Original Research

Analysis of Rehabilitation and Treatment Strategies for Violent Offenders in Light of Criminal Psychology Doctrines

Bahareh. Vayezi[1], Yasaman. Khajeh Nori[2*], Mehdi. Saberi[3], Ali. Najafi Tavana[2]

[1] PhD Student, Department of Criminal Law and Criminology, Central Tehran Branch, Islamic Azad University, Tehran, Iran
[2] Assistant Professor, Department of Criminal Law and Criminology, Central Tehran Branch, Islamic Azad University, Tehran, Iran
[3] Associate Professor of Forensic Medical Research Center in Tehran

*** Corresponding author email address**: Yas_kh2009@yahoo.com

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The purpose of this study was to analyze rehabilitation and treatment strategies for violent offenders in light of criminal psychology doctrines. The present research is qualitative, based on a descriptive-analytical approach. The method for gathering information and data in this study is library-based. The tool used under such a method is note-taking. This study initially describes and introduces the major and key concepts of the discussion to avoid redefining them during the primary analysis. This section details two main themes of the discussion: mental illnesses and violent crimes, along with their respective details and attachments. The next section aims to address the role of mental illness from a legal perspective, along with legislative, preventive, punitive, and other aspects of violent crimes within the framework of law and punishment. According to Article 203 of the Criminal Procedure Code, "In crimes punishable by death, amputation, life imprisonment, or fourth-degree or higher discretionary punishments, as well as in intentional crimes against physical integrity, for which the compensation (diyah) amounts to one-third of the full diyah or more, the investigating judge is obliged to issue an order to establish a personal file for the accused with the social services unit during the investigation process." This personal file, separate from the criminal file, includes: (a) a social worker's report on the financial, family, and social situation of the accused, and (b) a medical and psychiatric report. Additionally, under Paragraph (c) of Article 279 of this code, a summary of the personal file or the mental status of the accused is one of the elements to be mentioned in the indictment. The legislator implicitly addressed the issue of creating a personal file in several articles of the Islamic Penal Code, including Article 18, which states: "Discretionary punishment is a penalty that does not fall under the categories of hudud, qisas, or diyah and is determined and implemented by law in cases of the commission of religiously prohibited acts or violations of governmental regulations. The type, amount, method of execution, and regulations concerning mitigation, suspension, termination, and other discretionary rulings are determined by law."

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1. Introduction

The rehabilitation of offenders is a topic within the field of law, emphasizing that reforming and educating the offender is the primary goal of punishment. In Iran, various judicial and executive institutions have been established for the rehabilitation and re-education of offenders, including prisons,

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correctional and rehabilitation centers, psychiatric hospitals for offenders with mental disorders, and the Welfare Organization. Socrates cautioned against the use of violence towards offenders, advocating instead that they should be taught, through education and training, how to avoid committing further crimes. Similarly, Plato is quoted as saying, "If someone commits a crime, the law should teach them not to repeat it." According to Seneca, "If we reduce the punishment of the guilty, we can more easily reform them, as a person who has not entirely lost their dignity will be more careful in their behavior." Rossi, a leader of the neo-classical school, criticized Bentham for focusing solely on the deterrent and utilitarian aspects of punishment while neglecting the rehabilitation and moral aspects of the offender. In Islam, some believe that the primary goal of discretionary punishments is to reform, discipline, and prepare the offender for a healthy and honorable life within society. It is stated that "from the perspective of Islamic criminal law, if an inner transformation occurs within the offender, effectively reforming them, the punishment may be waived." Therefore, two perspectives exist regarding offenders: first, that the offender is ill; and second, that the offender violates social norms. Accordingly, approaches to offender rehabilitation vary based on these perspectives.

