

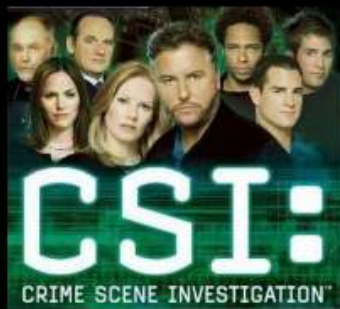
Criminology

Introduction

We are very happy that you have decided to study Criminology at Swanshurst.

This booklet contains a programme of activities, resources and tasks to prepare you to start Criminology in September. It is aimed to be used after you complete your GCSEs, throughout the remainder of the summer term and over the summer holidays to ensure you are ready to start the course in September. The jump from GCSE to A level is a huge jump and working through some of these activities will help you to make that jump

Criminologist



what my friends think
I do



what my mother thinks
I do



what society thinks I
do




what prisoners think I
do



what I think I do



what I really do

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WJEC Level 3 Applied Diploma in Criminology

WJEC Level 3 Applied Diploma in Criminology				
Unit number	Unit title		Assessment	GLH
1	Changing Awareness of Crime	Mandatory	Internal	90
2	Criminological Theories	Mandatory	External	90
3	Crime Scene to Courtroom	Mandatory	Internal	90
4	Crime and Punishment	Mandatory	External	90

These are all the units you will be completing over the 2 years.

Unit 3 is the Year 13 Coursework Unit

Unit 4 is the Year 13 Examined Unit

Learners must complete **ALL** units.

WJEC Level 3 Applied Certificate in Criminology

WJEC Level 3 Applied Certificate in Criminology				
Unit number	Unit title		Assessment	GLH
1	Changing Awareness of Crime	Mandatory	Internal	90
2	Criminological Theories	Mandatory	External	90

Unit 1 is the Year 12 Coursework Unit

Unit 2 is Year 12 Examined Unit

Units	Link	Pages
Unit 1- Changing Awareness of crime	https://www.wjec.co.uk/media/21xjkr24/applied-diploma-in-criminology-specification-from-2015.pdf	21-30
Unit 2- Criminological Theories	https://www.wjec.co.uk/media/21xjkr24/applied-diploma-in-criminology-specification-from-2015.pdf	33-38
Unit 3- Crime Scene to Courtroom	https://www.wjec.co.uk/media/21xjkr24/applied-diploma-in-criminology-specification-from-2015.pdf	40-48
Unit 4- Crime and Punishment	https://www.wjec.co.uk/media/21xjkr24/applied-diploma-in-criminology-specification-from-2015.pdf	51-56

<i>Grades in Criminology</i>					
<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>U</i>

This booklet is purely for me to get to know you and where your thinking is at the beginning of the course. It's also a good way for you to be introduced off to some of the topics we will be covering the 2 years.

Mark scheme for the induction booklet

<i>Grades</i>	<i>Mark scheme</i>
<i>A</i>	<i>Clear examples and very detailed. You have evaluated the theories. You have used specialist key terms. You have conducted a lot of your own research.</i>
<i>B</i>	<i>You have given some examples and gone into detail. You have attempted to evaluate the theories. You have used some specialist key terms.</i>
<i>C</i>	<i>You have attempted to explain the theories, with some specialist key terms used.</i>
<i>D</i>	<i>You have attempted to explain the theories and your opinions however have not gone into much detail.</i>
<i>E</i>	<i>You have not explained the theories or your opinion. Your work is very limited</i>
<i>U</i>	<i>No attempt made</i>

Introduction to Criminology

Opinion questions:

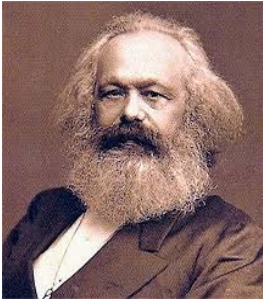
1. In 50- 100 words, define what you think is meant by Criminology?
2. Is it justifiable to punish people for crimes that they would have committed, but didn't?
3. Do you think communities should be organised in such a way as to prevent crime?
4. Should capital punishment (Death by hanging) be brought back?
5. Do you think crime is a serious problem in our society?

