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Efficacy of a psychological treatment for sex offenders

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The aims of the present paper are the following: firstly, to describe the psychological treatment administered to sexual offenders in Spain; secondly, to assess the effectiveness of the application of this psychological treatment in the prison of Brians (Barcelona). For this purpose, two equivalent groups were selected: a treatment group of 49 subjects who received the whole treatment program, and an untreated control group of 74 subjects. These groups were selected taking into account various risk factors in order to guarantee group comparability. The main results not only show the efficacy of the cognitive-behavioural program for sexual offenders but also that the effectiveness of this program exceeds the average of similar programs in the meta-analytic reviews performed to date.

Eficacia de un tratamiento psicológico para delincuentes sexuales. Los objetivos de este artículo son dos. En primer lugar, describir el tratamiento psicológico que se aplica con los delincuentes sexuales en España. En segundo término, evaluar la efectividad de dicho tratamiento en la prisión Brians de Barcelona. Con este propósito se seleccionaron dos grupos: un grupo de tratamiento integrado por 49 sujetos que habían recibido el programa de tratamiento completo, y un grupo de control constituido por 74 sujetos que no habían recibido dicho tratamiento. Ambos grupos se crearon teniendo en cuenta diversos factores de riesgo con la finalidad de asegurar la equivalencia de los grupos. Los principales resultados obtenidos no sólo muestran una buena eficacia del tratamiento cognitivo-conductual aplicado con los delincuentes sexuales, sino también que dicho tratamiento supera, en esta evaluación, la efectividad promedio de programas similares en las evaluaciones que se han realizado con anterioridad.

The field of psychological intervention on sex offenders' antisocial behavior is specially complex and problematic. This is due to the fact that, from a clinical point of view, sex offenders present three different -though interrelated- kinds of deficit: in their behavior and sexual preferences (as is obvious), in their cognitions («cognitive distortions») and in their social behavior in a wider sense (Berlin, 2000; Brown, 2005; Echeburúa & Guerricaechevarría, 2000; Marshall, 2001; Redondo, 2002). All these deficits should be taken into account, consequently, to design and to implement any rehabilitation program (see Schmucker & Lösel, 2008, to learn about the state of the art of the evaluation of sex offender treatment).

The first behaviorally orientated programs for sex offenders understood that the etiology of sex offending was essentially the individual's deviant interest. In accordance with this, the treatment might aim to eliminate such deviant behavior and to establish more appropriate activation patterns towards suitable sexual acts and partners (Marshall & Fernández, 1997). Some decades ago the most used treatment techniques were the *aversion therapies*, the *masturbatory reconditioning* and the *covert sensitization*, as well as the *systematic desensitization* for the individuals' social anxiety (Marshall & Redondo, 2002; Wood, Grossman, & Fichtner, 2000).

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From the seventies onwards, there arose the need to not merely reduce sex offenders' unacceptable behaviors, but, especially, to train them in all skills required in agreed sexual relationships with adults (Marshall, 1971; Wood et al., 2000). Later, programs have been extended to also include the eradication of sex offenders' «cognitive distortions»; that is to say, to eliminate their trends to misunderstand social signs, to deny that they hurt victims, to minimize the importance of their attacks and to blame other persons or factors out of their own control. Finally, «cognitive-behavioral» treatment programs for sex offenders have also incorporated prevention strategies to avoid recidivism (Laws, 1989, 2000; see also: Becker & Bradley, 2001; Beech & Mann, 2002; Brown, 2005), previously introduced in the field of addictions by Marlatt and colleagues (Marlatt & Gordon, 1985).

It can be stated that good psychological strategies for the treatment of sex offenders are currently available, which have a technical development level comparable with methods used in other psychological intervention fields (Budrionis & Jongsma, 2003). Nevertheless, from a practical point of view, the application of rehabilitation programs for sex offenders is an activity limited to a few developed countries and, among them, to a few programs in prison, and only sporadically are they implemented in the community. This means that the proportion of sex offenders receiving treatment is very small in relation to the number of identified sex offenders —who are, normally, imprisoned. In spite of this, the public powers are increasingly conscious of the need to apply specialized treatments for sex offenders and, for this reason, in North American and European countries gradually new

programs are being introduced. Such programs have the following general characteristics:

