# SELF-DECEPTION IN COLOMBIAN PRISON POPULATIONS: RELATIONSHIPS WITH CRIME TYPE, DRUGS CONSUMPTION, SOCIAL SUPPORT AND HEALTH

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ies with non-randomized Colombian offenders were carried out with regards to self-deception and relationships with crime type, drug abuse, recidivism, social support and mental health indicators. Results: high levels of self-deception 1) were associated with thefts, illegal drugs trafficing and portrait gun relevels. Conclusions: Colombian offenders' institutional evaluation and intervention among Colombian offenders should include self deception as a main variable.

Abstract: Introduction: Self-deception is a relevant variable in people with drug abuse or dependence Introduction: Self-deception (SD) is an unconscious type of social desirability to avoid anxiety, guilt and shame problems, but there are not any studies about this topic in a Colombian population. Method: Three stud- that the individual feels when he/she often lies. SD's main function is to maintain a liar's positive self-concept (Sirvent, 2007). On the other hand, research in the criminology and criminal profiling psychology shows offenders often sustain cognitive distortions in order to justify their offenses. So, sex aggressors (Burn y Brown, 2007), drivlated offenses, 2) were founded in recidivist offenders in comparation with casual delinquents and non- ing offenders (Ruiz, Beltrán, Gómez y Lamus, 2013) or batterers (Leigh Paglione, s.f.) say often victims are the delinquents, and 3) were associated with both low social support levels and high health related problems ones truly responsible for their injuries and offenses. The concern of this paper, is wheter offenders' cognitive distortions and drug abusers' SD are similar. What SD level does offenders present? These questions result interesting because self-deception is a relevant variable on drug-abuse treatment, and it could be the same for offenders treatment.

### Study 1

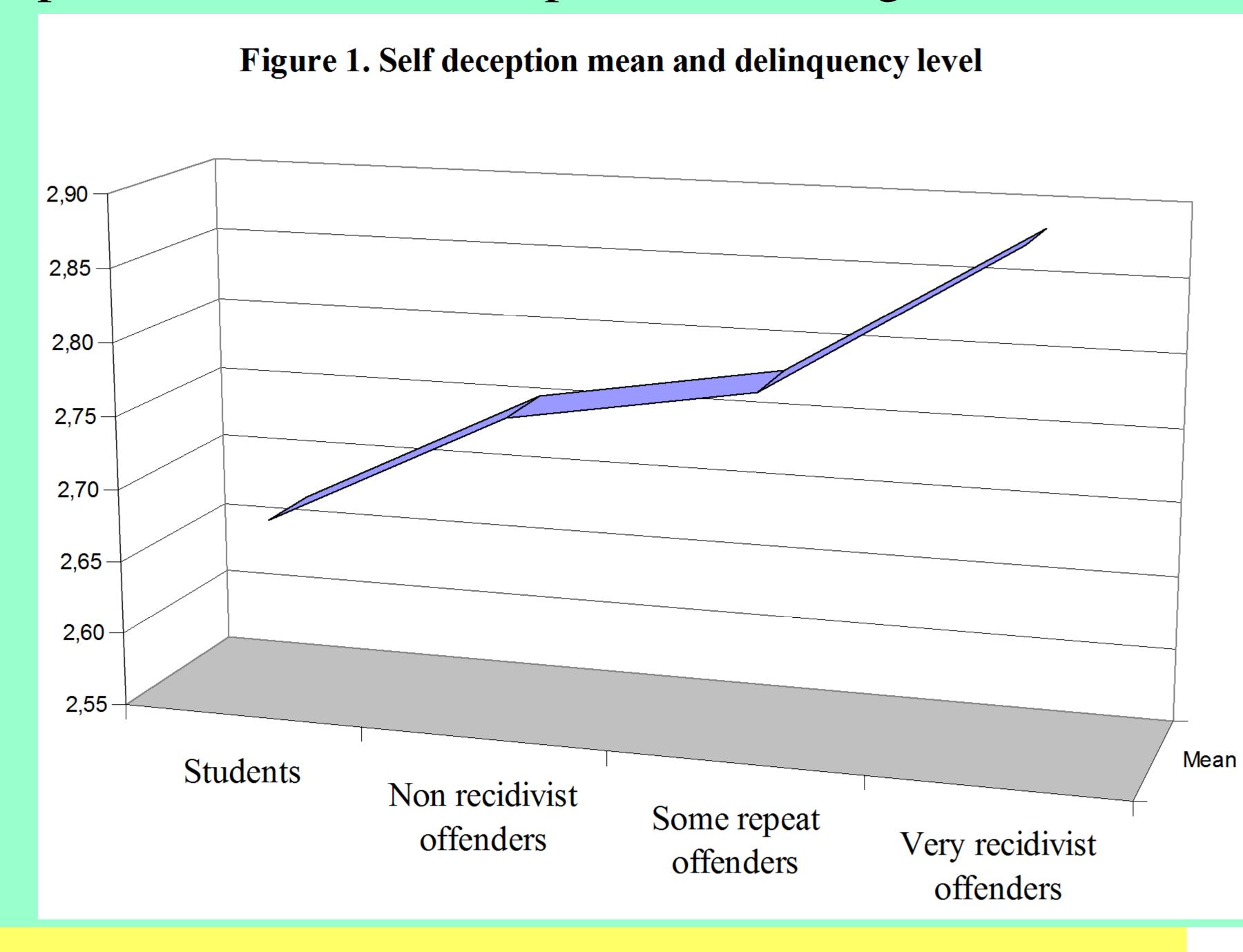
Key Words: self-deception, prisoners, crime, recidivism, family

