

---

## THE CHALLENGES IN REDUCING CRIMINAL RECIDIVISM

**Ksenija Butorac\***

*\*Police College, Ministry of the Interior  
Avenija Gojka Šuška 10, 10 000 Zagreb, Republic of Croatia  
Telephone (+38512426340)  
E.mail: ksenija.butorac@gmail.com*

**Dijana Gracin\*\***

*\*\*Military Studies of the University of Zagreb  
Ilica 256, 10 000 Zagreb, Republic of Croatia  
Telephone(+38514567142)  
E.mail:gdijana39@gmail.com*

**Nebojša Stanić\*\*\***

*\*\*\*Algebra University College  
Ilica 242, 10000 Zagreb, Republic of Croatia  
telephone (+38598203858)  
E mail: nebojsa.stanic@zg.t-com.hr*

---

**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<sup>1</sup> 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<sup>2</sup>.

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<sup>3</sup>.

## **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

---

<sup>1</sup> Fazel, S. & Yu, R. (2011). Psychotic disorders and repeat offending: systematic review and meta-analysis. *Schizophrenia Bulletin*, 37(4):800–810; Hanson, R.K., & Morton-Bourgon, K.E. (2005). The characteristics of persistent sexual offenders: a meta-analysis of recidivism studies. *Journal of Consulting and Clinical Psychology*, 3(6),1154.

<sup>2</sup> McGuire, J., Bilby, C.A., Hatcher, R.M., Hollin, C.R., Hounscome, J., & Palmer, E.J.(2008). Evaluation of structured cognitive—behavioural treatment programmes in reducing criminal recidivism. *Journal of Experimental Criminology*, 4(1) 21–40.

<sup>3</sup> MacKenzie, D. L. (2006). *What Works in Corrections? Reducing the Criminal Activities of Offenders and Delinquents*. Cambridge, England: Cambridge Press.

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

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

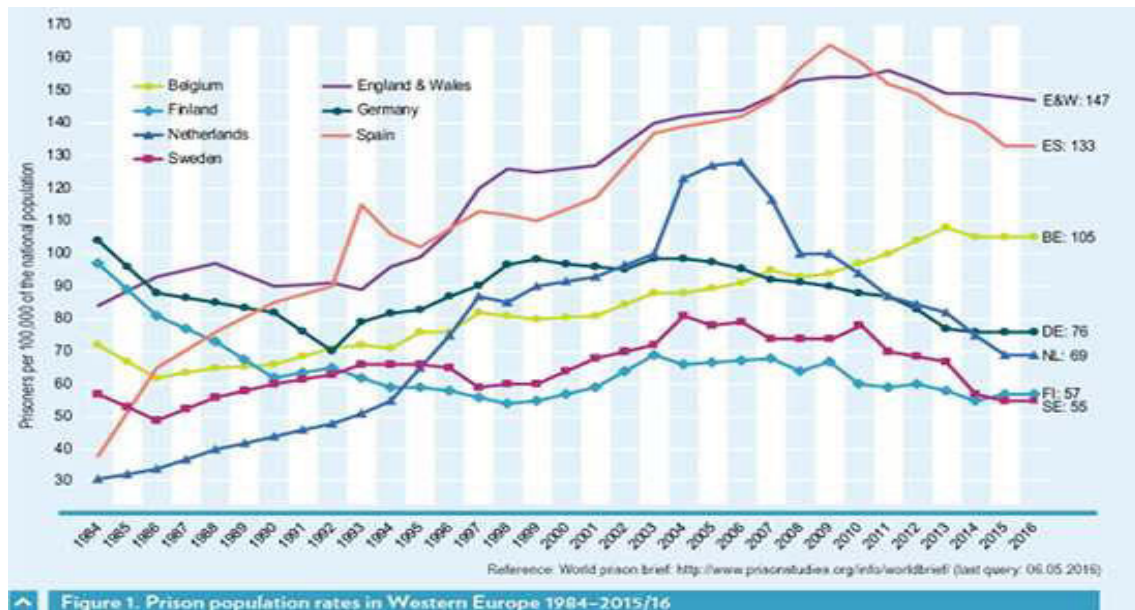
Source: International Center for Prison Studies, World Prison Brief, 2013

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 prisons<sup>4</sup>, but these cannot account for the dramatic decrease in recent years<sup>5</sup>.

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 at least plausible, the impact on the size of the prison population remains unclear.