- They use intensive long lasting programs.
- They include techniques specifically aimed to act in the three mentioned problematic areas: sexually deviant behavior, cognitive distortions, and the subject's social development.
- Sometimes, in the global context of the program, chemical agents are used to inhibit the sexual impulse. Three medications have been used to reduce the male sexual impulse: *cyproterone acetate*, *medroxyprogesterone acetate* and, more recently, *analogous agonist of the gonadotropin-releasing hormone* (GnRH) (Greenberg & Bradford, 1997; Marshall & Redondo, 2002; Rösler & Witztum, 2000).
- When implementing them, diverse therapists (often a man and a woman) train sex offenders in socially specific skills with a double goal: 1) to teach them to inhibit their criminal behaviors and, 2) to teach them the communication skills needed to establish adult and agreed sexual relations.
- In general, this treatment has a voluntary character, although the subject's eventual participation in it is rewarded by penal and penitentiary benefits (permits to temporally leave prison, improvements in the ordinary regime of life in prison, or future releases under parole).

As a result of the mentioned evaluations and according to the international prescriptions on cognitive behavioral treatment of offenders (Beech & Mann, 2002; Brown, 2005; Budrionis & Jongsma, 2003; Garrido, 2005; Lipsey & Landerberger, 2006; Marshall & Serran, 2004; McGuire, 2001; Redondo, Sánchez-Meca, & Garrido, 2002a, 2002b), first specific program for sex offenders was created for the spanish context, named The Program of *Sexual Aggression Control (SAC)* (Garrido & Beneyto, 1996, 1997). It was first implemented simultaneously in two prisons in the province of Barcelona: Quatre Camins and Brians (Roca & Montero, 2000). The same program, with some adjustments, is currently applied in diverse spanish penitentiary centers.

In this program the treatment is conceived under two complementary axes (Navarro, 2004). First, an axis consisting of the individual evaluation of every subject and in formulating functional hypotheses about the factors that probably feed every aggressive act. Secondly, another axis of grup intervention based on all the knowledge, skills, cognitive and emotional changes that sex offenders must assimilate and modify (Ward, 2000; Webster & Beech, 2000). Researches on offenders have emphasized a series of clinical correlations associated with the subjects' motivation to take part in a treatment program (Andrews & Bonta, 2003; Garrido et al., 1995; Groth, 1979; Quinsey et al., 1995; Maletzky, 1991; Marshall, 2001; Marshall & Barbaree, 1989, 1990). Table 1 shows them:

As the previous table shows, some of the aforesaid correlations («*to show displeasure about own actions and wish for change*», «*to admit the existence of factors linked to his behaviors*», «*to be capable of controlling his behavior in some extent*») refer to an important background factor: the level of conscience that the individual has about his aggressive behaviors and, in consequence, the intensity with which he wants or tries to solve the problem. To sum up, it is about the will to change the behavior, and that connects us, in psychotherapy, with the approach of Prochaska and DiClemente on the stages of change (Prochaska & DiClemente, 1992; Prochaska & Prochaska, 1993). According to this model, which has been explored in multiple addictive and psychopathologycal problems, to make the change of behavior viable (and, consequently, to make the treatment more effective) the subject must, at least, be in a stage of problem *contemplation,* that is to say, he must become aware of it (admit having a problem) and demonstrate interest to solve it soon.

In the case of sex offenders, so that the individual has «*displeasure about own actions and wish for change*», as a starting point it is necessary that the offender *admits the offense*, this is, that he gives up the habitual denial processes which are associated with such a strongly rejected and socially shaming behavior as sex offending.

Often sex offenders are prone to perceive themselves as current, even good persons, for which they use a chain of thoughts to minimize and to make external the facts (Navarro, 2004):

1. *Overoptimism*, i.e.: «I will be able to solve it by myself, it was just something circumstantial».
2. *Resistance to be treated*, i.e.: «I don't need any treatment, it's been a long time since that happened; moreover, anyone can make a mistake; I've already paid for it».
3. *Denial*, i.e.: «I don't need any treatment, so, why must I go through such a rough patch explaining what happened?».
4. *Justification*, i.e.: «My life it's nobody else's business; if I explain it, be sure that they will tell it to people that matter to me most, and I will be ashamed».
5. *Conclusion*, i.e.: «Explaining it will be no use at all; it's not worth doing it».

