Criminology

Clinical Criminology: A Bridge between Forensic Professionals

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Clinical Criminology: A Bridge between Forensic Professionals

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Abstract In recent decades a new profession has developed – clinical criminology. The purpose of this article is to highlight its development. Criminology is defined as an interdisciplinary super-profession. We tend to view criminology as a basic profession with a number of specializations. Clinical criminology is one of these specializations. Forensic psychiatry and clinical criminology have common roots in psychiatry, law and behavioural sciences. They overlap in some fields. Members of both professions work in the same setting and share some of the tasks, but the formal and professional responsibilities differ significantly. We perceive clinical criminology and forensic psychiatry as complementary professions belonging to medicine. The multidisciplinary educated clinical criminologist is the only professional in the forensic system who is qualified to moderate between the mental health and legal expert.

1 INTRODUCTION

In recent decades a new profession has developed – clinical criminology. The term clinical criminology seems to be loosely defined and needs more clarification.

As the term itself implies clinical criminology deals with the clinical aspects of criminology. As a discipline, clinical criminology is the accumulated knowledge and theory on the criminal population and related subjects, and the clinical application of theoretical knowledge. This includes the study of the dynamics of criminal activity, the psychological aspects of crime, psychological etiology, psychopathology of offenders and psychotherapy.

One possible outcome of theory and research in clinical criminology is the development of a reliable diagnostic system and therapeutic methods in order to prevent individuals from becoming criminals and to rehabilitate those who have already committed offences; and to help criminals overcome their psychological difficulties.

The purpose of this article is to highlight the development of clinical criminology as a profession and to point out that clinical criminology and forensic psychiatry are complementary professions, functioning in the same
area and dealing with the same population. This article also demonstrates the important function of clinical criminology as a bridge between forensic professionals both in theory and practice.

2 DEFINITIONS OF CRIMINOLOGY

The prevailing definition of criminology is as an interdisciplinary super-profession, based on a combination of the concepts of the behavioural sciences and biology. Still the two basic mainstreams in criminological study usually are the sociological and the psychological/psychiatric schools. Our concept of criminology differs from this conservative, narrow definition and we tend to view it as a basic profession with a number of specializations. We consider clinical criminology to be one of these specializations.

Webster's defines criminology as the 'scientific study of crime as a social phenomenon, of criminals and of penal treatment'. According to Sutherland & Cressey's classic definition, criminology is 'the body of knowledge regarding crime as a social phenomenon. It includes within its scope the processes of making law, of breaking law, and of reacting towards the breaking of laws'. Sutherland & Cressey add that 'the objective of Criminology is the development of a body of general and verified principles and of other types of knowledge regarding this process of law, crime treatment or prevention'.

Another definition that emphasizes the clinical aspect is presented by Kinberg: Criminology is 'a clinical science concerned with individual cases in order to give a causal explanation of the crime, conceived as a reaction of individual personality to a certain situation, in order to find a rational treatment, in order to eliminate the causes of the criminal symptoms'. Pinatel's definition is more accurate and he specifies the term clinical criminology: Clinical criminology means observation, interpretation and treatment of offenders. Goeppinger, in addition, sees the role of dynamic (clinical) criminology in the synthesis of biological and sociological factors, elaboration of constellations, associations and reactions which lead to criminal activities. Stuerup declares that the goal of therapy in the realm of criminality is identical with the goal of medicine.

3 CLINICAL CRIMINOLOGY

3.1 Definitions

The focus of interest in clinical criminology, thus, is the individual offender. This approach specifies that the realm of the professional clinical criminologist is the diagnosis and the treatment of the individual offender. According to this definition the clinical criminologist is a professional expert, acting as an agent of his or her client – the individual offender, and is not expected to be concerned with organizational problems.

Clinical criminology is not only a profession but a science that has two main functions: theory building and empirical research, hence creating some difficulties in the integration of the scientific and practical aspects of the profession. As the practitioners are usually guided by therapeutic ideology and employ empirically developed techniques, the scientifically oriented professionals are adherents to criminology in general. Consequently,
an effort is needed to draw the clinical and theoretical approaches closer, 
to enable them together to constitute an appropriate professional and sci-
entific level to clinical criminology in practice, theory and research.

3.2 The Development of the Definition and the Scope of Clinical 
Criminology

The term crime presupposes the presence of two conditions – an act 
defined as an offence and an offender who has committed this act. Every 
modern theory in criminology considers this combination to be a complex 
phenomenon where, with regard to the offenders two main areas are to be 
considered – psychological and sociological-cultural.

There seems to be agreement between theoreticians and practitioners 
that there is no single factor predisposing or generating criminality, and that 
on the personality axis offenders may be located between the normal (social) 
and the psychotic (mentally disturbed) domains.