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



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

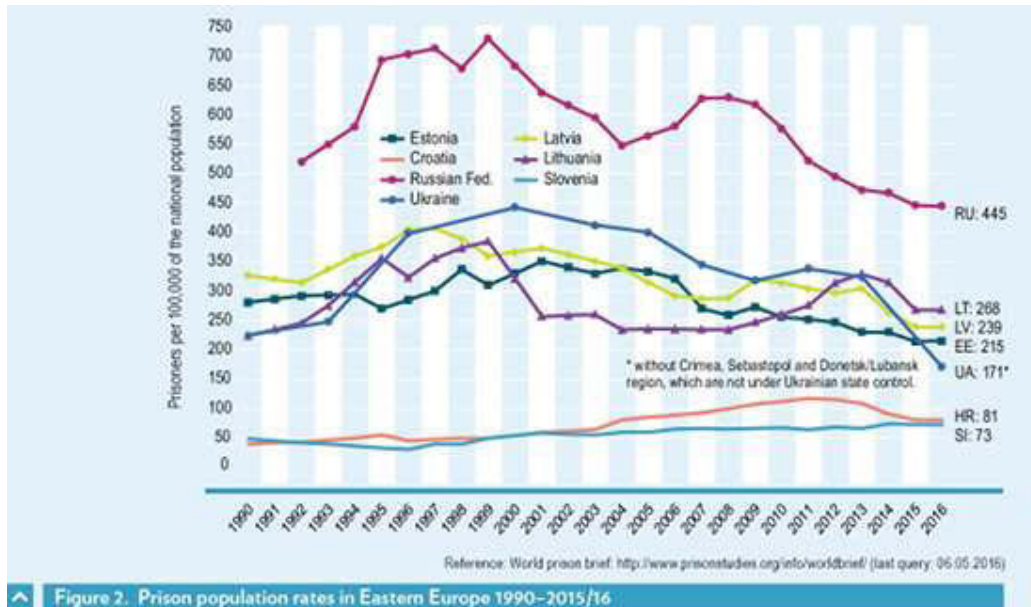
Russia shows an almost 40% reduction of its prison population, from 730 per 100,000 in 1999 to 445 in 2016, Ukraine has a similar development (from 412 to 173 in 2016). The same trend can be observed in the Baltic states which tried to reduce their traditionally high prison

<sup>4</sup> Tak, P. J. P. (2008). The Dutch criminal justice system. Nijmegen: Wolf Legal Publishers, 122, 140.

<sup>5</sup> Van Swaaningen, R. (2013). Reversing the Punitive Turn: The Case of the Netherlands. In: Daems, T., van Zyl Smit, D., Snacken, S. (Eds.): European Penology? Oxford, Portland/Oregon: Hart Publishing, 339-359.

population of up to 400 prisoners per 100,000 down to 268 (Lithuania), 239 (Latvia) and 215 (Estonia)<sup>6</sup> (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<sup>7</sup> 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<sup>8</sup> 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

<sup>6</sup> Dunkel, F. (2016). The rise and fall of prison population rates in Europe. Newsletter of the European Society of Criminology, 1(15) Accessed 20 March 2017

<sup>7</sup> Andersen, S.N., Skardhamar, T. (2014). Pick a number: Mapping recidivism measures and their consequences Oslo: Statistics Norway Discussion Papers

<sup>8</sup> Fazel, S. & Yu, R. (2011). Psychotic disorders and repeat offending: systematic review and meta-analysis. Schizophrenia Bulletin, 37(4):800–810

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<sup>9</sup>.

---

<sup>9</sup> McGuire, J., Bilby, C.A., Hatcher, R.M., Hollin, C.R., Hounscome, J., & Palmer, E.J.(2008). Evaluation of structured cognitive—behavioural treatment programmes in reducing criminal recidivism. *Journal of Experimental Criminology*, 4(1) 21–40.

---

## 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%)<sup>10</sup>. 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<sup>11</sup>. 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<sup>12</sup>. 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<sup>13</sup>. The government guarantees it will do everything possible to ensure that

---

<sup>10</sup> United States Sentencing Commission, (2016). *Recidivism Among Federal Offenders: A Comprehensive Overview*, Washington, DC.

