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Editorial: It Is Time for Reflection

George B. Palermo

The year 2001 is coming to an end. How true it is that *tempus fugit*. As is customary, we look back trying to assess what we did and what results we obtained. During the past year, with the contributions of scholars from different countries and with different backgrounds, the journal has published extensively on topics of actuality and interest in the fields of criminology, psychology, psychiatry, and offender therapy. The journal is now published six times a year, and we are proud of our achievements. Readers tell us that we are doing a good job, a good job for which much credit goes to the editorial board members who have been very interested and active in reviewing and critiquing manuscripts and contributing their own works.

In assessing the national and international climate regarding our various fields of interest, we assume, I think correctly, that scholars are still struggling in a search for the etiology of deviant and violent behavior. Divergent views of nature versus nurture are still with us, although somewhat attenuated. That is probably due to the recognition by all that the factors leading to deviant or violent behavior are multiple and that organic and psychological research are complementary. Indeed, the body-mind dichotomy is not at the fore as in the past because at present the individual is viewed as a complex psychobiological unit. But it will no doubt again assume importance as we continue our attempts to determine which comes first—as with the chicken and the egg.

Recent studies link specific brain regions, such as the prefrontal cortex and the anterior thalamic areas of the human brain, to a craving for alcohol. Indeed, it has been observed that functional magnetic resonance imaging (fMRI) reveals increased activity in the above areas of the brain in alcoholics as they view pictures of alcoholic beverages. Also, several regions of the brain are associated with emotions, attention, and appetitive feelings, and they are located near what is believed to be the center for aggression. Previous studies have proposed the firing of the amygdala and that of neurons in the midtemporal region of the brain during impulsive violent behavior. Such behavior is frequently a component of what is described as intermittent explosive behavior and is associated with offenders’ frequent explosive antisocial acts, which may be triggered by what they see and hear. I wonder whether in the future such fMRI studies will be used routinely in the risk assessment of possible recidivism, for example, with potential sexual offenders. Certainly, they would be more easily accepted by the patient/offender than a plethysmographic assessment.
In addition, it has long been established that words and their meanings, coupled with an empathic approach, are basic to psychotherapy/counseling. This type of treatment, which takes place in and out of correctional institutions, may help change behaviors because of its action on particular brain regions. A study of obsessive-compulsive individuals undergoing psychotherapy—and many offenders are obsessive compulsive in their character structure—showed the same success rate as in those receiving pharmacotherapy, apparently because the psychotherapy lessened the activity of the caudate nucleus in the brain. So, regardless of our professional biases regarding the antisocial acting out of offenders, we are all doing something beneficial for them. Eventually, we hope, the divergent approaches will integrate into one that will better explain the mechanics and dynamics of antisocial behaviors and help us to devise a more effective therapeutic approach. In the meantime, however, we do what we can, using the vast knowledge we have so far accumulated, knowledge that unfortunately makes only a few dents in the crime rate.

In the United States, the crime rate is lower than a few years ago, but this could be part of the normal fluctuations usually observed. Domestic violence, including that against children, and the rate of sexual offenses remain high. As far as the killings of children, frequently perpetrated by their own parents or parent substitutes, we can only hope that research will lead to greater knowledge regarding the factors leading to such actions so that preventive measures will be more effective. For example, parents who kill their children—and mothers are more likely to do so than are fathers—were most likely in need of intensive therapy for whatever type of mental disturbance they suffered from, depression being the most frequent. At the same time, a more judicious assessment of the family situation should be done.

The awareness of the presence among us of sexual offenders is necessary to prevent sexual crimes. Their actions are certainly inhuman, even monstrous at times, as in cases of lust killing. However, this should not make us forget that even these offenders are human beings. They have deep psychological conflicts and an inability to cope properly with interpersonal relationships. It must not be excluded that future brain research will uncover with more accuracy an underlying anatom-physiopathological dysfunction at the basis of their psychopathic antisocial behavior, which might benefit from specific pharmacotherapy or psychotherapy, or from a combination of the two. Laws are already present, however, that justly address the fears of society at large and are found to be constitutional, and yet often seem to be counterproductive in gaining the offenders’ cooperation in their rehabilitative treatment. Let it be clear that the offenders are responsible for their behavior and that we should not seek to justify it. But once that is established, the knowledge we have of their psychological makeup and their modus operandi should be applied in a more therapeutic way. To this effect, let us not forget that the incarcerated sexual offenders probably represent only a minimal number compared to the ones who circulate on the streets. Those who are incarcerated are certainly less sophisticated in their behaviors and more subject to inquiries than those unknown to us. Because of these considerations—and because words, as above
stated, may also change behaviors—it is important to offer to these offenders intensive counseling at the most productive time and not only when they are in correctional institutions. To this effect, our jurisprudence could be more therapeutic. As with other types of offenders, many of these sexual offenders, excluding the sadistic and murderous ones, should be given what they themselves call “another chance,” a chance that might encourage them to resolve their problems, stop their antagonistic and antisocial behavior, and remain within the boundaries of the law. One of the articles in this issue addresses this particular topic. In discussing the restructuring of sexual offender sentencing, the authors propose the establishment of a special treatment track within a deferred sentencing model. It is our opinion that such a proposal merits our attention because it might positively influence sexual offender recidivism. Certainly, it would lessen the offenders’ advocacy for their innocence, help them to admit their crime and their responsibility for it, and accept the necessary treatment.

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Restructuring Sex Offender Sentencing: A Therapeutic Jurisprudence Approach to the Criminal Justice Process

William Edwards  
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Abstract: Although the notion of providing specialized treatment to sex offenders has been widely, and at times enthusiastically, embraced by lawmakers and criminal justice professionals, the larger criminal justice system often maintains and fosters policies and mandates that act as disincentives for offenders to seek out or participate meaningfully in specialized sex offender treatment. This article employs the therapeutic jurisprudence perspective in examining many of the issues and problems associated with adjudicating and treating sex offenders and presents a “treatment track” or deferred sentencing model, which while primarily focusing on offender adjudication, prioritizes the therapeutic needs of offenders and emphasizes the interrelated nature of various criminal justice system components associated with sex offender cases and each component’s potential therapeutic impact on the others.

The trend toward populist punitiveness (Simon, 1998) and the enormous changes in the laws pertaining to sex offender sentencing and management have, in our opinion, undermined the criminal justice system’s capacity to affect thoughtful and customized adjudication strategies at the court level and beyond. The 1990s saw both a movement away from the population strategies and the development of an entrenched pessimism toward specialized efforts aimed at sex offender transformation—a trend that appears to be continuing.

Although the notion of providing specialized treatment to sex offenders has been widely, and at times enthusiastically, embraced by lawmakers and criminal justice professionals, we contend that the current manner in which treatment programs are employed or structured within the typical criminal justice system is evidence of their subordinate or supplementary status in contrast to the dominant system objectives of punishment, retribution, and incapacitation. The larger criminal justice system often maintains and fosters policies and mandates that act as disincentives for offenders to seek out or participate meaningfully in specialized sex offender treatment. Adjudication and sentencing statutes for sex offenders as well as specific statutes aimed at restricting their early release can both directly and indirectly affect offender motivation to pursue treatment while incarcerated. Aspects of the court process can discourage defendants from accepting or owning their behavior, pushing offenders away from contemplating a change in their sexually abusive behaviors. In addition, the confrontational nature of the adjudica-
tion process encourages defendant advocacy of their innocence, making it difficult for them to accept responsibility for their criminal behavior during the court process and the prospect of accepting or rejecting treatment if convicted and imprisoned.

This article employs the therapeutic jurisprudence perspective in examining many of the issues and problems associated with adjudicating and treating sex offenders. Previous therapeutic jurisprudence scholars have noted that few aspects of the court system or criminal statutes pertaining to sex offenders are fundamentally aligned with the offender’s potential for transformation and change. Building on their work, a “treatment track” or deferred sentencing model will be presented in this article that prioritizes the therapeutic needs of sex offenders. While primarily focusing on their adjudication, the proposal emphasizes the interrelated nature of various criminal justice system components associated with sex offender cases and addresses each component’s potential therapeutic impact on the others.

RECENT CHANGES IN THE LEGISLATIVE AND CRIMINAL JUSTICE APPROACHES TO THE PROBLEM

Since the early 1970s, the problem of adjudicating sexual assault cases has emerged as one of the most important issues in contemporary American society. The increasing interest in the topic has evoked considerable changes in both the legislative response to the problem and criminal justice policy and practice. Although the general trend has been toward harsher penalties for sex offenders, Simon (1998) noted that there has been a major shift in the master narrative of penology from an optimistic view toward the possibility of offender rehabilitation to the “pragmatic pessimism that assumes little effectiveness [in] efforts at transformation” (p. 454).

There are two identifiable trends that have emerged as a result of this shift. First, increasing recognition of the problem by both officials and the general public has resulted in more offenders being prosecuted, which has in turn led to increasing numbers of incarcerated and supervised sex offenders. On any given day, about 234,000 offenders convicted of rape or sexual assault are under the care, custody, or control of corrections agencies, and about 60% of these offenders are under some form of conditional supervision in the community (Greenfeld, 1997). Between 1980 and 1994, while the country’s state prison population increased 206% overall, the number of imprisoned sex offenders grew 330% in the same period (Greenfeld, 1997). Second, sex offenders are having to serve a larger portion of their sentence in confinement than in years past (Brown, Langan, & Levin, 1999; Greenfeld, 1997).

Concern for the protection of society from sexual victimization has evoked both reactive and proactive legislative responses in recent decades (Jamrozik & Nocella, 1998). Politicians, in accordance with the significant amount of media
attention given to child sexual abuse, have enacted increasingly punitive statutes aimed at punishing and incapacitating sex offenders, whereas the emotionally charged nature of the problem of sexual victimization combined with what is often extreme pressure from interest groups and the general public to “do something” has resulted in limited and narrowed discourse on this issue within the legislative process (Edwards & Hensley, 2001). Within this climate of populist punitiveness, legislators have consistently modified criminal statutes toward harsher terms of imprisonment (Brown et al., 1999; Lotke, 1996), by incorporating determinate sentencing schemes and mandatory minimum custodial periods and by the withdrawal of, or severe restrictions in, the use of probated or alternative sentencing strategies for sex offenders (Henham, 1998; Simon, 1998; B. E. Smith, Hillenbrand, & Goretzky, 1990; Walsh, 1986).

The role of the criminal justice system in interpreting the law and adjudicating sex offenders is perhaps the most visible component in the populist punitive movement. The legislative changes noted above have, in many states, removed much of the judicial discretion once afforded to judges and prosecutors. Of course, elected court officials have been increasingly sensitive and responsive to public sentiments regarding sexual victimization, and although many feel unfairly constrained by recent legislative mandates, others have embraced the populist trend toward more punitive sentencing schemes for both first-time and repeat sex offenders. Simon’s (1998) pointed analysis is particularly relevant to this issue. He stated, “The old penology was a vehicle for relatively unbridled visions of state competence. The new penology, in contrast, is shaped by a pervasive skepticism about the power of the state to fundamentally change offenders” (p. 461).

Although no specific studies on the significance of this trend on sex offender sentencing could be found, ancillary evidence (i.e., media accounts of convictions and statistical trends in overall sentence length of sex offenders in recent years) suggests that sex offenders—particularly child abusers—are receiving longer sentences on average. By the mid-1980s, Walsh (1986) noted that sex offenders were often receiving harsher sentences than other felons charged with crimes involving bodily injury, aggravated assault, and attempted murder. More recently, sentences imposed on sex offenders appear to be increasingly designed to incapacitate rather than simply punish (Lotke, 1996; Simon, 1998).

Prior to the 1990s, probation was the criminal justice outcome most often used in adjudicating child sexual offenders. In a study conducted by the American Bar Association (B. E. Smith et al., 1990), of the offenders sentenced in the mid-1980s, four fifths received a sentence of probation, whereas 58% of these same offenders received at least some jail time in addition to the probated portion of their sentence. By 1996, however, 79% of sexual assault convictions had resulted in terms of imprisonment, with only 21% of the cases’ receiving some form of probation (Brown et al., 1999). Brown et al. (1999) also found that the mean sentence length for sexual assault convictions that resulted in incarceration was 97
months by the mid-1990s, whereas the average period of the custodial portion of these sentences (i.e., before parole or conditional release) increased substantially as well. There is no evidence to suggest that this trend is decreasing. In fact, there are now several states that require repeat and/or violent sex offenders to be sentenced to life in prison without parole (Wylie, 1998). The role of plea bargaining in sexual victimization cases has remained an important component of the adjudication process. In 1996, 81% of all sexual assault cases at the state level were resolved through plea negotiations (Brown et al., 1999). However, we would question whether these rates have been recently affected by the emergence of mandatory sentence minimums. We suspect that subsequent statistics may show a reduction in Brown et al.’s reported percentage as plea-bargained offers from prosecutors become less attractive to defendants due to mandatory sentence requirements for certain types of felonies.

Amid the trend toward the increasing use of imprisonment and other punitive measures to handle sex offenders has been a noticeable decline in efforts aimed at offender treatment and rehabilitation. As Simon (1998) noted, “Populist punitiveness is exceedingly hostile towards medicalization [which has resulted in the] important transformation of the sex offender from the most obvious example of crime as disease back to an earlier conception of crime as monstrosity” (p. 456). He went on to point out that this reduction in the emphasis on treatment in recent years is “a potent symbol of the state’s willingness to exercise power, unmediated by scientific concerns, on those deemed monstrous” (p. 459). This trend is clearly exemplified in available research. Whereas B. E. Smith et al. (1990) found that 80% of sex offender cases included in their study prior to 1988 involved court-mandated treatment as a condition of probation, a more recent analysis by the U.S. Bureau of Justice Statistics (Greenfeld, 1997) found that only 14% of imprisoned sex offenders at the time of the study had sentences that included a legislative or court-ordered mandate that they receive specialized sex offender treatment while incarcerated. Of course, the fact that this figure might reflect a deficiency in the availability of such treatment in many prison systems or a lack of confidence in their ability to assist offenders only enhances the importance of Greenfeld’s finding.

Although little research exists to further explicate the relationship between populist punitiveness and the de-emphasis on treatment, the B. E. Smith et al. (1990) and Greenfeld (1997) studies are indicative of both a movement away from probation strategies and the development of an entrenched pessimism toward specialized efforts aimed at sex offender transformation. As Schwartz and Cellini (1995) reported, the “just deserts” model of punishment that requires felons to serve set sentences regardless of whether they participate in rehabilitative efforts is strongly aligned with an important component of the populist movement. According to these authors, “The more an individual is viewed as being responsible for his or her problems, the less deserving of help that person seems to be” (p. xiii).
THE ISSUE OF TREATMENT EFFICACY:
A BRIEF REVIEW

Although a comprehensive review of treatment efficacy literature is beyond the scope of this article, the issue of whether treatment can be effective in reducing offender recidivism is one on which much of the current controversy over how best to manage sex offenders continues to turn. Despite a plethora of studies on sex offender treatment outcome over the past three decades, there has been little consensus within the scientific community as to whether treatment is clearly effective in reducing recidivism (Berliner, Schram, Miller, & Milloy, 1995; Furby, Weinrott, & Blackshaw, 1989; Heilbrun, Nezu, Keeney, Chung, & Wasserman, 1998; Klotz, 1996), although the most recent research has found substantial decreases in the sexual reoffense rates of treated offenders versus untreated (Marques & Day, 1998).

A recent meta-analysis of sex offender treatment outcomes (Hall, 1995) found that within the 12 studies included in the analysis, of the sex offenders who completed treatment \( n = 683 \), 19% committed additional sexual offenses, whereas 27% of those in the comparative group samples recidivated. Even more recently, from what is regarded as the most rigorous and methodologically sophisticated longitudinal study ever undertaken to examine treatment outcome (Marques & Day, 1998; Marques, Day, Nelson, & West, 1994; Marques, Nelson, Alarcon, & Day, 2000), preliminary results found that child molesters who completed treatment had the lowest rate of sexual reoffending, whereas those in the nonvolunteer control group had the highest rate (10.6% and 15.3%, respectively).

Although the issue of treatment efficacy is, in and of itself, a complex one, sex offender treatment programs exist within a variety of state criminal justice systems, which, although generally similar with regard to system objectives, often differ in their specific statutory and procedural approaches toward sex offenders and their rehabilitation. This imparity further complicates our ability to draw specific conclusions about treatment effectiveness. Nonetheless, some general trends in sex offender treatment have been noted in recent decades. According to R. C. Smith (1995), the 1970s and 1980s were a time of innovation and refinement in methods of assessing, treating, and supervising sex offenders, and these advancements were largely aligned with the development of correctional and community-based treatment programs in virtually every state. This innovation and refinement has resulted in the widespread acceptance and use of what is commonly referred to as the relapse prevention model. Whereas other treatment theorems and applications continue to be employed to various degrees (including those that employ pharmacological or behavioral modification techniques), relapse prevention has shown the most promise to the largest number of treatable sex offenders (Hall, 1995; Harris, Rice, & Quinsey, 1998; Marshall & Pithers, 1994).
CURRENT TRENDS IN CRIMINAL JUSTICE VERSUS
THE THERAPEUTIC NEEDS OF SEX OFFENDERS:
OUTLINING SPECIFIC CONCERNS

Despite the widespread proliferation of prison-based treatment programs and more homogeneous clinical approaches to assisting sex offenders, each program is merely a component of an elaborate criminal justice machine and subject to a variety of influences from within the larger system that can affect program effectiveness in any number of ways. More specifically, those influences and their impact can be contextualized by noting that the system itself can have consequences for perceived treatment usefulness as well as measurable treatment efficacy.

According to Klotz (1996), sex offender treatment programs do not exist in a vacuum and are shaped by fiscal and political pressures that often are not aligned with therapeutic considerations. Supporting this contention, Henham (1998) noted that “the treatment needs of sentenced sex offenders have been subsumed to the wider goals of system objectives and political agendas” (p. 70). Simply put, a given state’s sentencing structure (e.g., determinate, indeterminate, or a hybrid of both) as well as specific statutes aimed at increasing sex offender participation in treatment can both directly and indirectly affect the size and structure of a treatment program, its gatekeeping procedures, and offender motivation to pursue assistance.

The literature examining the relationship between treatment efficacy and criminal justice policy is sparse at best, which, in our view, demonstrates a considerable oversight in how scholars have approached the measurement of treatment viability and usefulness to date. One simply cannot adequately measure, with any degree of meaningfulness, the clinical success of a given treatment program functioning, admission criteria, bed space, statutory restrictions regarding client confidentiality, and the motivational characteristics of offenders who self-refer or for whom treatment is mandatory.

Of course, legislative sentencing mandates may also explicitly or implicitly influence offender participation and motivation regarding treatment. It is our view that increasingly harsher sentences and mandatory sentence requirements in some states have indirectly discouraged inmate participation in treatment by requiring extremely high percentages of the sentence to be served before conditional release is even a remote possibility. In such systems, inmates may simply choose to serve out their terms rather than face their problem in treatment because the “carrot” of early and supervised release has been, for all intents and purposes, eliminated by the minimum custody mandates imposed by well-meaning yet nearsighted lawmakers. Interestingly, although the removal of parole and other early release programs may logically result in a subsequent reduction in offender motivation to
participate in treatment, reduced early release opportunities also serve to diminish
the state’s exposure from and responsibility toward such unmotivated offenders
because fewer of them will be under their care and supervision upon release. More
specifically, however, it is our contention that such laws subvert the primary goals
of the legislators themselves as well as their constituents: to prevent recidivism
and to encourage offender accountability through specialized treatment interven-
which explicitly or implicitly influence [offender decision making] should . . .
provide incentives to seek rather than to forgo treatment” (p. 138). Unfortunately,
the popular trend has been in the opposite direction.

In addition to the potential latent consequences of sex offender sentencing and
management legislation, aspects of the court system itself can discourage defend-
ants from accepting or owning their behavior during the adjudication process.
The confrontational nature of the court process, according to Kear-Colwell and
Pollock (1997), pushes offenders away from contemplating a change in their sex-
ually indulgent behavior. For example, if an individual chooses to plead not guilty
and go to trial, the advocacy of his or her own innocence may foster a form of cog-
nitive dissonance that makes it difficult for the individual to accept responsibility
for his or her criminal conduct during the court process and, if found guilty, upon
being faced with the prospect of treatment (Winick, 1998).

Although the largest percentage of sex offense cases continue to be plea-
bargained, several specific aspects of the plea process may affect cognitive distor-
tions or promote cognitive restructuring, such as the pleading alternatives avail-
able to such defendants, the type of concessions that might be offered, and the
judicial process of establishing a factual basis for the plea (Klotz et al., 1992). We
believe there are several aspects to the plea negotiation process that may poten-
tially subvert both criminal justice interests and the defendant’s own psychologi-
cal needs. For instance, although an offender might be charged with the actual
crime that the state believes he or she committed, it is common for a plea agree-
ment to require a guilty plea to a lower grade of crime, which may inadvertently
support, or fail to refute, a defendant’s underlying cognitive distortions and
beliefs about the actual behavior involved in the offense or offenses (Klotz et al.,
1992; Wexler & Winick, 1992). Particularly with “charged bargaining,” the court,
in accepting a plea to a lesser offense, may discourage the defendant from
acknowledging the true nature and seriousness of the criminal behavior and may
even affect the defendant’s desire or ability to address the actual extent of his prob-
lem within a therapeutic setting should treatment be available while incarcerated
or under community supervision. It is also interesting to consider how the recent
trend toward mandatory sentence minimums may exacerbate this particular prob-
lem, because prosecutors are often unable to offer a reduced sentence on a given
charge and instead must resort to offering a reduced charge to provide a substan-
tial incentive to the defendant in exchange for a guilty plea.

A final concern regarding the plea negotiation process pertains to the
adversarial nature of the court actors in reaching a compromise leading to a con-
viction. As Kane (1996) remarked, “Plea negotiations over defendants’ liberty commonly result in . . . sentences [that are] structured by lawyers [who are] usually uninformed and often uninterested in behavioral management, [and who are] generally silent on the sentence’s objectives and approach” (p. 205). Indeed, the failure to see sex offenders as whole persons (Presser & Gunnison, 1999) draws attention away from offender potential for self-transformation and change and toward the singular goal of punishment during the plea process, thereby forgoing opportunities for addressing specific offender needs. Although critics may point out that the use of presentencing evaluations for sex offense cases is now mandated in many state court systems, we would contend that their primary purpose is more aligned with assigning levels of reoffense risk and postrelease monitoring needs than for any meaningful plea negotiation containing a treatment component.

The trend toward populist punitiveness and the enormous changes in the laws pertaining to sex offender sentencing and management have, in our opinion, undermined the criminal justice system’s capacity to affect thoughtful and customized adjudication strategies at the court level. As Kane (1996) remarked, The court [has been] left without any organized articulate expression about whether [its role] is for the purpose of control, treatment, or restitution [and has found itself] with an empty voice on what means are necessary for achieving desired outcomes. (p. 205)

Although the notion of treatment for sex offenders is widely accepted along with the medicalization of sexual deviance, the criminal justice system has largely excluded treatment as a viable structural component and has instead increasingly relied on stronger punitive sanctions and behavior management strategies to process offenders. The trend toward harsher sentences with fewer judicial alternatives, in our opinion, affects defendant motivation to admit to suspected abuse. This in turn forces prosecutors to drop cases with little supporting evidence, whereas the increasing severity of sanctions on conviction may encourage defendants to refuse plea bargains with statutorily mandated sentence minimums in favor of a trial stage that ends in full acquittal due to what is often a lack of evidence in sexual abuse cases. In short, the criminal justice process as it pertains to sex offense cases is antitherapeutic for both offenders and their victims. Although the efficacy of sex offender treatment remains inconclusive and its usefulness controversial, we contend that its current empirical status may have less to do with its therapeutic soundness than it does the manner in which treatment is employed or structured within the criminal justice system itself. We believe that a comprehensive treatment strategy has not been meaningfully incorporated into this system, and, therefore, its potential impact has never had a chance to fully materialize.

This article applies the concept of therapeutic jurisprudence to the problem of sex offender disposition and sentencing (a description of which follows in this section). A model that emphasizes this concept throughout the criminal justice
process will be provided and contrasted against the current system in place in most state jurisdictions. We believe this model can have a positive impact on virtually every aspect of the criminal justice system as well as the sex offenders themselves, their victims and families, and the various actors routinely involved in processing and adjudicating their cases. Such a model, however, would require a restructuring of the current system to incorporate a greater emphasis on meeting the therapeutic needs of sex offenders, while at the same time balancing these needs with the other normative assumptions and objectives associated with punishment and justice.

THE CONCEPT OF THERAPEUTIC JURISPRUDENCE AND ITS SPECIFIC APPLICATION TO SEX OFFENDERS

Therapeutic jurisprudence is the study of the role of the law as a therapeutic agent. Specifically, this perspective, first introduced by David Wexler and Bruce Winick in the early 1990s, maintains that

the law itself can be seen to function as a kind of therapist [and that] legal rights, legal procedures, and the roles of legal actors (such as lawyers and judges) constitute social forces that . . . often produce therapeutic or antitherapeutic consequences. (Wexler & Winick, 1992, p. Xvii)

According to these authors, therapeutic jurisprudence employs an interdisciplinary approach to examining the social-psychological impact of the law and seeks to enrich the scope of legal policy analysis, improve the law’s functioning, and find creative methods of crafting legal arrangements that enhance its therapeutic effects without subordinating due process and other justice values (Wexler, 1996b; Winick, 1997).

While some therapeutic jurisprudence work has applied psychological and social science theory to speculate about the therapeutic consequences of a particular legal rule (Winick, 1997), other researchers have employed the perspective to multidimensional legal processes or systems. Legal scholars as well as those in the fields of psychology, criminology, and psychiatry have used therapeutic jurisprudence to analyze a broad range of legal issues within criminal, correctional, juvenile, family, personal injury, and disability law (Winick, 1997). By bringing under one conceptual umbrella many legal areas that previously were viewed as disparate or merely unrelated (Wexler, 1995), therapeutic jurisprudence, by examining particular legal arrangements for their psychological impact, emphasizes enhancing positive therapeutic consequences and minimizing negative ones as an important objective in any sensible law reform effect (Winick, 1997).

According to Petrila (1996) and Winick (1997), critics of therapeutic jurisprudence often dispute the assumption that the enhancement of positive therapeutic outcome should play a dominant role in judicial decision making, while some
view the perspective as ignoring the prevailing principles and normative expectations of the law. In countering these criticisms, Wexler and Winick (1996) noted that therapeutic jurisprudence “is merely a ‘lens’ designed to shed light on interesting and important empirical and normative issues” (p. 708). Moreover, Winick (1997) clarified the role of therapeutic jurisprudence even further by noting that therapeutic considerations should not outweigh other normative values or principles but should instead “call for an awareness of [therapeutic] consequences [to] enable a more precise weighting of sometimes competing values” (p. 191).

Previous scholars (Edwards & Hensley, 2001; Klotz, 1996; Klotz et al., 1992; Wexler, 1996b; Winick, 1998) have used the therapeutic jurisprudence perspective to examine many of the issues and problems associated with adjudicating and treating sex offenders explicated earlier in this article. Such therapeutic jurisprudence inquiry has asked whether sex offender laws offer incentives or disincentives to offenders to seek treatment, and whether the laws, including the rules, procedures, and roles of lawyers and judges, operate therapeutically or antitherapeutically on sex offenders. Specifically, therapeutic jurisprudence literature has placed a great emphasis on the notion that many aspects of the current criminal justice system are geared toward promoting offender denial (Edwards & Hensley, 2001; Klotz, 1996; Wexler, 1996b). Reinforcement of denial is viewed as being particularly antitherapeutic because available treatment interventions rely fundamentally on the offenders’ ability to identify and later modify the types of feelings, thoughts, situations, and behaviors that were proximal to their sexually aggressive acts (McGrath, 1991). Some researchers (Kear-Colwell & Pollock, 1997; Klotz et al., 1992; Winick, 1998) have pointed to the adversarial nature of the court process itself as contributing to offender denial and cognitive dissonance. For example, the widespread use of plea bargaining in resolving sexual abuse cases has been noted to feed offender denial when reduced charges are offered in exchange for guilty pleas (Klotz et al., 1992; Perkins, 1991), and the legal actors involved in the plea negotiation process are typically uninformed or uninterested as to the defendant’s therapeutic needs (Kane, 1996).

Therapeutic jurisprudence scholars have also noted that few aspects of the court system or criminal statutes pertaining to sex offenders are fundamentally aligned with the offender’s potential for transformation and change (Edwards & Hensley, 2001; Winick, 1998). The nature of the court process itself, in conjunction with the debilitating impact of the sex offender label on an individual’s self-concept and self-esteem, may promote internalized feelings of being incurable and irredeemable, which may then negatively influence subsequent decisions about accepting or refusing treatment (Winick, 1996, 1998; Wylie, 1998).

In addition to these concerns, we would add that despite the routinized incorporation of treatment availability into the average criminal justice system’s normative organizational structure, the system itself commonly maintains and fosters policies and mandates that act as disincentives for offenders to seek out or participate meaningfully in specialized sex offender treatment. In fact, this last point is crucial, in our opinion, to understanding why sex offender treatment outcome and
efficacy studies have remained largely inconclusive despite a greater understanding of both the nature of sexual victimization as well as its treatment in recent decades. Simply put, the manner in which treatment programs are employed or structured within the criminal justice system is evidence of their subordinate or supplementary status in relation to the dominant system objectives of punishment, retribution, and incapacitation.

To address these issues, many authors have suggested several ways to reduce offender denial and cognitive distortion while promoting positive cognitive restructuring and motivation for change. A therapeutic jurisprudence perspective on sex offenders and the plea-bargaining process would suggest a revision in existing practices that uproot the laws’ current reinforcement of denial and cognitive distortion and promote offender rehabilitation through cognitive restructuring (Wexler & Winick, 1996). For example, these authors suggest a dialogue approach to offender sentencing resulting from a plea of guilty, in which the defendant is encouraged to make a detailed admission of guilt. This would establish a factual basis for the plea, work against any present or future denial or cognitive distortion about the nature of the offense(s), and anchor the defendant to any previously agreed on treatment and compliance decisions associated with the plea agreement (Klotz et al., 1992; Wexler, 1996b; Wexler & Winick, 1996).

