THE CHALLENGES IN REDUCING CRIMINAL RECIDIVISM

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Annotation. Recidivism is a broad term that refers to relapse of criminal behaviour, which can include a range of outcomes, including re-arrest, reconviction, and reimprisonment. Prisoners represent a high-risk group compared to other offenders with huge associated costs and a large contribution to overall societal criminality and violence. A number of studies have tried to identify factors that influence repeat offending rates within and between countries but these studies are hampered by problems with sample selection, definitions of what constitutes recidivism, and the length of follow-up. Programmes and policies that emphasise rehabilitation and treatment are likely to be successful in reducing offender recidivism. Programmes based exclusively on coercion and punishments (without a treatment component) are unlikely to result in positive outcomes in terms of reduced offending. The social cohesion that is so vital to therapeutic programming is often undermined within a control-oriented prison model. Hence it is of utmost importance for prisoners to participate in and complete academic, substance abuse, and vocational programmes. More randomised trials are needed to evaluate the effectiveness of the programmes. Only evidence-based programmes should be implemented.

Keywords: rehabilitation programmes, incarceration, deterrence, evidence-based practice

INTRODUCION

The main aim of this article is to review knowledge about what works in preventing future offending by delinquents and offenders focusing on important recent, systematic reviews from 2005 onwards.
A number of studies have tried to identify factors that influence repeat offending rates within and between countries\(^1\) but these studies are hampered by problems with sample selection, definitions of what constitutes recidivism, and the length of follow-up.

Several differences in recording and reporting practices make it difficult to compare countries. First, definitions of outcomes vary from rearrest to reoffending to reimprisonment. Even within these definitions, countries differ in their inclusion of misdemeanours, fines, traffic offences and other crimes. Second, samples differ and can include offenders, prisoners and those from other open or closed institutions. Finally, no consistent follow-up times are used and these generally vary between 6 months and 5 years.

Recidivism rates may actually differ between countries and may be secondary to many factors. This should be the subject of investigation, particularly if more comparable recidivism data becomes available. Possible explanations include the level of post-release supervision, the threshold for incarceration, the range and quality of intra-prison programmes and investment into prison medical services, particularly those targeting drug and alcohol problems and other psychiatric disorders\(^2\).

In general criminal justice policy predominantly relies upon incapacitation, deterrence, and control, assisted by influenced programmes offered to delinquents and offenders. Funding agencies provided resources for the development and evaluation of programmes that were consistent with these philosophies. As a result, many evaluators studied the impact of these programmes because they were newly developed and funding for research was available. Although some researchers continued to study rehabilitation programmes, much of the research and evaluation focused on the deterrence, incapacitation, and control interventions that were popular at the time\(^3\).

**RATES OF INCARCERATION IN THE WORLD**

The United States has about 5% of the world’s population, yet it accounts for about 25% of the world’s prisoners. (see Table 1). Despite a steady decline in crime rate over the past two

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decades, the United States incarcerates more of its citizens than any other country—716 people per every 100,000, according to the International Centre for Prison Studies (ICPS). As a point of comparison, the next closely ranked English-speaking, industrialised country is the United Kingdom (England and Wales), at 102 in the ICPS ranking of 221 countries. As a proportion of the population, the United States has 15 times as many prisoners as Iceland, 14 times as many as Japan and 10 times as many as Norway.

Amongst other factors, harsher mandatory sentences, the decades-long war on drugs, high violent crime rates, a politicised criminal justice system and lack of a social safety net appear to be dominant concerns for the process of ‘prisonization’.

