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REENTRY PROCESSES OF RELEASED SEX OFFENDERS IN GERMANY

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Introduction

In 2015, approximately 3,000 men were serving a prison sentence in Germany for the commission of a sex offense. The fact that the vast majority of these men will eventually be released into the community underlines the importance of studying reentry processes

and post-prison pathways. Research efforts on sex offender recidivism mainly focus on static risk factors or zoom in on the therapeutic changes to dynamic risk factors without taking into consideration how these factors interact with the circumstances of the offenders' lives after prison release. Even though desistance has become a major topic in recent criminological research, little is known about how the lives of released sex offenders are shaped and how they experience the reintegration process. The aim of our present study is to explore the pathways of community re-

entry. We thereby intend to enhance the understanding of the life-courses, risk factors, and social situations of released sex offenders and, therewith, the dynamics of reoffending behavior.

Social Therapy and Reentry in Germany

In Germany, a prisoner is to be transferred to a special treatment unit if it is expected that the stay in a regular prison will be insufficient for the offender's re-socialization. This adherence to the risk principle is additionally implemented by the fact that sex offenders sentenced to a certain minimum penalty (depending on the respective federal state) also need to be transferred to treatment facilities. In Germany, these are so-called 'social therapeutic facilities,' i.e., special units or independent correctional facilities that integrate social work, psychotherapeutic treatment, vocational training, leisure time interventions, and living in a therapeutic community. After considerable public debate in the late 1990s, public and political focus turned towards how to deal with sex offenders, to the point that the majority of treated offenders in the social therapeutic facilities now are sex offenders. In addition, in Germany, as in other countries, 'transition management' has become an important keyword with regard to reentry and the immediate post-prison life-course.

This public and political awareness

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INTERNATIONAL ASSOCIATION FOR CORRECTIONAL & FORENSIC PSYCHOLOGY

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REENTRY PROCESSES *(Continued from page 1)*

has contributed to an increase in relevant measures that, on the one hand, aim to reduce recidivism while, on the other hand, seek to move sex offenders into the center of criminal-policy attention (which can also augment their risk of stigmatization).

Project Background

The criminological department at the Max Planck Institute for Foreign and International Criminal Law in Freiburg, Germany, is currently conducting the long-term project titled: “Sex Offenders in the Social Therapeutic Institutions of the Free State of Saxony.” The project’s purpose is to evaluate the social therapeutic treatment of violent and sex offenders in the correctional facilities of the German federal state of Saxony.

The project analyzes how treatment and further environmental and personality-related factors have an influence on offending and reoffending behavior. To this end, a wide range of quantitative and qualitative data has been collected in several waves of data collection. The sample included adult as well as adolescent males and consisted of three separate sample groups: (a) sex offenders who completed treatment in a social therapeutic treatment facility, (b) subjects who did not complete the social therapeutic treatment program, and (c) subjects who spent their complete sentence in a regular prison (without specific treatment). Interested readers can find the main project’s study design and previous findings elsewhere (Siegfried & Woessner, 2016; Woessner & Schneider, 2013; Woessner & Schwedler, 2014; Woessner, Wienhausen-Knezevic, & Gauder, 2015).

Current Research Question and Method

Currently, we are focusing on the reentry processes of released sex offenders. Sixty-nine semi-structured interviews that have been conducted with the released sex offenders approximately 1 year after their prison release form the basis for these analyzes. By using qualitative data and the information on recidivism, we

aim to learn how the offenders themselves experience community reentry as well as to collate these findings with data on recidivism.

Preliminary Results of the Qualitative Analysis

What we found out so far portends that one of the main concerns of sex offenders after prison release is to **reestablish normality**: trying to be a ‘normal’ person with a ‘normal’ life and ‘normal’ goals. This is closely related to the facet of **change** (having changed into this ‘normal’ person). On the surface, this dynamic is comparable to the concepts of identity shift (Maruna, 2001, Gadd & Farrall, 2004) and of turning points (Sampson & Laub, 1993, Carlsson, 2012). However, the subjects in the presented study do not describe a definite and sudden eye-opening moment, but rather a prolonged process of change (with or without a distinct trigger). In addition, this does not necessarily pertain to a complete shift of identity, but stand-alone aspects and strategies seem to be sufficient in the eyes of the offenders. Likewise, **pseudo-reflexivity** is an important associated phenomenon, because the subjects may perceive and express something like an inner turning point, insight, or change. However, this does not necessarily mean that these insights or changes are really visible or that they act in accordance with the perceived changes.

Furthermore, the **internalization of the societal discourse** on sex offenders has a great impact on the releasees’ behavior. This contributes significantly to the difficulties in the reentry process resulting in anxiety and self-isolation, no matter if stigmatization actually occurs. Finally, it comes down to the **framing** of their circumstances of life and whether the released offenders are able to make use of the supporting frames surrounding them—and in case these are non-existing—charging aspects with a positive meaning themselves.

References available from the first author



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WADDA' WE KNOW?

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"It ain't what we don't know that hurts; it's what we believe to be true that ain't so!"

(Taken from Mark Twain)

Feldman: *Whad'Ya Know?*

Audience: "Not much!"

Michael Feldman's
Whad'Ya Know?



RICHARD ALTHOUSE

Whad'Ya Know? was a broadly favorite live radio program hosted by Michael Feldman, broadcasted on Wisconsin Public Radio (WPR) from 1985 until June 30, 2016. During the show, Feldman would ask the audience *Whad'Ya Know?* The audience would cheerfully answer, "Not much!" Later, Feldman asked guests rather nonsensical questions to find out what they knew, giving prizes to the winners. By the end, it was among WPR's most successful programs in WPR history.

With the election of President Elect Donald Trump, I thought it might be informing to ask ourselves, "Whada' we know?" about the state of affairs in the criminal justice system in which many of our readers work, particularly since Mr. Trump made pre-election campaign comments about U.S. efforts over the past 8 years to control and manage crime. Claiming to be the "Law and Order" candidate who claimed that this country's crime rates are "out of control," his personal views portend a tougher approach to crime management once he became President, suggesting that the outgoing administration of President Obama was too soft on crime, and that Hillary Clinton would be as well. Mister Trump has stated support for "stop and frisk," punishment for women who sought and obtained abortions, naming the restoration of voting rights to ex-felons "crooked politics," mandate the death penalty for convicted "cop killers," will "take down" gangs and drug cartels. His comments suggest he favors harsher sentences, opposes efforts to revisit mandatory minimums, and supports prison privatization.

These are not surprising positions for Mr. Trump, since Republicans have historically been more punitive in their criminal justice views and legislations since President Nixon declared wars on crime and drugs back in the later 1960s and early 1970s, and the Republicans' "Make America Safe Again" rhetoric displayed at the 2016 Republican convention reflect the view that despite becoming the world's leading incarcerator and being accused of violating numerous human rights laws in our punishment of offenders, we still may not have been punitive enough to get the job done.

So what do we generally "know" to be true in the interests of crime management? Here are a few possibilities:

(a) crime-prevention processes such as Stop and Frisk, Amber Alert, sex offender registries, etc., are effective programs that effectively deter criminal behavior;

(b) that most individuals who commit crimes are caught;

(c) we believe that those who are accused of committing crimes are likely guilty;

(d) crime is committed by folks whose character defects, personality inclinations, and/or mental illnesses lead them to it. That explains our generally high recidivism rates. Once a criminal, always a criminal;

(e) that our criminal justice system is free from racial, gender, and economic biases; that everyone is treated fairly and equally in courtroom efforts to learn the truth;

(f) that locking folks up as punishment is ultimately the best way to control and deter crime. Consequently, wars on drugs and crime are reasonable philosophies to effectively manage and deter crime. Criminals behind bars cannot harm the general public so they should be kept there as long as possible. We should, therefore, continue to lock up folks who commit crimes in order to assure a safer society;

(g) the death penalty is an effective deterrent to murder and other capital crimes;

(h) privatizing prisons is an effective way of saving

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WADDA' WE KNOW? *(Continued from page 4)*

state and federal money, and managing inmates as well as public prisons do. Therefore, privatization should be supported, if not expanded.

Now we might ask, "Which of the above beliefs 'ain't so?" Answer? "All of them."

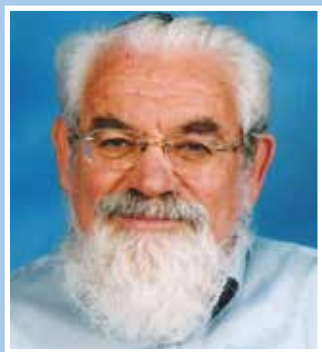
Hopefully, despite President Trump's crime-management proclamations, 2017 might witness a renewed effort among our readers to explore what we believe to be true that ain't so, and assist others in their

efforts to make our criminal justice fair and reasonable, and one that we know contributes to a safer society, and it is actually true. Otherwise, a decade from now we may be forced to answer the question, *Whad' Ya Know?* with "Not much!"

References available from the author.

ENGAGING AND SUPPORTING STAFF TO CO-CREATE A SUCCESSFUL REHABILITATION JOURNEY

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AVRAHAM HOFFMAN

Avraham Hoffman, Founder and Former Director of the Israeli Prisoner Rehabilitation Authority and worldwide pioneer in corrections, presented this excellent PowerPoint presentation at the ICPA's 18th AGM and Conference, Bucharest, Romania, October,

2016.

When I was building the professional system for the rehabilitation of released prisoners in Israel some 40 years ago, I faced the question:

Q: How to build professional teams to rehabilitate released prisoners?

A: Before we could answer this question, we had defined the employees' functions—

- Evaluate the prisoners prior to their release from prison.
- Prepare the community to reintegrate the released prisoners, together with the community social services.
- Supervise the released prisoner, continually strengthen them to rehabilitate, and be able to intervene

immediately when they face obstacles both internal and those inflicted on them.

Rehabilitating released prisoners requires change in social attitude toward released prisoners and to look for new ways to rehabilitate them. Hence, it necessitates having employees who have an unconventional thinking and a willingness to partner with others in creating a new way that embraces both welcoming the chances of succeeding but, at the same time, accepting the risks of failure.

Not every employee is willing to engage in such a journey. Hence, in addition to the professional approach of social services organisations, they must have the ideological conviction about the need and ability of human beings to change, and especially released prisoners. And, because in such a journey unpredictable obstacles might occur, it requires enormous and constant efforts to advance the employees, to prepare them to deal with difficulties, and to stand by them.

Q: What is the best composition of a rehabilitation team?

A: To achieve a successful rehabilitation, the Prisoner Rehabilitation Authority (PRA) created a professional team composed of social workers from

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ENGAGING AND SUPPORTING STAFF *(Continued from page 5)*

five different specialisations and a defined set of skills, in a unique mix that enables us to treat the released prisoners and their needs comprehensively, and thus, successfully reduce recidivism. Each of the five different specialisations categories represents about 20% of the staff composed of social workers, psychologists, and criminologists—most of whom hold masters degrees:

- Social workers who worked in the Prison Services or in closed institutions for young delinquents—who bring the understanding of people in closed settings. They know the prisoner's situation and experience. They also know how to work with the Prison Services social workers, to gain their trust and obtain detailed and relevant information about the prisoners.

- Parole officers from the adults and youth probation services that had worked with delinquents before and after imprisonment. Many prisoners have remaining unresolved problems with the police and the courts of law, that unless resolved, will have a difficult time to rehabilitate. Knowing the system, parole officers can promote an open approach.

- Professionals who had worked in community programs such as programs for street gangs, programs that treat sex offenders, and domestic violence offenders. The professional treatment of released prisoners in the community is crucial. These workers' professional backgrounds help them bridge the gaps with the community workers.

- Community workers who know well the community services and who have the skills to work in cooperation with municipality and community programs, with volunteer organizations. Among them were workers that had successfully managed helping employees that have a difficulty to integrate and persevere at work and in advancing rehabilitation programs for needy populations.

