

Clinical Psychological Mechanisms for Crime prevention in Arab Societies

للوقاية من الجريمة في المجتمعات العربية الآليات النفسية العيادية

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Abstract:

المخلص:

This study seeks to highlight the role of clinical psychology in the prevention of crime within Arab societies, based on the fact that criminal behavior is not only due to social factors, but also to psychological disorders and traumas, by adopting a descriptive-analytical approach.

The results showed that abused childhood, psychological trauma, and emotional deprivation combine to form criminal personality, especially the psychopathic type. It also showed the weakness of clinical care for criminals. The study recommends the integration of psychologists in prisons, the provision of psychological treatment, support for preventive programs and scientific research.

تسعى هذه الدراسة لإبراز دور علم النفس العيادي في الوقاية من الجريمة داخل المجتمعات العربية، انطلاقاً من أن السلوك الإجرامي لا يعود فقط إلى العوامل الاجتماعية، بل أيضاً إلى اضطرابات وصدمات نفسية، باعتماد المنهج الوصفي التحليلي.

أظهرت النتائج أن الطفولة المعقّفة، الصدمات النفسية، والحرمان العاطفي تتضافر لتشكيل الشخصية الإجرامية، خاصة من النمط السيکوباتي. كما أظهرت ضعف التكفل العيادي بالمجرمين. توصي الدراسة بدمج الأخصائيين النفسيين في السجون، توفير العلاج النفسي، دعم البرامج الوقائية والبحث العلمي، مؤكدة أن علم النفس العيادي ركيزة أساسية في سياسات الوقاية الجنائية.

الكلمات المفتاحية: جريمة، علم النفس العيادي، وقاية، اضطرابات النفسية، إعادة الإدماج.

Keywords: Crime, Clinical Psychology, Prevention, Mental Disorders, Reintegration.

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1. Introduction

Crime is one of the most prominent challenges facing Arab societies at the present time, due to its multidimensional effects: security, social, economic, and psychological. It does not represent a mere violation of the law, but is a reflection of deep imbalances in the psychological and social structure of the individual. The rapid transformations that Arab societies are experiencing, such as family disintegration, unemployment, the weakness of the value system, and the decline of social ties, have contributed to the creation of a fertile environment for the growth of criminal behavior and its diversity (Abdul Sattar, 2009, p42).

In light of these data, the traditional punitive approach, which relies on Restraining and deterrence, is no longer sufficient to ensure societal security, as it remains incapable of addressing the deep psychological roots of the criminal phenomenon. This is where the vital role of clinical psychology in diagnosing the psychological dimensions contributing to delinquent behavior and understanding the offender's personality structure from a specialized scientific perspective of the individual since childhood (Cottraux, 2010, p240).

Accordingly, this study seeks to shed light on the effective clinical psychological mechanisms in preventing or reducing crime in Arab societies through the adoption of a descriptive-analytical approach, which allows examining the phenomenon by reviewing the scientific literature and analyzing qualitative data taken from field studies and interviews with psychologists in correctional institutions. It also relied on internationally accredited diagnostic tools such as DSM-5 and ICD-11, in addition to clinical interviews and personality tests.

This study aims to highlight the relationship between some mental disorders and criminal behavior, assess the reality of psychological care for criminals in the Arab world, and propose rehabilitative therapeutic interventions that contribute to their psychological and social reintegration. In this context, the following problem arises:

What are the effective clinical psychological mechanisms in preventing or reducing crime in Arab societies?

Based on this problem, it can be assumed that:

- There is a close relationship between certain mental disorders (e.g., antisocial personality disorder, impulse control disorders) and criminal

behaviors, especially those characterized by violence and aggression (American Psychiatric Association, 2013, p320).

- Psychoclinical interventions – both preventive and therapeutic – are still poorly implemented or marginalized in public anti-crime policies in the majority of Arab countries, compared to the focus on the punitive and repressive approach (Sheetrit, 2020).

Looking at the criminal from the perspective of clinical psychology allows for a deeper understanding of the dynamics of crime, by diagnosing the psychological roots of delinquent behavior, monitoring the patterns of disorder that contribute to its formation, and developing therapeutic and rehabilitation programs that restore the individual's psychological and social balance, and contribute to his safe and healthy reintegration into society.

2 - Crime from the perspective of clinical psychology

Clinical psychology views crime not merely as a violation of the law, but as the result of pathological psychological processes or deviations in the individual's personal structure. From this perspective, the criminal is not necessarily a "evil" person according to popular perception, but may be a psychologically unbalanced individual, suffering from personality disorders or the ability to control his behaviors or impulses (Abdul Sattar, 2009, p42). Dealing with him requires a careful examination of his psychological structure, personal history, and formative childhood experiences.