**Table 1:** Statistics Prison Population per 100,000 of national population

<table>
<thead>
<tr>
<th>Ranking</th>
<th>State</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>United States of America</td>
<td>716</td>
</tr>
<tr>
<td>10</td>
<td>Russian Federation</td>
<td>475</td>
</tr>
<tr>
<td>47</td>
<td>Brazil</td>
<td>274</td>
</tr>
<tr>
<td>67</td>
<td>Mexico</td>
<td>210</td>
</tr>
<tr>
<td>102</td>
<td>United Kingdom</td>
<td>148</td>
</tr>
<tr>
<td>103</td>
<td>Argentina</td>
<td>147</td>
</tr>
<tr>
<td>117</td>
<td>Australia</td>
<td>130</td>
</tr>
<tr>
<td>126</td>
<td>China</td>
<td>121</td>
</tr>
<tr>
<td>133</td>
<td>Canada</td>
<td>118</td>
</tr>
<tr>
<td>149</td>
<td>France</td>
<td>101</td>
</tr>
<tr>
<td>151</td>
<td>South Korea</td>
<td>99</td>
</tr>
<tr>
<td>161</td>
<td>Netherlands</td>
<td>82</td>
</tr>
<tr>
<td>167</td>
<td>Germany</td>
<td>79</td>
</tr>
<tr>
<td>172</td>
<td>Denmark</td>
<td>73</td>
</tr>
<tr>
<td>176</td>
<td>Norway</td>
<td>72</td>
</tr>
<tr>
<td>179</td>
<td>Sweden</td>
<td>67</td>
</tr>
<tr>
<td>189</td>
<td>Finland</td>
<td>58</td>
</tr>
<tr>
<td>198</td>
<td>Japan</td>
<td>51</td>
</tr>
<tr>
<td>201</td>
<td>Iceland</td>
<td>47</td>
</tr>
</tbody>
</table>

Source: International Center for Prison Studies, World Prison Brief, 2013

Data for some Western European countries indicate astonishing changes in prison population rates (see Figure 1). The Netherlands, with traditionally low levels in the 1980s, experienced a quadruplicating prison population by 2006, and then a decrease by 46% (from 128 to 69) in the following 10 years. Again, there are some ideas that might explain certain trends in the period described as the “end of tolerance”, in particular for persistent offenders,
resulting in an increase of both short-term and long-term sentences, and “non-native” offenders in prisons⁴, but these cannot account for the dramatic decrease in recent years⁵.

A 2006 reform law expanding the scope of suspended sentences is one possible, but certainly not the only explanation, as is the recent expansion of electronic monitoring (of what/whom?). The Netherlands (69 prisoners per 100,000 inhabitants) and Germany (76 prisoners per 100,000 inhabitants, down by 22% since 2003) now belong to the group of countries which are characterised as being “exceptionalist”. Both countries have also experienced a major drop in registered (violent) crimes and focus strongly on crime prevention programmes. While their impact on crime rates is to some extent evident, or atleast plausible, the impact on the size of the prison population remains unclear.

**Figure 1.** Prison Population Rates in Western Europe 1984-2016

![Figure 1. Prison population rates in Western Europe 1984-2015/16](source: Dunkel (2016). The Rise and the Fall of Prison Population Rates in Europe. Newsletter of the European Society of Criminology, 1(15))

Russia shows an almost 40% reduction of its prison population, from 730 per 100,000 in 1999 to 445 in 2016, Ukraine has a similar development (from 412 to 173 in 2016). The same trend can be observed in the Baltic states which tried to reduce their traditionally high prison

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population of up to 400 prisoners per 100,000 down to 268 (Lithuania), 239 (Latvia) and 215 (Estonia)\(^6\) (Dunkel, 2016).

**Figure 2:** Prison Population Rates in Eastern Europe 1990-2016

Source: Dunkel (2016). The Rise and the Fall of Prison Population Rates in Europe Newsletter of the European Society of Criminology, 1 (15)

**DEFINING RECIDIVISM**

Recidivism is a broad term that refers to relapse of criminal behaviour, which can include a range of outcomes, including re-arrest, reconviction, and reimprisonment. Prisoners represent a high-risk group compared to other offenders\(^7\) with huge associated costs and a large contribution to overall societal criminality and violence. A number of studies have tried to identify factors that influence repeat offending rates within and between countries\(^8\) but these studies are hampered by problems with sample selection, definitions of what constitutes recidivism, and the length of follow-up.