According to Shoham’s credo ‘[a]n offence is first of all human and belongs therefore to the domain 
of Sociology and Social Psychology’. On the other hand, the psychoanalytic 
approach considers the underdevelopment of mental structures to be the 
main reason for criminal behaviour. Alchorn suggests that flawed or dis-
turbed socialization is originated mainly by distorted development of the 
superego caused by early and extremely potent intrapsychic conflicts. An-
other psychoanalytic version proposes that the defective development of the 
personality is due mainly to a disturbed object relationship in early 
childhood.

Because of the complexity and multifactorial character of criminal 
behaviour there is no agreement as to what is the best method to deal with 
and/or treat the individual offender. The decision becomes even more com-
plicated in cases where psychological and psychopathological factors play 
a dominant role. There are differences between countries and between judi-
cial systems as to the legal definitions of mentally ill or disturbed offender. 
And hence it is conceivable that in one jurisdiction a person will be found 
to be legally mentally deficient and unfit to stand trial, and will be hospi-
tialized in a mental hospital, whereas the same person would stand trial in 
another country, and could even be sent to prison.

A comparable distinction is to be found in the delineation of the in-
istitution where the individual offender in question will be held. Convicts in 
ned of psychiatric help are usually confined in the general prison system 
or in a special prison unit. Alternatively, they may be hospitalized in a mental 
hospital or a sociotherapeutic institution. Although these institutions are 
noted to share the same goals – custody, protection, resocialization and 
therapy – there are significant differences between prison and the other two 
institutions.

The main difference lies in their basic objectives and ideology: Whereas 
the prison system is geared primarily towards achieving the ends of security, 
coercion and the application of negative sanctions, therapeutic institutions 
(whether a resocialization or a psychotherapeutic one) aim for psychother-
apeutic intervention with the objective of changing the mental structure of 
inmates, helping patients ‘feel . . . better and to get them to dare once more
to try to use the positive elements in their personality" and to lead crime-
free lives.

Psychotherapeutic intervention, as mentioned here, is the domain of
mental health professionals, especially clinical criminologists. This is the
meeting point of psychiatry and criminology. Thus, clinical criminology may
be perceived to be one of the leading mental health professions in the field
of offender therapy. According to Wolfgang & Ferracuti:13 'The Clinical Cri-
minologist has developed into an intuitive client (or patient) oriented clini-
cian . . . . He tends to rely on his intuition, his clinical ability, his insight,
his previous experience, the accumulated common sense given him by pro-
longed contacts with other human beings.' The clinical criminologist may
be defined as an expert, whose professional training and vocation are con-
centrated primarily on a scientific and clinical approach and therapeutic
intervention. The specialization of the clinical criminologist consists mainly
of the mental development, mental dynamics, criminogenesis, diagnostic
and treatment problems of the mentally ill and disturbed offender.

3.3 The Development and the Professional Status of Clinical
Criminology in Israel

In 1990 the Ministry of Health in Israel recognized clinical criminology
as a mental health profession in its own right. Until then, since the estab-
lishment of this profession, clinical criminology had been a controversial
entity. Prison authorities, probation services, and even part of the mental
health administration refused to recognize the competence of clinical cri-
minologists. They even questioned the legitimacy of the profession, despite
theoretical and clinical training in therapy and diagnosis of mentally dis-
turbed offender, both at university level and during supervised clerkship
and internship.

However, the official and legal recognition of clinical criminology as
a profession has raised several problems. The very fact that the Ministry of
Health had granted recognition has brought about the need to reconsider
the scope and professional status of clinical criminology.

The Ministry of Health has defined it as a mental health profession,
and the curriculum at university has had to be adjusted to this new status
and to the requirements of the field. Consequently, the curriculum of the
programme for the MA degree has been revised. The theoretical and clinical
framework has been broadened. Emphasis has been placed on clinical sub-
jects, such as psychopathology, forensic psychiatry, psychiatry and law, clin-
ical interview techniques and psychotherapy. In order to enable graduates
to function as therapists, part of a multidisciplinary team, students have
been required to participate in clinical work. They have had to participate
in staff meetings and diagnostic processes, in group psychotherapy and to
treat individual patients under qualified supervision. This practice has been
carried out in psychiatric wards, day-care centres, mental health clinics and
psychiatric units of prisons.

In the early 1970's, when the MA programme in clinical criminology
was first established, it was considered to be a sub-speciality of general
criminology. After undergoing the abovementioned changes, and most fac-
ulty members and clinical supervisors being forensic psychiatrists, the pro-
gramme resembled the medical model. Most of the graduates are employed
by mental health or other treatment oriented agencies. As a result clinical criminology may be regarded as a branch of mental health, especially of forensic psychiatry.

As a profession clinical criminology is primarily concerned with the emergence of an offence, perceived to be a behavioural problem, the individual’s standpoint regarding the law, the legal processes, and the criminal justice system. Studies examining the psychological causes of crime, psychotherapy, diagnosis and prediction especially in the field of dangerousness — all these together with diagnostic activities and psychotherapeutic intervention are an integral part of clinical criminology. Clinical criminology's methods are similar to those prevailing in medicine, starting with a clinical diagnosis, proceeding to prognostic evaluation and indication for treatment.

