many forms of spousal abuse, and a person may be subjected to more than one form.

**Physical abuse** may consist of just one incident or it may happen repeatedly. It includes using physical force in a way that injures someone - or puts them at risk of being injured- including beating, hitting, shaking, pushing, choking, biting, burning, kicking, or assaulting with a weapon. Other forms of physical abuse may include, for example, rough handling, confinement, or any dangerous or harmful use of force or restraint.

Sexual abuse and exploitation includes all forms of sexual assault, sexual harassment or sexual exploitation. Forcing someone to participate in unwanted, unsafe or degrading sexual activity, or using ridicule or other tactics to try to denigrate, control or limit their sexuality or reproductive choices is sexual abuse.

**Emotional abuse** includes verbal attacks, such as yelling, screaming and name-calling. Using criticism, verbal threats, social isolation, intimidation or exploitation to dominate another person are other forms of



emotional abuse. Criminal harassment or "stalking" may include threatening a person or their loved ones, damaging their possessions, or harming their pets.

**Economic or financial abuse** includes stealing from or defrauding a partner. Withholding money that is necessary to buy food or medical treatment, manipulating or exploiting a person for financial gain, denying them access to financial resources, or preventing them from working (or controlling their choice of occupation) are also forms of economic abuse.

**Spiritual abuse** includes using a person's religious or spiritual beliefs to manipulate, dominate or control them. It may include preventing someone from engaging in spiritual or religious practices, or ridiculing their beliefs.

**Abusive partners** may use a number of different tactics to try to exert power and control over their victim. Abuse is a misuse of power and a violation of trust. The abuse may happen once, or it may occur in a repeated and escalating pattern over a period of months or years. The abuse may change form over time.

### 10.1.3 Causes of Domestic Violence

Psychological theories focus on personality traits and mental characteristics of the offender. Personality traits include sudden bursts of anger, poor impulse control, and poor self esteem. Various theories suggest that psychopathology and other personality disorders are factors, and that abuse experienced as a child leads some people to be more violent as adults. Studies have found high incidence of psychopathy among abusers. Dutton has suggested a psychological profile of men who abuse their wives, arguing that they have borderline personalities (between psychotics and neurotics), which are developed early in life. Gelles suggests that psychological theories are limited, and pointed out that other researchers have found only 10% (or less) fitting this psychological profile. He argues that social factors are important, while personality traits, mental illness, or psychopathy are lesser factors. Theory of self esteem states that low level of self-esteem has made people to seek physical and external means to boost their sense of self.

Like most aggressive actions, spousal abuse is multiply determined. Among the factors associated with increased partner aggression are personal characteristics such as age, attitudes towards violence, drug and alcohol abuse, and personality/personality disorder, socioeconomic status including education and income, interpersonal conflict, stress social isolation, and experience of growing up in a violent family. In the same vein, child abuse is also multiply determined. Among factors associated with increased child abuse are personal characteristics of the abusing parent such as personality and substance abuse and of the child; the family's socioeconomic status, stressful experiences; social isolation marital conflict and the abusing parent's having been abused as a child. Research has confirmed that children who witness parental violence or who are themselves abused are more likely as adults to inflict abuse on intimate partners or, perhaps, to be a victim of intimate violence.

## 10.2 Child Trafficking

Many childhood challenges have resulted into different forms of psychopathology among children. Just like streetism and juvenile delinquency, child trafficking is another form of challenge and it is the recruitment, transportation, transfer, harbouring, or receipt of children for the purpose of exploitation. “Trafficking in persons” shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at the minimum, the exploitation or the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs. Children are trapped into trafficking most directly by abduction or kidnapping. But the vast majority of trafficking victims are trapped in more subversive ways. Typically, the traffickers promise their victims, usually girls and young women, that they will have respectable work as waitresses, perhaps, or domestic servants in another country. Traffickers may also persuade parents that their children will have a better life elsewhere: a secure job and the chance of a better education. In fact, they are often selling them to brothels. Some of these parents or girls may even know, or suspect, that they will be sex workers. What they do not know, however, is the extent of the abuse and degradation they will suffer, and the likelihood that they will be ensnared in debt bondage. Even when the children understand what has happened, they may still appear to submit willingly. Sometimes a brothel-owner will simply tempt a girl with around £160 (UK \$250) or more for her virginity – probably more than her parents earn in a whole year. Confused, frightened and far from home, a dutiful daughter may feel she is being disloyal to her parents if she refuses. Moreover, trafficking need not necessarily involve moving children across international borders. In many African countries much of the trafficking is internal. In the extended family system, parents have traditionally sent their children to work in other households – sometimes entrusting them to better-off relatives in the cities. Increasingly, however, many people are abusing this tradition to get cheap labour.

“Human trafficking” has moved to the forefront of public attention, as a result of some high profile cases that attracted much media coverage. These include the tragic story of Victoria, Adjo “Anna” Climbié, the little African girl who died in London in February 2000 as a result of neglect and horrendous physical abuse by her great aunt. Victoria’s family had sent their daughter to England in the hope of a better life for her but her aunt viewed her niece as little more than a useful tool for claiming benefits.

Women and children make up the vast majority of the human trafficking chain. This has been blamed on some push factors that are rooted in poverty, inequality and discrimination, resulting in survival strategies that expose the most vulnerable to exploitation and abuse. Pull factors include the lure of opportunity and huge economic differentials that make even



relatively poor neighboring regions seem a likely source of livelihood; as well as the lucrative trade in adoption and organ transplants.

Human trafficking should not be confused with the smuggling of people, as happens when e.g. immigrants and asylum seekers enter receiving countries illegally, in order to seek work or claim asylum. Smuggling and trafficking are related but different activities. The smuggling of human beings takes place with the consent of the travellers. Many asylum seekers and illegal immigrants pay heavily for the services of people who help them evade border controls. Trafficking on the other hand implies something much worse, that the travelers are unwilling or unknowing victims. This is evident in the most widely accepted definition of trafficking, which is included within a new protocol to the United Nations Convention against Transnational Organized Crime. UN Children's Fund (UNICEF) blames poverty and lack of education for child exploitation in Nigeria.

Who then are the victims and perpetrators of this degradation of humanity? The most likely victims of trafficking are the same as those vulnerable to exploitative child labour generally. That is, children from the poorest families that have had little education. In the case of girls who are being sought for the sex trade, another factor may be tensions within the family. In Cambodia, for example, it has been reported that recruiters look for girls who have quarreled with their parents, or even those who have just broken up with their boyfriends. While sex work is the most likely purpose of trafficking, it is certainly not the only one. In West Africa, many girls are trafficked for domestic service. Boys and girls can also be put to work in small shops or factories. Some girls are taken for forced marriage. In 2002, the UK Government reported that in the previous 18 months it had dealt with more than 240 cases of forced marriage and helped with the repatriation of 60 young people. Not all victims were female; in about 15% of cases, the unwilling partner was the husband. The perpetrators of human trafficking can involve many different people. The recruiters, men and women, may be people who specialize in identifying likely victims in their own village. Or they may be a relative or friend. Others work in a more formal way, as placement agencies. But many different people may also be implicated in trafficking – train guards, ships' captains, and taxi, bus and truck drivers.

Long distance international trafficking is usually highly organized. Trafficking from Nigeria to Europe, for example, is increasingly controlled by sophisticated criminal gangs who recruit children, forge passports for them and bring them to Europe (United Nations, 2005).

