

The Relationship Between Mental Disorders and Types of Crimes an Analytical Study with A Legal and Statistical Dimension

Lect. Dr. Ameer Hussein Aliwi Al-Akaishi

Najaf Technical Institute, Department of Forensic and Judicial Evidence Techniques, Iraq

Received: 22 May 2025; **Accepted:** 18 June 2025; **Published:** 20 July 2025

Abstract: Mental disorders hold particular significance in the study of criminal behavior, as they represent health conditions that impair thinking, perception of reality, and an individual's ability to adapt to life circumstances. Consequently, they influence human emotions and behavior. This study is based on the hypothesis that certain types of mental disorders may be directly or indirectly associated with the commission of specific crimes, whether violent, moral, or against public order. Due to the seriousness of this connection, our research aims to analyze the relationship between mental disorders and certain types of crimes in an effort to understand how such disorders may affect criminal behavior from both legal and statistical perspectives. Mental disorders hold particular significance in the study of criminal. The study also examines the legal frameworks governing the treatment of individuals with mental disorders when crimes are committed, within a preventive and analytical context. The goal is to present recommendations that contribute to the development of legislative and preventive policies, based on the conclusions derived from the analysis. This highlights the need to review psychological assessment mechanisms in criminal cases and strengthen cooperation between judicial and medical institutions, as well as the necessity of establishing a national database for crime-related mental disorder cases.

Keywords: Mental disorders, Criminal behavior, Forensic psychology, Crime and mental health.

Introduction: Mental and psychological disorders play a significant role in driving individuals toward criminal behavior, especially in cases of psychotic and antisocial personality disorders. However, the law deals with these cases with caution, exempting mentally ill individuals from full criminal responsibility in cases of loss of awareness or will, while imposing therapeutic or preventive measures to protect society. Statistics indicate that a significant percentage of criminals with mental disorders commit violent crimes, underscoring the importance of understanding these disorders and providing appropriate care for individuals suffering from them.

First - Significance of the Research

Studying our research topic is important from both a scientific and legal perspective. From a practical perspective, the research enriches scientific knowledge in forensic psychology and criminology by providing an

in-depth analysis of the relationship between psychological and mental disorders and criminal behavior. The research also provides a theoretical and practical framework for understanding how these disorders influence criminal decision-making. As for its legal significance, the research presents an analysis of the legal aspects related to the responsibility of individuals suffering from psychological and mental disorders when committing crimes. This may contribute to developing legislation and laws that address these issues more fairly.

Second: The Research Problem

The research problem revolves around studying the relationship between mental and psychological disorders and the commission of crimes. The study seeks to understand how psychological and mental disorders affect individuals' behavior and drive them to commit criminal acts. The problem also includes an

analysis of the legal, psychological, and social aspects that contribute to explaining this relationship, in addition to studying criminal cases committed by individuals suffering from psychological and mental disorders.

Third: Research Objectives

The research objectives are as follows:

1. Analyze the relationship between mental and psychological disorders and criminal behavior by studying clinical and statistical cases that link psychological disorders to the commission of crimes.
2. Understand the legal aspects of dealing with the mentally disturbed by reviewing Iraqi legal texts and jurisprudential rulings that govern the responsibility of the mentally disturbed for their criminal acts.
3. Providing statistics on the prevalence of mental disorders among criminals: by analyzing statistical data that demonstrates the percentage of criminals who suffer from mental and psychological disorders.
4. Exploring psychological and biological theories that explain criminal behavior: studying theories such as Freud's and differential fusion theories.

Fourth: Research Methodology:

This study relies on descriptive and analytical approaches, supported by statistical methods, to monitor the relationship between specific types of crimes and mental disorders. This helps extract correlation patterns that help understand the psychological aspects of criminal behavior.

Fifth: Research Plan:

We will address this research through two sections preceded by an introduction. The first section will be devoted to the nature of mental and psychological disorders that lead to criminal behavior, which we will divide into the following: The first section will address the concept of disorders from a psychological perspective. The second section will demonstrate the impact of crime on the mental health of individuals who do not suffer from mental disorders. The third section will explain the biological theory of the causes of criminal behavior. The fourth section will provide statistical information on mental disorders.

As for the second section, we will devote it to the legal restriction of crimes, in which we will address the meaning of crimes and criminalization in the first section. We will devote the second section to the texts of Iraqi law related to the mentally ill. In the third section, we will explain the rulings of jurists regarding the mentally disturbed. Finally, in the fourth section, we will address statistical information about the legal

restrictions on crimes. We will conclude our research with a conclusion containing the most important conclusions and proposals that we will reach.

Chapter One

The Nature of Mental and Psychological Disorders Leading to Criminal Acts

We decided to gradually present the causes of criminal acts from the emergence of personal awareness in humans, focusing on their complexities and dimensions. This is done by examining the context of personality development and awareness within the individual from a philosophical and psychological perspective, while reviewing a set of theoretical views attempting to explain this complex process (1). We will then address the issue of mental and psychological disorders, which vary in their classification and are widespread across various medical and psychological fields. They are addressed as factors that may stimulate aggressive tendencies and justify criminal acts. The focus here is on the behavioral effects of these disorders and how they influence individuals' decision-making that may be directed toward committing criminal acts. Finally, we will review biological theories that focus on the influence of genetic factors and congenital disorders in the brain and nervous system, which may contribute to the formation of criminal tendencies in individuals. These theories and explanations are supported by documented cases, classified according to precise medical and psychological criteria. Real cases were monitored and analyzed to demonstrate the relationship between psychological and biological factors, on the one hand, and criminal acts, on the other. This contributes to enhancing scientific understanding of the various causes behind criminal acts.