2-1 - Psychological classifications of offenders according to DSM-5 and ICD-11

Global diagnostic manuals, such as the Fifth Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and the International Classification of Mental Diseases (ICD-11), list a number of disorders that are directly or indirectly related to criminal behavior, the most important of which are:

- **Antisocial Personality Disorder:** characterized by blatant disregard for the rights of others, aggressive or fraudulent behavior, and a lack of guilt or empathy (American Psychiatric Association, 2013, p320).
- **Conduct Disorders in Childhood and Adolescence:** Research shows that a large number of adult offenders have gone through earlier stages of aggressive or disruptive behavior in childhood, without appropriate therapeutic intervention (Frick & Nigg, 2012, pp77-107).
- **Impulse Control Disorders:** It includes difficulty resisting injurious desires for oneself or others, such as arson or compulsive theft, which is a common feature of some groups of delinquents (Cottraux, 2010, p240).

3- Psychological factors predisposing to criminal behavior

Several psychological factors intersect to form a fertile ground for the growth of criminality, the most prominent of which are:

- **Violent childhood:** where early exposure to domestic violence or acute neglect is associated with the formation of aggressive or antisocial personality patterns later (Perry, 2001, pp221-238).
- **Emotional deprivation:** such as the absence of secure parental relationships or lack of emotional containment in the early years of life, which generates an internal void and rebellious compensatory behavior.
- **Untreated Traumas:** Especially those associated with sexual assault, the loss of a parent, or the witnessing of violence, as they are predisposing factors for PTSD, which may take aggressive behavioral manifestations (Terr, 1991, pp10-20).
- **Negative reinforcement of criminal behavior:** i.e., when a child is implicitly rewarded for aggressive behavior or learns that violence is an effective way to get what he wants, this becomes generalized behavior in its later stages (Bandura, 1973).

From this perspective, the analysis of criminal behavior in Arab societies becomes inseparable from the accurate clinical understanding of the psychological structure of the individual, the circumstances of his upbringing and his traumatic past, with the need to view it not only as a legal case, but also as a psychological condition that requires dismantling and treatment.

4-Tools of clinical psychology in dealing with crime

Addressing the phenomenon of crime in Arab societies requires an integrated clinical psychological approach, which goes beyond the legal dimensions to analyze, diagnose, and understand the psychological structure of the offender, and work to modify his pathological behaviors. Clinical psychology offers multiple tools aimed at early detection of criminal predispositions, therapeutic rehabilitation of delinquents, and preventive interventions for vulnerable groups. These tools can be classified into three basic levels: diagnosis, treatment, and prevention.

4-1- Clinical diagnosis of the offender

Psychiatric diagnosis is the first step towards understanding the offender not only as a legal actor, but also as a clinical condition that requires in-depth study. Clinical diagnosis is based on qualitative and quantitative techniques that include :

- **Clinical interview:** It is a qualitative tool that allows the collection of historical, behavioral and emotional data of the offender, and the understanding of his psychological dynamics and his relationship with himself and others. It is particularly used in prison environments and rehabilitation centers (Anzieu, 1983).
- **Projective and objective psychological scales:** such as the MMPI-2 multifaceted personality test, which helps detect psychopathic or aggressive personality traits, the Rorschach test, which monitors unconscious tendencies, and aggression tests (such as Buss-Durkee), which are used to 1981).

4-2- Individual and group psychotherapy

After the diagnosis, comes the treatment phase that aims to correct the criminal behavior through clinical interventions aimed at psychological and behavioral modification:

- **Psychoanalysis of the criminal:** It focuses on the explanation of delinquent behavior through unconscious psychological struggles, and a return to the repressed stages of childhood. Freud believes that some criminal behaviors represent the expression of repressed desires that have not found a legitimate discharge (Freud, 1906/1999, p146).
- **Cognitive-behavioral therapy (CBT):** It is one of the most effective modern methods to modify criminal thought patterns, especially through techniques of restructuring beliefs, and training the criminal in problem-solving and emotional discipline (Beck, 2011, p331). Several studies confirm the effectiveness of CBT in reducing recidivism, especially in delinquent adolescents (Lipsey et al., 2007).
- **Psychosocial reintegration programs:** These are integrated interventions that include psychological support, vocational training, and the enhancement of social skills, and aim to reintegrate the offender into his environment in a healthy way, which reduces the risk of relapse (Sheetrit, 2020).

4-3- Early preventive interventions

Clinical psychology adopts a proactive approach that seeks to prevent criminal behavior by working with at-risk groups before the criminal act occurs, and these interventions include:

- **Early intervention with children and adolescents in situations of vulnerability:** through programs to enhance psychological competence, and train them in self-control and proper communication. Several studies have shown that these programs reduce the chances of aggressive behavior developing into delinquency (Tolan & Guerra, 1994).
- **Working with Broken or Violent Families:** Counseling and psychological support are provided to parents, and intervention is provided to modify negative upbringing patterns that contribute to children's delinquency (Abdul Sattar, 2009, p42).
- **Intervention in educational and correctional institutions:** through school mental health programs, behavioral counseling, and psychological support for adolescents with problematic behavior, allowing early detection of deviant tendencies (WHO, 2000, p109).

