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SUBJECT: *Research in Review*

TO: Executive Staff
Superintendents
Other Readers



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Enclosed please find Volume 7, Number 4 of *Research in Review* (RIR). This issue presents a series of reviews dealing with various topics including treatment of low risk offenders, the impact of a history of sexual abuse on the prison adjustment of female offenders, stability of specific offense type among sex offenders and an evaluation of cognitive-behavioral programs. This issue also contains an index of pieces contained in Volume 7.

This issue brings to a close Volume 7 of RIR. Volume 8 next year will continue to present findings from the DOC's own evaluation projects, including outcome studies of our educational and vocational programs and parenting programs, as well as a special issue on a study of parole violators and parole successes conducted by this office. RIR will also continue with article reviews and briefing papers on topics relevant to corrections.

As always, we welcome your feedback on RIR. We also welcome your suggestions for specific topical areas for future issues. While we cannot promise that we can produce an issue in response to all suggestions offered, we are very much interested in knowing what questions and topics are most interesting to our readers. Future issues of RIR will continue with a review of our own departmental research, as well as article reviews, book reviews, and other relevant pieces.

Thank you for your ongoing interest in *Research in Review* as we enter our eighth year of publication.

Research in Review

Office of Planning, Research, Statistics and Grants

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Summary and Major Findings of Articles Reviewed

- Christopher T. Lowenkamp, et al. 2004. "Understanding the Risk Principle: How and Why Correctional Interventions Can Harm Low-Risk Offenders." *Topics in Community Corrections – Annual Issue 2004: Assessment Issues for Managers*. Washington, D.C.: National Institute of Corrections. Page 2

This article reviews major research findings supporting the conclusion that correctional treatment provided to low risk offenders can actually increase their recidivism, and summarizes some of the major theoretical reasons why this is so.

- Kayleen A. Islam-Zwart, et al. 2004. "Female Adjustment to Incarceration As Influenced by Sexual Assault History." *Criminal Justice and Behavior*, 31(5), 521-541. Page 3

This article explores how a history of having been sexually abused influences women's adjustment to prison. While the relationship is found to be complex and contradictory to some expectations, there is some evidence that abused women actually adjust better to prison than women with no history of abuse. Abuse may be an important *responsivity* factor.

- Gabrielle Sjostedt, et al. 2004. "Stability of Modus Operandi in Sexual Offending." *Criminal Justice and Behavior*, 31(5), 609-623. Page 6

This study examines the sexual offense recidivism of sex offenders in Sweden. While the overall sexual reoffending rates are low (as in the U.S.), the sex offenders in this study seem to be very specific in the nature of their sexual reoffending.

- Patricia Van Voorhis, et al. 2004. "The Georgia Cognitive Skills Experiment: A Replication of Reasoning and Rehabilitation." *Criminal Justice and Behavior*, 31(3), 282-305. Page 7

This study reports on the evaluation of a large-scale cognitive behavioral program for parolees. No significant treatment effects were found, either in terms of recidivism or other indicators such as employment. The authors discuss important implications for the integrity of program implementation.

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Christopher T. Lowenkamp and Edward J. Latessa. 2004. "Understanding the Risk Principle: How and Why Correctional Interventions Can Harm Low-Risk Offenders." *Topics in Community Corrections – Annual Issue 2004: Assessment Issues for Managers*. Washington, D.C.: National Institute of Corrections.

This article presents an applied review of some of the research behind the *risk principle*, which states that criminal justice treatment interventions should be targeted towards high risk offenders. While the risk principle is arguably the most scientifically sound of the various principles of effective correctional intervention, there is often confusion over one of its critical corollaries – that providing treatment to low risk offenders can in some cases actually harm them (i.e. increase their risk level). This article provides some additional insight into why this is the case. It is important to begin by understanding that by *risk*, we mean the statistical probability that a given offender will commit more crimes. Risk in this sense may have little to do with the specific nature of the offenses in question; one can find low risk sex offenders and high risk thieves. We may be more repulsed by the sex offender than by the car thief, but this has nothing to do with objective assessments of risk. Risk is determined by an offender's risk factors (criminogenic needs), not by valuations of the gravity of the offense. Risk here is a scientific statement, not an emotional one.