First Section

The Concept of Disorders from a Psychological Perspective

A psychological disorder is a behavioral or psychological pattern characterized by a feeling of distress or helplessness, affecting an individual's ability to adapt to daily life. This disorder falls outside the normal development of mental and intellectual abilities, causing internal disturbance that impacts an individual's psychological and behavioral functions. Over the ages, methods for understanding and treating these disorders have significantly developed (2) in response to cultural changes and ongoing scientific research. Despite significant progress in this field, intellectual and professional schools still have differences and discrepancies in classifying these disorders. Through the development of psychological knowledge, many psychological disorders have been

identified, which may vary in severity and impact on the individual. These disorders may include anxiety, depression, schizophrenia, personality disorders, and many other conditions that may lead to impaired psychological and social functioning. The important question remains how these disorders can influence criminal behavior, as some of these disorders may be a contributing factor in the emergence of criminal tendencies or behaviors. In this context, we will discuss a group of major and minor psychological disorders, reviewing the potential relationship between them and criminal behavior. Psychological disorders are divided into two categories:

First: Neurotic Disorders

These disorders are among the most widespread and are characterized by specific traits in those affected, such as personality fragmentation and internal disturbances, in addition to feelings of anxiety, sadness, depression, obsessions, and compulsive behaviors. They also exhibit irritability, hypersensitivity, and hysterical symptoms (3). Regarding neurotic disorders associated with criminal behavior, dissociative and conversion disorders are among the most prominent related types:

1. Generalized Anxiety Disorder (4)

This is a vague and uncomfortable feeling accompanied by tension, anticipation, and fear, accompanied by a state of readiness and stimulation of the nervous system, with the appearance of some physical symptoms. As this state persists, physical effects may appear on the body. The clinical symptoms of anxiety are divided into two types.

A - Acute Anxiety. This topic is divided into three main forms:

- The first form: Acute fear, characterized by extreme tension, increased movement, and inability to remain still, accompanied by rapid breathing and rapid, incoherent speech.
- The second form: Known as acute terror, it is characterized by prolonged stillness and immobility, along with muscle contractions and trembling, the appearance of profuse, shiny sweating, and a loss of sense of time and place. In some cases, this motor inactivity may become an impulse, pushing the individual to act randomly and possibly commit dangerous acts, such as crimes.
- The third form: Acute anxiety fatigue, which occurs when anxiety persists for a long period, leading to chronic stress and insomnia. This can also lead to various psychological changes associated with the condition.

B - Chronic anxiety: When this condition persists for a

long period, it begins to affect a person's health. It may manifest in physical symptoms affecting various body systems, such as the circulatory system, which may lead to circulatory disorders; the digestive system, including digestive or intestinal problems; and the respiratory system, including difficulty breathing or deteriorating lung function. Furthermore, its psychological effects are significantly evident in the form of persistent feelings of fear and tension, as well as persistent nervous irritability and difficulty concentrating on daily matters. In more complex cases, this condition may push some individuals toward dangerous and unhealthy behaviors, such as alcohol or drug addiction, as an incorrect means of escaping stress.

2- Obsessive-compulsive disorder
This is characterized by obsessions and compulsive behaviors, which are recurring thoughts, images, or impulses that the person feels are beyond their control. People with obsessive-compulsive disorder (OCD) often find these thoughts painful and unwanted. (5) These obsessions are accompanied by intense and uncomfortable feelings such as fear, disgust, anxiety, or doubt, and sometimes a sense that things must be "perfect." Obsessions consume the sufferer's time and interfere with important activities, which is a key indicator that helps distinguish OCD as a mental disorder from obsessive-compulsive personality traits. Some of the following conditions are:

- A. Kleptomania: The individual feels an intense, impulsive urge to steal valuable or worthless things, which can lead to legal proceedings.
- B. Alcoholism: The uncontrollable urge to drink alcoholic beverages.
- C. Sexual Mania: Here, obscene sexual thoughts completely control the mind of the person experiencing the disorder, and they feel a heightened sense of urgency to satisfy their sexual desires.

3- Dissociative and Conversion Disorders

The disorder's symptoms appear unconsciously, with the primary motivation being to attract attention, gain a benefit, or escape a dangerous situation. They can be addressed as follows:

- A. Conversion Disorders (6): In these cases, anxiety and psychological conflict transform into physical symptoms, such as paralysis of the limbs.
- B. Dissociative Disorders: In such cases, the individual may separate into different personalities, exhibit strange behaviors, or suffer from memory loss to attract attention or avoid a painful psychological experience. Examples of this type include memory loss and hysterical abnormality, where the person appears driven to perform unexpected actions, such as

wandering between different places, and sometimes even assaulting others or committing crimes during the episode. Second: Psychotic Disorders

