

Human Behavioural Programming SET 1

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Human Behavior and VICTIMOLOGY

Chapter I Development

A. Development Defined

Development refers to a progressive series of changes of an orderly and coherent life leading toward maturity.

B. Significant Facts about Development

a. Early foundation is critical (first two years of life, (physical and emotional))

Attitudes, habits, and pattern of behavior established during the early years and determine to a large extent how successfully individuals will adjust to life as they grow older.

b. Maturation and learning play important role in development

- Maturation— refers to the growth following the birth that is determined primarily by genetic factors and occurs more or less independently of learning.
- Learning – development that comes from exercise and effort on the individual's part.
- Three Important facts emerge from our present knowledge of the interrelationship of maturation and learning as the cause of development.
 - 1 *Because human beings are capable of learning, variation is possible.*
 - 2 *Maturation sets limit beyond which progress, even with the favorable learning methods and the strongest motivation.*
 - 3 *There is definite time table or learning.*

c. Development follows a definite and predictable pattern

The importance of this is that it makes it possible to predict what people will do at a given age and to plan their education and training to fit into this pattern.

d. All individuals are different

All individuals are biologically and genetically different from the others. No two people can be expected to react in the same manner to the same environment stimuli.

e. Each phase of development has characteristic pattern of behavior

□ Phases of Development

- 1 **Equilibrium** – when individuals adapt easily to environmental demands.
- 2 **Disequilibrium** – when the individuals experience difficulties in adaptation makes poor personal social adjustment.

f. Each phase of development has its hazards

Each period in the life can have associated with certain developmental hazards, physical, psychological and environmental.

g. Development is aided by stimulation

Directly encouraging the individual to use ability is the process of development. Stimulation of the muscles during the early years results in earlier and better coordinated motor skills.

h. Development is affected by cultural changes

Individual development is molded to conform to cultural standards and ideals.

i. There are social expectations for every stage of development

Cultural groups expect its member to master certain essential skills and acquire certain approved patterns of behavior.

j. There are traditional beliefs about people of all ages

These beliefs about physical and psychological characteristics affect the judgments of others as well as their self evaluation.

C. Characteristics of Development

1. Dependence to Self – direction
2. Pleasure to Reality
3. Ignorance to Knowledge
4. Incompetence to Competence
5. Diffuse to Articulated Self – identity

D. Stages in Human Life Span

1. Prenatal period - Conception to birth (0 – 9 months)
2. Infancy - Birth to the end of second week
3. Babyhood - End of the second week to the end of the second year
4. Early Childhood - Two to Six years
5. Late Childhood - Six to Ten or Twelve years
6. Puberty or Pre – Adolescence - Ten or Twelve to 13 or 14 years
7. Adolescence - 13 or 14 to 18 years
8. Early Adulthood - 18 to 40 years
9. Middle Age - 40 to 60 years
10. Old Age or Senescence - 60 to Death

E. Developmental Tasks During Life Span

Developmental Tasks – A task which arises at or about a certain period in the life of the individual, successful achievement of which leads to happiness and to success with later tasks, while failure leads to unhappiness and difficulty with later tasks.

a) Babyhood and Early Childhood

- Learning to take solid food
- Learning to walk
- Learning to talk
- Learning to control the eliminations of body wastes
- Learning sex differences and sexual modesty
- Getting ready to read
- Learning to distinguish right and wrong and beginning to develop a conscience

b) Late Childhood

- Learning physical skills necessary for ordinary games
- Building a wholesome attitude toward oneself as growing organism
- Learning to get along with age mate
- Beginning to develop appropriate masculine or feminine social roles
- Developing fundamental skills in reading, writing and calculating
- Developing concepts necessary for everyday living
- Developing conscience, sense of morality, and scale of values
- Attitudes toward social groups and institutions
- Achieving personal independence

c) Puberty and Adolescence

- Achieving new and more mature relations with age mates of both sexes
- Achieving a masculine and feminine social role
- Accepting one's physique and using one's body effectively
- Desiring, accepting, and achieving socially responsible behavior
- Achieving emotional independence from parents and other adults
- Preparing for an economic career
- Preparing for marriage and family life
- Acquiring a set of values and an ethical system as a guide to behavior

d) Early Adulthood

- Getting started in an occupation
- Selecting a mate

Chapter II Human Behavior

- Learning to live with a marriage partner
- Starting a family
- Rearing children
- Managing a home
- Taking on civic responsibility
- Finding a congenial social group

e) Middle Age

- Achieving adult civic and social responsibility
- Assisting teenage children to become responsible and happy adults
- Developing adult leisure time activities
- Relating oneself to one's spouse person
- Accepting and adjusting to the physiological changes of middle age
- Reaching and maintaining satisfactory performance in one's occupational career
- Adjusting to aging parents

f) Old Age

- Adjusting to decreasing, physical strength
- Adjusting to retirement and reduced income
- Adjusting to death of spouse
- Establishing an explicit affiliation with members of one's age group
- Establishing satisfactory physical living arrangements
- Adapting to social roles in a flexible way

□ Purposes of Developmental Tasks

- 1 They are guidelines that enable individuals to know what societies expect of them at given ages.
- 2 Motivate individuals to do what the social group expects them to do at certain ages during their lives.
- 3 Show individuals what lies ahead and what they will be expected to do when they reach their next stage of development.

F. Psychosexual Stages of Development

Freud believes that all human beings pass through a series of psychosexual stages, each stages dominated by the development and sensitivity in a particular erogenous or measure – giving spot in the body. If individuals are unsuccessful in resolving the conflict, their solving frustration becomes chronic and remains a central feature of their psychological make – up.

As a result of their frustration or over indulgence, individuals experience fixation at a particular stage of their development.

□ **Fixation** – is the tendency to stay at a particular stage; The individuals troubled by the conflict that characterizes the stage and seeing to reduce it by means of the behavior characteristics of that stage.

- a. **The Oral Stage** – reflect the infants need for gratification from the mother.
- b. **The Anal Stage** (2nd to the 3rd year of life) – reflects the toddlers need for gratification along the rectal area.
- c. **The Phallic Stage** (4th to 5th year of life) – reflects the preschooler's gratification involving the genitals. Children of this stage gratify their sex instinct by fondling their genitals and developing incestuous desire for the opposite sex parent.
- d. **The Latency Stage** (6th year of life to puberty) – is Freud's fourth stage of psychosexual development. During this time, sexual desires are repressed and all the Childs available libido is socially acceptable outlets such as school – work or vigorous play that consume most of Childs physical and psychic energy.
- e. **The Genital Stage** (from puberty onwards) – is characterized by maturation of the reproductive system, production of sex hormones, and reactivation of the genital zone as an area of sensual pleasure. The adolescent may openly expresses libidos toward member of the opposite sex. But for the first time, the underlying aim of sex instinct is reproduction.

A. Human Behavior Defined

Human Behavior – It is the voluntary or involuntary attitude a person adopts in order to fit society's idea of right and wrong. It's partly determined by heredity and environment and modified through learning. It is also the way human being act.

B. Causation of Human Behavior

- a. **Sensation** - feeling or impression of stimulus
- the process by which organism responds to stimulus

- a.1. visual – sight
- a.2. olfactory – smell
- a.3. cutaneous – touch
- a.4. auditory – hearing
- a.5. gustatory – taste

- b. **Perception** - knowledge of stimulus

- sorting out, interpretation, analysis, and integration of stimuli from our sensory organ.

- process by which sensory stimuli are interpreted, analyzed, and integrated

- c. **Awareness** - psychological activity, it is in accordance with the interpretation and experience of object of stimulus

C. Two Basic Types of Human Behavior

- a. **Inherited Behavior** – behavioral response or reflex exhibited by people due to their genetic endowment or the process of natural selection.
- b. **Learned Behavior** – involves cognitive adaptation that enhances the human beings ability to cope with changes in the environment in ways which improve the changes for service.

D. Motivation of Human Behavior

- a. **The Needs Theory of Human Behavior**

This theory states that, throughout life, desires, wishes, and drives, collectively called needs, motivate all. When not fulfilled, these needs lace the individuals under stress and in order to relieve the tensions created, one has to strive for appropriate satisfactions. However, the ways to satisfy these needs are governed by the society whose mechanics are not always identical to the individual's constant struggle for food, warmth, affection, achievement, recognition, and economic and emotional security.

These needs are arranged according to its hierarchy, to wit:

1. **Physiological needs**
2. **Safety needs**
3. **The sense of belonging and love needs**
4. **Esteem needs**
5. **The need for self – actualization**

- b. **The Psychodynamics of Human Motivation**

Psychodynamics, which literally means motivation to action, define human behavior in terms of inner personality of the inner self. The concept of subjective life and the inner forces within, called mental personality.

This theory viewed that what person do and how they act are reflections of the operations of their inner personality. This inner personality of the inner self is a system of forces or network energy, called psychic forces and makes one act and feel in certain ways its interplay.

The seat of these psychic forces is the mind, which is a

symbol of mental life and mental activity. The mind has three levels on which the symbols of these psychic forces operate, namely: Id, Ego, and Superego. These are not structures or entities, but are symbolic terms used to describe certain emotional and psychological activities which motivate behavior and affect personality. The organization of

total personality depends upon the adequate and harmonious functioning of these three dynamically interacting forces.