Corrections practitioners have come to generally the notion that treating high risk offenders can produce payoffs in terms of reduced recidivism and increased public safety. The theoretical rationale underlying this empirical conclusion is reasonably intuitive – high risk offenders, by the very definition of *high risk*, are quite likely to fail without appropriately structured interventions against their risk factors (criminogenic needs). Indeed, some will fail even with treatment, but the point is that high risk offenders have much to gain from participating in treatment – their risk levels can be reduced in measurable ways. Low risk offenders, on the other hand, are probably not going to fail, even if we do nothing at all with them. Treatment may hardly make a measurable impact on them, and thus may be wasted.

While it seems easy to accept the notion that treating low risk offenders may be a hollow exercise, greater confusion surrounds the notion that we can actually harm low risk offenders by treating them. After all, what harm can possibly result from having offenders sit in groups, even though they may not really need it?

This article points to at least seven major meta-analyses from the past fifteen years that have addressed this question directly. A meta-analyses is sort of a study about studies, which re-analyzes the findings from a collection of different research studies on a given topic to produce a consensus about what these studies say about that issue. The meta-analyses referred to in this article encompass nearly 800 individual studies and research reports. The consensus of these meta-analyses is that treatment provided to high risk offenders reduces recidivism, whereas treatment given to low risk offenders has a neutral or even negative effect on recidivism (i.e. increases recidivism). For example, one meta-analysis of 85 correctional interventions found that treatment of high risk

offenders reduces recidivism by an average of eleven percent; treatment programs that included low risk offenders saw an average reduction in recidivism of only two percent. The inclusion of low risk offenders dragged down the treatment effect for those programs.

The authors also discuss their own recent evaluations of community corrections interventions in Ohio, encompassing 53 facilities/programs and over 13,000 offenders in treatment and no-treatment comparison conditions. Again, programs that treated primarily high risk offenders consistently produced reductions in recidivism, as much as 30 percent in some cases. Programs that treated low risk offenders for the most part increased recidivism rates. Interestingly, some “good” programs that reduced recidivism for high risk offenders simultaneously increased recidivism for low risk offenders they served, demonstrating that an otherwise good program can generate counterproductive results when it targets the wrong population.

This leaves the question of why this should be so. The authors note several reasons that treatment may harm low risk offenders. First, placing low risk offenders into intensive treatment settings almost invariably means placing them into extensive contact with higher risk offenders who are also in the group. The high risk offenders tend to export their anti-social attitudes and criminal thinking to the low risk offenders, making them worse in the process. Second, on a related point, lower functioning, low risk offenders may be especially vulnerable to influence by high risk offenders in a treatment setting. Finally, one of the primary purposes of treatment is to foster the development of positive *protective factors*, such as steady employment, supportive family structures, anti-criminal friends and pro-social attitudes. Ironically, placing low risk offenders into treatment may well disrupt the protective factors that they already have going for them. It is these already existing protective factors that would help to shield the offender from more extensive offending, if left alone. High risk offenders, on the other hand, have fewer of these factors in place, and thus can benefit from programming to help develop them.

While reasoning by analogy is not necessarily the best means of understanding complex processes such as recidivism, an analogy may be helpful here. If an otherwise healthy patient with a simple headcold is placed into the infectious disease ward of a hospital, he may contract more diseases than he came in with, simply by virtue of contact with truly ill individuals. In this case, the cure would indeed be worse than the disease. This article serves to remind us that the admonition – First, do no harm – applies to corrections as well as to medicine.

Kayleen A. Islam-Zwart and Peter W. Vik. 2004. “Female Adjustment to Incarceration As Influenced by Sexual Assault History.” *Criminal Justice and Behavior*, 31(5), 521-541.

