Targeting recidivism : an evaluation study into the functioning and effectiveness of a prison-based treatment program

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3 Qualification for a prison-based treatment program■

3.1 Introduction

Changing lawbreakers into law abiders seems an obvious answer to the rising re-offending rates of ex-detainees all over the western world (see e.g. Hughes & Wilson, 2002; SEU, 2002; Visher & Travis, 2003), including The Netherlands (Wartna et al., 2010). It was not however until the 1970s, 1980s that correctional treatment was considered a viable option. Until then, the common belief was that nothing works in correctional treatment (e.g. Lipton, Martinson & Wilks, 1975; Martinson, 1974). Large-scale meta-analytic studies changed this view, and proved that recidivism rates could be decreased by altering factors that were shown to influence post-release re-offending (see e.g. Andrews, 1995; Andrews & Bonta, 1994; Andrews et al., 1990; Gendreau, 1996; Gendreau, Little & Goggin, 1996; Lipsey & Wilson, 1993). Consequently, in an attempt to decrease post-release re-offending rates, governments have started to focus attention on better preparing detainees for life after prison. This led to the implementation of (prison-based) rehabilitation programs all over Northern America en Western Europe (see Hannah-Moffat, 2005; Jolley & Kerbs, 2010; McSweeney, Turnbull & Hough, 2008).

Correctional treatment programs generally adhere to the central principles for effective correctional rehabilitation, gathered in the *Risk-Need-Responsivity* model [RNR] of crime prevention and correctiona rehabilitation (Andrews, Bonta & Hoge, 1990). This psychological model for understanding behavioral change in offenders consists of three core elements that a program needs to adhere to, in order to be effective; risk, need and responsivity. In brief, the *risk* principle indicates that treatment should be directed at high risk offenders. The *need* principle prescribes that treatment should address an offender's individual criminogenic needs (factors that have shown to be related to repeated offending). And the *responsivity* principle recommends that interventions should match an offender's abilities, treatment readiness, and personality (see Andrews, 1995; Andrews & Bonta, 2010; Andrews et al., 1990; Andrews & Dowden, 1999; Lowenkamp & Latessa, 2005). Thus, the need and responsivity principles guide what should be treated in what specific manner, while the risk principle is crucial to specify *who* should be targeted by treatment.

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The risk principle: targeting high risk offenders

The proposition derived from the risk principle, suggesting that treatment should be directed at high risk offenders (see e.g. Andrews, Bonta & Hoge, 1990; Andrews, Bonta & Wormith, 2006), has two components. The first aspect proclaims that the risk for future criminal behavior, which differs between individuals, and depends on several (static and dynamic) factors or characteristics (Andrews, 1989; Andrews & Bonta, 1998; Bonta, 2002; Dowden & Brown, 2002; Gendreau, Little & Goggin, 1996; Hoffman, 1994; Lipsey & Derzon, 1998), can be predicted. The second component proposes that, in order to reduce the risk of recidivism among offenders, treatment programs should be matched to the risk level of the individual offender. This implies that offenders who are considered a high risk to re-offend should receive more intensive services, compared to offenders with a low risk, whose prospects ought to be better when receiving no, or a limited intensity of services. Basically, the practical implication of the risk principle is fairly simple and perhaps obvious: "*if it ain't broke; don't fix it*" (Andrews & Dowdon, 2006, p89).

Allegedly, not adhering to the risk principle can cause *iatrogenic effects* (Wiener, 1998). Iatrogenic effects, originated in medical practices, refer to damages (illnesses or injuries) that are acquired during medical treatment for a primary disease (Lowenkamp & Latessa, 2005). The concept of iatrogenic effects can also be applied to other contexts (Wiener, 1998), such as correctional treatment (Dishion, McCord & Poulin, 1999; Lowenkamp & Latessa, 2005), in which case it refers to the potential harm that can occur by exposing low-risk offenders to intensive correctional interventions in which high-risk offenders take part (Lowenkamp & Latessa, 2005). In other words; exposing low-risk offenders to treatment (in which they may interact with high-risk offenders) may cause them to re-offend more often, then they would have had they not engaged in treatment.

The risk principle has been studied exhaustively and research conducted provided strong empirical support for its claims (Andrews et al., 1990; Andrews & Dowden, 1999; 2006; Dowden & Andrews, 2000; Lowenkamp & Latessa, 2005; Lowenkamp, Latessa & Holsinger, 2006; Taxman & Marlowe, 2006). For example, a meta-analysis (Andrews & Dowdon, 2006) provided solid support for the risk principle by showing that adherence to risk was associated with increased reductions in future criminal behavior (compared to programs that did not adhere to risk), especially when the need and responsivity principle were also met.

In conclusion, both theory and previous studies provide clear insight into the type of offender that ought to qualify for correctional treatment programs, in order for programs to reach the desired results: high risk offenders. Much is however unknown about the type of offender that qualifies for correctional treatment in practice. This study therefore focuses on qualification for a prison-based treatment program in The Netherlands: the Prevention of Recidivism Program.