2. Literature Review

2.1. Rehabilitation and Training of Offenders

A new doctrine in criminal law and criminology. Criminologists view the rehabilitation and treatment of offenders as the implementation of a psycho-moral therapeutic program, ensuring the necessary conditions for societal security to improve the offender's capacity for social adaptation (Hikmat, 2000). For a long time, the focus in criminal phenomena was solely on the direct relationship between the harmful outcomes of a crime and the criminal act itself, illustrating the causal relationship between the act and its outcomes. Consequently, the offender was frequently overlooked by social scientists and jurists. Hence, throughout legal history, numerous cases have been recorded of trials involving objects, animals, the insane, and minors, who today are exempt from criminal responsibility (Goudarzi & Kiani, 2001, 2008). The emergence of various legal schools, such as the classical, positivist, and social defense schools, influenced by thinkers like Montesquieu, Beccaria, and Rousseau in the post-medieval period, led to the inclusion of offenders within the field of sociological studies (Hikmat, 2000; Keynia, 1997; Putwain & Sammons, 2007). Concurrently, the rapid development of disciplines like psychology, sociology, and law over recent centuries, along with the rise of criminology as a field of study focusing on criminal phenomena, and criminology's influence on criminal law, prompted jurists and sociologists to study not only crime and its causes but also to address methods for preventing crime and recidivism among repeat offenders (Maqsoodlou et al., 2007). Therefore, the rehabilitation and education of offenders became a focus for criminal law scholars, criminologists, and lawmakers, elevating this issue to a significant place in the criminal policies of governments.

The evolution of offender rehabilitation throughout history has experienced numerous ups and downs, with various methods, ranging from purely medical approaches like surgical interventions or pharmacological treatments, to clinical psychological and psychiatric treatments, being experimented with and continuing to this day (Saberi & Mohammadi, 2005). These studies, however, have largely been based on trial and error, with each new approach initially bringing hope for solving the problem, only for the rising crime rates to eventually discourage both the theorists and their observers. It is essential to note that human behavior does not always follow predictable and stable patterns. As a result, no scientific approach has been able to completely and reliably control criminal behavior or prevent its occurrence or escalation. Nevertheless, certain rehabilitation efforts have proven effective, albeit on a limited scale, in deterring recidivism among some former offenders, and these methods can be used as a standard approach to deter many repeat offenders. Consequently, governments, by identifying effective methods and enacting legislation, have sought to implement these methods. Typically, these methods consist of two parts: pre-crime measures, particularly concerning dangerous and habitual offenders, such as compelling medical treatment, restricting movement to specific locations, or preventing access to certain areas; and post-crime measures during the period of punishment (Abrahamsen, 1992).

Overall, it can be stated that the rehabilitation of offenders is based on the general principle that the likelihood of a behavior occurring depends on its consequences; if the behavior results in a reward, the likelihood of behavioral reform increases. In Iranian law, the first signs of introducing rehabilitation mechanisms for offenders appeared with the influence of French law through the adoption of provisions for the mitigation and suspension of offenders' sentences in the General Penal Code (enacted in 1925 and subsequent amendments). The Preventive Measures Law, passed in 1960, was another step toward this goal. Article 1 of this law stipulates: "Preventive measures are the steps that a court takes to prevent the recurrence of a crime (misdemeanor or felony) concerning dangerous offenders." Although this law was established to prevent crime among repeat and dangerous offenders, preventive measures can also play a crucial role in the rehabilitation and re-education of offenders. The law required the government to establish special institutions for the rehabilitation and training of offenders within five years, including juvenile correctional centers. The Juvenile Delinquency Law, in the Executive Regulations of the Correctional Center (enacted in 1968), outlines the treatment of juvenile offenders to facilitate their rehabilitation and reintegration into society. For adult offenders, the Executive Regulations for Prisons and Industrial and Agricultural Facilities Associated with Prisons (enacted in 1975) aimed to prepare former offenders for reintegration into society after serving their prescribed sentences by establishing diverse conditions and institutions within the prison system, using tools of encouragement and punishment, creating semi-open prisons, providing vocational training, and monitoring them post-release. This goal has since progressed through various stages and is now achieved through the approval of the Executive Regulations for the Country's Prisons and Security and Rehabilitation Actions (enacted in 2005). The importance of offender rehabilitation is so significant that it has been recognized as one of the main duties of the judiciary under Clause 5 of Article 156 of the Constitution of the Islamic Republic of Iran.