Previous therapeutic jurisprudence scholars have also suggested that motivational techniques designed to short-circuit offender denial are more successful than those employed within the typical adversarial court process (Kear-Colwell & Pollock, 1997). According to McGrath (1991), offenders given reasonable motivational incentives may be more likely to be open toward proper assessment, disposition planning, and specialized treatment. For instance, Kane (1996) suggested that actively involving the offender in a therapeutically oriented plea construction process can "enable an offender to appreciate the reasons for the sentence and to understand what treatment goals, obligations, and consequences [will] apply" (p. 210). If done in conjunction with comprehensive presentencing evaluation and treatment planning, the use of what Meichenbaum and Turk (1987) called “behavioral or contingency contracting” during the plea negotiation process can capitalize on the patient–health care professional relationship early on in the court process, further enhancing the therapeutic potential of the court system itself for a greater number of sex offenders.

THE TREATMENT TRACK MODEL

Our contribution to the therapeutic jurisprudence literature extends these specific propositions regarding the adjudication and treatment of sex offenders by incorporating many of these suggestions into a criminal justice system model that addresses the therapeutic needs of offenders while preserving the normative values and objectives of the larger system. Specifically, the proposed treatment track sentencing and treatment model addresses many of the antitherapeutic conse-
quences of the current adjudication and rehabilitation processes and restructures many system components toward prioritizing offender therapeutic intervention and cognitive restructuring.

The proposed treatment track model, although primarily focusing on the adjudication phase, also encompasses aspects of the investigatory and rehabilitative components of a sex offender’s likely path through the criminal justice process. It is our contention that all system components can be modified to become more aligned with meeting the therapeutic needs of sex offenders and that such alignments can have residual positive effects on their victims as well as the actors involved in dispensing justice. Moreover, the proposed model emphasizes the interrelated nature of various system components and addresses each component’s potential positive therapeutic effect on the others. The proposed treatment track model provides defendants targeted for the program with a substantial sentence deferment, contingent on their early cooperation with authorities at the court level, a plea of guilty to a charge commensurate with the actual offense committed, and successful participation in sex offender treatment during and after the adjusted period of incarceration. Failure to abide by any portion of the deferred sentence would result in a revocation hearing by the sentencing court to require the offender to serve the original nondeferred sentence minus the time already served.

Within the proposed model, the therapeutic potential and needs of each defendant are considered at the earliest stages of the prosecutorial process, and depending on how a given jurisdiction implements the proposed model, may even become a consideration while the defendant’s case is being investigated. Once a decision to prosecute has been reached, a defendant is assessed as to his or her eligibility for the treatment track option. Although it is beyond the scope of this article to examine the issue of eligibility in any detail, we believe that first-time offenders or repeat offenders that have not received comprehensive treatment should be eligible, whereas those crimes that involved serious physical injury, sadism, or mutilation should, generally speaking, be excluded from a deferred sentence option unless special circumstances warrant their inclusion. Although eligibility must be addressed by lawmakers in terms of program implementation, prosecutorial discretion must be incorporated into the overall eligibility determination process to preserve the functional integrity of the model.

Once eligibility is established, the defendant is informed by his or her attorney about the deferred sentence option and what it entails. Because early attorney/client discussions about the criminal charge(s) are generally used to assist the attorney in recommending and then pursuing a strategy of defense, the availability of the deferred sentence option allows the attorney to initiate the therapeutic potential of the plea-bargaining process by introducing the notion that the client is potentially redeemable and has been recognized as someone worthy of treatment intervention.

If the defendant wishes to pursue the deferred sentence option further, the attorney then petitions the court for an order to begin the referral and assessment
process. The defendant is then assessed as to his or her psychosocial needs and abilities, amenability toward treatment, and understanding of the terms and consequences of the deferred sentence option. This assessment also contains a crucial therapeutic component, in that it provides an early, structured opportunity for evaluators to encourage client cognitive restructuring and to challenge existing cognitive distortions about their abusive behavior. The completed assessment is initially provided only to the defendant and his or her attorney to assist them in making an informed decision as to whether to offer a plea of guilty to the court in exchange for conviction under the deferred sentence option. Obviously, if the report’s conclusions are unfavorable toward the client’s best interests, the defense attorney will discourage the defendant from pursuing this option. However, reports that are generally favorable toward the client’s potential rehabilitation should, under deferred sentence option protocol, result in cooperation by the prosecution once submitted to the court for its consideration.

Once the assessment has been submitted to the court, it will form the foundation for a comprehensive plea agreement designed to meet the specific therapeutic and rehabilitative needs of the defendant. Using a previously established model of calculation, a fractionalized period of incarceration commensurate with the charge or charges is offered by the prosecution. Next, in addition to standardized requirements of specialized sex offender treatment completion while in custody and continued treatment during a mandatory period of supervision following incarceration, requirements unique to the defendant’s behavioral vulnerabilities or management can be incorporated into the final plea agreement.

The culmination of the plea process, whereby the defendant formally pleads guilty to the charge(s) in exchange for the deferred sentence option, provides an additional opportunity for the court to discourage a defendant’s cognitive distortions about his or her behavior, while promoting the offender’s accountability for having harmed his or her victim(s). During the plea hearing, the offender is asked by the judge to provide a detailed, narrative account of the crimes committed. Unlike the commonly employed tactic of offering the defendant the option of pleading to a reduced charge, this detailed accounting by the defendant eliminates the opportunity for later denying or mitigating the extent of his or her criminal behavior during the treatment process. This, in effect, anchors the defendant to the behavior he or she is charged as having committed. Finally, the defendant will be questioned in detail as to the specific terms and conditions of the deferred sentence option, as well as the consequences for failing to abide by them.

Beyond the adjudication phase of the process, the deferred sentence option mandates both intensive treatment during the incarceration period and postrelease aftercare and supervision. In many current systems, imprisoned sex offenders may wait several years before becoming eligible for prison-based treatment or may complete an available treatment program long before parole eligibility or minimum sentence completion. Long periods of time before treatment begins may allow the offenders to cognitively disassociate themselves from the impact of their offensive behavior, whereas an extended period of continued incarceration
after treatment may substantially reduce the impact of treatment on offender behavior once release does occur. However, because the offender’s term of incarceration under the deferred sentence option is likely to be considerably less than the nondeferred equivalent, mandatory treatment will begin early in the sentence and end near or at the time the offender is set to be released into a transitional facility or supervised release.

Mandatory postrelease aftercare and supervision would actually begin prior to the offender’s scheduled release to assist him or her in making appropriate housing, employment, and treatment arrangements. By initiating postrelease programs during the final incarceration stage, the offender is more likely to be comfortable with and to trust those who will be responsible for assisting him or her upon release into the community. Moreover, such a transition will allow the prison-based treatment team to assist the postrelease professionals in designing an aftercare and supervisory program that will address the offender’s unique vulnerabilities, needs, and challenges.

The adjudicative, treatment, and postrelease aftercare components to the treatment track approach all depend on a larger “system” emphasis on meeting the therapeutic needs of sex offenders and on the system’s ability to recognize the importance of integrating all components to create and maintain a high degree of system efficacy. Said another way, if each component of the sex offender criminal justice process operates as a separate organizational entity, individual component objectives and procedures may in turn negatively affect or mitigate the efficacy of the other components unintentionally. In our opinion, this is the most common yet inconspicuous reason why innovative and progressive sex offender deferred sentence, treatment, or supervisory programs have often failed to yield substantial reductions in offender recidivism in the past.

In addition to providing meaningful incentives to an offender to accept responsibility for his or her behavior early on in the intervention process, the treatment track option may, over time, have additional residual benefits that extend well beyond the abuser. The deferred sentence option may increase the number of offender self-referrals to mental health agencies and may even encourage certain victims or nonoffending spouses of intrafamilial sexual assault to come forward if the offender would be treated and not merely punished (Edwards & Hensley, 2001). Moreover, the incentives provided to defendants under the deferred sentence option might serve to decrease the number of sexual assault cases that are adjudicated by trial, reducing the amount of system trauma incurred by victims in deferred sentence option cases.

Finally, the treatment track model may have therapeutic benefits for the various individuals involved in adjudicating sex offender cases (Wexler, 1996a; 1996b). Judges and prosecutors can view their roles as therapeutically helpful to offenders as well as to affected family systems in many cases. Defense attorneys can maintain their role as defendant advocate while enjoying the personal satisfaction of having assisted their client in gaining meaningful assistance as well as a shorter term of imprisonment.
CONCLUSION

Although we acknowledge that our proposals are generally not aligned with the current trends in sex offender legislation, adjudication, and management, we nevertheless suggest that an integrated and prioritized emphasis on addressing the therapeutic needs of offenders can be readily and effectively incorporated into existing criminal justice systems while maintaining their normative values and objectives. We would encourage other scholars to further develop and operationalize the proposed model to fit their particular state’s criminal justice system and infrastructure, but always with an eye toward system integration and overall system efficacy.

Finally, we would encourage scholars working in the area of sexual offending to contemplate the extent to which the new penology has disjoined the sex offender from virtually every other type of criminal, while having ceremoniously and symbolically bestowed on him or her a permanent, indelible, and unforgivable stain that precludes any hope of redemption and transformation. Certainly, hopelessness should not be the only message we have to offer those who sexually offend, their families, or their communities.

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Motivation and Sex Offender Treatment Efficacy: Leading a Horse to Water and Making It Drink?

Karen J. Terry
Edward W. Mitchell

Abstract: The authors conducted a study to analyze the outcome of a cognitive behavioral treatment program for incarcerated sex offenders. Specifically, the study aimed to determine whether motivation to participate in the program had an impact on the reduction of cognitive distortions (CDs). Seven CDs were analyzed in pretreatment and posttreatment assessments, and the treatment was considered effective for offenders who eliminated more than half of the CDs by the end of the program. The results showed comparable success rates for sex offenders with adult victims who were and were not motivated to change their offending behavior. Motivation did have an effect on offenders with child victims, although the reasons for this are unclear and should be explored with a larger sample of offenders.

The efficacy of sex offender treatment programs has come under intense scrutiny, with studies producing varying results. Although the “nothing works” maxim of the 1970s has been largely abandoned, the debate continues as to whether treatment can effectively reduce recidivism. Unfortunately, there are few standardized treatment programs in prison or in the community offered in Canada and the United States; most are a conglomeration of various treatment regimes without a coordinated approach from the agencies concerned on a federal or a state/provincial level. In England, however, the passing of the Criminal Justice Act in 1991 created a dramatic increase in the percentage of sex offenders being treated in prison, as it extended obligations of the prison and probation services for supervising sex offenders (Grubin & Thornton, 1994). The prison service announced an initiative to treat sex offenders with a multisite, uniform, cognitive-behavioral treatment program in England and Wales, called the Sex Offender Treatment Programme (SOTP). There are now 25 prisons throughout England and Wales running the SOTP (Programme Development Section, 1997).

The SOTP is offered to sex offenders (or offenders with sexually motivated offenses) on a voluntary basis. However, it is unlikely that the offenders will be given either parole or enhanced privileges in prison if they do not participate in the program. In addition, offenders who are serving life sentences (“lifers”) will not be released until they have addressed their offending behavior. Lifers are therefore indirectly coerced into treatment. The consensus in the literature is that treatment will only be effective for offenders who are willing to cooperate and change their
behavior (Perkins, 1991; West, 1987); negative attitudes toward the treatment program may negatively affect both the offenders and others in the program (Sampson, 1992). This is problematic, as Grubin and Gunn (1990) showed in one sample that most sex offenders do not wish to participate in treatment. Of the rapists they interviewed, 73% stated that they did not want or need treatment, whereas 41% of those said that they would participate if they were expected to do so while in prison.

Thus far, studies have produced varying results regarding the effectiveness of treatment for sex offenders. The main reason for this is the variance of methodology in program analyses. A detailed review of the literature is not provided here, though some researchers who discuss the issue at length are Marques (1999); Marshall (1996); Marshall, Anderson, and Fernandez (1999); and Solicitor General of Canada (1990). One of the core aims of cognitive behavioral treatment is to eliminate cognitive distortions (CDs), or the distorted thought processes of sex offenders. Several researchers (e.g., Marshall et al., 1999) have noted a relationship between CDs and the maintenance of offending behavior as well as the effectiveness of cognitive behavioral treatment programs at modifying the CDs. In this study, the following CDs were recognized in the subjects during the pretreatment interviews:

- Minimization or denial, for example, minimization of damage caused, violence used, responsibility for the offenses, and the lasting victim effects; complete denial of offense commission, aggravating factors in the offenses
- Justification, for example, excusing commission of the deviant acts, acknowledgment of guilt but not responsibility, blame of victims for offenses, and justification of offenses due to victims’ actions
- Lack of victim empathy, for example, selfishness/narcissism, inability to identify with victim’s feelings, and lack of awareness of trauma caused to victims
- Triggering factors, for example, blaming behavior on alcohol and drugs (personal) and blaming behavior on negative emotional states (environmental)
- Fantasies, for example, fantasies about a particular sexual behavior, violence, power, control, a specific victim/type of victim, and/or lack of recognition of such fantasies
- Behavior management, for example, awareness of high-risk situations and ability to avoid, control, or escape any potentially harmful situation
- Grooming or planning, for example, recognition of apparently irrelevant decisions leading to offending behavior or recognition of grooming tactics used with victim

There is an increasing mandate for sex offenders to participate in treatment if they are going to live in the community under either probation or parole sentences. Additionally, in some states sexually violent predators are being civilly committed and treated upon completion of their criminal sentences, released only when they are “rehabilitated” and no longer a danger to the community. In both cases, it is likely that many of the offenders participating in treatment programs are indirectly coerced into treatment. This study therefore attempts to determine whether
there is a differential impact on treatment outcome for offenders who are motivated to participate in treatment and those who are indirectly coerced into treatment. The definition of coercion used in this study is taken from research by Monahan (1981) on involuntary mental hospital admissions. They define indirect coercion as the feeling that there is no choice but to go into treatment because without the treatment there will be adverse consequences (Bennett et al., 1993). They found that the attitudes of some of their subjects did change over time, with approximately half of the patients who initially denied they needed treatment acknowledging the benefits of treatment in retrospect (Hoge et al., 1996).

There is no direct coercion to participate in the SOTP; however, one group of sex offenders (lifers) know they will not be released from prison without addressing their offending behavior. Until they participate in a treatment program, lifers will remain in prison and be denied parole, which may cause them to feel indirectly coerced into participating. Thus, although many of the lifers in the sample said they did not have to participate in the SOTP because it is a voluntary program, they also said they would have to do it eventually to be released. In addition, enhanced privileges are rarely given to sex offenders who do not participate in a treatment program. Though there is no direct policy to this effect, many of the offenders participate in the SOTP to receive these benefits.

**METHOD**

The aim of this study is to assess whether motivation to participate in a cognitive-behavioral treatment program is necessary to substantially reduce CDs in sex offenders. Because CDs are linked to the maintenance of offending behavior, it is likely that the reduction of CDs will result in the reduction of recidivism. Motivation is dichotomized into offenders who participated out of a desire to change their offending behavior and those who participated for other reasons (e.g., eligibility for parole). Efficacy is defined as the offenders’ ability to recognize and eliminate at least four CDs (over half) that were present at the outset of treatment and dichotomized into successful or unsuccessful.

This is a preliminary study that uses incarcerated offenders as subjects; as such, there are many limitations to the results. The sample consists of the sex offenders from six SOTP groups in three prisons in England. Each group began with either 8 or 9 offenders and lasted approximately 10 months. Judgment (i.e., nonrandom) sampling was used to select a representative sample of offenders participating in the SOTP. The subjects consisted of all those participating in the SOTP in the three prisons from March 1997 until August 1998. The study began with 46 offenders, and 31 offenders completed both pre- and posttreatment assessments, an attrition rate of 32.6%. The 31 offenders in the posttreatment sample committed the following offenses: rape, 9 offenders (29%); indecent assault (IA), 7 (23%); buggery, 2 (6%); incest, 2 (6%); unlawful sexual intercourse (USI) with children under 16, 2 (6%); rape as a main offense, with other
sexual or nonsexual offenses, 4 (13%); 1A as a main offense, with other sexual and nonsexual offenses, 2 (6%); other index offenses (all murder), 3 (10%). Sixteen offenders committed offenses against children under the age of 16 (52%), and 15 committed offenses against adults (48%). All subjects were male, 20 were over the age of 40 (64%), all but 1 were White, and the majority (58%) left school between the ages of 14 and 16 years. Most offenders had been convicted of offenses previously; of those, 32% had been convicted of both sexual and nonsexual offenses. Thirty-six percent of the subjects suffered from depression or anxiety and had been prescribed medication for these illnesses, and 58% of the subjects were sexually abused when they were younger.

The attrition rate for this study is high, and those who did not complete the SOTP either dropped out of the program or were moved to a different prison for the following reasons: 5 offenders continued to severely deny, justify, or minimize their offenses; 2 offenders were disruptive or bullied other offenders in the group; 2 offenders divulged (or threatened to divulge) information about offenders in the group to others on the wing; 1 offender had problems unrelated to SOTP that required transfer; and 1 offender fantasized about other offenders’ victims. Additionally, 2 offenders did not fill out the first questionnaire completely and therefore invalidated their participation in the study, whereas another declined participation in the posttreatment stage of the study. At least 4 offenders in each group completed the treatment program, and in no group did all of the original participants complete it. The rate of attrition was roughly equal for those convicted of offenses against children and adults (8 and 7 offenders, respectively).

Data were collected through pretreatment and posttreatment assessments. Each assessment consisted of three types of data collection: documentary analysis, questionnaires, and interviews. The questionnaires were not used for this aspect of the study and therefore will be disregarded for the analysis. Letters of voluntary participation were given to the offenders to sign at the beginning of the study, promising nondisclosure to authorities. The offenders were not given any incentives to participate in this study, and all but 5 offenders who were participating in treatment at the prisons where the study was taking place agreed to participate. Prison records were used for documentary analysis to check, supplement, and validate background information given by subjects. Most prison records contained victim and police reports, the offenders’ accounts of their offenses, court reports, any newspaper articles that were published at the time of the offense, and all prison reports on the offenders.

Semistructured interviews were used to gather information about the offenders’ cognitions and motivational levels. All interviews were conducted by the same researcher (a female) and ranged in length from 1 to 4 hours. Offenders were formally interviewed at the beginning and end of their respective treatment programs, which lasted, on average, 10 months. In the interim, the researcher visited the prisons to speak to prison officials (e.g., correctional officers, treatment tutors) and check on the status of the treatment programs.
The data elicited were coded into categorical variables and analyzed through chi-square tests. A logistic regression analysis was also conducted and yielded similar results. The data were coded as binary variables; either subjects were motivated to participate or not, they had a CD or they did not, and they successfully completed the program or they did not. It was necessary to use binary rather than scale variables due to the small sample size; scale variables would have produced no viable statistical analysis.

### FINDINGS

The pretreatment and posttreatment interview transcripts were used to determine whether the offenders continued to display CDs on completion of the treatment program. Additionally, the interviews yielded information about the offenders’ levels of motivation to participate in the SOTP. In the pretreatment assessments, all offenders displayed each of the seven CDs to some degree. Table 1 shows the number of CDs displayed by the offenders during the posttreatment assessments.

These results indicate that treatment was successful at reducing at least four CDs for 22 of the 31 offenders (71%), whereas 9 offenders (29%) continued to exhibit at least four CDs in the posttreatment assessments. Offenders were still classified as exhibiting the CD if it was present to any extent, even if the strength of that particular CD was significantly reduced. Table 2 shows which CDs were still displayed by offenders in the posttreatment assessment, and it shows that child molesters are more likely than offenders with adult victims to retain all but one CD on completion of treatment. However, the only significant difference between the two populations is with fantasies ($\chi^2 = 5.560, df = 1, p = .018$).
<table>
<thead>
<tr>
<th>Victim Type</th>
<th>Minimization/ Denial</th>
<th>Justification</th>
<th>Victim Empathy</th>
<th>Triggers</th>
<th>Fantasies</th>
<th>Behavior Management</th>
<th>Grooming/ Planning</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>9</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>34</td>
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<tr>
<td>Child</td>
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<td>7</td>
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<td>6</td>
<td>51</td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>13</td>
<td>17</td>
<td>12</td>
<td>8</td>
<td>3</td>
<td>10</td>
<td>85</td>
</tr>
</tbody>
</table>
Of the 31 offenders who completed both pretreatment and posttreatment assessments, 16 were motivated to do the SOTP and 15 participated in the program for other reasons. Seven of the offenders who were not motivated were lifers who felt they had no choice but to participate, and 8 others were doing it for instrumental reasons (e.g., parole or prison incentives). Table 3 shows that an equal number of offenders (11) who were and were not motivated to participate successfully completed the program, and there is no significant difference between the two populations ($\chi^2 = 0.079$, $df = 1$, $p = .779$).

Table 4 shows that success rates are comparable for offenders with adult and child victims. Although there were more offenders with child victims than adult victims who did not successfully reduce their CDs, this relationship is not significant ($\chi^2 = 1.151$, $df = 1$, $p = .283$). However, when analyzing the variables of motivation and victim type, there is a difference between the two populations. Offenders with child victims who were not motivated to participate in the SOTP were significantly less likely to complete the program successfully than offenders with adult victims ($\chi^2 = 6.234$, $df = 1$, $p = .013$).

**DISCUSSION**

The reasons for the differential affect of motivation on offenders with adult and child victims are unclear. However, the two populations do differ in regard to one
variable. Offenders with adult victims spent a longer time in prison prior to the outset of treatment than offenders with child victims. The difference was more pronounced for unmotivated offenders with adult victims, who spent, on average, 11.3 years in prison prior to participating in treatment. Alternatively, offenders with child victims who were unmotivated to participate in treatment served an average of 5 years in prison before beginning the SOTP. It is unclear whether this difference in time served had an impact on treatment efficacy, though it is possible and may lend an interesting perspective to the debate on when treatment should be offered during the sentence. There are no other significant differences between the two populations, as they are similar in regard to age, occupation, educational history, socioeconomic status, and history of abuse. Further studies should be conducted to explore the possibility that treatment may be more effective for offenders who have completed a substantial amount of their sentence as opposed to those at the beginning of their sentences.

It is of some concern that offenders with child victims continued to have deviant fantasies at a higher rate than offenders with adult victims, though this result is not surprising. All of the offenders in this sample with child victims who continued to have deviant fantasies are those that Finkelhor (1984) classified as “fixated offenders,” or exclusively involved with children. They explained that their sexual desires were directly related to their lifestyles, and they expressed concern at changing their lifestyles. Despite this obstacle, some researchers (e.g., Marshall, 1996) have shown that it is possible to modify fantasies and reduce recidivism in this population.

Although some offenders did not reduce their CDs as a result of participating in a treatment program, many offenders successfully did so. The most pronounced difference was in lifers who participated in a treatment program for the first time, with the most notable difference being their increase in victim empathy. Whether this will have an effect on their rates of reoffense is unclear; however, these results are positive in light of the increasing mandate for indirectly coerced treatment. Though no social policy should exist that promotes a therapeutic tyranny for sex offenders, this study shows that it is possible to reduce CDs in offenders who do not think that they need help or have a problem.

CONCLUSION

Cognitive behavioral treatment is becoming commonplace for offenders on probation, on parole, or civilly committed into mental hospitals. As such, it is pertinent to know if it will be effective and, if so, for whom these programs might be beneficial. Although much of the literature states that treatment must be voluntary for it to be effective, this study showed that lack of motivation to participate in treatment had no effect on sex offenders with adult victims. This study only observed the reduction in CDs and did not address rates of recidivism on completion of the treatment program. Although several researchers have linked CDs to
the maintenance of offending behavior, further studies should be conducted to identify the relationship between reduction of CDs and recidivism in this population.

This is a preliminary study that only addresses a limited group of sexual offenders: those who were arrested, convicted, incarcerated, and deemed eligible to participate in a treatment program. As such, the results should be interpreted with caution. Despite limitations, the results of this study are encouraging. They show that it is possible for sex offenders, at least those with adult victims, to benefit from cognitive-behavioral treatment programs even if there is no desire to participate. As with the study on involuntary mental hospital admissions, many sex offenders in this sample did recognize the benefit of treatment in retrospect. This was true of offenders with both adult and child victims, and the following excerpt—stated by an offender serving a life sentence for murder who successfully reduced five CDs—was typical of posttreatment offender attitudes.

Q: Did you want to do the SOTP?
A: [laugh] Well, now . . . to start with, no, I must be quite honest. To start with I fought like mad against it. But looking back now, it was the best thing I ever done. It was quite a culture shock to me.
Q: Do you think it was the right decision, then?
A: Definitely the right decision. Even though it took having me backside kicked a little bit . . . I know now that I would have reoffended again.
Q: Why?
A: Because I didn’t want to recognize that I had a sexual problem . . . a sexual problem with women. And I think this course has brought the reality of that onto me. I didn’t understand how deep sexual offending was.
Q: Do you think the treatment should be mandatory for sex offenders?
A: Definitely! You should have to go on it, you should not have a choice.

NOTES

1. The prisons are HMP Whitemoor, HMP Maidstone, and HMP Littlehey. The three prisons vary significantly in their atmosphere, though the Sex Offender Treatment Programme is run identically in each.
2. Because this is a preliminary study and the sample size is small, statistical results must be regarded with caution.
3. One offender with child victims served 17 years; not counting this individual, the average length of time served was 3 years for unmotivated offenders with child victims.

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Whose Problem Is It Anyway?
Women Prisoners and HIV/AIDS

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Abstract: One of the pressing public health concerns facing correctional systems today is HIV/AIDS. Although no segment of the incarcerated population is immune to this infection, an alarming number of female inmates have been shown to test positive for HIV at higher rates than male inmates. As women in prison have different treatment needs and problems than their male counterparts, the impact of such inmates on correctional health care services represents a potentially critical issue confronting correctional managers and correctional health service administrators. This article highlights the need for the corrections community to address the special needs of female inmates infected with the HIV/AIDS virus and to acknowledge the impact of HIV/AIDS on all imprisoned women in the United States.

A rising tide of infectious diseases in the nation has affected jails and prisons as infected inmates enter correctional systems. Administrators are concerned about the potential spread of infectious diseases in their facilities due to close living arrangements in often overcrowded conditions, the cost of medical care, and the potential spread of such diseases to a community upon an inmate’s release. In addition to tuberculosis (TB), one of the pressing public health concerns facing correctional systems today is HIV/AIDS.

Although no segment of the incarcerated population is immune to this infection, certain populations show a higher frequency of HIV infection. Lachance-McCullough, Tesoriero, Sorin, and Stern (1994) noted, “Minorities are disproportionally impacted by the AIDS epidemic. In fact, the sociodemographics of HIV/AIDS look strikingly similar to the sociodemographics of American prisons” (p. 200). Olivero (1992) stated, “Most of those infected in prison are disproportionally members of minority groups; they tend to be Black and Hispanic” (p. 50). In addition, HIV cases in prison also show a difference by gender. According to a 1997 study by the Department of Justice, male HIV cases far outnumbered those of females (20,200 compared to 2,200), but the numbers are misleading because there are so many more male prisoners. When computed as a percentage of the total population in custody, 2.2% of the male inmates and 3.5% of the female inmates were HIV positive. The percentage of HIV-positive women has been higher than the male percentage in every year since 1991 (Maruschak, 1999). Numerous other studies support this trend. The purpose of this article is to explore the policy ramifications of various options designed to minimize the impact of HIV/AIDS on imprisoned women in the United States.
Although women comprise only a small proportion of the total incarcerated population in the United States today, the growing numbers of women being sent to prison have increased, but the increase is disproportionate to their involvement in serious crime. Women imprisoned in state and federal correctional institutions throughout the United States totaled 84,427 (with 3,600 holdbacks for lack of beds) at year-end 1998, increasing at a faster rate during 1997 and 1998 than did male inmates. Overall, the rate of growth for female prison inmates exceeded that for males for each of the past 14 years. From 1990 to 1996, the male population increased by 51%, and the female population gained by 73%. Despite the fact that female prisoner population growth outpaced that of males, females comprise less than 7% of the imprisoned offenders (Gilliard, 1999, p. 4).

Like their male counterparts, female inmates are young (about two thirds are younger than 34 years old), minority-group members (more than 60%), unmarried (more than 80%), undereducated (about 40% were not high school graduates), and underemployed (Beck & Mumola, 1999). Unlike men, large majorities are unmarried, mothers of children younger than 18, and daughters who had grown up in homes without both parents present. Moreover, a distinguishing characteristic of incarcerated females is their significantly increased likelihood of having survived sexual and/or physical violence, particularly by a male relative or intimate partner (Fletcher, Rolison, & Moon, 1993; Sargent, Marcus-Mendoza, & Yu, 1993). Research also shows that women in prison have experienced unusually high rates of extremely abusive “discipline” from parents, involvement in drugs, and prostitution, whether they were imprisoned for these crimes or not (Harlow, 1999).

As noted in Harlow’s (1999) Survey of Inmates of State Correctional Facilities (SISCF), most of the women in prison were convicted for a nonviolent offense and had only nonviolent offenses as prior convictions. The women who were serving a sentence for a violent crime were most likely to have victimized a relative, an intimate (husband, ex-husband, boyfriend), or some other acquaintance. In fact, the women in prison were more likely to have committed their violent offense against someone close to them than were their male counterparts (36% to 16%). The tendency for violent crimes by women, including homicides, to have been committed against intimates and relatives (nearly 50% of the cases) may be the result of women responding to a history of physical and psychological abuse by that relative or intimate. Studies have suggested that many women in prison for violent crimes are serving sentences for killing abusive husbands, ex-husbands, or boyfriends (see Moyer, 1993; Owen & Bloom, 1995, for reviews of the studies). The SISCF did not address this point specifically, but it did find that more women inmates (43%) than men (12%) reported having been physically or sexually abused before their current incarceration.
Whether as direct consequence of abuse or other contributing factors, female inmates may suffer from a loss of self-respect, hiding their pain in substance abuse (McKinney, 1994). A significant number of female inmates report having substance abuse problems. Before their incarceration, women prisoners used more drugs and used those drugs more frequently than did men in prison. Women prisoners are also more likely to report that they were under the influence of drugs at the time of their current offense and to claim that they committed the offense to obtain money to buy drugs (Greenfeld & Snell, 1999).