- **Id** – the raw, unorganized, inherited part of personality whose sole purpose is to reduce tension created by primitive drives related to hunger, sex, aggression, and irrational impulses. These drives are fueled by “psychic energy” called libido. The id operates according to the pleasure principle in which the goal is the immediate reduction of tension and the maximization of satisfaction.
- **Ego** – provides a buffer between the id and realities of the objective outside world. In contrast to the pleasure seeking nature of the id, the ego operates according to the reality principle, in which instinctual energy is restrained in order to maintain the safety of the individual and help integrate the person in society.
- **Superego** – the final personality structure to develop, represents the rights and wrongs of the society as handed down by person's parents, teachers and other important figures. The superego actually has two parts, the conscience and the ego – ideal.
 - **Conscience** – prevents us from doing morally bad things
 - **Ego – Ideal** – motivates us to do what is morally proper.

E. Viewpoints in the Study of Human Behavior

- a. **Neurological** – emphasizes human actions in relation to events taking place inside the body, especially the brain and the nervous system.
- b. **Cognitive** – concerned with the way the brain processes and transforms information in various ways.
- c. **Psychoanalytical** – emphasizes unconscious motives stemming from repressed sexual and aggressive impulses in childhood.
- d. **Behavioral** – focuses on external activities that can be observed and measured.
- e. **Humanistic** – focuses on the subject's experience, freedom of choice, and motivation

F. Factors that Affect Human Behavior

- a. **Heredity** – It is determined by genes. Genes are segments of cell structures called chromosomes by which parents pass on traits to their offspring.
- b. **Environment** – Consists of conditions and factors that surround and influence on individual.
- c. **Learning** – Is the process by which behavior changes as a result of experience or practice.

G. Characteristics of Behavior

1. Primarily native or learned
2. Evoked by external stimuli or internal need
3. Automatic, voluntary, conscious motor or intentional

H. Kinds of Behavior

- a. **Overt or Covert Behavior** - Behavior that are outwardly manifested or those that are directly observable are overt behaviors. On the other hand, the covert behaviors are behaviors that are hidden and not visible to the naked eye.
- b. **Conscious or Unconscious Behavior** - Behavior is conscious when act are within the level of awareness. It is unconscious when acts are embedded in one's sub – consciousness.
- c. **Simple or Complex Behavior** - These are act categorized according to the number of nervous involved in the process of behaving. Simple behavior involves less number of neurons, while complex behavior involves more number of neurons, a combination of simple behavior.
- d. **Rational or Irrational Behavior** - There is rational behavior when a person acted with sanity or reason and there is irrational behavior when the person acted with no apparent reason or exploitation.

- e. **Voluntary or involuntary Behavior** - Voluntary behavior is an act done with full volition or will such as when we discriminate, decide, or choose; while involuntary behaviors refer to the bodily processes that function whether we are awake or asleep.

I. Personality Dimensions That Affect Human Behavior

- a. **Extraversion**
 - The diversion that dictates conditionability and is therefore the principal factor in anti – social behavior. It represents a central nervous system tendency that determines need for stimulation and excitement. Extroverts not only have high needs for stimulation, but they also do not condition easily. They frequently seek stimulation excitement and thrills, all of which can get them in trouble.
- b. **Neuroticism**
 - It reflects an innate biological predisposition to react physiologically to stressful or upsetting events. Basically, it represents emotionality. Persons high to neuroticism react intensely much longer to stress and are generally moody, touchy, sensitive slights and anxious or nervous. Neuroticism is most important in understanding some adult criminals, less important in understanding adolescents and even younger children.
- c. **Psychoticism**
 - It is characterized by cold cruelty, social insensitivity, disregard for danger, troublesome behavior, dislike of others and attraction toward the unusual. The individual high on psychoticism tends to be impulsive, aggressive individual without appreciable conscience or concern for others.

Chapter III Adjustment

A. Adjustment Defined

Adjustment, on the psychological point of views, can be defined simply as a process where the internal demands of motivations are brought into harmonious relation with the external demands of reality. As a means to adjustments, persons resorted to what is known as defense mechanism or adjustment mechanism.

- a. **Defense mechanism or adjustment mechanism**
 - Used to defend the ego
 - Unconscious strategies people use to anxiety by concealing the source from themselves and others.

B. General Principles of Adjustment

- a. **Biological Level** - Immunological defenses against disease
 - and damage repair mechanism
- **Psychological and Interpersonal Level** - There are learned coping patterns and self – defenses Socio – cultural Level - Groups of labor unions, religious organization and law enforcement agencies.

C. Types of Defense mechanism

- a. **Repression** - Unacceptable or unpleasant id impulses are pushed back into unconsciousness. Repression is the most direct method of dealing with anxiety; instead of handling an anxiety – producing impulse on a conscious level, one simply ignores it.
- b. **Suppression** - Involve the individual's and conscious attempt to stop anxiety – provoking thoughts by simply not thinking about them.
- c. **Denial** - Refers to a person's refusal to perceive an unpleasant event in external reality.
- d. **Displacement** –
 - The expression of unwanted feeling or thought is redirected from a more threatening, powerful person to a weaker one. Unconscious attempt to obtain gratification for id impulses by shifting them to substitute objects that would directly satisfy the impulses are not available.
- e. **Scapegoating** - Blaming other for his failure

- f. **Rationalization** - It involves the inventing of excuses or reasons for behavior that is inadequate, unacceptable, or damaging to personal integrity and status.

Types of Rationalization

f.1. Sour – Grape mechanism – this involved self – deception by adopting a conviction, and giving up and relinquishing all efforts towards a goal because it is not worth the efforts anyway.

f.2. Sweet – Lemon mechanism – desirable qualities are found in what was not truly wanted.

g. Projection

- The process of shifting the responsibility for an act or thought from oneself to another person
- Attributing unwanted impulse and feeling to someone else.

h. Substitution or Transferred Compensation - A device which makes it possible to discharge tensions by diverting one's energies from a desired goal to a substitute one. Working on the principles of substitution are:

h.1. Compensation – the mechanism where the individual devotes time and effort to a pursuit with increased vigor in an attempt to make up for real or imagined inadequacy.

h.2. Overcompensation – the concentration of efforts on a narrow field at the expense of well rounded and complete adjustment to a variety of life's demands.

i. Reaction Formation - Defense mechanism where urges that are not acceptable to the consciousness are repressed and opposite attitudes or modes of behaviors are expressed with considerable force.

j. Avoidance Mechanism - Way of adjusting to a threatening situation by escaping from it.

Types:

j.1. Fantasy – mental mechanism where a person substitute real satisfaction for imaginary satisfactions.

j.2. Regression – process relieving anxiety or threat falling back on thoughts, feelings, or behavior in which worked successfully during the earlier period of life.

j.3. Negativism – the refusal to participate in a tense situation. This is a type of avoidance mechanism manifested through either active or passive resistance towards the external demands on the individual. - Active resistance – doing the opposite of what is supposed to be done. - Passive resistance – doing what is expected to be avoided.

j.4. Identification – mechanism where the individual enhance self – esteem by patterning him/herself another person. This is done in fantasy or actual behavior.

k. Sublimation - People divert unwanted impulses into socially approved thoughts, feelings, or behavior. This type of defense mechanism is particularly healthy and socially acceptable.

l. Intellectualization

- Here, a person gains detachment from threatening event in order to remain untouched by it emotionally. An emotional event is dealt with analytic, intellectual terms as if it were something to study or be merely curious about, rather than to be emotionally involved about.

These adjustment or defense mechanisms serve a useful purpose in that they protect the person against pain. Also they are normal and universally use. However, defense mechanism can be potentially pathogenic when they are used indiscriminately, compulsively, and in ways that continually contradict the reality of the situation.

Chapter IV Abnormal Behavior

A.Abnormal Behavior

A behavior that fails to meet the characteristics of a normal person such as:

- Free expression of personality
- Adequate security feeling
- Efficient contact with reality
- Adaptability to group norms
- Emotional maturity Adequate
- Self knowledge Integrated and
- consistent personality

B.Types of Abnormal Behavior

- a. **Personality Disorder**- It originates during early development process leading to maladaptive behavior.

Classification of Personality Disorder

1. **Passive – Aggressive** - Passive – dependent Aggressive due to indulgence.
2. **Hysterical Personality Disorder** - Easily excitable emotional instability, dramatically attention getting, immature, with tendency to sexualize contacts with opposite sex.
3. **Compulsive Personality Disorder** - Excessive concern for conformity, rigid, maybe intelligent but trait of character explains his undoing.
4. **Paranoid Personality Disorder** - Hypersensitive, unwarranted suspicion, jealousy, envy, feelings of excessive importance.

- b. **Neuroses** - Neuroses or psychoneuroses are behavioral disorder brought about by emotional tension resulting from frustration, conflicts, repression, or insecurity. The persons who develop a neurosis breaks down under the pressure of outer and inner stresses and displays a host of distress symptoms, although not serious enough to require institutionalization. They compromise with reality by developing imaginary ailments, phobias, obsessions, compulsions, anxiety or depression.

