Strategies for enhancing the treatment of violent offenders

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The identification and management of adult violent offenders has received considerable recent attention. The assessment and treatment of violent offenders should, therefore, be a major correctional focus. However, much of the work in this area has focused on the prediction and characteristics of violent offenders.[2]

In fact, there are few controlled studies of the effectiveness of treatment with violent non-sexual offenders. There is growing research on domestic abuse and family violence, but that is a separate subject.[3]

This article will, therefore, review the best practices in the treatment of violent offenders. Within this framework, the article will examine both traditional and emerging approaches to the treatment of such offenders.

Offender programming

Recent research has concluded that appropriate offender treatment can reduce offender recidivism,[4] although these studies do not distinguish between violent and nonviolent offenders. "Appropriate" treatment is highly structured, behavioural or cognitive-behavioural, and responsive to risk/need principles.[5] Program effectiveness is further improved by sustained treatment integrity, qualified and dedicated staff, and a hospitable setting.[6]

The following concepts are also crucial to effective offender programming:

- the role of diagnosis (for example, Antisocial Personality Disorder and substance abuse are overrepresented);
- recognition of offenders as individuals (heterogeneity issue);
- treatment targets (problems vs. symptoms);
- multi-method measurement of treatment gain;
- responsivity factors; and
- treatment duration and intensity.

Violent offenders

Violent offenders are distinguished by the injuries they cause, their motivation for violence, the types of events and emotions that cause them to offend, the culpability they accept, the characteristics of their offences, their risk and need levels, and their motivation for treatment.[7] They also differ as to the degree of planning involved in their violent crimes, their histories of violent and nonviolent crime, and their mental status.

Like most offender "types," violent offenders vary widely and no single program can be expected to meet all their needs. Therefore, treatment gain should be assessed in a variety of ways, offender motivation/readiness for treatment should be evaluated,[8] and responsivity factors such as psychopathy should be considered.[9] Programming should also be of varying intensity to address the range and pervasiveness of these offenders' needs.

The research base

The treatment of violent offenders has been plagued by methodological limitations, such as offender self-reported treatment needs and gains, a lack of control groups, the absence of follow-up data, a lack of clearly specified admission or selection criteria, and the failure to link treatment to a conceptual model of violence.

While the data collected have generally been promising in terms of within-treatment effects, the impact on recidivism rates appears minimal (see Table 1). This research also illustrates that anger control is the most prominent treatment approach and that diagnosis is generally limited in its usefulness in identifying treatment targets.

The traditional approach

So far, the treatment of violent offenders has focused on anger control. This approach conceptualizes violence as resulting from an offender's inability to identify and manage anger. The cognitive aspect is therefore emphasized in treatment, as is improved assertiveness and communication skills. Relapse prevention has also recently been incorporated into this process.[10]

It is unclear whether violent offenders have specific offence cycles like sex offenders and addicts. Regardless, this strategy facilitates the identification of high-risk situations and emotions.

The assumption that all violent offenders must be angry typifies the traditional approach to treating these offenders. This is not unlike the assumption