The picture that emerges of the female inmate is troubling. Female criminal behavior appears to be the product of continuing social problems—the impact of physical and emotional abuse and extreme disadvantage, exacerbated by economic problems as well as drug and alcohol abuse.

MEDICAL SERVICES FOR WOMEN IN PRISON

Health services delivery within prisons has been increasingly strained over the past decade, resulting primarily from (a) more inmates coming into the prisons and (b) new inmates being less healthy than their counterparts of just a decade ago. Although research shows that during the past two decades medical services for incarcerated women improved (Lillis, 1994), the implementation of innovative in-house medical treatment for women has not kept pace with the diverse needs of the ever-increasing population.

Women often require more medical attention than men, and women’s prisons must deal with a greater demand for adequate health care. In particular, women experience health problems related to their reproductive systems, especially true of those who are pregnant and require prenatal care when they enter prison. A host of other problems related to health care exists in women’s prisons, including the availability of specific medications. Because women’s prisons are relatively small institutions, policy makers believe that installing extensive medical services in the prison cannot be justified. Consequently, women inmates who require greater medical attention than the prison provides must be transported to hospitals that can enhance their access to care. Furthermore, when the prisons are located in rural areas, transporting inmates to urban medical centers can be problematic, thereby posing greater risks for the inmate-patient. Such issues have been the subject of litigation. Even when the courts uphold the inmates’ petition for better medical attention, prison administrators react slowly to those court orders (Muraskin, 1993).

The quality and quantity of health care received by all inmates have been questioned and generally have been found in need of reconsideration. Because women commonly need and avail themselves of more medical services than men, the problem of poor medical services for the female inmate is even greater than it is for the male. The street lifestyle of many female inmates (e.g., drug and alcohol
abuse, poor diet, possibly indiscriminate sexual behavior, restricted access to medical services, and the tendency to neglect medical problems) means that women entering prison are likely to require significant medical attention and education to help them take better care of themselves on release to the community (Acoca, 1998).

HEALTH CARE FOR IMPRISONED WOMEN WITH HIV/AIDS

HIV/AIDS is only transmitted in one of three ways: (a) via sexual activity with an infected person, (b) through contact with infected blood by sharing an intravenous needle with an infected person, and (c) from an infected mother to a newborn infant. The virus is not transmitted through casual everyday contact such as holding hands or having a face-to-face conversation. In the majority of states and in every region of the United States except the West, female inmates had a higher HIV-positive infection rate than male inmates (Maruschak, 1999). The high rates of HIV infection and AIDS among women offenders are essentially the result of intravenous drug use, trading sex for drugs and money, sexual abuse, living under conditions of poverty, and other gender-specific conditions of their lives that make them more prone to HIV infection (DeGroot, Leibel, & Zierler, 1998). However, it is important to note that the information known about HIV-infected inmates is limited by jurisdictional differences with respect to testing protocol and reporting practices. Therefore, the actual number of HIV and AIDS cases may be much higher than corrections officials are reporting. Additional cases may be concealed by the lengthy incubation period of the disease (sometimes as long as several years). Thus, it is likely that there are many more AIDS cases than have actually been detected at this time. Still, the increasing numbers of women in prison with HIV/AIDS is a serious concern. Although levels of activity vary among facilities, many inmates engage in the types of high-risk behavior (e.g., illicit sex and drug injection) during incarceration that pose a significant danger of viral transmission (Mahon, 1996).

Corrections professionals must be prepared for offenders who are suffering from the long-term debilitating effects of previous drug use. Besides addiction, drug use may lead to a variety of chronic physical problems. Alcoholic offenders may have serious liver damage or health problems precipitated by years of poor nutrition. Opiate usage, which is known to impair immune response, may increase narcotic-dependent persons’ susceptibility to the various infections that accompany use of unsterile, often shared injection equipment (Snell & Morton, 1994). Injecting drugs has been associated with viral hepatitis, infection and inflammation of the heart or valves, pneumonia, blood poisoning, meningitis, and, in recent years, with HIV infection. The problem of HIV infection and AIDS is especially serious for incarcerated women, who often receive the smallest piece of the resource pie. Women at high risk of infection (drug abusers and the economically
disadvantaged) are concentrated in prison populations. Studies have shown that AIDS has been identified as the eighth leading cause of death among women (in the United States) aged 15 to 44 (Lanier, 1999).

Women who are HIV-positive are especially vulnerable to opportunistic infections such as TB (Lanier, 1999). TB, an airborne disease transmitted via droplet nuclei (e.g., droplets from sneezes or coughs), poses a much greater health risk among prison populations than does HIV because it spreads relatively easily through the air: “TB can be transmitted through repeated exposure in crowded, poorly ventilated environments; it does not require intimate contact” (Wilcock, Hammett, Widom, & Epstein, 1996, p. 5). The health concern presented by TB to corrections officials is related to the fact that many prisoners—both men and women—come from segments of the community with high rates and risk of TB attributable to poverty, poor living conditions, substance abuse, and HIV/AIDS. Overcrowding in a correctional facility increases the potential for close and repeated contact with an active case of TB.

Complicating the matter is the high incidence of false-negative TB skin tests among those also infected with HIV. When an individual is co-infected with both HIV and TB, the purified protein derivative skin test for TB often comes out negative, and the infected individual (logically) is not treated. Furthermore, TB can become resistant to the leading medications, and the resistant strain may be spread among the other inmates and staff. Just as corrections has a responsibility to protect society from those who have wronged it, so too does it have a responsibility to protect society against the spread of infection by inmates who have acquired TB while incarcerated and might spread the disease among the community. In addition, diseases carried by drug-using offenders can place the rest of the inmate population at risk.

Beyond the physical effects of drug use, addicted offenders may suffer from numerous psychological and emotional effects. Mental health problems, including suicidal thoughts, attempts, or completion; depression; poor conduct; and personality disorders are but a few of the drug-related mental health challenges facing correctional mental health workers today.

**SPECIAL NEEDS OF WOMEN PRISONERS WITH HIV/AIDS**

Some persons infected with HIV may be asymptomatic, not even knowing they have the virus. Others may know they are HIV-positive but may appear just as healthy as noninfected inmates. Still others, however, may have developed AIDS or other health problems as a result of the virus and may need substantial medical treatment. Inmates in the terminal stage of AIDS will need intensive medical care. Because HIV compromises the body’s ability to fight infection and resist disease, those who are infected, whatever their stage of the disease, must be removed from inmates with contagious illnesses and other conditions that might overwhelm
their suppressed immune systems. However, when segregation is used to isolate HIV-infected inmates, these inmates need to be properly cared for; they should not be denied services or programming available to the general prison population.

Counseling issues must be handled with much care and sensitivity, depending on whether the inmate is uninfected but at risk for HIV infection, HIV-positive but asymptomatic, or has full-blown HIV infection or AIDS. The concerns expressed most frequently by HIV-positive women inmates are fear of becoming ill, fear of transmitting HIV to their sexual partners and children, difficulty in communicating with potential sexual partners while remaining sexually active, and being unable to bear children for fear the offspring will become infected. Unlike women in the other groups, those who have symptomatic HIV infection and AIDS must deal with grief over the loss of their previous body image, sexual freedom, and potential for childbearing. They must also address the imminent loss of their own lives. Grief and other emotions triggered by the HIV/AIDS diagnosis can be profound. Moreover, there may be as many as 80,000 mothers in local, state, and federal jails and prisons, and their dependents may total 150,000 people (Johnston, 1995). The legal and practical restrictions imposed on women prisoners infected with HIV/AIDS, as they try to maintain relationships with their children, significantly affect their physical and emotional well-being. The dramatic growth in the number of women in correctional settings during the past decade who have either tested positive for HIV/AIDS or are presumed to have HIV/AIDS and their need for gender-specific services has prompted researchers and advocates to call for increased attention to correctional programming for women and increased use of community-based interventions and alternatives.

Although life is rarely easy for any inmate, it is often more difficult for those who are HIV-positive. Lachance-McCullough et al. (1994) noted, “That dangers exist in being a known HIV-positive prison inmate, ranging from social isolation to physical abuse, has been well documented in the literature” (p. 213). Likewise, Olivero (1992) stated, “It appears that inmates and some prison administrators share society’s repulsion of AIDS victims. Prisoners found to be infected with AIDS are an ‘outgroup’ and are stigmatized within the prison community” (p. 50).

**A REAL-LIFE EXAMPLE: LINDA**

Although prisoner advocates assert that women prisoners have a harder time getting treatment than men do, it is difficult to generalize about HIV/AIDS care in prison because it is not standardized across the nation. Each state system has its own set of policies and procedures for treating inmates, and the federal prison system operates under its own guidelines as well. Even within each state, the quality of treatment programs varies widely from facility to facility. To understand the seriousness of the problems confronting women prisoners with HIV/AIDS, meet Linda.
Linda, incarcerated at the Central California Women’s Facility (CCWF) in Chowchilla in 1995, was diagnosed with AIDS. Arrested in January 1994 in Riverside County for possession of an unregistered firearm and violation of her parole, Linda spent almost 3 years in CCWF before compassionate release sent her home in December 1996. While at CCWF, she developed AIDS-related herpes zoster on her leg, which looked like a series of dark red, blistering cigarette burns. The doctor, however, did not admit her to the infirmary. The herpes spread to her eyes, and she went blind. But Linda’s bad luck did not end there. After she was returned to her old cell, she says that no one acknowledged that she could not see or taught her how to get around or even made sure that she got breakfast. When she was brought a breakfast tray, no one told her it was there. When she finally left prison in December 1996, Linda weighed 92 pounds, was unable to walk, and was convinced that she was about to die. “My care at Chowchilla?” said Linda recently, “I’ll put it like this: If you were dying of thirst and I stuck you in the desert with no water, how would you feel? You would die from dehydration.” She paused and then continued, “To put it even more bluntly, they didn’t give a fuck.”

After leaving prison, Linda was treated at the University of Southern California Medical Center in Los Angeles, where she was given AIDS medications, taught how to use her legs again, and placed on an appropriate diet. Since then, she has learned how to manage the HIV by herself, regained weight, and begun working with the Braille Center to become self-sufficient (Siegal, 1998).

Stories of negligence and abuse are repeated again and again across the nation. In some cases, inmates with HIV may be sent to the nearest outside hospital, whether or not it has an infectious-disease specialist. Nevertheless, many inmates in state and federal prisons simply go untreated and find themselves in prison infirmaries or hospitals, where they are left to die.

CONTROVERSIAL ISSUES FOR CORRECTIONAL ADMINISTRATORS

The increasing number of inmates who test positive for HIV or who have AIDS has presented correctional authorities at all levels with a range of problems and challenges. These problems affect systemwide or institutional policies, medical care, housing, inmate and staff rights, inmate and staff safety, employee training, and release considerations. Several issues must be taken into account in the development of correctional policies for HIV/AIDS.

Screening and testing inmates for HIV is controversial. Perhaps the most highly charged and controversial issue is the debate over forced or mandatory HIV testing for inmates. Proponents argue that identifying infected inmates will facilitate administration of antiviral medications such as zidovudine (AZT) and didanosine (ddI), which are used for preemptive or early intervention treatment and may help sustain better health over a period of time (Hammett, Harrold,
Gross, & Epstein, 1994). It is also argued that testing is the best way to identify HIV-infected inmates, offering an opportunity to educate them about protecting against further spread of the disease. Furthermore, it has been posited that mass screening will offer corrections officials a better understanding of the scope of the problem so they can plan for more effective institutional responses (Blumberg, 1990).

Opponents argue that because any testing method may produce inaccurate results—positive cases testing negative and negative cases testing positive—it is not possible to identify all potentially infectious inmates. This could produce a false sense of security over who may or may not have AIDS. It can also unnecessarily stigmatize inmates and place them in the pariah-like status that comes with being identified as HIV-positive.

The issue of mass testing raises many questions with few or no clear answers for correctional administrators. Although policies vary widely, all 50 states, the District of Columbia, and the Federal Bureau of Prisons have at least one policy for prison HIV testing. The most prevalent policy (used in 44 of the jurisdictions in 1997) is to test inmates if they exhibit HIV-related symptoms or if they ask to be tested (Maruschak, 1999). Other common policies require testing of inmates who are involved in an incident that might have increased their exposure risk (29 jurisdictions). Fifteen states test inmates who belong to designated high-risk groups. Eighteen states test all inmates upon admission, and 4 states (as well as the Bureau of Prisons) test inmates at release.

Most states house HIV-infected inmates with the general inmate population. Until 1988, virtually every correctional institution segregated HIV-positive inmates. By 1993, however, there was an almost universal move away from such blanket policies (Hammett, Harmon, & Maruschak, 1999). The prevailing policy today is to segregate inmates with AIDS from the general prison population only when their medical needs require separate housing.

All HIV-infected inmates were segregated from the general population in eight prison systems in 1985, but by the year 2000, only three systems kept inmates known to have HIV infection from the general inmate population. Those three systems—Alabama, Mississippi, and South Carolina—have mandatory HIV-antibody testing of all incoming inmates; thus, they identify and segregate a large percentage of HIV-infected inmates (Greenhouse, 2000; Hammett et al., 1999). Alabama’s procedure was upheld in 1999 by the United States Court of Appeals for the 11th Circuit (Onishea v. Hopper) and left intact by the United States Supreme Court in 2000 (Davis v. Hopper).

Housing and segregation policies for HIV-positive or AIDS-symptomatic inmates, in which inmates are forcibly housed apart from the general population, raise a number of issues. Proponents of segregation assert that it is necessary to prevent transmission of HIV within the prison setting. Here, advocates note that various types of high-risk activities occur in correctional institutions. Segregation has also been supported on grounds that HIV-infected inmates who have weak-
ened immune systems are at greater risk of becoming ill. Therefore, they need to be protected against exposure to illnesses from the general inmate population. Finally, this policy can protect other inmates and staff members from HIV-positive inmates who may become violently, sexually, or otherwise assaultive; engage in consensual sex; or expose others to their infected blood during an encounter. These concerns have been the basis for lawsuits brought by both staff and inmates.

Civil libertarians, on the other hand, are opposed to the practice of segregation except for valid medical reasons or in cases involving protective custody. They argue that segregation undermines the basic public health message that HIV is not transmitted through casual contact but through high-risk behaviors. Moreover, many HIV-positive inmates who are not ill will complete their sentences in a relatively short period of time. This has significant implications for how they should be treated while in prison. It makes little sense to segregate low-risk inmates and make the prison experience more difficult than it ordinarily would be.

Precautionary measures can protect staff and inmates from infection. Correctional systems must continue to address the fears and concerns of staff and inmates regarding the possibility of exposure to the HIV virus from an infected inmate. Reasonable precautions must be taken to protect inmates and staff. As more is learned about how AIDS is spread, concerns voiced by both prison staff and inmates have declined. The Centers for Disease Control and Prevention (CDC) has issued a series of guidelines for health care and public safety workers, including correctional officers, concerning steps that should be taken as precautions when working with individuals who may potentially be HIV-positive or who may have other communicable diseases such as hepatitis B. Known as universal precautions, these are basic medical standards of safety and care designed to reduce the spread of infectious diseases. The CDC recommends that all personnel treat all prisoners as though they were HIV infected to protect staff and inmates from the possibility of exposure to the HIV virus. Institutions must adopt policies for their employees regarding how to respond to occurrences, such as dealing with exposure to needles and other sharp instruments, hand washing, cleaning up blood spills or other body fluids, and using protective equipment such as gloves for body and cell searches (Hammett, 1988).

Correctional systems are experiencing financial pressures concerning the care of AIDS-ill inmates. Security and medical costs are dominant issues in prison medicine. The increasing number of AIDS-symptomatic inmates has resulted in a major escalation in medical costs as a budget item for institutions. This increased financial burden results from the fact that inmates are not eligible for Medicaid, which is the prime public health method of financing AIDS-related treatment; hence, the costs of health care for HIV/AIDS inmates must be borne entirely by the systems in which they are incarcerated.

In recent years, a new class of drugs called protease inhibitors has been developed. This treatment has reduced the number of deaths from this disease and may
change HIV/AIDS from a fatal to a chronic condition. However, it is important to recognize that these drugs are not a cure. Many questions remain unanswered, including whether the virus will eventually become resistant to this medication.

Protease inhibitors are rapidly becoming the standard of care for seropositive individuals in the community. However, prisons and jails face enormous difficulty in trying to provide this treatment. The annual retail cost of providing this medication to one individual is between $12,000 and $16,000 (Waldholz, 1996, p. 1). Correctional institutions with large numbers of HIV-infected inmates could easily see their entire health care budget consumed by this expense. In addition, persons receiving this treatment must take between 14 and 20 pills each day in accordance with a rigid dosing schedule and often must adhere to strict dietary restrictions. These requirements can pose serious logistical problems for correctional institutions.

Policies vary widely with respect to protease inhibitors. New York City expected to spend $5.4 million in 1998 to provide these drugs. On the other hand, Louisiana reserves this treatment for inmates who were already receiving this medication prior to incarceration (Purdy, 1997). Given the efficacy of these drugs, there is clearly an ethical obligation on the part of medical personnel to provide inmates with this treatment. Whether there is also a legal obligation is uncertain. Although the United States Supreme Court has ruled that inmates have a constitutional right to adequate medical care (Estelle v. Gamble, 1976), this decision did not grant inmates “unqualified access to health care.” Furthermore, lower courts have subsequently interpreted this standard to mean that inmates rarely have a right to the best medical care (Vaughn & Carroll, 1996).

There are other factors that complicate the treatment of seropositive inmates. To date, many of the important advances in the treatment of HIV/AIDS have come from experimental medications. However, many states forbid inmates from participating in experimental trials of new drugs. In those jurisdictions that do allow such trials, few inmates actually participate (Collins, Baumgartner, & Henry, 1995). Although the rules that prevent prisoners from participating in experimental research were initially designed to protect incarcerated individuals, it is clear that these policies now prevent some inmates from receiving potentially beneficial treatments.

Finally, it should be noted that the treatment of HIV/AIDS has become quite complex. Outside the correctional setting, the management of this disease has increasingly become the responsibility of specialists (Purdy, 1997). Unfortunately, many prisons and jails are forced to rely on primary care doctors who sometimes lack the necessary expertise to provide the most up-to-date care. For these reasons, it is not surprising that the level of care varies dramatically between jurisdictions and sometimes even varies between different facilities within the same correctional system. In fact, the best care is provided by those institutions that are operating under court order to improve medical care (Purdy, 1997).

Federal inmates, like those in state prisons, suffer from a variety of ailments that are not addressed until they are confined in a correctional institution. Yet, the
customary health care model in federal corrections is similar to health maintenance organizations, where general practitioners (GPs) evaluate and treat most patients and refer serious and chronic cases to medical specialists. The Bureau of Prisons hires GPs, who are then trained as correctional workers. These physicians, among other federal prison health care providers, are the mainstay of inmate medical care in mainline prisons. Medical staff always includes a GP and licensed physician assistants. Where medical care need is extensive, institutions also employ either licensed registered nurses or licensed practical nurses, or both. There are other institutions whose medical staff includes public health service physicians and/or dentists; these federal government medical workers can choose career tracks in different settings, including federal prisons.

The federal GP model of health care is able to reduce medical costs by consulting medical specialists, such as oncologists or orthopedic surgeons, only when they are needed. These specialists are then compensated under the terms of a negotiated contract. These contract physicians treat inmate-patients in prison or, under particular circumstances, at their offices or a local hospital to which inmate-patients are transported. Moreover, security concerns, which are a primary concern in corrections even during the delivery of medical care to inmates, are enhanced with the GP model. A federal GP becomes familiar with his or her caseload in the same manner as a family physician in a community medical practice. This familiarity with inmate-patients reduces the likelihood that inmates will successfully manipulate an unsuspecting physician into prescribing particular types of addictive drugs or into authorizing a trip into the community to implement the first step in an escape plot.

Until recently, very few women were confined in federal prisons. As a result, the Bureau had little experience in coping with women inmates, and few policies offered explicit instructions for managing issues associated with their confinement. That inexperience extended to female inmates’ medical care. Even the opportunity for medical transfers to a medical center close to the place of residence raised issues of parity. Today, the Bureau is achieving parity in medical care for female inmates, which means that female inmates have access to medical treatment that is equal to that of males in both quality and quantity of services. Hopefully, the current trend of intergovernmental exchanges of information and services will extend to the health care delivery systems for women inmates.

Disclosure of an inmate’s HIV status generally is limited to those with a need to know. Issues as to who should receive information regarding inmates’ HIV test results are difficult and legally complex. Although inmates and staff members have asserted their right to know the status of those who are HIV-positive, AIDS-infected individuals have asserted their right to privacy (Hammett et al., 1994). Decisions concerning whether to release such test results are governed by legal and policy standards and mandates within a given jurisdiction.

Lawsuits brought by infected and uninfected inmates based on constitutional challenges to prison policies and procedures have met with little success. Correc-
tional officials have effectively defended these cases based on *Turner v. Safley*, decided by the U.S. Supreme Court in 1987. In *Turner*, the Court articulated the standard to be applied in cases alleging constitutional claims brought by prisoners. The Court determined that institutional policies and procedures are valid if they are “reasonably related to legitimate penological interests” (p. 89). This requirement of reasonableness, as opposed to more stringent standards of substantial or compelling interest, has made it considerably easier for correctional officials to implement policies that restrict prisoners’ rights. In applying the *Turner* standard to HIV-related cases, lower courts have consistently upheld prison policies that restrict the rights of both infected and uninfected inmates.

Most of the suits brought by infected inmates allege differential treatment or the denial of privileges. In *Dunn v. White* (1989), mandatory screening of inmates for HIV infection was challenged on grounds that testing constituted an unreasonable search and seizure and was therefore prohibited by the Fourth Amendment. The court upheld the prison’s screening policy and, applying the *Turner* standard, concluded that there was a logical connection between mandatory testing and the prison’s goal of preventing the spread of AIDS. Mass screening for the purpose of segregating infected prisoners in HIV dormitories has also been upheld under the same rationale (*Harris v. Thigpen*, 1991). Courts have reached similar results in cases in which individual inmates had been singled out for testing after an incident that posed a risk of transmission, as in cases of prison rape. A policy of not testing inmates after potential transmission occurrences has likewise been upheld (*Lile v. Tippecanoe County Jail*, 1992).

Prison policies regarding the segregation of HIV-positive inmates have provided fertile ground for litigation as well. Despite a consistent trend in mainstreaming seropositive prisoners into the general population, the courts have taken a hands-off position on the issue and left housing policy decisions to prison officials. Whether the institution chooses segregation or mainstreaming, the policy has been upheld. Thus, infected inmates who bring suit to challenge mandatory segregation policies have not been successful. Courts have also upheld segregation policies against constitutional challenges based on the following claims: cruel and unusual punishment under the Eighth Amendment (*Cordero v. Coughlin*, 1984); equal protection under the Fourteenth Amendment (*Moore v. Mabus*, 1992); and due process under the Fifth and Fourteenth Amendments (*Harris v. Thigpen*, 1991). The case of *Nolley v. County of Erie* (1991) represents a rare departure from those decisions upholding mandatory segregation of infected prisoners. Nolley, solely on the basis of her status as an HIV-positive inmate, was forced into a segregation unit for prisoners who were suicidal or mentally disturbed. Evidence in the case made it clear that she was not placed in the unit to receive medical care or for her safety. The court found merit in Nolley’s assertions that her due process and right of privacy protections were violated. *Nolley* is distinguishable from other cases, however, because the institution failed to follow its own policies regarding the placement of seropositive inmates.
Inmates have also brought suit alleging the unauthorized disclosure of their HIV status. This claim is based on the fact that individuals in the free world have a constitutional right to protect their medical records from unauthorized disclosure (Vaughn & Carroll, 1996). However, the courts have ruled that this principle does not apply to incarcerated individuals and that disclosing an inmate’s HIV-positive condition to correctional personnel and other inmates does not violate the constitutional right of privacy (Anderson v. Romero, 1995).

In other areas as well, courts have applied the Turner standard and afforded prison administrators wide discretion in making decisions that have an effect on infected inmates. Courts have upheld prison policies against challenges by inmates asserting differential treatment or a denial of privilege in cases involving exclusion from a community work program (Williams v. Sunner, 1986) and prohibiting work in prison cafeterias and hospitals (Farmer v. Moritsugu, 1990).

Attempts to invoke the protections of federal statutes have also met with limited success. For example, in Gates v. Rowland (1995), infected inmates claimed that their exclusion from certain work assignments violated Section 504 of the Rehabilitation Act of 1973. Courts have ruled that seropositive individuals fall under the protection of this Act. Section 504 provides that handicapped persons are entitled to a reasonable accommodation of their employment needs and other activities if they are otherwise qualified to perform the work or participate in the activities. The question in Gates was how the Rehabilitation Act should be applied to correctional institutions. The court’s opinion applied the same test to this statutory claim that it applied to constitutional claims, namely the Turner standard. The court found that the exclusion of infected inmates from prison programs, arguably in violation of the Rehabilitation Act, was permissible because the policy was reasonably related to the prison’s goal of promoting the safety of inmates.

Although decisions to disclose the HIV status of inmates will be decided by state legislatures and the courts, current correctional practices permit disclosure of AIDS-related medical information to those with a need to know. These include correctional administrators, physicians, other medical staff, probation officers, and the infected inmate. A variety of related issues can be raised as well. How will HIV information be used? Who has access to it? Should public health authorities or relatives be notified? Correctional administrators will continue to confront these and other complex confidentiality issues.

Issues of segregation, access to programs, and health care as they relate to inmates with HIV or AIDS have been working their way through the nation’s courts for over a decade. The most recent decisions concern whether prisoners with HIV or AIDS are covered under the Americans With Disabilities Act. If they are—and the decision of the Supreme Court in Pennsylvania Department of Corrections v. Yeskey (1998) suggests that they are—rulings under the Act will affect the way prisoners with HIV or AIDS are managed (Hammet et al., 1999).
POLICY RECOMMENDATIONS

For the past 10 years, much concern has been voiced about communicable diseases and health and safety in the workplace. With the emergence of HIV/AIDS and the resurgence of TB, these concerns are certainly justified. Since the beginning of the HIV/AIDS epidemic, the disease has struck incarcerated populations extraordinarily hard. Notwithstanding the fact that incarcerated women have been identified as being at higher risk for contracting the HIV virus and that their symptoms and treatment needs are substantially different from those of men, HIV/AIDS-related treatment resources for women in prisons are limited or nonexistent. Based on the variety of policies and practices currently in use throughout U.S. correctional systems, several areas of continued attention are needed to develop a comprehensive and sustained strategy to actively promote the health of incarcerated women.

1. Continue to educate and communicate with inmates and staff in all correctional institutions. The following are the most effective tools in dealing with anxiety and curtailing risky behavior associated with transmission of communicable diseases:
   • Implement a comprehensive HIV/AIDS education and training program.
   • Provide individual and/or group counseling for HIV-infected inmates.

2. Institution staff must implement the required health and safety programs concerning air- and blood-borne pathogens and must implement universal precautions as well.
   • There is a need to develop policies and procedures that teach officers how to conduct searches in a manner that minimizes their likelihood of injury.
   • Improve the prison’s physical plant in terms of ventilation and equipping staff with appropriate barrier masks and respirators whenever TB outbreaks are noted.
   • Correctional staff members need to follow all prescribed infection control guidelines issued by the CDC.

3. Inmates should be screened for communicable diseases at booking/admission to, during, and on release from a facility, and there should be annual examinations of correctional employees for communicable diseases.
   • Early identification of HIV-infected inmates is important. Recent scientific advances have contributed to a significant reduction in the fatality rate among HIV/AIDS-infected individuals who receive these medications in a timely fashion.
   • As the frequency of transmission of HIV/AIDS and other communicable diseases to other inmates and staff members within the institution has yet to be determined, continued monitoring is recommended for the health and safety of all who live and/or work in penal settings.

4. Correctional management teams, comprising custody and medical management, must make informed decisions about the numerous treatment approaches that are now available for HIV/AIDS (such as protease inhibitors).
• These treatment regimens are very costly, but they have become a part of the minimal standard of practice in treating HIV/AIDS. Therefore, we are obligated by the correctional health care standards (continuity of care and special medical needs) to make these regimens available.

• Guidelines are needed to determine which protease inhibitors to stock and use in treatment initiated in the institution and to develop effective communications with treating physicians on the outside to facilitate continuity.

• Establishing contacts, and perhaps contracts, with community organizations (e.g., in-prison hospice and hospice services) that may be able to assist inmates and their family members with “death with dignity” issues and correctional staff members with their continued exposure to inmate deaths.

5. Alleviating prison overcrowding because it is a significant contributor to the spread of TB.

• Referring TB- and HIV-infected inmates to community-based service agencies upon release. It has been suggested that many of the women currently serving prison terms could safely and more economically serve their sentences in community-based programs. Female offenders may be an ideal population for community-based correctional programs in light of the fact that they (a) commit crimes that, although unacceptable, pose little threat to public safety; (b) are less likely to reoffend; and (c) respond favorably to community-based programs. Health-related programs for women inmates must be integrated into the release plans in which prison-based assistance can be linked to the free community.

CONCLUSION

Although the crisis atmosphere surrounding AIDS in prison and jails seems to have dissipated, the disease remains a serious issue for correctional administrators and their health care systems. Concern has shifted significantly from short-term matters, such as fear of casual transmission, to long-term issues, such as housing, programming, and medical care for inmates with HIV infection.