The magnitude of this problem is difficult to ascertain in Nigeria but there are enough indications that the problem is very serious. By March, 2005, the Nigerian Police force rescued about one hundred children during two separate incidences. The first incidence occurred when the NPF discovered some fifty-two children trafficked to Nigeria from Togo. Four suspected traffickers were arrested, including a man who claimed to be the pastor of a Pentecostal church. The children were allegedly being trafficked for forced labour. These children were among the children declared missing by Togolese Authority. The children were then handed over to the Togolese embassy and repatriated back. The second incidence

occurred on the 5<sup>th</sup> of March, when the NPF in Lagos City stopped a refrigerated truck containing 64 children. The children were severely dehydrated. The driver of the truck, a woman, was arrested. The children were from Mokwa, in the Niger state, and were apparently taken to Lagos to work as servants. These and many more of such cases abound in the Nigerian community today.

The Nigerian government has not been taking this case with levity. Hence, the government has enacted a variety of initiatives to combat the surging problem of child trafficking. In July 2003, lawmakers passed the ‘Trafficking in Persons Prohibition and Administration’, which gives law enforcement officials a much-needed legal framework for rescuing victims, and for investigating, arresting, and prosecuting traffickers. It was this new law that led the way for the creation of National Agency for Prohibition of Traffic in Persons (NAPTIP), a government agency that disseminates preventative information to the public, educates police officials, and monitors trafficking cases. UNICEF supported the institutional development of NAPTIP, helped to train immigration and police officers, and provided necessary equipment.

UNICEF’s Roger Botralahy noted how traumatic these situations could be for these young ones and then promised that UNICEF would strive to provide psychological support for them. This has brought up the issue of childhood traumas that has remained untreated all this while.

### 10.3 Childhood Developmental Traumas

On many other occasions, perception of pain is in response to pathological or psychological assaults going on in the body. The ensuing sensation is perceived as pain in the brain.

Developmental Trauma is a breakthrough term in the mental health field with roots in both developmental psychology and traumatology. It emphasizes the role of very early trauma and its invisible but pervasive effect on the evolution of all human systems. Developmental trauma involves energetic disconnections between children their mothers that are either too long or too frequent. If the emotional stress associated with these disconnects are not repaired quickly, the infants have trauma reactions. Many mothers simply lack skills in supporting their child emotionally when they become upset and are unable to respond to their needs for nurturing, protection, safety and guidance in timely and appropriate way.

Just last year, the American Psychology Association noted in their annual general meeting that many children traverse the terrain of childhood with few major upsets. But an unfortunate number face the opposite fate, suffering repeated and often serious traumas—everything from abuse and neglect to persistent community violence to caregivers impaired by illness, alcohol or depression. No one knows how many children are affected, but one gauge is the number of children reported annually to child protection services for abuse and neglect—3 million. About 1 million of those cases are substantiated, according to a 2003 report by the Administration on Children, Youth and Families. Such report would be a nightmare in a country like Nigeria where child abuse and neglect appear to be culturally acceptable in most parts of the country.



Despite this awareness, the APA noted that no single diagnosis adequately captures the plight of these youngsters. They then came up with new diagnosis for these youngsters. Subsequently, a working group of child psychiatrists and psychologists were constituted with the mandate to develop such a diagnosis for possible inclusion in the 2011 iteration of the *Diagnostic and Statistical Manual of Mental Disorders*, the DSM-5, published by the American Psychiatric Association. As it stands now, these children are often misdiagnosed and incorrectly treated, working group members argue. The team is an interest group of the National Child Traumatic Stress Network, a consortium of 70 child mental health centers founded and funded by the Substance Abuse and Mental Health Services Administration that brings together clinicians who work with children who have complex trauma histories.

The other research area shows that much of children's later ability to think clearly and solve problems in a calm, non-impulsive way stems from their experiences in the first five to seven years of life. A case in point is an ongoing retrospective study of 17,337 adult managed-care users funded by Kaiser Permanente and the Centers for Disease Control and Prevention, cited by Van der Kolk in the May 2005 *Psychiatric Annals* (pages 401–408). It found a highly significant relationship between reported traumatic childhood experiences such as sexual and physical abuse, and later episodes of depression, suicide attempts, alcoholism, drug abuse, sexual promiscuity and domestic violence. It also discovered that the more adverse childhood experiences a person reports, the more likely he or she is to develop life-threatening illnesses such as heart disease, cancer and stroke. In addition, the team is including the latest findings on the neurobiological consequences of traumatic interpersonal stress. For instance, studies show that women abused as children who recall memories of abuse or are confronted with stressful cognitive challenges have strong reactions in brain areas that signal threat, but reduced mobilization of brain areas related to focusing attention and categorizing information, Ford's paper notes.

Finally, the group is piecing together information on how complex interpersonal trauma can differentially impact each stage of development, says Pynoos. It also is incorporating the fact that effects of early trauma can spill over into other stages, even if those traumas have stopped occurring, he notes. Many children traverse the terrain of childhood with few major upsets. But an unfortunate number face the opposite fate, suffering repeated and often serious traumas—everything from abuse and neglect to persistent community violence to caregivers impaired by illness, alcohol or depression. No one knows how many children are affected, but one gauge is the number of children reported annually to child protection services for abuse and neglect—3 million. About 1 million of those cases are substantiated, according to a 2003 report by the Administration on Children, Youth and Families.

Yet no one diagnosis adequately captures the plight of these youngsters, and that is why a new diagnosis is needed for them, asserts a working group of child psychiatrists and psychologists developing such a diagnosis for possible inclusion in the 2011 iteration of the *Diagnostic and Statistical Manual of Mental Disorders*, the DSM-5, published by the American Psychiatric Association. As it stands now, these children are

often misdiagnosed and incorrectly treated, working group members argue. The team is an interest group of the National Child Traumatic Stress Network, a consortium of 70 child mental health centers founded and funded by the Substance Abuse and Mental Health Services Administration that brings together clinicians who work with children who have complex trauma histories. To fill the gap, the group is proposing a diagnosis called “developmental trauma disorder” or DTD, to capture what members see as central realities of life for these children: exposure to multiple, chronic traumas, usually of an interpersonal nature; a unique set of symptoms that differs from those of post-traumatic stress disorder (PTSD) and a variety of other labels often applied to such children (see “Current trauma diagnoses”); and the fact that these traumas affect children differently depending on their stage of development.

“While PTSD is a good definition for acute trauma in adults, it doesn’t apply well to children, who are often traumatized in the context of relationships,” says Boston University Medical Center psychiatrist Bessel van der Kolk, MD, one of the group’s co-leaders. “Because children’s brains are still developing, trauma has a much more pervasive and long-range influence on their self-concept, on their sense of the world and on their ability to regulate themselves.” The 10-member group has been meeting since 2005, gathering relevant research, hashing out possible criteria and devising a strategy for getting the diagnosis to a rigorous enough place to be considered. They admit they have much work ahead before that happens, given the labor involved in gathering case materials, developing instruments and testing those instruments in the field for validation.

But they are committed to the task because they believe state mental health systems currently flounder on treatment plans for these children because they lack an accurate framework for understanding their problems. “We think DTD has a strong scientific basis to it,” says University of California Los Angeles child expert Robert Pynoos, MD, co-director of the trauma network and co-leader of the working group. “But it also has a common-sense resonance with community mental health workers and with families who are looking for a proper understanding of their troubled child or teenager. If we could introduce a rigorous diagnosis like this, it could have a significant impact on thousands of children.”

