Evaluating current treatment delivery for addressing Violent Crime: An examination of common associated factors and Treatment Implementation Challenges

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The purpose of this paper is to analyze common associations with violent crime and discuss how current treatment deliveries can be modified. This will increase effectiveness and comfort for patients with a history of violent crime. Data and research from this paper was gained through literary analysis. The structure of this paper was an analysis of the significant factors associated with violent crime and current treatments target these factors, and a review of how the delivery and setting of these current treatments can be modified to better meet the needs of this population. My current takeaways from doing this research are that rehabilitation centers should be more considerate of different situations of the patients' relationships, and certain strategies may trigger vulnerable areas in a patient's mind. If there was less of a focus on a specific individual, the type of treatment suggested might not be the most effective possibility for them.

Introduction

In 2017, a violent crime was committed every 24.6 seconds, a murder every 30.5 minutes, a rape every 3.9 minutes, a robbery every 1.7 minutes, and a violent assault every 39.0 seconds[1]. Violent crime is on the rise and is a major public health and safety concern[1]. For this reason, it is essential that the public be informed on significant factors of violent crime and ways in which it can be treated. However, within the field of psychology, there are substantial gaps in knowledge about what may predate or predict later crime, and current efforts to rehabilitate or treat individuals who have committed violent crimes appear in need of improvement.

One way in which the field has studied violent crime is by identifying significant factors that are common across individuals who have committed violent crimes. Researchers in this field have engaged in such efforts in hopes of clarifying what may "predict" violent crime by elucidating mechanisms that may confer greater risk for committing later crimes, such as certain life experiences or adversities. As such, this research paper will aim to present a thorough review of the current research on significant factors that are correlated with or predictive of committing violent crimes. Additionally, this paper will review events and hardships that occur in the lives of violent criminals.

Another consideration for this field is examining the quality and sufficiency of the current existing interventions for individuals who commit violent crimes in successfully rehabilitating and treating this population. Thus, a critical review of whether existing treatments (1) accurately target key significant factors identified in the field and (2) are feasible in regard to special considerations for this population (e.g., delivery in incarcerated settings) is necessary. For this reason, this paper will evaluate how communities can build or modify treatment programs to target these factors. Improving treatment so that former criminals can have a better chance at recovery and an overall positive experience in the programs that they participate in is essential. Additionally, this paper will review events and hardships that occur in the lives of violent criminals.

To bridge these various gaps in knowledge, this paper will (1) identify the significant factors associated with violent crime, (2) evaluate how well current treatments target these factors, and (3) review how current treatments can be modified to better meet the needs of this population.

Significant Associated and Predictive Factors

Introduction and Overview of the Predictors

Extensive review of the current literature on violent crime resulted in a preliminary list of seven significant factors shown to be correlated with or predictive of later violent crime. The existing evidence on these seven factors was evaluated for quality and relevance as potential treatment targets when considering this population.

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MacDonald Triad

The MacDonald Triad was first proposed by psychiatrist J.M. MacDonald in 1963 and consists of a set of three primary factors posited to be precursors to later antisocial behaviors, which included serial and sexual murder[2]. The MacDonald Triad was developed by an evaluation of the three most common characteristics serial killers had after they were imprisoned: (1) bed-wetting past the age of five, (2) cruelty to animals, and (3) fire setting[2]. Years ago this was considered one of the most valuable discoveries in forensic psychology as little was known about possible similarities and predictors of violent criminals in the field at the time. However, evidence today shows that any one of the triad behaviors could be associated with future aggression and serial offenses, but they are not definitively accurate, as not every individual with the predictors became a violent criminal, and not every offender had these behaviors[3]. In addition, the MacDonald Triad traits were found to be predictors for home environments and child abuse and neglect, rather than an accurate predictor of later antisocial behaviors[4]. In conclusion, the traits listed in the MacDonald Triad can be related to personality disorders and psychopathy, which are often present in violent offenders, but were themselves not accurate predictors of later violent crime.

