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Factors Associated with Recidivism among Corrections-Based Treatment Participants in Rural and Urban Areas

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ABSTRACT

The majority of corrections-based treatment outcome studies focus on individuals paroling to urban areas; thus there is a significant gap in the literature on outcomes, including recidivism, among individuals paroling to non-urban and rural communities. This study examines differences in factors associated with recidivism among former corrections-based treatment participants living in urban and rural communities following release. Analyses focused on secondary data collected from treatment participants in one southeastern state over a four year period between July 2006 and June 2010 including both baseline (treatment intake) and follow-up data (12-months post-release). Findings indicated that individuals in urban areas were 2.4 times more likely to recidivate than rural individuals. Other factors identified in separate rural and urban analyses also emerged as significant predictors in the overall model including age, gender, race, employment and drug use. Overall, these findings suggest that corrections-based treatment participants living in urban and rural areas following release may share similar risk factors for recidivism. However, rural areas may be protective for returning to custody despite the presence of some of these risks.

1. Introduction

1.1. Drug use and crime

The substance use prevalence rate among criminal justice populations is five times higher than the general population (SAMHSA, 2009), and the relationship between drug use and crime has been well established in the empirical literature (e.g., Leukefeld, Tims, & Farabee, 2002; Nurco, 1998). A large majority (more than 80%) of incarcerated individuals report lifetime drug use, and more than half (53%) meet diagnostic criteria for substance use disorder (Mumola & Karberg, 2006). These high rates of drug use have been consistently noted across individuals in different criminal justice venues including jail, prison, and community custody/supervision (Staton-Tindall, Havens, Oser, & Burnett, 2011). Substance users typically become involved in the criminal justice system due to (1) possession of an illicit substance, (2) sale or illegal distribution of a substance, or (3) engaging in other illegal activity (i.e., theft, robbery) to support on-going drug use (NIDA, 2006).

1.2. Drug treatment among offenders

The National Institute on Drug Abuse has estimated that for every dollar spent on drug and alcohol treatment, there is a $4 to $7 reduction in the cost of drug-related crimes (NIDA, 2012). Therefore, it is not surprising to see recent increases in corrections-based substance abuse treatment with a particular interest in reduction of future crimes and recidivism. While substance use education and awareness is the most prevalent form of drug-related services in correctional agencies (Taxman, Perdoni, & Harrison, 2007), the treatment modality that has been consistently associated with sustained outcomes over time is the therapeutic community (TC). TCs have become a widely used framework for substance abuse treatment in prisons because they typically operate on the key principle that drug use is part of a larger, more complex behavior disorder and that behavior change depends on adoption of prosocial behaviors (De Leon, Melnick, Thomas, Kressel, & Wexler, 2000). Thus, TCs share similar behavior change philosophies as correctional institutions, making them an appropriate treatment modality for delivery within prisons and jails.

1.3. Targeted treatment outcomes

The literature examining outcomes of corrections-based TC treatment has consistently shown positive results for reduction of drug-use

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following release. One meta-analysis indicated that TCs were particularly beneficial in reducing drug use over time, along with related behaviors, when implemented in a criminal justice setting such as a prison (Fiestas & Ponce, 2012). In a longitudinal study, Inciardi, Martin, and Butzin (2004) found that TC participation was a robust predictor of sustained abstinence in the community at 42 and 60 months post-release from prison. Other outcome studies have indicated that TCs are effective not only at reducing drug use over time, but also result in improved post-release mental health outcomes among individuals with co-occurring disorders (Sacks, McKendrick, & Hamilton, 2012).

While reduction in drug use is an important primary outcome for substance abuse treatment, overall reduction in recidivism following TC treatment is also of particular interest to criminal justice administrators. One study found that TC program graduates were significantly less likely than program non-completers to be reincarcerated six months post-release (Knight, Simpson, Chatham, & Camacho, 1997). TC programs that target specific needs among offenders, such as co-occurring substance use and mental health, have also shown positive outcomes for reducing recidivism (Sacks, Chaple, Sacks, McKendrick, & Cleland, 2012). In addition, even among TC graduates who may return to custody, they are likely to spend more time on the street than non-treatment participants (Prendergast, Hall, Wexler, Melnick, & Cao, 2004). TC outcomes related to recidivism have historically been shown to be strengthened by participation in aftercare programming in the community (Butzin, Martin, & Inciardi, 2002; Knight, Simpson, & Hiller, 1999; Wexler, Melnick, Lowe, & Peters, 1999).