Behavioral Characteristics of Neurotic Reactions

1. Presence of anxiety
2. Inability to function at capacity level
3. Rigid or repetitive behavior
4. Egocentricity
5. Hypersensitivity
6. Immaturity
7. Somatic Complaints
8. Unhappiness
9. A great deal of unconsciously motivated behavior

Factors to be Considered in Understanding the Causes of Neuroses

1. Predisposing or Constitutional factors
2. Childhood Development Patterns
3. The Immediate Life Situation
4. The Cultural Factors

b.1. Classification of Neuroses According to Most Striking Symptoms

b.1.1. Anxiety Reactions - These are principally manifested in diffused and consciously experienced feelings of anxiety and apprehension for which there seems to be no specific basis in reality. The condition may be chronic and continuous, where the person is always tense and worried, easily upset, and preoccupied with future calamities. Repeated unsatisfactory life situations, conditions that arouse fears of the breakdown of defensive processes, may constitute the precipitating cause of the anxiety. The reaction built on a lifetime pattern of insecurity and immaturity.

b.1.2. Hysteria - A disorder in which the individual manifests, without identifiable physical pathology, one or more symptoms usually due to organic disease. These symptoms insulate the individual from real life stresses. Disabilities developed include paralysis of the limbs, intense aches and pains, deafness, blindness, loss of voice, continuous vomiting, and head or hand tremors. The hysteric may develop an anesthesia, where he or she becomes insensitive to pain and cannot feel a needle or a burn. He or she fits or seizures, or faint at the least provocation.

Forms of Hysteria

b.1.2.1. Amnesia - A disorder in which the individual cannot recall his or her name and remembers little or nothing about the past. It is obliteration through repression of awareness of the self and of the historical data of all part of one's previous existence.

Types of Amnesia

b.1.2.1.1. Anterograde – the inability to retain information which has just been seen or read.

b.1.2.1.2. Retrograde – the inability to recall any event which took place during certain period of time.

b.1.2.1.3. Localized – the inability to recall events which are related to a particular situation.

b.1.2.2. Fugue - An amnesia state where one wanders away from his or her home or usual surroundings and, when awareness set in, there is no recollection as to how he or she came to be there. It may last for few hours, days or months. It is an escape mechanism from a highly distressful situation.

b.1.2.3. Multiple Personality - A dramatic form of hysteria where the patient develops two or more separated and very different personalities. The personalities achieved vary in degree of completeness, and may or may not be consciously different. Shifting from one personality to another last for from a few hours to several months or years apart.

b.1.2.4. Somnambulism - A dream like state where the person walks about and carries on certain activities which are not remembered later. The somnambulist will get out of bed, with eyes open but not awake, and gives the appearance of trying to reach a definite goal. Obstacles that blocks or are injurious are violated. The somnambulist even responds to questions or demands without awakening.

b.1.3. Psychastenia - A psychoneurotic condition

accompanied by a vast range of mental and emotional symptoms which cannot be controlled. The person is fear – ridden by unreasonable dreads or phobias, obsessions and compulsion. Other symptoms of psychastenia are unreasonable elation, constant depression, or over inhibition.

Forms of Psychastenia

b.1.3.1. Phobias - An irrational or exaggerated fear of an object, person, act or situation. These may be developed towards any imaginable aspect of environment.

□ Characteristics of Phobia

1. Reasons for the fear do not make sense.
2. The fear paralyzes instead of enhances the ability to deal with the problem.
3. The fear seems to be caused by the threat of a discharge of self destructive aggressions.

Some Examples of Phobias

Achluphobia or nyctophobia – fear of dark

Acrophobia – fear of high places

Aerophobia – fear of flying

Agoraphobia – fear of open spaces

Ailurophobia – fear of cats

Algophobia – fear of pain

Amaxophobia – fear of vehicles and driving

Anthophobia – fear of flowers

Antrophobia – fear of people

Aquaphobia – fear of water

Arachnophobia – fear of spiders

Astraphobia – fear of thunder, lightning or storms

Cheimphobia – fear of cold

Claustrophobia – fear of closed places

Cynophobia – fear of dogs

Dipsohobia – fear of drinking

Ecophobia or Oikophobia – fear of home

Electrophobia – fear of electricity

Erythrophobia – fear of blushing

Gamophobia – fear of marriage

Hematophobia – fear of blood

Hydrophobia – fear of water

Ideaphobia – fear of thoughts

Ochlophobia – fear of crowds

Ophidiophobia – fear of snakes

Ornithophobia – fear of birds

Pathophobia – fear of disease

Phobophobia – fear of developing a phobia

Rypophobia – fear of dirt

Sitophobia – fear of eating

Taphophobia – fear of being buried alive

Thermophobia – fear of heat

Xenophobia – fear of strangers

b.1.3.2. Obsession - An idea or series of ideas which recur so frequently that it interferes with normal thinking. The thought continues

to intrude no matter how hard one tries and what activities are undertaken. Common obsessions are self – accusatory thoughts, thoughts about losing the mind, committing immoral acts, superstitious worries, etc. in their neurotic form; the obsessions are usually morbid in content and dominate the walking behavior of the individual for long periods of time.

b.1.3.3. Compulsion - An irresistible tendency to perform an act or ritual which the individual feels compelled to carry out even though it is recognized as irrational he or she must do so in order to reduce the tension. Completing the act makes the individual temporarily at ease; failure to do so makes him or her extremely nervous. In its fleurotic form, compulsion are mere persistent and more absurd, and may grow to such dimensions as to interfere seriously with the patient's ability to carry out normal routine.

Some examples of Compulsion

1. **Arithmomania** – the impulse to count everything
2. **Dipsomania** – the impulse to drink liquor
3. **Homicidal mania** – the impulse to kill
4. **Kleptomania** – the impulse to steal
5. **Megalomania** – the impulse for fame or power
6. **Pyromania** – the impulse to set things on fire
7. **Suicidal mania** – the impulse to takes one's life

b.1.4. Traumatic Neuroses - It is manifested in a situation where the individual fears for his or her safety. It is caused by inhibitory process which is protective to the individual. In the effort to safeguard him/herself from injuries, certain physiological and psychological symptoms are inhibited. The person manifests certain symptoms making others care for him or her, and therefore reduces the possibilities of being hurt and increases the feeling of security.

b.1.5. Operational Fatigue - Otherwise known as war neurosis, it is manifested in response to a battle environment. It is a reactive state resulting from the physical and emotional stresses of continued danger and hardships. It is the result of sustained combat action and tension.

c. Psychoses

- Psychoses are serious mental illness where behavior is unpredictable. Psychotic persons have a wholly unrealistic interpretation of the self and the life around them. Their ego has lost control over the personality. They have great mood swings – extreme depression to extreme exaltation. They are quit and docile at one moment and hyperactive, even violent, the next. They are socially inept.
- Person suffering psychoses significantly lost or distort of contact from reality such as delusion, hallucination, and regression. (Disturbances in thinking, thought content, perception, mood and effect, judgment) and dementia praecox. Psychotic almost completely out of touch with the real world.

c.1. Classification of Psychoses

c.1.1 Organic/Somatogenic - Organic or somatogenic psychoses stem from a wide variety of causes, but damage or injury to the brain or other parts of the central nervous system is always involved.

(Symptoms of Organic Psychoses)

- Impairment of intellectual functions
- Emotional instability, shown by general irritability or violent mood swings without apparent cause.
- Inappropriate behavior and changes in general conduct, including lack of interest in personal appearance, neglect of responsibilities, and an antisocial behavior.

c.1.2. Functional Psychoses - Functional Psychosis is a serious mental disorder involving the total personality with no observable tissue damage. Having no organic basis, these ailments are believed to result from years of living under emotional stress.

c.1.2.1. Forms of Functional Psychoses

c.1.2.1.1. Schizophrenic Disorders - Schizophrenia is a psychotic condition marked by withdrawal from reality,

indifference concerning everyday problems, and the tendency to live in a world of fantasy. It was formerly called dementia praecox by Emil Kraepelin, a German Psychiatrist. The term schizophrenia was given by Eugene Bleuler which literally means splitting of the mind”.

(Symptoms of Schizophrenia)

1. Disorganized patterns of feeling and thinking where there is no logic or reason in the thoughts and feelings expressed.
2. Apathy or absence of feelings and emotions in situations which call for such reactions.
3. Bizarre actions, which include absurd and eccentric gestures or such activities as hoarding and over self – decorating.
4. Seclusiveness or the narrowing of interests and social contacts.
5. Disorganized patterns of speech Delusions and hallucinations (usually auditory) Deterioration of conduct and personal habits.