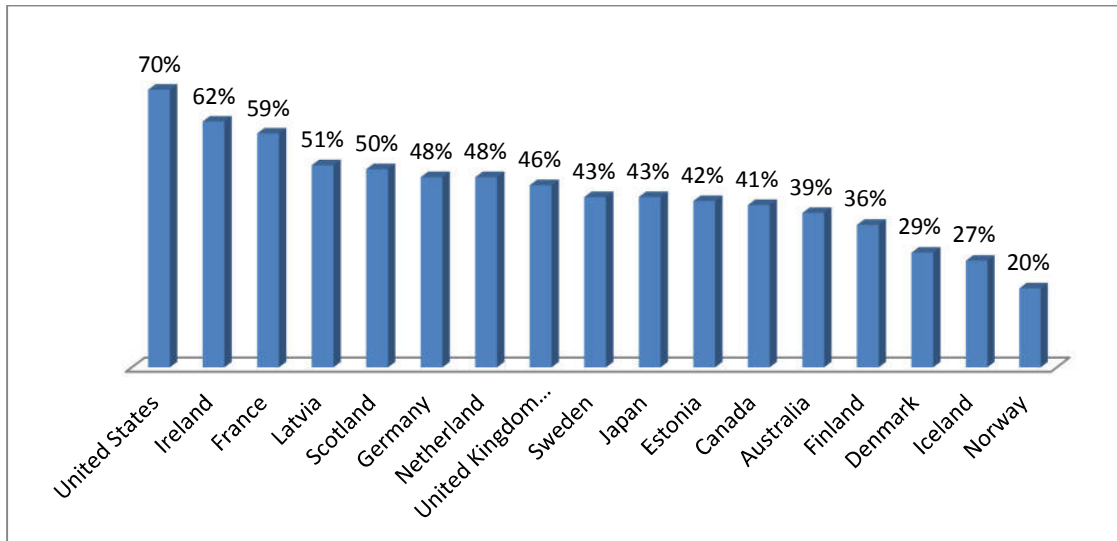
<sup>11</sup> Subramanian, R. & Shames. A. (2013). *Sentencing and Prison Practices in Germany and the Netherlands: Implications for the United States*. Center on Sentencing and Corrections, Vera Institute for Justice. Accessed November 12, 2013, <http://www.vera.org/sites/default/files/resources/downloads/european-american-prison-report-v3.pdf>

<sup>12</sup> Adams, W.L. (2013) *Sentenced to Serving the Good Life in Norway*, „Time“, July 12, 2010. Accessed November 12,2013, <http://content.time.com/time/magazine/article/0,9171,2000920,00.html>. 8

<sup>13</sup> Ploeg, G. (2013). *Norway is Doing Something Right*, New York Times, December 18, 2012. Accessed November 5, 2013, <http://www.nytimes.com/roomfordebate/2012/12/18/prison-could-be-productive/norways-prisons-are-doing-something-right>.

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

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



Sources: Deady, 2014, Space I, 2014, Dunkel, 2017

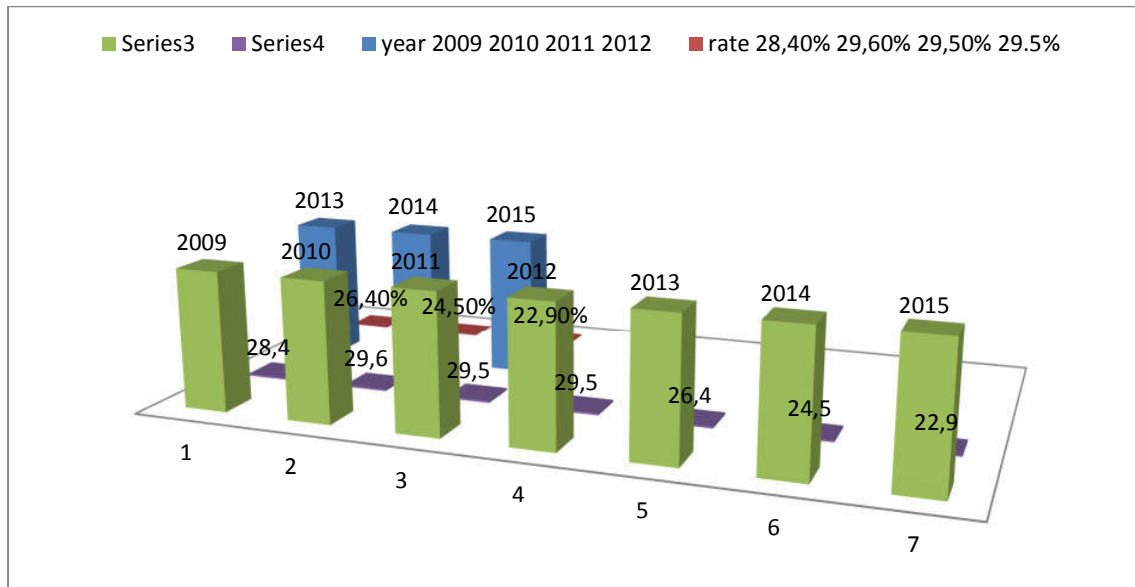
Provocatively, data suggests that countries in which wealth is more evenly distributed also have lower rates of incarceration and recidivism. Sweden, Denmark, Norway, and Finland are among the ten countries with the smallest gap between the rich and the poor. In these countries, citizens pay higher taxes 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<sup>14</sup>.