- Social workers that specialized in family therapy and children-parents relationships therapy in the community. We cannot stress enough the importance of the family and the children in the rehabilitation of prisoners, and it is impossible to treat a released prisoner who has a family without dealing professionally with his relationships with his children and spouse. If he has a family, he has a place to go back to. If he has no family to return to, he will most likely return to his delinquent friends.

Q: How can we make this diverse team cooperate

to achieve its fullest potential?

A: When you assemble employees whose professional background and expertise are so diverse, one must work at making them become a united operating force. The leadership must understand that the employee's struggle is perpetual both individually and as a team. This understanding allows employees to become active partners in co-creating a new approach. And, by defining the attitude and skills needed, it is also easier to detect when an employee doesn't fit in and let him go before any harm is done. To do that we must:

- Offer a shared training to prepare them to achieve together the organisation's purpose and goals—rehabilitation of released prisoners.

- Operate multi-professional teams and ensure weekly meetings to enable them to deal with issues at stake and to take action.

- Nurture an atmosphere of creativity that encourages and respects diverse points of view in discussions, and a unified collective effort in realising the team's and management's decisions. As a rule, we should aim at changing roles in the team every 3 years, while taking into account the skills, professional background, and cumulative experience, such as preparing the prisoner toward his release, community accompaniment, and managing a residential hostel for released prisoners.

Q: How do we strengthen both the team and the individual employee?

A: In rehabilitating released prisoners, we often face a conservative reality that is not inclined toward innovation—our obligation is to educate our employees to become innovative leaders that are able to deal with the existing models in the Prison and Parole Services. Leaders who are determined to achieve the organisation's goals must be able to negotiate and engage others with patience, knowing that changes require tolerance for those who have conservative views, and a willingness to listen to their points of view. Only a persevering employee who is convinced of the change needed can engage others with a conservative belief to get on board of the change process.

And, we must teach them to work and co-create with the community and its leaders and public figures to ob-

(Continued on page 7)

ENGAGING AND SUPPORTING STAFF *(Continued from page 6)*

tain ideological, practical, and financial support. They must acknowledge that professional expertise alone is not enough and that they need the public's and community's support to be able to achieve the best possible results, a support that also strengthens them in their important mission to rehabilitate released prisoners.

Following are ways to strengthen the employees:

- Regular trainings.
- Allow employees who have completed long-term projects to advance academically with the organisation sponsorship.
- Encourage employees to appear in public to explain the organisation's work and methods – there is nothing more self-engaging for an employee than taking part in representing the organisation to the outside world.
- Encourage employees to write professional articles.
- Successful and failure case study analysis by the team, and conclusions for the future, and lessons learned together.
- Visits of staff in different programs operated by the organisation.
- Field trips of management and employees to strengthen their bonding and partnership outside the daily work routine.

We must always remember that we are dealing with released prisoners that, for the first time in their lives, are trying to rehabilitate. Hence, their chances of succeeding or failing are equal. Because in such a journey unpredictable obstacles might occur, it requires enormous and constant efforts to advance the employees, to prepare them to deal with difficulties, and to stand by them. It is important to support the employee when he

feels he has "failed" or is emotionally stressed of not succeeding as he wished he had.

There is a real danger that a professional that has a perfectionist approach will lose trust in him if you, the manager, do not stand on his side in his struggle with himself, and help him in time of crisis to see the opportunities and his successes. An employee who, from the nature of his work, feels alone on the "battlefield," mustn't feel abandoned. Obviously, if there are repetitive failures, the management must resolve the problem and even let this employee leave if the failure is unrepairable.

To conclude with the words of the prophet Ezekiel: "And bring them close, one to the other into one stick, and they shall be one (in your hand)" (Ezekiel 37:17). As shown above, to successfully rehabilitate released prisoners, we need to operate multi-professional teams. We must support these teams to enable them to achieve their full potential, both individually and as a team, to enable them to become professional leaders, form a real partnership, and co-creation will develop within the organisation to enhance the rehabilitation of released prisoners.

References available from the author.

SPECIAL NOTE

We will not be editing out European-speak in favor of American-speak in a few pieces in this issue.

PRE-EMPLOYMENT PSYCHOLOGICAL EVALUATIONS FOR POLICE AND PUBLIC SAFETY

Carrie Steiner, Psy.D.

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The delivery and conduct of Pre-employment Psychological Evaluations (PPEs) of police and public safety officers are crucial to candidates and the agencies to ensure that prospective employees are suitable for the work. Psychologists overseeing and conducting these assessments must follow the standards and consensus of professional practice and, critically, must be consis-

tent in the methodologies and judgments used in their assessments.

In 2014, the International Association of Chiefs of Police (IACP), Police Psychological Services Section updated PPE guidelines used by psychologists and public safety agencies responsible for executing and having

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PRE-EMPLOYMENT EVALUATIONS (Continued from page 7)



CARRIE STEINER

Act of 1990, pre-employment psychological evaluations must be conducted post-offer.

A provisional offer of employment proposes that the candidate has completed a background check, including but not limited to civil and criminal complaints, arrest history, credit, parking and motor vehicle violations, etc., and has met the departmental requirements for a potential position in public safety. Departmental requirements may include an employment application, drug screen, physical health clearance, and physical testing.

In addition, the candidate has demonstrated the cognitive, verbal, and written skills compatible with the police position. However, each department likely has its own unique guidelines and requirements that must be satisfied for a candidate to receive the provisional offer of employment. Evaluators should know that each state has a Commission on Peace Officer Standards and Training or similar entity that establishes minimum selection standards for law enforcement officers.

A pre-employment evaluator should be a licensed clinical psychologist who has specific training and experience conducting pre-employment psychological evaluations for public safety positions as well as an understanding of general police psychology. The psychologist should be able to identify, describe, and quantify police and public safety job responsibilities and potential stress of the public safety position.

Evaluators should use test instruments that show empirical evidence supporting their use in the pre-employment evaluation and utilize tests that are designed specifically for public safety applicants. Further, the psychologist should be able to defend and justify the use of a psychological test when assessing a candidate for a police or public safety position.

Generally, a psychologist who conducts pre-employ-

ment evaluations gives a minimum testing battery that

defensible programs. The guidelines are “intended to balance agency and societal needs with the legal rights of candidates and the applicable professional standards of the examiner.” To maintain compliance with the American with Disabilities

Act of 1990, pre-employment psychological evaluations

must be conducted post-offer.

Common tests used for pre-employment testing are the Wonderlic, the Minnesota Multiphasic Personality Inventory 2 restructured form (MMPI-2-RF) police candidate interpretive report, Personality Assessment Inventory (PAI) for law enforcement, corrections and public safety, Inwald Personality Inventory 2, 16PF protective services report, etc.

The clinical interview usually covers developmental milestones, physical health, educational and work history, interpersonal relationships, substance use, legal and psychological history, and coping skills. When examining a candidate’s coping skills, consideration should be given to the candidate’s judgment, stress resilience, anger management, integrity, teamwork, and social competence.

Overall, the psychologist is evaluating the candidate’s ability to meet the behavioral, social, ethical, and cognitive demands of modern policing. Testing results should be used with the candidate’s interview to fully assess the candidate’s suitability. The psychologist should look for instances in the interview where the candidate described examples of how they have handled stressful situations to assess how they might handle the complex social situations a police and public safety officer might engage.

The psychologist’s awareness of police culture is important to assess for this compatibility. The IACP suggests that “in most jurisdictions, the minimum requirements for psychological suitability are that the applicant be free from any emotional or mental condition

Generally, a psychologist who conducts pre-employment evaluations gives a minimum testing battery that includes aptitude and personality testing. Personality testing should encompass tests that evaluate for psychopathology and “normal” personality traits.

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PRE-EMPLOYMENT EVALUATIONS (Continued from page 8)

The psychologist cannot include the use of family history when making employment decisions due to the Genetic Information Nondiscrimination Act of 2008. Therefore, a candidate could not be excluded because family members have a history of cancer or mental illness.

that might adversely affect the performance of safety-based duties and responsibilities and be capable of withstanding the psychological demands inherent in the prospective position.”

Prior to PPE, the applicant should sign and understand the objectives of the evaluation, the intended recipients,

the limits of confidentiality, and that the client is the agency, not the individual applicant. Once the evaluation is completed, a written report should be given to the hiring agency, not the applicant. The psychologist should avoid using clinical or psychiatric diagnosis or labeling unless relevant to the evaluation conclusions or required by law.

The psychologist cannot include the use of family history when making employment decisions due to the Genetic Information Nondiscrimination Act of 2008. Therefore, a candidate could not be excluded because family members have a history of cancer or mental illness.

During a PPE, an agency or psychologist cannot use different norms or cutoff scores for protected persons. The civil rights act of 1991 says “It shall be an unlawful employment practice for a respondent, in connection with the selection or referral of applicants or candidates for employment or promotion, to adjust the scores of, use different cutoff scores for, or otherwise alter the results of, employment-related tests on the basis of race, color, religion, sex, or national origin.”

The PPE report should focus on the applicant’s ability to safely and effectively perform the essential job functions and positions within police and public safety. The report should have a clear determination of the applicant’s suitability. A PPE determination is usually expressed in one of two ways: low, medium, or high risk for hiring; or acceptable, marginal, or unacceptable

for hiring.

The psychologist should use the test data, clinical interview, and the applicant’s background information to support the clinical decision. Clinical decisions are made on consistencies not solely derived from a single source of information or from one psychological test. The results of the applicant’s suitability are generally valid for one year unless otherwise established. If an agency allows a second opinion, as part of an appeal process, the repeated psychological evaluation should be based on the same requirements as the first.

Carrie Steiner, Psy.D., is a licensed clinical psychologist and founder of the First Responders Wellness Center, a full psychological services center for law enforcement providing psychological testing, training, and therapeutic interventions. She served 13 years as a Chicago police officer. Her website is: firstresponderswellnesscenter.com

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References available from the author

Letters to the Editor

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RACIAL PROFILING, CONSTITUTIONAL RIGHTS, AND THE LAW

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Despite a common belief among law enforcement officers that profiling is required to effectively fight crime (Barlow & Barlow, 2012; Siggins, 2002; Williams & Stahl, 2008; Wilson & Wilson, 2014), the research suggests that racial profiling does not result in its intended outcome (Brunson, 2007; Curtis, 2012; Delsol, 2015; Lever, 2007; Wildeman, 2015). While these implicit biases may seem warranted at the time, they violate constitutional rights, specifically as enumerated under the Fourth and Fourteenth Amendment.



MATTHEW KIJOWSKI

The Fourth Amendment of the United States Constitution states that individuals are free from unreasonable searches and seizures regarding their property and person, unless there is probable cause, and typically certified by a warrant. Under case law, the Fourth Amendment allows officers to use one's race as a reason to stop someone, however, it cannot be the sole factor (Gerstmann, 2013). Racial profiling is also unconstitutional under the Fourteenth Amendment; the Equal Protection Clause has been understood to effectively erase the use of race as a factor in police stops (Gerstmann, 2013). In tandem, these two Amendments have created a conundrum regarding how race can be used when stopping civilians. As a result, the courts and state legislators have been forced to address the issue in a variety of ways.

The Fourth Amendment of the United States Constitution states that individuals are free from unreasonable searches and seizures regarding their property and person, unless there is probable cause, and typically certified by a warrant.

The first of such cases is the 1976 case of *United States vs. Martinez-Fuerte* (428 U.S. 543, 1976). Martinez-Fuerte and other passengers were stopped at a fixed checkpoint near the Mexico border. They were questioned and charged with transporting undocumented immigrants into the United States. The United States Supreme Court subsequently upheld the use of race as a factor in stopping motorists. National origin, race, and ethnicity was understood to be within constitutional grounds to elicit a vehicle stop. The Supreme Court stated that the reasoning behind upholding racial profiling was that it would be too difficult to retrieve warrants for each suspicious driver (428 U.S., 543, 1976). Justice Lewis Powell Jr. stated that even though the defendants correctly stated that some suspicion is required for a search and seizure, "...the Fourth Amendment imposes no irreducible requirements of such suspicion." It is worth noting that lower courts did not agree with the Supreme Court allowing racial profiling.