Child Abuse

Many studies have examined whether a history of child abuse may be significantly correlated with later violent crime. The five different types of abuse that have been linked to later violent crime, particularly in individuals who commit serial murders, are physical, sexual, emotional, psychological, and verbal[5]. Evidence suggests that experiencing abuse can have the most detrimental and long-term effect on an individual's functioning and development when it occurs during childhood (i.e., before the age of eighteen)[6]. Unfortunately, victims will oftentimes be vulnerable to revictimization in their future[7]. These can include experiencing assault, abuse, kidnapping, stalking, and having a family friend murdered or commit suicide. In addition, child abuse can negatively affect functioning and can increase the risk for mental health issues, such as anxiety and depression[7]. While studies have utilized cross-sectional designs, some follow-up studies exist. For example, a follow-up study conducted on girls and boys who were sexually abused between ages two and sixteen years old found that 22% of these individuals were re-referred three years after the initial contact[8]. Another study that tracked college-aged women who experienced child abuse (the type was not specified) (i.e., eighteen to twenty-one years old) reasoned that anxiety and depression were at an alarming rate[9].

Personality Traits and Disorders

Personality disorders are frequently correlated with instances of violent crime[10]. Personality disorders that are associated with serial killers and violent crime are paranoid, schizoid, antisocial, borderline, narcissistic, avoidant, dependent, and obsessive-compulsive personality disorders (Mayo Clinic). Furthermore, personality traits are often linked with personality disorders because they can both be found in violent criminals[11]. Humans have all different traits, however, narcissism and callousness are the ones that are alarming and associated with criminal behavior[11]. These personality traits can be indicators that they might go against the rules or lie, which is common in those who commit violent acts[11]. Personality traits and disorders connect because violent offenders tend to have higher levels of callousness, antisocial personality disorder, trait narcissism, and narcissistic personality disorder[11].

Antisocial Personality Disorder

Personality disorders can range from mild to severe, and impaired personality functioning and pathological personality traits are the main criteria for identifying the presence of antisocial personality disorder (American Psychological Association). A well-known personality disorder is antisocial personality disorder, which is characterized by the inability to agree with people and conscientiousness[11]. Symptoms can also include and violate the rights of others (i.e., in terms of sexual abuse and stalking), repeated violations of the law, exploitation of others, dishonesty, thoughtlessness (i.e., in terms of people or certain tasks), aggressiveness, a disregard for the safety of self and others, and irresponsibility (American Psychological Association). In an individual with antisocial personality disorder, all of these symptoms come with a lack of remorse or empathy (American Psychological Association). Other names for the disorder include dyssocial personality, psychopathic personality, and sociopathic personality disorder (American Psychological Association). Antisocial personality disorder is one of the most heavily researched personality disorders (American Psychological Association).

Trait Narcissism and Narcissistic Personality Disorder

In addition to antisocial personality disorder, narcissistic personality disorder is often used to characterize violent offenders[11]. The two different types of narcissism that are used to distinguish against people based on which traits they exhibit are 'trait narcissism,' or 'sub-clinical narcissism' and 'clinical narcissism'[11]. Those with 'trait narcissism' are more common in young male offenders than non-offenders on five of the seven different sub scales. However, they are not related to 'clinical narcissism.' Additionally, they tend to have extremely high opinions of themselves, a desire for power, and a

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lack of acknowledgment for others[11]. Individuals high in narcissism often depend on other people's compliments to feed their ego, have a disliking for community-based activities, and fail to recognize the effect they have on others[11].

Callousness

Callousness is defined as simply a concern with oneself and is often associated with an exaggerated sense of one's abilities and worth (American Psychological Association). This includes a tendency to be self-centered, a limited concern for the needs of others, and an interest only in one's well-being (American Psychological Association). It has been hypothesized that callousness relates to engagement in crimes, specifically involving manipulation[12]. Callousness is often studied along with unemotional traits found in adults with antisocial personality disorder[12]. Callousness and unemotional traits in juveniles have been associated with severe violence and an increased risk for repeated violent acts[13–16].

Neglect

Neglect is classified as a failure to provide for the basic needs of a person in terms of one's emotional, financial, educational, or medical life (American Psychological Association), and occurs globally[17]. Neglect may also include the inability to live a comfortable life, for instance, if one were to be experiencing homelessness. At least one in seven children in the United States experienced child abuse or neglect in 2021, with many left unreported[18]. A 2017 cohort-designed study matched a large group of children with documented cases of physical and sexual abuse and neglect (n = 908) with children without maltreatment histories (n = 667) and found that a history of childhood abuse and neglect increased the likelihood of arrest as a juvenile by 53%, as an adult by 38%, and for a violent crime by 38%[19]. Individuals ages eighteen to twenty-six who had a history of maltreatment during ages seven through eleven were found to be more at risk for a young adult arrest, and children who were maltreated were 3.5 times more likely to be arrested than those who were not maltreated, and maltreatment was a stronger predictor than conduct disorder of adult arrest[20]. In summary, childhood neglect is highly correlated with later crime and thus should be a key factor to consider when considering how prevention programs can be modified.