As the population ages, and as determinate sentencing and strict sentencing guidelines continue, inmates—in particular, women—will age within our facilities. We will see more women of childbearing age who are infected. The historic differences between federal offenders and offenders within state, city, or county systems have become blurred by the issue of drug trafficking. These offenders tend to be less educated and from predominantly urban and depressed socioeconomic backgrounds. The frequent victimization of these female offenders also increases the risk for heterosexual disease transmission.

HIV infection and resulting AIDS cases pose particular problems for corrections in terms of staff and inmates. Staff have been alarmed by the introduction of AIDS into prison, and initially little was done through education or training to reduce levels of irrational fear. Institutional policies will need to be developed and reconsidered in the areas of diagnosing, managing, and treating HIV infection. Additional policy development and implementation will be necessary in the areas
of staff training and education, inmate counseling, pretest and posttest counsel-
ing, voluntary (versus mandatory) testing, medical parole, and discharge and aftercare services (for parole and community supervision). Infection control poli-
cies will be necessary for dentists, nurses, physicians, and security and treatment staff.

Contracts for medical care with private health care providers are considered an option for cost-effective and quality medical care. This requires a competitive bidding process under which health care providers submit proposals detailing the services they will provide. Under this system, the company selected provides medical care at a fixed cost per year. Private providers claim there are economic advantages to contracting for these services, but, at this point, there is no independent research that confirms this assertion, especially as this relates to the budget allocations for local and state correctional institutions. Nevertheless, contractors have a vested interest in hiring quality doctors and nurses who can provide good care because this will minimize liability and ultimately reduce inmate health care costs. Also, large health care organizations may be better able to provide specialty care by temporarily transferring staff to a correctional facility.

There are also some potential problems associated with private health care providers. For-profit organizations may have strong motives to cut costs so that they can increase profits. This may result in measures that discourage inmate complaints and appearances at sick call, cause delay in or failure to take inmates from one health care unit to another, and transfer inmates who are expensive or difficult to treat to state facilities. Thus, care must be taken to ensure that profit motives do not jeopardize the adequacy of medical care. Strict supervision by the contracting agency and prior contractual arrangements are the keys to dealing with these potential problems (Anno, 1991).

Given the projected rise in HIV-seropositive inmates in the next decade and the continuing threat of inmate litigation, it appears that the correctional health care crisis will continue for some time. The medical and custodial needs of HIV/AIDS inmates will be one of the most, if not the single most, important considerations for correctional administrators well into the 21st century.

There is no doubt that the provision of health-related services to inmates will provide increasing burdens for the nation’s correctional systems. Their response to this challenge will be influenced by fiscal realities, court mandates, humanitarian concerns, and the public beliefs as to the treatment deserved by inmates. But there is also a dire need for evaluations of HIV/AIDS service delivery in correctional settings. Particularly, methodologically sound research into the efficacy of prison-based HIV education programs at stimulating risk reduction of inmates upon release is needed. Correctional administrators should also work together with community leaders to develop more extensive linkage to community-based HIV services for inmates being released. Such linkages are severely lacking in most states today.

Why should we care about these prisoners? It must be remembered that most prisoners are released from prison and reenter the free society. Without programs
to address the unique physical, emotional, sexual, and drug-related problems of female inmates and prisoners in general, our prisons will be returning high-risk (not in a criminal sense) individuals to the free community.

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An Examination of Cross-National Variation in Punitiveness

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Abstract: This research examines why nations differ as to rates of imprisonment, prison conditions, and use of capital punishment. Variables representing the major theoretical perspectives are used to examine differences in a much larger sample of nations than has been used in previous research. Regression analysis indicates that homicide rates—and, to a lesser degree, total crime rates—have positive associations to prison rates, whereas street-level law enforcement has a negative association. Dummy variables representing nations grouped by geographic region greatly increase variance explained, indicating a historical-cultural component to use of imprisonment. Little to no support was found for civilization theory, inequality, or unemployment variables. Discriminant analysis indicated that degree of human development and freedom as well as inequality helped classify nations according to prison conditions, whereas the freedom variable helped classify nations that did and did not use capital punishment. Dummy geographic region variables were important in classifying nations by prison conditions and capital punishment, again indicating the probable importance of historical-cultural factors.

Just as crime rates can be largely considered national-level phenomena, so can the degree to which nations punish criminal offenders. Discussion of differences between nations as to prison rates and the use of capital punishment are commonplace in political and popular debates about crime and punishment issues.

To a lesser degree, these issues have been covered in academic literature, with the majority of research addressing cross-national differences in prison rates and capital punishment and their associations to crime and homicide rates. Past research has found little to no association between the amount or types of crimes in nations and either rates of imprisonment (Doyle, 1999; Hill, 1999; Kuhn, 1998, 1999; Matthews & Francis, 1996; Mauer, 1995; Stern, 1998; Walmsley, 1997; Young & Brown, 1993) or use of capital punishment (Center for Capital Punishment Studies, 1997; Grossman, 1998; Hood, 1996; Otterbein, 1986; Wiechman, Kendall, & Bae, 1990). The World Bank recently suggested that determining variations among nations in the size and nature of anticrime efforts is a very important area of inquiry (Glaeser, 2000).

A number of theoretical perspectives attempt to explain cross-national variations in punitiveness toward crime, some being unique to explaining variations among nations and others also being used to explain variations within nations. Perhaps the leading theoretical perspective addressing national variations in punitiveness is the civilization theory of Norbert Elias with its propositions about crime and punishment (Elias, 1982; Fletcher, 1997; Heiland & Shelley, 1992;
Kuzmics, 1988; van Dijk, 1989). This perspective argues that as nations modernize and civilize and the conditions of life become less harsh and more orderly, social control shifts inward and people become more tolerant of minor deviance. As external sanctions become less important in controlling people, nations reduce prison sentences, develop alternatives to incarceration, and decriminalize some offenses.

It is also suggested that civilization results in a general reduction of violence in society as people develop more “civilized” ways of resolving disputes and problems. The reduction in use of violence to solve problems at the national level contributes to nations’ discontinuing the use of capital punishment. In discussing the meaning of civilization of nations, Fairchild (1993) stated, “The criminal justice process in general and criminal sentences in particular are another gauge by which we measure a society” (p. 204).

Elias’s (1982) theory views civilization within a Western context, emphasizing the emergent state monopoly of power and economic development. This perspective on civilization is less cultural than many, but there is a cultural component as these political and economic changes are proposed to contribute to cultural values that in turn contribute to less violence, greater freedom, and more concern for others. Thus, civilization in this view is not synonymous with modernization and economic development, as it proposes that as nations civilize they become more concerned with providing a decent quality of life for all citizens and allowing for individual rights and freedom of behavior.

Although research has not yet directly and comprehensively examined the association of civilization to cross-national variation in the use of imprisonment and capital punishment, analysis of United Nations Crime Survey prison data found no association between gross national product, human development indicators, or industrial development and variations in prison populations or admissions (Shinkai & Zvekic, 1999). Also, the use of imprisonment in recent years has increased internationally, which is counter to what would be expected if increased civilization resulted in less use of imprisonment (Matthews & Francis, 1996). More advanced nations, however, do appear to be more likely to have abolished the use of capital punishment (Amnesty International, 1999).

Rusche and Kirchheimer’s theory on punishment and social structure, as it is interpreted to apply in current times, proposes that imprisonment is used in capitalist nations to regulate the size of the surplus labor force (Jankovic, 1980; Rusche, 1980; Rusche & Kirchheimer, 1968). This perspective suggests a direct positive association between unemployment and imprisonment. Box and Hale (1982, 1986) similarly proposed that the unemployed represent a “problem population” who are perceived by those in power as a threat to the social order and thus must be subject to increased control. Some intranational research indicates a positive association between unemployment rates and prison rates (Box & Hale, 1982; Jankovic, 1977, 1980; Wallace, 1981), whereas other research has failed to find an association (Greenberg, 1980; Rutherford, 1984). Young and Brown (1993), in
research that included six industrialized nations, failed to find an association between lagged unemployment rates and prison rates across nations.

Young and Brown (1993) suggested that variations in punishment policies across nations are not only driven by differences in the degree to which nations have civilized but are deeply rooted in intangible cultural values and public beliefs about punishment, which in turn reflect the historical experiences of nations. These values and beliefs shape public policies and practices relating to forms and severity of punishment. Although this is a difficult proposition to examine empirically, several recent observers have suggested similar explanations for national variations in use of imprisonment (Doyle, 1999; Kuhn, 1998, 1999; Tonry, 1999). The historical-cultural perspective of Young and Brown (1993) and the civilization perspective overlap in sharing a focus on how nations have developed over time, but the historical-cultural perspective is more broad, addressing all aspects of the histories of nations.

Wilkins and Pease (Pease, 1991; Wilkins, 1991; Wilkins & Pease, 1987) argued that a society’s punishment and penal policies are part of, and reflect, a society’s general tolerance of inequality. Thus, they suggest that the degree of relative inequality in nations should be associated with punishment policies and prison rates. Their research in 7 European nations found a strong association between income inequality and average length of detention. More recently, research by Krus and Hoehl (1994), in a study that included 30 nations, found income equality to be a strong determinant of incarceration rates.

Although not constituting a theoretical perspective, Stern (1998) suggested that nations relying more on street law enforcement, in the form of beatings and shootings, may rely less on incarceration to control crime.

Past research may have failed to find an association between variations in cross-national crime or homicide rates and the punitiveness of nations. However, research including a larger and more representative sample of nations may well find such an association. The perspective that higher crime rates contribute to higher levels of punitiveness cannot be ignored.

This research will examine to what degree variables indicating the foregoing perspectives can explain differences among nations regarding their punitiveness toward criminal offenders. Imprisonment rates are generally regarded as the best measure of the punitiveness of nations that are available for a large and diverse sample of nations. There are some problems with the comparability of prison rates across nations, as nations differ as to whether pretrial detainees, juvenile offenders, and offenders held in mental institutions are included in imprisonment rates. However, given the relatively small impact these are likely to have on imprisonment rates in most nations and the gross differences in rates between nations, these data are generally considered of sufficient quality for cross-national analysis (Mauer, 1995; Pease, 1994; Stern, 1998; Walmsley, 1997; Wilkins, 1980; Young & Brown, 1993).

The reformatory era in corrections sought to create a less punitive and brutal system of punishment of crime by making prison conditions more humane rather
than reducing imprisonment (Barnes, 1972; Inciardi, 1987; Lewis, 1922; Rusche & Kirchheimer, 1968). Conditions within prisons in different nations continue to vary greatly, ranging from nations in which conditions of life in prison are brutal and life threatening to those in which the conditions are humane and oriented toward treatment. Thus, this research will examine prison conditions as well as imprisonment rates.

Rusche and Kirchheimer (1968) suggested that prison conditions must be worse than conditions outside of prison to deter the poor and disenfranchised from crime. Thus, we would expect prison conditions to be positively associated with quality-of-life measures.

Because the most extreme punishment a nation can impose is the death penalty, the use of capital punishment must also be considered in analyzing the punitiveness of nations. Therefore, this study will examine whether variables representing the previously discussed theoretical perspectives are associated with cross-national differences in prison population rates, prison conditions, and the use of capital punishment.

DATA

DEPENDENT VARIABLES

With the release of the World Prison Population List (Walmsley, 1999), prison population rates are now available for many more nations than before. These rates represent the number of persons imprisoned per 100,000 total population. The list was compiled from a variety of sources, with the original source in most cases being the national prison administration of the country concerned. The year of the rates for data for different nations ranged from 1994 to 1998. This is not a problem, as prison rates tend to be fairly constant over short periods of time and the relative position of nations changes little if at all (Shinkai & Zvekic, 1999; Young & Brown, 1993). The accuracy of these data and the stability of rates over time were further checked by examining prison rate data from other sources. The rates from this list and other sources for the same year were in all cases identical or very similar, and rates for most nations changed relatively little over short periods regardless of the source (Kuhn, 1998; Mauer, 1995; Sentencing Project, 1995; United Nations, 1994, 1998).

The Walmsley list provides prison rates for 180 countries and territories. For the purposes of this research, only independent countries with populations greater than 100,000 were included in analyses. This was due to lack of data for independent variables for territories and so as not to allow nations with few people to skew results. This resulted in a sample of 148 nations, far larger than any sample used in previous research.

The quality of life in prisons in nations was determined by examining the Country Reports on Human Rights Practices compiled annually by the U.S.
Department of State (1994-1998). Although the evaluation of prison conditions in these reports is qualitative, it can be grouped into three general categories: prison conditions meet minimum international standards, prison conditions are harsh and do not meet minimum international standards, and prison conditions are harsh to the point of being life threatening. Nations were placed into one of these categories based on the evaluation in the report matching the year in which the prison rate for a nation was based. If prison rates were not available for a nation, the evaluation from 1997 was used.1 There were 170 nations of more than 100,000 persons for which data were available for prison conditions and at least two of the explanatory variables.

Capital punishment was indicated by a dichotomous variable, which divided nations into those that either legally or de facto no longer executed offenders for ordinary offenses and those that were still executing offenders as of 1997. Data were obtained from Amnesty International (1999) and were available for the same 170 nations as prison conditions.

EXPLANATORY VARIABLES

This research uses economic, political, and crime data from a number of different sources. Such data, particularly those from developing nations, are of questionable quality and comparability. However, due to efforts by such agencies as the World Bank and United Nations, these data have improved greatly in quality in recent years. Although the data for some nations still may not be of sufficient quality for direct comparisons of individual nations, it is, in most cases, likely good enough for broad analytical purposes.

The United Nations Development Programme (UNDP) annually releases the Human Development Report, which includes the Human Development Index (HDI).

[The] HDI measures overall achievements in a country in three basic dimensions of human development—longevity, knowledge and a decent standard of living. It is measured by life expectancy, educational achievement (adult literacy and combined primary, secondary and tertiary enrollment) and adjusted income. (UNDP, 1998, p. 15)

As defined in this research, civilization may primarily be judged by the general quality of life provided for the people of a nation. The HDI provides an excellent general indicator of the degree of civilization of nations and the quality of life of people in nations.

The initial plan was to use the HDI of nations matching the year of prison rate data and/or prison conditions data. However, the HDI was significantly refined and improved beginning with data for 1997. As the relative position of nations on the HDI changes little over short periods of time, the improved data from 1997 were used for all nations (UNDP, 1998). Data were available for 146 of the nations
for which prison rate data were available and 168 of the nations for which prison conditions and capital punishment use were available.

One crucial dimension of civilization not addressed by the HDI is the degree of freedom the citizens of a nation have. Freedom House (1999) annually evaluates nations as to political rights and civil liberties on scales from 1 to 7. These scales were combined to create a freedom score for each nation from 2 to 14, with 2 being subtracted from each score to create a scale from 0 to 12. Scores were inverted so that a higher score would represent more freedom. Scores were used matching the year of the prison data or for 1997 for nations for which prison rate data were unavailable. Data were available for all 147 of the nations with prison rate data and for 169 of the nations with prison conditions and capital punishment data.

Relative inequality in nations was indicated by GINI coefficients of income inequality, which were obtained from the Deininger and Squire Data Set (1999) and were supplemented by data from the World Development Report (World Bank, 1999). GINI coefficients are not available annually for nations, and thus the most recent year for which data were available was used, with the years ranging from 1986 to 1996. This is not a large problem, as inequality in nations is generally stable over short periods of time. Data were available for 117 of the nations with prison rate data and 125 of the nations with prison condition and capital punishment data.

Unemployment rates were obtained from the CIA World Factbook (CIA, 1995-1999) and the Encyclopaedia Britannica Books of the Year (Daume, 1995-1999). They were matched by year with prison rate data whenever possible, with rates for other nations coming from years ranging from 1993 to 1998, depending on data availability. Data were available for 126 prison rate nations and 129 prison condition and capital punishment nations.

As noted earlier, variables indicating historical and cultural differences among nations are very difficult to operationalize. Nations sharing the same geographic region very often have similar historical experiences and resultant similar cultures. Thus, binary dummy variables with scores of 0 and 1 were created to represent the various regions of the world: Arabia, Asia, Eastern Europe, Latin America, sub-Saharan Africa, former USSR, Western Europe, and other. The United States was assigned a separate dummy variable due to its exceptionally high imprisonment rate and its continued use of capital punishment in contrast to other Western nations.

It is generally acknowledged that definitional, reporting, and recording differences among nations compromise the quality and comparability of cross-national crime data. Thus, analytic or explanatory research using this data must be viewed with caution (He & Marshall, 1995; Huang & Wellford, 1989; Joutsen, 1995; Kalish, 1988; Kangaspunta, 1995; Kommer, 1995; Marenin, 1997; Marshall, 1996; Neapolitan, 1997; Zvekic, 1996).

Homicide rates, more similarly defined and reported across nations than other crimes, are generally considered to be of better quality than other crime measures
(Bennett & Lynch, 1990; Gartner, 1995; Huang & Wellford, 1989; Lynch, 1995; Neapolitan, 1996). Data for homicide rates (adjusted for the percentage that were attempts) and total crime rates per 100,000 were obtained from the International Crime Statistics published by the International Criminal Police Organization (INTERPOL) for 1991 through 1997 (INTERPOL, 1992, 1993-1997). Rates were averaged for as many years as data were available for a nation to adjust for random yearly fluctuations. Total crime rates were used, as these are not as influenced by differing crime definitions and categorizations as are rates for specific crimes.

To examine Stern’s (1998) proposition that nations with more street law enforcement and punishment rely less on incarceration, the aforementioned Country Reports on Human Rights Practices (U.S. Department of State, 1994-1998) was again used. This includes evaluations on the use of excessive, including lethal, force by law enforcement officers in nations. A binary dummy variable was created from data in the 1993 to 1996 reports with a 1 for nations where police used extreme excessive force and participated in extrajudicial killings and a 0 for those nations where police did not.

ANALYSIS AND RESULTS

Ordinary least squares regression was used to examine cross-national variation in use of imprisonment. Natural log transformations were performed on prison rates and INTERPOL homicide rates due to a high skewness observed in univariate distributions. Variance inflation factors were examined to test for multicollinearity problems, using the customary cutoff point of 4.0 as an unacceptable degree of multicollinearity (Fisher & Mason, 1981). Models were examined using mean substitution for missing data for all variables for which data were not available for all nations. Binary dummy variables—with values of 0 for nations for which data were available and 1 for nations for which data were not available—were entered into all models for each variable with missing data. In no model did any of these variables have significant beta coefficients, and thus mean substitution appears to be an appropriate technique for all variables. A Cook’s D of 1.0 or greater was used to identify outlier cases, and in no model was any found. As cross-national research necessarily involves relatively small samples, adjusted $R^2$-squared is used to estimate variance explained in prison rates.

Models were first examined without the region dummy variables. We can see in Panel 1 of Table 1 that these variables explain 32.2% of the variation in prison rates. Homicide rates have a significant positive association in the model and are, by a wide margin, the strongest predictor in the model. The freedom and street enforcement variables have significant negative effects, with the street enforcement variable being the second strongest predictor in the model.

These results offer no support for either the inequality or unemployment theoretical perspectives. They offer only very moderate support for the civilization
perspective, with the freedom variable having a significant negative association in the model. In contrast to past research, these results indicate that at least one type of crime, homicides, is important in explaining differences in use of imprisonment. Clearly, homicide rates do not contribute greatly to prison rates because of imprisonment of homicide offenders. It may be that homicides generate fear of crime, which contributes to public support for imprisonment of other types of offenders, or that the same underlying cultural values that contribute to homicides also contribute to support for imprisonment.

When using a number of dummy variables to represent a nominal variable with more than two categories, one dummy variable must be omitted from the model to serve as a reference group. Generally, this decision is made on theoretical grounds, but in this case there is no obvious geographic region to serve as a reference group. Clearly, the “other nations” dummy variable should not be included as it has no theoretical meaning. Inclusion of all other region dummy variables is not only theoretically questionable but also creates multicollinearity problems.

Thus, models were examined including different subsets of dummy variables, and by process of elimination the model that maximized variance explained with-
out multicollinearity problems was determined. This model is shown in Panel 2 of Table 1, in which the addition of the dummy variables greatly increases variance explained in prison rates available—from 32.2% to 46.6%. The former USSR and United States dummy variables have significant positive associations to prison rates in this model, with the variable representing the former USSR nations emerging as the overall strongest predictor in the model. The Western Europe variable has a significant negative association to prison rates in this model.

With the addition of the dummy variables, homicide rates have a smaller but still significant positive association to prison rates, and the street enforcement variable maintains a significant negative association. The freedom variable, however, no longer makes a significant contribution, and the HDI now has a significant positive association rather than the predicted negative association. Also, the total crime rate now has a significant positive association to prison rates.

Thus, in total these analyses fail to support the civilization, inequality, or unemployment perspective as to why nations differ in their use of imprisonment. The significant associations of several region dummy variables to prison rates—and the increase in variance explained with the addition of these variables—indicate strong support for the historical-cultural perspective. Apparently, intangible cultural values and social conditions contribute substantially to variations in use of imprisonment. The particularly strong association of the former USSR region variable indicates that their recent history of social disruption and political instability may contribute to greater use of imprisonment. The negative association of the Western Europe variable could be interpreted as further support for this explanation, as these nations share a history of social and political stability. The United States' exhibiting a relatively high rate of imprisonment—even when controlling for other relevant factors—also indicates a probable historical-cultural influence.

Discriminant analysis was used to determine which variables are important in explaining differences among nations in the quality of prison conditions. To maximize sample size, analysis began with only the freedom and HDI variables, as data for these are available for all nations and are good indicators of the degree of civilization and general quality of life. Other variables were added one at a time and then in combinations if they contributed significantly to discrimination. Stepwise analysis was employed, with a maximum $F$ of 0.05 used for entry of variables and 0.10 used for removal.

In Panel 1 of Table 2 we can see that both the HDI and the freedom variables meet the criterion for inclusion in the discriminant function, with the standardized coefficients indicating that the HDI variable contributes more to discrimination than the freedom variable. The standardized coefficients, in conjunction with the functions at the group centroids, indicate that nations with a higher HDI and more freedom are more likely to have prisons with better conditions.

These two variables correctly classify 52.1% of the 167 nations for which data were available for both. Seventy-three percent of the nations in which prison conditions meet minimum standards were correctly classified, and 67.4% of those
with life-threatening conditions were correctly classified. However, these variables only correctly classified 32.5% of those nations where prison conditions do not meet minimum standards but conditions are not life threatening. Thus, these civilization and quality-of-life variables fairly well explain the two extremes of prison conditions in nations with the exception of nations with poor but not life-threatening conditions.

Unemployment, homicides, total crime rates, urbanization, and population size did not meet the criterion for inclusion in models when individually included with the HDI and freedom variables. The GINI coefficient of income inequality did enter the model, further supporting the propositions that prison conditions reflect a general tolerance of inequality and are made to be worse than conditions outside of prison. The inclusion of income equality reduced the sample size to 123 nations. We can see in Table 2 that income inequality contributes somewhat less to discrimination than the HDI or freedom variables. The standardized coefficients and group centroids indicate that in contrast to the HDI and freedom variables, greater income inequality is a factor in poorer prison conditions. Even with this

### TABLE 2

DISCRIMINANT ANALYSES TO CLASSIFY NATIONS ACCORDING TO PRISON CONDITIONS

<table>
<thead>
<tr>
<th>Standardized Discriminant Function Coefficient</th>
<th>Function at Group Centroid</th>
<th>Correctly Classified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>L-T</td>
<td>H</td>
</tr>
<tr>
<td>HDI</td>
<td>.79</td>
<td>L-T</td>
</tr>
<tr>
<td>Freedom</td>
<td>.39</td>
<td>H</td>
</tr>
<tr>
<td>IS</td>
<td>1.1</td>
<td>73.2</td>
</tr>
<tr>
<td>All</td>
<td>52.1</td>
<td>167</td>
</tr>
<tr>
<td>HDI</td>
<td>–.53</td>
<td>L-T</td>
</tr>
<tr>
<td>Freedom</td>
<td>–.52</td>
<td>H</td>
</tr>
<tr>
<td>IS</td>
<td>–1.6</td>
<td>80.8</td>
</tr>
<tr>
<td>All</td>
<td>53.7</td>
<td>123</td>
</tr>
<tr>
<td>HDI</td>
<td>–.48</td>
<td>L-T</td>
</tr>
<tr>
<td>Freedom</td>
<td>–.52</td>
<td>H</td>
</tr>
<tr>
<td>Latin America</td>
<td>.67</td>
<td>IS</td>
</tr>
<tr>
<td>All</td>
<td>62.9</td>
<td>167</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>.49</td>
<td></td>
</tr>
<tr>
<td>Former USSR</td>
<td>.52</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: HDI = Human Development Index; L-T = life threatening; H = harsh; IS = international standards met. Standardized discriminant group function coefficients are shown only for the first function, as this explained 100%, 97.2%, and 93.7% of variance, respectively. Wilks’s lambda significant at the < .001 level in all three models.
additional variable, only 53.7% of nations are correctly classified, with nations in
the middle category still wrongly classified in the majority of cases. Yet these
results indicate that relative inequality in nations is reflected in, or contributes to,
lesser quality of life in prison.

Using binary dummy variables in discriminant analysis is of questionable sta-
tistical validity, particularly given the “curse of dimensionality” problem (Hand,
1981; Huberty, 1994). If the total number of cases is relatively small as compared
to the number of dummy variables, then probability estimates become unreliable.
Thus, the following results must be viewed with caution.

The region dummy variables—with the exception of nations in the other
categories—were first entered into the model with only the HDI and freedom
variables and then also in a model with the addition of the GINI coefficients.
The GINI coefficients did not meet the criterion for inclusion when entered with
the region variables, but given the relatively small number of nations for which
GINI coefficients were available and the large number of region dummy vari-
ables, these results are of questionable validity.

We can see in Table 2 that with the addition of the region dummy variables, the
HDI and freedom variables continue to meet the criterion for entry into the model.
However, the standardized coefficients indicate they are not as important as the
Latin American, former USSR, and sub-Saharan African region variables. The
standardized coefficients, looked at in conjunction with the group centroids, indi-
cate that nations in these three regions tend to be more likely to have prisons with
harsher conditions even when controlling for the civilization variables.

The addition of region dummy variables increases the proportion of nations
correctly classified to 62.9%. The proportion of nations with life-threatening pris-
on correctly classified is slightly reduced (67.4% to 65.2%), but the percentages
of at least minimum standards nations and middle category nations correctly clas-
sified are substantially increased (73.2% to 80.5% and 32.5% to 52.5%,
respectively).

Further evidence of the importance of the region of nations, and therefore of
historical-cultural factors, can be seen in Table 3. Although a simple cross-
tabulation does not control for any other factors, the extreme differences in distribu-
tion of nations vis-à-vis prison conditions certainly indicate a regional contri-
bution to quality of prison conditions. As indicated in discriminant analysis,
nations in the sub-Saharan African, former USSR, and Latin American regions
are much more likely to have prisons with life-threatening conditions.

In total, these results show support for civilization theory, as in all models the
HDI and freedom variables meet the criterion for inclusion. Thus, although civil-
ization theory may be incorrect about nations’ relying less on imprisonment as
they progress and civilize to improved conditions of life and greater freedom, it is
correct in that they punish less in terms of the severity of conditions of prison life.
There is mixed support for the proposition that harsher prison conditions reflect,
or result from, greater relative inequality. Although the results must be interpreted
with caution, they indicate support for a large historical-cultural contribution to
<table>
<thead>
<tr>
<th>Prison Condition</th>
<th>Arab</th>
<th>Asian</th>
<th>Eastern European</th>
<th>Latin American</th>
<th>Sub-Saharan African</th>
<th>Former USSR</th>
<th>Western European</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet minimum international standards</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( n )</td>
<td>5</td>
<td>7</td>
<td>7</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>( % )</td>
<td>16.7</td>
<td>26.9</td>
<td>63.6</td>
<td>10.3</td>
<td>2.4</td>
<td>0.0</td>
<td>75</td>
<td>44.4</td>
</tr>
<tr>
<td>Harsh but not life threatening</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( n )</td>
<td>10</td>
<td>16</td>
<td>2</td>
<td>17</td>
<td>17</td>
<td>9</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>( % )</td>
<td>55.6</td>
<td>61.5</td>
<td>18.2</td>
<td>58.6</td>
<td>40.5</td>
<td>60.0</td>
<td>25.0</td>
<td>55.6</td>
</tr>
<tr>
<td>Life threatening</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( n )</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>9</td>
<td>24</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>( % )</td>
<td>27.8</td>
<td>11.5</td>
<td>18.2</td>
<td>31.0</td>
<td>57.1</td>
<td>40.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total ( n )</td>
<td>18</td>
<td>26</td>
<td>11</td>
<td>29</td>
<td>42</td>
<td>15</td>
<td>20</td>
<td>9</td>
</tr>
</tbody>
</table>

NOTE: Chi-square \( p < .001 \).
the quality of prison life. A substantially disproportionate number of the nations in the former USSR, Latin American, and sub-Saharan African regions have prisons with life-threatening conditions that are not likely to be a result of differences in levels of development, freedom, or inequality.

Discriminant analysis was also used to examine which variables were important in distinguishing nations that continued to execute offenders and those that legally or de facto no longer used capital punishment. The same procedures were followed as for prison conditions.

Table 4 shows that in the model including the HDI and freedom variables, only the freedom variable meets the criterion for entry. However, it correctly classifies an impressive 76.2% of nations without capital punishment and 67.1% that retain the use of capital punishment. Attempts were made to individually add GINI coefficients, unemployment, homicide rates, total crime rates, urbanization, and population to models with the HDI and freedom variables, with none meeting the criterion for inclusion.