Psychotic disorders receive significant attention in the clinical tables of both the DSM-5 and ICD-11 within the field of psychopathology. This is due to the wide variety of their clinical forms and their close association with organic aspects that, in turn, lead to the formation of pathological personalities (7). These disorders affect the mental and social functions of affected individuals, making it difficult for them to distinguish between delusional thoughts and perceptions from reality, leading to the adoption of abnormal behaviors and unrealistic beliefs. Psychosis disrupts personality and behavior, impeding the sufferer's ability to build normal relationships with others. Although psychotic disorders are relatively rare, their study and understanding are essential. Effective treatment and preventive strategies can be developed by analyzing the factors that contribute to the emergence and development of this type of disorder. Related studies also contribute to improving early diagnosis and providing appropriate treatment and psychological support for patients, which helps improve their quality of life, enhances their social integration, and reduces the impact of stigma and discrimination associated with mental disorders. Psychosis is divided into:

1. Functional psychosis: This is divided into two types, the most important of which is schizophrenia, characterized by disturbances in thinking, emotion, perception, volition, and behavior that lead an individual to commit a crime potentially.
2. Affective disorders: These psychological disorders include conditions such as mania, depression, bipolar disorder, and menopausal depression. In some cases, an individual with severe depression may attempt suicide or harm others due to a distorted belief that they are saving themselves. A person suffering from mania may behave in immoral ways, such as assault or sexual provocation, as a result of a loss of control over their impulses.
3. Organic psychosis: This condition is a primary condition resulting from a brain disorder or illness, or injury. This disorder may be primary, pathological cases, or secondary, as in systemic disorders associated with the brain. The effects of mental illnesses, whether they are limited to abstract psychological aspects or linked to actual symptoms, on criminal responsibility vary according to the different types of these illnesses (8), which we will mention quickly (conversion hysteria, anxious hysteria, authoritarian hysteria, hysteria of delusional beliefs, hysterical fears, psychological anxiety, psychological fatigue).

The Second Requirement

The Impact of Crime on the Mental Health of Individuals Without Mental Disorders

Crime is a complex social phenomenon whose impact is not limited to the victims alone, but also profoundly affects the perpetrators themselves. While the psychological damage suffered by victims of crime is often highlighted, the psychological effects that may affect perpetrators, especially those without a prior history of mental health disorders, are often overlooked. These effects can manifest in the form of anxiety and depression, post-traumatic stress disorder (PTSD), intense feelings of guilt, as well as social isolation and the stigma associated with committing the crime. This is where it becomes important to address the psychological effects of crime on individuals who did not have any prior mental health conditions and how this experience may impact their long-term psychological stability. Even if a person has no prior history of mental health disorders, experiencing a crime may result in the emergence of new psychological symptoms. We will address this topic in the following paragraphs:

First - The impact of psychological trauma after committing a crime (9):

- 1- Post-traumatic stress disorder (PTSD): Individuals who have witnessed or participated in violent events may develop PTSD, which is characterized by symptoms such as flashbacks, nightmares, avoidance of situations reminiscent of the incident, and feelings of detachment from reality (10).
- 2- Feelings of guilt and shame: Perpetrators may feel guilt or shame after committing a crime, negatively impacting their mental health. These feelings may lead to depression and anxiety and increase the risk of suicide.
- 3- Social isolation: Individuals who have committed crimes may avoid communicating with others due to fear of judgment or feelings of guilt, leading to social isolation and increasing the risk of depression.

After committing a crime, individuals may experience noticeable changes in their psychological state, even if they have no prior history of mental health disorders. These changes include emotional disturbances and changes in thinking, which can significantly impact their quality of life and social interactions. Among the disorders we mentioned previously are anxiety disorders and others.

Second: Changes in thinking after committing a crime (11)

By examining the development of criminal thinking, we note that individuals' thinking patterns may change to

become more consistent with criminal behavior, affecting their perception and interpretation of situations. This leads to a guilt complex, as after committing a crime, the perpetrator may regain their moral awareness, leading to an intense sense of guilt and a desire for punishment. This may manifest in compensatory or destructive behavior. The psychological effects experienced by individuals within prisons also pose a fundamental challenge that requires special attention from relevant authorities. Even if inmates have no prior history of psychological disorders, the prison environment can contribute to the emergence of new mental health problems.

Third. Psychological Consequences in Prisons (12)

These include social isolation: Social marginalization within prison can exacerbate negative feelings, increasing the risk of psychological disorders. Isolation can weaken inmates' ability to cope with stress and increase the likelihood of suicidal thoughts. Prisons can also cause psychological disorders: inmates often face difficulty adapting to the prison environment, leading to problems such as anxiety and depression. These problems may result from constant thoughts about the case's fate, the family's future, or the pressures associated with the prison environment. These feelings may develop into a desire to inflict self-harm or even suicide.

The Third Requirement

Explaining the Biological Theory of the Causes of Criminal Acts

A group of theories has emerged that prove the biological causes behind the emergence of criminal acts. The most prominent of these theories was presented by the scientist Cesare Lombroso, considered one of the founders of criminal anthropology. Lombroso made many notable contributions to this field, developing the "inborn criminal" concept, which links criminal behavior to biological and genetic factors. His contributions aimed to explain criminal behavior from a biological perspective, arguing that some individuals are born with physical and psychological traits that indicate an innate propensity to commit crimes. Lombroso used numerous field studies and research to identify specific characteristics, such as skull shape or facial features, that he believed might be indicators of criminal tendencies.