Recidivism measures can provide policy makers with information regarding relative threat to public safety posed by various types of offenders, and the effectiveness of public safety

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initiatives in (1) deterring crime and (2) rehabilitating or incapacitating offenders. Recidivism measures are used by numerous public safety agencies to measure performance and inform policy decisions and practices on issues such as pretrial detention, prisoner classification and programming, and offender supervision in the community. Recidivism is typically measured by criminal acts that resulted in rearrest, reconviction, and/or the reincarceration of the offender over a specified period of time. Provided multiple measures of recidivism allow users to select the performance measure best suited to their outcome of interest. Rearrest classifies a person as a recidivist if they have been arrested for a new crime after being released into the community directly on probation or after serving a term of imprisonment. Rearrest also includes arrests for alleged violations of supervised release, probation, or state parole. Reconviction classifies a person as a recidivist if an arrest resulted in a subsequent court conviction. Violations and revocations of supervision are not included in reconvictions since no formal prosecution occurred. Reincarceration classifies a person as a recidivist if a conviction or revocation resulted in a prison or jail sentence as punishment.

Recidivism in Europe, in particular in the Scandinavian countries, reveals in comparison that recidivism does not have a significant impact on their prison population rates. Unfortunately, this does not hold true for the United States, most likely because Americans are imprisoned for crimes that may not lead to prison sentences in other countries such as passing bad checks, minor drug offenses and other non-violent crimes. Also, prisoners in the United States are often incarcerated for a lot longer than in other countries. With an emphasis on punishment rather than rehabilitation, U.S. prisoners are often released with no better skills to cope in society and are offered little support after their release, increasing the chances of reoffending.

Recidivism rates may actually differ between countries and may be secondary to many factors. This should be the subject of investigation, particularly if more comparable recidivism data becomes available. Possible explanations include the level of post-release supervision, the threshold for incarceration, the range and quality of intra-prison programmes, and investment into prison medical services, particularly those targeting drug and alcohol problems and other psychiatric disorders.\(^9\)

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RECIDIVISM RATES

The highest recidivism rates in the US are generally found among offenders with longer sentences. (see Figure 3). Those with sentences from 60 months to fewer than 120 months had the highest rate (55.5%), followed closely by those with 24 to fewer than 60 months (54.0%), and 120 months or more (51.8%)\(^{10}\). The correlation between sentence type and length and recidivism is not, of course, entirely a coincidence. The guidelines are intended, in part, to incapacitate offenders whose criminal records indicate a greater risk of future criminality.

There have been different approaches to sentencing and incarceration used in Germany and the Netherlands\(^{11}\). In these countries the emphasis is on rehabilitation and resocialisation rather than just punishment. Incarceration is used less frequently and for shorter periods of time. Sanctions such as fines, probation and community-service are used as alternatives to incarceration when possible, particularly for non-violent crimes. The conditions and practices in the correctional facilities are meant to resemble life in the community. The end goal of incarceration for ex-prisoners is to be better citizens upon release, thereby increasing public safety.

Scandinavian countries are often considered models of successful incarceration practices, particularly Norway which, at 20%, has one of the lowest recidivism rates in the world. Here, too, the focus is far more on rehabilitation and less on punishment. The thinking is that justice for society is best served by releasing prisoners who are less likely to reoffend. The Norwegian penal philosophy is that traditional, repressive prisons do not work, and that treating prisoners humanely improves their chances of reintegrating in society\(^{12}\). This is achieved by a “guiding principle of normality,” meaning that with the exception of freedom of movement, prisoners retain all other rights and life in the prison should resemble life on the outside to the greatest extent possible\(^{13}\). The government guarantees it will do everything possible to ensure that

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released prisoners have housing, employment, education, as well as health care and addiction treatment, if needed.