Decades later, in *Whren vs. United States* (517 U.S. 806, 1996), officers were legally allowed to use minor traffic violations as a pretext to investigate other crimes (so-called pretext stops). In this case, the defendant was idle in his vehicle at a stop sign in a high drug area before turning without a turn signal. (517 U.S. 806, 1996). Plain clothes officers who witnessed this stopped him and discovered bags of crack cocaine in his vehicle. The defendant claimed that the minor traffic violation was a pretext to search the vehicle because he was African American in a high drug crime area (see 517 U.S. 806, 1996). This contention of race is acceptable under the Fourth Amendment, as long as it is not the sole factor. Under the Fourteenth Amendment, this case would be deemed unconstitutional. The decision appears to favor the Fourth Amendment. While racial profiling is not obvious in this case, the legal upholding of pretext stops created a situation where officers could now stop a minority civilian for a prima facie trivial reason, only

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RACIAL PROFILING *(Continued from page 10)*

to search for drugs, weapons, etc. Recall, according to the Fourth Amendment, the individual's race as a factor is acceptable, as long as it is not the main factor.

In 2010, Arizona passed Senate Bill (SB) 1070 which required every alien over the age of 14 to register with the government, and to carry their documentation on them at all times (Arizona State Legislator, n.d.b). Failure to have one's papers on them was registered as a misdemeanor offense. Reasonable suspicion was required to stop and ask for papers; however, many instances were noted where simply looking "foreign" was deemed reasonable suspicion (American Civil Liberties Union, 2016). Revisions to this controversial bill came when Arizona passed House Bill 2162. This bill excluded race as a deciding factor in asking for papers, and included that citizenship proof may be asked only after a stop, detention, or arrest, not as a course of such legal behavior (Arizona State Legislator, n.d.a). In other words, the revision stated that race could not be the sole factor of a stop. In a 2012 case, *Arizona vs. United States*, the revision was upheld, meaning that only after a stop is initiated can proof of citizenship be asked (567 U.S. ___, 2012). Still, one's discretion and bias can be

used when considering who to ask for citizenship based on appearance.

This piece addressed the conundrum of constitutional rights and racial profiling. Specifically, the Fourth and Fourteenth Amendments commonly are in disagreement, forcing the courts to make the decision. The court cases discussed suggest that the United States has legalized racial profiling to certain extents. Race may not be the sole factor when sworn in court. However, officers may simply stop minorities based on their race, and state another reason for the stop, making it Constitutional. While the Supreme Court and states have legalized racial profiling in part, it is imperative to remember that most police departments ban racial profiling practices. In addition, many lower and local courts have ruled against any and all acts of racial profiling. Racial profiling has opponents and proponents. This article gave a brief analysis of how the Amendments and court cases create the long-standing debate.

References available from the author.

UPDATED POSITION STATEMENT FOCUSES ON TREATMENT OF SUBSTANCE ABUSE DISORDER IN CORRECTIONAL FACILITIES

Effective treatment for substance use disorders is key to halting the national epidemic of drug abuse, particularly opioid-use disorder, and interrupting the costly cycle of incarceration and recidivism resulting from this underlying disorder.

The National Commission on Correctional Health Care (NCCHC), the nation's leading authority on health care systems in jails, prisons, and juvenile detention facilities, has updated its position statement on the treatment of substance abuse disorder for incarcerated individuals. Scientific evidence has firmly established that substance use disorders represent a chronic, relapsing disease requiring effective treatment with a view toward long-term management. The NCCHC's position statement reflects this science and the latest national guidelines. It is intended to ensure that people with sub-



stance use disorders in custody receive evidence-based care in accordance with national medical standards.

"This is a landmark position statement for treatment of substance use disorders within the nation's jails and prisons. In issuing this statement, the National Commission recognizes that correctional facilities can become major partners in combating addiction in America through use of scientifically-based treatment," said Kevin Fiscella, MD, MPH, the American Society of Addiction Medicine's liaison to NCCHC's Board of Directors.

"Among a number of important recommendations, the National Commission calls for expanded use of medications that have proven effective in treating opioid addiction. Greater use of these medications, coupled

(Continued on page 12)

POSITION STATEMENT *(Continued from page 11)*

with linkage to community treatment programs prior to inmate release, will reduce drug relapse, recidivism, and death and help halt the deadly opioid epidemic that is affecting countless communities," Dr. Fiscella said.

Addiction experts agree that with proper medical care in the form of medication-assisted therapy (MAT)—the use of approved medications such as methadone or buprenorphine in combination with counseling and behavioral therapies—opioid users can break the cycle of addiction. Studies overwhelmingly associate MAT with positive postincarceration outcomes: reductions in mortality, illicit substance use, crime, recidivism, and health problems like HIV and HCV (due to reductions in needle sharing). Unfortunately, many jails and other facilities do not use MAT, or provide it only in limited circumstances.

This position statement advocates 14 principles for care of adults and adolescents with substance use disorders in correctional facilities; these principles reinforce and expand on principles articulated in NCCHC's Standards for Health Services. Recommendations address screening and identification, continuation or initiation of MAT while incarcerated, monitoring and withdrawal according to national medical standards, prerelease initiation of treatment and care coordination, and linkage of medication treatment programs with nonpharmacological treatment options.

The statement primarily focuses on alcohol, benzodiazepine, and opioid use disorders because of the high rates of death from withdrawal and overdose from these substances. However, the principles of screening, evaluation, provision of evidence-based treatment, and prerelease coordination of care apply to all substance use disorders.

Consequences of drug use in prison and jail may include drug-related overdose deaths, suicides, increased criminal activity related to drugs and distribution, disciplinary actions, self-harm, and spread of blood-borne infections through needle sharing. Inmates released from prison without MAT are at high risk of dying from overdose in the first 2 weeks following their release.

"We have an obligation to give medical care, and to balance this care with compassion, good medical evidence, patient safety, institutional safety and security, and planned return to a nonincarcerated life. This position statement addresses these issues," said Steven Shelton, MD, CCHP-P, CCHP-A, head of the NCCHC

working group responsible for this updated position statement.

The Position Statement on Substance-Use Disorder Treatment for Adults and Adolescents was developed by a committee of experts representing medicine, psychiatry, nursing, and law. It was approved by the NCCHC Board of Directors in October 2016, at the National Conference on Correctional Health Care.

Read the entire position statement at: ncchc.org/position-statements The NCCHC position statements serve to augment the organization's Standards for Health Services for jails, prisons and juvenile facilities, and express NCCHC's expert opinion on important issues that are not addressed in the Standards.

Join NCCHC for these premier educational events in 2017:

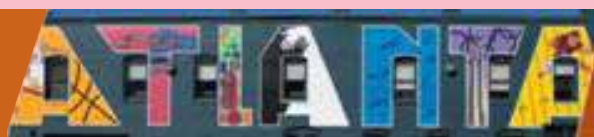
- Spring Conference on Correctional Health Care, April 29 - May 2, Atlanta
- Correctional Health Care Leadership Institutes, July 28-29, Las Vegas
- Correctional Mental Health Care Conference, July 30-31, Las Vegas
- National Conference on Correctional Health Care, November 4-8, Chicago

About the National Commission on Correctional Health Care

The NCCHC is a not-for-profit 501(c)(3) organization working to improve the quality of care in our nation's jails, prisons, and juvenile detention and confinement facilities. The NCCHC establishes standards for health services in correctional facilities; operates a voluntary accreditation program for institutions that meet these standards; produces and disseminates resource publications; conducts educational trainings and conferences; and offers a certification program for correctional health professionals. The NCCHC is supported by the major national organizations representing the fields of health, law, and corrections. Each of these organizations has named a representative to the NCCHC Board of Directors.

The International Association for Correctional and Forensic Psychology supports NCCHC. Our representative is Dr. Edwin I. Megargee.

**NCCHC
SPRING CONFERENCE
ON CORRECTIONAL HEALTH CARE**
April 29-May 2, 2017 / HYATT REGENCY ATLANTA



CORRECTIONAL HEALTH CARE CONFERENCE FOCUSES ON QUALITY

Correctional health care clinicians, administrators, and others will gather to learn about latest advancements and best practices in delivering health care behind bars at the Spring Conference on Correctional Health Care, to be held April 29-May 2, 2017, in Atlanta. The meeting is presented by the National Commission on Correctional Health Care (NCCHC), the nation's leading authority on health care systems in jails, prisons, and juvenile detention facilities.

The conference will feature more than 50 educational sessions on clinical, administrative, and legal aspects of correctional health care. In-depth preconference seminars will explore ethical standards and guidelines for correctional health professionals, suicide prevention, continuous quality improvement, assessment skills for nurses, and NCCHC's Standards for managing medical and mental health care delivery in prisons, jails, and juvenile facilities. Other topics on the agenda include

mental illness, substance abuse, gender dysphoria, chronic care, pain management, and caring for special populations.

The 4-day conference is recommended for any correctional professional who is interested in learning more about health care for the incarcerated population—currently more than 2 million adults and juveniles—and its implications for public health and safety.

Professionals can earn up to 26.5 hours of continuing education credit by attending the conference and preconference seminars. Highlights also include networking activities, breakfast roundtable discussions, educational lunches, and an exhibit hall featuring hundreds of products and services to support correctional health care. All conference activities take place at the Hyatt Regency Atlanta. If you need more information or to register, visit: ncchc.org/spring-conference

IACFP PRESIDENT ELECT NOMINEES PRESENT BIOGRAPHIES FOR CONSIDERATION

In the January 2017 issue of *The IACFP Newsletter*, our Executive Board announced the solicitation of nominations for the office of IACFP President Elect with a deadline of February 1, 2017, established for entries. Two names were submitted for nomination by the deadline. They are Dr. Melvin Hinton and Dr. Javel Jackson, and their personal information is presented below. All voting members of IACFP will receive an e-mail ballot from executivedirectoriacfp@gmail.com on April 3, 2017, with instructions for returning ballots. All votes must be received by April 21, 2017.

DOCTOR MELVIN HINTON

Melvin Hinton is a licensed Clinical Psychologist and currently is the Chief of Mental Health and Addiction Recovery Services for the Illinois Department of Corrections. Doctor Hinton has 15 years of clinical experience working in correctional settings including

Cook County Department of Corrections, California Department of Corrections, and Lake County Jail in Waukegan, Illinois. Additionally, Dr. Hinton is currently an Adjunct Professor at St. Francis University in Joliet, Illinois, teaching Introduction to Forensic Psychology and Introduction to Crisis Intervention to undergraduate students. Doctor Hinton has also taught as an Adjunct Professor at Chicago State University, Western International University, and has guest lectured at the Chicago School of Professional Psychology and Olive-Harvey College in Chicago. Doctor Hinton has served on the Executive Board of the Chicago School Education System and been the chair of the Health and Rehabilitation section of the Illinois Psychological Association (IPA). Doctor Hinton completed his undergraduate studies at the University of Michigan and obtained his doctoral degree in Clinical Psychology from the Chicago School

(Continued on page 14)

PRESIDENT ELECT NOMINEES *(Continued from page 13)*

of Professional Psychology. The most important position held by Dr. Hinton is as a husband and as father to his son, age 6.

DOCTOR JAVEL JACKSON

Javel Jackson, Psy.D., is a graduate of Wichita State University in Wichita, Kansas, Texas A&M University in College Station, Texas, and the Virginia Consortium for Professional Psychology (the consortium included Eastern Virginia Medical School, Norfolk State University, Old Dominion University, and William and Mary) in the Hampton Roads area of Virginia. During her career, she has held positions as psychology professor at McLennan Community College in Waco, Texas, therapist and graduate level professor at Old Dominion University, in Norfolk, Virginia, and psychologist for New Life Clinics, in Atlanta, Georgia. In addition, she

has served as Clinical Director, overseeing the clinical work within the mental health program at Metro State Prison in Atlanta and staff psychologist at Lee Arrendale State Prison in Alto, Georgia.