Despite significant criticism over time, these theories served as a starting point for studying the relationship between biological factors and crime. They helped draw attention to the need to investigate biological and genetic factors to understand criminal behavior better. In addition to the ongoing debate over the hypothesis

of biological determinism, the 1980s saw a growing trend toward revitalizing studies focused on biology and genetics. Moving away from the negatives of the biological determinism approach promoted by Lombroso et al., recent studies have adopted an explanation of criminal behavior based on a deeper and less generalized understanding. These studies focus on violent behavior and use epidemiological methods to assess and address biological risks, in line with contemporary politics that consider crimes public safety issues and the economy. The focus is currently shifting from finding a "criminal gene" to analyzing the genetic, neurological, and environmental factors that increase the likelihood of violent behavior. According to Nicholas Rose and Joël Abi Rached, crime is now viewed as a public health problem that calls for early prevention through predictive algorithms based on multiple factors such as genetics, living conditions, and family behavior (13).

This shift was accompanied by the development of genetics and neuroscience, which expanded the concept of the human body from the visual to molecular anatomy. Current biometric technologies enable the reading and analysis of the body at the genetic level, enhancing the importance of detailed data derived from the human body to understand identity and behavior. This trend establishes that body data provides objective, indisputable facts, redefining how we understand human behavior and identity. With the development of science, many advocates of this theory have emerged in recent times (14). It is worth noting that epigenetics represents a modern research trend highlighting the relationship between genetic biological aspects and social factors, reflecting the increasing integration between the natural and human sciences. This field studies molecular mechanisms that regulate gene activity without modifying the DNA sequence. Epigenetics is characterized by four main characteristics (15):

First, it is sensitive to environmental and lifestyle changes, demonstrating the flexibility of biological systems and their ability to interact with the external environment.

Second, epigenetics. Its effects appear early in development and extend throughout the lifespan.

Thirdly, it's intergenerational transmission.

Fourthly, these effects can be reversed through behavioral or pharmacological interventions.

Although most studies in this field are based on animal experiments or laboratory conditions, scientists are continually seeking to apply the findings of this research to human behavior. This field has garnered significant attention from the scientific community and

popular culture due to its potential to improve public health.

Some critics suggest that focusing on genetic modifications may lead to new essentialist perceptions that distinguish individuals or social groups based on exposure to specific environmental conditions.

In studying criminal behavior, epigenetics has received particular and rapid attention. Among the prominent researchers in this field is Richard E. Tremblay, whom *Nature* magazine described as an "accidental geneticist." Through his longitudinal studies focusing on preschool-aged children, Tremblay found that aggressive behaviors appear most prominently in the early stages of childhood. Tremblay and Szepth argue that epigenetic markers influenced by the environment and maternal caregiving during pregnancy and postpartum play a pivotal role in determining the propensity level for aggressive behavior. (16)

Tremblay developed studies with preschool children demonstrating the importance of disruptive behaviors in early childhood. He later collaborated with geneticist Moshe Szepth to study the development of chronic aggressive behavior through epigenetics. Tremblay and Szepth advocate the role of epigenetic markers influenced by the environment and maternal caregiving during pregnancy and postpartum as key factors in shaping the predisposition to aggressive behavior.

The researchers focus on specific risk factors such as early pregnancy, behavioral problems, poor education, substance abuse, mental health problems, poverty, and forced motherhood. The authors emphasize the need for intensive preventive interventions with women in high-risk groups to reduce the likelihood of giving birth to children with aggressive behavior. According to Tremblay, pregnancy prevention strategies should begin by focusing on women with difficult social histories, as they are key to preventing a new generation of negative behaviors. Despite these trends, viewing mothers as "genetic carriers" reinforces societal control over women's bodies, particularly those from disadvantaged groups who face complex oppression that intersects with class, race, and age. This perspective highlights a discriminatory effect among vulnerable groups and expands the use of social control over women. Furthermore, neuroscience studies highlight the relationship between childhood deprivation, brain development, and future behaviors. Research has indicated that neglected children are more likely to engage in antisocial behavior later in life, underscoring the role of the family as a pivotal factor in shaping behavior (17).

On the one hand, certain bodies are viewed as threatening public health and safety. On the other

hand, by suggesting a genetic predisposition to adopt aggressive or criminal behavior, entire families are placed under suspicion, viewed as potential threats. At the heart of this perception is the "counter-citizen," a term that describes individuals biologically classified as vulnerable. This classification justifies subjecting them to control measures and precautionary policies, even if they show no tangible evidence of deviant or criminal behavior.

Fourth Requirement

Statistical Information on Mental Disorders

The language of numbers does not lie or lend itself to misinterpretation, because it conveys reality as it is and illuminates the path to preventing preconceived notions based solely on observation and speculation. This has made statistics the cornerstone of scientific development and the foundation upon which scientific research is based, without which it is inconclusive. Statistics has evolved into many methods thanks to technological advancements and the rapid access to information. The data collection process upon which statistics rely has ranged from those that draw information directly from the sample studied through interviews or questionnaires, or indirectly through reliance on specific indicators that can be used to infer information and draw conclusions. For example, the answer to the question, "How many epilepsy patients have been convicted of murder or assault?" might be: I say that this question may lead us to the connection between epilepsy and the tendency towards crimes. Cases studied: (18)

We relied on three studies that focused on the following disorders:

The medical records of all patients diagnosed with antisocial personality disorder were analyzed, resulting in 11 patients, 10 males (90.9%) and one female (9.1%), with a mean age of 25.09 years. 100% of the patients exhibited some form of violence, aggression, or other violation of the law. Only seven of them were involved in property crimes (63.63%), two in aggression (18.18%), one in homicide (9.1%), and one in robbery with homicide (9.1%).