possesion, theft and offenses group planning offenders showed deception -F(3,620)=5,66, p=.001-(See Figure 1). highest levels of self-deception. (table 1) No differences between men and women were found

men and women were round.							
Table 1. Self-deception differences between crime type							
groups							
Crime type	n	Mean	SD				
Offenses group planning	4	2,91	0,43				
White collar	3	2,49	0,33				
Homicide	34	2,67	0,52				
Theft	11	3,13	0,30				
Drugs traffic	29	2,76	0,52				
Illegal possesion of weapons	6	3,15	0,39				
Kidnapping	3	2,46	0,49				
Others offenses	16	2,54	0,42				
Kruskall-Wallis (7)=16,79*							

### Study 2

Method: n=190 Colombian prisoners; mean age: 34,07 (9,35); Method: n=710: 19,6% university students, 28,9% first time offen-63,8% men. Instrument was IAM-40 (Self deception and Mystifi-ders, 28,7% some repeat offenders and 22,8% very repeat offencation Inventory, Sirvent, 2007), 40 items with five response op-ders. Mean age: 34 (SD=9,33). 73,2% men. 45% of offenders offenders and 56,9% students). Instruments: IAM40, EuroQol and tions (total disagree to total agreement), and higher score show groups had a university negree. Instrument was IAM40, as study 1. high self-deception. Cronbach α was 0,88. Highest possible sco- Results: self deception level was compared between delinquency lere is 5. Results: groups of illegal drug trafficing and weapons vel and sex. Recidivist offenders showed highest levels of self-



## Study 3

versity students. Mean age:28,6 (SD=9,45). 32,1% women (7,6%) Social Support Scale (Ruiz & Rodriguez, 2011).

Results: Two new scores from EuroQol were obtained with principal component analysis: Global Dysfunction and Activitties-Self care (% total varianze: 50,4; eigenvalues 2,18 and 1,35): Spearman correlations were calculated between this factors, self deception and a total social support score (Table 2). Above the line scores are correlations from offenders, below the line are from students.

Table 2. Spearman correlations between self-deception, social support and Euro-Qol factors.

Variables	Self-deception	Social support	Global Dys- function	Activities and self-care
Self-deception	1000	-0,567**	-0,212	-0,023
Social Support Global dys-	-0,103	1000	-0,02	-0,267
function Activities and	0,371**	-0,475*	1000	-0,141
self-care	0,335*	-0,76	0,296*	1000

<sup>\*</sup> p <.05; \*\* p <.001; n 19 thru 65, according pair correlations

### **Conclusions:**

Results, show that self-deception is a relevant variable for several prisoners groups. Among Colombian prisoners' population, often thelft is the main offense of drug-abusers. SD can lead to acquired sociopathy (Sirvent, 2007). This construct and psychopaty have some commun characteristics –lies, manipulation, i.e.– So, SD level could be used like a recidivism predictor, like PCL scores. Also, according to study 3 results, SD scores can be indicators of health problems, (students) and the indirect correlation with social support shows the breaking impact of SD on relationships with relatives (offenders), spouse/wife and friends. So, SD should be measured in prison context in order to desing offenders treatments.

#### References

Burn, M. y Brown, S. (2006). A review of the cognitive in child sex offenders: An examination of the motivations and mechanisms that underlie the justification for abuse. Aggression and Violent Behavior. 11,225-236.

Leigh Paglione, N. (s/f). Self-deception, self-esteem, and narcissism in batterers: The relationship between selfperceptions and time in treatment. Dissertation. Recuperado de <a href="http://udini.proquest.com/view/self-deception-self-">http://udini.proquest.com/view/self-deception-self-</a> esteem-and-goid:762023106/, el 19 de diciembre del 2012.

Ruiz, J.I.; Beltran, T.; Gómez, A.; Lamus, A. (2013). Representaciones sociales de normas de conducción en conductores de Bogotá. Congreso Internacional de Seguridad Vial. Santander, 16-18 de may.

Sirvent, C. (2007): Autoengaño y adicción. Clínica y psicoterapia. Memorias III Simposio Nacional de Adicción en la Mujer. Madrid 25-26 enero, 2007. Madrid: Agencia Antidroga de la Comunidad de Madrid. 69-104.