Types of Schizophrenia

- a. **Simple Schizophrenia** – Manifests a gradual decline of interest and ambition. The person withdraws from practically all social contacts, as well as become irritable and inattentive. No encouragement or reasoning can make him or her renew interest or activity. He or she no little effort to work or play; careless about personal habits and prefers to daydream. He or she frequently gives the impression of being stupid or mentally retarded although actual intellectual impairment occurred. The simple schizophrenic loses all sense of responsibility and becomes dependent and parasitic.
- b. **Hebephrenic Schizophrenia**
– usually begins in early adolescence and develops gradually. The person has fits of laughter or childish giggling, grimacing for hours without apparent reasons. He or she exhibits weird gestures or mannerisms, such as walking backward, makes peculiar movement, crawling on hands and feet, and talking gibberish. Abnormal speech reactions are exhibited, such as repeating meaningless phrases, coining new words and placing together words that are not related. The hebephrenic can be analyzed as a person so overwhelmed by life’s stresses that he or she retreats to an infinite level of adjustment.
- c. **Catatonic Schizophrenia**
 - it is marked by cycles of psychomotor reactions in stupor (partial or complete loss of consciousness) and excitement phases.
 - In the stupor phase of catatonia, the person loses all animation, remaining motionless and in a stereotyped posture for hours or even days. He or she is mute and unable to react even to a powerful stimulation; refuses food and show no effort to control bowel or bladder.
 - Extreme negativism is present. Although in a stupor state, the person is aware of what is going on around him or her. Sometimes he will imitate the behavior of others, or will carry out commands automatically, or repeat phrases in mechanical fashion. Hallucinations and delusions occur which may involve the person in a conflict of symbolic fantasy experience.
 - Individuals in catatonic excitement states exhibit intense psychomotor activity. They are noisy, aggressive, and impulsive. They become agitated and frightened, apparently as a result of visual or auditory hallucinations, and can be violent. There is a continuous state of motor unrest. A condition manifested principally in agitated activity and sleeplessness. Catatonics have no insight of their condition and are completely disoriented. However, some experience lucid periods during which they are aware of what is going on around them.
- d. **Paranoid Schizophrenia** – it is marked by delusions and hallucinations which are illogical and loosely organized, as well as grandiose and/or persecutory nature. Paranoids are moody, irritable, and suspicious. They can become dangerous, both to themselves and their alleged persecutors. They do not leave their home for fear of being stalked, watched, followed or called disparaging names, etc. their delusions can impel him towards violence. Their become excited and incoherent.

c.1.2.1.2. Affective Disorder - Affective reactions of manic – depressive psychosis are characterized by periods of depression or elation or both. The condition may arise in a previously well adjusted personality but with a strong hereditary predisposition. It occurs more frequently in women than in men. The illness persists for 6 to 18 months and responds well to shock therapy. Although even without shock therapy, there can be spontaneous recovery and return to the normal personality.

Forms of Affective Disorder

- a. **Manic** – types are marked by periods of elation where the patients are unduly boastful, excited, and hyperactive. They are irritable, angry, and shows abusive behavior when contradicted. Heightened activity I accompanied by physical changes, such as increased perspiration, rapid pulse, elevated blood pressure, stronger muscle tones, and loss of sleep.
- b. **Depressed** – person feel sad and hopeless. There is psychomotor retardation, difficulty in thinking, and sometimes suicidal tendencies. Delusions hallucinations may be present, which most frequently grow out of feelings of unworthiness and guilt.
- c. **Mixed types** – person manifest symptoms of both manic and depressive types. In one instance, the patient is talkative and yet be markedly depressed; in another, he or she is elated while at the same time negativistic.

c.1.2.1.3. Paranoia - Another psychotic reaction is paranoia, where the main symptom is characterized by suspicion. The reaction range from paranoia, where the personality structure remains relatively well organized, through paranoid states, where the personality loses some of its integration, to paranoid schizophrenia, where there is a severe disorganization of the personality structure.
- Paranoids have well systematized delusions, but have a good contact with reality. There is little or no intellectual deterioration.

Common Types of Paranoia

1. **Persecutory Paranoia** – having delusions or persecution. The person believes that some persons are plotting to harm him or her in some way.
2. **Litigious Paranoia** – having delusions of both persecution and grandeur, and may go to great lengths to bring alleged persecutors to court. In some cases, he or she will go from court seeking legal redress.
3. **Erotic Paranoia** – also called amorous paranoia – having delusion that a certain person is in love with him or her. The person will interpret a casual smile or a helpful remarks a a indication of affection and will send love letters, flowers and gifts to the object of his affection. Failure to acknowledge these letters and gifts is interpreted as a test of his love, or due to the interference of someone who is opposed to his suit.
4. **Exalted Paranoia** – having grandiose delusions and believes him/herself as someone with great power or importance; usually a religious crusader, a social reformer, or inventor.
5. **Jealous Paranoia** – the most numerous, marked by extreme and irrational jealousy.

d. Anti – Social Personality - This is a mentally – disturbed person who is opposed to the principles upon which society is based.

d.1. Characteristics of an Anti – Social Personality

- d.1.1. **Sociopath** – A person who lacks any sense of social or moral responsibility due to mental illness.
- d.1.2. **Psychopath** – A person having personality disorders characterized by anti – social behavior, indifference to immorality and abnormal changes in mood or activity.

d.2. Characteristics of Psychopath/Sociopath

- A classic manipulator or con artist.
- One of the most significant characteristics of this personality is the absence of conscience or any guilt feelings.
- The person has not incorporated the moral values of society into his life.
- He is often a glib and convincing speaker and presents himself extremely well.
- The anti – social personality is selfish and strives for physical pleasure.

- Most of his pursuits revolve around manipulating people to acquire personal gains.
- He is often impulsive and demands immediate satisfaction
- He is unable to learn from past experiences. He is also a chronic liar.

C. Handling of Different Abnormal and Deviant Behavior

1. **Anxiety** – Reassurance
2. **Depressed** – Put self on the shoes of the sufferer; place in the hospital; word of caution; alert of possible suicide
3. **Obsessive – Compulsive** – Understand that sufferer is disturbed and not crazy; refer to appropriate facility
4. **Phobia** – Supportive intervention
5. **Psychoses** – Display of guns, force and restraints should be avoided unless there is a manifestation of danger to the life and send the psychotic to the hospital. If he desists, be firm regardless of pleading
6. **Psychopath** –
 1. Review arrest record
 2. Recognize con – man's glib conversation
 3. Don't bluff, he is a master of this and certainly better than anybody
 4. The best is to interview him after knowing every detail of the case
 5. Psychopathic can beat lie detector. He is immune to anxiety unless placed under stress
 6. Be firm and clear. Psychopath may be charming but can also make very angry and may maneuver to violate his rights
7. **Drug Dependent Behavior**
 Patience, but firm – the person is not himself
 Ignore the belligerency unless going to hurt, keep him talking to relieve the stress; use form of restraints.
 Do not place in drunk tank, but appropriate hospital
 Referral for medical institution
8. **Paranoid Behavior**
 1. Understanding – never give an impression that he is crazy
 2. Friendliness & neutrality is usually the best approach
 3. Do not further or heighten anxieties, to provoke anxiety is to invite violent reaction
 4. Assure the paranoid that your presence is to help and protect him.
 5. Do not frighten or order the paranoid around with weapon, Paranoid may panic and react violently. However, not to let down guard. Remember, paranoid is suicidal and homicidal

Chapter V Deviant Sexual Behavior

Sexuality – Behavior associated with relation between sexes and reproductive organ.

Normal Sexuality – Sexual completion that leads to mature and adjusted individual capable of entering relationships with a member of the opposite sex which are physically and mentally stable and satisfying each other.

Abnormal Sexuality/Sexual Deviancy – Sexual behavior which seeks stimulation and gratification by means other than heterosexual.

Classification of Sexual Abnormalities

As to the Choice of Sexual Partner

1. **Heterosexual** – Sexual desire towards opposite sex; socially and medically acceptable
2. **Homosexual** – Sexual desire towards the same sex
3. **Infantisexual** – Sexual desire towards an immature person
4. **Bestosexual** – Sexual desire towards animal
5. **Autosexual** – A form of self – abuse or solitary vice carried without the cooperation of another person
6. **Gerontophilia** – Sexual desire with elder person
7. **Necrophilia** – Sexual perversion characterized by erotic desire or actual sexual intercourse with a corpse
8. **Incest** – Sexual relations between person who by reason of blood relationship cannot legally marry

As to Instinctual Sexual Urge

1. **Satyrism** – Excessive sexual desire of men to intercourse
2. **Nymphomania** – Strong sexual feeling of woman
3. **Sexual Anesthesia** – Absence of sexual desire or arousal during sexual act in women

4. **Dyspareunia** – Painful sexual act in women
5. **Vaginismus** – Painful spasm of the vagina during sexual act
6. **Old Age** – Weakening of sexual feeling in the elderly

As to the Mode of Sexual Expression or Way of Sexual Satisfaction

1. **Oralism (Irrumation)** – The use of the mouth as a way of sexual gratification such as Fellatio, Cunnilingus, Anilingus
2. **Sado – Masochism (Allognia)** – Pain or cruel acts as a factor for gratification such as: sadism masochism
3. **Fetishism** – A form of sexual perversion wherein the real or fantasized presence of an object or bodily part is necessary for sexual stimulation or gratification. Ex. Anatomic, Clothing, Necrophilia, Odor etc.

As to the Part of the Body

1. **Sodomy** – Sexual act through the anus of another human being
2. **Uranism** – Sexual gratification is attached by fingering, fondling the breast, licking parts of the body etc.
3. **Frottage** – A form of sexual gratification characterized by the compulsive desire of a person to rub his sex organ against some parts of the body of another
4. **Pantism** – A form of sexual deviation wherein a person has special affinity to certain parts of the female body

As to Visual Stimulus

1. **Voyeurism** – A form of sexual perversion characterized by a compulsion to peep to see person undress or perform other personal activities
2. **Mixoscopia (Soptophilla)** – Sexual perversion wherein sexual pleasure is attached by watching couple undress or during their sex intimacies

As to Number

1. **Froilism (Menage a trois)** – A form of sexual perversion in which three (3) persons are participating in the sexual orgies (Suixante – trois)
2. **Pluralism** – A form of sexual deviation in which a group of person participates in the sexual orgies (sexual festival)

Other Sexual Deviates

1. **Corpolalia** – A form of sexual deviation characterized by the need to use obscene language to obtain orgies
2. **Don Juanism** – It describes a form of sexual deviation characterized by promiscuity and making seduction of many women as part of his career
3. **Indecent Exposure (Exhibitionism)** – The willful exposure in public place of one's genital organ in the presence of other person's; usually of the opposite sex

Chapter VI Victimology

Scientific study of physical, emotional and financial harm people suffer because of illegal activities.