Sociological theory of crime

Research the theories below, and briefly complete the boxes below



Functionalist



Marxist

Labelling theory

Marxist theory

Highlight the important parts of this extract:

Marxists are concerned with who makes the law; the ruling class (Bourgeoisie) and who benefits from the laws (the ruling class). They believe that the purpose of most law is to keep the proletariat (working class) in order.

- They believe that the real criminals are not the ones currently in jail but the ones that have '*stolen the wealth from the nation*'.

According to Willem Bonger:



- Crime is caused by unequal society. Poor people live in miserable condition.
- Poor people commit crime to survive

'In a dog eat dog world people must fend for themselves, it makes sense to use whatever method possible to beat the other people.'

- They DON'T accept that there is a straightforward relationship between the structure of society and deviance.
- They reject that external factors force people to become deviant, instead suggesting that people CHOOSE to break the law.
- They do so deliberately, as a conscious act, with political motives as a response to their own personal situation e.g.
 - Women liberation movement
 - Power movement
 - Gay liberation front

Functionalist Perspective



Highlight important parts from the extracts below

(1936) Merton and Durkheim (1898)

- They believed that crime is inevitable in Society. This is because not all people will buy into the collective norms of society and will therefore deviate from them.
- Durkheim saw some crime as normal; this is because it acts a 'safety valve' providing a way to express their discontent. Crime is not genetically produced but natural.
- A deviant is someone whose actions/identities have moved outside the margins of the group- when society holds him/her accountable for it, it reinforces boundaries.
- Agencies designed to curtail deviance often perpetuate it. (*Reinforces the deviance and it continues with purpose*)

Durkheim /Merton : Anomie

- It was claimed that in a balanced society everyone is balanced but in reality when people struggle to live up to society's norms and values this results in strain. Merton called this strain 'anomie'.
- *Anomie = absence of social ties that bind people to society, state of where norms about good and bad have little salience/ significance in people's lives.*
- This is like losing in a card game, the expectation for them to win is so high that they break the rules in order to win.

Labelling theory

Labeling theory states that people come to identify and behave in ways that reflect how others label them. This theory is most commonly associated with the sociology of crime since labeling someone unlawfully deviant can lead to poor conduct. Describing someone as a criminal, for example, can cause others to treat the person more negatively, and, in turn, the individual acts out.

Research task: Research the following

1. What is restorative justice?

Tip: Heads of Year often use this to solve a problem between 2 students.

2. How is it used in the Criminal justice system

3. What does zero tolerance mean?

4. Find some examples of how zero tolerance is used in the UK

Changing perspectives of society

1. What is racism?
2. How have attitudes changed towards racism in the past 50 years?

Definitions

Match the word or phrase used in the sources to the correct definition

1. Disproportionate

The norms, values, practices and attitudes of those in a certain profession

2. Stop and search

Out of proportion

3. Institutional racism

The norms, values, practices and attitudes expressed in police canteens

4. Occupational culture

The ability of the police to stop and search where they have reasonable suspicion

5. Canteen culture

Where the outcome of an organisation's practices are racist but members of the organisation might not be

Activity 2: true or false

Statement	True	False
Members of minority ethnic groups are under-represented in the prison population		
Stop and searches of Asian and black people are disproportionately high in urban areas		
There is evidence of disproportionality in the stopping and searching of members of minority ethnic groups		



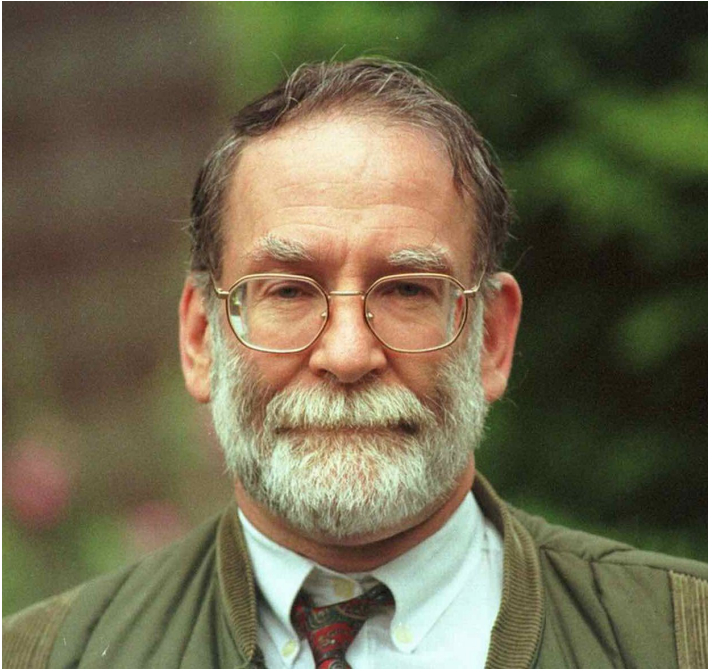
Research tasks: research the case on Stephen Lawrence