2.2. Mind and Anger Management

There are at least two perspectives on emotions. First, emotions are understood as discrete concepts (Schultz & Schultz, 1998), consisting of six categories: anger, disgust, fear, joy, sadness, and surprise. The discrete view of emotions has dominated psychological research for decades, though there are counterarguments (Rahmdel, 2005; Saberi, 2008). Emotions are more complex than the six basic emotional categories. They suggest that humans can experience combinations of these emotions as well as emotions that do not fit within these six categories. Additionally, another perspective, the social constructivist view, sees emotions as products of brain processes interacting with various social realities (Bigdeli et al., 2012; Butcher et al., 2009). This latter view better explains the complexities of emotional processes (including anger) and aligns well with Cowen and colleagues' view of emotions.

Anger arises in various scenarios, including exposure to extreme heat, failure to receive expected rewards, unfair treatment, or actions by others that impact an individual's goals or plans. Along these lines, anger can occur when an individual's goal is blocked. For example, using simulated driving tests, drivers may express anger when forced to slow down. Another study found that sleep deprivation is associated with increased anger. A study reported that anger and aggression can result from social rejection, frustration, provocation, and social stress (Spitzer & Gibbon, 2000). Additionally, anger is a state accompanied by feelings of vengeance (American Psychiatric, 2001; Butcher et al., 2009; Eysenck, 2000).

Studying anger is important because it is an approach-related response rather than an avoidance response (Hikmat, 2000). Anger contrasts with other negative emotions such as depression or sadness, as these emotions often do not lead to approach behaviors (Keynia, 1997). This has been empirically confirmed using forward or backward reaction time tasks in response to neutral or anger-related words (Dadestan, 2003; Davison, 2006; Devey, 2010). In this study, presenting anger-related stimuli to participants led to more forward movement compared to neutral stimuli, which may explain why anger sometimes leads to aggressive behaviors.

Although important, anger-related disorders only appear in the DSM as symptoms of clinical disorders, such as Oppositional Defiant Disorder and Intermittent Explosive Disorder (American Psychiatric Association, 2022). Many patient populations display difficulties in anger management, including Borderline Personality

Disorder. Several studies have shown that anger is associated with alcohol and drug use. One study found that cannabis use disorder is associated with difficulties in anger control among Iraq and Afghanistan veterans (American Psychiatric, 2001; Bigdeli et al., 2012; Dadestan, 2003; Davison, 2006). Other studies have also shown that anger state and trait are risk factors for substance use and abuse (Hikmat, 2000; Karimi, 2010; Keynia, 1997; Miller, 2002; Putwain & Sammons, 2007; Sadock & Sadock, 1933; Seligman et al., 2010). Alcohol use disorders were found to be associated with both anger state and trait (Abrahamsen, 1992; Butcher et al., 2009). The effects of alcohol on anger may be linked to the activation of GABA receptors, resulting in inhibition of the prefrontal cortex (Spitzer & Gibbon, 2000). As discussed below, the prefrontal cortex plays a key role in anger control, and damage to this area may lead to increased anger-related behaviors.

Anger often leads to aggression, which has negative consequences for individuals and society. While anger is an emotional state, aggression/violence is behavior that can result from anger-related emotions. It is important to note that there are significant differences between anger state and trait anger. According to Spielberger (1988), unlike trait anger, state anger is a transient, subjective emotional feeling of intense anger and rage. We propose that state anger is more likely to be triggered by highly intense external factors, whereas individuals with high trait anger may exhibit anger-related behaviors (such as violence or aggression) in response to minor hostilities, such as irritation or insult (Devey, 2010). Although considered maladaptive, it has been argued that anger has an important evolutionary value for personality development. Although anger is often thought to lead to aggressive behaviors (Putwain & Sammons, 2007; Sadock & Sadock, 1933), this is not always the case. This assumption is based on findings that anger feelings are very strong, making aggression a likely outcome. However, some anger management techniques were found to reduce anger but not aggression (Siyasi, 2005; Spitzer & Gibbon, 2000), suggesting that anger and aggression are not always correlated. Additionally, it is unclear whether anger leads to reactive (i.e., impulsive) or proactive (i.e., planned) aggression (Putwain & Sammons, 2007). Unlike proactive aggression, impulsive aggression has been reported in various patient populations, such as those with schizophrenia and PTSD.