Currently, she is the Chief Psychologist for the Georgia Department of Corrections. In addition, she is active in the International Association for Correctional and Forensic Psychology and serves as Board Secretary. She has come to appreciate the work within the Association and supports the Association's desire to keep professionals up-to-date within the world of corrections with respect to research and clinical settings.

She enjoys music, plays, drawing, walking, and being a spectator of most types of sports. She also likes to bowl, swim, go white water rafting, and spend time with her family and friends. She is married and has two children.

CONGRATULATIONS

Our President, Dr. James DeGroot, has retired after 23 years as statewide Mental Health Director for the Georgia Department of Corrections. We congratulate him and wish him well in his retirement. He continues as President of IACFP.

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TITLES SCHEDULED FOR THE 2017 JULY ISSUE OF THE IACFP NEWSLETTER

- Ego, ideology, paranoia: Why do killers represent themselves?
- Does the death penalty reduce the murder rate?
- An example of the mindfulness-based therapy and prison inmate rehabilitation.

ICPA'S 19TH AGM AND CONFERENCE

Event Start Date: 22nd October 2017

Event End Date: 27th October 2017

Event Theme: Innovation in Rehabilitation: Building Better Futures

Location: Novotel London West, London United Kingdom

In joint collaboration with the National Offender Management Service, ICPA is pleased to invite corrections professionals from around the world to attend our 19th Annual Conference in London, 22-27 October 2017. The theme for this event is: "Innovation In Rehabilitation: Building Better Futures" where delegates can expect to learn about the latest approaches, ideas, and technologies in relation to the rehabilitation of offenders and their reintegration into the community.

Join us in London at the largest annual gathering of international corrections professionals with a huge variety of presentations and topics across a full 6-day



programme of events. Network with like-minded colleagues and experts, see the latest innovations, discuss real-world case studies, challenges, and solutions and much more. The conference will be held at the Novotel London West.

ICPA 2017—INNOVATION IN REHABILITATION: BUILDING BETTER FUTURES

The ICPA Programme Committee invites individuals, agencies, and organisations interested in presenting papers at the Association's 2017 Annual Conference to submit abstracts aligned to our 19th Annual Conference theme: "Innovation in Rehabilitation: Building Better Futures."

The conference, hosted by the National Offender Management Service (NOMS) will be held in London, United Kingdom, from October 22-27, 2017. With members from over 80 countries, the ICPA Conference is the foremost annual international gathering for correctional officials to 'learn from each other.'

The Committee anticipates a conference agenda that reflects a strong focus on contemporary approaches, ideas, and technologies in relation to the rehabilitation of offenders and their reintegration into the community. The Committee is particularly interested in proposals that can provide a holistic overview of a program,



service, or strategy. For example, a presentation of a program, may include co-author speakers with one addressing applied research findings and the other reviewing the results found by the practitioners who applied and implemented a practice based on the research. Any new technology to support the initiative could also be highlighted. For more information and to submit online, go to: icpa.ca/london2017

BREAKING FREE GROUP'S WEB-BASED MISUSE PROGRAMS FIRST TO RECEIVE ACCREDITATION

Sarah Elison, Ph.D., Director of Research at Breaking Free Group

selison@breakingfreegroup.com

As part of the UK "Transforming Rehabilitation" agenda, reshaping drug and alcohol interventions in prisons has been a key feature of the Government's drive to address substance dependence in the prison population and reduce reoffending rates. In order to achieve these objectives, a through-care project to support offenders following release to the community, titled: Gateways, took place across North-West England prisons between 2014-2016. In 2013, Breaking Free Group, a digital healthcare company based in Manchester, developed two accredited substance misuse programs for offenders within the criminal justice system. These programs were Breaking Free Online (BFO), a computer-assisted therapy (CAT) program, and Pillars of Recovery (PoR), a group-work program, which were made available across the 10 North-West England Gateways prisons to support substance-involved offenders in successfully transitioning back to the community. Both the BFO and PoR programs were developed in partnership with the National Offender Management Services (NOMS) from original versions of the programs which have been delivered in community-based treatment settings over the past few years.

The BFO program has been made available to prisoners via Virtual Campus (VC), a secure, web-based learning environment available across all English and Welsh prisons, where online education and training programs are provided to prisoners. Delivering BFO on VC means that prisoners can continue to access their treatment and recovery support when transferred to any prison with VC in England and Wales, along with the ability to continue their care upon release to the community. Additionally, by being made available on VC, BFO has become the first accredited healthcare and offending interventions program to be delivered to prisoners via online, digital technology.

Since the Gateways project started, both the BFO and PoR programs have since achieved full accreditation from the Ministry of Justice Correctional Services Accreditation and Advice Panel, who accredit 'gold-standard', effective offender management interventions. To further strengthen the impact of the programs on desistance, Breaking Free Group has also worked with the Oxford and Cambridge Universities and Royal Society of the Arts awarding body, to have the BFO and PoR programs accredited and regulated. This means that offenders completing the programs can also achieve a qualification in Life and Living Skills (Entry Level) as a means to acknowledge and reward



SARAH ELISON

their efforts in engaging and completing the program. Evaluation work, incorporating both quantitative and qualitative research methods, has been conducted to evidence the BFO and PoR programs, with this research structured via the UK Medical Research Council framework for the development of complex interventions. This research has revealed both the barriers to, and facilitators of, the implementation of both BFO and PoR within criminal justice settings. In addition, initial clinical outcomes would appear to be promising, with significant improvements to mental health, quality of life, severity of substance dependence, and other aspects of psychosocial functioning having been identified. Future work is currently underway, both in relation to continued research and evaluation work, and also the further implementation of BFO and PoR across both the England and Wales prison estate, and the new Community Rehabilitation Companies (CRCs) providing offender management probation services. More information about Breaking Free Group's published criminal justice research can be found via the links below:

<http://www.tandfonline.com/doi/abs/10.3109/09687637.2015.1090397>

<http://journals.sagepub.com/doi/abs/10.1177/0022042616630013>

<https://www.criminallawandjustice.co.uk/comment/Making-Transforming-Rehabilitation-Reality>

<http://www.emeraldinsight.com/doi/full/10.1108/JCRPP-09-2016-0021>

To request full-text copies of the research above, or for any further information, please contact Dr. Sarah Elison,

Research Director at Breaking Free Group, email: selison@breakingfreegroup.com



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10TH EUROPEAN CONGRESS ON VIOLENCE IN CLINICAL PSYCHIATRY

On behalf of the scientific committee, we invite psychiatrists, practitioners, psychiatric mental health nurses, psychologists, health scientists, educators, trainers, researchers, managers, and policymakers engaged in the prevention, management, research into violence and aggression in mental health and intellectual disability settings to submit an abstract and/or attend the 10th European Congress on Violence in Clinical Psychiatry to be held in Dublin, Ireland, 26-28 October 2017. Since the first European Congress on Violence in Clinical Psychiatry, the meeting has expanded rapidly in terms of the number of scientific contributions and participants; the previous Congress in Copenhagen in 2015 was attended by more than 600 participants from 36 countries.

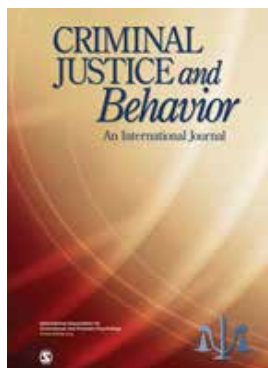
The 10th European Congress on Violence in Clinical Psychiatry is co-organized by the European Violence in Psychiatry Research Group (EViPRG) and the European Network for Training in the Management of Aggression (ENTMA08), and is a World Psychiatric Association (WPA) co-sponsored meeting. The 10th European Congress on Violence will focus strongly on clinically relevant and practically useful interdisciplinary scientific and practical knowledge with regard to interventions aimed at treating and reducing violence and aggression. The overall Congress theme: "Creating Collaborative



Care: A Multi-Partnership Approach" reflects our commitment to partnership working between clinicians, researchers, educators, service users, and carers.

Approval of accreditation will be requested from the World Psychiatric Association (WPA) for the award of Continuing Medical Education (CME) Credits, and from the International Council of Nurses (ICN) for the award of International Continuing Nursing Education Credits (ICNECs). We cordially welcome you to Dublin, Ireland, October 2017. For more information, go to: oudconsultancy.nl/dublin_10_ECVCP_2017

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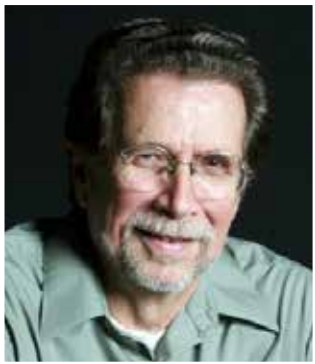


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VIGNETTES OF GLIMPSES INSIDE

Ronald R. Mellen, Ph.D., Professor, Department of Criminal Justice, Jacksonville State University, Jacksonville, Alabama, and an IACFP Member
rmellen@jsu.edu



RON MELLEN

After retiring from Saint Mary's University in San Antonio, Texas, and before returning to teach at Jacksonville State University in Jacksonville, Alabama, I worked in the Arkansas Department of Corrections for 6 years. The first 3 years in Arkansas corrections was as Clinical Director of the Special Program Unit (a mental health unit) and the last 3, I was staff psychologist for the max and supermax units. Every so often, an offender event would strike me as important and I wrote them down. The events were not earth-shaking, but collectively, they provided insights into the vast array of hidden and emotional experiences that I encountered as a psychologist. Another vignette titled: *Eddie In Love* follows below.

EDDIE IN LOVE

At the young age of 19 years, Eddie and his friend were confronted with an existential question: What does it feel like to kill someone? To answer that query, they decided to kill a couple of gray-hairs who had previously hired them for odd jobs around their house. The boys' freedom did not last long after the bloody deed that answered their existential query.

Now, at age 29 years, Eddy was experiencing a second existential question related to the crushing reality of life without parole. He began seeing one of the facility's counselors after an attempted suicide. One of his drawings was that of a boy at a crossroads. He shared how it felt to know there would never be a life with wife, kids, career, and extended family. As part of his treatment plan, he and the counselor addressed the importance of finding meaning in his present circumstance. Topics included religion, philosophy, helping others, etc.

One day he arrived for his appointment full of excitement. He began the session by stating he had found love and had been given life and hope again. The counselor thought he was revealing affections for another inmate.

She quickly found out that his love had converged on her. She addressed with him the issue of transference but was very suspicious given his long history of manipulation. To no one's surprise, he resisted such efforts and maintained his love for her. His advances became more intimidating and he was transferred to a different unit and different female counselor.

This scenario played out the same way and ultimately, he was not allowed to see female counselors. At that point, he shifted his strategy to taking any mental health or educational course offered by the DOC. These included anger management, parenting, general education courses, etc. Seems Eddie, who was an intellectually bright young man, was adapting to an inmate's adage "Either you do the time or the time does you"—his most recent practical solution to an intractable existential problem.



If you would like to submit a brief article like Dr. Mellen's, the vignette model used by him would be an excellent way to share similar experiences with others in the newsletter.

YOUNG OFFENDERS' LIFESTYLE AND DELINQUENCY

Catherine Pineau-Villeneuve, M.Sc, Ph. D. Candidate, School of Criminology, University of Montreal

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Young offenders' lifestyle is considered to be an important risk factor for delinquency. As pointed out by Cusson (2005), the study of offenders' lifestyle could be an interesting avenue to understand the underlying mechanisms by which a person meets criminal opportunities. In the past 20 years, studies have targeted unstructured activities in the presence of peers and in the absence of an authority figure as the most criminogenic routine activity (Osgood et al., 1996). However, these activities characterize the life habits of many teens as well as young offenders. Only a few authors have already shown interest in a more general analysis of youth's lifestyle but none of them on young offenders' lifestyle. This article aims to (a) identify the different types of lifestyles among young offenders, (b) link this typology with offenders' individual characteristics, and (c) with delinquency.