This article explores the impact of prior sexual victimization of female offenders both as children and adults upon their adjustment to prison as adults. The authors hypothesized that women with such a history of trauma would experience greater difficulties in adjusting to the prison environment. The findings suggest a more complex relationship between sexual trauma and adjustment to prison life.

The authors begin by noting the steady increase in the number of women in prison, often outstripping the growth rate for male inmates over the past decade. This gives rise to concerns about how women adjust to prison. Successful adjustment to prison has important implications for the women themselves, for prison staff and for the effective management of prison resources.

One factor that can complicate successful prison adjustment is past trauma experienced by a female or male inmate that mediates their psychological assimilation of the prison experience. One particularly noteworthy type of trauma is sexual abuse, both as a child and as an adult. While males do experience this sort of trauma, the prevalence among women is widely agreed to be greater. Upwards of three-quarters of incarcerated women report some history of abuse, with nearly one-third reporting sexual abuse as children. Upwards of one-quarter report a sexual assault as an adult. Many report multiple sexual traumas throughout their life course.

Ongoing psychological, emotional and cognitive disruption is not uncommon for individuals with such a personal history, manifested in some cases in post traumatic stress disorder (PTSD), which can impair normal adjustment to new and unfamiliar settings. Studies in some prison systems have found PTSD indicators in upwards of half of the female population. Potential complications for prison adjustment are significant, including extreme anxiety, social withdrawal, paranoia, aggression and other discipline problems, health problems, self-destructive behaviors and a general failure to cope with the strains of prison life.

The authors sought to further explore the interaction between sexual abuse history and prison among 92 female inmates in a western state. Some research subjects were lost to attrition (early release and failure to complete all tools). Data was collected through a clinical interview focusing on trauma history and other background information, and through administration of the Prison Adjustment Questionnaire (PAQ). The PAQ operationalizes *adjustment* as internal (dysphoria, anger, etc.), external (behavioral manifestations such as fighting) and physical (e.g. illness). Adjustment was measured both within two weeks of prison admission (Time 1) and then again two weeks after Time 1 (Time 2).

Two-thirds of the subjects reported some history of sexual trauma, including childhood assault only (6.8%), assault as an adult only (27.3%) and assault both in childhood and as adults (31.8%). Comparing the assault and no-assault history groups on various socio-economic and other background variables (e.g. education level), no significant differences were found.

The authors had first hypothesized that women with a pervasive history of sexual trauma (occurring *both* in childhood and into adulthood) would experience greater initial difficulty adjusting to prison (i.e. measured at Time 1) than women who had no history of sexual assault or who had been assaulted only as adults. These women were thought to have the greatest likelihood of severe psychological disruption, such as PTSD, and thus the greatest difficulty coping with a new stressor such as imprisonment. This study found that women with both childhood and adult sexual abuse histories reported the fewest internal adjustment problems; these women also had fewer external

adjustment problems than women who had been abused as adults only. No differences were found on physical adjustment between the groups. Thus, women with the most significant histories of trauma did not seem to experience inordinate adjustment difficulties immediately upon admission to prison.

The authors also hypothesized that women with a pervasive history of sexual trauma (occurring *both* in childhood and into adulthood) would experience continued adjustment problems even after some time in prison (i.e. measured at Time 2), more so than women who had no history of sexual assault or who had been assaulted only as adults. Women with no history of trauma did seem to report improved internal adjustment as time went on. Thus, these women *started out* with higher levels of internal adjustment problems upon admission, but better accommodated themselves to the prison experience over time. Conversely, women with any sort of trauma history showed a slight increase in internal adjustment difficulty over time. Thus, while these women started out with lower levels of adjustment difficulty than women with no history of trauma, their adjustment worsened somewhat over time. No meaningful differences were found with external or physical adjustment.

