

The European Journal of Psychology Applied to Legal Context



www.elsevier.es/ejpal

Psychological treatment and therapeutic change in incarcerated rapists



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ARTICLE INFO

Article history:
Received 28 July 2016
Received in revised form 7 November 2016
Accepted 29 November 2016
Available online 13 December 2016

Keywords: Sex offenders Psychological treatment Therapeutic change Treatment effectiveness

Palabras clave: Agresores sexuales Tratamiento psicológico Cambio terapéutico Eficacia del tratamiento

ABSTRACT

Most Spanish prisons provide specialised treatment for incarcerated sex offenders, both rapists and child molesters. This treatment is a cognitive-behavioural intervention that has shown relative effectiveness in previous research. With regard to offenders' rehabilitation, recidivism assessments are necessary as a final measure of treatment effectiveness. However, the evaluation of recidivism by itself does not provide sufficient information on the treatment process and the specific effects that treated subjects could undergo. This paper aims to analyse the therapeutic effectiveness of psychological treatment provided to rapists (in general, males sentenced for committing a sexual offence against women). To this aim, a group of treated rapists (N = 153) serving a sentence in prison was analysed. Using a specially designed scale (PASSO), the global therapeutic change and ten specific variables (including assertiveness, readiness to change, cognitive distortions, impulsivity, etc.) were assessed. The within-subjects comparison showed that treated sex offenders improved, in therapeutic terms, globally as well as in most of the specific variables assessed (improvements not experimented by the control group). Also, different therapeutic subscales showed relevant associations between them. The findings regarding treatment effectiveness are discussed.

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Tratamiento psicológico y cambio terapéutico en agresores sexuales encarcelados

RESUMEN

La mayoría de los centros penitenciarios españoles ofrecen un programa de tratamiento psicológico especializado para agresores sexuales, tanto para violadores como para abusadores de menores. Se trata de un programa de orientación cognitivo-conductual, que en algunas evaluaciones ya realizadas ha evidenciado una eficacia terapéutica relativa en términos de reducción de las tasas de reincidencia. Aunque la evaluación de la reincidencia delictiva sea una medida necesaria para ponderar la eficacia final del tratamiento de los agresores sexuales, dicha medida no permite conocer con precisión las mejoras específicas que los sujetos pueden experimentar. Este artículo dirige su atención precisamente a evaluar con detalle la eficacia terapéutica del tratamiento de los agresores sexuales de mujeres adultas. Con esta finalidad, se analiza una muestra de agresores sexuales tratados (*N*=153) que cumplen condena en prisión por un delito contra una mujer adulta. Para ello se evalúa mediante una escala diseñada al efecto (EPAS) el cambio terapéutico global de los sujetos tras el tratamiento y también su evolución en diez variables terapéuticas específicas (como asertividad, disposición al cambio personal, distorsiones cognitivas, etc.). La comparación intra-sujetos indicó que los agresores tratados mejoran, en términos terapéuticos, tanto globalmente como en la mayoría de las variables específicas evaluadas (mejoras que no se produjeron en el grupo control). Así mismo, se encontraron asociaciones significativas relevantes entre diversas

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variables terapéuticas. Finalmente, se comentan críticamente los resultados obtenidos y algunos de los retos existentes en el campo de la evaluación del tratamiento psicológico de los agresores sexuales.

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The Scale and Severity of Sexual Offences

Official data about sexual offences show that the prevalence of sex crimes is relatively low among criminal behaviours. For example, reported sex crimes accounted for only 0.94% of all the serious crimes committed in Spain in 2014 (Dirección General de Instituciones Penitenciarias, 2014). Nonetheless, the number of sex offences not officially reported by victims may be substantially higher (Abrahams et al., 2014).

However, sex offences are among the most serious crimes because of their severe damage to the victims, usually women and children (Echeburúa & Guerricaechevarría, 2011; European Agency for Fundamental Rights, 2014; Fergusson, McLeod, & Horwood, 2013; Lopez-Castroman et al., 2013; Wößner, 2016). Also, sexual offences carry a huge social stigma and, justifiably, arouse intense feelings of personal insecurity. Particularly, the crimes committed by sex offenders released after serving their sentences generate public concern and alarm.

For all these reasons, it is important to analyse and enhance our scientific understanding of sexual offending behaviour in order to improve prevention and to apply more effective treatment with convicted offenders. This paper focuses specifically on the effectiveness of the psychological treatment administered to rapists or sex offenders serving prison sentences in Spain for sexual assaults on adult women¹.