The Prevention of Recidivism Program

Inspired by the body of research that showed that correctional treatment programs can be effective in reducing recidivism among former offenders, the Dutch government implemented the prison-based Prevention of Recidivism Program nation-wide in 2007 (Dutch Prison Service & Dutch Probation Organizations, 2007).[1] The Prevention of Recidivism Program was designed in line with the RNR-model, and accordingly relied on an approach in which: (a) a detainees risk for recidivism and criminogenic needs tied to twelve specific subdomains[2] are assessed by administering a validated risk assessment instrument; after which (b) a personalized program is assembled, in which, if risk and need scores indicate this, treatment modules are applied to target a detainees criminogenic needs (Dutch Prison Service & Dutch Probation Organizations, 2007).

Although the Prevention of Recidivism Program was meant to target a broad offender population (instead of merely focusing on, for example sex offenders or addicted offenders), some (mostly practical) selection criteria were set. First and foremost; the program was available for offenders with a prison sentence of at least four months (i.e. remaining after being sentenced by a judge). Besides the central sentence-length inclusion criterion, additional exclusion conditions were formulated. These were grouped under (as termed by the Prevention of Recidivism Program manual); *objective* exclusion criteria, which can automatically be assessed by an automatic registration system based on type of offender and type of location; and *subjective* exclusion criteria, which cannot be assessed automatically but instead ask for further examination.

First, *objective* exclusion criteria were formulated to exclude specific groups of offenders, including detainees who are detained under hospital orders (TBS); detainees serving a life sentence; detainees who are placed in psychiatric facilities; illegal aliens in detention; detainees admitted to a penitentiary hospital; detainees staying in a forensic observation clinic (Pieter Baan Centrum); and detainees with an indication "special group", such as those who are staying in a maximum secured facility. *Subjective* exclusion criteria are insufficient Dutch language skills, and inadequate motivation. Detainees who are considered a great flight risk are also excluded from participation (Dutch Prison Service & Dutch Probation Organizations, 2007;

1 Note that the program was replaced by a new policy measure that was implemented in March 2014, which uses the same risk/need based approach, but in which offenders can only take part of they have earned the right to engage, by expressing their willingness to change their criminal ways, and by showing pro-social behavior for a minimum of 6-weeks straight.

2 Namely: (1) offending history; (2) current offence and pattern of offences; (3) accommodation; (4) education; work; and training; (5) financial management and income; (6) relationships with partner and relatives; (7) relationships with friends and other acquaintances; (8) drug misuse; (9) alcohol misuse; (10) emotional well-being; (11) thinking and behavior and (12) attitudes/orientation (Adviesbureau van Montfoort & Reclassering Nederland, 2004).

Van der Linden, 2004). Both objective and subjective exclusion grounds can expire: If one or more contraindication is present, the start or continuation of the program can be suspended or shut down. If a contraindication expires, the program can be re-started or continued (Dutch Prison Service & Dutch Probation Organizations, 2007; Van der Linden, 2004). A complete overview of exclusion criteria can be found in Table 1.

Table 1. Overview of in- and excluded detainees

Central inclusion criterion
Remaining sentence length of at least four months
Objective exclusion criteria
Detained under hospital orders (TBS)
Detained for life
Detained under psychiatric care
Illegal aliens
Detained in a penitentiary hospital
Detained staying in a forensic observation clinic (Pieter Baan Centrum)
Detained with an indication *special group*, such as those who are under maximum security
Subjective exclusion criteria
Insufficient Dutch language skills
Inadequate motivation
Flight risk

Qualification for entry in the Prevention of Recidivism Program is determined at the moment an offender is convicted by a judge. With help of the application TRIS (Trajectory Information System; the official Prevention of Recidivism Program registration system accessible and used in every penitentiary institution in The Netherlands), eligible detainees are recognized the moment their sentence is imposed. Offenders are assigned by TRIS as a candidate if their remaining prison sentence at the moment of sentencing (which is the total sentence minus the time spent in pre-trial detention) is equal to or larger than four months, and if they are not excluded based on objective criteria (as mentioned, detainees in special locations, such as a penitentiary hospital and forensic observation clinic, and special groups, such as those under maximum security, are excluded). Offenders eligible for participation are then asked if they are willing to enter the program. Participation in the Prevention of Recidivism Program is voluntary. However, there is a strong incentive to participate: Detainees who decide to take part are eligible for phased re-entry and early release. This implies that they can be (gradually) placed in prison facilities with a lower security level (where they are granted more freedom) and have the ability to go on leave (for example on weekends). They are also qualified to spend up to one third of their sentence at home, under supervision of the Dutch Probation Organization.