Treating anger is important because deficiencies in anger control have negative consequences. Lack of anger control negatively affects mental health (Sadock & Sadock, 1933) and leads to poor and maladaptive decision-making. Additionally, anger and suicide are more common and correlated among younger individuals than older ones. Many individuals arrested for domestic violence incidents are often required to undergo anger management training, as anger is a probable factor in violence-related behaviors. Furthermore, anger can impact relationships and lead to domestic violence (Davison, 2006; Devey, 2010).

3. Methods of Rehabilitation and Treatment

3.1. Rehabilitation and Treatment of Offenders Using Psychology

3.1.1. Initiation of Treatment

During the initial sessions, the therapist aims to establish a positive therapeutic alliance, which includes attentive listening, eliciting emotions, assisting the patient in identifying and normalizing their feelings, providing support, encouragement, and psychoeducation about the relevant disorder. The therapist should be supportive and active, avoiding interpreting the therapeutic relationship as transference and ensuring the relationship is not overly friendly.

Next, the therapist assesses for depression, examines depressive symptoms and aligns them with the DSM criteria, then uses tools such as the Hamilton Depression Rating Scale or Beck Depression Inventory to help the patient understand the severity and nature of their symptoms. The therapist informs the patient that the scale will be regularly repeated to monitor treatment progress. Following this, the therapist evaluates the patient's need for pharmacotherapy and connects depression to the patient's interpersonal context by examining past and current relationships, using an interpersonal questionnaire to assess (Abrahamsen, 1992; Dadestan, 2003; Fadaei, 1996, 1997; Keynia, 1997):

- The nature of interactions with significant others,

- The expectations of the patient and significant others,
- Positive and negative aspects of interpersonal relationships,
- Desired changes the patient wishes to make in their relationships. The therapist identifies primary areas of concern, such as unresolved grief, interpersonal disputes, role transitions, or interpersonal deficits, pinpoints the key issue related to the current depression, sets treatment goals, and determines which relationships or aspects of relationships relate to the depression and what can be changed.

The therapist then formulates the patient's disorder by bridging the patient's history and interpersonal issues with their current depression, providing feedback that clarifies the focus of therapy. After agreeing on treatment goals, the therapist explains the treatment framework and structure, finalizes a therapeutic contract, and commences treatment (Abrahamsen, 1992; Dadestan, 2003; Fadaei, 1996, 1997; Keynia, 1997).

3.1.2. Continuation of Treatment

At this stage, the therapist should focus on one of the four IPT problem areas—unresolved grief, interpersonal disputes, role transitions, or interpersonal deficits—that contribute to the patient's issues and take steps toward resolution and treatment.

If the issue involves unresolved grief, the therapist facilitates the mourning process, helping the patient release emotions and then re-establish interests and relationships as substitutes for the lost individual or relationship, providing social support.

For interpersonal disputes, the therapist aids the patient in scenarios of renegotiation, impasse, and breakdown. This involves identifying the dispute, examining options, selecting an action plan, and finally adjusting expectations or transforming unsatisfactory communication into a satisfactory resolution.

In role transitions, the therapist assists the patient in letting go of an old role, mourning its loss, acquiring new skills, forming new attachments and support groups, and identifying positive aspects of the new role to restore self-esteem.

For interpersonal deficits, the therapist reduces social isolation by reviewing significant past relationships, identifying strengths and weaknesses in interpersonal patterns, and discussing the patient's positive and negative feelings about current relationships, helping the patient form new relationships.