This program asks its participants, initially or after a prudential time of implementation, to admit having committed the attack. Doing that, besides facilitating the treatment, has to have beneficial emotional effects for the subject. In the framework of the treatment, the group represents in a sense the society and it is healthy for the subject to be able to talk about his crime with reduced anxiety and increased objectivity, learning to coexist with what he did, and, in sum, experiencing therapist and group acceptance (Navarro, 2004). This process needs the therapist to stimulate, to direct and to value the subject's efforts towards the recognition of the crime. Every individual must cover this road at his own pace, without being forced.

Table 1
Clinical correlations favoring treatment

To show displeasure about own actions and wish for change
To admit the existence of factors linked to his behaviors (fantasies, beliefs, anger, alcohol)
To be capable of opening affective relationships
To have verbal skills
To be capable of learning from his experiences
There was not any physical violence
To be capable of controlling his behavior to some extent
To have some adjustment in his life with his partner, his labor situation and other areas
Not having neither psychosis nor serious neurological disabilities

Method

The fundamental goal of this research is to assess the effectiveness of the described rehabilitation programs for sex offenders, once a large number of individuals have been treated and enough time has passed to be able to carry out a reasonable follow-up of their behaviors in the community. Our main hypothesis is as follows: subjects who completed the treatment (experimental group) will obtain significantly better results in the evaluated dependent variables (lower sexual, nonsexual and total recidivism, and lower seriousness of the crimes that they may commit) than the untreated individuals (control group).

Participants

The total population of sex offenders who have served sentences in the Prison of Brians, since it was inaugurated in May, 1991, until December 31, 2002, is 346 subjects, who have committed more than 770 sex offenses (with an average of 2.23 sex offenses per subject). Besides, they are responsible for more than 630 nonsexual crimes. The groups studied in this research have been extracted and selected from this whole population: one treated group (n= 49) and one untreated (control) group (n= 74). A follow-up has been carried out for both of them (once inmates were released and reintegrated to the community) for an average period of 3 years and 8 months.

The groups treated in this program consist of between 10 and 15 subjects, who were selected from those penitentiary inmates serving sentences for sex offending, and fulfilling both following conditions (Navarro 2004): 1) being in the juridical and penal situation to obtain the conditional release in the next 3 or 4 years, and 2) having admitted (even in a tiny or partial way) his crime, and show a certain initial motivation to take part in the program. Every inmate must sign a *behavioral contract* with the therapist who directs the group, in order to maintain and to increase the above mentioned motivation. Thus, the individual promises to attend and to take part in the program daily sessions and the therapist, on his part, commits himself to value as positive the above-mentioned participation and efforts for further proposals of penitentiary benefits (possible permits, conditional release and open regime).

Design

This research is a retrospective study carried out by means of a non equivalent control group design, that is to say, with groups not selected at random. Nevertheless, diverse measurements of methodological control have been taken in order to eradicate the most important biases that might threaten the homogeneity and equivalence of the groups. As result of it, the groups can be considered to be equivalent.

To gather data, a template to code variables was created, structured in four big categories: A) independent variable (treatment application vs. non-application); B) moderating variables (demographic, belonging to criminal career, victims, clinical, etc.); and C) criteria or dependent variables (different parameters of recidivism). Altogether, 51 variables have been analyzed.

Instruments

An initial evaluation is carried out using a semi-structured interview and applying the *Hare Psychopathy Checklist PCL-SV* and a 10 item *risk scale* designed for this purpose. At the most, one subject with a psychopathic profile is included per group (assessment measure by Hare PCL-SV, with a score between 18 and 24). The reason to adopt this measure lies in thus giving the therapist a better control of the possible attempts at manipulation that people with a high level of psychopathy may make, and, simultaneously, it enables the other members of the group to recognize such attempts more easily.

Procedure

This program is cognitive-behaviorally orientated and in its grup phase is, on average, 10-12 months long, at a rate of 4 two-hour sessions every week. The fifth day of the week is spent following-up every subject through an individual interview, and solving unresolved questions (degree reviews, exit permits, etc.).