Table 4 also shows that once again region dummy variables significantly contribute to discrimination. The standardized coefficients show that whereas the freedom variable continues to meet the criterion for inclusion, the four region variables are of about equal importance in discriminating between nations that do and do not use capital punishment. The standardized coefficients—in conjunction with the group centroids—indicate that when controlling for the civilization variables, the nations of Western and Eastern Europe are less likely to use capital punishment whereas the Arab and former USSR nations are more likely. The addition

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**TABLE 4**

**DISCRIMINANT ANALYSES TO CLASSIFY NATIONS ACCORDING TO USE OF CAPITAL PUNISHMENT**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Standardized Discriminant Function Coefficient</th>
<th>Function at Group Centroid</th>
<th>Correctly Classified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freedom</td>
<td>–1.0</td>
<td>Do not use = –.51 76.2 84</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do use = .50 67.1 85</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>71.6 169</td>
<td></td>
</tr>
<tr>
<td>Freedom</td>
<td>–.40</td>
<td>Do not use = –.72 70.2 84</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do use = .71 74.1 85</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>72.2 169</td>
<td></td>
</tr>
<tr>
<td>Arab</td>
<td>.38</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eastern Europe</td>
<td>–.44</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Former USSR</td>
<td>.37</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western Europe</td>
<td>–.49</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: Each model had only one function. Wilks’s lambda significant at the <.001 level in both models.
of the region variables does not improve overall classification much, with correct classification of non-capital-punishment nations declining from 76.2% to 70.2% and correct classification of capital punishment nations improving from 67.1% to 74.1%.

The distribution of nations of different regions vis-à-vis capital punishment shown in Table 5 further indicates the importance of similar history and culture in explaining whether nations continue to use capital punishment. Particularly impressive is that none of the Western or Eastern European nations use capital punishment, whereas 17 of 18 Arab nations and 13 of 15 former USSR nations do. Discriminant analyses indicate that this differential use of capital punishment among regions of the world is not explained by other relevant variables, leaving history and culture as the likely important factors in explaining these extreme differences.

DISCUSSION

The most surprising results of this study were those regarding differences in prison rates among nations. The foremost theoretical perspectives used to explain cross-national variation in imprisonment—civilization, inequality, and unemployment—found little support in this research. Lack of support for the civilization perspective is particularly surprising, as it is generally accepted that nations become less punitive toward crime as they progress and civilize. It may be that many less-developed nations do not have the resources to build and maintain sufficient prison space to use imprisonment extensively. The findings in this study—that street-level law enforcement was associated with less use of imprisonment and that more civilized nations tend to have higher quality prisons—suggest that lack of resources might be a factor in less use of imprisonment.

Also possibly contributing to less use of imprisonment in some developing nations is that they use corporal punishment and informal family and tribal responses to crime. The use of these alternatives to prison may be due to both traditional cultural values and lack of resources for prisons. If use of coercive street law enforcement, corporal punishment, and informal response to crime are major reasons for the lack of association of civilization variables to prison rates, the results of this research may not be counter to the civilization perspective on punishment of crime. It could be that when comparing nations of greatly different levels of development and civilization, prison rates are not a particularly good indicator of the relative punitiveness of nations.

Conversely, homicide rates and, to a lesser degree, total crime rates—which were previously thought to be unrelated to the degree to which nations use imprisonment—were found to be significant in explaining differential use of imprisonment. It is important to remember the questionable quality of INTERPOL crime data and to consider the possibility that the significant contributions of these rates, particularly the total crime rates, to prison rates might be artifacts of poor crime
### TABLE 5
CROSS-TABULATION OF CAPITAL PUNISHMENT BY GEOGRAPHIC REGION

<table>
<thead>
<tr>
<th>Capital Punishment</th>
<th>Arab</th>
<th>Asian</th>
<th>Eastern European</th>
<th>Latin American</th>
<th>Sub-Saharan African</th>
<th>Former USSR</th>
<th>Western European</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not use</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>1</td>
<td>9</td>
<td>11</td>
<td>18</td>
<td>16</td>
<td>2</td>
<td>21</td>
<td>8</td>
</tr>
<tr>
<td>%</td>
<td>5.6</td>
<td>34.6</td>
<td>100</td>
<td>62.1</td>
<td>38.1</td>
<td>13.3</td>
<td>100</td>
<td>88.9</td>
</tr>
<tr>
<td>Do use</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>17</td>
<td>17</td>
<td>0</td>
<td>11</td>
<td>26</td>
<td>13</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>%</td>
<td>94.4</td>
<td>65.4</td>
<td>0.0</td>
<td>37.9</td>
<td>61.9</td>
<td>86.7</td>
<td>0.0</td>
<td>11.1</td>
</tr>
<tr>
<td>Total n</td>
<td>18</td>
<td>26</td>
<td>11</td>
<td>29</td>
<td>42</td>
<td>15</td>
<td>20</td>
<td>9</td>
</tr>
</tbody>
</table>

NOTE: Chi-square $p < .001$. 

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A plausible explanation for this finding is that homicides, and possibly other violent crimes, contribute to punitive public attitudes, which result in more frequent and/or longer prison terms for all types of offenders. As suggested earlier, it may also be that the same underlying cultural values that contribute to individuals’ using violence to solve personal problems contribute to society’s using prison to solve societal problems.

The other particularly interesting finding regarding cross-national variation in prison rates was the importance of three of the region dummy variables: the former USSR, the United States, and Western Europe. The nations of the former USSR clearly share a recent history of extreme social and economic disruption, political uncertainty, and increasing crime (Mikhlin & King, 1996). It is likely that the uncertainty, fear, and lack of social cohesion resulting from changes in these nations have contributed to high rates of imprisonment. Conversely, the nations of Western Europe share a similar coherent culture and a long history of political, economic, and social stability. The high rate of imprisonment in the United States remains an anomaly, unexplained by high crime rates or greater inequality and is thus probably a result of cultural values and beliefs.

The results for prison conditions support the civilization and quality-of-life theoretical perspectives, as the HDI index, relative inequality, and degree of freedom in nations significantly help distinguish between nations with different levels of quality of life in prisons. Regional dummy variables also contributed to distinguishing between nations according to prison conditions, suggesting a historical-cultural component to both prison rates and prison conditions.

The freedom variable and four region dummy variables helped distinguish between nations that do and do not use capital punishment. This suggests that capital punishment is a component or result of the lack of political and social freedom in nations and that historical-cultural factors are of great importance as to which nations use of capital punishment.

The significant contributions of the regional dummy variables to imprisonment, prison conditions, and use of capital punishment suggest that intangible historical-cultural factors are of great importance in explaining the punitiveness of nations. The finding that the nations of the former USSR—while controlling for human development, freedom, inequality, unemployment, and crime—are still more likely to have high prison rates, poor prison conditions, and the use of capital punishment, particularly suggests a historical-cultural component to punitiveness in these nations.

The difficulty of quantifying cultural and historical differences suggests the need for qualitative in-depth analysis that treats nations as coherent entities. Although such analysis would necessarily involve a much smaller sample of nations, it could provide a depth and complexity of analysis that large sample quantitative analysis cannot. Comparisons could be made within and between regions, with nations grouped to maximize both similarities and differences.
APPENDIX
Distribution of Nations by Geographic Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Prison Rate Data Available</th>
<th>Prison Condition and Capital Punishment Data Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arabic</td>
<td>13</td>
<td>18</td>
</tr>
<tr>
<td>Asian</td>
<td>24</td>
<td>26</td>
</tr>
<tr>
<td>Eastern European</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Latin American</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>Sub-Saharan African</td>
<td>27</td>
<td>42</td>
</tr>
<tr>
<td>Former USSR</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Western European</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>148</td>
<td>170</td>
</tr>
</tbody>
</table>

NOTES

1. The year 1997 was chosen to match the year from which the key explanatory variable in the Human Development Index was taken. This variable will be discussed later in the article. An examination of a number of nations for various years from 1994 to 1998 found no cases in which an evaluation changed greatly for a nation during this time period.

2. Homicide data for Rwanda from 1994 were not included, as the reported rate for 1994 was 12,500 and thus clearly included war-related deaths.

REFERENCES


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Factors That Discriminate Between Recidivists, Parole Violators, and Nonrecidivists in a 3-Year Follow-Up of Boot Camp Graduates

Brent B. Benda

Abstract: The authors conducted a study of recidivism of 480 male graduates, aged 16 to 40 years, of a boot camp in the South. Discriminant analysis was used to determine what factors discriminated between three outcomes in a 3-year follow-up: (a) nonrecidivists, (b) recidivists who had committed additional crime after graduation from boot camp, and (c) parole violators. Analyses indicated that present age, age when unlawful behavior began, incarceration as a juvenile, several personality deficits, peer influence, and perceptions of boot camp merely as an expedient avenue to release discriminated between recidivists and the other two groups. Self-esteem, self-efficacy, resilience, expectations of future success, and favorable perceptions of various aspects of the boot camp experience distinguished nonrecidivists from others. Practice and policy implications of these findings are discussed.

Despite the hyperbole used to describe the innovation of boot camps in the media, and to an extent the professional literature, a military approach to incarceration is not original. Rather, regimens of military discipline were introduced in the Elmira Reformatory in 1888 by Warder Zebulon Brockway (Anderson, Dyson, & Burns, 1999). For more than a century, it has been assumed that regimented discipline instills self-control (M. R. Gottfredson & Hirschi, 1990) in youthful offenders before they become ensnared in a criminal lifestyle (Empey, Stafford, & Hay, 1999). The genre of mandatory participation in demanding regimens aimed at instilling discipline is expected to be assimilated into the inmates’ thinking and motivation. For the first time in many inmates’ lives, they would have consistent demands, expectations, and sanctions placed on them, and the assumption seems to be that this structure would be a welcome change for persons who otherwise have lived vacillating and precarious lives (see reviews, Cronin, 1994; MacKenzie, 1997; Zhang, 1998).

The official reason for correctional intervention with inmates in boot camps is rehabilitation. The primary rehabilitative goal of boot camp is to shock neophyte offenders out of a criminal lifestyle by incarceration in an austere environment with regimented drills and demanding structure (MacKenzie & Parent, 1991). Boot camps also are designed to reduce the overcrowding problem in prisons
throughout the country and to place in secured facilities persons whose offenses are too severe or frequent for probation (MacKenzie & Piquero, 1994).

At the same time, serious questions have been raised about the operational purposes of boot camp (McCorkle, 1995). For example, because incarceration in boot camp typically is for a considerably shorter period than traditional imprisonment and boot camps cost less to construct, some have argued that boot camps serve as an expedient and less expensive means of treating or sanctioning a large number of offenders than prison. Hence, many concerns have been advanced as to whether boot camps are designed primarily for rehabilitation, punishment, or political expediency (Anderson et al., 1999; Cronin, 1994; Zhang, 1998). Regarding expediency, one of the more skeptical arguments is that boot camps primarily are a political means to present the appearance of sanctioning a large number of offenders by placing them in a secure facility just long enough for scrutiny of the media and of the public to dissipate (Benda, Toombs, & Whiteside, 1996).

Boot camps often do appeal both to conservatives who subscribe to punishment for crimes against society and to liberals who want to offer rehabilitative intervention with the least invasive intervention necessary (Anderson et al., 1999). Indeed, aside from the shock of incarceration in an austere environment, many boot camp programs, such as the one investigated in the present study, have several treatment components (Cronin, 1994). Presently, there is no consistent evidence of the effectiveness of boot camp programs in reducing drug use or criminal recidivism (Zhang, 1998). According to the most comprehensive study to date (MacKenzie, Brame, McDowall, & Souryal, 1995), based on a comparative analysis of programs in eight states, no clear-cut conclusions can be made about the effectiveness of boot camps in reducing recidivism. There is evidence that boot camps are less expensive than prison while having commensurate recidivism rates.

The lack of demonstrated efficacy of boot camp programs, in large measure, seems to result from the following interacting aspects: (a) They typically are composed of such a heterogeneous population that they are not able to meet the needs of many inmates; (b) most are too brief in duration to meet needs and change attitudes, motivations, and other influences on illegal behavior; (c) programs with which the author is familiar are ill-conceived in terms of policies and practices; and therefore, (d) staffed with persons who cannot articulate the goals, objectives, components, and strategies of the program they have implemented. Also, boot camps have not been adequately evaluated.

A useful preliminary approach to beginning to understand what practical purpose boot camps may serve is to identify what factors discriminate between recidivists and nonrecidivists. Recidivism is the ultimate measure of effectiveness of correctional programs (D. M. Gottfredson & Tonry, 1987; Jones, 1996; Maltz, 1984). Identifying what factors discriminate between graduates of boot camp who return (recidivist) to the Department of Correction (DOC) and those who do not return to the DOC can offer valuable clues to programmatic interventions and to
policy decisions such as penetration into the justice system, type of programs, and length of incarceration. Certain discriminatory factors can provide useful information about potential factors to target in intervention programming because they are alterable (Andrews & Bonta, 1998). For example, unemployment, use of drugs, and gang membership contribute to persistence in criminal behavior, and each of these factors are amenable to designed change, leading to abatement or cessation of crime (Benda, Corwyn, & Toombs, 2001, in press; Hanson & Harris, 2000; Piquero et al., 2001; Uggen, 2000). In contrast, there are factors such as age, prior incarcerations, and family history of illegal behavior that provide discrimination, but are not amenable to programmatic change. Yet, these factors often are very useful to risk classifications (Benda & Tollett, 1999; D. M. Gottfredson & Tonry, 1987; Jones, 1996; Loza, Dhaliwal, Kroner, & Loza-Fanous, 2000; Loza & Loza-Fanous, 2001) for decisions about resource allocation, penetration into the correctional system, and release (Harland, 1996; Sherman et al., 1997).

This distinction between types of discriminators is very useful because for many years, continuing into the present, risk classifications have been viewed as a completely discrete process from needs assessments. Personal characteristics and criminal history have been the primary elements of risk classifications, whereas factors amenable to change such as drug use or self-esteem are found in needs assessments used for treatment purposes (Bonta, 1996; Gendreau, 1996; Gendreau, Little, & Goggin, 1996; Hoge, 1999).

Only recently have factors amenable to change or needs been considered as viable or useful discriminators for risk classifications (Gendreau et al., 1996; Hoge, 1999; Kroner & Loza, 2001). Discriminators typically used for risk classification have included present age, age when drug use and other unlawful behaviors emanated, gender, past criminal history, early familial factors, and peer association (D. M. Gottfredson & Tonry, 1987; Jones, 1996). However, a meta-analysis of 131 studies indicates that many factors amenable to change are as discriminating of recidivism as are the more traditionally used predictors that cannot be altered (Gendreau et al., 1996; Hoge, 1999; Kroner & Loza, 2001; Loza et al., 2000). Because there is no evidence that boot camp per se has an effect on recidivism (Anderson et al., 1999; MacKenzie et al., 1995), the present study examines what factors, both alterable and unalterable, discriminate between recidivists and nonrecidivists among boot camp graduates. The assumption is that recidivism is the nexus of personality, sociodemographic characteristics, criminal history, personal attributes, associations, and perception of the boot camp environment (Andrews & Bonta, 1998; Kroner & Loza, 2001; Loza et al., 2000).

Preliminary studies of recidivism provide valuable clues about targets for intervention, as well as possible policy changes such as admission criteria, penetration into the correction system, and release. However, for many ethical, moral, and empirical reasons discussed elsewhere, recidivism studies should not be the sole bases for these decisions (D. M. Gottfredson & Tonry, 1987). For example, it is immoral to make decisions based on race, and is it unethical to deny release for
an individual based on an aggregate risk profile. Also, risk classifications have an unacceptable proportion of errors (see D. M. Gottfredson & Tonry, 1987; Jones, 1996).

CONCEPTUAL FRAMEWORK FOR THE STUDY

The conceptual framework for the present study is provided by Bronfenbrenner (1979, 1986), who stated that human environments consist of “nested ecological structures” having recursive influences on each other. Prior studies on recidivism among boot camp graduates typically have focused on institutional adjustment and changes in personality factors (see reviews, Anderson et al., 1999; Cronin, 1994; Gover, MacKenzie, & Armstrong, 2000; Zhang, 1998). Certainly, these are important factors to consider in formulating program policy and practices in boot camp. However, in my opinion, it is essential to examine several ecological domains. Especially in intermediate interventions (Byrne, Lurigio & Petersilia, 1992; Morris & Tonry, 1990), where direct intervention is relatively limited and involves a diversity of offenders, it is not known to what extent institutional adjustment and changes in personality factors account for variance in recidivism. Instead, the present study examines the relative discrimination of factors of recidivism from the broader ecological domains of personality, personal attributes, sociodemographics, peer associations, and perceptions of the boot camp environment.

Moreover, there is a paucity of studies of boot camps that discriminate between persons who return to the DOC because of additional crime, those who return because of a parole violation, and nonrecidivists. It is contended in this study that there are some noteworthy distinctions between these three groups that should inform policies and practices. Indeed, the purpose of the present study is to examine what static and dynamic factors discriminate between boot camp graduates who (a) return to the DOC because of additional crime, (b) return to the DOC due to a parole violation, and (c) do not return to the DOC during the 3-year follow-up period. These three outcomes, henceforth, will be referred to as recidivists, parole violator, and nonrecidivists, respectively, for convenience of discussion.

Due to the paucity of studies of these outcomes, no hypotheses are formulated about which outcomes will be distinguished from the others in a discriminate analysis (e.g., nonrecidivists from those who return to the DOC for any reason). However, based on prior research, it is hypothesized that the primary discriminators between recidivists and other graduates of boot camp will be age when crime emanated, age when drug use began, prior incarceration in the juvenile justice system, and the various subscales of the Jesness (1991a, 1991b) Inventory (e.g., Agnew, 1995; Akers, 2000; Benda, 1999; Benda & Toombs, 1999; Blumstein, Cohen, Roth, & Visher, 1986; Burton, Marquart, Cuvelier, Alarid, & Hunter, 1993; Hill, Howell, Hawkins, & Battin, 1999; Lutze, 1996; MacKenzie & Shaw, 1990; MacKenzie & Souryal, 1995). The Jesness personality traits include,
but are not limited to, social maladjustment, immaturity, and low frustration tolerance. Recidivists will be younger when they started unlawful behavior, have a juvenile incarceration, and score higher on the personality deficits measured by the Jesness Inventory. The personality traits measured by the Jesness Inventory are similar, in many respects, to characteristics of self-control described in M. R. Gottfredson and Hirschi’s (1990) general theory of crime. M. R. Gottfredson and Hirschi theorized that the propensities (e.g., impulsivity, instant gratification, risk seeking, physical versus mental activity, self-centeredness, and low frustration tolerance) for unlawful behavior are evident by 10 years of age and remain the primary motivations for crime and drug use throughout the life span. No speculation is offered about whether these factors discriminate between recidivists and nonrecidivists or between recidivists and parole violators.

In contrast, the personal attributes expected to discriminate between nonrecidivists and those who return to the DOC (for crime or as a parole violator) are self-esteem, self-efficacy, expectations of future success, and resilience. I believe cessation of crime is augmented by having a greater degree of these attributes (e.g., Gutman & Midgley, 2000; Scheier, Botvin, Griffin, & Diaz, 2000). Self-esteem is defined as a positive evaluation of the self, and self-esteem is important for promoting self-efficacy, an expectation of future success, and resilience (Gutman & Midgley, 2000; Scheier et al., 2000). Self-efficacy (Bandura, 1997) is a sense that one can be effective in bringing about desired results. Resilience is the ability to rebound from any setbacks and to overcome adversities and achieve despite the barriers (Aroian & Norris, 2000). In recent years, researchers have investigated these factors as antecedents of alcohol and drug use (e.g., Abernathy, Massad, & Romano-Dwyer, 1995; Vega, Apospori, Gil, Zimmerman, & Warheit, 1996; Wills, 1994). Support for a developmental linkage between these factors and alcohol and drug use comes primarily from problem behavior theory (Jessor & Jessor, 1977). According to problem behavior theory, self-esteem is part of a personal belief structure composed mainly of cognitive regulatory mechanisms (e.g., self-efficacy, expectations of success and resilience) that restrain natural impulses to engage in unlawful behavior. Experience suggests that persons with these attributes are the very individuals who are shocked by being incarcerated in boot camp for a brief exposure to the personal costs of imprisonment. Self-esteem is thought to facilitate confidence in one’s ability to alter choice and behavior (self-efficacy), resilience in overcoming the barriers that often face former felons, and expectations of success in the future.

In this regard, it is anticipated that inmates’ perception of the boot camp environment and its potential to effect changes will discriminate between nonrecidivists and those who return to the DOC. Indeed, inmates have personal needs, and insofar as inmates believe their needs can and will be met by a program, they are more likely to adopt the attitudes and behaviors sought in intervention (Palmer, 1992). Toch (1977, pp. 16-17) identified the essential needs as privacy, safety, structure, support, emotional feedback, social stimulation, activity, and freedom. Without perception that these needs will be addressed in the program, it
is unlikely that the desired attitudinal and behavioral changes will occur (Andrews & Bonta, 1998).

Some recent studies have considered how the environment of boot camp affects inmates by measuring the participants’ experiences and attitudes. Typically, these studies have found that boot camp inmates adjust well to the environment (MacKenzie & Shaw, 1990), possess positive attitudes toward the program and the staff (Burton et al., 1993; Lutze, 1996; MacKenzie & Shaw, 1990; MacKenzie & Souryal, 1995), and expect to see changes in their behavior (Burton et al., 1993; Lutze, 1996; MacKenzie & Shaw, 1990; MacKenzie & Souryal, 1995; McCorkle, 1995). These studies measured inmates’ attitudes toward the boot camp experience rather than asking inmates to evaluate the boot camp’s environment.

The present study builds on prior research by asking questions that measure some of Toch’s (1977) needs for safety, structure, support, helpful feedback, and stimulation to change. Moreover, questions are asked to ascertain if inmates perceive boot camp as merely an expeditious avenue to release from incarceration instead of serving a longer period in prison. The boot camp studied is, although more regimented than prison, voluntary and may be chosen by several inmates because it expedites their release. The expectation is that inmates who perceive boot camp merely as an expeditious avenue to release are more likely to return to the DOC than are those who perceive benefits from the boot camp program.

**METHOD**

**SAMPLE**

The convenience sample in the present study consists of 480 male participants in the only boot camp in a southern state. Between 15 and 30 persons are received at this boot camp from the diagnostic unit every 21 days. The variability in size of classes is due to the number of persons eligible when classes are shipped to the boot camp and to the fact that participation in the boot camp program is voluntary. That is, eligible persons choose whether they participate in the boot camp program or serve their sentence in prison. To be officially eligible for boot camp, persons have to meet five criteria: (a) be a first-time referral to the adult correctional system in this southern state; (b) be sentenced to 10 or less years; (c) have no recorded violent offenses in the adult correctional system; (d) have an IQ above 70; and (e) have no physical or psychological problems, including drug addiction, that would preclude military training. These persons are screened at the diagnostic unit by correctional counselors. All persons who entered the boot camp in 1 year were approached to participate in the study. The dropout rate from the boot camp is approximately 20%, and these persons return to prison to serve their sentences. Twenty of the initial 500 persons selected for the study dropped out of boot camp.
Table 1 shows the sample characteristics. For example, 42% of the sample are Caucasian, whereas 45% percent are African American, and 10.4% percent are Hispanic American. The majority (63.3%) have never been married, whereas 32% are married. These are first admissions to the DOC, and, officially, the inmates are not supposed to have committed violent offenses. However, approximately 42% are committed to the DOC for property, person, and drug offenses; 3% for property and person crimes; and 4.4% for drugs and crimes against persons. The largest percentage returned to the DOC after release from the boot camp within the 3-year follow-up period studied for property offenses (38.5%), followed by parole violators (20%), those who committed all three types of crimes (16.7%), drug offenders (16.7%), former inmates who have property and person offenses (5%), and those who have crimes against persons (3.1%). More than half of the sample had been incarcerated in the juvenile justice system (56%), and more than half (57.9%) did return to the DOC during the 3-year follow-up study period. The average (or mean) number of days in the community before being returned to the DOC is 725.7, with a standard (or average) deviation of 309.9 days.

PROCEDURE AND DATA

Questionnaires were administered to each class of 15 to 30 boot camp participants by a staff psychologist, who had eight research associates available to monitor each table of 5 respondents to clarify wording or to answer questions. Respondents who could not read (usually 1 or 2 persons with each class) were given one-to-one interviews by research associates trained to administer the questionnaire. The questionnaires were administered approximately 3 weeks into the 105-day program to allow military discipline to develop, as well as trust in the psychologist who administered the questionnaire, because she also conducted mental health classes and counseling at this boot camp. Although respondents did record their DOC ID number for a recidivism study, they were assured of confidentiality by telling them that names would not be associated with ID numbers on the questionnaire and that none of the information provided by them was shared with anyone in the DOC except in aggregate form. Participation in the study was voluntary, and only 6 persons refused participation during the study period.

About 85% of the items on the questionnaires had no missing information, and most of the others were missing from 1 to 10 cases. No variable was missing in more than 5% of the cases.

PREDICTION MEASURES

The sociodemographic factors considered are race, age at the time of the interview, age criminal activities began, age when they first used alcohol or other drugs, and the reading score on the Wide Range Achievement Test (WRAT) version 3 (Jaskat, 1993), which has a test-retest reliability of .93. The WRAT is a
### TABLE 1
SAMPLE CHARACTERISTICS

<table>
<thead>
<tr>
<th></th>
<th>Number of Persons</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>202</td>
<td>42.1</td>
</tr>
<tr>
<td>African American</td>
<td>216</td>
<td>45.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>50</td>
<td>10.4</td>
</tr>
<tr>
<td>Asian</td>
<td>5</td>
<td>1.0</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
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<td></td>
</tr>
<tr>
<td>Single (never married)</td>
<td>304</td>
<td>63.3</td>
</tr>
<tr>
<td>Married</td>
<td>154</td>
<td>32.1</td>
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<tr>
<td>Divorced</td>
<td>22</td>
<td>4.6</td>
</tr>
<tr>
<td><strong>Committing offense(s)</strong></td>
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<td></td>
</tr>
<tr>
<td>Property</td>
<td>158</td>
<td>32.9</td>
</tr>
<tr>
<td>Property/person</td>
<td>15</td>
<td>3.1</td>
</tr>
<tr>
<td>Property/person/drugs</td>
<td>201</td>
<td>41.9</td>
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<tr>
<td>Drugs</td>
<td>85</td>
<td>17.7</td>
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<tr>
<td>Drugs/person</td>
<td>21</td>
<td>4.4</td>
</tr>
<tr>
<td><strong>Return offense(s)</strong></td>
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<td></td>
</tr>
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<td>Property</td>
<td>185</td>
<td>38.5</td>
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<tr>
<td>Person</td>
<td>15</td>
<td>3.1</td>
</tr>
<tr>
<td>Property/person</td>
<td>24</td>
<td>5.0</td>
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<tr>
<td>Property/person/drugs</td>
<td>80</td>
<td>16.7</td>
</tr>
<tr>
<td>Drugs</td>
<td>80</td>
<td>16.7</td>
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<tr>
<td>Parole violator</td>
<td>96</td>
<td>20.0</td>
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<tr>
<td><strong>Incarcerated as a juvenile</strong></td>
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<td></td>
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<td>Yes</td>
<td>259</td>
<td>56.0</td>
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<tr>
<td>No</td>
<td>201</td>
<td>41.9</td>
</tr>
<tr>
<td>Missing</td>
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<td>2.1</td>
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<td><strong>Returned to the Department of Correction after release from boot camp</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>278</td>
<td>57.9</td>
</tr>
<tr>
<td>No</td>
<td>202</td>
<td>42.1</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>SD</th>
<th>Mode</th>
<th>%</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>24.8</td>
<td>10.2</td>
<td>24</td>
<td>15</td>
<td>16-40</td>
</tr>
<tr>
<td>Age at first arrest</td>
<td>14.7</td>
<td>2.0</td>
<td>15</td>
<td>24</td>
<td>7-15</td>
</tr>
<tr>
<td>Sentence length years</td>
<td>5.1</td>
<td>2.1</td>
<td>5</td>
<td>20</td>
<td>1-10</td>
</tr>
<tr>
<td>Wide Range Achievement Test</td>
<td>6.5</td>
<td>2.3</td>
<td>7</td>
<td>20.7</td>
<td>4-12</td>
</tr>
<tr>
<td>Days survived in the community without return</td>
<td>725.7</td>
<td>309.9</td>
<td>1,095</td>
<td>42</td>
<td>50-1,095</td>
</tr>
</tbody>
</table>

a. Before first admission to boot camp.

b. After completion of the boot camp program.
screening tool and has limited construct validity, but it is considered adequate for research purposes. Also, a check of the Division of Youth Services records was made to see if inmates had been incarcerated in that system (coded 0 = no, 1 = yes). These inmates could have been incarcerated in another state or in a federal system.

The Jesness Inventory (Jesness, 1991a, 1991b) has been used for more than 30 years and was developed with 1,075 nondelinquent males, 970 delinquent males, 811 nondelinquent females, and 450 delinquent females. It consists of 155 items that measure 11 personality characteristics: (a) social maladjustment; (b) value orientation, which is a tendency to share attitudes characteristic of persons in the lower socioeconomic classes; (c) immaturity; (d) autism, which measures a tendency to distort reality according to one’s desires; (e) alienation, which refers to estrangement; (f) aggression; (g) withdrawal; (h) social anxiety; (i) repression; (j) denial, which measures a reluctance to acknowledge unpleasant events; and (k) asocial index, which reflects a generalized disposition to resolve problems in ways that show disregard for social customs and rules.

Several aspects of the Jesness Inventory’s reliability have been examined. For example, the odd-even correlations range from .62 to .88, indicating consistency among items. The test-retest reliabilities, over an 8-month period, across scales range from .40 to .76 (only the alienation scale is .40, with the next lowest coefficient being .55 for repression—most coefficients are in the .70s). Cronbach’s (1951) alpha ranges from .61 to .87, except the .43 for immaturity, which means the latter scale must be interpreted with real caution. It also distinguishes serious offenders from those with minor offenses and is sensitive to treatment changes (Jesness, 1991a, 1991b). The psychometric properties of all scales used in the study are presented in Table 2.