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### Building a Case

To make its case that science supports the DTD diagnosis, the group is examining large databases of children who can help inform the potential diagnosis. For example, members of the child trauma network, which sees up to 50,000 children per year, are building a core data set where they’re finding out not only what kind of traumas children have experienced, but when they occurred and for how long. The group also is tracking a 20-year longitudinal study of 4,000 Australian child survivors of natural disasters that includes life-history questions. The team will look at differences between children who report interpersonal traumas and those who don’t van der Kolk notes.

In addition, the team is drawing on the attachment, developmental and

### Hint



interpersonal trauma literature, says University of Connecticut psychologist Julian Ford, PhD, a group member and an affiliate of APA Divs. 12 (Clinical) and 56 (Trauma). Ford outlines some of this research in a paper in the May 2005 *Psychiatric Annals* (Vol. 35, No. 5, pages 410–419). The team is considering two research streams, Ford says. One finds that children who experience interpersonal trauma show a disrupted ability to regulate their emotions, behaviour and attention. For instance, studies show that when caregiving in animals is disrupted or withdrawn, they become anxious and highly reactive to stressors, and when they are older, are less likely to explore their environments, Ford notes. The other research area shows that much of children’s later ability to think clearly and solve problems in a calm, non-impulsive way stems from their experiences in the first five to seven years of life. A case in point is an ongoing retrospective study of 17,337 adult managed-care users funded by Kaiser Permanente and the Centers for Disease Control and Prevention, cited by van der Kolk in the May 2005 *Psychiatric Annals* (pages 401–408). It found a highly significant relationship between reported traumatic childhood experiences such as sexual and physical abuse, and later episodes of depression, suicide attempts, alcoholism, drug abuse, sexual promiscuity and domestic violence. It also discovered that the more adverse childhood experiences a person reports, the more likely he or she is to develop life-threatening illnesses such as heart disease, cancer and stroke. In addition, the team is including the latest findings on the neurobiological consequences of traumatic interpersonal stress. For instance, studies show that women abused as children who recall memories of abuse or are confronted with stressful cognitive challenges have strong reactions in brain areas that signal threat, but reduced mobilization of brain areas related to focusing attention and categorizing information, Ford’s paper notes.

Finally, the group is piecing together information on how complex interpersonal trauma can differentially impact each stage of development, says Pynoos. It also is incorporating the fact that effects of early trauma can spill over into other stages, even if those traumas have stopped occurring, he notes.

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## Finding the Right Treatment

Group members are investigating existing child trauma treatments. They’re also gathering information on new interventions geared specifically to working with these youngsters. One type of promising treatment teaches children self-regulation skills—in essence, helping them see how they have adapted in the face of trauma. The treatment helps them modify those

where her reaction was coming from, and to learn more appropriate ways of responding to and caring for her child, Lieberman explains.

Experts’ view of DTD: The group is tackling an important and overlooked phenomenon, other child experts concur. “The idea of isolating reliable and valid diagnostic criteria to identify this group of children is one

“Often we develop psychological difficulties in the face of interpersonal challenges,” says Kaslow, chief psychologist at Grady Memorial Hospital in Atlanta and winner of a 2006 APA Presidential Citation for her work reaching out to psychology trainees, postdoctoral fellows and training sites after Hurricane Katrina. “It is very appealing to see people thinking not just individually, but contextually and systemically.”

adaptations in creative ways so they can shift out of survival mode and into one more appropriate to their developmental stage, according to Ford. Similar therapies focusing on self-regulation help children to achieve developmental competencies that they were unable to acquire initially, says Pynoos. Involving parents or caregivers is critical too, emphasizes University of California San Francisco psychologist and group member Alicia Lieberman, PhD. Parents who maltreat their children often are dysregulated themselves, a phenomenon known as “intergenerational transmission of trauma,” she notes.

In the intervention—Parent-Child Psychotherapy, which she created and which is supported by research—“we help the mother or father become attuned to their own dysregulation,” she says, “and that helps them become more responsive to the child’s dysregulation.” As one example, Lieberman’s team recently saw an abused mother and her toddler in treatment. At one point the child fell and hit his head, and lifted his arms to the woman for help. She responded, “Don’t you hit me!” Lieberman recalls. The team’s job was to help the woman understand

whose time has come,” says University of California Los Angeles child expert Karen Saywitz, PhD, who chairs an APA interdivisional Task Force on Child and Adolescent Mental Health. “The group’s ideas are well-grounded in recent advances in research on parent-child attachment, neurobiological developments, information processing and treatment outcomes.” APA Div. 56 (Trauma) President Judie Alpert, PhD, a psychologist at New York University, agrees that the group correctly identifies the connection between certain children’s symptoms and interpersonal trauma. “Without this clarity, we have only limited understanding of these children’s difficulties and a disjointed approach to treatment,” she notes. The proposed diagnosis highlights the importance of bringing relationship factors more fully into the DSM, adds Emory University psychologist Nadine Kaslow, PhD, who discusses this need in an article in the September 2006 *Journal of Family Psychology* (Vol. 20, No. 3, pages 359–368) along with lead author Steven Beach, PhD, and colleagues.

But the experts also caution that it’s vital the group be sure its research is airtight so they are sure they are identifying the right youngsters, and so such a potential diagnosis is not mis- or overused.

“People vary dramatically in their resilience to adversity,” says Saywitz, “so it is important the group is vigilant in its efforts to prevent misuse of a new diagnostic category and the untested treatments that may well arise.”

The group’s accurate fingering of a widespread problem likewise underscores the need for better trauma training in graduate school, Alpert says. “When trauma is discussed in courses that focus on diagnosis and the DSM,” she says, “trauma often receives short shrift.” Despite these caveats—and no matter what happens with the diagnosis in the short term—the group does a major service by bringing these youngsters and their needs to the attention of the public, funders and policy makers, Saywitz believes.

“If the debate over DTD is a catalyst for such a discussion,” she notes, “it will benefit not only these children and families, but our society as a whole.”

**Source:** This is an extract from *APA The Monitor*, volume 38, No. 3, March, 2007

## 10.4 Prostitution

Prostitution is sexual activity in exchange for remuneration. Prostitution is sometimes called the "world's oldest profession". The legal status of prostitution varies in different countries, from punishable by death to complete legality. The term is also used more loosely to indicate someone who engages in sexual acts that are disapproved of, such as sexual promiscuity or sex outside of marriage.

### Toleration during the Middle Ages

#### Hint

During the middle Ages, prostitution was not prohibited. The attitude of worldly and religious authorities towards prostitution was pragmatic. Many cities tolerated prostitution to protect chaste female



citizens from rape and defilement. There were, however, a number of conditions imposed on prostitutes and their clients. Prostitutes were not allowed to be married. Married men and Jewish men were prohibited from hiring prostitutes. Still, prostitution was considered a dishonorable profession. Prostitutes were not expected to conform to sexual rules, but prostitutes were not protected by the law. The concept of "honor" was very important in early modern society. Honor had social significance, but it also had legal ramifications. "Honorable" people had more rights. Until the late 16th Century honor, aside from citizenship, was the most important criterion for the stratification of society. Despite the fact that prostitution was seen as indispensable, city governments tried to separate "dishonorable" prostitution from the honorable world. Until the fifteenth century, cities tried to keep prostitution outside of the city walls. Later, city governments tried to reserve certain areas of the city for prostitution. Prostitution businesses were driven to the streets and alleys near the city walls.