The histories of 19 randomly selected patients with borderline personality disorder (12 males (63.15%) and seven females (36.85%), with a mean age of 26.31 years, were evaluated. It was found that 11 (57.9%) had a history of some crime: one patient was involved only in property crimes (5.25%), seven in aggression or attempted homicide (36.85%), three in both (15.8%), and eight (42.1%) had no history of violence. No patient was involved in a homicide.

For the control group with severe anger and temper

tantrums, the histories of 21 patients without a personality disorder from the same outpatient clinic were randomly selected for analysis. Of the 21 patients, 10 were male (47.61%) and 11 were female (52.39%); mean age 43.52 years. Four had a history of aggression (19%) and one of property crimes (4.8%). The vast majority had no history of lawbreaking (16 individuals, 76.2%), and none had a history of homicide.

The influence of age and gender: The three groups were not statistically different concerning gender. Concerning age, the antisocial and borderline groups were not different, but both were younger than the control group.

Types of offenses: We found that the three groups differed statistically concerning engaging in physical violence and/or aggression, except homicides and property offenses. We excluded homicides from our statistical analyses as they were extremely rare in our sample, occurring only twice in one group.

When analyzing the pattern of lawbreaking statistically, the behavioral patterns also differed between antisocial and borderline patients. Antisocial patients engaged in more property crimes than borderline patients, with a statistical difference between these two groups.

On the other hand, patients with borderline personality disorder were statistically more likely to engage in more aggressive episodes than antisocial patients, although the two groups did not differ statistically. Furthermore, antisocial patients engaged in property crimes more than physical violence. In contrast, patients with borderline personality disorder were more likely to engage in misdemeanor crimes against other persons than property crimes.

Aggression Disparity Between Convicted and Unconvicted Patients (19): We will draw on another study that examined patients with schizophrenia and compared those who were convicted and those who were diagnosed but not convicted of any crime. Thirty criminal and 30 non-criminal patients with schizophrenia who were referred to a forensic center were examined.

Demographic Characteristics:

Demographic characteristics were not significantly different.

Age: The mean age of the case group was 34, and the mean age of the control group was 41.

Educational attainment: 70% of the case group and 73.2% of the control group had a high school diploma.

Employment: 86.7% of the case group and 76.7% of the control group were unemployed.

Marital status: Singleness was the most frequent status in both groups (66.7% in the case group and 53.3% in the control group).

Occurrence of aggressive behavior: The incidence of offending by onset of illness revealed that 73.3% of the 22 offending patients committed their first offense after the onset of illness, 23.2% committed seven offenses before the onset of illness, and 3.3% committed one offense at the onset of illness.

Severity of offense: Of the 11 offending patients, 36% committed a serious offense, mostly homicide, 50% committed acceptable offenses, and 13% committed minor offenses. The incidence of offending among the offending patients showed a recurring pattern; some had up to 10 criminal records. The average number of offenses committed per patient was 3.4. Of the 30 offenders in the case group, 26 had a history of conduct disorder, compared to 9 in the control group. Twenty-two patients in the case group had features of antisocial personality disorder. The likelihood of reoffending was found in 40% of cases.

This systematic review of the risk of violence in schizophrenia and other psychotic disorders identified 20 studies involving 18,423 individuals with these disorders. There were four main findings:

First, the risk of violent outcomes was increased in individuals with schizophrenia and other psychotic disorders.

The risk estimates, reported as odds ratios, were above one, indicating an increased risk of violence in individuals with schizophrenia and other psychotic disorders compared to the general population controls. However, the risk estimates ranged from one to seven in men and four to 29 in women. Second, co-occurring substance use disorders significantly increase this risk, with odds ratios ranging from three to 25. Although there is considerable variation in this estimate between studies, the pooled estimate was approximately four times higher than for individuals without co-occurring disorders (20).

As in the Iraqi Penal Code No. 111 of 1969 in Article 60 (A person who, at the time of committing the crime, was lacking in awareness or will due to insanity or mental impairment, shall not be held criminally liable). This means that persons who were lacking in awareness at the time of committing the act criminalized by the Law of Awareness and Discrimination without their will and as a result of mental disorders, the Law does not consider them criminally liable (23). While Article 230 of the Code of Criminal Procedure No. 23 of 1971 (as amended) states: "If it becomes apparent during the investigation or trial that the accused is unable to defend himself due

to a mental disability, or if it is necessary to examine his mental state to determine his criminal responsibility, the investigation or trial shall be suspended by decision of the investigating judge or the court, and he shall be placed under guard in a government health institution designated for mental illnesses if he is accused of a crime for which bail is not permitted. In other crimes, he shall be placed in a government or non-governmental health institution at his own expense upon the request of his legal representative, or at the expense of his family, with the guarantee of a guarantor. A competent official medical body shall be assigned to examine him and submit a report on his mental state." Article 231: "If it becomes apparent from the report of the committee referred to in Article 230 that the accused is unable to defend himself, the investigation or trial shall be postponed until he regains sufficient sanity to defend himself, and he shall be placed under guard in a government health institution if he is accused of a crime for which bail is not permitted. In other crimes, it is permissible." Handing him over to a relative on the bail of a guarantor, with a pledge to provide him with treatment inside or outside Iraq.