To do so, 100 young offenders (85 boys) from the Montreal Youth Center in the province of Quebec (Canada) were interviewed. They are 17 years old on average and mostly born in Canada (74.3%). All participants completed five questionnaires. The Lifestyle questionnaire (Parent & Pineau-Villeneuve, 2014) measured 10 structured and unstructured activities. For each, we calculated the proportion of hours spent engaging in this activity per week. Individual characteristics include psychopathic traits (*Self-Reported-Psychopathy*; Paulhus et al., 2012), impulsivity (*BIS/BAS*; Craver & White, 1994) and criminal attitudes (*Measures of Criminal Attitudes and Associates*; Mills et al., 2002). Finally, information on the frequency of 30 violent and non-violent crimes in the past year were also gathered (*Self-Reported Offending*; Huizinga et al., 1991).

The hierarchical cluster analysis provides a solution with four different lifestyles. Participants in group #1 (n=34), named the students group, are the youngest, spend nearly half of their time at school, don't work frequently, and spend most of their time at home. On average, 20% of their entourage is delinquent and they also present the lowest drug and alcohol use. Participants in group #2 (n=10), named the workers group, are the oldest, don't go to school, work several hours a week, and have very little leisure time outside of their home. On average, 25% of their entourage is delinquent and they are also low to



CATHERINE PINEAU-VILLENEUVE



GENEVIEVE PARENT

medium drug and alcohol users.

Participants in group #3 (n=40), named the hang out group, are 17 years old on average and they don't go to school or work very often. They like to hang out. That's what they do! On average, nearly 40% of their entourage is delinquent and they are medium to high drug users. Finally, participants in group #4 (n=16), named the partyers group, are 17 years old on average as well. They do a little bit of everything, but mostly they spend time hanging out at friends' houses. On average, nearly 90% of their entourage is delinquent and they are very high alcohol and drug users.

In regards to psychopathic traits, young offenders in the partyers group get statistically higher scores on the scales of interpersonal manipulation and criminal tendencies than the three other groups. They also differ in terms of the callous affect scale by getting a higher score than the workers and the hang out groups. In terms of the erratic lifestyle scale, the students group get a lower score than the hang out and the partyers groups.

There are fewer differences regarding the impulsivity subscales. First, the partyers group have a higher score than the students and the hang out groups on the drive subscale indicating that they have a greater propensity to act impulsively when an opportunity to achieve their objectives arises. Second, young offenders in the partyers group get a lower score than the other three groups on the behavioral inhibition system scale indicating that they are less likely to experience emotions that inhibit behavior.

(Continued on page 21)

OFFENDERS' LIFESTYLE *(Continued from page 20)*

The same trend can be observed with criminal attitudes. Young offenders in the students group get a statistically lower score than the hang out and the partyers groups on the attitudes towards violence, sentiments of entitlement, and attitudes towards associates scales. Youth in the partyers group have a statistically higher score than the students and workers group on the antisocial intentions scale.

About their delinquency, young offenders in the partyers and the hang out groups committed statistically more violent and non-violent crimes than the students and the workers groups. However, the partyers and the hang out youth do not differ from each other as it is for the students and the workers groups.

Although their lifestyles set them apart in the cluster analysis, two bigger groups could be distinguished based on the differences concerning their individual characteristics and delinquency. The students and the workers groups seem to have a more prosocial lifestyle, have fewer

criminogenic characteristics, and reported fewer crimes. The hang out and the partyers groups present a more crystallized delinquency and antisocial lifestyle in which they are more likely to encounter criminal opportunities.

The study of lifestyle can provide an understanding of the more general living circumstances in which a person is. It is, therefore, important to pay more attention to young offenders' different lifestyles given their heterogeneity and the fact that different lifestyles are criminogenic. The young offenders' lifestyle (contextual risk) and individual characteristics (individual risk) work in interaction in the commission of a crime. Both are then relevant and meaningful intervention levers to reduce risk of reoffending.

References available from the first author.

IACFP PARTNERS WITH ICPA IN FURTHERING PROFESSIONALISM IN CORRECTIONS: A SUMMARY

*Frank J. Porporino, Ph.D., At-Large Board Member of IACFP
fporporino@rogers.com*

Doctor Frank Porporino prepared this excellent summary of how two like-minded associations can partner in the advance of offender intervention. The summary details work done at the ICPA's 18th AGM and Conference in Bucharest, Romania, October, 2016.

The IACFP is committed to working with partner organizations who share the same values and desire to contribute to professionalism in corrections. The International Corrections and Prisons Association (ICPA) is one such organization that IACFP has worked with closely in the last number of years. The IACFP publishes *Criminal Justice and Behavior (CJB)*, an internationally-recognized journal of criminal justice research. It is proud to be the oldest organization in service to mental health and behavioral-change professionals in criminal justice in the world. In promoting a more knowledge-based approach to practice in corrections, the IACFP has sponsored the annual Distinguished Scholar Lecture at the ICPA Annual Conference over the last number of years. In the 2016 Conference, Dr. Gerard Seijts, Professor of Organizational Behavior at the Ivey Business School Western University, delivered a captivating lecture on the issue of Leader Character and its implications for leadership in corrections. Doctor Seijts' PowerPoint presentation is available on the ICPA website: icpa.ca

Another initiative that has been quite successful is the sponsoring of a Pre-Conference Seminar for local correc-

tions professionals who may be unable to attend the full ICPA Conference. The IACFP Pre-Conference Seminar over the last 2 years has focused on the theme of "Contributions of Psychology to Correctional Practice: New Perspectives in Responsive Work with Offenders." This year, some 80 Romanian helping professionals participated in the 1-day Seminar and their feedback suggest that the Seminar was a resounding success.

The Pre-Conference Seminar featured Michael D. Clark, MSW, an At-Large Board member of IACFP, speaking on the topic of Strength-Based and Motivational Strategies in Working with Offenders. Michael has served as a probation officer, a family court magistrate, and clinical social worker. For the past 15 years, he has directed the Center for Strength-Based Strategies developing and applying the strengths approach to the fields of addictions and corrections. An acknowledged international expert in the field, Michael has just recently co-authored "Motivational Interviewing for Offender Rehabilitation and Reentry" published by Guilford Press.

The Seminar also featured Dr. Emily Salisbury, Editor of *CJB*, Board member of IACFP, and Associate Professor in the Department of Criminal Justice at the University of Nevada, Las Vegas. Doctor Salisbury's primary research interests include correctional assessment and treatment

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THE APPLICATION OF NETWORK ANALYSIS IN THE STUDY OF WHITE-COLLAR CRIME, TERRORISM, AND COUNTER-TERRORISM STRATEGIES

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My research examines the application of network analysis in the study of white-collar crime, terrorism, and counter-terrorism strategies. My research interests can be divided into three main areas. Analyzing the social networks of victims of white-collar crimes, applying network analysis to terrorism, counter-terrorism, and terrorist networks, and evaluating policy of counter-terrorism measures. Within the context of white-collar crime, I devote particular attention to the victims who invested in the Eron Mortgage fraud in British Columbia, Canada, comparing legitimate mortgage investment networks to that of the Eron Mortgage fraud network. My research in applying social network analysis to white-collar crime contributes to the diffusion of illegal innovations and victimology studies and contributes to the broader goal of understanding more about criminal networks and victim networks in the context of white-collar crime.



BECKY NASH

In the realm of terrorism research, my focus is the application of network analysis to aid in understanding the radicalization process of home-grown terrorism. To aid in understanding the radicalization process of terrorists and extremists, I modeled the social network of a home-grown terrorist, Omar Shafik Hammami, to map social ties and events through time which were influential in his radicalization process to becoming a home-grown terrorist and eventually to his committing violent acts of terrorism. Omar Hammami was a self-described “American Jihadi” who published his autobiography on the Internet in early 2012. Not long after, he was to disappear completely from the public eye. Drawing from a network perspective to illustrate Omar’s journey to Jihad, this study examined his autobiography and other sources to recreate the social structure around Omar at six points in time, in six different locations. The results show that Omar’s network significantly changed from one location to the next, depending on his ability to

branch out from the highly-connected clique he usually integrated upon his arrival. Various turning points in his network help understand his radicalization process. Friendship and family ties in his network gradually disappeared to favor Jihadi brothers and leaders, with almost complete social isolation in the last chapter of his journey, before his death in 2013.

Finally, my research in the realm of terrorism also includes much-needed policy evaluation of counter-terrorism strategies, specifically analyzing the Urban Areas Security Initiative (UASI) implemented by the U.S. Department of Homeland Security which increasingly provides billions of dollars to prevent terrorist attacks in high target areas within the United States. Specifically, I apply descriptive, forecast, and intervention time series analyses to define trends in terrorism from 1970 to 2010, to forecast terrorist events in 2011 and 2012, and to test the effectiveness of the UASI in preventing future terrorist attacks. Descriptive and forecast time series analyses findings reveal an overall downward trend in terrorist attacks in the seven urban areas examined in this study with the Los Angeles/Long Beach Urban area and New York City having the highest-risk of possible terrorist attacks in the future. Intervention analyses reveal that for all seven urban areas examined, the UASI program is statistically insignificant in influencing the number of terrorist incidents since its implementation in 2003.

My research in applying social network analysis to white-collar crime contributes to the diffusion of illegal innovations and victimology studies and contributes to the broader goal of understanding more about criminal networks and victim networks in the context of white-collar crime.

References available from the author.

BEST PRACTICE: PROTECTING STAFF WELLNESS IN A TREATMENT CENTRE FOR SEXUALLY-ABUSED CHILDREN

Jacqueline M. Linder, Ph.D., Clinical Director of the Be Brave Ranch and Program Director of the City University's Master of Counselling Program, Edmonton, Alberta, Canada

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JACQUELINE LINDER

Introduction

The unfettered laughter of children at play is arguably one of life's greatest gifts, perhaps because it connects us to a remembered innocence that, for many of us, is long past. As the Clinical Director of a residential treatment centre for sexually abused

children, one might think that hearing the laughter of children is a rare experience for me. Fortunately, at Be Brave Ranch that is not the case.

Child sexual abuse (CSA) is a common phenomenon in Canada with female children being especially vulnerable (Martin & Silverstone, 2013). The invasive nature of the trauma typically results in negative mental health outcomes for many years post incident (Maniglio, 2009; Kendall-Tackett, Williams, & Finkelhor, 1993). This may be due to the significant neurobiological changes that occur in the developing brain as a direct result of CSA (De Bellis, Spratt, & Hooper, 2011).

With the objective of treating early onset symptoms of CSA and preventing further negative outcomes, Little Warrior's Be Brave Ranch (BBR) accepted its first clients on September 4, 2014. The project was the brain child of Canadian entrepreneur, Glori Meldrum, who was herself a survivor of CSA. When I first met with Glori face-to-face in early March, 2011, she told me about her dream of building a healing centre for children who had been molested. When she asked if it could be done, I replied: "this will be very challenging, but if you're going to try and pull it off, here's what you have to do." On a handy paper napkin, I then sketched out the basic principles of a multimodal trauma treatment approach that became the foundation of BBR's current clinical program. The program is attachment-based and

takes place in a beautiful, 130-acre camp-like facility. The BBR exclusively treats child sexual abuse survivors ages 8-12, using trauma-focused cognitive behavioural therapy (TF-CBT) (Mannarino, Cohen, Deblinger, Runyon et al., 2012) Eye Movement Desensitization and Reprocessing (EMDR) (Solomon, Solomon, & Heide, 2009), animal-assisted therapy (Dietz, Davis, Pennings, 2012), art-therapy (Pifalo, 2006), and play-assisted therapy (Scott, Burlingame, Starling, Porter, & Lilly, 2003)

Staff Vulnerability

As a trauma specialist, I was aware of the challenges I would face overseeing an intensive, residential trauma treatment facility. I was also aware that the emotional health of my staff was a critical resource that I needed to safeguard. Pearlman and Mac Ian (1995) defined vicarious trauma (VT) as

"...I had an ethical obligation to ensure my staff were not unduly harmed in the course of their work; and...because BBR's clinical approach is attachment-based, the safety and well-being of the children in our care depended largely on the personal wellness of BBR's clinical team."

changes in the professional helper's ongoing view of themselves, other people, and the world due to empathetic engagement with the suffering of others. Figley (2002) defined compassion fatigue (CF) as a reduction in the helper's ability or desire to bear the suffering of others.