Cultural usage varies widely, and the use of the term as a pejorative indicates acts that are not formally considered prostitution in a cultural context. In Nigeria and many other parts of the world today, the concept of prostitution is no more used for the act of exchanging remuneration for sexual activity but rather "commercial sex". The individual involved in the prostitution business is regarded as a prostitute. Why the Nigerian criminal law defines formal and acceptable sexual behaviour and highlight sexual behaviour that are criminogenic, commercial sex appears to have come to stay although it is extrinsically described as illegal. But many times, females are often seen as prostitutes than males. In Nigeria, male prostitutes are rare and not known by the public although this is done in subtle ways. Researches on prostitution (commercial sex work) have shown that most people involved in this business usually stay in brothels and hotels. Some of them are susceptible to being drafted to armed robbery and other forms of criminal behaviour. Some others are susceptible to becoming victims of ritual killing. Observation has also showed that they are easily exploited by the police and those who patronize them.

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#### **10.4.1 Causes of Prostitution**

Poverty has been found to be the main cause of prostitution in Nigeria. Many of the females engaging in prostitution entered into the business because of poverty, particularly now that the economy is very challenging.

One major way that prostitution is perpetuated in Nigeria is through sex trafficking. Sex trafficking is the process that delivers victims into prostitution. It includes the recruitment, harboring, movement, and methods by which victims are compelled to stay in prostitution, whether by violence, coercion, threat, debt, or cultural manipulation.

Prostitution and sex trafficking are based on a balance between the supply of available victims and the demand for victims to provide the sex acts. Victims are recruited from marginalized, poor, and vulnerable populations. These potential victims may be from the same city or country as the exploiters, or they may be trafficked from other countries

or continents. They may be women and girls who are poor, uneducated, and naïve, and therefore easy to control, or they may be educated, middle-class girls who have been sexually abused until their bodily integrity and identities are destroyed and they no longer know how to resist abuse and exploitation. Prostitution and trafficking begin with the demand for victims to be used in prostitution. It begins when men go in search of sex that can be purchased. In countries where prostitution is illegal, it begins when pimps place orders with their criminal networks for women and children.

One other important condition that could lead someone to engaging in prostitution is a psychopathological condition called hypersexuality. Hypersexuality is an increased need, even pressure, for sexual gratification and is often a symptom of mania. It may also include decreased inhibitions or a need for "forbidden" sex. This condition is also referred to as nymphomania. One patient with this condition described herself as follows: "I have a very low sex drive unless I'm manic, in which case I'm willing to do it with anyone or anything, male or female, married or unmarried - all my morals go right out the window. I have gotten myself in serious trouble this way. Aaaaggh!!" Another one reported: "I'll go a few weeks and have to be with my husband every night, sometimes waking him up in the middle of the night if I wake up." This condition is a symptom of bipolar disorder. Bipolar disorder is a condition whereby someone is suffering from a mood swing ranging from high spirited, elated mood to low spirited depressive mood. This is specifically called a manic-depressive disorder. Hypersexuality is one of the things that can ruin a bipolar person's marriage or committed relationship. In these days where sexually transmitted diseases can kill, unrestrained hypersexuality can also be deadly. Not every person who has bipolar disorder experiences this, but for those who do, it may be a serious problem. Finding the right combination of bipolar medications to control mania is an essential step toward keeping hypersexuality from becoming destructive. Individuals with insatiable desire for sex like this may enter into prostitution business to meet up with their desire for sex.

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## Study Session Summary



### Summary

In this Study Session, we examined family violence, child trafficking, childhood developmental traumas and prostitution. We discussed the causes of the phenomena and also delved into the treatment procedures.



## ASSESSMENT



### Assessment

#### SAQ 10.1

1. Point out the different forms of family violence.
2. Analyse statistics that demonstrate a need for action against child abuses.
3. Explain spousal abuse and what the motivations are for it.
4. Discuss the different forms of spousal abuse.
5. Identify major causes of family violence

#### SAQ 10.2

1. Analyse the social implications of trafficking.
2. Discuss how child trafficking different from smuggling people.

#### SAQ 10.3

1. What do you understand by child development trauma?
2. In what ways is child development different from post-traumatic stress disorder?

#### SAQ 10.4

1. Give a working definition of prostitution.
2. Point out the major causes of prostitution.
3. What does the term hypersexuality mean?
4. Explain the relationship between prostitution and bipolar disorder.

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# Study Session 11

## Homicide and Genocide

### Introduction

This Study Session focuses on homicide and genocide. It would enlighten you on what the two terms are all about. Furthermore, you will examine various forms of homicide as well as various theories which have been postulated to explain the problems



#### Learning Outcomes

When you have studied this session, you should be able to:

- i. *discuss* the concepts of homicide and genocide.
- ii. *explain* their types, causes and means of preventing them.

### 11.1 Homicide

Homicide is a situation where another human being is killed. The act of killing another human being is called homicide. Homicide does not necessarily define an illegal act, but it is sometimes used synonymously with murder. Criminal homicide includes felony murder, capital murder and manslaughter: This includes Voluntary manslaughter, intoxication manslaughter, death by dangerous driving and reckless manslaughter. Many forms of homicide have their own terms based on the person being killed: These include Infanticide - Killing of an infant, Fratricide - Killing of one's brother; in a military context, killing of a friendly combatant. Others are the following:

- 1) Sororicide - Killing of one's sister
- 2) Parricide - Killing of one's parents
- 3) Patricide - Killing of one's father
- 4) Matricide - Killing of one's mother
- 5) Mariticide - Killing of one's spouse
- 6) Uxoricide - Killing of one's wife
- 7) Filicide - Killing of one's child
- 8) Regicide - Killing of a monarch.
- 9) Genocide - Killing of a national, ethnic, racial or religious group

Homicides may also be non-criminal when conducted with the sanction of the state. The most obvious example is capital punishment, in which the state determines that a person should die, but homicides committed during war are usually not subject to criminal prosecution as well.

### 11.2 Genocide

Genocide is the deliberate and systematic destruction of an ethnic, racial, religious or national group. United Nations Convention on the Prevention and Punishment of the Crime of Genocide defined genocide in Article 2 of the convention as "any of the following acts committed with intent to



destroy, in whole or in part, a national, ethnical, racial or religious group, as such: killing members of the group; causing serious bodily or mental harm to members of the group; deliberately inflicting on the group conditions of life, calculated to bring about its physical destruction in whole or in part; imposing measures intended to prevent births within the group; [and] forcibly transferring children of the group to another group." Genocide is generally considered one of the worst moral crimes a government (meaning any ruling authority, including that of a guerrilla group, a quasi state, a Soviet, a terrorist organisation, or an occupation authority) can commit against its citizens or those it controls. The major reason for this is what the world learnt about the Holocaust, the systematic attempt of German authorities during World War II to kill all and every Jew no matter where found or simply to destroy Jews as a group. This murder of between 5 to 6 million Jews became the paradigm case of genocide and underlies the word's origin. As the world also learned about other genocides, there was an international attempt through the United Nations to make genocide an international crime and to bring its perpetrators to justice. Thus in 1948 it approved and proposed the Convention on the Prevention and Punishment of the Crime of Genocide (UHCG), and most recently states signed into being the International Criminal Court (ICC). As a crime, the UHCG defined genocide as the intention to destroy, in whole or in part, a national, ethnical, racial or religious group, as such. The ICC accepts this definition, further elaborates it, provides broader jurisdiction, and can subject individuals regardless of status or rank to prosecution. Noteworthy is the fact that the ICC now covers not only genocide, but crimes against humanity that include, aside from genocide, government murder, extermination campaigns, enslavement, deportation, torture, rape, sexual slavery, enforced disappearance, and apartheid.