**Figure 3:** Rate of recidivism across the world

![Graph showing recidivism rates across the world]


Provocatively, data suggests that countries in which wealth is more evenly distributed also have lower rates of incarceration and recidivism. Sweden, Denmark, Norway, and Finland are among the ten countries with the smallest gap between the rich and the poor. In these countries, citizens pay higher taxes and receive more social services. John Pratt, a professor of criminology and expert on Scandinavian prisons, believes that strong welfare systems reduce poverty and inequality-key drivers of criminality\(^\text{14}\).

The behaviour of re-offenders can often be linked to substance abuse, mental illness, lack of job skills, learning disabilities and lack of education. Prison sentences for less serious crimes often result in shorter sentences. Thus, even if prisons offer treatment and support for offenders while in detention, less time in prison can limit access to these services. In order to stop the cycle of recidivism what is crucial is reintegration programmes which offer treatment and support to these prisoners after their release.

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Financial costs, as well as the personal, emotional and societal costs, associated with incarceration are far too high.

REHABILITATION PROGRAMMES AND RELATED IMPACT ON RECIDIVISTS

An emerging body of research on what works provides the impetus needed for a change in correctional philosophy. Programmes and policies that emphasise rehabilitation and treatment are likely to be successful in reducing offender recidivism\textsuperscript{15}. Equally important is to know what is likely to be ineffective in reducing recidivism. Programmes that rely almost exclusively on coercion and punishment (without a treatment component) are unlikely to result in positive outcomes in terms of reduced offending (Finckenauer & Gavin, 1999; Petersilia, 1999).

More important is the contribution of research indicating the specific components of programmes that are effective in reducing recidivism. Several scholars have repeatedly emphasised that there is no magic bullet in corrections, and that what is delivered to whom in what fashion is the important distinction between successful and unsuccessful programmes\textsuperscript{16}.


Andrews and colleagues\textsuperscript{17} observed that appropriate service is comprised of three principles. First, successful programmes match the level of service intensity to the level of offender risk—with higher risk offenders receiving more rigorous and frequent attention. Second, successful programmes target what is known to influence crime (e.g. antisocial attitudes) while avoiding variables unrelated to criminal behavior (e.g. self-esteem). Finally, successful programmes deliver services in a manner that is consistent with the learning styles of offenders and typically involve behavioral and social learning principles. Programmes that adhere to these principles of effective intervention have been found to be successful in reducing recidivism\textsuperscript{18}.

It is of utmost importance for prisoners to participate in and complete programmes - academic, substance abuse and vocational. The central problem is that treatment and rehabilitation are seemingly incompatible with a larger philosophy of punishment through incapacitation\textsuperscript{19}. The social cohesion that is so vital to therapeutic programming is often undermined within a control-oriented prison model\textsuperscript{20}. What is therefore needed is a total shift in how we go about corrections. Cullen\textsuperscript{21} (see also Matthews, 1990) argued for the need to reaffirm rehabilitation as the guiding correctional paradigm, and that through various forms of social support the handling of offenders can be approached in a more humane manner. Failure to do so would likely lead to the demise of innovative policies, and would instead lead to an extension of the coercion and control that dominates the current system (Cullen et al., 1996; Levrant, Cullen, Fulton, & Wozniak, 1999).

Compared to the general population, prisoners are 2 to 4 times more likely to have psychotic and major depressive disorders\textsuperscript{22}. James and Glaze\textsuperscript{23} also indicated that mentally ill offenders—who were more likely to be female, White, and young—revealed having higher

rates of institutional misconduct, homelessness, substance abuse, and prior physical and/or sexual abuse. In addition to demonstrating that individuals with major mental disorders have an elevated risk for violence, especially if they misuse substances\textsuperscript{24}, existing research has shown that mental illness is associated with higher recidivism rates for offenders released from prison. In their study of California prisoners, Messina, Burdon, Hagopian, and Prendergast\textsuperscript{25} found that offenders with co-occurring substance abuse and psychiatric disorders were significantly more likely to be reincarcerated than their counterparts without psychiatric disorders.