The Index of Self-Esteem (ISE) (Hudson, 1992) is a 25-item scale (7-point scales ranging from none of the time to all of the time) designed to measure the degree and severity, or magnitude, of a problem with self-esteem, which is an evaluation of self. The ISE has an alpha of .93 and an SEM of 3.70. It also has solid known groups and sufficient construct validity. Seven items of the Self-Efficacy Scale (Maddox, Mercandante, Prentice-Dunn, Jacobs, & Rogers, 1982) are used. This scale has good construct validity and an alpha of .86. In the present study, the 7 items (5-point scale ranging from strongly disagree to strongly agree) selected had an alpha of .90 and included the most salient efficacy items such as “I make certain my plans work out” and “I am a self-reliant person.” Resilience is measured by 5 items (5-point scales ranging from strongly disagree to strongly agree): (a) I am able to overcome difficulties or traumatic events quickly and move on with my life, (b) I do not allow obstacles to keep me from accomplishing what I want to do, (c) I am able to successfully deal with situations that life hands me, (d) I bounce back from failures quickly and continue until I am successful, and (e) I can endure a lot of setbacks and still try to succeed in life.

Peer association is measured with four items (4-point scale ranging from strongly disagree to strongly agree) that ask (a) if friendship is more important than breaking the law, (b) if getting into trouble with the law is a way of gaining
respect from friends, (c) if you choose friends who are not afraid of getting into trouble with the law, and (d) if loyalty to friends is more important than obeying laws. Peer influence also is measured by four items (same 4-point scale) asking if your friends (a) influence you to steal, (b) influence you to use illegal drugs, (c) influence you to sell drugs, and (d) influence you a lot in breaking the law.

Perception of the boot camp program is seven items (same 4-point scale) asking if the program is (a) helping you, (b) making you a better person, (c) useless, (d) causing you to learn about yourself, (e) an experience that will not change you, (f) giving you insight to be more mature, and (g) causing you to become more criminal.

### TABLE 2

STATISTICAL PROPERTIES OF PREDICTORS

<table>
<thead>
<tr>
<th>Predictor</th>
<th>M</th>
<th>SD</th>
<th>α</th>
<th>Factor Analysis Rangea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jesness Inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maladjustment</td>
<td>72.0</td>
<td>12.2</td>
<td>.77</td>
<td>.65-.88</td>
</tr>
<tr>
<td>Value orientation</td>
<td>59.1</td>
<td>11.4</td>
<td>.83</td>
<td>.65-.78</td>
</tr>
<tr>
<td>Immaturity</td>
<td>63.2</td>
<td>11.2</td>
<td>.89</td>
<td>.76-.91</td>
</tr>
<tr>
<td>Autism</td>
<td>63.5</td>
<td>10.5</td>
<td>.85</td>
<td>.71-.86</td>
</tr>
<tr>
<td>Alienation</td>
<td>60.8</td>
<td>9.9</td>
<td>.77</td>
<td>.75-.93</td>
</tr>
<tr>
<td>Aggression</td>
<td>54.9</td>
<td>12.9</td>
<td>.87</td>
<td>.80-.95</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>55.7</td>
<td>12.3</td>
<td>.82</td>
<td>.81-.77</td>
</tr>
<tr>
<td>Social anxiety</td>
<td>48.3</td>
<td>10.6</td>
<td>.78</td>
<td>.83-.88</td>
</tr>
<tr>
<td>Repression</td>
<td>59.1</td>
<td>10.2</td>
<td>.84</td>
<td>.84-.89</td>
</tr>
<tr>
<td>Denial</td>
<td>45.2</td>
<td>10.7</td>
<td>.91</td>
<td>.77-.93</td>
</tr>
<tr>
<td>Asocial</td>
<td>72.6</td>
<td>10.5</td>
<td>.92</td>
<td>.76-.94</td>
</tr>
<tr>
<td>Other factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-esteem</td>
<td>50.2</td>
<td>10.3</td>
<td>.92</td>
<td>.87-.96</td>
</tr>
<tr>
<td>Resilience</td>
<td>30.1</td>
<td>2.3</td>
<td>.88</td>
<td>.75-.93</td>
</tr>
<tr>
<td>Peer association</td>
<td>12.3</td>
<td>2.3</td>
<td>.77</td>
<td>.65-.80</td>
</tr>
<tr>
<td>Self-efficacy</td>
<td>15.2</td>
<td>3.3</td>
<td>.88</td>
<td>.75-.94</td>
</tr>
<tr>
<td>Peer influence</td>
<td>11.8</td>
<td>1.9</td>
<td>.75</td>
<td>.60-.84</td>
</tr>
<tr>
<td>Perception of program</td>
<td>30.2</td>
<td>4.9</td>
<td>.83</td>
<td>.77-.91</td>
</tr>
<tr>
<td>Feel safe</td>
<td>6.1</td>
<td>1.1</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Staff support</td>
<td>21.9</td>
<td>3.0</td>
<td>.79</td>
<td>.70-.86</td>
</tr>
<tr>
<td>Stimulated</td>
<td>15.1</td>
<td>2.7</td>
<td>.80</td>
<td>.83-.91</td>
</tr>
<tr>
<td>Perception of help</td>
<td>9.8</td>
<td>2.2</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Future expectations</td>
<td>9.9</td>
<td>3.1</td>
<td>.93</td>
<td>.88-.96</td>
</tr>
<tr>
<td>Expedience</td>
<td>12.1</td>
<td>2.2</td>
<td>.88</td>
<td>.86-.93</td>
</tr>
</tbody>
</table>

a. Maximum likelihood factor analyses, with oblimin rotation, ranges.
Feeling safe is measured by two items (same 4-point scale) that ask (a) if you feel safe in boot camp and (b) if you feel you will be hurt in this place. Staff support is measured with seven items asking if (a) you would ask staff for help, (b) staff try to hurt inmates, (c) staff are fair, (d) you try to talk to staff, (e) you like some of the staff, (f) you think staff are stupid, and (g) staff are trying to help you. Stimulation is measured by five items (same 4-point scale) asking if (a) the boot camp is depressing, (b) the boot camp is making you feel you cannot take it anymore, (c) the program is boring, (d) if the program is doing more harm than good, and (e) the program is a challenging experience. Perception of help from the boot camp experience is measured by three items (same 4-point scale) asking if (a) this incarceration will keep you from drugs, (b) this incarceration will stop your criminal behavior, and (c) this incarceration has made you think about better options in life.

Future expectations is measured with six items (1 = poor, 2 = fair, 3 = good) that ask (a) what the chances are of you getting the job you like, (b) what the chances are of persons like you getting a good-paying, honest job in your town or city, (c) what your chances are of finding good, steady employment that lasts a long time, (d) what your chances are of finding a good job that pays really well, (e) what your chances are of getting ahead and being successful in the future, and (f) if you have the same chances to get ahead as others in America.

Finally, expediency pertained to whether inmates chose boot camp instead of prison because it was expedient in terms of time incarcerated, because the 105-day boot camp program was a shorter—albeit a more regimented and demanding experience—period of incarceration than serving their sentence in prison. Expedience is measured with four items (4-point scale ranging from strongly disagree to strongly agree) that ask (a) if boot camp was chosen because it is an easy way to do time, (b) if boot camp was chosen because it is safer than prison, (c) if boot camp is a game you will play to get of our prison sooner, and (d) if boot camp seemed like less work than prison.

All of the measures concerning the boot camp environment were adapted from items generally used to measure Toch’s (1977) needs and have been used to measure the boot camp experience (e.g., Camp, 1991). An examination of skewness and kurtosis of all factors indicates that they were within the normal range. A correlational matrix of all study factors, using Pearson product-moment correlations, was examined prior to conducting the discriminant analyses: The only correlations above .20 were between staff support and stimulation (.44) and between perception of the boot camp program and perception of help (.39). Hence, tolerance tests and variance inflation factors also were examined for multicollinearity (Freund & Wilson, 1998). These tests did not indicate that there was a problem with multicollinearity. Maximum likelihood factor analyses, with an oblique (oblimin) rotation, clearly indicated items loaded on hypothesized factors using criteria of an eigenvalue of at least 1 and loadings of .40 on factors and of .15 between factors.
TABLE 3
DISCRIMINANT ANALYSIS OF RECIDIVISTS,
PAROLE VIOLATORS, AND NONRECIDIVISTS

<table>
<thead>
<tr>
<th>Group</th>
<th>Function 1</th>
<th>Function 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonrecidivists</td>
<td>-0.79899</td>
<td>-0.25354</td>
</tr>
<tr>
<td>Recidivists</td>
<td>0.73491</td>
<td>0.22234</td>
</tr>
<tr>
<td>Parole violator</td>
<td>-0.57139</td>
<td>0.24461</td>
</tr>
</tbody>
</table>

Canonical discriminant function evaluated at the group mean

Pooled within-groups correlation between discriminant functions

Present age       -0.7264*  0.2202
Age at first crime-0.7116*  0.2076
Age first used drugs-0.7012* 0.2041
Peer influence    0.6571*  0.2005
Peer association  0.6043*  0.1989
Maladjustment    0.5478*  0.1578
Aggression        0.5401*  0.1423
Denial            0.5001*  0.1299
Alienation        0.4421*  0.0928
Immaturity        0.4056*  0.0776
Asocial           0.3879*  0.0327
Expedience        0.3774*  0.0320
Juvenile incarceration 0.3487* 0.0285
Autism            0.3289*  0.0243
Self-efficacy     -0.2723  0.7032*
Resilience        -0.2622  -0.6888*
Perception of program -0.2011 -0.6624*
Perception of help -0.2236  -0.6329*
Staff support     -0.2139  -0.6006*
Future expectations -0.2002 -0.5661*
Stimulated        -0.1923  -0.3321*
Self-esteem       -0.1774  -0.3224*

*p < .01.

FINDINGS

The discriminant analysis (Klecka, 1980) shown in Table 3 indicates that the majority of discriminators studied are statistically significant (α = .05) and that they discriminate between the three outcomes as expected (scaled: 1 = non-recidivists, 2 = parole violators, 3 = recidivists). Indeed, the analysis reveals there are two functions, as anticipated, and 80% of the variance in the three groups is in the first function, leaving 20% in the second function. It may be noted that the first
function discriminates between recidivists and other graduates of boot camp (i.e., nonrecidivists and parole violators), whereas the second function discriminates between nonrecidivists and the other two groups (note signs of canonical coefficients). Comparing recidivists to the other two groups of graduates, the discriminators in the first function show that recidivists are younger, begin crime at an earlier age, start using drugs earlier in life, are more influenced by peers who engage in unlawful behavior, associate with these peers more frequently, have higher scores on the Jesness Inventory, see boot camp more as expedient to release, and are more likely to have a history of incarcerations in juvenile justice.

In contrast, nonrecidivists have higher self-efficacy, have more resilience, rate the overall effectiveness of the boot camp program higher, perceive more help at the boot camp, rate staff support higher, have more expectation of the future, find the boot camp experience more stimulating, and have higher self-esteem than recidivists or parole violators. All of the within-group correlation coefficients are above the conventional .30 used to indicate a noteworthy discriminator. However, withdrawal, social anxiety, repression, feeling safe at the boot camp, and the WRAT scores are not significant discriminators. Stated succinctly, the findings, with isolated exceptions, are very much in accord with those expected based on prior research in other populations of criminal groups (see reviews, Andrews & Bonta, 1998; Harland, 1996; Hill et al., 1999; Sherman et al., 1997).

Before the analysis shown in Table 3, separate discriminant analyses were conducted with these clusters of factors because the sample size did not permit a simultaneous analysis of all variables in the study: (a) sociodemographic variables (i.e., all age factors, WRAT scores), (b) Jesness scales (see Table 2), and (c) other factors (see Table 2). Factors that were not statistically significant in these separate analyses were not considered in the final analysis shown in Table 3. Table 4 shows that the analysis in Table 3 classifies 77% of the cases in the study correctly. The discriminant analysis classifies 80% of the nonrecidivists, 70% of the parole violators, and 76% of the recidivists correctly. The 20 inmates who

<table>
<thead>
<tr>
<th>Observed Group</th>
<th>Number of Cases</th>
<th>Predicted Group Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Nonrecidivists (Group 1)</td>
<td>202</td>
<td>162</td>
</tr>
<tr>
<td></td>
<td>(80.2%)</td>
<td>(13.4%)</td>
</tr>
<tr>
<td>Parole violators (Group 2)</td>
<td>57</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>(14.0%)</td>
<td>(15.8%)</td>
</tr>
<tr>
<td>Recidivists (Group 3)</td>
<td>221</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>(14.5%)</td>
<td>(76.0%)</td>
</tr>
</tbody>
</table>

NOTE: Percentage of cases correctly classified was 77.08.
dropped out of boot camp are not included in the analyses because they received a different and lengthier intervention (i.e., prison).

DISCUSSION

This is a study of 480 boot camp graduates designed to examine the discrimination of several sociodemographic variables, personality traits, criminal history factors, personal attributes, and perceptions of the boot camp environment. This is a broader range of discriminators than has been considered in previous research, and the study examines the outcomes of nonrecidivism, parole violation, and recidivism with crime involved in a 3-year follow-up period. There is a paucity of research on boot camps that distinguishes between recidivism with crime involved and parole violation, and yet I think this is a very important distinction. Although a few parole violators likely have committed undetected offenses or crimes that are not prosecuted, experience suggests that the vast majority of parole violations are for failure to report to aftercare workers required of all graduates of the boot camp. The aftercare following the boot camp studied requires all graduates to have face-to-face meetings with the aftercare worker to report on school or employment and other activities for 6 months, and there are random drug screens and contacts at schools and places of employment. Additionally, all graduates are on parole for the duration of their original sentence and must report to the parole officer at least monthly after the initial 6-month intensive supervision.

A serious limitation of the present study is that there is no information about why persons received a parole violation, and certainly this should be investigated in future studies. Other salient limitations include single self-report measures and sources of information and the cross-sectional design, which does not permit a test of developmental sequences. Moreover, this is a study of one boot camp, and these programs vary regarding components, length, staff, admission criteria, and aftercare. Hence, the findings of this study need to be verified in future research.

Meanwhile, the congruence between what was expected and the findings lends credibility to the results. All significant discriminators distinguish between outcomes exactly as expected, albeit some hypothesized discriminators are not statistically significant. That withdrawal, social anxiety, repression, and feeling safe at the boot camp are not significant discriminators is plausible on hindsight: The personality attributes are no longer associated with offenders in most studies, despite their use in the Jesness Inventory (Andrews & Bonta, 1998). Also, the boot camp studied has more surveillance and monitoring than prisons, and, therefore, safety is likely less of an issue than in regular prisons. It is somewhat surprising that the WRAT is not a predictor but rather is only a screening device that relies only on word recognition and, therefore, is not a solid measure of reading level.

Taken together, the findings should be useful to policy and practices of boot camps. Indeed, the profile of discriminators between recidivists and other graduates clearly reveals that individuals who return to the DOC after graduation from
boot camp because of additional crime(s), are younger, begin unlawful behavior earlier, associate with peers who engage in crime, have several personality deficits, and view boot camp as merely an expedient means of release. This profile should resonate with veteran administrators’ observations of who returns to the DOC, although their observations are less systematic and more subject to idiosyncratic biases (D. M. Gottfredson & Tonry, 1987; Jones, 1996). These findings should stimulate a renewed interest in investigating the efficacy of alternative intervention on recidivism among young offenders with this familiar profile. Existing boot camp programs may be too brief in duration and lack the necessary services to properly treat the interrelated criminal proclivities, personality deficits, lack of receptivity to assistance, and peer associations that appear to underlie persistence in crime. Moreover, this study suggests that these young offenders are not motivated to respond to programmatic efforts in boot camps. It would seem that a more intensive intervention in terms of time and psychological services are needed for these younger offenders, and this study offers some clues about what psychological problems should be addressed.

There are interpersonal cognitive problem-solving interventions that aim to decrease impulsivity and instantaneous anger or low frustration tolerance characteristic of young persons who have the personality deficits discussed. Efforts are focused on alternative solutions to interpersonal problems, consequential thinking, and recognition of and sensitivity to feelings of others. The Brainpower program (Hudley, 1994), for example, focuses on reduction of negative attributions, especially hostile attributions. People are taught to search for, interpret, and properly classify the verbal, physical, and behavioral cues from others in social situations. The Pact program (Brewer, Hawkins, Catalano, & Neckerman, 1995) is based largely on social competence training. Persons are trained in giving and receiving positive comments, resisting peer pressure, problem solving, and negotiation. In addition, young persons with the personality deficits studied need to receive, to the extent possible, individual and group counseling directly aimed at correcting these deficits (Andrews & Bonta, 1998; Harland, 1996; Sherman et al., 1997).

In addition, interventions designed to raise awareness of how much influence peers exercise over persons is imperative. For many years, studies have shown that peer influence is one of the strongest predictors of persistent crime (see reviews, Agnew, 1995; Akers, 2000; Empey et al., 1999). Offenders must become more conscious of the processes of how peers influence them and how to eschew their sway. Aside from gaining a clearer understanding of the processes of influence and of how to avoid them, offenders need insight into why they are influenced so heavily by peers. This will mean teaching them that all of us have desires to belong and to feel accepted, secure, and respected, and that we seek relationships to meet these desires (Hawkins, Arthur, & Catalano, 1995). Simultaneously with insight into why peer groups are sought should be discussions of how to seek interactions with persons who will encourage and reinforce more prosocial behavior. This will often mean teaching persons how to relate in a more socially skilled fashion.
This study found that nonrecidivists have a sense of self-efficacy, are resilient, and they perceive programmatic benefits, staff support, stimulation, and overall help at the boot camp. In addition, they have high self-esteem and are optimistic about their future. In short, these are persons with strong inner resources for altering their lives who perceive the boot camp program overall to be a beneficial experience instead of merely an expedient avenue to release from a secured facility. Persons with this profile may well be good candidates for the current boot camp programs, with their brevity and minimal resources. Certainly, more thought should be given to which offenders are likely to benefit from “shock” incarceration, which is the essence of most existing boot camps.

In conclusion, this study, regrettably, did not find what factors discriminate between recidivists who committed additional crime from parole violators. Clearly, studies are needed that distinguish between these types of recidivists because they are likely different in their needs and responsiveness to intervention.

REFERENCES


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Balagan: Delinquency as a Result of the Lack of a Center of Norms and Consciousness

Uri Timor

Abstract: From interviews with prisoners and ex-prisoners in Israel, it emerges that their delinquency was an outcome of what is called in many languages, including Hebrew, balagan (a chaotic or messy life). The balagan is caused by a lack of moral and behavioral centers, and it is characterized by confusing and contradictory norms of criminal and noncriminal behavior. This conclusion is inconsistent with theories that explain criminality in terms of cultural perspective, but it fits the center theory and the theories of social control. The balagan was mainly expressed by contradictions between their attitudes and behavior, as well as between their positive images and criminal acts. None of the convicts and ex-convicts justified breaking the law, but they attempted to minimize their responsibility by means of justifications and excuses. This study is based on phenomenological interviews conducted with 25 prisoners and 50 former prisoners who underwent programs of rehabilitation in kibbutzim and in yeshivot in Israel.

I’m tired because I didn’t sleep. All night I listened to Yossi Sayas on the radio [a weekly phone-in program whose callers come from society’s deprived fringes]. I listen to his program every week. Last night I even donated my refrigerator, for some poor woman from Ashdod whose husband threw her out of the house. I’m not going to need it anyway for the next 6 years, when I’ll be in prison. And anyway, I’ll buy a new one when I get out. Last week I donated a bed and a washing machine. What do you think? That a con can’t be goodhearted?!

Excerpt from an interview with prisoner number 12, serving a 6-year sentence for robbery and assault

What motivates the behavior of this and many similar offenders? He does not act consistently in accordance with some definite culture that is in any way different from ours; neither is he motivated by any antisocial or antinormative orientation. In all likelihood, his actions spring from a confused orientation, conflicting drives, and the lack of commitment to any defined behavioral norms, resulting in behavior that contradicts itself.

This study deals with delinquency that results from a lack of commitment to any clearly defined moral or social center, or to the behavioral norms to which such a center gives rise. Both the criminal and the legitimate activity described herein are random and reflect confusion and inconsistency. The reasons for delin-
quency described here contradict those posited by theories that relate delinquency to cultural norms in a specific cultural environment (Cloward & Ohlin, 1960; Miller, 1958; Wolfgang & Ferracuti, 1967). Some of the claims mentioned in this article are consistent with theories dealing with social control. According to these theories, the weakening of the social control, hand in hand with a diminishing social commitment, are among the principal factors leading to the weakening and even the nullification of a center of consciousness and values that direct the individual toward clear, unequivocal behavior (Briar & Piliavin, 1965; Hirschi, 1969; Matza, 1964).

Individuals' actions are inspired by a center of consciousness and ideas, which impels and directs their behavior (James, 1961, pp. 191-192). This center can be more or less solid, and it can change in the course of time, as formerly peripheral ideas or new ideas take on an increasingly central position. Without such a center, individuals' worldviews and behaviors have no orientation (Eliade, 1961, pp. 20-24). In essence, they will be without any world of their own, and instead will have only “fragments of a broken world, an amorphous mass containing an infinite number of neutral places” (Eliade, 1961, p. 24).

The structural-functional theory acknowledges this center of awareness. According to this theory, society’s center is its central values system. This system is intimately related to what the members of the society see as being most important. It is based on their need to feel that their individual existence is connected to something exalted (Shils, 1975, p. 15), and it has an integrative social function (Eisenstad & Curelaru, 1982, pp. 208-209).

Individuals may feel alienated from the centers of the surrounding society and may sense that they lack a personal center (Cohen, 1979; Cohen, Ben Yehuda, & Aviad, 1987) as a result of various factors, some of which overlap to some extent. These factors are likely to be the radical secularization of modern society (Bruce, 1992; Kovalis, 1970), young people’s feelings of alienation in modern society (Lukes, 1978; Wallis, 1984, p. 48), social rejection and negative social stigmatizing (Goffman, 1964), and the rejection of society’s accepted goals and of the means of achieving them, as expressed by the pattern of withdrawal in the strain theory (Merton, 1957).

Persons without a center of consciousness are in a state of anomie, in which, as I have said, they lack the orientation for a certain behavior. Such a reality may lead the individuals in a number of directions. They are likely to seek a center for their world and to find it, for example, by joining a particular cult (Anthony & Robbins, 1987; Bainbridge, 1997). The individuals may narrow their areas of interest, withdraw into passivity, or escape from the reality that for them is meaningless, for instance, by becoming addicted to drugs (see for example Kandel, 1980). They are also liable to remain in their anomic situation and to function without any particular center of consciousness directing their behavior (see, for example, Matza, 1964). Matza (1964) claimed that the less commitment to values individuals have, the less committed they are to the social limitations that accompany those values. If individuals are committed neither to accepted values nor even to unaccepted
ones, they find themselves in a state of drift, with no direction, and are likely to turn to crime. As Matza put it,

The delinquent transiently exists in a limbo between convention and crime. Responding in turn to the demands of each, flitting now with one, now with the other, but postponing commitment, evading decision. Thus, he drifts between criminal and conventional action. (p. 28)

Hirschi (1969) stressed the commitment to society and to the individuals in it. As individuals’ connections to the law-abiding society weaken, so do their commitments to its opinions and behavioral norms, and they are likely to slip into criminal behavior. At the most extreme level, when there is no commitment whatsoever, an anomic situation is created, in which the individuals are indifferent to the moral outcomes of their actions (Kornhauser, 1978). Similarly, the lack of legitimate opportunities for success and an inequity in the distribution of social assets may very likely lead to hatred of those who have more and to the denial of the connection between standards of morality and social order. Personal and social controls are weakened, and individuals feel at liberty to take advantage of illegitimate opportunities and break the law (Gottfredson & Hirschi, 1990). Shils (1975) defined this process as the weakening of the individual’s connection to the central values system and its representatives. Such a weakening tends to impel individuals to act on their own, independent of this system and with no connection to it, including criminal activity (Shils, 1975, pp. 11-14).

When being interviewed, former criminals rehabilitated in one of two different programs for the rehabilitation of criminals in Israel tended to characterize the period of their delinquency as a period of confusion and lack of values and behavioral orientation. In their words, they repeatedly defined this period in their lives as a balagan. In contrast, they described the subsequent period, that of their rehabilitation, as a time of consistent behavior, in which they forged new and unequivocal social values and behavioral commitments (Timor, 1989, 1998; Timor & Shoham, 2001).

Descriptions and accounts regarding the past given by people who have changed their perceptions and their way of life are likely to be suspect in terms of their validity because they may reflect these individuals’ new worldview and the perspective that springs from it (see, for example, Kvale, 1987; Plummer, 1983, pp. 101-104) rather than their world and perceptions during the earlier period of their lives. Former criminals who have been rehabilitated in kibbutzim or in yeshivot also are likely to suit their descriptions and accounts regarding the past to their new worldviews. Their descriptions of the past as a period of balagan may not accurately reflect the behavior and real worldview of their criminal period.

To examine whether active criminals do indeed act out of the lack of commitment to a center of consciousness, it was necessary, in addition to the two delinquent groups that had undergone rehabilitation programs in kibbutzim and in yeshivot, to investigate a third group, one of criminals who had not undergone any
rehabilitation program, to ascertain their worldview and their connection to centers of culture, values, and norms.

This study aims to answer the following questions:

1. To what extent are the criminals committed to a clearly defined normative center of values?
2. How is this level of commitment in the criminals formed?
3. How much similarity is there between the descriptions of the former world given by rehabilitated and nonrehabilitated criminals?
4. How is the commitment to a new center formed among rehabilitated criminals?

METHOD

This study is based on 75 phenomenological interviews conducted with 50 former prisoners who underwent a program of rehabilitation and with 25 prisoners who did not undergo such a program. The sample of the latter group was chosen at random from among a population of 71 felons serving prison terms in the central region of Israel in the years 1996 to 1999 who asked to participate in weekly encounters with volunteer students in the framework of a prisoner education program. The former prisoners who took part in a rehabilitation program were drawn from two samples of 25 participants each. One sample, of former prisoners who underwent rehabilitation programs in yeshivot for the newly religious, was chosen randomly from a population of 97 former prisoners who stayed in these yeshivot for at least 6 months, between the years 1995 and 1998. The second sample, of ex-convicts who were rehabilitated at kibbutzim, was chosen at random from among the 92 who participated in a kibbutz rehabilitation program for at least 6 months, between the years 1984 and 1999, and who expressed a willingness to be interviewed. The characteristics of the participants are summarized in Table 1.

The lower average age of the rehabilitated in kibbutzim and the lack of crimes of murder and sex among them reflect the kibbutzim’s rehabilitation policy, which favors absorbing relatively young prisoners and prohibits absorbing sex offenders and murderers (see Lapid, 1990).

PROCEDURE

The study is based on phenomenological interviews conducted with all the participants, which lasted an average of about 2 hours. The interviewers were directed to draw the participants out while interfering as little as possible. They were requested to ask only questions that would steer the participants to concentrate on the following subjects: the nature of their delinquency, the reasons for their delinquency, their worldview in the context of obeying the law, and their relationships with the law-abiding society or with criminal society. The partici-
pants that had been through a rehabilitation program were also asked about the differences between their present world and their former criminal world. The phenomenological interview was chosen because it is the most appropriate instrument to learn about the participants’ world and behavior from their own point of view, as they are the ones who are exposed to and act in accordance with the influence of this reality (McHugh, 1968; Thomas & Thomas, 1968, p. 572; Watzlawick, 1976, 1984). An analysis of the interviews was done by means of content analysis based on their explicit content only (Holsti, 1969, p. 16). The conclusions were drawn inductively based on the testimony of the participants regarding their world and behavior, and they are supported by quotations from the interviews (Stiles, 1993).

RESULTS AND DISCUSSION

DESCRIPTION OF THE CRIMINAL PERIOD AND ACCOUNTS GIVEN FOR IT

The respondents from two of the research groups, those of former convicts rehabilitated in yeshivot and in kibbutzim, resemble each other in general in the

<table>
<thead>
<tr>
<th>TABLE 1</th>
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<td>PARTICIPANT CHARACTERISTICS</td>
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<table>
<thead>
<tr>
<th></th>
<th>Underwent Rehabilitation in Yeshivot (n = 25)</th>
<th>Underwent Rehabilitation in Kibbutzim</th>
<th>Did Not Undergo a Rehabilitation Program</th>
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<tr>
<td>Average age</td>
<td>28.7</td>
<td>24</td>
<td>29.1</td>
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<tr>
<td>Average years in prison</td>
<td>2.7</td>
<td>3.4</td>
<td>3.6</td>
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<td>Types of offenses (n)</td>
<td></td>
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</tr>
<tr>
<td>Drug dealing</td>
<td>7</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Robbery</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Burglary</td>
<td>16</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>Assault</td>
<td>5</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
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<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Murder</td>
<td></td>
<td></td>
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<tr>
<td>Rape/indecent act</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Auto theft</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Fraud</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total ^a</td>
<td>33</td>
<td>26</td>
<td>30</td>
</tr>
</tbody>
</table>

a. The number of crimes of various kinds does not equal the number of prisoners and former prisoners interviewed because some of them committed more than one kind of offense.
manner in which they describe and give accounts for their criminal past: They make frequent comparisons between their new world in the yeshiva or in the kibbutz and their former world as criminals. In accounting for their former behavior, these participants primarily employ the sort of accounts regarding delinquency that are commonly accepted in their new social setting. Those who were rehabilitated in yeshivot often employ accounts that ascribe their delinquency to a lack of moral values; those rehabilitated in kibbutzim tend to use the lack of a binding framework and of work habits to excuse theirs. In contrast, the participants in the third group, that of nonrehabilitated prisoners, have no such option, so that their descriptions and accounts regarding their criminality are, on one hand, less clear and unequivocal, and on the other hand, more varied. The groups of former prisoners made great use of comparative sentences explaining the criminal past against a background of their law-abiding present. For example, regarding a commitment to norms, one former criminal, rehabilitated in a yeshiva, said, “I saw both sides. The old [criminal] way brought me only troubles and confusion, emptiness and crap. In the new way I chose I felt a lot better. I felt my life has meaning, that I’m not dead, not empty.” Another former criminal, rehabilitated in a kibbutz, said, “I get up every morning at 4:30 and go out to work, and I feel great with this routine, because before I didn’t have this. Before I didn’t have any framework.”