Genocide is also a subject of social science and scholarly study, but its legal definition does not easily allow for empirical and historical research. For this reason the definition of genocide for research purposes has, in essence, been of two types. One is the definition of genocide as the intention to murder people because of their group membership, even if political or economic. A second definition, which may also be called *democide*, is any intentional government murder of unarmed and helpless people for whatever reason.

### 11.3 Psychological Explanation of Genocide and Homicide

The common explanations of genocide and mass killing include things like uniquely violent cultures, group think and mass psychosis, and psychopathology. This is not to say that none of these explanations has anything to offer; rather, they simply don't fit all of the facts as we know them. Neither social nor psychological explanations alone suffice. In their place, Waller offers four interdependent layers of both social and psychological factors. The common explanations of "extraordinary human evil" (specifically: genocide and mass killing) which Waller rejects include things like uniquely violent cultures, group think and mass psychosis, and psychopathology. This is not to say that none of these explanations have anything to offer; rather, they simply don't fit all of the facts as we know them. Neither social nor psychological explanations

alone suffice. In their place, Waller offers four interdependent layers of both social and psychological factors.

The first layer he calls our "ancestral shadow" and relates our evolutionary heritage which has encouraged things like xenophobia, ethnocentrism, and patterns of social dominance. The second has to do with the social forces which mold the perpetrators of evil: cultural beliefs, moral disengagement, and the role of rational self-interest. The third layer deals with the development of a "culture of cruelty" that allows extraordinary evil to exist: socialization, group cohesion, and the merger of role and person. The fourth and final layer involves the "social death of the victims" - their removal from the "moral universe" through us-them thinking, dehumanization, and blaming them for what is done to them. We shall now examine the theories that have explained genocide.

Several important theories have currently shaped our understanding **Holocaust** case in their explanation of genocide. We shall now have a brief overview of these theories.

#### Note

This topic is very wide, but this Study Session is just to introduce you to these theories and I hope that you will explore the resources in the bibliographic section of this Study Session.

### 11.3.1 Scapegoating Theory

Freudian scapegoating theory attempted to explain genocide as an irrational and unconscious displacement of frustration onto a less powerful scapegoat. Scapegoating theory, however, has evolved significantly over the past fifty years, and today the Freudian explanation has been flawed with many inadequacies by many authors in its attempt to explain the patterns which are seen in genocides. For example, some authors noted that contrary to Freudian theory, the scapegoated group is not likely to be any minority that happens to be vulnerable and helpless, but rather a group that though it may be vulnerable in actuality, is believed to be powerful, cunning and dangerous. Scapegoating is more likely to be the result of envious prejudice. This would imply that the process of scapegoating is a conscious, cognitive process, and not an unconscious psychodynamic process. Envious prejudices are likely to be at their most acute in situations in which majority group members feel that their social status has shifted downward relative to the status of the minority, a situation likely to create intense feelings of relative deprivation – the resentment that occurs when individuals or groups believe that others' outcomes are unfairly greater than their own. This is known as Relative Deprivation Theory. Another angle to this was proposed by Henri Tajfel which he called social causation referring to a human tendency to search for the understanding of complex, and usually distressful, large-scale social events. Fritz Heider (1958) noted that when we attribute events to the behaviour of a person, we typically assume that the other must have the ability to cause the event. In other words, it is argued that for a group to be scapegoated, it must first be *perceived* as having the ability to cause widespread problems. There also must be the perception that the targeted group had the *intent* to cause the frustrating events.



Another flaw of the Freudian scapegoating theory is that increasing ideological commitment can maintain aggression against a scapegoat even if the frustration that initially generated attraction to the ideology disappears. If Freudian displacement is truly occurring, then once the frustration is released or the stressor removed, then the violence should end. Billig (1976) writes: *It is too fanciful to imagine that the Germans were kept in an increasing state of emotional arousal for fifteen years, and at the end of this time simultaneously millions happened to rid themselves of these tensions in an identical manner.* In other words, if displacement theory is correct, i.e. that the Germans were frustrated with the power of the Allies after World War I and therefore displaced their frustration onto the Jews, why, once Germany was rearmed and powerful and began to attack the true sources of frustration, did the persecution of Jews accelerate rather than diminish? Allport (1954) modified the scapegoating theory with the concept of **complementary projection**: unfavorable stereotypes of a targeted group are rationalizations that are caused by, rather than cause, aggressive impulses toward the group. In other words, undesirable traits are attributed to the group to justify aggression. This is similar to the concept of **derogation of the victim**, in which the perpetrator justifies his actions by claiming that it is a just response to the actions of the victim. Lerner calls this the **Just World Hypothesis**. This theory also allows us to maintain a sense of security, recognizing that since I do not behave the way the victim does, I am therefore safe from violence. Lastly, as early as 1948 Zawadzki noted that scapegoat theory is inadequate in predicting which minor minority group will be chosen as a target and in accounting for differences in the intensity of dislike? Why is it that so many separate individuals' psychic conflicts were resolved by choosing the same target? It appears that a more conscious process is necessary – i.e. an ideology as a mediating force - in order to result in genocide.

### 11.3.2 The Continuum of Destruction

Ervin Staub argues that genocide and mass killing do not directly arise from difficult life conditions and their psychological effects. There is a progression along a continuum of destruction. People learn and change by participation, as a consequence of their own actions. Small, seemingly insignificant acts can involve a person with a destructive system: for example, accepting benefits provided by the system or even using a required greeting, such as "Heil Hitler." Initial acts that cause limited harm result in psychological changes that make further destructive actions possible. Victims are further devalued: for example, just-world thinking may lead people to believe that suffering is deserved. Perpetrators change and become more able and willing to act against victims. In the end people develop powerful commitment to genocide or to an ideology that supports it. Staub argues that the necessary societal pre-condition is what he calls *ideologies of antagonism* which are the outcome of a long history of hostility and mutual violence. Such ideologies are worldviews in which another group is perceived as an implacable enemy, bent on one's destruction. While a history of hostility and violence can create a realistic fear of the other, usually the extremely negative view of the other is resistant to change. The group's identity has come to include enmity toward the other.

Another important factor is the *false consensus effect* - when people falsely believe that their attitudes or beliefs are shared by a majority of other people. According to Albert Bandura, such consensus beliefs provide social justification for moral disengagement; thus, serving as precursors to collective violence and facilitating the transition of the eventual perpetrators. He takes his theory a bit further by discussing the role of all players: victims, perpetrators, helpers, and bystanders. He has argued that healing victimized groups is essential to reduce the likelihood that they become perpetrators. His theory is often referred to as the *Socio-cultural Motivation Theory* because it focuses on a multiplicity of interacting influences which result in intense group violence. The theory focuses on changes within both the individual and the group, the role of bystanders, and how factors interact.

### **Disposition, Situation or Both?**

Leonard Newman argues that the dichotomy of situation vs. disposition is an artificial one. Situations do not only interact with dispositional factors to affect behaviour, they shape and change those dispositions: people do not just react to a situation, they also affect and shape the situation; and situations themselves do not even objectively exist but need to be cognitively constructed by the people they then go on to affect.