As mentioned, the Prevention of Recidivism Program main exclusion criteria was a remaining prison sentence (i.e. after being sentenced by a

judge) that does not reach or exceed four months. Compared to many other countries, the time an incarcerated offender spends "behind bars" in The Netherlands is relatively short: Roughly sixty percent of all offenders that enter the Dutch penitentiary system remain detained for a period up to three months; while well over seventy percent of them return home after having spent less than six months in detention (see Linckens & De Looff, 2015). When we take into account the time it takes to bring an offender to trial and impose a sentence, a remaining prison sentence of four months at the moment of sentencing will only apply to a limited number of detainees; a rough estimate of which lies around about eleven percent of the total inflow of detainees in Dutch correctional institutions (Bosma, Kunst & Nieuwbeerta, 2013).

Based on the abovementioned, the Prevention of Recidivism Program appears to target a fairly narrow offender population. However, precise data is lacking. We can therefore assess what type of target population the program aims to achieve; we do not know how many offenders were actually eligible for treatment (and how many were not), and what their characteristics were. We also do not know if the correct target population was reached. Additionally, and perhaps most important, we do not know if the Prevention of Recidivism Program has been successful in targeting a high-risk offender population, for whom theory and previous studies have pointed out that correctional treatment program will be most effective. This chapter aims to address these matters.

3.2 The current study

In this chapter, a study is presented that aimed to assess which offenders qualified for entry in the Prevention of Recidivism Program: a prison-based treatment program that was designed for a selective group of offenders with a (assessed at the moment of sentencing) remaining prison sentence of at least four months. Previous work (Bosma, Kunst & Nieuwbeerta, 2013) has indicated that a little over ten percent of the total inflow of Dutch detainees meets the criteria to enter the program; however, no study has focused on the characteristics of candidates and non-candidates. It is therefore unknown if the proper target population was addressed. Also, it is unknown if the program was able to reach a population of high risk offenders and was therefore able to adhere to the risk-principle, which was shown as a major indicator of treatment success by theory and previous studies. Three research questions were studied: (1) *How many offenders qualified for participation in the Prevention of Recidivism Program*? (2) *What were their characteristics*? (3) *Did the correct target population qualify for the Prevention of Recidivism Program*? Treatment candidacy was studied by use of a unique population-based dataset that included registration data from several sources, including background and legal case characteristics and risk and need assessment outcomes.

3.3 Methods

Sample and procedure

To examine program qualification for the Prevention of Recidivism Program, this study used a data set from the Prison Project. This is a large scale, longitudinal research project, studying the effect of imprisonment on the life of detainees and their families in The Netherlands. Its population-based sample included all male prisoners aged 18 to 65 years, who were born in The Netherlands, who entered one of the Dutch remand centers between October 2010 and April 2011, and who were held in pre-trial detention. This amounts to a total sample of 3.981 detainees.

Several sources of data on the persons included in the sample were gathered to answer the research question proposed. First, the *Dutch Custodial Institutions Agency* provided data from prison registration systems on all persons in the sample, including data on background characteristics, offence type and incarceration details (Prison Registration System) and in depth information regarding rehabilitation trajectories (Prevention of Recidivism Registration System). Second, data on the sentencing process and outcomes were made available by the Dutch Prosecution Office. And third, risk assessment data were made available by the *Dutch Probation Service*. Unfortunately, a risk assessment instrument had only been administered among 2.601, of our total sample of 3.981 offenders (65.3%), which means that we are dealing with a considerable number of missing data.

Measures

The current study categorized offenders by Prevention of Recidivism Program qualification status: offenders who qualified for program entry offenders who did not qualify for program entry. To determine program qualification, the official Prevention of Recidivism registration system was consulted. This administrative database provides exact information regarding the status of an offender's program qualification or non-qualification, program participation or non-participation and completion or non-completion. It automatically selects offenders after their sentence has been imposed based on their remaining prison sentence (> 4 months) and objective criteria. The system is available and used in every prison in The Netherlands. As mentioned, it provides exact information, recoding of data was therefore not necessary in order to determine qualification status.

Background characteristics accounted for in the current study included age and ethnic background (native vs. non-native). Age (in years) was calculated from the prison registration systems by subtracting date of birth from the date of their prison entry. Ethnic background (non-native vs. native; Statistics Netherlands defines a person as having a non-native background if at least one of his/her parents was born abroad) was obtained from municipal data, and if not available, was subtracted from data retrieved from the Dutch probation organization. Offence type was drawn from the Prison Registration system and was recoded in violent (violent offences) and non-violent (property, damage, drug related and other offences).