The therapist uses various techniques to achieve these goals, including:

1. **Nondirective exploration**: using open-ended questions for information gathering and problem area identification to facilitate open discussion. Supportive affirmations encourage the patient to continue or delve deeper, beneficial for verbose patients but potentially anxiety-inducing for reticent patients, who may benefit from more direct approaches (Abrahamsen, 1992; Dadestan, 2003; Fadaei, 1996, 1997; Keynia, 1997).
2. **Guided elicitation**: obtaining specific information from the patient.
3. **Encouraging emotional expression**: helping the patient articulate, understand, and control emotions. The first step is eliciting emotions in the therapeutic setting, followed by normalizing emotions where appropriate and discussing the pros and cons of expressing these emotions in existing relationships.
4. **Clarification**: asking the patient to clarify statements, helping them gain awareness of their remarks. Patients may be asked to restate or rephrase to reveal logical aspects and inconsistencies.
5. **Communication analysis**: examining communication issues to help the patient communicate more effectively with close individuals. Both verbal and nonverbal communication are analyzed, and cultural norms regarding acceptable and forbidden communications are considered.
6. **Decision analysis**: helping the patient think through alternative behaviors and their outcomes to resolve existing issues.
7. **Role-playing**: addressing interpersonal deficits and equipping the patient with new strategies for handling current or new situations by role-playing significant individuals in their life.

3.1.3. End of Treatment

Objectives at this stage include:

1. Concluding treatment with an understanding that separations are role transitions, potentially bittersweet but not equivalent to depression.
2. Reinforcing the patient's sense of independence and competence as treatment concludes.
3. Reducing feelings of guilt and self-blame; if treatment was unsuccessful, considering alternative treatment options.
4. If interpersonal therapy has been successful but the patient is at high risk of relapse, discussing continued treatment with maintenance therapy and re-establishing the therapeutic contract is necessary (Fadaei, 1997; Keynia, 1997).

3.2. *Applications of Interpersonal Therapy*

Although interpersonal psychotherapy primarily addresses mood disorders such as depressive disorder, dysthymia, and bipolar disorder, it is also applied to non-mood disorders, including substance abuse, eating disorders, anxiety disorders, and borderline personality disorder.

3.3. *Methods of Treating Criminal Personalities*

One approach is the application of phenomenology, developed by French physician and criminologist Dr. Snard. He argued that serious glandular or nervous system disorders in a criminal could classify them as ill, making them not true offenders since such abnormalities could impair the nervous system or disrupt glandular function. This concept applies to offenders as ordinary individuals with criminal markers. What differentiates two individuals, one being a criminal and the other not, if both are patients? Phenomenology, like psychoanalysis, examines unconscious mental activity, aiming to penetrate human subjectivity. This approach explores relationships and interpersonal dynamics, placing the offender at the center to understand them. Through phenomenology, relationships and the offender's subjective state can be approached, potentially enabling treatment by uncovering values and conversational exchanges between the offender and the victim (Dadestan, 2003; Fadaei, 1996).

Psychoanalysis, encompassing personality structure and development, psychotherapy, and behavioral and personality research, can also assist. The goal of psychoanalysis is to extract troubling unconscious content, revealing psychological conflicts that afflict the patient. Establishing mental health institutions, later known as mental health centers and now psychiatric hospitals, supports this goal by equipping individuals with psychological and emotional strategies to adapt to various situations and find appropriate solutions to problems. Treatments like hospitalization, often linked to psychotherapy, self-help groups, and support systems, are more beneficial than prisons and psychiatric hospitals for such individuals (Fadaei, 1997; Keynia, 1997).

Before starting treatment, establishing explicit limitations is crucial. Medication is used to manage debilitating symptoms like anxiety, anger, or depression, and medical evaluations are essential. Medical examinations cover physical development, signs of intellectual disability, and contagious diseases. Various treatments—drawing from psychology, psychiatry, and biology—are available in different settings, such as open, closed, or semi-open environments. Additionally, the establishment of criminological, laboratory, anthropological centers, prison guidance services, and observation centers play a significant role.

Ultimately, understanding the mental capabilities of the offender is essential to broaden their thinking, helping them discover methods to curb tendencies toward deviation from natural individual and social standards.