In my role as Clinical Director of Be Brave Ranch, I saw my responsibility towards my staff as two-fold: (a) because of my extensive knowledge of VT and CF, I had an ethical obligation to ensure my staff were not unduly harmed in the course of their work;

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BEST PRACTICE *(Continued from page 23)*

and (b) because BBR's clinical approach is attachment-based, the safety and wellbeing of the children in our care depended largely on the personal wellness of BBR's clinical team. This is because staff members with symptoms of VT or CF simply would not have the emotional capacity to effectively support dysregulated children triggered during the recovery process.

Enriched Space

My first step in safeguarding the wellness of my staff occurred prior to the purchase of BBR's current facility. In preliminary discussions with the Little Warriors Board, I emphasized the importance of having a "staff sanctuary" as part of the overall space design. To their credit, the board supported the idea of providing staff with an enriched space of their own in order to step back from the emotional intensity of the day-to-day work.

I personally decorated the sanctuary to look like a comfortable living room replete with plush rugs, fluffy throws, and large sofas etc. Low table lamps were used instead of bright overhead lights in order to create a soothing oasis of calm. I reminded my staff that just as vehicles on long journeys needed to refuel, so people in the helping profession also required ongoing resourcing. Only with a sustainable approach to emotional giving and receiving could staff ensure that they did not become mentally, physically, and emotionally drained at work. From my point of view, providing space and opportunities for my team to replenish inner reserves was a key strategy in decreasing the staff turnover and "brain drain" so commonly found on the frontlines of mental health.

Only with a sustainable approach to emotional giving and receiving could staff ensure that they did not become mentally, physically, and emotionally drained at work.

Respite Design

The second step I took to support staff wellness was to embed the concept of "respite" as a core principle of BBR's culture. This meant that members of the clinical team were actively encouraged to take breaks throughout the day. While client

care and the completion of clinical and operational tasks were critical, staff were continuously reminded that their self-care was an organizational priority.

Shortly after opening our doors, I also sought Board approval to redesign the program calendar so that staff would have one full week of respite from clinical work every fifth week of the year. During that time, there would be no children on site. While this reduced the number of clients BBR could accept annually, the respite design enabled the team to step away completely from the emotional intensity of complex trauma work, regroup, attend trainings, do team building exercises, and focus on operational tasks. In order to make this respite time financially feasible, clinical staff assumed responsibility for basic maintenance of the facility including cleaning, laundry, grounds-keeping, and so on. Ultimately, this solution ended up saving BBR several thousand dollars in maintenance fees annually, while also ensuring emotional recovery time for clinical staff.

Mandatory CF Program

In mid-August, 2015, I sent a letter to my clinical staff advising them of the creation of a mandatory Compassion Fatigue Program (CFP) at BBR. Having carefully observed staff dynamics at the ranch for almost a year, it became clear that a safe container for people to debrief about personal challenges was needed.

In the age of social media, where so much is shared in an open forum, the risk of negative emotional contagion across the clinical team was high. For example, rather than debriefing with one or two trusted others about challenges a staff member might have had on a particular shift, there were times when the entire team was affected by a single person's experience. In an intensive trauma program filled with vulnerable children, we simply could not afford such distractions.

I established four CFP "pods" led by BBR therapists and randomly assigned each staff member to a pod. I then asked my staff to let me know if they felt a particular pod-lead was not a good fit for them so they could be reassigned to someone with whom they had better rapport. Full-time staff were required to check in with their pod-leads on a weekly basis, while part-time staff were required to check in every other week. The team was

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BEST PRACTICE *(Continued from page 24)*

then informed that all debriefing about personal challenges was strictly confidential and limited to their pod-leads and pod-mates. Separating people into different pods ensured that individuals could seek support and process challenges in a

Separating people into different pods ensured that individuals could seek support and process challenges in a contained, appropriate way.

contained, appropriate way. Staff who did not follow through on the protocol were approached by their pod-leads and required to meet with me personally if their avoidant behavior continued. The introduction of the CFP provided each member of my clinical team with a two-fold support system. Operational performance was overseen by direct supervisors, while pod-leads exclusively monitored and supported team members' general wellbeing.

Conclusion

Since BBR first opened its doors 2.5 years ago, the clinical program has undergone many changes. In February, 2017, our program was fully accredited for 3 years by the Canadian Accreditation Council (CAC). When I asked the review committee for feedback on our approach to staff wellness, they indicated that we were an exemplary case of organizational best practice in relation to employee care. The committee chair described our clinical staff as some of the healthiest frontline workers she had seen anywhere, noting that they still had some "skip in their hop" despite the challenging nature of their jobs.

On the frontlines of mental health, I frequently meet dedicated professionals who are in significant emotional distress due to the nature of their work. As an organizational leader, I wanted to ensure that BBR truly "walked the talk" of healing. By entrenching staff wellness as an organizational priority and thinking outside the financial box, we have successfully met our mandate as a centre of excellence with the highest ethic of care for all.

References available from the author.

PARTNERS *(Continued from page 21)*

intervention strategies, with a particular focus on female offenders and gender-responsive policy. She delivered an engaging presentation on Gender Responsive Strategies in Working with Offenders.

Finally, Dr. Frank Porporino, also an IACFP Board member, closed the Pre-Conference by leading a panel discussion on the challenges of implementation of evidence-informed practice. Included in the panel were Ioana Mihaela Morar, Coordinator of the Social Reintegration Department within the National Administration of Penitentiaries in Romania, and Dorin Gabriel Muresan, an ICPA Board member, and currently, Security and Regime Expert at DEJ Prison Hospital in Romania.

The Seminar was an excellent opportunity for psychologists, and other program and treatment professionals in Romania, to meet directly with fellow correctional professionals from North America and to learn about and discuss what we know about effective strategies for dealing with offenders.

The following summarizes some of the feedback that the Seminar received—in the voices of Romanian professionals who attended. The Seminar seemed to offer some hope and inspiration to practitioners and clearly highlighted the need for respect of the evidence.

"I was glad to participate in today's presentations, to see the view of international specialists in this moment, in present. I saw (and I liked a lot) putting in practice the motivational interview (in Michael Clark's presentation) and I was very impressed by the accuracy of dates and serious studies in Dr. Emily Salisbury's presentation. I found interesting to see once again that the evidence-based practice is so valued, so important. But also wonderful was the panel of discussions from the end of the day, when we, the Romanian specialists, had the opportunity to expose the issues of our work and to validate, somehow, our experiences in this system. Thank you for that day!"

"After this session, I felt inspired, motivated, and encouraged in my work. I know better. The behavior change, the motivational interview, and the evidence-based practice from my work—I will try to put this gained knowledge into my work."

"Thank all of you for three distinct reasons which I will keep close to my professional 'heart.' First, I remembered the importance of the link between practice and research. Second, the motivational approach in the specific interventions—the focus on the person's resources. Third, the confirmation of the idea that gender responsive is the most effective approach. Thank you for this!"

Other comments about the Seminar, not published here, were equally complimentary. Congratulations to Drs. Clark, Salisbury, and Porporino.

International Fine Art Competition 2016/2017

People in Correctional Institutions – women, men, adolescents
(drawings, paintings, graphics, max 60cm x 80cm), Theme:

Between Here and There

Entry Deadline
June 30th 2017

Entry Rules:
artandprison.org

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picture: Kurt, Österreich „freie Aussicht“, oil on canvas



all entries should be send to:

Art and Prison e.V.
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10997 Berlin, Germany

contact@artandprison.org
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Prizes:

First Prize € 1,000
Second Prize € 500
Third Prize € 300
Prizes 4.-10. € 100

Patronage:

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PRISONS FIGHT OPIOIDS WITH \$1,000 INJECTION: DOES IT WORK?

United States prisons are experimenting with a high-priced monthly injection that could help addicted inmates stay off opioids after they are released, but skeptics question its effectiveness and say the manufacturer has aggressively marketed an unproven drug to corrections officials. A single shot of Vivitrol, given in the buttocks, lasts for 4 weeks and eliminates the need for the daily doses common with alternatives such as methadone. But each shot costs as much as \$1,000, and because the drug has a limited track record, experts do not agree on how well it works.

Proponents say Vivitrol could save money compared with the cost of locking up a drug offender—about \$25,000 a year for each inmate at the Sheridan Correctional Center, 70 miles southwest of Chicago. Doctor Joshua Lee, of New York University's medical school, said more evidence is needed to determine whether the medication can help substantial numbers of people and whether it's worth paying for, but the early results are encouraging. "It sounds good, and for some of us, it feels like the right thing to do," said Lee, a leading researcher on the treatment. Vivitrol is emerging as the nation searches for ways to ease an opioid epidemic that affects more than 2 million Americans and an estimated 15% of the U.S. prison population. Many experts view prisons—where addiction's human toll can be seen most clearly—as a natural place to discover what works.

Christopher Wolf had already served prison time for nonviolent crimes when he was ordered into treatment for a heroin addiction by a judge who suggested Vivitrol. Three months later, the 36-year-old from Centerville, Ohio, is clean and working full time as a cook. He now suggests the medication to other addicts. "I don't have cravings," Wolf said. "I see how much better life is. It gets better really fast."

Vivitrol targets receptors in the brain's reward system, blocking the high and extinguishing urges. In some programs, prisoners get an injection before release, then follow-up shots from any clinic.

For decades, researchers have recognized addiction as a relapsing brain disease with medication an important part of therapy. But most jails and prisons reject methadone and buprenorphine, the other government-approved medications for opioid addiction, because they are habit-forming and can be abused.

Prison systems in Illinois, Vermont, Wyoming, and Wisconsin are trying the drug on a small scale. Michigan is offering Vivitrol to parolees who commit small crimes, if addiction is the reason for their new offense. The Federal Bureau of Prisons ran a field trial in Texas and plans to expand the program to the Northeast in 2017. The drug's manufacturer hopes prisons will be the gateway to a larger market. Also known as extended-release naltrexone, the medication won U.S. Food and Drug Administration (FDA) approval for alcohol dependence in

2006 and in 2010 to prevent relapse in post-detox opioid users.

The evidence for giving Vivitrol to inmates is thin but promising. In the biggest study, sponsored by the National Institute on Drug Abuse, about 300 offenders—most of them heroin users on probation or parole—were randomly assigned to receive either Vivitrol or brief counseling and referral to a treatment program.

After 6 months, the Vivitrol group had a lower rate of relapse, 43% compared with 64%. A year after treatment stopped, there had been no overdoses in the Vivitrol group and seven overdoses, including three deaths, in the other group. The results, published in March 2016 in the *New England Journal of Medicine*, have been promoted by the drugmaker, Ireland-based Alkermes, as it markets Vivitrol to U.S. correctional systems.

Yet, addiction is stubborn. When the injections stopped, many in the study relapsed. A year later, relapse rates looked the same in the two groups.

T.J. Voller was a Vivitrol success story—until he wasn't. After Vivitrol was approved by the FDA, Voller talked about getting the shot with The Associated Press and Dr. Sanjay Gupta in a CNN segment. The 30-year-old was back at work and seemed proud of his recovery. But, after 10 months on Vivitrol, he died of a heroin overdose. "He was alone for the weekend and picked up that needle one last time," said his mother, Kathi Voller of Raynham, Massachusetts.

Advocates argue that inmates have a constitutional right to all FDA-approved addiction medications throughout their incarceration. "Treatment should be offered from the moment they are brought into the system," said Sally Friedman, legal director of the New York-based Legal Action Center, which is looking for a test case to bring to court.