Risk scores were drawn from the Dutch-language Recidivism Assessment Scales (RISc). This validated risk assessment tool is administered by trained probation officers and is used in criminal courts, prisons and probation services throughout The Netherlands. The RISc measures the risk for future re-offending by scoring items on twelve subscales; (1) offending history; (2) current offence and pattern of offences; (3) accommodation; (4) education; work; and training; (5) financial management and income; (6) relationships with partner and relatives; (7) relationships with friends and other acquaintances; (8) drug misuse; (9) alcohol misuse; (10) emotional well-being; (11) thinking and behavior and (12) attitudes/orientation, that combined form an overall risk indication (low, moderate-low, moderate-high, high). Treatment readiness (which relates to an offender's motivation to change deviant behavior and his or her willingness to participate in treatment) was also drawn from the risk assessment database. Ready for treatment was coded as 1 and not ready for treatment was coded as 0. For additional information on the RISc instrument, see Van der Knaap and others (2012). As mentioned, a considerable number of risk assessment data was missing. Note that offenders for whom this is the case were not removed from the analyses. Outcomes regarding risk assessment scores therefore have to be interpreted with great care and reticence.

3.4 Results

Exploring program qualification

First, this study aimed to assess how many offenders qualified for participation in the Prevention of Recidivism Program. After consulting the Prevention of Recidivism Program registration database, it was shown that 886 (22.3%) of our total research sample of 3.981 offenders qualified for program entry. They were selected based on their remaining prison sentence (which, at the moment of sentencing, had to be at least four months), and on objective criteria (not excluded based on their status or placement). These offenders were now considered eligible to participate in the program. A total number of 3.095 detainees (77.7%) did not qualify.

Second, this study intended to explore what the characteristics of offenders qualified for program participation were. Therefore, it was assessed to what extent offenders who qualified for program participation, differed from offenders who did not qualify, with respect to background characteristics. As shown in Table 2, offenders who qualified and who did not qualify did not differ concerning age. They did differ significantly on ethnic background, which was however largely caused by the large proportion of missing risk assessment data for those who did not qualify, from which ethnic background was retrieved. Offenders who did and did not qualify differed regarding the type of offence for which they were imprisoned, and the length of the prison sentence imposed (which in most cases is probably associated with the type of offence committed). Concerning type

of offence, it was shown that offenders, who did not qualify, were more often in prison for a property or damage-related offence. While offenders qualified were overrepresented regarding violent offences and drug related offences. With respect to sentence length, analyses have shown that offenders who qualified for treatment were sentenced to an average of 847 days in prison, while the group of offenders who did not qualify was sentenced to an average of 183 days in prison. This large difference is as expected, since sentence remainder is the main criterion to include offenders in the Prevention of Recidivism Program. This indicates that offenders who qualified for program entry were probably more often in prison for being accused of a more serious crime, for which they more often compared to those who did not qualify, received a more serious prison sentence.

Concerning risk assessment outcomes (available for 787 or 88 % of 886 candidates, and 1814 or 58.6% of 3095 non-candidates) the results are not as straightforward: The overall risk for recidivism score, which was generated based on the twelve criminogenic need scales, did not differ between the two groups, as is the case for categorized scores. There were also no differences reported concerning six of twelve criminogenic need scales (offending history and current offence, accommodation, relationships with partner and relatives, drug misuse, thinking and behavior, and attitudes and orientation). Significant differences were reported concerning the remaining six scales, but differences were small, and sometimes favored non-candidates (who scored lower on financial management and income, relationships with friends and acquaintances), and in other cases favored the group of candidates (who scored lower on the scales education, work and training, alcohol misuse, and emotional wellbeing). With respect to treatment readiness it was shown that offenders who qualified for treatment, were more often considered treatment ready, compared to offenders who did not qualify. Though perhaps interesting, it is important to keep in mind that risk assessment data was missing for a considerable number of, especially not-qualifying detainees, which means that no firm conclusions should be drawn based on the results presented in Table 2.

Table 2. Group characteristics in- and excluded detainees (N=3.981)