The nonrehabilitated prisoners had a harder time explaining their criminal world, because in addition to their inability to compare between their reality and the reality of the law-abiding society, they are also still in the criminal world and they lack the perspective of time and place needed to define its nature from without. This difficulty is clearly reflected in their words. For example, one of these prisoners said, regarding commitment to norms, “I was used to getting up in the afternoon, or whenever I felt like it, and no one ever dared to tell me what to do. Even here [in prison], nobody messes with me.” His words reflect an external expression of the phenomenon but not its substance—the lack of a commitment to norms. At the same time, because he is closer, both in fact and in terms of his consciousness, to the criminal world, it is probable that his words are more faithful to the criminal worldview and its accompanying behavior.

THE CRIMINAL PERIOD AS A PERIOD OF ANOMIE

Participants from all three of the research groups described their criminal periods as periods of anomie, during which they acted inconsistently and confusedly, in a reality without clear boundaries and unequivocal behavioral norms. They made frequent use of the word balagan to characterize this period, as illustrated by the following interview excerpts. One yeshiva-rehabilitated participant said,

My teen years were years of balagan. I didn’t have a steady job. If I worked at all, I quit right away, because it was easier to steal and to break into places. I wanted to leave that balagan, but no one even tried to help me. That old way only brought me troubles and confusion.
A kibbutz-rehabilitated participant said,

The only way I ever remember myself is in a balagan. I grew up in a neighborhood that had a lousy influence on people. I got everything I wanted. I never put any effort into anything. I did whatever I wanted.

A nonrehabilitated prisoner said,

There have to be cops and laws, because otherwise there would be balagan. Until I was arrested, I was a disgrace. I didn’t work, and I did whatever I wanted. I walked all over my parents and family and never gave an accounting to anybody.

With different variations, all three participants described their lives in the delinquent period as a life with no direction or boundaries, and their explanation for this was that their parents exercised no control over their behavior and were insignificant as far as they were concerned. The results, according to their descriptions, were a lack of commitment, an unwillingness to invest any effort in any legitimate activity, and directionless and random behavior, including criminal activity.

FAULTY SOCIALIZATION

Many of the participants in all three groups had difficult family backgrounds. Generally one or both parents were either absent or did not function properly as parents, and at the same time, there was no one else of any significance who fulfilled this function in their stead. Many studies have shown that such factors are a central cause of the descent of young people into delinquency (for example, Astone & McLanahan, 1991; Chilton & Markle, 1972; Gove & Crutchfield, 1982). Children from these families are likely to experience difficulties in the development of a meaningful relationship with society—with its values and norms—and they will lack a foundation and any reason to be law abiding (Hirschi, 1969, pp. 16, 34). Parents exercise control over the behavior of their children by means of the positive emotional ties that they develop with them (Hirschi, 1969; Toby, 1974). According to Hirschi (1969), they do this by means of the following factors and in the following ways: (a) attachment (the stronger the bonds between a child and his or her parents, the more effort the child will make not to let deviant behavior damage that connection); (b) commitment (the more socially esteemed achievements and goals a young person has, the more he or she will avoid jeopardizing them by means of deviant activity); (c) involvement (the more time and energy a young person invests in the relationship with his or her parents and in legitimate activity, the fewer resources of time and energy will remain for illegitimate activity); and (d) faith (the more antidelinquent positions and values the young person adopts, the more he or she will avoid criminal behavior). Thus, dysfunctional parents reduce their children’s commitment to them and to normative society.
The participants attested to the failure not only of parents and family in the formation of their commitment to society but also of the formal educational system and school in particular. A yeshiva-rehabilitated participant said,

When I was 9 I was thrown out of school, because the teacher got mad at me and I almost hit her with a chair. After that I hung around the town and fought with my father. When I was 12, I ran away to Jaffa, and when I was 13 they sent me to reform school.

Another participant, rehabilitated in a kibbutz, said,

I lived on the street and slept in buses in the central bus station since I was 10. When I was 11 I started working with my father selling in the market. . . . I didn’t go to school at all.

And in the words of a nonrehabilitated prisoner,

I was a student—I mean I was registered—in reform school, where I passed the time till fifth grade. All that time all I wanted to do was to cause damage. . . . When I was about 10, I started to hang around the streets and I stopped going to school.

Students’ faulty connections to school, manifested in absenteeism, discipline problems, and a lack of investment in their studies, were found to be related to delinquency (Gibbons, 1981; Hagan & Simpson, 1978; Krohn & Massey, 1980). Even a tenuous commitment to school (Hirschi, 1969) was found to be a predictor of delinquency.

A student’s commitment to school, its goals, and activities is influenced to a considerable extent by his or her home situation. A broken home, a dysfunctional family, or a home filled with tension is related to children’s low degree of commitment to school (Jenkins, 1995). Such a family’s lack of interest in its children’s functioning in school also increases the chances that the children will not develop any commitment to school and will ultimately descend into crime (Jenkins, 1995; Simons & Whitbeck, 1991; Witt, Hanafin, & Martens, 1983).

DIRECT TRAINING FOR DELINQUENT BEHAVIOR

A number of participants told how their parents contributed directly to their delinquency. Two nonrehabilitated prisoners said that their parents committed criminal acts with their knowledge and even involved them to a certain extent in this activity; a third said that his parents encouraged him to continue in his delinquency. The first prisoner said,

My father never gave us any money, so we used to sneak money from his stash. So did my mother. Sometimes she would sneak money from him and give it to us.
The second prisoner said,

My father observed the Sabbath, and other commandments too, but that didn’t keep him from stealing or beating me for every little thing. Lots of farmers where we lived would “make up what’s missing” from their equipment [steal from neighboring farms]. My father too . . . When I got out of the army, I went back to our farm and continued the tradition of “making up what’s missing.”

The second example dramatically exposes the difficult educational reality in which the young man finds himself. On one hand, his father uses an iron hand to teach him his worldview and the behavior that should go with it, while on the other hand, he himself acts in contradiction to this worldview. The logical result of these contradictory messages is a lack of commitment to any world of values or any consistent behavior whatsoever (see, for example, Trasler, 1962). The delinquency in such cases may also be explained as an imitation of the parents’ behavior (for example, Bandura & Walters, 1963).

The third prisoner said that his parents encouraged him to continue burgling; that is, for an extended period they gave him positive reinforcements for specific criminal behavior. But at the same time, they made demands on him consistent with conventional norms: that he should deposit his money in a savings account and buy a refreshment stand to make a living. In his words,

By 15 I had stashed away quite a lot of money from my breaking in. So my father suggested that I open a savings account, so I’d have money when I grew up. Looking back today, when I think about it, my father put the stamp of approval on being a criminal. After all, he knew I got the money by stealing. I did what he suggested with part of the money, and I decided to use what was left to buy my parents a store [a refreshment stand]. We registered the refreshment stand in my father’s name, so that the police wouldn’t come and start asking questions about where a 15-year-old kid gets the money to open a store.

Here too the parents’ messages are contradictory and contribute to a lack of moral commitment and to confused behavior, and reinforcing the criminal behavior encourages the person to continue resorting to it.

Most of the participants who blamed their parents directly for their delinquency were from the group of nonrehabilitated criminals. Participants from groups that had been rehabilitated made little use of such accounts, either because during the rehabilitative process they learned to accept responsibility for their conduct and to avoid blaming others for it directly (see, for example, Eskridge, 1989) or because they repaired to some extent their relationship with their parents (Sherman, 1998; Taylor, 1985).

A SENSE OF EMPTINESS AND A LACK OF VALUES

Many of the participants rehabilitated in yeshivot, and a few of those rehabilitated in kibbutzim and some of the nonrehabilitated prisoners, accounted for their
delinquency in the past as the outcome of life in a materialistic world, in which physical pleasures and having a good time are the most important thing. In their words, a spiritual, values-oriented dimension was totally lacking from their world in the past. One yeshiva-rehabilitated participant said, “All I ever thought about was soccer and having a good time. I didn’t know anything else.” A second participant said, “I lacked for nothing [when I was a criminal]. I was spoiled rotten, I had everything—money, women, cars, but actually I didn’t have anything. Everything was bland and you know, easy come, easy go.” A third participant said, “[When I was a criminal] I used to think that the pleasures in life were physical. But we’re not animals... I always had something spiritual.” Finally, in the words of a participant rehabilitated in a kibbutz, “My family was screwed up. There weren’t any values at home. The reality I was born into was alcohol, crime, and drugs, without any culture.”

William James (1968) defined man as an entity having three components: the material (referring to the material things that are important to him, such as his body, his family, his property), the spiritual (referring to his psychological characteristics, the positions and goals that give direction to his life), and the social (the esteem in which he is held). Weakness in one or more of these three components is expressed in the perception and the behavior of the individual. The words of the respondents here reflect a past in which the spiritual self is weak, constricted, and lacking in values that obligate them, and most of their behavior results from and is influenced by material factors. Frankl (1962, p. 99) ascribed the fundamental striving to find meaning for life to man’s spiritual realm. He believed that this striving is man’s primary driving force. It is not the striving for pleasure, as Freud (1959) asserted. People who do not seek or who do not find a meaning for their lives are likely to experience a sense of existential emptiness (Frankl, 1962, p. 107), which manifests itself primarily in boredom but also possibly in a striving for power, money, pleasures, and sex.

The fact that accounts like these characterized principally those rehabilitated in yeshivot may be explained by the new worldview that they acquire in the yeshivot. According to this view, the world of piety that is new to them is antithetical to the secular culture in which they descended into crime. This culture in which they once lived is perceived by newly pious former prisoners as being hedonistic and impervious to moral values (Cromer, 1979; Timor, 1989, pp. 145-149).

A small number of respondents from the group of nonrehabilitated prisoners cited being addicted to money and to physical pleasures to account for their criminality, in that these addictions, like drugs, leave no room for any other commitments, whether moral or behavioral (see, for example, Daley, 1988, pp. 54-59). A nonrehabilitated prisoner said, “Just like some people are addicted to drugs, I’m addicted to spending money. I have to have money. I used to go into stores and buy everything in sight. Money just blinded me and I stopped thinking.” Another prisoner explained that what lay behind his delinquency was the emotional enjoyment that the criminal activity and its attendant danger afforded him. In his words,
“When I broke into apartments to steal I simply enjoyed it. I did it for the fun of it, not for the money.”

His delinquency was neither purposeful (i.e., for material gain) nor a protest against anything or anyone. It did satisfy his need for excitement in the frustrating and monotonous reality in which he lived. He had only limited access to cultural or economic resources in this reality, and the chances that this would change were small (Corrigan, 1979; Cusson, 1983; Downes & Rock, 1988, p. 149).

CONTRADICTIONS BETWEEN MORAL PERCEPTIONS AND BEHAVIORS

As I have said, the participants from the two groups that underwent a rehabilitation program differentiate between the two periods of their lives as being qualitatively distinct from each other. The first period is connected to delinquency and generally lasts from childhood until entrance into the program of rehabilitation. The second begins with the rehabilitation program, and living according to legal norms is its manifestation.

The respondents from the group of nonrehabilitated prisoners, as opposed to the two other groups, were unable to relate in their accounts to an earlier period of their lives (i.e., different from the present) and to compare the two periods. They related to one period only, characterized by delinquency. This way of relating often exposes contradictions in their world and behavior. Sometimes the contradictions are between their declared perceptions and their actual behavior, as in an example of the prisoner sentenced to prison for burglary, theft, and drug dealing. He said, “I can’t stand deviants like rapists, thieves, and junkies. As far as I’m concerned, a thief is like a junkie. Just like a junkie can’t live without drugs, a thief won’t stop stealing, either.” On one hand, he rejected thieves and junkies, while on the other hand he himself was both of those.

Sometimes the contradictions are between declared perceptions regarding their selves in the area of values and their deeds, as in this example of a prisoner serving a sentence for theft: “I think I’m a decent person. . . . If things don’t work out [after I’m released] and someone makes me a tempting offer, I’m not sure I won’t fall [into crime]. I can’t make any promises.” His perception of himself as an honest person does not obligate him to behave honestly and to avoid committing crimes. As a matter of fact, most of the prisoners define themselves as being positive people and law abiding to a certain extent, despite the fact that at the same time they do not deny the crimes that they committed. A prisoner, sentenced to prison for burglary, said, “I’m a peace-loving person by nature, not violent and not problematic. I’m not a bad guy; on the contrary, I’m always ready to help the other guy.” (See also the quotation that opens this article.) Another prisoner, serving a sentence for bank robbery, said, “I feel that I obey the law and am a good person.” A third prisoner, convicted of forging checks, complained about having been sent to prison at all: “I don’t belong here, in prison. I’m an honest person and people know that.”
These nonrehabilitated prisoners nearly always reconcile the contradiction between their self-assessment as positive people and their admission of their crimes by means of justifications for their actions. By means of these justifications, they acknowledge responsibility for the criminal acts for which they were convicted while they deny that there is anything wrong with what they did, by making use of the following means of neutralization (Sykes & Matza, 1957):

- **Denial of injury/victim**
  
  None of the drugs that I smuggled were for Israel. We used to pass the stuff on to an Arab, who brought it straight to Egypt, and as long as it isn’t in Israel, it doesn’t bother me.

  It’s OK to steal from a bank, because no one is physically hurt. And anyway, they’re insured.

- **Blaming others (condemnation of the condemners)**

  What I did everyone does. Everybody steals or cheats, but not everyone is caught. I was caught and I took the rap.

  I didn’t steal anything at all. I just asked two kids, who were thieves anyway, to steal me a motorcycle.

- **A more important commitment (appeal to loyalties)**

  A friend of mine kept asking me for help. He kept asking me to set up a meeting for him with someone in drugs, I mean where drugs are smuggled in from Lebanon. At first I didn’t want to, but in the end I agreed just to set up a meeting. After that the cops picked us up on the road and I was sentenced to 6 years in prison.

  A friend of mine broke into an apartment, but I took the rap for him, because my friend has a wife and kids, and if he went to trial, he’d get 5 years.

- **Self-realization**

  You can’t be too honest. You have to break the rules once in a while.

Some of the prisoners employed more than one justification. For example, the last quoted prisoner also blamed others who stole for him, as well as denying the damage caused by his action, dealing in soft drugs. He said, “Grass is no big deal. So what if it’s against the law?! I think in the near future the law will allow smoking grass, because it doesn’t cause any harm.”

None of the respondents justified committing crimes in general, but as has been said, most of them worked at neutralizing the negative aspects of their specific offenses in an attempt to minimize the damage to their social and their self-image (Mills, 1940). There was only one prisoner who admitted his guilt without making any attempt to neutralize it. He said, “What I did was wrong and I only have myself to blame. I got myself into that situation and today I’m paying for it.”

Of the 25 nonrehabilitated prisoners, only 3 denied committing the crimes of which they were accused. One made a complete denial, and 2 claimed that they were covering for friends who committed the offenses. One of them said that he
refused to give away the real guilty party, and the other claimed he confessed to the crime to cover for the real guilty party and to spare him severe punishment.

In general, despite the fact that most of the prisoners tried to neutralize their specific guilt by means of various justifications, not even one of them gave a general justification for criminal behavior. Furthermore, some of them even mentioned that they felt shame while they were committing the offenses. One prisoner said, for example, “I don’t like to hurt people, and when I did it I felt really bad.” In a similar vein, another prisoner said, “I’ve always had a strong conscience, so a lot of things that I did made me feel bad.”

In other words, based on their accounts, their delinquency is not only inconsistent with their moral worldviews (to the extent to which they have moral worldviews) but it also contradicts them.

ACCOUNTS FOR THE DELINQUENCY GIVEN BY FORMER PRISONERS WHO HAVE UNDERGONE REHABILITATION PROGRAMS

As has been said, those rehabilitated both in yeshivot and in kibbutzim tend to account for their criminal past according to the new worldviews and the values they acquired in the course of their rehabilitation.

Respondents from the two groups often ascribed their delinquency to a moral emptiness and a lack of clear norms of behavior, as a result of a lack of social control. In contrast to the nonrehabilitated criminals, they made relatively little use of justifications, whereas they made lavish use of a variety of excuses. In these excuses, they admitted that their past behavior was wrong, but they tried to minimize their responsibility for it (Scott & Lyman, 1968). In each of the following examples, the first quotation is that of a kibbutz-rehabilitated participant and the second is of a yeshiva-rehabilitated one.

• Not knowing any better
  No one at our house ever said “No,” and that’s a shame. It could have helped. I never put any effort into anything. I didn’t know what I was doing. I simply did.
  I didn’t know there was such a thing as something spiritual. What did we have in our heads?!! Nonsense.

• A one-time occurrence/mistake
  I was a soldier, completely on my own, without parents or money. At Beit Hahayal [a network of soldiers’ clubs] I met someone in the same situation. We saw a movie about a robbery and we thought it looked easy to steal. I suggested robbing a restaurant in Jaffa. We went there armed and we said to the owner, “Stay where you are, this is a robbery.” The dude wasn’t afraid. He took out a gun and fired. Then I shot into the air. I didn’t want to hurt him, and then I ran away. After wandering around for an hour, I understood that I had a problem and I turned myself in. I was in prison for 4 years. I had
terrible pangs of conscience. I couldn’t wait till the day I got out. I wanted to ask the guy to forgive me. I was a good person before and I’m still a good person. I only slipped that one time.

It was nothing but a one-time deal. She (my wife) was driving me nuts. I never hurt her before that.

• Behavior that is out of control

I was never able to control myself. Ever so often I have to let go, and I don’t know why that happens to me. I feel like sometimes I just can’t control myself.

When you take drugs, you don’t think about anything, only about how to get more drugs, and then you steal, break in and just grab, without thinking.

The striking use made of excuses by the rehabilitatees is an indication of the influence of the rehabilitation process that they underwent, because of which they no longer justify their past offenses. At the same time, they continue to attempt to minimize their guilt to some extent, while playing down their responsibility for criminal acts. Thus, they try to preserve a certain positive degree of their former social and self-image (Mills, 1940). There are those among them who state explicitly that it was only the influence of the rehabilitation program that made them recognize the wrong of their past actions. A kibbutz-rehabilitated ex-prisoner said, “Today I’m ashamed of what I did. Then I didn’t have the awareness.” Compare the words of a yeshiva-rehabilitated ex-prisoner:

After a period of rehabilitation in a yeshiva I was tried for an old charge against me, from the time when I was an animal, and they didn’t have any witnesses against me. I could have denied the charge like I would have done in the past, but I told the truth and confessed, and I said I’d accept whatever they gave me.

As I have said, both groups of rehabilitated ex-convicts are characterized by extensive use of excuses, but their specific accounts for their delinquency are different, as a result of the new and different worldviews that they adopt in their new surroundings. The kibbutz-rehabilitated participants often mentioned two reasons for their delinquency—the lack of a framework to which they must commit themselves and the lack of a work ethic. A kibbutz-rehabilitated ex-prisoner explained,

In the past I used to get up late, sit in bars, and break into places at night. Today it’s still hard for me to get up early in the morning for work, but in kibbutz I’m valued according to how good a worker I am.

Another kibbutz-rehabilitated ex-prisoner said,

I lived on the streets from the age of 10 . . . I was outside any framework of school or treatment. I was in and out of jail maybe 15 times. The most important change in the kibbutz was a daily routine. At first I was in complete shock. I had to work every day for 8 hours, to get up every morning to get into the routine.
Nearly all the kibbutz-rehabilitated ex-convicts mentioned the qualitative difference between their former lives, lives with neither social obligation nor the need to exert themselves to make a living, and their present ones, in a social framework that keeps them in line and requires that they commit themselves to it. The influence of the way of life and the worldview that characterize the kibbutz may be clearly seen here (Fischer & Geiger, 1991; Rosner, 1970, 1980).

In contrast, the yeshiva-rehabilitated ex-convicts often employed religious accounts regarding their delinquency in the past, which they attributed to two principal factors. The first of these was the secular social reality in which they used to live, for example,

From a vacuum and a lack of belief, I came to commit a very serious offense. People who lack faith live in a world that revolves around money and physical pleasures, and they don’t have any spiritual world. A person who doesn’t believe is a criminal, and all he can do is laugh at you, as if he isn’t committing any crimes.

The second factor is “the evil inclination,” which tempts a person from his youth on to break the law; however, one can overcome the evil inclination by studying the Bible, as seen in this example: “Criminals are poor slobs. The evil inclination has the better of them, and they can’t break out of their situation. They have to be shown that the only good path is the path of faith.”

All of the yeshiva-rehabilitated ex-prisoners used the first explanation, which blames the influence of a criminal secular society for their criminality, and many of them went on to blame the evil inclination. These accounts reflect content learned in the yeshivot for the newly religious and heard often from the rabbis in the yeshivot (Timor, 1989).

The common denominator that arises from the words of the kibbutz- and the yeshiva-rehabilitated ex-convicts is the acquisition of new behavior patterns and worldviews. The yeshiva and the kibbutz absorb released prisoners lacking in normative behavior patterns and having poorly formed, confused worldviews. Then they offer them ways of thinking and behaving that are accepted in their midst and thus help them to adjust to their new surroundings.

CONCLUSION

This study endeavors to understand the central reasons for criminal behavior, based on the words and descriptions of prisoners and ex-prisoners. Our point of departure is that the prisoners’ own words are the best reflectors of their world and make it possible to understand their behavior. Howard Becker (1963) writes on this issue in his book Outsiders: “Very few tell us in detail what a juvenile delinquent does in his daily round of activity, and what he thinks about himself, society, and activities. One consequence of this is the construction of faulty or inadequate theories” (p. 166).
From interviews with prisoners, it emerges that confused and contradictory behaviors and the lack of commitment to any social or moral center whatsoever characterized their lives during the delinquent and the predelinquent periods. There is a similar profile for ex-convicts who have undergone rehabilitation programs in kibbutzim or in yeshivot in Israel, but the influence of the worldviews that they have adopted from their rehabilitative settings is implicit in their words and descriptions.

This conclusion (of criminal life within a life of moral and normative chaos) is not consistent with the theories that explain criminality in terms of a cultural perspective, such as the theory of cultural deviance or the theory of cultural disorganization, according to which delinquency is a product of a certain culture or subculture or is a response to the lack of opportunities and of status within a certain culture. In contrast, this conclusion of delinquency as an outgrowth of chaos is eminently consistent with the center theory, which states that without a conceptual center, a center of consciousness for their world, individuals have no orientation for a worldview and for a specific type of behavior, and their behavior will be random and confused. This conclusion is also consistent with the theories of social control, which explain delinquency as a product of failed social control and of the lack of social and moral commitment.

It is clear from the interviews with the prisoners that the randomness and the confusion are the products of faulty socialization, which found expression in their parents’ lack of control over their behavior and the lack of direction during their childhood, in contradictory educational messages that they received from their parents, and in the failure of educational institutions to develop in them a commitment to normative behavior. From the interviews with ex-convicts who underwent a rehabilitation program, an additional reason for randomness and confusion emerges: life in a materialistic reality, devoid of values or meaning.

In fact, the randomness and the confusion were primarily expressed by the contradictions between the prisoners’ stated attitudes and their actual behavior, and between their explicit self-images as positive people and their criminal acts.

The majority of the prisoners sought to settle the contradictions by means of neutralizations in the form of different kinds of justifications, which deny that there was anything wrong in their actions—by denying the injury, denying the victim, blaming others, appealing to higher loyalties, and claiming the right for self-fulfillment. None of them made a blanket justification for breaking the law.

Most of the rehabilitated former criminals acknowledged that their criminal actions had been wrong but attempted to minimize their responsibility for these actions by means of various types of excuses—by claiming a lack of knowledge, chance or one-time offenses, or a loss of control. The difference between the two groups of rehabilitated ex-convicts, that of the kibbutz and that of the yeshiva, was that the former blamed their delinquency on the lack of both a work ethic and of boundaries on their behavior, whereas the latter often employed religious accounts and blamed their delinquency primarily on their secular backgrounds and on the evil inclination, which tempts a person to do wrong.
Both the kibbutz and the yeshiva absorb released prisoners and attempt to provide them with normative behavior patterns and a clearly formulated worldview to support these behaviors. In this way, they deal with the central characteristics in the world of the delinquents, which this research shows to be the lack of a normative center of values and the lack of social commitment.

NOTES

1. Balagan in Hebrew suggests mess, chaos.
2. Kibbutzim (singular kibbutz) are cooperative communal settlements in Israel. Yeshivot (singular yeshiva) are Jewish religious seminaries.
3. This sample was chosen because attaining the cooperation of a random sample of the general prisoner population was impossible.

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Lack of Norms and Consciousness


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The Stabilization of Self-Esteem Among Incarcerated Adolescents: Accommodative and Immunizing Processes

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Abstract: The negative effect of a custodial sentence on juvenile self-esteem is discussed. It is argued that individual coping resources offer an explanation for the inconclusive findings of earlier studies in this field. Findings of a cross-sectional study of 299 prisoners (14 to 24 years) are presented. The results show that the stability of self-esteem during incarceration depends on both accommodative and immunizing coping reactions. Prisoners who do not possess at least one of these coping resources show particularly low self-esteem at the start of their term of imprisonment. This creates the misleading impression that for the average individual, self-esteem increases during a period of custody. The study also shows that in the latter period of a prison term, accommodative coping resources also tend to support an increase in immunizing reactions. Implications for longitudinal studies and for practical interventions in the juvenile custody system are discussed.

Ever since Goffman’s (1961, 1963) early work on the damage done to personal identity by the “total institution” of prison, a great deal of discussion has been devoted to the claim that a custodial sentence has a negative effect on the development of the inmate’s self. For instance, the labeling approach (H. S. Becker, 1963/1973; Lemert, 1967; for an introduction, see Lanier & Henry, 1998, p. 167ff) argues that the changes in the person’s identity during incarceration not only provide insights into the extent to which a person has adapted to the prison world but should also be treated as a key determinant of the likelihood that the prisoner will not reoffend after release (for a critical discussion, see Schneider, 1990). In particular, prisoners’ self-esteem is expected to deteriorate due to processes of stigmatization and of pain and strain associated with imprisonment (Greve, 2001; Liebling, 1999).

This damaging influence exerted on the development of personal identity by an onerous, restrictive environment can be expected to be particularly strong for juveniles and adolescents (Johnson, 1978) because establishing a stable, integra-

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tive identity certainly is a central task of juvenile development (Harter, 1990; Petersen, 1988; Petersen & Leffert, 1995; Pinquart & Silbereisen, 2000; Silbereisen & Noack, 1988; Waterman, 1993). In fact, the very existence of a specialized system of juvenile justice is explicitly based on this developmental perspective. Throughout a century of discussion, the necessity to treat adolescents and adults differently and in particular the intention to avoid stigmatizing effects of punishment on juveniles (Haines & Drakeford, 1998; Lanier & Henry, 1998) was a widely shared premise of juvenile justice policy (E. Becker & Rickel, 1998; Feld, 1998; Krisberg & Austin, 1993). For instance, the criminal law for young offenders in Germany quite explicitly stipulates that the imprisonment of juveniles should be an intervention to serve a developmental purpose (Greve, 2001).

However, the negative effect of punishment and stigmatization on the juvenile self-esteem is not simply straightforward. To begin with, there is some evidence that stigmatized individuals generally do not show a lowered self-esteem (Leary & Baumeister, 2000). In particular with respect to incarceration, despite some empirical studies supporting the claim of the impairment of the self by imprisonment (e.g., M. Rosenberg, Schooler, & Schoenbach, 1989; Wormith, 1984), the studies available for this particular kind of threat present a very variegated picture. Whereas a number of studies have found that self-esteem declined during the period of punishment (R.L.S. Brown, 1970/1971; Hepburn & Stratton, 1977; McKinney, Miller, Beier, & Bohannon, 1978; Norris, 1977), other authors have been either unable to identify any effect or have actually found converse ones (Atchley & McCabe, 1968; Cairns & Cairns, 1994; Zamble & Porporino, 1988; also see Evans, Copus, Sullenberger, & Hodgkinson, 1996; Harter, 1990). Wheeler (1961) argued that a nonlinear developmental process could provide one explanation—decline during the early phase of imprisonment, followed by a gradual increase during adaptation to the prison subculture, and finally, a decline again during the last third of the sentence in anticipation of others’ (or society’s) expectations. However, most studies testing Wheeler’s findings have not confirmed them (Atchley & McCabe, 1968; Bukstel & Kilmann, 1980). Moreover, almost all the data available on changes in self-esteem refer to adult prisoners. There is very little information available on juveniles and adolescents in prison.

COPING AND SELF-REGULATION:
KEY ISSUES IN JUVENILE DEVELOPMENT

The inconclusive findings on the impairment of self-esteem by imprisonment suggest that this effect is moderated by individual differences in coping with the burden of a custodial sentence. Actually, the development of the self during adolescence and coping with threatening circumstances or events are fundamentally interdependent processes for several reasons. First, the situations or events we need to cope with are often a threat, in the broad sense of the word, to the self. Criminological considerations of the consequences of a custodial sentence con-
verge with the current thinking on the psychology of self in the assumption that “the pathogenic impact of some significant life changes stems, in part, from their capacity to initiate disturbances in the self-concept” (J. D. Brown, 1993, p. 118). The claim that the individual’s self-esteem is actively stabilized and improved against threatening experiences by several palliative and coping processes is one of the few undisputed results of social psychology (e.g., Blaine & Crocker, 1993; Leary & Baumeister, 2000; Schütz, 1998, 2000). Second, the key coping objectives—maintaining the capacity to act, maintaining a sense of personal identity, and achieving social integration—essentially depend on the stability of the self and one’s self-esteem. Whether coping processes ultimately prove developmentally “successful” (Greve, in press) will substantially be evaluated with reference to the stability of the person’s self and self-esteem. Third, processes of the self are some of the key foci in the explanation of individual resilience in the face of unfavorable conditions, threats, and challenges (Brandstädter & Greve, 1994; Compas, 1998; Freitas & Downey, 1998; Hauser & Bowlds, 1990; Lösel & Bliesener, 1994). However, the two issues of self and coping have rarely been discussed together with respect to juveniles and adolescents (Jackson & Bosma, 1990) and particularly rarely from a developmental viewpoint.