Causes and Correlates of Sex Offences

The initiation and development of human sexuality from puberty generally involves a range of appropriate prosocial experiences which normally include sexual self-satisfaction and voluntary sexual interaction with peers. As a result of these sexual experiences, during adolescence individuals usually learn prosocial sexual repertoires and also acquire the necessary sexual controls, inhibitions, and taboos, in particular with regard to avoiding forced sex. However, juveniles who have suffered serious traumatic experiences in childhood (psychological or sexual abuse, inconsistent rearing in the family, and so on) may have special difficulty in developing these indispensable sexual controls and inhibitions, and as a result show more risk of sexual offending (Becker & Johnson, 2001; Hamby, Finkelhor, & Turner, 2012; Marshall, Laws, & Barbaree, 2013; Marshall, Marshall, Serran, & Fernandez, 2006; Redondo & Martinez, 2012; Zurbriggen, Gobin, & Freyd, 2010). In this respect, a significant proportion of sex offenders have more varied and atypical sexual experiences at an early age than is the norm, including the use of violent pornography (Barbaree & Langton, 2006; Becker & Hunter, 1997; Cale, Smallbone, Rayment-McHugh, & Dowling, 2016; Seto & Eke, 2015) or actual childhood experiences of physical or sexual abuse (Fergusson et al., 2013; Gunby & Woodhams, 2010; Mancini, Reckdenwald, & Beauregard, 2012; Seto, 2008). These experiences of victimisation may stimulate a deviant sexual arousal and a preference for violent sex.

Rapists may also have suffered traumatic family abandonment, affective rejection, negligent parents, erratic styles of upbringing, and so on during childhood (Maniglio, 2012). These traumatic early experiences tend to be related to severe emotional and communicative deficits, relationship problems, and social isolation (Ford & Linney, 1995; Hendriks & Bijleveld, 2004; Hulme & Middleton, 2013; Katz, 1990; Porter, Newman, Tansey, & Quayle, 2015; Van Wijk, 1999). To solve or compensate these problems, individuals may use inappropriate coping mechanisms such as a hyper-sexualisation of their emotionality and conduct, including deviant fantasies and masturbation (Mancini et al., 2012; Marshall & Marshall, 2014).

On the other hand, rapists usually show numerous "cognitive distortions", that is, erroneous thoughts about women in general, their victims in particular, and the feasibility of the use of violence in social interactions. Such thoughts hamper their capacity to properly interpret and recognise the emotions, needs, desires, and intentions of others and in particular of their victims (Abel, Becker, & Cunningham-Rathner, 1984; Craig, Browne, Beech, & Stringer, 2006; Hempel, Buck, van Vugt, & van Marle, 2015; Marshall, Marshall, & Kingston, 2011; Merdian, Curtis, Thakker, Wilson, & Boer, 2014; Whitaker et al., 2008). In some individuals, cognitive distortions about sexual interactions have a leading aetiological role in their sexual offending, while in other cases cognitive distortions operate mainly not as aetiological factors but as *post hoc* rationalisations for justifying their actions (Maruna & Mann, 2006; Ward, Hudson, Johnston, & Marshall, 1997).

Many rapists also show severe deficits in empathy and social skills. They tend to exhibit a marked egocentrism and severe difficulties in imagining and figuring out realistically what others, and particularly their victims, might think, want, and feel (Cohen & Strayer, 1996; Fernandez & Marshall, 2003; Geng, Xia, & Qin, 2012). Several studies have found a direct relationship between individuals' early sexual victimisation and exposure to pornography and the lack of empathy shown later by sex offenders (Becker & Johnson, 2001; Fergusson et al., 2013; Hempel et al., 2015; Mann & Barnett, 2013; Marshall, Marshall, Serran, & O'Brien, 2009). These empathic deficiencies may also undermine the rapists' ability to establish meaningful and appropriate interpersonal relationships, including interactions at school and at work, and the establishment of affective bonds (Agnew, 2014; Beavin, 2015).

Some rapists are versatile offenders, in the sense that their criminal behaviour is not restricted to sexual offences but may extend to theft, physical assault, and so on. This versatility may contribute to consolidating and stabilising the rapist's criminal career, since sexual and nonsexual crimes may interact reciprocally as a part of a more general, chronically deviant life style (Lussier, 2005; Piquero, Farrington, Jennings, Diamond, & Craig, 2012; Seto & Lalumière, 2010; Sewall, Krupp, & Lalumière, 2013; Sigre-leirós et al., 2016).

Criminogenic Needs and Treatment

As can be seen, many sex offenders display numerous personal and social deficits and risk factors (including feelings, attitudes, values, and behaviours) often associated with their criminal conduct (Beech & Mann, 2002; Marshall et al., 2013; Marshall & Marshall, 2014). In order for sex offenders to desist from crime,

¹ Generally, in strict legal terms, the word "rape" is used to refer to sexual crimes involving forced sexual penetration. However, in criminological analyses the term tends to include other forms of violent sexual abuse that do not necessarily involve penetration. This is the definition we apply here.

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