	Qualified (*n*=886)	Did not qualify (*n*=3.095)	Total (*N*=3.981)	
	M(SD)/%	*M(SD)*/%	*M(SD)*/%	Sig.
Age (18-65)	30.59 (10.54)	30.62 (10.75)	30.61 (10.70)	
Ethnicity				***
Native	55.3	42.0	45.0	
Non-native	35.3	24.3	26.8	
Unknown	9.4	33.7	28.3	
Type of offence				***
Violent	56.5	40.7	44.3	
Property	22.7	37.8	34.4	
Damage	2.5	6.9	6.0	
Drug related	13.4	10.4	11.1	
Other/Unknown	4.8	4.0	4.3	
Sentence length in days (7-10950)	847.43 (882.13)	183.33 (253.22)	353.80 (575.67)	***
RISc: Overall risk for re-offending (0-167)†	71.06 (34.55)	71.29 (34.30)	71.22 (34.37)	
RISc: Categorized scores				
Low to low/moderate	63.3	65.9	65.1	
Moderate/high to high	36.7	34.1	34.9	
RISc: Criminogenic need scores				
Offending history & current offence (0-50)	18.84 (13.00)	17.98 (12.24)	18.24 (12.48)	
Accommodation (0-12)	4.12 (4.19)	3.87 (3.89)	3.94 (3.98)	
Education, work & training (0-20)	9.68 (6.71)	10.55 (6.96)	10.28 (6.90)	*
Financial management & income (0-12)	4.94 (3.75)	4.44 (3.58)	4.59 (3.63)	*
Relationships with partner & relatives (0-6)	2.71 (1.75)	2.84 (1.78)	2.80 (1.77)	
Relationships with friends & acquaintances (0-15)	6.34 (4.42)	5.96 (4.54)	6.07 (4.51)	*
Drug misuse (0-15)	5.97 (5.41)	6.35 (5.48)	6.23 (5.44)	
Alcohol misuse (0-5)	1.65 (1.87)	1.87 (1.94)	1.80 (1.92)	**
Emotional well-being (0-6)	2.37 (1.75)	2.59 (1.85)	2.52 (1.83)	**
Thinking & behavior (0-12)	7.95 (3.13)	8.10 (3.35)	8.06 (3.29)	
Attitudes & orientation (0-15)	6.48 (4.65)	6.75 (4.81)	6.67 (4.76)	
Treatment readiness				***
Treatment ready	67.7	46.4	63.0	
Not treatment ready	32.3	53.6	37.0	

* $p < .05$ ** $p < .01$ *** $p < .001$

† Note that RISc scores are only available for 88.8% of candidates, and 58.6% of non-candidates.

Exploring the population targeted

The current study's third objective was to determine if the correct target population had qualified for entry in the Prevention of Recidivism Program. Our data sources available provided information on the three key aspects that are salient in determining program qualification; *sentence length* (remaining after a sentence has been imposed); *offender status*, the most important of which are detained under hospital orders (TBS), detained under psychiatric care and being detained for life; and being detained in an *excluded facility*, such as a penitentiary hospital or forensic observation

clinic.[3] Based on which it could be assessed if the selection of offenders that qualified for program entry has been correct (in light of who should have been reached based on the programs in- and exclusion criteria).

Results have shown that according to our own analyses, 846 offenders (21.3%) received a prison sentence that (after subtracting the time spent in pre-trial detention) exceeded 120 days, 690 of which qualified for program participation because there sentence was immediately imposed[4], 2.909 offenders (73.1%) had a remaining prison sentence that did not exceed 120 days, while the sentence was unknown based on the information available for 226 offenders (5.6%). Furthermore, 51 (1.3%) were excluded based on their detainee-status (such as TBS), while 3930 offenders were not (98.7%). And finally, 109 offenders (2.7%) were detained in excluded locations, while 3872 offenders (97.3%) were not. Combined, this added up to a total number of 640 offenders (16.1%) that qualified for the program, 2969 (74.6) who did not qualify, and 372 offenders (9.3%) for whom qualification could not be determined. Next, the results of our own analyses (based on registration data) were compared to the program-candidacy data retrieved from the Prevention of Recidivism Program database, the results of which can be found in Table 3.

Table 3. Crosstab program qualification based on PoR program versus own analyses (N=3.981)

	Prevention of Recidivism Program status		
	Included	Excluded	Total
Qualified based on sentence, status and facility	575 (64.9%)	65 (2.1%)	640
Did not qualify based on sentence, status and facility	285 (32.2%)	2684 (86.7%)	2969
Unknown	26 (2.9%)	346 (11.2%)	372
Total	886 (100%)	3095 (100%)	3981

* A grey block indicates a wrongful in- or exclusion

Two types of program candidacy errors can occur; offenders can be incorrectly included (type 1 error), and can be incorrectly excluded (type 2 error). As shown in Table 3, a number of 285 offenders were included in the program

3 Sentence length was constructed with use of data on the sentencing process and outcomes that were made available by the Dutch Prosecution Office. The remaining prison sentence was determined by subtracting the time spent in pre-trial detention from the total (unconditional) prison sentence imposed. Second, information on offender status (TBS, detained under psychiatric care and being detained for life) was collected using the same sentencing database. Lastly, information on the type of facility an offender was detained in was gathered with use of data provided by the *Dutch Custodial Institutions Agency*. The date at which an offender was sentenced (subtracted from the database provided by the Dutch Prosecution Office) was used to determine the facility in which offenders were detained in at the time they're candidacy was determined.

4 Note that for 156 offenders, their sentence was imposed after they had already been released (in most cases for a substantial amount of time), these sentences may be executed long after a sentence was imposed, candidacy for the program is consequently uncertain and therefore, these offenders were added to the unknown category when determining if the program had reached the correct target population.

that should not have been included based on our analyses, which amounted to 32.2 percent of the total number of included offenders (n = 886). Non-inclusion was mostly caused by (a combination of) sentence length; which did not exceed 120 days (n=252), being detained in an excluded facility (n=39); which in most cases was a psychiatric penitentiary institution, and a TBS (detained under hospital orders) status (n=15). The second type of error, offenders that were wrongfully excluded (n=65), which was *just* 2.1 percent of all excluded offenders, was in all cases caused by a prison sentence that, according to information provided by the Dutch Prosecution Office, exceeded 120 days.