While Andrews, Bonta, and Wormith\textsuperscript{26} acknowledged major mental illness as a risk factor for recidivism, they emphasised it only has a modest, indirect impact on reoffending. In their risk–needs–responsivity model, which is the prevailing paradigm within American corrections today, Andrews et al. identified eight central risk/need factors for recidivism. Of the eight, four (the “big four”) are considered especially influential for reoffending—antisocial history, antisocial personality, antisocial cognition, and antisocial associates. Whatever effect mental illness has on recidivism, Andrews et al. argued, likely reflects the impact of substance abuse (one of the “central eight” risk factors) along with antisocial cognition and antisocial personality pattern (two of the big four). Several recent studies have not only confirmed that mental illness is a weak predictor of recidivism, but also that the same risk factors (i.e. the central eight) apply to all offenders regardless of whether they have a mental disorder\textsuperscript{27}. Sacks et al.\textsuperscript{28} not only found that MTC participants had significantly lower reincarceration rates, but also that the best outcomes were observed for completers of the in-prison MTC programme who participated in the community-based aftercare portion of the programme following their release from prison. Individuals who regularly abuse substances tend to have more prison sentences than those who do not, supporting the conclusion that individuals with substance abuse problems have higher


recidivism rates\textsuperscript{29}. In this regard one third of total prison population of Croatia in 2013 and 2014 confirms that proportion of recidivism in addicts is exceptionally high at around 70 percent.

Past research has identified evidence-based treatments for substance abuse in prison settings\textsuperscript{30} and demonstrated the importance of aftercare for individuals who are released from prison\textsuperscript{31} (see more in Table 2 and Table 3 below)

### Table 2: Intervention-specific analyses showing RCTs, number of RCTs in meta-analyses (if available) and outcomes

<table>
<thead>
<tr>
<th>Category of intervention</th>
<th>Reference</th>
<th>Intervention</th>
<th>Study design</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surveillance/control</td>
<td>Barnes et al. 2010 Killias et al. 2010</td>
<td>Intensive supervision EM</td>
<td>RCT RCT</td>
<td>No reduction in recidivism EM marginally better than community supervision</td>
</tr>
<tr>
<td>Disciplinary</td>
<td>MacKenzie et al. 2007</td>
<td>Boot camp compared to traditional prison</td>
<td>RCT</td>
<td>Boot camp had lower recidivism</td>
</tr>
<tr>
<td>Restorative and skill building</td>
<td>Batterer intervention Mills et al. 2013</td>
<td>Group-based mandated batterer intervention vs. a justice-based program (Circles of Peace)</td>
<td>RCT</td>
<td>Circles of Peace group recidivated less in 12-month follow-up but not at 24 months</td>
</tr>
<tr>
<td>Programs for delinquents</td>
<td>Sexton and Alexander 2000</td>
<td>Delinquents in Therapy (FFT) compared to probation as usual</td>
<td>RCT</td>
<td>FFT did no better in reducing felony recidivism except when therapists had high adherence to the model</td>
</tr>
<tr>
<td></td>
<td>Sawyer and Borduin 2011</td>
<td>Multi-Systemic Therapy (MST) compared to individual therapy group</td>
<td>RCT</td>
<td>MST reduced rearrests</td>
</tr>
<tr>
<td></td>
<td>Chamberlain et al. 2007</td>
<td>Girls in Treatment Foster Care (TFC) compared to girls in group care</td>
<td>RCT</td>
<td>Girls in TFC had fewer criminal referrals</td>
</tr>
</tbody>
</table>


Table 3: Intervention-specific analyses showing RCTs, number of RCTs in meta-analyses (if available) and outcomes