3.4. *Rehabilitation and Treatment of Offenders Using Social Work*

Social work services include welfare and rehabilitation services for all age groups (children, adolescents and youth, adults, and the elderly), for both able-bodied individuals and those with disabilities (physical, mental, psychological, and social). Addressing individuals' socio-economic conditions to reduce social harm, including crime prevention, is one of the goals of social work. This is achieved through awareness and information dissemination, followed by identifying harmful factors in the neighborhood and cooperating with relevant institutions to reduce harm (Dadestan, 2003; Imam Hadi et al., 2006; Kaveh, 2012).

3.5. *The Role of Social Workers in Crime Prevention*

Social work is a method for crime prevention that identifies the social, economic, and cultural processes

involved in committing crimes. This approach serves as a bridge between legal and judicial measures and the social improvement of individuals' and families' conditions. Focusing on risk factors in crime commission does not only include elements like poverty, gender inequality, media violence, race, and racial discrimination. Solving these issues is only part of crime prevention, while the other part includes adverse housing conditions in slums and residential instability; family factors such as family size, inadequate parenting, parental crime, and parental substance use; individual personality and behavioral factors, such as cognitive deficits like problem-solving difficulties, behavioral control, logical judgment, inability to assess consequences, and other behaviors that precede aggressive behavior; association with friends whose lives involve criminal activity; school-related factors such as academic failure, the school environment, and expulsion from school; employment opportunities such as skill-building and hiring.

In crime prevention through social work, there are several strategies. Individual-level strategies focus on issues that may put an individual at risk of crime participation. These programs may target children or youth, placing the individual at the center of crisis intervention surrounded by multiple support services. Other strategies include family-level interventions, where parents of children, especially those at risk of crime, are provided with support and educational programs to expand the family's capacity to create a healthy and safe environment for the child's development. Additionally, community-level strategies seek to enhance the community's capacity to prevent crimes. These strategies include cooperation, participation, and facilitating connections among individuals, such as counseling between police and youth and programs where the elderly pass on traditions, values, and experiences to young people. Programs that socially provide opportunities for recreation or cultural expression are also included.

Multiple activities have been undertaken by various institutions for crime prevention. Crime negatively impacts individuals, families, and society. Unemployment, inability to meet family needs, and the individual's own potential for criminal activity necessitate actions to address the needs of individuals, families, and communities. These actions can be carried out in three stages: preventing conditions and behaviors that increase crime, preventing the increase and strengthening of the above-mentioned conditions, and examining the factors influencing recidivism.

Numerous studies indicate that children and adolescents at risk have a significantly higher likelihood of committing crimes in adulthood. These risk factors impact early childhood development, weakening the foundations of future life. Thus, legal social work interventions during childhood provide an excellent opportunity to prevent physical and psychological disabilities, academic, social, and future criminal behaviors. These actions are also cost-effective. A recent study in the United States shows that for every dollar invested in preventive measures in early childhood, there is a return of three to seven dollars by adulthood. This finding has also been replicated in studies conducted in New Zealand. Evaluations of programs in New Zealand, including home visits and child interactions, have had a positive impact on children's lives, addressing behavioral issues caused by internal and external factors leading to delinquent behaviors (Imam Hadi et al., 2006; Kaveh, 2012).

Establishing a system of primary social work interventions for children under six years old can play a significant role in identifying and developing individual potential. Each family should have access to resources to properly nurture their children, with maximum services provided to families at high risk of criminal behavior. These services should consider the complex living conditions of children at risk. Properly utilizing available resources is essential to achieve this goal. For example, a six-year social work monitoring program includes providing consistent, community-based, public, targeted, and comprehensive services to close gaps in service delivery, especially for high-risk families; early-life assessments of children to identify their potential and review the adequacy of services provided; educational and supportive programs for parents, such as training in essential life skills, delivered at a level parents can understand and with appropriate support materials, ensuring positive outcomes in child upbringing; increased investment in the treatment of children with physical and psychological disorders (Imam Hadi et al., 2006; Kaveh, 2012; Ramos Salazar, 2021). By addressing the physical and mental conditions of these children,

serious consequences of future antisocial behaviors, which could lead to criminal actions, are prevented.