The relationship between sexual trauma history and prison adjustment for female offenders was not as straightforward as hypothesized by the authors. In some respects, women with severe trauma history seemed to adapt better to prison than women with no history of trauma. The authors speculate that women who have been repeatedly abused throughout their lives may have developed a level of *resiliency* that allows them to see admission to prison as less threatening than women who have not experienced such trauma. Conversely, while women with no trauma history may initially see prison admission as a threatening and dangerous circumstance, they learn to adapt themselves to their surroundings and achieve a reasonably healthy adjustment. For abused women, on the other hand, the prison experience over time adds to their already large trauma burden, resulting in a slight decline in their ability to cope.

This study suffers from a few limitations that point to the need for further research on this issue. Most notably, the sample size is rather small, and minorities are underrepresented (only 20 % of the sample was minority). While the exact location of this study is not identified, a reasonable inference can be drawn that it took place in a Northwestern state. Findings from a more ethically diverse setting might yield different conclusions. In spite of these limitations, this study supports the notion that history of abuse can serve as an important *responsivity factor* that can inform the management and treatment of female offenders. Woman with different histories of abuse may need different levels of service at different stages of their prison stays. The authors urge increased attention to the assessment of sexual abuse history of incarcerated female offenders.

Gabrielle Sjostedt, Niklas Langstrom, Knut Sturidsson and Martin Grann. 2004. "Stability of Modus Operandi in Sexual Offending." *Criminal Justice and Behavior*, 31(5), 609-623.

This article examines patterns of sexual reoffending of sex offenders released from incarceration in Sweden, looking specifically at the extent to which they *specialize* in specific types of sexual offending. This study provides some interesting cross-cultural insight into a particular type of offender, and contributes to a question of importance in the study of sex offenders.

Considerable debate surrounds the question of sex offender *risk*. By risk, we mean the statistical probability that they will continue to commit criminal acts (sexual or otherwise) after release from custody. There is strong evidence in the research literature in the U.S. and Canada that sex offenders as a whole have relatively low rates of reoffending for new sex crimes, as low as five percent in some studies. Their overall rates of recidivism (including non sex crimes) are generally found to be about the same as for any other sort of offender. There is a common belief, though, that most sex offenders have large numbers of undetected crimes, and studies of individual sex offenders purport to find many cases of hidden reoffending (of course, the same could be argued for non sex offenders). In any event, the issue of sex offender risk continues to be controversial.

Related to the question of overall risk of sexual reoffending is the question of specific type of sexual reoffending, or offense specialization. In other words, for example, if a sex offender has previously molested young boys, will young boys continue to be that offender's victim of choice? As is often the case in this sort of research, the findings are mixed. Some studies conclude that sex offenders tend to be specialists, in terms of their types of preferred victims and in terms of the specific sexually deviant acts that they perpetrate against their victims. Other studies find that sex offenders are often much less selective in terms of type of victim and nature of sexual act. Resolution to this question could yield important insights for the treatment and post-release management of sex offenders.

The current study followed a group of 1,303 Swedish sex offenders for up to six years after release from prison in the mid 1990's. Official court and other records were coded to determine the frequency and nature of both sexual and non-sexual reoffending of this group. Although some information was taken from the offenders' self-disclosures contained in court and prison records, no individual interviewing was conducted for this study.

This study found an overall sexual reoffending rate of six percent, which parallels findings from similar studies conducted in the U.S. and Canada. Thirteen percent were reconvicted for a non-sexual violent offense, again paralleling what studies in the U.S. have concluded about higher levels of *general* recidivism risk for sex offenders. The vast majority (80%) of the sexual recidivists had only one reconviction, although multiple victims may have been involved.

Turning to specific type of sexual reoffending, this study found evidence to support the notion of sex offenders as being specialists. Most sexual recidivists tended to select the same types of victims again and engage in the same type of deviant acts. For example, sex offenders who had initially

offended against a male victim were 180 times more likely to reoffend against a male than were sex offenders whose first offense was against a female. Note that many sex offender risk prediction tools, such as the Static-99, use “male victim” as a risk scoring item; the current study would seem to support this. Another key specialization preference among the sex offenders in this study was for family/related victims, which is another common risk scoring item. Interestingly, non-contact sex offenders were also very specialized, none of them registered a contact sex offense as their first reoffense.