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.

<sup>14</sup> Adams, W.L. (2013) Sentenced to Serving the Good Life in Norway, „Time“, July 12, 2010. Accessed November 12, 2013, <http://content.time.com/time/magazine/article/0,9171,2000920,00.html>. 8



**Figure 4:** Rate of recidivism in Croatia 2009-2015: Convicted adult persons and previous convictions in the Republic of Croatia



Source: Reports of the State Bureau of Statistics, Croatia, 2016

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<sup>15</sup>. 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<sup>16</sup>.

<sup>15</sup> Lipsey, M. W., & Cullen, F. T. (2007). The effectiveness of correctional rehabilitation: A review of systematic reviews. *Annual Review of Law and Social Science*, 3, 297–320; MacKenzie, D. L. & Farrington, D. P. (2015) Preventing future offending of delinquents and offenders: What have we learned from experiments and metaanalyses? *Journal of Experimental Criminology*, 11, 565-595.

<sup>16</sup> Andrews, D. A., & Bonta, J. (1998). *The psychology of criminal conduct*. Cincinnati, OH: Anderson

Andrews and colleagues<sup>17</sup> 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<sup>18</sup>.

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<sup>19</sup>. The social cohesion that is so vital to therapeutic programming is often undermined within a control-oriented prison model<sup>20</sup>. What is therefore needed is a total shift in how we go about corrections. Cullen<sup>21</sup> (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<sup>22</sup>. James and Glaze<sup>23</sup> also indicated that mentally ill offenders—who were more likely to be female, White, and young—revealed having higher

---

<sup>17</sup> Andrews, D. A., Zinger, I., Hoge, R. D., Bonta, J., Gendreau, P., & Cullen, F. T. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology*, 28, 369–404.

<sup>18</sup> Lowenkamp, C. T., Latessa, E. J., & Holsinger, A. M. (2006). The risk principle in action: What have we learned from 13,676 offenders and 97 correctional programs? *Crime & Delinquency*, 52, 77–93.

Lowenkamp, C. T., & Latessa, E. J. (2005). Increasing the effectiveness of correctional programming through the risk principle: Identifying offenders for residential placement. *Criminology & Public Policy*, 4, 263–290.

<sup>19</sup> Cowles, E. L., & Dorman, L. (2003). Problems in creating boundaryless treatment regimens in secure correctional environments: Private sector-public agency infrastructure compatibility. *The Prison Journal*, 83, 235–256.

<sup>20</sup> Craig, S. C. (2004). Rehabilitation versus control: An organizational theory of prison management. *The Prison Journal*, 84, 92–114.

<sup>21</sup> Cullen, F. T. (2007). Make rehabilitation corrections' guiding paradigm. *Criminology & Public Policy*, 6, 717–727.

<sup>22</sup> Fazel, S., & Danesh, J. (2002). Serious mental disorder in 23,000 prisoners: A systematic review of 62 surveys. *Lancet*, 359, 545–550.

<sup>23</sup> James, D. J., & Glaze, L. E. (2006). Bureau of Justice Statistics special report: Mental health problems of prison and jail inmates. Washington, DC: U.S. Department of Justice, Office of Justice Programs.

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<sup>24</sup>, 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<sup>25</sup> 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<sup>26</sup> 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<sup>27</sup>. Sacks et al.<sup>28</sup> 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

---

<sup>24</sup> Silver, E. (2006). Understanding the relationship between mental disorder and violence: The need for a criminological perspective. *Law and Human Behavior*, 30, 685–706.

<sup>25</sup> Messina, N., Burdon, W., Hagopian, G., & Prendergast, M. (2004). One year return to custody rates among co-disordered offenders. *Behavioral Sciences and the Law*, 22, 503–518.