The case of Stephen Lawrence

1. What happened to Stephen?
2. What were the names of the 5 key suspects in the case?
3. What were the findings of the McPherson report?

The case of Dr Harold Shipman



Who was Dr Harold Shipman and what was he known for?

Prediction: what do you think could have caused Harold Shipman to do what he did?

Was his punishment fair? Do you agree with it- if so why? If not? Why not?
And punishment should be given?

How may this case have changed the NHS/ Law forever?

Dr Harold Shipman- Biography! Reading ! (Highlight anything you find important!)

British serial killer Harold Shipman, who worked in England as a medical doctor, killed over 200 of his patients before his arrest in 1998.

Who Was Harold Shipman?

British serial killer Harold Shipman attended Leeds School of Medicine and began working as a physician in 1970. Between then and his arrest in 1998, he killed at least 215 and possibly as many as 260 of his patients, injecting them with lethal doses of painkillers.

Early Life

Born the middle child into a working-class family on January 14, 1946, Harold Frederick Shipman, known as "Fred", was the favorite child of his domineering mother, Vera. She instilled in him an early sense of superiority that tainted most of his later relationships, leaving him an isolated adolescent with few friends.

When his mother was diagnosed with terminal lung cancer, he willingly oversaw her care as she declined, fascinated by the positive effect that the administration of morphine had on her suffering, until she succumbed to the disease on June 21, 1963. Devastated by her death, he was determined to go to medical school, and he was admitted to Leeds University medical school for training two years later, having failed his entrance exams first time, before serving his hospital internship.

Still a loner, he met his future wife, Primrose, at the age of 19, and they were married when she was 17, and five months pregnant with their first child.

By 1974, he was a father of two and had joined a medical practice in Todmorden, Yorkshire, where he initially thrived as a family practitioner, before allegedly becoming addicted to the painkiller Pethidine. He forged prescriptions for large amounts of the drug, and he was forced to leave the practice when caught by his medical colleagues in 1975, at which time he entered a drug rehab program. In the subsequent inquiry, he received a small fine and a conviction for forgery.

A few years later, Shipman was accepted onto the staff at Donneybrook Medical Centre in Hyde, where he ingratiated himself as a hardworking doctor, who enjoyed the trust of patients and colleagues alike, although he had a reputation for arrogance amongst junior staff. He remained on staff there for almost two decades, and his behavior incurred only minor interest from other healthcare professionals.

Crimes

The local undertaker noticed that Dr. Shipman's patients seemed to be dying at an unusually high rate, and exhibited similar poses in death: most were fully clothed, and usually sitting up or reclining on a settee. He was concerned enough to approach Shipman about this directly, who reassured him that there was nothing to be concerned about. Later, another medical colleague, Dr. Susan Booth, also found the similarity disturbing, and the local coroner's office was alerted, who then contacted the police.

A covert investigation followed, but Shipman was cleared, as it appeared that his records were in order. The inquiry failed to contact the General Medical Council, or check criminal records, which would have yielded evidence of Shipman's previous record. Later, a more thorough investigation revealed that Shipman altered the medical records of his patients to corroborate their causes of death.

Hiding behind his status as a caring, family doctor, it is almost impossible to establish exactly when Shipman began killing his patients, or indeed exactly how many died at his hands, and his denial of all charges did nothing to assist the authorities. Indeed, his killing spree was only brought to an end thanks to the determination of Angela Woodruff, the daughter of one of his victims, who refused to accept the explanations given for her mother's death.