Table 2
Therapeutic ingredients, basis and aims of the *Program of Sexual Aggression Control (SAC)*

Modules or therapeutic ingredients	Theoretical basis	Aims
1. Cognitive distortions (cognitive restructuring) (44 sessions)	Beck's cognitive therapy and other contributions on automatic and erroneous thoughts and on restructuring	To restructure the subject's perception and distortions about the criminal fact, his own desires and his perception of women, children, violence, etc.
2. Defense mechanisms (15 sessions)	Matza's neutralization techniques and Glasser's reality therapy	To eradicate the use of justifications and to promote the subject's responsibility for his own behavior
3. Emotional conscience (18 sessions)	Education in emotional self-exploration	To increase the subject's emotional repertoire and conscience
4. Empathy towards the victim (27 sessions)	Marshall's work on sensitization towards someone else's pain and emotions; Platt et al.'s *role taking* technique	To teach the individual to recognize other people's (victims) emotions and feelings, and to increase his empathy abilities
5. Recidivism prevention (17 sessions)	Pithers and Laws, from Marlat and Gordon (for alcoholic people)	To improve the subject's abilities to anticipate and to break the chains of his crimes precursors (cognitive, physiological, emotional, behavioral and environmental)
6. Positive lifestyle (17 sessions)	Psychoeducative techniques and Goldstein's structured modelling techniques	To improve his skills for life planning, and his daily habits and routines

General therapeutic program goals are as follows (Garrido & Beneyto, 1996):

1. To help participants to complete a more realistic analysis of their criminal activities.
2. To improve their abilities and skills for personal relationships.
3. To improve their possibilities to rehabilitate and not reoffend.

In a more specific way, the program is structured in modules or ingredients that approach the sex offenders' most common deficits or factors of «criminogenic need». It incorporates 6 ingredients, whose technical basis and therapeutic aims are succinctly resumed in table 2 (Garrido & Beneyto, 1996; Garrido et al., 1995):

The treatment staff responsible for this program is made up of psychologists, criminologists, social educators and social workers. Psychologists are the main therapists in the program for sex offenders, and they carry out both the central part of the initial evaluation and the implementation of the treatment techniques resumed in table 2.

The program develops at three intervention levels and formats:

1. *Individual level* (1 day per week): to carry out the initial evaluation of the subjects and, through the program development, to follow-up and to motivate every individual, to solve possible eventualities, and to apply psychological tests.
2. *Group level* (4 days per week): it is the core of the intervention, where the work is done by means of the psycho-social modules of the program.
3. *External intervention and follow-up*: carried out once the individual retourn to the community again. It happens first in a supervised way (through group or individual exits in the company of a therapist), a restricted way (exit permits of a few days, open regime) or an autonomous way (conditional and definitive release). In these follow-ups, program social workers and therapists take part themselves to carry out a monthly follow-up session outside the prison, in which participate both conditional released individuals and inmates allowed to leave prison in a supervised way.

In short, all the mentioned interventions (which form part of the Program *of Sexual Aggression Control*) are expected to result in behavioral, cognitive and emotional improvements which are conform to the mentioned goals and, in the end, to reduce the risk, the frequency or the seriousness of new crimes to be committed.

Results

Regarding its main goal, the most important results of this research are the following (see Figure 1): during a 4 year follow-up period, of 49 subjects who entered the treatment group, 2 subjects (4.1%) reoffended officially in sex crimes, and 1 subject (2.0%) in nonsexual crimes. That adds up to a total recidivism of 3 subjects (6.1%). During a 3.5 year follow-up period, of 74 members of the control group, 13 subjects (18.2%) reoffended in sex crimes and 10 more in nonsexual crimes (13.6%), which makes a total of 23 recidivist subjects (31.8%). All these differences between the groups were statistically significant.

These results essentially confirm the main hypothesis of this research, namely: the cognitive-behavioral treatment applied to sex offenders in the Prison of Brians is effective. The treatment achieves a successful reduction in sexual recidivism of 14.1 points, which comes from the difference between the rate of the Control Group (which is 18.2%), and that of the Treated Group (which is 4.1 %). In other words, this psychological treatment avoids, for a follow-up of four years, more than the 3/4 parts of the sexual recidivism that would be expected without treatment.