<sup>26</sup> Andrews, D. A., Bonta, J., & Wormith, S. J. (2006). The recent past and near future of risk and/or need assessment. *Crime & Delinquency*, 52, 7–27.

<sup>27</sup> Bonta, J., Blais, J., & Wilson, H. A. (2014). A theoretically informed meta-analysis of the risk for general and violent recidivism for mentally disordered offenders. *Aggression and Violent Behavior*, 19, 278–287.

Hall, D. L., Miraglia, R. P., Lee, L. W. G., Chard-Wierschem, D., & Sawyer, D. (2012). Predictors of general and violent recidivism among SMI prisoners returning to community in New York State. *Journal of the American Academy of Psychiatry and the Law*, 40, 221–231.

<sup>28</sup> Sacks, S., Sacks, J., McKendrick, K., Banks, S., & Stommel, J. (2004). Modified therapeutic community for MICA offenders: Crime outcomes. *Behavioral Sciences and the Law*, 22, 477–501.

recidivism rates<sup>29</sup>. 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<sup>30</sup> and demonstrated the importance of aftercare for individuals who are released from prison<sup>31</sup> (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

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

Source: MacKenzie, D. L. & Farrington, D. P. (2015) Preventing future offending of delinquents and offenders: What have we learned from experiments and meta-analyses?

<sup>29</sup> Belenko, S., Peugh, J., Méndez, D., Petersen, C, Lin, J., & Häuser, J. (2002). Trends in substance abuse and treatment needs among inmates. Final report. Retrieved from National Institute of Corrections website: <http://www.nicic.gov/Library/020901>

<sup>30</sup> Lipton, D., Pearson, P. S., Cleland, C. M., & Yee, D. (2002). The effects of therapeutic communities and milieu therapy on recidivism. In J. McGuire (Ed.), *Offender rehabilitation and treatment: Effective programmes and policies to reduce re-offending*, 39-77.

McGuire, J. (Ed.). (2002). *Offender rehabilitation and treatment: Effective programmes and policies to reduce re-offending*. Chichester, England: Wiley.

<sup>31</sup> Griffith, J. D., Hiller, M. L., Knight, K., & Simpson, D. D. (1999). A cost-effectiveness analysis of in-prison therapeutic community treatment and risk classification. *The Prison Journal*, 79, 352-368.

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

Category of intervention		Reference	Intervention	Study design	Results
1	2	3	4	5	6
Surveillance/control		MacKenzie 2006	Intensive supervision	Meta-analysis 31 studies/16 RCTS	No reduction in recidivism
		Renzema and Mayo-Wilson 2005	EM	Systematic review	Evidence too limited to draw conclusions
Deterrent/punitive		Petrosino et al. 2013	Scared Straight	Meta-analysis 9 RCTS	Scared Straight increased recidivism
		Villettaz et al. 2006	Custodial vs. non-custodial sanctions	Meta-analysis 23 studies/5 RCTS	RCTS: No significant difference
		Villettaz et al. 2015	Custodial vs. non-custodial sanctions	Meta-analysis 24 studies/4 RCTS	RCTS: No significant difference; Non-RCTS small difference in favor of non-custodial
Disciplinary		Wilson et al. 2005	Boot camp program vs. alternative	Meta-analysis 43 studies/4 RCTS	No significant difference (RCTS results not different from total analysis)
Restorative and skill building	Cognitive skills	Tong and Farrington 2008	Reasoning and Rehabilitation skills training program	Meta-analysis 19 studies/9 RCTS	Results of RCTS? Different from others
		Lipsey et al. 2007	Cognitive-Behavioral Interventions (CBT)	Meta-analysis 58 studies/ 19 RCTS	CBT Interventions significantly reduced recidivism; Great impact for high risk, higher fidelity, with specific programme components; RCTS did not differ from overall
	Drug Treatment	Mitchell et al. 2012a, b, c	Adult drug court	Meta-analysis 92 studies/3 RCTS	Drug court reduced recidivism, no impact on drug use relapse; RCTS supported overall results
		Mitchell et al. 2012a, b, c	Juvenile drug court	Meta-analysis 34 studies/1 RCTS	No significant difference in recidivism or drug use relapse; RCT found lower recidivism for drug court.
Restorative and skill building		Mitchell et al. 201221, b, c	DWI drug court	Meta-analysis 28 studies/4 RCTS	Drug court reduced recidivism, no impact on drug use relapse; 3 of the RCTS agreed with overall analysis
		Mitchell et al. 2012a, b, c	Incarceration-based drug treatment: Therapeutic Communities (TCs); Counseling; Narcotic maintenance (NM); Boot camp (BC) for drug involved offenders	Meta-analysis 74 studies/4 RCTS	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
	Batterer interventions	Feder et al. 2008	Psycho-educational or cognitive behavioral	Meta-analysis 10 studies/4 RCTS	RCTS found significant reduction in official reports but no impact on victim reports; results mixed for non-experimental designs
	Sex offender interventions	Losel and Schmucker 2005	Sex offender treatment	Meta-analysis 80 evaluation/6 RCTS	Treated offenders had lower sexual, violent and general recidivism; no difference between RCTS and weaker designs.