The question remains as to why the selection system was in some cases not accurate. After inquiry with the department responsible for the functioning of prison-registration systems, two potential explanations were considered: First, prison staff-members have the option to manually select offenders for program qualification. This can be done if they consider an offender in great need for treatment, or if a long prison sentence (> 120 days) is expected. It could be the case that consequently, a group of offenders was therefore manually selected for qualification, that based on official criteria should not have been included. Second, if a sentence had not been imposed yet, the registration system can base assessment of sentence duration on the *expected* date of release. This date is generated by another registration system (TULP) and is adjusted throughout an offenders stay in prison. Program qualification is then based on an estimate date, instead of the remaining prison sentence after a verdict has been imposed. This can cause great discrepancies in remaining sentence length, causing offenders to be wrongfully included or excluded from program-participation.

In order to further explore the groups of correctly and incorrectly classified offenders (correctly in and excluded offenders, incorrectly in and excluded offenders and unknown); the five groups were compared on background characteristics, the results of which are shown in Table 4. As shown, the groups differed with respect to age, ethnicity, type of offence, sentence length, risk for re-offending, several criminogenic need scales, and treatment readiness. Without discussing every difference found in great detail, overall it was shown that offenders who were correctly classified were often younger, served a shorter prison sentence, more often committed a less serious (non-violent) offence, had a lower risk to re-offend, and accordingly scored lower on a number of criminogenic need domains (offending history and current offence, accommodation, financial management and income, and relationships with partner and relatives), and were more often treatment ready, than offenders who were not correctly classified. However, since a lot of risk assessment data was missing (mostly among those who did not qualify), firm conclusions about the risk and criminogenic needs of our entire research population would be rash and unjustified. And although the data all point in the same direction (age, type of offence and sentence length, versus risk assessment outcomes), we can only state that it *appears* that incorrectly in- or excluded offenders represent a more high-risk group of offenders.

Table 4. Group characteristics correctly and incorrectly in/excluded offenders (N=3.981)

	Correctly included (*n*=575)	Correctly excluded (*n*=2.684)	Incorrectly included (*n*=285)	Incorrectly excluded (*n*=65)	Unknown (*n*=372)	Total (*N*=3.981)	
	M(SD)/%	*M(SD)*/%	*M(SD)*/%	*M(SD)*/%	*M(SD)*/%	*M(SD)*/%	Sig.
Age (18-65)	29.53 (10.41)	30.42 (10.69)	32.89 (10.60)	19.95 (10.25)	32.02 (11.07)	30.61 (10.70)	***1/3 1/5 2/3 2/5 3/4
Ethnicity							***1/2 1/3 1/5 2/3 2/4 3/5
Native	54.8	41.8	55.1	52.3	43.3	45.0	
Non-native	38.1	24.5	31.2	36.9	20.7	26.8	
Unknown	7.1	33.7	13.7	10.8	36.0	28.3	
Type of offence							***1/5 2/5 3/5
Violent	65.9	41.3	38.9	44.6	36.3	44.3	
Non-violent	12.7	38.5	42.1	35.4	32.8	34.4	
Damage	3.0	6.9	1.8	1.5	7.5	6.0	
Drug related	13.6	9.6	12.3	15.4	16.7	11.1	
Other/Unknown	4.8	3.7	4.9	3.1	6.7	4.3	
Sentence length in days (7-10950)	700.27 (857.06)	15.15 (69.86)	137.22 (426.21)	238.02 (175.68)	240.75 (505.85)	353.80 (575.67)	***1/2 1/3 1/4 1/5 2/3 2/4 2/5 3/5
RISc: Overall risk for re-offending (0-167) †	67.01 (33.89)	71.18 (34.19)	79.66 (34.03)	66.65 (33.15)	73.82 (36.07)	71.22 (34.37)	***1/3 1/5 2/3 3/4
RISc: Criminogenic need scores							
Offending hist. & current offence (0-50)	17.96 (13.40)	17.95 (12.18)	20.52 (11.93)	16.00 (11.06)	19.18 (13.06)	18.24 (12.48)	*1/3 2/3 3/4
Accommodation (0-12)	3.51 (3.87)	3.88 (3.89)	5.51 (4.55)	3.64 (3.96)	3.80 (3.84)	3.94 (3.98)	***1/3 2/3 3/4 3/5
Education, work & training (0-20)	9.06 (6.67	10.51 (6.92)	10.94 (6.56)	9.64 (7.64)	11.16 (7.19)	10.28 (6.90)	***1/2 1/3 1/5