Ross and Nisbett (1991) discuss the power of the situation through *the principle of construal*. The impact of any objective stimulus situation depends upon the personal and subjective meaning that the actor attaches to that situation. To predict the behaviour of a given person successfully, we must be able to appreciate the actor's construal of the situation – that is, the manner in which the person understands the situation as a whole. 5

Cognitive dissonance has been shown to play a significant role in how a person responds to a given situation. When people are led to engage in behaviours that violate their normal standards, they will feel anxiety and stress - which Festinger referred to as cognitive dissonance. As a means of alleviating this stress, they will be motivated to change their attitudes and beliefs to reduce the discrepancy between their behaviour and their cognitions. Bandura (1999) extends the theory of cognitive dissonance by discussing *gradualistic moral disengagement*. According to his theory, investing harmful conduct with high moral purpose not only eliminates self-censure, but it engages self-approval in the service of the destructive exploits. In order to do this, we re-contextualizing behaviour: for example, we are not *killing innocent people*, but *building a better world for my family*.

### **11.3.3 Group Norming Theories**

Matza (1964) carried out a very illustrative study of juvenile delinquents. Miller and Prentice summarize the conclusions: *Each of the youths in the gang was privately very uncomfortable with his own behaviour. But because the youths were unwilling to express their reservations publicly, they each appeared to the others as fully committed to, and comfortable with, the group's delinquency. This is a system of shared misunderstandings which led to a level of antisocial behaviour that no individual member fully embraced.* This study illustrates how people's collective efforts to blend in and conform to a



norm can actually reinforce the power of an illusory norm that actually has no counterpart at the level of individuals within the group. Group theory is the foundation of much of social psychology. Many of the behaviours which we manifest as individuals are also the behaviours that we see in groups. Like individuals, groups have self-esteem, anxiety, goal-driven behaviour, inter alia. In addition, Pettigrew (1979) argued that one's group membership is so important that we attempt to rationalize not only our own behaviour, but also the behaviour of groups we identify with. Turner (1985) proposed *Self-Categorization Theory*, i.e. the groups in which we are members form the bases for the categorizations that we use to identify others and ourselves. In addition, members try to position themselves close to the most *prototypical* member of the group. Since the most prototypical member tends to be the most different from the out-group, this leads to more extreme positions or attitudes by the in-group when the inter-group context is made salient. Moscovici (1984) refers to generally shared beliefs of a group as *social representations*. They form the basis of a social aggregate's shared reality and are often used to justify or substantiate other related beliefs or opinions. The perceived validity of a belief is increased simply by communicating it to someone. A person's available and salient knowledge, regardless of its perceived validity, affects his/her processing of information. For example – all Nigerians know the basic elements of a Wazobia stereotype – regardless of whether they believe in it. Hence, Nigerians will interpret relevant situations through the social representation of that information. Hence, framing one's preferred position or solution in terms of a shared belief system (or social representation) can be a quite powerful influence, even when the majority disagrees with your position initially. It is very difficult for a minority opinion to sway the majority of a society. Moscovici has found that the most important factor is the *consistency* of the argument. We can see this in the way that Hitler's Nazi party gained popularity. They kept saying the same thing for almost twenty years. When the social situation changed and fit more in line with their consistent message, people were more apt to accept what they were saying. They had never wavered, and now they were seen as possibly being correct. But Latané has argued that the issue of majority vs. minority opinion is much more complex than Moscovici proposes. Latané's Dynamic Social Impact Theory argues that the impact that others have on a person's attitudes, beliefs, and behaviours is determined by the strength (e.g. status, experience), immediacy (closeness either physically or socially), and number of influence sources. Over time, beliefs initially held by a majority of the people tend to spread and become more prominent throughout the aggregate. However, belief clusters also form, thus preventing the majority opinion from totally eradicating the minority. Shared belief structures evolve naturally, and people end up believing many of the same things as their neighbors; this is not a linear process, but a constantly evolving set of understandings.

Part of the dissemination of belief has to do with the availability of information to the group. In a study by Strasser and Titus (1985) information about political candidates was distributed among group members such that some items were shared by all three members, while other items were given to only one member. When the group members

were presented with all the information, one of the candidates appeared clearly superior to the other two. The researchers distributed the positive information about the superior candidate such that most of it was unshared (given to only one member), while the positive information about the other candidates was shared among all the members. They found that unshared information was much less likely than shared information to be brought up during discussion; consequently, few groups chose the superior candidate. In other words: *when a group comes together to make a decision or discuss an issue, information that is already shared by everyone in the group dominates the discussion and tends to guide the group toward decisions consistent with the shared information.* Kameda argues that cognitively central group members – members who share more information with other members – are more influential. Sharing more information with other group members conveys the perception of expertise to the other members.

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## Study Session Summary



### Summary

In this Study Session, we have focused on homicide and genocide. We defined the two concepts clearly, examined various forms of homicide. Furthermore, we examined different psychological theories to explain the phenomena.

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## Assessment



### Assessment

#### SAQ 11.1

1. Explain homicide and show when it may be non-criminal.
2. Define genocide according to the United Nations Convention on the Prevention and Punishment of the Crime on Genocide.
3. Discuss democide and site historical examples.

#### SAQ 11.2

1. List out the various manifestations of homicide.
2. Enumerate the number of psychological theories that have been postulated to explain genocide.

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- Gordon Allport's *Escalation of Violence* explanation of how



genocide can happen

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# Study Session 12

## Psychological Interventions

### Introduction

This Study Session will expose you to the concept of psychological intervention and brief you on interventions that attempt to reduce deviant behaviour that has become psychopathologic.



#### Learning Outcomes

When you have studied this session, you should be able to:

- i. *present* various approaches in psychological interventions.

### 12.1 Approaches in Psychological Intervention

Psychological intervention inherently consists of prevention and treatment, although these should not be considered as separate entities. Prevention addresses the outset of a deviant behaviour that could become a disorder though the individual has not manifested it, while treatment addresses reduction of the severity of the disorder (Webster-Stratton and Dahl, 1995). Prevention and control of deviance have parallels in the categorisation of public health just like we have primary, secondary and tertiary levels. Primary prevention aims at preventing the onset of deviant lifestyle. Secondary Prevention on the other hand aims at preventing developing psychopathology from becoming chronic while the tertiary aims at ameliorating a problem and preventing its re-occurrence.

A multi-modal intervention approach seems to be treatment of choice by most researchers (Morretti, Emmrys, Grizenko, Holland, Moore, Shanisie, Hamilton, 1997; Lacourse, C]tA, Nargin, Vitaro, Brendgen, and Tremblay, 2002). This type of approach bears in mind the basic premise of Lazarus (1976; 1989) who postulated that every individual comprises seven dimensions, describing them with the acronym of BASIC IB representing behavioural, affective-processes, sensations, images, cognition, interpersonal and biological functions. It is believed that since psychopathology is multiply determined, the appropriate intervention should be directed to multiple targets (Goldstein, Glick, Irwin Pask-McCartney and Rubama, 1989). The value of multi-modal approach to treatment of deviant behaviour that have become psychopathologic has been recognized for well over a decade (Webster-Stratton, Reid, and Hammond, 2004; Lacourse et al, 2002). Some authors noted that literature emphasized the effectiveness of the multi-modal intervention tailored to subjects' deficits rather than provision of one type of programme (for example, parent education/parenting skill training), which focused on just one or two factors (Thomlison, 1986; Milner and Chilamkurti, 1991). Experts have also agreed that multimodal intervention which emphasises attachment to a caring, responsible adult



not minding whether it is a teacher, administrator, bus-driver, custodian, relatives, or community member can foster pro-social behaviour among children/adolescents or improve adolescents' behaviour (for instance, Hawkins, 1995; Brooks, 1994a; 1992; Bernard, 1995 and Katz, 1995). This type of intervention design also followed a multi-systemic therapy approach which suggested that the therapist might serve as a parent figure or guardian for the antisocial adolescent to foster pro-social behaviour in them. It further suggested that the therapist could place developmentally appropriate demands on the adolescent and family for responsible behaviour within the context of support and skill building (Henggeler, Schoenwald, Borduin, Rolland, & Cunningham, 1998; Kazdin and Weisz, 1998; Tate and Mulvey, 1995; Henggeler, Schoenwald, Borduin 2000).