1	2	3	4	5	6
	Education	MacKenzie 2006,	Academic education programs	Meta-analysis 27 valuations/1 RCT	Overall reduction in recidivism but generally weak designs; RCT found low recidivism for group in education
Restorative and skill building		MacKenzie 2006,	Vocational education	Meta-analysis 18 evaluations/2 RCTs	One RCT found higher recidivism for education group, one RCT found lower.
	Restorative programs	Strang et al. 2013	Restorative justice conferences	Meta-analysis 10 RCTs	Restorative justice is followed by lower recidivism
Services and opportunities	In-prison work program	MacKenzie 2006,	Correctional industries	Meta-analysis 4 evaluations/0 RCTs	Weak designs
Juvenile treatment	Employment	Visher et al. 2005, 2006	Non-custodial employment	Meta-analysis 10 RCTs	No impact of programs on recidivism
		Baldwin et al. 2012	Family therapy	Meta = analysis 24 RCTs	Functional family therapy, multi-systemic therapy, brief strategic family therapy, multidimensional family therapy reduce delinquency
		Littell 2005	Multi-systemic therapy (MST)	Meta-analysis fi 8 RCTs	MST has little effect on offending
		Hahn et al. 2005	Treatment foster care (TFC)	Systematic reviews 5 studies/2 RCTS	TFC decreases violence
		Turner and MacDonald 2011	Treatment foster care (TFC)	Meta-analysis 5 RCTs	TFC is followed by lower reported delinquency and fewer criminal referrals

Source: MacKenzie, D. L. & Farrington, D. P. (2015) Preventing future offending of delinquents and offenders: What have we learned from experiments and metaanalyses?

## 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<sup>32</sup> 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

<sup>32</sup> Warren, R. (2007). Evidence-Based Practice to Reduce Recidivism: Implications for State Judiciaries. Crime and Justice Institute. Washington, DC: U.S. Department of Justice, National Institute of Corrections.

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

1. Adams, W.L. (2013) Sentenced to Serving the Good Life in Norway, „Time“, July 12, 2010. Accessed November 12,2013, <http://content.time.com/time/magazine/article/0,9171,2000920,00.html>. 8
2. Andersen, S.N., Skardhamar, T. (2014). Pick a number: Mapping recidivism measures and their consequences Oslo: Statistics Norway Discussion Papers.
3. Andrews, D. A., Bonta, J., & Wormith, S. J. (2006). The recent past and near future of risk and/or need assessment. *Crime & Delinquency*, 52, 7–27.
4. Andrews, D. A., & Bonta, J. (1998). The psychology of criminal conduct. Cincinnati, OH: Anderson
5. Andrews, D. A., Zinger, I., Hoge, R. D., Bonta, J., Gendreau, P., & Cullen, F. T. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology*, 28, 369–404.
6. Belenko, S., Peugh, J., Méndez, D., Petersen, C, Lin, J., & Häuser, J. (2002). Trends in substance abuse and treatment needs among inmates. Final report. Retrieved from National Institute of Corrections website: <http://www.nicic.gov/Library/020901>
7. Bonta, J., Blais, J., & Wilson, H. A. (2014). A theoretically informed meta-analysis of the risk for general and violent recidivism for mentally disordered offenders. *Aggression and Violent Behavior*, 19, 278–287.
8. Bonta, J., Law, M., & Hanson K. (1998). The prediction of criminal and violent recidivism among mentally disordered offenders: a meta-analysis. *Psychology Bulletin*, 123(2):123
9. Cowles, E. L., & Dorman, L. (2003). Problems in creating boundaryless treatment regimens in secure correctional environments: Private sector-public agency infrastructure compatibility. *The Prison Journal*, 83, 235–256.
10. Craig, S. C. (2004). Rehabilitation versus control: An organizational theory of prison management. *The Prison Journal*, 84, 92–114.
11. Cullen, F. T. (2007). Make rehabilitation corrections’ guiding paradigm. *Criminology & Public Policy*, 6, 717–727.