In Articles 230 and 231, if it is determined that the accused has a mental disability and is unable to defend himself, the investigation or trial shall be postponed until he regains consciousness and awareness, and he shall be placed in a government health facility under guard.

As per Article 232 of the Criminal Procedure Code No. 23 of 1971 (as amended): "If the medical committee's report indicates that the accused is not criminally responsible due to his mental disability at the time of committing the crime, the judge shall decide that he is not responsible, and the court shall issue a ruling declaring him not responsible, while taking any appropriate measures to hand him over to a relative in exchange for a guarantee to provide him with due care."

The Iraqi legislature does not punish a person with a mental disability who was not criminally responsible at the time of committing the crime. He shall be released after being examined by a specialized medical committee and handed over to his relatives to receive the necessary care.

Social Welfare Law No. 126 of 1980 (as amended):

The Social Welfare Law guarantees comprehensive social services for the mentally ill. Mentally disabled, including providing all necessary therapeutic, training, educational, and other services through the construction of homes for the disabled and the mentally ill, including all services. This includes the

following for the mentally ill:

Article 43 defines people with disabilities as:

(A disabled person is anyone whose ability to work, obtain work, or remain in it is diminished or absent due to a deficiency or disturbance in their mental, psychological, or physical capacity.)

Article 44 also classifies people with disabilities according to the nature of the disability into two categories:

First: The mentally and psychologically disabled

Second: The physically disabled

Articles 45 and 46 also include the right of people with disabilities to rehabilitation and care, to receive these materials free of charge from the state, and to enroll in vocational rehabilitation services according to the nature of their disability (24).

Iraqi International Agreements Protecting the Rights of Persons with Mental Disabilities:

Iraq has entered into numerous international agreements protecting the rights of the mentally ill or disabled, which guarantee their access to health and social care without discrimination. These agreements have a direct impact on how Iraqi Law deals with the mentally ill. This includes Social Welfare Law No. Article 5 of the Convention on the Rights of Persons with Disabilities enshrines the principle of equality and non-discrimination, as proclaimed in the Universal Declaration of Human Rights (Articles 2 and 25), the International Covenant on Civil and Political Rights (Article 24), the International Covenant on Economic, Social and Cultural Rights (Article 10), and the Rights of the Child (Article 2), ratified by the Republic of Iraq.

Iraqi legislation in the field of the advancement of persons with disabilities is consistent, in essence, and its provisions, with these principles through enacting the Law on the Care of Persons with Disabilities and Special Needs (No. 38) of 2013.

In the same context, the principle of empowerment is recognized by adopting special incentive measures aimed at ensuring effective equality of opportunity and treatment between persons with disabilities and other persons.

Article 105 of the Law stipulates that a person sentenced to detention shall be placed in a specialized treatment facility, whether a hospital, a psychiatric hospital, or any other facility designated by the government for this purpose, under the control and conditions specified by the Law.

Detention shall be for no less than six months to provide the necessary medical care. And ongoing care. Those responsible for managing the treatment facility

must submit periodic reports to the sentencing court. These reports include an update on the convict's health and psychological condition, provided that the period between each report does not exceed six months. Based on the opinions provided by the medical authority, the court may issue a decision to release the convict or hand them over to one of their parents or relatives, provided that the necessary controls are determined to ensure appropriate care due to their health condition (25). Furthermore, the court, upon the request of the Public Prosecution or any other concerned party, and after consultation with the competent medical authority, may order the convict's return to the treatment facility if necessary.

Under the Iraqi Penal Code, detention in a treatment facility is regulated for cases related to the commission of crimes under the influence of psychological or mental disorders, or as a result of drug or alcohol addiction. This procedure aims to treat the offender rather than punish them, especially if their health condition was a primary cause of the crime.

The legal basis includes provisions on legal excuses and mitigating circumstances, such as Article 50 of the Iraqi Penal Code No. 111 of 1969 and subsequent articles. It is applied based on medical reports proving the offender's inability to bear full responsibility for their actions. The conditions include:

First, a medical report proving the impact of a mental disorder or addiction on behavior.

Second, a link between the health condition and the crime.

Third, a judicial decision to transfer the offender to a treatment facility.

The court determines the duration of detention based on medical reports, with the possibility of release upon improvement or transfer to prison if the need for treatment no longer exists. Examples include crimes resulting from severe mental disorders or the effects of addiction. The goal is to rehabilitate the offender according to the concept of restorative justice, considering their health condition. The sentence may be reconsidered if their condition improves.

There is a concept under discussion that a prisoner who enters prison healthy and leaves with psychological damage is not entitled to this right. Does Iraqi law guarantee this right?

There are legal provisions aimed at protecting prisoners' rights and ensuring their physical and psychological safety during their detention. In general, any violation of a prisoner's safety, whether physical or psychological, is subject to legal accountability. However, there is no specific legal provision explicitly

stipulating compensation for a prisoner who enters prison in a healthy psychological state and leaves it ill or suffering from a psychological disability as a result of prison conditions or ill-treatment. Based on the general principles of Iraqi law and international declarations to which Iraq is bound, such as human rights conventions, a prisoner or their family may claim compensation if proven that the harm they suffered resulted from negligence or violations by prison authorities.