Financial management & income (0-12)	4.52 (3.57)	4.40 (3.58)	5.90 (3.93)	4.44 (3.62)	4.78 (3.61)	4.59 (3.63)	***1/3 2/3 3/4 3/5
Relationships w. partner & relatives (0-6)	2.56 (1.72)	2.82 (1.78)	3.05 (1.78)	2.85 (1.83)	3.00 (1.76)	2.80 (1.77)	**1/2 1/3 1/5
Relationships w. friends & acquaintances (0-15)	6.20 (4.34)	5.91 (4.56)	6.56 (4.51)	6.80 (4.34)	6.29 (4.54)	6.07 (4.51)	
Drug misuse (0-15)	5.63 (5.25)	6.38 (5.46)	6.79 (5.57)	6.00 (5.13)	6.06 (5.63)	6.23 (5.44)	*1/2 1/3
Alcohol misuse (0-5)	1.47 (1.76)	1.88 (1.95)	2.07 (2.03)	1.47 (1.73)	1.85 (1.95)	1.80 (1.92)	***1/2 1/3 1/5 3/4
Emotional well-being (0-6)	2.15 (1.64)	2.61 (1.86)	2.85 (1.89)	2.09 (1.62)	2.53 (1.87)	2.52 (1.83)	***1/2 1/3 1/5 2/4 3/4
Thinking & behavior (0-12)	7.81 (3.10)	8.11 (3.33)	8.24 (3.17)	7.96 (3.49)	8.08 (3.51)	8.06 (3.29)	
Attitudes & orientation (0-15)	6.14 (4.56)	6.74 (4.85)	7.23 (4.74)	5.76 (4.15)	7.12 (4.66)	6.67 (4.76)	**1/2 1/3 1/5 3/4
Treatment readiness							***1/2 1/4 1/5 2/3 2/5 3/4 3/5
Treatment ready	44.9	66.8	48.8	67.7	73.1	63.0	
Not treatment ready	55.1	33.2	51.2	32.3	26.9	37.0	

Note: Behind significant levels it is demonstrated which groups differed. For example: 1/2 means post-hoc analysis showed there was a significant difference between group 1 and 2, ALL means group differences were found between all groups.

† Note that RISc scores are only available for 65.3% of our research population.

* $p < .05$ ** $p < .01$ *** $p < .001$

3.5 Discussion

In the current chapter, a study was presented that focused on qualification for participation in the Prevention of Recidivism Program: an intramural rehabilitation program meant for detainees with a prison sentence of at least four months. It aimed to: (a) identify how many offenders qualified for program entry; (b) assess what the characteristics of (non-) candidates were; and (c) determine if the correct population was targeted. To study program qualification, a large population-based sample of male detainees put in pre-trial detention was used, which amounted to 3.981 offenders.

The results showed that a little over twenty percent (886 offenders) of the total research population was assigned by the Prevention of Recidivism Program's registration database as a program-candidate. The number of program candidates in the currents study was higher than the national average, previously found to be around eleven percent (Bosma, Kunst & Nieuwbeerta, 2013). This was most likely caused by the current studies research sample of offenders who entered prison in pre-trial detention. Offenders that enter prison in pre-trial detention (as opposed to, for example, arrestees, or offenders that enter prison because of unpaid fines) represent a group of offenders who are assumed to have committed a more serious crime, for which a longer prison sentence is usually imposed (Linckens & de Looff, 2015). Therefore, offenders who enter detention on other grounds than pre-trial detention are less likely to qualify for entry in the Prevention of Recidivism Program. Consequently, the qualification rate found in this study was slightly higher than the national average.

Besides addressing who were assigned a treatment candidate, the current study focused on the characteristics of those who (not) qualified for treatment (as assigned by the registration program). The results found made clear that offenders that qualified for the program, as opposed to those who did not, represented a group of offenders who entered prison because of a more serious crime, for which they, on average, received a more serious sentence. This was an expected outcome, with sentence length being the most important inclusion criterion. However, studied risk and need assessment outcomes also indicated, that no group differences were reported concerning risk for recidivism, and no coherent pattern of differences were found with respect to criminogenic need scores. This seemed to indicate that those who qualified for program participation represented a high-risk group of offenders, who were in need of treatment. However, caution is warranted since we had to deal with a lot of missing risk assessment data which perhaps hampered results. If indeed correct, this result would be in line with what we know works in correctional rehabilitation programming, as treatment was shown most effective for high-risk offenders (Andrews et al., 1990; Andrews & Dowden, 1999; 2006; Dowden & Andrews, 2000; Lowenkamp & Latessa, 2005; Lowenkamp, Latessa & Holsinger, 2006; Taxman & Marlowe, 2006). The fact that there were no differences found in risk and need assess-

ment scores between those who did and did not qualify, did however also indicate that the need for treatment may perhaps be equally high among offenders that did not qualify for program entry (at least it was for those for whom a risk assessment instrument was available. Their needs were not met by the Prevention of Recidivism Program. This does not impact the potential effectives of the program with regards to the current sample addressed, but may mean that a broader group should perhaps be addressed to reach larger post-release recidivism reductions.