The Pew Center on the States (2011) reported that national recidivism rates remained steady at approximately 40% between 1994 and 2007, but depending on the study sample, estimates have shown that between 40% and 70% of individuals released from prison will return to custody within three years (Durose, Cooper, & Snyder, 2014; Pew Center on the States, 2011). Research efforts focused on understanding factors associated with recidivism have largely focused on all released offenders and typically use assessments and measures of risk factors associated with returning to custody (e.g., Andrews & Bonta, 1995; Bonta, 1996). Among the strongest and most consistent predictors of recidivism for offenders, in general, include being non-white, male, younger, unemployed, and having a more extensive criminal background (e.g., Durose et al., 2014; Jhi & Joo, 2009; Yang et al., 2015). In addition, having family members involved in the criminal justice system or having less stable family relationships have been associated with recidivism (Gendreau, Little, & Goggin, 1996).

While factors associated with recidivism have been well-established in the literature for criminal justice populations in general, less emphasis has been placed on behavioral health factors related to recidivism among individuals participating in corrections-based TC treatment programs. Behavioral health factors such as substance use and mental health are viewed as behaviors that can be modified through treatment approaches (Gendreau et al., 1996); therefore, these factors may also be viewed as important indicators of success following corrections based treatment. Substance use and mental health, which could be perceived as dynamic risks, have received less attention in the recidivism literature because 1) they are often considered individual differences and may receive less attention among criminal justice professionals; 2) they change over time and change can be difficult to measure; and 3) they may not be viewed as priorities over criminal risk or public safety (Gendreau et al., 1996). Despite this gap in the recidivism literature, problems associated with substance use and mental health affect a significant percentage of incarcerated individuals. Recidivism has been shown to be higher among substance users (Gendreau et al., 1996), among offenders with mental health problems (Baillargeon, Binswanger, Penn, Williams, & Murray, 2009), and even higher among offenders with a co-occurring substance use and mental health disorders (Swartz & Lurigio, 2007).

1.4. Treatment outcomes among rural offenders

In addition to the limited research focus on behavioral health predictors of recidivism, there is also limited research on differences in these factors among offenders paroling to urban and rural areas. One study found that corrections-based treatment participants paroling to urban and rural areas of one state reported very similar patterns of relapse (Staton-Tindall et al., 2011). This same study reported that participants paroling to urban areas were significantly more likely to use community treatment aftercare following prison release than individuals paroling to rural areas. These differences in treatment outcomes, particularly behavioral health treatment, have been noted in other studies with significant disparities in urban and rural communities (Borders & Booth, 2007; Staton-Tindall, Duvall, Leukefeld, & Oser, 2007). It is possible that the dearth of existing health and behavioral health services in rural communities are associated with limited utilization and related outcomes. However, research is limited in understanding how behavioral health indicators, treatment utilization, and other factors affect recidivism among corrections-based treatment participants released to urban and rural areas.

1.5. Focus of the current study

With the majority of the recidivism literature focused on criminal justice populations in general and those paroling specifically to urban areas, there is a significant gap in the literature on differences associated with behavioral health treatment outcomes and recidivism among individuals paroling to non-urban and rural communities. Staton-Tindall et al. (2011) found that a slightly higher percentage of individuals paroling to urban areas were reincarcerated one-year post release compared to those paroling to non-metro communities. However, the analysis did not focus on predictors of recidivism and did not examine factors associated with recidivism specifically by geographic area. Considering the importance of relapse prevention and recidivism reduction as treatment outcomes, a better understanding of these factors is critical for re-entry planning following substance abuse treatment for offenders. The current study is guided by the following objectives: 1) describe rural and urban participants in correction-based substance abuse treatment; 2) examine differences in factors associated with recidivism among corrections-based treatment participants released to urban and rural areas; and 3) examine the unique contribution of geographic location as a predictor of recidivism among corrections-based treatment participants.

2. Material and methods

2.1. Participants

This analysis focuses on secondary data collected from participants in one state-based corrections substance abuse treatment in over a four year period. Data were collected from participants enrolled in substance abuse treatment during the final six to nine months of their sentence in seven prisons, nineteen jails, and one community custody program between July 2006 and June 2010. Baseline data were collected by treatment providers as part of their initial corrections-based treatment assessment and focused on the participant's history of drug use, treatment, mental health, and criminal involvement prior to incarceration.

Follow-up data were collected by research staff one year after their release to the community (See Staton-Tindall et al., 2011 for more detail on study methodology). In order to be eligible for the follow-up sample, participants had to 1) be released from a corrections-based facility within the fiscal year study time frame, and 2) provide locator information of at least one community telephone number and address. Eligible participants were randomly selected for one-year follow-up in the community using a stratified design by prison, jail or community custody.