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<tbody>
<tr>
<td>Surveillance/control</td>
<td>MacKenzie 2006</td>
<td>Intensive supervision</td>
<td>Meta-analysis</td>
<td>No reduction in recidivism</td>
</tr>
<tr>
<td></td>
<td>Renzema and Mayo-Wilson 2005</td>
<td>EM</td>
<td>Systematic review</td>
<td>Evidence too limited to draw conclusions</td>
</tr>
<tr>
<td>Deterrent/punitive</td>
<td>Petrosino et al. 2013</td>
<td>Scared Straight</td>
<td>Meta-analysis</td>
<td>Overestimated recidivism</td>
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<tr>
<td></td>
<td>Villetaz et al. 2006</td>
<td>Custodial vs. non-custodial sanctions</td>
<td>Meta-analysis</td>
<td>Overestimated recidivism</td>
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<td></td>
<td>Villetaz et al. 2015</td>
<td>Custodial vs. non-custodial sanctions</td>
<td>Meta-analysis</td>
<td>Overestimated recidivism</td>
</tr>
<tr>
<td>Disciplinary</td>
<td>Wilson et al. 2005</td>
<td>Boot camp program vs. alternative</td>
<td>Meta-analysis</td>
<td>Overestimated recidivism</td>
</tr>
<tr>
<td>Restorative and skill building</td>
<td>Cognitive skills Tong and Farrington 2008</td>
<td>Reasoning and Rehabilitation skills training program</td>
<td>Meta-analysis 19 studies/9 RCTS</td>
<td>Results of RCTs? Different from others</td>
</tr>
<tr>
<td></td>
<td>Lipsey et al. 2007</td>
<td>Cognitive-Behavioral Interventions (CBT)</td>
<td>Meta-analysis</td>
<td>CBT Interventions significantly reduced recidivism; Great impact for high risk, higher fidelity, with specific programme components; RCTs did not differ from overall</td>
</tr>
<tr>
<td>Drug Treatment</td>
<td>Mitchell et al. 2012a, b, c</td>
<td>Adult drug court</td>
<td>Meta-analysis</td>
<td>Drug court reduced recidivism, no impact on drug use relapse; RCTs supported overall results</td>
</tr>
<tr>
<td></td>
<td>Mitchell et al. 2012a, b, c</td>
<td>Juvenile drug court</td>
<td>Meta-analysis</td>
<td>No significant difference in recidivism or drug use relapse; RCT found lower recidivism for drug court.</td>
</tr>
<tr>
<td>Restorative and skill building</td>
<td>Mitchell et al. 201221, b, c</td>
<td>DWI drug court</td>
<td>Meta-analysis</td>
<td>Drug court reduced recidivism, no impact on drug use relapse; 3 of the RCTs agreed with overall analysis</td>
</tr>
<tr>
<td></td>
<td>Mitchell et al. 2012a, b, c</td>
<td>Incarceration-based drug treatment: Therapeutic Communities (TCs); Counseling; Narcotic maintenance (NM); Boot camp (BC) for drug involved offenders</td>
<td>Meta-analysis 74 studies/4 RCTS</td>
<td>Treatment reduced drug use (n = 22 evaluations) and recidivism (n = 73 evaluations) but differed by modality: TCs reduced both drug and recidivism use (results from 2 RCTs = stronger reduction); Counseling (n = 26) reduced recidivism but not drug use (strongest research designs weaker impacts); No RCTs for narcotic maintenance (n = 6) and no impact on recidivism; No RCTs for boot camps (n = 2) and no impact on outcomes No impact</td>
</tr>
<tr>
<td>Batterer interventions</td>
<td>Feder et a]. 2008</td>
<td>Psycho-educational or cognitive behavioral</td>
<td>Meta-analysis</td>
<td>RCTs found significant reduction in official reports but no impact on victim reports; results mixed for non-experimental designs</td>
</tr>
<tr>
<td>Sex offender interventions</td>
<td>Losel and Schmucker 2005</td>
<td>Sex offender treatment</td>
<td>Meta-analysis 80 evaluation/6 RCTs</td>
<td>Treated offenders had lower sexual, violent and general recidivism; no difference between RCTs and weaker designs.</td>
</tr>
</tbody>
</table>

CONCLUSION

Interventions based on surveillance, control, deterrence or discipline are ineffective. Effective interventions are based on restorative methods and skills training. The effectiveness of interventions providing services and opportunities is unclear. More randomised trials are needed to evaluate the effectiveness of the programmes. Only evidence-based programmes should be implemented.