5- Obstacles to the psychological care of criminals in Arab societies

Despite the importance of the clinical psychological approach in addressing crime, Arab societies still face many obstacles that hinder effective therapeutic care for criminals. These obstacles are reflected at the structural and cultural levels, leading to the continuation of the traditional view of punishment as the only tool of deterrence, without paying attention to the roots and psychological dimensions of criminal behavior.

5-1- Shortage of psychologists in prisons and courts

Punitive and judicial institutions in the Arab world suffer from a severe shortage of qualified psychologists, both in terms of quantity and efficiency. This leads to the absence of systematic psychological evaluation of offenders, and deprives them of opportunities for psychotherapy or reintegration (Sheetrit, 2020). The functions of the psychologist also remain unstructured within punitive or judicial legislation, which reduces the chances of integrating the clinical dimension into the formal treatment of crime.

5-2- Weak coordination between security and psychological institutions

The lack of cooperation between the security agencies (police, judiciary, prison administration) and the psychological authorities (mental health centers, clinicians) is a major obstacle to the integrated care of criminals. In most cases, the criminal is dealt with from a purely security perspective, without taking into account his psychological condition or medical history. Studies emphasize the need to establish a multidisciplinary model that includes the psychologist as a key component of criminal intervention teams (Warren et al., 2004, pp505-5016).

5-3- Negative social perception of psychotherapy

Stigma is one of the biggest challenges facing psychological care efforts in Arab societies. Mental illness is often associated with insanity or flaw, which makes criminals or their families refuse to undergo treatment or cooperate with specialists. Penal institutions also lack a mental health culture that encourages disclosure and seeking treatment (Abdul Sattar, 2009, p42). This situation is exacerbated by the lack of specialized psychological training among prison workers.

5-4- Absence of systematic psychological reintegration programmes

Reintegration programs, which aim to rehabilitate the offender to return to society as a productive individual, remain either completely absent or unstructured in Arab prisons. There are no clear mechanisms to monitor the psychological state of those released or to support them after the end of their sentence, which increases the risk of "recidivism." Research suggests that the absence of these programs significantly increases the likelihood of behavioral relapse, especially in the absence of socioeconomic support (Lipsey et al., 2007).

6- Conclusion

In light of the analytical and theoretical data presented on crime from the perspective of clinical psychology, it is clear that the legal or security approach is no longer sufficient to address the phenomenon of crime in Arab societies. Criminal behavior is often the product of a complex psychological complex, including untreated trauma, personality disorders, and fragile social environments. This necessarily calls for adopting a holistic vision that takes into account the deep psychological aspects behind delinquent behavior (Abul Hassan, 2017, p250).

The criminal is not always just an individual who deviates from public order, but may also be a victim of chronic mental disorders or a dysfunctional social upbringing that has prevented his or her proper psychological development. Thus, the construction of an effective and fair criminal policy is through the integration of therapeutic and preventive clinical approaches into the criminal justice system.

Based on this understanding, a set of practical recommendations emerge to enhance the preventive and therapeutic role of clinical psychology in addressing crime:

- **Integrating clinical psychologists into multidisciplinary teams** within penal institutions to ensure psychological treatment parallel to legal procedures, taking into account the therapeutic and rehabilitation dimension of the offender.
- **Strengthen psycho prevention programs in schools and community centers**, while enabling psychologists to monitor at-risk cases at an early stage, and intervene to protect them before they slide into delinquency.
- **Training security personnel and judges on the principles of initial psychological evaluation**, enabling them to distinguish between a normal offender and a psychologically disturbed offender, and directing him towards appropriate sponsorship instead of punishing him.
- **Establishing permanent psychotherapy units within penal institutions**, and providing cognitive-behavioral therapy, psychoanalysis, and social rehabilitation programs, under the supervision of specialized psychological staff, which contributes to reducing aggression and reducing recidivism rates.
- **Supporting scientific research in the fields of clinical and criminal psychology**, especially field studies that take into account the cultural

and social specificities of the Arab environment, in order to build effective and contextual diagnostic and intervention tools.

These recommendations are not just technical steps, but represent a radical shift in the way crime is approached, from the logic of deterrence and punishment to the logic of understanding, correction and care. Scientific research (Andrews & Bonta, 2010) has proven that clinical care for criminals contributes to reducing crime recidivism rates and enhances psychological and social security, especially among vulnerable groups such as minors and the mentally ill.

In conclusion, the imparting of a clinical dimension to criminal policies is not an intellectual luxury, but a strategic necessity to ensure a safe and balanced society. True justice cannot be achieved without psychological justice, and there can be no sustainable security without psychological care that enables individuals to overcome their psychological disorders and adapt properly to their social environment. Granting clinical psychology, the place it deserves within the legal, educational, and health systems is an investment in the human being and in the security of society as a whole.

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