Third, this study aimed to determine if the Prevention of Recidivism Program registration database has been correct in assigning the offenders qualified for treatment. Results showed that the registration system did not in all cases select the correct target population. Consequently, a rather large group of offenders that qualified for program entry was actually not eligible (which amounted to a little over thirty percent of the total number of offenders who qualified), while a much smaller group of offenders (just over two percent) qualified, but were not selected for program entry by the registration system. One could argue that both types of errors (wrongful inclusion, and wrongful exclusion) are problematic: The first error can result in low-risk offenders being included in treatment, while there is strong empirical support for the premise that effective treatment should focus on targeting high risk offenders (Andrews et al., 1990; Andrews & Dowden, 1999; 2006; Dowden & Andrews, 2000; Lowenkamp & Latessa, 2005; Lowenkamp, Latessa & Holsinger, 2006; Taxman & Marlowe, 2006), while the second type of error is unwanted because it withholds treatment to those who have a legal right to engage treatment (which is also included in the Dutch penitentiary laws). However, perhaps it could also be debated that the first error does not present a major issue, since wrongfully included offenders (which should have been excluded based on a remaining sentence that was too short to qualify) will most likely eventually drop-out because their sentence is not long enough to get them engaged in treatment, while the second was rarely reported, affecting just a little over two percent of offenders. It is therefore concluded that, although the registration system was off in a considerable number of cases, severe consequences are not anticipated.

Limitations

This study provided unique insight into the process by which offenders are selected for Prevention of Recidivism candidacy. This is important, because it sheds light on an aspect of correctional treatment – the proper selection of target population – that is often neglected. It also gives some relevant background information on the group of offenders that were eligible to take part in the Prevention of Recidivism program, and those who were excluded from participation. Although this study is has great merits, since it touches upon an important (and perhaps in most studies overlooked) research topic, two limitations deserve attention.

The first limitation concerned the offender population included in the current study. The sample only involved male offenders, who were born in The Netherlands and entered prison in pre-trial detention. Besides obvious questions regarding generalizability, the choice of research sample almost certainly resulted in overestimating the proportion of detainees qualified for entry in the Prevention of Recidivism program, for two reasons: First because offenders in pre-trial detention are often imprisoned for longer periods of time, in comparison to, for example, arrestees, which probably resulted in more offenders qualified for program entry in this study (based on a longer prison sentence), compared to the general population. And second, because our research sample merely consisted of detainees who were born in The Netherlands, offenders who were born abroad (roughly 45 percent of the entire detainee population, see Linckens & De Looff, 2015) were excluded. Taking into consideration one of the programs inclusion criteria, sufficient Dutch language skills (the program is only offered in Dutch), the proportion of offenders qualified for program entry would have probably been slightly lower had this group of offenders been included in the current study's sample. In general, our research group, though large, therefore most likely caused us to somewhat over-estimate the number of offenders eligible for program participation.

Second, the study made use of RISc assessment data. This has great benefits, because it enabled us to include our entire (population-based) sample of offenders, and provides broad and detailed data on a range of highly relevant characteristics. However, it also meant that there was a considerable amount of missing risk assessment data, especially among the group of offenders who did not qualify for program entry. Though inevitable, this represents a major shortcoming since the presence or absence of risk assessment is undoubtedly selective. In most cases, risk assessment is only conducted if an offender qualifies for entry in the Prevention of Recidivism Program and/or is considered *serious* enough. Risk assessment data will consequently be mostly missing among less serious offenders, for whom it was clear that program qualification was not imminent. As a result, the average risk for recidivism and criminogenic needs of offenders not qualified for treatment will in this study no doubt be somewhat overestimated. Results therefore have to be interpreted with great care. On the contraire, we were able to find fully completed risk assessment data for almost sixty percent of our group of offenders not qualified for program entry (versus almost ninety percent among the group that did qualify). This is mainly a result of the fact that risk assessment is also rather frequently used for other purposes then screening in light of the Prevention of Recidivism Program: The RISc (for example) also used to inform a judge on the risk for future re-offending in a criminal case, or for probation purposes. Since risk assessment was more widely available then just among program candidates we, keeping in mind its pitfalls, decided upon using the data in the current study.

In summary, this study concluded that the Prevention of Recidivism reaches a rather small share of incarcerated offenders in The Netherlands. The offenders that qualified for program entry represent a high risk group of offenders, although it was shown that the risk for re-offending and criminogenic needs were equally high among the group of offenders that did not qualify for program entry. The included offenders did not fully represent the group of offenders that should have been targeted by the program based on in- and exclusion criteria, which in most cases resulted in incorrectly included offenders. Further evaluation should however point out if this is problematic. In conclusion, it was shown that, overall, the Prevention of Recidivism program reached a small but appropriate population of offenders.