12. Dünkel, F. (2016). The rise and fall of prison population rates in Europe. Newsletter of the European Society of criminology, 1(15) Accessed 20 March 2017 <http://escnewsletter.org/newsletter/2016-2/rise-and-fall-prison-population-rates-europe> .
13. Fazel, S. & Yu, R. (2011). Psychotic disorders and repeat offending: systematic review and meta-analysis. *Schizophrenia Bulletin*, 37(4):800–810
14. Fazel, S., & Danesh, J. (2002). Serious mental disorder in 23,000 prisoners: A systematic review of 62 surveys. *Lancet*, 359, 545–550.
15. Griffith, J. D., Hiller, M. L., Knight, K., & Simpson, D. D. (1999). A cost-effectiveness analysis of in-prison therapeutic community treatment and risk classification. *The Prison Journal*, 79, 352-368.
16. Hanson, R.K., & Morton-Bourgon, K.E. (2005). The characteristics of persistent sexual offenders: a meta-analysis of recidivism studies. *Journal of Consulting and Clinical Psychology*, 3(6), 1154.
17. Hall, D. L., Miraglia, R. P., Lee, L. W. G., Chard-Wierschem, D., & Sawyer, D. (2012). Predictors of general and violent recidivism among SMI prisoners returning to community in New York State. *Journal of the American Academy of Psychiatry and the Law*, 40, 221–231.
18. James, D. J., & Glaze, L. E. (2006). Bureau of Justice Statistics special report: Mental health problems of prison and jail inmates. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
19. Lipsey, M. W., & Cullen, F. T. (2007). The effectiveness of correctional rehabilitation: A review of systematic reviews. *Annual Review of Law and Social Science*, 3, 297–320.
20. Lipton, D., Pearson, P. S., Cleland, C. M., & Yee, D. (2002). The effects of therapeutic communities and milieu therapy on recidivism. In J. McGuire (Ed.), *Offender rehabilitation and treatment: Effective programmes and policies to reduce re-offending*, 39-77.
21. Loudon, E.J., & Skeem, J. (2011). Parolees with mental disorder: Toward evidence-based practice. *Bulletin of the Center for Evidence-Based Corrections*, 7, 1–9.
22. Lowenkamp, C. T., Latessa, E. J., & Holsinger, A. M. (2006). The risk principle in action: What have we learned from 13,676 offenders and 97 correctional programs? *Crime & Delinquency*, 52, 77–93.
23. Lowenkamp, C. T., & Latessa, E. J. (2005). Increasing the effectiveness of correctional programming through the risk principle: Identifying offenders for residential placement. *Criminology & Public Policy*, 4, 263–290.
24. MacKenzie, D. L. & Farrington, D. P. (2015) Preventing future offending of delinquents and offenders: What have we learned from experiments and metaanalyses? *Journal of Experimental Criminology*, 11, 565-595.
25. MacKenzie, D. L. (2006). *What Works in Corrections? Reducing the Criminal Activities of Offenders and Delinquents*. Cambridge, England: Cambridge Press.
26. McGuire, J., Bilby, C.A., Hatcher, R.M., Hollin, C.R., Hounscome, J., & Palmer, E.J. (2008). Evaluation of structured cognitive—behavioural treatment programmes in reducing criminal recidivism. *Journal of Experimental Criminology*, 4(1) 21–40.
27. McGuire, J. (Ed.). (2002). *Offender rehabilitation and treatment: Effective programmes and policies to reduce re-offending*. Chichester, England: Wiley.
28. Messina, N., Burdon, W., Hagopian, G., & Prendergast, M. (2004). One year return to custody rates among co-disordered offenders. *Behavioral Sciences and the Law*, 22, 503–518.
29. Ploeg, G. (2013). Norway is Doing Something Right, *New York Times*, December 18, 2012. Accessed November 5, 2013, <http://www.nytimes.com/roomfordebate/2012/12/18/prison-could-be-productive/norways-prisons-are-doing-something-right>.
30. Sacks, S., Sacks, J., McKendrick, K., Banks, S., & Stommel, J. (2004). Modified therapeutic community for MICA offenders: Crime outcomes. *Behavioral Sciences and the Law*, 22, 477–501.
31. Silver, E. (2006). Understanding the relationship between mental disorder and violence: The need for a criminological perspective. *Law and Human Behavior*, 30, 685–706.