It seems worth mentioning at this point that the delinquent adolescents sentenced to prison have at any rate failed to cope successfully with their particular challenges and developmental tasks. Even if juvenile delinquency is not viewed as a symptom of underlying psychopathology but rather as a form of coping (Brezina, 2000; Olbrich, 1990; Silbereisen & Noack, 1988), these coping reactions of the adolescent inmates have obviously transgressed the limits of socially acceptable deviance so frequently or so far that these reactions have to be evaluated as maladaptive per definitionem.

COPING WITH UNALTERABLE ADVERSITIES: THE MODEL OF DEVELOPMENTAL REGULATION

Any burdensome events, experienced deficiencies, threats to one’s identity, and developmental losses can be understood as problem situations that are characterized as discrepancy between the individual’s is and ought perspectives on his or her personal development. According to the model of developmental regulation proposed by Brandstädter (1999; Brandstädter & Greve, 1994; Brandstädter & Renner, 1990; Brandstädter, Wentura, & Greve, 1993), one can basically differentiate between three types of reaction to these discrepancies. In the first instance, the person may engage in active efforts to resolve the current problem or alleviate a burden (assimilative coping) (Brandstädter & Renner, 1990). For example, a person who failed an important exam may engage himself or herself in a more intensive practicing, or a person who feels to be overweight may commit himself or herself to a strict diet. However, not all is/ought discrepancies can be reduced by active problem solving. This is especially true of our present context of impris-
Prison as an institution is restrictive by its very nature, restraining autonomous actions and social contact while systematically ruling out the possibility of exerting any influence on the environmental conditions that are experienced with aversion.

The fewer options to change the threatening or straining circumstance the individual has or perceives, the more important become adaptive forms of reactions to protect subjective well-being and self-esteem (Brandstätter, 1999; Brandstätter & Greve, 1994; also see Heckhausen, 1999). As a consequence, the two remaining modes of coping with threats are of special interest as possible reactions to the burden imposed by imprisonment. If assimilative strategies are (perceived as) unavailable or indeed as systematically ruled out, the person needs to adapt to surrounding conditions to stabilize his or her sense of well-being. The telling characteristic of reactive adaptation to a context experienced as immutable is that the *ought* values that are under threat (because they deviate from the *is* position) change in such a way as to reduce or even completely resolve the discrepancy (accommodative coping) (Brandstätter & Renner, 1990). Adjustments of one’s personal system of values and preferences, palliative reinterpretations of onerous problem situations, changes of perspective, and deliberate (downward) comparison are all typical examples of accommodative processes that help to dissolve the *is/ought* discrepancy, reducing its detrimental influence on a person’s self (Brandstätter, 1999; Brandstätter et al., 1993). Accordingly, Harter (1993) argued that juveniles may stabilize their self-esteem by adjusting their aspirations to their individual achievements. For instance, a person who became divorced from his or her partner may tend to evaluate his or her former partnership as less convenient and the divorce as a chance for possibly more exciting encounters. An adolescent sentenced to prison may appreciate the chance of achieving the final examination of his school education (instead of worrying over the loss of options to meet his girlfriend). In particular, any positive form of reframing of (initially) threatening experiences or life situations is accommodative in the sense of this model.

However, it is a prerequisite of both assimilative efforts and accommodative processes that the discrepancy causing the problem be perceived and accepted in the first place. Only perceived demands or threats can be and have to be coped with. Consequently, there is a third way of reacting to burdens and threats to personality, by means of a defensive reaction or immunization (Brandstätter & Greve, 1994) against these threats. In this reactive mode, the problem is neither resolved by assimilation nor dissolved by accommodation; rather, it is ignored (Brandstätter, 1999). Rejection of one’s own perceptions, denial, situational reinterpretation, excuses, or self-serving attributions are all examples of cognitive processes that ignore the problem at hand and thus remove the burdens or threat to the prisoner’s self. Such techniques of neutralization were the subject of early discussions on the stigmatizing effect of delinquency and imprisonment (Sykes & Matza, 1957). For instance, the juvenile may attribute his sentence to the injustice
of the judge or to his bad luck (of being caught), thus maintaining his belief that there is no need for changing his intentions or for adapting his moral beliefs toward social norms.

These three modi of regulation of threats and challenges (assimilation, accommodation, and immunization) are abstract categories of reactions. As the examples mentioned indicate, each mode comprises a great and heterogeneous variety of reactions. From a conceptual point of view, it is important to point to the dynamic interrelations of these three adaptational processes. For instance, the assimilative and the accommodative mode are “inherently antagonistic: Accommodative tendencies are inhibited as long as the assimilative mode dominates and vice versa” (Brandstätter, 2000, p. 13). In particular, the functions of the accommodation and immunizing reaction modes not only synchronously compensate each other (Brandstätter & Greve, 1994) but may also diachronously co-operate with each other (Brandstätter, 1999). For instance, only perceived problems can be solved or dissolved by adaptive processes. Therefore, accommodative reactions to unalterable threats are only possible (and necessary) as long as no immunizing reaction prevents the perception of that threat. For the process of cognitive adjustment, however, it may be helpful or even necessary for some of the threatening aspects of a current burden to be initially ignored. They can only be perceived and accordingly overcome when the adjustment of the individual’s norm and value systems is further advanced. Therefore, the functions of immunizing reactions may conversely be controlled by adjustmental processes. For example, from an accommodative perspective, it may prove functional to employ defensive reinterpretations if the context is no longer at odds with them. In this way, techniques of neutralization (Sykes & Matza, 1957) might even take on accommodative functions depending on the subjective situation, for example, in the case of a prisoner who disputes whether a punishment was justifiable if this is not (or is no longer) sanctioned by the social environment.

ADOLESCENTS IN PRISON: EMPIRICAL STUDY

METHOD

Subjects

The data of the present study are obtained within a cross-sectional survey conducted in five youth custody institutions in Northern Germany in the spring and summer of 1998. The participants were 299 male German prisoners between the ages of 14 and 24, who on the survey’s reference day (April 1, 1998) were serving a custodial sentence for the first time. First-time prisoners were selected because the experiences of imprisonment should be especially painful for first-time prisoners (Liebling, 1999).
Everyone who fulfilled these criteria was asked to take part; the level of response was relatively high, at 68.8%. The mean age of the participants was 20.9 years (median = 21 years, $SD = 2.1$). Thus, the inhabitants of the “youth prisons” in Germany are to a large degree older adolescents or even young adults. Those questioned had received sentences averaging 2.8 years detention (by their own account), of which 25% were for more than 3 years and 7.1% for 5 years. However, this distribution may partly be the result of the cross-sectional recruitment; the probability of a prisoner being in custody on the day of a random survey is greater for those serving longer rather than shorter sentences (Enzmann & Greve, 2001). Of the participants, 83.3% said that they had previously been sentenced to other sanctions under the Criminal Law for Young Offenders (so-called instructive or disciplinary measures), and 73.9% had already been on probation.

As expected, the social risk factors that are reported throughout the literature (e.g., Enzmann & Greve, 2001; Kerner, Dolde, & Mey, 1996), in particular with regard to the offender’s family background, recur in the present survey. For example, the parents of more than half of those questioned are separated or divorced (51.7%), and in 17.1% of the cases, at least one of the parents is deceased or not known. Correspondingly, just under half (49.2%) grew up with their parents (22.4% with their mother) and 8.4% in care. In addition, 34% of the juveniles who grew up with their parents reported that they had spent at least one stay of residence in a care home. Of the 106 who had been in care homes, 30.2% had been in three or more different homes, and no fewer than 20% of these had lived in care for 7 years or longer. In one third of the cases (35.1%), the juveniles reported that there had been alcohol problems in the parental home; in 5.8%, even drug problems were admitted. More than one fifth (21.7%) reported that one of the parents had a previous conviction.

**Measures**

The standardized oral interviews were conducted in the prisons between April and August 1998 by trained interviewers: the average duration was just under 2 hours. Participation was voluntary and anonymous; the interviewees received a payment for taking part (20 DM, approximately $10). A record was made of numerous and varied aspects of the prisoner’s social situation, his or her criminal activities, personal well-being and social integration, as well as personality aspects (e.g., personal goals, self-concept, and social and individual coping resources) (for details of the questionnaire, see Hosser & Greve, 1999). The present investigation concentrates on the following aspects.

**Self-esteem.** In this investigation, self-esteem is assessed with the Self-Esteem Scale (SES) (M. Rosenberg, 1965; German version, Ferring & Filipp, 1996). This 10-item scale (sample items: “I take a positive attitude toward myself” and “I feel I do not have much to be proud of”) is probably the most widely used instrument for the assessment of self-esteem (for an overview, see Ferring & Filipp, 1996),
and it is particularly used in studies with juveniles and adolescents as well as with prisoners (see e.g., F. R. Rosenberg & Rosenberg, 1978; M. Rosenberg et al., 1989). With respect to the present study, the internal consistency is sufficient (Cronbach’s alpha = .81). The validity of the scale for the present sample is also demonstrated by a correlation with depressivity (Center for Epidemiological Studies Depression Scale) (CES-D) (German version: Hautzinger, 1988) \( r = -.52, p < .01 \), general well-being (single item: \( r = .26, p < .01 \)), and self-efficacy (Jerusalem & Schwarzer, 1986) \( r = .40, p < .01 \).

**Accommodation.** Individual inclination to react accommodatively to onerous experiences or circumstances is assessed by the Flexibility of Goal Adjustment questionnaire (FGA) (Brandstädter & Renner, 1990). The scale comprises 15 items (sample items: “After a serious drawback, I soon turn to new tasks” and “I find it easy to see something positive even in a serious mishap”) and was also found to be sufficiently homogeneous for the present sample (Cronbach’s alpha = .74). The validity of the FGA scale can be concluded from several earlier studies with heterogeneous samples; for instance, accommodative flexibility predicts positive well-being, better coping with diseases, higher level of perceived control, and a low level of depressivity (e.g., Brandstädter, 1992, 1999; Brandstädter et al., 1993). Accordingly, for the present study a high degree of accommodation is accompanied by a low level of depressivity \( r = -.26, p < .01 \), improved well-being \( r = .13, p < .05 \), and a higher level of self-efficacy \( r = .44, p < .01 \).

**Immunization.** As a prominent aspect of immunization, in particular with respect to the experience of incarceration, neutralizing evaluation of own delinquency (NED) was recorded on a scale comprising 15 items (sample items: “I live by my own rules, and according to those rules I did nothing wrong” and “I was unlucky with the judge: other people get off with less for doing what I did, or they are let off altogether”) (Ortmann, 1987). The internal consistency of this scale with respect to the present sample (Cronbach’s alpha = .72) was found to be similar to Ortmann’s results (alpha = .74). Further empirical corroboration of the validity of this scale is not available at present. Beyond a high face validity, however, bivariate correlations with the covariates mentioned previously indicate a sufficient convergent validity. For instance, greater readiness to neutralize is accompanied by a slightly better sense of well-being \( r = .12, p < .05 \) and a high level of self-efficacy \( r = .25, p < .01 \). However, no correlation with depressivity was found \( r = -.01, n.s. \).

**Duration of imprisonment.** The actual amount of the sentence served at the time of the interviews (absolute duration of imprisonment) (ADI) varies in the present sample between 9 days and 59.6 months \( M = 13.46 \) months; median = 11.47 months; \( SD = 9.55 \)). However, the duration of imprisonment in a cross-sectional survey is confounded with the severity of the punishment \( r = .57; p < .01 \); the more severe the punishment, the greater the probability that the prisoner
will be in custody at the occasion of the cross-sectional survey (Enzmann & Greve, 2001). Accordingly, the absolute duration of imprisonment correlates positively with age ($r = .17; p < .01$). In addition, the amount of the sentence already served at the time of the survey does not take into consideration how near the prisoner is to his release (minimum = 1 day; maximum = 62 months; $M = 7.6$ months; median = 4.7 months; $SD = 8.69$), which ought to have a fundamental influence on the prisoners’ well-being. Thus, the relative subjective duration of imprisonment (subjective proportion of imprisonment) (SPI) was taken as a combined indicator, calculated from the proportion of the sentence already served in relation to the subjectively expected total duration of imprisonment. Consequently, SPI indicates the relative period of imprisonment respondents have thus far survived in relation to their subjective expectation of their entire sentence (0% to 100%). Here, the absolute duration of imprisonment is hence standardized across all sentences; as a consequence, this measure does not correlate with age either ($r = .02$, $ns$).

**RESULTS**

Even on a univariate basis it is noticeable that in this group, whose members are socially disadvantaged and living under very adverse conditions on the survey date, self-esteem is by and large relatively positive: 66.8% of those questioned achieved a score of 3 or more ($M = 3.14; SD = .51; median = 3.2$) on a scale of 1 to 4 (4 indicating maximum self-esteem). A more surprising point in light of the previous discussion, however, is that self-esteem appears to increase with the duration of imprisonment, both on an individual level ($ADI\ r = .17, p < .01$; SPI $r = .20, p < .01$) and also at group level—quartiles; $ADI F(291) = 3.59, p < .05$; SPI $F(283) = 3.17, p < .01$. (See Figure 1.) At the same time, self-esteem is not dependent either on the punishment ($r = .09, ns$) or age ($r = .06, ns$).

As expected, a bivariate positive correlation between accommodation (FGA) and self-esteem (SES) ($r = .28, p < .01$) was obtained. This supports the findings of earlier studies (Brandtstädtter et al., 1993) that showed accommodative reactions having a protective effect on self-esteem. However, what is most consistent with the predictions of the model of developmental regulation is that the prediction of SES by the SPI is moderated by accommodation, $\tau(FGA*SPI) = -3.53, p < .01$. Figure 2 depicts the regression of self-esteem on the SPI for three values ($M, M$ plus one $SD,$ and $M$ minus one $SD$) of FGA. The more accommodative resources a persons has, the less the change of self-esteem during imprisonment. An analysis of variance— $4 \times 4$: FGA: quartiles of the sample, SPI: 1st, 2nd, 3rd, and 4th quarter of the sentence; $F(268) = 2.46, p < .01$—confirms this result on a group mean level.

As mentioned earlier, the model of developmental regulation also predicts that if accommodative adaptations are not available, immunizing reactions may nevertheless be possible and that immunizing reactions can act as a functional substi-
Figure 1  Self-Esteem as a Function of Absolute Duration of Imprisonment (ADI) and Subjective Proportion of Imprisonment (SPI)

Figure 2  Regression of Self-Esteem on Subjective Proportion of Imprisonment for Different Values of the Moderator Flexible Goal Adjustment (FGA: M, M plus one SD, and M minus one SD)
stitute for accommodative adjustment. As expected, NED does not depend on the SPI (SPI \( r = .01, \text{ns} \)).

There is also no bivariate correlation between NED and self-esteem (\( r = .04, \text{ns} \)). However, as expected, the relation between SPI and self-esteem is moderated by immunization, \( t(SPI \times NED) = -2.09, p < .05 \). Figure 3 depicts the regression of self-esteem on the SPI for three values (\( M \), \( M \) plus one \( SD \), and \( M \) minus one \( SD \)) of NED. This means that persons with a relatively high immunizing tendency also have stable and more positive self-esteem and second, that persons with a relatively low immunizing tendency at the start of their imprisonment demonstrate relatively low self-esteem.

Taken together, these results show that the persons whose self-esteem is found to be lowest at the beginning of their imprisonment are those who have no recourse to either immunizing or accommodative coping reactions. However, the assumptions of the model of developmental regulation point also to the possibility of accommodative and immunizing reactions having a supplementary relationship. In fact, the present data reveal that the prediction of immunizational tendency by reference to subjective proportion of imprisonment is moderated by accommodation, \( t(SPI \times FGA) = -2.14, p < .05 \). Figure 4 depicts the regression of NED on the SPI for three values (\( M \), \( M \) plus one \( SD \), and \( M \) minus one \( SD \)) of FGA. This means that persons with low FGA can be expected to resort particularly strongly to immunizing reinterpretations as a means of stabilizing their sense of well-being at the start of their imprisonment. This supports the assumption of compensatory functions in the two coping modes. Interestingly, however, people with high FGA increasingly appear to resort to immunization at the end of the period of imprisonment; specifically, when on one hand the functionality of an accommodating attitude to imprisonment diminishes, but on the other hand, the date of release gets nearer and with it, the social pressure to justify one’s actions in the previous social environment outside prison increases.

Finally, we still need to test the extent to which the specific patterns of findings so far detailed can be substantiated by a multivariate model. For this purpose, a path analysis was calculated with the aid of a structural equation model.\(^2\) The model is shown in Figure 5; depicted in this figure are the main effects (symbolized by arrows directed toward the dependent variable) as well as the interaction effects (symbolized by arrows directed toward main effect arrows). The SPI is assumed to have direct effects on immunization and self-esteem. Accommodation is assumed to have a direct effect on self-esteem and in particular, moderates the effects of SPI on immunization and self-esteem. With respect to immunization, the model only assumes a moderator effect on the effect of SPI on self-esteem. The moderating effects were estimated by including the product terms (i.e., interaction terms) of the moderators with the independent variable SPI. Results show that the model fits well to the data, as indicated by various fit indices, \( \chi^2(9) = 11.41, p = .249 \); Comparative Fit Index = .956; root mean square error of approximation = .031, CI(90) = 0.0, .077). Except for the direct effect of SPI on immunization, all regression parameters are statistically significant.
Figure 3  Regression of Self-Esteem on Subjective Proportion of Imprisonment for Different Values of the Moderator Immunization (Neutralizing Evaluation of Own Delinquency) (NED: $M$, $M$ plus one $SD$, and $M$ minus one $SD$)

Figure 4  Regression of Neutralizing Evaluation of Own Delinquency (NED) on Subjective Proportion of Imprisonment (SPI) for Different Values of the Moderator Flexible Goal Adjustment (FGA: $M$, $M$ plus one $SD$, and $M$ minus one $SD$)
DISCUSSION

The findings presented in this article support the theoretical predictions of the model of developmental regulation proposed by Brandtstädter (1999). The self-esteem of the adolescents in question is stabilized at a relatively high level by accommodative adjustment or immunizing reactions; only juveniles with very low FGA experience a collapse of self-esteem at the start of imprisonment. This breakdown at the beginning of imprisonment occurs particularly if it cannot be cushioned by immunization of one’s own delinquency, that is, the neutralization of the reason for the current predicament of the inmates. A direct effect of SPI on immunization was included in the model according to the argument by Sykes and Matza (1957) that immunization is a reaction to the burden of imprisonment. However, the results show no main effect of SPI on immunization except the interaction between SPI and accommodation. Accordingly, for flexible juveniles it is evidently functional to accept the deviancy of their actions and the resulting punishment at the start of their imprisonment. However, it becomes increasingly more adaptive to immunize against the (justifiability of the) punishment the nearer the subject comes to the point of release. The present data cannot help decide the issue of whether the social function (in particular toward the prison staff members and therapists) or the psychological functionality (e.g., the acceptance of one’s one guilt may support the acceptance of the current restrictions) is more significant here. Certainly, however, as this group approaches the end of imprisonment, an increasingly critical evaluation of the justification of the punishment obviously serves an adaptive function for the stability of self-esteem. On the other hand, a decrease in the immunizing tendency need not necessarily entail any negative effect on self-esteem. In fact, this might even signal the achievement of the actual intention of youth detention in bringing offenders to recognize the wrongness of
their delinquency. The fact that immunization has numerous and varied interpretations and functions could explain why, on a bivariate basis, no significant correlation between NED and SES was shown. At the same time, the highly significant path from FGA to SES beyond the effects discussed in this study indicates that we can expect further aspects of accommodative coping to be active in securing the stability of self-esteem among adolescent prisoners.

GENERAL DISCUSSION

The findings of this study offer interesting insights in several respects. First, these results indicate that the model of developmental regulation (Brandstädter, 1999; Brandstädter & Greve, 1994) is also valid when applied to (the highly selective subgroup of) young people who are forced to live for a longer period of time in an extreme restrictive social environment that is essentially both threatening and burdensome. This is important because the developmental tasks of late adolescence—differentiating and stabilizing an autonomous concept of self and self-esteem and finding the balance between social autonomy and social integration—mark a phase of development that is in any case difficult and onerous and that places severe demands on individual resources to cope with it (Compas, 1995; Crockett & Crouter, 1995; Hauser & Bowlds, 1990; also see Greve, 2001). At the same time, the findings show that processes of self-regulation appear to play a key part for understanding the processes that are crucial to coping not only with current burdens and threats but also with critical life contexts and phases in adolescence. Moreover, the general finding is supported that the overwhelming majority of adolescents clearly succeed in stabilizing self-esteem (Harter, 1993), even those who are forced to live under especially adverse social conditions in a restrictive and hostile environment.

Second, the findings are more particularly informative with regard to the effects that the developmental intervention of a custodial sentence has on adolescent development. This is also of great practical value given the general increase in juvenile delinquency in Western societies (Coleman & Nedry, 1999; Pfeiffer, 1998) precisely because we will have to reckon with a growing number of juveniles and adolescents being sentenced to more severe sanctions, including incarceration (E. Becker & Rickel, 1998; Feld, 1998). For instance, the number of inmates in German youth prisons rose between 1994 and 1999 by 54% (according to the Federal Statistical Office of Germany). The question of whether this substantially damages juveniles’ development will hence become enveloped in the current heated debate. The issue of the effect of imprisonment on self-development plays a key part in this. The present study shows, however, that unilateral observations of the effect of imprisonment on self-esteem are not only too simplistic but are in fact misleading. Closer observation shows that the apparent (bivariate) increase in self-esteem during imprisonment is an expression of the complex interaction between various coping processes that secure the stabilization of self-
esteem for the majority of the juveniles concerned. Only those who have neither accommodative nor immunizing resources demonstrate particularly low self-esteem at the start of imprisonment. On closer observation, therefore, the increase in self-esteem looks more like stabilizing, which can be achieved even by persons who do not have particularly strong coping resources (as far as have been observed here). In addition, several studies indicate that we can assume that males in the age group observed here (14 to 24 years) in any case normally have a positive and stable self-esteem, on an upward trend (Adamson & Lyxell, 1996; Alsaker & Olweus, 1992; Block & Robins, 1993). This reinforces the plea that generalized speculation about effects that damage or stigmatize identity should be dismissed as empirically incorrect and theoretically too simplistic.

However, some restrictions of the interpretations of our results should be mentioned at this point. First, from a methodological point of view, one has to bear in mind that the present findings rest on cross-sectional data. Thus, the interpretation of the interindividual differences reported as indicating intraindividual changes (during imprisonment) is not warranted by the data. However, this objection presupposes that within an interval of few years, different birth cohorts of delinquent juveniles and/or the environmental conditions within the youth prisons investigated here changed considerably. Yet because the main duration of imprisonment in youth prisons (in Germany) is about 1 year (Kerner et al., 1996), this objection, although not completely rejectable, seems to be less plausible. Moreover, such cohort effects could have produced only main effects. However, the most important result of the present investigation is the interactional relations, that is, the buffering effects of accommodation and immunization on the change of self-esteem among the incarcerated juveniles. In addition, a longitudinal design with a short interval of measurement has to cope with possible effects of the repeated measurement itself (e.g., habituation effects). Thus, an influence of the cross-sectional design of the present study on the main effect is less plausible, and even more important, a detrimental effect on the interactional effects seems highly improbable.

This argument, however, leads to another aspect. The present discussion does not take into account possible age-related changes of the use of adaptational processes such as accommodation and immunization. At least three answers to this problem are relevant here. First, the age at the start of their respective term of imprisonment varies between participants to a high degree (between 15 and 21 years of age). Thus, an age-related sensitive phase with respect to the development of self-esteem or coping can hardly explain the general trend across these age groups. Moreover, several studies indicate that at least the development of self-esteem throughout late adolescence is rather linear (e.g., Harter, 1999; McCarthy & Hoge, 1982). Second, the developmental dynamics of coping during youth and adolescence is an underinvestigated issue (as mentioned in the introduction). Actually, the first-order correlation between age and FGA is about zero \( r = .05; \) ns, but this is obviously not a sufficient empirical answer to this very complex problem. Finally, beyond possible empirical differences between differ-
ent age groups (i.e., third-order interactional effects), one would have to identify the developmental processes that are the bases for any statistical effect of the proxy variable of age. However, these developmental processes highly depend on accommodative and assimilative dynamics in response to the developmental tasks to be solved at each period of one’s development (Brandstätter, 1998).

Another possible restriction of the present study refers to a more psychological aspect of the results presented. Some longitudinal studies indicate that the adolescents’ self-esteem usually increases in the very period of development we are looking at (McCarthy & Hoge, 1982; O’Malley & Bachmann, 1983). As a consequence, there still may be a damaging effect on the selves of juveniles in prison, resulting in a disturbance of the normal development. However, this cannot be decided without comparing the self-esteem development of adolescent inmates with the development of a parallel group of delinquent and socially disadvantaged adolescents not sentenced to prison. The difficulty is, of course, that this parallel group is simply not available because the punishment of incarceration is not distributed at random but rather sentenced particularly to those delinquent juveniles that have exhibited criminal behavior repeatedly or severely. Hence, any group of delinquent juveniles not sentenced to prison is not really a parallel group. Even with this restriction in mind, the present results clearly demonstrate that the juveniles’ self-esteem is not seriously damaged or destroyed by their imprisonment.

This arguments leads to a difficult question that is of high importance for the practical relevance of the present study. With the present data, the influences of the development of self-esteem in imprisoned adolescents on their future development are not investigated. Actually, even if incarceration were to bring about a general damping in self-esteem, that need not necessarily be negative for the person’s social behavior or good legal conduct after release. Earlier research initially regarded low self-esteem as an important risk factor for violence (F. R. Rosenberg & Rosenberg, 1978). Kaplan’s (1980) theoretical approach claims that persons whose self-esteem is threatened in conventional social groups and contexts is hence low seek out deviant peers, which in turn increases the likelihood of their own delinquency. More recent empirical studies, however, doubt this perspective (Hughes, Cavell, & Grossman, 1997; Jang & Thornberry, 1998; Wells & Rankin, 1983). In a study by Wormith (1984), for example, high self-esteem actually turns out to be a positive predictor of the probability of recidivism. Baumeister, Smart, and Boden (1996) convincingly argued that the proper interpretation ought to address not the actual degree of self-esteem but the degree of threat to that self-esteem. In many ways, people with high self-esteem are in greater danger of receiving threatening feedback from others and are hence more prone to violence (Baumeister, 1999; Heatherton & Ambady, 1993; Jang & Thornberry, 1998). In particular, the work of Kernis and colleagues (Kernis, 1993; Kernis, Cornell, Sun, Berry, & Harlow, 1993; Kernis, Granneman, & Barclay, 1989) suggests that stability of self-esteem could well be the crucial predictor of aggressive and hostile reactions rather than its actual level. In recent work, Kaplan (Kaplan & Peck, 1992) pointed out that the connection between self-esteem and delinquency could
itself be moderated by coping reactions. To answer this question and in particular, to be able to arrive at differentiated evaluations of the functionality of accommodative and immunizing coping reactions on delinquent behavior, a follow-up study for several years is necessary.

In any case, as far as practical work with juveniles in custody is concerned, the present findings already indicate that the functionality of coping reactions and coping resources with respect to delinquent and criminal juveniles may need to be addressed more subtly. Stabilizing self-esteem in the face of adverse and onerous circumstances can only be functional and promote development if these circumstances would otherwise damage or unfavorably influence personal development. Yet the imposition of sanctions on delinquent juveniles is intended precisely as a corrective intervention into deviant development. The question may still remain as to the circumstances under which a socially restrictive measure such as imprisonment can actually have this effect. However, the fact that the majority of juveniles concerned are able to alleviate the attendant burdens may—at least for some of those concerned—also indicate that possible outcomes such as the prisoner recognizing the wrongness of his or her actions fail to be achieved as a result of effective coping reactions. The fact that more than half of all adolescents and young adults given custodial sentences in Germany are subsequently sentenced to at least one further term of imprisonment (Greve, 2001) would no longer be explained as the effect of prison but as inappropriate or ineffective treatment in prison. Should dealing more appropriately with the coping reactions of imprisoned juveniles prove to be the key to improving this unfortunate state of affairs, this would in practice be an exceptionally important step toward more appropriate developmental correction in delinquent juveniles and adolescents. Only in this way, too, do new prospects of developing alternative development interventions present themselves, prospects that have a good chance of success and that avoid the unpleasant attendant phenomena of imprisonment (“the lost years of youth”), when these are not functional for the future development of these adolescents.

NOTES

1. This rather large (10-year) span is determined by the Jugendgerichtsgesetz (JGG) (German juvenile courts law) (see Albrecht, 1997), which is a specialized criminal law for juveniles between 14 and 18 years of age as well as between 18 and 21 years under certain (frequent) conditions. Offenders sentenced according to the JGG remain and/or have to be incarcerated in youth prisons up to 24 years of age. Thus in Germany, inmates of these specialized youth prisons comprise this age range. It may sound somewhat misleading to call a young man of 24 years of age an adolescent. However, with respect to their developmental status, many if not most of these incarcerated young men are more appropriately called juveniles than adolescents. Actually, this developmental diagnosis (offender or offense exhibits a juvenile character) is the legal precondition for their sentence according to the JGG.

2. The model was estimated by using EQS (version 5.7) (Bentler & Wu, 1998).
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