Physicians have learned to be cautious about pharmaceutical company marketing, said Andrew Kolodny, senior scientist at the Heller School for Social Policy and Management at Brandeis University. Not so for criminal justice officials, who may be too trusting, Kolodny said. "When the drug company sends someone in to give them a talk and buy them pizza, they think they're getting a scientific lecture," he said.

Alkermes spokeswoman Jennifer Snyder said the company's sales team helps educate corrections staff and community care providers only after they have shown interest in Vivitrol. There's widespread agreement that counseling, support groups, and treatment for underlying problems such as depression are crucial for Vivitrol patients, said Dr. Joseph Garbely of Pennsylvania-based Caron Treatment Centers, which supports medication-assisted treatment and prefers Vivitrol.

Excerpted from an article (by Carla K. Johnson, AP Medical Writer) in the November 15, 2016 issue of the *Ledger-Enquirer*, Columbus, Georgia, page 7A.

A DAY IN THE LIFE OF A CHILD IS LIKE A MONTH TO US

Judge Warner Kennon presides over the Juvenile Courts of the Chattahoochee Judicial Circuit, Georgia. He oversees juvenile courts in six counties and has become a local advocate for youths on the margins of society. Kennon sat down with reporter Alva James-Johnson and talked about his background and work on the bench. Here are excerpts from the interview, with the content and order of the questions edited slightly for length and clarity.

Q: I like to start by asking people a little bit about their background. So what was life like for you growing up?

A: I was born in Emory University and lived near there. We lived on what then was a dirt road. It was later paved. My father raised quail because he liked to hunt. He raised them and let them go; started me out at a young age going out in the woods and going out in the country and hiking and camping out. We did a lot of that. I was the oldest of four—three boys and a baby girl.

About the time I turned 13, my father passed away, after fighting cancer for 3 years. It was particularly hard on my mother. We were 13, 11, 9 and 7. We did fine and carried on. We had my grandparents not too far away and, of course, they were helpful. That caused me to really be sympathetic to children who lose their father or don't have a father in their life.

Q: How did you get to Columbus?

A: I grew up and got married and wanted to get out of Atlanta and go to a smaller town. I just felt like it was something closer to where I could get out in the woods. Also, I like the feel of a smaller town. Moved to Columbus and I love Columbus. It's not real small—certainly, not any more.

Q: When did you decide that you wanted to be a lawyer?

A: My grandfather Kennon was a lawyer. My father started law school, but one thing led to another and they started a family business. So, he never graduated from law school. I went to law school following in my grandfather's footsteps. Now, my oldest daughter is a lawyer, and she's licensed to practice in two states, and our middle child, a son, is a lawyer, as well. My wife's father was a lawyer and her grandfather was a lawyer.

We have plenty of legal help in the family. We said we do need a doctor somewhere. We've tried to recruit one, but thus far we haven't been able to do that. Law is near and dear to our hearts.

Q: What type of law did you practice when you were

in private practice?

A: It was very general, really. I graduated from law school in 1979. Columbus, as I say, was pretty small. You could really and truly be a general practitioner. I did a little of everything. If you were in practice by yourself, your clients tended to dictate your specialty. Over time, I evolved, if you will, into business and guardianships. I did a lot of that—anything in Probate Court because I had worked for the Probate Court as law clerk for Judge Propst, who went to Harvard and had written, at the time, the book on probate law in Georgia, which was about guardianships and administration of estates and things like that.

They appointed me County Guardian, and so I helped children who didn't have anyone to handle their money, or elderly, or mentally ill folks. My father-in-law, we worked together. He did most of the administration work and I did county guardianship work. His father had also been County Administrator going back to about 1932. When I retired in 2011 from law practice, that was almost a 100-year run of County Administrators in the family between my father-in-law and his father.

I enjoyed that. I helped a lot of elderly folks, and mentally ill folks, and veterans, minors, with their estates. After my father-in-law retired and, sadly, later passed away, I took over as County Administrator, too. They've now divided that up and have several County Administrators. They call it Guardians (and) Conservators now—Guardian of the person or Conservator of the property.

Q: You worked many years for Judge Aaron Cohn. How did that come about?

A: Judge Cohn invited me to come over and help him. I started doing that on an infrequent basis and then later on more and more frequently. That started, maybe, in the mid- to late-1980s. I helped as a part-time Public Defender but, really, later on I became the Guardian in Atlanta for the juvenile courts. I would represent the interest of the children whenever they needed a Guardian in Atlanta for the children in juvenile court. I did that for a number of years.

Then after a while, I think it was 1994, I was appointed at what I think was then called an Associate Judge and then later became a judge once we went from a county court or a city court. Really, it was Muscogee County, but the city of Columbus, which you know is consolidated. Later on, we got six counties and became a circuit court.

Q: What was it like working for a community icon like Judge Cohn?

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A DAY IN THE LIFE OF A CHILD *(Continued from page 28)*

A: It was great. There were a lot of stories. I just went to mandatory justice training in Athens. Just got back last night. Some of the old timers, we were talking about Judge Cohn and how he was full of spirit. He was, of course, very wise. I think he was, in a lot of ways, a father figure to me, because I lost my own father so young. My father-in-law, Billy Young, was as well. I was blessed to always have good mentors, including my grandfather.

Judge Cohn wanted me to follow in his footsteps. He was president of the National Council of Juvenile and Family Court Judges. I'm on the Board and was recently elected Treasurer. I learned a lot going to the trainings with him, observing him in court, and he was always there when I needed advice.

Q: How did the things that he taught you impact how you operate on the bench?

A: Well, gosh, that's hard to say. I was with him for so long. It's a little hard to separate the wheat from the chaff, I guess. Judge Cohn, he taught me to always keep a sense of humor, for one thing. That way you don't ever become too embroiled in the circumstances such that you lose your perspective. He liked to tell a good joke. He liked to laugh, not in an improper way, but just to keep your spirits up. I think that really is important.

I came in one day, and I think I was just recently appointed. He was sitting here, and I was a little ashen. I'd had a child abuse case. It was a particularly heinous situation. Never really forgot it. It was awful and sexual abuse. He said, "What's wrong?" I said, "It was just one of the worst things I'd ever heard." He said, "Let me just tell you, if you're going to do this, you've got to figure out a way to handle this so that it doesn't drive you crazy, and so that you don't take it home." That's some of the best advice I've ever gotten.

I'll tell you, I pray every time when I come in the morning and when I leave at night. Other times as well because it's such a responsibility. He and I talked about this a lot, because we had a lot of conversations. You don't have a jury in juvenile court—you have a judge. They're all bench trials, as we say. It's so important, these children. We have (parental) termination approval rights cases, which are maybe, in some respects, the most difficult cases of all. It's just so serious, and one day in the life of a child, whether it's detention or whether it's in foster care, is like a month to us.

Q: Tell me about the juvenile drug court.

A: Judge Cohn and I did start the drug court in about 2000 because I saw that a lot of our cases had a drug component. If I could get a hold of the drug situation, maybe I could get a hold of the delinquency, also. We got a grant and started the drug court. Initially, nobody would volunteer. I got a DA

that would help me. I did it on a volunteer basis because back then I was getting paid for 2 days of working. I'd average 3 or 4 days, at least.

Q: What types of cases are you seeing in juvenile court these days?

A: He pulls out a docket. This docket happens to be today's. We had a simple battery, another simple battery, a disorderly conduct, obstruction/hindering of a police officer, another battery. We had a child molestation case that was a very serious child molestation case. Those are tough. They're all tough. Simple battery on a public school employee—I believe it was a principal that was stricken. Disrupting public school. Violation to probation. Burglary. Another burglary. Another violation of probation. Another burglary. Another violation of probation. Another burglary. A criminal trespass. We have a lot more car thefts. We have a lot more home burglaries. We have a lot more street gang activity cases.

The way it was explained to me by the District Attorney's Office is that the reason we're having so many gang cases now is because they have cracked down and their research has shown that there was a lot of gang activity going up I-95, going to Brunswick, Savannah, up through there. I guess that would involve drugs and whatever else, perhaps human trafficking and other things. They cracked down there. Heavily cracked down. So they moved over to I-75, and they said they started coming up 75—I guess that would be coming up through Valdosta to Macon and on up that way, if my memory serves me.

In any event, they cracked down over there going up 75, and now they've moved over to this area coming up through Columbus and 185 and 85 and going up that way. They suggested cracking down here and asked me if I would be willing to set aside certain days to try nothing but gang cases so they would have their expert available all day. Also, they generally have at least two District Attorneys involved in those gang cases and it was a better use of manpower if they could just do it all at the same time.

Q: Why do you think we have so many youths getting into trouble?

A: I think children that are not supervised and are neglected get into more trouble, and most delinquent cases occur between 3 and 6 in the afternoon before the parents get home and after the children get out of school. Last week, I had half the docket that were 11 and 12 years old. So they're getting younger and the cases are getting more serious and it greatly concerns me.

The District Attorney's Office has told me that a lot of these gangs are coming down, even from Atlanta, and recruit-

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A DAY IN THE LIFE OF A CHILD *(Continued from page 29)*

ing in Columbus—particularly children that have a mental handicap because they're more amenable, which is even sadder. When your foster care numbers shoot up from 150 to 200 traditionally to (about) 538—we're down from that some, thank the Lord—but that denotes that these children are in crisis. As somebody said the other day, "It's just not Mayberry anymore."

Q: What's being done to address the problem?

A: Judge Cohn said his head was spinning because I started so many new programs and we write grants as fast as we can possibly write because money is tight everywhere. We got the largest grant in the state for delinquency detention alternatives. We got \$750,000 from the Governor's Office for that—that was an initiative Governor Deal started. We've had that now for 2 or 3 years. The FFT is a program where the child gets individual and family counseling in the home. They continue to work with family until they feel like sufficient progress has been made. I usually give them a suspended sentence if they complete the program.

That's worked pretty well to keep kids, both I think in reducing for those kids recidivism, but also for keeping down our numbers in the detention homes. The number has been so high that the sheriff is having to drive to Cordele today. They're going wherever they can find a bed, Cordele to Marietta to Fulton County, wherever they can find an open detention bed because Columbus stays full, pretty much. Columbus really is intended to hold children while they're waiting to go to court. But a lot of the children are serving their sentence there because they don't have beds in other places. We're a catchment area. It's not just for Columbus. LaGrange and other cities feed into the Columbus catchment area. It's a real problem.

We're trying to get a mediation program going so that we can see if we can mediate some of these cases. We have started the drug courts, as we've talked about. We've served hundreds and hundreds of kids in the drug court, and when I started the drug court in 2000, the recidivism rate for those kids on drugs was probably about 75%. That means, of course, they recommit another offense. Now I've sustained over 16 years—we've kept all the stats and it's only 15%. So that's a blessing. Judge Cohn said it was the best program he'd ever seen in his 47 years on the bench.

Q: That's an accountability court, right?

A: Yes.

Q: Can you explain to me what are accountability courts? Because that's something that's becoming more prevalent across the country.

A: Well, I was the moderator for a panel on November 2,

2016, in Athens on accountability courts. In Columbus, the superior court has an adult drug court. It has a mental health court and also has a veterans court. Those are accountability courts. And we have a juvenile drug court here that, as I say, I started in 2000. Accountability courts have really, really come into vogue. They were the cutting edge when we got started a number of years ago. It's a very hands-on, intensive, court-supervised probation.

In our case, if a child comes in and is screened and comes into the juvenile drug court, it normally lasts about 12 to 18 months, on average. We've had one young man graduate in as few as 6 months. We develop a program for him or her, and if they comply, you can go up levels 1, 2, 3, 4 until you graduate. We have incentives and sanctions. I see them every 2 weeks at least. Before I go in there, we panel our team. We have somebody from the District Attorney's Office. We have the Public Defender. We have a psychologist. We have somebody from the school system. We have 2 or 3 people from the court, including Case Manager, Drug Court Director, and Court Director. We have somebody from law enforcement, usually the Sheriff's Department.