32. Subramanian, R. & Shames. A. (2013). Sentencing and Prison Practices in Germany and the Netherlands: Implications for the United States. Center on Sentencing and Corrections, Vera Institute for Justice. Accessed November 12, 2013, <http://www.vera.org/sites/default/files/resources/downloads/european-american-prison-report-v3.pdf>.
33. Tak, P. J. P. (2008). The Dutch criminal justice system. Nijmegen: Wolf Legal Publishers.
34. United States Sentencing Commission, (2016). Recidivism Among Federal Offenders: A Comprehensive Overview, Washington, DC.
35. Van Swaaningen, R. (2013). Reversing the Punitive Turn: The Case of the Netherlands. In: Daems, T., van Zyl Smit, D., Snacken, S. (Eds.): European Penology? Oxford, Portland/Oregon: Hart Publishing, 339-359.
36. Warren, R. (2007). Evidence-Based Practice to Reduce Recidivism: Implications for State Judiciaries. Crime and Justice Institute. Washington, DC: U.S. Department of Justice, National Institute of Corrections.

## KRIMINALINIO RECIDYVIZMO MAŽINIMO IŠŠŪKIAI

**Ksenija Butorac\*, Dijana Gracin\*\*, Nebojša Stanić\*\*\*,**

Policijos kolegija prie Vidaus reikalų ministerijos, Kroatijos karo studijos Zagrebo universitete, Zagrebas, Kroatija

### Santrauka

Recidyvizmas yra terminas, kuriuo apibūdinamas asmens grįžimas prie nusikalstamų veiklų; tarp pasekmių: pakartotinas suėmimas, nuteisimas, įkalinimas. Įkalinieji asmenys sudaro didelės rizikos grupę, kuri, palyginus su kitais prasižengusiais, daugiau kainuoja visuomenei, padaro nusikalstamų, taip pat ir brutalių, veiklų. Daugelis studijų siekė atleisti veiksnius, dėl kurių asmenys grįžta prie nusikalstamų veiklų, tačiau studijose dažnai nelengvai pavykdavo surinkti tinkamą imtį, apibrėžti recidyvizmą. Reabilitacija gali prisidėti prie recidyvizmo mažinimo; o programos, kurios akcentuojama tik bausmė, tikėtina, menkliau prisidės prie recidyvizmo mažinimo. Socialinė sanglauda dažnai paliekama parašėje, akcentuojant kontroliavimo modelius (taip pat ir įkalinimą); tačiau svarbu įkalinimo įstaigose plėtoti profesinį rengimą, priklausomybių įveikos programas. Tikimybinė atranka būtina, vykdant tokių programų efektyvumo matavimus, tokiu būdu kuriant pamatus empiriniais įrodymais pagrįstą praktiką.

**Pagrindinės sąvokos:** Reabilitacijos programos, įkalinimas; empiriniais įrodymais pagrįsta praktika

**Ksenija Butorac\***, PhD., prof., Police College under Ministry of the Interior, Croatia. Research interests: aspect of social cohesion in prisons, reasons for the recurrence of criminal acts, rehabilitation programs for prisoners.

**Ksenija Butorac\***, daktarė, profesorė, Policijos kolegija prie Vidaus reikalų ministerijos, Kroatija. Moksliniai interesai: socialinės sanglaudos aspektas įkalinimo įstaigose, nusikalstamų veiklų pasikartojimo priežastys, įkalinusių reabilitavimo programos.

**Dijana Gracin \*\***, PhD, Croatian Military Studies in Zagreb University, Zagreb, Croatia. Research interests: the process of imprisonment, empirical evidence-based practice.

**Dijana Gracin \*\***, daktarė, Kroatijos karo studijos Zagrebo universitete, Zagrebas, Kroatija. Moksliniai interesai: įkalinimo procesas, empiriniais įrodymais pagrįsta praktika.

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

**Nebojša Stanić\*\*\***, Algebras universiteto kolegija, Kroatija. Moksliniai interesai: didelės rizikos įkalinusių grupės, profesinis ugdymas įkalinimo įstaigose