Included in this definition is the victimization occurring for victims within the criminal justice system.

Victimization

- Is an asymmetrical interpersonal relationship that is abusive, painful, destructive, parasitical, and unfair.
- Law forbids certain forms of victimization – oppressive and exploitative acts – but not all types of harmful activities.

Victimology

1. **Victims** – individuals who experience loss, injury, or hardship for any reason.
2. **Crime Victims** – above as result of an illegal act.
3. **Direct/Primary** – experiences criminal act and its consequences first hand.
4. **Indirect/Secondary** – family and those who suffer emotionally or financially but are not immediately involved or physically injured.

Studying of Victimization Scientifically

☐ Subjective Approach

- Issues are approached from standpoint of morally, and ethics, philosophy, personalized reactions, emotions.

☐ Objective Approach

- Requires observer to be fair, open – minded, even – handed, dispassionate, neutral, and unbiased.

☐ Why should victimologists NOT be pro – victim?

“Ideal victim”: person who suffered harm was weaker than aggressor, acting virtuously or not looking for trouble or breaking any laws, and wrongdoer was a stranger acting illegally and was unprovoked.

Victims or Offender?

☐ Who is the victim and who is the offender?

- ☐ Not always clear cut – consider the following:

- Subway Vigilante
- Menendez Brothers
- Bobicks

Criminals as Victims

- ☐ Predatory persons prey each other
- Organized crime “takes out a contract”
- “Drive – by” shooting between two gangs
- “Drug deal gone bad”

Cycle of Violence

- ☐ Cycle of violence over time can transform a victim(s) into victimizer(s).
- Group of picked on students may gang up against the bully
- Battered wife may launch a vengeful attack against husband
- Convicts much more likely to have been abused physically or sexually as children
- Violence Begets Violence

Victims vs. “Good Guys”

- ☐ **Victimologists** do not limit their studies to clashes between victims and offenders
- ☐ They also consider the social reaction to victimization
- ☐ Victims outraged by media coverage – sensationalism
- ☐ Investigation of charges in high profile cases require victimologists to be detached and disinterested in carrying out analysis

Victimology’s Undeserved “Bad Reputation”

An author of a book I read about race relations called a well – known preacher who is a civil rights activist a “Professional Victimologist”. (Dreher, 2001).

(Harrop, 2003) A review of a book noted, “The art of victimology requires three easy steps:

- (1.) Identify a group suffering from real or perceived injustices.
- (2.) Exaggerate the problem.
- (3.) Blame the problem on a group you don’t like.

Conservatives have long condemned the “victimology industry” as a racket, especially when practiced by women and minorities.

- ☐ Victimology is a new academic discipline that only means “the study of” victims.
- ☐ It is focused on the research about people harm by criminals
- ☐ It does not impose a partisan point of view or a set or predictably biased conclusions
- ☐ The ideology of “victimism” is a coherent, integrated set of beliefs that shapes interpretations and leads to political action
- ☐ Do not confuse “victimism” with “victimology”
- ☐ Victimological research must tell the whole truth regardless of who is disappointed or insulted
- ☐ Three types of biases undermine the ability to any social scientist to achieve objectivity – they include:

Three types of biases

1. May arise from personal experience, taking the form of individual preferences and prejudices.
2. Derives from the history of the discipline itself:
 - Pioneers in the study of victimology first introduced the concept of victim – blaming
 - Today, majority of victimologists are pro – victim
3. A subtle bias traced back to the mood of the times:
 - 60s – 70s: a demand for government to devise ways to help victims get back on their feet financially, medically, and emotionally
 - 80s: a theme of self – reliance and a reduction in government social spending and tax cutting gained popularity

Victimology vs. Criminology

-Victimology is best viewed as an area of specialization within criminology

-Criminology embraces the scientific study of crimes, criminals, criminal laws and the justice system, societal reactions, and crime victims.

-Criminologists ask why certain individuals become involve in lawbreaking while others do not.

-Victimologists ask why some individuals, households, and entities are targeted while others are not, and why over and over again.

-Criminologists apply their findings to devise crime prevention strategies.

-Victimologists use patterns and trends to develop victimization prevention strategies and risk – reduction tactics.

Both Criminologists and Victimologists study how the criminal justice system actually works versus how it is supposed to work.

Boundaries

- Boundaries are clear cut for Criminology
- Boundaries for Victimology still unclear
- Overlap due to lack of boundaries (Crime rates vs. Victimization rates)

Division within the Discipline

Political ideologies shape policy recommendations:

- Conservative
- Liberal
- Radical

1. Conservative influence

- Focuses on basically street crimes
- Everyone to be held accountable for their decisions and actions

- Emphasis on self reliance, NOT government
 - Individual responsibility for preventing, avoiding,
 - resisting and recovering from critical acts
 - Strictly punish offenders on behalf of their victims
2. **Liberal influence**
- Scope of field to extend beyond street crimes
 - Endorse government intervention
 - Extend 'safety net' mechanisms for all kinds of misfortunes
 - Look to wrongdoers repaying their victims to allow for reconciliation
3. **Radical / Critical / Conflict Influence**
- Victimization is a result of oppressive social system

Scope of the field to include:

Industrial polluters, hazardous workplaces, fraudulent advertisers, brutally violent law enforcement agencies, poverty, malnutrition, family dysfunction, unemployment and substance abuse; these are social problems of which the criminal justice system is part of the problem.

Chapter VII

THEORIES OF VICTIMIZATION

A. What Victimologist Do?

Victimologists explore the interactions between victims and offenders, victims and the criminal justice system, and victims and society.

Four step process victimologists follow when carrying out their research:

- ☐ Step 1: Identify, Define, and Describe the Problem
- ☐ Step 2: Measure the True Dimensions of the Problem
- ☐ Step 3: Investigate How Victims Are Handled
- ☐ Step 4: Gather Evidence to Test Hypotheses

B. Key Figures

As mentioned, the origins of scientific victimology can be attributed to a few key figures in criminology, including Hans Von Hentig, Benjamin Mendelson, Stephen Schafer, and Marvin Wolfgang (Karmen, 2012). Their early work represents the first attempts to study the victim – offender relationship in a systematic fashion, however misguided by generalizations, personal bias, and professional agendas. Each discussed in turn, as their approaches to victims study are arguably the most relevant to modern concerns.

1. Hans von Hentig (1887 – 1974)

A criminologists in Germany during the first half of the last century, Hans von Hentig sought to develop crime prevention strategies. Having researched the factors that predisposed one to criminality; he began to wonder what might cause a victim to become a victim. He ultimately determined that certain victim characteristics did play a role in shaping the crimes suffered (Doerner and Lab, 2011; Meadows, 2007)

The characteristics and forces that tend to make a criminal are diverse and complicated. A contributing factor may be ugliness, deafness, a physical handicap.

Victims, Dr. Hans von Hentig believes, are born or shaped by society much as criminals are. Some types of criminals are attracted to slum areas; so are their victims. Feeble-mindedness, common among some types of criminals, is also common among their victims.

Certain characteristics of law – abiding citizens arouse a counter reaction in the criminal. The inexperienced businessman, for example, invites embezzlement; the nagging wife is flirting with murder; the alcoholic is a natural for robbery. Thus the victim becomes the “temper”

Von Hentig originally classified victims into categories, which could easily be described as a list of characteristics that increase victim vulnerability or exposure to danger.

The Young: Von Hentig was referring to children and infants. From a contemporary point of view, children are physically weaker have less mental prowess, have fewer legal rights, and

are dependent on their caretakers (e.g., parents, guardians, teachers, and day – care providers); they also have the potential to be exposed to a wider range of harm than adults. Moreover, they are less able to defend themselves and sometimes less likely to be believed should they report abuse. This includes children who suffer emotional, physical, and sexual abuse at home because of abusive parents (often under the influence of drugs and alcohol); children who are bullied at school because of some aspect of their appearance or personality; and children who are forced into acts of prostitution or sold into slavery by impoverished parents.

The Acquisitive: Von Hentig was referring to those who are greedy and looking for quick gain. In other words, those focused in acquiring wealth and possessions. Such individuals may suspend their judgment, or intentionally put themselves in dangerous situations, to get the things of value that they desire.

The Wanton: Von Hentig was referring to promiscuous individuals. People who engage in indiscriminate sexual activity with many different partners expose themselves to different levels of disease and varying personalities. Some of these personalities may be healthy and supportive; some may be narcissistic, possessive, jealous, and destructive.

The Lonesome or Heartbroken: Von Hentig was referring to widows, widowers, and those in mourning. From a contemporary standpoint, loneliness is at epidemic proportions, with more than half of marriages ending in divorce, the rise of the culture of narcissism since the late 1970s and diminishing intimacy skills across all cultures. This category does not apply only to those in mourning; those who are lonely or heartbroken are prone to substance abuse, and can be easy prey for con men, the abusive and the manipulative.