We have about 12 of us that sit around the table, and we go over each child before we go in the Courtroom. I have the progress reports from the school that the Case Manager gets and it's very intensive. When I go in there and ask them a question, I already know the answer. I say, "What are your grades?" "Well, I can't remember." I say, "I happen to know." Or if they tell me they're pretty good, I'll say, "Well, no, they're really not." Then I'll assign a tutor for them or whatever we need to hone in on the plan. If they need an incentive, sometimes in the past we've had movie tickets from Carmike or other things that we give them as incentives to encourage them. Of course, they move up through the different levels as well.

Q: How big is your jurisdiction?

A: Well, I'm presiding judge of the juvenile courts of the six counties. I have two part-time judges that are absolutely wonderful and I'd be remiss if I didn't say so. They've been a real blessing. It's Judge Andrew Dodgen, whose law office is almost across the street, and Judge Joey Loudermilk, who lives out of the counties. They are just a tremendous help. I'm presiding judge and over all the courts.

Q: Let's talk more about the foster care situation. I know that's something that you've been really passionate about. The last time we reported on it, there was a big shortage, only like 67 beds in the county. We have 500-and-something children that need a foster home. What is the current situation with the foster care?

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A DAY IN THE LIFE OF A CHILD *(Continued from page 30)*

A: We have a core group that has gotten together and we've now, thankfully, increased to about 15 local churches that are pretty actively involved. We've started or are in the process of forming a 501(c)(3). We have recruited up until this point, including my own church, about 15 churches. We have also gotten somebody lined up to help with the training.

Q: When you say a church taking a child, is it a family in the church? What does that mean exactly?

A: I have a couple in my church that has already volunteered to be a foster parent home. They have to go through training at the Division of Family and Children Services and then be certified, and then they would in turn be able to take a child. Some of the other things that my own church and some of the other churches are also looking at is respite care because foster parents need a break, too. When the parents want to go on a little second honeymoon or something like that, they'll have a family they can depend on where the child could stay for the weekend or whatever. Diapers,

formula, have a closet where we could fulfill other needs, clothes, whatever may come up. We're looking at a universal approach to this thing.

Q: How do you decide if a parent is not fit to care for a child? That must be a very hard decision.

A: Well, first of all, a determination case is a last resort. Reunification with the parents is always the priority. Secondly, reunification with a fit and willing relative. They've expanded the definition now to what we call "fictive kin," which is somebody that is so close to the family that they often call them uncle or aunt. There's a balance, really. As I said, a day in the life of a child is like a month to us, and they need permanency. You're right. They're all hard cases.

Excerpted from an article (by Alva James-Johnson) in the November 6, 2016, issue of the *Ledger-Enquirer*, Columbus, Georgia, pages 13A, 18A.

RUSSIA MOVES CLOSER TO DECRIMINALIZING DOMESTIC VIOLENCE

In Russia, giving one's spouse a slap is nothing extraordinary for many people. During the week of January 23, 2017, the Russian Parliament came a step closer toward decriminalizing it altogether.

Battery is a criminal offense in Russia, but nearly 20% of Russians openly say they think it is sometimes okay to hit a spouse or a child. In a bid to accommodate conservative voters, deputies in the lower house of Parliament have given initial approval to a bill eliminating criminal liability for domestic violence that stops short of serious bodily harm or rape.

If the measure passes its second reading in the Duma on January 25, 2017, when the draft can be changed, approval in the third and final reading would be a foregone conclusion. From the Duma, it would proceed to the upper house, largely a rubber-stamp body, and then to President Vladimir Putin's desk.

Data on domestic violence in Russia are obscure, but Interior Ministry statistics show that 40% of all violent crimes in Russia are committed in family surroundings. In 2013, more than 9,000 women were reported to have been killed in incidents of domestic violence.

The bill stems from a Supreme Court of Russia ruling last summer to decriminalize battery that doesn't inflict bodily harm, but to retain criminal charges for those

accused of battery against family members. Conservative activists objected, saying the ruling meant a parent spanking a child could be punished more harshly than a non-relative striking the child.

Ultra-conservative lawmaker Yelena Mizulina, who also authored Russia's "gay propaganda" ban, then introduced the bill to decriminalize domestic violence. It initially was shelved after a disapproving review from the government. Tables turned at the end of the year when a journalist from a conservative publication pressed Putin about it at his annual news conference.

"If the father spans his child for a good reason as a means of education, a traditional Russian one, he will be sentenced to 2 years in prison—and if a neighbor does this, he will get away with a fine!" the journalist told Putin. Putin replied that "it's better not to spank children and refer to some traditions," but then said, "We should not go overboard with it (punishment for battery). It's not good, it harms families." The bill would make battery on a family member punishable by a fine of less than 30,000 rubles (\$500) or a 15-day arrest.

The Moscow-based Anna Center foundation, which runs Russia's only domestic violence hotline, received more than 5,000 calls in 2016. The foundation says many

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RUSSIA MOVES CLOSER *(Continued from page 31)*

more calls go unanswered since the line operates only between 7 am and 9 pm.

The Duma bill "is not going to improve the situation to say the least," said Irina Matvienko, who runs the hotline. "Domestic violence is a system which makes it difficult for a woman to seek help," she said. "It's not a traditional value. It's a crime." Calls to the Anna Center hotline show that a lot of Russian women initially don't even realize that domestic violence is an offense, Matvienko says.

A survey in January 2017, by state-run pollster VTsIOM, showed that 19% of Russians say "it can be acceptable" to hit one's wife, husband, or child "in certain circumstances." The nationwide poll by phone of 1,800 people was held January 13-15, 2017. The survey had a margin of error of 2.5 percentage points.

Russian police are notoriously reluctant to react to domestic violence calls, which many regard as meddling in family affairs. Prosecutors in November 2016, began investigating a police officer who took a call from a woman complaining about her boyfriend's aggressive behavior. Instead of offering help, the officer reportedly told the woman that the police would only come if she got killed. Shortly thereafter, the man beat the woman to death, prosecutors say.

Activist Alyona Popova, whose online petition against the bill has attracted more than 180,000 signatures, sees the efforts to decriminalize domestic violence as a continuation of the Kremlin's increasingly aggressive policies after several repressive laws targeting various groups, from foreign-funded NGOs to gay people. "I think it's part of an overall ideology: aggression and violence are on the rise in society in general since war is everywhere

and we're surrounded by enemies," Popova said, referring to the state media narrative that portrays Russia as a besieged fortress.

Council of Europe Secretary-General Thorbjorn Jagland sent a letter earlier to the speakers of both houses of Russia's Parliament, expressing deep concern at the legislation. Duma speaker Vyacheslav Volodin dismissed the letter as an "unacceptable" attempt to influence Parliament.

Olga Batalina, one of the bill's co-authors, said in the Duma the week of January 16, 2017, that the penalty for battery should be lenient for acts of violence "committed in an emotional conflict, without malice, without grave consequences. Battery doesn't even involve grave bodily harm. We're only talking about bruises, scratches, which is bad, too, of course," Batalina said. The comment rattled some lawmakers. "Has anyone tried going around with a bruise for a week?" Deputy Oleg Nilov asked Batalina at the hearing. "Does anyone think it's OK?"

There haven't been any significant protests against the bill so far. Activist Popova is not surprised: discussing domestic violence still is taboo in Russia. "Society is judgmental," she said. "It goes like this: you're a bad woman if you allow this to happen to you, or you're airing dirty laundry and you're to blame, or it's he beats you, it means he loves you. And a lot of people don't want to go public about it."

Excerpted from an article (by Nataliya Vasilyeva, Associated Press) in the January 23, 2017, issue of the *Ledger-Enquirer*, Columbus, Georgia, page 11A.

HOW TO PREDICT GENTRIFICATION? LOOK FOR FALLING CRIME

Everyone has theories for why well-educated, higher-income professionals are moving back into parts of cities shunned by their parents' generation. Perhaps their living preferences have shifted. Or the demands of the labor market have, and young adults with less leisure time are loath to waste it commuting. Maybe the tendency to postpone marriage and children has made city living more alluring. Or the benefits of cities themselves have improved.

"There are all sorts of potential other amenities, whether it's cafes, restaurants, bars, nicer parks, better schools,"

said Ingrid Gould Ellen, a professor of urban policy and planning at New York University. "But a huge piece of it," she said, "I think is crime."

New research that she has conducted alongside Keren Mertens Horn, an economist at the University of Massachusetts in Boston, and Davin Reed, a doctoral student at N.Y.U., finds that when violent crime falls sharply, wealthier and educated people are more likely to move into lower-income and predominantly minority urban

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HOW TO PREDICT GENTRIFICATION? *(Continued from page 32)*

neighborhoods.

Their working paper suggests that just as rising crime can drive people out of cities, falling crime has a comparable effect, spurring gentrification. And it highlights how, even if many Americans—including, by his own words, President Elect Donald Trump—inaccurately believe urban violence is soaring, the opposite long-term trend has brought wide-ranging change to cities.

“We’re trying to help people understand what a dramatic difference the reduction in violent crime in particular has made in our environment,” Ms. Ellen said. “That has repercussions far beyond what we think of. The homicide rate has gone down—that’s directly the most important consequence. But there are all sorts of repercussions as well. This really has been a sea change.”

Nationally, violent crime peaked in 1991. It fell precipitously for the next decade, then more slowly through the 2000s (and there’s a whole other set of theories about why that has happened). While homicides have increased recently in some cities, rates remain far below what they were 25 years ago, including in Chicago. (Another end-of-year reality check, while we’re at it: Mr. Trump said during the 2016 campaign that homicides in his new home in Washington were rising by 50%, apparently citing the previous year’s crime statistics. At that time in July, though, the rate in the city was already falling compared with 2015, and by year’s end, it was down by 17%.)

The new research looked at confidential geocoded data from the 1990 and 2000 censuses, and more recent American Community Surveys, to identify the neighborhoods where more than four million households moved. Using citywide violent crime data from the F.B.I., the scholars tracked the changing probability of different demographic groups moving into central cities, as opposed to suburbs, as crime fell.

Higher-income and college-educated movers—and to a lesser degree, Whites—appeared significantly more sensitive to changing crime levels in their housing decisions than other groups. Lower-income and minority households, for instance, didn’t become more likely to move to cities as they grew safer.

That may reflect the fact, Ms. Ellen suggested, that lower-income families have more experience or confidence in their ability to navigate crime. Or it may suggest that attention to violence is a luxury in housing decisions that the poor and minorities may not have. A household

facing racial discrimination, high housing costs, or the need to be near supportive family members simply has fewer options—and less leeway to be choosy—than the higher-income, college-educated households that this research identifies. “When cities feel safer, that opens people’s eyes,” Ms. Ellen said of the willingness of new groups to consider these neighborhoods.

It’s entirely likely that the arrival of more affluent residents affected crime, too—either by increasing opportunities for property crime in the short term, or by adding eyes on the street and pressure on the police in the long run. Because this research looked at moves that occurred after crime was already falling, the authors believe the movers were reacting to changes in crime and not simply causing it themselves.

But the relationship between crime and gentrification in particular is complex. Wealthier residents may bring new tensions to neighborhoods, fearing—and reporting—criminal activity where none exists. And such demographic change in cities could play a role in pressuring the police to pursue tactics that feel unduly aggressive to the people who preceded the newcomers.

This study also doesn’t offer evidence that existing residents were displaced by the new arrivals. Many of the urban neighborhoods studied had lost population, so they had room to grow again without pushing existing residents out. But the possibility that these trends portend higher housing costs and more housing demand in the future in poorer, minority neighborhoods adds a cautionary note, Ms. Ellen said, to the declining crime trend.

CORRECTION: January 12, 2017

An Upshot article on January 6, 2017, about the connection between reduced crime and gentrification referred incorrectly to a statement Donald J. Trump made last July about homicides in Washington, D.C. Mister Trump was correct—not incorrect—when he said that homicides rose 50% there. (He was citing 2015 statistics—not 2016 statistics, which showed homicides fell 17%.)

Excerpted from an article (by Emily Badger, *New York Times*) in the January 8, 2017, issue of the *Ledger-Enquirer*, Columbus, Georgia, page 7A.



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