Such claims may be based on the provisions of the Iraqi Constitution, which guarantees the preservation of human dignity and the protection of individual rights, as well as other laws such as the Penal Code and the Law on the Reform of Inmates and Detainees. From a legal perspective, such cases usually require the submission of evidence and medical reports proving the psychological harm caused by detention and its conditions, along with filing a formal complaint with the competent courts.

It is important to note that promoting these rights in practice requires strict enforcement of the laws and effective monitoring of prison conditions to ensure accountability and reduce violations. However, there are some articles in the Iraqi Constitution that attempt to cover this issue in a general way, such as:

- Article 19 guarantees the right to a fair trial and prohibits torture or any cruel, inhuman, or degrading treatment.

- Article 32 highlights the right to live with dignity and prohibits all forms of torture. Suppose a prisoner suffers any psychological or physical harm as a result of detention conditions. In that case, they may have the right to file a legal claim against the relevant authorities based on these provisions. However, it is always advisable to seek expert legal advice to ensure a full and accurate understanding of the procedures according to each case and its specific circumstances.

Improving mental health services requires strengthening psychological treatment programs within prisons by increasing the number of specialists and assessing the prisoner's condition upon admission, with continuous follow-up and regular support (26).

In addition, psychological rehabilitation programs address inmates' problems and help them adapt inside and outside prison through individual and group therapy, coping skills training, and social support. After release, it is essential to provide psychological support, help them find employment and social support to ensure their reintegration. A comprehensive approach that includes improving psychological care, rehabilitation, and ongoing post-release support improves their quality of life and increases their chances of positive social integration.

The Third Requirement:

Legal Provisions Related to the Rights of Persons with Mental Disorders

Legislation seeks to keep pace with modernity and serious issues by enacting laws that consider contemporary psychology and human rights developments. This has made clear comparisons between ancient positive legislation and its modern counterparts. This study aims to analyze some of the Sharia provisions and legal legislation related to persons with mental disorders, highlighting the evolution of the standards and principles that define the legal and religious framework for this issue over time.

In ancient times, legislation previously addressed the issues of individuals suffering from mental disorders as part of the judicial and social system. However, addressing these cases was largely based on religious beliefs and prevailing cultures at the time. Furthermore, the laws in several ancient civilizations paid attention to exempting persons with mental disorders from criminal liability. At the same time, their personal and human rights received less attention than we see in modern legislation (27). First, Roman law: Ancient Roman law provided exemption from criminal liability for individuals suffering from insanity. According to its provisions, a person with a mental condition that prevented them from sound judgment was considered legally incapable of bearing the consequences of their actions, reflecting an early understanding of the limitations of such individuals' perception and their impact on their legal accountability.

Second, ancient French law: Similar to many European legal systems of the period, ancient French law considered insanity a justification for exemption from criminal liability. A person who has a severe mental illness was exempt from criminal penalties and instead transferred to a specialized treatment facility, highlighting the law's focus on treating the pathological condition rather than imposing punishment for the resulting behavior.

Third, English law: Under ancient English law, insanity was a justification for exemption from criminal liability, as a person with a mental condition, exempted from sound judgment, was treated in a health facility rather than imprisoned. The determination of "insanity" was based on the standard of distinguishing between good and evil, reflecting.

Establishing the Concept of Moral and Legal Responsibility in Light of the Individual's Psychological Structure (27)

It is worth noting that in recent decades, international and domestic laws have witnessed significant developments aimed at promoting and protecting the rights of individuals suffering from mental disorders. These developments have been reflected in the integration of advanced concepts of mental health care, ensuring protection from various forms of discrimination, and securing the right to appropriate treatment.

Furthermore, legislation has been enacted that guarantees these individuals comprehensive legal and social rights, reflecting a significant shift in the structure of legislation toward a more comprehensive and humane approach. The following is a review of the most prominent new legal texts related to the rights of people with mental disorders.

First. International Laws Related to the Rights of Mental Illnesses

1. The Convention on the Rights of Persons with Disabilities (2006)

The Principle of Equality and Non-Discrimination: The 2006 United Nations Convention recognizes the rights of persons with disabilities, including those with mental disorders, to enjoy the principle of equality before the law. The Convention emphasizes the need to treat persons with mental illnesses on the basis of complete equality with others in all aspects of social, economic, and political life (28).

Protection from Discrimination: The Convention explicitly prohibits all forms of discrimination against persons with disabilities in all sectors.

The Right to Healthcare: The Convention emphasizes the need to provide comprehensive and integrated healthcare for persons with mental disorders, including appropriate psychological and pharmacological treatments. It also obliges States Parties to create healthy and safe environments that guarantee the dignity of mentally ill persons (29).

2. The Universal Declaration of Human Rights (1948)

The Universal Declaration of Human Rights is a fundamental reference for protecting human rights, including the rights of persons with mental disorders. The Declaration affirms the right of individuals to a dignified life, healthcare, treatment, and non-discrimination. Article 25: Health care is guaranteed to individuals in general, including the right to medical care and appropriate treatment, which also applies to persons with mental illnesses.

Second. Rights of Persons with Mental Disorders According to International Principles

International Principle of Mental Health Care:

- Within the framework of international principles relating to the rights of persons with mental disorders, there is growing recognition of the importance of providing quality mental health care. This requires that hospitals and health facilities for psychiatric patients be equipped to meet their needs.

A. The Right to Reside in a Safe Environment: Psychiatric patients have the right to live in a safe therapeutic environment and have their physical and psychological needs met.