The Tormentor: Von Hentig was referring to the abusive parent. In contemporary terms, there are abusive caretakers, intimates, and family members of all kinds. Such abusers expose themselves to the harm they inflict, the resulting guilt and angst, and the potential for their victims to fight back. For example, an abusive mother who gets drunk and punches a child exposes herself to the dangers of injuring her hand, of misjudging her strike and even her balance, of feeling bad about it, and of the child punching back.

The Blocked, Exempted, or Fighting: Von Hentig was referring to victims of blackmail, extortion, and confidence scams. In such cases, the attention of law enforcement, and any subsequent publicity, is something that these victims wish to avoid. They find a means of dealing with the crimes being committed against them (e.g., giving in to demands) without avoiding harm or loss – and without involving the authorities.

From a research point of view, these are

interesting and even somewhat useful classifications with important theoretical implications, although the terminology is sometimes inappropriate. However, the case working victimologists must study each victim to determine the extent to which such classification has a bearing on the harm suffered within a particular crime. Some children are smart and fast; many women are strong and self – assured; some of the elderly are quick and resourceful; immigrants and travelers can learn languages and customs; and the “blocked” may decide to go to the police. In short, many of the generalizations suggested in this typology may not when applied to a specific crime or victim.

2. Benjamin Mendelsohn

Benjamin Mendelsohn was a French lawyer who began studying victims in 1947 (Karmen, 2012). While working for the defense on a rape case, he became interested in the correlations between rapists and their victims. He found that there was often a strong interpersonal relationship between the two, and that it could lead some victims to unknowingly invite or even cause their own victimization (Meadows, 2007). He referred to this as *victim precipitation*.

Mendelsohn ultimately believed that many victims shared an unconscious capacity for being victimized, and referred to this as being *victim prone*. Similar to Von Hentig, Mendelsohn developed a typology that categorizes the extent to which the victim is culpable in his or her own demise. However, while Von Hentig's typology explains contribution based on personal characteristics, Mendelsohn's typology uses situational factors. Mendelsohn's six victim types, as adopted from Meadows (2007; p.22) are as follows:

- **Complete Innocent Victim:** This person exhibits no provocative or contributory behavior prior to the offender's attack.
- **Victim due to Ignorance:** this person unwittingly does something that places him or her in a position to be victimized.
- **Voluntary Victim:** Victims make a conscious and deliberate choice to suffer harm or loss. This includes suicides, or those injured while participating in high – risk activities crimes such as drug abuse or prostitution.
- **Victim more Guilty than the Offender:** The victim provokes a criminal act (e.g., throws the first punch to start a fight but ends up a loser).
- **Most Guilty Victim:** This person is the initial aggressor, but due to circumstances beyond his or her control ends up the victim (e.g., attempts to rob a convenience store but is short by the storeowner).
- **Simulating or Imaginary Victim:** this person is a pretender, or false reporter. No crime has happened yet the person reports suffering harm or loss.

The danger with Mendelsohn typology is that doesn't always apply that well to actual cases. It does have some important conceptual value, in showing a continuum of possible victim culpability or precipitation. However, if applied broadly, simplistically, and without careful investigation into the facts, it could be misused. Before these descriptors can be applied to a specific case, attention must be paid to the details. This means accepting that not every prostitute or drug user is a voluntary victim; not every bar fight involves a more guilty or most guilty victim; and not everyone who fails to exhibit provocative behavior prior to an attack is completely innocent. While Mendelsohn's typology is interesting in theory, its application to specific cases can be problematic, if not entirely inappropriate, when contextual information is not investigated and considered.

3. Stephen Schafer, Ph. D

Dr. Stephen Schafer was a professor of sociology at Northeastern University in Boston, Massachusetts. In 1968, he published what is regarded by some as the first textbook on the subject of victimology. *The Victim and His Criminal: A Study in Functional Responsibility*. According to Van Dijk, this work was significant to the advance of victimology, as it was an "independent study of relationships and interactions between offender and victims, before, during and after the crime". Schafer's study involved interviews with criminals and aimed to build upon the typologies presented in previous works by focusing on victim culpability.

According to Doerner and Lab (2011), Schafer proposed seven types of victim responsibility (or victim precipitation), which are essentially a variation on the work of Von Hentig (1948):

- Unrelated Victims: No victim responsibility
- Provocative Victims: Victim shares responsibility
- Precipitative Victims: Some degree of responsibility
- Biologically Weak Victims: No responsibility
- Socially Weak Victims: No Responsibility
- Self – Victimized: Total victim responsibility

In reviewing this typology, we find it to be less of an inclusive measure and more of an incomplete list of circumstances that mitigate victim responsibility because they increase general vulnerability. While it is true that lines are drawn between their *provocative*, the *precipitative*, and the *self – victimizing*, from the examples cited in the literature, it is unclear how these categories would be applied to a specific case, as the defining elements are highly subjective. Also, Schafer has inappropriately defined (and therefore presumptively assumed) the specific responsibility of each victim type. There appears to be no room for mitigating circumstances once a victim is put in a particular slot, which is what a pedantic or bureaucratic victimologist could do with this labeling system.

Socially Weak Victims, such as immigrants, are regarded as having no responsibility, but what if they are shot while robbing a convenience store?

Biologically Weak Victims, such as the elderly, are also regarded as having no responsibility, but what if they are abusing alcohol and become rancorous precipitative drunks, only to start a physical altercation at home that they lose? As discussed throughout this text, the relationships between victims and criminals are far too complex for such rigid presumptions.

However problematic, Dr. Schafer's contribution to the field of victimology must not be dismissed. As Young and Stein explain: "The importation of victimology to the United States was due largely to the work of the scholar Stephen Schafer, whose book *The Victim and His Criminal: A Study in Functional Responsibility* became mandatory reading for anyone interested in the study of crime victims and their behaviors" (Young and Stein, 2004). With his research, our efforts have the benefit of being that much more informed.

C. Victim Precipitation Theory

According to victim precipitation theory, some people may actually initiate the confrontation that eventually leads to their injury or death. Victim precipitation can be either active or passive.

Active precipitation: occurs when the victim act provocatively, use threats or fighting words, or even attack first.

Passive precipitation: occurs when the victim exhibits some personal characteristics that unknowingly either threatens or encourages the attacker.

D. Lifestyle Theory

Some criminologist believed people may become victims because their lifestyle increases their exposure to criminal offenders. Victimization risk is increased by such behaviors as associating young men, going out in public places late at night, and living in an urban area.

□ High-Risk Lifestyles

People who have high-risk lifestyles- drinking, taking drugs, getting involved in crime- maintain a much greater chance of victimization. Groups that have an extremely risky life, such as young runaways living on a street, are at high risk for victimization; the more time they are exposed to street life, the greater their risk of becoming crime victims.

□ Victims and Criminals

One element of lifestyle that may place people at risk for victimization is ongoing involvement in a criminal career. Carrying a weapon was another surefire way to become a crime victim. Males who carried weapons are approximately three times more likely to be victimized than those who did not carry weapons. Another study of high school youth, conducted Pamela Wilcox, David May, and Staci Roberts, also found that kids who carry weapons to school are much more likely to become crime victims than those who avoid carry weapons.

E. Deviant Place Theory

According to deviant place theory, the greater their exposure to dangerous places, the more likely people will become victims of crime violence. Victims do not encourage crime but are victim prone because they reside in socially disorganized high-crime areas where they have the greatest risk of coming into contact with criminal offenders, irrespective of their own behavior or lifestyle.

F. Routine Activities Theory

1. The availability of suitable targets
2. The absence of capable guardians
3. The presence of motivated offenders

Guardianship

Even the most motivated offenders may ignore valuable targets if they are well guarded. Despite containing valuable commodities, private homes and/or public businesses may be considered off-limits by seasoned criminals if they are well protected by capable guardians and efficient security systems.

□ Hot spots

Motivated people- such as teenage males, drug users, and unemployed adults- are the ones most likely to commit crime. If they

congregate in a particular neighborhood, it becomes a “hot spot” for crime and violence.

☐ **Lifestyle, Opportunity, and Routine Activities**

Routine activities theory is bound up in opportunity and lifestyle. A person’s living arrangements can affect victim risk; people who live in unguarded areas are at the mercy of motivated offenders. Lifestyle affects the opportunity for crime because it controls a person’s proximity to criminals, time of exposure to criminals, attractiveness as a target, and ability to be protected.

Effect of Crime Victimization

Introduction

Criminal victimization is a frightening and unsettling experience for many individuals. It is unpredictable, largely unpreventable and often unexpected. Unlike normal life experiences, victimization is not sought out and never welcomed. It is debilitating and demoralizing. Its effect can be often long – term and difficult to overcome.

Victims may be confused, fearful, frustrated and angry. They want to know why this happened, and why it happened to them. Victims often have no knowledge of who or where to turn in the aftermath of crime. They feel insecure and do not know who to trust or rely on for support, understanding, and help. Not only do they suffer physically, emotionally, psychologically, and financially from their victimization, they are also burdened by the complexity of the criminal justice system.
How does crime affect people?