Group approaches to treatment for psychopathologically deviant individuals have also been found as effective as individual therapy or therapies that combine both individual and group techniques (Currie, 2002; Kastner, 1998). Some Psychotherapists consider psychodynamically oriented group therapy to be the treatment of choice for offenders, especially as a component of therapeutic communities. For instance, Boriello (1974) reiterated that since most offenders often deny their escapades, this form of group therapy would help offenders to reduce their defenses through disclosure of anxieties arising from early traumatic relationships. The assumption is that group dynamics facilitate disclosure. There are supporting evidences showing the efficacy of this form of group therapy (for instance, Jew, Clanon and Mattocks 1972; Borriello, 1974; Gordon, 1989, 1992; Burlingame, 1997 and Currie, 2002).

Additionally, treatment interventions have been developed to focus on altering a person's cognitive processes. This includes teaching the individual problem solving skills, self control facilitated by self-statements and developing prosocial rather than antisocial behaviours (Webster-Stratton and Dahl, 1995). Prosocial skills are developed, through the teaching of appropriate play skills, development of friendships and conversational skills. Some reviewed studies however suggested that young offender (i.e. children and adolescents who engage in crime or formal deviance) programmes should be cognizant of three specific psychological/criminogenic principles including risk, need and responsivity. It appears that these three could significantly impact on the success of a programme. This implies that for a programme to be effective, formal risk assessment component must be included, the specific needs of the adolescents must be identified and it should involve services such as skill-building and behavioural or cognitive-behavioural interventions. This is also in line with the solution focused therapeutic approach aimed at addressing the multiple factors known to be related to delinquency and help clients change by constructing solutions rather than dwelling on problems (Gingerich and Eisengart, 2000). This approach assumes that the elements of the desired solution often are already present in the client's life and should become the basis for ongoing change. Gingerich et al (2000) reviewed some past outcome research that are solution focused and found that 17 of the 18 studies reported client's improvement while such improvement was statistically significant in only 10 studies. The solution-focused studies were also found more effective

than other standard treatment in 7 of 11 studies that compared this type of intervention with other standard treatments. In the current study, solution focused as well as multi-systemic approaches were incorporated into the packaged multimodal intervention.

Emphasis here has been on deviant behaviour that has become a psychopathology. Note that everyone can engage in one or the other behaviour that could be considered deviant in one culture or at a particular setting and this would not be considered as deviant in some other cultures or settings. The interventions discussed above would be useful for individuals who have developed problem behaviours and also for prevention purposes.

Four different theoretical approaches to intervention for psychopathologic deviant behaviour have been identified. They are the following:

- 1) Psychodynamic Oriented Intervention approach;
- 2) Humanistic Oriented Intervention approach;
- 3) Applied behavioural intervention;
- 4) Cognitive/behavioural intervention.

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## Study Session Summary



### Summary

In this Study Session, you examined the concept of psychological intervention. You also explored various approaches to psychological interventions.

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## Assessment



### Assessment

#### SAQ 12.1

Define psychological intervention and point out the four different approaches to it.

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# Feedbacks on Self Assessment Questions

## SAQ 1.1

Psychopathology is the scientific study of abnormality, and it is about understanding the nature, causes, and best treatment approaches to the various psychological disorders. It has broad implications both clinical and economical.

## SAQ 1.2

Knowledge of psychopathology enables us identify, understand, assist, and perhaps even treat these individuals.

## SAQ 1.3

1. Environmental context matters because it defines the range of behaviour that can be defined as normal or abnormal.
2. Personality traits are enduring patterns of thought, feelings, and behaviours that distinguish individuals from one another. Any of these traits can cause problems may be referred to as maladaptive behaviour.
3. A normal person possesses an appropriate perception of reality, ability to exercise voluntary control over behaviour, self-esteem and acceptance, ability to form affectionate relationships; and productivity.

## SAQ 1.4

1. Deviancy is manifestation of behaviour which falls outside of some normal range. This range is defined by social or statistical contexts.
2. Psychopathology is creating a problem of some sort – as defined by the individual, the people around them or by society at large. Whereas a deviant behaviour is simply a behaviour which is unusual by some standard or another - deviance from the norm does not, of itself, produce maladaptation.

Persons exhibiting criminal behaviour may exhibit both forms. This is one aspect where they overlap.

## SAQ 2.1

The foundations are thus:

- a) deviance varies according to cultural norms;
- b) people become deviant as others define them as such;
- c) and both rule making and breaking involve social power.

## SAQ 2.2

In a conservative society deviant behaviour easily stands out. Potentially, it could play the role of affirming the normative standards of the society in question. This covers a range of social constructs from moral values to fostering social unity through societal self-questioning. Furthermore, deviant acts are always assertions of individuality and sense of identity, comprising acts of rebellion against group norms



### SAQ 2.3

1. Analyse the psychological perspectives in coming up with this comparison
2. The interactionist theory is a term tied in part to an analysis of variance, that is, understanding of how 2 variables or two classes of variables influence an outcome. Show how an interactionist theory is important for both theories.
3. Social interactions in a work environment would include acts, actions, or practices of co-workers mutually oriented towards each other's selves, that is, any behaviour that tries to affect or take account of each other's subjective experiences or intentions. In other words, there would be mutual subjective orientation by the workers towards each other
4. Learning without performance, reciprocal causation, expectation. List the others.
5. These are theories that suggest deviations come from the formation of norms and values which are enforced by institutions.
6. This theory suggests deviance comes from the individual, who learns deviant behaviour.
7. In his differential association theory, he posited that criminals learn criminal and deviant behaviours and that deviance is not inherently a part of a particular individual's nature. Also, he argues that criminal behaviour is learned in the same way that all other behaviours are learned, meaning that the acquisition of criminal knowledge is not unique compared to the learning of other behaviours.
8. Denial of responsibility, the denial of injury, the denial of the victim, the condemnation of the condemners, and the appeal to higher loyalties.
9. Power conflict theorists see the manifestations of power in certain institutions as the cause of deviance.
10. The main claim is that individuals are held to be biologically endowed with egocentric pleasure seeking and destructive impulses which conflict with the demands of the social group.

### SAQ 2.4

1. Other theories focus more on society's reaction to deviance and their relationships with people experiencing such conditions. Most of these theories assumed a positivist viewpoint proposing that the problem of deviance is within the individual and once the individual is cared for, the problem of deviance will disappear, as well as classical views.
2. Groups and situations give a conceptual imagery in social psychology. It gives a broader picture in understanding deviant behaviour.