Substance Use and Addiction

Substance use has "long been associated with violent behavior, particularly the use of alcohol and stimulants[21]." In a study utilizing amphetamine users, 47% of the sample reported previous acts of violent crime, and half noted that it was related to their use of this substance[21]. 62% of the amphetamine users revealed their present and repeating acts of violence[21]. In a community sample, it was discovered that substance abuse was the most prevalent diagnosis among those who were violent[22]. The same study found that the prevalence of violence among persons who meet the criteria for a diagnosis of alcoholism was twelve times that of persons who did not have a diagnosis, and the prevalence of violence among persons who meet the criteria for being diagnosed as abusing drugs was sixteen times that of persons who receive no diagnosis[22]. Severe intoxication, especially with alcohol, causes self-conscious thoughts and leads to aggression in people that are susceptible to violence[23]. Influences on the individual's behavior patterns, specifically in regards to substance abuse, begin in early childhood (i.e., under age eighteen), and continue to evolve through adulthood[24]. In a jail setting, the majority (73% in state prison, and 65% in both federal prison and in jail) have regularly used drugs or have a history of substance abuse[23]. This is specifically referring to those who have grown up in a community or household where they were not told that violence is unacceptable[23]. In conclusion, substance use and addiction are oftentimes associated with violent behavior, and can start in childhood and when there are social influences.

Traumatic Brain Injuries (TBIs)

Traumatic brain injuries (TBIs) are serious injuries that can be followed by bruising, torn tissue, and bleeding, leading to long-term complications[25]. TBIs can result from a violent blow or jolt to the head or body[25]. Mild TBIs have been shown to have a temporary effect on individuals' brain cells and structures, but more serious injuries have been shown to lead to more extensive and long-term complications, such as bruising, torn tissues, bleeding, and death[25]. Past scientists have observed instances of school violence in participants with a mild TBI and discovered that experiencing a mild TBI between birth and age sixteen was associated with a higher likelihood of committing a criminal offense at seventeen years old[26]. Participants who suffered from a mild TBI between ages twelve and sixteen years had a higher chance of substantial substance use and criminal behaviors at age seventeen[26]. These findings suggest that it is crucial to address the potential short-term and long-term impacts of TBIs.

Explanation and Evaluation of Treatment Programs for Violent Criminals

Introduction and Overview of the Treatment Programs

Various associations between the aforementioned factors and later violent crime have been established in the current field of research. In reviewing the current therapies and treatments for individuals who have committed violent crimes, it was

made evident that significant gaps exist and many improvements could be made. It is crucial to ensure that these programs become the best they can be for this population so that the field can best provide support, treatment, and rehabilitation for this population. Not only should these treatment centers be improved for the criminals, but they can be enhanced for the families and communities of the clients as well. In the next few paragraphs, readers can expect an (1) overview of the most common treatment options for violent criminals, (2) issues in these programs, and (3) ways that they can be changed to improve the current treatments for this population.

Cognitive Behavioral Therapy (CBT)

Treatment Overview

Cognitive behavioral therapy (CBT) helps clients identify and modify their maladaptive thinking patterns[27]. CBT is an umbrella term for therapies with social learning theory, cognitive therapy, and behavioral therapy[9]. The patient's personality is formed by central values that have developed early in life as a result of factors in the individual's environment, which serve as the basis for the way the individual codes, categorizes, and evaluates their experiences and the circumstances they face[28]. CBT programs for violent criminals focus on accountability, the thoughts and choices that led to their crimes, and ways in which they can behave and think differently[27].

Treatment Modality and Delivery Limitations

Cognitive behavioral therapy (CBT), for individuals who have committed violent crimes, is most often delivered in juvenile detention centers and other incarcerated settings, as well as community mental health centers for probationers under supervision, individually or in a group[27]. One limitation of delivering CBT for this population, however, is the effectiveness of treatment with criminals charged with a sexual offense[29]. When taken into consideration, none of these programs were considered "effective"[29]. CBT had "no effects" of preventing repeated domestic violence[29]. For instance, CBT is lacking in ways to effectively engage participants in each session[30]. As a result, there is an 8 to 11% chance for general re-offending measures and 7 to 8% for violent reoffending measures[30]. To solve this problem, therapists should take into the content, delivery, and methodology of the study[30]. These factors should be personalized to fit a patient's needs by (1) increasing funding to build private areas for each patient for more privacy, focus, and engagement in sessions, and (2) paying more attention to the specific crimes committed by each individual to prevent a repeated offense.