To ensure effective service delivery, establishing facilities like schools, workshops, and cultural institutions for at-risk families—often facing social relationship difficulties—is necessary. This would provide cohesive management to support these families in raising their children. Centers to meet service needs for children's growth should also be established. Strengthening national, regional, and local coordinating services through government and coordination between government agencies, NGOs, and other social groups will allow decisions to be made as close to families as possible. Family empowerment is a key mechanism for achieving this, though a sustainable investment path that reflects NGOs' nature and services should be designed for this purpose. With increasing (and more complex) demand, secure investment and contract cost control are necessary. NGOs, through support groups with sufficient capacity, can assist in addressing the needs of children and families at risk by providing information and resources, enhancing the effectiveness and efficiency of other institutions (Imam Hadi et al., 2006; Kaveh, 2012).

Preventive social work interventions in early life, as previously mentioned, reduce the need for interventions in later stages. However, measures are still needed to prevent criminal behavior. While the most cost-effective actions occur early, social work interventions in later stages of life can also be economically viable. Adolescents who commit crimes at an early age are likely to be future high-risk individuals. Their crime rates are relatively high and often serious, with a strong likelihood of continuing criminal activity into adulthood. This group of offenders typically exhibits early-life disturbances and requires close attention regarding personal, familial, and social circumstances. Support and monitoring systems, along with juvenile courts, can support the role of social work during this life stage, with young individuals assessed as delinquent or offenders receiving maximum interventions. However, the level of interventions should correspond to the adolescent's risk level. Social work is successful when it teaches new skills, strengthens families, targets criminogenic needs, and provides broad, multi-dimensional services. The role of the juvenile court is also important; among its functions, it must act to halt recidivism and the criminal trajectory into adulthood, although considerable gaps remain in this area (Fadaei, 1996, 1997; Hatamzadeh & Palahang, 2007; Mohammadi Farood, 2002; Poostchi, 2012).

A small group of offenders often commit a significant portion of crimes and occupy many prison beds. Social work at the earliest criminal events can reduce the likelihood of future violent behavior. Serious and violent offenders usually have no criminal history before committing their first major crime. These individuals' life histories are often unfavorable, with deeply rooted criminal behaviors reinforced by their environments. Therefore, reducing crime rates requires coordinated interventions through timely and early social work actions to address health and social needs. Even a slight reduction in recidivism makes these interventions valuable. These activities not only decrease prison bed demand but also provide significant economic and social benefits for victims, families, and society. However, it is important to remember that the risk of recidivism remains high for repeat offenders, requiring careful supervision and moderate responses in rehabilitation efforts. Primary treatment occurs within a gradually expanding cycle, where precision reduces costly consequences and improves success chances, though resource preservation remains a point of contention.

Addressing Repeat Offenders requires an inter-agency approach that considers the following: attention to the families of repeat offenders in high-crime neighborhoods; providing necessary social work interventions and addressing social needs (such as household items, employment support, financial assistance, life skills training, and early childhood education) while addressing health and wellness needs, particularly substance abuse treatment and mental health support; investigating areas where individuals are most likely to reoffend, regardless of support received (e.g., with arrest and prompt transfer to the judicial system).

This process offers repeat offenders a clear choice: either take steps to break free from crime and drug addiction, or reject the support and, in turn, face focused police attention if they are likely to commit a crime.

Situational crime prevention differs from conventional criminology as it focuses more on crime locations rather than on individuals committing crimes. It emphasizes crime prevention rather than the identification and punishment of criminals. Known as SCP (Situational Crime Prevention), this method has helped reduce

violent crimes and theft in some European countries through programs implemented by local authorities. These programs can enhance individual and community awareness to foster security (Fadaei, 1996, 1997; Hatamzadeh & Palahang, 2007; Mohammadi Farood, 2002).

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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