Table 1

A Summary of the Research on the Treatment of Adult Violent Offenders

Study	Sample	Characteristics	Evaluation	Outcome
Rokach (1987)	52 treated incarcerated male offenders and 44 control-group offenders with violent criminal histories and self-reported anger problems	Anger management, cognitive-behavioural, short term (27 hours), group format	Non-random referrals, partially matched control group, pre/post-test self-reports, non-blind post-treatment interviews	Positive within-treatment effects, no recidivism data
Stermac (1987)	Offenders remaded for psychiatric assessment: 20 treated and 20 not, all with anger problems	Anger management, cognitive-behavioural, short term (12 hours), group format	Randomly assigned, control group, pre/post self-report measures	Some positive within-treatment effects, no recidivism data
Kennedy (1990)	Provincially incarcerated male offenders referred for anger management, 19 treated and 18 not	Anger management, cognitive-behavioural, short term (60 hours), group format	Non-random unmatched control group, pre/post self-reports, blind behavioural role-play ratings, 2-month follow-up of institutional misconduct	Positive within treatment effects, mixed findings on institutional misconduct
Rice, Harris and Cormier (1992)	176 treated mentally disordered male offenders and 146 matched control-group offenders with violent histories	Intensive 2-year therapeutic community therapy, group therapy, 80 hours per week	Non-random, matched control group, retrospective 10-year follow-up measuring general/violent recidivism	Overall, significant treatment effects
Hughes (1993)	Federally incarcerated male offenders: 52 treated and 27 not, all with violent criminal histories	Cognitive-behavioural, anger management, short term (24 hours), group format	Referrals, non-random, unmatched control group, pre/post self-reports, role plays, coping ability ratings, 4-year follow-up assessing time to re-arrest, and recidivism	Positive within-recidivism effects, mixed results as to recidivism
Hunter (1993)	Federally incarcerated male offenders: 28 treated and 27 not, all with violent histories	Cognitive-behavioural anger management, short term (10 weeks), group format institutional misconduct	Non-random, unmatched waiting list control group, pre/post self-reports, 2-month follow up	Positive within- and post-treatment effects
Smiley, Mulloy and Brown (1995)	134 treated federally incarcerated male offenders with a violent index offence, 14,500 control-group offenders	Cognitive-behavioural violent offender personality-disorder program, group format, 8 months	Non-random, control group not matched, unspecified follow-up period, recidivism defined as failure on conditional release	No post-treatment effects

Please note that this table is merely an attempt to present a summary. It is not an attempt to list all important research in this area.

that all sex offenders have deviant sexual interests. However, we now know that deviant sexual preference is but one treatment target for sex offenders.[11] Assertiveness and social skills training have, therefore, been recently added to the treatment of violent offenders.[12]

Despite this change, researchers are speculating that increased emphasis on aggressive beliefs and impulsivity may produce better results.[13]

An alternative approach

Developmental research on aggressive children has identified information-processing problems as an important treatment target.[14] This approach may be equally relevant for violent adults. It assumes that violent offenders have problems with social-cognitive skills such as problem solving, hostility toward others and self-regulation, and that these deficits lead to violence in conflict situations.

This model focuses on the fact that these offenders tend to have "self-schemas" about aggression because of their violent histories. These schemas evolve over time and are affected by arousal, problem-solving deficits, beliefs about violent behaviour and impulsivity.

As such, treatment must target the factors that affect the offender's hostile schema, such as aggressive beliefs and attitudes.

This approach has produced promising results in the treatment of violent juveniles.[15] For adult offenders, an alternative treatment approach of this type should emphasize that:

- hostile schemas contribute to violent behaviour by distorting offender goals and expectancies in

conflict situations; violent offenders lack problem-solving skills;

- schemas are affected by aggressive beliefs that elicit and sustain violence; and
- impulsivity and arousal further contribute to violence, although this varies by offender.

Discussion

What does all this mean to the development and delivery of programming for violent offenders? There seem to be two possible treatment approaches, both of which have yielded optimistic preliminary results (although the samples used were small and sometimes included individuals who were not incarcerated).

The Anger and Emotions Management Program, a component of Correctional Service of Canada cognitive skills training, typifies the anger control approach (see Figure 1). The Service has also developed a Cognitive Mediation Program that incorporates the information-processing/problem-solving approach (see Figure 2).