### SAQ 3.1

1. Crime is an act or omission that is legally prohibit while deviance is violation of cultural norms. They both involve violating norms but with crimes the norm is legally binding.
2. The four senses of criminal responsibility are Causal, Role, Liability, Capacity criminal responsibility

**SAQ 3.2**

The three broad categories are Crimes against person for example murder and rape; crimes against property, e.g. theft and arson; and victimless crimes such as prostitution and use of illegal drugs

**SAQ 3.3**

1. Mental illnesses could promote crime, but without the presence of intention to commit crime.
2. Insanity Defence is a defense for diminished responsibility, that is, the one who has committed an offence does not possess an intention to commit crime. But one major reason why there has been continued controversy concerning this is the lack of attention to the question of why mental disorder should affect the individual's criminal responsibility

**SAQ 4.1**

A maladaptation is usually seen as creating a problem of some sort – as defined by the individual, the people around them or by society at large. Whereas social deviance is simply a behaviour which is unusual by cultural or societal standard, deviance from the norm does not, of itself, produce maladaptation.

**SAQ 5.1**

Psychosis refers to a situation in which an individual experiences loss of touch with reality. The ability of psychotic individuals to perceive and respond to the environment becomes so disturbed that they may not be able to function at home, with friends, in school or at work. Schizophrenia refers to a group of psychotic disorders characterized by major disturbances in thoughts, emotion and behaviour. Schizophrenia, therefore, is a form of psychosis.

**SAQ 5.2**

1. The positive symptoms consist of excesses, such as hallucinations, delusions and bizarre behaviour.
2. Major examples of negative symptoms are behavioural deficits, such as avolition, alogia, anhedonia and flat affect.
3. The basic types of schizophrenia are catatonic, disorganised, paranoid and undifferentiated.

**SAQ 5.3**

1. The major feature of anxiety disorder is anxiety coupled with extreme phobia.
2. Generalised anxiety, phobia, panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder and acute stress disorder.
3. There is usually no direct relationship between crime and anxiety disorders. However, accidental criminal acts may occur due to the condition.
4. Depression and mania are two basic emotions associated with mood disorders.



#### **SAQ 5.4**

1. Depression is not exactly a primary cause of criminal behaviour but many times there are symptoms of extreme depression in criminals.
2. Adults manifest it in a more self-defeating way; children are more aggressive.

#### **SAQ 6.1**

Personality disorders are defined as the stable and enduring maladaptive patterns of behaviour which extended to meet up the DSM criteria for personality disorders.

#### **SAQ 6.2**

1. There are a number of characters associated with this disorder. Particularly, people having it sometimes display lack of emotion.
2. Their actions generally show lack of emotions even though they may say or act so.

#### **SAQ 6.3**

1. All the features of the disorder combine to increase the aversion towards criminal behaviour.

#### **SAQ 6.4**

1. Multidimensional behavioural patterns will have to be factored in as well as personality tests.
2. Guidelines include regular attendance, active participation and completion of any necessary work outside of office visits.
3. Full commitment to psychotherapy is important because the patient needs to understand his or her problem as a step during treatment.

#### **SAQ 7.1**

Paraphilia is a recurrent, intense sexual fantasy, or behaviour that involves non-human objects, the suffering or humiliation of others or oneself, or children and other non consenting individuals. Paraphilia may not be considered pathological when there are no significant distress or impairment of ones self or another individual occurs.

#### **SAQ 7.2**

1. Fetishism is a form of paraphilia that involves sexual attraction and obsession with inanimate objects.
2. Sexual masochism describes paraphilia that involves deriving sexual pleasure from humiliation and pain. Sexual sadism, on the other hand, involves deriving sexual pleasure from watching other people suffer or feel pain.
3. Frotteurism involves deriving sexual pleasure from physical contact with a non-consenting person. Compared to other kinds of paraphilia it is not as perverse.

#### **SAQ 8.1**

Alcoholism refers to any condition that results in the continued consumption of alcoholic beverages despite the health problems and negative social consequences. Confusion may arise in properly defining it because there is often a tendency to separate the act of drinking alcohol in itself from the consequences of that act.

### SAQ 8.2

Major symptom of alcoholism is preoccupation with or compulsion toward the consumption of alcohol.

### SAQ 8.3

Addiction is a powerful motivation for some people to engage themselves in certain behaviour that are deviant. It develops largely from the ability of most addictive drugs to over activate some pleasurable areas of the brain.

### SAQ 9.1

1. Streetism is syndrome that involves minors found in the street on unwholesome times. Delinquency, on the other hand, is a legal term that implies any antisocial or criminogenic behaviour committed by the minors against the laws guiding minors.
2. 'Of the street' streetism involves kids who stay on the streets during the day but have a place of abode where they go to at night. 'On the street' streetism involves kids who stay, live and sleep on the streets.
3. There are economic, cultural, and social factors. Urban migration and family influence also play vital roles.

### SAQ 9.2

Delinquency may be ultimately linked to early childhood development but a fuller explanation of this concept is made in the next session.

### SAQ 10.1

1. Main forms of family abuse are child and spousal abuse.
2. Figures released by UNICEF, WHO, ILO show a high prevalence in cases of child abuse.
3. Spousal abuse is a phenomenon occurs when one person in an intimate relationship or marriage tries to dominate and control the other person. While it remains debatable it is **assumed that the behaviour is a matter of choice rather than loss of control**.
4. The forms of spousal abuse include physical abuse, emotional abuse, economic or financial abuse, spiritual abuse and abusive partners.
5. There is a multiplicity of causes including personal characteristics, stress, isolation, experience of growing up in a violent family, mental conflict.

### SAQ 10.2

1. Social implications on the victim are particularly grave. Analysis should also explore the broader societal consequences of child trafficking.
2. The smuggling of human beings takes place with the consent of the travellers. Many asylum seekers and illegal immigrants pay



heavily for the services of people who help them evade border controls. Trafficking on the other hand implies something much worse, that the travelers are unwilling or unknowing victims.

### SAQ 10.3

1. Child developmental trauma involves energetic disconnections between children their mothers that are either too long or too frequent. If the emotional stress associated with these disconnects are not repaired quickly, the infants have trauma reactions.
2. The difference lies in the fact that children's brains are still developing. The implication is that trauma has a much more pervasive and long-range influence on their self-concept, on their sense of the world and on their ability to regulate themselves.

### SAQ 10.4

1. Prostitution is sexual activity in exchange for remuneration.
2. Notable causes of prostitution are sex trafficking and hypersexuality.
3. Hypersexuality is an increased need, even pressure, for sexual gratification and is often a symptom of mania.
4. Bipolar disorder is a condition whereby someone is suffering from a mood swing ranging from high-spirited, elated mood to low spirited depressive mood. Prostitution caused by hypersexuality may result from a high-spiritedness of mood.

### SAQ 11.1

1. Homicide refers to the act of killing another human being. It may be non-criminal when conducted with the sanction of the state.
2. According to the United Nations Convention on the Prevention and Punishment of the Crime of Genocide defined genocide in Article 2 of the convention genocide is any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such: killing members of the group; causing serious bodily or mental harm to members of the group; deliberately inflicting on the group conditions of life, calculated to bring about its physical destruction in whole or in part; imposing measures intended to prevent births within the group; [and] forcibly transferring children of the group to another group.
3. Democide is any intentional government murder of unarmed and helpless people for whatever reason.

### SAQ 11.2

1. There are different types of homicidal actions including fratricide and parricide.
2. A number of theories have been put forward to explain both genocide and homicide. Make an explanation of each.

### SAQ 12.1

Psychological intervention consists of prevention and treatment, although these should not be considered as separate entities. The four different approaches are psychodynamic oriented intervention approach;

humanistic oriented intervention approach; applied behavioural intervention; and cognitive/behavioural intervention.



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