This study provides interesting insight into sexual reoffending patterns of sex offenders in another culture. The overall risk of sexual reoffending seems to be comparable to the relatively low rates found in studies in the U.S. Sexual specialization also seems to be confirmed. While more research is needed, if we do indeed come to see sex offenders as specialists, this may have important implications for the treatment of sex offenders, wherein treatment may be directed towards specific deviant cognitions and interests and behavioral patterns.

Patricia Van Voorhis, Lisa M. Spruance, P. Neal Ritchey, Shelley Johnson Listwan and Renita Seabrook. 2004. “The Georgia Cognitive Skills Experiment: A Replication of Reasoning and Rehabilitation.” *Criminal Justice and Behavior*, 31(3), 282-305.

Cognitive-behavioral programs are rapidly becoming accepted by corrections professionals as particularly effective approaches to offender treatment, based largely on a significant body of research favoring such approaches over alternative modalities. Historically, criminologists have always speculated that deficits in thinking patterns and cognitive distortions were precursors to criminal behavior. Now, several meta-analyses, synthesizing years of empirical research, have indeed concluded that traits such as impulsivity and deficiencies in problem-solving, self-control, anger management, and decision making are correlates of criminal offending. However, in the midst of strong evidence favoring cognitive-behavioral approaches, a recent meta-analysis devoted exclusively to evaluations of cognitive-behavioral programs has cautioned that the few large-scale cognitive-behavioral programs implemented to date have not been as successful as smaller, more contained programs. This article reports on the findings from a recent evaluation of large-scale implementation of Reasoning and Rehabilitation (R&R) among male parolees in Georgia.

Reasoning and Rehabilitation is a cognitive-behavioral program that was developed in 1985 by psychologists Robert Ross and Elizabeth Fabiano. The program targets two types of cognitive problems: 1) inadequate cognitive skills, involving such thinking processes as problem solving, planning for the future, empathy, flexibility, and anticipating the consequences of one’s actions and 2) the negative content of thoughts, attitudes, beliefs, and values. Previous evaluations of R&R have been mostly favorable, typically indicating reductions in recidivism of 18 to 25 percent.

The Georgia Cognitive Skills Program, modeled after the R&R curriculum, consists of 35 lessons, covering seven key components: problem solving, creative thinking, social skills, management of emotions, negotiation skills, values enhancement, and critical reasoning. The evaluation of the

Georgia Cognitive Skills Program employed an experimental design, randomly assigning 468 parolees to either an experimental (n=232) or comparison group (n=236). As recommended by the R&R curriculum, IQ and offender risk were used as two selection criteria for generating an initial study pool. Parole officers were asked to identify their “most problematic parolees” for inclusion in the study. Also, parolees with an IQ score of lower than 80 were excluded from the study. Additionally, parolees with histories of sex offenses or severe substance abuse were excluded from the study.

Four primary outcome variables were utilized as measures of program effectiveness: reincarceration, rearrest (a composite measure of whether parolees were either revoked or rearrested for a felony), technical parole violations, and employment status. By the end of the 30-month follow-up period the reincarceration rate was 43 percent for Cognitive Skills Program participants and 47 percent for the comparison group. The rearrest/revocation rate was 38 percent for Cognitive Skills Program participants and 42 percent for the comparison group (only a 9-month follow-up period was utilized for rearrest/revocation data). While the recidivism rates for the experimental group were slightly lower than for the comparison group, these differences were not found to be statistically significant. Interestingly, when risk (as measured by a scale similar to the Salient Factor Risk Score) was added to the model as a covariate, no risk effect was detected. In other words, the differences in reincarceration and rearrest/revocation rates between the experiment and comparison groups were similar across all risk levels. This analysis was conducted several times using different cut points to denote low risk. Risk effects were not detected in any of the tests.

