

Cognitive Behavior Therapy Reduces Crime and Violence Over 10 Years: Experimental Evidence

Based on BFI Working Paper 2022-63, “[Cognitive Behavior Therapy Reduces Crime and Violence Over 10 Years: Experimental Evidence](#),” by Christopher Blattman, Harris School of Public Policy at UChicago; Sebastian Chaskel, Instiglio; Julian C. Jamison, University of Exeter; and Margaret Sheridan, University of North Carolina

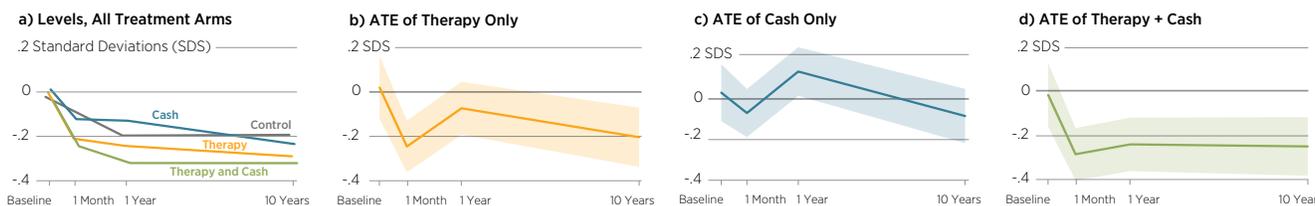
Cognitive behavior therapy alone, and therapy with economic assistance, produce dramatic reductions in antisocial behaviors, with greatest impacts among high-risk men; however, the effects of therapy alone are smaller and more fragile.

Discussions about how to best address the incidence of violent crime usually revolve around questions pertaining to policing (more cops, fewer cops, or different types of cops?) and incarceration (to what degree is prison effective, and for whom?). In recent years, though, cognitive behavioral therapy (CBT) programs have emerged as promising alternatives to policing and incarceration. However, one key question has persisted: How long do CBT benefits persist?

Before describing how this new research answers that question, a word about CBT and its use in crime prevention programs. CBT is a type

of psychotherapy in which negative patterns of thought about the self and the world are challenged to alter unwanted behavior patterns or to treat mood disorders. In the case of criminal justice settings, CBT can address many issues, including means-ends problem solving, critical and moral reasoning, cognitive style, self-control, impulse management, among others.¹ In terms of violent crime, and as described in this paper, people may react in haste, fail to consider the long run consequences of their actions, or overlook alternative solutions to their problems. They may also cling to exaggerated, negative beliefs about a rival. By making people conscious of these and

Figure 1 • Program Impacts on a Standardized Index of Antisocial Behaviors Over Time — Levels and Average Treatment Effects (ATEs)



Note: The estimates control for baseline covariates and randomization block fixed effects. The antisocial behaviors index is a composite of underlying survey variables, and here the index is standardized to have zero mean at baseline, and unit standard deviation across all survey rounds. Please see working paper for more details.

¹National Institute of Justice/US Dept. of Justice, “Preventing Future Crime with Cognitive Behavioral Therapy,” (nij.ojp.gov/topics/articles/preventing-future-crime-cognitive-behavioral-therapy#:~:text=One%20form%20of%20psychotherapy%20stands%20out%20in%20the%20criminal%20justice%20system.&text=Cognitive%20behavioral%20therapy%20reduces%20recidivism,make%20positive%20changes%20to%20them.)

other thoughts, and by offering methods to deal with them, CBT can affect behavior.

Until now, research on the efficacy of CBT has typically extended from several months to two years, with results suggesting that CBT effects may be short-lived. This new working paper offers an analysis based on 10 years by returning to a Liberian study initially conducted between 2009 and 2011. The men in the program were engaged in some form of crime or violence, ranging from street fighting to drug dealing, petty theft, and armed robbery. In addition to therapy, a quarter of the nearly 1,000 men received a \$200 cash grant.

After one year, the men who received therapy plus cash had reduced their crime and violence by about half, but did those effects hold over the longer term? To answer this question, the authors reviewed four arms, or men who were given particular treatment: Therapy Only, Cash Only, Therapy+Cash, and a Control Condition.

Ten years after the interventions, the authors found and resurveyed the original sample, reaching 833 of the original 999 men (103 had died in the intervening years), or 93% of the survivors, to find that ***behavior changes can last, especially when therapy is combined with even temporary economic assistance.*** For example, 10% of the

control group was engaged in drug selling, and that fell to about 5% in the Therapy+Cash group. Also, compared to the control group, the Therapy+Cash group committed about 34 fewer crimes per year on average over 10 years—again, about half the level of the control group.

Why does cash matter? Receiving cash was akin to an extension of therapy, in that it provided more time for the men to practice independently and to reinforce their changed skills, identity, and behaviors. After eight weeks of therapy the grant helped some men to avoid homelessness, to feed themselves, and to continue to dress decently. Thus, they had no immediate financial need to return to crime. The men could also do something consistent with their new identity and skills: execute plans for a business. This was a source of practice and reinforcement of their new skills and identity.

These are important results, and this approach holds promise beyond West Africa. Indeed, cities around the world have begun to mimic the Therapy+Economic Assistance approach. However, the authors note that more research is needed to better understand what can lead CBT-induced behavior change to endure.

READ THE WORKING PAPER

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