Crime affects everyone differently. Victimization often causes trauma and depending the level of trauma that a person has already experienced in their lifetime, crime can be devastating. In general, victimization often impacts people on an emotional, physical, financial, psychological and social level.

A. Types of Losses

I. Tangible Losses

- ☐ Property damage and loss (property damaged, taken, and not recovered)
- ☐ Medical care (payments for hospital and physicians, emergency medical transport, rehabilitation, prescription, medical devices, and premature funeral expenses)
- ☐ Mental health care (payments for services to crime victims by : psychiatrists, psychologists, and social workers)
- ☐ Productivity (wages, benefits, housework, and school days lost by victims and their families, productivity lost by co – workers and supervisors/agency recruiting and training replacements for disabled workers, people stuck in traffic jams caused by vehicular accident)

II. Intangible Losses

- ☐ Pain (physical)
- ☐ Suffering (mental – anti – social behavior, emotional – trauma)
- ☐ Reduced quality of life (physical disability / incapacity)

B. Sufferings

I. Physical

- ☐ Physical injuries (such as gunshot wounds, lacerations, broken bones, sprains, and burns)
 - ☐ Physical injuries that lead to other health conditions (such as heart attack, stroke, fractures from falling, and loss of dexterity)
 - ☐ Physiological anxiety (including rapid heart rate, hyperventilation, and stomach distress)
 - ☐ Permanent disability
 - ☐ Disfigurement
 - ☐ Sleep disorders
 - ☐ Inability to work
- For sexual assault victims: possible exposure to sexually transmitted diseases, exposure to HIV, and unwanted pregnancy

II. Mental

- ☐ Slowed thinking
- ☐ Confusion

- ☐ Disorientation
- ☐ Memory problems
- ☐ Intrusive memories or flashbacks
- ☐ Nightmares
- ☐ Inability to concentrate
- ☐ Difficulty in making decisions

III. Financial

- Medical bills (e.g., emergency transportation, hospital stays, inpatient and outpatient physical care, medical supplies)
- ☐ Medication and prescription drugs
 - ☐ Replacement of eyeglasses, hearing aids, or other sensory aid items damaged, destroyed, or stolen
 - ☐ Physical therapy
 - ☐ Occupational therapy
 - ☐ Job retraining
 - ☐ Mental health counseling and therapy
 - ☐ Loss of wages due to incapacitation, rehabilitation, or taking time off from work to repair damage from property crimes, participate in criminal or juvenile justice proceedings, or seek medical or mental health treatment
 - ☐ Loss of or damage to personal property
 - ☐ Costs of replacing locks and changing security devices
 - ☐ For families of homicide victims, funeral and burial expenses and loss of income

IV. Emotional

- ☐ **Shock, disbelief and denial** – Initially, victims may find it difficult to believe they have become victim of crime. They may even pretend that it did not happen at all. These reactions can last for a few moments or they may be present for months and even years. It is not uncommon for victims to assume a ‘childlike’ state and may even need to be cared for by others for some time. It is also common for victims to feel as though the crime occurred when they were in a dreamlike state. Once the initial shock of the crime has worn off, victims may experience other emotions such as anger, fear, frustration, confusion, guilt, shame, and grief.
- ☐ **Anger or rage** – Victims may be angry with God, the offender, service providers, family members, friends, the criminal justice system, or even themselves. Many victims experience strong desires for revenge or getting even. Hate may even felt by victims. These strong emotions are often disapproved of by the rest of society, which can leave the victim feeling like an outcast. It is certainly justified for victims to feel anger toward the person or people who harmed them.
- ☐ **Fear or Terror** – It is common for victims to feel terror or fear following a crime that involved a threat to one’s safety or life, or to someone else a victim cares about. Fear can cause a person to have panic attacks if they are ever reminded of the crime. Fear can last for quite some time following the commission of a crime and under certain circumstances, it can become debilitating. Fear or terror that becomes overwhelming is unhealthy and victims should consult their family physician about it as soon as possible.
- ☐ **Frustration** – Many victims are frustrated by the feelings of helplessness or powerlessness that surface when the crime takes place. This can be especially true if victims were unable to fend off an offender, call for help or run away. After the crime, victims may continue to feel frustration if they cannot access the support and information that is necessary to their healing.
- ☐ **Confusion** – Victims of crime may become confused if they are unsure of what actually happened, as crimes often occur quickly and are chaotic. Victims might also become confused while searching for answers to questions like “why did this happen to me?” It may be impossible to find out why someone else intended to hurt them.
- ☐ **Guilt or self-blame** – blaming one is common. Many victims believe they were “in the wrong place at the wrong time.” If

the victim does not have someone to blame, they will often blame themselves. Guilt is also common when no offender is found. Later on, when reflecting upon the crime, victims might feel guilty for not doing more to prevent what happened. Lastly, some victims will experience 'survivor guilt' – they feel guilty that they survived while someone else was injured or even killed. If a loved one is murdered, surviving family and friends may even blame the victim. Too often, society blames victims as well.

- **Shame and humiliation** – Sadly, some victims blame themselves, particularly victims of sexual abuse/assault or domestic violence. In crimes involving sexual acts, offenders often degrade the victim by making them do humiliating things. Victims of rape, for example, have long-lasting feelings of "being dirty", and those feelings cannot be "washed away." Some victims even feel self-hatred because they believe that they can no longer be loved by those who are close to them.
- **Grief or Sorrow** – Intense sadness is often the most powerful long-term reaction to crime. It is common for victims to become depressed after a crime occurs.

For family and friends of a victim of crime:

- Listen carefully.
 - Spend time with the victim.
 - Offer your assistance, even if they haven't asked for help.
 - Help with everyday tasks like cleaning, cooking, caring for the family, minding the children.
 - Give them private time.
 - Don't take their anger or other feelings personally.
 - Don't tell them they are "lucky it wasn't worse"—traumatized people are not consoled by such statements.
- Tell them that you are sorry such an event has occurred to them and you want to understand and help them.

1. Stages of Crisis
 - a. Impact Stage
 - b. Re – call Stage
 - c. Re – organization Stage

C. Fear

Many people fear crime, especially the elderly the poor and minority group members. Their fear is escalated by lurid news accounts of crime and violence. While hearing about crime causes fear, those who experience it are even more likely to be fearful and change their behaviors. Victims of violent crime are the most deeply affected, fearing a repeat of their attack.

D. Anti-Social Behavior

There is growing of correlation between crime and victimization. Kids are victims share many of those same characteristics as those who are delinquent, such as antisocial behavior tendencies and impulsive personalities.

Victims may seek revenge the people who harmed them or who they believe are at fault for their problems. In some cases, these feelings become generalized to others who share the same characteristics of their attackers.

Characteristics of Victims

A. Gender

Characteristics of child sexual abuse victims were determined through a high comparison of 87 victims of lone female perpetrators to 93 victims of lone male perpetrators according to age, gender, and relationship of perpetrator to victim. Lone female perpetrators abused children 3.3 years younger (M = 6.0 years) than lone female perpetrators (M = 9.3. years). Both lone female and male perpetrators abused more girls (62%, 76%, respectively) than boys. Female perpetrators were more likely to be caretakers than male perpetrators, whereas male perpetrators were more likely to be strangers the female perpetrators. Lastly, lone female perpetrators, lone male perpetrators, and male/female co – perpetrators did not differ regarding severity of abuse. Thus, contrary to popular assumption, abuse by female perpetrators was not less severe than abuse by male perpetrators. Males are more likely than females to be the victims of violent crime. Men are almost twice as likely as women to experience robbery. Women are six times more likely than men to be victims of rape, domestic violence, and sexual assault.

B. Age

For females of most age categories, nonfatal intimate partner victimization declined over time. In general, females ages 12 to 15 and age 50 or older were at the lowest risk of nonfatal intimate partner violence. During 2005, females ages 35 to 49 were at a greater risk of nonfatal intimate partner violence than older females. With the exception of males and females age 65 or older, average annual rates from 2001 through 2005 for nonfatal intimate partner victimization were higher for females than males within each age category. Female ages 20 to 24 were at the greatest risk of nonfatal intimate partner violence. In general, males ages 12 to 15 and age 65 or older experienced the lowest rates of nonfatal intimate partner violence. Young people face a much greater victimization risk than do older persons. Victim risk diminishes rapidly after age 25: teens 16 to 19 suffer 45 violent crimes per 1,000, whereas people over 65 experience only 2 per 1,000. Teens and young adults experience the highest rates of violent crime. Violent crime rates declined in recent years for most age groups.

C. Social Status

The poorest people are also the most likely victims of violent and property crime. Homeless people suffer very high rates of assault. This association occurs across all gender, age, and racial groups.

D. Ethnicity

African Americans are more likely than whites to be victims of violent crime because of income inequality. Racial and minority group members are often forced to live in deteriorated urban areas beset by alcohol and drug abuse, poverty, racial discrimination, and violence. Their lifestyle places them in the most at – risk population group. However, this seems to be declining and the racial gap seems to be narrowing.