B. The Right to Non-Discrimination: The International Convention stipulates the need to eliminate discrimination against persons with mental disorders in various areas, such as employment, education, and social services. The social integration of persons with mental illnesses into society is promoted. Section Four Statistical Information on the Legal Record of Crimes

In this section, we will delve deeper into documented cases of criminals diagnosed with certain mental illnesses, their social backgrounds, childhoods, the way they committed their crimes, and what motivated them to do them.

The Case of Ted Bundy (30):

He is the most notorious serial killer in America. He committed heinous crimes, including the murder of women and the violation of their corpses. This is a psychosexual disorder called necrophilia (a sexual desire for death).

His childhood and the first symptoms of the disorder: Theodore Bundy was born to an unknown father, who is said to have been an American soldier, whom Bundy's mother met and then abandoned when he learned of her pregnancy. His grandparents claimed to be his real parents to avoid the stigma associated with people born out of wedlock. His first shock came when he learned that she was not his older sister, but was in fact his mother (this is likely the first seed that planted in him a hatred of women). To make matters worse, his grandfather was a devout man, and his mother took him with her when she married. Ted took his stepfather's surname. His stepfather had officially adopted him.

His first known signs of violence came in his third year, when his aunt woke up to find herself surrounded by knives and Ted looking at her strangely.

As a teenager, his darker side began to emerge. Bundy liked to stare into other people's windows and never thought about stealing things he wanted.

His criminal modus operandi: He often raped his victims after bludgeoning them to death. In some cases, he used a saw and a machete.

Bundy often lured women into his car by feigning injury and asking for their help.

Many of Bundy's victims resembled his college girlfriend, devastated by his breakup.

They were beautiful students with long, dark hair.

His illness: He had a girlfriend for 6 years and she wrote a book about her life with him. She was the one who helped the police arrest him as she suspected some of his behaviors, such as him asking her to pretend to be dead or that he kept a machete in his office. He later confessed to her while he was in prison that his desire to kill her increased over and over again and that he would have killed her in the end had she not reported him.

The End and Remorse: Religious broadcaster James Dobson interviewed Bundy the night before his death. He claimed that Bundy cried several times and expressed remorse for his actions.

An Autopsy of His Brain: After his execution, scientists removed Bundy's brain and examined it for signs of physical abnormalities that could explain his violent behavior. However, they found none.

Personal Opinion: The story of Ted Bundy is one of the criminal cases that has aroused widespread interest in the fields of psychology and criminology, not only because of his troubled childhood and the psychological trauma he experienced, which greatly influenced his view of women, especially his mother and his lover, but also because of his psychopathic personality, which was characterized by a cunning ability to psychologically manipulate. Bundy displayed a sycophantic and attractive demeanor toward women, which helped him easily lure his victims and even win the sympathy and admiration of some women during his imprisonment (p. 33). Remarkably, one woman married him and bore him a child while he was behind bars, demonstrating the extent of his ability to manipulate emotions. Furthermore, Bundy caused long-term psychological distress to his former lover, Elizabeth, by repeatedly contacting her and blaming her for reporting him, leaving her to suffer years of torment and remorse.

Efforts by doctors and psychologists to explain Bundy's behavior from a purely biological perspective have led them to a dead end. Despite conducting examinations of his skull and brain, these efforts have yielded no conclusive results or clear explanations for his criminal behavior.

CONCLUSION

After completing our research, we reached a number of conclusions and proposals, the most important of which we will review as follows:

First - Conclusions:

1. After analyzing the relationship between mental disorders and criminal behavior, it became clear that mental disorders have a complex effect in shaping the behavior of individuals who suffer from them. This can affect their perception and decision-making ability, which in some cases may lead to unintentional or uncontrolled criminal behavior.
2. A significant percentage of crimes are committed by people with mental disorders, and laws vary between countries regarding how to deal with criminal liability for this category.
3. Some legal systems rely on the principle of complete exemption in cases of cognitive impairment, while others resort to applying reduced penalties and requiring defendants to undergo compulsory psychiatric treatment.
4. Raising community awareness about the nature of these disorders and their impact on criminal behavior is an essential step to reduce the social stigma surrounding mental illness and facilitate the safe and humane integration of those affected into society.
5. The lack of official statistics or statistical studies related to individuals with mental disorders in general, and particularly those involved in criminal activities.
6. Current Iraqi law deals with cases of mental disorder superficially, leaving their assessment to experts who lack a precise definition of the various degrees of mental disorder.
7. There are no serious rehabilitation efforts or laws aimed at reducing these problems or mitigating their effects.

Second: Proposals:

1. Relevant authorities should focus on establishing a database of statistics on mental and criminal cases. Coordination can be undertaken between the Ministry of Health and the Ministry of Interior to obtain accurate information about this category of individuals.
2. Media coverage and research studies on mental and psychological health issues should be intensified by organizing joint awareness campaigns between the Ministry of Health and national media outlets to raise awareness about the importance of mental health.
3. It is necessary to work to raise community awareness by all institutions about mental disorders and their impact on criminal behavior, to reduce the social stigma surrounding mental illness and facilitate the safe and humane integration of those afflicted into society.
4. Amend and develop Iraqi legislation to include a precise definition of mental illness of all types in the

law, while establishing unified scientific criteria for diagnosis and assessment.

5. Establish national rehabilitation programs for individuals with mental disorders, focusing on improving their quality of life through psychological treatment and social rehabilitation.

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