An initiative is currently under way to address the methodological shortcomings of the earlier research and to evaluate the relative effectiveness of these approaches with persistently violent offenders. Offenders will be randomly assigned to one of the treatment approaches and multi-method assessment will be used to assess any treatment gains.[16] ■

Figure 1

Anger Management Approach to Treating Violent Offenders

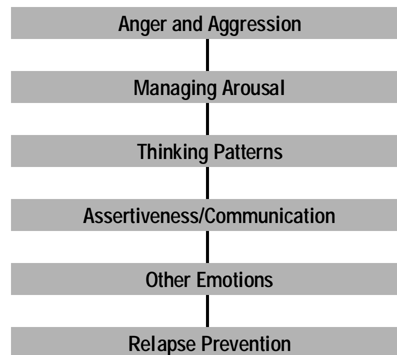
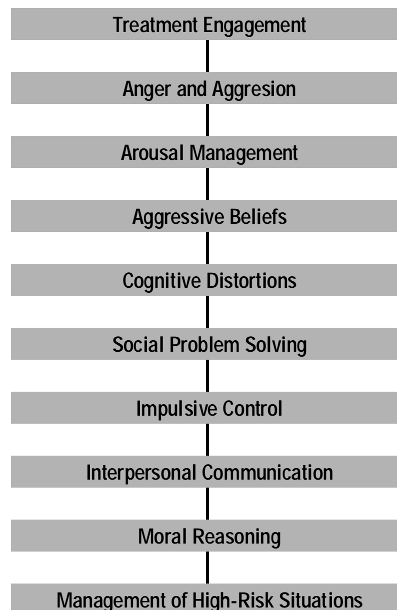


Figure 2

Information-Processing Approach to Treating Violent Offenders



[1] National Headquarters c/o Joyceville Institution, P. O. Box 880, Kingston, Ontario K7L 4X9.

[2] S. Hodgins, ***Mental Disorder and Crime*** (Newbury Park: Sage Publications, 1993). See also J. Monahan and H. J. Steadman, ***Violence and Mental Disorder: Developments in Risk Assessment*** (Chicago: University of Chicago Press, 1994).

[3] D. G. Dutton, ***The Batterer: A Psychological Profile*** (New York: Basic Books, 1995). See also ***Forum on Corrections Research***, 7, 2 (1995). This paper will, therefore, limit itself to the treatment of persistent, non-sexually violent offenders whose violence is not restricted to partners or family members.

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[5] P. Gendreau, "The principles of effective intervention with offenders," ***Choosing Correctional Options that Work: Defining the Demand and Evaluating the Supply***, A. T. Harland, Ed. (Thousand Oaks: Sage Publications, 1996): 117-130.

[6] Rice and Harris, ***Treatment for Prisoners with Mental Disorder***.

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[8] W. R. Miller and S. Rollnick, ***Motivational Interviewing: Preparing People to Change Addictive Behaviour*** (New York: Guilford Press, 1991).

[9] Harris and Rice, "Mentally disordered offenders: What research says about effective service." See also R. C. Serin, "Treatment responsivity in criminal psychopaths," ***Forum on Corrections Research***, 7, 3 (1995): 23-26.

[10] P. Prisgrove, "A relapse prevention approach to reducing aggressive behavior," ***Serious Violent Offenders: Sentencing, Psychiatry and Law Reform***, S. A. Gerrull and W. Lucas, Eds. (Canberra: Australian Institute of Criminology, 1993).

[11] ***Forum on Corrections Research***, 8, 2 (1996).

[12] M. Henderson and C. R. Hollin, "Social skills training and delinquency," ***Handbook of Social Skills Training (Vol. 1): Applications Across the Life Span***, C. R. Hollin and P. Trower, Eds. (Oxford: Pergamon, 1986).

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[14] R. G. Slaby and N. G. Guerra, "Cognitive mediators of aggression in adolescent offenders: Assessment," ***Developmental Psychology***, 24 (1988): 580-588.

[15] N. G. Guerra and R. G. Slaby, "Cognitive mediators of aggression in adolescent offenders: Intervention," ***Developmental Psychology***, 26 (1990): 269-277.

[16] For more detailed information, see ***Persistently Violent (Non-sexual) Offenders: A Program Proposal*** (Ottawa: Correctional Service of Canada, 1995).