Repeat Victimization

Types of victims

A. Homicide Victims

Homicide is an act of a human killing another human. Criminal homicide takes several and includes certain unintentional killings. The crime committed in a criminal homicide is determined by the state of mind of the defendant and statutes defining the crime. Murder, for example, is usually an intentional crime. In some jurisdictions, certain types of murders automatically qualify for capital punishment, but if the defendant in capital cases is sufficiently mentally disabled in the United States he or she may not be excluded, for reasons described in *Atkins v. Virginia*, similar to those utilizing an insanity defense. Varying by jurisdiction, a homicide that occurs during the commission of a felony may constitute murder regardless the felon's state with regard to the killing. This is known as the felony murder rule. Much abbreviated. And incomplete, the felony murder rule says that one committing a felony may be guilty of murder if someone, including the felony victim, a bystander or a co – felon, dies as a result of his acts, regardless his intent – or lack thereof – to kill.

B. Female as Victims

Sexual violence against women and girls can take many forms and is carried out in different situations. The WHO's world report on violence and health lists the following ways in which sexual violence against females can be committed. Systematic rape during armed conflict, rape within marriage or dating relationships, rape by strangers, unwanted sexual advances or sexual harassment, including demanding sex in return for favors, sexual abuse of mentally or physically disabled people. Sexual abuse of children, forced marriage or cohabitation, including the marriage of children, denial of the right to use contraception or to adopt other measures to protect against sexually transmitted diseases, forced abortion, violent acts against the sexual integrity of women, including female genital mutilation and obligatory inspection for virginity and forced prostitution and trafficking of people for the purpose of sexual exploitation. Sexual violence is one of the most common and widespread violations to which women are subject in wartime. It also figures among the most traumatic experiences, both emotionally and psychologically, women suffer during conflict sexual conflict, in particular rape, is often considered as a method of warfare: it is used only to "torture, injure, extract information, degrade, displace, intimidate, punish or simply destroy", but also a strategy to destabilize communities and demoralize men. Feminist scholars and activists have made unique contributions to the discourse on sexual violence against women. They have proposed that the root causes of sexual violence lie in the social structure characterized by severe inequality, in which the male is dominant and the female exploited. Feminists also hold that the weak institutional arrangements in place to address consequences of sexual violence, as well as unfair treatment of the victims or survivors, an alternatively proposed terminology are direct reflections of the ways in which society regards men, women and the sexual relations between them. Furthermore, feminist critique has led to a closer convergence between feminism and psychology in the study of sexual violence. Conveying a connection between gender – based sexual violence and concepts of power – seeking and subordination was pioneered in 1970s and has proven to be very influential. Within this context, rape has been assessed as a foremost toll of intimidation used by men against women. Similarly, domestic violence can be viewed as a particularly severe form of patriarchal domination and oppression. Feminist interpretation of pornography also suggest a link between rape and pornography, by which pornography that degrades, humiliates and exercises violence upon the female body feeds a culture which validates this kinds of behavior.; however, there is little evidence to prove this.

i. Sexual Violence

Sexual violence is any sexual act or attempt to obtain a sexual act by violence or coercion, unwanted sexual comments or advances, acts to traffic a person or acts directed against a person's sexuality, regardless of the relationship to the victim, in any setting. It occurs in times of peace and armed conflict situations, is widespread and is considered to be one of the most traumatic, pervasive, and most common human rights violations. Sexual violence is a serious public health problem and has a profound short or long – term impact on physical and mental health, such as an increased risk of sexual and reproductive health problems or an increased risk of suicide or HIV infection. Murder occurring either during a sexual assault or as a result of an honor killing in response to a sexual assault is also a factor of sexual violence. Though women and girls suffer disproportionately from these aspects, sexual violence can occur to anybody at any age; it is an act of violence that can be perpetrated by parents, caregivers, acquaintances and strangers, as well as intimate partners. It is rarely a crime of passion, and is rather an aggressive act that frequently aims to express power and dominance over the victim. Sexual violence remains highly stigmatized in all settings, thus level of disclosures of the assault vary between regions. In general, it is a widely underreported phenomenon, thus available data tend to underestimate the true scale of the problem. In addition, sexual violence is also a neglected area of research, thus deeper understanding of the issue is imperative in order to promote a coordinated movement against it.

ii. Theories of sexual violence

1. Sexual Motivation

Some theorists charge that the acceptance of these sexual practices increase sexual violence against women by reinforcing stereotypical views about women, who are seen as sex objects which can be used and abused by men, and by desensitizing men; this being one of the reasons why some theorists oppose the sex industry. They argue that pornography eroticizes the domination, humiliation, and coercion of women, and reinforces sexual and cultural attitudes that are complicit in rape and sexual harassment. The anti – pornography feminist, Andre Dworkin, has famously argued this point in her controversial pornography – men possessing women (1981). 2.

Socialization

Factors operating at a societal level that influences sexual violence include laws and national policies relating to gender equality in general and to sexual violence more specifically, as well as norms relating to the use of violence.

Hate Crimes

Hate crime is also known as bias – motivated crime. It is a usually violent, prejudice motivated crime that occurs when a perpetrator targets a victim because of his or her perceived membership in a certain social group. Examples of such groups include but are not limited to: ethnicity, gender identity, language, nationality, physical appearance, religion, or sexual orientation. Hate crime generally refers to criminal acts that are seen to have been motivated by bias against one or more of the types above, or of their derivatives. Incidents may involve physical assault, damage to property, bullying, harassment, verbal abuse or insults, or offensive graffiti or letters or hate mail.

A hate crime occurs when a person is targeted because of hostility or prejudice towards their:

- ☐ Disability
- ☐ Race or Ethnicity
- ☐ Religion or belief
- ☐ Sexual orientation
- ☐ Transgender identity

This includes a person's property, as well as the person themselves and a victim does not have to be a member of the group at which the hostility is targeted. In fact, anyone could be a victim of a hate crime. Being a victim of this kind of crime can be a particularly frightening experience as you have been victimized because of who you are, or who or what your attacker thinks you are.

Hate incidents can feel like crimes to those who suffer them and often escalate to crimes or tension in a community. You can report such incidents, but the police can only prosecute when the law is broken. In order to prevent any type of escalation of the situation, police can work with other organizations.

Hate crimes can have significant and wide – ranging psychological consequences, not only upon the direct victim but others as well.

- ☐ Effects on people
 - psychological and affective disturbances; repercussion on the victim's identity and self – esteem; both reinforced by the degree of violence of a hate crime, usually stronger than that of a common one.
- ☐ **Effect on the targeted group** – generalized terror in the group to which the victim belongs, inspiring feelings of vulnerability over the other members, who could be the next victims.
- ☐ **Effect on other vulnerable groups** – ominous effects over minority groups or over groups that identify themselves with the targeted one, especially when the referred hate is based on an ideology or doctrine that preaches simultaneously against several groups.

A. Victims Services Programs

1. Victim Compensation Program
 - can help pay bills and expenses that result from certain violent crimes. Victims of crime who have been injured or have been threatened with injury may be eligible for help.

Who Qualifies for Victim Compensation?

VCP can help victims of crimes such as:

- ☐ Domestic Violence
- ☐ Child Abuse
- ☐ Assault
- ☐ Sexual Assault
- ☐ Elder Abuse
- ☐ Homicide
- ☐ Robbery
- ☐ Drunk Driving
- ☐ Vehicular Manslaughter
- ☐ Hate Crimes

What Expenses Can VCP Help Pay?

VCP may help pay for expenses related to a crime such as:

- ☐ Medical and dental treatment
- ☐ Mental health services
- ☐ Income loss
- ☐ Funeral and burial expenses
- ☐ Loss of support for dependents when a victim is killed or disabled because of a crime
- ☐ Home or vehicle modifications
- ☐ Home security
- ☐ Relocation
- ☐ Crime scene cleanup

Who may apply for compensation?

- ☐ A person who was unjustly accused convicted and imprisoned and subsequently released by virtue of a judgment of acquittal;
- ☐ A person who was unjustly detained and released without being charged;
- ☐ A person who is a victim of arbitrary detention by the authorities as defined in the Revised Penal Code under a final judgment of the court; or
- ☐ A person who is a victim of a violent crime which includes rape and offenses committed with malice which resulted in death or serious physical and/or psychological injuries, permanent incapacity or disability, insanity, abortion, serious trauma, or committed with torture, cruelty or barbarity.

When should a claim be filed?

The claim should be filed with the Board by the person entitled to compensation under this Act within six (6) months after being released from imprisonment or detention or from the date he suffered damage or injury; otherwise he is deemed to have waived his claim.

How is a claim filed?

A claimant may file a claim with the board by filling up an application form provided for the purpose with the Secretariat of the Board of Claims, Department of Justice, Padre Faura Street, Ermita, Manila. Thereafter, he will be interviewed.

How much is given to a qualified applicant?

For the victims of unjust imprisonment, the compensation shall be based on the number of months of imprisonment and every fraction thereof shall be considered one month, but in no case shall such compensation exceed TEN THOUSAND RUPEES (10,000) per month.

In all other cases the maximum for which the Board may approved a claim shall not exceed TEN THOUSAND RUPEES (10,000) or the amount necessary to reimburse the claimant the expenses incurred for hospitalization, medical treatment, loss of wage, loss of support or other expenses directly related to the injury, whichever is lower to be determined by the Board.

2. Public Education

Victim Services makes presentations upon request to schools, groups and communities on topics related to victims of crime.

3. Crisis Intervention

Crisis intervention is a proven effective method that is used by trained advocates to assist individuals who have been victimized or have experienced a traumatic event. The purpose of providing crisis intervention is to allow the victim to begin regaining the control that was lost as a result of their victimization.

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