4 FORENSIC PSYCHIATRY — DEFINITIONS AND SCOPE

Forensic psychiatry, like clinical criminology, has its roots in psychiatry, as well as in the legal domain. Like criminology, it is situated at the point where psychiatry, law and the behavioural sciences meet. Forensic psychiatry has been defined in different ways by different authors. Schnitzler, for example, perceives it in a restricted sense as related only to activities in the court of law.

Others have broadened its scope to include all aspects of law, the legal system, and the legal process in which the psychiatrist may be involved, and have concluded that this branch of psychiatry is mainly ‘concerned with the behavioral aspects of man and his relationship to the law’. According to Rogers et al it is the application of ‘medical and behavioral sciences to jurisprudence and the criminal justice system’, in order ‘to better understand, evaluate, improve and administer every branch of the law, legal system and legal process’.

In our view, forensic psychiatry should be applied to all the aspects of the justice system when one of the disputing parties, or the court itself, is interested in a forensic psychiatric opinion. It covers all diagnostic, therapeutic and prognostic decisions concerning patients who are under legal constraint.

5 CLINICAL CRIMINOLOGY VERSUS FORENSIC PSYCHIATRY

Forensic psychiatry and clinical criminology may overlap in some fields. In France, for instance, the Ministry of Health operates medical-psychological centres within the prison system for therapeutic and expertise functions. In this context psychiatrists perceive themselves as forensic psychiatrists or as clinical criminologists.

In Europe, two lines of development may be indicated concerning the official status of forensic psychiatry. In some countries forensic psychiatry is established as a subspecialty of general psychiatry, while in others it is an independent specialty, linked to institutes of forensic medicine or to schools of criminology which specialize in forensic psychiatry.

As a result two professions have adopted the designation ‘clinical criminologist’. Firstly, psychiatrists working in the forensic field in certain
European countries use both 'clinical criminologist' and 'forensic psychiatrist' to describe their specialization. Secondly, in Israel, for example, the clinical criminologist is a non-medical professional who has completed a MA programme in clinical criminology. Members of both professions (forensic psychiatrists and non-medical clinical criminologists) work in the same setting and share some of the tasks. Still, the formal and professional responsibilities of these two professions differ significantly.

In forensic inpatient wards or institutions the differences between these two professions are specially notable. As the forensic inpatient ward is organized and operated along the lines of the classical medical model, the forensic psychiatrist – an MD – heads the ward and the team, and is responsible for both the custody and the treatment of patients. The medical doctors – the psychiatrists – are the only mental health professionals trained and permitted to practise the whole scope of therapeutic modalities. They are authorized to appear in court and to testify on medico-legal issues.

Forensic outpatient clinics, on the other hand, are organized on the basis of an administrative philosophy different to forensic inpatient wards. The prevailing organization in these clinics is participative management, which implies group responsibility. The staff members act as a team, of which the appointed head (the forensic psychiatrist) is primus inter pares, and functions as an equal member of the team. Thus the differences between forensic psychiatrists and clinical criminologists seem to be less distinctive in the forensic outpatient clinic than in the inpatient ward.

In the field of criminal procedure, a revolutionary step was taken by the Italian government in 1974 when it promulgated a new Criminal Code. According to article 12, a separate field of criminological expertise, independent of forensic psychiatric expertise, was introduced. Evaluation of a defendant’s personality and potential dangerousness became the responsibility of the criminologist. This differentiation between psychiatric and clinical criminological expertise paved the way to the juridically autonomous existence of the profession. At the same time, the foundations of the coexistence of the two professions were laid down in a forensic psychiatric setting.

6 CONCLUSION

The clinical criminologist is the only professional in the forensic system who has acquired a multidisciplinary university education which includes courses in law, psychology and sociology at BA level, and psychopathology, forensic psychiatry, clinical experience and psychotherapy in the MA programme. With this academic and clinical background, the clinical criminologist is qualified to communicate with professionals in the legal, as well as in the mental health fields. Therefore this professional is the most suitable moderator and interpreter for both professions.

We believe that the time has come, in Israel at least, to link clinical criminology to forensic psychiatry and to perceive them as complementary professions, functioning in the same area and dealing with the same population.

In a previous article we pointed out that the concept of clinical criminology has its roots in legal medicine. After having made a 360-degree
turn, clinical criminology has returned to the field of medicine, and it is our hope that schools of medicine and forensic psychiatry will accept clinical criminology as an integral part of them.

Notes

2 Sutherland HE & Cressey DR Principles of Criminology (1960).
3 id.
4 Wolfgang M & Ferracuti F The Structure of Violence (1967).
6 id.
7 Stuerup GK Treating the Untreatable (1968).
8 Sutherland & Cressey.
12 Stuerup.
13 Wolfgang & Ferracuti.
18 Cook G The Role of the Forensic Psychologist (1980).