Kathleen Grundy, an active, wealthy 81-year-old widow, was found dead in her home on June 24, 1998, following an earlier visit by Shipman. Woodruff was advised by Shipman that an autopsy was not required, and Grundy was buried in accordance with her daughter's wishes.

Woodruff was a lawyer, and had always handled her mother's affairs, so it was with some surprise that she discovered that another will existed, leaving the bulk of her mother's estate to Dr. Shipman. Woodruff was convinced the document was a forgery, and that Shipman had murdered her mother, forging the will to benefit from her death. She alerted the local police, where Detective Superintendent Bernard Postles quickly came to the same conclusion upon examination of the evidence.

Grundy's body was exhumed, and a post-mortem revealed that she had died of a morphine overdose, administered within three hours of her death, precisely within the timeframe of Shipman's visit to her. Shipman's home was raided, yielding medical records, an odd collection of jewelry, and an old typewriter which proved to be the instrument upon which Grundy's forged will had been produced.

It was immediately apparent to the police, from the medical records seized, that the case would extend further than the single death in question, and priority was given to those deaths it would be most productive to investigate, namely victims who had not

been cremated, and who had died following a home visit by Shipman, which were given priority.

Shipman had urged families to cremate their relatives in a large number of cases, stressing that no further investigation of their deaths was necessary, even in instances where these relatives had died of causes previously unknown to the families. In situations where they did raise questions, Shipman would provide computerized medical notes that corroborated his cause of death pronouncements.

Trial and Aftermath

Police later established that Shipman would, in most cases, alter these medical notes directly after killing the patient, to ensure that his account matched the historical records. What Shipman had failed to grasp was that each alteration of the records would be time stamped by the computer, enabling police to ascertain exactly which records had been altered.

Following extensive investigations, which included numerous exhumations and autopsies, the police charged Shipman with 15 individual counts of murder on September 7, 1998, as well as one count of forgery.

Shipman's trial commenced in Preston Crown Court on October 5, 1999. Attempts by his defense council to have Shipman tried in three separate phases, i.e. cases with physical evidence, cases without and the Grundy case (where the forgery differentiated it from other cases), as well as to have damning evidence relating to Shipman's fraudulent accumulation of morphine and other drugs, were thrown out, and the trial proceeded on the 16 charges included in the indictment.

The prosecution asserted that Shipman had killed the 15 patients because he enjoyed exercising control over life and death, and dismissed any claims that he had been acting compassionately, as none of his victims were suffering a terminal illness.

Woodruff appeared as the first witness. Her forthright manner and account of her unremitting determination to get to the truth impressed the jury, and attempts by Shipman's defense to undermine her were largely unsuccessful.

Next, the government pathologist led the court through the gruesome post mortem findings, where morphine toxicity was the cause of death in most instances.

Thereafter, fingerprint analysis of the forged will showed that Grundy had never handled the will, and her signature was dismissed by a handwriting expert as a crude forgery.

A police computer analyst then testified how Shipman had altered his computer records to create symptoms that his dead patients never had, in most cases within hours of their deaths.

As the trial progressed onto other victims and the accounts of their relatives, the pattern of Shipman's behavior became much clearer. A lack of compassion, disregard for the wishes of attending relatives and reluctance to attempt to revive patients were bad enough, but another fraud also came to light: he would pretend to call the emergency services in the presence of relatives, then cancel the call out when the patient was discovered to be dead. Telephone records showed that no actual calls were made.

Finally, evidence of his drug hoarding was introduced, with false prescribing to patients who didn't require morphine, over-prescribing to others who did, as well as proof of his visits to the homes of the recently deceased to collect up unused drug supplies for "disposal".

Shipman's haughty demeanor throughout the trial did nothing to assist his defense in painting a picture of a dedicated healthcare professional. Despite their attempts, his arrogance and constantly changing stories, when caught out in obvious lies, did nothing to endear him to the jury.

Following a meticulous summation by the judge, and a caution to the jury that no one had actually witnessed Shipman kill any of his patients, the jury were sufficiently convinced by the testimony and evidence presented, and unanimously found Shipman guilty on all charges: 15 counts of murder and one of forgery, on the afternoon of January 31, 2000.