The concept of evidence-based practice in corrections (also called what works research) emerged to describe those corrections practices that have been proven by the most rigorous to significantly reduce offender recidivism. Recently, several basic principles of Evidence-Based Practice (EBP) have been distilled by researchers and corrections practitioners from research on practice and evidence-based programmes. The principles identify the key components or characteristics of evidence-based programmes and practice that are associated with recidivism reduction. According to Warren\(^{32}\) six principles of EBP are the most relevant to the work of state judges. The first three principles answer the questions of – who to target, —what to target and —how to target: 1 The Risk Principle – (who) moderate to high-risk offenders 2 The Need Principle (what) – identification and treatment of the offender’s criminogenic needs, i.e. those

needs associated with the likelihood of recidivism. 3 The Treatment and Responsivity Principles (how) – effective interventions, which are cognitive-behavioural; emphasise positive reinforcements and certain and immediate negative consequences; are appropriate to the offender’s gender, culture, learning style and stage of change; are based on a chronic-care model requiring continuity, aftercare and support and require continuous monitoring and evaluation of both programme operations and offender outcomes. Principle 4 recognises the importance of using an actuarial assessment tool to determine the offender’s level of risk and criminogenic needs. Principles 5 and 6 identify two other important conditions for success: 4 Use of Risk/Needs Assessment Instrument—professional judgment must be combined with an actuarial tool that assesses dynamic risk and criminogenic need factors. 5 Motivation and Trust— intrinsic motivation and trust on the part of the offender play important roles affecting the likelihood of successful behavioural change. 6 Integration of Treatment and Community-Based Sanctions—treatment must be successfully coordinated with any sanctions imposed.

REFERENCES


KRIMINALINIO RECIDIVIZMO MAŽINIMO IŠŠŪKIAI

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S ant ra u k a

Recidyvizmas yra terminas, kuriuo apibūdinamas asmens grįžimas prie nusikalstamų veiklų; tarp pasekmių: pakartotinas suėmimas, nuteisimas, įkalinimas. Įkalintieji asmenys sudaro didelės rizikos grupę, kuri, palyginus su kitais prasižengusiaisiais, daugiau kainuoja visuomenei, padaro nusikalstamų, taip pat ir brutalių, veikų. Daugelis studijų siekė atleisti veiksnius, dėl kurių asmenys grįžta prie nusikalstamų veikų, tačiau studijose dažnai nelengvai pavykdo surinkti tinkamą imtį, apibrėžti recidyvizmą. Reabilitacija gali prisidėti prie recidyvizmo mažinimo; o programos, kurios akcentuojama tik bausmė, tikėtina, menkiau prisidės prie recidyvizmo mažinimo. Socialinė sanglauda dažnai paliekama parašėje, akcentuojant kontrolavimo modelius (taip pat ir įkalinimą); tačiau svarbu įkalinimo įstaigose pėleti profesinių rengimą, priklausomybių įvėjus programas. Tikimybė atranka būtina, vykdant tokių programų efektyvumo matavimus, tokius būdus kuriant pamatus empiriniai įrodymai pagrįsta praktika.

Pagrindinės sąvokos: Reabilitacijos programos, įkalinimas; empiriniai įrodymai pagrįsta praktika


Neboša Stanić***, Algebra University College, Croatia. Research interests: groups of high-risk prisoners, vocational education in prisons.