Another barrier of CBT is the possibility of there being no positive outcome or the client not taking the therapy seriously[1]. If there are not enough sessions proportional to the patient's needs, then there will not be a substantial amount of change in behavior[1]. For instance, in a 2018 study, those who received CBT three times a week at the end of their sessions reported half the amount of crimes in comparison to those who participated in CBT once a week[1]. One factor that may prevent an increase in the amount of sessions is affordability[1]. For this reason, therapists must take advantage of the minimal amount of time by making their meetings more engaging.

In order to produce a more effective CBT program, therapists should use role play, rewards and punishments, graduated rehearsal and practice, and appropriate modeling. Homework is another effective strategy because most face-to-face contact in CBT programs is relatively short (one to two hours each session). Homework can also motivate the patient to change their behavior because they are willing to work outside of the CBT session[31]. By continuing to work on the exercises taught in the classroom and attempting new behaviors, the patient can make real what has been learned[31].

Trauma-Focused Cognitive-Behavior Therapy (TF-CBT)

Treatment Overview

Trauma-Focused Cognitive-Behavior Therapy (TF-CBT) is centered around children who are subject to or have experienced child abuse[32]. Evidence has shown that experiencing child abuse has long been associated with violent behavior[32]. For this reason, those who struggle with these disorders can seek help by going to TF-CBT. This frequently involves non-offending parents or guardians in treatment in the form of family therapy[33]. TF-CBT generally lasts from eight to twenty-five sessions and can take place in a mental health clinic, group home, community center, hospital, school, or client's home[33]. Some topics covered in the sessions are acceptable reactions to traumatic experiences, coping skills, relaxation exercises, gradual exposure to traumatic memories, cognitive processing, and building a healthy relationship with the parent or guardian and the child[33].

Treatment Modality and Delivery Limitations

In a review, TF-CBT clients with cognitive, behavioral, or cognitive-behavioral problems were analyzed, specifically in terms of the treatment(s) they were receiving for other mental health problems that did not result from trauma[32]. One common trend found in this treatment was that parents or guardians were present in the sessions[32]. Through studies and evaluations, it has been determined that it can be further beneficial to treat those who have experienced child abuse individually, rather than also involving their parent or guardian[32]. This would help maintain privacy and allow the healing process to be slower and more effective[32]. Finally, using TF-CBT would be helpful for rehabilitating juvenile offenders to

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determine how effective it is for people who have committed violent crimes, not just for anybody who has experienced trauma[32]. Violent criminals have had a variety of experiences, and not all of them have solely experienced past abuse[32].

Substance Abuse: Substance Abuse Domestic Violence Therapy (SADV) and Twelve-Step Facilitation (TSF)

Treatment Overview

Substance Abuse Domestic Violence Therapy (SADV) is a manualized cognitive-behavioral therapy approach that centers around the relationship between substance use and interpersonal violence (IPV)[34]. The main points of interest are understanding patterns of substance use and aggression, identifying high-risk situations for substance use and aggression, coping with craving for alcohol use and urges to lose control, problem-solving skills related to substance use and conflicts with significant others, managing negative mood states, awareness of anger, management of anger related to significant others, communication skills training I (nonverbal skills training with significant others), communication skills training II (verbal skills training with significant others), problem-solving skills (i.e., problems related to substance use and IPV), coping with criticisms, and emergency planning (triggers for substance use and/or aggression)[34]. Twelve-Step Facilitation (TSF) closely represents standard involvements in community clinics that solely target substance use[35]. TSF focuses on comprehending alcoholism/why to participate in TSF, the steps towards recovery, people, places, and things, relationships in recovery (faculty, others who are seeking help, or loved ones), self-help groups, and potential areas for support, managing and accepting shame and guilt, controlling feelings and dangerous situations, red flags that may point to relapse, and preserving recovery/staying sober[34]. TSF can be distinguished from SADV therapy, as it gives a comparison to an initial evaluation done through SADV therapy[34]. SADV is now considered a "state-of-the-art" rehabilitation for violent criminals[36].

Treatment Modality and Delivery Limitations

Improvements to TSF and SADV can be made regarding their safety-critical domains because there are no formal guarantees that treatment locations have a strong network[36]. To enhance privacy and confidentiality for patients, clients should be granted privacy in terms of conversations. Staff can also enter activities to ensure secure and safe environments.