When participation in other programming was added to the model as a covariate, again no significant difference was detected. Rates of participation and the nature of other programming were nearly identical for the experimental and comparison groups. Furthermore, experimental and comparison group members receiving additional treatment achieved similar outcomes to those from both groups without additional treatment.

Outcomes pertaining to technical parole violations and employment status revealed no statistically significant differences either. During the follow-up period, 39 percent of the Cognitive Skills Program participants compared to 47 percent of the comparison group were reported to have at least one technical violation. At each of the three follow-up periods (3, 6, and 9 months) examined, rates of employment were higher than 65 percent and did not significantly differ between the experiment and comparison groups.

The final analysis of the study explored the effects of program completion on the four outcome measures. Three different groups were compared: Cognitive Skills Program completers, Cognitive Skills Program dropouts, and comparison group participants. When program completion status was taken into account, statistically significant differences emerged. Both reincarceration and rearrest/revocation rates were significantly lower for Cognitive Skills Program completers than for program dropouts and comparison group participants. Only 27% of program completers, compared to 66% of program dropouts and 44% of comparison group participants returned to prison by the end of the study. By the 9-month period, 21% of program completers, 60% of dropouts, and 40% of

comparison group participants were rearrested/revoked. However, still no risk effects were observed for either the reincarceration or rearrest/revocation data.

When compared to program dropouts and comparison group participants, a significantly greater proportion of program completers were employed at the 3 month period but not at the 6 and 9 month periods. Technical parole violation rates did not significantly differ by program completion status.

Two important implications of the findings of this study should be noted. First, the emerging pattern across evaluations of cognitive-behavioral programs finds smaller programs more effective than larger ones. The Georgia Cognitive Skills Program, implemented on a large scale across the State of Georgia, was mostly found to have no significant effect on recidivism. One potential explanation for this finding may be program integrity. Conventional wisdom suggests that program integrity becomes harder to maintain as the size of a program increases. Program integrity is one of the recognized principles of effective correctional intervention and thus should be expected to negatively affect recidivism rates if compromised. In order to attain more positive outcomes, cognitive-behavioral treatment providers must take careful steps to ensure that the quality and integrity of cognitive-behavioral programming is maintained. Also, future program evaluations should attempt to control for program integrity in order to further investigate the relationship between program size and program effectiveness.

Second, this evaluation provides strong evidence that program completion has a significant impact on recidivism outcomes for cognitive-behavioral programs. The policy implication is that treatment providers should take steps to identify program participants who are on the verge of dropping out and develop strategies for retaining potential program dropouts to the extent possible.

One peculiar finding from this evaluation was that no risk effect was detected across multiple outcome measures. The well-established risk principle (see first review in this issue of RIR) asserts that larger outcome effects (i.e., reductions in recidivism) should be achieved by programs that target higher-risk offenders. Such was not the case for the Georgia Cognitive Skills Program. One potential explanation for this finding is the proxy measure of offender risk that was utilized. Although the scale, developed by the researchers for the purposes of this evaluation, demonstrated modest correlation with recidivism, a standardized risk assessment measure may have more accurately classified the sample. Another potential explanation for this finding is one of the selection criteria for the study sample. As noted earlier, parole officers were asked to limit participation to only the “most problematic” parolees. Therefore, there may have been no true lower risk parolees in the sample. Finally, program integrity issues may also help to explain the anomalous risk effects.

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Elizabeth A. Hall, Michael L. Prendergast, Jean Wellisch, Meredith Patten, and Yan Cao. 2004. "Treating Drug-Abusing Women Prisoners: An Outcome Evaluation of the Forever Free Program" *The Prison Journal*, 84(1), 81-105. (Number 1).

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Christopher T. Lowenkamp and Edward J. Latessa. 2004. "Understanding the Risk Principle: How and Why Correctional Interventions Can Harm Low-Risk Offenders." *Topics in Community Corrections – Annual Issue 2004: Assessment Issues for Managers*. Washington, D.C.: National Institute of Corrections. (Number 4).

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