The judge passed fifteen life sentences, as well as a four-year sentence for forgery, which he commuted to a "whole life" sentence, effectively removing any possibility of parole. Shipman was incarcerated at Durham Prison.

The fact that a doctor had killed 15 patients sent a shudder through the medical community, but this was to prove insignificant in light of further investigations that delved more deeply into his patient case list history.

A clinical audit conducted by Professor Richard Baker, of the University of Leicester, examined the number and pattern of deaths in Shipman's practice and compared them with those of other practitioners. It found that rates of death amongst his elderly patients were significantly higher, clustered at certain times of day and that Shipman was in attendance in a disproportionately high number of cases. The audit goes on to

estimate that he may have been responsible for the deaths of at least 236 patients over a 24-year period.

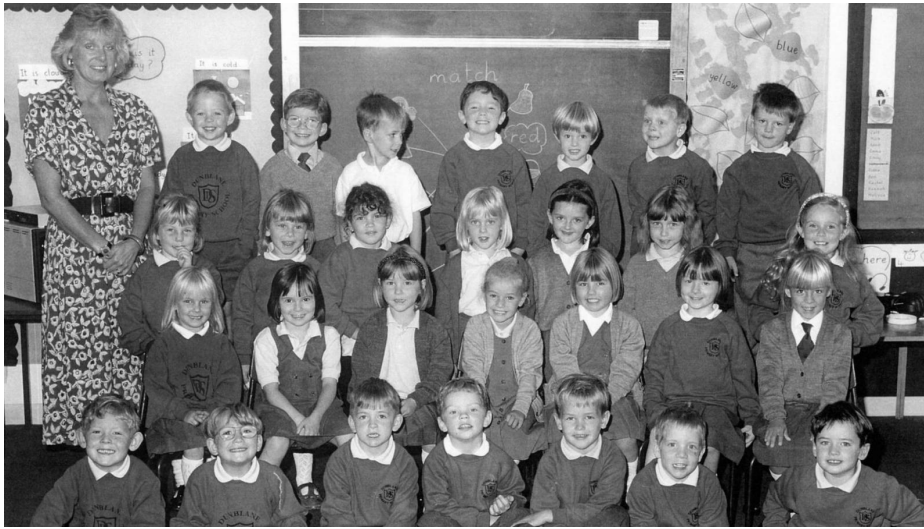
Separately, an inquiry commission chaired by High Court Judge, Dame Janet Smith, examined the records of 500 patients who died while in Shipman's care, and the 2,000-page report concluded that it was likely that he had murdered at least 218 of his patients, although this number was offered by Dame Janet as an estimation, rather than a precise calculation, as certain cases presented insufficient evidence to allow for certainty.

The commission further speculated that Shipman might have been "addicted to killing", and was critical of police investigation procedures, claiming that the lack of experience of the investigating officers resulted in missed opportunities to bring Shipman to justice earlier.

He may, in fact, have taken his first victim within months of obtaining his license to practice medicine, 67-year-old Margaret Thompson, who died in March 1971 while recovering from a stroke, but deaths prior to 1975 were never officially proven.

Whatever the exact number, the sheer scale of his murderous activities meant that Shipman was catapulted from British patient killer to the most prolific known serial killer in the world. He remained at Durham Prison throughout these investigations, maintaining his innocence, and was staunchly defended by his wife Primrose and family. He was moved to Wakefield Prison in June 2003, which made visits from his family easier.

Research the Dunblane Massacre



What is the Dunblane Massacre? What happened?

How did the Dunblane Massacre change education? and what laws changed/were implemented as a result?



This questions in this section, we won't look at until Year 13, however it will give you insight into what year 13 will look like.

Name all the punishments a court of law can issue?

What are the different prison design? (Think shapes- Hexagon etc)

What are the different categories of prison consist of- Category A, B, C, D?

In your opinion what are the current problems of the justice system and explain why it may be a problem?

Research task:

Pick TWO of the following criminals

- Ted Bundy
- Fred West
- Jeremy Bamber
- John Venables
-

Research the following

- Who were they were?
- What crime did they commit? Why did they do this?
- What influenced this person to commit crimes?
- What was their home life like?

This will be due in on the first week back from September