Figure 2 shows the recidivism distribution in the general samples of untreated sex offenders: according to the international research about 80% of them do not officially reoffend, whereas around 20% ends up reoffending (Lösel, 2002; Quinsey et al., 1995). What changes are there if a good cognitive program, like the one presented here, is applied? What happens is that in general the treatment can reduce to 5-10 points the expectable rate of recidivists (20%), that is to say, the rate can be in general reduced to half (Beech & Mann, 2002; Hall, 1995). (These reductions are similar to the general benefits of the best cognitive treatments for other typologies of offenders: see Welsh & Farrington, 2006.) In spite of this, a residual percentage of 10%-15% of high risk subjects still remains, who probably will end up reoffending even after having taken part in the treatment program. These subjects correspond with

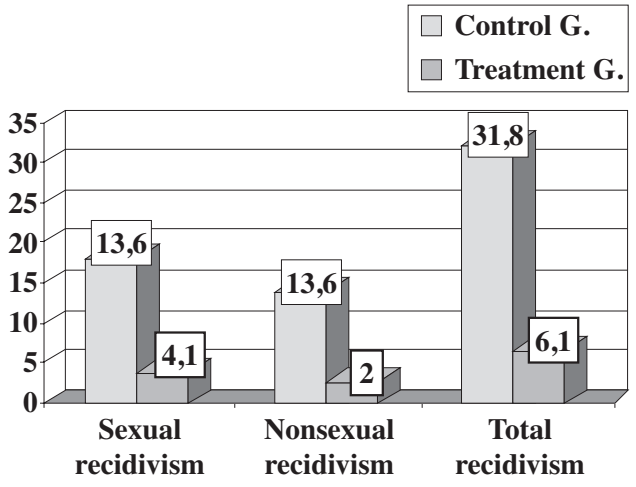

Figure 1. *Treatment group and control group recidivisms: sexual, non sexual and total*

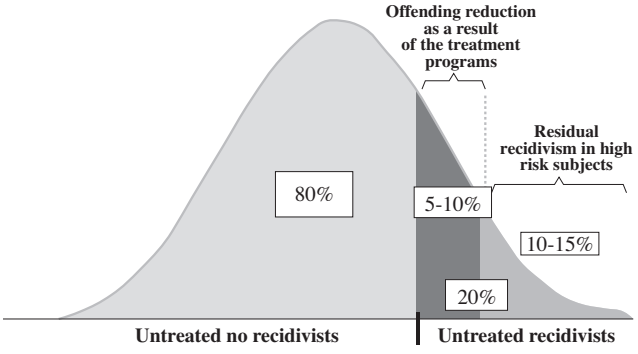

Figure 2. *Model of the size of sexual non-recidivism/recidivism in samples of untreated sex offenders, and possible treatment program effects to reduce the residual recidivism*

those who show the worst forecast according to static risk factors, such as youth and early beginning in delinquency.

Discussion

The model shown in figure 2 is theoretical, and represents what the assessment studies find, without treatment and when treatment is applied. The data from our study are, in principle, a little more optimistic, since the reduction in sexual recidivism, as result of the SAC treatment, is 14.1% (from a base rate of recidivism of 18.2 % in the control group). Thus, a residual recidivism of 4.1% still remains (treated individuals who, in spite of that, reoffend).

In Spain, the specific analysis of sex offenders and the application of rehabilitation programs for them began in Catalonia in 1996, from diverse previous researches on the topic. The first of these studies (Garrido et al., 1995) analyzed a sample of 29 rapists, authors of 226 diverse typology crimes. The second project (Garrido, Beneyto, & Gil, 1996) analyzed 33 sex offenders who had molested children and had committed 116 crimes. A third study (Garrido, Gil, Forcadell, Martínez, & Vinuesa, 1998) investigated a sample of sex offenders who were under-age with the purpose of adapting a specific program for young men.

This study is the logical continuation of that efforts and, in conclusion, the obtained results suggest a considerable therapeutic power of the cognitive-behavioral treatment designed by Garrido & Beneyto (1996, 1997) and applied in the Prison of Brians (Barcelona, Spain). Nevertheless, these initial results only represent a first assessment approach that should be completed by means of a more extended follow-up of the subjects to allow evaluate their recidivism in the longer term.

Note

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