In addition, some studies have shown that the results are not as effective as patients might hope. For instance, in a study analyzing these treatments, there was no significant distinction between levels of refraining from alcohol use and levels of physical violence for patients six months after treatment[34]. Men in SADV coincidentally had a 42% increase in acts of physical violence one month prior to the experiment[34]. The amount of violence increased 22% for patients in TSF[34].

Multisystemic Therapy (MST)

Treatment Overview

MST takes place in the home, treats antisocial children and teenagers, and includes the patient's family and community[16]. MST is guided by nine principles: linking the identified problems to the child's actions, a focus on strengths to promote change, interventions designed to increase responsible behavior, interventions that help determine well-defined problems, interventions to modify behavior, interventions surrounding lifecycle stages, interventions requiring continual effort, overcoming obstacles, and long-term therapeutic change by speaking to their parents, school, and community[37,38]. MST lasts about four months, and there can be up to fifteen contact hours per week[16]. This means that therapists are available twenty-four hours a day and can serve four to six families[16].

Treatment Modality and Delivery Limitations

MST was designed specifically for adolescent externalizing behaviors, specifically risk factors at the individual, family, school, and community levels[39]. However, studies have shown that MST tends to increase the risk for out-of-home placement, including juvenile offending, serious externalizing behaviors, substance abuse, and parental physical abuse and neglect[39]. To eliminate this issue, staff should pay more attention to where the patients are and the state of their quality of life.

Further, MST researchers have noticed that most of the treatments are not helping patients with their specific needs[39]. For instance, in 2015, only 5% of serious juvenile offenders received evidence-based treatment in America[39]. Forty-six participants noted that a major struggle with MST is developing strategies for more access to effective treatments for violent criminals[39]. More time should be put into making the therapy agenda for each patient specific to their needs. This should be done using the nine MST principles listed above. For instance, if someone struggles with violent outbursts and has experienced neglect, they should focus on strengths to promote change, and participate in interventions designed to increase responsible behavior, modify behavior, and reflect on lifecycle stages.

Discussion

Individuals who may have experienced the aforementioned factors associated with violent crime can be treated in a rehabilitation center or program. However, some modifications

should be made to increase the comfort and equality of patients and the efficiency of these programs. The most common improvements that need to be made for these treatment centers are that they need to be more considerate of different situations of the patients' relationships. For instance, oftentimes after becoming violent, a patient can lose their relationship with their significant other, and therefore couple-based therapies may not work. In addition, certain strategies may trigger vulnerable areas in a patient's mind. For example, talking about traumatic experiences may do more harm than good. A possible blindspot in decision-making would be that if there was less of a focus on a specific individual, the type of treatment suggested might not be the most effective possibility for them. Instead it might be what the general consensus of, say, a support group might need.

How incorporating the results from the above research helps improve the present health system because it helps provide guidance to rehabilitation centers on how they can help change violent criminals' behaviors for the better. This would result in a more rapid response. In addition, this would help society because it would make for a more safe environment with a decrease in criminal activity.

The amount of reduction that we can expect from implementing these methods alone is unclear. However, any amount of help would be beneficial for both civilians and patients because it would potentially decrease the amount of violent crime. Finally, in order to make the changes more effective, there needs to be more of a political presence in rehabilitation centers. Higher quality technology that could be used in therapy might not be affordable for some of these therapies. In addition, mental health checkups in schools would be great to make sure that future generations are not subjected to a life of violent crime.

Conclusion

Modifying treatment options for violent criminals is important because it can reduce crime rates and prepare for a higher caliber program. This can decrease the amount of time an individual must stay in a rehabilitation center. Additionally, increasing the effectiveness of treatment programs for violent criminals can reduce the amount of time a violent criminal needs to spend in said program. Consequently, the stigma against violent criminals will be demolished, as more effective treatments will have better outcomes for these criminals, and they will have a better chance at recovery. Oftentimes in research, marginalized groups, such as those who cannot afford effective treatment are not considered. The purpose of this paper is to speak to those individuals who may need guidance in which therapies feel most authentic to them. Crucial takeaways that the field can gain are that successful therapies for violent criminals involve personalized treatment that is specific to someone's needs and that therapists should be patient and well-trained for these programs. For instance, if a therapist sees that a patient needs to use role play, rewards and punishments, and homework, then those necessities will be delivered. This would be mutually beneficial, as there would be more of a focus on that specific person, resulting in a more effective outcome.

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